





This is a great protocol to use on patients who have depression/PTSD / ADHD and anxiety too.




You can use either Gold ASP needles (for 2 to 4 days) or Pyonex needles. The Pyonex needles can stay in the ear for about the same amount of time before they fall out or need to be replaced.



The following 4 points should be needled bilaterally, and you can needle the point or use electrostimulation on them. You can use both electro-stim and needles too in the same treatment.



Start off by using the correct Hz on each point then follow up by needling the points.



In some cases, the points may have a discolored spot over the point (as you can see in the last page of this protocol.) My patient has an active valium point.

Points used to Treat



Tranquility zone also known as the Valium point



Basal ganglia also known as Shenmen

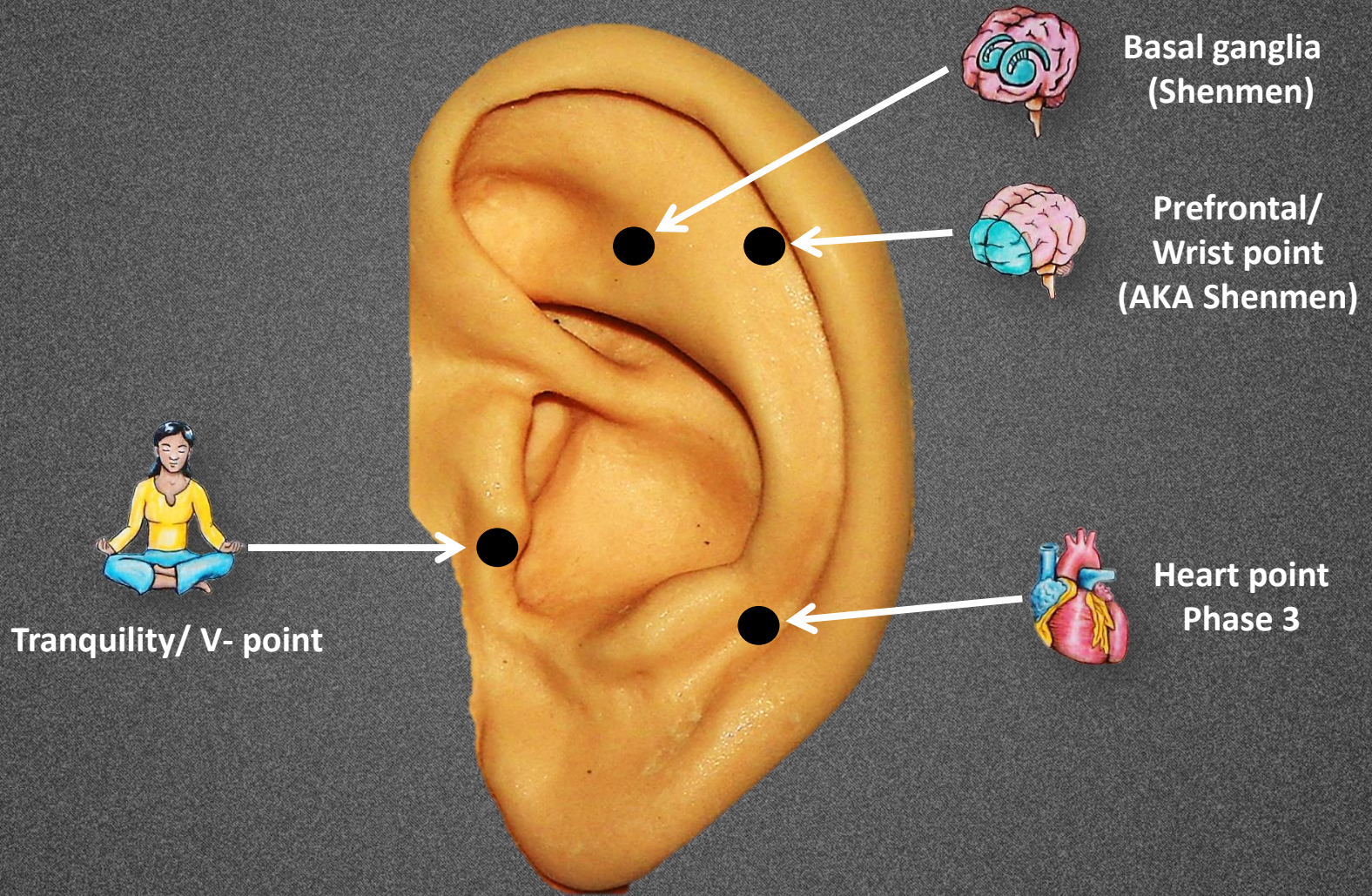


Prefrontal also known as the wrist point

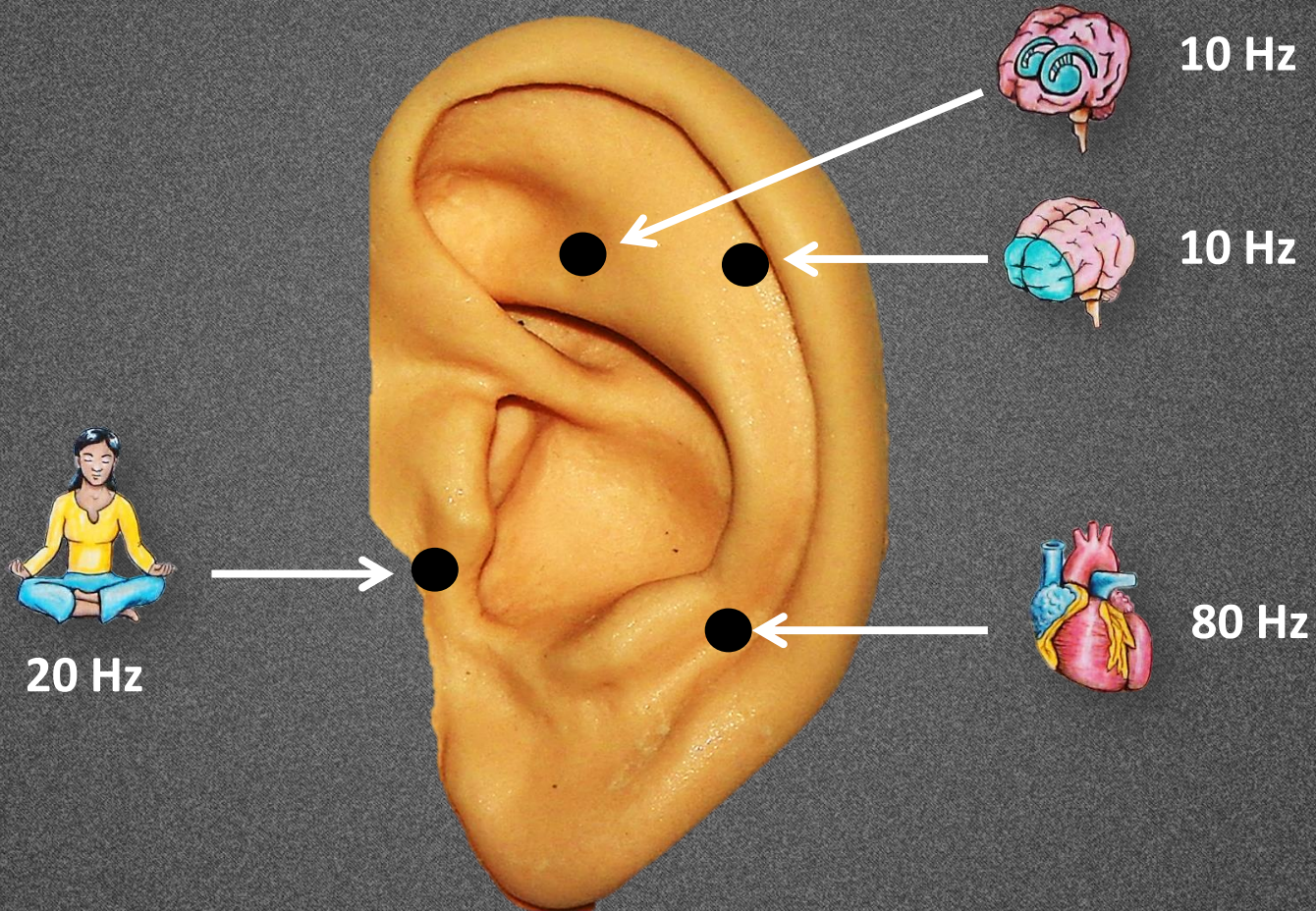


Heart point Nogier Phase 3 (chronic)

Points and there Locations



Treat All Points for 30 Seconds with the Following Frequencies



Red Spot on the Valium Point



Prefrontal cortex

The Broca's Area is one of the crucial brain centers for language functions. In 90% of the population the left hemisphere of the brain contains all the vital centers for language functions. In the remaining 10% the centers are either found on the right hemisphere or were found on both hemispheres. It is now recognized that 70% of the left-handed individuals do not have by natural hemisphere language control. In 1972, J. Brown showed that Broca aphasia (speech difficulty) is associated with frontal brain damage. The frontal brain is involved in spontaneity, initiation, judgment and regulating the various aspects of sexual and social behavior as well as understanding the behavior of others. The frontal brain is also essential for the ability to solve complex problems, for planning ahead for various tasks and for aptitude to sequence task towards a certain goal.

Clinical implications

Various behavior problems including attention deficit disorder (ADD) attention deficit and hyperactivity disorder (ADHD), Shuttering, Obsessive compulsive disorder (OCD) sleep Disorders and various learning disabilities are known to develop as a result of frontal lobe dysfunction. Frontal brain dysfunction may also be involved in the development of certain pathological conditions including reactive and endogenous depression, Bipolar disorder, Tourette's disorder and anxiety disorders. Most of these cases will require treatment of the of the Prefrontal cortex in phase 2 do too stubborn pathology

Clinical implications

The Pons and Midbrain is involved with many functions including the regulation of heart rate, swallowing and startle response and sleep. It is also involved in the maintenance of balance, control of sweating, digestion, temperature regulation and stabilization of blood pressure. The pons/midbrain is also involved in affecting the level of alertness. The pons contains the 5th and 7th cranial nerves. The mesencephalon (Mid brain) houses the nuclei of the 3rd, 4th and 6th cranial nerves.

Dysfunction of the pons/mid brain may result in a variety of medical problems including insomnia, sleep apnea, vertigo, dysplasia, and uncoordinated movements. Most of these medical conditions require treatment at the projection site at the pons/mid brain, mostly in phases 1 and 3.

Basal ganglia disorders can lead to a variety of medical conditions including ADHD, Huntington's disease, cerebral palsy, OCD, Parkinson's disease, Tourette, stuttering, spasmodic dysphonia and Wilson's disease. Tardive dyskinesia (A Drug-Induced Movement Disorder) is a sequela of damage to the basal ganglia caused by chronic intake of antipsychotic drugs. More aggressive pathology will require addressing these conditions in phase 2.