



Auriculotherapy for Stress Management as Self-Help in Isolation Situations (COVID 19)

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Dear Editor

December 2019 was declared the beginning of the SARS COV 2 epidemic and later it became a pandemic [1]. As claimed by the World Health Organization, it is normal to be sad, confused and frightened during this period. Stress and anxiety affect not only adults but also children, who can become more agitated and restless [2, 3]. Even outside the group of our patients, today and yesterday, a request has emerged for help to stem the effects of these negative emotions, which, as is now scientifically proven, can have a serious impact on the state of health [4, 5].

In this period, the difficulty or sometimes impossibility to use our professional office has prompted us to create a simple therapeutic protocol for auricular self-stimulation, applicable not only by those who already know this discipline but also by all those who want to use it.

The therapeutic scheme that we proposed had to meet the following requirements: 1) be based on a scientific model 2) have already-proven effectiveness; 3) be easily applied by the same patient or another person who is not expert in this discipline; 4) not to be invasive; 5) need no tools. 6) have no side effects.

We would like to describe this protocol, which was useful for many of our patients, to whom it was provided via the web without being visited in our private practice.

The pressure stimuli will be carried out with the tip of the index finger, pressing on the following points every 2 seconds:

on the area of the pavilion corresponding to the triangular fossa (TF Shen Men A + TF Anxiolytic) (fig 1 area A) for

a total of 2 minutes (20-30 pressure stimuli with the tip of the index in total);

on the area of the pavilion corresponding to the anxiolytic area of the tragus (TG anxiolytic) (fig 1 area B) for a total of 2 minutes (20-30 pressure stimuli with the tip of the index in total).

The stimulation of both pavilions must take place alternating between the right and left pavilions, therefore, the total minutes of stimulation for both ears are 4. Self-stimulation must be practiced at least three times a day and also when needed, when anxiety, and when the perception of stress become more invasive.

The auricle has a triple innervation: vagal (ABVN), trigeminal (auriculo-temporal nerve), and spinal-cervical (C2-C3). There are two distinct auricular therapeutic systems that correspond to the innervation territories: vagal-trigeminal system and spino-cervical system.

They differ from each other in the neurobiological mechanisms that underlie the therapeutic action, stimulation mode, and search for points.

Therapeutic stimulation of the vagus-trigeminal system has several effects: the antidepressant and anxiolytic action, raises the vagal parasympathetic tone and reduces the sympathetic tone; modulates hyperarousal and chronic stress mechanisms; modulates the activity of the systems neo-vagal myelin (system of social relations) and paleo-vagal myelin (visceral system and stress response), as required by the theory Polyvagal of S. Porges.

Therapeutic stimulation of the vagus-trigeminal system occurs almost exclusively through the myelinated A-beta (Aβ) fibers.

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The stimulation of the mechanoreceptors and the pressure stimulation applied on the auricular points (diameter 1-2 mm) or on the auricular micro-areas (oblong in shape, with a significantly larger surface than that of the point) determines the activation of the A β fibers.

Manual self-massage with the index of specific auricular micro-areas is therefore capable of activating the A β fibers of the auriculo-vagal and auriculo-trigeminal pathways. According to the international scientific literature and the clinical experience of our study group, the pressure stimulation of the micro-areas: TF Shen Men A, TF Anxiolytic A, and TG Anxiolytic B has an anxiolytic action and is able to counteract the mechanisms of onset and maintenance of chronic stress [6-10]. By integrating the data of the international scientific literature with our clinical experience we have included the Bilateral Alternating Tactile Auricular Stimulation (ABLAST) in the protocol that arises from the integration of the Bilateral Alternating Stimulation Tactile (BLAST) with the auricular pressure stimulation technique, as we have found that this mode of application improves the anxiolytic action of therapy [6-10].

Our purpose in this letter is to make our small contribution to the management of this pandemic, perceiving that the problem is not only the physical health status of people and preventing the spread of the virus but also emotional and psychological status.



Fig. 1, pavilion corresponding

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