

**REPORT  
OF THE WORKING GROUP  
ON  
AURICULAR ACUPUNCTURE  
NOMENCLATURE**

Lyon, France, 28-30 November 1990



WORLD HEALTH ORGANIZATION



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## 1. INTRODUCTION

Beginning in 1982, the World Health Organization (WHO) has been making concerted efforts to achieve international agreement on a common acupuncture language as a means to facilitate the teaching, research, and clinical practice of acupuncture, i.e., a standardized acupuncture nomenclature. These efforts have included working groups and regional consultations convened by the WHO Regional Office for the Western Pacific, and the meeting of a WHO Scientific Group.\* This last activity resulted in the unanimous adoption of a proposed standard acupuncture nomenclature for international use. The main features of the recommended nomenclature are the use of the English translation of the name of each meridian and an alphanumeric code derived from the English names, and the use of the Chinese phonetic alphabet (Pinyin) names and the Han character names of the meridians and acupuncture points.

One of the recommendations made by the Scientific Group was the completion of the standardization of the auricular acupuncture points of proven therapeutic value, the location of which is generally accepted. This was the basis for organizing this Working Group meeting. Auricular acupuncture is a rapidly evolving therapy, one that generates new knowledge that is being widely disseminated throughout the world. As with the introduction of any new body of knowledge, there is likely to be some confusion or misunderstanding at the outset. This was an additional consideration for organizing the meeting.

The Groupe lyonnais d'Etudes médicales and the Municipal Council of the City of Lyon acted as hosts for the meeting.

## 2. AIM AND OBJECTIVES OF THE WORKING GROUP

### 2.1 Aim

The overall aim of the Working Group was to consider a standard international auricular acupuncture nomenclature.

### 2.2 Objectives

The objectives of the Working Group were:

- (i) to review progress on the standardization of auricular acupuncture nomenclature;
- (ii) to finalize the discussions already begun on other auricular points;
- (iii) to consider other items for review and discussion; and
- (iv) to recommend future activities in acupuncture for the consideration of WHO.

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\* Working Group on the Standardization of Acupuncture Nomenclature, Manila, 1982; Regional Consultation Meeting on the Standardization of Acupuncture Nomenclature, Tokyo, 1984; Second WHO Regional Working Group on the Standardization of Acupuncture Nomenclature, Hong Kong, 1985; Third WHO Regional Working Group on the Standardization of Acupuncture Nomenclature, Seoul, 1987; WHO Scientific Group to Adopt a Standard International Acupuncture Nomenclature, Geneva, 30 October - 3 November 1989.

### 3. PROCEEDINGS AND DISCUSSIONS

#### 3.1 Opening session

The meeting was opened by Dr R. Nogier, who welcomed the participants on behalf of the Groupe lyonnais d'Etudes médicales and the City of Lyon, the joint hosts of this meeting. He stated that he was especially pleased to see the meeting of the Working Group take place in Lyon, for it was from this city that many outstanding and renowned scientists came (see Annex 1).

Dr Nogier's welcoming remarks were followed by an address delivered by Dr O. Akerele, Programme Manager of WHO's Traditional Medicine Programme. He stressed the importance not only of producing a standardized international nomenclature but of promoting its use so that it can be assessed and revised in the light of experience through usage. He then set out the four objectives of the meeting, and reminded the members of the Working Group that they were participating in the meeting in their own personal capacity and on the basis of their expertise in auricular acupuncture (see Annex 2).

The participants and observers were then invited to introduce themselves (see Annex 3). The following officers were nominated: Dr R. Nogier - Chairman; and Dr T. Tsiang - Rapporteur.

The proposed agenda was then adopted (see Annex 4).

#### 3.2 Addresses by Dr H. Nakajima and Dr P. Nogier

On the afternoon of the second day of the meeting, Dr Hiroshi Nakajima, Director-General of the World Health Organization, addressed the Working Group. In his remarks, Dr Nakajima acknowledged the role that Dr Paul Nogier had played in developing the theory and clinical application of auricular therapy. He also reiterated the efforts of WHO, through its Programme on Traditional Medicine, to promote and recommend for international use a standardized auricular acupuncture nomenclature to facilitate research, teaching, and the clinical application of auricular therapy (see Annex 5).

In response, Dr Paul Nogier addressed the gathering and highlighted some of the changes that have taken place during his long career in medicine, particularly the spectacular technological advances in health care as well as the emerging popularity of natural medicine, including the growing importance of auricular acupuncture and auricular medicine. He fully agreed with the need for developing a standardized nomenclature and welcomed the contribution this would make for the recognition of the points of the ear and for teaching and research, the results of which would lead to better and more effective health care for everybody (see Annex 6).

#### 3.3 Progress report on the Standardization of Auricular Acupuncture Nomenclature

Dr T. Tsiang traced the involvement of the World Health Organization since 1982 in efforts to standardize acupuncture nomenclature, and the achievements that have resulted from these efforts. Dr Tsiang also outlined to the Group the particularity of auricular points that are not encountered in classical acupuncture (see Annex 7).

#### 3.4 Standardization of the anatomy of the ear

In relation to standardization of the auricular anatomy, the Working Group reached consensus on the anatomical areas and proposed the following using the alphabetic code MA (derived from "micro-system" and "auricular point").

Alphabetic code	Anatomical area of the ear
MA-HX	Helix <sup>1</sup>
MA-SF	Scaphoid fossa
MA-AH	Antihelix <sup>1</sup>
MA-TF	Triangular fossa
MA-TG	Tragus
MA-AT	Antitragus
MA-IC	Inferior concha
MA-SC	Superior concha
MA-LO	Lobule
MA-IT	Intertragal notch
MA-PP <sup>2</sup>	Posterior-Peripheral part
MA-PI <sup>2</sup>	Posterior-Intermediate part
MA-PC <sup>2</sup>	Posterior-Central part
MA-PL <sup>2</sup>	Posterior-Lobular part

<sup>1</sup> Helix and Antihelix are further divided into various segments, but for coding purposes, the segments were not named.

<sup>2</sup> After some discussion it was concluded that the posterior surface of the external ear should be divided into four parts (Fig. 1).

### 3.5 Standardization of the Nomenclature of Auricular Points

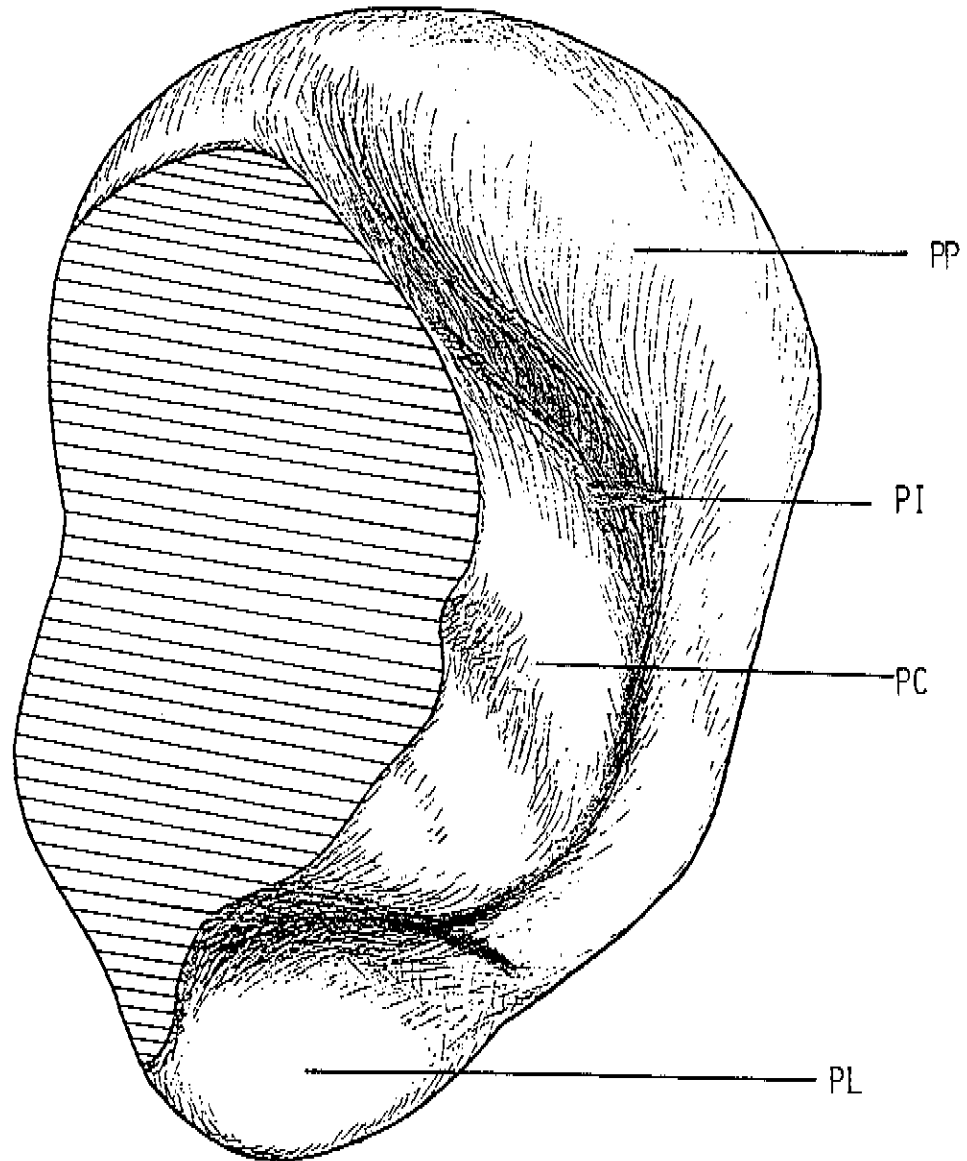
A standard nomenclature was adopted, according to three (3) main criteria:

- (i) Points that had international and common names in use.
- (ii) Points whose therapeutic values were well proven.
- (iii) Points whose location in the auricular area appeared to be generally accepted.

### 3.6 Standard Nomenclature of Auricular Points

The following 39 auricular points were discussed and adopted by the Working Group. All items marked with an asterisk (\*) are Traditional Chinese Medicine terms that do not necessarily represent an anatomical site as understood in modern medicine.

FIG. 1. POSTERIOR SURFACE OF THE EXTERNAL EAR



- PP - Posterior-Peripheral
- PI - Posterior-Intermediate
- PC - Posterior-Central
- PL - Posterior-Lobular

Helix

MA-HX1	Ērzhōng	耳 中	Ear Centre
MA-HX2	Niàodào	尿 道	Urethra
MA-HX3	Wàishēngzhíqì	外 生 殖 器	External Genitalia
MA-HX4	Gāngmén	肛 门	Anus
MA-HX5	Ērjiān	耳 尖	Ear Apex

Scaphoid Fossa

MA-SF1	Zhǐ	指	Fingers
MA-SF2	Wǎn	腕	Wrist
MA-SF3	Zhǒu	肘	Elbow
MA-SF4	Jiān	肩	Shoulder Girdle

Antihelix

MA-AH1	Gēn	跟	Heel
MA-AH2	Huái	踝	Ankle
MA-AH3	Xī	膝	Knee
MA-AH4	Tún Kuān	髋 髂	Pelvic Girdle
MA-AH5	Zuògǔ Shénjīng	坐 骨 神 经	Sciatic Point
MA-AH6	Jiāogǎn	交 感	Autonomic Point
MA-AH7	Jǐngzhuī	颈 椎	Cervical Spine
MA-AH8	Xiōngzhuī	胸 椎	Thoracic Spine
MA-AH9	Jǐng	颈	Neck
MA-AH10	Xiōng	胸	Thorax

Triangular Fossa

MA-TF1	Ērshénmén	耳神门	Ear Shenmen
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Tragus

MA-TG1	Wàibí	外鼻	External Nose
MA-TG2	Píngjiān	屏尖	Apex of Tragus
MA-TG3	Yānhóu	咽喉	Pharynx and Larynx

Inferior Concha

MA-IC1	Fèi	肺	Lung
MA-IC2	Qìguǎn	气管	Trachea
MA-IC3	Nèifēnmì	内分泌	Hypothalamo-Hypophyseal Axis
MA-IC4	Sānjiāo	三焦	Triple Energizer
MA-IC5	Kǒu	口	Mouth
MA-IC6	Shí dào	食道	Esophagus
MA-IC7	Bēnmén	贲门	Cardia



Superior Concha

MA-SC1	Shǐ èrzhǐcháng	十二指肠	Duodenum
MA-SC2	Xiǎocháng	小肠	Small Intestine*
MA-SC3	Mángcháng Lánwěi	盲肠阑尾	Ceco-Appendix
MA-SC4	Dàcháng	大肠	Large Intestine*
MA-SC5	Gān	肝	Liver*
MA-SC6	Yí dǎn	胰胆	Pancreas-Gallbladder*
MA-SC7	Shūniàoguǎn	输尿管	Ureter
MA-SC8	Pángguāng	膀胱	Bladder

Lobule

MA-LO1	Mù	目	Eye
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3.7 Nomenclature of Auricular Points not yet considered

The Working Group decided that the following 36 points listed below do not meet the three main criteria, as agreed upon and therefore were not discussed and adopted. All items marked with an asterisk (\*) are Traditional Chinese Medicine terms that do not necessarily represent an anatomical site as understood in modern medicine.

NOMENCLATURE OF AURICULAR POINTS NOT YET CONSIDERED

Fēngxǐ	风 溪	Wind Stream
Zúzhǐ	足 趾	Toe
Yāodǐzhuī	腰 骶 椎	Lumbosacral Spine
Fù	腹	Abdomen
Pénqiāng	盆 腔	Pelvis
Jiǎowōzhōng	角 窝 中	Middle Triangular Fossa
Nèishēngzhǐqì	内 生 殖 器	Internal Genitalia
Jiǎowōshàng	角 窝 上	Superior Triangular Fossa
Shèishàngxiàn	肾 上 腺	Adrenal Gland
Duìpíngjiǎn	对 屏 尖	Apex of Antitragus
Yuánzhōng	缘 中	Central Rim
Zhěn	枕	Occiput
Niè	颞	Temple
É	额	Forehead
Xīn	心	Heart*
Pí	脾	Spleen*
Wèi	胃	Stomach*
Shèn	肾	Kidney*
Tǐngjiǎo	艇 角	Angle of Superior Concha
Yá	牙	Tooth

NOMENCLATURE OF AURICULAR POINTS NOT YET CONSIDERED (continued)

Shé	舌	Tongue
Hé	颌	Jaw
Chuíqián	垂 前	Anterior Ear Lobe
Yǎn	眼	Eye
Nèi'ěr	内 耳	Internal Ear
Miànjiá	面 颊	Cheek
Biǎntǎotǐ	扁桃 体	Tonsil
Shàngěrgēn	上 耳 根	Upper Ear Root
Ērmígēn	耳 迷 根	Root of Ear Vagus
Xiàěrgēn	下 耳 根	Lower Ear Root
Ērbèigōu	耳 背 沟	Groove of Posterior Surface
Ērbèixīn	耳 背 心	Heart* of Posterior Surface
Ērbèipí	耳 背 脾	Spleen* of Posterior Surface
Ērbèigān	耳 背 肝	Liver* of Posterior Surface
Ērbèifèi	耳 背 肺	Lung* of Posterior Surface
Ērbèishèn	耳 背 肾	Kidney* of Posterior Surface

### 3.8 Auricular acupuncture charts

The Working Group considered that the drawing in the Auricular Acupuncture Chart (B) on page 37/38, Annex 8 of the Report of the Third WHO Regional Working Group, contained many points, the localization of which are open to debate. Therefore, after discussion, the Group decided that this chart would not be used for purposes of further reference to localization of auricular points.

The Working Group also decided that the drawing in the Auricular Acupuncture Chart (A) on page 35/36, Annex 7 of the same report, is not to be used in view of the changes in the standardization of the anatomy of the areas of the ear that had just been agreed upon.

### 4. FUTURE PLANS

During the course of the discussions, many divergent points of view emerged concerning both localization and terminology of auricular points. On the basis of this free exchange of ideas and opinions, the Working Group agreed that as a priority a future activity should be the development of a standard reference chart of the ear, for use in auricular acupuncture. This chart should cover the following:

- (i) Correct anatomical illustration of the ear.
- (ii) An appropriate anatomical mapping of topographical areas, to be decided upon in consultation with experts in anatomy and auricular acupuncture.
- (iii) Illustrations of correct zones, in relation to auricular acupuncture and research.
- (iv) Actual delineation and localization of points, where possible.

### 5. RECOMMENDATIONS

Because of the importance and urgent need to develop a standardized and internationally accepted auricular acupuncture nomenclature to facilitate teaching, research, and practice, the Working Group made the following recommendations:

- (1) WHO should give urgent consideration to the organization of a subcommittee to study the anatomical mapping of the external ear, with a view to naming the zones and points, in relation to auricular acupuncture.
- (2) WHO should establish contacts with appropriate associations, research groups, institutions, etc. in countries such as the People's Republic of China and in the Union of Soviet Socialist Republics that have been involved in the education and practice of auricular acupuncture; and take steps to summarize and translate selected works that they have produced, which is often unavailable to others. This information would be disseminated to interested societies, etc. involved in teaching, research, and practice of acupuncture.
- (3) For the purpose of making up-to-date information on auricular acupuncture nomenclature accessible, the report of the Working Group should be produced and disseminated widely to acupuncture and auricular therapy societies everywhere.

OPENING ADDRESS

by

Dr Raphaël Nogier  
Le Group lyonnais d'Etudes médicales

Your Excellency, Councillor, Ladies and Gentlemen of the Working Group.

One of the best known authors in the world, Antoine de St. Exupéry, was born in Lyon in 1900. The book he wrote, "The Little Prince", was highly acclaimed throughout the world. He was a wondrous boy, fallen from a star. Arriving on earth he sets out on the quest for a secret, which he hopes to discover. He then comes across a snake: "It is only with the heart that you can see properly", says the reptile; "what is essential is invisible to the eyes".

And today, in these magnificent premises, what is essential is invisible to our eyes, despite all we can see; the rich silk curtains, the tapestries, the beautiful candelabra. What is essential is elsewhere. And that is what we are going to talk about throughout this meeting; something that will be echoed in the years to come, for the benefit of medicine worldwide.

We are working for the 166 Member States of the World Health Organization and for people everywhere in the world who are expecting to be comforted, to be cured, as well as to be maintained in a state of perfect health.

It is with great pride and immense pleasure that I welcome here in Lyon so many outstanding medical personalities who have come from all over the world. All of you here have, through your work and your publications, contributed to the development of a technique that was born 40 years ago, auriculotherapy. Together, we shall continue to propose a standardized acupuncture nomenclature, so that physicians of every country may speak the same scientific language.

This meeting is being held in Lyon, a town where many new techniques have flourished and where several renowned research scientists were born. Montgolfier was the first to challenge the laws of gravity. Ampère discovered the laws of electrodynamics, which are the basis of modern inventions. The Lumière brothers invented the movies. Claude Bernard was the creator of experimental medicine. Grignard and Carrel were both Nobel Prize winners in medicine, not to mention many others. This shows how appropriate it was to have chosen this city for a meeting such as ours.

This Working Group was brought together by the World Health Organization, thanks to Dr Akerele, who is both a diplomat and the Programme Manager of WHO's Traditional Medicine Programme. It is owing to his dedication, his competence, and his ebullient personality that we have been able to hold this meeting.

The organizational and material aspects of the meeting are the result of close cooperation between Geneva and Lyon, with the financial participation of the City of Lyon, the General Council, and the Groupe lyonnais des Etudes médicales. The latter is an association that brings together approximately 400 physicians and dental surgeons in Metropolitan France and overseas. Everything has been planned so that the Working Group will be able to effectively carry out their work in these pleasant surroundings.

Your Excellency, Councillor, Ladies and Gentlemen of the Working Group and Observers, who have come from Africa, Australia, China, Japan, Korea, South America, New Zealand, North America, the Middle East, and from Europe, I wish you all a pleasant stay in our city. In spite of the work that awaits you, in spite of jet lag, and in spite of the fact that you are far from your families, I hope that you will find time for yourselves, to discover the most charming features of the city we call Lugdunum.

OPENING REMARKS

by

Olayiwola Akerele, M.D.  
Programme Manager, Traditional Medicine  
World Health Organization  
Geneva

Distinguished Ladies and Gentlemen,

It is a pleasure for me, on behalf of WHO, to welcome all of you to Lyon and to the meeting of the Working Group on Auricular Acupuncture. Dr Hiroshi Nakajima, Director-General of the World Health Organization, regrets that he is unable to be with us today because of a previous commitment. However, I am pleased to inform you that he intends to join us tomorrow afternoon.

I would like to take this opportunity to express our collective gratitude to the authorities of the City of Lyon for their collaboration and support and for the fine arrangements that they have made for our meeting.

The gratitude and appreciation of the World Health Organization also go to Le Groupe lyonnais d'Etudes médicales for their generous donation towards the preparation of this Working Group meeting.

Special thanks must go to Dr Raphaël Nogier for his personal efforts and contribution to the organization of our meeting.

The unanimous adoption of the proposed standard acupuncture nomenclature for international use by the WHO Scientific Group that met in Geneva last year was a triumph for international cooperation in acupuncture.

But we must not become euphoric or allow ourselves to be lulled into a complacency because we have produced an international nomenclature. The nomenclature will only be useful to the extent that it is used. Besides, it is only through widespread use that any flaws in the nomenclature itself can be detected; this will allow us to revise it in the light of experience through usage.

There are other additional aspects of the standard international acupuncture nomenclature that remain to be considered, and these will be taken up in due course.

Auricular acupuncture is a rapidly evolving therapy, one that generates new knowledge that is being widely disseminated globally. As with the introduction of any new body of knowledge, there is bound to be some degree of confusion or misunderstanding at the outset.

As most of you are aware, WHO's efforts to standardize nomenclature for auricular acupuncture points began during the meeting of the Second WHO Regional Working Group on the Standardization of Acupuncture Nomenclature; this group was convened by the WHO Regional Office for the Western Pacific, and met in Hong Kong in 1985.

This activity was followed by a meeting of the Third Regional Working Group in Seoul in 1987. It was at that meeting that the 43 auricular acupuncture points of proven therapeutic value, the location of which is generally accepted, were agreed upon.

Annex 2

This brings me to the subject of your deliberations, which is the completion of the standardization of nomenclature for auricular acupuncture points of proven therapeutic value.

The objectives of this meeting are:

- (i) to review progress on the standardization of auricular acupuncture nomenclature;
- (ii) to finalize the discussions already begun on the other auricular points;
- (iii) to consider other items for review and discussion; and
- (iv) to recommend future activities in acupuncture for the consideration of WHO.

Your meeting is unique in that it will help to shed some light on all aspects of auricular acupuncture, which is fast gaining popularity throughout the world.

It is appropriate and befitting that the meeting of this Working Group is taking place in this beautiful city of Lyon, and we are privileged to have with us today Dr Paul Nogier. Dr Nogier is an acknowledged pioneer and a leading authority on the study and use of acupuncture in Europe; the driving force in the propagation of auricular acupuncture and auriculotherapy.

I would like to take this opportunity to pay tribute to the positive and valuable contributions of Dr Paul Nogier to the world of medicine.

May I conclude by wishing you fruitful and constructive deliberations, and an enjoyable stay in Lyon. WHO stands ready to examine your recommendations and to implement them as part of our overall efforts to promote acupuncture as an essential tool for attaining the Organization's social goal of "Health for All" by the year 2000.

## LIST OF PARTICIPANTS

Participants:

- Dr J. Bischko, Head, Ludwig Boltzmann Institute, Vienna, Austria
- Dr J. Bossy, Professor, Montpellier-Nîmes Faculty of Medicine, Nîmes, France
- Dr A. de Sousa, 26 rue de la Gabelle, Carouge, Switzerland
- Dr J.W.G. Gibb, Herne Bay, Auckland, New Zealand
- Dr J. Gleditsch, President, The German Medical Acupuncture Association, Munich, Germany
- \*Dr Kang Sung-Keel, Professor, Kyung Hee University, College of Oriental Medicine, Seoul, Republic of Korea
- Dr Li Do Gon, Vice President, Academy of Traditional Korean Medicine, Taesong District, Pyongyang, Democratic People's Republic of Korea
- Dr Li Wei-Heng, Director-General, China Association of Acupuncture and Moxibustion, Beijing, People's Republic of China
- Dr R. Nogier, 23 rue des Aqueducs, Lyon, France (Chairman)
- Dr P. Nogier, Lyon, France (Adviser)
- Dr T. Oleson, Assistant Clinical Professor, University of California at Los Angeles, School of Medicine, Los Angeles, CA, United States America
- Dr C.T. Tsiang, Kew, Victoria, Australia (Rapporteur)
- Dr C.M. Vulliez, President, Lyon Medical Education Group, Lyon, France
- Dr N. Watari, Professor, The First Department of Anatomy, Nagoya University, School of Medicine, Nagoya, Japan

Observers:

- Dr C. Andrès-Sépré, Besançon, France
- Dr F.R. Bahr, President, German Academy for Acupuncture and Auricular Medicine, Munich, Germany
- Mr A. Bangrazi, President, Paracelso Institute, Rome, Italy
- Dr B. Bricot, Biotherapy Centre, Marseille, France
- Dr Cao Guoliang, Institute of Orthopaedics and Traumatology, Academy of Traditional Chinese Medicine, Beijing, People's Republic of China
- Dr Choi Tae Sop, Chief, Department of Global Traditional Medicine Research, Academy of Traditional Korean Medicine, Taesong District, Pyongyang, Democratic People's Republic of Korea

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\* Unable to attend.



Annex 3

Dr A. Cignolini, Scientific Secretary, Medical Association for Chinese Medicine in Europe, Milan, Italy

Dr M.K. El Gogary, President, Acupuncture Society for People's Help, Zamalek, Cairo, Egypt

Dr J.B. Fournier, Protestant Clinic, Nimes, France

Dr M. Frimat, Vice President, Lyon Medical Education Group, Lyon, France

Dr E. Gaisne, Mutualiste Surgical Clinic, Nantes, France

Dr A. Horvilleur, Lyon, France

Mrs I. Loras, Lyon Medical Education Group, Lyon, France

Dr M. Marignan, Director of Research, Lyon Medical Education Group, Aubagne, France

Dr V. Martinez Figuerero, President, Medical Education Group for Auricular Medicine and Acupuncture, Tarrasa, Barcelona, Spain

Dr S. Maudarbocus, Quatre Bornes, Mauritius

Dr Nguyen Van Nghi, Director, "French Review of Traditional Chinese Medicine", Marseille, France

Dr J. Niboyet, Marseille Faculty of Medicine, Marseille, France

Mrs F. Petti, Director, Traditional Chinese Medicine Department, Paracelso Institute, Rome, Italy

Dr P.J. Pöntinen, Chief Physician, Kankaanpää Rehabilitation Centre, Kankaanpää, Finland

Dr M. Rios, Bogota, Colombia

Dr Y. Rouxville, Lorient, France

Dr M. Sanchez Araujo, Chairman, Venezuela Institute of Integral Health and Therapeutics, La Mercedes, Caracas, Venezuela

Dr V. Schjelderup, Tönsborg, Norway

Dr H. Tiik, Tampere, Finland

Dr K. Yamada, Lecturer, Chuwa School of Oriental Medicine, Inazawa, Japan

WHO Secretariat:

Dr O. Akerele, Programme Manager, Traditional Medicine Programme, Division of Drug Management and Policies, WHO, Geneva, Switzerland (Secretary)

Miss Y. Maruyama, Associate Professional Officer, Traditional Medicine Programme, Division of Drug Management and Policies, WHO, Geneva, Switzerland

Miss E.A. Paloscia Riccard, Consultant, Traditional Medicine Programme, Division of Drug Management and Policies, WHO, Geneva, Switzerland

## PROGRAMME

November 27, Tuesday

Arrival at Lyon

November 28, Wednesday

09:00 - 10:30

Opening of the Meeting:

Addresses of welcome

Introduction of participants

Nomination of officers

Adoption of the agenda

Group photograph

10:30 - 10:45

Refreshment break

10:45 - 12:00

Progress report on the standardization of  
auricular acupuncture nomenclature; discussion

12:00 - 14:00

Lunch

14:30 - 15:30

Discussion on the standardization of the anatomy  
of the areas of the ear

15:30 - 15:45

Refreshment break

15:45 - 17:00

Discussion continued

November 29, Thursday

09:00 - 10:30

Discussion on standard nomenclature of auricular  
points

10:30 - 10:45

Refreshment break

10:45 - 12:00

Continuation of discussion

12:00 - 13:30

Lunch

13:30 - 14:30

Continuation of discussion

14:30 - 15:15

Arrival of Dr H. Nakajima, Director-General, WHO  
Group photograph  
Address by Dr H. Nakajima  
Address by Dr P. Nogier

15:15 - 17:00

Summary of discussions  
Discussion of other items to be considered  
Future plans  
Proposal of recommendations

19:00

Reception at Cercle Militaire

November 30, Friday

09:00 - 10:00

Summary and adoption of the draft report and  
acceptance of recommendations

10:00 - 11:00

Closing of the meeting

ANNEX 5

ADDRESS

by

Dr Hiroshi Nakajima, Director-General  
World Health Organization

Mr Chairman, Dr Paul Nogier, distinguished members of the Working Group, Ladies and Gentlemen.

First, may I say how sorry I am that I was not able to join you yesterday for the official opening of this meeting. It is a real pleasure for me to be with you today.

I would like to express my sincere thanks and appreciation to the City of Lyon and to its Mayor, Monsieur Michel Noir, for their generosity in providing the World Health Organization with these excellent facilities in such a beautiful and cultured environment.

May I also extend my appreciation and gratitude to Le Groupe lyonnais d'Etudes médicales for its very generous gift towards the organization of this Working Group on Auricular Acupuncture.

As you know, the efforts of the World Health Organization in standardizing auricular acupuncture points began as part of the deliberations of the Third Working Group on the Standardization of Acupuncture Nomenclature, which met in Seoul in 1987. Auricular acupuncture is probably the most developed and the best documented, scientifically, of all the microsystems of acupuncture; it is also the most practical and widely used. Ear acupuncture is mentioned now and then in some Chinese acupuncture classics, but no extensive or in-depth deliberations are recorded. Obviously, it was not considered to be part of the main body of classical acupuncture. Unlike classical acupuncture, which is almost entirely derived from ancient China, auricular acupuncture is, to a large extent, a more recent development that has received considerable contributions from the West.

This is why we are privileged to have with us today Dr Paul Nogier. As you know, Dr Nogier has devoted a considerable part of his career to the study and use of acupuncture in Europe, and especially to the theory and clinical application of auricular therapy.

His suggestion that there is a relationship between the fetal position and the adult ear contributed to the development of auricular acupuncture and, later, auricular medicine.

Essentially on the basis of his work, ear charts have been published in many countries throughout the world. While they show varying degrees of differences, they all have as their basis the same fetal configuration described by Dr Nogier.

It is WHO's intention to promote and recommend for international use a complete standardized auricular acupuncture nomenclature. We expect that this will facilitate serious research into auricular therapy by allowing for replication of scientific studies and for comparability of research results.

In closing, may I take this opportunity to acknowledge with great pleasure the debt of honour that modern medicine owes to Dr Paul Nogier, a distinguished son of Lyon.

Thank you very much.

ADDRESS

by

Dr Paul Nogier

Director-General, dear colleagues, ladies and gentlemen, it is unusual to have an opportunity to address such an eminent audience and I thank the World Health Organization and its distinguished representatives for their welcome.

This Working Group meeting on the nomenclature of auricular acupuncture gives me an opportunity to look back over my medical career. I have been practising medicine for over 50 years, in the course of which I have seen a great many changes. I was trained by teachers who spent the best part of their time questioning their patients, observing them, palpating them, and auscultating them in order to arrive at a diagnosis and to prescribe a treatment. Virtually the whole examination took place at the bedside, and laboratory or radiological examinations were few and far between.

With the passing years the far-reaching changes in medical science have given priority to the host of technical investigations we now know in modern medicine. The patient is mainly examined in specialist laboratories and in the hospital. In the face of these countless investigative procedures, the examination as it used to be performed often takes second place. The doctor no longer has confidence in his own judgement and the patient is seen in terms of figures, measurements, and images.

These technological advances are certainly a good thing and it would be churlish of me to say otherwise, but the results are obtained at the cost of a considerable financial outlay that only rich countries can readily afford. This new and more scientific approach to medicine all too often deprives the patient of the human contact that is necessary if we want the patient to understand his doctor's viewpoint and follow the advice he is given. In spite of the publicity lavished on medical discoveries and their prestigious results, the clients in our countries are showing signs of a need to go back to simpler therapeutic methods.

For some time now we have been hearing a lot about natural medicines; people are resorting to personal hygiene, to techniques originating in the far East, and acupuncture is becoming more and more popular. If our rich countries are tempted by "natural" medicines, these methods are all the more suitable for countries that cannot afford advanced medical techniques. There is quite obviously room in the world for simple and economical methods, as we have seen in recent years in China when the auriculotherapy of the "barefoot doctors" became very popular.

The nomenclature work you are engaged in comes at the right time when we are experiencing population explosion. Your efforts in this regard are contributing to complementary medicine that can always bring relief and can often cure. The results are all the more beneficial because patients are less poisoned than we ourselves are by modern medicine and life-styles.

As regards auricular acupuncture, we all know that the studies by Dr J.E.H. Niboyet have proved that the ear points, like the acupuncture points, can be detected electrically. We also know from the studies by Professor Durinian of the USSR that the auricle, by virtue of its short nerve links with the brain, permits rapid therapeutic action that cannot otherwise be explained.

Annex 6

It is for these scientific reasons and many other reasons that you are looking into the nomenclature of the points of the ear. The time has come to identify each major reflex site in the auricle, and I know that some of you are busy on this. This identification seems to me to be essential so that there can be a common language in all countries for the recognition of the points. It is also essential for university teaching purposes. Such teaching should be backed up by research to identify the reflex action of each major point.

In conclusion, I should like to say that with the completion of your work auricular acupuncture can look forward to a very bright future. Pending the results of the research that we all want, your work seems to me a step towards a better humanism, and I am convinced that it will soon lead to the cure and comfort of those who had hitherto lost hope of relief.

PROGRESS REPORT ON THE STANDARDIZATION OF AURICULAR  
ACUPUNCTURE NOMENCLATURE

by

Dr T. Tsiang

It was in 1982 that the World Health Organization (WHO) began to convene working groups for the purpose of standardizing acupuncture nomenclature. The first Regional Working Group was organized by WHO's Regional Office for the Western Pacific, in Manila. By 1985, the meeting of the Second WHO Regional Working Group, held in Hong Kong, agreed that since most of the meridians and acupoints had been identified and named, it was now time to consider other aspects of acupuncture; one of these was auricular points.

It soon became apparent to the Working Group that auricular points present a special situation; one that is not met with in the standardization of meridian points. These are as follows:

- (1) Meridians and acupoints have been in use over the centuries and, with minor variations, are generally accepted by most acupuncture practitioners. Auricular points, on the other hand, although mentioned in some classics, are largely something new. As in any new discipline, there are many different schools of thought.
- (2) Classical acupuncture is almost entirely Chinese in origin and therefore it is relatively easy to look for a source of reference. Auricular points, as mentioned before, are relatively new and have different sources of information; some in China, some in Europe, in particular France.
- (3) There are fundamental differences in the practice of auricular therapy.

The Second Working Group, therefore, did not produce any standardization, but suggested further preparation. The Group also suggested that the benefit of the knowledge of Dr Paul Nogier should be sought. Dr Nogier's contribution in this particular field is acclaimed throughout the world.

In 1987, the Third WHO Regional Working Group was convened in Seoul, and Dr Raphaël Nogier, son of Dr Paul Nogier, was present and made a valuable contribution to the discussion of auricular points.

Once again, divergent views surfaced, in particular with regard to the localization of points. For example, the well-known Ershénmén, at the apex of the triangular fossa and scaphoid fossa occupies the same area as the hip point - the so-called phase 1 of Dr Nogier's somatology. It would be almost impossible to decide which point of view is correct.

However, it was pointed out to the Working Group at that time, and maybe it is appropriate to mention it here, that the main purpose of a standardized nomenclature is to create a common language to facilitate communication and exchange of information. The localization or existence of a disputed point is of no consequence in the long run, as long as these points meet the criteria set by the Working Group members:

- (1) Points that have international and common names in use.
- (2) Points with proven clinical efficacy.
- (3) Points whose localization in the auricular area are generally accepted.

Annex 7

Therefore, the example I have quoted - Ershénmén - can be in an area known as hip, as long as everyone understands that we are talking about the same area.

The Working Group reached consensus by selecting 43 points as having met the stated criteria, and 36 other points that did not.

These are contained in the accompanying documents for your consideration.

CLOSING REMARKS

by

Olayiwola Akerele, M.D.  
Programme Manager, Traditional Medicine  
World Health Organization  
Geneva

Mr Chairman,  
Mr Rapporteur,  
Members of the Working Group and Observers,  
Distinguished Ladies and Gentlemen.

Before I officially close this meeting, I should like to express, on behalf of Dr Hiroshi Nakajima, Director-General of the World Health Organization, our collective appreciation for the fine work that has been performed by this group.

My renewed thanks also go to the Groupe lyonnais d'Etudes médicales and the Municipal Council of the City of Lyon, who acted as hosts for this meeting of the Working Group and who gave generously of their time and financial assistance to organize and provide the excellent facilities.

Dr Nakajima was particularly pleased to attend yesterday's meeting and to have had the opportunity to address you on a subject that is of particular concern and interest to him and the Organization. Your conscientious and productive work over the past few days was another expression of your continued collaborative efforts in further developing the standardization of acupuncture nomenclature.

Your discussions and deliberations during the meetings, as well as your work outside the conference room, have all contributed to the achievements we have been able to make during the course of these few days.

I think we can all be very pleased that our meeting has been fruitful and successful, and that the objectives have been met. To the extent possible, your meeting has fulfilled its stated objectives in that you have been able to review progress made by previous working groups to standardize auricular acupuncture nomenclature. You have succeeded in bringing to a conclusion the discussion already begun on other auricular points. You have brought some important and valid topics for review and discussion in the future. I assure you that the recommendations that you have prepared will receive favourable consideration by the World Health Organization.

Congratulations are in order to each of you for all these achievements. I am aware that consensus on a subject as difficult and complex as this one is not at all easy. It requires a lot of give and take, on the part of each one of you, and a fair share of mutual understanding and patience - an excellent example of international cooperation.

I should like to reiterate my thanks to Dr Raphaël Nogier for his untiring work to make the meeting of this group a reality. I should also like to thank Dr Tom Tsiang, our rapporteur, for his usual careful and accurate reporting of events.

We were privileged and greatly honoured to have the wise counsel and guidance of Dr Paul Nogier. I wish to thank him on behalf of all of us for the time and effort that he has dedicated to our cause.



Annex 8

To everyone who has, in one way or another, contributed to the successful work of our group, my sincere appreciation and gratitude. I am certain that you would agree with me that very little could have been accomplished without you. I would like to single out the Working Group Secretariat, led by Madame Herment, and my colleagues from the Organization, Miss Maruyama and Miss Riccard. The excellent contribution of the interpreters is duly acknowledged. They have maintained a very high professional standard that greatly facilitated our discussions. To those that I have omitted to mention by name, I would like to express a sincere thank you to each one of you.

Let me end by wishing all of you a very pleasant and safe journey home to your loved ones.

Thank you.

ACKNOWLEDGEMENT

The World Health Organization was ably assisted in this undertaking by the Groupe lyonnais d'Etudes médicales and the Municipal Council of the City of Lyon, who acted as hosts for the meeting, and who gave generously of their time and assistance to organize and provide the excellent facilities for this meeting of the Working Group.

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