

# Cartographies and phases in auriculotherapy

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## Abstract

Notre exposé va traiter des différentes cartographies et de notre conception des trois phases de Paul Nogier. Pour palier à la confusion liée à la multiplicité des cartographies et des diverses appellations des points, nous préconisons aussi de nommer les points par leurs coordonnées spatiales plutôt que par un nom d'organe ou de fonction. Pour faciliter cette tâche, nous vous proposerons un outil gratuit en ligne qui fonctionne aussi sur vos tablettes.

Our presentation will deal with the different cartographies and our conception of Paul Nogier's three phases. To overcome the confusion associated with the multiplicity of maps and differing names given to the points, we also recommend naming the points according to their spatial coordinates instead of naming them after an organ or function. To facilitate this task, we will offer you a free online tool that will also work on your tablet: [www.earpoints.ovh](http://www.earpoints.ovh)

## Presentation

The location of the points is often a stumbling block when it comes to reading articles in the bibliography.

Either the points are named without reference to the map being used

Or the position of the point is imprecise.

That is why I have created a new site: [www.earpoints.ovh](http://www.earpoints.ovh) referencing the most commonly used maps, in order to enable everyone to find the points cited and, if you so wish, to easily find the coordinates of any point that is represented on all the maps.

At present the maps and names listed on the site are as follows:

- Paul Nogier's Cartographies, based on the books « auricular reflex points » and « additional auricular reflex points », with the points in the three phases.
- Cartography established following on the WHO report
- Chinese cartography based on the GBT 13734-2008 reference
- Frank Bahr and Winfried Wojak's cartography
- Marco Romoli's Sectogram
- Terry Oleson's cartography
- Nadia Volf's cartography
- David Alimi's cartography has not been included for the moment because it required

adapting the grid used and Dr Alimi did not wish it to be put on the site.

You can locate a point on each of the representations and obtain its coordinates.

Simply passing the pointer of the mouse over the acupuncture point makes a certain amount of information pop up and clicking on the point shows you the correspondence with the denominations of several nomenclatures.

It is the grid of Bahr – Wojak's cartography which has been used for locating the points, because we thought this cartography seemed more precise for positioning the points and it was also the easiest to put online.

The boxes are named according to their coordinates (vertical letter and horizontal number).

In this way, anyone looking for the references for a point he or she has found will be able to see the main designations for the point by passing the pointer of the mouse over the map. The Bahr/Wojak coordinates will then be shown along with the denominations used by Paul Nogier, Bahr and the Chinese cartography zone.

All you have to do next is click on the point to obtain the complete nomenclature corresponding to the point. For example:

For each point, you can therefore get to know the references used on each of the maps.

The initial objective was to associate the corresponding bibliographic references with the points. But such a body of work proved too much for someone working alone. I therefore opted for an index of published articles, pathology by pathology, which I add to as new articles appear. Only articles which publish their points in free online abstracts or complete articles are included in this index. Indeed, being alone, voluntary and without sponsorship, I cannot access paying articles which are often very expensive. I would therefore appeal to authors to address their articles directly to me.

The reference to the article is therefore linked to its corresponding pathology, along with the extract showing the points used.

I have also compiled a list of points appearing on each map, indicating the zones for their positions on the corresponding maps. This will allow you to situate the points rapidly while reading the articles. But bear in mind that Paul Nogier warned that the location of a point is not always exact and that it must be looked for in a zone.

While doing this work, I came up against the difficulty of making everyone's different localisations and nomenclatures correspond. Everyone has good reasons for situating an organ in one place rather than another, because each approach is very different. Paul Nogier's approach was initially done by looking for pain and was subsequently made more precise in collaboration with Drs Bahr and Bourdiol, by Auriculomedicine with the help of the RAC VAS and thereafter thanks to the work of Drs Bernard Julienne and Alain Mallard.

The most frequently used nomenclatures worldwide are those of Dr Terry Oleson and the Chinese nomenclature. Unfortunately, in spite of the WHO 1990 nomenclature, these various nomenclatures differ as to the denomination of zones.

All of which creates confusion which resurfaces in the literature and sometimes makes it

difficult to exploit the protocols in general use.

These protocols are often established working from neurophysiological data that are not always reliable because there is rarely any objective proof as to where a point is located for any particular organ or function. Even if there are sometimes convergences, the protocols are frequently very different from one author to another. Surprisingly, in spite of these differences, more often than not these protocols actually work.

So, we ask ourselves, how come auriculotherapy works so well?

My personal conviction, founded on my experience as a doctor of auriculomedicine, is that in actual fact certain points on the ear are fundamental, because they restore the transfer of information, which in turn allows a better functioning of adaptation systems and restores the good equilibrium of the neurotransmitters. This enables the organism to function at its very best and so good results are obtained.

Personally, I think that there are six fundamental master points capable of globally restoring all the transfers.

Only one of these points needs to be treated in order for some and sometimes all the transfers to be restored and for the patient to enjoy better health.

The points concerned often form part of the protocols, hence their efficacy in spite of their differences.

In other words, but of course this is a personal opinion which I realise may not be shared, very few points are needed, sometimes even only a single one, to obtain a result. That is doubtless what makes auriculotherapy strong in its diversity. The difficulty being, of course, to identify these points, which do not correspond to any clinical or physiopathological data.

What matters to an auriculotherapy practitioner is to have precise protocols and be able to identify the zone in which to search.

Taking into account the many different approaches, it is impossible to agree on the interpretation of each and every point, but at least we could come to some agreement about how to identify the point, without pre-judging its organic correspondence. The Bahr/Wojak grid seems to me to be the simplest and the most precise for that purpose. Some will dispute its multiplicity of shapes of the ear which prevent an exact identification of the point. I agree, but let us not forget that, as Drs Paul Nogier and Marco Romoli clearly stated and demonstrated, the point does not necessarily have a precise location. The map only indicates the zone in which the point should be looked for. That is why we cannot be sure that the point actually corresponds to any particular organ. Only auriculomedicine can enable us to make that identification.

So, rather than naming the point after an organ or a function, the reality of which remains very subjective, I recommend naming it according to its geometric coordinates. Afterwards, each of you can give the point whatever significance you choose, but at least you will all be able to find it easily. The website: [www.earpoint.ovh](http://www.earpoint.ovh) is there to help you with the task if you so wish.

## The three phases

What characterises Paul Nogier's cartography is its localisation in the three phases. There have been numerous interpretations of the corresponding points, particularly in Bernard Julienne and Alain Mallard's works which unfortunately are not easily accessible.

As for me, I have a slightly different interpretation of the three phases, one linked to the concepts expressed in my book "Auriculomédecine Rénovée et Simplifiée" (translated into English and Spanish: "Auriculomedicine Updated and Simplified" and "Auriculomedicina renovada y simplificada") which you can find at SEDATELEC or on the [www.lulu.com](http://www.lulu.com) website. This method is also described on the [www.auriculo.fr](http://www.auriculo.fr) website where you can follow online video courses free of charge.

If Paul Nogier initially found the points on the ear by searching for pain, he subsequently completed his cartography by using the data obtained from auriculomedicine, in phase 1 at first then afterwards in all three phases.

These points were determined with extracts of organs in extremely precise experimental conditions, albeit often complex since we did not possess the present-day techniques for controlling oscillations, notably the transfer regulator which can suppress oscillations.

In my opinion, the three phases represent the primary point on different planes. Indeed, when a ring test is placed on a patient's body, the detection of the point is altered. It is what Paul Nogier called information traffic. It is not that the point changes position, but it will be found with a different colour or detector.

For example, you find a point in the concha by using a Gold detector and red 25. You then place any kind of ring test on the body. Sometimes you can ascertain that the point has disappeared or at least that it no longer reacts to the Gold and red 25. On the other hand, you will no doubt be able to find it again on the same spot by using a different detector (silver, or north, or south or NUR {uranium nitrate}). The point is still there but its polarity has been modified. You will be able to find the point again with the gold stick, but on a different part of the ear. It is often the same point but in a different phase.

We consider that the point corresponds to the interaction between the field surrounding the organism and the plane of the ear. The pathology modifies the electrical conduction on the point and thereby the frequency and its corresponding electromagnetic field, which subsequently takes on a different vectorial orientation.

In effect, the fields express themselves in a three dimensional space, whereas the maps only represent the ear as a flat surface. The vector of the electromagnetic field which corresponds to the pathological point is not on the plane of the ear but will necessarily be projected onto it. In one direction we will have a projection of the electrical field, in another direction that of the magnetic field and the trajectory of the wave will be projected in yet a third direction. Consequently, for a single point we may have three different projections, hence Paul Nogier's three phases.

What makes the point appear is no doubt connected with the fact that the pathological fields are polarised. It is this polarisation that will create the singularity of the point, which then becomes fixed and detectable.

This polarisation creates changes in the transfer of information. Regulating these transfers of

information makes it possible to find the primary points of the pathologies in phase 1. That is why we think that the points in phase 1 are the most important from a therapeutic point of view. The other points are in fact only relay points or secondary blockages that will disappear when the primary point is treated. Moreover, the points in phase one happen to be the easiest to identify without the need for complicated techniques.

But the map is not the terrain.

The updated and simplified auriculomedicine method taught on the [auriculo.fr](http://auriculo.fr) website is based on the use of a transfer regulator which directly restores all the transfers throughout the whole organism. Thanks to this method, we can reveal all the hidden or excluded points and rapidly detect the primary points in phase 1. Afterwards, we have to identify the corresponding organ, because simply locating a point on the ear and its graphic position on a map is not enough to identify the affected organ.

This characterisation of the point is not just the discovery of the point by the RAC/VAS which allows us to talk about auriculotherapy supported by checking the pulse. The exact identification of the organ, thanks to the organ tests and not just a haphazard position on a map, is part of the diagnostic aspect of the method which justifies calling it auriculomedicine, because medical practice is characterised by diagnoses and treatments.

## Conclusion

Each practitioner develops auriculotherapy along his or her own lines, which results in total cacophony and often makes it difficult to put into practice what has been read in the publications. It is time to find a common language for identifying the points independently of interpretations based on the names of organs or functions.

The 1990 WHO report had proposed this concerted effort, notably for creating a common cartography. The work has never been done.

If this symposium allows for a better understanding and use of the cartographies, it will be a big step forward. However, we have no illusions; change is slow. Meanwhile, the [www.earpoints.ovh](http://www.earpoints.ovh) website may cast a glimmer of light to guide you through the cartographic jungle and help you find the published protocols more quickly. It is obviously a huge amount of work, so if any of you would like to take part you will be very welcome. As for the authors, it is in their interest to be read and understood and for their measurements to be replicated. I therefore recommend them to be clearer about where the points are located and what cartographic references they have used and to put the points in their abstracts. Thank you also to those who send me the texts of their articles in their entirety.

My message is above all that we must work together without bias. It is possible to find a common language. **This language for naming a point can be achieved without interpreting the point**, which will be a great advance.

To familiarise yourself with the updated and simplified method for practising auriculomedicine, which offers you the chance to carry out simpler, faster and above all more complete and global consultations, I invite you to join me on the [www.auriculo.fr](http://www.auriculo.fr) website.

The video courses are in French, English and Spanish and they are free of charge.

## **Another important proposition**

We have been trying to prove the effectiveness of auriculotherapy by demonstrating the efficacy of certain protocols. However, auriculotherapy protocols are based on hypotheses about the action of acupuncture points and on neurophysiological data. We have to admit that there is no truly scientific proof of the effects acupuncture points have on the body. Moreover, for one and the same pathology, a great variety of different protocols can be found.

The action of the points therefore needs to be established rationally and scientific justification for their use needs to be demonstrated. That is now possible with something called data science, which has developed ever more efficient systems for analysing data bases.

But to do so, we have to set up data bases containing thousands of entries. It does not matter if, at the outset, these data banks use very varied protocols. To draw its conclusions, the analysis of the data bases will depend above all on a high number of entries.

If the individuality of doctors, the egocentricity of associations and diversity of methods are all taken into account, such a task may seem utopian. But I have no doubt that the idea will take off.

To develop one or more of these data bases, several conditions have to be fulfilled. We must:

Come to an agreement about a system of common coordinates for the acupuncture points which will make it possible to establish their approximate location.

Set up a simple form indicating, for example, the coordinates of the points treated for a patient, his main pathology, any secondary pathologies and a scale of the short and long term effects the treatment had.

Find enough practitioners prepared to enter their data on a form (whether on line or with the help of an application) regularly and straightforwardly.

To work effectively and for the results to be refined over time, a maximum of data needs to be collected.

That is where the associations come into play.

It will be important to coordinate the input from the associations. That could be done by creating a foundation for research into auriculotherapy, in which each association would have a representative.

The door is open: it is up to you not to shut it.

Until there is an agreement amongst associations to work together, an experimental data base prototype has been set up on: [earpoints.ovh](http://earpoints.ovh)

## **Bibliography:**

— Lentz André: “Auriculomédecine Rénovée et Simplifiée » translated into English and Spanish: “Auriculomedicine Updated and Simplified” and “Auriculomedicina renovada y simplificada”, 2nd edition: 2020 on [www.lulu.com](http://www.lulu.com)

— [www.auriculo.fr](http://www.auriculo.fr)

— [www.earpoints.ovh](http://www.earpoints.ovh), where you will also find the references for the nomenclatures and cartographies.