

Shonishin: Japanese Pediatric Acupuncture

Japanese approaches to adapting acupuncture for children

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Introduction

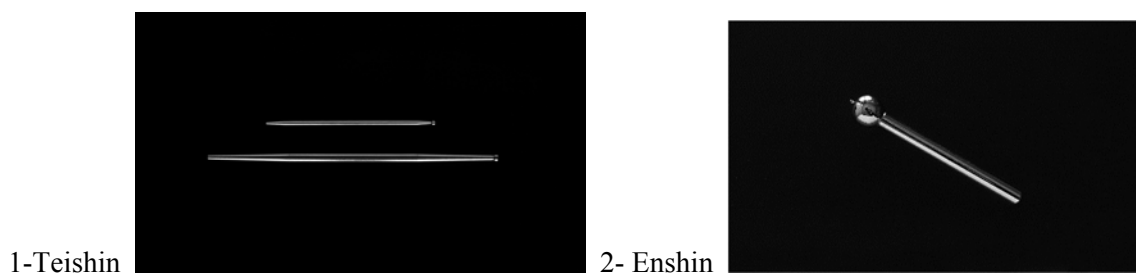
What is outlined here is described in much more detail with clinical examples in the book:
Birch S. 2011 (2nd edition 2016). Shonishin – Japanese Pediatric Acupuncture. Stuttgart, Thieme Medical Publishers.

Shonishin (children's needle therapy) is a style of acupuncture used on children that developed over 250 years ago in Japan [Yoneyama, Mori (1964)]. Recognizing the fact that children do not like being needled, this therapy has developed specialized treatment techniques, many of which are non-invasive and thus not uncomfortable or frightening to the child. Specialized instruments have been developed for treating children, and great care has been taken in adapting the use of acupuncture and related techniques for the treatment of children. In this article the author briefly discusses some of these methods and presents a couple of cases to illustrate their application.

The idea of non-invasive needling may seem strange to those not familiar with the history of acupuncture from China. Therefore it is useful to examine the probable influences from China leading to the development of this Japanese pediatric acupuncture tradition. It is possible that techniques originally conceived in China but which over time became less used, were further developed and refined in Japan creating this quite unique treatment approach.

Today acupuncturists learn that acupuncture involves the insertion of the filiform needle (the hao zhen). Unknown to most acupuncturists, at least those I have encountered in the West, the hao zhen is only one of nine historical metal needles referred to in the Chinese literature. The earliest acupuncture classic, the Huang Di Nei Jing (circa -100), contains a description of these nine needles. Several had rounded ends to be rubbed or pressed on the skin instead of inserted into the body [these were described in Ling Shu chapters 1 and 78, see Birch, Ida (1998 pp. 39-41, 45-54) for discussions]. Figures 1 and 2 show two of these nine needles, the shizhen (Japanese teishin) and the yuanzhen (Japanese enshin) from modern practice in Japan. The system of Shonishin appears to have followed these ideas, developing a variety of instruments that can be pressed, rubbed, tapped or scraped on the skin to give different kinds of gentle stimulation. When applied for short periods of time in a simple systematic general treatment pattern, these treatment techniques have been found effective for a wide variety of pediatric problems from birth through age five or so [Yoneyama, Mori (1964)]. As children get older, and/or their problems are more difficult or stubborn, regular acupuncture methods can start to be used. Gentle needling, direct moxa, cupping, and bloodletting, each of which has been modified to match the needs of children so that they are comfortable and not aversive for the child or parent, are or can also be used.

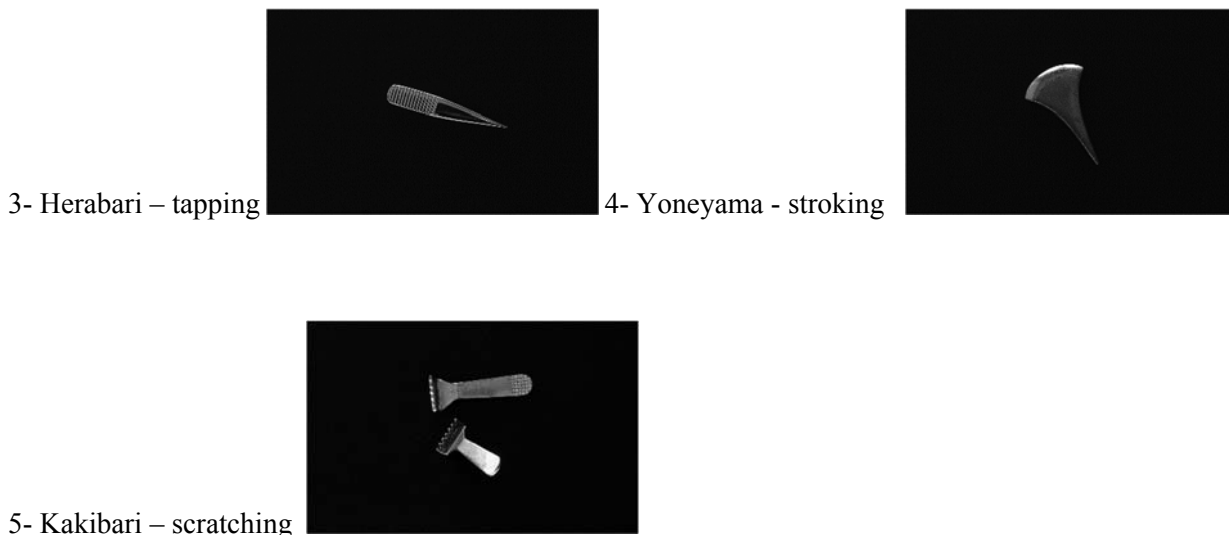
Figures 1 & 2



Various instruments have been developed that give different types of stimulation. Some of the more common instruments used for the shonishin techniques can be seen in figures 3-5. The three basic methods of non-invasive stimulation are:

- i) very light rhythmic touching (more like gentle tapping with mildly pointed instruments - figure 3)
- ii) light rhythmic rubbing (including stroking, typically with flat surfaced or round ended instruments - figure 4)
- iii) light scratching (usually with rough edged or uneven edged instruments - figure 5)

Figures 3 - 5



These methods of stimulation are listed in general order of intensity of stimulation. i) and ii) can be very similar in intensity to each other, but iii) is generally of a greater intensity of stimulation. Depending upon the body area worked on, the overall condition of the child and the particular symptoms of the child, one selects a milder or heavier dose of stimulation. Also, depending upon the condition of the child, symptoms, etc, one may choose to use inserted needles, usually very thin (0.12-0.16 mm gauge) and shallowly inserted (typically 1-3 mm), for short periods of time (a few seconds to a few minutes). One has to learn various tricks and techniques to be able to use needles on a small child, with guaranteed painless and sensationless insertion being of utmost importance. One may also choose to use moxa (in Japanese, 'okyu'), to stimulate the selected points. Here it is important that one does not burn the child or allow the moxa to become uncomfortably hot. Other options are hinaishin or intradermal needles, and the enpishin or press-tack needles, although the latter must be used with great caution. A commonly used adjunctive method is the ryu or press-sphere, which can give very mild and safe stimulation to specific points, similar to the Chinese use of seeds taped on the body. One may also use cupping, but with much less pressure, for shorter periods of time and to smaller areas of the body, as well as bloodletting, but the techniques have to be painless and deliver a really low dose. In all cases - both with the general, whole body treatment and the adjunctive techniques - ensuring the correct dose of stimulation and combination of methods is very important. Each of these acupuncture methods is described in some detail in the book Japanese Acupuncture: A Clinical Guide [Birch, Ida, 1998].

The instruments shown in figures 1-5 and others similar to these are used for applying a general or what one might call a non-pattern based root treatment. In essence one selects from among these instruments to apply a mild stimulation over relevant body areas, including the abdomen, chest, back, lateral aspects of the arms, lateral and posterior aspects of the legs, back of the neck and head. Often these instruments are used over only the yang portions of the body or on those areas traversed only by yang channels. Typically, if using the light rubbing or light scratching methods, the motion is downward stroking on these surfaces. The treatment pattern and its variations are described below.

This general non-pattern based root treatment can be very useful for fortifying the child's vital energy and strengthening their constitution. When correctly applied, this treatment will not only help symptoms to naturally improve, but will give a greater sense of well-being and help resolve many other small day-to-day problems thereby making the child less prone to illness. In addition to these non-invasive "shonishin" treatment methods, and the specially adapted invasive or other standard acupuncture methods, different "schools" of thought may have their own pediatric adaptations that can be used. These often involve a targeted pattern-based root treatment. For example, keiraku chiryo or meridian therapy systems such as the Toyohari system also select and treat the primary sho, pattern or conformation, even in small children and infants, where reading the pulse can be quite an art. After applying treatment that targets the sho, such practitioners may then apply their own version of the basic non-pattern based shonishin treatment [Yanagishita (1997)]. Many different treatment combinations are possible, depending upon the training of the practitioner. In general, regardless of the school of acupuncture, some version of the basic general shonishin treatment is routinely applied, especially on infants and children under age 5 or so [this basic approach is described by many authors, see for example Hyodo, 1986, p. 151, Manaka, 1980, pp. 196-198, Ono, 1988, pp. 362-383, Yoneyama, Mori, 1964].

A basic and important idea in any 'qi-regulation' therapy such as acupuncture is one of regulating or harmonizing the emotions. As most of us have studied in acupuncture school, the emotions are seen as the internal causes of disease [Fukushima, 1991, p. 67 & ff, Wiseman, et al. 1985, pp. 101-2]. The traditional literature is quite clear how different emotional states disrupt the flow, circulation, distribution and functioning of the qi in the body [Matsumoto, Birch, 1988, pp. 33-45]. It is thus desirable to manifest these emotional states as little as possible if one is trying to produce a "regulation of qi" effect. In a child, especially infants and smaller children, the expression of emotions is a normal part of how they communicate. However, the expression of emotions can be disruptive. Thus, since one is trying to produce a general regulatory effect at least as part of a 'root' treatment strategy [Manaka et al. 1995], it is necessary to help prevent excessive emotional outbursts/communication by the child, in particular not to have the child be fearful, angry or upset by what you are doing. For this reason I think that special techniques and tools have been developed that tend to elicit as little discomfort or fear on the part of the child as possible. This common-sense approach to treating children seems to run throughout pediatric acupuncture approaches in Japan, and seems to be a major contributing factor for why the treatment techniques focus especially on non-invasive, non-scary, non-uncomfortable techniques for children. Of course it is impossible to stop small children or infants from crying, but a basic goal is to try not to have them be scared or upset by the treatment. To ensure that the treatment is not interrupted or interfered with by emotional outbursts from the child, it is very important to establish a good clear rapport with the child. If the child does not like or trust you, it is very difficult to proceed with the treatment.

Usually acupuncturists are taught to insert needles in their patients and this is what they do for a living. Most acupuncturists in the West appear to have been trained in a TCM style of treatment where it is usually taught that the needle has to be inserted to obtain de qi, understood since probably the 1950s as distinct sensations characterized as "soreness, numbness, heaviness, distension" [Cheng, 1987, p. 326] or "sharp, pulling, electric, tingling, heavy, pulsing, spreading, pricking, aching or hot" [Vincent et al. 1989]. When many practitioners attempt to apply this needling method to children they usually find that it evokes discomfort and distress in the child. The difficulty of inserting needles into children and not have them become upset is off-putting to many acupuncturists, who, at least in my experience as a teacher, prefer not to treat children. This may be one of the primary reasons why the dominant therapy in China for children historically has been herbal medicine rather than acupuncture, which may be true in the modern period too [Cao et al. 1990]. In Japan it has been found that such needling techniques are usually unnecessary with children, just as it is often unnecessary to apply such needling techniques on adults to obtain good treatment effects by acupuncture [Birch, Felt, 1999, Fukushima, 1991, Manaka et al. 1995, Shudo, 1990].

An additional advantage of these simple treatment methods that my colleagues and I have been using in the West over the last fifteen years is the use of some simple home therapy with small children. The Nan Jing teaches us about the importance of treating the mother to treat the child. This is usually understood as referring to the treatment of the mother channel or the mother point on the affected channel [Fukushima, 1991, Shudo, 1990], but can be extended literally when treating children. We have found it to be very useful on occasion to have the parent (usually the mother) apply a simple light treatment at home to the child in addition to the clinic visits. Here, giving the mother who often feels frustrated and helpless, the opportunity to do something for her sick child can help the mother as well as the child. Since some form of non-invasive treatment can be applied regularly at home using a simple pattern of rubbing and/or tapping, it can be easy to have parents use this approach at home. Careful instruction is required, but it is usually not difficult.

In my practice treating children, I combine the shonishin methods with modified versions of the forms of acupuncture that I use on adults. This principally involves the yin-yang channel balancing methods of Yoshio Manaka and the traditional methods of the Toyohari-East Asian Needle Therapy, a form of Japanese meridian therapy [see Fixler, Kivity, 2000, Fukushima, 1991, Nakada, 1995]. It is easy to apply the Toyohari style for children as the root or pattern based treatment approach routinely uses non-inserted needling techniques which are well tolerated by children. Manaka's system usually involves the use of shallowly inserted needles, but the methods can be adapted to make them suitable for small children.

Below are two cases from my practice where shonishin methods were combined with the various methods that I use on adults. The cases show how these methods can be effective for sometimes difficult conditions. Both cases illustrate how the basic shonishin treatment method was combined with Meridian Therapy root treatment of the "sho" or pattern/conformation and simple symptom control treatment measures.

CASE ONE

Intake: Boy age 10 weeks.

Main complaints: Since birth he had been restless, irritable, seemed to get easily colicky on bottled milk. He would wake at 10 pm screaming and would take around 2 or more hours to settle down again. The parents, who had older children, were quite sleep deprived and distressed over this behaviour. Their general practitioner had nothing to offer as help.

Looking diagnosis:

Facial complexion slightly reddish. Otherwise healthy looking boy.

Touch diagnosis:

The left pulse was weaker than the right pulse. The abdominal regions were all quite similar, the lower abdominal regions were very slightly softer than the upper abdominal region.

Diagnosis:

Primary liver vacuity.

Treatment:

Using a silver teishin [see FIGURE 1], left LV-8 and KI-10 were supplemented. ¹

Using a herabari [see FIGURE 3], tapping was very lightly applied down the arms, legs, abdomen, back and neck (total time, about 45 seconds).

Using a silver enshin [see FIGURE 2], very light rubbing was applied down the back and neck.

Ryu / press-sphere was applied to GV-12. The parents were recommended to change this daily, and if necessary to lightly massage the area around GV-12 when he wouldn't settle down at night.

We talked about the possibility of having the parents do a little home treatment after the second session if there was no improvement by that time.

Second treatment: Six days later.

He had been much calmer and more settled since the treatment. He was sleeping fine, was happier and no longer had the pattern of waking at 10 pm and screaming on and off for 2 hours.

Treatment:

Using a silver teishin, left LV-8, KI-10 and right LU-9 were supplemented.

Using a herabari, very light tapping was applied down the arms, legs, abdomen, chest, back and neck.

Ryu / press-sphere was applied to GV-12.

Since the baby was already better we decided not to have the parents do any home treatment.

Third treatment: Two weeks later.

He had been very good, none of the original symptoms were present. He had been very relaxed and calm, smiling a lot.

Treatment:

Using a silver teishin, left LV-8, KI-10 and right SP-3 were supplemented.

Using a herabari, very light tapping was applied down the arms, legs, abdomen, chest, back and neck.

Ryu / press-sphere was applied to GV-12.

The child was discharged from treatment. The parents were instructed to return for treatment if any of the original symptoms recurred.

CASE TWO

Intake: girl aged two and a half years

Main complaints: severe problems with constipation since being a baby: very hard stools, she only passed small quantities at a time as it was painful to pass the stools. She was afraid to go to the toilet because of this pain. Additionally she had a lot of intestinal-abdominal pain since birth she tended to wake every night between 2-3 am with this pain.

Additional complaints: Hernia of the navel; occasional small patches of dry and itchy skin; variable appetite. All other systems were unremarkable.

Diagnosis:

From symptoms and pulse: lung vacuity pattern

Treatment:

Tapping with the herabari was applied on the abdomen, chest, back, arms, legs and especially around GV-12, GV-4 and GV-20.

Using the teishin supplementation was applied to right LU-9 and SP-6 (SP-3 and SP-5 were too ticklish).

Press-spheres applied and retained on GV-12 and bilateral BL-25; (They were not retained on ST-25 for fear that she might play with or interfere with them).

Second treatment - two weeks later

The stools were larger and easier over the two weeks, but were still a bit hard

Treatment: Tapping with a herabari was applied on the abdomen, back, arms, legs, around GV-4 and GV-12.

Using a teishin, right LU-9 and SP-5 (SP-3 still too ticklish) were supplemented, left LV-3 drained.

Press-spheres were placed on GV-12 and bilateral BL-25.

The mother was taught to do basic tapping at home daily.

Third treatment - three weeks later

The stools were much better, much softer and larger. In the last days becoming slightly harder again, but no more waking at night with pain and no more fear of going to the toilet. Mother and child enjoyed daily home treatments.

Treatment: Using a herabari tapping was applied to the abdomen, back, arms, legs, neck, GV-12 and GV-4 area.

Using a teishin, right LU-9 and SP-3 were supplemented, left LV-3 drained.

Press spheres were placed on GV-12 and bilateral BL-25.

Fourth treatment - four weeks later

Bowel movements were normal, with some variation in frequency (not always daily). No more abdominal pain, still no fear of going to the toilet and no constipation.

Treatment: Using a herabari tapping was applied to the abdomen, back, arms, legs, neck, GV-12 and GV-4 area.

Using a teishin, right LU-9 and SP-3 were supplemented, left LV-3 drained.

Press-spheres were applied to GV-12 and bilateral BL-25.

For financial reasons and because of good progress, treatment was stopped.

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