

Shonishin: Japanese Pediatric Acupuncture

Japanese approaches to adapting acupuncture for children

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Introduction

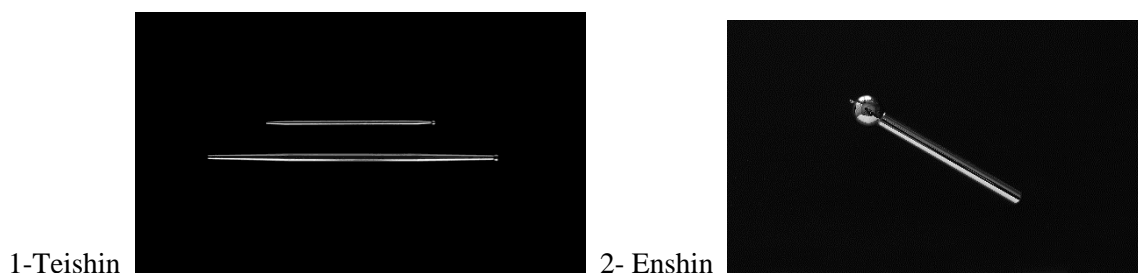
What is outlined here is described in much more detail with clinical examples in the book:
 Birch S. 2011 (2nd edition 2016). Shonishin – Japanese Pediatric Acupuncture. Stuttgart, Thieme Medical Publishers.

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.

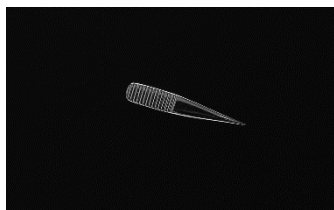
Figures 1 & 2



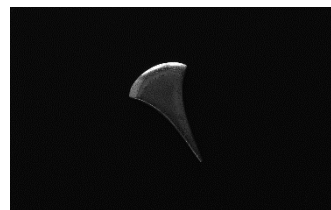
Various instruments have been developed that give different types of stimulation. Some of the more common instruments used for the shonishin techniques can be seen in figures 3-5. The three basic methods of non-invasive stimulation are:

- 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)

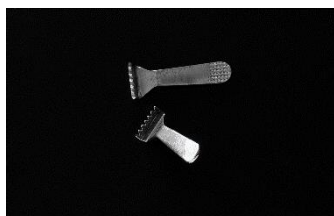
Figures 3 - 5



3- Herabari – tapping



4- Yoneyama - stroking



4- Kakibari – scratching

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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Part one: Treatment approaches and principles

Everyone who has used acupuncture on children will agree that children are generally more sensitive to treatment than adults. This manifests in several ways. Firstly, one has to be more careful about which treatment one applies and how one does it. Secondly, we often see very quick responses to treatment. The first issue involves both the need to regulate the dose of treatment and how one applies that treatment to children. The second issue relates to sensitivity, and requires the use of techniques of assessment, so that one can determine enough has been done in order to minimise the risk of over treatment. If one does not understand these issues well one will find it very difficult to treat children with acupuncture. I suspect that this is one of the main reasons why many, if not most acupuncturists do not treat children, or find it difficult to treat children.

In order to address this important theme properly, we need to examine a number of issues:

- i- Judging the appropriate dose for patients - and a model for doing this
- ii- Understanding how this manifests in babies and children (0-18 years)
- iii- Applying each treatment method differently, so as to be able to regulate the dose of treatment delivered.
- iv- Assessing changes in the patient continuously so that one can more precisely judge that enough has been done, both regionally and globally during treatment
- v- Recognising and correcting overdose of treatment

All children should be considered more sensitive and therefore needing lower dose of treatment. The younger – generally the more sensitive. The more ill the child (acutely or chronically) – generally the more sensitive. If there are mental or emotional problems – generally the more sensitive. These are rough guidelines, but much more can be said.

To adjust dose there are a number of ways that this is done. Obviously doing less is a way of delivering a lower dose. But, with some of the treatments that are routinely used, you can also adjust the way that you apply each technique, such as the point of contact with tapping, the relative force and number of taps, the point of contact of stroking, the relative force and number of strokes. When leaving something on the child to stimulate points over the next days, the press-sphere is lower dose than the 0.3mm press-tack and the 0.3mm is less dose than the 0.6mm press-tack and the 0.6mm press-tack is less dose than the intradermal needle. Start with lower doses to ensure that they are tolerated before you build up to higher doses. If the child is more sensitive, then often the lower dose tool and application will already work and you don't need to increase the doses the next visit. AND: always imagine that you can over-treat the child, therefore always try to do less. Thinking like this is better.

In order to help you judge what you are doing as you are doing it, you always and routinely check for changes in the condition of the skin of the child. Children are very sensitive. The skin is a very sensitive organ, even more so on children. You should learn through practice, what the texture and condition of the skin feels like and how it changes as you start to apply treatment (because on a baby and small child it changes AS you start to apply treatment). Maintaining regular almost continuous contact with the skin in the region you are working on gives you immediate feedback about whether enough has been applied. The changes can be very subtle, but with care and attentive repetitive practice, your hands will start to understand these changes so you can stop before you over treat. Thus train your hands with light-soft contact. Touch with the full length of the fingers and palm, better to not try to rely too much on the pads of the fingers to be your sensory instruments.

Another important treatment principle for handling and treating children, try to not upset them. As much as possible we try not to force treatment on them so that they cry with what we do. It is always better to not cause pain, to relax and flow around the child's reactions as we apply treatment (what I call the dance of treatment), to not insist on working on something to the point that they become upset, but rather to move more fluidly around the child applying what you want to do in whatever order and sequence can be applied so that the child remains calmer during treatment. If you can win their confidence (which may take a couple of treatment sessions), it is easier to apply the treatments that you feel are necessary to help the child, when they could be perceived as uncomfortable or cause distress for the child. Of course...mastering your techniques is very important: for example - can you **always** needle a child painlessly?

Part two: The core Shonishin treatment model

This section will describe the core treatment model of Shonishin and ways of varying it according to need. As discussed, the basic approach for treating children uses tools that are tapped, pressed, stroked or rubbed to the body surface. The various treatment tools were briefly mentioned above. The treatment methods can be summarized as:

Tapping: rapid tapping to an area or points, usually at a rate of 100-200 times per minute

Stroking/rubbing*: rapid stroking over an area or along a surface, usually at a rate of 70-100 times per minute

Pressing: continuous mild pressure to a point or small area

Scratching: relatively rapid stroking motions over an area or along a surface

* We use the term 'stroking' to refer to a single direction movement of the instrument, which is stroked gently on the body surface. The term 'rubbing' on the other hand refers to the use of moving the instrument back and forth in a two-directional movement, usually with soft contact to the body surface. In the treatment model described below, we mostly use the single directional movement of 'stroking', the reasons for this are given below.

The easiest way to apply the core treatment, the non-pattern based root treatment to most babies and children, is to use either stroking with additional targeted tapping or tapping alone. Scratching administers a bigger stimulation and thus dose, and is only feasible as an occasional substitute for stroking on children who have an excess constitution with stronger, fuller body type. It is thus occasionally used if the stroking is not producing sufficient changes. Pressing is a way of targeting specific acupoints or small areas of the body, and is thus used for stimulating points or areas to target relief of symptoms rather than help restore healthier functioning. The section below will describe the core non-pattern based root treatment model using stroking/rubbing and tapping methods.

Precautions and contraindications of the core non-pattern based root treatment

This very simple and light treatment helps produce changes in the circulation of children. As a result, one can sometimes see a small temporary raise of body temperature (about 0.5 degrees Celsius). Because of this it can be a problem if the body temperature is raised with a fever. If the body temperature is 37.8 or higher (moderate or high fever) it is **contraindicated** to apply the core non-pattern based root treatment described below. When the child does come for treatment, other strategies are needed. Where there is a mild elevated body temperature (less than 37.8 degrees Celsius) one should check whether to apply the core non-pattern based root treatment, and if you decide to use it, do so more cautiously. The issue is, that in babies and toddlers, once a fever starts, it may 'spike' meaning that it can raise rapidly, which is distressing and dangerous. If your treatment causes the body temperature to raise a little, on a feverish child, this can trigger a spiking of the temperature rise. Of course the more common issue we encounter in clinical practice is that the appointment is cancelled when the child has a fever. Many practitioners in Japan tend to work out of their house or have a clinic in a residential area. The feverish child can easily be brought the few minutes needed to get to the clinic, so practitioners there may not have the appointment cancelled because the child is a little feverish. However in the West, many of us have clinical practices not in residential areas or we have patients coming from much further afield. It is very typical that the parent calls to cancel because of the difficulties of travelling with a feverish child, or have problems in dealing with home care for other children. This seems to be especially so living in Holland compared to the US where most patients come to the clinic by bicycle. When the weather is cooler, getting a feverish child ready to come for treatment can be daunting. Therefore, most of the time, we don't get to treat feverish children. If the child is brought for treatment with a fever follow the precautions mentioned above. When the core non-pattern based root treatment is avoided, the simple pattern based root treatment can still be used, as can some of the symptomatic treatments and specific techniques to help lower the temperature such as pressing or needling the jing-well points (see below). There may be occasions when a feverish child is brought for treatment and you are concerned something more serious may be occurring. The parent should consult their general practitioner or paediatrician, if they have not done so already. Such referrals can on occasion be needed.

Another precaution of the core non-pattern based root treatment is that it cannot be applied over skin lesions. Thus for the child with eczema or atopic dermatitis, one cannot apply stroking or rubbing techniques and tapping can only be applied *around* affected skin regions.

On a first visit one needs to apply a milder, lower dose treatment approach. This is necessary to ensure that you do not over-treat and to give one time to observe the response of the baby or child to treatment. Then you can adjust doses and techniques accordingly in future treatments.

A final note of caution is that in babies it is not uncommon that the core treatment triggers an episode of loose bowels, as though the intestines were cleaning out. This is normal and not a problem. It is a good idea to caution the parents that this might occur and not to worry. If it happens it is usually in the few hours following treatment and is a one time occurrence.

Techniques for basic treatment

The basic treatment pattern is administered in two different ways. One applies stroking techniques over most of the body and tapping to one or more discrete areas or one only applies tapping over all areas.

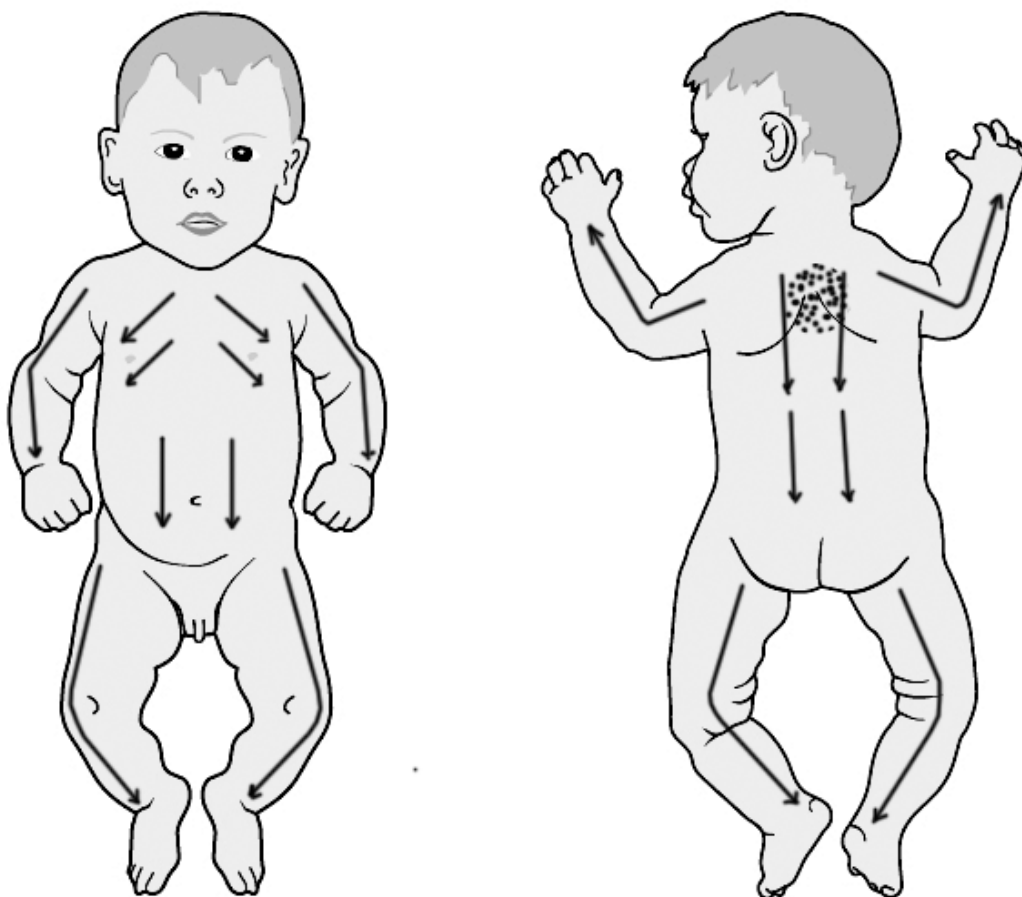
Core Root treatment : Stroking and tapping combination

If the child will allow you to apply treatment without much resistance, it does not matter where or how one starts, or with which technique. If the child is scared, acting up with the parent or being resistant, it can be useful to have the parent hold the child facing backwards over the shoulder, while you stand behind the child. Treatment begins by applying tapping techniques to the area around GV-12, over the inter-scapular area.

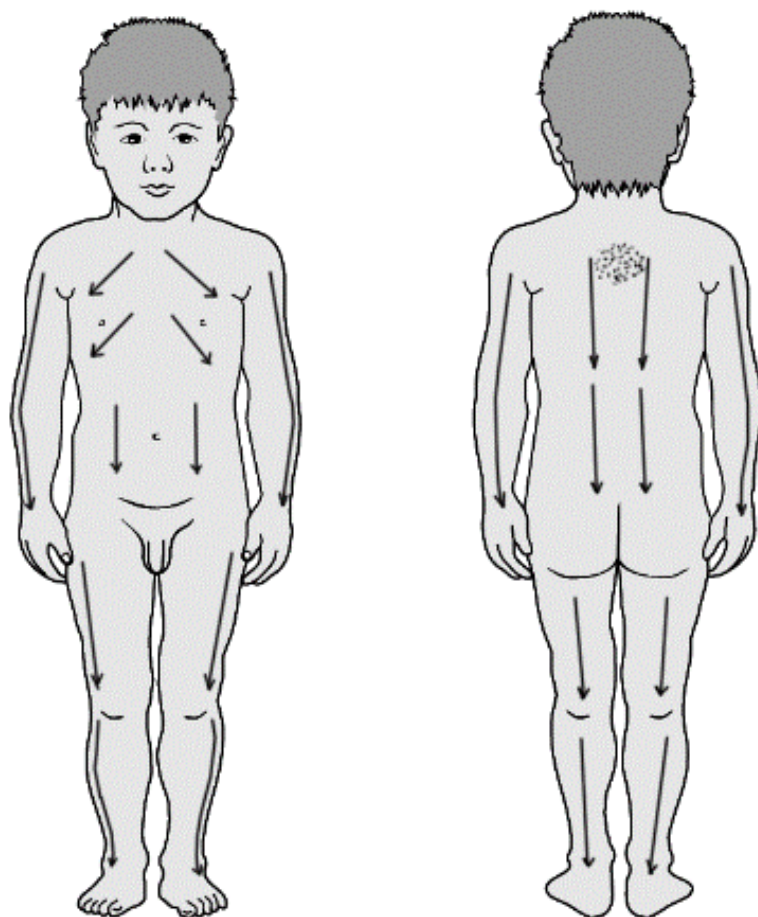
In the following treatment, apply stroking always in a downward moving direction. We do this to help counter the natural tendency, due to emotional immaturity of the baby or child, which tends to disturb the qi and cause an upward movement of qi in the body. This upward movement is often enough to cause symptoms, and so we try to counter this. The action of softly stroking seems to move the qi in the direction one strokes in. Thus it gives one a measure of influence over the movement of qi in the body. Interestingly, in Yoneyama and Mori's book the indicated directions of stroking/rubbing are often the same. Their text does not describe treatment of children in terms of qi and qi regulation, but instead as a simple form of peripheral nerve stimulation. Their model of acupuncture is based on modern anatomical models of the body rather than TEAM based models. Thus they were not thinking about qi or qi movement, yet they only applied stroking along the yang channel surfaces and often in the directions we would indicate to regulate qi. While they indicate the use of bi-directional rubbing on the bladder channel on the leg (back of the leg) and parts of the stomach channel (lateral to the shins), rubbing back and forth, or up and down, the indicated movements on the arms is from shoulders to wrist; on the back from up to down; on the abdomen following the stomach channel area downwards; similarly on the thighs, following the stomach channel downwards. These directions of stroking will naturally tend to achieve the same effects that we will be deliberately trying to achieve, suggesting that this was found clinically by them to be the better approach. Anyway, regardless of how the book on Shonishin by Yoneyama and Mori places the arrows that indicate stroking or rubbing, we will, following the ideas about qi regulation discussed in this text, *always apply single direction stroking, moving from up to down on ONLY the yang channel surfaces*. On the arms from shoulder to wrists; on the back from shoulders to buttocks, either side of the spine; on the back of the legs, buttocks to ankles; on the front and sides of the legs (following the stomach and gallbladder channels) from upper thigh to knee, and knee to ankle regions; on the abdomen approximately along the stomach channels from rib margin to above pubic symphysis – see figures 6 + 7.

This stroking constitutes the core of the non-pattern based root treatment. To this we add tapping in the area around GV-12 and the basic treatment is finished. Any additional stroking and especially tapping is applied so as to target the specific types of symptoms that the child presents with. There is also a variation of this treatment where only tapping is used – see figure 8. The numbers in figure 8 suggest the proportional number of taps for each region. This has certain advantages and can be a preference-based approach depending on what one likes to do and what one becomes used to doing. How does one choose between using the tapping only and the stroking and tapping combined non-pattern based root treatment? This is not an easy question to answer. For myself, I prefer to use the combined stroking and tapping model, and occasionally the tapping only model, but that is possibly my bias. My reasons for choosing the latter methods over the former are roughly as follows: if the child is very plump and rounder, fuller bodied, it can be awkward to apply smooth stroking actions on the arms and legs. One tends to fall into the elbow and knee regions in a not so smooth manner. Also, I have tended to think of the tapping method as being a bit more 'stimulating' and the stroking methods as a bit more 'calming', thus I tend to use the tapping method for more excess or full-bodied type of children.

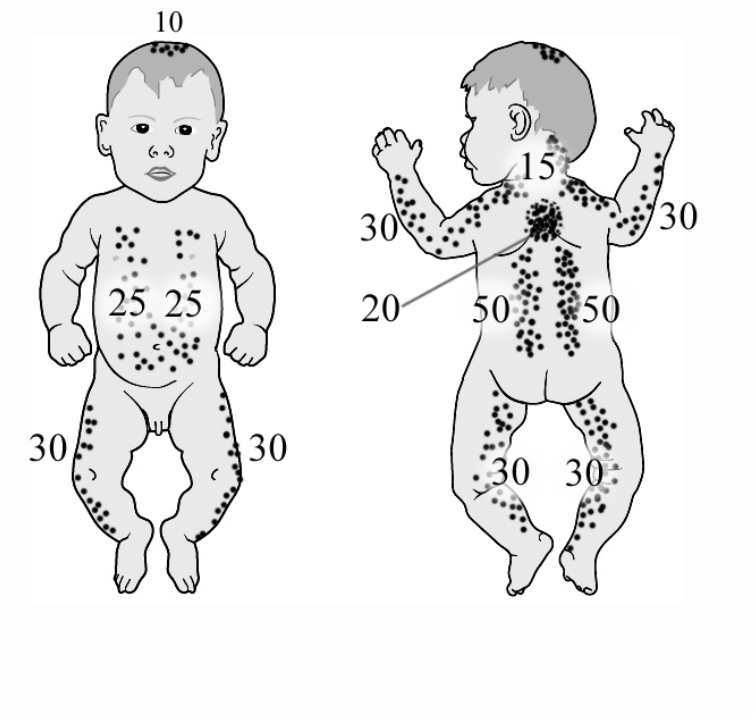
Figures 6 - 8



6- For the baby



7- for the older child



8- Tapping only

One of the additional advantages of this simple treatment approach is that you can have parents apply a limited form of this treatment at home on a regular basis. This can greatly speed up recovery.

Part three - pattern based root treatment

Much can be said about this and there are many different systems of pattern-based diagnosis and treatment approaches. This is the core idea of historical descriptions of acupuncture: treat the root! Correct the underlying imbalances - at least those that the specific system of treatment has *chosen* to focus on and describe. Root treatment in acupuncture naturally focuses on the places where the needles are applied – the meridians. In Japan the system of Keiraku Chiryō of Meridian Therapy was developed by the late 1930s...almost 20 years before TCM was developed in China. This way of practicing allows the practitioner to identify and correct deficiencies and excesses of the meridian system so that the body can start to self-correct and heal itself. Much can be said on this topic, what is important is how to make a diagnosis and how to apply a simple root treatment model based on this treatment approach, adjusted so that you can apply it on babies, small children and older children?

Two major issues arise for you: how to make the diagnosis on a baby and small child when the methods employed on adult are not possible? How to apply treatments that on adults usually involve inserted needles when it can be difficult or nearly impossible to insert the needles in the same way on babies and small children? The following is a brief overview of this treatment approach with particular focus on addressing these two questions.

In Meridian Therapy, following practical ideas described in Nanjing chapter 69 ‘in the case of vacuity tonify the mother’, there are four basic patterns that one should choose:

- Lung vacuity/deficiency pattern - involving vacuity of lung (and its’ mother) spleen
- Spleen vacuity/deficiency pattern - involving vacuity of spleen (and its’ mother) heart
- Liver vacuity/deficiency pattern - involving vacuity of liver (and its’ mother) kidney
- Kidney vacuity/deficiency pattern - involving vacuity of kidney (and its’ mother) lung

On adults choosing which pattern to treat is primarily done by palpating the abdomen, feeling the radial pulses and looking for a pattern of signs with a match between the abdominal and pulse findings. Symptoms do not usually feature in the selection of which pattern to treat. But on a baby and small child that will not stay still for you, both the abdominal and pulse readings are difficult to do or if they stay still, are difficult to interpret. So how to decide the pattern to treat? Following the advice of one of our Toyohari Meridian Therapy teachers, Toshio Yanagishita, we do this by examining the symptoms according to the following:

Typical symptoms associated with each of the four patterns:

lung vacuity pattern:	breathing problems; skin problems; easily catching cold, etc; allergic constitution;
spleen vacuity pattern:	digestive problems; nourishment problems (the child that is underdeveloped, ‘failure to thrive’);
liver vacuity pattern:	behavioural problems; sleep problems; muscle spasm or spasticity problems;
kidney vacuity pattern:	birth defects; physical or mental development problems; slow development; cold feet, urinary problems such as bed wetting

These are among the most common symptoms that babies and small children present in our clinics and are thus very helpful for determining what is the diagnosis and subsequent treatment.

As children become older (age 6 or so and older) we are usually able to apply the normal diagnostic methods of abdominal and pulse diagnosis allowing us to also follow and identify the changing conditions. Thus while this simple rule for making a diagnosis based on symptoms can still be followed on older children, sometimes one finds through palpation diagnosis an evolved pattern already, due to lifestyle, diet and other factors. For example a lung vacuity pattern children with severe asthma can, over time evolve into a kidney pattern due to the chronic use of asthma medicines. The three year old child who suffers a traumatic head injury resulting in diminished mental development, will usually transform into a kidney vacuity pattern. The child that started out as a spleen vacuity pattern may have evolved into a liver vacuity pattern as dietary and behavioural factors gradually change the meridian dynamics.

Once the pattern is selected treatment usually follows. The same principles that helped guide selection of the pattern (from Nanjing chapter 69) also guide selection of the typical treatment points for each pattern. The points that are usually selected for treatment are:

Lung vacuity pattern:	LU-9 + SP-3
Spleen vacuity pattern:	SP-3 + PC-7
Liver vacuity pattern:	LV-8 + KI-10
Kidney vacuity pattern:	KI-7 + LU-8

Experience found that it is usually better to needle the pair of points on one side of the body only. Simple guidelines have been developed to help with deciding which side to treat:

If there is a symptom or symptoms on only one side of the body, tonify the other side. For example painful right shoulder and neck, treat the points on the left side. If there are symptoms on both sides or internal symptoms, for males treat the left and females treat the right. In babies and small children since we rarely see one sided symptoms the last rule is most commonly applied.

Treatment methods in Meridian Therapy

Following the traditions of Meridian Therapy that emerged during the 1930s, needle techniques either involve the sensation-less or at least painless very shallow insertion of very thin needles for supplementation techniques, or the use of non-inserted needling methods.

Sensation-less or painless needling requires the use of the correct type and gauge of needle, and reasonable skills with practice. If needles are inserted, they are retained for a few minutes, for example up to ten minutes on adults.

Non-inserted needling is completed quickly, once the qi reaction has been felt and one has responded appropriately to it. However, the use of fine needles without insertion requires either considerable self-developed experience that has evolved through decades of practice, or a systematic training program with qualified and experienced teachers. Programs such as Toyohari that teach non-inserted needling require at least a year of careful repetitive study with qualified teachers.

When treating children, especially babies and very small children, the above techniques can be difficult. It has already been discussed how the insertion of needles in the desired manner can be difficult, so it is not a good idea to attempt this on a regular basis. With good insertion technique the retention of needles for a while, especially at key treatment points on the extremities, can also pose considerable challenges. Babies and small children rarely stay still enough for such needles to stay in place. Even with the use of non-inserted needling methods there can be difficulty, as the children will not stay still and can have a tendency to bump into the needle tip, and then they feel a needle prick, which usually is distressing.

Thus an alternative approach is needed on babies and small children and even older children who are very scared of the needles. We can take advantage of the high sensitivity and responsiveness of children (see discussions above in chapter two) and are able to use the blunt tipped needle, the 'teishin' [see figure 1] instead of a regular filiform needle. Keiri Inoue, one of the fathers of the Meridian Therapy movement extended the teishin's use further by developing the spring loaded teishin which is ideal for using with babies, or on small and scared children [see figure 9].

Figure 9 – spring loaded teishin

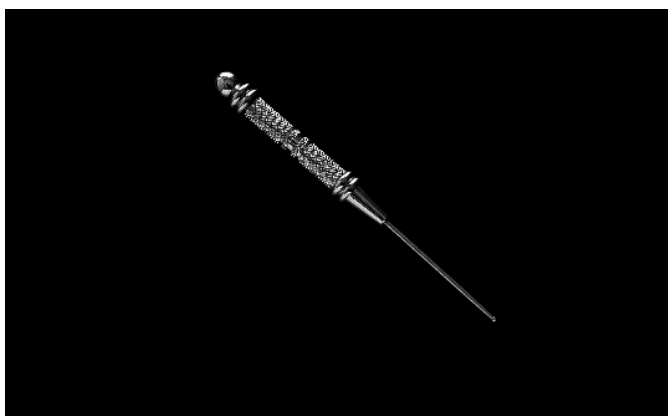


Figure 10 – tsumoshin



With sufficient training the teishin can be used for applying treatment on adults. The high sensitivity of children makes them sufficiently responsive that with minimal training it is possible to treat them effectively with the spring loaded teishin. The techniques for using the spring-loaded instrument for a pattern based Meridian Therapy root treatment are easy to learn and easy to apply.

The teishin that is to be used on babies and children must have a very soft spring inside, so that with pressure it gives little pressure to the skin and certainly no discomfort at all. The spring-loaded teishin made in Japan is usually good for this. An alternative is the 'tsumo-shin' (figure 10) which comes with a variety of springs, the softest of which is good for use with babies and children.

Treatment technique with spring-loaded teishin and tsumoshin

After selecting the pattern to be treated one should securely hold the limb and place one's finger and thumb of the left hand together (a structure called the "oshide") over the acupoint to be treated - being careful to not be forceful or trigger resistance. Notice how the other fingers of the hand lightly hold the limb of the child so as to help secure the limb (non-forcefully) and to stabilise the acupoint. Place the point of the teishin carefully between the finger and thumb so that it touches the skin approximately 90 degrees to the acupoint.

Without delay, softly and slowly press and release the teishin handle so that the teishin bounces slightly on the acupoint. Do this several times and then remove the teishin, making a very slight pressure between the thumb and finger of the oshide as the teishin is removed slowly away from the skin. There are several important points to pay attention to:

- 1) When you place the teishin between the finger and thumb over the acupoint, place it so that the round point protrudes very slightly from between the finger and thumb;
- 2) Make sure that the pressure and bouncing on the skin is very light;
- 3) You may press and release / bounce three or more times to get the effect;
- 4) When you do this you should be relaxed and quietly focussed on the acupoint you are treating;
- 5) The younger or more ill the child, the fewer number of presses and releases / bounces so as to regulate dose;
- 6) Remove the teishin slowly at first allowing the finger and thumb to close over the end of the teishin.

If one is doing the draining technique with the teishin, one places it to the skin between the finger and thumb in the same manner. The movement is quicker and the pressure is slightly more so that it is very slightly stimulating. The teishin is removed slowly without any increase of pressure between the finger and thumb of the oshide. The tsumoshin is generally recommended for this technique because it comes with a variety of springs and one can use the softest spring successfully for this technique. Often the spring-loaded teishin comes with a spring that is too stiff to use on babies and small children for this technique. Details of the treatment technique and diagnostic patterns can be found in chapters nine and especially 10 of the Shonishin book [Birch 2016].

Part four: symptomatic treatment methods and combining treatments into a whole

For symptomatic treatments there are a number of tools and methods available. You can stimulate treatment points to affect symptoms during the session with the following:

Light needling (usually using thinner needles with minimal insertion and no additional stimulation)

Moxa (difficult to apply direct moxa on children, but can be very useful)

Additional tapping of specific acupoints/regions

Cupping (easy to apply but not with ‘fire cups’)

Bleeding (difficult to apply – jing point bleeding **MUST** be painless)

The following techniques can be used to apply treatment to specific acupoints in between your treatment sessions, thus you apply them at the end of treatment with appropriate care instructions.

Press-spheres (easy to apply with minimal dose and care issues)

New Pyonex press-tack needles (easy to apply, use only 0.3mm and 0.6mm – careful of dose)

Intradermal needles (more tricky to apply but stronger action – therefore more care given to dose issues + more care given to care issues)

Integrating treatment approaches to construct a whole treatment

Using these three different treatment approaches: non-pattern-based core Shonishin treatment, simplified pattern based treatment and symptomatic treatment options, we can construct and tailor treatment to meet the needs of the patient, while constantly keeping dose issues in mind.

On most patients you can use a simple form of the core non-pattern based Shonishin treatment with a very simple form of the pattern based Meridian Therapy pattern-based treatment. Then add something simple for symptom control. For example a child with sleeping problems, who shows a liver pattern, will receive a short simple form of the core non-pattern based Shonishin treatment – with a little additional tapping to GV-12, BL-17 and the occipital region + have LV-8 and KI-10 tonified, then press-sphere left on GV-12 with 0.3mm press-tacks on BL-17.

The treatment approach is flexible approach that you can always do something as a root treatment, you can always find something to do to address symptoms, you can always find a way to give some treatment even if the child is upset in treatment and resisting treatment and so on.

The following sections outline how to combine these different treatment approaches and where to apply some of them for different common symptoms that we see among babies and children in acupuncture practice.

Asthma

Generally when we treat patients with asthma, we are using treatment to augment or complement the existing therapy that they usually receive - the daily inhaled medications. Asthma is a serious condition that can kill the patient. Since we have no evidence that acupuncture can save the life of an asthmatic patient who is having an asthma attack, we do not use acupuncture in place of the usual drug therapy. While these drug therapies do not generally cure the illness, they help reduce the asthma attacks so that the patient does not die. Although in the past acupuncturists have had to try using acupuncture to stop asthma attacks when such medications did not exist, we do not usually do this. The principle goal of acupuncture treatment of an asthmatic child is to slowly change the overall condition of the child so that he is less prone to having asthma attacks in the future. In other words, most of our work is preventative. This does not mean that we cannot use specific techniques or acupoints to try to keep the asthma symptoms quieter, reducing the frequency or severity of attacks, but our primary goal is to use the root treatments, both pattern based and core non-pattern based, to change the overall condition of the patient. Thus, if the patient has an asthma attack in your clinic, it is advisable to wait for the parent to administer the inhalant medication to the child. Once the attack has calmed down you can start to apply your treatment on the child.

Most likely pattern-based root diagnosis

In a baby or young child, where full diagnostic examination can be more difficult it is advisable to focus on the symptom as the constitutional type of the patient and thus treat the lung vacuity pattern. If the child is a little older and has a longer history of taking medications for the condition, it is possible that the pattern has changed. If you are able to get more detailed information from the pulses and other methods, you can follow the pattern that emerges. In my experience kidney or liver vacuity patterns seem to emerge. With extended use of steroid medications the patient can start to show the kidney vacuity pattern. Check for softer or cooler lower abdomen, cool feet, as well as the specific pulse findings. Sometimes the liver seems to become reactive to the extensive use of medications and the liver vacuity

pattern emerges. To check for this as well as the usual liver pulse findings, check to see if the right sub-costal area has started to become stiffer than the left or is more sensitive, jumpy than the left.

For the lung vacuity pattern we usually treat LU-9 and SP-3 or LU-8 and SP-5. For the kidney vacuity we treat KI-7 and LU-8. Because the primary goal of treatment for an asthmatic child is to try to change the underlying condition, it will be important to apply some form of pattern-based root treatment along with the core non-pattern-based root treatment. The two complement each other very well, and with minimal symptomatic treatment, one can see rapid changes in the asthma symptoms in most children.

Typical non-pattern based root treatment

Either apply the whole body tapping treatment or the combined light stroking with targeted tapping treatment as the core non-pattern based root treatment. As soon as it is feasible, it is very helpful to have the parent start applying a simplified form of this on the child regularly at home. Usually, you can start the home treatment by the second or third treatment session. However, some children have concurrent skin problems in addition to the asthma symptoms. This makes it more difficult to decide how to apply some simple treatment at home. If the child has very congested lungs, usually with rapid breathing and cough that is worse at night, focus the light stroking and tapping to the chest region, when it starts becoming slightly redder, then to other body areas.

In addition to the core non-pattern based treatment you can add additional tapping to specific areas such as around LU-1, on the chest around CV-17, the inter-scapular region around GV-12, LI-4, the shoulders and the supra-clavicular fossa region.

Recommendations for symptomatic treatment

The asthma shu point is an extra point. It is located slightly lateral to BL-17 and slightly superior to the level of BL-17. A distinct knot is found on one or both sides in virtually every asthmatic patient palpated. You will find it useful on almost every asthmatic patient to keep this point stimulated. For treatment either place press-spheres, the new press-tack needles or intra-dermal needles. As mentioned above, we can use these different tools interchangeably. The press-sphere generally applies a lower dose, the new press-tack needles (0.3mm and 0.6mm) apply a slightly larger dose and the intra-dermal needles more dose again. Thus, on the first visit or for the more sensitive child we start by using press-spheres on the asthma shu points. We can increase dosage by starting to use the press-tack needles and increase again by using the 3mm long intra-dermal needles. The dose is also modified by varying the length of time that the treatment tool you have chosen to use is retained. Often the press-tack needles or intra-dermal needles are removed that night, by the next morning, before bed the next day or on the morning after that. Since it is good to keep the asthma shu points stimulated in order to help keep the asthma symptoms quieter, once the press-tack needles or intra-dermal needles are removed, you can have the parent replace them with regularly changed press-spheres. To judge which tools to use on a particular child, it is necessary to examine the condition of the child and also track the progress of treatment. For example, in a stronger bodied two year old child who is not excessively sensitive you can use the press-spheres or intra-dermal needles sooner.

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin).

As described above, the asthma shu point is commonly treated and kept stimulated with press-spheres, press-tack needles, intra-dermal needles or a combination of these. Additionally GV-12 is a good point to place a press-sphere. Other points that can be helpful to keep the asthma symptoms quieter (less frequent, less severe attacks, greater ease of breathing between attacks) are points like BL-13, LU-1, KI-25 to KI-27. On the young child who is still in the more oral phase, retaining press-spheres, press-tacks or intra-dermal on the front half of the torso can be difficult as the child might pull them off and try to swallow them. Thus LU-1, and the kidney channel points tend to be used less frequently.

If the asthma manifests with coughing, check for the extra point 'stop coughing', which is located just distal and lateral to the TCM LU-5 location. This point if hard and uncomfortable¹ can be treated with press-spheres, or on older children with press-tack needles.

Needling – the chishin or retained needling method.

Hyodo recommends light needling to the following points for the treatment of asthma: BL-11, BL-12, CV-22, LU-1, LU-5. If not needled, they can also be treated with press-spheres to help treat the general asthma condition. Shimizu's recommendations for asthmatic symptoms of croup include very light in and out needling of acupoints such as KI-26, LU-1, BL-11, BL-13, BL-17, BL-23, depending on palpable reactions. For asthma he recommends CV-22 as an especially effective acupoint.

¹ This point can be very painful on palpation, be careful to lightly palpate to find the hardness and then with a slight increase of pressure watch to see if there is a movement to withdraw the arm, change in facial expressions. Don't press till it hurts.

Okyu – direct moxa:

Irie, following his teacher Fukaya recommends the following treatment points with moxa for asthma: asthma shu point and GV-12 (3-5 moxa each). As discussed above, I have found it easier to use needling, press-spheres, press-tack or intra-dermal needles to the asthma shu points. Manaka has different recommendations for the use of moxa on children for asthma. He suggests the following points: CV-14, LU-1, LV-14, GV-12, BL-13. For more severe symptoms on older children, Shimizu recommends applying moxa to points such as GV-12, GV-10, LU-5 or LU-6 (half-rice size 3-5 cones per point)

In general you will find that you use moxa as a last resort in the treatment of asthma or if the asthma is a product of the child having the lung weak constitution pattern. In this case the moxa may be directed to GV-12 rather than all the above listed points.

Cupping:

If the child has chronically congested lungs so that if they cough you can hear the congestion and especially when they breathe you can hear the congestion, it can be helpful to apply cupping over the inter-scapular region to help break up the congestion in the lungs. Please pay attention to the dose of treatment with the use of cupping. Thus for the infant, apply cupping for a few seconds at each occasion with less pressure and less places. For the stronger, older child apply the cupping for a few more seconds in each place with more pressure and to more places. The cupping should never cause pain.

It is also good to be aware that once you have applied cupping on a child, he will usually come to expect it, since he will find it an interesting and enjoyable experience. You may find that in order to please the child on future visits, you need to apply a little cupping even though it may no longer seem necessary. If this happens, make sure to go back to very low dose approach.

Bloodletting:

On some children with asthma you will find vascular spiders on the upper back, especially up around the lower cervical, upper thoracic vertebrae. On occasion you may need to stab and bleed these vascular spiders in order to get the stubborn symptoms of asthma to start to improve. Shimizu mentions that bloodletting in the inter-scapular region can be very effective to help treat asthma. In general we do not apply this very often, mostly when the condition is not responding and you are looking for a stronger technique to try to trigger change in the symptoms.

Cough

Chronic cough is often thought to be kidney vacuity pattern related, while acute cough more lung vacuity pattern related. If the cough is the result of catching cold it is mostly related to lung vacuity pattern. On babies and small children this is the better pattern to treat. On older children where you are able to obtain more information such as pulse findings, and are able to differentiate the pattern, treat according to what you find. The jing-river points are specifically indicated for coughing, thus for the lung vacuity pattern one can supplement LU-8 and SP-5 instead of LU-9 and SP-3. Jing river points are normally supplemented for the kidney vacuity pattern, KI-7, LU-8.

In addition to the core non-pattern based root treatment, stroking down the arms, legs, back and abdomen, apply extra tapping over the chest, especially the upper chest, tapping till slightly pinkish.

The extra point close to LU-5, the stop coughing point, is good to treat. Leave a press-sphere or small press-tack needle (0.3mm or 0.6mm) on the reactive points.

Eczema**General approach for patients with eczema**

Skin problems usually take time to improve, and sometimes cannot be changed much with treatment. Most children show some degree of responsiveness, but it can be a complicated problem to treat. In general, the pattern-based treatment is very important as it will allow you to start changing the underlying constitutional tendency of the child. The non-pattern based treatment is more limited for eczema and skin problems in general, and tends to be only applied around the affected regions, which means it is not usually a 'root' treatment per se. It is also more difficult deciding what or if home treatment can be applied. Sometimes you are unable to have the parents apply any home treatment, due to the nature and extensiveness of the symptoms. Thus, we need to place more emphasis on the pattern based root treatment. There are a few symptomatic treatments for eczema, but they can be difficult to do on small children (such as direct moxa). Because of these typical complications, I recommend not making predictions about how many treatments before the problem is better, rather to suggest trying a certain number of treatments to see if what you do helps, then to continue or not as needed and based on response.

Most likely pattern based root diagnosis

The lung vacuity pattern is by far the most common, especially if the eczema problems began as an infant. If the eczema is associated with lung symptoms – as the skin improves the lungs worsen, as the lungs improve the skin

worsens, this is also a clear sign of lung vacuity pattern. But, extensive use of steroid creams can gradually shift the patient from a lung to kidney vacuity pattern. To identify this, check the feet, if they are cold or tend to become cold, this is a sign of the kidney involvement. While on small children the pulse may remain difficult to read, the additional sign of cold feet can be taken as an indication to try the kidney pattern.

Sometimes the skin problems show in relation to food allergies. The food allergies themselves can be a sign of spleen and/or liver involvement. It can depend on the manifestation of associated symptoms. If there is a history of food allergy reactions since infancy with skin problems showing up as part of that pattern, the child may need to be treated as a spleen vacuity pattern. But this is not always very clear. The spleen signs can be included within the lung vacuity pattern, and if you are unclear, because the pulse and abdominal reaction findings are unclear, it is better to approach the patient as a lung pattern until other symptoms and signs become clearer. If the skin problems show along with food allergies remember to add moxa treatment of the extra point uranaitei as part of the symptomatic treatment.

Generally with the pattern based root treatment for lung pattern supplement LU-9 and SP-3 or SP-5, for kidney pattern supplement KI-7 and LU-8. But if the skin is very red and irritated and especially affects the upper parts of the body, such as around the neck and face, then it could be useful to try using the 'he-sea' points instead. One of my teachers, Akihiro Takai recommended the use of the he-sea points in such cases as they are indicated in Nanjing chapter sixty-eight as being good for counter-flow qi, and one can see the heat in the upper parts and generally in the skin as a sign of counter-flow. Sometimes such a simple shift of point selection can greatly improve treatment outcome. Thus for the lung pattern, use LU-5 and SP-9, for the kidney pattern KI-10, LU-5.

Typical non-pattern based root treatment

The general treatment

Overall this can be difficult to apply on children with eczema. The general recommendation is to use tapping around the lesions and no stroking or rubbing methods. This is not usually thought to be a root treatment as it targets only the symptom areas themselves. If one is using this approach it is a very good idea to make sure to include treatment by the pattern-based approach.

Sometimes the latter technique is also not sufficient when treating skin problems like eczema, or atopic dermatitis. In which cases I recommend the use of the tapping only method directed not to the body surfaces, nor to the areas around the lesions, but instead to a number of specific acupoints that are good for skin problems. You can apply tapping to a selection of the following points: LI-4, LI-10, LI-11, LI-15, BL-40, SP-10, ST-36, CV-12, GV-12, GV-3 area. Some of these points are usually treated with moxa for skin problems and some are needled. Applying direct moxa regularly on older children can be possible and even applying moxa at home, but in general and especially on babies and small children, this is not really an option. Thus, we can apply tapping to a selection of the points. Often, there are lesions on the backs of the knees so that we cannot treat BL-40, in which case use SP-10, ST-36 instead. Often there are lesions in the elbows, in which case you may not be able to include LI-11. GV-12 can affect the upper body manifestations, GV-3 the lower body manifestations.

Recommendations for symptomatic treatment

Okyu – direct moxa:

Palpate and select the most reactive points from among LI-4, LI-10, LI-11 and LI-15 and apply direct moxa to them. This can be done regularly in the clinical treatment and additionally as a form of home treatment, having the patient (if older) or parents to do the moxa regularly at home. However this is not an easy treatment to do.

Needling:

Needling can be applied to some of the main treatment points that are to be treated with moxa, when it is very difficult to apply the moxa. Thus, needling for example LI-4 or LI-11 can be helpful, choose the more reactive points for treatment. On some children the itching is very distressing and can disturb sleep, and so on such children it may be necessary to needle acupoints such as GV-20 (palpate for a reaction) and around GB-20 (palpate to see if the region is stiff).

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin).

It can be helpful leaving some kind of treatment tool on acupoints, but it can also be very difficult. First, the skin overall can be very dry on some children, in which case the tape generally does not stick well. Second, parents are often using some kind of moisturizing or other cream or salve on the skin, in which case it can be difficult to get things to stick well or at all. Third, the skin of some children with eczema is overall more sensitive, they sometimes react to the tape, sometimes to the metal of the press-sphere or press-tack. If there are any signs of reaction, you usually have to stop using these treatment tools. In general, if you are able to leave something like the press-sphere or press-tack needle, have them left for less time and changed more often so as to reduce the risk of skin irritation. On children that show the lung vacuity pattern, acupoints like BL-13, BL-17, BL-20 can be palpated and treated. GV-12

is usually helpful to treat as well. For children that show more the kidney vacuity pattern, BL-23 can be treated. If the child has accompanying lung problems like croup or asthma, you will need to stimulate acupoints specifically for that problem and thus choose which acupoint combination is best for the child (for example the asthma shu points with press-tack needles for the asthma and GV-12 with press-sphere). If the child has concurrent digestive problems, such as food allergies contributing to the eczema, it can be useful to treat acupoints like BL-20, CV-12. If the problem is one of concurrent constipation, it can be helpful to treat acupoints like BL-25 or ST-25, to try to get the bowels moving better.²

Cupping:

Cupping can be applied around the navel if there are any food allergies related to the eczema. Be careful to match the dose to the child and make sure it is not uncomfortable.

Bloodletting:

Bloodletting can be helpful for some children. If you find vascular spiders on the upper torso, it can be worthwhile trying to bleed these. Use the stab and squeeze method rather than the cupping method, to ensure lower dose

Behavioural, emotional, sleep problems

Kanmushisho – the Cranky Child

The term ‘kanmushi’ [疳虫] refers to concepts in the historical development of paediatric medicine in Japan. It came to have a very broad meaning. This general understanding of ‘kanmushi’ was more prevalent in shonishin practice before the second world-war, but since then and partly in response to the needs of modern practice today, such old ideas have generally been restrained. In the modern practice of Shonishin we find one surviving offshoot of this concept, the term ‘kannomushisho’ [疳の虫証]. ‘Kannomushisho’ or ‘kanmushisho’ [疳虫証] is used in a more limited way to refer to the infant that will not settle down, is distressed, cries and screams a lot, sleeps badly, is irritable and so on. In the new born baby it is common to hear such children described as being ‘colicky’ in Western countries. In many cases it may involve the baby being ‘colicky’ and what the baby is fed may need to be examined. But many cases are probably not due to being colicky, rather there are other issues. Following the traditional theories and models of acupuncture practice that can be found in ‘Keiraku Chiryō’ or Meridian Therapy, we can say that these are principally signs of disturbance of the liver channel. The constitutionally weak liver child can show this tendency, such behavioural problems being a hallmark of that type. But the presence of a symptom associated with a particular channel, here the liver channel, does not necessarily indicate what the state of that channel is; it could be weak or replete. Generally, when a young baby presents with these symptoms, we treat the child as a liver vacuity pattern. When an older baby or young child presents for treatment with these behavioural problems, if we are able to access the radial pulse clearly, we sometimes find that the child has liver repletion, which means we apply draining technique to the liver channel. But this is difficult to determine if we cannot access the radial pulses clearly. The general non-pattern based root treatment is very helpful for this kind of baby. When in addition the liver channel disturbance is addressed, it seems to work very well.

As the baby ages, the symptoms can evolve. The irritability, crankiness, crying, screaming, and poor sleep take on various behavioural aspects. It can become part of the communication method of the baby, or young child and can be reinforced when the parent responds to address whatever is perceived to have caused the outburst. Such reinforcement as the child ages becomes learned behaviour which can become complicated to deal with. As the child starts mingling and playing with other children, they sometimes play a bit more roughly than other children. he or she can be very possessive and show tantrums when he can’t get what he wants, or what he has is taken away. In the supermarket such kids can really act up when they can’t get the parent to buy what they see and want. Young children can also show different forms of sleep disturbance such as ‘night terrors’, bad dreams, waking frequently at night, or sleep walking. Very often the sleep disturbance components leave the parents feeling quite exhausted.

All of these behavioural problems are a form of ‘kanmushisho’. But depending on the age of the child and the manifestations, they need to be addressed differently. Thus, I will address this issue in three stages. The first stage is the kanmushisho infant. The second is the two to four years old, pre-school child with various manifestations of this, including a really bad ‘terrible twos’. The third is the older child (school age) where a formal diagnosis of attention deficit hyperactive disorder, ADHD or hyperactivity has been made. This child may already be on medication to try to control the problems. But the manifestations in the older child are not always one of hyperactivity. It can include the child who is distracted with poor concentration, so that school grades and participation are poor; here we see diagnoses such as attention deficit disorder ADD.

² In herbal medicine, one of the strategies for helping with skin problems is to get the bowels to move better.

General approach for the cranky, irritable child

One needs to be careful about dose of treatment until one is sure what the appropriate dose for the child will be. In general, the more the psychological or emotional state of a patient is disturbed, the tendency is to become more sensitive, hence be careful of treatment dose. As the child with this kanmushisho tendency becomes older, his problems become more complex, with learned behavioural patterns built on top of the kanmushisho tendencies. I have had experiences treating children six to nine years old with ADHD who have reacted negatively to the first treatment because of misjudging the dose. It is better to do less and focus on building the treatment relationship at first. It is also advisable when treating a child with behavioural problems to not have the parent bring siblings into the room. Often the child does not want to stay still to receive treatment when a sibling is present. This can be much worse as the children seek to play with each other. It can be very difficult maintaining order and being able to do what you would like when the children are playing in your treatment room.

Goals of treatment

Regulate the qi by moving it downwards so as to help calm the child and treat to restore balance to the channel system so as to help improve overall regulation of qi in the body. Release typical stiff areas that develop in relation to these behavioural problems.

Most likely pattern-based root diagnosis

Liver vacuity pattern is most commonly treated for this problem. On a baby or small child, where you cannot reliably get information from the pulse and abdomen, select and treat the liver vacuity pattern. To do this, supplement LV-8, KI-10. An alternative point selection could be to use the fire / ying-spring points LV-2, KI-2 if the child seems overheated: he would not only be very irritable, crying a lot, and so on, but have a reddened appearance, almost looking feverish.

With older children where you can feel the pulse and abdomen, and can understand what you are feeling, you have the possibility to treat with more discrimination. Liver vacuity pattern is still the more common pattern that shows, but you may find the liver involved in other ways, secondary to lung or spleen vacuity patterns. For example, you may find lung vacuity with liver repletion or lung vacuity pattern with liver vacuity or spleen vacuity pattern with liver repletion, or spleen vacuity pattern with liver vacuity.

In these cases, you apply treatment as follows:

For lung vacuity with liver repletion pattern, supplement LU-9, SP-3 or LU-5, SP-9 on one side and drain LV-3 or LV-8 on the other side of the body.

For the lung vacuity, liver vacuity pattern, supplement LU-9, SP-3 or LU-5, SP-9 on one side and LV-3 or LV-8 on the other side of the body.

For the spleen vacuity with liver repletion pattern, supplement SP-3, PC-7 or SP-9, PC-3 on one side and drain LV-3 or LV-8 on the other side of the body.

For the spleen vacuity with liver vacuity pattern, supplement SP-3, PC-7 or SP-9, PC-3 on one side and LV-3 or LV-8 on the other side of the body.

Typical non-pattern based root treatment

The treatment needs to be applied repeatedly. The kanmushisho pattern is typically part of the constitutional tendencies of the child, and thus symptoms will tend to repeat easily. To counter this, applying treatment regularly for a while is important. Shimizu mentions applying treatment in your practice on average three to five times per month, while Mori and Yoneyama state it is good to be patient, things improve with regular treatment. To aid with maintaining the consistency and frequency of treatment, it can be very helpful to have the parents apply a short, simplified light form of the core non-pattern based root treatment with stroking and tapping at home. This helps maintain the frequency and pushes the child to respond a little more quickly, which in many cases is very helpful. It is important to pay attention to the issues of over treatment and make sure you check carefully what to do and what you have the parents do at home.

For treatment, apply stroking down the arms, legs, back and abdomen. If the shoulders are stiff, apply stroking across the shoulders. If the neck is stiff, apply stroking down the neck. Apply tapping to around GV-12.

Additional tapping or stroking can be applied to certain regions and acupoints depending on the severity of the kanmushisho. In general, focus more on the upper back, head, neck and shoulders. Tapping around GV-12, the GB-20 to BL-10 area, across the occipital region, around GV-20 can be helpful. It can be helpful to start with tapping of the acupoints to which you may need to apply stronger treatment such as needling in later treatment sessions. Check Acupoints such as LI-4, LI-2, BL-10, BL-11 - for stiffness of the muscles in these regions. Shimizu makes the following additional recommendations: Lightly stroking distally over the webs between the fingers and toes. Apply

additional tapping to the following acupoints: LU-5, LI-11, PC-4, ST-36, KI-6. The tapping of these acupoints can be useful as part of the core non-pattern based treatment if the kanmushisho is strong. If the kanmushisho irritability manifests with abdominal bloating, focus to treat especially on the abdomen, particularly the upper abdomen.

For the older child (five and older) with kanmushisho type problems, it is my experience that tapping should be minimized and light stroking should be used. On the baby and young child, the combination of stroking and tapping works well. But it seems the tapping can be ‘stimulating’ which can in some children be an irritant. Thus, on the older child I recommend using stroking applied with slightly more contact and somewhat more slowly. Stroking is applied repetitively down the arms (all yang channels), down the back, down the neck, across the shoulders and down the legs (bladder and stomach channels). For the stroking it can be helpful to use a thicker instrument like the enshin that can warm up with the stroking movements. On subsequent visits, when you are more sure how the child is responding to treatment and what the appropriate dosage needs are, you can start adding other techniques.

Recommendations for symptomatic treatment

Needling:

If the kanmushisho symptoms are stubborn and do not respond enough to the light stroking and tapping, you may need to increase the dose accordingly on future visits. A simple way of doing this is to insert thin (0.12mm) needles to acupoints such as LI-4, GB-20 / BL-10. For the points of the occipital region you can insert and leave the needles for a short while. For the points on the hands, LI-4, it is usually better to do a quick in and out insertion method. For the older child with, for example, ADHD, it is generally better to use inserted needling methods to the area around GB-20 rather than the usual tapping; if you can retain the needles for a while that is better, otherwise the in and out technique can be used. Needling GV-20 can also be helpful if there is a feeling of sponginess on the point. If the child is older and has ongoing sleeping problems, you may find tightness around the acupoints BL-17. These can be additionally stimulated with in and out needling.

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin):

Leaving a press-sphere on GV-12 is generally helpful. Sometimes one also finds knots on toddlers and older children around BL-15. Leaving press-spheres on these can also be helpful. For sleep disturbance, leaving press-spheres on BL-17 is good. For the child that is older or can deal with more dose of treatment you can leave press-tack needles to the bladder channel acupoints. In some children the shoulders are very stiff, and there is a strong knot around, for example GB-21, leaving press-spheres on these can be useful. Sometimes, to help the child with weak liver constitution tendencies and behavioural or sleep problems, leaving press-spheres on related back shu points can be helpful. In a liver vacuity pattern we treat the liver and kidney channels, thus we leave press-spheres on BL-18 on one side and BL-23 on the other side of the back.

Mike Smith recommends leaving a press-sphere to the extra point behind shenmen on the ear. He recommends this for children with ADD, ADHD. I have found it helpful in a general for helping calm the child down.

Okyu:

Okyu is used if the symptoms are more stubborn, and not responding sufficiently to treatment. GV-12 is a main treatment point. Manaka recommends it for severe crying at night in the infant. Shiroda recommends it with GV-4 for the very agitated ‘fretful’ child. If there are strong reactions around BL-17, BL-18 and treatment of those reactions with needling, press-spheres or press-tack needles have not changed them much, and the symptoms have not improved much, okyu - direct moxa can be applied on these points; be careful not to let it become too hot, the 80% cone moxa approach is better – put the moxa out as a little heat is felt.

Cupping:

In general the use of cupping on kanmushisho children is not talked about much. If the shoulders and inter-scapular regions are very stiff, light, low dose cupping could be applied carefully on the shoulders and thoracic spine to try to help release the tension there. This, like moxa is not a first or second line of treatment for children with kanmushisho, but can be used as an alternative back-up strategy if other approaches have not been so helpful.

Bloodletting:

Shimizu recommends the use of bloodletting of jing points in more severe cases of kanmushisho. The most common points treated are LI-1, SI-1 and less often LV-1. Mori and Yoneyama also state that on occasion in stubborn more severe cases one needs to apply some bloodletting, they recommend bloodletting LI-2. Shimizu also mentions a condition he calls ‘mushi fever’, this refers not to the feverish child, but the ‘overheated’ child who has been too active. For this as well as recommending light tapping only on the head, shoulders and upper back to help with cooling the child down, he mentions that bloodletting of LI-1 and/or SI-1 may be needed. Obviously one would prefer not to have to do bloodletting as it can be difficult to do on children, but if your technique is good, it should not be too difficult. It is very important that you have a painless technique. Generally speaking it is better and easier if you don’t do this on a child until you have practiced the technique described in chapter seven, and can do it painlessly on demand.

Constipation

General considerations for patients with constipation

Daily bowel movements may be an ideal concept but for some people bowel movements at a frequency less than daily can be 'normal'. It is important to consider what the parent means by 'constipation'. If the child generally has difficulty passing stools such that the frequency is less than daily and causes some distress to the child, giving pain on evacuation, great strain trying to evacuate or fear of going to the toilet, this certainly qualifies and should be treated as constipation. But the child that passes stools without effort four to five times a week and with no associated issues may well be 'normal'.

You may need to pay attention to the secondary complaints that accompany the constipation. The young child who is afraid to go to the toilet: is that because it has been painful and the child is afraid of that pain on straining to evacuate? Is it that the child usually feels the urge to evacuate after breakfast when he or she is typically at school and afraid of the more public toilets of the school or does not like using them for bowel movements? The first will usually improve once the child starts more easily passing stools. The second may need more attention as you think about how to help the child feel less nervous. Is this second category more related to a 'kanmushisho' type manifestation? How in general is the child's sleep and behaviour?

If the bowel movement problem has had a sudden onset and is quite strong, it can also be important to inquire what the parents have done already and whether they have consulted their doctor. A complete stoppage with sudden onset can be a dangerous condition that requires proper medical investigation and attention.

It will of course be important to discuss the diet of the child with the parents and make some simple recommendations as needed, to help improve the diet if there appears to be problems with it. This can include discussing whether there may be sensitivity to certain foods such as cow's milk products.

Most likely pattern-based root diagnosis

Problems of constipation can occur as a symptom of the spleen or large intestine. If the pattern is spleen vacuity, look also for other signs such as abdominal bloating (independent of the effects of extended episodes of constipation), general abdominal pain, whether the stools have been passed or not, tendency towards also having periods of loose stools or diarrhoea and tiredness. If the large intestine, this steers one towards considering the lung vacuity pattern, look for other problems such as nasal congestion, lung congestion, breathing difficulties, skin problems. Occasionally the problem of constipation arises as a sequellae of the 'kanmushisho', look for associated problems with behaviour or sleep. If there appears to be such problems, the non-pattern based root treatment may be enough to deal with this, but it could show a problem of the liver channel. In this case examine the child for the liver vacuity pattern, but be careful to check out also whether the liver is not replete as a secondary problem to the underlying lung or spleen vacuity pattern. Since the problem manifests in the digestive system, it is usually enough to use the earth-source points for treatment. These are normally used for the lung (LU-9, SP-3) and spleen (Sp-3, PC-7) vacuity patterns, but if the liver vacuity pattern shows LV-3, KI-3 may be better instead of the usual LV-8, KI-10.

Typical non-pattern based root treatment

For the smaller child apply the stroking and tapping or tapping non-pattern based root treatment as usual over the limbs, back and abdomen. Apply targeted tapping to the area around GV-12, GV-3 to GV-4, the navel, LI-4 and on the stomach channel below the shins. Tapping at ST-25 and BL-25 can be helpful. Also apply stroking or pressing in a circular motion (following the colon) over the abdomen around the navel. This latter can be ticklish for some children making it difficult to apply, in such cases use only a pressing technique with a larger instrument such as the round ball end of the enshin.

If the child shows signs of the kanmushisho, apply tapping also over the occipital region. If the child is nervous because of the difficulties of going to the toilet (pain, etc) also apply tapping on the head around GV-20.

Recommendations for symptomatic treatment

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin)

In general, for the treatment of constipation we can focus treatment to the main 'constipation' points such as ST-25, BL-25. Leaving press-spheres at one or both of these points can be helpful. On children that are still in the oral phase and tend to place what they lay their hands on in their mouths, it is advisable to probably avoid leaving the press-spheres on ST-25 as the child may see and get hold of them, and thus potentially swallow them. If on a younger child the press-spheres are not producing a sufficient change one can increase the dose by using press-tack needles. Depending on the child, this is probably better done only to the points on the back (BL-25). For the older child that can handle a larger dose of treatment, one can start by placing press-tack needles to BL-25. If one wants to also

stimulate ST-25, apply press-tack needles on BL-25 with press-spheres on ST-25. If there is no change with treatment and one wants to increase the dose again, use of the 3mm intra-dermal needles to e.g. BL-25 can be very helpful. If you choose to use press-tack or intra-dermal needles on the abdomen at ST-25, make sure that the parents are aware of this, and do not do this if you think the child might interfere with them.

Needling:

On a younger or more frail child, if leaving press-spheres on acupoints such as BL-25, ST-25 is not producing enough change, one can start applying needling shallowly at acupoints such as ST-25, BL-25, SP-13. For the older child one can apply needling to these points earlier in the treatment. If the child is older and stays still for you, you can insert the needles to the abdominal points and then begin the pattern-based root treatment. When you finish this root treatment, you can then remove the abdominal needles.

Cupping and bloodletting:

We tend not to use these techniques frequently on children for the problem of constipation, but in more stubborn cases it can be advantageous to try cupping lightly over the lower back and around the navel, using light pressure. If the child's condition is not changing and you notice clear vascular spiders on the lumbar region that are superficial enough to stab, apply the stabbing and squeezing method to these, removing a few drops of blood from each. This last technique can be difficult to apply on very small children as it can be quite uncomfortable on the low back.

Diarrhoea

General approach for patients with diarrhoea

The stools are often loose or watery, frequent, with a lot of mucous in them, and often very odorous. Vomiting does not have to accompany these symptoms, but often does, it is often the yellow colour of bile, and can be coffee coloured (making us think of gastric bleeding.) Typically the child will have poor appetite for 2 to 3 days before the symptoms start, becoming reluctant to drink milk. The child will frequently develop a bad mood with the poor appetite. There will be no fever or a low-grade fever. If the fever is high, (over 37.8 celsius), we can suspect that something else may be happening and this treatment may not be applicable. If the symptoms and fever persist refer the child to their doctor. Other symptoms can include: a sudden loss of weight, or a temporary stopping of weight increase; a dehydrated condition (e.g. symptoms of dry skin with no springiness, hollow looking eyes, dry tongue and lips, decreased urination.) Generally, this is not an infectious disease and is mostly the result of psychogenic factors, which is why Shonishin is indicated for this condition. It is important to treat regularly and with patience.

In young infants such as two to three months old, they can exhibit symptoms of diarrhoea or frequent loose stools, usually without any of the other symptoms listed above (no fever, no weight loss or stoppage of weight gain, no moodiness, etc). Infants with this condition can respond unexpectedly quickly to treatment using the core non-pattern based root treatment approach. However, with infants we often see the diarrhoea as part of a whole-body problem with general digestion problems and sometimes over all weakening of the baby. While in older children (over age two) more commonly we do not see the whole body affected as much, appetite and weight are OK [Shimizu 1975].

Most likely pattern-based root diagnosis

The most common pattern will be spleen vacuity pattern, usually treated with SP-3 and PC-7. When pulse and abdominal findings are not clear enough to make a judgement of the pattern from them, select the spleen vacuity pattern. When the pulse and abdominal findings are clear, sometimes the lung vacuity pattern will show and the symptoms of the spleen are part of the lung vacuity pattern, in which case supplement LU-9 and SP-3. It is also possible that the kidney vacuity pattern will show, in which case look for signs of cold feet, under-developed child as well as the pulse and abdominal findings. One can treat KI-7 and LU-8 or KI-3 and LU-9. Occasionally with the kidney vacuity pattern, the spleen is replete on the restraining cycle. On a baby and small child this can be difficult to feel in the pulse. There can be slight discomfort when the area above the navel is palpated. If this occurs, on the baby and small child it is better to supplement ST-36 rather than drain the spleen as a counter-balancing treatment for the spleen repletion. If however, the child is older and you are able to discern the repletion of the spleen pulse clearly, then apply draining technique to SP-9. When applying these secondary treatment strategies for the kidney vacuity-spleen repletion pattern, always remember to apply the treatment points for the kidney vacuity on one side and then the treatment point for the spleen repletion on the other side of the body. Sometimes the liver vacuity pattern will show. In such cases not only will the pulse and abdomen confirm this, but the child will often show signs of irritability, excessive crying, and sometimes vomiting, supplement LV-8 and KI-10.

It is often helpful to apply the idea from Nanjing sixty eight that the he-sea points are good for symptoms of diarrhoea, in which case use SP-9 and PC-3 for the spleen vacuity pattern, LU-5 and SP-9 for the lung vacuity pattern and KI-10, LU-5 for the kidney vacuity pattern.

Typical non-pattern based root treatment

The core non-pattern based root treatment can be applied with stroking down the arms, legs and back, with tapping focused on the abdomen, LI-4, GV-12 and GV-3 regions.

When working on the abdomen give more focus to the upper abdomen and around the navel. On the back give especial focus to treating the lumbar region on the left side.

Recommendations for symptomatic treatment

Needling:

Apply shallowly inserted needles at points such as: BL-20, BL-21, BL-22 on the back, CV-12, ST-25 on the abdomen. Palpate and treat the more reactive points. Often one finds tight bands along the bladder channel from around the level of BL-18 down to BL-22 or BL-17 down to around BL-21. More commonly these are stronger on the left side. Shimizu comments that for babies, if the contact needling (tapping, stroking) are not enough, inserting needles to ST-25 and BL-60 can be helpful. While on older children (over age two) we usually need to apply in-out needling technique to acupoints such as left SP-14, BL-23 and lateral to BL-25.

Okyu – direct moxa:

To help reduce the symptoms of the diarrhoea, heat can be applied around the navel. A simple way of doing this if the child will stay still is to use the large chinetsukyu moxa cones. Each cone is removed after the child starts to feel clear heat. Treatment points can include CV-9, CV-7, KI-16.

In general one will tend not to use okyu – direct moxa - much on babies and small children unless the symptoms are very heavy and/or resistant or part of a constitutional spleen weak pattern.

For strong symptoms of diarrhoea, especially if part of the weak spleen constitution, apply moxa to BL-18, BL-20 contra-laterally or bilaterally. For diarrhoea in the nursing child apply moxa to GV-12 and CV-7. For stronger more stubborn symptoms or diarrhoea moxa can be applied to GV-12 and BL-23. If there are clear food allergies involved in the development of the symptoms, applying moxa to the extra point uranaitei can be helpful.

Press-spheres, press-tack needles, intra-dermal needles:

For the child with strong or stubborn symptoms but who is too young to apply much if any moxa, I recommend starting by leaving press-spheres or press-tack needles to acupoints such as BL-20, BL-18, CV-12, GV-3 or GV-4. After palpating these acupoints, examine to see which points are reactive. On a baby, if BL-20 is reactive on one side (usually more often on left), place a press-sphere there. If there is not much change, increase dose by leaving a press-tack needle there for a number of hours, to be replaced by press-sphere. If still not enough, place the press-tack at the BL-20 reactive point and a press-sphere to for example CV-12 or GV-3, depending on which is reactive. In this way gradually increasing the dose can create change. If after this strategy there is still not enough change, you can then start thinking about how and whether the stronger, more difficult treatment of okyu – direct moxa can be applied. A similar strategy can be used on older children starting with stronger dose according to age and over all condition.

Abdominal pain

General approach for patients with abdominal pain

This problem in a baby is often called ‘colic’. In a way it is not so easy to say that this is ‘abdominal pain’ as the child cannot indicate where the pain is located. Often when the baby presents with ‘colic’ the problem is successfully treated by applying the treatment for ‘kanmushisho’; look for other signs of this condition (bad mood, constant crying, poor sleep, etc). Sometimes it is due to what the baby is drinking, in which case reaction to milk cow’s products is a common culprit. If the baby is consuming cow’s milk products have the parents test for sensitivity to cow’s milk products.

It is not until the child is a little older and more communicative that we are able to say for sure that the symptom is abdominal pain. When a child comes for treatment of abdominal pain it is usually a chronic problem. Parents do not tend to bring their child for only an acute problem. Thus the child will tend to present with a chronic problem that usually has acute episodes. If the child comes while having an acute episode of the abdominal pain it is important to pay more attention to dose of treatment and is often advisable to apply a lighter treatment. If the child is in a distressed state this often makes them more sensitive at that time.

Goals of treatment

Gradually change the overall condition of the child so as to prevent future episodes of abdominal pain. Often, you also need to work on helping calm the child down as his emotional reaction to the pain can over time start feeding into the problem, by reinforcing the functional problems that trigger the pain and/or by creating learned behaviour patterns.

Most likely pattern-based root diagnosis

For the baby that cries a lot and for whom the parents or doctor has diagnosed ‘colic’ you need to examine carefully how the condition manifests. If there is a lot of crying, sleep disturbance, moodiness, it is probably a manifestation of

the 'kanmushisho' and better treated as the liver vacuity pattern. If however the pain is accompanied by abdominal bloating and changes in bowel movements, it is probably best to treat the baby as spleen vacuity pattern. In an older child (for example age three to seven) abdominal pain with bloating is most likely a spleen vacuity pattern, best treated with SP-3 and PC-7. If however the abdominal pain seems to have emotional triggers the pattern is more likely a lung vacuity pattern or liver vacuity pattern. One needs to examine other findings to discriminate which it is. On the older child one is more frequently able to discriminate the pulse findings to help choose the pattern. If the child has the lung vacuity pattern (right pulse over all feels a bit weaker than the left), the usual treatment of LU-9 and SP-3 is good. If the liver pattern (left pulse over all feels a bit weaker than the right) it may be better to use LV-3 and KI-3 instead of the usual acupoints LV-8, KI-10.

Typical non-pattern based root treatment

For babies and smaller children, the core non-pattern based root treatment with tapping and/or stroking is applied over the arms, legs, abdomen, back, shoulders and head.

Additional treatment can be targeted to the stomach channels on the leg, especially by the shins. On older children you will find stiff areas on the back especially around BL-18 to BL-20, tap these as well. If the abdominal pain is accompanied by a lot of crying, tap around GB-20 and LI-4.

Recommendations for symptomatic treatment

Needling:

If the symptoms on the baby are not responding with just the use of the core non-pattern based root treatment apply in – out needling to acupoints such as CV-12, CV-9, KI-16 and BL-23. If you suspect that the problem is more liver related and have treated the 'kanmushisho' pattern, check the occipital region. If very stiff, apply needling to around GB-20, BL-10.

For the older child four to seven years old, in addition to the core non-pattern based root treatment, needle acupoints such as CV-12, KI-16, ST-25, ST-27, CV-6, LV-13 with the in – out technique. However if the pain is stronger and more stubborn, use retained needling to CV-12, ST-25 and an extra point about one cun above ST-37.

Hyodo recommends the needling or applying press-spheres to the following points for treatment of 'indigestion': BL-21, BL-20, CV-12, CV-6.

Press-spheres, press-tack needles, intra-dermal needles:

In addition to checking the acupoints that Hyodo recommends (BL-21, BL-20, CV-12, CV-6) I also recommend examining the stomach channel on the legs around and below ST-36. It has been my experience that hard reactive knots are commonly found around BL-20 or slightly medial to BL-20. Focusing treatment to these knots is often helpful. On more stubborn or stronger symptoms on children that can tolerate an increased dose of treatment placement of press-tack needles (0.6mm) or intra-dermal needles (3mm) to the most reactive acupoints, paying attention to dose needs and care instructions for the parent.

Okyu – direct moxa:

Sometimes the symptoms are more stubborn and the treatment approach has not created much change after a few sessions, in which case it can be helpful to apply moxa. For this it is generally better to use the '80%' style of moxa, let it get hot but not burn down too far. Manaka recommends for chronic 'indigestion' applying moxa to: CV-12, BL-20, GV-12. Irie has a slightly different recommendation for indigestion: BL-21, GV-12 (3-5 moxa each). Palpate and choose the most reactive acupoints. For severe colic Shiroda also recommends: KI-16, CV-12, CV-6, BL-50, Sawada's GB-33 (three cun below GB-32).

Cupping, bloodletting:

In stubborn cases, especially on older children, it may be necessary to apply light cupping on the child. The treatment area should be on the back, focussing especially on the lumbar region, and, if the upper back, shoulder region is stiff, these regions too. On older children, if vascular spiders appear on the lumbar region, these can be stabbed and squeezed to remove a few drops of blood. Pay attention that you do not cause pain with the technique. Sometimes bloodletting SP-1 can be useful for abdominal pain.

Stomach problems

General considerations for patients with stomach problems

Obviously one needs to examine dietary issues for patients with stomach problems as what the child eats and drinks is a common trigger for stomach problems. Another common problem is the role of stress. Often in children stomach problems like gastralgia and gastritis show a clear psychogenic component, with reactions to stress issues at home. One way of dealing with these stress issues is to see how to engage the parents in some home treatment

Most likely pattern-based root diagnosis

With stomach problems the most likely patterns will be spleen vacuity pattern or liver vacuity pattern. The spleen vacuity pattern will show for example pain and distension. The liver vacuity pattern will show more in relation to stress reactions.

Typical non-pattern based root treatment

For babies and smaller children the core non-pattern based root treatment with tapping and/or stroking is applied over the arms, legs, abdomen, back, shoulders and head. If the child is older this treatment approach can be used but at higher dose. Usually the shoulders and neck will show signs of stiffness; also stroke over these areas.

Additional treatment can be targeted around the navel, CV-12, to the stomach channels on the leg, especially by the shins, and the areas around BL-18 to BL-20. If the child appears to have stress related stomach problems, also tap around GV-20, GB-20, LI-4 and in general over the shoulders.

Recommendations for symptomatic treatment

Needling:

For children with stomach problems needling reactive points on the abdomen and back is usually quite effective. Reactive points include CV-12, CV-10, ST-21, ST-25, BL-17, BL-18, BL-20, BL-22. On the younger child use the in-out needling technique, on the older child retain the needles for a while. If the stomach problems are due to stress, psychological factors, check around GB-20, BL-10 and needle to release the tension there, using the in-out technique for younger children and retained needle technique for older children. Additionally, if GV-20 or the area around GV-20 shows pressure pain reaction, especially with signs of puffiness/sponginess, this reactive point can also be needled. On children that show strong reaction on palpation of the abdominal points and are too nervous to let you needle these points, try palpating on the legs around ST-36 to ST-37 and needle the reactive points there.

Press-spheres, press-tack needles, intra-dermal needles:

Leaving press-spheres, press-tack needles or intra-dermal needles for stomach problems is most easily targeted to acupoints on the back. It is common that strong reactions are found in the region of BL-17 to BL-20, especially around BL-20 and/or BL-18. Leaving something to treat these reactive points, either on one side or one point on each side of the spine can be very useful to help relieve the symptoms. On the abdomen, reactions on the renmai, such as around CV-12 or CV-10 can be treated by leaving press-sphere or press-tack needle for stomach problems. On children with 'nervous stomach' i.e. stomach problems that show with stress, leaving a press-sphere on GV-12 can be helpful. Some children with this stress reaction can show a lot of stiffness in the upper back in the inter-scapular region, in which case direct treatment to reactions around BL-14, BL-15.

Okyu – direct moxa:

If the stomach problems are primarily due to food allergies or food sensitivities, apply moxa to the extra point uranaitei. In this case the point on both feet feels the heat, so apply the moxa to each foot so that heat is felt at least three times. If the symptoms are stubborn and you are treating an older child, this can be an acupoint used for home moxa therapy. If the child has problems due to constitution, such as the weak spleen constitution type, then sometimes stronger treatment is needed such as moxa to BL-18, BL-20 and sometimes GV-12. The symptoms associated with this tend not to be limited to the stomach and tend to involve the whole digestive tract, but if the child is very run down, has poor appetite and stomach problems instead of loose stools, or diarrhoea, it could be useful to try this treatment. On smaller children it is better to start by treating these acupoints with press-spheres, or press-tack needles. If not working, then use moxa. On older children one can use moxa to these acupoints sooner. Remember that in order to minimise the number of points moxad we apply the moxa to BL-18 and BL-20 contra-laterally, usually boys left BL-18, right BL-20, girls, right BL-18, left BL-20.

Bloodletting:

On an older child bloodletting SP-1 can be useful for stomach problems, check the points for signs of stagnation (redness, swelling). If vascular spiders appear on the back, especially on the lumbo-sacral region these can be bled, but this is unlikely to occur except on an older child.

Vomiting milk:

Generally many babies will respond well to the core non-pattern based root treatment for the problem of vomiting milk. Additional tapping can be targeted to PC-6 and the area around BL-20. Press-spheres can also be placed on the BL-20 reactive points. Reaction to cow's milk products can be a major trigger for this problem of vomiting. If the child is only drinking breast milk it may be useful to have the mother stop consuming cow's milk products to see if that helps. If the baby is consuming bottled milk, it is good to test to see if the symptoms improve (see discussion of the testing in chapter eight).

In the baby this should be treated as a spleen vacuity pattern. It can be helpful to use SP-3 with PC-6 instead of SP-3 with PC-7, to take advantage of the well documented anti-emetic effects of PC-6. The baby may also have a disturbance of the liver channel, especially one of being replete. Check the left pulse, if it feels a little harder than the right pulse this can indicate this problem. Also, if the child tends to be irritable, cries a lot, sleeps poorly, this can also indicate the repletion of the liver. If the liver seems to be replete, add gentle draining technique with the teishin to LV-3 on the other side of the body from where you applied supplementation to the spleen and pericardium channel points.

Shimizu recommends for vomiting milk, that as well as applying the core non-pattern based treatment, one can add tapping of GV-22, the right subcostal region, the substernal region, LV-3 and PC-6. If this is not enough one can bloodlet LV-1.

If the condition is very stubborn and non-responsive it may be necessary to apply a stronger treatment. Okyu – direct moxa is recommended by a number of authors in Japan. Shiroda recommends moxa to GV-12, Manaka to GV-12, BL-17 and Irie to GV-12, CV-16 (1-3 moxa each). Palpate and choose the more reactive points.

Stubborn, poor appetite:

The core non-pattern based root treatment is very helpful for the child with this problem. The usual treatment of the arms, legs, back, abdomen is good. Additional tapping of the areas around GV-12, GV-3 to GV-4, the navel and on the stomach channel below the knees are indicated. Teaching the parents to apply treatment daily at home is strongly recommended.

The child who chronically has poor appetite will tend to be a bit underweight. He or she will tend to show a strong spleen vacuity pattern and maybe the more severe form of this, the weak spleen constitution. If the former, carefully supplement SP-3 and PC-7 for the pattern-based root treatment. If the latter, in addition to supplementing SP-3 and PC-7, one needs to apply other treatment measures, check in the book ‘Shonishin’ for details of the recommended treatment of the weak spleen constitution. You may need to apply stronger treatment such as moxa to points like BL-18 and BL-20. At the very least it is recommended to apply treatment by press-spheres, press-tack needles or intradermal needles to the points like BL-18, BL-20. Additionally a press-sphere on GV-12 is good.

Urinary Disturbances

General approach for patients with Urinary problems

Night urination or bedwetting can be a difficult condition to treat depending on the age, severity and causes. Most cases of children with this problem improve with treatment, but even so, it usually takes time. Most children develop nocturnal bladder control around the age of three (between two to five years old). The problem is seen when around the age of three the usual mastery of bladder control at night either does not happen or at some point later the control is disturbed. Of these two types around 90% of cases are functional. In the first of the functional types it depends on a number of factors as to how well the child can respond to the treatment. Among these are severity and frequency of the symptom (one-two times per week or every night; once a night or several times a night); age of the child, psychological state of the child and overall condition of the child. Very sensitive children can be more predisposed to this problem and the strength of recovery affected by the condition of the child (weaker constitution, multiple symptoms) and their psychological response – many children lose their confidence with this problem which can inhibit recovery. In the second functional type the problem starts some time after the child has had normal bladder control at night. The most common cause is a psychological or emotional disturbance, moving house, parents split up, etc. Other causes can include sequellae of abdominal surgeries – for example an appendectomy on a small child can leave a scar that gradually becomes tighter as the child ages, triggering disturbances in normal sensation in the lower abdomen.

A small number of children with night urination problems have more organic or developmental problems. Children with abnormal mental development can be slow to develop night bladder control. Children with neurological damage or abnormal development such as cerebral palsy, sequellae of spina bifida, etc can have problems with bladder control. Children with abnormal urinary pathways or reproductive organ problems can have problems with night urination. These cases are more difficult to treat. The symptom is continuously present as the child grows. Generally, boys seem to respond to treatment quicker than girls, with better recovery rates.

You, the patient and especially the parents of the patient need to be patient. Treatment takes time. Some cases with lighter problems change very quickly with treatment; many take several months of treatment and some more than that. For the more difficult cases you need to work out a plan of action with the parents.

Most likely pattern-based root diagnosis

The most likely patterns are kidney vacuity pattern, liver vacuity pattern or lung vacuity pattern. My Meridian Therapy teachers suggest that it is predominantly a problem of kidney vacuity pattern. Shimizu suggests that it is most commonly a problem of the liver. You need to check out to see which pattern is present. Most commonly you will be

treating an older child (age five to ten) for this problem and do not usually have difficulty obtaining information from the pulses and abdomen for diagnosis. As well as looking at the pulse and abdominal findings, it is important to integrate other findings into the choice of pattern. For example, the fact that the child has some abnormality of the urinary pathways or abnormality of mental development will lead you towards selecting the kidney vacuity pattern, regardless of what the pulse and abdominal findings present. The child who has a problem with night urination because of emotional reactions to some events or changes in their life, can be seen as being lung or liver vacuity type. The child who plays so hard during the day that he is so tired at night he cannot wake up in response to the signals from the bladder may show signs of liver repletion, in which case look to see if the lung vacuity pattern shows.

The symptom of loss of control over body fluids or leaking body fluids can be seen in relation to the kidneys, which in the Nanjing are said to be related to all body fluids. Thus, the selection of the water points for treatment can be helpful. Additionally, Nanjing sixty-eight suggests that the he-sea points are good for counter flow qi problems *such as diarrhoea*. This has led many to suggest that the improper movement of body fluids as manifest in night urination can be seen in parallel to that of diarrhoea. Thus, the he-sea points, which are also water points, can be used for treatment. So in the kidney vacuity pattern patient, use KI-10 and LU-5 instead of the usual KI-7 and LU-8. In the liver vacuity pattern patient we use the he-sea points anyway, LV-8, KI-10. For the lung vacuity patient LU-5, SP-9 can be used instead of the usual LU-9, SP-3. Okabe, in an article published in 1940 states that he could cure 30 out of 34 cases of night urination with the needling of LU-5. It seems that LU-5 is an especially effective acupoint for this problem. This reinforces the use of LU-5 for the treatment of the lung vacuity pattern and for the treatment of the kidney vacuity pattern.

Typical non-pattern based root treatment

Apply the stroking with tapping or tapping only over the whole body, giving special focus to adding more treatment over the lower abdominal region. Also make sure to include treatment over the head region.

Additional tapping can be applied over the region around GV-12 and especially GV-3 to GV-4. If the child seems very tense or stressed and the occipital region is stiff, apply extra tapping over this region.

For the more recently developed problems or problems due more to psychological or emotional reactions, the core non-pattern based root treatment can be enough, with repeated treatments to produce satisfactory results on pre-school children (under age six). But on older children or more complex cases, inserted needling is usually necessary.

Recommendations for symptomatic treatment

Needling:

Needling is commonly used on children with night urination problems. Mori and Yoneyama state that the best results are obtained with deeper insertion to the acupoint GV-1, but that this is difficult to do, and so they suggest alternate points such as CV-3, ST-28 on the abdomen and BL-25, BL-32 on the back. Shimizu has a more detailed discussion of treatment with needling for this problem:

For younger children (less than six) after applying the core non-pattern based root treatment one can insert needles to acupoints such as CV-3, BL-32, LV-8 or LV-1, GV-20 and GV-12.

For the school age child (six and older) insert needles to the following acupoints: CV-12, KI-10, CV-3, KI-12, josen (extra point between lumbar five and sacral one),³ BL-32, GV-2, BL-23, BL-18, GV-20, GV-12, LU-7, LV-8 or LV-1. Hyodo recommends the following acupoints to be needled or have press-spheres placed on them: GV-1, BL-25, BL-32, CV-3.

Selection of which acupoints to needle is based as usual on palpation, select those that show more reaction on palpation (a knot, stiffness, discomfort, pressure pain).

Okyu – direct moxa:

Similar to what we find with the recommendations for needling, we see a number of different recommendations by different authors over how and where to apply okyu-direct moxa for bed wetting:

- Yoneyama and Mori suggest that okyu-direct moxa can be applied instead of needling to the same points that can be needled: CV-3, ST-28, BL-25, BL-32.
- Shimizu recommends that on school age children (six and older) moxa should be applied to some of the following acupoints in addition to the needling of the other points: GV-20, GV-12, CV-3, KI-12, BL-32, LV-1, using five half rice cones on each. Do not apply moxa to the same points that have been needled, one has to select which technique to use on those points if they are reactive.
- Irie recommends the following points for treatment with moxa: CV-3, GV-12 and an extras point, the "moving LV-1 point" -palpate between LV-1 and LV-2, treat the more reactive point; (1-5 moxa each)

³ Josen is better treated with an intra-dermal needle or press-tack needle rather than by simple needling.

- Manaka recommends using moxa on the following acupoints after applying the core non-pattern based root treatment: GV-12, BL-32, CV-4, KI-7.

The extra point 'moving LV-1' is treated with moxa if a reaction is found. Generally this will be a better target than the LV-1 mentioned by Shimizu. This is a difficult area to needle, but okyu here is easier to apply provided you do not let the moxa become too hot.

Sometimes it is helpful to apply heat over the lower abdomen and/or low back. In Asia moxa poles are recommended for this. It depends on your preferences and which tools are available to you as to what you recommend the parent apply at home. The moxa pole can become very hot quite quickly, so you need to explain carefully how to use it so that no one is accidentally burned by it. It is also possible to use lit incense sticks instead of the moxa pole to warm the areas around the selected acupoints. Thicker incense sticks are better for this. Typical targets for such treatment include any cool regions on the low abdomen, lower back and the reactive points on the lower abdomen, or lower back.

If the child is anxious, it can be helpful to treat GV-12 and the point shenmen in the ear or the point on the back of the ear directly behind shenmen – use press-sphere or 0.3mm press-tack needle.

Cupping, bloodletting:

Cupping and/or bloodletting can be applied for this condition. The typical bloodletting treatment involves bleeding of vascular spiders on the lumbo-sacral region, if they are found. This only makes sense if the vascular spiders are clearly of the more pathological variety – darker, thicker. Carefully stab the vascular spiders (see chapter seven for discussion of this) and then squeeze out a few drops of blood. It is important to pay attention to dose of treatment when applying this.

Other considerations

It is important to train the child well in urination habits; often the child needs to be instructed to go to the toilet to urinate more regularly during the day and especially to go to the toilet just before going to bed. It is said that the best approach is to wake the child up about one hour after falling asleep and taking them to the toilet to urinate. Shimizu suggests that when the parents do this they need to make sure that the child clearly wakes up so that they experience urinating and remember doing so. Having them urinate when only half awake generally does not work so well.

With the problem of night urination the child very often loses confidence in himself. He or she often develops anxiety, and can develop an inferiority complex. An important part of the treatment is thus to help the child develop more self confidence and reduce anxiety. It is thus important to instruct the parents about not scolding the child if he has an accident, not to tease or hold the problem over him for any reason. Instead, if the child has an accident it is better to just change him. Every morning that the child gets up without an accident it is good to praise him

Otitis media - Ear Infections

General approach for the treatment of otitis media

Improve the overall condition of the child so he has better resistance to infections and treat to deal with the local manifestations that additionally make the child susceptible to ear infections. Changing the overall condition of the child can be accomplished with just the use of the basic core Shonishin treatment or the pattern-based root treatment. But it generally works better if you apply a combination of these two treatment approaches.

Most likely pattern-based root diagnosis

If the recurrent ear infections arise from catching cold repeatedly, the typical pattern to be treated is the lung vacuity pattern. If the ear infections arise independently of catching cold, this could be due to lung vacuity pattern or kidney vacuity pattern. If the child is small and the pulse and other signs for distinguishing the pattern are not clear, one needs other signs to distinguish them. If the hands tend to be cold, it is likely to be a lung vacuity pattern and one should start treating this. Having generally stiff shoulders is also a sign of lung vacuity type. However, if the feet tend to be cold easily (but not the hands) this is more likely to be a kidney vacuity pattern. You may also notice some small temperature variations on the abdomen to support the choice of kidney pattern such as slightly cooler below the navel compared to above the navel. Also, if the ear infections have triggered changes in hearing, you can suspect the kidney vacuity pattern.

For the lung vacuity pattern supplement LU-9 and SP-3. If the ear infection has arisen out of catching cold and there are still signs of the cold such as cough, congested lungs, alternating fever-chills try treating the metal jing-river points LU-8 and SP-5 instead. If the child has a fever with the ear infection, you need to check the temperature. If 37.8 celsius or higher the core non-pattern based root treatment is contraindicated. In this case try using the ying-spring points for the lung vacuity pattern, LU-10 and SP-2. For the kidney vacuity pattern supplement KI-7 and LU-8. If with fever, try the ying-spring points KI-2 and LU-10.

Typical non-pattern based root treatment

One can apply either the core non-pattern based treatment with stroking and some tapping or tapping alone. For treatment apply stroking down the arms, legs, back and abdomen. If the shoulders are stiff, apply stroking across the shoulders. If the neck is stiff, apply stroking down the neck. Apply tapping to around GV-12.

Additional areas for treatment: It has been my consistent experience that children with otitis media develop an area of stiffness that is usually painful on pressure below the ears. This hardened area usually starts around TB-17 and extends downwards from there. Sometimes it extends backwards from there towards GB-12, sometimes forwards slightly from there. I feel that this area of stiffness is probably associated with blockage of the lymphatic drainage, and that it is thus an important area to target. Thus, I always apply tapping to this area as well as the areas above and below the ears that are suggested by Yoneyama, Mori and Hyodo. I give a consistent focus to soften and break up this congested hardened area. If the tapping alone does not make enough change I start applying stronger techniques to it such as press-spheres, needling, press-tack needles; see below.

Recommendations for symptomatic treatment

Needling:

Whether one inserts needles and immediately removes them or inserts and retains them for a short while, needling can be helpful in the treatment of otitis media. The area of hardness and pressure pain below the ears can be a useful place to needle. The area around GB-12 can also become stiff and reactive, and this responds well to light needling.

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin).

It is useful to leave press-spheres on the hardened sensitive area(s) below the ear(s). If these areas do not sufficiently change, I recommend switching soon to a stronger technique such as leaving press-tack needles and maybe needling during the session. In order to help the child settle (ear infections can be quite painful and distressing) it can be helpful to also leave a press-sphere on GV-12. The main area for leaving the small press-tack needles (0.3mm or 0.6mm long) are the area below the ear(s), around TB-17 or below that point. On older children where it is generally safer to leave intra-dermal needles I leave them at the stubbornly reactive points such as the area of reaction below the ears.

Okyu – direct moxa:

The application of small direct moxa cones is recommended at points such as KI-2, KI-3, with KI-2 being especially effective [Yoneyama, Mori 1964]. The following points are recommended on adults, they can be palpated and the most reactive one or two points moxad for non-responsive otitis media (KI-3 is strongly recommended): SI-19, TW-17, GB-12, HT-3, KI-3, BL-23, BL-11, BL-12. If you are afraid to moxa these points because it is too difficult you can try applying needling, press-spheres, press-tack or intra-dermal needles to the reactive points from this list (keeping in mind the issue of dose of treatment).

Cupping:

Cupping can be helpful over the upper back and backs of the shoulders to help get the area to relax when chronically stiff in the child with recurrent otitis media. As discussed in chapter seven, be careful about the dose; applying the cups repeatedly for less time can be helpful.

Bloodletting:

Bloodletting of the jing point GB-44 is recommended for ear pain, TB-1 could also be indicated. It can be very difficult to apply this technique on small children, and even on older children. You must have a painless technique. If the child with recurrent otitis media shows vascular spiders on the upper back in the GV-14 area or back of the shoulders, it can on occasion be useful to apply vascular spider bloodletting. This is usually easier to do than jing point bloodletting on a child, but still your technique must be very good otherwise do not apply it. If you do this, apply only the stabbing and squeezing method, do not also apply cupping.

You might choose to try the bloodletting because the child's problem is not changing and you have already tried other stronger techniques such as needling or direct moxa. As discussed in chapter seven, it will be important to make sure that the child will stay still for you and that you have a clear agreement with the child's parent to proceed.

Nasal congestion

Many children have problems of recurrent or chronic nasal congestion. The problem can be due to allergic irritation (such as dust etc), dietary factors (such as cow's milk reactions), or recurrent infections, blockages in the nasal passages. These different issues need to be carefully examined to see which are relevant to address for the child.

Most likely pattern-based root diagnosis

The most likely pattern of treatment will be the lung vacuity pattern since the nose is the opening of the lungs and nasal congestion problems often result from exposure to irritants (allergic constitution) or recurrent infections, both of which are typical signs of the lung vacuity pattern. In some cases the nasal congestion can progress to become the

kidney vacuity pattern (look for signs of cool feet, with pulse and abdominal signs of this) or the spleen vacuity pattern (look for signs of recurrent digestive symptoms).⁴

Typical non-pattern based root treatment

One can apply either the core non-pattern based treatment with stroking and some tapping or tapping alone. For treatment apply stroking down the arms, legs, back and abdomen. If the shoulders are stiff, apply stroking across the shoulders. If the neck is stiff, apply stroking down the neck. Apply tapping to around GV-12.

Additional tapping to target the symptoms can be applied around GV-22 to GV-23, the occipital region, especially around GB-20, GV-12 and the upper back region (including BL-12 to BL-13 region). Additional points to tap include LI-4, LI-11, ST-36 and sometimes yintang. Applying a light stimulation around the nose is useful, and probably more comfortable with a light pressing using, for example, a *teishin* on acupoints such as LI-20 and BL-2.

Recommendations for symptomatic treatment

Needling:

Yoneyama and Mori state that shallowly inserted needles to points such as BL-10, GB-20 and GV-23 can be very effective. However, on the acupoint GV-23, do not insert needles before the age of two since the anterior fontanel is still open. On the young child these acupoints can be treated using a retained needling method, making sure that the technique is painless so the child is unaware of the needles. The acupoint LI-4 can be helpful for nasal congestion: treat it with an in-out needling method rather than a retained needling method. In older children if the nasal problems are very stubborn and resistant, palpate yintang, and BL-2. You may need to use the retained needling method on these acupoints, provided the child will stay still for you.

Press-spheres (ryu), press-tack needles (empishin) and intra-dermal needles (hinaishin).

A press-sphere to GV-12 is helpful. If BL-12 or BL-13 shows a distinctive knot that makes the child flinch or jump when touched, use press-spheres on younger children and if not responding on older children, use press-tack needles. These points are more likely to show reactions because of the symptoms and/or the lung vacuity pattern. If there are additional spleen signs (digestive problems, food allergies or sensitivities), palpate around BL-20 and medial to it. If there is a clear reactive point, leave either a press-sphere (younger, more sensitive child) or press-tack (older, less sensitive child).

On some older children if the symptom is not responding much, you can try leaving 0.3mm or 0.6mm press-tack needles on acupoints such as yintang, BL-2, depending on the reactions in the points. You need to be sure that the child will not play with the needles or try to remove them. Often you place these needles with instructions to remove them by the next morning. The child may be willing to leave the needles untouched, but it is not so clear that friends or classmates will leave them alone, as they are quite visible on the face. Another acupoint that can show strong reactions is the extra point bitong at the juncture of the bone and cartilage on the nose. This is a good point to treat if the symptoms are stubborn, unchanging.

Okyu – direct moxa:

Manaka recommends for nasal congestion of the newborn to apply moxa to: GV-12, GV-23 and/or the extra point near LI-4 (located at the distal heads of the first and second metacarpals). It is probably not good to start doing this treatment since moxa is difficult on babies and small children. If after tapping these points you increase dose with inserted needles and there is still no response, then you can think about this treatment.

Cupping:

For children with food related sensitivities that are related to the nasal congestion, cupping around the navel can be helpful. For children with airborne allergies contributing to the nasal congestion, cupping on the upper back can be helpful, using low dose stimulation around GV-14, GV-12 or BL-12 regions.

Bloodletting:

In general, for chronic nasal congestion, especially if the symptoms are strong and stubborn, not changing easily, bloodletting of vascular spiders on the upper back may be helpful. Examine the area around GV-14 to BL-13 for vascular spiders. If clear vascular spiders are found, these can be stabbed and bled using the squeezing method. Be careful about dose.

⁴ TCM tells us that cold affects the kidneys and dampness the spleen. Thus symptoms that are worsened by cold will lead one to think of the kidneys and signs of dampness such as mucous lead one to think of the spleen. However, this is a simplification. While the Suwen makes these associations, the Nanjing makes other associations, both of which seem clinically useful. The Nanjing says that cold injures the lungs, damp injures the kidneys and over-eating, over-drinking, over-working injures the spleen. It is more useful to look at both sets of correspondences and be more flexible in one's approach. This is discussed briefly in chapter six.

Other considerations

Dietary: It is not uncommon that you will need to test for cow's milk sensitivity. This is a common problem, but other dietary allergens may also be involved, which can take time to identify and eliminate.

For the child with air born allergies, (dust, mites) if the symptoms are not responding well, you may need to discuss the idea of having the parents buy a good air filtering system to be run continuously at home. Such a system can help minimise exposure to the allergens for the child in the space where they are most commonly exposed (bedroom, rooms in which they play). While working at a symptomatic level, by reducing exposure and thus symptomatic reactions, it also aids the overall treatment of the allergic constitution. In many patients, the continuous triggering of allergic reactions with symptoms seems to keep the whole system sensitized so that the child more easily has further reactions. It can be difficult for normal functioning of the tissues to return to normal as they are continuously in an irritated state. Your root treatment, both the core non-pattern based root treatment and the pattern based root treatment will also be somewhat undermined by the continuous need to focus on symptom relief and control measures. However, when the symptoms are kept quieter (through reduced exposure to the allergens), not only do the irritated tissues of the nasal passages settle down, become less inflamed and swollen (allowing for more normal functioning to occur), but your root treatment can become the dominant aspect of the treatment which will help create changes to a greater degree and more quickly in the underlying allergic constitution. In such cases, this is often the most important part of treatment. Relieving symptoms for a while may not be too difficult, but creating a change so that there are less or no future symptoms can require a lot more work.

Developmental problems

This is a broad category that includes children who, from birth, have had developmental problems such as growth abnormalities (limbs, organs do not develop properly or at all, spina bifida, etc), genetic mutations, mental development problems (autism, Down's syndrome, mental retardation), complications of intra-uterine growth or birthing (such as cerebral palsy). It also includes children who have an accident or disease that leaves them damaged (for example mental development problems due to head trauma, loss of loco-motor function due to viral infection such as polio). The text by Yoneyama and Mori discuss the treatment of the sequellae of polio. While we hardly ever see such patients today, we can apply some of the same principles of treatment more generally.

Many of children with the above type of problems usually need special care. Most commonly we see children with these problems who are not institutionalised and live at home with their parents. They are often receiving special medical care or go to special schools that cater to their needs. In some children there is a single problem such as non-use of the legs, in others a broad spectrum or problems affecting multiple developmental and functional systems. In some children the treatment helps create real substantial change and improvements. In others, the treatment helps lessen difficulties, improve function, mood, performance, improve the quality of life for the child, and create a better environment and interaction with their environment for the child.

General approach for the treatment of children with developmental problems

Often the conditions you will be treating are not curable. The goal of treatment is to help lessen the symptomatic manifestations of those problems that are not curable and to increase function for the child. A secondary goal of treatment is to help the parents find additional tools that help with daily functioning and coping for and with the child.

Most likely pattern-based root diagnosis

The kidney vacuity pattern is the most common. In many cases there will be kidney weak constitution and the recommendations in chapter 8.8 can be helpful. Thus, applying supplementation to KI-7 and LU-8 is often useful. Variations of this can include modifying point selection according to symptoms. Thus, if there are any signs of counter-flow qi use of the he-sea points such as KI-10, LU-5 are indicated. If there are significant problems with strength and use (classical description is 'heaviness') of the limbs, the shu-stream points (KI-3, LU-9) may be useful to try. Additional treatment directed to BL-23 to support the treatment of the weak kidney channel is also indicated. Liver vacuity pattern may also show, but this is more likely on older children. With babies and small children, we generally select kidney vacuity pattern as a matter of course since we treat this as a weak kidney constitution problem. But on older children where you are able to obtain pulse and abdominal findings the liver vacuity pattern may appear, especially in children with loco-motor disorders and especially associated with spasticity of the muscles. In such cases treating the usual LV-8, KI-10 or LV-3, KI-3 will be most useful according to symptomatic manifestations. For the child with mental development problems, examine carefully the heart pulse. If it seems weak, you can supplement HT-7 or PC-7 as a secondary pattern. Thus, for the kidney vacuity pattern child with mental development problems, after supplementing for example KI-7 and LU-8 on one side, supplement HT-7 or PC-7 on the other side of the body.

Typical non-pattern based root treatment

The core non-pattern based root treatment is helpful with additional tapping targeted at regions according to the symptomatic manifestations. Thus, stroking down the arms, legs, abdomen and back with tapping around GV-12 is good for most conditions. Additional tapping around GV-12 for upper limb problems will be helpful; as will tapping around GV-3 / GV-4 for lower limb problems and on the occipital regions, GV-12 and GV-20 for mental development problems. Sometimes a light pressing around GB-20 and LI-4 can be helpful for children with mental development problems.

Recommendations for symptomatic treatment

Needling:

For problems of mental development, if the additional tapping or pressing has not been helpful, one can consider inserting needles lightly to acupoints such as GB-20, LI-4 with in-out technique. Be careful of the dose and make sure to cause no discomfort with the needling.

For problems of the upper limbs, if additional tapping has not been helpful one can add in-out insertion to acupoints such as LI-4, LI-10, LI-11. If the shoulders or inter-scapular regions are very stiff and there are knots in those regions, one can apply in-out needling on these knots on older children. For problems of the lower limbs, if additional tapping has not been helpful, one can add in and out insertion to acupoints such as ST-36, GB-34. You may also find knots on the low back / buttock regions, such as lateral to the sides of the sacrum. Needling these knots can also be helpful.

Press-spheres, press-tack needles, intra-dermal needles:

Press-spheres or press-tack needles are usually safe to use for musculoskeletal problems, provided the child is not very run down or overly sensitive. Leaving press-spheres on GV-12 for upper limb problems and around GV-3 to GV-4 for lower limb problems can be helpful. If you leave press-spheres or press-tack needles on other points or areas, make sure to use appropriate dosage levels for the child. Since many children will be kidney vacuity pattern, leaving something on BL-23 bilaterally can be useful, provided you have paid attention to the dose.

On children with mental development problems, the dose needs to be much more carefully controlled. If you leave anything, leave only press-spheres to start with. Only use stronger dose techniques like press-tack needles when you are more certain of how the child responds to treatment. The extra point behind shenmen on the ear can be treated with press-spheres. If you find a lot of stiffness or knots on the upper back, especially in the inter-scapular region, you can apply treatment to those to help reduce the reactions; it is especially helpful to focus on reactions at BL-15 or BL-14 if they are present.

Okyu – direct moxa:

If the problem includes paralysis or problems of use of the upper limbs it is recommended to apply moxa to GV-12, GV-13 or GV-14. If the problem includes paralysis or problems of use of the lower limbs apply moxa to GV-4 or GV-3. In general for something like cerebral palsy GV-8 can also be treated with moxa, I think especially when there are problems of muscle spasticity. Shiroda mentions use of okyu on GV-12, BL-18, GV-3 and GB-34 for ‘childhood polio’, which given the rarity of this today we can interpret to mean disorders resulting in diminished or loss of use of muscles, with difficulty of use of the limbs. If you are thinking to try the direct moxa treatment palpate the spine first to see which points are more reactive (exhibit pressure pain, cause the child the flinch or move away) and apply moxa to the more reactive points.

Cupping and Bloodletting:

In general these techniques are not mentioned much for treatment of this range of problems. If you use either technique be especially careful of dose, and limit its use for children with loco-motor problems rather than mental development problems.

Other considerations

Home treatment

Giving the parents tools for home treatment can be very powerful as a way of empowering the parents and speeding up treatment progress. It is more difficult when there are mental development problems to give advice for home treatment. You need to spend more time observing the child’s responses to your treatments to better understand sensitivity and dose requirements. But for other more physical developmental problems, the home treatment can be started as soon as feasible. Again, make sure to be careful with the more run-down child or very sensitive child.

Recurrent respiratory tract infections

General approach for patients with recurrent infections

Strengthen the body so as to be able to resist problems better. If needed, apply techniques to try to enhance the immune system (such as okyu - direct moxa). Give the parent tools for applying some treatment at home, such as the

basic home treatment method; this can be helpful because often with children that have recurrent infections, the parent(s) are quite stressed, tired, feeling frustrated and even a bit overwhelmed.

Most likely pattern-based root diagnosis

Most cases of recurrent infections show as lung vacuity pattern. This can be as part of a weak lung constitution. Some children with recurrent infections also have ancillary problems of ear infections; these cases are also often lung vacuity pattern. If a child has been taking a lot of medications for the infections one can, on occasion, see the pattern change. It is possible that the kidney or liver vacuity pattern now starts showing. On very young children, where pulse and abdominal findings are not clear, treat the lung vacuity pattern, but on children with more history and who will allow you to examine the pulse and abdomen, you can differentiate more precisely and may end up with, for example kidney or liver vacuity pattern. For the kidney a key sign will be the tendency to have cool or cold feet. For the liver pattern there will probably be sleep disturbance or behavioural issues.

Usually we supplement LU-9 and SP-3 to treat the lung vacuity. But if there are more acute symptoms, it could be helpful to modify this point selection. Nanjing chapter sixty-eight gives useful hints for this (see chapter six). For cough or alternating fever and chills, try the jing-river points, LU-8, SP-5. Expanding on this, if the cold has just started the jing-river points may be preferable to the usual points. If perchance the child is brought in to you with a fever, better to use the ying-spring points (LU-10, SP-2) which are indicated for body heat (fevers).

With the older child on whom you are able to read the pulses better, it is quite likely that you will find pathological repletion in one or more yang channels, in which case treat what you find (see case two above). Some children who have this tendency to recurrent infections will show a weakness of all the yang channels. In such a condition the pulse will be deep and weak. Whether it is possible to read the pulse or not, there will be other signs that are usually quite clear. When you touch the skin of the child, it tends to feel slightly looser, softer than on other children. The skin can feel as though it has lost its springiness and lustre. You often also see a more weakened appearance of the child as well. In such a case, after supplementing the acupoints for the primary vacuity pattern (such as LU-9, SP-3), also supplement either ST-36 or TB-4. These points can be very helpful to strengthen the yang channels when they are all weak. Touch the points and choose the weak, soft, empty feeling points for treatment. The points could be done bilaterally or you may, for example, choose left TB-4 and right ST-36 based on palpation.

Typical non-pattern based root treatment

So long as there are no concurrent skin problems, apply the core non-pattern based root treatment using light stroking down the arms, legs, abdomen, chest, back with tapping around GV-12. However, some children with recurrent infections have concurrent skin problems. This makes it more difficult deciding how to apply some simple treatment at home, as a light tapping is usually indicated. An alternate approach is to hold a teishin so that the rounded tip is still within the finger and thumb of the left hand. Then lightly glide the oshide with teishin held stable within it in the following pattern: down the large intestine channel on the arms, down the stomach channel on the abdomen and legs, down the bladder channel on the back and legs.

Additional tapping can be applied around LU-1, on the chest around CV-17, the inter-scapular region around GV-12, the shoulders and the supra-clavicular fossa region if the child has very congested lungs and / or is coughing. If there is also nasal infection or congestion, tap around GB-20, GV-22 to GV-23 and LI-4. For ear related symptoms, tap above, behind and below the ears.

Recommendations for symptomatic treatment

The most important treatment for children with recurrent infections is the root treatment, both pattern and non-pattern based. If the problem proves stubborn or resistant, okyu – direct moxa is probably the best method for stimulating the immune system of the child. However, it is, as discussed elsewhere, not always easy to apply this method, thus we tend to apply other techniques first in addition to the root treatment and use the moxa if still not working.

Press-spheres (rvu), press-tack needles (empishin) and intra-dermal needles (hinaishin).

It is common to leave press-spheres on points like GV-12, BL-13. If there is a lot of lymphatic congestion below the ears (usually seen when the ears also become infected after catching cold), it can be helpful to leave press-spheres at the harder more painful points, often around or below TB-17. For children with cough, palpate and treat the stop coughing points on the elbows near LU-5. On some children when the lungs are congested, a strong reaction will show around the asthma shu point; it is good to treat this point for the lungs.

If the symptoms prove stubborn or resistant, increase the dose by using the new Pyonex press-tack needles. The intra-dermal needles are used if the symptoms persist after increasing the dose of treatment with press-tack needles.

Additionally, for the child who has a tendency towards weak lung constitution and has a problem of recurrent infections, it can be helpful to treat related back shu points, such as treating BL-13 on one side and BL-20 on the other. Press-spheres can be used, but if the child is older or symptoms more stubborn, the 0.6mm Pyonex press-tack needles can be used.

If the child has secondary liver related symptoms such as sleep or behavioural problems, it can be helpful to leave a press-sphere on the point on the ear behind shenmen.

Needling:

If the child has very stiff shoulders, which is a symptom of the lung vacuity pattern, and the stiffness does not change much with the pattern-based root treatment and the non-pattern based root treatment that includes light tapping of the shoulders, needling may be required. It can be helpful to lightly insert needles to one or two of the most reactive acupoints on the stiff shoulders, such as GB-21, TB-15, SI-14. The needling should be shallow (2-3mm) and needles not retained for very long.

Palpate the area around GB-20 for the child with recurrent infections, chronically congested nose or nasal infection if these symptoms have not responded to treatment. If it is stiff here use either the retained needling or in and out needling method to treat the stiff reactions. On the older child (three and older) for the same stubborn symptoms of the nose, palpate around GV-22 to GV-23 for a spongy painful reaction. If present, apply retained needling on the reactive point, angled towards the nose. For the child with additional problems of ear infections, if there are strong reactions in the region below the affected ear(s) around TB-17, and the problems have not been resistant so far to treatment, you can apply light needling to this reaction in order to speed up the process of change. Sometimes a reaction is found around GB-12 rather than TB-17, in which case needle this.

If the child with the problem of recurrent infections, which is a typical lung vacuity sign, also has concurrent liver symptoms such as behavioural problems, or sleep disturbance, treat related acupoints. If tapping LI-4 and the stiff region around GB-20 has not yet helped, use in and out needling to LI-4 and either in and out or retained needling to the reaction around GB-20.

Okyu – direct moxa:

If the responses are too slow developing, or the child requires a more urgent treatment, okyu - direct moxa can be applied at GV-12. But, as explained in chapter seven, this can be difficult to do, both for the parent and the child. It is not usual to do this immediately, rather later in the treatment series. Because of the effects of this moxibustion technique, the desired biological changes will start regardless of where you apply the moxa. We choose GV-12 first because it has a reputation as being good for all paediatric conditions, second because there is a history of moxaing this point to prevent infections and third because it is easier to do moxa on as few points as possible. Choosing a midline point on the back is much easier than bilateral points elsewhere. When you start moxaing this acupoint, use the '80%' method at first, let it get hot then take it off. When the child is more used to the technique you can let it burn down more. In more severe or acute cases you may choose to let the moxa burn down further to get the stronger treatment effects.

Cupping:

If there is chronic congestion in the lungs it is often helpful to apply cupping over the inter-scapular region to help break up the congestion. It depends on the age, strength, and dose requirements of the child as to how to apply the cupping.

Bloodletting:

On some children there is a lot of lymphatic congestion in the neck. One finds chronically swollen lymph nodes in the neck, below the ears. If after applying other treatment methods to try to help with this, the change is insufficient, one can try light bloodletting of either LI-1 or LU-11: both are helpful for this kind of problem. LI-1 is better selected in more acute circumstances. Some children with the lung constitutional weakness and recurrent infections show vascular spiders on the upper back in the space between the scapulae and from the levels of GV-14 down to GV-11. If you see this, first try applying light (usually brief) cupping to help improve the blood stasis – light cupping is recommended because one will often notice that the skin in this area is thin, a sign of lung vacuity, and lesser dosage of treatment is indicated. If the improvements are not enough, then one can start to carefully apply vascular spider bloodletting on the area. Since the skin is usually thin here, apply only the stabbing and squeezing method, rather than the cupping method.

The child with fever

When I teach I am often asked how to treat children with a fever. I usually respond by pointing out that we don't usually get the chance to treat children with fevers since the parent calls and cancels the appointment. If I ask those in the group that treat children how many get to treat a child with a fever, almost nobody raises their hand. This is a complicated issue. In Holland, patients often come by bicycle and parents are usually loath to bring their feverish child on a bicycle. In the US where I worked, almost none of my patients lived near where I worked and almost all came by car. Parents were, by and large, unwilling to bring their feverish child in the car. As a consequence, I almost always got a phone call that morning or at last minute cancelling the treatment. Occasionally, a child is brought for their treatment and they have a fever because they just started the cold. It can be very different in Japan. As mentioned

earlier, many acupuncturists have clinics downstairs in the house where they live or they have their clinic around the corner from where they live. The clinics are often in residential neighbourhoods and it is relatively easy for the mother to bring her child for treatment when he or she has a fever, thus practitioners there tend to see children with fever much more often in their practices compared to acupuncture practices in the West, though I suspect that trend is changing. There are increasing numbers of primary health care workers such as doctors using acupuncture, and, by and large, they are more likely to have the parent bring their feverish child for consultation with them rather than to the non-medical acupuncturist. There are also increasing numbers of parents who are fed up with seeing the doctor with their child and not being satisfied with the results, and when those parents start to trust you as the acupuncturist, start to come to you first before their doctor. Thus, over time we can expect a slow increase in the number of children that do have a fever coming for acupuncture. Although so far in clinical practice I have not treated many children with a fever, I would like to explain how one does this.

It is important to not ignore the fever. The core non-pattern based root treatment is contraindicated in a child that has a fever of over 37.8 celsius and one has to think about whether one should apply this core treatment on a child who has a raised body temperature up to 37.8 celsius. It is not very good if you simply say, sorry, can't treat her today she has a fever to the parent that has made the effort to come and see you. You may however have a child present that has strong symptoms and a high fever. As an acupuncturist, I always feel sorry to send someone away without treatment and I can always find something to try to help. I will first recommend that the parent take the child to their usual doctor for a consultation and then apply a treatment. I further instruct that the parent should either go immediately to the doctor or, if the symptoms progress at all, to go to the doctor. There will be some variations in how you might express yourself depending on the parent and the condition of the child, but the message should be simple: it is better to have the child checked by the doctor in this case. If the child presents with only a mild fever (say around 37.8 celsius) I will proceed with treatment but carefully. At the end I instruct the parent if the condition worsens, and especially if the fever increases, to please consult the doctor.

Although the core non-pattern based root treatment can be contraindicated, there are a few aspects of it that can be applied that can be helpful on a child with fever. Tapping lightly around the head can help encourage release of heat by sweating. Yanagishita recommends use of a very light stroking over the webs of the fingers. Here the technique is applied by holding the needle or instrument between the index finger and thumb so that a small part of the instrument (teishin, herabari, etc) protrudes. One strokes on the dorsal surface of the hand from near the wrist moving towards the web between the digits, moving your fingers between the fingers as you come over the web, angling slightly towards the palmar surface of the hand. Apply one to two light strokes over each area on both hands. This treatment is applied very quickly and does not take much time.

The pattern-based root treatment can also be modified to target the symptom of fever. Following the ideas from Nanjing sixty eight (see chapter six), we can use the ying-spring (fire) points for fever and the jing-river (metal) points for alternating fever and chills. The first time my son was sick with a fever (around age one) and we were figuring out what to do, we had just taken his temperature, which was 38.2. I applied supplementation with a teishin to LU-10 [the ying-spring point] instead of LU-9 to try to target the fever. We both felt some immediate difference, we rechecked the temperature and it was now 37.2 and he looked less feverish! It was very curious. I continued treatment by supplementing SP-2. He recovered quite quickly and the fever did not (on that occasion) return. Of course we do not always see such rapid changes, but we can get a hint from this experience. For the child who has the liver vacuity pattern and who today has a mild fever that alternates with chills, recovering from a cold that started several days ago, instead of using LV-8, KI-10 you can try using LV-4, KI-7, the jing-river points.

The symptomatic aspects of treatment offer several opportunities to target the fever. The most common approaches we might use on an adult patient with fever are moxa and bloodletting. Both of these can be difficult to apply on the paediatric patient, especially the smaller child.

Studies in China found that applying a moxa pole to GV-14 on patients with a fever reduces the fever. This matches clinical experience. We might use okyu – direct moxa to achieve this or a more hot but indirect form of moxa such as a moxa pole. Probably the easiest technique on the typical child with fever is the use of the moxa pole at GV-14. I have not described the use of the moxa pole in this book because we do not usually use moxa poles in the treatment of children and in general in the Japanese acupuncture approaches I practice I do not use them. However, unless one's okyu – direct moxa techniques are very good, you are likely to not use that technique on the feverish child, hence I would like to describe the use of the moxa pole here. First, on the child with the higher fever (very rarely seen in our clinics), do not apply this technique.

Children usually do not stay still, especially the small child, who makes unpredictable movements and on whom if you try to constrain their movements you create opposite reactions, struggling and more movements or crying. We prefer not to do this. When we use something like a moxa pole, the danger on children is that they will not stay still and will move bumping into the burning end of the pole, which would be disastrous. We thus need a simple way of maintaining safety if we are to use the moxa pole. There are two simple methods. First it may be better to use a lighted incense stick on the baby or small child rather than the moxa pole which burns much hotter. Second, you need to fix the lighted end of the stick or pole at a set distance from the skin and in such a way that if the child moves they cannot bump into the lighted end. One way to do this is to hold the stick or pole close to the lighted end with the index finger and thumb, holding both bent, while extending the other fingers of that hand so that they touch the child. As the child moves he presses against the extended fingers, which are kept straight, thus allowing the lighted stick or pole to be kept at the same distance from the skin. With your other hand you also need to touch the child to feel his responses. Is he moving because he has started to feel the heat of the stick or pole, or is he moving because he won't stay still? When the child feels the heat, move the lighted end away and then a little while later bring the lighted end back, moving away again as he feels the heat. This approaching and moving away from the point GV-14 will allow the point to gradually warm up. Once it starts to appear a little red around GV-14, stop the technique.

On children, it is sometimes indicated to apply bloodletting, especially of jing-well points. Shimizu recommends bleeding of LI-1 and or SI-1 for early stage mild fever in children who also have a sore throat. On adults we can bloodlet jing-well points for fever, thus we have a similar idea here. However jing point bloodletting can be difficult on children and one's technique has to be good, since the technique should be painless on a child, and for sure you need to practice on other people before you try it on a child with fever. If you choose to use the technique on a child with fever make sure of the following:

- Select the point for treatment by visual signs – the point and surrounding area is slightly reddish, maybe slightly swollen.
- Make sure to apply the technique not only painlessly but also so that when you want the blood to stop oozing out, it does so (ie don't stab at all deeply)
- Remove a few drops of blood from each point, do not remove too much from each (ie do not stab too deeply and do not wait till the blood flow changes colour or consistency).
- Have small plasters or bandaids on hand to place over the treated point to be removed a short while later when the child arrives home.

The following picture should be kept clean and can then be copied as a template for explaining home treatment to parents.

