

Shonishin for the Childhood Epidemic

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Introduction

Acupuncturists categorize pathological conditions by whether they are acute or chronic and then treat accordingly. The top five acute illnesses that affect children, according to the American Academy of Family Physicians, are colds, stomach flu (gastritis), ear infections (otitis media), pink eye (conjunctivitis) and sore throats. Acupuncture is very effective at treating all these ailments, as more than 3,000 years of clinical use in Asia has shown. But where acupuncture distinguishes itself as a valuable health-care option is in the treatment of chronic conditions, that can develop from these earlier acute diseases. The Japanese style of pediatric acupuncture, called Shonishin, will be examined as an optimal method of treating these childhood ailments, because of its gentle and non-invasive techniques.

The 4-A Childhood Diseases

According to the American Academy of Allergy, Asthma and Immunology, the incidence of allergies in children has significantly increased since the 1980s. There are now more children with asthma, hay fever and eczema than ever, with allergic diseases as the third most-common chronic disease among children under age 18 (Winter 2008).

According to the Journal of the American Medical Association (June 27, 2007), rates of chronic illness, such as autism, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD/ADD), asthma, and allergies are all continuing to rise. These have begun to be known as the “4-A Disorders” (Bock 2).

Doctors have generally overlooked the connections among the 4-A disorders, despite

their concurrent rise and the presence of many medical clues. The 4-A epidemics have not occurred in isolation of each other, but rather are part of a larger picture of increased incidence of illnesses and disorders among America's children. An increasing number of physicians believe that deadly modern toxins, nutritional deficiencies, metabolic imbalances, genetic vulnerabilities and assaults on the immune and gastrointestinal systems are the likely triggers of the symptoms of the 4-A disorders. However, frequent misdiagnosis and improper treatment are still prevalent.

The Lurking Pathogen

The first culprit of childhood disease is a child's tendency towards dampness, as they do not transform and transport food as well as adults. This is mostly due to immature Spleen development. Additionally, due to immature Kidneys, children's systems are in the "yang" phase and not fully developed, which means their energy ("ki" in Japanese, or "qi" in Chinese) moves very quickly. Due to their rapidly growing bodies, infants and children naturally consume large amounts of qi. This can deplete the organs most responsible for producing qi, creating a fertile ground for health problems. They are also especially susceptible to external heat as they have a tendency towards heat by nature. Infants and children develop chronic disease because external pathogens tend to get trapped by damp, especially if they have developed a high fever from battling a pathogen, and thus weakened and depleted their normal qi. The pathogen never quite leaves the body and can become recurrent (Tiberi 1998). This can be viewed as an example of "Lurking Pathogens" (fu qi bing 伏气病), the imprint of an illness which has come and seemingly gone, but instead stays lodged in the body. These Lurking

Pathogens move deep into the body and can disrupt later in life when a child is exposed to situations of trauma, stress or anxiety, and can cause long-term, chronic illness - particularly the aforementioned 4-A disorders.

Why Shonishin

Adults often have been carrying the pathogens of a chronic disease around for a long time; they require inserted needles for a deeper, stronger treatment, as a more efficient way to get significant results. However, children don't hold most of their disorders as deeply as adults do, and because the meridians (jing 经) have not yet acquired their fixed location and are generally much wider, spreading over a larger body area, they can be stimulated without the use of needles (Scott and Barlow 1999). Shonishin pediatric acupuncture is a distinct style of meridian therapy developed especially for children. Because children respond so quickly to Shonishin non-insertion acupuncture, when begun immediately at the onset of symptoms, it can be considered as an alternative to the overuse of western treatments, such as antibiotics. The earlier treatment is begun, the more likely it is that it can be controlled, preventing it from lingering and leading to problems later in life.

Shonishin literally translated in Japanese means “sho” for little, “ni” for children, and “shin” for needle (Kacskes 2008). It has a long and venerable tradition, and has been practiced since the 17th century, beginning in Osaka, Japan (and ultimately connected to ancient China). The Nei Jing Ling Shu (内经灵枢) makes one of the earliest mentions of needling of children:

《靈樞·逆順肥瘦第三十八》

黃帝曰：刺嬰兒奈何？

岐伯曰：嬰兒者，其肉脆，血少氣弱，刺此者，以豪刺，淺刺而疾拔針，日再可也。

Ling Shu: Chapter 38: Flow and Counterflow, Fat and Thin.

“Huang Di asked:

How should children be needled?

Qi Bo answered:

Children have fragile flesh. They lack blood and their qi is weak.

Use fine needles. Needle shallowly and quickly remove the needles. Repeated the next day.”

The Ling Shu describes nine types of needles, several of which were specifically not intended to pierce the skin.

《靈樞·九鍼十二原第一》

一曰鑱鍼，長一寸六分；鑱鍼者，頭大末銳，去瀉陽氣。

二曰員鍼，長一寸六分；圓鍼者，形如卵形，揩摩分間，不得傷肌肉，以瀉分氣。

三曰鍤鍼，長三寸半；鍤鍼者，鋒如黍粟之銳，主按脈勿陷，以致其氣。

Ling Shu: Chapter 1: Nine Needles and Twelve Source Points

“The first type of needle is called the Arrow-Headed (or Spade) Needle. It is 1 cun and 6 fen long. An arrow-head needle has a big head and a sharp end. It is used to drain yang qi.

The second type of needle is called the Round Needle. It is 1 cun and 6 fen long. The round needle is shaped like an oval. It is used for rubbing between muscles without injuring them to drain qi.

The third type of needle is called the Blunt (or Key) Needle. It is three-and-a-half cun long. A blunt needle has a tip like the sharp ends of a grain. One uses it to press on a vessel without puncturing it to induce the arrival of qi.”

Three of these non-inserted needles — the enshin “the round needle”, the teishin “the blunt needle”, and the zanshin “the arrow-headed needle” — are considered basic to the practice of shonishin pediatric acupuncture, specifically for infants and children up to

the age of ten. This, along with other non-insertion techniques, have been refined in Japan, where Shonishin is often the popular choice for children's conditions.

Shonishin techniques follow a Japanese meridian therapy basis, using light palpation, abdominal percussion, pulse and tongue diagnosis. Assessment of children focuses more on the quality and tone of the skin, looking for either flaccidity, tightness, or hardness along the meridians. Overly dry skin can be reflective of fluid deficiency, and moist skin can be indicative of Spleen dampness (Shudo 94). Because children tend to be very yang, the pulse is less noteworthy, although Shonishin does incorporate a unique finger vein diagnostic system enabling the practitioner to ascertain conditions in children and infants. Tongue quality also must take into account that in children a reddish tongue can be normal, and in infants, a thick coating is also normal due to a diet of formula or mother's milk.

Shonishin Pediatric Techniques

Tool techniques include rhythmically stroking, rubbing, tapping and pressing the skin to produce a variety of gentle stimulation sensations. Generally, a practitioner moves from top to bottom and yang side to yin side, starting on the back and then moving to the front, finishing with the extremities and lastly, the head. In cases of excess, the meridians are rubbed or tapped until there is a change in the resilience of the skin (Weingarten 36). Care must be made to not over-treat areas of tension, where the skin becomes too loose with no resilience. Over-treatment can aggravate the child's symptoms during the session, and children (especially infants) are often unable to

communicate effectively about their symptoms.

Shonishin tools are metal, and are most commonly made from stainless steel, copper, silver, or gold (being the most tonifying). The enshin is used for light stroking or rubbing along the meridians for dispersion, and is approximately four inches long, with a round ball at one end. This is held between the thumb and the index finger, with the round ball end between the index and middle finger. The pad of the middle finger supports while the enshin is pulled or pushed with a feathery touch. The teishin is a thinner tool, that varies in length from 2 ½ to 4", with a rounded sesame seed sized point. Teishin are mostly used for gentle supplementation of qi and blood, and are lightly held over specific points. The point is located and then pinched fingers are lightly placed over the point (the Japanese refer to this as the "oshide"). The teishin is lightly inserted in the center of the oshide and is lightly stroked until qi arrives. As soon as this happens, the teishin is removed, and the point is quickly closed to prevent leakage of qi (Birch, Ida 46-52).

The zanshin has a blunt-edged conical shape, and is used with a light tapping technique to disperse along the surface of the meridians. The goal of the zanshin is to improve the circulation of qi in areas of congestion. There are over fifty different varieties of the zanshin, with varying techniques and strengths in dispersion quality. Press sphere and beads are also used for continued treatment beyond the clinic visit, and tiger moxa (indirect moxa) may also be used to warm and stimulate a child's meridians and points. All these techniques combine to harmonize and boost a child's vital qi, and strengthen

the child's constitution.

In the application of Shonishin treatment, the frequency, dosage and strength of therapy will depend on an individual practitioner, as well as the age, health or illness of the child. Invariably, a child's treatments will usually be short in duration, generally within 15-20 minutes, and is typically performed with the child clothed. If treating an infant, treatment may last for only 2-5 minutes. Because children are often nervous on their first visit, it is best to start with the back and shoulders to show them that it is indeed painless. Children, and especially infants, will squirm and even try to get away from the treatment, but eventually will comply (Tanioka 13).

It is important that a practitioner develop a trusting rapport with the child, and this is reinforced by having the parent apply a simplified, light treatment at home to the child between clinic visits. The techniques are easy to learn, the simplest using the back of a silver spoon to stroke along the meridians. Basic pediatric massage techniques can also be taught to parents. This technique gently lays the child on his or her stomach, and the child's upper and lower back is lightly stroked, followed by the abdomen, in a circular clockwise motion around the navel. Kenshi Nabeshina advises using a soft infant hairbrush or toothbrush, or a towel wrapped around the fingers (232). However, many practitioners will massage with their fingers only, especially with infants. For the most part, an area is massaged for about thirty seconds until moving on to another section.

Many Shonishin practitioners emphasize the importance of making the clinic room as friendly as possible, with pictures and toys to give children something to focus on. Showing them the tools, how they work, and even letting them pick the one they'd like you to use is effective to helping them feel less threatened. When palpating, keep your touch light - the same should be said for supplementing and dispersing techniques. Masioka Tanioka advises "needle head tapping training"¹ for one month to truly train your hands for light stimulation. The key to successful Shonishin treatment is "much less is better" (Birch, Ida 179). The beauty of Shonishin is its simplicity, gentleness, and effectiveness.

Case Study #1

Female toddler , 3 years old, first visit on January 13, 2000 to see Masonori Tanioka

Main complaint: **atopic dermatitis**

The young infant suffered from itchy skin which disturbed her sleep, with a rash on her cheeks and neck. The rash on her cheeks had developed into eczema, surrounded by areas of dryness, and dry papules around her neck. In hospital testing, no specific allergens could be found.

Treatment: Shonishin acupuncture was applied to her entire body, using a light stimulation appropriate for a 3 year old child. Stronger stimulation was applied on the posterior of the neck and the area between her shoulder blades where the skin was harder and the muscles tense. Treatment took three minutes to complete.

Follow-up: After each treatment, she could sleep better. By June, her itchiness was

¹ for this technique, see Tanioka, Masanori. "Shounishin - Paediatric Acupuncture" (Part 1). NAJOM Vol. 8. March 2001

relieved, and she no longer was bothered by it at night. By July, the eczema dried up and shrank to one third of its original size, and the papules were reduced in number by half. Percussion sound on the abdomen became slightly clearer. By August, despite a heat rash, the eczema and papules were almost gone. Abdominal percussion became clear, even though still slightly tense. Sleep was almost normal.

Case Study #2

Young boy, 7 years old, treated over the course of a year (43 treatments)

Main complaint: **childhood asthma**

Medical history: The boy suffered from asthma since age 3, that was often triggered by colds, which would bring on asthmatic coughing and severe wheezing. This worsened in cooler weather, although humidity in summer could also be a trigger, as well as airborne allergens. He had been on steroid medication for four years, and pulmonary tests showed he had borderline pulmonary obstructive disease. He averaged two emergency room visits a year. The asthma made participation in outdoor activities and sports difficult, and he was unable to keep up with his friends. He also had a tendency towards constipation, which made him irritable. His tonsils and adenoids were removed at age 4. There was a family history of rheumatoid arthritis. His parents revealed he liked to eat cheese and milk products.

Palpation: The Lung and Liver areas on his abdomen were slightly soft and lusterless, with slight distention and tightness in the subcostal regions. On his back, the Bladder channels was very stiff, especially his upper back. Even slight touch to the “asthma yu”

²points caused strong reaction, where he started crying.

Pulse: the right cun and guan were weak at deep position, with weakness in the left deep guan.

Diagnosis and Treatment: Lung vacuity with secondary Liver vacuity were treated, with supporting treatment via the Yin Qiao-Ren Mai and Yin Wei-Chong Mai pairings.

A silver enshin was lightly stroked over the torso, arms and legs. Light tapping was applied to the neck and shoulder region with a silver zanshin. Copper and zinc pellets were applied to KI 6 and LU 7 based on pulse improvement. Supplementation was applied with a silver teishin on LU 1. Press spheres were applied to Ren 12, the asthma yu points, and the “stop coughing (止咳嗽)” point located ½ a cun distal to the right LU 5. The entire treatment took no longer than ten minutes.

Follow-up: His mother reported the boy was euphoric after the initial treatment, and able to play sports without incurring an asthma attack. He eliminated the dairy from his diet and replacing it with goat milk and soy products, and experienced some stomach upset and loose stools. Future patterns were mostly Liver vacuity with a secondary Spleen vacuity. Eventually his digestive disturbance equalized, and he continued to increase his physical endurance without asthma symptoms. Throughout his treatments, he was able to reduce his steroid inhaler use to where he was not using it at all. During this time, he caught two colds, neither which progressed to asthma. He also broke his dietary restrictions on a regular basis, but with no major consequences. After a one year follow-up, his mother reported he had not had a return of the asthma, and had

² “yu” is Japanese for the Chinese “shu 输” - the asthma yu point is approximately 1 cun lateral to and 1 cun superior to BL 17. A distinct knot is found here in virtually every asthmatic patient. - Fukushima, K. Meridian Therapy. Tokyo, Toyo Hari Medical Association. 1991: 243

been able to increase his activities at the same level as his friends.

Case Study #3

NOPA, 10 year old girl, came in for first visit on September 17, 2008 to the SIOM Japanese clinic, supervised by Stephen Brown

Main Complaint: **ADHD-OD** (attention deficit hyperactive disorder, oppositional defiant)

Medical History: The young girl was brought in by her mother to try Shonishin for help in the ADHD-OD problems she was having, both at school and at home. She has a history of being easily distracted at school, which increased her stress level due to worry about not being able to focus on her studies. The young girl showed intelligence and a wish to do better at school and in her interactions with her parents (who are divorced), especially her father. Her mother reported they had tried various natural remedies with little or no effect, although some diet modification helped somewhat. The only thing that had any noticeable effect on the child's behaviour were variations of Ritalin, a generic brand of which NOPA was currently taking. She was also given a stool softener to help with her constipation, and Melatonin to help with her chronic insomnia. She generally slept only a few hours, and woke up feeling very tired, sluggish, and thirsty. Her medications also reduced her appetite, and she felt like she had to make herself eat. She had received all the basic childhood vaccinations at a much earlier age, and has a history of ear infections.

Observation: pale skin but flushed cheeks and red lips

Palpation: She showed tension and tenderness in her upper abdomen, and below the navel, as well as extreme tension in her neck and mid to lower back. Light palpation

along her legs revealed fullness and dry skin along the Gallbladder and Stomach meridians, and flaccidity along the Spleen.

Pulse: the left guan was especially strong and superficial, and the right guan was weak at mid to lower depth.

Tongue: red tip with yellowish coating at the root, sublingual distention

Diagnosis and Treatment: The main diagnosis was Spleen vacuity with a secondary emphasis on dispersing the Stomach and Gallbladder meridians. A gold plated teishin was used to supplement SP 3, SP 6, and Ren 12. Scatter needling (light brushing with a needle, similar to the stroking of an enshin) was used along the Gallbladder and Stomach areas of her legs until there was a noticeable change in the texture and tone of the skin. The back shu points were also scatter needled and lightly scraped, finishing with the neck area. The treatment lasted no more than 15 minutes. By the time the young girl was getting her neck scraped, she had completely relaxed.

Follow-up: The next week, her mother reported she was able to fall asleep the night of her treatment and showed improvement in her ability to focus at school, although by the end of the week she was back to having disorderly behaviour with her parents.

Treatment continued once a week, with a steady improvement on her sleep, to the point where her mother no longer had to give her melatonin. Her constipation improved by October, as well as her appetite. Most importantly, the young girl was much better at staying focused in school and got along better with her parents. Her overall energy in the morning was better. By the last visit in December (due to end of clinic shift), she had shown enough improvement in her ADHD-OD symptoms that she no longer took her medications during the weekends, and her mother was going to experiment with

using even less during the school break.

Conclusion

These cases demonstrate that because children respond so quickly to acupuncture, Shonishin, especially if begun immediately at the onset of symptoms, can be considered as an alternative to the overuse of harsh western medical medications, such as antibiotics, steroids, and behavioural medications such as Ritalin.

The earlier treatment begins on a potentially life-long condition, the more likely it is that condition can be controlled so that it does not become a Lurking Pathogen, and lead to problems later in life. By treating asthma, ADD/ADHD, allergies, and even autism with a combination of acupuncture, diet, and lifestyle changes, a child has a greater chance of becoming a healthy adult.

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