

The Daishi-style Shonishin Method Palpation and Treatment Techniques – Part 1

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1. Characteristics of Daishi-style Shonishin

The most commonly used needle for infant treatments is the *sesshokushin*, a type of non-insertion contact needle. From among the *sesshokushin*, the Daishi-style shonishin (infant needle) is a particularly popular needle used across Japan. This needle is made out of zinc-plated iron and designed to administer very strong stimulation. Depending on how this needle is held or used, practitioners are able to pinpoint on the skin surface exactly where they want to stimulate. Therefore, the Daishi-style shonishin is considered among the easiest of the *sesshokushin*-group needles to handle and the best for obtaining good results.

A key characteristic of shonishin treatment is how gentle the whole procedure is; it's pretty much the application of gentle strokes with the shonishin on the surface of the infants' skin. The needle tip lightly touching the skin surface is enough stimulation to cause a reaction in the problematic areas (areas with tension or indurations) for infants. There is no need to treat the entire body. However because infants wiggle and jiggle without warning there are rare instances where the contact needle may poke the skin. The shonishin is not for inserting but practitioners still need to be careful with their technique to avoid accidents. The sharp needle tip if used incorrectly is capable of damaging the epidermal cells, creating wounds, increasing pain and lowering the immune system. The shonishin's main goal is to provide just enough stimulation for patients to feel relaxed and at ease, to reduce symptoms and regulate conditions.

Although not used for insertion, the Daishi-style shonishin has a sharp needle tip. Why do you think this is so? The answer lies within our sensory receptor cells and their ability to pick up on different forms of touch from different external stimuli. For example, rubbing the skin with a dull, rounded tool such as a *teishin* creates high traction and pressure on the skin and stimulates the sensors that pick up on how much pressure is being applied to the skin. On the other hand, a sharper tipped tool would have less traction but is able to stimulate a specific point more accurately and effectively.

A sharper tool stimulates the free nerve endings directly but also increases the risk of pain.

Of the various sensory receptors, the ones that lie closest to the outer surface are the tactile corpuscles (or Meissner's corpuscles) and Merkel nerve endings. The tactile corpuscles get activated with touch, and remain active with changes in stimulation strengths or sources. However they become inactive once the stimulation is continuous at one sustained level. An example of these receptors working would be when we change our clothes. At first, changing from a cotton shirt to a silk shirt would activate these receptors (due to the new external stimuli) but they eventually become inactive once we get used to wearing the silk shirt. The Merkel nerve endings can pick up on subtle stimulations such as the skin stretching as little as 0.05mm, leading to a reflex action. Unlike the tactile corpuscles, these receptors continue to be activated with even subtle changes.

It is believed that by applying a VSD (virtually safe dose) of stimulation to our skin, we can change the activity level of our mechanoreceptors and elicit a reaction from the body to improve problematic symptoms. AVSD would be equivalent to a strand of hair brushing the skin surface, which may seem like a very challenging technique for practitioners to perform. In fact, Daishi-style shonishin practitioners train by hitting a needle head 150 times in one minute, 20 minutes a day for one month. By doing so, they achieve the softer, looser shoulders and soft flexible wrists needed to create the gentle motions that stimulate infants' skin.

A characteristic of Daishi-style shonishin is to elicit large changes or improve conditions with minimal stimulation. Changes in body conditions can be observed by tapping the abdomen and listening for different sounds and also by the resistance or buoyancy of the abdomen against the practitioners' hand.

For night crying, hitting the abdomen usually results in gassy sounds and after treatment this gassy sound changes to a drum sound. Constipated babies have different sounds based on whether the constipation is a chronic or acute problem. The position of the stool also creates a different area with resistance on the stomach when palpating. If practitioners are able to distinguish the different sounds indicating whether stool is present or not, they'll be able to narrow down which areas to examine on the rest of the body and finish treatments in a shorter amount of time which is a good thing when treating little kids.

For depression, yin type kids tend to express themselves in a pessimistic manner but after

treatments or after a few days they seem more positive and outgoing. Parents and guardians see their kids smiling more. The gentle stroking technique of Daishi-style shonishin also appears to be effective for mood disorders.

The light touch of this needling technique applies a low dosage (a few grams or less) of pressure on the skin. There are kids who start to drool and fall asleep during treatment since they're so relaxed. Parents or guardians who are just watching the motion (applying 150 strokes a minute) also get sleepy; those who come in with stern, firm faces seem to loosen up too. It seems that this kind of treatment is contagious even to those just watching.

Some common symptoms that I see are: night crying, convulsions, eczema, constipation, bed-wetting, asthma, common colds, tics, running nose, allergies, hair-pulling disorder, nail biting, stuttering, irritability, difficulty falling asleep, tantrums, biting others, inability to sit still. Others include wanting to look at bright lights, ADHD (attention deficit hyperactivity disorder), PTSD (post traumatic stress disorder), developmental problems, epilepsy, autism, Down syndrome, Asperger's syndrome, and numbness.

As you can see from the list above, there are numerous symptoms that I see at my clinic. It seems like despite the medical advancements there are increasing cases of complex infant and child disorders, especially ones around developmental disorders. Many are those that at the present have no real, direct, fundamental cure like juvenile hyaline fibromatosis, Angelman syndrome, mitochondrial disease, lissencephaly, PVL (periventricular leukomalacia), bifida, etc. Kids with these kind of challenging disorders experience a lot of stress and exhibit behaviors like restlessness, irritability, tantrums, aggressive behavior towards peers and it has become evident that treatments need to address aspects of emotional behavior as well as physical.

Regardless of symptoms or disorders, Daishi-style shonishin application stays the same. Gentle stroking motions stimulate the skin in a way that's relaxing for the child and calms them down. It is surprising to see how calm and quiet children are during these treatments and how some actually ask for more!

Now let's look at which areas of the body this needling method should be used on.

2. Areas to Treat with Gentle Needle Strokes: Finding Regions with Tension and Skin Tightness

The Daishi-style shonishin treatment method uses very gentle stimulation. However that does not mean it can or should be used on the entire body of the child. Practitioners must first examine the patient by looking at, feeling and percussing the abdomen for tense or weak areas. This allows practitioners to obtain information required to assess a child's condition. A stethoscope can also be used, but paying close attention to the child's build, size, hair, nails and skin condition is also necessary. Once the problematic area(s) involved are narrowed down, we can now look for reactive points on the rest of the body, figure out the appropriate dosage (strength of treatments) and then follow through with the actual treatment itself. It is also important to know where to start the treatment for effective results. For example, just because a child has eczema does not mean you only treat the affected area.

Treatment areas consist of reactive points or reactive regions. A reactive point or region is an area with the most tension or tight skin; this is called the first reactive point. Other areas with less tension can be called the second or third reactive points and so on; these reactive points can be used for treatments. However, just because the first reactive point has the most tension, does not mean that this point must always be used. At times, treatments can focus on the third reactive point or other points and still relieve the tension in the primary area.

Areas that you must not use this needling method are on soft or loose skin. Loose or flabby skin means that the skin is weak and that it has no resistance or bounce back against the practitioner's hand when applying pressure on that area. Stimulating these soft areas on a child results in loosening the skin even more when it is already weak to begin with. Children with weak or loose skin tend to exhibit lethargy, fever, loose stools, a weak body condition and a lack of motivation.

We can palpate for differences on patients' skin surface by our sense of touch. A tense area feels like the skin is tight and slightly harder (rougher) as well. A loose area on the other hand, has no tightness at all and is overly soft and flabby with no resistance to pressure. Using Daishi-style shonishin we apply stronger stimulation on areas with harder skin, lighter stimulation on softer skin, and no stimulation at all to weak areas. Some might wonder if there is such a thing as soft and hard skin on an infant, but when you feel differ-

ent areas you will notice that some areas have a tighter and rougher feeling while other regions are softer and pudgier. Such differences on the skin allow practitioners to find abnormalities occurring internally for the patient.

Let me give an example of how internal conditions affect the external skin. For intestinal inflammation with diarrhea or constipation, the intestinal mucous membrane expands and shrinks. This movement stimulates the autonomic nervous system, mechanical nerves, and sensory nerves to react, making the skin above the dermatomes tighten or loosen up. Dermatomes are areas that are mainly supplied by the spinal nerves. Therefore functional or physical changes in the internal organs will cause a chain physical reaction and reflect on the skin above. When you tap the abdomen and hear a dull sound, usually the corresponding area on the back (directly behind the point from the abdomen) is also tight. Hence we can assume a drop in digestive function affects the sound of the abdomen upon percussion along with the tightening or loosening of the skin on the abdomen and back.

The skin is a gap junction where one affected area will cause changes in another area that is connected by skin cells. Therefore you can treat one area and expect a reaction in other connected areas. For example to treat eczema on the forearm, rather than treating the local area (which may be overly sensitive or uncomfortable for the patient) you can treat a distal point and still expect improvement on the forearm. The necessity of such treatments can be determined by examining the stomach and deducing which area is of primary concern. In the next section I will go into more detail on how to find tense areas on the stomach.

The Daishi-style shonishin method teaches how to palpate for hard and soft spots of the skin by using the pads of the third and fourth fingers. Angling the pads of the fingers at a 5-10 degree angle against the skin surface (Photo 1), you draw your elbow back and glide your hand across the surface of the skin to feel for tense areas.



PHOTO 1

It is a given that the practitioner needs to focus all their senses on their finger tips to feel for the subtle but ever present differences. The pads of our fingers are used because this region is the most abundant in functional receptors.

On the pads of our fingers we have creases or lines called friction ridges that make up our fingerprints. These areas have little or no vellus hair but are abundant in tactile corpuscles and Merkel nerve endings which become the first line of functional receptors for external stimuli. The sensing mechanism that picks up on hardness and softness of skin is concentrated on the areas with friction ridges. As mentioned before, Merkel nerve endings in particular are known to continuously react to external stimuli.¹ Due to this characteristic, the Merkel nerve endings of the practitioner's hands are very important in finding hard and soft areas on the patient.

When compared to other non-reactive regions, tense areas feel like spots where when you're gliding your fingers across the skin surface it stops or hooks on to something; the skin surface of these areas also feel harder or rougher. Feeling the border, going from a tense area to a normal area or vice versa, both stimulate the functional receptors of the Merkel nerve endings to send a message to our brains that there is a tenser area.

Our young patients also have an abundant amount of Merkel nerve endings in the outer layer of their skin. Light stimulation makes kids feel relaxed, at ease, and feel good overall. As mentioned before, palpating for hard and soft spots requires very precise and light movements of the hand. (Photo 2, 3) The diagram below shows how the third and fourth finger tips are used to pick up on hard and soft areas.



PHOTO 2

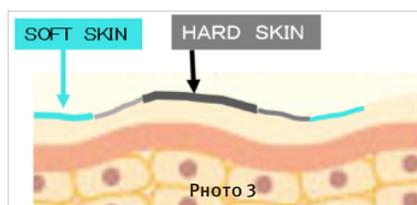


PHOTO 3

Sensory receptors are thought to be more concentrated in smaller areas compared to larger surface areas; so people with smaller pads on the fingers have a greater concentration of receptors. One can