

## Japanese Acupuncture - Current Research

*Shonishin: Japanese Original Acupuncture for Children*

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### Introduction

In Japan, a specialized form of acupuncture that focuses on stimulation to the skin has been practiced on infants and children for the purpose of their health management. It has been very popular in the Kansai area, particularly in Osaka of Japan. This approach is referred to as acupuncture for children (Shonishin or Shonihari in Japanese.) While acupuncture for adults involves the insertion of needles, acupuncture for children or pediatric Shonishin is a non-insertive form of acupuncture that makes use of a variety of tools to stimulate the skin.

It has been reported that regular monthly pediatric Shonishin treatments help promote health and stable mind-body growth of infants and children. Pediatric Shonishin techniques may be applied to the adults who experience acupuncture treatment for the first time or who are excessively sensitive to stimuli. This report will present a brief overview of pediatric Shonishin practiced in Japan.



### The history of acupuncture for children or Shonishin

It is not known when pediatric acupuncture began to be practiced. There are historical materials (1763), recording a pediatric acupuncturist existed in Nakamura-village, northern Osaka in the midterm of Edo period (Photo below).<sup>1)</sup>



Especially in Osaka, pediatric Shonishin rapidly increased in popularity during a period from the end of Taisho Era to early Showa Era (1920s) so that almost all acupuncturists, except for a few, practiced this new form of acupuncture. There were many acupuncturists who put up the sign saying “acupuncture for children.” In these days, Shuji Fujii of Fujii Family in Yotsuhashi distinguished for pediatric Shonishin conducted animal experiments<sup>2)</sup> on the Shonishin and acquired a doctoral degree in medical science. This fact attracted more attention

of the general public toward pediatric Shonishin. In Osaka it seems likely that there were families such as Nakano's and Okajima's other than Fujii's that gained public notoriety for pediatric Shonishin<sup>1)</sup>; Nakano who drew in many patients so that the word "hari" (needle) was given to a part of his village name Nakano, like Hari-Nakano, and Okajima who was renowned for the trade name of "Usagi Bari" (rabbit needle.) In the prewar era, Sorei Yanagiya wrote a book to introduce Fujii Family's Shonishin to practitioners in Tokyo. However, it was not adequately familiarized in Tokyo<sup>3)</sup>. After the war, Hirohisa Yoneyama and Hidetaro Mori co-authored a book titled "Shounishinpou (Shonishin techniques)"<sup>1)</sup>. They travelled around Japan to give lectures for promoting pediatric Shonishin. Mori's efforts extended to travelling over to California of the U.S.A., Brazil, and Argentina in 1990. In recent years, Kentoku Tanioka is actively promoting it in the United States and European countries.

A database of integrated literatures in Japanese on acupuncture and moxibustion since Meiji Era was opened to the public in 2007 (<http://acupuncture.jp/>).

If the keywords containing Shonishin are input, three literatures (if prewar literatures are needed) by Shuji Fujii will be retrieved.

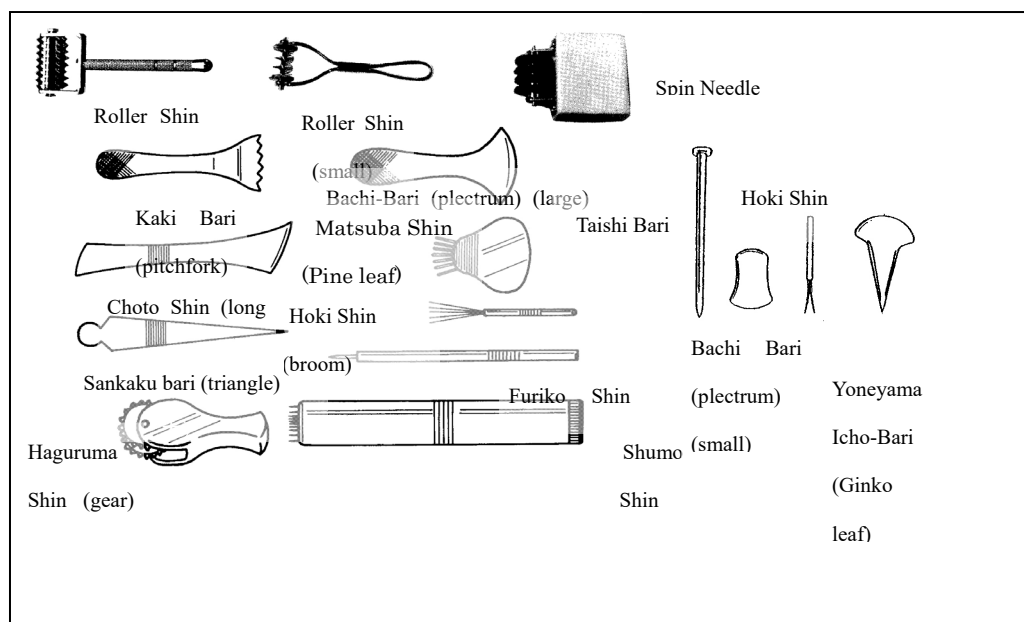
### The tools of Shonishin

In Shonishin, various tools of different shapes have been devised to meet the needs of individual techniques and not to scare infants and children (Photos). Materials are stainless steel, gold, and wood. Hands of small animals (mole hands) may be used to make tools. The Harikyu Museum (<http://www.harikyumuseum.com/>) has the Hidetaro Mori collection of Shonishin needles on display (literatures)<sup>4)</sup>. Today, plastic disposable needles for Shonishin are sold in the market (Photos below).

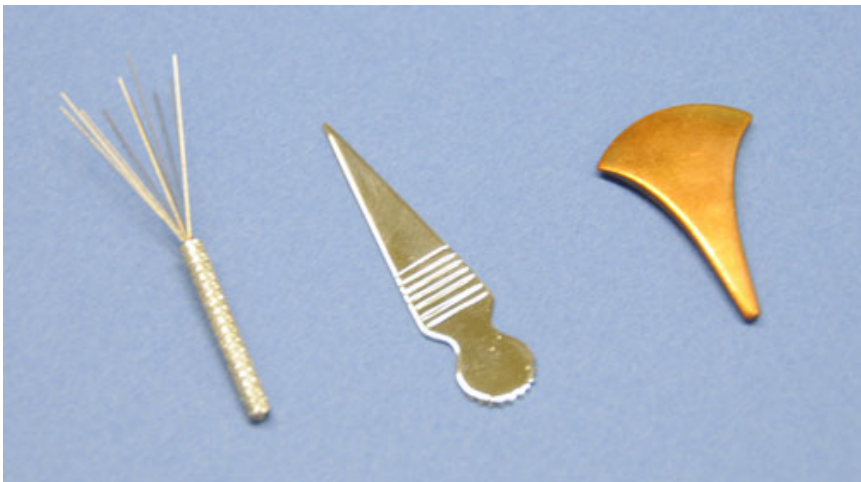
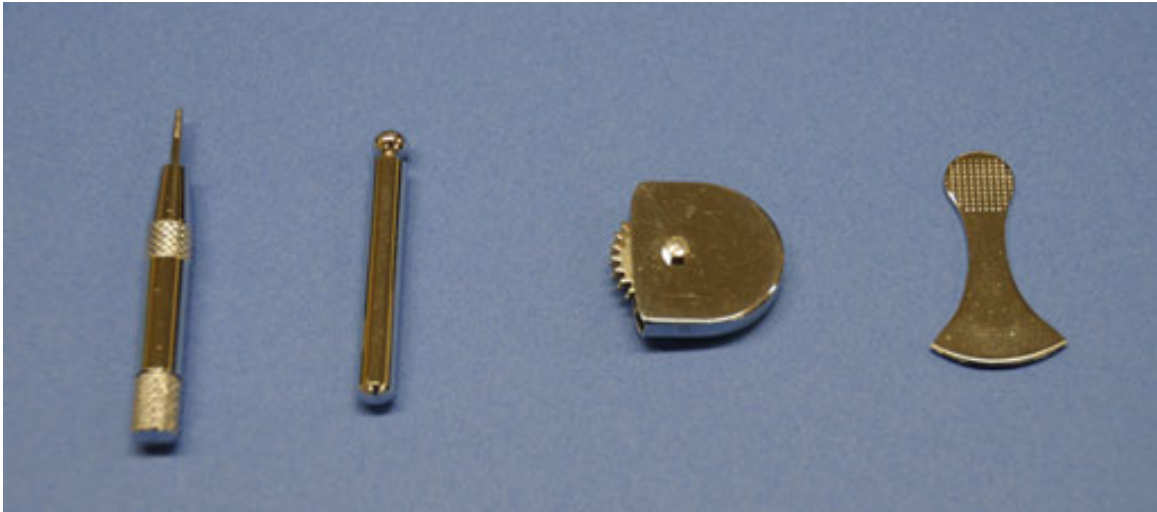


They are divided into four categories<sup>4)</sup>.

Tools to rub the skin surface, 2) Tools to tap the skin, 3) Tools to cut the skin, and 4) Tools to contact the point.



Tools of category 1) are Haguruma Shin, Roller Needle, Yoneyama Icho Bari. They are used to gently rub the skin making up and down motions on the shoulder and back, abdomen and arms and legs. The Tanioka's Taishi pediatric needle is a blunt triple edged Sanryoshin (Fig.) used for this technique.



Tools of category 2) include those of Bane (spring) type, Furiko (pendulum) type, Shumo Shin (brush), and Go Shin (filiform needle). They are used to rhythmically tap the skin surface on the head, arms and legs, shoulder and back and chest-abdomen.

Tools of category 3) include Choto (long sword) Shin, Sanryo Shin, Usagi (rabbit) Bari, and Kaki (pitchfork) Bari. Sanryo Shin is used to prick meridian points and others are used to scratch the skin. The application areas of these tools are distal arms and legs.

Tools of category 4) include Tei Shin (Photo). The round tip of Tei Shin is used to contact acupuncture points for several seconds to several minutes. When treatment requires an invasive technique, Go Shin, which is a thin needle with a diameter of 0.16mm or below, may be inserted only to the depth within 1mm from the surface of the skin to supplement above three procedures.

## Target Children

Shonishin treats infants from about 20 days of age or above. Many of the children who receive Shonishin are from 5-6 months to 5 years of age. It is effective particularly for mental symptoms appearing in infants of 5 months to 2 years of age. Of course it is also effective for children of school-age or above..

## Indicated Symptoms

Symptoms indicated for Shonishin are as follows:

1. Typical neurotic-like symptoms in infants and children such as insomnia, night crying, temper tantrums, squeaky voice, night terrors, and biting
2. Respiratory symptoms such as colds, tonsillitis, asthma, rhinitis
3. Digestive symptoms such as lack of appetite, indigestion, diarrhea, constipation
4. Allergic symptoms such as atopic dermatitis, hives, asthma
5. Other symptoms such as nocturnal enuresis, Chic, and torticollis

## Body Locations for Shonishin Treatment and Techniques

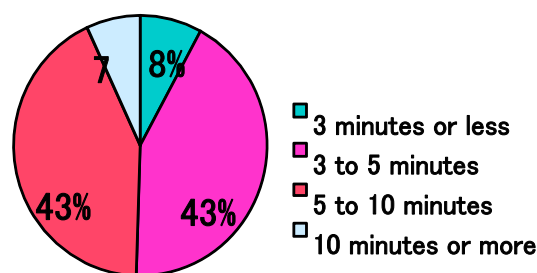
Shonishin is usually performed through rubbing or tapping depending on what is require on almost all parts of the body of arms-legs-chest, abdomen, neck region, shoulders, lower back, and head (Fig. 1). In performing treatment on infants and children, the acupuncturist who takes account of their age in month, constitution, and skin properties (softness) adjusts the amount of stimulation based on their facial expression or the levels of reddening on the skin. In performing Shonishin, it is said better to move or manipulate the pediatric tools along the meridian flow.

It is also better to gently contact the chirike, hyakue, and jikan points with Tei Shin. Some acupuncturists administer needle insertion into the kokou sankan meridian point even if patients are small children<sup>7)</sup>. Pediatric Shonishin acupuncturist

may focus on stimulating the areas surrounding meridians depending on symptoms. Pediatric acupuncture is a form of technique to stimulate the skin whatever techniques practitioners use.

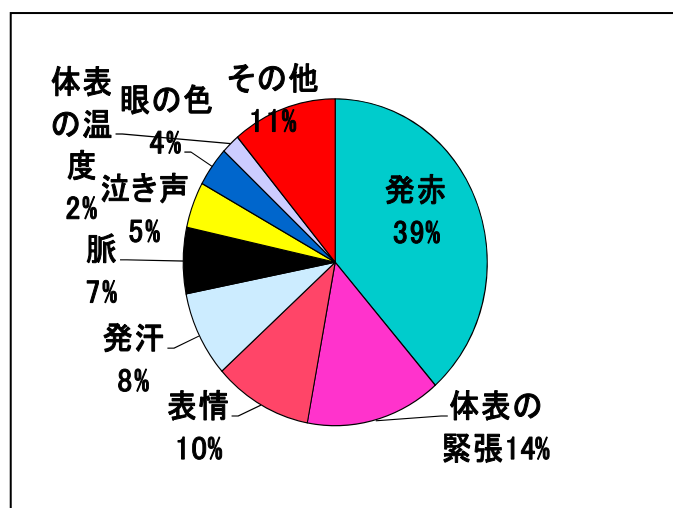
## Treatment Time, Period, and Frequency

Shimizu, et al. conducted a questionnaire survey of Shonishin targeting members of Osaka Acupuncture & Moxibustion Association. The results from 203 respondents show that the treatment time was 3 to 10 minutes and the treatment frequency was three consecutive days per month (Fig.)<sup>7)</sup>.



## Adjustment of the Amount of Stimulation

According to the results of the questionnaire survey by Shimizu, et al. (153 respondents), many of the respondents use, as a measure of the amount of stimulation, various factors such as the levels of reddening of the skin, sweating, and relaxation of the body surface tension (Fig. 3)<sup>6)</sup>.





## Mechanism of Shonishin

Yuko Sato mentions about the effects of skin stimulation on the body as follows<sup>8)</sup>. The effects of stimulation on development of immature babies are of significance as the study by Schanberg, et al. (1997) reported that repeated daily skin stimulation to immature babies promoted weight increase compared to non-stimulated ones. Although it is known that acupuncture stimulation induces or modifies various reflex responses through the motor neurons, autonomic nerves, and endocrine system, Sato, et al. conducted a systematic experiment using anesthetized animals on reflexes that skin stimulation induce through the mediation of the autonomic nervous system (1997), and elucidated that these reflexes have two types of spinal reflexes specific to body parts and supraspinal reflexes occurring by stimulation to any part of the body<sup>9)</sup>. They also showed that skin stimulation was not only transmitted to the brain via the afferent nerves but also conducted antidromically via afferent fibers to cause reactions such as vascular dilation.

Mitsuhiro Denda recently delivered a lecture, saying that in the skin cells there are receptors similar to the ones in the hippocampus and that when the skin is stimulated, it secretes neurotransmitters – this means that similar to the brain, the skin is doing positive activities<sup>10)</sup>.

It is natural to think that even light skin stimulation by such as Shonishin can be transmitted to the brain and recorded there to influence affectivities.

Although the effective mechanism of Shonishin techniques has not been elucidated sufficiently, the effects of skin stimulation can be expected as indicated in the results of above studies.

## Dissemination of Shonishin

In today's Japan where the trend of nuclear families is increasing with fewer children continuing to develop, parents who desire Shonishin

for their children and bring them to acupuncture-moxibustion clinics have sharply decreased. Practitioners of acupuncture and moxibustion in Tokushima-prefecture have established “Oyako Skin Touch Association” in 2002 as a part of the “Shonishin Dissemination Project” for the purpose of re-disseminating Shonishin. The practitioners instructed parents on skin stimulation in homes using a spoon. This activity was well received by parents in communities as a support to nurture children and has spread nationwide. The Association continues to do the activity as the Japan Skin Touch Kyogikai (<http://s-touch.net/>).

Nippon Shonihari Gakkai (Japan Shonishin Academic Society) was established in April 2007 (<http://shounihari.com/>), and it holds a yearly conference. Thomas Wernicke from Germany delivered a lecture at the Third Academic Conference in 2009 on Shonishin practiced in Germany (application of Taishi Shonishin by Tanioka, L.Ac.)<sup>10)</sup>. His speech indicated Shonishin has begun to be familiarized in Europe.

## Conclusion

Shonishin has actively been practiced in Japan, particularly in the Osaka region for the healthy development of infants and children since 1700s. In Shonishin, a variety of tools with different shapes have been designed and developed to meet the needs of the specific methods of manipulation or techniques. Shonishin is effective in quickly alleviating or dispersing and eliminating various symptoms commonly observed in the development process of infants and children. Shonishin is also effective in promoting their mentally stable development. I expect that Shonishin will become widespread globally and further improve as an effective means of helping the healthy development of children.

## References

1. Hirohisa Yoneyama, Hidetaro Mori: Pediatric Acupuncture, 1964: Ido-no Nippon-sha
2. Shuji Fujii: Shonihari ni kansuru chicken hoi (Experimental study on the effects on blood pressure, respiration, body temperature, kidney and capability of pigment excretion). Journal of Osaka Igakukai, 1929; 28: 2911 - 2920
3. Hitoshi Nagano: Shonihari no keisei-shi. Journal of Nippon Shonihari Gakkai, 2009; 2:13-19
4. Hidetaro Mori, Hitoshi Nagano: The Harikyu Museum Vol.2 Japanese Traditional Medicine and Culture. 2003; Morinomiya Iryou Gakuen Shuppan-bu
5. Isao Okuda: Shonihari no kiso to rinshou (Basics and Clinical Practice of Shonishin). Journal of Shin-Kyu OSAKA 1986; 2 (1): 20-23
6. Yasuji Nonoi: Shonihari of Yasuji Nonoi-sensei. Journal of Nippon Shonihari Gakkai, 2008; Abstracts: 8
7. Naomichi Shimizu: Shonihari ni kansuru chosa to Shimizu-ryu Shonishin no jissai (Research of Shonishin and Actual Situation on Shimizu-style Shonishin), 2001; 51(3) Abstracts: 335-336
8. Yuko Sato: Hifushigeki ga shintaini oyobosu eikyou (*Somatic effects of stimulation of skin*) Journal of Shin-Kyu OSAKA, 1998; 14(1): 27-33
9. Sato A, Sato Y, Schmidt R F: The impact of somatosensory input on autonomic functions. Rev Physiol Biochem Pharmacol, 1997; 130: 1-328
10. Mituhiro Denda: Kanji kangae kataru hifu, Sekai to inochi no kyoukai (The Skin that feels, think, and speak, The boundary between the world and life) The Japan Society of Acupuncture and Moxibustion (JSAM), 2008; 58 (3) Abstracts: 324-325
11. T Wernicke: Reality of Pediatric Shonihari in Germany. Journal of Nippon Shonihari Gakkai, 2009, Abstracts: 10-12

## Captions for Figures

1. Horeki Year 13 (1763), Map of Sesshu Hirano, Description of “a Shonihari acupuncturist in Nakano-village”
2. Collection of pediatric Shonishin needles (reprinted from the Harikyu Museum Vol.2)
3. Disposable pediatric Shonishin needles (products of Seirin)
4. Various pediatric Shonihari needles
5. Taishi-ryu pediatric Shonihari needles
- 6 – 8 Pediatric Shonishin needles for frequent use
9. Shonishin treatment time (Shimizu, et al., 2001)
10. Judging measure of the amount of stimulation (Shimizu et al., 2001)