

# Auriculotherapy's History and Current Significance

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## Editorial

Auriculotherapy (also known as auricular therapy, ear acupuncture, and auriculoacupuncture) is a type of alternative medicine that is based on the concept that the ear is a microsystem that reflects the complete body, as portrayed on the auricle, the outer section of the ear. Conditions impacting the patient's physical, mental, or emotional health are considered to be cured solely through stimulation of the ear's surface. Similar mappings are utilised in various parts of the body, including reflexology and iridology techniques. Auricular therapy comprises acupuncture, electroacupuncture, acupressure, laser, cauterization, oxibustion, and auricular bloodletting. People have used auricular therapy to treat diseases for over 2500 years, but the methods have been limited to bloodletting and cauterization. Only after 1957 did the international scientific community realise that the map of the ear resembled an inverted foetus; its introduction has led to auricular acupuncture (AA) becoming a more systemic approach and AA has been used in clinical applications following the identification and standardisation of more precise points. Auricular acupuncture (AA) is a technique used to diagnose and treat physical and psychological dysfunctions by stimulating a specific location in the ear. The neurological reflex, neurotransmitters, cytokines, the immunological system, and inflammation are all involved in ear stimulation. AA has been used for roughly 2500 years, with the oldest record being Huang Di Nei Jing (The Yellow Emperor's Classic of Internal Medicine), written in Chinese, and the oldest Western record being a report by Hippocrates. The ear is directly or indirectly related with 12 meridians in Traditional Chinese Medicine (TCM), and activating the ear helps restore the balance of Qi and blood.

The Yellow Emperor's Classic of Internal Medicine (ca. 100 BCE) may contain the earliest account of auriculotherapy, which was limited to bloodletting and cauterization. Nogier devised a phrenological method for projecting a

foetal Homunculus on the ear and published the "Vascular Autonomic Signal," which measured a change in the amplitude of the pulse. That technology would only generate a signal if fresh information was introduced into the patient's electromagnetic environment. Nogier mentioned a 'concept of matching resonance,' according to which he could detect the active points of the auricular microsystem using the vascular autonomic signal. Doctor Paul Nogier, the father of AA, presented his inverted foetal map at the Société Méditerranéenne convention in Marseille in 1956. Nogier discovered that cauterization in the inferior crus of the antihelix might treat sciatica. He investigated the conditions several times before introducing 37 AA points. In 1966, he discovered that changes in the pulse rate of the radial artery were connected to auricle stimulation and named this phenomena "Reflexe Auriculocardiaque" (Vascular Autonomic Signal, VAS).

Friedrich Arnold, a German anatomy professor, discovered in 1832 that stimulating the external ear canal might cause a cough similar to the cough reflex generated by the vagal nerve. This reflex is known as "Arnold's Reflex," and it considers the ABVN to be its afferent nerve. Because ABVN stimulation can elicit a response comparable to that of the vagal nerve, the ABVN may have an auricle-ANS connection. The ABVN transports fibre into the solitary tract's nucleus (NTS). Nomura and Mizuno (1984) showed that when horseradish peroxide was administered to the end of the ABVN in cats, the labelled nerve fibres of the ABVN surrounded the NTS. Many reflexes are mediated by the NTS, including the carotid sinus reflex (chemoreceptor and mechanoreceptor), the aortic reflex (chemoreceptor and mechanoreceptor), the gag reflex, and the cough reflex, as well as other respiratory and gastrointestinal reflexes that regulate organ function. The ABVN primarily supplies the concha of the auricle and the external auditory canal, particularly the inner half of the tragus. Stimulation travels from the cutaneous concha to the jugular ganglion through the auricular nerve, and branches of the vagus nerve begin from this ganglion and end in the NTS of the medulla oblongata.

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