Auricular Diagnosis and Therapy for Alopecia: Patient Data Analysis

Emil Iliev

Summary
It has been reported that tenderness at a specific point on the ear indicates pathology at a corresponding area of the body. The author has used this relationship to investigate patients with alopecia and to provide a rapid indication for the cause of their hair loss. Where possible this diagnosis was confirmed by conventional investigation. It was found that out of 521 patients examined, almost every one had a different combination of tender ear points, but that different specific groups of ear points were found routinely in the majority of patients in each of three categories of alopecia. The author suggests that when auricular acupuncture is used to treat alopecia, points should be selected from the tender spots found, rather than from a standard list of recommended points.

Key words
Alopecia, Auricular acupuncture.

Introduction
A representation of the body has been mapped out on the surface of the ear with areas relating to body structures and organs (6). Tenderness or reduced electrical resistance at specific ear points indicates pathology in the corresponding areas of the body. The auricle has been used in practice for the following purposes: diagnostic, prophylactic, therapeutic and analgesic. Most authors who have investigated the diagnostic value of the ear recommend the following methods: visual inspection, determination of electrical skin resistance and location of tender points through pressure (4,5,6). There are suggestions in the literature for auricular points to be used in the treatment of alopecia areata and for general, non-specified alopecia, with no indication of the kind of alopecia to be treated (1,8).

Method
The aim of our research was to investigate auricular points in patients suffering from various kinds of alopecia and to determine the therapeutic effect of treating tender ear points. For this purpose we used a 10cm long, stainless steel probe with a rounded end, 2mm in diameter, to find the tender points on the auricle. The 521 patients (aged 10 - 61 years) were distributed in 3 groups:

Group 1: 270 patients (152 female and 118 male) with various clinical forms of alopecia areata.
Group 2: 131 patients (all female) with various kinds of anagen dystrophic effluvium.
Group 3: 120 patients (109 male and 11 female) with alopecia androgenetica.

Results
It is very important in patients of the first two groups to find the exact causes of the disease as in many cases eliminating the cause can be sufficient to restore normal hair growth. Results of auricular diagnoses are shown in Tables 1, 2 and 3.

Analysis of these results shows that almost every patient we examined has a specific, personal “code” of tender points on the auricle, so it is probably not suitable to use a standard treatment pattern for all individuals. This is particularly true for the first two groups of patients, where the diagnosis of the specific cause of alopecia is essential for successful treatment.

Table 1
MAIN SENSITIVE AURICULAR POINTS EXAMINED IN 270 ALOPECIA AREATA PATIENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine system</td>
<td>214</td>
<td>79.26%</td>
</tr>
<tr>
<td>Shenmen</td>
<td>207</td>
<td>76.67%</td>
</tr>
<tr>
<td>Neurasthenia</td>
<td>206</td>
<td>76.30%</td>
</tr>
<tr>
<td>Adrenal gland</td>
<td>199</td>
<td>73.70%</td>
</tr>
<tr>
<td>Interferon point</td>
<td>180</td>
<td>66.67%</td>
</tr>
<tr>
<td>Grey matter</td>
<td>178</td>
<td>65.92%</td>
</tr>
<tr>
<td>Immune system 2</td>
<td>162</td>
<td>60.00%</td>
</tr>
<tr>
<td>Immune system 1</td>
<td>154</td>
<td>57.03%</td>
</tr>
<tr>
<td>Thyroid gland</td>
<td>139</td>
<td>51.48%</td>
</tr>
<tr>
<td>Less than 50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>120</td>
<td>44.44%</td>
</tr>
<tr>
<td>Lung</td>
<td>118</td>
<td>43.70%</td>
</tr>
<tr>
<td>Heart</td>
<td>103</td>
<td>38.15%</td>
</tr>
<tr>
<td>Vegetative system</td>
<td>96</td>
<td>35.56%</td>
</tr>
<tr>
<td>Liver</td>
<td>88</td>
<td>32.59%</td>
</tr>
<tr>
<td>Tai yang</td>
<td>71</td>
<td>26.30%</td>
</tr>
<tr>
<td>Colon</td>
<td>49</td>
<td>18.15%</td>
</tr>
<tr>
<td>Allergy</td>
<td>41</td>
<td>15.19%</td>
</tr>
<tr>
<td>Ovary</td>
<td>35</td>
<td>12.96%</td>
</tr>
</tbody>
</table>

This paper was presented at the ICMART International Medical Acupuncture Symposium held in Cyprus in March 1997.
Table 2
MAIN SENSITIVE AURICULAR POINTS EXAMINED IN 131 ANAGEN-DYSTROPHIC EFFLUVIUM PATIENTS

<table>
<thead>
<tr>
<th>More than 50%</th>
<th>Less than 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shenmen</td>
<td>Endocrine system</td>
</tr>
<tr>
<td>96 (73.28%)</td>
<td>64 (48.85%)</td>
</tr>
<tr>
<td>Neurasthenia</td>
<td>Adrenal gland</td>
</tr>
<tr>
<td>92 (70.23%)</td>
<td>64 (48.85%)</td>
</tr>
<tr>
<td>Kidney</td>
<td>Thyroid gland</td>
</tr>
<tr>
<td>87 (66.41%)</td>
<td>63 (48.09%)</td>
</tr>
<tr>
<td>Ovary</td>
<td>Grey matter</td>
</tr>
<tr>
<td>83 (63.36%)</td>
<td>62 (47.32%)</td>
</tr>
<tr>
<td>Top of the ear</td>
<td>Top of the ear</td>
</tr>
<tr>
<td>59 (45.04%)</td>
<td>59 (45.04%)</td>
</tr>
<tr>
<td>Uterus</td>
<td>Liver</td>
</tr>
<tr>
<td>55 (41.98%)</td>
<td>54 (41.22%)</td>
</tr>
<tr>
<td>Heart</td>
<td>Heart</td>
</tr>
<tr>
<td>43 (32.82%)</td>
<td>43 (32.82%)</td>
</tr>
<tr>
<td>Lung</td>
<td>Lung</td>
</tr>
<tr>
<td>41 (31.30%)</td>
<td>41 (31.30%)</td>
</tr>
<tr>
<td>Vegetative system</td>
<td>Large intestine</td>
</tr>
<tr>
<td>41 (31.30%)</td>
<td>35 (26.72%)</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Diaphragm</td>
</tr>
<tr>
<td>30 (22.90%)</td>
<td>30 (22.90%)</td>
</tr>
<tr>
<td>Tai Yang</td>
<td>Immune system 1</td>
</tr>
<tr>
<td>30 (22.90%)</td>
<td>24 (18.32%)</td>
</tr>
<tr>
<td>Immune system 2</td>
<td>Allergy</td>
</tr>
<tr>
<td>21 (16.03%)</td>
<td>18 (13.74%)</td>
</tr>
<tr>
<td>Allergy</td>
<td>Cervical vertebrae</td>
</tr>
<tr>
<td>18 (13.74%)</td>
<td>18 (13.74%)</td>
</tr>
</tbody>
</table>

Table 3
MAIN SENSITIVE AURICULAR POINTS EXAMINED IN 120 ALOPECIA ANDROGENETICA PATIENTS

<table>
<thead>
<tr>
<th>More than 50%</th>
<th>Less than 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrine system</td>
<td>Endocrine system</td>
</tr>
<tr>
<td>84 (70.00%)</td>
<td>69 (57.50%)</td>
</tr>
<tr>
<td>Kidney</td>
<td>Kidney</td>
</tr>
<tr>
<td>82 (68.33%)</td>
<td>70 (58.33%)</td>
</tr>
<tr>
<td>Testis</td>
<td>Testis</td>
</tr>
<tr>
<td>67 (55.83%)</td>
<td>67 (55.83%)</td>
</tr>
<tr>
<td>Neurasthenia</td>
<td>Brain system</td>
</tr>
<tr>
<td>69 (57.50%)</td>
<td>65 (54.17%)</td>
</tr>
<tr>
<td>Brain system</td>
<td>Lung</td>
</tr>
<tr>
<td>65 (54.17%)</td>
<td>65 (54.17%)</td>
</tr>
<tr>
<td>Lung</td>
<td>Shenmen</td>
</tr>
<tr>
<td>64 (53.33%)</td>
<td>64 (53.33%)</td>
</tr>
</tbody>
</table>

patients, as has tended to be the practice. This simple method of investigation can rapidly suggest possible causes for the development of alopecia, which can later be confirmed by more extensive Western medical testing.

Case histories

1. A 21 year old female from the City of Buhovo complained of heavy hair loss (more than 120 hairs daily), which began a year previously and had continued despite a variety of local and systemic treatments, including 6 months antiandrogenic therapy. Her other symptoms included neuro-psychological tension, sleep disturbance, tiredness and inability to concentrate.

She attended for out-patient treatment at our clinic with a diagnosis of anagen dystrophic effluvium. Auricular diagnosis showed tenderness at the following ear points:

- Left ear: shenmen, lung, grey matter, thalamus, endocrine, adrenal gland, ovary, uterus, neurasthenia, immune system points 1 and 2.
- Right ear: shenmen, lung, grey matter, thalamus, endocrine, adrenal gland, ovary, uterus, neurasthenia, immune system 1 and 2, trachea.

By this stage, the patient had had a moderate improvement in her neuro-psychological state and the hair loss had reduced to 60-70 hairs per day. A new course of 15 auricular treatments used the points: grey matter, thalamus, ovary, adrenal gland, thyroid gland, immune system 1 and 2, but no substantial improvement in the patient's condition was achieved. So in consultation with the endocrinologists we decided to initiate a pulsed i.v. steroid therapy.

This case demonstrates the precise diagnostic value of tender auricular points, which made a rapid diagnosis possible in a case where hair loss was only one of the symptoms.

2. A 31 year old patient from Sofia with fast developing alopecia totalis universalis was found to have Grave's disease (morbus Basedowi). He had noted a small bald spot on his head 4 months prior to coming to our clinic. Within 20 days all the hair on his head had been lost, despite the therapy and efforts of his physicians to find the cause of the disease. The patient reported moderate to severe stress over the previous year, which was assumed to be the precipitating cause of his condition. For the past 6 months the patient had been feeling very tired...
in the second half of the day and had twice suffered from short viral illnesses. He had also noticed that his palms were often wet with sweat. The patient gave no family history of the condition. Alopecia areata has may possible aetiologies, thus the main aim of the physician is to find the probable cause of the condition.

Auricular testing demonstrated tenderness at the following points:

- Left ear: shenmen, vegetative, allergy, interferon, endocrine, thyroid gland, neurasthenia, immune system 1 and 2.
- Right ear: shenmen, vegetative, allergy, interferon, endocrine, thyroid gland, neurasthenia, immune system 1 and 2.

Allergy testing showed a strong response to animal protein, bacterial antigens and pollens. Consultation with the endocrinologists and further testing confirmed the diagnosis of Grave's disease.

A case of 15 auricular acupuncture treatments to the points shenmen, interferon, immune system 1 and 2, thyroid gland, and neurasthenia improved his condition partly, but no hair growth was noticed.

**Conclusion**

We would recommend this diagnostic method for patients with various types of hair disease. In addition, testing the auricle for tender spots important in the individualisation of auricular therapy, which can be used as one of the additional methods of treatment in patients with various kinds of alopecia.

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**References**


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