

CHAPTER THREE

Dr. Bernard Leclerc kindly included my hypothesis in his *Précis d'auriculothérapie*. This opinion has not yet been refuted. And, on this particular topic, it is especially important that our students be presented with a sound medical explanation.

The distinguished Paris neurophysiologist, Dr. David Alimi has suggested that phases be termed *special configurations*. He also pointed out that:

- in 90% of cases, the peripheral projection ends up on the primary somesthetic area, S1, at the ascending frontal-parietal which corresponds to what Paul Nogier called Phase 1; also referred to as the *up-side-down homunculus*.
- Due to neuronal circuit problems in the bone marrow, in the reticular formation and/or in the thalamus, in some cases we could find:
 - The auricular representation linked to the somatotopy of the thalamus (which Paul Nogier called Phase 3, *the horizontal man*).
 - The representation of the secondary somesthetic area (which Paul Nogier called Phase 2, *the standing man*).

My current hypothesis is to link the phases to disturbances in sodium, potassium, chlorine and calcium. I consider these disturbances to be activating. However, if an over-disturbance of these processes occurs, they become inhibitory and could contribute to problems of data transmission (see Chapter 8 on data transmission).

3.6.1 - Configurations of the neural system

To briefly review, neuronal plasticity is a well-known fact. Nerve influx occurs through *facilitation* (+) or *inhibition* (-), the two poles of nerve regulation. When a neural group is not free, the influx preferentially chooses a neural substitution group. The influx pathway is different and the place of arrival is not same. I theorized that it makes sense to think that the cerebral area, known as a *somesthetic area*, stimulated by this influx, is certainly not going to be the same the one that would have been activated had the influx traveled a direct pathway.

Paul Nogier had described this phenomenon as *superimposed images* without further explanation. When I presented my theory to Paul Nogier, Bernard Leclerc and colleagues at the *Cours Supérieur*, everyone seemed satisfied with it. In fact, as a theory, it has yet to be refuted.

3.7 - The Study of Metabolic Processes and Energy

Auriculomedicine makes it possible to conduct a subtle and critical study of general and/or specific types of metabolism. Metabolic disturbances are pathological. Precise understanding of these disturbances makes for a clear diagnosis pointing to precise therapeutic action.

The Evolution of Auriculomedicine

Experiments conducted under Paul and Raphaël Nogier relative to light projection on the skin of rabbits demonstrated that the effect of light modifies physiological responses. Continuous and discontinuous light projections have opposite effects. Colored lights have different effects depending on their respective wavelengths.

In clinical practice, white light and polarized light give general responses. Colored light, as in Kodak Wratten chromatic filters, gives very precise responses. What has been termed cutaneous photoreception and cutaneous photoperception are major parts of Auriculomedicine.

- **The skin** probably holds two types of specific thermal receptors: Krause corpuscles are thermoreceptors for cold, and Ruffini corpuscles are thermoreceptors for heat. But, their specificity is still debated.
- **Light** is a complex electromagnetic phenomenon. It is at once part wave and part particle without being the sum total of both. The speed of light propagation is 300,000 km per second. Characteristically, electromagnetic waves are expressed by Hertz frequencies, their wavelength by lambda which changes according to the environment through which it travels and by the amplitude which characterizes their intensity.
- **Light radiation** is in the order of lambda 380nm to 780nm. It includes the infrareds (λ greater than 750nm), the visible spectrum (λ from 400nm to 750nm) and the ultraviolets (λ less than 400nm).
- **When light diffusion hits the surface of matter**, part of the luminous energy is reflected. As it heats up, the rest is absorbed by matter. René Jacquier showed that when a train of particles hits an obstacle, these particles are decelerated, reflected or stopped by the obstacle. This obstacle absorbs a part or all of the kinetic energy. Thus, the characteristic of vegetable metabolism is its ability to transform solid, liquid or gaseous nutrients into matter through light. These nutrients will create new cells to maintain life.
- **The action of light on living organisms is well known.** Two examples will suffice to illustrate: blue light is used in the treatment of jaundice in newborns. Ultraviolet rays enhance calcium absorption.

5.1 - Experiments on Rabbits (Figs. 30 and 31)

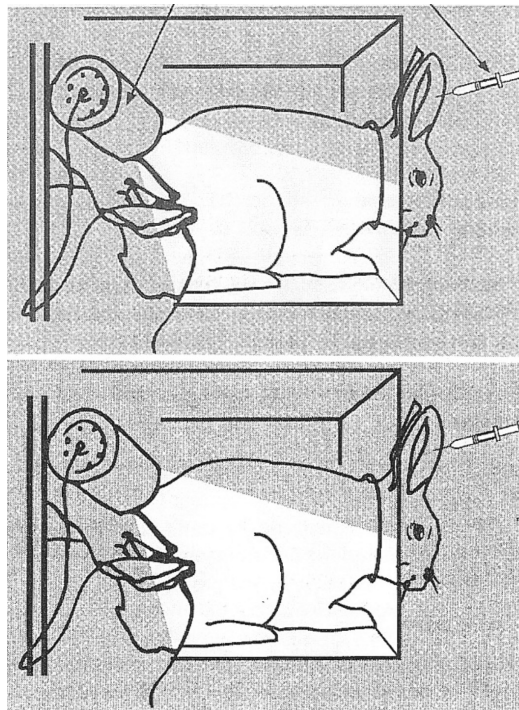
Light is well known for its role in physiological reactions. The eye plays a part in these phenomena. Paul and Raphaël Nogier conducted groundbreaking experiments in classic physiology as well as in Auriculomedicine. Their experiments focused on the effect of light on the skin of rabbits. Light modifies the levels of plasma catecholamine in rabbits. These as-of-yet rather unknown experiments showed the role of light transmission through tissue [8, 14, nos. 25 and 29].

- Projecting continuous white light upon the dorsal dermal layer of a rabbit (1 minute, 300 watts), was contrasted to projecting discontinuous light for 2 minutes (300 watts, 9 Hertz). Before and after the light projection sessions, venous blood was drawn and analyzed against that of the control group.

Continuous projection of white light decreases the levels of catecholamine in the blood.

Discontinuous white light projection increases the levels of catecholamine in the blood.

- Other experiments were conducted to compare the effects of pulsated chromatic light (Kodak Wratten colored filters) of different wavelengths on the transmission of somaesthetic influx in rabbits (see Auriculomédecine, # 34, 1984).



Figs 30 and 31:

The effect of continuous and discontinuous light was confirmed by blood analysis.

A marked increase in the rabbit's original values was observed after dermal projection of Yellow 9 and Red 25. Yellow 12 and Red 24 produced no effect whatsoever.

These experiments clearly demonstrated that varying types of light projections can cause different or opposite physiological changes.

3.7.1 - About “Energetic Medicines”

The 1980s were a period of development and expansion for alternative medicines. Conventional medicine and alternative medicines mingled. There were some interesting developments but, concurrently, a number of questionable impressionistic tangents were taken. Charisma, magic, esotericism, cultism, mediumship all got jumbled in together. Too often, excess and lack of discernment led to the rise of hermetic groups. Subtle, serious questions approached by methods purportedly “energetic” resulted in discrediting the very term in the eyes of academic medicine.

During the eighties, Paul Nogier undertook a rational review of the concept of *energy* so familiar to Traditional Chinese Medicine. At his *Cours Supérieur*, he elaborated on the principles of biotic and toxic energies and so forth. Unfortunately for him, he looked upon semantics as secondary [3, 4, 5, 6, 11, 13, 14].

In 1994, I suggested modifying the term, energy, whenever possible. I got mixed reviews. My point was that a physician could very well inform a patient of a “loss of vitality, hypoxia, or a loss of body tone” depending on each particular etiology, instead of mentioning a “loss of energy.” All the same, I see no problem with occasionally diagnosing an “energy loss” — with emphasis on the quotation marks — because this is a term now generally understood by all. Similarly, the word *movement* is more of a medical term, and more understandable than *the direction of energetic circulation* [32 from 1996].

3.7.2 - Biochemistry and Nutrition

Scientists speak of *the energy in the cell*. This type of *energy* is specifically governed by the laws of thermodynamics. Schematically, *anabolism* relates to biosynthesis while *catabolism* is related to biodegradation. All of which is regulated by *homeostasis*.

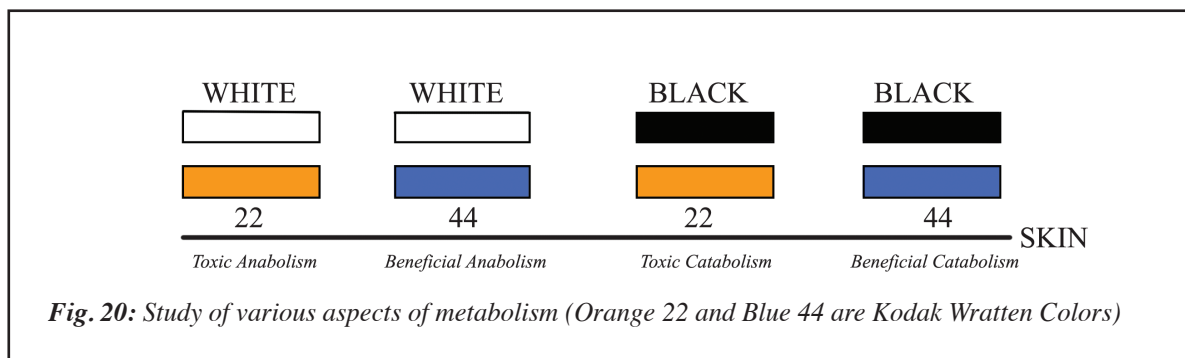
Cascades of chemical reactions, with gradients of charged or uncharged molecules, oxydoreduction, cyclical processes, betaoxidization of fatty acids, the Krebs cycle, and especially the essential action of ATP and co-enzyme A are the strong points of cellular biochemistry. Each action on the mitochondria and on the Golgi’s body creates energy. Similarly, either direct or indirect action on ATP or on co-enzyme A creates energy because the mitochondria and the ATP have an essential role in cellular energy metabolism. [32 from 1997]

In such cases the term *energy* has become redundant — unless energy has become one of those altogether tired, empty words.

Real energetic medicine, in the true sense of energy, is clinical nutrition. The knowledge of foods, of their micro and macronutrients and of their plastic and metabolic properties is an authentic science.

3.7.3 - The Study of Metabolic Processes by Auriculomedicine (Fig. 20)

It is possible to get an *overall idea* of the patient’s metabolic processes through the technique called the *Frontal Empty Test-Ring Exam* (see below: 3.9) as well as that of a smaller or larger somatic or auricular cutaneous zone [9, 11].



- **Black and White** are the expression of a warm and cold zone, respectively. A warm zone is understood as a zone of caloric emission through the skin, i.e., an expression of *catabolism*. A cold zone is understood as a zone without caloric emission.
- **Kodak Wratten Orange 22 and Blue 44:** Paul Nogier taught that the color Orange 22 was a measure of toxic energy; that the color Blue 44 reflected a measure of biotic/beneficial energy.


His interpretation was clinically confirmed many times over and, in the course of time, became axiomatic. In October 1984, Paul Nogier demonstrated the value of combining the Black, White, Orange 22 and Blue 44 filters in evaluating a patient's metabolic processes.

1) Toxic Anabolism: refers to the *absorption* of toxic substances such as drugs, inappropriate medications, or even certain foods into the body. This toxic value may be detected by pairing a White filter over an Orange 22 filter and monitoring the VAS for any reaction. Normally, approaching this pair of filters to the skin or placing these superimposed filters on the skin should not trigger a VAS+.

In contrast, when, for instance, the doctor sets (1) a cigarette (or a test-ring containing the constituents of a cigarette) on a smoker's forearm, and stacks (2) a White filter over an Orange 22 filter over a Front Empty Ring on the patient's forehead at a mid-point between the eyebrows, a VAS+ reaction will be triggered. This VAS+ reaction indicates that the patient is in the process of absorbing a toxic substance (in this case, tobacco). But the same reaction may be elicited by using other toxic substances to conduct this test. [Wh/Or22/FER] reveals the presence of a toxic substance entering or having entered the body and creating a toxic process. Another instance would be when a patient is being negatively affected by an allergen or a course of medication which is toxic or otherwise ill-adapted to his or her body.

2) Biotic Anabolism: refers to the absorption of beneficial substances such as good food or medication that are appropriate for the patient. Beneficial anabolism can be detected by stacking a White filter over a Blue 44 filter and placing this couplet over the Frontal Empty Test-Ring already set on the patient's forehead between his eyebrows. When this test triggers VAS+ reactions, this indicates that the patient presents good vitality and that the prognosis is favorable.

3) Toxic Catabolism: this test serves to assess the *emission* of toxins from the body. It pertains to the body's excretory processes. It is normal and vital for the system to eliminate its toxins. This metabolic



activity can be tested by stacking the Black filter over the Orange 22 filter and placing this couplet over the Frontal Empty ring. Usually, 10 to 15 VAS+ must follow the stacking of the Black over Orange 22 filters over the Frontal Empty Ring. If the correct amount of VAS+ reactions is not obtained, this abnormality must be corrected.

4) Biotic Catabolism: this concerns patients who suffer from loss of vitality and tone. An example of this is when the point corresponding to placental attachment becomes positive if a sudden hemorrhage is caused by *placental abruption*. This test also concerns patients who suffer from loss of vitality on a daily basis, a state clinically connected to improper protein metabolism. Normally, the VAS+ must not be triggered when stacking a Black filter over a Blue 44 filter over the Frontal Empty Test-Ring set on the patient's forehead. Correcting this anomaly must be the practitioner's first procedure in treating a chronic patient whatever the presenting clinical manifestations.

When Paul Nogier presented this technique as a whole on October 6, 1984, he termed it “*taking the energetic picture*.”

3.8 - Chasing Pathology Around. Are We treating the Effect or the Cause of the Effect?

Complex, chronic or multicausal pathologies must be approached in an open-ended way. When treating pathological data, it is important to go back to the cause of the pathological manifestation and then to the cause of that cause. It is also important to treat the various systems affected by the pathology with various modalities at hand: pharmacopea, reflexotherapy, even surgery. Because it is objective, electrical differential detection enables the physician to monitor his VAS-taking proficiency. Your results will be interpreted in terms of the clinical picture.

Because the same causes lead to the same effects, you should always prefer an etiologically-based treatment to a symptomatic treatment.

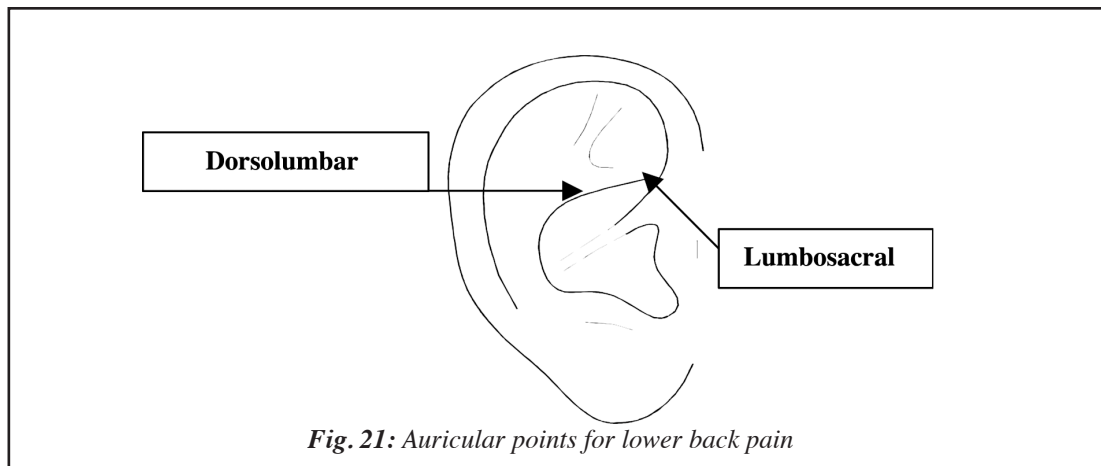
Discovering a pathological point does justify treating that point. For instance, in the case of a simple, acute pathology, treating the point(s) detected may be sufficient treatment if the patient is healthy. However, it would be insufficient in those ever more complex cases often seen by auriculophysicians. For instance, treating the points detected will not be enough

- to irradiate a simple pathology in a patient already in poor health;
- or if the pathology is chronic;
- or if the pathology does not respond normally to appropriate treatments;
- finally, in the case where the pathology is affecting a hyper-reactive patient;
- and the list goes on.

3.8.1 - Complex, Chronic or Multicausal Pathologies

Complex, chronic or multicausal pathologies do not have one locus, one single cause, or one single starting point.

1-Dr. Robert Maigne demonstrated that lumbosacral pain is often of dorsolumbar origin. In our basic Auriculotherapy training, for cases of lumbo-sacral pain, we first teach our trainees to look for and treat the painful point located at the lumbosacral hinge. In more advanced training, we teach them to first find positive points of the lumbosacral hinge, and then, remember to scan for and treat other related points particularly those of the dorsolumbar hinge (Fig. 21).



- 2- It will be impossible for the body to react if the information does not reach its integration centers, if it is impossible for the integration centers to transmit a correction order to the command centers or if the order cannot be carried out at the periphery, i.e. the body.
- 3- Parallel or secondary short circuits can happen over a single sector.
- 4- Concurrent or secondary short circuits can happen over various sectors.

Therefore, a mere symptomatic treatment, or a simple reflexotherapy approach with no long-term effect would not be acceptable. It is preferable to spend more time on chronic or complex patients to try and help them as best we can and as long as we can. It is always better for a physician to expand his knowledge by keeping up to date on the developments of current physiology, pathology and therapeutics in order to stay sharp and make the best possible choices when it comes to treatment.

3.8.2 - Sequence 24 [11]

This technique exemplifies a treatment approach where pathological information is traced back to its furthest etiological origin, back to its very first manifestations in the patient through a precise, coordinated observation and testing system (Fig. 22).

