

DZA

Deutsche Zeitschrift für
Akupunktur

DZA

German Journal of Acupuncture & Related Techniques

Auricular Chromotherapy
Innovation

HMI Auricular Trauma
Protocol
Innovation

10 Jahre Stoßwellen-Akupunktur
Innovation revisited

Aku-Taping
Fortbildung

Pseudoradikuläre Lumboischialgie
Fallbericht zum Aku-Taping

Lasertherapie bei
kindlichem Autismus
Fallbericht

CAM-Konferenz Brüssel
Europäische Gesundheits-
tendenzen

Urologische
Erkrankungen
Diätetik und Kampo-Medizin

Endometriose
Expertenforum

Peer-Learning
statt E-Learning
Kommentar



EDITORIAL 4

ORIGINAL ARTICLES

J. M. HELMS, MD, S. A. WALKOWSKI, DO, M. ELKISS, DO,
D. PITTMAN, MD, N. S. KOUCHIS, MD, B. LAWRENCE, MD
**HMI Auricular Trauma Protocol: An Acupuncture Approach
for Trauma Spectrum Symptoms** 5

D. ASIS, A. YOSHIZUMI, F. LUZ
**Auricular Chromotherapy: a novel technique
in the treatment of psychological trauma** 9

H. EVERKE
10 years experience of acupuncture with shock waves 12

EDUCATION

H.U. HECKER, K. LIEBCHEN
**Acu-taping: an inventory of what has proved itself
in practice** 16

CASE REPORTS

K. LIEBCHEN, H.U. HECKER
A case of acu-taping: pseudoradicular lumboischialgia 18

C. LAZAR
**Laser acupuncture in the therapy of atypical autism
in early childhood** 20

JOURNAL CLUB

**Acupuncture point localization varies
among acupuncturists** 21

**Acupuncture for migraine prophylaxis:
a randomized controlled trial** 22

**Acupuncture for Chronic Pain: Individual Patient
Data Meta-analysis** 24

CLINICIAN'S CORNER

M. BIJAK • EXPERTEN: A. RÖMER, K. RUBI-KLEIN, F.X. WEHLE
Female patient with endometriosis 26

COMMENT

T. OTS
Peer-Learning, not E-Learning 30

NEWS AND ANALYSIS 31

UNIVERSITY NEWS 34

CAM – EUROPE, EU AND INTERNATIONAL

W. MARIĆ-OEHLER
CAM Conference and CAM Exhibition 35

D. IRNICH
**Awards of ICMART at the XV. World Congress
on Medical Acupuncture** 38

DIETETICS

U. SIEDENTOPP
Integrative nutrition in urological diseases 39

HERBAL THERAPY

U. EBERHARD
**The treatment of urologic diseases according
to Kampo medicine** 43

BOOK AND MEDIA REVIEWS

T. OTS
Carl-Hermann Hempen, Akupunkturkarte 47
Gudula Linck, Leib oder Körper 47
Gustav Dobos, Anna Paul (Hrsg.), Mind-Body-Medizin 48
Dominik Irnich, Den Rücken heilen 48

U. SIEDENTOPP
Inge Daberer, Walter Schmitz, Das Kräuter Kochbuch 49

CONGRESS REPORTS

**The 2nd Forum on Sino-European Cooperation and
Development of Traditional Chinese Medicine (TCM)** 50

NADA-Ohrakupunktur bei Traumatisierten 51


„Geburtshilfe im Dialog“ 52


Berufsverband der Ärzte für Naturheilverfahren gegründet! ... 54


MISCELLANEOUS


Calendar 55

ASSOCIATION REPORTS

 **Society News DÄGfA** 57

 **Society News DGfAN** 59

 **Society News ÖGA** 61

 **Society News ÖWÄA** 62

**PLEASE VISIT OUR HOMEPAGE: <http://journals.elsevier.de/dza>
username: akupunktur, password: dza**

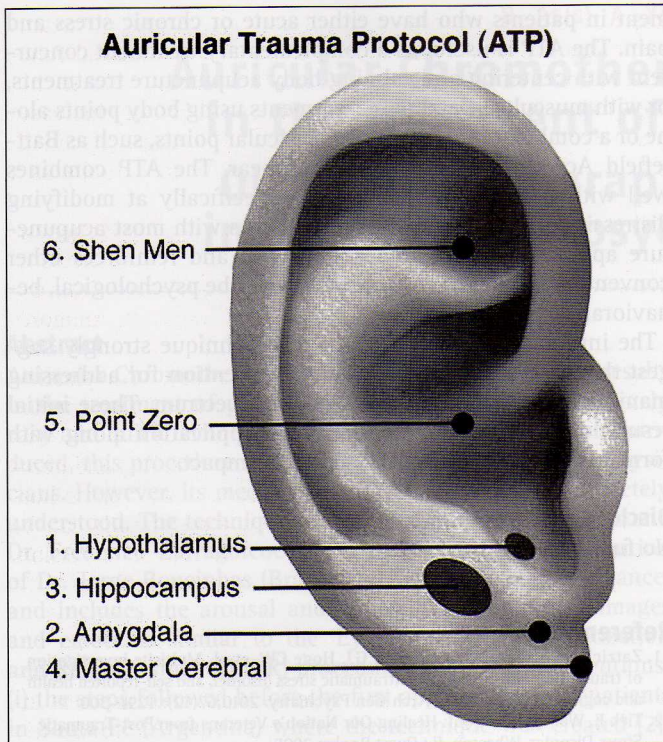


Fig. 1: Auricular Trauma Protocol points. Numbers indicate order in which the protocol is applied.

panying chronic pain, and pain itself. Master Cerebral is found on the anterior aspect of the lobe, where it is attached to the face. The reflex zones for the limbic system (memory, emotions, compulsive behavior) and prefrontal cortex (concentration, decision making, initiating action) are located in the Master Cerebral area. These reflex zones are on or near the Master Cerebral point.

- *Point Zero* – This and the next master point are the two strongest auricular points. Point Zero moves the mind, emotions, and body toward homeostatic balance. Point Zero is located in the center of the ear where the helix root transforms into the interconchal ridge, in a notch felt with the fingernail sliding posteriorly.
- *Shen Men* – This master point, called “spirit gate,” enlivens the psycho spiritual vitality of the patient. The point calms or activates Heart Fire – whichever is necessary – and is used to alleviate pain and anxiety, depression, insomnia, hypersensitivity to needles, and stressful states. *Shen Men* is located near the apex of the triangular fossa.

Results of three cases

Case Reports

This section covers 3 cases using ATP in clinical settings and includes two civilian patients and one ex-military patient. Following these cases are observational reports on using ATP at a base camp in an active war theater.

Case 1. A 58-year-old contractor inflicted flesh, nerve, and bone damage to his own left second and third fingers with a Skil Saw. He was using the tool while he was angry with a client for forcing him to do a task he thought was unnecessary.

He presented 2 weeks after extensive microsurgery, requesting acupuncture assistance for pain and circulation issues. While telling his story his voice cracked and eyes teared with the active and recalled emotion he felt concerning his carelessness in using the saw while he was so angry. He was treated with local acupuncture on the extremity, to which was added ATP with semi-permanent indwelling needles on the left ear. (Interestingly, the anatomical correspondence points for the forearm, hand, and digits were minimally reactive with the point detector, whereas all the ATP points were very reactive.) At follow-up 3 days later, he was pleased that his pain had almost completely disappeared, the color and texture of his digits had improved, and the swelling had resolved. His greatest surprise and joy came from feeling “like a great weight had been lifted” from his chest. He realized the day after the treatment that he was no longer angry with himself or his client, an anger he had carried since starting the unwanted task. He said he could now think about the incident in a calm and objective way. He reported sleeping better than since the injury, and that he was no longer irritable with his wife and work crew. These changes endured throughout the resolution of his healing.

Case 2. A 33-year-old Marine medically retired seven years ago for crush injuries to both wrists from landing on outstretched arms after being catapulted from an armored vehicle when it plunged into a crater created by an improvised explosive device (IED). In addition to the pain and restriction in movement from the damaged bones, metal plates, and surgical scars, he stated with a flat affect that his “give-a-shit meter” was at zero, that most days he just did not care about what happened next in his life. In addition to initiating local treatment on the damaged extremities at the first session, he was treated with ATP bilaterally using indwelling semi-permanent needles. At his follow-up interview the next day, he reported that he slept for 7 consecutive hours the night after the treatment, which was the longest sleep he had experienced since the injury. He also said that his meter had jumped to six or seven, and that he was looking forward to what the next 6 months would bring: “The sun has come out.” With weekly treatments, this patient’s mechanical problems progressively reduced, and the regular ATP treatments “kept the sun shining” in his psyche.

Case 3. A 48 year-old physician-patient who was struggling with a diagnosis of an intracranial tumor and the recommended surgery, which was, itself, potentially life-changing, wrote these insightful paragraphs following an hour-long unilateral ATP treatment with 30-mm disposable needles:

It's not that there is a denial of the tumor's existence, or the trauma of the surgery, or the negative feelings. It's more like a compartmentalization of the Self. I can't put this event in a box on the shelf and go on normally with the rest of my life. There is now a part of my mindscape that is OFF LIMITS. There is a big sign on the terrain that warns me about going there and the moment I even get near it, the anxiety starts. And so that is land I cannot explore for fear of reliving the event or having the same amount of gut wrenching suck that came with the initial diagnosis. So I am compartmentalized, not the event. It's free to be out there; I have just withheld myself from its domain. Which I don't like because it's my land and I can't hike there. Like something else has ownership over what I claimed before as my own.

The ATP changed that. That zone is still out there. I know it, but I can go there if I want. There's less anxiety about bumping up against it. There are still parts that I do not wish to see, but it has less power over me. And it happened without playing it back to me. I knew something was cooking while the needles were in place and after, but I couldn't say what. It's like the force field that I created to keep me out of that area was turned off. But more than that, because the need to have the force field there also went away.

I pushed myself to acknowledge the trauma during the ear treatment in order to see the effect it had on me. I had to feel the anxiety around the trauma initially so I could look at it after. I don't know if that is necessary for everyone, but I know it has helped me to assess the effectiveness of the treatment, which was dramatic and profoundly calming."

Observational Report. Navy providers at the Concussion Restoration Care Center in Afghanistan have used the ATP for symptomatic treatment of mTBI. Although formal studies are not concluded or evaluated at this writing, anecdotally, the current authors observed a decrease in headaches, a greater sense of calm and focus, and better sleep than prior to treatment in the postconcussion population.

Discussion

No isolated conventional or complementary approach is adequate for resolving the broad presentation of trauma spectrum. The HMI ATP presented here is not an exception. Trauma spectrum management is – and for some time will be – a work in progress. The authors propose, however, that the ATP can serve as an initial and ongoing treatment for all affected individuals. It is presented with a sound theoretical rationale for effectiveness, and its initial empirical evidence is encouraging.

In a military population, where physicians are likely to be working in urgent and time-constrained environments, the ATP can provide a safe and rapid intervention as an initial or ongoing treatment for the stress issues commonly seen as primary or comorbid symptoms. It can be used as an exclusive treatment or as an adjunct to acupuncture or medical interventions. The ATP is minimally invasive, has a low side-effect profile, and appears to be effective for addressing many conditions. Even in rapid-treatment circumstances, the ATP can be augmented and specified for the most important complaints by needling, for example, auricular points for anxiety, memory/concentration, insomnia, or depression. Furthermore, because many veteran service members have lifestyles that involve substance abuse, the combination of the ATP and the National Acupuncture Detoxification Association (NADA) protocol offers a potential for a broader spectrum response than either protocol alone.

Conclusions

Based on their clinical experience and reports from civilian and military physicians using the protocol, the authors conclude that the ATP can be used effectively as the sole initial treat-

ment in patients who have either acute or chronic stress and pain. The ATP is useful as a complementary treatment concurrent with centering and calming body acupuncture treatments, or with musculoskeletal pain treatments using body points alone or a combination of body and auricular points, such as Battelfield Acupuncture on the opposite ear. The ATP combines well with needle treatments aimed specifically at modifying distressing psychospiritual conditions. As with most acupuncture approaches, it combines well with and reinforces other conventional interventions, whether they be psychological, behavioral, or pharmaceutical.

The initial anecdotal reports of this technique strongly suggest that ATP is a safe and useful intervention for addressing many of the manifestations of trauma spectrum. These initial results encourage widespread clinical application along with formal evaluation of the ATP's clinical impact.

Disclosure statement

No financial conflict exists.

References

- Zatzick DF, Rivara FP, Jurkovich GJ, Hoge CW, et al. Multisite investigation of traumatic brain injuries, posttraumatic stress disorder, and self-reported health and cognitive impairments. *Arch Gen Psychiatry*. 2010;67(12): 1291–300
- Tick E. *War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder*. Wheaton, IL: Quest Books; 2005
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders – IV ed*. Arlington, VA: American Psychiatric Association; 1994
- Roman M. Treatment of post traumatic stress disorders: Part I. *Issues Ment Health Nurs*. 2010;31(4):302–3
- Johnson C, Shala M, Sejdijaj X, Odell R, Dabishevci K. Thought field therapy – soothing the bad moments of Kosovo. *J Clin Psychol*. 2001;57(10): 1237–40
- Holmes EA, Bourne C. Inducing and modulating intrusive emotional memories: A review of the trauma film paradigm. *Acta Psychol (Amst)*. 2008;127(3):553–66
- Krakow B, Kellner R, Neidhardt J, Pathak D, Lambert L. Imagery rehearsal treatment of chronic nightmares: With a thirty month follow-up. *J Behav Ther Exp Psychiatry*. 1993; 24(4):325–30
- Bisson J, Andrew M. Psychological treatment of post-traumatic stress disorder (PTSD). *Cochrane Database Syst Rev*. 2007;3:CD003388
- Ponniah K, Hollon SD. Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: A review. *Depress Anxiety*. 2009;26(12):1086–1109. doi: 10. 1002/da.20635
- Hollifield M, Sinclair-Lian N, Warner TD, Hammerschlag R. Acupuncture for posttraumatic stress disorder: A randomized controlled pilot trial. *J Nerv Ment Dis*. 2007;195(6):504–13
- Strauss JL, Coeytaux R, McDuffie J, Williams JW Jr, Nagi AMS, eds. *Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder*. Washington, DC: Department of Veterans Affairs; 2011
- Wendling P. Acupuncture Lessens PTSD, Depression, Pain in Veterans. Online document at: http://findarticles.com/p/articles/mi_hb4365/is_24_41/ai_n31182593/ Accessed September 3, 2011
- Obama BH. Remarks by the President on the Way Forward in Afghanistan. Office of the Press Secretary, The White House. Online document at: www.whitehouse.gov/the-press-office/2011/06/22/remarks-president-way-forward-afghanistan Accessed August 30, 2011
- Maciocia G. *The Foundations of Chinese Medicine*. St. Louis: Elsevier; 1989:132
- Oleson T. *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*, 3rd ed. New York: Churchill Livingstone; 2003
- Miller BL, Cummings JL, eds. *The Human Frontal Lobes: Functions and Disorders*, 2nd ed. New York: Guilford Press; 2007:540
- Andersen P, Morris R, Amaral D, Bliss T, O'Keefe J, eds. *The Hippocampus Book*. New York: Oxford University Press; 2007:751–8
- Whalen PJP, Phelps EAP, eds. *The Human Amygdala*, 1st ed. New York: Guilford Press; 2009

D. Asis¹, A. Yoshizumi², F. Luz³

Auricular Chromotherapy: a novel technique in the treatment of psychological trauma

Ohr-Chromotherapie: Eine neue Technik in der Therapie psychologischer Traumata

Abstract

Auricular Chromotherapy has been showing promising results in the treatment of psychological trauma. With its relatively easy and quick technical application and the good results produced, this procedure may be an indispensable tool for physicians. However, its mechanism of action is not yet completely understood. The technique was created by Dr. Daniel Asis and Dr. Frederico Zarragoicochea (Argentina), with contribution of Dr. Jorge Boucinhas (Brazil) and Dr. Rafaël Nogier (France) and includes the arousal and vanishing of traumatic images and emotions similar to the 'Eye Movement Desensitization and Reprocessing' (EMDR) procedure [1]. This work mentions: (i) the steps followed before the first application in 30 patients in Santa Fé (Argentina) where the technique was created [2]; (ii) the results of 50 cases (41 women, 9 men, aged 20 to 60) seen in São Paulo (Brazil) with a 92 % success rate; (iii) some possible lines of research for the future.

Keywords

Auriculotherapy, Auricular Chromotherapy, EMDR, PTSD

Zusammenfassung

Ohr-Chromotherapie zeigt in der Behandlung psychologischer Traumata vielversprechende Ergebnisse. Mit ihrem relativ einfachen und schnell erlernbaren Verfahren sowie ihren guten Ergebnissen könnte sie zu einem unverzichtbaren ärztlichen Instrument werden. Allerdings ist der Wirkmechanismus noch nicht komplett entschlüsselt. Diese Technik wurde von Dr. Daniel Asis und Dr. Frederico Zarragoicochea (Argentinien), mit Unterstützung von Dr. Jorge Boucinhas (Brasilien) und Dr. Rafaël Nogier (Frankreich), entwickelt. Sie fußt auf der Erregung und darauf folgenden Auslöschung von traumatischen Bildern und Emotionen, ähnlich dem „Eye Movement Desensitization and Reprocessing“ (EMDR). Dieser Artikel enthält (i) die Entwicklungsschritte dieser Technik vor ihrer ersten Anwendung bei 30 Patienten in Santa Fé (Argentinien) [2], (ii) das Ergebnis der Therapie von 50 Patienten (41 Frauen, 9 Männer, Alter von 20 bis 60 Jahren) in São Paulo (Brasilien) mit einer 92 %igen Erfolgsrate; (iii) einige Überlegungen zu weiterer Forschung.

Schlüsselwörter

Ohr-Akupunktur, Ohr-Chromotherapie, EMDR, PTSD

Introduction

In Post-Traumatic Stress Disorder (PTSD) [3], individuals develop a group of symptoms in the aftermath of a severe emotionally traumatic event, especially re-experience (e.g. flashbacks, which can occur spontaneously or in response to reminders of the traumatic event), avoidance (e.g. avoiding situations that remind the individual of the traumatic event) and hyperarousal (e.g. exaggerated startle response). It has been hypothesized that PTSD is characterized by exaggerated amygdala responsivity, abnormal activation and reduced hippocampus volume, hyporesponsivity of the rostral anterior cingulate cortex and initial evidence suggests that the dorsal anterior cingulate cortex may be hyperactive [4]. One important fact is that adverse events are extremely well remembered. Memory enhancement is evidently beneficial for survival, but it may become maladaptive and culminate in mental disease such as PTSD [5]. Researchers have found that although the memory recovered is not necessarily true in details, it is the trigger of the subsequent symptoms [6].

In Eye Movement Desensitization and Reprocessing (EMDR) therapy [7], patients are instructed to follow the therapist's finger with their eyes, moving them left and right while activating a disturbing memory, thus evoking emotions, body sensations and thoughts associated with it. This bilateral stimulation also may be done by tapping on the patient's knees and hands, or

using alternating sounds [8]. Recent studies have reported that 84 % to 100 % of single trauma victims no longer retain their posttraumatic stress disorder diagnosis after the equivalent of three 90-minute sessions [9].

The formulation of Auricular Chromotherapy in the treatment of psychological trauma technique is a combination of at least three different areas of knowledge: Psychological trauma, Auriculotherapy and Chromotherapy.

The steps of this procedure began after learning EMDR in 1997 followed by several years practice in Auriculotherapy. Applying these theories, it was seen that palpation of both lobes (the areas related to the Central Nervous System – CNS) in people with emotional trauma is painful, being more painful in the left ear when the incident was more than 6–8 months ago. After the session, when the trauma was processed, the intensity of pain in these areas decreased.

Chromotherapy is the treatment of several different pathologies using the interaction of specific electromagnetic wavelengths with biological systems. Light in the form of laser has been used in wide ranging medical applications. Furthermore, important properties of different radiant frequencies on the skin have been observed [10, 11]. Similarly, the manipulation of light using yellow filters has shown promising results in permanently improving magnocellular function of children's eyes. [12].

✉ Fabiola Luz, PhD.
Psychiatrist, Acupuncturist (CMAESP)

fabiluz@terra.com.br
São Paulo, Brazil. Phone: +55 11 30640241

1 Anaesthetist, Pain Management. danielasis@gigared.com. Santa Fe, Argentina. 54 342 4592894
2 General doctor, Acupuncturist (CMAESP) massaoy@terra.com.br São Paulo, Brazil. 55 11 982076000
3 Psychiatrist, Acupuncturist (CMAESP) fabiluz@terra.com.br São Paulo, Brazil. Phone: 55 11 30640241

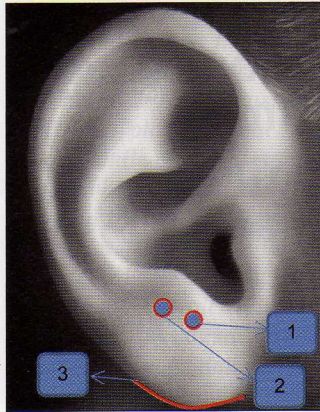


Fig. 1: Psychic areas in lobe:
 1. Amygdala,
 2. Hippocampus,
 3. psychological

At first, the effect of laser and yellow pen applied to hippocampus, amygdala [13], and 'psychological scars' areas (fig.1) [14] was studied in relation to the treatment of emotional trauma and EMDR. We asked the patient to invoke and retain the image of the trauma, while the most sensitive points detected by palpation (see below) were marked with a yellow fiber pen. The response was that the image disappeared completely after one minute and at the same time the unpleasant emotions connected to the image also decreased.

TABLE 1 Distribution of trauma reasons according to gender.

Cause of trauma	Men	Woman
Assault	2	3
Physical abuse – father	1	1
Son's death	2	
Mother's death	1	2
Husband's death		3
Brother's death		1
Father's death		5
Grandmother's death		1
Brother in prison		1
Car accident	1	1
Abortion		6
Parents fighting		3
Physical abuse – mother		1
Daughter's convulsion		1
Divorce		2
Husband's cheating		5
Sexual abuse	1	1
Father's disease		1
Poverty during childhood		1
Husband whipping her		1
Friend's psychotic outbreak		1
Saw Uncle in the coroner's office	1	

The first sample population was gathered in Santa Fé (Argentina) by Dr. Asis, where survivors of a great flood appeared with varying symptoms (e.g. chronic pain, anguish and sadness) many years after the disaster. Of more than 30 patients treated, all experienced that after one minute of therapy, the traumatic image disappeared completely while simultaneously the unpleasant emotions and emotional pain decreased significantly. Furthermore, a follow up survey a year later showed that 80 % of patients treated were unable to reproduce the image of trauma and the associated emotional pain.

Afterwards, with Dr. Frederico Zarragoicoechea, the following protocol was created:

1. Touch both lobes alternatively, first the edges and then the antitragus zone, applying gentle pressure using the thumbs and index fingers.
2. Continue the palpation and ask the patient which ear is more sensitive to pain. Generally if the trauma is older than 6 months, the left ear is more painful (the opposite is true for left-handed people).
3. Stop palpation and ask patient to close their eyes and try to remember the most terrible image of the trauma for at least one minute.
4. After that, the patient is asked to tell which emotion accompanies the image (e.g. anxiety, sadness) and describe the intensity of this emotional perturbation on a scale of 0 to 10, which is called the SUDS Scale (Subjective Units Stress).
5. The patient then tells which negative words or thoughts accompany the image, for example "I will never overcome his/her death" (Negative Cognition).
6. The patient is asked which body sensation is linked to the emotion (e.g. oppression in the chest).
7. The hippocampus, amygdala, scars areas of the most sensitive lobe (detected earlier) are then probed using a pressure probe for locating ear points set at 400 grams (e.g. Feeler pression – Sedatelec) or electronic differential detector to detect which areas are sensitive. To date an area or combination of areas more frequently reported as sensitive has not been found.
8. Next, these point(s) are colored with a yellow pen (2–3 points) and the patient is asked to maintain the traumatic image in their mind. Facial expressions, respiration and gestures are observed.
9. After 2 minutes the patient is asked to describe the image. Generally, the image will disappear.
10. Measure once again emotional perturbation using the SUDS scale, which should give a very low score (0–2).
11. The patient is then asked which word(s) or phrase(s) accompany the newly obscured image ("I can overcome his/her death", for example). Observe if any disturbing body sensation remains.

The second samples were collected in São Paulo (Brazil). Dr. Yoshizumi replicated the experiment in 50 patients: 41 women, 9 men, aged 20 to 60.

Materials and methods

All 50 patients were seen and filmed, using a PC camera, in Dr. Yoshizumi's office. The patients were seated in a chair in front of the camera. One pressure probe was used to probe for sensitive ear points, which were then marked with a yellow fiber pen. The sessions lasted about 30 minutes.



Fig. 2: Dr Asis marking a sensitive ear point

The social classes of the patients treated were indeterminate and all subjects had attended higher learning institutions. Only 40 % were Dr. Yoshizumi's previous patients.

Procedure

The 'Asis and Zarragoecoechea protocol' was applied.

Results

The distribution of trauma reasons/number according to gender is described in table 1.

Regarding the outcomes, 46 patients (92 %) reported that the traumatic image and emotional pain connected with it was erased completely or almost completely. 4 patients (8 %) reported no deleted image (1♀ traumatized by brother in prison, 1♀ suffering after the abortion, 1♀ traumatized by fighting with her husband, 1♂ traumatized by a car accident). All of the patients with a failure response were said to have felt a little bit better after treatment. In short, this is 92 % positive response.



Fig. 3 a-d: Probing for sensitive ear points with a pressure probe

Discussion

Despite these encouraging results we must take into account some points when replicating this experiment in the future, specifically that the small sampling size and the homogeneity of the cultural class could have distorted the positive results. Another point to consider is the high percentage of women present in the sampling; this could show greater female vulnerability in suffering trauma, which would be a special issue to explore at another time. A final thing to note is the necessity of follow ups to check the longevity and positive effects of the treatment.

Conclusion

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

Literature

1. Shapiro F, Forrest MS. EMDR (Eye Movement Desensitization & Reprocessing). New York: Basic Books, 2004
2. Asis D et al. Cromo-Psicoterapias - cromoterapia auricular, Cromo-TIC, Anteojos Cromoterapeuticos. Santa Fe. Argentina: Ediciones Lux, 2009
3. DSM-IV. Transtorno de Estresse Pós-Traumático. Porto Alegre. São Paulo, Brazil: Editora Artes Médicas, 1995
4. Shin LM, Handwerker K. Is Posttraumatic Stress Disorder A Stress-Induced Fear Circuitry Disorder. Journal of Traumatic Stress, 2009;22,5:409-415
5. Henckens MJAG et al. Stressed Memories: How Acute Stress Affects Memory Formation in Humans. The Journal of Neuroscience. 2009;29,32:10111-10119
6. Levine PA. O Despertar do Tigre - Curando o Trauma. São Paulo: Summus Editorial, 1999
7. Solomon RM, Shapiro F. EMDR and the adaptative Information Processing Model - Potencial Mechanisms of Change. Journal of EMDR Practice and Research, 2008;2,4
8. Lu DP. Using alternating bilateral stimulation of eye movement desensitization for treatment of fearful patients. General Dentistry, 2010, May/June. www.agd.org
9. Shapiro F. Eye Movement Desensitization and Reprocessing (EMDR) and the Anxiety Disorders: Clinical and Research Implications of an Integrated Psychotherapy Treatment. Journal of Anxiety Disorders, 1999;13,1-2:35-67
10. Van Wijk R, Ackerman JM, Van Wijk E et al. Effects of a Color Filter Used in Auriculomedicine on Ultraweak Photon Emission of the Human Body. The Journal of Alternative and Complementary Medicine. 2006;12,10:955-962
11. Popp FA, Chang JJ, Herzog A et al. Evidence of non-classical (squeezed) light in biological systems. Physics Letters A 2002; 293:98-102
12. Ray NJ, Fowler S, Stein JF. Yellow Filters Can Improve Magnocellular Function: Motion Sensitivity, Convergence, Accomodation, and Reading, 2005
13. Oleson TD. Auriculotherapy Manual. Health Care Alternatives. Los Angeles, Calif.: Health Care Alternatives, 1990:102-103
14. Nogiér R. Introduction Pratique a L'Auriculomédecine - la Photoperception Cutanée. Ed Haug International, 1993:11