

Clinical Report 1 (Acupuncture)

Two Cases that had Treatments Effect with Infant Acupuncture Therapy

Takeshi Matsumoto

Center for Environment, Health and Field Sciences,
Kashiwanoha Acupuncture Clinic of Chiba University

[Introduction]

Since old days, there has been a special type of acupuncture called “infant acupuncture therapy” for the treatment of children in Japan. Although its origin is not fully elucidated, it is one of traditional acupuncture styles.¹⁾

Infant acupuncture therapy was popular in the Edo period (about 1600-1867) and mainly practiced in the surrounding areas of Osaka (Figure 1).²⁾ It has been administered to treat various major conditions generally seen in children of not only cries at night, enuresis, infantile malnutrition but also diseases of the respiratory system and diseases of the digestive system problems. For the treatment of pediatric patients, special needles of different shapes specifically designed for children are used. The modality of this type of acupuncture stimulates the whole body using non-insertive techniques such as touching and rubbing.

In recent years, fewer parents bring their children to pediatric acupuncture practitioners for the treatment of their children even in Osaka. According to a report, there are more people who do not know of the existence of a method of treatment for children, compared to those who do.³⁾

During the initial opening period of our clinic, only adult patients visited us and there were no chances of treating children. However, in the area where Chiba University Kashiwanoha Campus is located, one of leading corporations started the development of this area as a new residential area from about 2005 and many condominium buildings stood side by side. As a result, the households with children increased and the population of the area also grew year by year, and our acupuncture clinic had visits of infant patients. And so, for familiarity with and easy access to infant acupuncture, a half price discount on the regular adult fees has been offered for children of 10 years old or below since 2008. This discount information has been and is being distributed through such media as our website, fliers, and posters. Moreover, the activity of lecture meetings has been carried out even now to disseminate the information about infant acupuncture and to obtain people’s understanding.

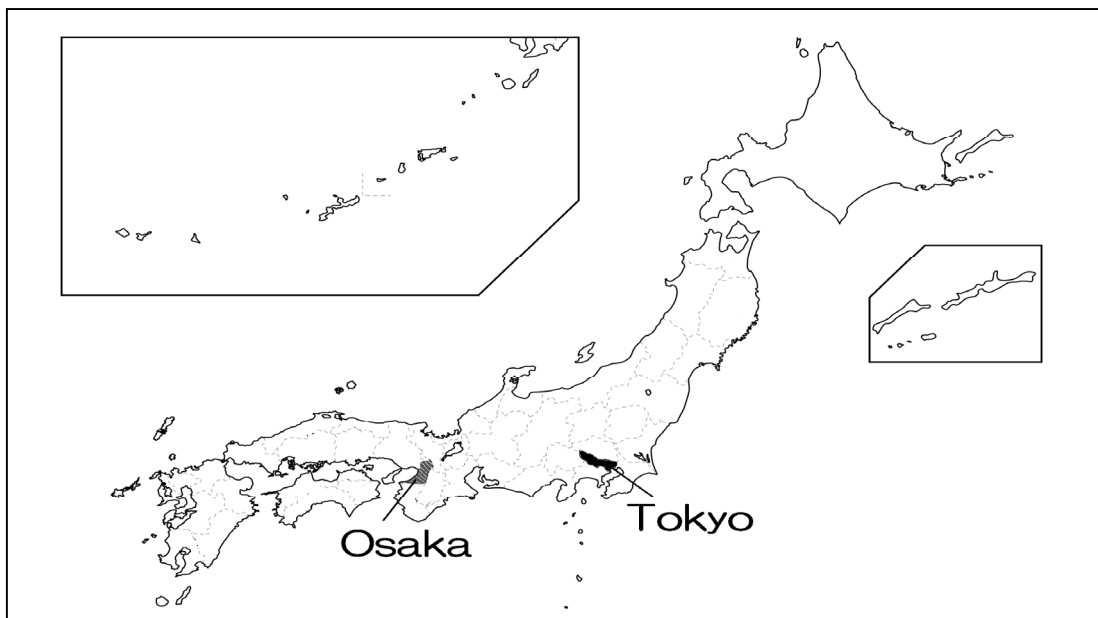


Figure 1 Map of Japan

As above, our clinic is performing everyday treatment aiming for a clinic open to children. The cases that had excellent results of Shonishin will be introduced below.

Case I

[Object and method]

Patient: N.H. 8 years old elementary school boy

Chief complaint: Nocturnal enuresis

Present condition: Height 130 cm, weight 25 kg.

As his father was the manager of a boys' rugby team, the patient also played rugby with him. The patient, who was all dark sunburned, was a thin type with less muscle. The body was stringy and hard. He always had a smile on his face. He was dependent on his mother and the youngest of three male siblings.

Anamnesis and complications: No special mention

Diagnosis: No special mention

Present illness: Although he was an elementary school boy, the frequency of bedwetting had been four times a week since he was little. His mother woke him up once at 12:00 midnight, but he became wet in the morning. As he was scheduled to go out for an extended learning (with lodgment), his mother wanted to manage to improve by that time. The child did not seek medical care from clinics or hospitals.

Assessment method

The patient was asked to paste a seal with his favorite pattern on the date of a calendar when he did not wet his bed.

Treatment method

He loved sports and was a good worker but he was skinny with stringy muscles of the entire body. In consideration of internal body cold, the whole body was stimulated for five minutes with disposable infant needles made by SEIRIN Co., Ltd. (Figure 2). Especially the lower legs that were found intensely tense on palpation were smoothly rubbed with the flat part of the needle to ease tensions. And the nearby areas of 築賓 (K19) zhubin, 三陰交 (SP6) sanyinjiao, and 鄰門 (PC4) ximen acupoints that

showed strong responses to tensions were stimulated with pressing force with the relatively pointed part of the pediatric needle.



Figure 2 Disposable infant needles

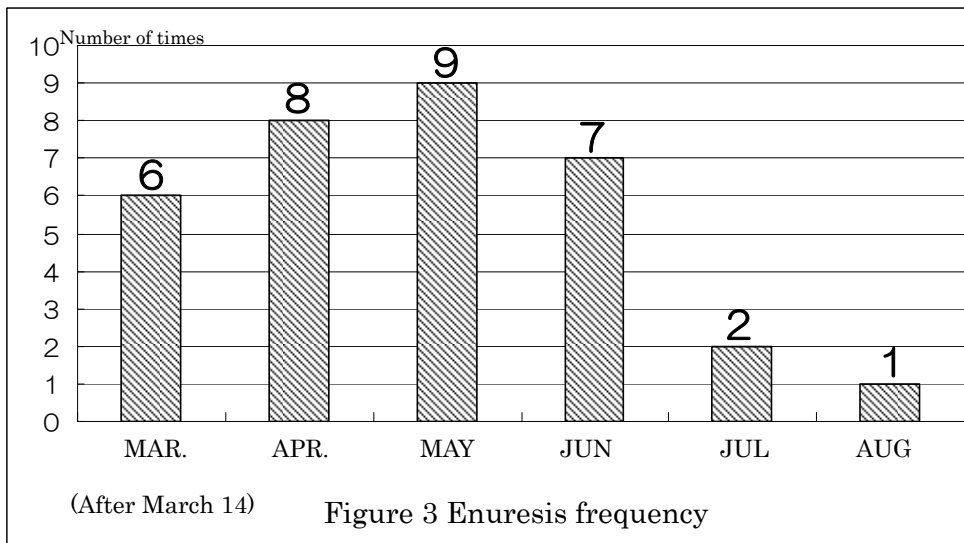
Cooperated by SEIRIN Co., Ltd.

[Course]

The frequency of enuresis is shown in Figure 3.

In 2009

- 1st treatment (March 14): The patient felt well.
- 2nd treatment (March 23): After the previous treatment, the frequency of four times a week reduced a little.
- 3rd treatment (April 11): Went to the grandmother's and stayed there for a long time, which changed his life rhythm.
- 4th treatment (April 27): The frequency reduced after returning home.
- 5th treatment (May 18): Due to consecutive holidays for a long time (Golden Week), the bed time became irregular, and the rhythm changed.
- 6th treatment (June 15): Arouse without being woken when he has an urge to urinate.
- 7th treatment (July 13): Became able to hold up urine till 5 o'clock in the morning without being woken. When it became 5 o'clock, went to the toilet and then returned to bed.
- 8th treatment (August 31): Was able to withstand until the time to rise.



[Consideration]

Many of the mothers who visit our clinic for treatment of nocturnal enuresis of their children desire the approach that does not require waking the child during the midnight. And such mothers visit our clinic as they may have concerns and fears from various sources of information, like websites, that awakening children at midnight will cause to inhibit growth hormone release, affecting their growth, and that the disturbance of antidiuretic hormone secretion will affect the control of urine volume during the night. However, the Guideline presented in June 2004 for diagnosing nocturnal enuresis prepared by The Japanese Society on Enuresis⁴⁾ provides three main treatment modalities of lifestyle guidance, behavioral treatment, and medicinal treatment. The alarm treatment for enuresis in the behavioral treatment category where you wake the child during the night to toilet has stable effects is used as treatment. The matter of waking during the night needs to be discussed. However, upon consultation with the patient's mother, treatment was carried forward for the time being by waking the patient to take to the toilet. The patient's mother had the instructions to adjust the patient's life rhythm, to spread the amount of fluids the patient drank through the

morning, afternoon, and evening, to cut down on salt intake, and to prevent him from becoming chilled. The patient wet his bed frequently in April and May since he often went out and had the long holidays in these months and the life rhythm of the patient changed. Afterward, he resumed his stable and normal life rhythm. He looked forward to showing

the practitioner the seals pasted on the calendar and trustful relations could be built up, which further inspired him to strive for improving his life rhythm. Although not many documents have been released on treatment effects of nocturnal enuresis in children, effectiveness has, in effect, been reported.⁵⁾

The patients who visits clinics with the chief complaint of nocturnal enuresis are of relatively higher age and the insertive treatment for these children is often performed using Goushin.⁵⁾⁶⁾⁷⁾ For the subject patient, infant needles were used as he had a strong fear, targeting to ease excessive whole body tensions confirmed on palpation. As a result, stringy excessive tensions in the body were eased; the muscles became moderately elastic condition as a whole; and his physical rhythm had adjusted - these may have caused the improvement of nocturnal enuresis in this case.

Case II

[Object and method]

Patient: S.A. one year and 8 month old boy

Chief complaint: Difficulty falling asleep, poor appetite, sleep lightly.

Present condition: Height 89 cm, weight 12 kg.

Anamnesis and complications: No special mention

Diagnosis: No special mention.

Present illness: The patient was one year and eight months old. He began to wake up during the night from a year ago. He had been waking up every two hours for five months and when waking up, he walked to the refrigerator to drink milk. After drinking in sips, he went back to bed and sleep. He became very picky about food and his food intake was reduced.

He went to bed about 8:00 pm and it took him two hours to fall asleep.

Daytime napping was once a day from about 13:00 to 14:00.

Cow's milk was started from 8 months. At the present time, he took a mixed diet with food.

Treatment method:

The whole body was stimulated for five minutes with infant needles made by SEIRIN Co., Ltd. Especially the upper arms and lower legs were smoothly rubbed with the flat part of the infant needle to ease strong tensions confirmed on palpation.

[Course]

In 2010

1st treatment (July 12)

S: The patient had difficulty falling asleep, his sleep cycle was short. He has little appetite.

O: No hardness was found in the abdomen, and the condition was not so bad.

Arms and legs were lacking of power, he did not have much energy.

A: He did not show reluctance to infant acupuncture therapy and quietly received it. He was in a good mood.

2nd treatment (July 15)

S: From the day of the previous treatment onward, he went to bed at 8 o'clock in the evening. Although he woke up at the midnight, he did not

walk to the kitchen, but groaned a moment and fell back asleep. His mother did not need to read a picture story book to him. So she really felt greatly relaxed.

O: Skin turgor on the body surface became adequate and the balance of muscle tensions became appropriate.

3rd treatment (July 22)

S: After this, he was in good condition and slept well. He fell asleep easily and had appetite.

A: As the patient was in good shape, the treatment was finished on the day.

[Consideration]

Stimulating the skin is essential to mental and physical developments of children. According to a study by Schanberg and Field,⁸⁾ rats of 8 to 10 days old that were being separated from their mothers for two hours showed lowered levels of growth hormone secretion, but rats that had tactile stimuli did not show a reduction in the secretion of growth hormone. They also reported that in immature babies who had the skin stimulated every day, the body weight increased faster than those who did not have it.

Skin stimulation in children is significantly linked to their growth. For this reason, the state of inner surface such as being excessively sensitive and emotionally unstable appears readily on the body surface. In performing infant acupuncture therapy, the acupuncturist reads the information from the body surface and gives stimulations appropriately according to the information. The skin of children, which is thin and sensitive, responds acutely to external stimulations or irritations, so that small amounts of stimulation easily cause effects. Thus, the effects appeared with the fewer number of the treatment in the patient. Usually one time treatment with infant acupuncture therapy is finished in minutes.⁹⁾ The

time to simulate was only about five minutes in the patient. Too much stimulation may make the child exhausted or develop fever. When the author first began the infant acupuncture therapy, some of the children became feverish. From the experiences, the length of one treatment was determined as five minutes.

The suitable ages of the children to receive infant acupuncture therapy are generally from the ages that can have an understanding of inserting needles down to a few months of age. However, infant acupuncture therapy is not only for children. It may be applied to aged people who are sensitive to stimuli or the patients who have depression. Yoshimura¹⁰⁾ uses infant needles to prevent the progression of dementia.

A right amount of stimulation is comfortable to people of any age. In recent years, there is a touch therapy appealing to the importance of skin-to-skin contact between mother and child, which is attracting worldwide attention.¹¹⁾¹²⁾¹³⁾ In the modern age of Japan when it is easy to notice children who caused or are causing problems or those who are emotionally unstable, the importance of skin ship or physical contacts during infancy has been brought to realize once again.¹⁴⁾ We as practitioners of acupuncture and moxibustion think that there comes the time when we have to make once again the method of skin contact stimulus, which has been taken over from the ancient times, and infant acupuncture therapy, which is the culmination of tradition and techniques and the method of providing treatment by acupuncture points or catching responses, more familiar or accessible to people.

Introduction of facilities:

Chiba University, a national university corporation, has the campus of the Center for Environment, Health and Field Sciences in the

Kashiwanoha area in Kashiwa-shi of Chiba-prefecture of Japan.¹⁵⁾¹⁶⁾ In the campus, which was formerly used mainly for horticulture, the Kashiwanoha Kampo Clinic of Chiba University was established in June 2004 to realize the “town-building based on environment and health,” implementing the tradition and philosophy of Oriental medicine.¹⁷⁾¹⁸⁾ This Clinic provides treatment using mostly Kampo medicines and prescribes extract products and decoctions made with medicinal herbs covered by the national health insurance program. In November 2006, the Tsukuba Express, a new railway line, opened near the campus of the university. In conjunction with this, Kashiwanoha Acupuncture Clinic of Chiba University opened in a giant commercial facility near the Kashiwanoha station.¹⁹⁾ This acupuncture clinic was founded based on the idea that if the facility is a shopping mall with many people casually milling around, physicians of Chiba University could grapple with disease-prevention measures with Oriental medicine. It is the first case in Japan that a national university corporation has opened an acupuncture clinic. Furthermore, it is quite unusual for the acupuncture clinic to be operated as a tenant of a commercial facility. Chiba University launched this project for the purpose of contributing to the community people.

The numbers of patients who visited the Clinic during the one-year period from the opening date of November 22, 2006 to November 22, 2007 were 448 of new patients, 312 of female, 136 of male, and the total of 2,774 patients. The number of treatment days during the one year period was 234 days and the average number of patients who visited the Clinic was 11.9 per day. The average age was 53.8 and the age distribution was in their 50s, 60s, 30s, and 70s in descending order. Generally among the chief complaints of the patients who receive

acupuncture and moxibustion treatment, motor organ disorders accompanied by pain, such as stiff shoulders and low back pain accounts for 80% in Japan.²⁰⁾²¹⁾ Similarly the most patients visiting the Clinic complained of motor organ disorders followed by headaches, sensitivity to cold, noise in the ear, general malaise, and sleeplessness.

The number of patients of Kashiwanoha Acupuncture Clinic of Chiba University began to increase year by year after the third anniversary and the Clinic as business grows steadily. However, it has been relocated into the present Kashiwanoha Kampo Clinic of Chiba University on April 2010 in order to place a strong emphasis on research and studies, which are now being progressed from the aspects of both acupuncture and moxibustion, and Kampo.

As of April 2011, four years have passed. The one-story Kampo Clinic and the Acupuncture Clinic stand in the idyllic campus where there are vegetable fields and fruit field (Figures 4, 5). With facilities of 3 care beds and 1 massage bed, 4 practitioners (one is a staff member specialized in massage therapies) provides treatments with acupuncture and moxibustion and massages. In this campus, professionals from different areas of horticulture, education, pharmaceuticals, and medicine have come together and this enables to take approaches from different angles for a single purpose. In the study on growing mugwort leaves used for moxa, its selection, and house cultivation – these are now taking place - a collaborative project is now being carried out between the professionals who have knowledge of moxa, its properties, production and research, and the professionals who have the knowledge of qualities of mugwort leaves (a material of moxa), its cultivation, and proliferation. As such, a study that reflects the characteristics of the field scientific center is being carried forward.



Figure 4 Kashiwanoha Acupuncture Clinic of Chiba University



Figure 5 In the treatment room

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