

# LASER ACUPUNCTURE FOR OTITIS MEDIA

by Dr Wellington Tan

*Medical Study realized between 1992 and 1994  
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## *The author*

I have incorporated the many principles and various types of Acupuncture, (Traditional Chinese Medicine, Auricular Acupuncture and Medicine, Ryodoraku Acupuncture, Modern Laser etc...) and integrated them into my Western Medical Practice.

This has enhanced my medical work greatly and also made it more interesting.

I want to share with you the use of Laser in Auricular and body Acupuncture in treating a common problem that I encounter in my practice.

*Otitis*

I reviewed the cases of Secretary and Acute Otitis Media which I commonly see and treat in my practice.

Antibiotics had been the main course of therapy but studies (1, 2, 3) have shown that there are still controversies on treatment as to the outcome and long term efficacy. Besides the pain and hearing loss still do not subside with antibiotics for some time.

There have been no work done for treating Otitis Media in Auricular Therapy or Acupuncture. As I had been treating such conditions in the practice, I reviewed what I had done, and documented the points used and its Ear locations.

### ***The Study***

The review was to:

- 1- to identify the Ear points used,
- 2- Nogier's laser frequencies for treatment,
- 3- and its efficacy and outcome.

I decided on the use of the Laser rather than needling so as not to inflict another pain on the patient which may mask the subjective feeling of pain relief.

I use the Low Infrared Laser of 904 nm, 6 milliwatts with all of Nogier's frequencies. Later I also used the Nextlaser with the same wave length of 904 nm but rated at 10 W Nogier's Frequencies for the ears.

### ***Method***

#### ***Diagnosis method***

Patients with Acute Otitis Media or Otitis Media with Effusion (O M E) or also called Secretary or Mucoïd Otitis Media were diagnosed on Aurioscopy.

There patients' Ears were examined for reactive Auricular points found with the point detector on the Ryodoraku Neurometer and confirmed with a positive VAS with the Laser scanning the frequencies zones. The VAS (Vascular Auricular Signal) has been described by Nogier for detecting the reactive points in the Ear.

The points were found and were located consistently at the lobule border of Zones F and G. These corresponded to the Middle Ear and the Eustachian tube.

#### ***Treatment method***

In my Practice, patients were given the choice of Acupuncture or Antibiotics with analgesic, or combination of both.

Patients had antibiotics and other drugs when I considered it necessary to treat severe Acute Otitis Media or OME with concurrent Sinusitis, Bronchitis, Tonsillitis or Pharyngitis suspicious of being a bacterial origin as in any standard medical practice.

**Patients who choose Laser Acupuncture** had Auricular Acupuncture by the Laser as the principle treatment and Body Laser Acupuncture as secondary treatment.

*Patients were treated with the Laser with Frequency F of 73 Hz or G of 146 Hz for 30 seconds to each point on the ears. Helix points associated to the Middle Ear and Eustachian Tube points were also treated.*

*Body acupuncture points were also treated with the IR Laser in the children tuned to 100 Hz for 30 seconds per point.*

Those that opted for **acupuncture only without antibiotics** had a course of laser treatment on the ears and body points selected are :

#### **Rx at Frequency of 100 Hz for 30 seconds**

**DaZhui GV 14** for fever, anti infection and tonify immunity  
**HeGu LI 4** to clear the heat and pain  
**QuChi LI 11** and tonify immunity  
**TingHui GB 2** local ear points  
 Shao Yang for Yang for Middle Ear  
**Waiguan TE 5** remove heat off channel/Ear Treatment.  
**FuLui K7** tonify Kidney. Promote water movement.  
**WeiYang UB 39** lower Hesea Point of Triple Energiser and to Promote the learning of heat and fluid.

#### **Rx at Frequency of 10Hz for 60 seconds on**

**Fenlong St 40** phlegm disperse.

Extra points were added according to the other concomitant problems like.

**TaiYuan LU 9** for bronchitis  
**Tanzhong CV 17** for bronchitis

**YianhXiang LI 20** for rhinitis  
**Ear Helix points** for tonsillarpharingis

### **Analysis**

Patients reported immediately after the Auricular treatment.

The criteria of positive response after the treatment as

- At least 50% of subjective pain relief reported by the patient. Young infants less than 4 years were reviewed the next day and mother reported on their response and behaviour no change as failed pain relief and happier, sleeping well as positive relief of pain.

- Subjective feeling of being better in the ears with less pressure feeling after treatment, and ability to make the ears “click” with swallowing or by Valvasa manoeuvre, or even spontaneous popping and relief of the pressure in the ears.

Very young Children were of course unable to report this.

### **Results on frequencies efficiency**

I observed that 73Hz helped to restore the Eustachian function and 146 Hz helped the pain relief better.

Initially I treated some patients with either “F” or “G” frequencies only. Later the patients had both F and G frequencies treatment. This of course influenced the final results. Helix

points were treated with E frequency.

### ***Study group***

*40 cases from my practice were collected :*

15 patients under 5 years  
8, were 5+ to 16 years  
17 were adults

Ages range from 9 months  
to 78 years  
30 females and 10 males.

*There were a mixture of :*

**AOM** Acute Otitis Media

**SOM** Secretory Otitis Media  
(or OME Otitis Media with  
Effusion)

**OE** Otitis Externa

Other related problems associated with AOM or SOM like sinusitis, bronchitis, tonsillar pharyngitis were designated SOM+ or AOM+.

### ***Statistical Results***

- 80% reported pain relief immediately after the treatment.
- 50% (mainly children) also had body laser acupuncture
- 50% of those that could cooperate had resolved the fullness feeling of the ears, and popped it easily getting relief.

- 47,5% of these had an antibiotic prescribed for the ears as well as their other related problems.

Without acupuncture I would have conventionally treated 27 of these cases (AOM, AOM+, OE, SOM+ 67,5%) with an antibiotic as they had an infective problem. There are still controversies of antibiotics use in OME (32,5%).

### ***Case Report***

One patient JH 9 months had been on 3 courses of antibiotics for AOM, sinusitis, and bronchitis with fever. I confirmed the diagnosis, gave her Ceclor and Laser acupuncture as requested.

The patient made improvement but after day 2 the fever start to swing. Diagnosis of Antibiotic fever, so off the Ceclor and temperature subsided.

9 Laser treatments to ear and body points were given. The ears were monitored and observed to resolve, the chest cleaned, patient is happy, with good appetite and slept well. No further problems after 3 months follow up.

## ***Conclusion:***

The Ear points for AOM and OME are found on the lobule.

The frequency for Laser treatment are 73 Hz, 146 Hz and 36.5 Hz (or Harmonics of this) are for correcting function and pain relief.

Pain relief is 80% effective and recovery of ear dysfunction is 50% and antibiotic use can be reduced.

## ***Further Observations***

All the information were subjective and observer / practioner bias are likely and some criteria were flot uniformed and information is retrospective, and the study group was small.

So objective measurement is the only way.

I have since got a Welch Allen Micro-tympanometer and an Audioscope and have measured before and after the treatment in a few of the patients of this review group and subsequent patients so treated.

Annotated cases of AOM and OME with tympanometric responses following laser acupuncture illustrates the results. (Normal A type, and abnormal C1 and C2 and B tympanogram.)

- Tympanogram studies of AOM treated sucessfully with antibiotics showing resolution of infection.

- Cases of AOM treated with antibiotics, decongesant and analgesics respond but with a longer and varied course.

- Some of these cases then treated with Laser acupuncture only cleared the OME and improves hearing.

Tympanometry recordings of few cases, illustrates the immediate response in patient who could cooperated with the clearing of the Eustachian function with a Valvasa manoeuvre. Immediate post acupuncture and serial Tympanograms showed a definite response with pressure changes compared with pretreatment and with concommittent pain relief as shown earlier.

Cases of Acute Otitis Media treated with only IR Laser to the Ears body points also showed remarkable and rapid improvement with successive treatments.

Usually 10 treatments are given.[...]

I noticed that there was a rapid response to Auricular points treatment alone on the Tympanometry compared to body points treatment alone.

This is probably due to the slower onset of the effects of body acupuncture.

## ***Discussion***

A good number Acute Otitis Media cases persists to need more antibiotics even after the initial antibiotic course with slow progress in recovery, persistence of effusion, and loss of hearing.

**Auricular and body acupuncture by laser** is a useful substitute for needle acupuncture. It is a good adjunct to standard accepted antibiotic or no treatment of acute and secretory otitis media. It is very effective for pain relief and also seems to allow early recovery of Eustachian function.

**Acupuncture** in AOM and OME is aimed at pain relief, restoring normal function to the Middle Ear, Eustachian tube, dissolution and cease production of mucus (phlegm), and boosting immunity to overcome the infection.

These are based on Classical Acupuncture principles.

**Dictary considerations** to prevent or provoke more mucous (Phlegm) production need to be discussed so as to promote Middle Jiao functions of Spleen and Stomach preventing stagnation leading to Phlegm production.

**Combinations of antibiotics and Auricular and Body Laser Acupuncture** can be combined in bad cases and may be complimentary

in clearing the infection and clearing the OME.

**There is an increasing public demand** for a non antibiotic treatment of AOM and OME. Laser Acupuncture can be as effective as antibiotics in achieving recovery.

However as Medical Practitioners we need to monitor the patient's progress regularly and to watch for any complications which can still occur, necessitating antibiotic treatment .

One must not blindly think that Acupuncture is a panacea, but it is an effective alternative and complement for treating AOM and OME.

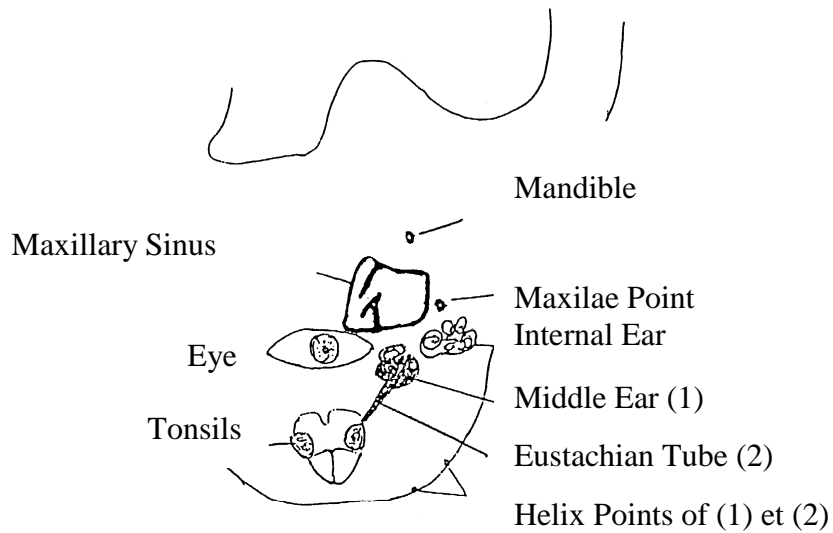
My patients are informed that if there were no response to acupuncture, antibiotics need to be given. Acupuncture needs more time and personal treatment by the practitioner is necessary, ensuring compliance of treatment.

**A properly structured prospective trial on acupuncture** for OME need to be conducted to see the efficacy of this treatment compared to antibiotics.

We should also see if it helped to prevent the recurrence of more AOM/OME compared with those that are treated with antibiotics only.

Typanometric and audiometric test will be use to gauge results.

## AURICULAR POINTS



### TABLE OF DATA

PATHOLOGIES	NUMBER OF CASES	% OF CASES	% PER TYPE
<b>AOM</b>	13	32.5	52.5 % AOM/AOM+
<b>AOM</b>	8	20	
<b>OE</b>	1	2.5	67.5 % Infect-
<b>SOM+</b>	5	12.5	
<b>SOM</b>	13	32.5	45 % SOM/SOM+
<b>TOTAL</b>	40	100	

<b>Ages / Sex</b>	<i>Number of cases</i>
<b>&lt; 5 years</b>	15
<b>6-16 years</b>	8
<b>&gt; 16 years</b>	17
<b>Female</b>	30
<b>Male</b>	10

## TABLE OF RESULTS

AGES	PATHOL.	NUMBER CASES	73 HZ	146 HZ	LASER ACP TO BODY	NO PAIN	EARS POP FUNCT.	RX
<b>0.5-5</b>	AOM	6	6	6	5	4	1	3
	AOM+	2	2	2	2	2	0	1
	SOM	6	5	6	4	4	1	1
	SOM+	1	1	1	1	1	1	0
<b>6-16</b>	AOM	2	0	2	1	2	1	2
	AOM+	2	1	2	2	1	1	1
	SOM	4	4	1	1	3	4	0
<b>&gt;16</b>	AOM	5	3	5	2	3	2	4
	AOM+	3	3	4	1	4	4	4
	SOM	4	1	3	1	3	2	0
	SOM+	1	3	4	0	4	3	2
	OE	1	1	1	0	1	0	1
<b>TOTAL</b>	-	<b>40</b>	<b>30</b>	<b>37</b>	<b>20</b>	<b>32</b>	<b>20</b>	<b>19</b>
<b>% TOT</b>	-	-	<b>75</b>	<b>92.5</b>	<b>50</b>	<b>80</b>	<b>50</b>	<b>47.5</b>

**Laser ACP** : Treatment on acupuncture points

**RX** : Treatment with antibiotics

**Ears POP** : Total ear opening by ear “click”



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## NOTES



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