

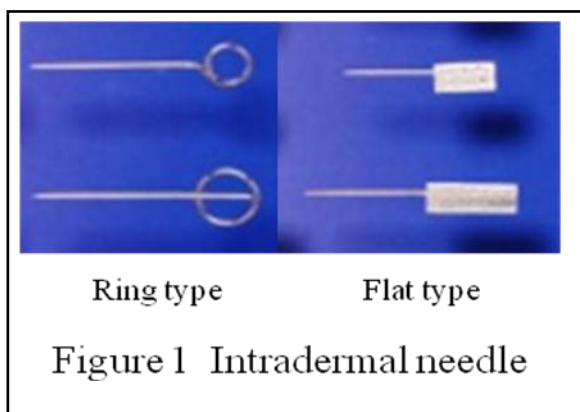
Japanese Minimal Acupuncture

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Currently, the most popular form of acupuncture therapy uses filiform needles inserted a few centimeters so that the needle tip reaches the muscle layer, but there are also other therapy forms, where the needle is inserted only up to the subcutaneous layer or does not penetrate the skin at all and stimulates only the skin, which are nevertheless able to produce therapeutic results for a variety of symptoms. Among these therapy forms those that stimulate superficial skin layers, namely the "intradermal needle therapy", the "thumbtack needle therapy" or "pediatric acupuncture therapy" use specially shaped needles. Here I would like to introduce the application of their widespread use among Japanese acupuncturists.

1. Intradermal needle therapy

Intradermal needles were developed around 1952 by Kobe Akabane based on his daily clinical experience with needles for mild stimulation of the skin surface over a prolonged period of time. These needles have a thickness of approximately 0.14 mm and a length of about 5 mm. The handle of these small, thin needles is formed either in the shape of a small ring (ring type) or as a plate (flat type) and designed in such a way that they do not advance further into the body by error (Figure 1).



The needle handle is grasped with a pair of tweezers, the portion of the skin where the needle shall be inserted stretched a little and the needle then

inserted parallel to the skin surface for a length of about 2-3 mm. After that, a little cushion is placed between the needle handle and the skin and the entire intradermal needle covered and fastened with adhesive tape (Figure 2). Although there are differences based on symptoms and hygienic conditions, the needles are generally retained for periods of time varying from a few hours to a week.

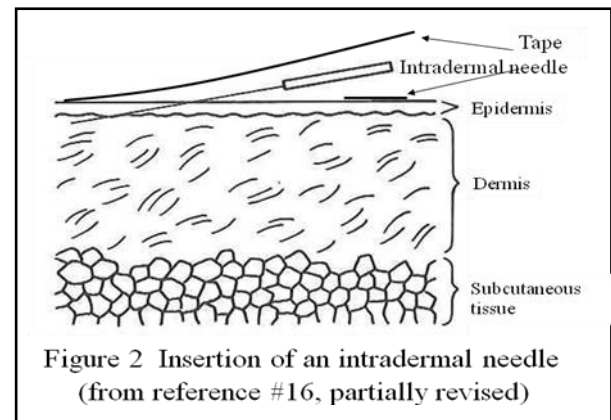


Figure 2 Insertion of an intradermal needle (from reference #16, partially revised)

This treatment form is often combined with ordinary treatment using filiform needles, but there is also research⁴⁾ into the independent use of intradermal needle therapy for osteoarthritis of the knee or periarthritis humeroscapularis and similar complaints relating to the locomotor system. Again, there have also been case reports dealing with the treatment of obstetric diseases⁵⁾, depression and other conditions. Moreover, thanks to the simplicity of the insertion method physicians perform this intradermal needle therapy in conjunction with the prescription of Kampo medicines and report it to be effective⁷⁾.

2. Thumbtack needle therapy

Thumbtack needles are also considered to be a form of intradermal needle, but are thus named, because their shape which resembles that of thumbtacks (Figure 3). Thickness of the needle is about 0.2 mm and length about 1 mm. The insertion technique for these needles is similar to that of intradermal needles and they are also fastened with adhesive tape, but in some products the needles are already incorporated in the tape.

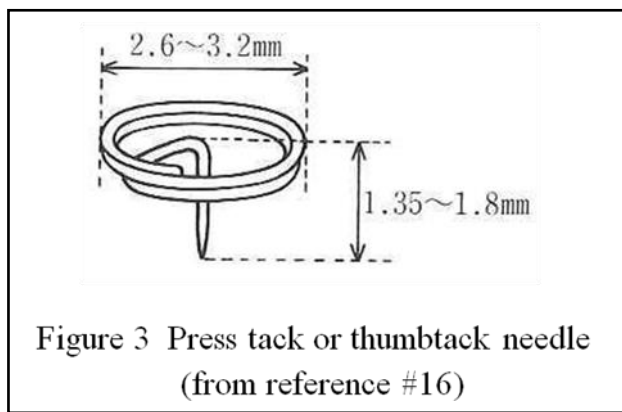


Figure 3 Press tack or thumbtack needle
(from reference #16)

Since the insertion technique is even simpler than that of the intradermal needles, thumbtack needle therapy has been frequently used in sports and reportedly achieved a significant inhibition of the development of muscle soreness following sports events⁸⁾.

Reportedly, they also have been used for the treatment of collateral symptoms like low back pain etc. in patients on maintenance dialysis⁹⁾ and to promote lactation in puerperal women¹⁰⁾.

3. Pediatric acupuncture therapy

It is not clear when pediatric acupuncture therapy was first performed as a special treatment form, but it was mentioned in texts dating back about 250 years¹¹⁾. Today specialized pediatric acupuncture therapy is performed mainly in the Kansai region. Moreover, activities are conducted promoting skin stimulating methods based on the concepts of pediatric acupuncture therapy using a spoon that can easily be applied by the parents.

There are various systems of, and methods employed, in pediatric acupuncture therapy (Figure 4), all of which use only light tapping or stroking of the skin surface as stimulation and avoid penetration of the skin. The stimulated regions often include the entire body, but predominantly stimulated areas vary depending on the symptoms. Treatment requires considerations to prevent overstimulation and is usually of short duration of about 10 minutes.

This kind of treatment is performed in children from infancy to school age. It is used in particular for fretfulness (pediatric neurosis), respiratory symptoms accompanying rhinitis or pharyngotonsillitis,

mal digestion or diarrhea and similar gastrointestinal symptoms, enuresis etc.¹¹⁻¹⁵⁾.

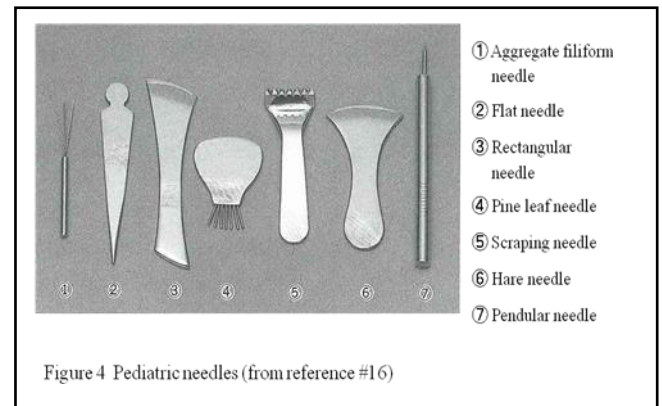


Figure 4 Pediatric needles (from reference #16)

4. Conclusion

Currently the use of filiform needles constitutes the usual form of "acupuncture therapy" and is, I believe, associated with an established image of "inserting" needles or being pricked. However, about 2,000 years ago the "round-pointed needle" (round needle) or the "spoon needle" were acknowledged among the nine classical needles mentioned in China. Clearly they were not meant to be inserted. Treatment forms using such slight stimulation of the skin as intradermal needle therapy and pediatric acupuncture therapy are performed as an integral part of modern Japanese acupuncture and moxibustion therapy. Thus, this should make clear that acupuncture therapy is not restricted to the practice of inserting needles to a depth of a few centimeters into the body.

In recent years, treatment with shallow needling sometimes serves as a control (placebo) group during clinical and basic research into acupuncture, but in Japan minimal acupuncture stimulation too is considered to be effective, so that the above mentioned research design cannot really be considered a suitable means for detecting the effects of acupuncture.

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