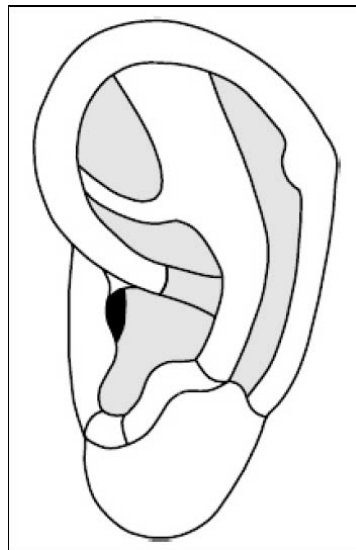


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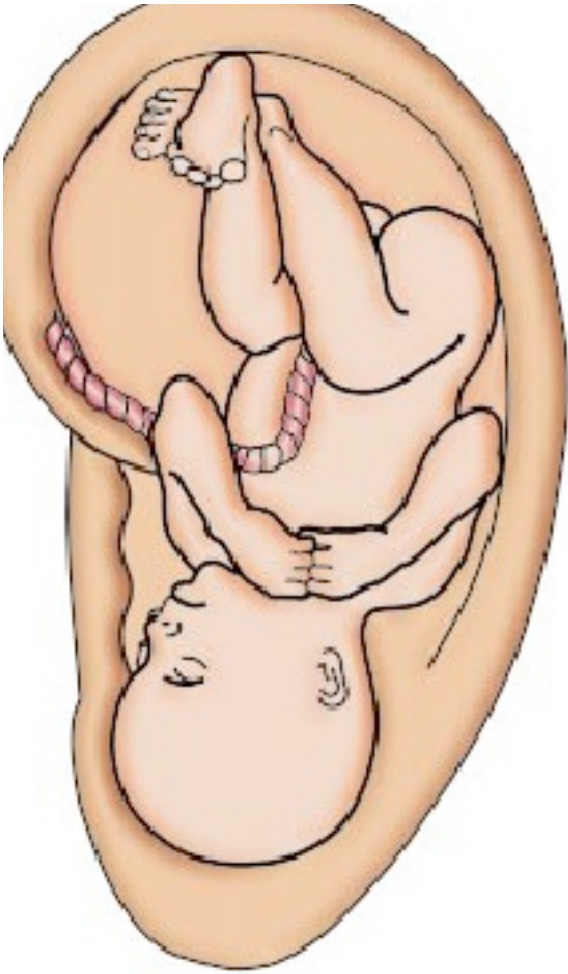
You have been provided with all of the notes from this live lecture. If you would like to communicate with Jim Chalmers, his website is

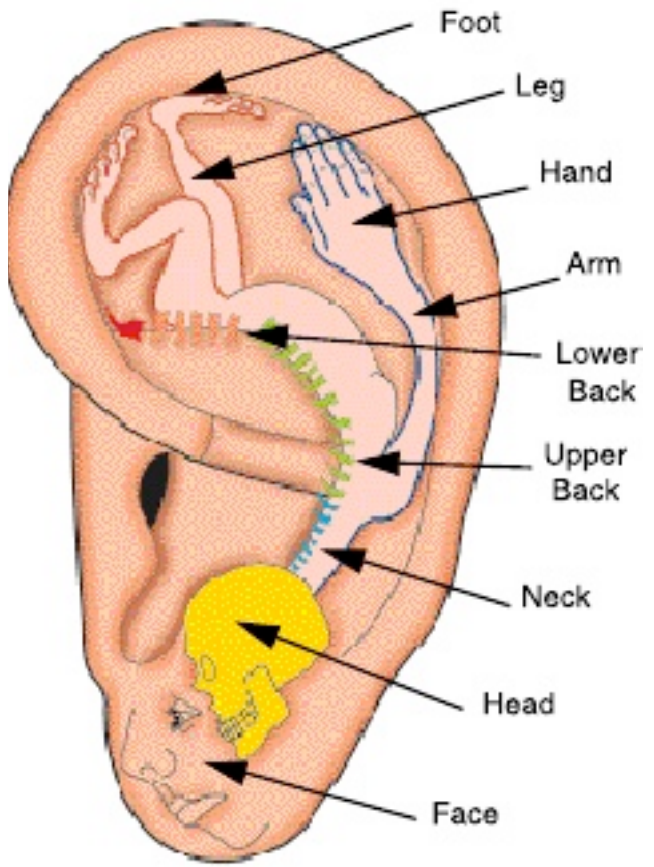
<http://www.jimchalmers.co.uk/content/auricther.htm>

email: acupuncture@jimchalmers.co.uk

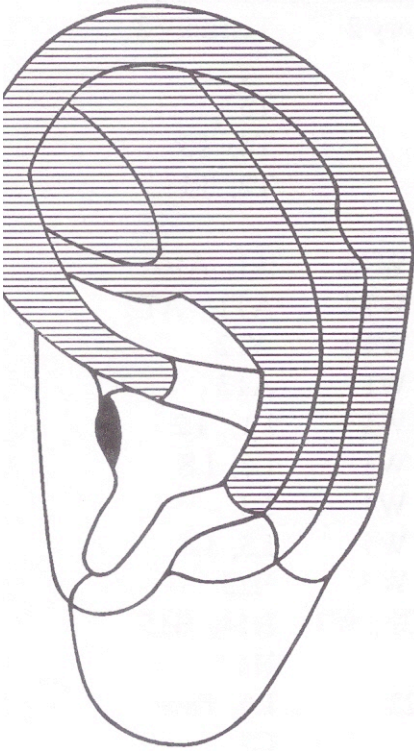
He hosts a blog, and is interested in hearing about your cases and results.

When you have finished watching the video lecture, log in to your account to take the quiz.

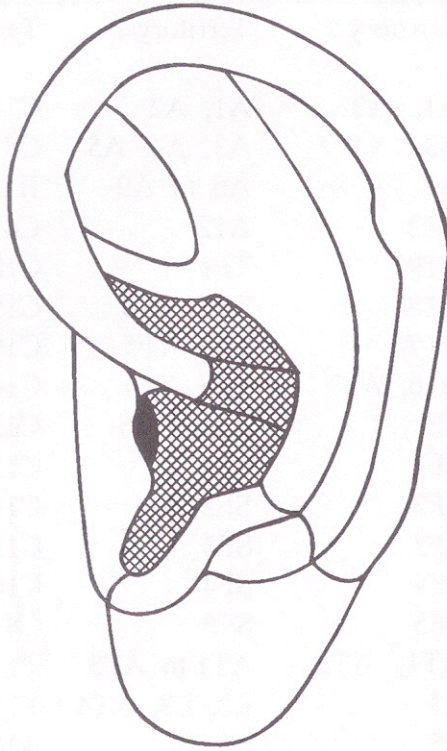




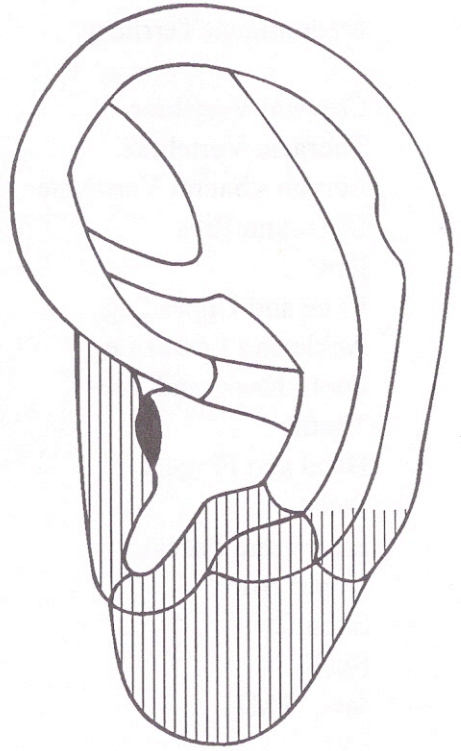
Territory 1



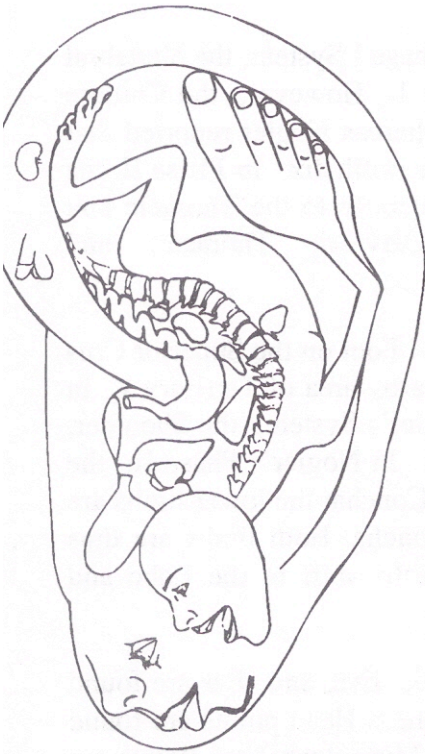
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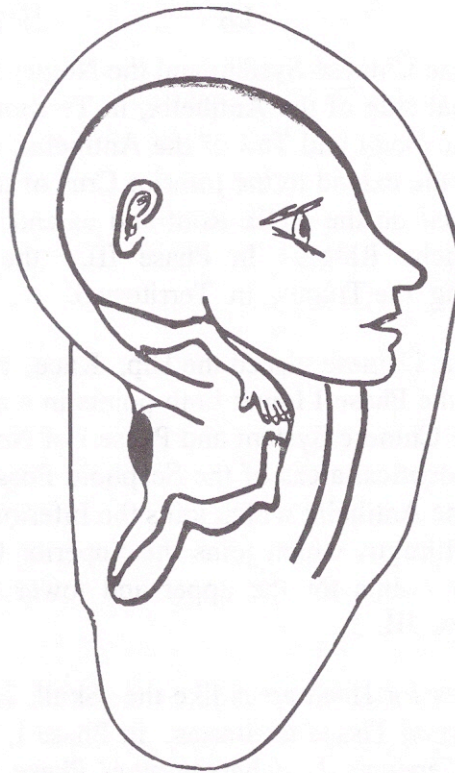
Territory 3



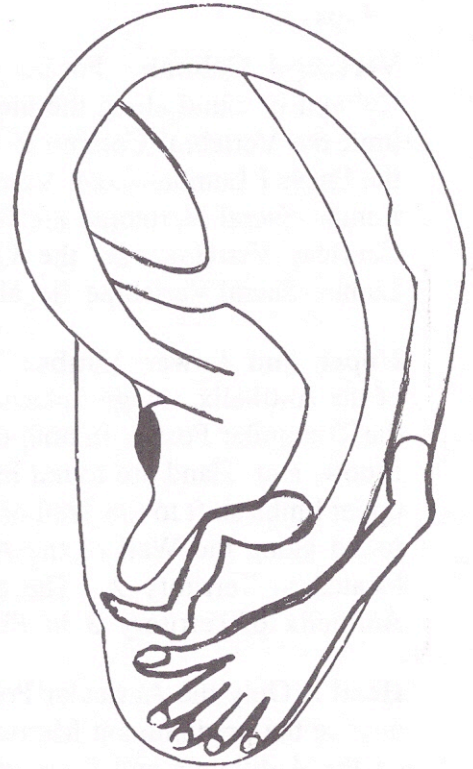
Inverted Man

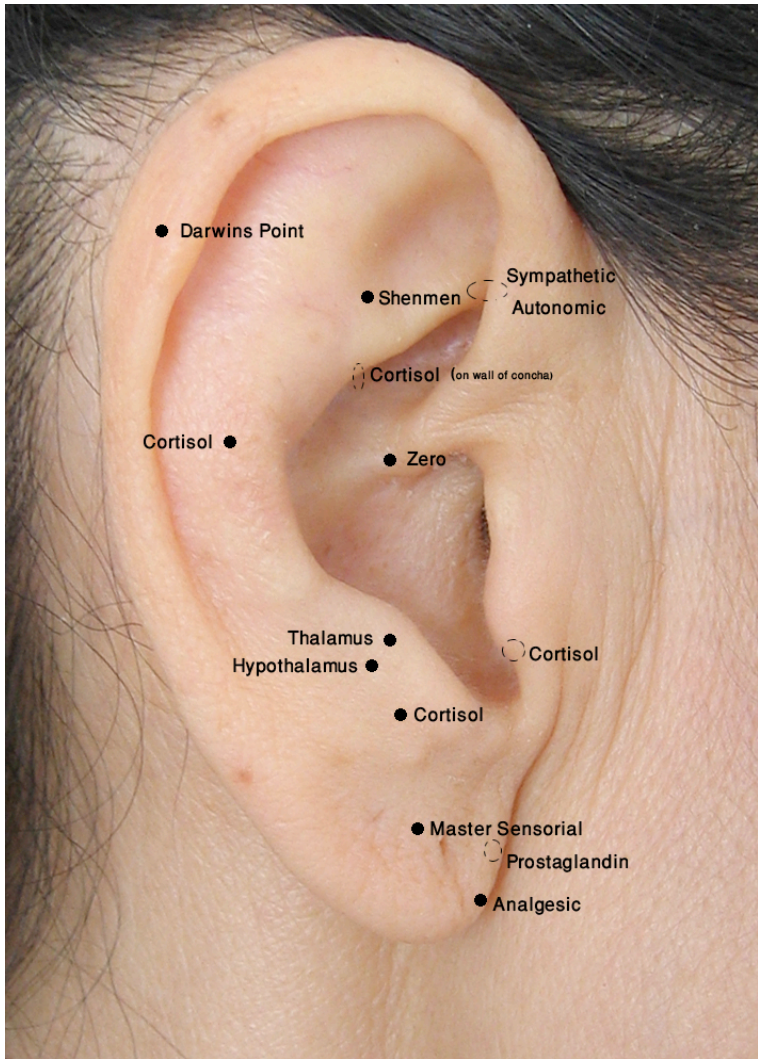


Upright Man



Horizontal Man





Scars improperly healed can constitute an impediment/blockage to healing.

In fact they can be the whole cause of a metabolic dysfunction, pain, mental or emotional disorders. Always ask patients for any history of accidents, operations, tooth extractions (did they heal quickly?) cuts or scars. The slow to heal ones are more often the cause of blockage but not the only cause.

Point R, Point Zero, Laterality and Point E, First Rib is also implicated in blockages to healing. This article considers the treatment of scars.

The TCM treatment is to bridge the scar. A needle is placed at either end of a scar. This is often effective and provides a basic method of dealing with superficial scar tissue. Before the discovery of the VAS there was no clear method to determine whether a scar was 'toxic' an impediment to healing. Practitioners routinely bridged scars with no clear understanding of the nature of the scar. Sometime after needling scars there would be a dramatic change in the condition of the patient. The scars could be normal well-healed scars with no subsequent impact on the energy balance of the patient or the focus of the blockage maybe on only one small point along the scar, unaffected by a bridging treatment. By using the VAS it is possible to determine whether or not a scar is 'toxic' and exactly where along the scar the blockage manifests, and therefore the appropriate place to needle.

Whilst using your left hand to feel for the VAS on the patients left hand move the white end of your Black/White hammer, your probe or point of white light or even the tip of your middle finger (I use this because of the link with my pericardium channel) and note the response. Note any point along the scar where there is a significant VAS response; say six or more VAS pulses. For absolute accuracy let your needle placement also be guided by the VAS. Whilst feeling for the VAS move the needle tip slowly either side of the active area of the scar and a millimeter or two above. Where the VAS is the strongest and greatest number of pulses, needle. This will clear toxic scars. You may need to treat like this several times to clear; check each time to ascertain whether the blockage has cleared.

For scars that are internal e.g. a trans-vaginal hysterectomy, tooth extraction scars, tonsillectomy, internal injuries, even mental scars ' use the ear.

A line drawn from point Zero through any projection of the vertebrae

on the anti helix will reflect the dermatome for that vertebra on the helix. For example a caesarian scar usually is in the dermatome of T12/L1 Draw an imaginary line from point Zero through T12/L1 to the helix and probe that region with your white light/white probe or pointer and check for a positive VAS.

Several distinct VAS pulses is an indication of scar blockage and a requirement to needle or laser that location. Dental scars may be found in the projection of the cervical region on the helix and at the inferior/lateral border of the helix.

A scar may also project onto the region of an organ. For example a laparoscopic excision of a diseased gall bladder may leave a toxic scar which projects on to the region of the gall bladder or even, given its proximity and TCM association, the liver. Scanning these regions on the ear may present a very strong VAS signal that should be treated. The actual incision at the point of entry may also become a focus of blockage and so should be checked both locally and at its representation on the helix.

Psycho-emotional scars may well be treated with Point R, but be prepared for the possibility of some emotional release after any scar treatment. Watch for shock.

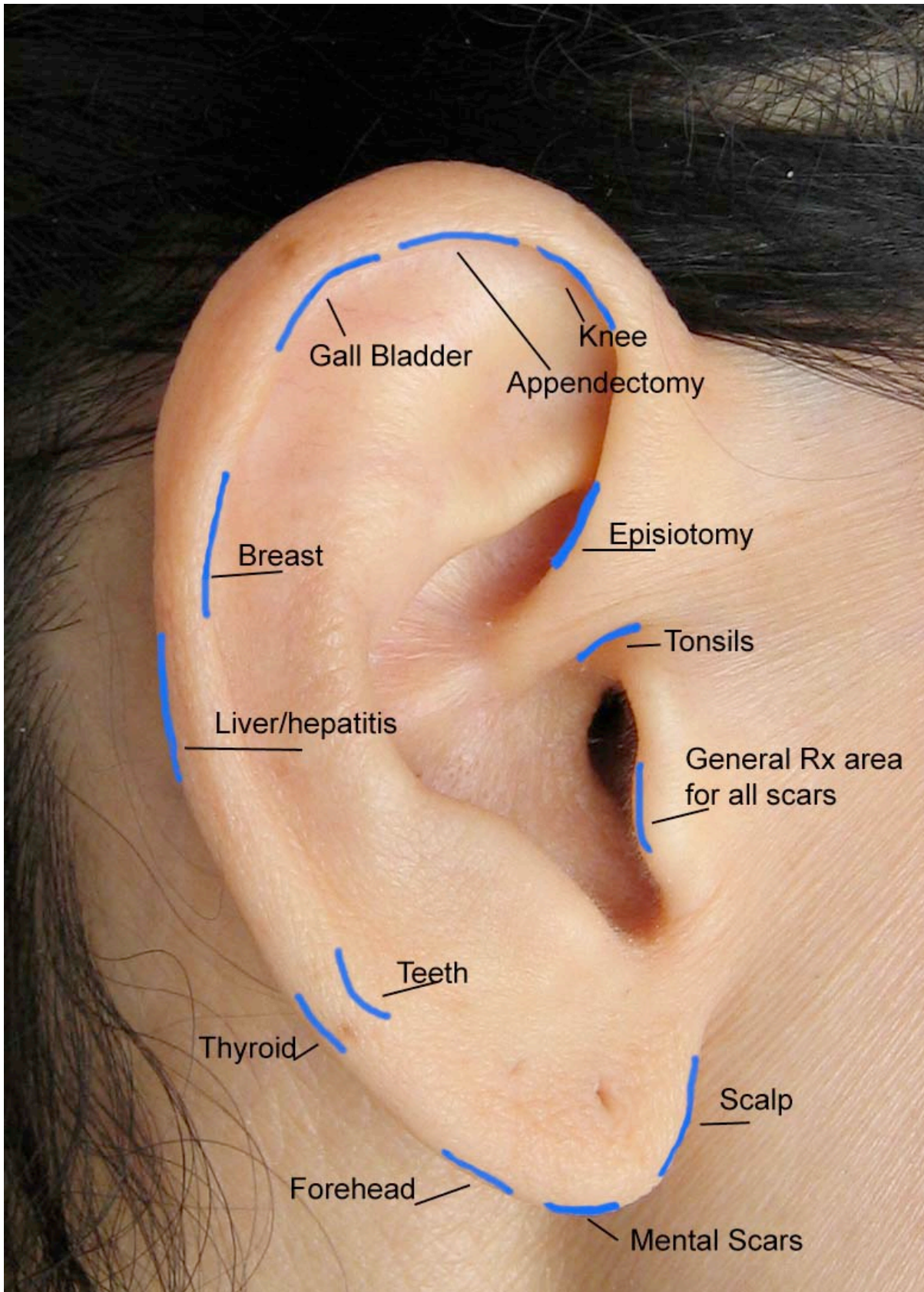
Point R allows for the recall, often in dreams one or two days after treatment, of traumatic incidents (emotional, psychological, physical) from any time of the patients life, in an objective non-traumatic manner. This allows the release of the 'cellular memory' or the breaking of the wired loops in the brain that in their perpetual regeneration of the trauma, inhibit the healing process. Stress in early childhood has been shown to alter the neurological response in the adult hippocampus to stress. I believe that Point R also resets that response to a more or less normal value.

The identification and treatment of scars as a blockage to treatment is an important part of a comprehensive treatment protocol. By using Auriculotherapy and local points identified with the VAS this process can be accurately and readily facilitated.

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SCAR ZONES



Tests for Right or Left Hemisphere Dominance From 1 to 10 note

side of brain opposite to the body reaction

1. Leg crossing the other
2. Leg to start walking
3. Leg to skip or kick.....
4. Leg to climb the stairs
5. Hand to write with....
6. Arm crossed on top of the other.....
7. Thumb on top when fingers intertwined.....
8. Hand on top of the other when placed on the stomach
9. Eye to look in camera when taking pictures.....
10. Ear used when listening to the phone ...this is **Same side of brain**.....

Now add all the Right and the Left answersR_____ L_____

Reflections on Point R: Blockages to healing.

Early references by Nogier and Bourdiol identify this point as the Reactional Brain (phase2) Point, an influential point of the corpus callosum.

Various others have called it the psychic point, point recall, the psycho-analytical point, the past life point and the autonomic master point. Point R is found on the superior aspect of the tragus where the tragus meets the skin of the face almost at the junction of the tragus and the curve of the ascending helix. Point R is considered an obstacle to healing.

Nogier attributed special status to the points on the tragus. Its complex enervation (sympathetic and parasympathetic) and embryonic origins (ectodermal phase 1) afford it a special place in the hierarchy of auricular therapy protocols. Bourdiol noted in 'Elements of Auriculotherapy' that initially Nogier associated the tragus with the ren and du mai meridians of traditional Chinese medicine, but later research included concepts of a lateralised, potentialising tragus . Attention was then drawn to the functional/master points, Point Zero Prime (master oscillation) Point E(epiphyseal) and Point R, (Reactional – later recall) "and surprising integration systems(vigilance system) that stressed the preponderance of the tragus on the auricle, which it always conditions, sometimes directs, and often orientates." (Bourdiol 'Elements of Auriculotherapy' 1982) Three major points dominate the external surface of the tragus, Point R, Point Zero Prime, and Point E. Point R – its location already described – Point Zero Prime at the middle of the external tragus and Point E at the inferior end of the tragus where it connects with the lobe.

Each of these points is included in the 'obstacles to healing' so often mentioned in auriculotherapy and auriculomedicine. None should be used without reference to the others or to the consideration of the pathology of the patient and appropriate treatment protocols. The whole of the tragus and therefore the points on the tragus have reference to the habenular commissure, the corpus callosum, right-left hemispheric communication and lateralisation of the patient, particularly point Zero prime.

The utilization of Point R in treatment is of special consequence and should be investigated with some consideration of the psycho-emotional state of the patient.

Point R allows for the non traumatic processing of suppressed psychological trauma in a way that facilitates the individual to identify (consciously or unconsciously) and neutralize the inhibiting negative psycho-neuro-immuno feedback. It may be that the individual recalls a past trauma and finds that they no longer are constrained by that incident.

Commonly treatment at Point R results in the patient experiencing significant dreams that recall aspects of past trauma and allow a subconscious release of that trauma. One of my patients experienced four years of depression after her husbands' death. Her doctors were keen to prescribe antidepressants but she had an instinctive distrust of medication. After three treatments of needling point R and the Omega points she returned to say that she had seen her husband in a dream, that he was ok and that she felt released from her grief. From that point on she made great progress moving towards personal growth and fulfillment; something especially heartening for a practitioner to witness. I see examples like this regularly, some dramatic others happily subtle. I was taught to take care and watch how the patient responds as there is a chance that the patient may go into shock. I have never seen this and, on the contrary, have noticed this process to be benign.

In her book *Insights of a Senior Acupuncturist*, Miriam Lee describes "a patient had experienced a period of intense depression, anger, and sadness, following the ending of a relationship...excessive emotions, especially those associated with a broken heart, sadness, anger, depression, worry, constant replay of mental dialogues—" he said...I said..."—were the deeper root of her problem. These mental dialogues were destructive, never-ending loops that can bind up a person's qi with a chain as strong as iron and consume it with nothing to show but suffering...." Point R is indicated for this. It helps neutralize those negative feedback loops.

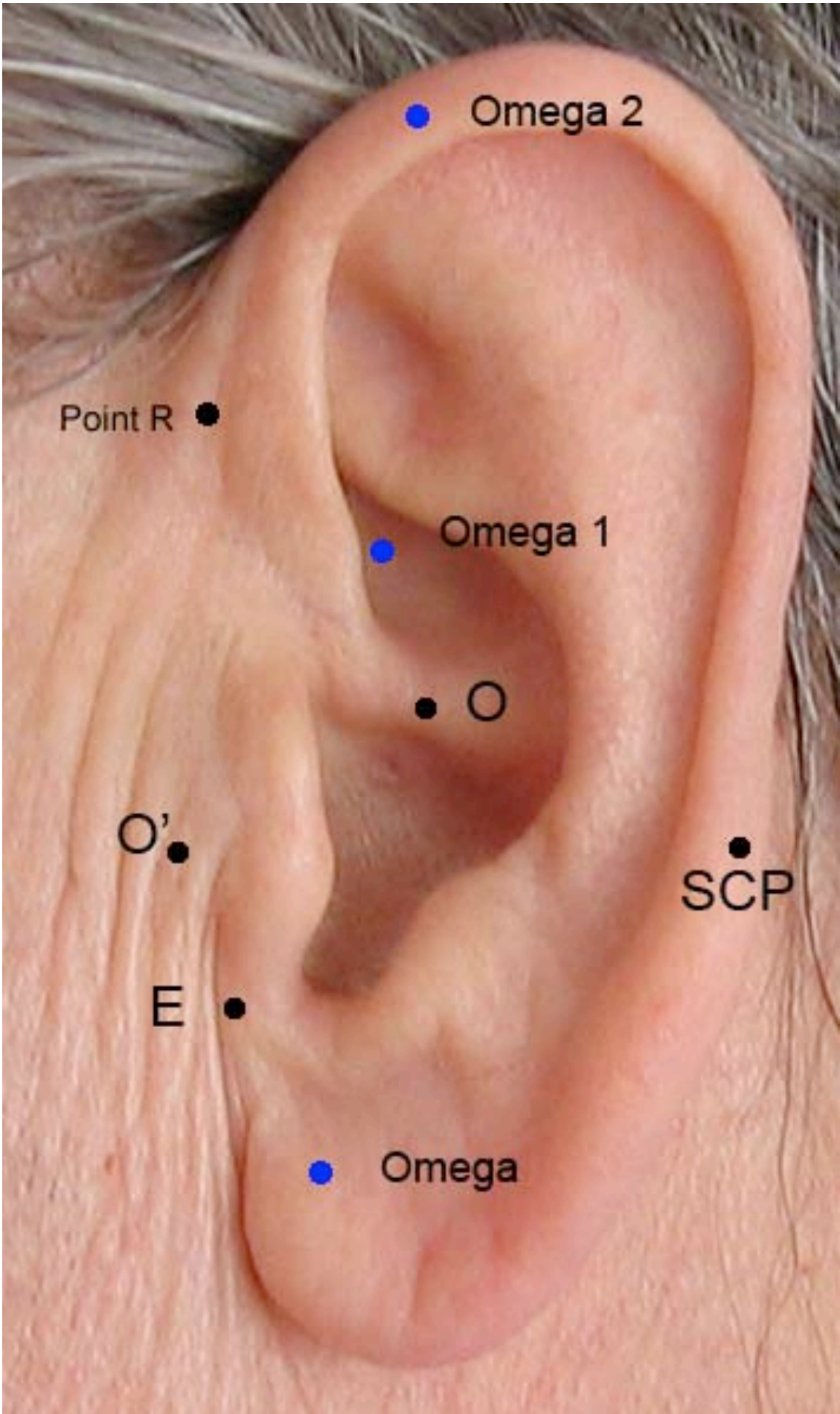
In childhood trauma, especially in-utero trauma, the glucocorticoid receptors in the hippocampus develop an altered response that affects adult stress adaptation (*Nature Neuroscience* 2004,7:847-854). I believe that point R 're-programs' those receptors to 'default' allowing the individual to have appropriate stress responses.

Point R can have surprising results but it is not a miracle point (remember the words of Bourdiol and Nogier, 'there is no miracle point!') and the practitioner needs to remember that auriculotherapy alone will not solve every problem. The patient's diet, lifestyle, energetic imbalances and psycho-emotional well-being have to be addressed. Point R is one factor in the healing equation and should only be used only when it is revealed by the VAS as an appropriate treatment. It may be active on either or both ears regardless of the handedness of the patient. It is important that the patient's laterality is corrected. Needle Point R on both ears if both are VAS positive. Nogier recommended that these 'higher level' points are best treated with Laser. In practice needles have been shown to be very effective.

Other points to consider using in combination with Point R should be those judged appropriate to the presenting condition that test positive with the VAS and have a direct relationship with the patient's presenting condition. Whilst this advice sounds somewhat imprecise, the practitioner should be aware that prescriptive treatments are not the most appropriate. Consider the master points, Point E, the Omega points, the Tranquillity point. Consider also the spiritual/emotional concordances of the zhang-fu organ systems; seek the appropriate organ locations on the auricle and test the VAS response in all phases. Treat the strongest responder/s.

Given the effect that Point R may have on promoting the psycho-emotional wellbeing of a patient it is easy to understand how Point R can be considered an obstacle to treatment. How many times have practitioners reached a conclusion that an emotional issue is inhibiting healing and resolution of a complex condition? Using Point R may well

be the key to facilitate progress.



Depression Treatment: Advanced Auricular Therapy

Written by Kia sang Law Abstract:

Conventional treatment of depression relies on the prescription of anti-depression drugs, such as Saroxat and Prozac, which come with many side effects. As there are many causes of depression, it is important to isolate the aetiology of depression and treat according to the symptoms presented.

Auricular Acupuncture addresses the balance of the neurotransmitters which are involved in causing the depression by treating the projections of the brain structures associated with this condition. An integrated approach usually includes distal body acupuncture points, on the upper or lower extremities, to enhance treatment efficacy.

Auricular Therapy or Auricular Acupuncture is a physical reflex therapy that is able to detect physical (somatic), physiological and psycho-emotional disturbances in the body which are then projected onto the external auricle. The treatment of ear points will then stimulate the brain which in turn will alleviate physical, physiological or psycho-emotional problems in the body. The rich network of nerve innervations allow energetic organ information to be conveyed through the nervous system between the corresponding parts of the brain and the specific anatomical area of the body. For auricular treatment, the Auricular Acupuncture points on the external ear are stimulated using various modalities; including micro current stimulator, electro acupunctoscope, low level laser therapy (LLLT) or needles (sterile, single use, stainless, disposable), to alleviate allergy, pain, musculo-skeletal disorders and a broad range of medical conditions.

Types of Depression

There are two types of depression, unipolar and bipolar depression. Patients with unipolar depression experience sadness, despair and grief. Other symptoms of unipolar depression include - loss of energy, increased or decreased appetite, insomnia or over sleepiness, decreased sexual desire, restlessness, poor concentration and slow in thoughts. Chronic depression patients suffer from loss of interest in the world, low self esteem, guilt and pessimism.

Bipolar depression, or manic depression is a disorder of moods that causes unusual swings in a person's mood, energy, and ability to

function. The symptoms of bipolar disorder are severe and debilitating. They can lead to damaged relationships, poor work performance, and even suicide. Bipolar disorder typically develops in late adolescence or early adulthood.

Existing Depression Treatments

One fifth of the UK population experiences depression at sometime in their lives and the prescription of anti depressants has increased to an alarmingly high level. At present, there are two main therapeutic approaches for the treatment of clinical depression: i) antidepressant (pharmaceutical) treatment ii) electro-convulsive therapy (ECT),

The response rate of clinically depressed patients to anti-depressants is about 50% and usually lasts for a short time. It is observed that there are some 30% non-respondents to anti depressant treatment because of therapeutic blockage to healing. On average, the time taken for the anti-depressant to take effect is 4 to 6 weeks. One of the side effects of the anti-depressant is the high risk of suicide attempts leading to onset of any response, hence the need to monitor the patient closely.

In order to achieve any response, high doses of anti-depressant may have to be prescribed. This invariably leads to other side effects which include sexual dysfunction, digestive and neurological damage because of the high drug dosage needed to cross the blood-brain barrier. Table 1 gives a brief summary of the side effects of some of the major classes of anti-depressants.

Some General Practitioners and gynecologists who believe that depression is a symptom associated with menopause, until recently, have prescribed hormones for the relief of depression for menopausal women. This increase in female hormone usage for depression and contraceptive treatments have seen in an increase in incidence of breast and genital cancers, stroke and heart attacks.

Table 1. Side effects of some antidepressants

Type of Depressants	Examples	Side effects
SSRIs - Selective Serotonin Re-uptake inhibitors	Fluoxetine (Prozac) Paroxetine (Seroxat) Sertraline (Lustral)	Feeling nausea, sleepy, affects sexual function; suicidal tendency
MAOIs - Monoamine Oxidase Inhibitors (rarely used due to interaction with food)	Marplan Nardial	Danger with food containing Tyramine e.g. cheese, yeast extracts, some types of wines.
RIMAs - Reversible Inhibitors of Monoamine Oxidase	Quetiapine (Seroquel)	Headaches, nausea, dry mouth, sleepiness, insomnia, diarrhoea / constipation, weight gain, not as bad as Olanzapine (Zyprexa), potential suicide risk
Tricyclics (takes 3 weeks to work)	Amitriptyline (Tryptizol) Dothiepine (Prothiaden) Lofepramine (Gaminil)	Dry mouth, drowsiness, constipation. Dangerous if taken in overdose.
Others	Lithium	Damages to Kidney, blood disorders
	Hormones	Breast & genital cancers, strokes, heart attacks

It has been reported that micro hemorrhages as a consequence of the ECT treatment made the patient forget the depression thus leading to temporary improvement of the symptoms. These micro hemorrhages heal over a short time. Hence, the short-lived nature of the ECT improvement.

Because of the drastic nature of the treatment and severe memory impediment, ECT is a less favored treatment method used.

Auricular Therapy Approach

It is well established that depression is caused by defects in the neurotransmission in the brain. The neurotransmitters involved are noradrenalin (or norepinephrine), dopamine and serotonin. The neurons producing noradrenalin are sited in the brain stem (pons, medulla and mesencephalon); whereas neurons which produce serotonin are located in inferior pons and medulla. The dopaminergic neurons are located in the forebrain and midbrain.

It is important to recognize that these neurotransmitters do not work independently of one another; rather they function and interact in a concert manner at multiple levels in the brain.

Both Positron Emission Tomography (PET) and functional Magnetic Resonance Imaging (fMRI) have demonstrated that there is anatomical abnormality in the prefrontal cortex and in the corpus callosum of familial unipolar and bipolar depressive patients.

A normal person's limbic system is believed to be stimulated by noradrenalin, serotonin, and dopamine system to give a sense of well-being. In general, such individual experiences joy, happiness, a healthy appetite for food, normal sexual interest and satisfaction with life.

Auricular Therapy treatment is effective and free of any side effects. Advanced Auricular Therapy will endeavor to identify the auricular zones corresponding to the serotonin producing part of the brain in 3 phases which are more effective than typical recipe symptom treatment. The active ear points that should be sought in the areas of the brain include: prefrontal cortex, thalamus, hypothalamus, epiphysis (Pineal Gland) and brain stem. It is common that the Psychoanalysis, or "R" point and anti anxiety point may be active and can be treated where appropriate.

According to the French school of Auricular Acupuncture functional illness or pain of an organ or tissue would present itself in different

phases depending on the stage of the disease. It is now well established that as the disease progresses, the ear reflex zone will shift from Phase 1 to 3 to 2 and that recovery will follow the path below:

Phase 2 >>>> Phase 3 >>>> Phase 1 Depending on the stage of a disease process, the active ear point of a specific organ or tissue could be identified in one or more locations on the auricle.

The auricular ear zones are explored with the use of a sophisticated micro current detector and treated, if active.

Only those points which are most active are treated. In some of the patients suffering from depression the ear zones may be tender on palpation.

Depending on the patient preference, needles, laser or ear seeds may be used. It has been found that acute mania and depressions are usually presented in Phase 1 & 3 and in chronic cases in Phase 2 & 3 of the above brain structures cited (prefrontal cortex, thalamus, hypothalamus, epiphysis and brain stem).

As in many serious diseases, such as coronary heart diseases and diabetes, manic depression is a long-term ailment that must be carefully managed throughout a person's life. According to B L Frank, bipolar depression is associated with pathologies within the reward system of the brain, repeated activation of prefrontal regions and the deeper reward-related network innervated by the prefrontal cortex by precise targeted auricular therapy treatment of brain structures involved with depression, may offer effective treatment of this chronic disease. In order to enhance the treatment efficacy, it is advantageous to include body acupuncture points. Depending on the conditions presented at the time of treatment 5 of the following body acupuncture points, may be selected: Bai Hui(GV20), Jianshi PC5, Nei Guan (PC6), Tai Chong (LR3), Xiao Hai (HT3), Body Shen Men (HT7), Wei Zhong (BL40), Zusanli (ST36), Hegu (LI4)

Case History (names of Chinese Ear Points are given in the parenthesis)

Case 1. JC, a 46-year male with acute depression presented with unknown aetiology & weight loss of 5 to 6 kg in two months. Patient also complained of lack of energy. He mentioned that he had epididymitis a few years ago. At the time of visit he complained of pain in the testicular and genital areas as well as a few months ago. Sex life had become a painful experience. Being made redundant recently, has added more worries . It was decided that the genital pain and depression symptoms were addressed to before the underlying auricular zones were treated. After the first session JC reported that he had substantial reduction in the pain in the testes and area surrounding the genital. In addition, his mind was clear, no fuzziness as compared with conditions when he first arrived.

There was complete resolution to the pain after the second session as

well as freedom from depression symptoms. He was able to enjoy a good holiday break with the family for 2 weeks. Treatment was terminated after the patient reported complete resolution of depression and pain symptoms after the 3rd session.

Treatment Details:

Auricular Points: Hypothalamus ϕ 3 (Heart), Cerebellum ϕ 1 (Occiput), Thalamus ϕ 2 (Shen Men), Corpus Callosum ϕ 2 (Zero), Frontal Cortex (Master Cerebral), Bulbar Pertuberans (Anti depression point), Adrenal, Testes ϕ 1 ϕ 2 ϕ 3 (treated with microcurrent stimulator) Body Points: GV14, LI4, LR3, HT7 (1st treatment) Lu7, KI8, LR2, BL40, ST36 Patient was also asked to administer Auricular massage on both left and right ear twice daily to improve sympathetic and parasympathetic tonality of the auricle and hence flow of energy for the body.

Case 2. AL is a 51 year old teacher with long term depression and anxiety. She has low self esteem and came completely stressed out. She does not like the side effects of anti-depressants and tried not to ask for the prescription of these. Patient was treated with Auricular Therapy twice a week initially. After first session, she was more relaxed and slept well. She said she was less anxious after second treatment session. Family saw noticeable improvement in the patient after 4th session. The treatment was then spaced out on weekly basis and supported by the used of ear pellets at Anti- depression and Heart Auricular points. AL is now on monthly maintenance treatment.

Auricular Points:

Hypothalamus ϕ 3 (Heart), Cerebellum ϕ 1 (Occiput), Thalamus ϕ 2 (Shen Men), Corpus Callosum ϕ 2 (Zero), Frontal Cortex (Master Cerebral), Bulbar Pertuberans (Anti depression point), Anti anxiety point. Pineal Gland ϕ 1,2,3 Body Points: PC6, LI4, Lu7, ST36, HT7

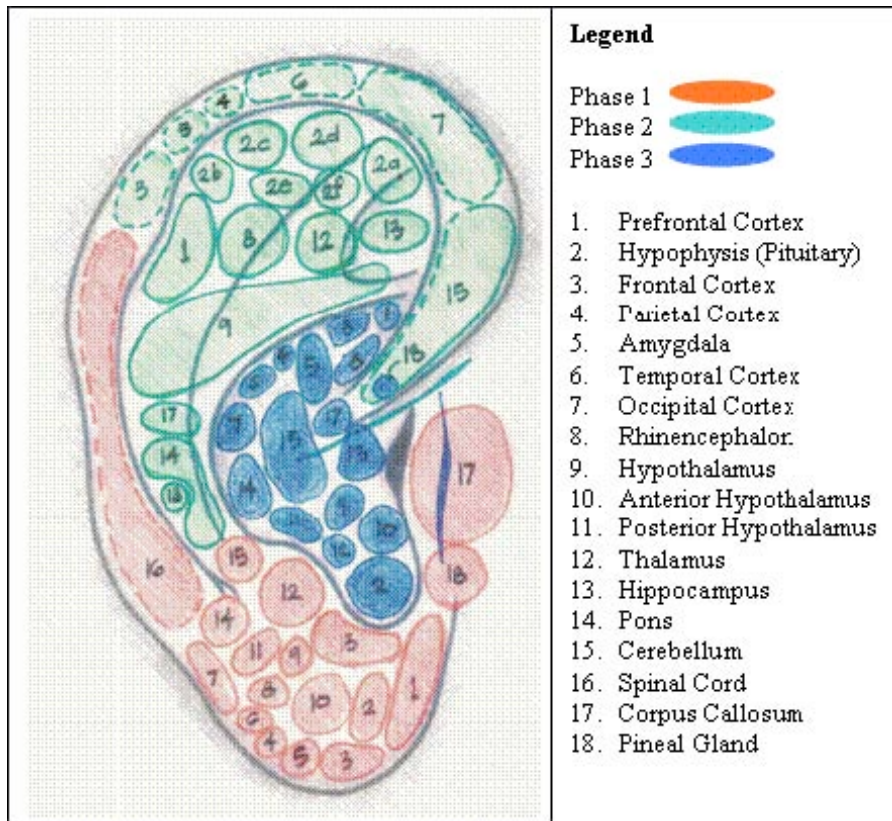
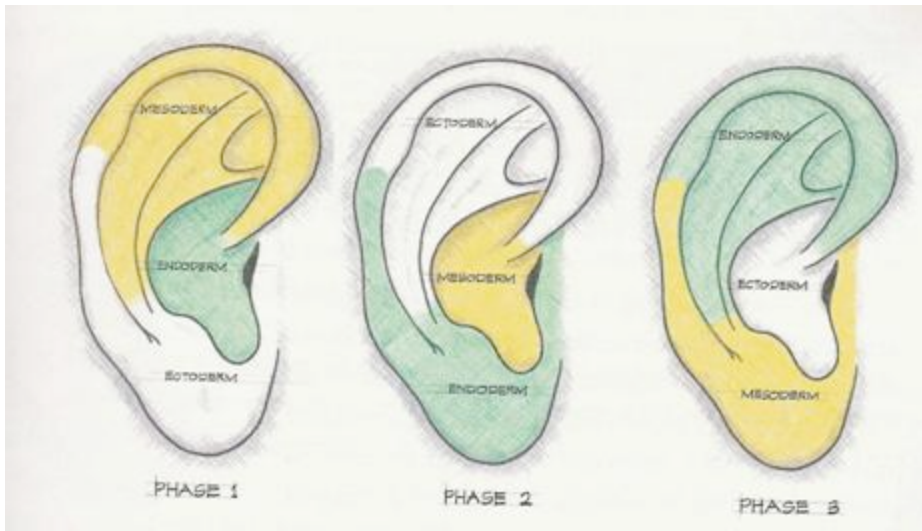


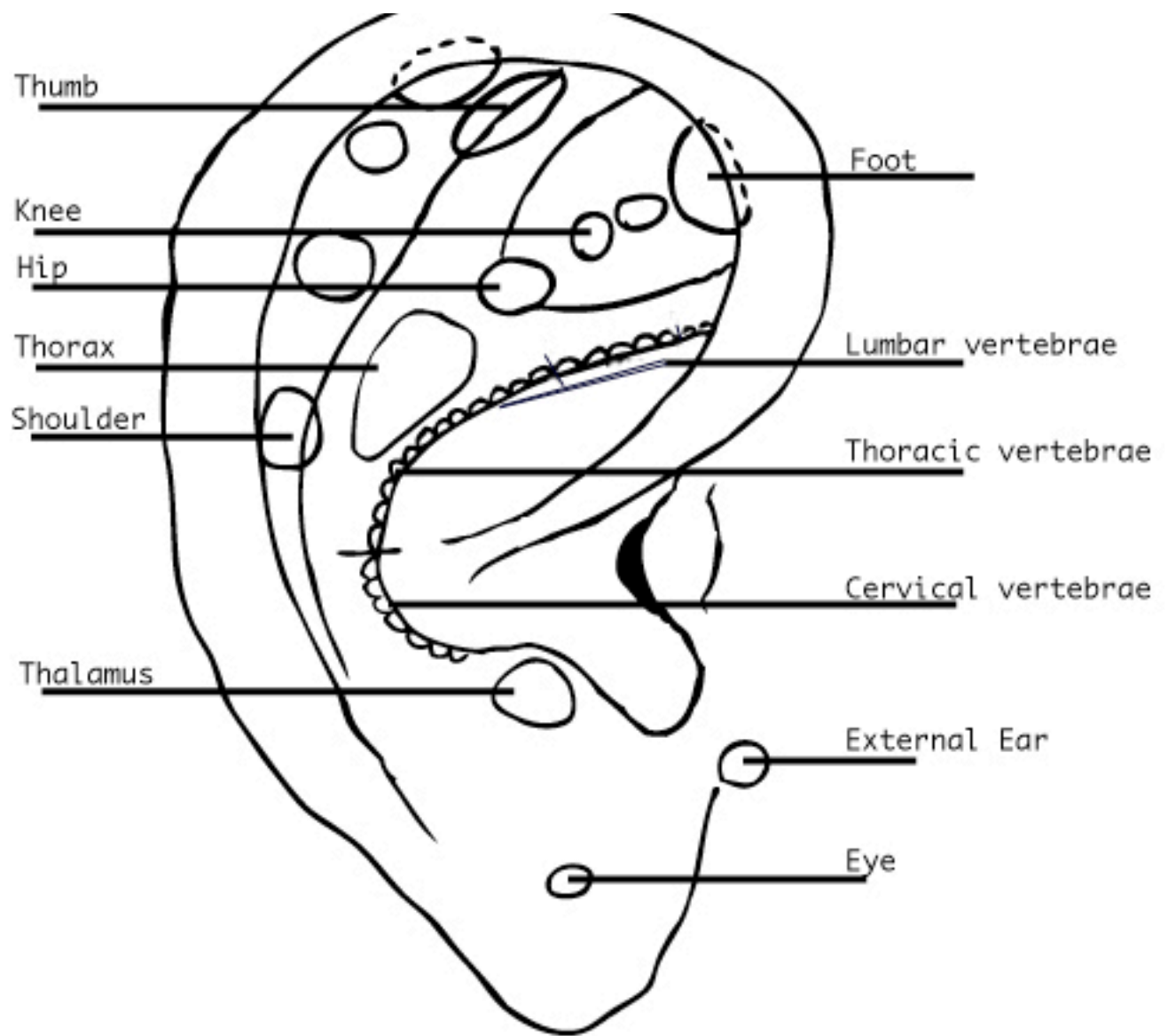
Figure 1. Auricular Projections of Brain Structures in 3 Phases on the Ear (reproduced with permission from B L Frank, Auricular Medicine & Auricular Therapy-A Practical Approach)

Phase Dynamics of Auricular Acupuncture (reproduced with permission from B L Frank, Auricular Medicine & Auricular Therapy-A Practical Approach)

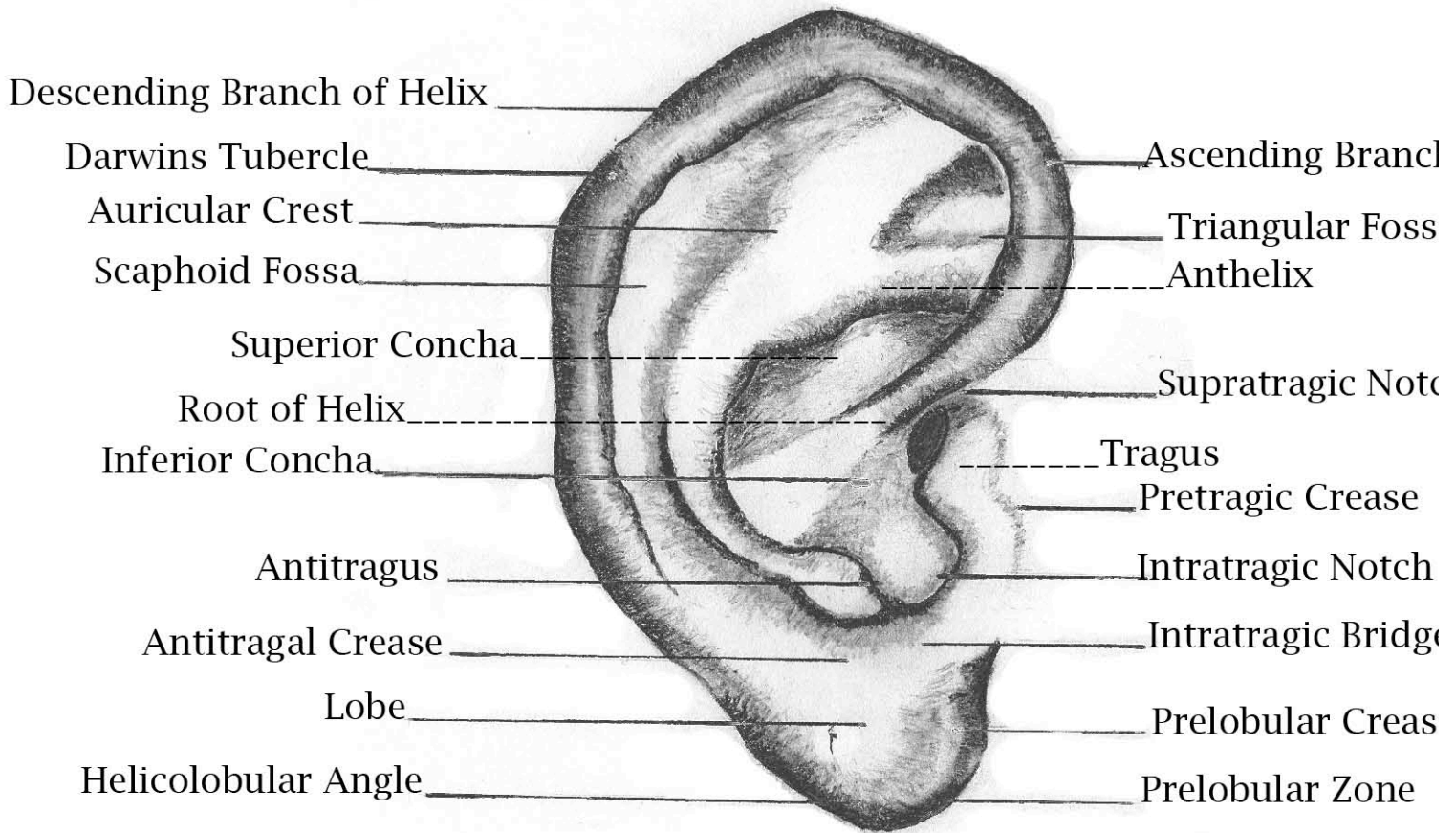


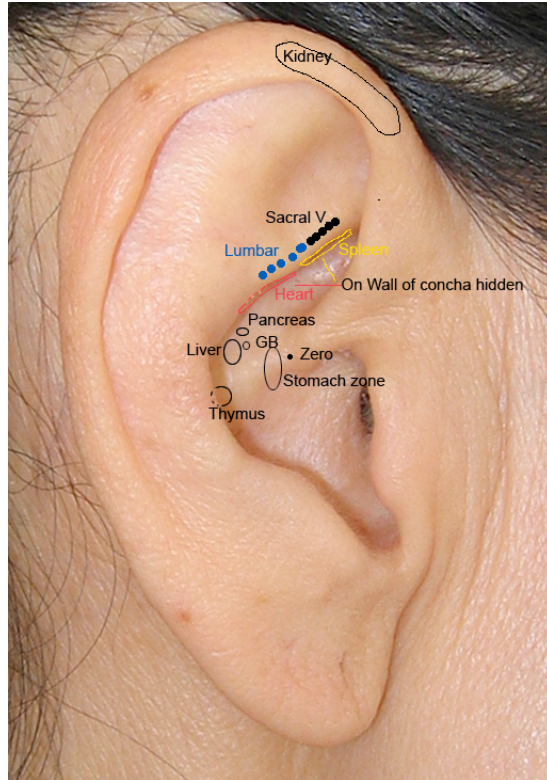
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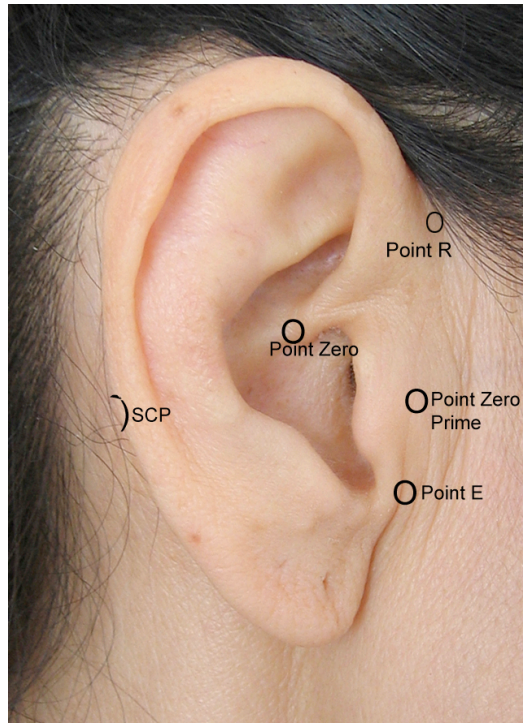


Anatomy of the Ear



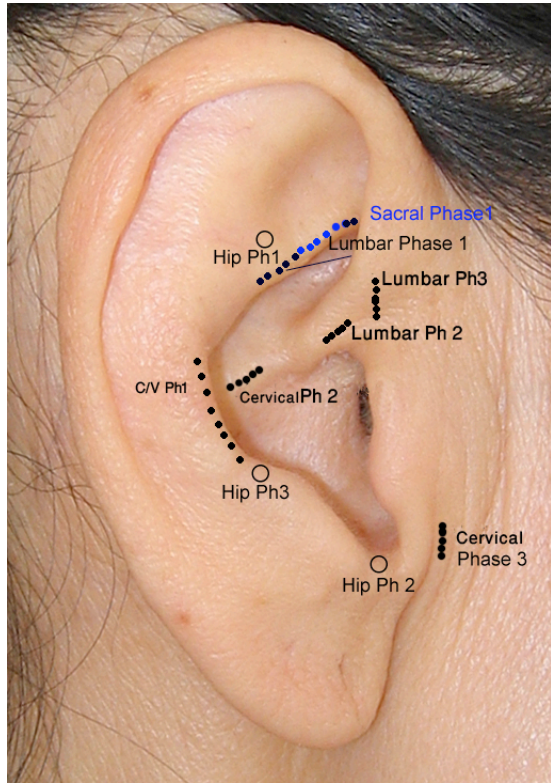


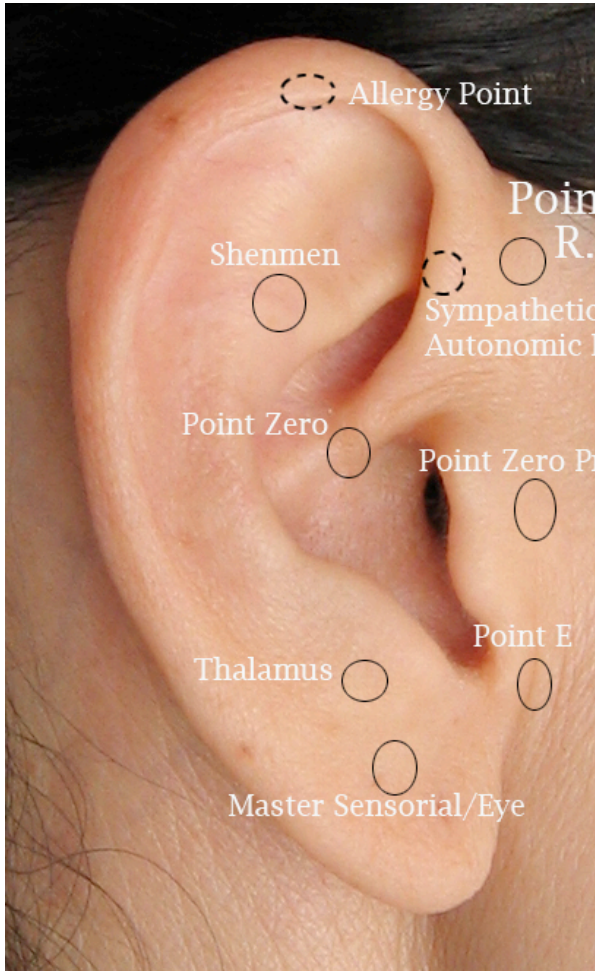






LOWER EXTREMITIES





Allergy Point

Shenmen

Point R.

Sympathetic Autonomic

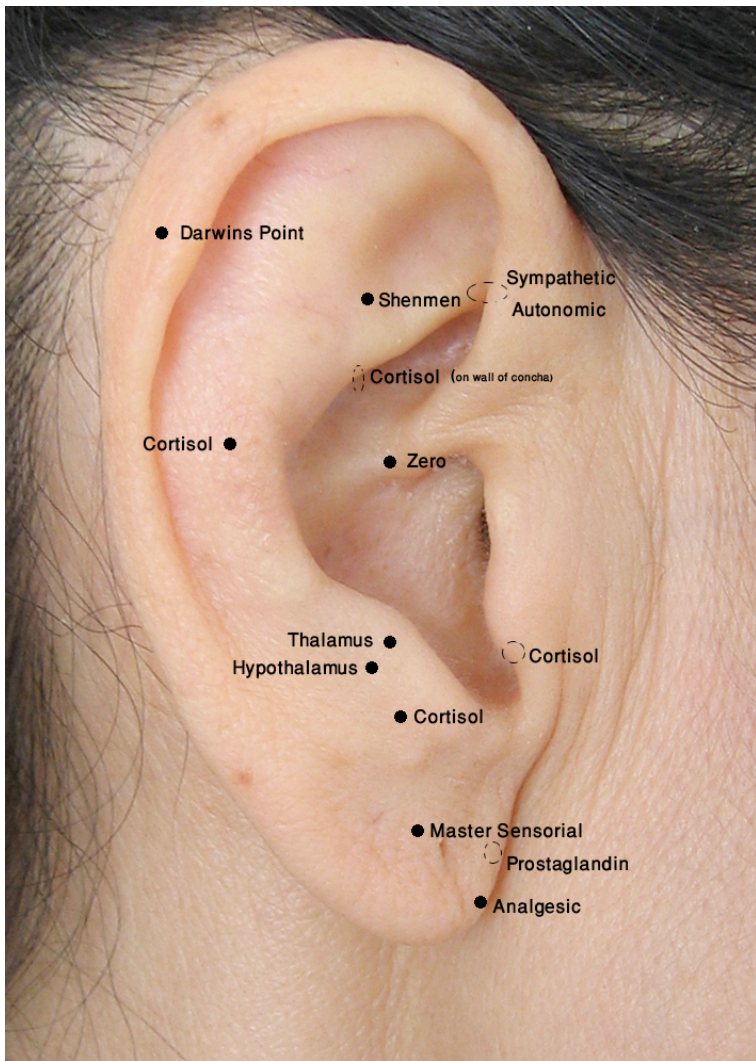
Point Zero

Point Zero Pr

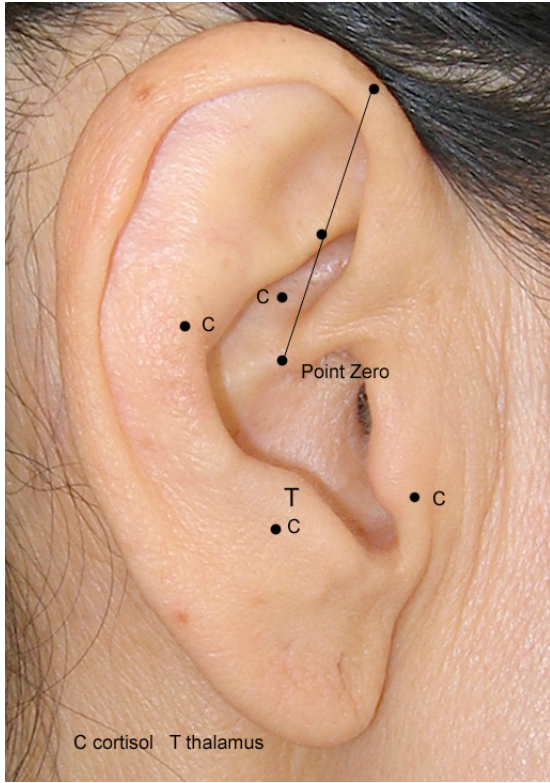
Thalamus

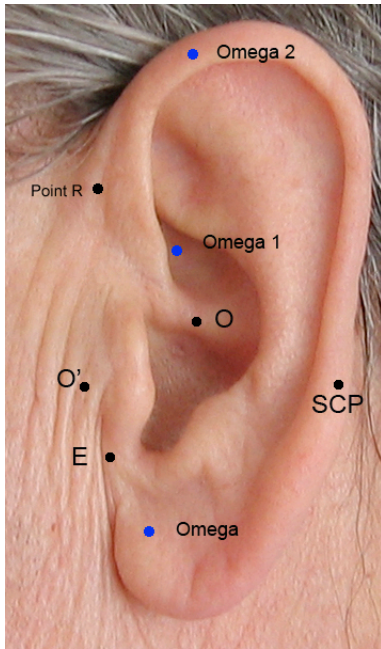
Point E

Master Sensorial/Eye

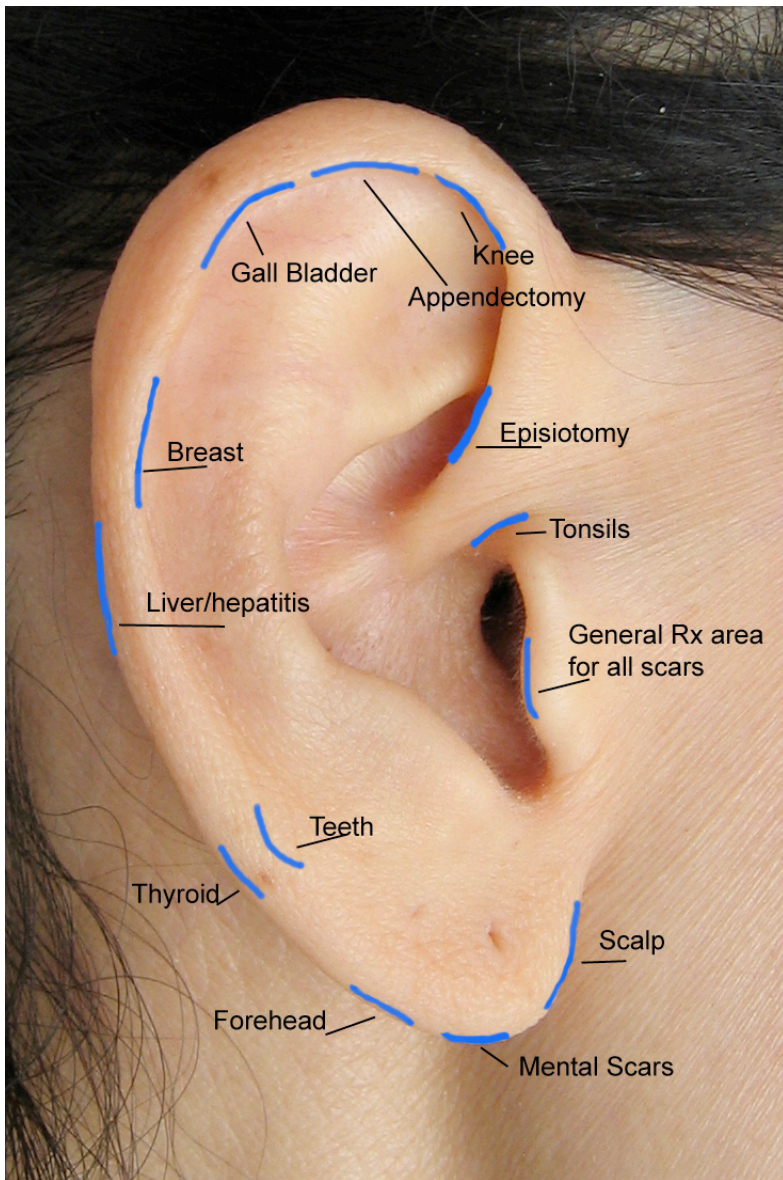


PAIN CONTROL





POINT R AND OMEGA



SCAR ZONE

