

## Playing It By Ear—

# AURICULOTHERAPY: A New Approach for Post-Traumatic Stress Disorder (PTSD)

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**M**y protocol relates to the 8<sup>th</sup> Annual Ear Symposium that was recently held in John Hopkins University in Baltimore, Maryland. I was sitting in a classroom by the most amazing minds from around the world that work with Auricular Therapy—all working on the same idea: Helping the body heal by finding what is the cause and going from there. At the symposium, we were taught by Dr. Raphaël Nogier, an MD from Lyon, France, and the son of Dr. Paul Nogier, the inventor of Auriculotherapy, to treat everybody individually and that not every body reacts like everybody else's. In other words, take a simple form of help and fit it to the patient's individual needs.

I started doing personal research for this treatment of PTSD about two years ago with a few of my patients. The points/areas that I addressed (as shown in the sidebar) were taken from *The Auriculotherapy Manual, Third Edition*, by Dr. Terry Olsen.

**Auriculotherapy** (also called **auricular therapy**, **ear acupuncture**, or **auriculoacupuncture**) is a form of alternative medicine

based on the idea that the ear is a microsystem that reflects the entire body, represented on the auricle (the outer portion of the ear). Conditions affecting the physical, mental or emotional health of a patient are assumed to be treatable by stimulation of the surface of the ear exclusively. Similar mappings are used in many areas of the body, including the practices of reflexology and iridology. These mappings were not originally based on or supported by any medical or scientific evidence, but rather clinical observation. [WIKIPEDIA]

**In my treatments, however, I do not insert needles. My tool of choice is electrical stimulation.** I like the feature of finding the sensitive points electrically. Not to mention that when you use the electrical tools you are using the frequencies that Paul Nogier found to be advantageous in communicating with the brain in its specific language.

Depending on the symptoms of the person, I can tailor-fit the treatments to have the best results. Addressing bilaterally (both left brain and right brain) is vital when working with electrical stimulation devices.

The U.S. Department of Veterans' Affairs defines PTSD as the effects suffered from a trauma from a shocking or scary event that a person has experienced, either suddenly, or cumulatively



over time. During this type of event, you react as if your life or others' lives are in danger. You may feel afraid or think that you have no control over what is happening. After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away, or if they get worse, the patient may have PTSD.

Here are some facts (based on statistics gathered in the U.S.):

- About 7 or 8 out of every 100 people will have PTSD at some point in their lives.
- About 5.2 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma.
- Women are more likely than men to develop PTSD. About 10% of women develop PTSD at some time in their lives, compared with 5% of men.

When dealing with military personnel who are experiencing PTSD, the U.S. Department of Veteran's Affairs has found that PTSD occurs:

- In 11% to 20% of veterans of the Iraq and Afghanistan wars (Operations Iraqi and Enduring Freedom).
- In as many as 10% of Gulf War (Desert Storm) veterans.
- In about 30% of Vietnam veterans.

Going through trauma is not rare. About 60% of men and 50% of women experience at least one trauma in their lives. Here are two of my case studies. (Their names have been changed.):

**Joy:** Female, age 53, mother of eight, ex-military with multiple tours in Afghanistan.

**Complaints:** Joy was diagnosed with PTSD from the Veterans Administration, possible lingering problems from head trauma, experiencing slight paralysis in her extremities, experiencing extreme grief and nightmares, sleep issues, depression, back and knee pain, with episodes of extreme anxiety attacks.

**1st Visit.** At the beginning of the visit I asked her to describe the intensity of PTSD from 1 to 100%. She rated her PTSD as a 100. After the treatment I asked her to describe the intensity of the PTSD, and she said 30. Amid tears and laughter she wanted to continue.

**2nd Visit.** I again asked her to describe the intensity of her PTSD symptoms. She rated them at 80%; after treatment, her rating was 20%—once again, in the midst of tears and smiles.

**3rd Visit.** She was at about 60–70% and at the end, 20%.

There was a noticeable change in her countenance. She wanted to get off the medications she was on, and I told her to consult her doctor at the VA to reevaluate.

**4th & 5th Visits.** Followed suit.

**6th Visit.** Six weeks from the start, her PTSD was at about 40% and she was managing. She had spoken with the doctor at the VA and he found that the medication was making her manic. She was off all meds soon thereafter.

She has since appeared at a Congressional Committee to testify on the use of alternative therapies for helping with PTSD, specifically through Auricular Therapy.

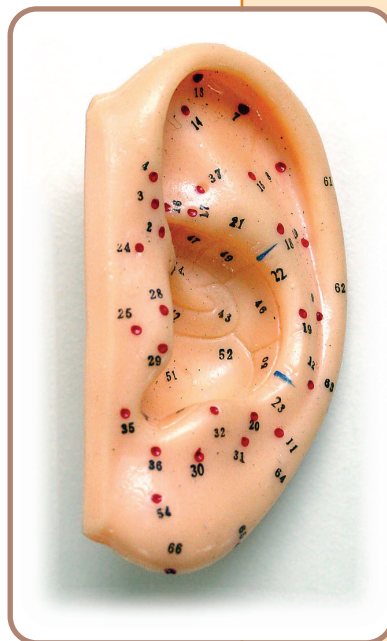
**Faith:** Female, age 54, mother of two, occupation: nurse.

**Complaints:** Suffering from PTSD, chronic knee injuries/surgeries, physical and emotional abuse from ex-husband, extreme anxiety attacks, weight issues.

**The first visit** was a rather impromptu one. Faith was recovering from taking a serious spill that injured her knee. Her stress and anxiety were off the charts. She was in the midst of an anxiety attack as she was in a room full of family activities. I started

## Dr. Robbins' Auricular PTSD Protocol:

- Master Cerebral
- Omega Point II
- Brain
- Hippocampus
- Sympathetic Autonomic Nervous System
- Adrenal Gland C
- Adrenal Gland E
- Amygdala Nucleus
- Psychosomatic Reactions I
- Psychosomatic Reactions II
- Tranquilizer Point
- Pons
- Occiput
- Muscle Relaxation
- Shen Men



to treat her dominant ear with the protocol and she instantly fell asleep. I continued through the next 5 points on that ear and decided to wait till she awoke to do the non-dominant side. Her husband then tried to wake her up, and I suggested that in her “fight-or-flight” state, sleep would be a welcome thing. She slept through the activity of 7 children, 4 dogs, and 6 adults. She woke up 15–20 minutes later, refreshed and calm.

At our clinic in Billings, each of the PTSD patients treated with this protocol showed amazing signs of improvement. Each person had different problems, all with different views on using the points. Each received a modified extension of this protocol. ■

Contact Dr. Robbins under “Wellness Centers” in our Directory on page 45.