The Power of the Omega Points and Their Direct and Reciprocal Meanings: A Clinical Monocentric Prospective Study of 250 Cases

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ABSTRACT

Objective: Three Omega points on the human auricle were first described by Paul Nogier, MD, of France. Each Omega point theoretically represents a different embryologic tissue layer, with a correspondence to specific physical body attributes and certain emotional developments. Maurice Verdun, MD, and René J. Bourdiol, MD, developed the use of distinguishable anthropobiometric parameters and specific psychologic tests to classify a large clinical population into 4 categories that have both somatic and emotional features. The categories were: (1) *normosome* (normal); (2) *leptosome* (willowy); (3) *pycnosome* (rotund); and (4) *athletosome* (athletic). Dr. Bourdiol hypothesized that these biopsychomorphotypologic variations resulted from subtle overexpression of one of the three embryologic tissues during embryological development. Dr. Nogier and David Alimi, MD, both theorized that the three embryologic tissue layers are represented on the external ear by the 3 different Omega points: (1) *Omega*; (2) *Omega 1*; and (3) *Omega 2*. The expression of these points can be found by their electrodermal potentials. The aim of this survey was to find a unifying method to determine if all the clinical assessments observed from varied disciplines and different researchers could lead to a consistent theoretical perspective on the embryologic basis for auriculotherapy.

Materials and Methods: The electrodermal potential of the 3 auricular Omega points were measured on 250 patients who requested auriculotherapy since the beginning of this survey, which began in February 2010. The patients were classified as normosome, pycnosome, leptosome, atletosome, athleto–leptosome, athleto–pycnosome, and dysmorphic. Electrodermal measurements of the Omega points on individual patients were compared to the phenotypical expression related to the theoretical expression of the embryologic tissues.

Results: There was a prominent concordance between overexpression of an Omega point and the morphotype of an individual patient in 90% of the cases. In particular, there was a concordance between overexpression of an Omega point and the psychoemotional type in 92.4% of the cases.

Conclusions: The clinical assessments of Drs. Verdun, Bourdiol, Nogier, and Alimi were supported by the electrophysiologic measurements of auricular reflex points. The original hypothesis of Dr. Bourdiol regarding anthropobiometric qualities was in concordance with the data obtained in this research. The Omega points have not only fundamental correspondences related to anatomical and physiologic embryogenesis but also are connected to a more-abstract significance related to a person's higher-order cognitive and emotional development.

Keywords: auriculotherapy, auricular acupuncture, Omega points, bipolar disorder, psychopathy, schizophrenia

INTRODUCTION

SOMATIC BODY TYPES and psychologic personality types have often seemed to have specific relationships; however, scientific studies illustrating these links have been lacking. The scientific literature evaluated in the present study suggests that there is a group of certain observations that leads to a set of theories proposed by Maurice Verdun, MD, René J. Bourdiol, MD, Paul Nogier, MD, and David Alimi, MD.

In clinical studies by Drs. Verdun^{1,2} and Bourdiol,³ anthropobiometric data were collected on specific measurements performed on clinic patients from 1954 to 1970 in the Anthropobiometric Laboratory at the Pitié-Salpêtrière Hospital in Paris, France. More than 1000 pediatric patients, from infants up 9 years old, were evaluated according to Dr. Verdun's and Dr. Bourdiol's procedures. A particular assessment paradigm⁴ was applied because it enabled proficiency in quantifying 214 morphologic and biologic parameters. In addition, these subjects were evaluated regarding their psychologic features. The researchers used the data that were generated to define biopsychomorphotypes, with each one identified according to the criteria established by Dr. Bourdiol for the relationships of certain somatic qualities of the three embryologic tissues and specific features related to psychologic development.

Dr. Bourdiol had hypothesized that each of the biopsychomorphotypologic variations was the result of a slight overexpression of one of the three embryologic tissues during human development.^{5,6} The distinctions among these three stages could be noted in a patient's face. The specific indicators were the following: (1) The upper facial region was the distance from the boundary of the hair root to the nasion (the middle of the frontonasal suture). (2) Such individuals were often bald in adulthood. (3) The middle facial region was the distance from the nasion to the lower nasal angle. (4) The lower facial region was the distance from the lower nasal angle to the chin.

Details on the four anthropobiometric types that were developed by Bourdiol, based on the three body morphologies (Fig. 1), are described in the following sections; another section describes possible combinations of these types, forming a fifth type.

Normosome

The *normosome* (from the Latin words *normo* = standard and *soma* = body) morphotype results from a harmonious development of the ectoderm, endoderm, and mesoderm. This is an individual who shows the specific features of his or her age, gender, and race fully developed. The three regions of the face have the same width. The normosome's psychoemotional behavior is typically conventional. Child diseases are normal without any complications. The per-

FIG. 1. The three somatotypes. From Bourdiol RJ. *Foot and Static* [in French]. Moulins-lès Metz: Maisonneuve; 1980; reference 5. Used with the kind permission of Françoise Bourdiol.

son's career is normal, and his or her social behavior is normal. In one word, this is a person without any surprises and, once launched in life, has a normal trajectory. The statistical distribution of the normosome type represents ~66% of the population.

Pycnosome

The *pycnosome* type has a constitution that is the result of overexpression of the endoderm; there is a predominance of parasympathetic regulation of the visceral organ system. As a baby, such an individual may look like the classical "Gerber® baby," bringing great happiness and joy to the mother. The child has a delightful appetite and good digestion, and always seems to be smiling.

As a teenager, a pycnosome type is often grinning, is often a joker, and is often the life of the party, but sometimes is a heckler.

As an adult, this type tends to be a *bon vivant* who likes gastronomy; however, metabolic diseases might develop in this person. Pycnosome types are often overweight due to a lack of physical activity related to inhibition of the mesoderm; the consequence of this inactivity could lead to arthritic diseases. These people are rotund, round-bellied,

and have early balding (due to inhibition of the ectoderm). Their upper facial region is broader than the two others (with a lack of hair and a large forehead) and the jaw width is more prominent. Psychoemotionally, pycnosome types depend too much on their trophotropic anterior hypothalamus. The emotional characteristic feature of pycnosomes is that they tend to oscillate: They can have happy anabolic periods that alternate with sudden catabolic periods where there is too much activity. Gradually, pycnosomes might tend to settle into either cyclothymia or full-blown bipolar disorder. For the most part, they tend to be cheerful and extroverted.

Leptosome

A *leptosome* type has a constitution that is the result of overexpression of the ectoderm and inhibition of the two other embryologic layers of tissue. The predominance of the ectodermal tissue leads to emphasis of the developments of the nervous system, skin, and hair. The middle region of the face is widely developed, and the chin is very small and retracted. As infants, what can be striking about leptosome types is that they appear somewhat ugly and furry, with a plentiful supply of hair. The lanugo (the hair of the fetus and newborn baby) is particularly well-developed. The child often sucks heartily from the mother's breast and screams quite often.

A leptosome type might grow to be tough but is often skinny and sickly looking, and might be bullied by school classmates.

An adult leptosome type tends to be serious, silent, lonely, and introverted. Digestive disorders are in the foreground. The person can have an oversensitive temperament, leading him or her to feel dissatisfied with all matters, readily whining or acting haughty and disdainful. Because of the hypogenesis of the two other embryologic tissues and a lack in management of their somatic symptoms, leptomes' thoughts frequently may dwell on the same ideas. As they get older, these types might become more and more isolated from the outside of the world and "lock themselves away" from other people.

Athletosome

The constitution of the *athletosome* type is related to overexpression of the mesodermal tissue, from which the skeleton, cartilage, ligaments, muscles, circulatory system, and heart are derived. This individual tends to be athletic, muscled, and strong, and could look like a well-trained body builder. The medium facial region is narrow due to the splanchno-cranium (*splanchno*=prefix meaning *visceral*) development, which is not mesodermal and, therefore, mesodermal development is inhibited. The nose appears small, protruding between the frontal bossing, above a carnivorous jaw. Physically, this individual can be strong, dynamic, and resistant. This person's intellectual

skills might be rather limited. The primary personality characteristic of this type can be impulsive, aggressive, and dominating.⁷ The person may swing from exclusive and jealous tenderness to furious and violent hatred. The master psychologic symptom is susceptibility. There is no athletosomic child; this character usually appears after puberty and arises in connection with testosterone secretions.

Mixed Type

These morphotypes are not unambiguous; there can be mosaics of one specific type and an undertone of another type. The present author posits that there is a fifth type: a *dys-morphic* type who corresponds to the types that cannot be categorized with one feature belonging to the leptosome type, another one to the athletosome type, etc. This fifth type has to be considered when one sees the psychologic behavior of a leptosome, for example, in a different general type. Or, one can find *athleto-normosomes*, *athleto-pycnosomes*, and *athleto-leptosomes*.

The Omega Points

Dr. Nogier first described the Omega points in a two-part article in the *Auriculo-Medecine Journal* in 1976.^{8,9} There are three Omega points (Fig. 2) on each auricle; those of the right auricle are connected with the left brain and those of

FIG. 2. Image of the location of the three Omega points on the auricle.

the left auricle are connected with the right brain. Each Omega point bears dual information: the first one is connected with the dominant hemisphere and the second one is connected with the nondominant hemisphere. The first Omega point, *Omega*, represents the psychologic personality and its fulfillment in the intellectual field (ectoderm). This point is located on the earlobe next to the jaw. The second Omega point, Omega “prime,” currently called *Omega 1*, represents the visceral personality and its fulfillment in the nutritional field (endoderm). This point is located on the superior concha of the auricle. The third Omega point, Omega “second,” currently called *Omega 2*, represents the active and sexual dimension of the personality and its fulfillment in the domination field. This point is located on the ascending helix rim that surrounds the auricle. The three Omega points are in a line; and this line passes through the Agressivity point at the junction of the intertragic notch and the earlobe. Any action concerning one’s personality, and therefore involving an Omega point, might affect the nervous condition of a patient.

The classically defined Omega Points on the auricle are the Master points of the three embryologic tissues. Dr. Alimi¹⁰ and a colleague described the location of the Omega points according to a new nomenclature that they

developed.¹¹ In their auricular-zone system, the Omega points are identified according to a certain nomenclature: Omega is found at C18, Omega 1 is found at H8, and Omega 2 is found at A4 (Fig. 3).

Omega represents the anterior neuropore on the auricle and all its potentialities, more specifically, the neurectoderm from which the nervous system and the skin are derived. Omega is the Master point of the ectoderm. Omega 1 represents the vitelline vesicle and all its potentialities on the auricle, more specifically, the endoderm from which the visceral system is derived. Omega 1 is the Master point of the endoderm. Omega 2 represents the posterior neuropore on the auricle and its potentialities, more specifically, the mesoderm from which the musculoskeletal system and vascular systems are derived. Omega 2 is the Master point of the mesoderm. Each Omega point reveals two kinds of information that come simultaneously from the right and the left brain—the physical potentialities of the corresponding embryologic tissue and the psychologic and emotional potentialities of that corresponding embryologic tissue.

To summarize:

- *Omega* represents the physical aspect, elements derived from the ectoderm (the nervous system and skin);

FIG. 3. Locations of the Omega points according to the nomenclature developed by David Alimi. MD. Image © David Alimi, MD, INPI, October 2010. Used with the kind permission of Dr. Alimi.

this point's psychologic and emotional features include intellectual fulfillment but also tendencies toward envy, anxiety, depression, mania, and hypochondria.

- *Omega 1* represents the physical aspect, elements derived from the endoderm (the visceral, anabolic, and trophical systems); this point's emotional aspects include tendencies toward cupidity, greed, gluttony, and weight and body-schema disorders.
- *Omega 2* represents the physical aspect, elements derived from the mesoderm (the musculoskeletal and vascular systems); this point's psychologic and emotional aspects include the ability to communicate with others, tendencies toward domination, fulfillment of sexual impulses and ambitions, and inability to support contradictions or remain with the same spouse.

Actually, there is a pathogenesis of each Omega point; following the penetration of each Omega point there could be a mosaic of tendencies. Every individual has to constantly repress the negative aspects of the Omega points that represent three fundamental negative instincts: (1) to attack; (2) to rape; and (3) to crush one's neighbor; fortunately, most human beings have cerebral cortices that can counteract these tendencies.

MATERIALS AND METHODS

If all preceding proposals were true, differences in expression of Omega points on the auricle would be seen. This expression could be estimated by measuring their electrodermal potentials. Thus, the electrodermal potentials of the Omega points were measured for the first 250 patients who had auriculotherapy since the beginning of February 2010. The electrodermal responses to stimuli were measured for all 250 cases. Initially, the patients were classified into normosome, pycnosome, leptosome, athletosome, athleto-leptosome, or athleto-pycnosome types according to the following steps:

- (1) Global expression of morphotypology was noted according to Dr. Verdun's and Dr. Bourdiol's criteria.
- (2) The width of the three facial regions were measured with Dr. Verdun's sophisticated device, wherein a caliper gauge was used. The measurements obtained were not according to vertical projections, but were according to real measurements of the head.
- (3) Psychoemotional aspects were based on the behaviors and antecedent experiences of the patients.
- (4) The electrodermal potentials of the right and the left Zero points were measured, and these values were used as references to estimate the levels of the Omega points.

- (5) Omega 1, Omega, and Omega 2 points' electrodermal potentials were measured, in that precise order. These values were compared to the levels of each Point Zero and recorded as positive if they were lower than the Zero potential or negative if they were higher than the Zero potential. The electrodermal potentials of these points were estimated by measuring the drop of the electrical impedance of the points according to Ohm's Law.
- (6) A Pointoselect Digital instrument (schwa-medico, France) was utilized for all measurements. The value of the impedance could be estimated by using a bar graph calibrated in a linear way to 16 levels, with level 16 indicating the highest impedance and level 1 indicating the lowest impedance and with values in increments of 6.25% ($1 \div 16 = 0.0625$).
- (7) To avoid static electrical interference, the patients were connected to earth and the experimenter wore latex gloves.

Tables 1–5 show examples of measurements taken for each biopsychomorphotype.

RESULTS

Table 6 shows the results found in the 250 patients. Column 1 shows the different biopsychomorphotypes among the 250 cases in the study, while column 2 displays

TABLE 1. NORMOSOME: SAME EXPRESSIONS OF THE THREE OMEGAS

<i>Variables</i>	<i>Data</i>	<i>Omega</i>
Case #, first & last initials, & date of birth	# 22, R– P–, 12-6-1961	
Width of the frontal stage in cm	5.7	
Width of the nasal stage in cm	6.3	
Width of the chin stage in cm	6.2	
Morphotypologic aspect	Normosome	
Psychoemotional type	Normal	
Right ear Point Zero	5	
Left ear Point Zero	5	
Right ear Omega 1	4	
Difference Zero Omega 1	+1	+1
Right ear Omega	4	
Difference Zero Omega	+1	+1
Right ear Omega 2	4	
Difference Zero Omega 2	+1	+1
Left ear Omega 1	5	
Difference Zero Omega 1	0	0
Left ear Omega	5	
Difference Zero Omega	0	0
Left ear Omega 2	5	
Difference Zero Omega 2	0	0

TABLE 2. PYCNOSOME: EXPRESSION OF THE THREE OMEGAS^a

<i>Variables</i>	<i>Data</i>	<i>Omega</i>
Case #, first & last initials, & date of birth	#245, P- E-, 4-05-1962	
Width of the frontal stage in cm	7.3	
Width of the nasal stage in cm	5.5	
Width of the chin stage in cm	6.7	
Morphotypologic aspect	Pycnosome	
Psychoemotional type	Bipolar disorder	
Right ear Point Zero	4	
Left ear Point Zero	4	
Right ear Omega 1	2	
Difference Zero Omega 1	-2	-2
Right ear Omega	5	
Difference Zero Omega	-1	-1
Right ear Omega 2	4	
Difference Zero Omega 2	0	0
Left ear Omega 1	3	
Difference Zero Omega 1	+1	+1
Left ear Omega	5	
Difference Zero Omega	-1	-1
Left ear Omega 2	3	
Difference Zero Omega 2	+1	+1

^aThis case is a pycnosome; high overexpression of Omega 1 on the right auricle, compared to Omega (+18.75%); and high expression of omega 1 on the left auricle, compared to Omega (+12.5%).

TABLE 4. ATHLETOSOME: EXPRESSIONS OF THE THREE OMEGAS^a

<i>Variables</i>	<i>Data</i>	<i>Omega</i>
Case #, first & last initials, & date of birth	# 252, R- T-, 12-28-1970	
Width of the frontal stage in cm	6.3	
Width of the nasal stage in cm	5.9	
Width of chin stage in cm	7.2	
Morphotypologic aspect	Athletosome	
Psychoemotional type	Temper tantrums	
Right ear Point Zero	4	
Left ear Point Zero	5	
Right ear Omega 1	4	
Difference Zero Omega 1	0	0
Right ear Omega	6	
Difference Zero Omega	-2	-2
Right ear Omega 2	3	
Difference Zero Omega 2	+1	+1
Left ear Omega 1	6	
Difference Zero Omega 1	-1	-1
Left ear Omega	5	
Difference Zero Omega	0	0
Left ear Omega 2	3	
Difference Zero Omega 2	+2	+2

^aThis case is a typical athletosome; important overexpression of Omega 2 on the right ear, compared with Omega (+18.75%); and important overexpression of Omega 2 on the left ear, compared with Omega (+12.50%) and compared with Omega 1 (+18.75%).

TABLE 3. LEPTOSOME: OVEREXPRESSION OF THE OMEGA POINTS

<i>Variables</i>	<i>Data</i>	<i>Omega</i>
Case #, first & last initials, & date of birth	# 59 L- C-, 5-13-1950/	
Width of the frontal stage in cm	5.2	
Width of the nasal stage in cm	6.8	
Width of the chin stage in cm	5.6	
Morphotypologic aspect	Leptosome	
Psychoemotional type	Borderline schizophrenic	
Right ear Point Zero	5	
Left ear Point Zero	5	
Right ear Omega 1	5	
Difference Zero Omega 1	0	0
Right ear Omega	4	
Difference Zero Omega	+1	+1
Right ear Omega 2	5	
Difference Zero Omega 2	0	0
Left ear Omega 1	5	
Difference Zero Omega 1	0	0
Left ear Omega	4	
Difference Zero Omega	+1	+1
Left ear Omega 2	5	
Difference Zero Omega 2	0	0

the number of cases and percentages of each biopsychomorphotype. It was outstanding that there were a lot of mosaic types (15). The dysmorphic type did not fall to the definition of any one morphotype but corresponded to the definition of the leptosome psychologic type.

The matching rate between overexpression of one of the three Omegas and the morphotype had a striking concordance (column 3). Likewise, the matching rate between overexpression of one of the three Omegas and the psychologic type also had a striking concordance (column 4). However, the matching rate between overexpression of one of the three Omegas and the facial stages had a lower, but noteworthy, concordance (column 5).

The difference in electrodermal potentials between the right Zero point and the left Zero point was higher than 6.25% (column 6).

Details were as follows:

- (1) *Concordance rates between the expression of Omega and the morphotypes:* The matching rate was 90% ($225 \div 250$). The morphotype with the highest matching rate was the leptosome; even among the "mosaic" leptosomes, the matching rate was 100% (column 3). This means that overexpression of Omega might be essential for phenotypic expression. The overexpressions of Omega 2, then Omega 1, followed.

TABLE 5. MIXED TYPE EXAMPLE: ATHLETO-PYCNSOME^a

Variables	Data	Omega
Case #, first & last initials, & date of birth	# 4, O- M- 11-18-1933	
Width of the frontal stage in cm	6.2	
Width of the nasal stage in cm	5.4	
Width of the chin stage in cm	6.9	
Morphotypologic aspect	Athleto-pycnosome	
Psychoemotional type	Slightly bipolar	
Right ear Point Zero	6	
Left ear Point Zero	6	
Right ear Omega 1	5	
Difference Zero Omega 1	+1	+1
Right ear Omega	7	
Difference Zero Omega	-1	-1
Right ear Omega 2	5	
Difference Zero Omega 2	+1	+1
Left ear Omega 1	5	
Difference Zero Omega 1	+1	+1
Left ear Omega	6	
Difference Zero Omega	0	0
Left ear Omega 2	4	
Difference Zero Omega 2	+2	+2

^aThis patient is an athleto-pycnosome: overexpression of Omega 2 (+1 on the right Omega 2; +2 on the left Omega 2), which creates an athletic type; there is also overexpression of Omega 1 (+1 on the right Omega 1; +1 on the left Omega 1), which creates the pycnosome type. Moreover, there is underexpression of the right Omega (-1) which creates a slight underexpression of the ectoderm. The data of the Omega points truly match with the widths of the facial stages: omega 2, 6.9 cm; omega 1, 6.2 cm; and omega, 5.4 cm.

- (2) *Concordance rate between expression of Omega and the psychologic type:* The matching rate was 92.4% ($231 \div 250$). The difference between the matching rate of Omega-morphotype (90%) and the matching rate of the Omega-psychologic type (92.4%) was due to the normosomes. Measurement of the Omega defining the morphotype was more impartial than the estimation of the psychologic type, which was more subjective (column 4:).
- (3) *Concordance rates between expression of Omega and width of the three facial stages:* The matching rate was 69.6% ($174 \div 250$). It was the in athleto-some group (athleto-normosome, athleto-pycnosome, athleto-leptosome) that the matching rates were highest. This suggested that Omega 2 was the most important point for the phenotypic expression of the face (column 5).
- (4) *Difference between the electrodermal potential of the right Zero point (corresponding to the left brain) and the left Zero point (corresponding to right brain:* All except the lepto-normosome and the dysmorphic types had some differences. This is discussed in greater detail in the next section. (column 6).

DISCUSSION

In 108 cases (43.2%) there was a difference between the two Zero points >6.25%; among the right-handed patients,

TABLE 6. CONCORDANCE RATES BETWEEN EXPRESSION OF OMEGA AND THE MORPHOTYPES

Types	# of cases	Matching rate: Omega/morphotype	Matching rate: Omega/psychologic type	Matching rate: Omega/facial stages	Differences in electrodermal potentials between right Zero point & left Zero point higher than 6.25%
Normosome	65 26%	49 75.4%	55 84.6%	36 55.4%	24 36.9%
Pycnosome	23 9.2%	19 82.6%	19 82.6%	17 73.9%	10 43.5%
Leptosome	13 5.2%	13 100.0%	13 100.0%	6 46.2%	4 30.7%
Athletosome	51 20.4%	50 98.0%	50 98.0%	38 74.5%	30 58.8%
Athleto-normosome	14 5.6%	14 100.0%	14 100.0%	10 71.4%	4 28.6%
Athleto-pycnosome	43 17.2%	43 100.0%	43 100.0%	42 97.7%	20 46.5%
Athleto-leptosome	20 8.0%	20 100.0%	20 100.0%	18 90.0%	9 45.0%
Pycno-normosome	5 2.0%	4 80.0%	4 80.0%	3 60.0%	1 20.0%
Lepto-normosome	1 0.40%	1 100.0%	1 100.0%	0 0.0%	0 0.0%
Dysmorphic	15 6.0%	12 80.0%	12 80.0%	4 26.6%	6 40.0%
Total	250 100.0%	225 90.0%	231 92.4%	174 69.6%	108

the potential of the right Zero point was higher than the left Zero point. In 58.8% of these cases, the morphotype was athletosome; in 46.5% of the cases, the morphotype was athleto-pycnosome; and in 45% of the cases, the morphotype was athleto-leptosome. A high difference of the potential of the two sides of the brain could produce an athletosome type, who is known to have a particular emotional type involving violence and affective oscillations.

When examining multiple pairs of mother/daughter or father/son relationships (10 couples) there were insufficient data to draw a strong conclusion, but there was a tendency of note: Among these pairs, it was noteworthy that mothers (or fathers) who were athletosome, pycnosome, or leptosome would typically bear children that could be athletosomes, pycnosomes, or leptosomes, but never normosomes. This finding seemed to indicate that this aspect of the Omega was hereditary and conferred to the children some good qualities and some faults. In any event, these aspects were original, compared with normosomes.

Other observations included that there was a concordance between overexpression of an Omega point and the morphotype in 90% of the cases. There was also a concordance between overexpression of an Omega point and the psychoemotional type in 92.4% of the cases. Finally, there was a concordance between overexpression of an Omega point and the width of a facial stage in 69.6% of the cases.

A significant limitation in the methodology for this study was that there was no double-blinded evaluation of the designation of each individual as 1 of the 4 anthropobiometric types described by Dr. Bourdiol. The facial features of a patient volunteer were known to the practitioner who was measuring the electrodermal potential of the Omega points that were identified on the patient's auricle. Knowing the physical features of the patient's face could have influenced the practitioner's assessment of the measurement of the electrodermal activity.

CONCLUSIONS

Through this survey, it was possible to assert that the clinical statements of Drs. Verdun, Bourdiol, Nogier, and Alimi were supported by the electrophysiologic measurements used in auriculotherapy.

The hypotheses of Dr. Bourdiol seem to be valid: The Omega points have not only fundamental correspondences related to anatomical and physiologic embryogenesis but

also more-abstract significance related to a person's higher-order cognitive and emotional development.

ACKNOWLEDGMENTS

The author wishes to thank Dr. Alimi for his inspiration and instruction.

The author would like to also thank Terry Oleson, PhD, and Richard C. Niemtzow, MD, PhD, MPH, for their assistance in the preparation of this article for its acceptance by *Medical Acupuncture*.

AUTHOR DISCLOSURE STATEMENT

No competing financial interests exist.

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