

POINT DETECTION ANOMALIES IN BAZZONI AURICULAR THERAPY

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ABSTRACT:

Auricular therapy is a quite recent form of acupuncture, which was developed originally in France by Dr Paul Nogier. In the last decades, quite a few auricular therapy systems have been presented, the most recent being the Bazzoni auricular therapy. This is an autonomous auricular therapy system, meaning that it does not need to be combined with traditional somatic acupuncture. This system is based on precise protocols and on the precise detection of auricular acupuncture points. This detection procedure is principally carried out using the Pointo Select Digital DT apparatus. In most cases, there are no ambiguities or anomalies in the detection of auricular acupuncture points. However, our recent trial indicates that there is a small, albeit quantifiable, percentage of cases where too many or too few points may be detected, using common detection settings. Although such cases are rare, and do not seem to affect the beneficial result of Bazzoni auriculotherapy, they do seem to present a hereditary tendency.

Keywords: acupuncture, auricular therapy, Bazzoni auriculotherapy, point detection, heredity.

INTRODUCTION:

Acupuncture is an ancient healing method, which originated in China, sometime before 200 BC [1]. It was initially linked strongly to the

existing religion system, but it gradually came to be an autonomous healing system, which was recorded, in detail for the first time, in the famous text “Huangdi Neijing” [2]. Gradually, it evolved into an integrated medical system, and later it was also disseminated in Japan [3][4], from where, in the 17th century, it became known in Europe [5]. It was practised for a few decades initially in France and was subsequently seemingly forgotten [6] before being again mentioned and practised by George Soulié de Morant, in the wake of other notable Chinese studies of French scholars, in the first half of the 20th century [7].

In general, acupuncture’s basic premise is that any and all conditions, and their associated symptoms, are the result of anomalies in the energy flow across the body [8]. Such anomalies can be restored stimulating the proper acupuncture points. As of yet, despite the numerous clinical studies documenting the efficacy of acupuncture, it has proven impossible to fully explain quite how acupuncture works. Nonetheless, it is proven beyond doubt that the stimulation of acupuncture points releases hormones and other biologically active compounds into the blood stream [9].

Auricular acupuncture, while based on the basic concepts of Traditional Chinese Medicine, regards the ear as being a microsystem, or a mirror image of the human body, with specific auricular regions corresponding to body parts, and mental or physical faculties. Auricular acupuncture is autonomous as a healing system,

meaning that it can be used independently of classical acupuncture sessions or, in fact, other forms of treatment. However, using both body and auricular acupuncture greatly amplifies the healing effect.

The ear does not seem to have been prominently used in Ancient China, and indeed no relevant traditional acupuncture points are to be found, in original Chinese texts and point maps. However, the use of specific ear regions for medicinal purposes, was mentioned in Ancient Greece by Hippocrates [10]. It was only in the 1950s, that auricular acupuncture per se, was developed by Dr. Paul Nogier, in France. It is interesting to note that, during the 19th century, there were mentions of using ear cauterisation to combat various body pains [11]. Upon further investigation, Nogier concluded that the ear region represents a homunculus, and as such the stimulation of specific points via acupuncture will have a notable healing effect in the corresponding body parts [12][13]. In general, it is possible to treat a wide range of symptoms and pathologies with auricular acupuncture, and its most frequent application is to alleviate pain.

Auricular acupuncture may be effective also for combatting insomnia, although clinical trials are comparatively inconclusive [14]. It is also quite effective in assisting with suppression of appetite and weight loss [15]. Fairly recent research indicates that auricular acupuncture can be used to decrease stress [16], whether chronic or acute. It is even possible to use just two auricular points, to quantifiably reduce pain in Acute Pain Syndromes [17]. Even patients suffering from cancer-related pain reported benefiting from auricular acupuncture [18].

Of particular importance to the success of auricular acupuncture is the identification of the points which must be stimulated to treat a specific condition. In this, there are two methods.

The first, and most basic, is the use of a suitable probe called palpeur, to evaluate the tenderness and sensitivity of specific points. Those points which correspond to affected areas will be more tender and sensitive, so that touching them will be more or less mildly painful for the patient. In this respect, it is possible to use auricular examination in a purely diagnostic manner, to identify potential disorders, even before their symptoms are manifested. This has been studied on somatic acupuncture points [19], and is corroborated on auricular acupuncture points, with the most recent research concerning the screening of hepatic disorders [20].

The second method is based on the fluctuations of electrical conductivity in points which correspond to affected regions. Acupuncture points in general have been found to exhibit different electrical properties from other skin regions, notably increased conductance, reduced impedance and resistance, increased capacitance, and elevated electrical potential [21]. Detailed and meticulous researches, undertaken after the 1980s, have identified, within the dermis, specific histologic structures which explain the electrical properties of acupuncture points [22]. While there are a number of electronic devices used for acupuncture point location, by exploiting their different electrical properties, there are still some issues pertaining to the precise location of acupuncture points solely by that means [21]. There are a number of different methods of auricular therapy, the most recent of which is the Bazzoni method.

The specific method of Bazzoni auricular therapy [23] differs in that it uses only auricular acupuncture points, with no somatic acupuncture. The treatment protocols are standardised, in the number of points, the specific points themselves, and the auricular needle dimensions. Up to seven points may be used, in a particular order, while the needle

dimensions are selected based on the treatment protocol. Those parameters are determined by the nature of the pathology. The auricular acupuncture needles remain in the ear for a period of 15 to 20 days, and in the end of that period the treatment may be repeated anew. It is necessary that any earrings from the auricular region have been removed for at least 24 hours. The purpose of this research is to document any anomalies in locating auricular acupuncture points, according to this method, using the Pointoselect Digital DT device, and to explore the potential for a hereditary component in any such detection anomalies.

MATERIALS AND METHODS

In this trial, 40 patients, from our private practise, were used, with an age range between 20 and 65 years. There was no screening based on prior medical history, and consequently it was possible to evaluate and compare the results between different patients exhibiting different pathologies, and different patients exhibiting the same pathology but with symptoms of different magnitude, e.g. individuals exhibiting stress-related symptoms, ranging from mild to acute headache or skin rashes.

No exclusion or grouping of individual patients took place, based on the nature of their pathology, i.e. patients exhibiting mental, psychosomatic or purely physical pathologies were examined with no diversification of examination protocol. Lastly, no cases related to substance abuse were considered for this trial. There was no discussion between the patients on the ongoing study.

The detection was performed using Pointoselect Digital DT, which is a widespread auricular acupuncture point detection device. Most auricular acupuncture points are dynamic rather than functional, meaning that they are detectable only if there is an associated pathology in the patient. In this they differ from

somatic acupuncture points which are functional. Exceptions to this are the auricular points Zero and Shen Men, which resemble somatic acupuncture points and are constantly detectable. The Pointoselect Digital utilises a detection scale from 1 to 16, with 1 corresponding to the most precise location of the point and 16 to the least precise location.

The progress of the patients was tracked during a 30-day period, in order to document and assess their response to auricular acupuncture therapy, regardless of the possible point detection anomalies.

RESULTS:

Of the sample size of 40 patients, 37 were within the expected detection range, meaning that the expected number of points were sensitive in detection by the Pointoselect Digital DT.

In two cases, too many points were detected using the aforementioned detection device, indicating an increased stimulation of the auricular area. More precise points were located, using palpeur-based detection. Subsequent examinations were not hampered by the same problem.

In a single case, there was extensive difficulty in detecting any points using the Point select Digital, even though there was a number of points sensitive to palpation with the palpeur. In this single instance, the repetition of the procedure did not yield any significantly different results. After a period of 10 days, point detection was performed again, with the same meagre results. Only the auricular point Zero and a few others were barely detectable, even in the highest sensitivity setting of the Pointoselect Digital DT. In all cases, auricular therapy was performed, regardless of the persistence of any lasting anomalies in point detection.

DISCUSSION AND CONCLUSIONS:

It can be seen that in the majority of cases, the detected points were within the expected detection limits of the device. As such, it is a commonly adequate practice for most patients and for most therapeutic applications.

In the cases where there were detection anomalies, these were not persistent in different examinations. The sole instance was the case of the inability of the apparatus to detect most auricular points. Upon further examination, this was found to be the case in other members of the same family, quite possibly indicating a hereditary component in the electrical properties of auricular acupuncture points. However, in all of the aforementioned cases, Bazzoni auriculotherapy was successfully performed with the anticipated therapeutic results.

To conclude, Bazzoni auricular therapy is an effective mode of alternative therapy, which is based on the precise detection of auricular points for stimulation, and any inherent detection anomalies are rare and possibly hereditary, but do not diminish the therapeutic result. It is therefore possible that, even if the points themselves are not detected, to use their approximate locations, based on auricular point charts, to treat the patient successfully.

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