

Concept Paper

## New Paradigm in International Ear Acupuncture

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### Abstract:

**Background:** In the international auriculotherapy practice there are relatively big differences in the exact localization of the same ear acupuncture point. On one hand, there are specialists who devote their efforts to find the active points. In that case it becomes intriguing that there may be another point (at 1-2 mm distance) near the point to be treated, indicating a relatively strong, even stronger activity than the one they were initially aiming to find. That point may be active because of another health problem. On the other hand, it may also occur that the same acupuncture point is localized 10-20 mm away from its correct place. Owing to the inaccurate localization, the treatment will not have the expected effect to the ear acupuncture point indications and will cause disappointment to the patient and frustration to the therapist.

The 'Széchenyi Orientation Ear Map' offers a solution to the internationally debated problem of the adequate localization and standardization of ear acupuncture points.

The ear map offers a solution for finding the exact location of acupuncture points in one uniform/flexible arrangement in various ear acupuncture systems, from the Chinese or Nogier's ear acupuncture points to Széchenyi's 191 ear acupuncture points. It is important to emphasize that apart from the correct diagnosis, the basis of successful therapy is finding the adequate localization of the acupuncture points.



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**Methods:** We localize the acupuncture points on a comparative basis, that is to say, we use relative localization. To attain this, we put to use the anatomical formulas of the ear. Furthermore, the orientation points, the main orientation lines and the auxiliary orientation lines help determine the exact localization.

**Results:** The exact place of the acupuncture point determined with the aid of the orientation map and the relative localization spot will always be at the same place. Using this method one soon discovers that every ear has basically the same shape.

Thus, it can be avoided that within the same or in different countries minimum 2 points from among the National Acupuncture Detoxification Association (NADA) or Battlefield (BLF) 5 ear points get to an unlikely position or 15-20 mm further away on the top of the ear. It is important not to mix the positions as it is not the same if the needles are inserted in the Allergy point instead of the Omega 2 point, or Zero point will take the place of the Liver point.

**Conclusions:** The orientation points, the main- and auxiliary orientation lines will unambiguously help the therapist to accurately localize the acupuncture points, no matter the shape of the ear. Furthermore, they also enable to better comprehend the location of those points on different maps.

Therapists will not come to a dead-end by trying to find the active points, and meanwhile end up treating a point responsible for another health problem instead of treating what they aim for. Consequently, it is important to be able to identify the proper location of the active points in question.

### Keywords

Ear acupuncture; localization; auricular medicine, NADA, battlefield, auriculotherapy, ear map

## 1. Introduction

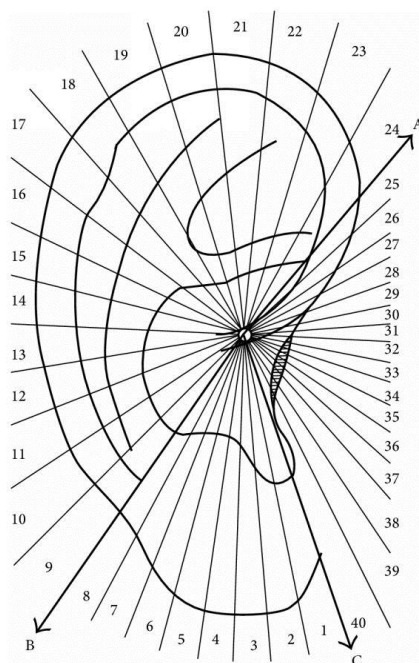
At the onset, traditional medicine had preference for using ear acupuncture. This predilection can be traced back in numerous works of art e.g. Hieronymus Bosch's painting in the Prado museum "The Garden of Earthly Delights". [1]

At the beginning of the 1900s, Madam Barrin, a medicine-woman in the outskirts of Lyon, had good results cauterising certain areas of the ear. Paul Nogier, a French neurologist, was enthused by her results and initiated the scientific examination of ear acupuncture. His first publications were issued in Germany in 1956. Motivated by the success of the French doctor, publications of Chinese specialists came out to reveal that they also have their own system of ear-acupuncture [2].

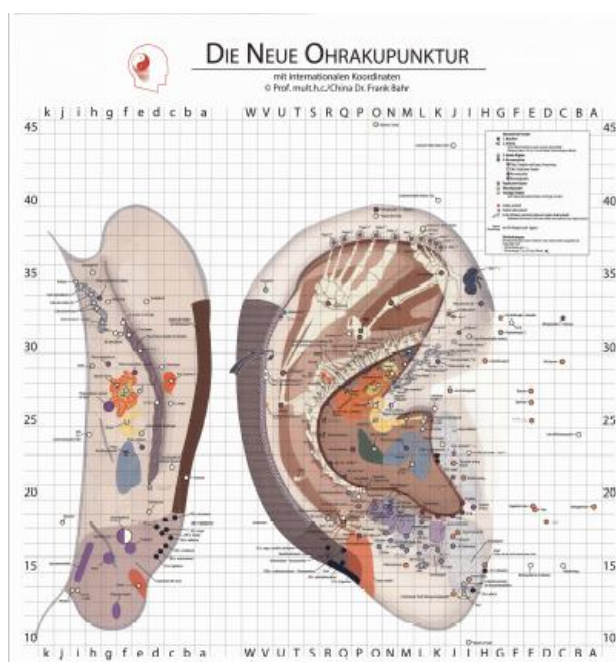
With regard to the mechanism of different effects, it is important to make a difference between the two approaches: Nogier's method is a reflex therapy, while the Chinese medicine re-establishes the energy balance. We can distinguish the two different effects; however, they cannot be separated because in practical experience they appear simultaneously.

Several ear-maps were issued all around the world, but specialists encountered an even greater problem— the adequate localization of ear acupuncture points, e.g. Dr Széchenyi's 191 points [3], Dr Bahr's Ear Acupuncture Chart (17) and Dr. Romoli's auricular sectogram [4].

Attempts were made for the sake of standardization, such as Dr. Romoli's radial map, Alimi effort to create an international nomenclature [5], as well as Bahr's reticulated map. All of these attempts emphasized that the exact localization is an invariable difficulty because every ear is different and all of them are dissimilar.



**Figure 1** Dr. Romoli's map [4].



**Figure 2** Dr. Bahr's map (17).

### **1.1 The "Széchenyi Orientation Ear Map"**

The "Széchenyi Orientation Ear Map" [6] offers a solution to the international problem of correct localization and standardization of ear acupuncture points. It is the result of my 25 years of teaching, clinical and research experience. The ear map offers a solution for finding the diverse ear acupuncture systems in one uniform/flexible arrangement, whether it is the Chinese [7] or Nogier's ear acupuncture points [8], or Széchenyi's 191 ear acupuncture points in their exact localization [3]; the basis of successful therapy is to find the accurate localisation apart from the correct diagnosis. Thus, the place of the internationally known 5 standard points of both NADA [9] and Battlefield [10] systems can easily be found.

In 1985, Michael Smith, MD, (Lincoln Hospital, Bronx, NY) developed the National Acupuncture Detoxification Association (NADA protocol). This protocol was used to alleviate withdrawal symptoms and to stop drug cravings. The standard NADA protocol points are: Shen Men, Sympathetic, Kidney, Liver, and Lung. (18)

The Battlefield ear acupuncture protocol was developed by R. Niemtzow to be used as a fast pain reliever. ASP semi-permanent needles are used to stimulate the following points in the ear: Cingulate Gyrus, Thalamus Point, Omega 2, Point Zero and Shen Men [10].

By following the Széchenyi Orientation Ear Map, one will not insert the needles 1 to 2, or even 10 to 15mm farther than their exact position. This way inefficient treatments and patients' disappointment may be avoided. Looking for active acupuncture points is a very good method, as a few mm apart from the points to be treated are other projection areas, which may have a signalling value in indicating other disorders. Even some additional problems might be settled, apart from the one the therapist would like to treat. The acupuncture point is an objective formula. This statement was sustained by Kellner, the Viennese histologist who examined acupuncture points in 11,137 histological samples and found that they are objective formations. With his biopsy he revealed that in little circles around the points, which are a few mm in diameter, the number of different nerve filaments (Meissner corpuscles, Krause bulboid corpuscles, Glomus Organs, smooth muscle cells) is significantly bigger than in the areas surrounding those circles [11].

Measuring and monitoring skin resistance of acupuncture points dates back to the 50's, to the independent work of Nakatani (1950), Niboyet (1958), and Voll (1975). Nakatani (1956) developed the Ryodoraku theory [12].

The emergence of "Széchenyi Orientation Ear Map" as a new paradigm in the international ear-acupuncture was introduced at the 9th International Auriculotherapy Symposium in Singapore in August 2017. We published our research on the topic, in June 2018, entitled: "A comparative study on stress-level reducing effect of Auriculotherapy executed by soft laser and acupuncture methods (NADA/Battlefield) – as it is reflected in Western and Oriental medicine. A randomised, placebo-controlled, double-blind trial" [13].

In our research it is clearly demonstrated the importance of exact localization. The acupuncture points, where the needles are inserted, really makes a difference. In the case of inaccurate localization and insertion, we will not reach the expected therapeutic effect. When examining the PRL and CORT response levels of the human body, NADA 5-point treatment (either needle or laser treatment) shows an immediate significant stress-reducing effect while none was observed in the Battlefield treatment [13].

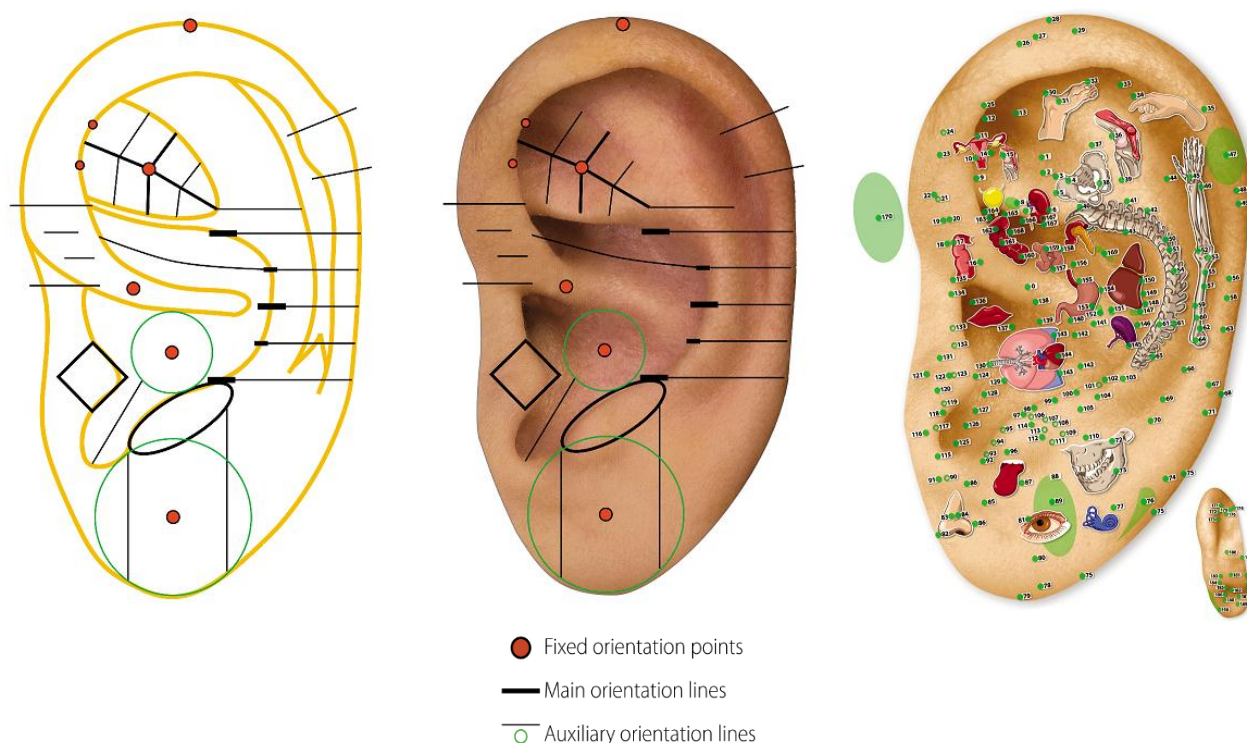
## 2. Materials and Methods

In order to compare different ear maps, we used public electronic databases (e.g. PUBMED) and websites related to NADA and Battlefield protocols. Furthermore, we have been assisting with materials related to ear maps published in book form.

The solution is very simple: localization of the ear points is based on comparison, that is, we apply the so-called relative localization. To achieve this, we use the anatomical formulas of the ear, as well as the Orientation Points, Main Orientation Lines and Auxiliary Orientation Lines further help find the exact localization.

Every ear has a Peak Point, the Earlobe – the Lobolus has a center, Fossa Triangularis and Concha has also a center, these are called 'Fixed Orientation Points' and marked with a red circle. Furthermore, the Fossa Triangularis can be divided into approximately 2 equal parts with a symmetry axis. The Antitragus can be virtually completed into an ellipse and the Tragus can be converted into rhombus or rectangle: these are the 'Main Orientation Lines'. Then, the lines of Fossa Triangularis can be further subdivided with the 'Auxiliary Orientation Lines' (figure 3)

Since a non-fixed coordination system is used to define the ear acupuncture points, the flexibility of the "Orientation Ear Map" provides the precision regardless of the outlook of the patient's ear.



**Figure 3** The Széchenyi Orientation ear map [6].

## 3-4. Results/Discussion

Thanks to the "Orientation Ear Map" and the relative localization, the location of the acupuncture points will always be the same. Using this method, one soon discovers that every ear is basically the same. As Michelangelo said, "Every block of stone has a statue inside it and it is the sculptor's task to discover it". By applying the "Széchenyi Orientation Ear Map" we do not fall into



the trap of or make the mistake of trying to fit the same garment onto a 180 kg person, one of 90 kgs or a person of 65 kgs - meaning that we use the same standard template for ears that are considered different.

As for example, it may not occur that within the same or in different countries at least 2 points from among the NADA 5 ear points are dissenting (figure 4-6), or the needles are inserted in the Zero point at a 10-15 mm distance in Battlefield acupuncture (figure 9 and 10).



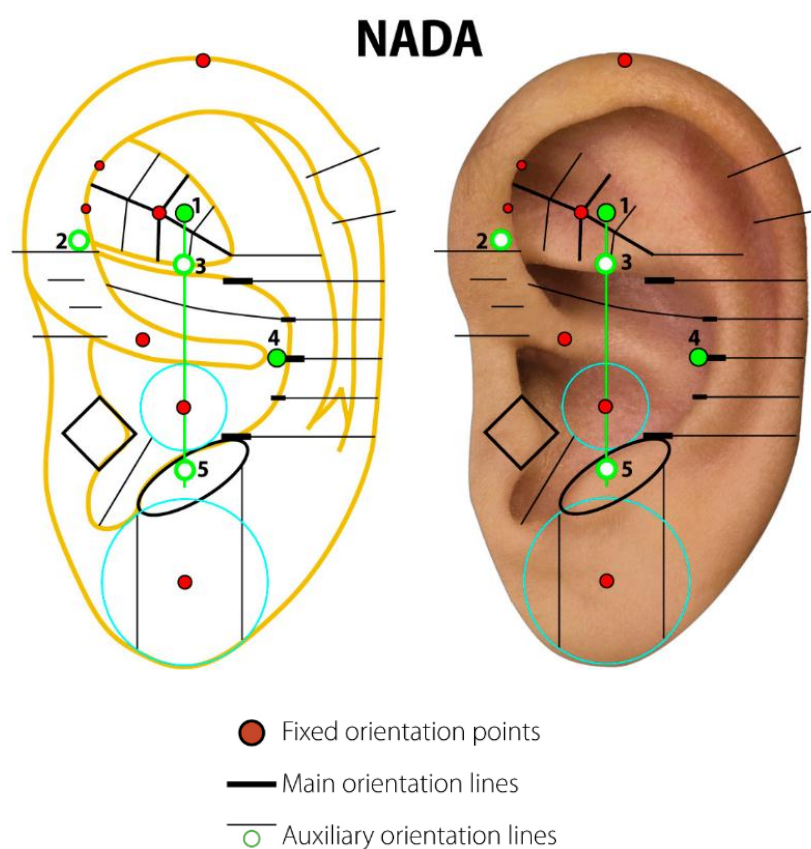
**Figure 4** NADA 5 point in Cape Town [14].



**Figure 5** NADA 5 point in Austin (USA) [15].



**Figure 6** NADA 5 point in Portland (USA) [16].



**Figure 7** NADA 5 points on Orientation Ear Map [6].



**Figure 8** NADA 5 points [18].

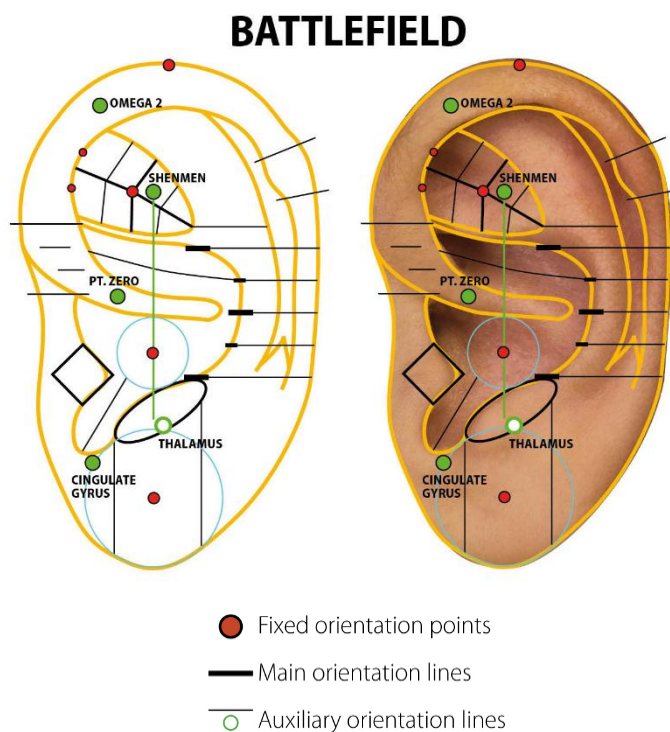


**Figure 9** Battlefield points [10].

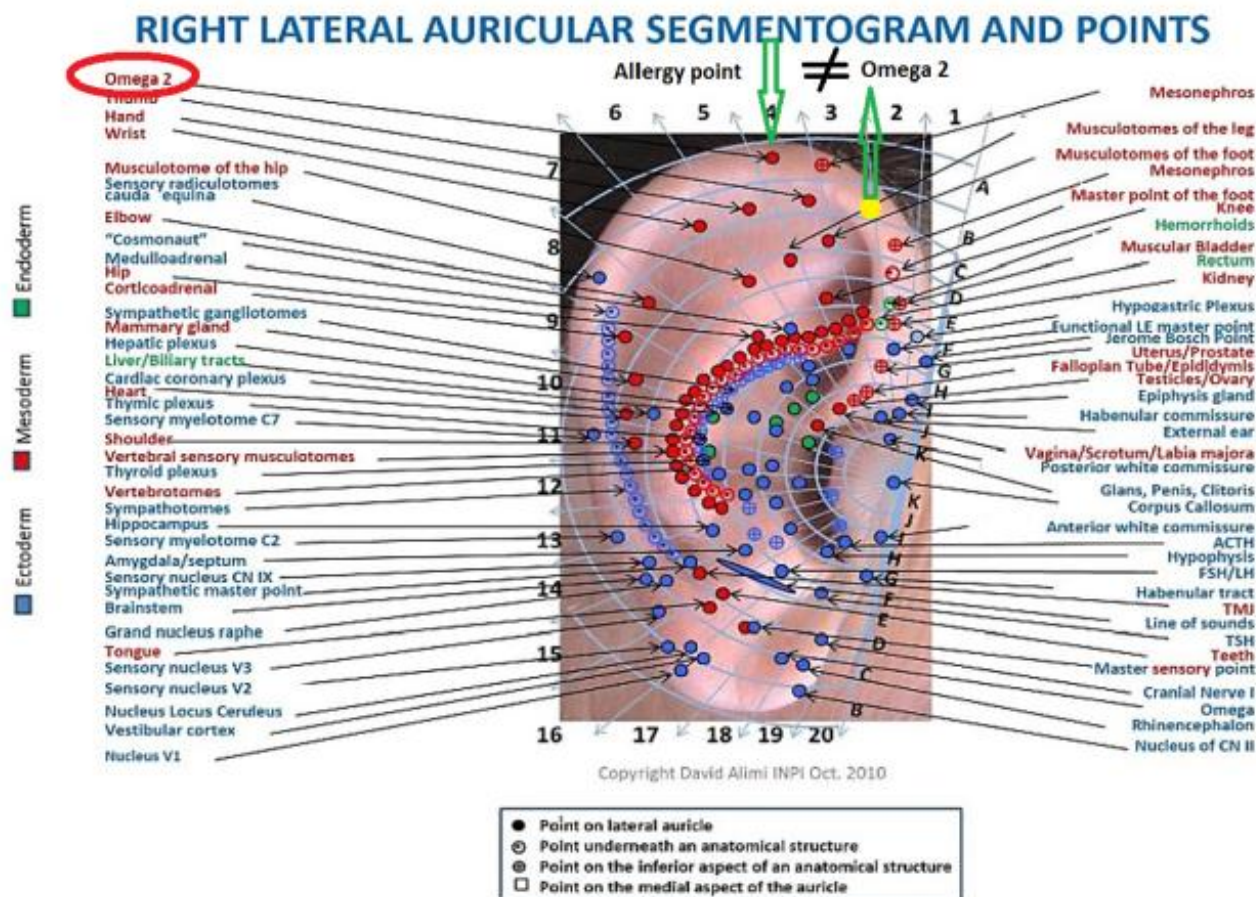




**Figure 10** Battlefield points [10].



**Figure 11** Battlefiled points on the Orientation Ear Map [6].



**Figure 12** International Nomenclature of Auriculotherapy cartography, D. Alimi [5].

We might even mention the study “New Universal Nomenclature in Auriculotherapy”, in which applying the orientation points and lines, the Omega2 point should not appear on the tip of the ear, as this is consistently the Allergy point according to both Nogier, and the Széchenyi 191-point map. So, the matter is not a 1-2 mm drift, but a 15-20 mm inaccuracy.

## 5. Conclusions

Utilizing the Széchenyi Orientation Ear Map, it does not matter what specification the map has, the Orientation Points, the Main- and Auxiliary Orientation Lines unanimously help the therapist to accurately localize the acupuncture points, no matter the shape of the ear. It also enables to better comprehend the ear-acupuncture points of other different maps. Therapists will not come to a dead-end by trying to find the adequate location of active points, they will prick the needle into a spot that is responsible for another disorder. On the contrary, they will be able to identify the proper location of the active points.

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## Author Contributions

The author gives final approval of the version to be submitted and any revised version.

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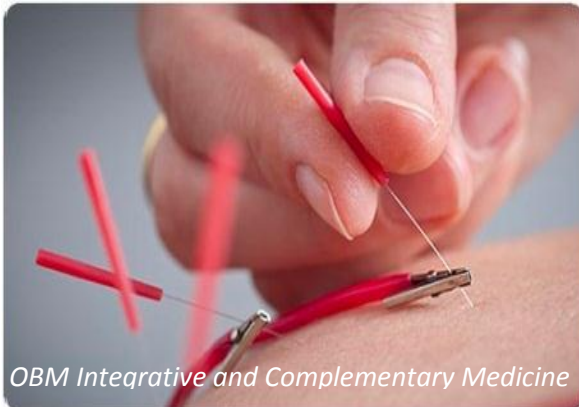
## Competing Interests

The authors have declared that no competing interests exist.

## References

1. Fraenger W. Hieronymus bosch. Dresden: VEB Verlag der Kunst; 1975. p. 10-15.
2. Széchenyi I. Ear acupuncture in practice. Therapies against different illnesses and disorders. Veresegyház: Natural-Med Publishing House Ltd; 2017. p. 10-11.
3. Széchenyi I. 191 Ear acupuncture points and their indications. Szentendre: Natural-Med Publishing House Ltd; 2009. p. 23-76.
4. Rong PJ, Zhao JJ, Wang L, Zhou LQ. Analysis of advantages and disadvantages of the location methods of international auricular acupuncture points. Evid Based Complement Alternat Med. 2016; 2016: 2806424.
5. Alimi D, Chelly JE. New universal nomenclature in auriculotherapy. J Altern Complement Med. 2018; 24: 1-8
6. Széchenyi I. Orientation ear map. Veresegyház: Natural-Med Publishing House Ltd; 2017
7. Pálos S. Chinesische ohr-akupunktur. München: CEDIP Medizinisch-technische Verlags-und Handelsgesellschaft mbH; 1983. p. 3-75.
8. Nogier PFM. Introduction pratique á l'Auriculothérapie. Moulins-les-Metz:Maison neuve, 1972. p. 46-81.
9. Széchenyi I. Fülakupunktúrás addiktológia. Veresegyház: Natural-Med Publishing House Ltd; 2014. p. 51-56.
10. Niemtow RC. Battlefield acupuncture. Med Acupunct. 2007; 19(4)
11. Bischko J. Praxis der akupunktur. Heidelberg: Karl F. Haug Verlag, Hüthig GmbH; 1997. p. 40-47.
12. Nakatani Y. Skin electric resistance and Ryodoraku. J Auton Nerv Syst. 1956; 6: 52-83.
13. Széchenyi I, Antal ZS, Hegyi G. Comparative study of the immediate stress-relieving effect of auriculotherapy with soft laser and needles (NADA/Battlefield) with respect to Western and Oriental Medicine: A randomized, placebo-controlled, double blind clinical trial. Int J Curr Res. 2018; 10: 70632-70639.
14. Figure 4. Available from: <https://www.acuquit.co.za/>
15. Figure 5. Available from: <https://www.sagerecoveryaustin.com/acutrainig/>
16. Figure 6. Available from: <http://www.mentalhealthportland.org/>
17. Bahr F. The new international nomenclature for earpoints: the development of the 2D coordinate ear. 4th Ear Acupuncture and Naturopathy Conference, 2017 04 1-2; Budapest, Hungary. Available from: <http://www.earacucongress.com/en/>.

18. Carter KO, Olshan-Perlmutter M, Norton HJ, Smith MO. NADA acupuncture prospective trial in patients with substance use disorders and seven common health symptoms. *Med Acupunct.* 2011; 23: 131-135.



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