Knee Joint

Location:

• In the deepest point of the triangular fossa; it is therefore easy to find.

The Knee Joint Point may be used for guidance in finding the Thigh and Leg Zones.

Ankle Joint

Location:

• On a line drawn through Hip Joint Point and Knee Joint Point, in superior direction.
• Partly hidden by the rim of the ascending helix.

To find this point on the rubber ear, insert the needle at the superior end of the lower limb axis, close to the rim of the ascending helix and perpendicularly to the scapha.
Fig. 2.25  Knee joint

Fig. 2.26  Ankle joint

*aus: Strittmatter, Earupuncture (ISBN 9783131319623) 2011 Georg Thieme Verlag KG*
Accessory Nerve (CN XI)

Location:
• On the back of the ear in the Medulla Oblongata Zone.

Indications:
• Myogenic torticollis, wryneck, dystonia.

Note: Cranial nerve XI is a pure motor nerve that supplies the sternocleidomastoid muscle and the trapezius muscle.

Hypoglossal Nerve (CN XII)

Location:
• On the back of the ear in the Medulla Oblongata Zone. Remarkably, this location is slightly caudal to Point CN XI. However, this is understandable when considering the anatomical site of the nerve's origin.

Indications:
• Isolated cases of paralysis of the tongue.

Note: Cranial nerve XII is a pure somatomotor nerve for the tongue muscles.
Fig. 5.31  Accessory nerve

Fig. 5.32  Hypoglossal nerve
Coxarthrosis (Osteoarthritis of the Hip Joint)

Even in cases of advanced coxarthrosis, soothing of the symptoms can be achieved with auriculotherapy, and the ability to walk can be maintained for a long time in older persons (especially when surgery is no longer possible).

Differential diagnosis: pain on palpation in the inguinal region. Athletes (especially soccer players) frequently suffer from a sudden onset of insertion tendinopathy of the adductor muscle at the inferior ramus of pubis. Here, a permanent needle in the corresponding ear zone (close to the Hip Joint Point) is often sufficient.

Therapy:
- Symptom points: Hip Joint Point as Gold Point on the ear of the affected side, and the corresponding motor point as Silver Point on the back of the ear (forceps method, because of myogelosis of the adductor muscles).
- Analgesic point: Point LI-4 as Gold Point on the right ear (synonym: Thalamus Point).
- Antirheumatic and anti-inflammatory points: Interferon Point as Gold Point on the left ear; PGE1 Point as Gold Point on the right ear; Thymus Gland Point as Gold Point on the left ear.

<table>
<thead>
<tr>
<th>Acupuncture Point</th>
<th>Page</th>
<th>Dominant Ear</th>
<th>Non-dominant Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom point: Hip joint</td>
<td>33</td>
<td>○ or</td>
<td>○</td>
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<tr>
<td>Retro hip joint</td>
<td>33</td>
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<tr>
<td>Pain Memory Point of the hip (on the painful side)</td>
<td>241</td>
<td>● or</td>
<td>●</td>
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<td>LI-4 (thalamus)</td>
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<tr>
<td>Interferon Point</td>
<td>209</td>
<td></td>
<td>○</td>
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<tr>
<td>PGE1 Point</td>
<td>261</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>Thymus gland</td>
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</tbody>
</table>
Knee Joint Problems

All diseases of the knee joint (gonarthrosis, meniscopathy, chondropathy of the patella) require the same therapy: symptom points as well as anti-inflammatory, antirheumatic, and analgesic points.

**Therapy:**
- **Symptom point:** Knee Joint Point as Gold Point on the ear of the affected side (may require several needles next to each other).
- **Anti-inflammatory point:** Interferon Point as Gold Point on the left ear.
- **Antirheumatic points:**
  - PGE1 Point as Gold Point on the right ear;
  - Thymus Gland Point as Gold Point on the left ear.
- **Analgesic point:** Point LI-4 as Gold Point on the right ear (synonym: Thalamus Point).

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</table>

Pain underneath the patella (chondropathy of patella) is especially difficult to treat with conventional methods. Auriculotherapy is usually successful within a few sessions and may bring about complete freedom from symptoms (same therapy as for gonarthrosis, see above).

Concomitant exercise of the quadriceps muscle is essential because instability in the knee joint may produce pain.

It is essential to clarify whether “pain in the knee” is not just a simple irritation of the pes anserinus. (Irritation of the muscle insertion of the adductor muscle of the thigh at the medial superior tibial ridge is interpreted by the patient as pain in the knee.) A thin steel needle placed directly in the muscle...