

Ear Acupuncture: Which Ear Do I Treat?

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Perhaps one of the most perplexing clinical questions of ear acupuncture is which ear to treat for maximum effectiveness. As most practitioners are aware, the "authorities" have advised that "if the patient is a woman," treat the left ear; on the other hand, another "authority" will suggest treating the right ear based on yin/yang principles. The same is true for male patients. Some authorities will say that if the problem is truly on the left side of the body, treat the opposite side, but as practitioners are further aware, other authorities will advise to treat the same side as the affliction. If the problem is an internal disorder, some suggest treating both ears; however, an equal number will advise one ear or the other based on a multitude of principles that have been shown to be highly questionable.

I personally knew of a quite elderly medical doctor in the early 1970s who returned to practice with his MD son after being in retirement for more than 15 years. The senior doctor was so taken by the ease, effectiveness and excitement of auriculotherapy that he joined his son's internal medicine practice and attended to patients three days a week, seeing between 35 and 50 patients a day. The junior doctor had purchased a used dental chair for his enthusiastic father, and the senior doctor (who was in his upper 80s) had his charts on the wall in front of him, and a stool which was perched on the patient's right side. He treated every patient's right ear because that is where his stool was located. Based upon his stellar clinical response (which was probably due more to his infectious enthusiasm and expectation than his skills), one would think you should always treat the right ear. It certainly seemed to work for him. However, when I studied in extreme Northwest China in 1980 and Tibet in 1985, I learned of what I believe to be one of the most significant applications regarding which side of the body to treat I have ever encountered. I have personally used this procedure for well over 25 years and can speak of its value.

In the May and July 2003 issues of *Acupuncture Today*, I wrote a two-part series entitled "The Caduceus, Chakras, Acupuncture and Healing." To view those articles, go to AcupunctureToday.com, access the Columnists page, click on my name, and scroll through the previously published articles to view the two I refer to. I would highly recommend you read these articles for a general background, as space limitations do not allow me to explain the entire procedure in explicit detail. Be sure to read the part on the nations that have contributed to acupuncture education. This is imperative.

In those two articles, amongst a variety of educational thoughts, the general concepts of the *ida*, *pingala* and *sushumna* were discussed. This provides the basic framework for the procedure discussed here. *Ida* is the feminine (yin) or right side, which is activated through the breath in the left nostril, whereas the *pingala* is the masculine (yang), which is activated through the breath in the right nostril. The *sushumna* constitutes the spinal tracts and spinal cord (GV and CV). The three of these make up what we know as the intertwining snake comprising the *chakras* - the energetic basis for the meridians, and what has become known as the medical caduceus. If you already read those articles, do yourself a favor and read them again. Please bear in mind: The concepts of the *ida* (feminine, right,

yin), *pingala* (masculine, left, yang) and *sushumna* (ren and du) are mind-numbing as to detail, and only a fraction of the explanations are discussed here.

Quite simply, if a person applied pressure to the outside of their right nostril, blocking it completely, and breathed deeply through the left nostril, then repeated the procedure on the opposite nostril, one would discover they have a definite nostril that is more open than the other. In the acupuncture programs I teach, we demonstrate this to the surprise of the entire class. A class of 50 or more will demonstrate the above described procedure. Fully 48 percent of the participants will show a right nostril open; another 48 percent will show the left nostril open completely; and the remaining 2 percent will report both nostrils are equally open. This is extremely significant. If the right nostril (*pingala*) is more open, this means the left brain (masculine, analytical) is in full activation, whereas if the left nostril (*ida*) is more open, the right brain (feminine, creative) is fully engaged. From an ear acupuncture approach (and many applications of body acupuncture include cerebral acupuncture), this means if the right nostril is open, the left ear is more receptive to treatment; if the left nostril is open, treat the right ear. If both nostrils are open, treat bilaterally.

The most stunning part of this concept is the person of typical health will naturally shift back and forth between the left and right nostril being open in relation to the harmonics and flow of the horary cycle as it goes through the four-hour element cycle of each of the 12 meridians in a 24-hour day. As a general rule, the average person will shift from left to right and back again every 3 to 4 hours, as each of the specific elements has a 4-hour maximum flow before moving to the next dominant element. Lung and Large Intestine (Metal) are from 3 a.m. to 7 a.m., followed by Stomach and Spleen (Earth) from 7 a.m. to 11 a.m. If a practitioner checked a patient and find both nostrils equally open, this would mean the patient is in a state of transgression between left and right, is suffering from a malady that does not permit the shift from left to right. This is critically important. Of equal importance is a person who, because of chronic sinusitis, a deviated nasal septum or other cause, is not allowed to shift the openness of the nostril throughout the day.

In essence, the bottom line is that before initiating either ear acupuncture or cerebral acupuncture, always have the patient completely block each nostril in turn by pressing firmly with the finger on the nasal ala and breathing deeply through the unimpeded nostril. The nostril that is open indicates treating the opposite side (ear or cerebral). If the nostrils are determined to be open equally, it is imperative to treat bilaterally.

Initiating this concept into your clinical practice will reap incredible clinical responses possibly not seen in previous applications. Remember: Even if you do not do this procedure routinely, you are still going to have a 50 percent chance of choosing the right ear. Try it and let me hear of your victories. It is truly spectacular.

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