

# **Auriculotherapy and stop smoking**

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## **The state of the techniques in auriculomedicine**

Auriculotherapy stimulates disgust for tobacco and a decreased need to smoke. Different programs of auriculotherapy provide treatment for tobacco dependence. Even if these methods (simple and tested techniques) provide good results, it is still possible to offer individual, personalized treatment.

## **What are the auricular anti-tobacco programs?**

### **The first anti-tobacco program:**

In 1973, Paul Nogier developed a program using eleven needles, five of which were of molybdenum, two of silver and four of steel. Ten needles are inserted in the right ear of a right-handed subject (fig.1). The important points are the two point zeroes, the epiphysis point, the aggression point, Darwin's ear point, the decussating point, and the PCS point.

The needles were kept in place for fifteen minutes. One session was enough to wean the subject two times in three. From time to time, a second session was scheduled following a two-week period. This program successfully weaned a large number of smokers. According to Paul Nogier, it acts at a cellular level. <sup>[1]</sup>

## The first anti-tobacco programs with ASP<sup>[2]</sup> :

These small semi-permanent needles (ASP), inserted in the skin for one to two weeks, are more efficient than simple needles. In practice, they stay in until they fall out on their own, once their effect has finished.

The first ASP program was called 'programme Delta' by Nogier. The term is connected to the treatment, being three points of an equilateral triangle in the right ear of a right-hander. Two of the points are fixed (aggression and anti-tragus); the third is either at the tragus, or at the edge of the lobe (fig. 2)

It is also possible to perform a symmetrical program, by inserting an ASP at the same point in the concha of the right ear and the left (arrow in fig.1).

If a program did not work, the other technique was used. The results were slightly better than in the initial program.

Further ASP programs were then described. <sup>[3, 4]</sup>

## The American program:

In some countries, the NADA program is used with needles inserted into just the one earlobe.

## The Chinese program <sup>[5]</sup> :

The Shenmen, 'mouth' and 'lung' points are punctured, then semen vaccariae seeds are placed on these points, and on the 'trachea', 'hunger', and 'endocrine' points, which the patients rub 100 times in a row, four times a day.

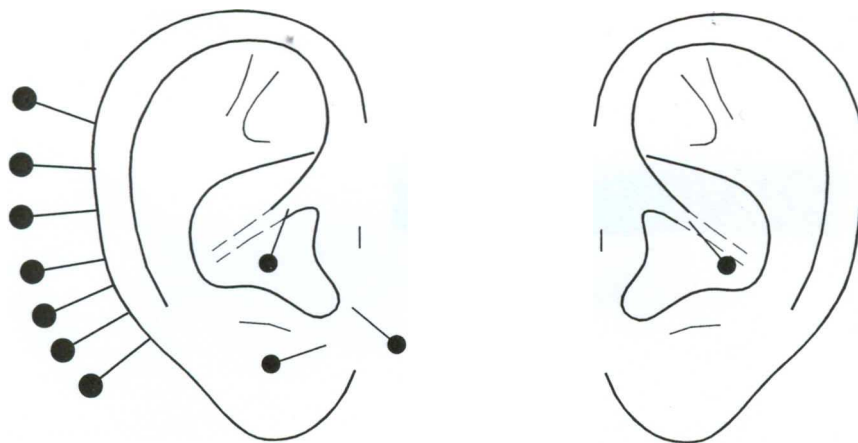


Fig. 1 – Anti-smoking programme for a right-handed person (1974)

# What were the observed effects?

## The medical evaluation:

Numerous randomised clinical trials (RCT) have included auriculotherapy in acupuncture (auricular acupuncture). The meta-analysis gives it serious study. The efficiency of auricular therapy combined with somatic acupuncture has thus been demonstrated: it thus withstands the scrutiny of the most rigorous RCTs! <sup>[6]</sup>

## The A.N.A.E.S.

(Now called the Supreme Health Authority, the *Haute Autorité de Santé*) favourably evaluated acupuncture (all techniques combined) for dependence behavior. The needles are advised in cases of tobacco weaning (at the beginning of the attempt to stop), as well as for alcohol (as an adjuvant), and addiction (as an adjuvant, excluding heroin addiction).

## What treated patients have reported:

Undeniably, the needles have an effect on the taste of tobacco and on the urge to smoke. Auricular needles incite either disgust for tobacco or an absence of need. Further, trying to smoke following a session often makes the patient feel unwell, with disagreeable neurovegetative effects (nausea, dizziness, palpitations, pallor).

Smokers note that quitting is easier than they expected. After stopping, they feel better from one day to the next, sometimes full of energy. On occasion, ex-smokers sometimes even feel the need to wash their clothes to rid them of the odor they can no longer bear!

Discomfort of the solar plexus, a parasympathetic sensation linked to stopping smoking, is generally remarked after a week, to one extent or another. Humor is generally altered, which justifies preventative treatment of the aggression point. After a week, family and professional relationships are more relaxed.

On an anecdotal level, a saleswoman told me of an unexpected 'collateral effect': her colleagues noticed that she smiled more and was more relaxed each time she stopped smoking through auriculartherapy, to such an extent that the customers were starting to chat her up!

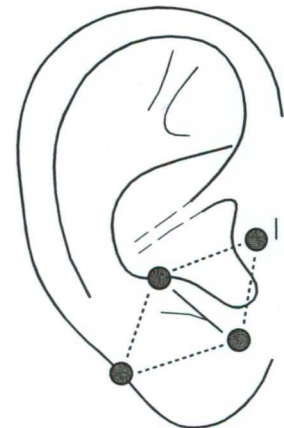


Fig. 2 - Programme Delta (1977)

# How does auriculotherapy work?

Like acupuncture, auriculotherapy is classified as a reflex therapy. This means that it acts through the nervous system. And the special links connecting the pinna, the nerve trunk and the brain are well known.

This action involves the prefrontal cortex and the limbic system. The Papez circuit (described as 'the circuit of pleasure') is immediately involved during treatment of dependence behavior. It becomes affected by dopamine.

It has been observed that the neurovegetative balance subsequently returns to normal. If tobacco provides a fleeting sense of well-being, it also subsequently provokes a parasympathetic reaction of depression, leading to the desire for more tobacco. This is one of the effects of the tobacco drug.<sup>[1, 7]</sup>

## Which auricular zones need to be checked and treated? [3, 4, 7, 8]

### The master points (fig. 3):

The bilateral point zero (A.S.P), the bilateral point zero ' ,  
The decussating point, and/or the PCS point, and/or the lateral Darwin's ear point, the aggression point.

### The cerebral function zones (fig. 4):

The prefrontal zone (A.S.P.), the grieving point  
The zones described as corresponding to the limbic system and the Papez circuit.

### The points of adaptation (fig. 4):

Hypothalamus (A.S.P.), A.C.T.H., epiphysis 1,  
All the points detected in these zones (master points, cerebral functions, adaptation) will be treated. The effect will be heightened using only the advised points, as stopping smoking is considerably stressful, in two ways: stopping a pleasure that flirts with the forbidden, and halting intake of a toxin affecting the neurovegetative system. The adaptation points are thus a precious and personalized tool in the procedure.

### Detecting the points:

The points can be located in the zones likely to be involved, with the help of an electric detector<sup>[9]</sup>.

The VAS (Vascular Autonomic Signal) will be used to identify on the one hand those points linked to inter-hemispheric conflicts (using a pulse detector), and on the other those points related to stress adaptation (with red 24)<sup>[10]</sup>.

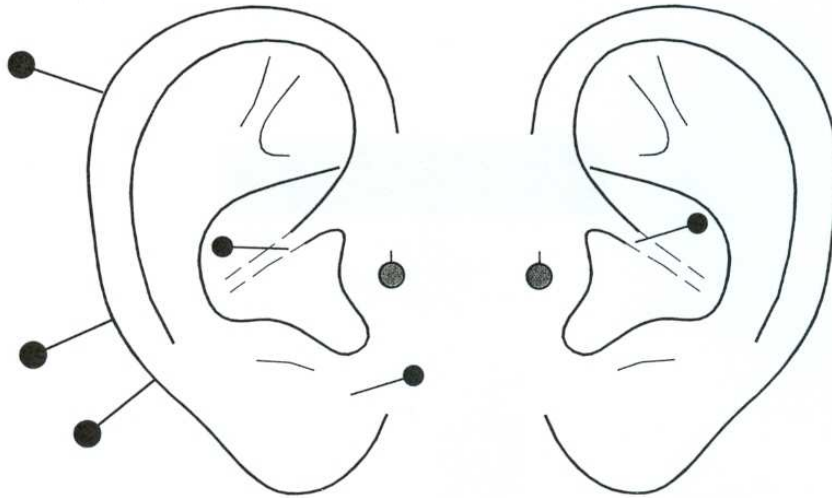


Fig. 3: Priority auricular master points for tobacco weaning

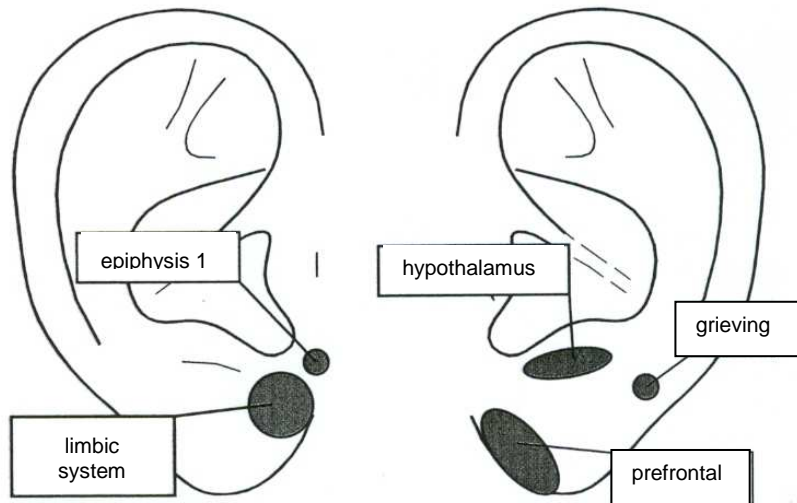


Fig.4: Cerebral function zones, useful for tobacco weaning

## Medical observations:

In thirty years' practice, we have observed two constants:

- The smoker will have better results **if she/he truly assumes control**. They should fix the appointment, rather than have someone close to them do it.
- While auriculotherapy is frequently effective in the treatment of tobacco dependence, it is also **rarely effective for multiple addictions** (tobacco plus alcohol, or tobacco plus drug).

Further, for smokers being treated with anti-depressants, it is preferable to first treat the state of depression, to reduce the intake of anti-depressants before trying to stop smoking.

## Smokers do not behave the same way when they stop smoking:

Auriculotherapy is of profound benefit to those who want it, and will have little effect on those who try it just to have a clear conscience.

## Smoking must stop immediately after the session.

After stopping from one day to the next, some smokers will last months or even years. Others will feel the need to light up again after a few weeks without. They will be able to limit themselves to half of their previous habit. A new session will lead to progressive reduction. This is often the way it works with smokers who are depressed.

Also, we have to avoid discouraging the former smoker who has gone back to his initial level, whether it's because of circumstance or weakness. Try again.

## Additional advice [4, 3, 7]:

In our practice, we have decided not to use either patches or bupropion! On the other hand, we systematically add homeopathic support, as well as antiradical vitamins.

It's important to remind the smoker that it's possible to stop, even if it isn't easy. Stopping smoking takes effort, and long-term results are obtained by the smoker who takes control.

It's easy to shake free of a habit; but shaking free of slavery is a different matter. To succeed in stopping smoking, two heads are better than one: the doctor and the addict. In this contest, the former smoker knows that the health benefits are enormous, and as for the impact on the wallet... The priority is to **resist temptation**, day in, day out...

And it's true: after stopping smoking, we feel better and better with each passing day. We breathe better, the tongue less wooden, the head clearer. It's the right time to start off on a program of general well-being. We can change life for the better: take up sport again, cut back on alcohol, etc.

Being in better shape should not be a reason for eating more. Those who don't chew their food will be more likely to gain weight as a result! Long term, the siren's call has to be avoided. This is when a strong will has to be called upon to resist old friends. Inevitably, smokers do us a disfavor: 'It's a special night. Light up a cigarette, just one!' We can only think that there are those who are uncomfortable with and who envy our success, and who harbor a secret joy at making us give in!

## Clinical cases:

**Raymond** is a stable forty+ year old, a dynamic manager in a national company. He used to smoke 10 cigarettes per day. With just one session he stopped completely, and this has lasted fifteen years despite family and professional complications.

Treated points : right zero (ASP) , right prefrontal (ASP) , right zero', right decussation, right Darwin, left lumbar, then two minutes of North-South Theramagnetic (for relaxation). **CALADIUM 4 CH** and **Nux VOMICA 4 CH** were prescribed in association.

**Sébastien** is a high-strung and active doctor. Out of habit and choice, he used to smoke 20 cigarettes per day. After the first session, he went three months without smoking. But circumstance led him back to 15 per day. The second session led to 10 cigarettes a day. A third the following year let him cut down to 5. One year later, he decided to stop without help, and managed with no difficulty.

### KEY-WORDS:

Auriculotherapy, smoking, semi-permanent needles

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