

# A case of post-operative pain

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## Summary:

Very rapid relief for a patient suffering from post-operative neuropathic scar-tissue pain, in one session using auriculotherapy associated with Laser therapy applied to the site of the pain.

**Key words:** post-operative neuropathic pain – Auriculotherapy – Laser.

## History of the condition

The patient suffered from left subcostal pain, relating to a scar which occurred while he was recovering from a nephrectomy performed 51 days earlier.

It was likely nerve pain, neuropathic in nature (burns, nocturnal pain), with some relief via Tramadol, Lyrica® and Versatis® for one month. The Visual analogue scale was estimated to be 7-8 during episodes.

It should be noted that this fifty-year-old man was in a precarious situation: apart from the fact that he had undergone a procedure on a kidney tumour, and he was having money and housing trouble (a change of lodging).

## Initial consultation, on Day 51:

*Examination conducted on Day 51*, using the VAS, showed: [1, 2, 3, 4]

In the abdomen, the inner side of the scar resulting from the nephrectomy:

- Lighting the zone using ELD® white light at the maximum level indicated that a strip of skin, approximately 10 cm by 2 cm, including the inner side of the

scar and the upper edge, did not trigger a vascular autonomic signal. We then told the patient where we had detected anomalies; he confirmed that that was where he felt pain.

- The search for transfer (ELD® white light at the maximum level) was negative.
- Bringing the black filter 1-2 cm from the skin triggered strong VAS.

The association of these three signs indicated an underlying disorder connected to an abnormality with the scar (incorrectly called "toxic scarring").

## On the ear pinnae: (fig. 1)

- On the left ear, a series of four islets detected in the black point along a thoracic dermatome, [1, 2, 3]
- On the left ear, bringing the 58 green filter close triggered the VAS. Hand-positioning of the filter, lighting, discovery of an antitragal point detected at 58 green and low-impedance inspection (detected point) [1, 2, 3]

- On the right ear, bringing the 25 red filter close triggered the VAS. Hand-positioning of the filter, lighting, discovery of a series of 25 red points (detected points), all inspected at low impedance.

### **Treatment applied on Day 51:**

To the abdomen (interior of the scar and the upper edge)

- Modulo100® 40 W Laser, frequency scanning with the sensor successively positioned for 30 seconds on each of the points and on the two edges, for a total of ten minutes.

On the ear pinnae: (fig. 1)

- The black islets were neutralised using a single needle, placed on the inspiratory apnoea for two to three seconds,
- Each of the points detected using 58 green and 25 red was treated using ASP® (except one).

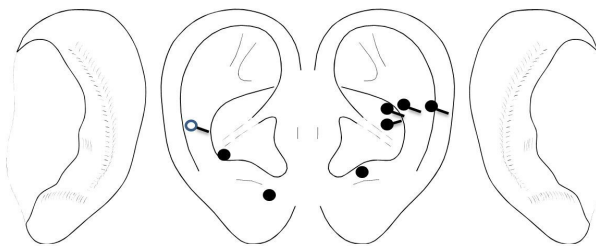


Fig. 1 - Consultation initiale, à J 51.

Fig. 1: Initial consultation, Day 51.

### **End of treatment verification (Day 51)**

On the abdomen

- The reactions became normalised to light for all parts of the scar and the edges. The VAS was present everywhere.
- Transfers were normalised: the successive lighting of different parts of the scar triggered the VAS.

- The black filter, brought close to all regions of the scar, did not trigger a VAS.

These three observations indicate that the local weakness zone corresponding to the pain was neutralised.

### **Second consultation (Day 71)**

Three weeks later, the patient returned for a consultation. His appearance had completely changed, as if he had become twenty years younger! He stated that within three days, he felt an estimated 80% better.

He stated that he was in better condition and full of energy; he no longer used the Versatis patch. For him, it was "incredible"!

Abdominal examination: Over an area of approximately 3 cm x 1 cm, we detected three abnormal signs (absence of VAS in white light, absence of VAS for transfers, VAS when the black filter was brought near). Treatment using approximately twelve 30-second impacts using the Modulo100® 40W Laser was performed.

On the ear pinnae: (fig. 2)

- Three black islets were detected. Each was treated for 30 seconds using the Modulo100® 40W Laser, with frequency scanning (which is less painful and more readily accepted by the patient than immediate needles with apnoea).
- On the left ear, bringing the 9 yellow filter close triggered the VAS. A 9 yellow point (detected point) observed at the left maxillo-dental point, was treated by ASP®.
- On the right ear, a 25 red point was observed on the upper

lumber antihelix (detected point), treated by ASP®.

- The decussation point on the right ear was treated using a needle, to correct abnormal transfer between the pinna and the lobule.

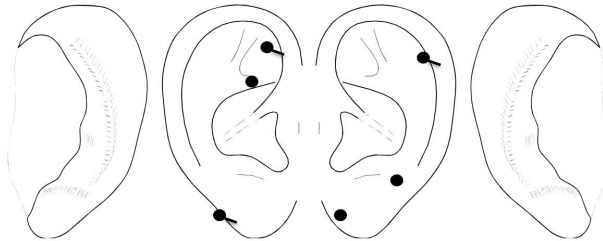


Fig. 2 - Consultation à J 71.

Fig. 2: Consultation, Day 71.

The patient again confirmed his complete satisfaction: he had had no idea that it was possible to *"relieve pain by inserting needles in the ear"*. An appointment was made for one or two months later.

### **Patient follow-up care**

We did not see the patient for four months following the second visit. It is likely that he did not see the need for another session, as he felt fine. We received an indirect positive indication concerning his return to active life. He was a media-industry worker with limited means, who had had no money for six months; it is not difficult to imagine why he did not return.

### **Discussion**

We associate such pain with possible nerve fibre damage or disorder following a parietal incision, whether or not the person had a genetic or mental predisposition to such. Invisible to the surgeon and often following unusual paths, they can be reached by the best hands, without it being an error! Afferent fibres, efferent fibres, autonomic fibres and cerebrospinal fibres: they can all be damaged...

*N.B. Auriculotherapists, as a rule, group these disorders under the term "scar", which we feel is incorrect!*

The discomfort and pain felt by the patient, reminded me of a female patient examined one year ago, after she had been suffering for four months.

We only treated the ear and obtained good results that took longer to obtain and were less efficiently applied (without using the Laser in the region of the scar).

I noted particular and unusual sensitivity in the patient, and felt that it would be preferable to treat her before the pain became chronic. I am convinced of the value of optimising care by applying adapted care as soon as possible.

The Modulo100® 40W Laser seemed particularly effective; this is based on having treated each of the abnormal skin points for 30 seconds.

Auriculotherapy is not reimbursed by the national health service, which limits interest; nonetheless, the patient greatly appreciated the effectiveness of the auriculotherapy + Laser therapy synergy.

Especially as her professional life led her to scrutinise all types of solutions to find the "angle"; she paid particularly close attention to what we did!

In order to understand the Laser that we use, we suggest reading the work that seem essential to us [5]. While a bit old, it represents the standard for our knowledge.

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