

Clinical Report 1 (Europe)

Shonishin in Europe (1)

Thomas Wernicke
Therapeuticum rhein-main, Germany

Shonishin is presented in four parts

1. Significance and development
2. Theoretical basis of Shonishin
3. Shonishin-study
4. Future prospects

1. Significance and development

Spreading of Shonishin

In the past few years a steadily increasing interest in Shōnishin has become noticeable also outside Japan, especially in the German-speaking area (Germany, Austria, Switzerland) and in the English-speaking area (USA, Great Britain).

So what makes Shōnishin so popular with therapists, parents and children? -Well, there are many reasons:

- Therapists reason their increasing interest in it considering the fact that Shōnishin meets the holistic aspiration and the treatment successes speak for themselves.
- They are appreciative that a theoretical basis has been established which Shōnishin is based on (The theory will be focused on at a later point).
- Furthermore it is the simple and effective way of treatment with Shōnishin which makes the treatment method very popular with therapists.
- Children love this treatment as it has a pleasant feel to them.
- The acceptance of Shōnishin as a treatment method is very high with parents as they appreciate the gentle, non-invasive proceeding very much.

Another reason for the spreading of Shōnishin is that this treatment method can

be used field-specifically. Depending on the therapist's professional background, as a doctor, alternative practitioner, Shiatsu-practitioner, physiotherapist or midwife, the patient collective, and thereby the indications, are different. By way of example, approximately 70-80% of all midwives in Germany do have an acupuncture education - and thereby the qualification to absolve a further training in Shōnishin. For them, Shōnishin offers great opportunities to support newborn babies suffering from sucking weakness, abdominal pain, developmental retardation or even screaming babies. In the event of a needle phobia, Shōnishin is an alternative for pregnant women while preparing for birth or as a supporting treatment for women who have recently given birth and suffer from involuntal problems or plugged milk ducts. Unlike as for the midwives, the area of application of Shōnishin for orthopedics is completely different. Their focus is mainly on children with problems related to posture and the musculoskeletal system. On the other hand pediatricians preferably apply Shōnishin with infants suffering from problems of the digestive system, the respiratory system or developmental disorders, whereas allergies and neurodermatitis are in the foreground with older children. General practitioners are rather dealing with children or adolescents whose range of topics includes concentration problems in school, ADHS or enuresis.

Shiatsu-practitioners often apply Shōnishin in combination with baby-shiatsu or children-shiatsu, in order to support them in their development. Physiotherapists can show better successes in the treatment of hemi paretic children, as the usually increased tonicity can be decreased by additional treatment with Shōnishin and thereby the children become more treatable.

Education and Quality Standard

There are no regulated educational criteria so far. The offer ranges from one-day courses to training courses of several days' duration. In the interest of the small and big children, high quality standards in Shōnishin education should be defined.

For that reason the Shōnishin education offered by the author (Fig. 1) is based on current research of the traditional Japanese medicine as well as of the Western health sciences. A fundamental training in a meridian therapy (e.g. acupuncture) is the educational requirement. Explaining the knowledge about children's development from the Western and from the Eastern perspective is an important part of the education. Communicating the course contents will need a training at least of six days' duration and additional further trainings in regular intervals.

The author is aspiring to a university certification for the Shōnishin education.



Fig. 1: Practicing with dolls

2. Theoretical Basics of Shonishin

Energetic Development Model

In order to be able to establish a "new" treatment method in Europe, it needs an explanatory model. During more than 20 years of practical work of the author and his wife, the following development model has evolved and proved its worth as a basis for the therapeutical approach for treatment with Shōnishin.

This development model unites the knowledge of modern neurosciences, developmental psychology and developmental physiology with knowledge and experience of the traditional Chinese and Japanese medicine. It states that according to the motoric and sensory development stages, each energetic stage of development does build on a previously gained stage of development.

Especially meridians play a super ordinate role in this respect. They represent a communication network which connects the child with its outside world. Via this connection the meridians enable the integration of reflexes and stimuli. Thereby, they are also responsible for the child's development of posture, movement, patterns of behavior and personality. This knowledge about the interdependences between motoric, sensory and energetics opens new points of view on children's development, which results in specific therapeutic approaches. It becomes particularly exciting when the interconnectedness between meridians and Western developmental physiology- and psychology becomes visible. Especially then, when it becomes noticeable which meridian respectively which meridians control which stage of development and what happens, if a disorder occurs in that level of interconnectedness. This knowledge forms the foundation for treatment of children of all ages with Shōnishin.

Development of the Meridians

As well as the locomotor system and the sensory system, the energetic system hasn't differentiated itself completely at the time of the birth. According to the motoric and sensorial development, a maturation of the meridians takes place gradually. Therefore stimuli are needed, on which the not yet specified meridians react in different ways- or even don't react. Only with the achievement of school readiness the meridian system can be regarded as fully developed.

Three Circulations

On closer inspection this may be summed up as follows:

For a start, during the first year of a child's life, in each case four of later twelve main meridians are cooperating in community, so that there are three groups, each consisting of four not yet differentiated meridians. The three circulations known from TCM do develop out of the existing, undifferentiated "meridian pool".

Each of the three circulations has its own specific development- and life theme:

Front Circulation (Fig. 1) - This one provides the impetus for finding the own center, regarding motor functions as well as the emotional realm. Feeling the own limits and those of others are aspects of this circulation, too.

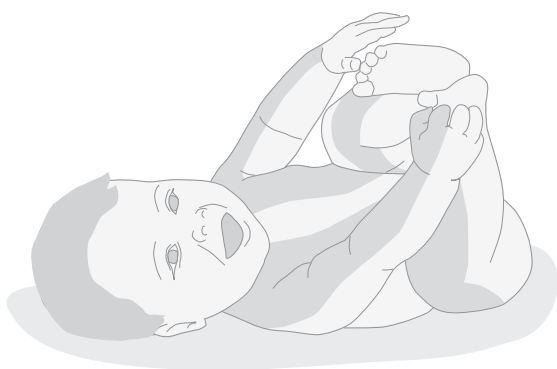


Fig. 1: Front circulation

Sidewise Circulation (Fig.2) - Most everyday movements are based on rotation of the body. In the baby age, turning over from the back to the belly and the other way around later on are the first rotation exercises and are originated from the sidewise circulation. This includes the bodily, mental and social flexibility.

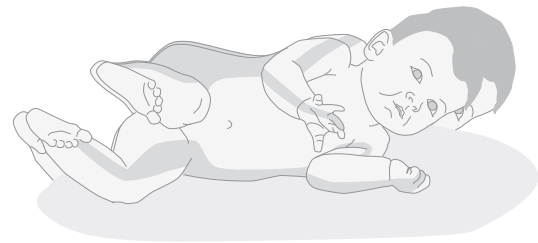


Fig.2: Sidewise Circulation

Rear Circulation (Fig.3) - The baby's development step from resting on a forearm while lying on its belly to the quadrupedal posture, or even taking an upright position in order to leave the bed in the morning as an adult, are qualities of the rear circulation. The impulse for the inner and the outer erection is originated from this circulation.

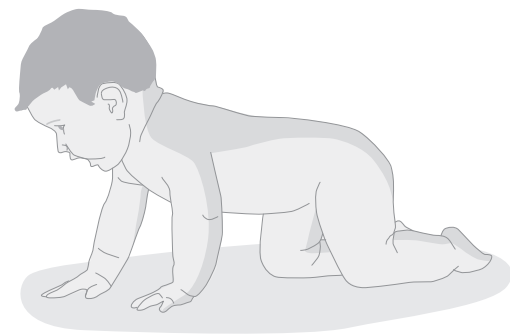


Fig.3: Rear Circulation

Six Axes (Keiraku)

With ongoing development a readjustment takes place as well as on the motoric and on the energetic level - The quadruped turns into a biped. For that reason a "top" and a "bottom" come into existence. At the same time a readjustment of the meridians, communicating with each other, takes place within the corresponding circulations - it comes to a top-bottom-connection of the corresponding Yin- respectively Yang- meridians, the so called **six axes**. These have fully developed when the child's verticalisation (full ability to bring the pelvis into an upright position) is completed at the age of about two years.

Five Phases

With an increasingly differentiated and controlled emotional expression and a refinement of the motoric capabilities, another "pairing" of meridians has been enabled which takes place when reaching school readiness.

Now the child is able to receive stimuli to a greater extent, to get in touch with and to react on its environment, and to communicate with it using an individual pattern of action and reaction. During the three circulations an inside-outside-connection of the meridians develops in addition to the already existing top-bottom-connection- the **five phases**.

Now the meridian system can be regarded as being fully developed. So in the time from birth until reaching school readiness, motoric skills, sensory, emotion, socialization and energetics have developed step by step, whereby each step of development is built on the previous one.

The Shōnishin therapist should know and take in consideration these facets and correlations of development. For that reason specific diagnostic methods are required in order to find out in each case at which stage of energetical development a disorder or disease occurred for the first time. Therapeutic treatment will be applied adjusted to this step of development.