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Featured Article

Introduction to Shonishin, Pediatric Acupuncture by Raven Lang, L.Ac., O.M.D.

In the 1980s there was nothing in the realm of pediatric teaching in TCM schools, and in the clinic at my school we did not see any children. Having



been a mother and a midwife and been surrounded constantly by children, many of whom had problems that their mothers did not want to deal with through allopathic medicine, I had great reason to study how this form of Asian medicine dealt with infants and children. After a weekend course in 1985 with the celebrated

Dr. Hidetaro Mori, I was more than ready to immediately implement his teachings into my work. Dr Mori was the head of a pediatric children's hospital in Osaka Japan, and came to California through the invitation of prominent Californian practitioner Dr. Miki Shima. This was before any TCM pediatric books had been printed, so Dr. Mori's teachings became my bible. I began to use what I learned from him by using the techniques of Shonishin along with Chinese herbal formulas, and was astounded to see the results being so consistently positive. Since then, I have successfully treated more than 1,000 children. I think it's safe to say that 95% of the parents who followed the herbal advice, ongoing treatments and whatever touch medicine I instructed them to do at home did very well, and the typical use of antibiotics or steroids for most children's problems was almost completely eradicated.

SHONISHIN

Shonishin is a pediatric method developed in Japan, which was based upon TCM theories from 2,000 years ago. It first came into practice in the 17th century, but in the last 80 years it has become the main treatment for keeping children healthy throughout Japan, and is respectfully used as a treatment for childhood illnesses. The word Shonishin translates exactly as pediatric acupuncture. Shoni is pediatric, and shin is acupuncture.



TREATMENT RHYTHM

Shonishin is normally given to children in Japan on the week of the full moon, and if that day falls on a different day than an open clinic day, it is done prior to the full moon rather than after. Many of the Osaka clinics are open only to children for that particular day of each month. The clinics are typically named after some animal, and on that special day of full moon Shonishin, a flag with an image of that animal is flown outside the clinic, to alert the parents that "this is the treatment day for children." When a child is given 12 treatments per year, problems that might arise due to weather, diet, emotions, or lifestyle will be clearly seen and treatment for the child can be fine-tuned to address those imbalances. Also, when a child comes in monthly for healthcare, they begin to see that the rhythm of caring for self is something that occurs throughout the year, and continues as life passes. This is not the type of care that one receives through the allopathic model, which is either prevention by immunizations or treatment for problems when there is sickness. Shonishin is not associated with illness, but is instead associated with wellness and the care it takes to maintain that state. This is a different point of view when approaching medical care, and in my experience, relative to our population, only a handful of North American parents come in for this type of treatment. Most of the other parents remain in the allopathic mindset, which is to bring in the child only when something is wrong.

TRADITIONAL SHONISHIN TREATMENT

As already described, when children are well, they receive Shonishin once per month. When there is a problem, weekly treatments are adequate until the adjustments and changes are made and corrected. When a problem is acute, treatment can be daily, but this is the exception rather than the rule. Usually once per week is adequate for children who have deficiency or have chronic conditions. If a problem is acute, treatments are given two to three times a week. My experience is that for the vast majority of children with chronic problems, one weekly treatment is what most problems require, and not more. Often within a course of one treatment that could last six to eight weeks, the problem is either gone or on its way of being seen as history. When treatments are frequent, the history intake is hopefully brief, and while following through with a course of treatment you are already involved in, the child is likely to be in and out of the office within ten to fifteen minutes. In acute cases that need to be evaluated over the course of a single day, a child would be brought in for treatment and assessment in the morning, and be seen in the late afternoon for an evaluation. The learning curve for both practitioners and parents is exponential in these circumstances, and one quickly learns either the success of this medicine or when to refer out for allopathic care.

If there is history with a child, indicating past infections, anomalies, or hospitalizations, I always asked parents come to my office for the initial visit without the child. I found that a child listening to the difficulties of his or her condition over and over is not a good practice, so with severe histories, it is best to have one parent give the history to the practitioner while the other parent is looking after the child elsewhere. This history taking often requires approximately an hour depending on the history. Dr. Mori emphasized that Shonishin treatments should not last more than ten minutes for the child. With the intake and advice to the parent, the total time spent in the treatment room should be only about fifteen or twenty minutes. When the visit takes longer, the child often gets listless and interrupts the attention of the parent who is there to exchange information and learn what can be done.

In my practice, I found that it was not unusual for a family to be in the treatment room for twenty minutes, and on occasion when the parents were learning techniques such as percussion, rubbing points, etc, it may even be a few minutes longer. If there is little instruction, the weekly treatments are quick and efficient, keeping the children interested and the costs to a minimum. For parents who need to bring their child in weekly to get started, this is especially important, otherwise fees can be daunting.

On the full moon Shonishin day in my practice, there would often be about twenty children who come for treatment. On those days there were toys, balloons,



and a fair amount of noise and chaos. When parents who were unsure of this type of work come in for the first time, I would (with permission) invite them into the treatment room of another child and let them watch what was done. I would do this with a family whom I had worked with for some time and who could be helpful by expressing how effective this form of medicine was and is for their child. This networking also formed friendships among parents, and within time they have their own relationship and talk kid-care while in the clinic with each other.

WHEN CAN YOU BEGIN SHONISHIN TREATMENT?

Pediatric acupuncture usually begins at the fourth month of life, after what can be considered the fourth “trimester” in the cycle of a baby’s formation, but it can begin at birth if necessary. It is typically used during the first cycle of seven years for girls and the first cycle of eight years for boys, and by the time a child reaches the second cycle, which is also the age of reason, I have by then introduced them to acupuncture needles. At this time it is often easy to begin using needles, and for some children needles can be retained for approximately five to ten minutes. However, I still do the Shonishin until they tell me they have outgrown it, and they will let you know when they want to graduate out of that realm.

When I speak of beginning Shonishin or acupuncture treatment at birth, it is for children who have either been born with an existing condition or have had a history of surgery, separation from the parents, or an anomaly. I have treated children with a diagnosis of hydronephrosis, which is water on the kidney, two of whom I met and began working with immediately after birth. Another child whom I met the day after he was discharged from the hospital two weeks after birth had signs of neurological impairment and within time was diagnosed with severe cerebral palsy. I began treatment on him the day I met him at two weeks old before he even had a diagnosis. Another child I met at six weeks was born with ulnar deficiency, and I have worked on a number of cases of children who have had brachial plexus, resulting from a birth injury. For these children work begins on them as soon as you meet them. Do not fear working on a child at this age. They respond well to treatment, and if you work

quickly and with certain distractions of pressure and sound, they hardly respond to needles if you choose to use them.

For children who have been hospitalized and have been treated with numerous physical insults and hardships such as intubation, separation from the mother, I.V.s, surgery, etc., it is a different story. These children must be treated with kid gloves initially, and normally the mother is as traumatized as the child and the work you do here is treating both mother and child. For these children and their parents, I often wait until the initial meeting is over before beginning treatment. Normally this first meeting is one where I listen, question, observe, learn about the present concerns, the reunion of the baby to the mother after the trauma, and find out the success or lack of it regarding the establishment of lactation, bonding, and the emotional status of their family. During this time the child becomes familiar with the practitioner, the office, toys, and feels a sense of familiarity and security before moving forward. Often, if the child is not guarded, I do a physical assessment by touching and playing with the child, and letting my presence become one of acceptance. Sometimes by the end of this meeting if work with the child flows I am able to do a Shonishin treatment or even needle the child.

Once the child is beyond babyhood, they are great fun to treat, even if they are coming for treatment based upon a problem. Engaging them in the story of their lives, asking about their birthdays, or who they are going to be for Halloween is enough for them to look forward to coming in for treatment and telling you about themselves. Common problems during these years are often due to everyday childhood concerns such as the common cold, cough, ear infections, appetite or digestive problems, incontinence, or difficulty in sleeping or behavior. Since these are not conditions that are already deeply etched into their history since they are so young, they seem to be the easy ones to solve, and they are often solved quickly.

WHAT IS SHONISHIN USED FOR?

Shonishin is used for the maintenance of wellness, prevention of disease, and also for conditions of disharmony, illness, or pathology. Treatment will stimulate the immune system by stimulating endorphin production in the body, which in turn stimulates healing. It also addresses the spirit and gives a feeling of general wellness to the child. Once the child is old enough to have a relation with it, I enhance the fun of it, by letting them choose a little prize such as a balloon, a sticker, or a shell when they leave. This allows the child to look forward to the treatment, although I have found that even if there is no balloon at the end of the treatment that they usually look forward to the next treatment anyway. I create a relationship with them, getting to know what they like, what their interests are, and let them feel their individuality in my witnessing and remembering their particular delights. For instance, if a child particularly likes books, or objects from nature like seashells, I will

remember that and speak to them of those particular interests on subsequent visits. So, remember to engage in this type of conversation. If you are seeing many children, you might want to make a note of what you find they love, so that you can refresh your memory and engage in a personal conversation with them on their next visit. As children are receiving Shonishin, many want to do it on you, their mother, or themselves, and I allow all these possibilities in the form of play. I have a jar full of shells that are used as Shonishin tools, which they are free to choose from, and then we each take a turn using the tool and treating each other.



SHONISHIN TOOLS

Shonishin is normally given with a series of tools, which can be purchased through OMS or any type of TCM supplier. A kit of 8 pieces is around \$50.00. If one were to buy the individual tools, they range from around \$7.00 to \$10.00 each. I have found that because the tools are silver and something the child has no sense of, they might often resist their use. This is especially true with children who have been hospitalized. As the years have passed, I have found other types of tools, such as bones, shells, or other objects from nature that will do the trick of stimulating the meridians just as well as the traditional tools. Then, if one of them gets lost, it isn't a big deal to replace it. When I first began this work, I went through several kits of Shonishin tools, because there were times that a child walked off with one of the tools when I didn't notice, or the mother found one in the pants pocket and subsequently misplaced it, or sometimes they were tossed into the garbage by accident and by the time I realized a tool was gone, so was the garbage. If I want to use the Shonishin tools, they are at my disposal, but now I also have a jar of shells and small rocks--some have points, some are dull, some are rough, some are smooth. If the children are past the age of putting things in their mouths I just toss them out on the treatment table like one would a set of jacks, and use whichever one I decide depending on my treatment plan. Children will often pick up one of the shells or objects from nature that I use as a tool and replicate my actions either on themselves, on me, or their mother. A rubbing tool would be smooth

edged, a tapping tool would be pointed as if you were using it to stimulate a point, and a scratching tool would be one that might have uneven edges or a rough surface to it. Whatever tools you choose, they are used for a rhythmic rubbing, tapping, and scratching and none of these techniques involve insertion. Needle insertion can also be part of Shonishin, but treatment is often done without it. When I do use a needle for insertion, a very thin gauge is chosen, and I often show them this needle and tell them it is like a cat whisker and demonstrate it either on myself or on their mother. The Seirin 00 gauge is perfect for this, which is the needle with a cadmium green tip.

The different Shonishin shaped tools are for different types of conditions and have different functions. A tapping tool disperses yang and is used for sedation technique, while rubbing and raking tools are used for deficiency, and a pointed tool can be used when wanting to address certain specific acupuncture points. The spear needle is used for jing points on the fingers and toes, and is the tool used for distal points. It is also used for convulsive fevers or acute symptoms. Points such as LI 4, H 9, or LI 1 are points to use with the spear needle. Tapping can be done back and forth along a meridian or between points, and rubbing is usually done in one direction. Rubbing is also done in an area as well as along a meridian. For instance, if working on a child who has lung problems, one can rub the upper back touching many meridians, such as the bladder meridian, as well as the SI (SI 10 through 15) and GV (GV 9, 10, 12, 14,) meridians. UB 11 to UB 23 can be done with a rubbing tool and is usually done in that direction, going from the thoracic area to the lumbar. The rake is a tool that is typically used for the shu points. If the child is cold, work more softly. If the child is hot, you can use more strength.

Typically one begins with the meridians of the hand/arm beginning with the yang meridians first and going to the yin meridians second, and then moves to the meridians of the foot/leg, also beginning with the yang meridians first and following with the yin meridians. The shu points are then done, followed by abdominal palpation, kneading, and touch. If you feel congestion in the abdomen, massage it out. If the child is cold, use moxa by way of a Tiger or Lion Warmer, available through O.M.S.

When children are strong, their skin pinks up with Shonishin stimulation. As soon as you see this pinking up, stop, because it is easy to over treat infants and children. If you do Shonishin and there is no pinkness in the skin, the yang is not strong and the child likely has a weak constitution and a low immune function. So work the meridians until the skin turns a pink color, and when it arrives move to a new location and continue. Once the body has turned pink from the Shonishin, stop treating. If the child has a strong constitution, you can treat more aggressively, if the constitution is weak, then treat

more gently. For children who do not pink up quickly, teach the parents to lift the skin along the bladder meridians many times throughout the day and to do three spinal rolls nightly, just before bed. This will begin a process of tonification, and strength should be enhanced because of this. Often within a month of home care, the child will begin to pink-up normally, showing that the body has strengthened.

NETWORKING IN THE CLINICAL SETTING

Networking is something I have done in my practice since the beginning. Let me take the examples above of hydronephrosis, which is water on the kidney. With each child who had the diagnosis, the condition was seen prenatally and postnatally through ultrasound, and a consult with a nephrologist was given. In all cases surgery was recommended, and in all cases the parents wanted to see what they could do before agreeing to something as profoundly altering as the knife. As it happened, all these mothers met at one time or another on Shonishin days. They spoke with each other about their respective child and the recommendations given to that child. The parents in each case chose to forgo surgery unless it was absolutely necessary, and each of those children did splendidly, with the hydronephrosis having disappeared, all at varying times. Certainly repeat ultrasounds were given at suggested time intervals, and the infections that had been promised to appear and cause trouble did not. Physicians were always surprised at how well the children did "without treatment".

This type of networking is something that I cultivate in the practice. When a child has had serious asthma, enough to have been treated with steroids for bad attacks, I am sure to introduce that mother to a mother who also has a child with the same problem if they are both in my clinic at the same time. I do not schedule for this, it just automatically happens. Sometimes the parents will sit in the waiting room and speak to each other for another twenty minutes or so, because they are a source of support, shared knowledge, and similar values.

CHILDREN REACT WELL AND QUICKLY

Children are easy to work on and they make adjustments quickly. Since their nature is full of yang it is easy to affect change. I have seen children who came in with a terrible fever and leave 20 minutes later with the fever broken, although that is often done with needles, not Shonishin. Anyone working with children will know that children change much faster than adults, and it seems the younger a child is, the quicker he/she is to make the change. Similarly, these changes can suddenly return, telling us that the treatment was effective for the day, and that repeated treatment is needed to sustain the success. Just as a child can cry at the drop of a hat and then laugh at the next drop, so can conditions come and go suddenly. This is the nature of childhood illnesses. For these children where the illness reappears, it is necessary to find the root cause, advise the parents how they can avoid falling into patterns that evoke illness, and along with the treatments and herbs, become proactive by changes in diet, dress, lifestyle, and rest.

INSTRUCTING THE PARENTS

One of the beauties of Shonishin is that you can teach the

parents to do certain routines that augment it, and they can continue working on their child at home. When parents know what to do through touch, lifestyle changes, and diet, and when they see a problem arise they can begin to work on the child themselves and be of immense help before a condition gets out of hand. I taught the parents to work on the child as soon as unwanted symptoms appear, and also taught some tools such as the spinal roll to be done daily as a maintenance of wellness and thus a prevention of disease. Parents can use their hand for treatment, or any tool, such as one you give them, or they can use common household things such as a toothbrush - either the brush side or the handle side, gems, wooden or ceramic spoons, a chopstick, a button, etc. I often gave them a set of shells or one shell which I instructed them to keep in a basket or box with all the herbs and the notes they take each time they came for their child's treatment. This way, the tools, herbs, and the information were available to them by just going to that specific basket or box, and they didn't have to spend time looking for anything. When parents see that a child is just beginning to have the onset of a problem, they like re-reading the notes and feeling pro-active in a knowledgeable way. This is especially true for parents with children who have a history of a problem, such as catching frequent colds, or getting repeated ear infections, or developing asthma. When parents have specific points to work, and your teaching is thorough, they will follow your advice and do what is needed while also giving the appropriate herbal formula. This is the reason you very carefully instruct parents. I often drew them a diagram and went over the places on the body where they are to work. When parents see that a problem is addressed easily and quickly, and that they can address it themselves, the children will return to your clinic for follow up care, both preventatively and symptomatically.

When there are stubborn cases, it is important to instruct the parents to be patient and not expect a miracle, although you can also tell them not to be surprised if they see one. It is important to remind them that relative to feeling helpless and at the mercy of medications or hospitalizations, this work is a bit labor intensive on their end. By this statement I simply mean that besides the techniques you have taught them to do on their little one, the diet may need to be watched, or weather conditions must be carefully acknowledged and the child must be properly dressed. With the knowledge they have gathered in your clinic they are familiar enough with areas on the body to work, either through percussion, heat, or massage. When a parent is used to western medicine and treatment, TCM looks like a lot of work. However, once they learn how simple overcoming helplessness is, it won't look work-intensive any longer. When parents can overcome the use of antibiotics through education and knowledge, they achieve control over their child's health. This is empowering to them as parents but more importantly saves the child from the misuse of antibiotics and maintaining a healthy microbiome.

By the time a child who has been working with you reaches puberty, they have been receiving needles enough to be comfortable with them, and they understand the use of herbs to achieve and maintain health. Also by this age they are treated with needles similar to what you would do for an adult, with a possible exception of less retention time. What is exciting for the practitioner with this age group is that you become a teacher, talking about self-care, food choices and preparation, sexuality, and keeping communications clear and open with the important adults in their lives.

My upcoming Introduction to Pediatrics course will cover how to look at a child and make a diagnosis. Treatment plans for various common childhood illnesses and problems will be covered, herbal formulas and advice will be given, and cases will be presented. During the afternoons we will hopefully have several children and babies to meet, diagnose and work on, demonstrating how easy it is to incorporate this most important aspect of a family practice.

Bio:

Raven Lang was one of the first homebirth midwives in California. In 1970 she founded the Santa Cruz Birth Center, the first birth center in North America. Two years and fifty births later she wrote "Birth Book". In 1972 Raven helped to found the first birth center in British Columbia. Six years later she returned to California and founded the Institute of Feminine Arts, the first non-medical school for midwifery in North America. In 1982 she began her training in TCM and incorporated TCM into her midwifery. For the next three years she studied with Dr. Miriam Lee, a nurse midwife from China and one of the first licensed acupuncturists in California. Since 1985 Raven has practiced TCM in Santa Cruz CA specializing in women's health and pediatrics.



New: Live Streaming Webinar & Live Seminar at Mayway!

Introduction to Pediatrics
with Raven Lang, L.Ac., O.M.D.

Saturday & Sunday April 30th - May 1st, 2016

In this introductory course in pediatric acupuncture, Raven will share her knowledge and wisdom from over thirty years in clinical practice. She will cover conditions that are well within the scope of TCM treatment and which respond well and quickly to this type of medicine. Students will learn how to discern what is normal in children, what can be addressed with TCM, and when to refer to an allopathic physician.