

Auricular Chromotherapy in the Treatment of Psychologic Trauma, Phobias, and Panic Disorder

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ABSTRACT

Auricular chromotherapy has shown promising results in the treatment of psychologic trauma and anxiety disorders, such as phobias and panic attacks. With its relatively easy and quick technical application, this procedure could be an indispensable tool for physicians. However, its mechanism of action is not yet understood completely.

Objective: To treat patients suffering from trauma, phobia, and panic attack with auricular chromotherapy.

Materials and Methods: The protocol was applied in 160 patients (135 who experienced traumas; 15 patients with specific phobias and 10 patients with panic disorder). They are 134 women, 26 men, ages 20–60.

Results: The treatment showed 93% of positive response.

Conclusion: This procedure shows the possibility of drawing a path from the external ear to traumatic memories, anxiety disorders and phobias.

Keywords: auricular acupuncture, auriculotherapy, chromotherapy, psychologic trauma, phobia, panic attack

INTRODUCTION

IN POST-TRAUMATIC STRESS DISORDER (PTSD),^{1,2} individuals develop a group of symptoms in the aftermath of a severe, emotionally traumatic event. The symptoms include: re-experiencing the event psychologically (i.e., flashbacks, which can occur spontaneously or in response to reminders of the traumatic event); avoidance (i.e., avoiding situations that remind the individual of the traumatic event); and hyperarousal (i.e., an exaggerated startle response).

It has been hypothesized that PTSD is characterized by exaggerated amygdala responsivity, abnormal activation and reduced hippocampus volume, and hyporesponsivity of the rostral anterior cingulate cortex. Initial evidence also suggests that the dorsal anterior cingulate cortex might be hyperactive.³ Researchers have found that the memory remembered by the patient is not necessarily true in details but is the trigger of the symptoms that come in sequence.⁴

A panic attack is characterized by a moment of intense apprehension, fear, or terror, often associated with feelings

that there is an impending catastrophe. During these attacks, symptoms such as shortness of breath, palpitations, chest pain or discomfort, a feeling of suffocation, and fear of going mad or losing control are present.²

A specific phobia is a kind of clinically significant anxiety caused by exposure to a specific and feared object or situation, often leading to dodgy behavior.

Physicians have tried to treat these anxiety disorders in a number of ways, such as eye movement desensitization and reprocessing (EMDR), which inspired the creation of *auricular chromotherapy* by Daniel Guillermo Asis. In EMDR therapy, the patient is instructed to follow the therapist's finger with the eyes, moving them left to right, while activating a disturbing memory, evoking emotions and body sensations, and any thoughts associated with them. This bilateral stimulation can also be achieved by tapping on the patient's knees and hands, or by using alternating sounds, stimulating each side alternately.⁵ In a study by Shapiro (2009), it was reported that 84%–100% of single trauma victims no longer presented with the PTSD diagnosis after the equivalent of three 90-minute sessions.⁶

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Chromotherapy is the treatment of several different pathologies, using the interaction of specific electromagnetic wavelengths with biologic systems.⁶ Light, in the form of laser biostimulation (currently named *photobiomodulation*), has been used in a wide range of medical applications, such as healing resistant wounds and ulcer treatment, pain management, and addressing nervous-system injuries.⁶ Near-infrared radiation (NIR) appears to have a neuroprotective function in preventing mitochondrial dysfunction and dopamine loss; this was shown in research on Parkinson’s disease conducted with mice.⁷ Furthermore, evidence suggests that forehead treatments with NIR tend to reverse major depression and anxiety symptoms.⁸ Transcranial near-infrared laser therapy has also been investigated, for approximately a decade, as a novel neuroprotective treatment in cases of acute ischemic stroke.⁹

In addition to the photobiomodulation evidence, use of functional magnetic resonance imaging in research is noteworthy; this resulted in the finding that electrical stimulation of the earlobe produces activation of the solitary nucleus and its following projections: parabrachial nucleus; nucleus accumbens; hypothalamus; thalamus; and amygdala.¹⁰

The Technique

Dr. Asis had previously worked with auriculotherapy in Argentina and had already practiced EMDR for years. He added chromotherapy to create the new technique with the contributions of Federico Zarragoicoechea (Argentina), Jorge Boucinhas (Brazil), and Rafael Nogier, MD (France).

At first, the effects of laser and yellow highlighter fiber pen applied to the Amygdala, Hypothalamus, “Psychic

scar,” and Conflict line areas of the ear (Fig.1)¹¹ and EMDR were studied for the treatment of emotional trauma. Each patient was instructed to visualize and retain the image of the trauma, while the most sensitive points of the ear were marked with a yellow highlighter fiber pen. As a response, the image blurred, became distant or even disappeared completely after 1 minute and, at the same time the unpleasant emotions of anguish, sadness, or fear connected to the image decreased or were eliminated altogether.

The first sample population was gathered in Santa Fe, Argentina, by Dr. Asis, where survivors of a great flood were experiencing varying symptoms (e.g., chronic pain, anguish, and/or sadness) many years after the disaster. More than 30 patients experienced some kind of relief after 1 minute of therapy, with the traumatic image disappearing along with a

TABLE 1. DISTRIBUTION OF TRAUMA REASONS ACCORDING TO GENDER

<i>Cause of trauma/other anxiety disorders</i>	<i>Men</i>	<i>Women</i>
Abortion	0	8
Aerophobia (fear of flying)	1	5
Agoraphobia (fear of “open or crowded places, of leaving one’s own home, or of being in places from which escape is difficult”) ^a	1	1
Amaxophobia (fear of driving)	0	4
Assault	2	8
Breakup	1	3
Brother in prison	0	1
Car accident	2	4
Childhood trauma	4	11
Divorce	0	4
Family accident	0	1
Family death	5	25
Family fight	0	8
Family illness	2	7
Fight with friends	0	1
Homophobia	0	1
Hospital trauma	0	2
Husband whipping wife	0	1
Illness anxiety disorder	1	2
Infidelity	0	12
Kidnapping	0	1
Legal problems	1	1
Loneliness	0	1
Marital abandonment	0	2
Event causing a panic attack	1	9
Saw uncle in the coroner’s office	1	0
Sexual abuse	1	8
Somniphobia (fear of sleep)	1	0
Father’s suicide	0	2
Thalassophobia (fear of the ocean)	1	0
Unemployment	0	1
Workplace fight	1	0
Total	26	134

^aOxford Living Dictionary. Online document at: <https://en.oxforddictionaries.com/definition/agoraphobia> Accessed June 1, 2018.

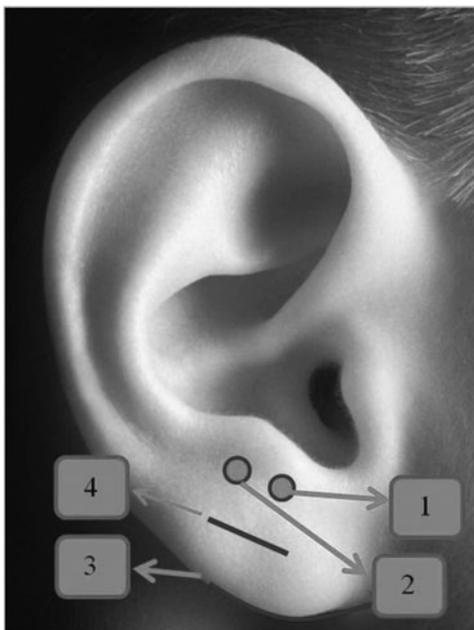


FIG. 1. Psychic areas in earlobe: (1) Amygdala; (2) Hypothalamus; (3) Psychic scars; and (4) Conflict line.

significant decrease of unpleasant emotions and emotional pain. Furthermore, a follow-up survey 1 year later showed that 80% of the treated patients were unable to reproduce the image of the trauma associated with their emotional pain.

The second sample was collected in São Paulo, Brazil, by Dr. Yoshizumi, who replicated the first experiment, treating 160 patients (134 women and 26 men, ages 20–60).

The Protocol

Afterward, with Dr. Zarragoicoechea, the following protocol was created:

1. Both lobes are palpated to find the most painful points or 2 points that might be painful.
2. The patient is asked to close his/her eyes and to try to remember the most terrible image of the trauma (that caused fear or panic) for at least 1 minute.
3. Generally, if the trauma is older than 6 months, the left ear is more painful (the opposite is true for left-handed people); this is checked.
4. The patient is asked to tell which emotion accompanies the image (e.g., anxiety? sadness?) and to describe the intensity of this emotional perturbation on the Subjective Units Stress (SUDS) scale of 0–10.
5. The patient is asked which negative words or thoughts accompany the image, for example: “I will never overcome his/her death” (i.e., negative cognition).
6. The patient is asked which body sensation is linked to the emotion (e.g., oppression in the chest).
7. The therapist researches the sensitivity of the following points: Hypothalamus, Amygdala, Conflict line and Psychic scar areas of the earlobe. The sensitive points are then detected using a pressure probe (to find painful points) or electronic detection.
8. The points (2–3 points) are colored with a yellow highlighter fiber pen and the patient is asked to maintain the traumatic image in his/her mind. Facial expressions, respiration, and gestures are observed.
9. The patient is asked to breathe deeply 5 times.
10. After 2 minutes, the patient is asked to describe the image. Generally, the image will blur or disappear.
11. Once again, the therapist uses the SUDS scale to measure the patient’s responses; this should show a very low score (0–2).
12. The patient is then asked which positive cognition or positive word accompanies the newly obscured image (e.g., “I can overcome his/her death”). The therapist observes if any disturbing body sensation remains in the patient.

MATERIALS AND METHODS

The entire population (160 patients) was filmed using a personal computer camera, in Dr. Yoshizumi’s private of-

fice upon each patient signing an authorization to participate in this study. Each patient was seated in a chair in front of a camera. A probe was used to identify sensitive ear points, which were marked with a yellow highlighter fiber pen. Each session had an ~15-minute duration.

The probe can be made of any material (e.g., aluminum, iron, wood, or plastic), with or without a pressure spring, but must have a blunt and rounded tip to allow palpation of the most sensitive point on the earlobe. Another method to detect the point is to use electronic devices that detect reduction of electrical resistance of acupuncture points. The yellow highlighter fiber pen can be any brand (e.g., Faber-Castell, Stabilo Boss, or Pelikan), and the yellow color needs to be intense and useable for painting the painful points on the earlobe.

The patients treated were upper-middle class. Sample subjects had high school or university education. All of them were Dr. Yoshizumi’s patients and met the doctor on the day of the treatment.

Procedure

The Asis and Zarragoicoechea protocol was applied. For phobias and panic attacks, the patient was requested to report the scene of suffering in the same way as in the case of trauma.

RESULTS

The distribution of traumas, phobia, panic attacks reasons/number according to gender was as follows: 149 patients (93%) reported that the traumatic image (or other anxiety symptom) and the associated emotional pain were mostly or totally eliminated and 11 patients (7%) reported no deleted image. These 11 patients were 1 female traumatized by brother being in prison, 1 female suffering after an abortion, 1 female traumatized by fighting with her husband, 1 male and 1 female traumatized by a car accident, 1 female traumatized by a breakup, 1 female upset about a family accident, 1 male upset by family illness, 1 female traumatized by infidelity, 1 male and 1 female upset after panic attacks. However, even among this group of 11 patients, a feeling of improvement was reported after the treatment. In short, this represented a 93% positive response.

DISCUSSION

The 15-year deployment of this simple and easy technique has yielded considerably positive results. Patients who experienced no improvement had either suffered trauma most recently (less than 1 month) or had suffered multiple traumas related to the same (or similar) episode. It was observed many times there were other untreated episodes that appeared after the worst trauma was treated successfully. In these cases, it was best to treat each trauma individually.

Positive responses also to the treatment of phobias as well as panic attacks are easily understood, taking into account that the amygdala and hippocampus regulate the hypothalamic–pituitary–adrenal axis system and the response to stress in a coordinated way.¹² Therefore, both mechanisms—fear conditioning and trauma-related hippocampal activity reduction—can be treated in the same way.

Another point to consider is the gender discrepancy (a higher percentage of women compared to men in the sample; this might point to more willingness of women to search for treatment). This is an issue that should be explored further. What was noteworthy was that most of the patients in the follow-up sessions continued to show benefit from the positive effects of the treatment even after many years.

CONCLUSIONS

This procedure shows the possibility of drawing a path from the external ear to traumatic memories in the brain, and to apply on the earlobe a kind of dressing, with a yellow color, on the emotional wound “living” in the amygdala. These findings pave the way for other similar experiments connecting diseases of the mind with the external ear, depending on the confirmation that future research could bring.

AUTHOR DISCLOSURE STATEMENT

No competing financial interests exist.

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