

Shonihari 小児はり

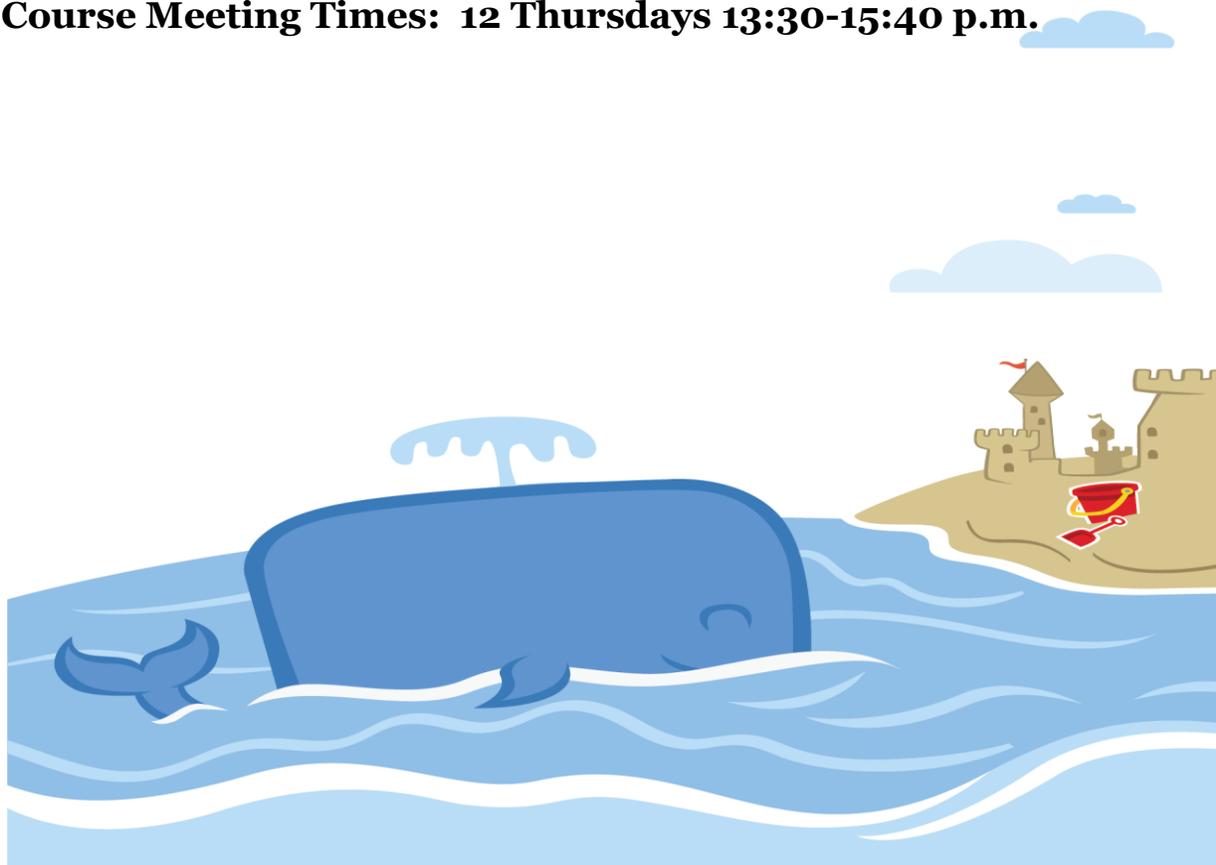
Where: New England School of Acupuncture

Instructor: T. Koei Kuwahara L.Ac.

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When: 28th January- 21th of April 2016

Course Meeting Times: 12 Thursdays 13:30-15:40 p.m.



Goal of Class Session:

Students are introduced to Shoni-Hari (Japanese Pediatric Acupuncture). Shonihari is intended for children from newborns to about 12 years old. One important difference between pediatric and adult acupuncture in Japan is that a special needle (Teishin/Enshin) is used with non-insertive technique only. Therefore, when a child receives treatment it is not painful but is, in fact, pleasant. This Shonihari method is effective in treating various diseases, and also in the prevention of such illnesses. Particularly there is a syndrome the Japanese call *Kanomushi*, in which the child cries at midnight, has no appetite, is frequently irritable and so on. Shonihari has a profound effect on infants though very little stimulation is employed in a short period of time. In Japan Shonihari is highly regarded as a preventive medical treatment.

Objectives: In this portion of the course students will learn and practice:

- ◆ Diagnosis with special focus on palpatory dx. (pulse and very light touch dx. on the surface of the skin)
- ◆ Treatment according to Shonihari protocol integrated into Japanese meridian therapy
- ◆ Application and utilization of a variety of needle types and needling techniques
- ◆ How to approach the child for treatment?
- ◆ Education and involvement of parents or guardians in child's well-being
- ◆ Recognition and treatment of a variety of pediatric conditions with Shonihari protocol

Required equipment: Student can purchase these tools from NESAs store.

- ◆ Teishin, Taishi-hari and Jaku-san (Sanryoshin/three edge-needle).

Optional equipment: (but not necessarily limited to):

- ◆ En-Teishin, a Set of Pediatric Ac-needle.

Topics

Shonihari experience (Lecturer gives treatment to student)

How to hold a Shonihari needle and how to use?

Tapping the needle head

Review, two-person and three-person training, and tapping a needle head

Treat each other with Shonihari needle

Advanced Shonihari, the “*Jakusan*”

How to guide a parent?

Essence and Hari practice

Pulse and Hara Dx. and super light palpation to find treatment area and points.

Schedule of Class Sessions

Week 3 (1) 1/28

Introduction and review for syllabus.

Brief. History, theory and principles of *Shoni-Hari* treatment, DVD/ Tanioka sensei

- ◆ Demo. treatments

Week 4 (2) 2/4

Constitutional types and Five Phase diagnosis through the four examinations

Focus on baby's basic pulse quality dx., six comparative pulse dx.

- ◆ Practice root treatment diagnosis and tonification with *Teishin*.
- ◆ Demo. tx.

Week 5 (3) 2/11

Five Phase diagnosis: symptomology

Focus on baby's basic pulse quality, six comparative pulse dx. and Tonification.

- ◆ Practice root treatment diagnosis with pulse and tonification with *Teishin*.
- ◆ Demo. tx.

Week 6 (4) 2/18

Focus on five phase pattern based on basic pulse quality and six comparative pulse dx...

Tonification and Dispersion.

- ◆ Practice root treatment diagnosis and tonification and dispersion with *Teishin*.

Week 7 (5) 2/25

Focus on pulse dx, and abdominal dx.

- ◆ Practice root treatment diagnosis with pulse and abdominal dx. and treatment (tonification and dispersion) with *Teishin*.
- ◆ Demo. tx.

Week 8 (6) 3/3

Touch Dx.: How to find local tx. points (area), determine appropriate level of stimulation and monitor the changes

How to use *Taishi-hari* (non-insertive three edge needle)

- ◆ Practice local treatment: Touch Dx. on the surface of the Skin and Tapping the head of the *Taishi-hari* and Practice.
- ◆ Demo. tx.

Week 9 (7) 3/17

Treatment tools and how to use *Jaku-san* (non-insertive *Sanryoshin* for baby's blood stasis)

How to relate to the child. Methods to stop their crying.

Advising parents regarding suggestions: how to approach children, short overview of advised diets.

- ◆ Practice local treatment with *Taishi-hari* and *Jaku-san*
- ◆ Demo. tx.

Week 10 (8) 3/24

Supplementary tx. System: EV., *Shigo* tx. (midday midnight tx system) and "home treatment"

Set up treatment room for Shonihari, cautions and contraindications

- ◆ Practice root with *Teishin* and local treatment with *Taishi-hari*, *Jaku-san*, and or other tools
- ◆ Demo. tx.

Week 11 (9) 3/31

Brief information of other approaches (tools and techniques) that are press spheres, warming moxa, direct/indirect moxa, press tacks, intradermal, bloodletting, cupping and “home treatment”

- ◆ Practice root and local treatment with *Taishi-hari*, *Jaku-san*, *Teishin* and or other tools
- ◆ Demo. tx.

Week 12 (10) 4/7

Treatment of common pathologies: “*Kanmushi* (Irritable Bug Syndrome)” and ADHD.

- ◆ Practice whole Shonihari
- ◆ Demo. tx.

Week 13 (11) 4/14

Treatment of common pathologies: Asthma, Foods allergies, Ear infections, indigestion, vomiting, colic and dyspepsia, diarrhea, constipation, nasal catarrh, chronic rhinitis, tonsillitis, mumps, stuttering, Bedwetting, Weakened immune system, Weak constitution and "failure to thrive" syndrome, eczema; urticarial.

- ◆ Practice whole Shonihari
- ◆ Demo. tx.

Week 14 (12) 4/21

- ◆ Examination;
 - ★ Practical Test:
 - Show your whole Shonihari tx. on your classmate to assistant teacher.
 - It's dx. and tx. should be done within 10 minutes.
 - ★ Short essay; (It is 3 pages of essay printed in 10- point type.
 - Also It has to be in on 24th of April with email to kuahara@msn.com.)
 - Theme of short essay “The most important things for success practice on Shonihari”
- ◆ Whole Shoni-Hari Practice

Instructor:

Takayuki Koei Kuwahara, Lic. Ac. has been practicing Acupuncture and Ki therapy for forty years in Boston and Japan, employing both Japanese styles classical Acupuncture and Medical Ki therapy. After graduating from Tokyo Therapeutic Institute in 1979, he went on to complete an intensive five-year apprenticeship with Fukushima Kodo, renowned master and developer of the Toyo Hari systems of acupuncture. Having taught for the Toyo Hari Association for 15 years, Mr. Kuwahara now teaches his own unique (Hari / Kototama) style of acupuncture that draws from the various systems practiced by his teachers: practitioners such as Sensei Masamichi Shimada (Kototama) Tetsuo Shiomi, Masakazu Ikeda, Denmei Shudo (Meridian therapy), Kunsei Kudo (Bloodletting), Masanori Tanioka (Pediatrics), and Masato Nakagawa (Shinkiko/ Ki-therapy).

Since visiting to New England School Acupuncture as guest instructor in 1991, He has been teaching several JAS courses, advanced continuing education programs at NESAs in Boston, in many part of the world. He is the editor of *Traditional Japanese Acupuncture –Fundamentals and Clinical Guide of Meridian Therapy*, and of numerous acupuncture articles. Also he has practiced Aikido and Iaido for 45 years. He lives in Watertown, MA USA and maintains a private practice.

1. The Definition of a Child and Shonihari

Here, a child is defined as being from the age of one week through elementary school age. This is the age range for which pediatric acupuncture is appropriate. However, some older elementary school children have big bodies, also familiar with Acupuncture treatment and so require the same treatment as adults.

History of and what is it ?

Shoni-Hari (sho=small, ni=child, Hari=Classical acupuncture treatment) is a unique and specialized pediatric style of acupuncture form for infants and children that became renowned in the 1700s in the Osaka region of Japan.

It is a safe and gentle treatment using special pediatric needles lightly stroked on acupuncture points and meridians. Needles are not inserted into the skin. It is a highly regarded Japanese preventative medical treatment for them. Also, the general treatment help strengthen the parent-child relationship and improve the spiritual and emotional development and growth of the child. To this day, Japanese parents regularly bring children for Shonihari treatment, and the Shonihari approach is increasing in popularity around the world.

Three elements of Shonihari study

- A. Diagnosis and treatment indications and comfortable treatment
- B. How to make a good connection with the child by smiling
- C. Education of the guardian and praise for the child

2. General Knowledge of Pediatric Acupuncture

The difference of bodily reaction between adult and child.

Adult: Comparatively the symptom is chronic in most cases.

: Reaction come out as point on body

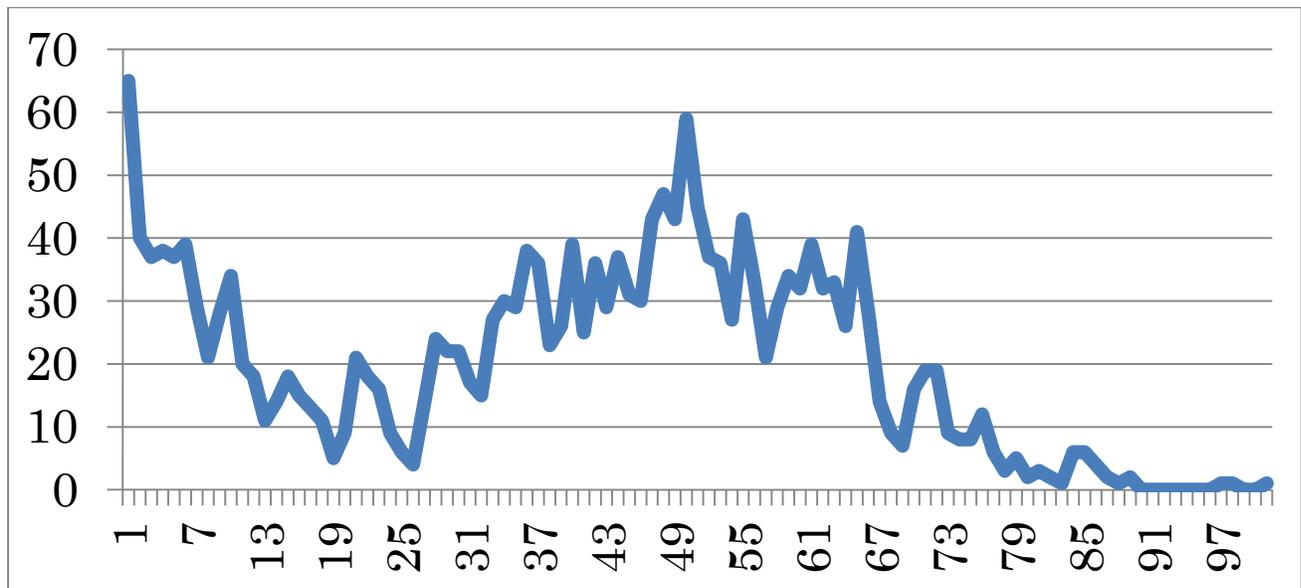
Child: The symptom is acute in most cases.

: Reaction come out as spot (bigger than point) on the body.

Japanese style: Treatment on Kan-no-mushi and prevention of disease; a special acupuncture needle is used for pediatric treatment. Indications: ADHD, Food allergy, Eczema, Asthma, Tonsillitis, Conjunctivitis, Tympanitis, Stuttering, etc.

3. Patients Coming to the CULIA KI CLINIC According to Age:

1/1/2008-7/31/2011 15000 人



4. Number of Pediatric Patient (0-12) According to Symptoms:

No.	Chief C.	#Tx.	F	M	No.	Chief C.	#Tx.	F	M
1	ADHD	600	27	573	34	Sore throat	17	13	4
2	Asthma	396	144	252	35	Swollen tonsils	16	0	16
3	Acute cold	274	162	112	36	Postoperative restore	14	14	0
4	Food allergy	225	142	83	37	Nocturnal enuresis	14	11	3
5	Eczema	207	118	89	38	Hypoxic encephalosis	14	14	0
6	Kan-no-mushi	174	57	117	39	Ear ache	12	6	6
7	Cough	119	19	100	40	Facial paralysis	10	0	10
8	Autism	119	106	13	41	Crohn disease	10	10	0
9	Health maintenance	114	65	49	42	Stress	9	1	8
10	Constipation	74	27	47	43	Rheumatism	9	9	0
11	Otitis media	72	43	29	44	Eye pain	7	0	7
12	Atopic dermatitis	72	72	0	45	Vaccinum hygieiology	7	2	5
13	Rhinitis	67	33	34	46	Low back pain	6	1	5
14	Down disease	67	0	67	47	Dizziness	6	0	6
15	Hay fever	59	36	23	48	Tendovaginitis	6	6	0

16	Vomit	56	22	34	49	Wart	6	0	6
17	Abdominal pain	52	35	17	50	Tiredness	5	1	4
18	Support growth	47	43	4	51	Nearsightedness	5	5	0
19	chronic cold	43	0	43	52	Jaundice	4	4	0
20	Heart disease	39	0	39	53	Heartburn	4	0	4
21	Colitis	37	0	37	54	Arrhythmia	4	0	4
22	Squinting eye	37	37	0	55	Diet	3	3	0
23	Renal disease	35	17	18	56	Herpes zoster	3	3	0
24	Sleeplessness	31	6	25	57	Frequent urination	3	3	0
25	Sinusitis	31	22	9	58	Lack of appetite	2	2	0
26	Headache	31	4	27	59	Bronchitis	2	2	0
27	Polio	31	0	31	60	Scarlet fever	2	0	2
28	Pneumonia	30	5	25	61	Tic	2	2	0
29	Diarrhoea	29	13	16	62	Upper buck pain	1	0	1
30	Epilepsy	27	26	1	63	Difficulty of breathing	1	1	0
31	Anxious	26	8	18	64	Contund	1	1	0
32	Flu	23	22	1	65	Pain of fore arm	1	0	1
33	Pain of neck, shoulder	17	17	0	66	Toothache	1	1	0
Sum of treatment							3468	1443	2025

5. Features of the (Taishi) hari / Pediatric Acupuncture Needle:

It is a three-edged needle shaped like a nail. It can also be used for bloodletting because it is made of forged steel and it is very sharp. Strong stimulation is possible, but usually an infant needs only mild stimulation. Therefore, there is no shortage of stimulation by using this needle. Feather-light stimulation by using this needle is also possible. Acupuncture, post-massage, and post-diagnosis can be done with one hand. Because the other hand is free, the child can be supported by this free hand, which is very useful. It is possible to use the Taishi (hari) needle forever because it does not wear out, as long as it is not lost.

6. Diagnosis and treatment

A. Diagnosis:

1. Five phase Japanese meridian therapy Dx.
2. Looking diagnosis: Observe the temples and yintang area of the forehead
3. Abdominal tapping diagnosis
4. Determine healthy/diseased states and amount of stimulation that was given
5. Touching diagnosis: How to read the surface of the body. Find a reaction (excessive tension) on the surface of the skin.

The way to move hand: To move your hand (surface of finger) parallel to children skin.

The rhythm of hand during manipulation is 150 times / min.

To use fourth finger (ring finger) to read the skin during use the Taishi needle.

- 5 Pulse diagnosis, Listening and smelling, etc.

B. Treatment:

1. Movement of Taishi needle
2. The needle is pulled toward you with an oval-shaped movement.
3. Amount of stimulation: Soft skin requires less stimulation. As a rule, if the excessive tension of the skin becomes normal, then treatment for that day is finished.

C. Treatment Frequency

1. **On average** kan-no-mushi is treated every day for 4 or 5 days.
In serious cases treatment is every day for 7 to 10 days. In light cases, treatment is every day for 2-3 days.

It is acceptable to give treatment once a week in order to prevent kan-no-mushi or light illnesses. When a more serious disease is present, give more frequent treatments.

2. **Judging the effectiveness of treatment**

Have the signs of the condition faded away or not? Was there improvement of the symptoms or not? . The patient's expression should become tender, and they should become cheerful and active.

If the symptom worsens, the amount of stimulation may have been excessive and should be decreased to 1/5 - 1/10 of the original dosage.

One should find out the condition of the child in daily life by questioning the guardian in detail.

3. **Timing of the end of treatment**

You must end it, when the normal body is approached most. The tense of a skin, the abdominal tapping sound, pulse, facial expression, etc. should just approach a health condition.

It is important that a pt's awareness and a way person's diagnosis are in agreement, and it is a help to the improvement in technical.

(Conclusion) Listen to the voice from surface of the skin.

7. The Way of Contact with Children

*** Do you love children?**

Many people may not realize the importance of the way of contact with children in Shonihari.

*"The way of contact with children" is important as "mastering Shonihari skills" or "allowing their parent to understand"

There is a difference between the child who cries and the child that does not cry. When the child cries and begins to act violently, he or she is difficult to treat. Also the guardian will become uneasy. The child will not want to come to the clinic because he or she will associate it with an uncomfortable condition and will resist going there.

How does one recognize the child who will cry? If you can recognize them, then you can prepare and set up a plan to prevent the crying.

<SECRET> TECHNIQUE

If children feel comfortable and happy, surely their parents also may feel happy at that time.



When treating the stiffest part of the body or you feel “this treatment is working now”,

Suddenly ask “How do you feel?”.

Try to let children say “It is comfortable! (or Good!)”.

(To draw out this word is very important)



Finally, their parents may understand the importance of Hari treatment.

Methods to Stop Crying:

1. The moment of inhalation is when the child can hear your voice.
2. Change the direction of Ki of the mind to make them feel happy. To imitate an animal sound (voice) suddenly, to surpass children. Mostly, children enjoy it. This is useful for when children are crying or when you would like to lead them to other game (play).
3. Crying is OK as long as they are finished crying by the end of the treatment. It is normal for children to cry but if they are not crying at the end of the treatment they will come back for more treatment. If they do not return, the treatment is unsuccessful.

8. Education of the Guardian

To agree and sympathize with their parents appeal.

To understand the suffering of parents.

Explain the progress and prospect of sickness and symptom.

To let them understand the plan and treatment.

There are differences between pediatric and adult treatment.

It is not possible for a child to come to the clinic alone. In addition, infants do not have the consciousness to know they are sick or the will to cure themselves.

It is suggested to complement and admire the child in the presence of the guardian. This will gain their attention, and then you can more easily tell them whatever important matters they need to hear.

It is important to respect those parents and children. As practitioners, we take the initiative and guide children during treatment. It is also important to listen to their complaints, encourage them, offer advice, and discuss the treatment together with the child. We see tears and smiles every day on Shoni Hari, this I believe is very wonderful.

9. Training Methods

1. Play with children.
2. Make the articulations of the hands soft.
3. Read books on child care.
4. Observe senior practitioners.
5. To touch a child's skin.

To find a place where children play and watch them.

A very important point is to talk with their parents at that time.

Because, you want to prove you are not a kidnapper.

To try to be as friendly as possible, so that you could have chance to contact with children.

10. Practice

To tap the needle head.

This is training to practice feather touch (very soft touch) and also make your hands move lightly at for Shonihari treatment.

To master this or not, determines whether children love or run away from Shonihari.

However, you must finish this training within 1 month.

The teacher will demonstrate the use of the pediatric needle (Taishi hari) on the forearm of students. Next the student will practice using the needle on his/her own body. The student will also practice tapping the needle head.

It is suggested that one take good care of one's hands. One should not, for example, dig in the soil or work outside bare-handed. When detergents are used, rubber gloves should be worn and when going out in winter, gloves should be worn.

11. Tips for Pediatric Acupuncture

(1) To come in contact with a gentle expression.

Try to speak according to their ages. Specific topics may help your conversation. TV programs, Characters, Hobbies. Do not stare.

Do not look straight into the eyes of a child, as it will scare him/her. A child who cries when he or she enters the clinic.

(2) To be able to follow the speed and movement of children's mind.

Children are very patient, and also easily change their mind. They are interested in moving objects and love to touch them. They are curious, very active and never keep still.

To handle children according to each circumstance, physical power and flexible mind are necessary.

(3) To find a way to have those children naturally follow you rather than you chase them.

Children may follow you if you attract their mind.

Use furnishings and decorations such as picture books, posters, stuffed animals, etc. such as that which please children. These toys attract the children into the clinic.

If you strongly think, "I want to do something for this child, then they run away.

*Because, primary sense of children is instinct.

(4) Talk in a friendly way to their parents.

Parent's friend can be their (children's) good friend.

(5) "Taboo Words"

Pain, Fear, Cry, Needle are. Never show the child the sharp point of the needle.

(6) Try to have such a good technique as to make the child drool from comfort. Children cannot endure pain or heat and tend to get impatient.

(7) If the symptoms worsen, decrease the dosage to 1/10 of the original prescription.

Children respond to delicate stimulation. The condition may change suddenly.

(8) Please ask questions in return, if you find it difficult to answer their questions.

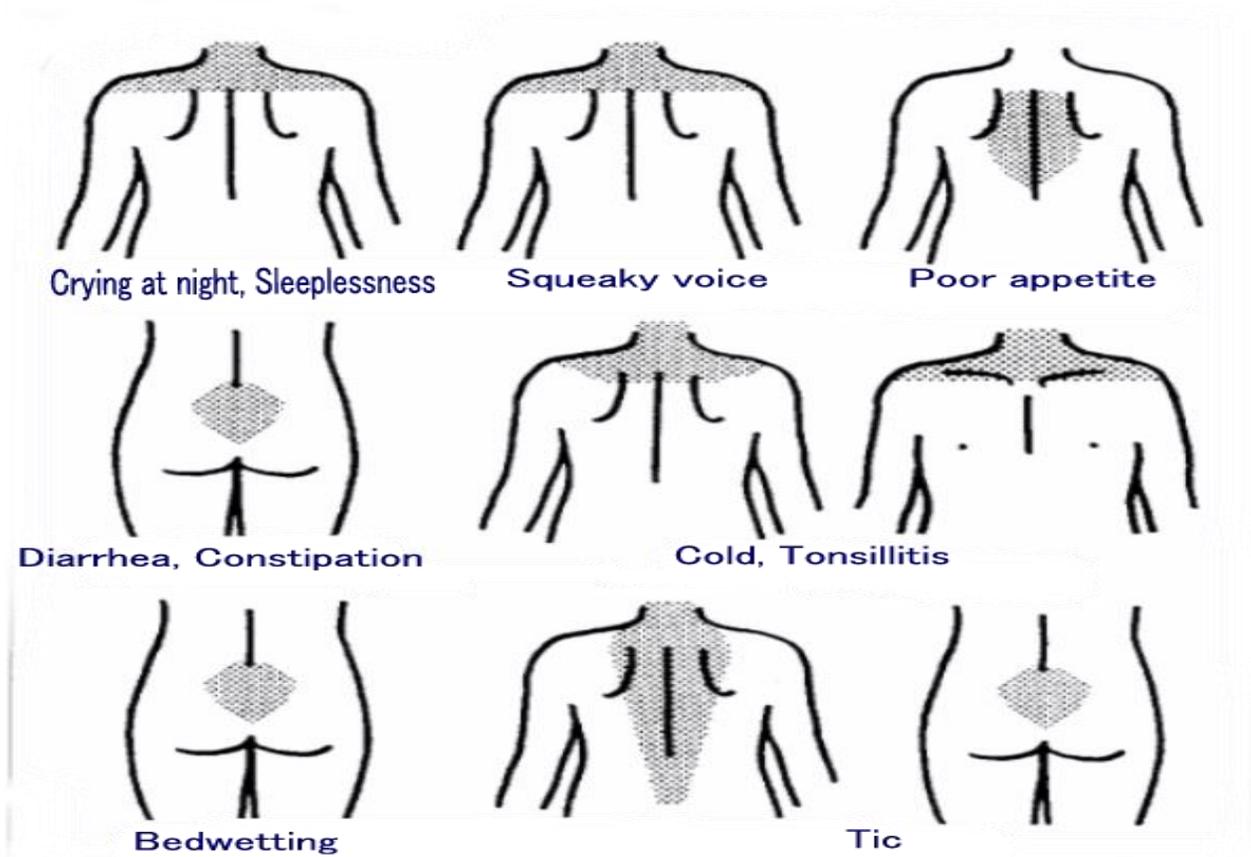
Their parents may ask you some questions which might have no answer (or very difficult to answer) in many cases. "I don't know..." could be one decision of answer, though ask some related questions may lead to find the answers in some cases. The important point to be understood here is, to read books every day and to collect information by your eyes and ears.

12. Amount of stimulation according to age

Age	0-3 months	4-11 months	1-3 years	4-7 years	8-12 years
contact-distance	1 cm	1-2 cm	2-3 cm	3-10 cm	10-15 cm
back	35 times	50 times	100 times	150 times	200 times
head	15 times	20 times	25 times	30 times	50 times
back of neck	10 times	20 times	30 times	50 times	100 times
chest, abdomen	10 times	20 times	30 times	50 times	60 times
four limbs	40 times	50 times	60 times	80 times	100 times
treatment time	30-60 seconds	1-2 minutes	2-3 minutes	3-5 minutes	5-7 minutes
pressure of hand	2 g	2-20 g	20-30 g	30-70 g	70-150g

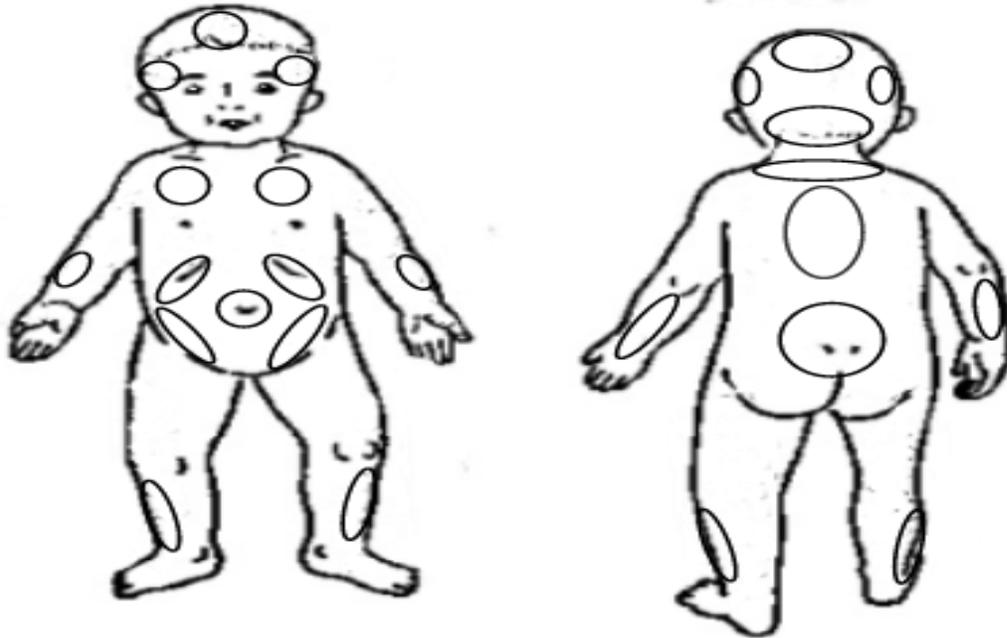
Examples of reaction area

Reaction area



13. Areas Where Signs Tend to Appear and Treatment Order

The circled areas on the pictures indicate areas where reaction tends to appear. Of course, not all cases will present in with tension/tautness in all these areas; it is possible for excess to manifest in only one of the indicated areas



Treatment Order

- ① From the parietal region to the temporal region
- ② From the upper shoulders to the nape of the neck
- ③ Interscapular region centering on GV-12
- ④ Lower back centering on GV-3 and GV- 4
- ⑤ Abdomen: around the navel, area of the free ribs, and inguinal region
- ⑥ Area near LU-1 and LU-2
- ⑦ Arms: LI-8 to LI-12, SI-7 and SI-8, TW- 5 to TW- 9
- ⑧ Legs: ST-37 and ST-38, GB-35 to GB-39
- ⑨ Check and stroke again ③

Basic meridian therapy with Teishin and Six comparative pulse diagnoses

Characteristics of Children's Physical Constitutions

In like manner to adults, children are classified as having either a heat Sho constitution or a cold Sho constitution. Those with a heat Sho constitution have an abundance of yang ki, are active, and have big appetites. Children who like making mischief have a heat Sho constitution. Children with a cold Sho constitution are quiet and meek. They also have small appetites and always cling to their mothers.

Children with a heat Sho constitution present with intense symptoms when they become ill, but they easily get over illnesses. Treatment should consist of appropriate amounts of dispersion.

Children with a cold Sho constitution require gentle treatment. Overdoing the treatment just a little can later cause an outbreak of fever.

Acute Febrile Diseases

Among pediatric diseases, those that require the most caution are acute febrile diseases such as influenza, measles, rubella, roseola infantum, scarlet fever, and tonsillitis. Special care is necessary because the child can develop pneumonia if appropriate action is not taken.

Most parents bring their children to a pediatrician to get an antipyretic when their child has a fever. However, if they do not go to a pediatrician, it is acceptable to first of all refer them to one.

Parents sometimes ask whether it is all right to treat their children with acupuncture while they have a fever. Basically there are no problems to give treatment. However, it is possible to cause the outbreak of fever if the treatment is not appropriate. Close attention must be paid especially when treating children who have a cold Sho and lack of energy.

It is possible for children to have vomiting and/or diarrhea with a fever. It is permissible to give treatment even at times like this, but naturally care must be taken. Especially in the case of vomiting or diarrhea, it is possible for the child to become dehydrated and so should be referred to a medical specialist if deemed necessary.

Chronic Illnesses

Excluding special circumstances, it is rare for children to have chronic disorders. Ones that they do contract include asthma, otitis media, and atopic dermatitis. Alternatively, they can present with the constitutional symptoms of what is known as *kanmushi* or the irascibility bug. This is a syndrome of children that is traditionally recognized in Japan, the general characteristics of which include crying at night, loss of appetite, and frequent irritability. All of these cases can be cured with acupuncture treatment. However, it may be necessary to continue regular treatments.

Basic meridian therapy

Meridian Therapy practitioners gather information by looking, listening and palpating. This information allows the practitioner to determine the *shō* or pattern of imbalance. There are basic four different *shō*, within which all pathologies can be categorized under the Lung, Spleen, Kidney or Liver. Pathology develops due to internal deficiency in the patients. Deficiency is not the only pathology however; there is also excess. The fundamental theory is that pathology begins with deficiency but can provoke excess.

The four *shō* are:

Lung Kyo (deficiency) Liver Jitsu (excess)
Spleen Kyo (deficiency) Liver Jitsu (excess)

Liver Kyo (deficiency) Lung or Spleen Jitsu (excess) Kidney Kyo (deficiency) Spleen Jitsu (excess)

This tendency in the disease process occurs due to the five element generating and controlling cycles. When there is Lung deficiency, the Liver tends to shift toward excess. If the Spleen is deficient, the Kidney and Liver tend to shift toward excess. This is the theory but it is not necessarily the case in real life. The Lung and Liver could be simultaneously deficient. It does not theoretically make sense for two corresponding meridians in controlling cycle to both be deficient, but it is possible.

There are two types of excess:

Excess type and deficient type excess.

Hari theory states that yin is primary and yang secondary in making a diagnosis. Therefore, when pathology develops, treat the yin first.

The most important aspect in Hari pulse diagnosis. Through the pulse it is possible to ascertain what is deficient and what is excess.

When treating yin one needs to observe the pulse and then apply the appropriate techniques in order to tonify, or disperse the excess. If after treating yin and yang the pulses are harmonious, then the treatment is done. This part of the treatment is called the **root treatment**. Sometimes, however, the root treatment alone is not enough and therefore supplemental treatment must be incorporated. The supplemental or local treatment is used to treat the local symptoms.

For example a severe headache can result from Gall Bladder excess. Dispersing the excess in the GB meridian should decrease the pain. The pain should be relieved thorough the root treatment, but any remaining symptoms should be treated with a supplemental or local treatment and another treatment method such as bloodletting or extraordinary vessel treatment, etc. These supplemental methods are used systematically to complete the treatment of the patient.

With pediatrics it is not difficult to perform the root treatment. It is possible for children to have deficiency or excess, but compared to adults, children's internal health is usually relatively sound. Most pathology in children is based on excess patterns of yang meridians on the surface. Thus dispersion techniques applied on yang meridians usually suffice in the treatment of children. The most important aspect of the root treatment is to determine the *Shō* according to the presentation of the yin meridians. If a child presents with diarrhea or vomiting of milk the *shō* should be determined as Spleen deficiency. At this point determination of the *shō* is not different from adults.

Basics of Pediatric Diagnosis

Treatment for children as well is necessitated by the pattern of imbalance. The pulse is difficult to read on small children and so the pattern of imbalance should be considered based on the looking exam and the symptom patterns. However, in the case of children the parent or guardian is asked about the symptom patterns. Parents, especially mothers, are normally very observant of their children and so should know most of the child's symptoms.

Asking diagnosis

Children is the same as with adults except that questioning is directed toward the parents if the child is too young (i.e. younger than 5 or 6 years of age). Touching the children is critical but one must first gain the trust of the child. Unless one accumulates experience with children it will be difficult to treat them. It is very important to understand the difference between children and adults. One needs to get on the same level as

the child, needs to talk the child's language. If children view the practitioner as a friend, he or she will allow the treatment to occur. This will make asking questions easier and will make the mother or father more assured.

Pulse diagnosis

In pediatrics it is said to be difficult. Because the pulse diagnosis should be done quickly. Children dislike both hands to be held at the same time. The area on the wrist that can be felt is very small and children move around a lot. But we must always perform a pulse diagnosis in order to determine the shō.

Pulse quality Diagnosis of the pulse quality in the six positions is used with children.

In order to check the pulse quality one needs to first of all know what is considered a normal child's pulse. Children's pulses are faster than adults and more floating. A sinking pulse on a child is abnormal. Children's pulses tend toward being soft and slippery but not hesitant. If this type of pulse were found in an adult it would be assumed that the person had the flu or an internal fever. In children however, soft is normal and does not indicate deficiency.

How pulses change from the normal range is key. There are 38 pulse qualities. Conduct the pulse diagnosis based on the 38 different types of pulses. For example sinking and tight indicates yin pathology or a chronic condition. If the pulse is fast, sinking and tight the pathology is being caused by an internal organ problem. Kidney or heart disease presents this way and needs to be evaluated by a medical doctor.

Pulses that are too slow with symptom indicate a serious problem. If the pulse is abnormal but still fast an acupuncturist can treat the condition alone without sending the patient to the hospital. In an adult pulse 5 ~ 6 beats per breath is normal. It is bad for a child's pulse to be the same as an adult's. It should be faster than the practitioner's pulse.

Six-position comparative pulse diagnosis

Some say it is impossible to do six-position pulse diagnoses on children. But Meridian Therapists always need to check the six-position pulse.

If the child is less than 3 years of age the wrist area is too small to do six-position pulse diagnosis with three finger.

With an infant, use one finger. It is important to feel the artery beside the styloid process. Put one finger on the styloid process and slightly roll the finger up and down. If he or she is used to this method, the practitioner will feel differences in the pulse just by touching and rolling the finger on the pulse. If the child is older than a few months, two fingers (or one) will do.

Compare the deficiency or excess in yin meridian of the right and left arms with one finger on each side.

First, determine which side is weaker (deficient) or stiff and hardness with hesitancy (excess). Next, if the right pulse is weaker, determine whether it is the Spleen or the Lung that is deficient, and if the left pulse is weaker determine whether it is the Liver or the Kidney that is deficient.

Put a finger on the styloid process and roll upwards to differential between the Lung and Spleen pulse positions. If you cannot feel from the rolling finger technique which is deficient, then put two fingers on the styloid process. Determine which finger feels the strongest pulse -- index or middle. Lung deficiency is indicated if the pulse under the index finger, which is placed between the first and second pulse positions, feels weaker. Spleen deficiency is indicated if the middle finger, which is placed between the second and third pulse positions, feels weaker. The left hand pulse diagnosis is the same as for the right. A weaker pulse under the middle finger indicates Kidney deficiency, and a weaker pulse under the index finger indicates Liver deficiency.

Children's pulses are strongest on the surface. This indicates excess in the yang aspect. A pulse that feels submerged and weak indicates yang deficiency. A pulse that feels submerged and hard indicates a yin excess pattern.

In children who are in the beginning stages of a cold and runny nose, the overall pulse will be excess, floating and fast. At this time the Lung is deficient and the Large Intestine is excess. For treatment, first disperse the tai yang and yang ming channel (i.e. the SI, BL and LI channels) with sanshin technique, and then tonify the Lung and disperse the Large Intestine with Teishin.

If when the children come to the clinic and they are already in the chronic stage of a cold, the overall pulse will be submerged and excess or thin, tight with hesitancy. The pulse on the right side will be stronger than the pulse on the left side. At this time the Lung has become excess and the Liver, which is in a controlling cycle relationship with the Lung, should be deficient. For treatment, after performing a dispersion type of sanshin on the head, back and chest, tonify the Liver (and Kidney) and disperse the Lung with Teishin.

The above chronic cold condition is a condition of yin excess, and so is a very serious condition. Caution must be taken, and if necessary suggest to the parents that the child be examined by a medical doctor. Within the same yin excess condition it is possible for the Liver to be excess. However this is not as serious as Lung excess.

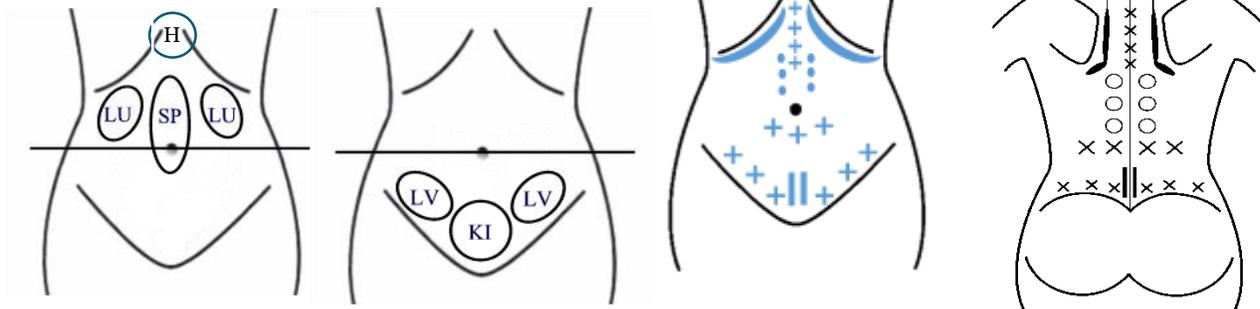
Abdominal Diagnosis (with warm hand) Abdomen tapping diagnosis

It shows the treating area of expressing the condition in this time, and can also suggest dose of a stimulus.

Abdominal and touch diagnoses are also very important with children. A healthy abdomen in babies and children is round and protrudes slightly from the rib cage, looking like a plump Chinese steamed bun. There should be 'bounce' in the abdomen such that if it is poked it bounces back. This bounce should come from deep inside the abdomen. Protruding is normal for children but for adults it indicates Stomach excess or Kidney weakness. Touch the overall abdomen to feel for depressions and check the protuberances. Feel for resistance against your touch. If there is resistance that is firm and strong, the prognosis is good. If the abdominal surface is strong but lacks bounce, the pathology is an excess pattern or lack of ki flow in that particular area. If the skin is loose and weak, it indicates deficiency. Looseness, weakness or abdominal tension needs to be checked against the pulse and symptoms.

Taking the umbilicus as center, divide the abdomen into upper and lower halves. Weakness in upper half of the abdomen indicates a Lung or Spleen shō and if in the lower half indicates a Liver or Kidney shō. In the upper half, the area around the midline represents the Spleen, and the areas lateral to the midline represents the Lung. In the lower half, the area around the midline represents the Kidney, and the areas medial to the midline represent the Liver.

See the diagrams. Five elements and Tapping Dx.



Feel the overall body to determine if there are any signs that indicate an excess or deficiency pattern. Barely touch the skin. Do not press hard. Skin that is soft and full of bounce is normal. If abnormal, the skin will lack bounciness and in particular areas. You must learn how the lack of bounciness in the abdomen feels to the fingers.

An excess pattern is indicated if the skin feels like a “**dry towel**”. In this case, dispersion or strong stimulation should be used. A deficiency pattern is indicated if you find a sense of 'loneliness' or “sluggishness” on the skin. In this case, apply a tonification technique or weak stimulation or do not touch that area.

Treatment of an excess pattern within a deficiency:

If you find hardness within deficiency, avoid strong stimulation. Apply only gentle stimulation to the surface of the skin in order to remove that hardness. While you apply the mild stimulation the hardness within the deficiency should diminish. After using gentle stimulation the excess/hardness in others areas of the body that were not clear become clearly discernible or disappear on the surface of the body. At that time, use dispersion when the excess is at surface. If you don't see excess anymore, no more needling apply.

Tapping has more to do with dispersion. Pick techniques based on what is felt on the skin of the patient. Do not think too much but rather apply techniques intuitively based on the feeling in your fingers as they touch the child's skin.

The areas within the circles in the diagrams are areas where excess tends to appear. Make sure to examine and diagnosis the whole body but pay especial attention to these areas. Follow the order of treatment as given on this handout's diagram. The areas within the circles indicate where the evil ki can gather. Evil ki gathers easier on the back rather than the anterior part of body. Do not forget to palpate with forth fingertip at same time as performing the needling technique.

The most important thing with touching is to develop the sensitivity of your hands. If a child's skin is soft and delicate it is most likely healthy.

It is normal for a baby's feet to be cold. Its abdomen should be warm. The baby's feet will get warmer while the child sleeps horizontally. Eighty percent of a child's character is shaped before age 3, 100 % before age 6. The child will not turn out very well if parents impose hardship on the child before age six. The state of the parents must be observed.

I. The Basics of Diagnosis and Pediatric Treatment

Perform the asking and touch diagnoses at the same time the needle is being used.

For adults the rule is to start with the root treatment;

For children start with the local treatment where you find hard skin areas on the child's body because such treatment feels good to the child.

As the treatment proceeds it should become easier to take the pulse. Determine the necessary strength of stimulation by using the left hand and 3-5th fingertip on the needling hand to palpate the treatment area.

You usually start on the upper back, then go to the shoulders, then the posterior side of neck, then on top of the head and finally to the abdomen and limbs. If you use needle for tapping the child will quickly learn it is not painful. In Japan bells or tiny dolls are put on the needle head to distract the child.

The scapular area is a place where evil ki can easily gather. During such times patients tend to present with

symptoms such as respiratory problems, irritation, and insomnia, etc. This area will show signs of all symptoms. For children who cry louder than normal and are irritable, use the tapping or scratching technique with Jakusan in the interscapular (GV-12) region. If the excess is not so strong, just scrape with Taishi-Hari. Problems in the lower back region can have symptoms such as constipation, diarrhea, or a slow growth. Use a tapping or scratching technique.

The head region is also an area where evil ki can easily gather.

In pediatrics, Hari practitioners always do the local treatment before the root treatment even if deficient-type symptoms are present. After finishing the local treatment check the pulse again and reconfirm your diagnosis of the shō. What position is most deficient? Where is the evil ki residing? Use the teishin to tonify the root treatment point(s) of the deficient meridian:

Lung shō - LU-9, SP-3

Spleen shō - PC-7, SP-3

Liver shō - LV-8, KI-10

Kidney shō - LU-5 or LU-8 and KI-7.

At this point the treatment for the yin meridian is taken care of, and so the next step is to treat any continuing manifestations of the pattern of imbalance.

If excess remains, for example in the Liver, LR 3 is dispersed. After treating the yin meridians move to the yang meridians. If there is still evil ki in the yang meridians, needle the *Luo*/connect points. After the whole course of treatment is finished the pulse should feel robust and round. Place magnets or press balls on the appropriate points, and give suggestions for treatment that the family can practice at home such as magnets, press-balls, or acupressure.

II. Liver Deficiency Sho

1. Diagnosis

Presentation with the following symptom patterns indicates a Liver deficiency Sho: crying at night; irritability; screeching in a high-pitched voice; bluish conjunctiva; raised vein between the brows; bristled hair; cross-eyed; sleeping with open eyes; tic.

Such symptom patterns are included in *kanmushi* or the irascibility bug, which is a type of nervous constitution. It has various causes, mainly stress. It can also develop due to the home environment.

Among cases of pediatric asthma some children have a Liver deficiency Sho with Lung heat. They present without much coughing and mainly have difficulty breathing. One explanation says that this state develops due to psychological causes. Therefore, it will get better if acupuncture treatment stabilizes the child's psychological state.

2. Treatment

In the case of children, treatment mainly consists of touch needling, for this Sho of imbalance as well as the other patterns of imbalance. First treat upper back, precordia and upper abdomen with down/upward stroking motions. Also, always make sure to stroke the treatment area with your *oshide* (supporting hand). Next, treat the lower abdomen with upward stroking motions. In other words, the abdominal treatment is done such that it gathers ki toward the navel. Thereafter, treat the whole of the back with downward stroking motions from top to bottom.

Either at the beginning or end of the treatment, use touch needling on the meridian that is related to the pattern of imbalance. This is done as a root treatment. For Liver deficiency, treat the Liver channel below LR-8 and the Gallbladder channel. For somewhat big children, *goishin* (filiform needle) can be used for the root treatment.

For asthma, tonify LR-4 and KI-7. An asthma attack can be quelled with just the root treatment.

Also, use a single needle technique at GV-12 when treating the back. Alternatively, use touch needling in the temporal region of the head. In the old days direct moxibustion was often used on GV-12, but there are not many chances to do so these days because many parents do not approve of it. However, even nowadays in regions of Japan where moxibustion is very popular there are parents who request moxibustion to be used at GV-12. Moxibustion applied to GV-12 is effective for most pediatric diseases.

III. Spleen Deficiency Sho

1. Diagnosis

There are children who have hearty appetites and eat anything, including things that are not meant for human consumption. This is a case of Spleen deficiency with excess-type heat in the Stomach, which is judged by the child having red lips.

Spleen deficiency with deficient-type heat or cold in the Stomach is indicated in a child who presents with the following conditions: small appetite and complains occasionally of abdominal pain; tendency to have constipation or diarrhea; lack of energy and just lies about the house; underdeveloped muscles; tendency to get nosebleeds; tendency to have a stuffy nose; white lips; and bed wetting. White lips indicate cold in the Stomach.

Spleen deficiency with heat in the yang brightness channel or lesser yang channel is common when vomiting or diarrhea accompanies an acute febrile disease, or when the child has an inflammatory disease such as otitis media.

A Spleen deficiency with Stomach deficiency heat Sho is indicated when the child has a loss of appetite after having had a fever with influenza or other similar condition, or when the child's fever increases in the afternoon.

Spleen deficiency with a heat Sho in the yang brightness channel is common when a child has atopic dermatitis.

2. Treatment

As should be expected, touch needling should be used on the chest, upper and lower abdomen, and the back. Then, either tonify PC-7 and SP-3, or use touch needling on the Pericardium channel on the limbs distal to the elbows and knees as well as the whole of the Spleen channel. Also use touch needling on areas that have outbreaks of atopic dermatitis.

Use a single needle technique on the left lower abdomen for cases of constipation.

Use a single needle technique on the right lower abdomen for cases of diarrhea.

Tonify BL-58 for cases involving vomiting.

Use direct moxibustion on GV-12 for children who have a tendency to get diarrhea. If the parent objects to moxibustion at GV-12, use a single needle technique instead.

Use touch needling on the yang brightness channel for dispersal when there is a lot of heat in the Stomach.

Use a single needle technique at TW-17 for otitis media. Use a single needle technique at CV-12 when there is a loss of appetite.

IV. Lung Deficiency Sho

1. Diagnosis

Children with a Lung deficiency Sho have a lot of peach fuzz on their backs. Such children have a tendency to catch colds. When they break out in fever, coughing becomes very persistent. Alternatively, it

could spark the development of otitis media or lead to the appearance of a nasal condition. At this time the condition can be mistaken for Spleen deficiency. Therefore, the pattern of imbalance should be determined by inquiring about the appetite.

Additionally, children with Lung deficiency also tend to develop tonsillitis. They have weak skin and are sensitive to such things as insect bites or stings. They can have low-grade fevers of unknown origin that continue for long periods, and easily develop headaches.

Asthma does not exclusively present with Lung deficiency. In chronic cases the child could just as easily have Spleen deficiency or Liver deficiency, and so judgments should be made based on other factors in the clinical presentation.

As was mentioned earlier, children who present with a fever could simply have a cold, but also often have contracted a contagious febrile disease such as the measles. When they become old enough to go to preschool, children frequently come home with febrile diseases that are going around.

At such times children will recover quickly if given acupuncture, especially if it is already known what disease they have and even more so if the fever is in decline. However, the child should quickly be referred to a medical specialist if his or her fever is high, the kind of disease the child has contracted is not known, and the parents have not yet taken the child to a pediatrician. Children's fevers often get better quickly if the appropriate actions are taken. The thing of most dread is that the treatment will be late and the child will develop pneumonia.

2. Treatment

Use touch needling on the chest, abdomen, and back, and also apply tonification to LU-9 and SP-5. LI-3 and BL-63 should be dispersed when there is a high fever. Applying direct moxibustion to BL-13 makes children who tend to get fevers well again. Use a single needle technique on ST-9 when children have a persistent cough.

Brisk rubdowns with a dry towel can be used to strengthen the skin of children with Lung deficiency. These rubdowns with a dry towel constitute physical contact between parent and child and so often help to stabilize the child's emotions.

V. Kidney Deficiency Sho

1. Diagnosis

Children are physiologically Kidney deficient. That is, they have not yet grown into an adult body. However, obese children have a pathogenic Kidney deficiency. These children uniformly have small ears. They have hearty appetites and so are not always thought of as having a problem, but in reality they tend to tire easily and do not have endurance. They also are easily frightened.

Such children typically wet their beds, which is more a function of a weak Kidney rather than an emotional problem.

The presentation of pediatric atopic dermatitis often indicates a Spleen deficiency yang brightness channel heat Sho, but sometimes could be a Lung deficiency Liver excess Sho. It called Nan Jing(Classic of Difficulties) Chap.75 Sho. In the latter case, it is related to the constitution the child was born with. Such children are thin and are picky eaters. They present with pain on pressure in the superior edge of the inguinal area.

2. Treatment

Tonify LU-5 and KI-7 on children with Kidney deficiency. Also use touch needling on the chest, abdomen, and back.

Treat bed-wetting with direct moxibustion or a single needle technique at CV-3 and CV-4. Moxibustion in the lumbar region does not seem to be very effective.

It is possible to produce an adverse effect when using moxibustion because the child may perceive it as being picked on or tormented. This can happen because the cause of bed-wetting is sometimes related to a want of affection. The child develops a bed-wetting habit because he or she wants to be shown more love.

Use touch needling over the whole body for atopic dermatitis. Also use a single needle technique on points along the superior edge of the inguinal area that present with pain on pressure.

Pediatric Diagnosis and Treatment	
Liver Deficiency Sho	Crying at night; irritability; screeching in a high-pitched voice; bluish conjunctiva; raised vein between the brows; bristled hair; crossed-eyes; sleeping with open eyes; tic; asthma
	Use touch needling on the Liver channel, Gallbladder channel, and the temporal region of the head. Use a single needle technique on GV-12.
Spleen Deficiency Sho	Hearty appetite; eating of non-food items; extremely fussy about food; small appetite; abdominal pain; diarrhea; constipation; lack of energy; underdeveloped; nosebleeds; otitis media
	Use touch needling on the Pericardium channel and the Spleen channel. Tonify PC-7 and SP-3. Use a single needle technique in the lower abdomen for constipation or diarrhea, and on the Bladder channel and at GV-12 for vomiting.
Lung Deficiency Sho	Profuse peach fuzz; tendency to develop fevers; coughing; otitis media; rhinitis; tonsillitis
	Tonify LU-9 and SP-5. Disperse LI-3 and BL-63 if there is a fever. Use direct moxibustion at BL-13. Use a single needle technique at ST-9 for coughing.
Kidney Deficiency Sho	Obesity; small ears; easily tires; bed wetting; squeamish
	Use direct moxibustion or a single needle technique at CV-3 and CV-4. Tonify LU-5.

Needles used for dispersion:

Non-insertive techniques such as tapping or scraping are used most of the time when treating children.

Tap the needle on yourself during the treatment to recheck the strength of the treatment. This should be done mainly when performing dispersion but can also be useful when giving tonification as well. Needles designed for tonification are designed for softer stimulation than dispersion needles.

1. Taishi-Hari needle (Three Edged Needle).

It is a three-edged needle shaped like a nail. It can also be used for bloodletting because it is made of forged steel and it is very sharp. Strong stimulation is possible, but usually an infant needs only mild stimulation. There is no limit to the stimulation that can be created by using this needle, but at the same time it is possible to give feather-light stimulation with this needle. The acupuncture 'needling', post-massage, and post-diagnosis can all be done with one hand. Because the other hand is free, it can be used to support the child. This can be very useful.

- 2. Jakusan** (tapping with the three-edged needle with guiding tube)
In the case of excess, in which the skin is tight and dry like a coarse towel, apply the *Jakusan* (tapping with the three-edged needle with guiding tube) technique until the feeling disappears.
- 3. Kakibari (Rake needle).**
It is for used for scraping. Hold it with the index finger and thumb while scraping the surface of the skin as if cleaning a floor.
- 4. Shumo-shin (Brush Needle).**
The tip is not sharp and can be used to scrape or tap. It is more suitable for stimulating areas with tight corners or places that are not easy to reach. It feels pleasant on the face and is fine for use on the abdomen. If there is evil ki in the area it can be used for dispersion.
- 5. Sankakushin (Triangle Needle).**
This needle is used for taping and dragging. Hold the needle with the thumb and index finger, and use the middle finger to stabilize the tip of the needle as you tap. When tapping the surface of the skin; the middle finger touches the skin first to control the amount of stimulation. Adjust the strength of stimulation according to the type of patient being treated. If you tap without using the middle finger, the stimulation might become too strong for some patients. This method is suited to areas where there is lots of hair.
- 6. Herabari (Spatula).**
Use the middle and index fingers and thumb in the same manner as with the sankakushin. The surface area of the needle that touches the skin is larger than the previous needle, and so it gives a milder stimulation. The force disperses over a larger area. It is used to 'cut' muscle fiber. This is not a real cut. Do not break the skin. Place the needle on the muscle fiber *as if* cutting.
- 7. Goshin (Regular needle).**
This needle is sharper than the others and can be used when you must puncture the skin.
- 8. Furiko-shin (Pendulum Needle).**
If this needle is used quickly it can be painful. Use the ring and little fingers to control the force. This needle is often used on the occipital area in adults, especially if they have high blood pressure. Evil ki stagnates in the occipital area. Use this needle to disperse the evil ki.
- 9. Zanshin (Cone Needle).**
Use the open-end side (and sometimes the tip) for scraping. You can also press the edge against the skin in a 'cutting' motion similar to that used with the herabari in order to disperse evil ki. When using the sharp end, place the tip on the point and vibrate the needle. This is used for dispersion in children and sometimes for adults.
- 10. Enshin, En-Teishin.**
This is a round needle in which one end is larger than the other end. It is used to massage the meridian line to disperse and smooth out the flow of the ki. If for example there is Lung deficiency LI excess, use this needle in the direction of the flow of the LI meridian. It is better to apply the needle slower rather than faster. If stiffness occurs due to stagnation use the Enshin to massage the area. The tapered, smaller rounded end of the needle for both dispersion and tonification.

Needles used for tonification:

1. Teishin.

This needle is used to press lightly on the surface of the skin. The rounded end is used to tonify and sharp end is used for dispersion. The right hand holds the needle and left hand is used as a supporting hand and to seal the acupuncture point. The left index finger or the thumb is used to palpate and find the correct point. After finding the point, place the needle on the point and tightly pinch the needle with left thumb and index finger. At this point the teishin does not touch the skin. For tonification hold the top of handle of the needle with the right thumb and index finger and apply very slight downward pressure.

Hold the needle with the left and right hands; regulate the breath and balance internal yin and yang. Ki energy is going to the chosen point; wait for 4 ~ 5 seconds. Close the hole at the same time as you remove the needle. You see No mark after needle on the point for tonification. The pressure was too hard if after removing the needle there is a needle mark left on the skin.

Tonification with very slight downward pressure (like a feather), apply right–left pressure from thumb and index finger to the upper side of area you hold.

Dispersion lifts and thrust the needle. The dispersion technique is strong enough to leave a mark but it is not necessary to do so. When you remove needle, apply the right–left pressure by thumb and index finger to the lower side of area you hold. Same time apply the downward pressure toward point, then remove the needle.

The strength that should be given to the needle is determined by the pulse quality and overall constitution of the patient. If the pulse is stiff and hard, find more resistance under the tip of the Teishin, then increase the strength to the needle. If it is not hard or stiff, decrease the strength to the needle. By using these techniques, most diseases can be treated. These techniques work well for sensitive adults and children.

2. Longer Version of Teishin.

When treating children it is recommended to use the shorter needle. The longer needle is sometime dangerous for children since it can hit the skin because of their unexpected movement. Moreover, smaller needles can be hidden inside the palm of the hand.

3. En-Teishin.

The tapered, smaller rounded end of the needle for both dispersion and tonification.

Other equipment for use with children:

Press balls, direct or indirect moxa, and chinetsukyu (warming moxibustion). When using extraordinary vessel therapy, magnets up to 200 gauss can be used. Use intradermal needles for strong symptoms or acute conditions. Press balls suffice for most cases.

Kan-no-Mushi (irascibility bags syndrome)

The most common problem seen in infants is a syndrome known in Japan as Kan-no-mushi. The presentation can include: being up a lot during the night, difficulty falling asleep, difficulty waking up, waking up in middle night and playing, sleeping at night but not taking naps, crying in a high pitched voice, biting, pulling of own hair, bumping into walls, unable or not wanting to play with other kids, tendency to cry when adults talk to him/her, fighting with others without reason, poor appetite, diarrhea even though he/she has not eaten any strange food or constipation even though he/she eats the same food as other children (and they do not get constipation), vomiting food or mother's milk, tendency to catch colds or become feverish. If a child presents with all the symptoms, it is a serious case. But, children usually only have one or two, few of these symptoms.

Characteristics to observe include: raised veins between the eyes or anterior to temple region, redness around eyes, reddish inner canthus, and reddish color below the nostrils. There could be redness and breaking of the skin around the umbilicus. It is normal for children to be filled with energy, but these children loose such a characteristic. Other characteristics include: loss of Shen (spirit) from the eyes, difficulty smiling or having fun, loss of energy, strict or stoic facial expression such as is uncharacteristic of children, use of eyes in a mean way, and the appearance of having a smaller face.

If a child grows up in this condition, he or she will always want to escape from final examination stress at school but cannot. So, psychological and physical dysfunctions naturally manifest. If they can release these dysfunctions through expression, they will bite and/or fight with others. This is a condition where the child has lost control over his/her demeanor. It strikes the child during the time when the child's brain is quickly developing. The condition manifests before 2 years of age and continues to manifest until about age 6. When symptoms are still present during the later teens it is no longer called Kan-no-mushi.

A majority of children experience some form of this condition in varying degrees. If the symptoms are mild, it can be resolved in 4 ~ 5 treatments in a row. Give treatment each day for 10 minutes. Do not overdose. If the treatment is too long, it will decrease the effectiveness. At the beginning, treatment should be short. Stop the treatment before the child says to stop.

In Japan, even after successfully treating kan-no-mushi, practitioners tell parents to come in once a month for preventative treatments. This can guarantee the child will grow up smoothly. Acupuncturists should set a low fee for children so that the whole family comes. It is important to set up a family system.

Points often used:

Points for press balls: GV-12 is always used for kan-no-mushi. For children with many symptoms use one or two direct moxa cones on GV-12. If you cannot use moxa, then press tack or intradermal needles are advisable.

Stiffness on the Bladder meridian

use the sharp end of the teishin on BL-12 and a press tack on BL-10.

Raised veins over LI-2 and LI-3 during a fever, use a lancet on these veins to perform bloodletting. This is especially effective if the excess pattern comes from over eating. Symptoms will disappear overnight upon bloodletting a raised vein. Many children who have a case of kan-no-mushi will clearly have these raised veins. Most likely the blood will squirt out rapidly. Press balls can be applied to points between GV-14 and GV-12. Use press balls on excess points on deficient area for most children. Children often will have pressure pain on the abdomen, and so press balls should be used on CV-6

Vomits its mother's milk, BL-17 is the most important point, along with GV-12.

Indigestion, poor appetite, eating but vomiting, use SP, TW, or ST back shu points.

Abdominal discomfort use a press ball on CV-12.

Diarrhea, use CV-7, SP-13, and the LI back shu point.

Nose such as a runny nose, use LI-20. It is better to needle one side per treatment.

Infections in the lung, the treatment method and points are: bloodletting or pressing hard with the sharp end of the teishin on the Lung jing well point.

Respiratory problems, check the child's legs for stiffness around the BL-58 area. Usually children with respiratory problems have stiffness in the back. Find the hardest area and then use bloodletting.

Asthmatic bronchitis, use BL-11, and BL-12. If they are currently having an attack, use KI-27, CV-22, LU-5, and LU-10. If the child has asthma but is not presently symptomatic or having an attack, GV-12 is very important along with LU-1 and BL-58.

Asthma attack: To stop an asthma attack, needle KD-7, CV-12, CV-13, CV-14, and LU-1.

If there are vascular spiders on either side of vertebra or in the scapular region, choose the thickest and largest spider and blood let it. If the child is scared, use dry cupping. If the child is old enough 7 ~ 8 years of age, (it also depends on the child's constitution) cupping with bloodletting is O.K. As blood is squeezed out its color becomes bright red, to finish treatment with Use moxa (chinetsukyu) on the lanceted area to stop the bleeding and to support yang Ki comeback.

Growing pains, applying the root treatment is most important. Recommend to the guardian to prevent the child from over exercising. For growing pains in the knee, use press tack or intradermal needles or chinetsukyu on the tendons above the patella or at the eye of the knee points.

Tonsillitis, disperse ST-9 and ST-32, and tonify KI-3 (the source point) or KI-6. The pulse in the Kidney position will be very strong. Compare the right and left leg pulses and place an intradermal needle at the strongest leg pulse.

Enuresis, tonify GV-1, BL-33, BL-32, CV-4, CV-3, GB-12 (always), and disperse left LR-1.

Psychological problems, tonify HT-5, KI-3, KI-7, and SP-6.

Inner ear infections, tonify KI-2, and KI-3.

Severe symptoms, such as seizures and convulsions, tonify GV-20 and CV-4. Lightly press on the jing-well points as well on GV-8 and GV-12 to determine which are best to use based on which ones show the clearest indurations or pressure pain. Then press down on these points with the teishin.

Weak constitution/lack of energy, use the basic kan-no-mushi treatment along with GV-4 and GV-12. Also in the case of Liver deficiency shō, use the back shu points of the Liver (left on boys and right on girls) and Spleen (left on girls and right on boys). In the case of a Lung deficiency shō, use the Lung back shu point on the left for boys and right for girls and the Liver back shu point on the left for girls and right for boys. In the case of Kidney deficiency shō, use both sides of the Kidney back shu points and the Spleen back shu points on the right side for boys and on the left side for girls. In the case of Spleen deficiency shō, use the Spleen back shu points on the left side for boys and right side for girls and BL-14 on the right for boys and on the left for girls.

The key to pediatric acupuncture is to make the treatment short and be a friend to the child. It is important to do a thorough interview and find the best environment and treatment for the child.

Kanmushi is the underlying problem for all presented symptoms.

Determine the shō and then use the above-mentioned points in addition to the main treatment points.

Use press balls so that the effectiveness of the treatment lasts. Use the teishin during treatment, and use press balls after the treatment.

If too many points are used, it decreases the effectiveness of the treatment. Ideally, use only one press ball on the most effective point.