

Harmony Medical

Information Sheet: Taking the Nogier pulse

According to Dr Paul Nogier Works

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Taking the Nogier pulse

Through his research in the 1960s-1970s, Doctor NOGIER demonstrated the physical particularity of the radial pulse, when he used different stimuli on his patients' ears. A sensation of an increased vibration, amplitude, and strength, called RAC, then VAS or Nogier Reflex, this phenomenon that is sought and felt by all auricular practitioners has not been clearly technically documented to date, as it is so slight.

This sensation translates the integration by the CNS of the information received by the skin from a specific stimulus. It is therefore not a reflex in the traditional sense (medullar), as the upper centres are mobilised. Nonetheless it remains an epiphenomenon, a subconscious vascular response to external stimulation, without practical consequence for the organism. Mechanical stimulation of the skin (by simple contact or applied pressure) leads to the creation of a VAS. But other stimulations, in particular colours, magnetic fields, sound frequencies, laser beams, filters etc. also trigger this reflex, the response correlating to the stimulus. Cutaneous photoperception and VAS are intimately connected. The VAS is the capture and reading, by the practitioner, of the reaction of micro-information to the stimulations selected, that give information on the condition of his patient and the capacities of his organism -and in particular of his CNS-to react.

Finding the VAS demands practice and experience. There is considerable training and a number of publications on the approach, but nothing replaces diligent personal research into this original sensation, which is impossible without highly developed sensitivity in taking pulse.

Traditionally, the patient lies in decubitus on a bed, the left arm behind to present his wrist with a Slight hyperextension, fist closed, as relaxed as possible, in calm and moderately lit surroundings. The practitioner, sitting to the rear, takes the left radial pulse with his left hand. To do this, he takes the patient's left hand in his so he can keep it still during the examination, and so the thumb can slide along the hand-elbow axis at the level of the radial groove. Gently applying enough pressure to feel the normal pulse, by pressing the pulp of his slightly crooked thumb on the radial artery at the hollow formed by the styloid process, on the artery media, the practitioner validates the position of the thumb. To do this, he stimulates the forearm (healthy area) by applying white light briefly (on the order of 6 to 8 seconds) increasing then decreasing, (healthy zone), and should feel a "stronger" beating, with one or more pulses in succession. The cardiac rhythm is not involved. The successive sensations are a VAS+, a progressive return to normal then a VAS+++ ("the pearl") when the light is turned off. This is called "the two hump curve", indicating the correct position of the thumb.

When the VAS phenomenon is "tamed" by the practitioner, he can use this information to question the central system. As the response is binary (VAS+ or VAS absent), the stimuli should be varied and specific to the information desired. The type of stimuli used can be varied, and some stimuli can even be a combination such as colour filters and frequencies.

The body's reaction or lack of reaction help the practitioner to make his diagnosis. then He determines the positive or negative information, allergies or intoxications, in order to decide and apply the useful frequency information in treatment so the organism reacts and reduces or removes the origin of the dysfunction troubling the patient.

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