Foreword

Traditional East Asian Medicine (TEAM) boasts a rich variety of literary genres. The medical discourse (yi lun 医論), the case record (yi an 医案), and the modern textbook are just a few of the most prominent styles of TEAM writing today. Stephen Birch’s Shonishin: Japanese Pediatric Acupuncture certainly qualifies as a textbook, and it is to some extent a medical discourse and a collection of case records. But it also belongs to another venerable genre of the TEAM literature that is still in its infancy in the West. In many ways, this is a “clinical insights” memoir.

An entire generation of TEAM practitioners in the West have now fully matured as master clinicians. With 30 or more years’ experience in adapting this medicine to practice in the West, this generation has begun sharing their clinical insights with the rest of us. The present volume is a rich and very personal expression of this process of transmission by an eminent member of this generation. In this, it also represents the full blossoming of shonishin’s development and assimilation into TEAM in the West. It is ample evidence that we have truly made this medicine our own.

As much and perhaps more than any other specialty of TEAM practice, shonishin rewards knack over theory. It is easy to learn but difficult to truly master. Each practitioner must ultimately “get” the technique in his or her hands. A skilled teacher, however, knows how to effectively communicate that knack to others. Steve brings the sensibilities of a professionally trained clinical researcher to the task of unpacking the shonishin practice with consummate skill. This is evident in both his writing and in the DVD that accompanies the text. The two media combine to bring the techniques vividly to life.

Children are remarkably responsive to therapeutic influence, making them much more prone to overtreatment than their adult counterparts. Though questions of optimal therapeutic dosage are familiar territory for all experienced clinicians, Steve has thought this issue out and articulated it with an unprecedented depth and clarity. The clinical ramifications of his dosing model extend far beyond pediatrics and into medical practice as a whole, almost regardless of the modality being used.

Nowhere in clinical practice is the demand for fluid adaptability to changing circumstances more pressing than in pediatrics. Steve discusses this often unspoken aspect of the therapeutic encounter as the “dance of treatment.” Once again, one’s sensitivity to optimum dosing lies at the heart of the matter. It is a dance that embraces moment-to-moment decisions concerning which technique to use, what tool to administer that technique with, precisely how much of that technique to administer, and with what degree of force. Then too, it is a dance largely choreographed by a squirming, sometimes squawking partner, and one typically overseen by a pensive parent hovering in the wings.

The themes of therapeutic dose and the fluid dance of treatment run throughout the text. A brief glance at the table of contents reveals the comprehensive discussions of pediatric needling techniques, and expositions on individual diseases accompanied by prescriptive treatment strategies requisite for a textbook on a pediatric specialty.

But the entire book is constructed around case examples. Many of these are from Steve’s own practice illustrating his personal approach to both the topic at hand, and its relationship to the dose and the dance. Many other case records are those of colleagues, illustrating a variety of creative approaches to treatment. It is a technique that is best transmitted within the context of specific examples as opposed to theoretical abstractions, though both are necessary for a full understanding.

In some ways, shonishin isn’t much to look at. It is an unassuming technique that can easily leave one wondering how a bit of stroking, a little tapping, and perhaps even a touch of tickling could have any real therapeutic value. Yet experienced shonishin practitioners know how almost miraculously effective it can be. It can work where biomedical, naturopathic, and other TEAM modalities have fallen short and it combines easily with all of them. In this book, Steve has shown us what a potent tool of efficacy and a thing of beauty the shonishin dance can be.

Charles Chace
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stand that the practitioners of that time would have had the same or greater problems than we have today, trying to insert needles into emotional, frightened, unhappy, resistant, and restless, moving children. Why do I say greater problems? Because needle technology was not at all as it is today, and the needles available in the 1600s were significantly thicker and had a rougher surface than what is available now. Nobody enjoys treating children when they are crying, screaming, resisting, and fighting with you. Thus, it is easy to understand why the developers of shonishin would have been keen to look for a different approach, so that they could treat children more comfortably, and the child would remain calmer and parents less stressed. The motivations for developing the system are, I think, quite clear.

Given this kind of motivation it is still necessary to understand how this approach developed by briefly discussing historical trends within the larger context of Traditional East Asian Medicine, or TEAM for short. The term “TEAM” refers to all those therapies and approaches that arose in East Asia and were strongly influenced by the early Chinese medicine qi-based theory of systematic correspondence. It thus includes diverse practices such as herbal medicine, acupuncture, moxibustion, cupping, bloodletting, and massage (Birch and Felt 1999). TEAM started in China, and evolved there into many different strands and approaches. After spreading to neighboring countries such as Japan, Korea, and Vietnam, adaptations and new interpretations emerged from those countries. Today TEAM embraces the multitude of practice styles and treatment approaches that can be found throughout China, Taiwan, Japan, Korea, and their offshoots outside Asia, such as in Europe, the United States, and Australasia (Birch and Felt 1999). The commonly used system of Traditional Chinese Medicine or TCM is a subset of the larger field of TEAM, representing a unique and broad inclusion and combination of historical and modern methods and ideas.

Historically in Japan, medical texts were written in Chinese, thus literate medical practitioners in Japan read Chinese source texts in order to get information about medical practice. At the time that shonishin was developed (17th century) there were many texts and traditions of medical practice available to a literate practitioner. The first specialized pediatric texts in China and thus in Japan were, however, exclusively herbal medicine texts (Gu 1989). Given the fear that can be encountered using acupuncture on children, it is not surprising that the trend in China might be toward using herbal medicines rather than acupuncture in pediatrics. This does not mean that acupuncture, moxibustion, massage and so on were not also used, but the dominant trend in Chinese pediatric treatments has been herbal medicine. The evidence for this is in many modern TCM texts on pediatrics.

**Fig. 2.3** The basic treatment map from Yoneyama and Mori (1964). Apply tapping techniques where there are dots and stroking techniques where there are arrows.
4 A Model for Judging the Dosage Needs of Patients

The Therapeutic Dose—A Conceptual Model

In mainstream medicine, it is generally well understood that there is an optimal dosage range for a particular drug to be effective. The concentration of the drug in the blood should lie roughly between two values for it to be effective. Below the lower value, the drug is less effective or ineffective and above the upper value the drug is in too high a concentration and can cause unwanted side-effects or lead to overdose of treatment. This general idea is quantitatively based, where the optimal dose range is often based on body mass and the upper and lower dose ranges are numerical values. But it is possible to extend this idea to a more qualitative illustration of dosage needs. I say that it is qualitative since we have no laboratory value to measure. We can make qualitative estimates of need only. The following ideas are extensions of explanations that Yoshio Manaka made about dose of treatment, in relation to intensity of stimulation delivered (Manaka, Itaya, and Birch 1995, pp. 118–119).

When a therapy reaches the therapeutic dose threshold (TDT), it starts to have its expected therapeutic effects. If the dose of the treatment builds up too much so that it crosses the maximum therapeutic dose (MTD), the patient may start to experience unwanted side-effects due to over-treatment.

With a medication, the dose taken and the intervals between times that the medication is taken are often matched, so that the concentration of the medication in the blood remains in the optimal dose range—between TDT and MTD in Fig. 4.1. With an acupuncture treatment, we interpret this figure a little differently. Two treatments, Y and Z are charted. Both treatments start from point X. Treatment Y has a relatively high intensity stimulation, the dose build-up is quicker than treatment Z, which delivers a milder intensity stimulation. Y1 and Z1 are the times that treatments Y and Z cross the TDT respectively and Y2, Z2 are the times that treatments Y and Z cross the MTD respectively. The time that the practitioner of treatment Y has to judge the correct dose of treatment is T1 (the distance between Y1 and Y2), while the time that the practitioner of treatment Z has to judge the correct dose of treatment is T2 (the distance between Z1 and Z2). Since T2 is larger than T1, we can say that the risk of reaching overdose of treatment is less with treatment Z than with treatment Y. It is therefore easier and safer to administer treatment Z.

Of course, this is a gross simplification. For example, what about a therapy like homoeopathy where the lower the physical dose of treatment (the more diluted), the higher the therapeutic dose (energetic)? Manaka hinted at these things with his X-signal system model of acupuncture (Manaka, Itaya, and Birch 1995, pp. 118–119). A lower intensity form of acupuncture (as physical stimulus) is...

![Fig. 4.1 Dose levels for normal sensitivity patient with different intensities of treatment (Y, Z). (TDT, therapeutic dose threshold; MTD, maximum therapeutic dose.)](image-url)
to give less (point held slightly retracted) or more (point held slightly protruding) stimulation. You then tap the region you are working on the estimated number of times required, additionally modifying the weight of the tap. The dose is thus adjusted according to the scale outlined in Table 6.1.

It is generally a good idea to briefly apply tapping with the instrument on yourself, for example on the back of the hand. This allows you to quickly see how it feels, and whether your attempt to adjust dose through how you hold and tap matches the level you are attempting to use on the child. When it matches you can immediately go on to applying the technique on the child. If not, you can readjust what you are doing.

**Tools Used for Stroking/Rubbing**

*Figure 6.4* shows the range of tools used for applying stroking or rubbing techniques. *Figure 6.5* shows the tools that are usually easy to obtain from suppliers and which the author has found easy to use.

The tools used for stroking or rubbing come in two varieties. The first (*Fig. 6.5a*), which is used for stroking or rubbing, has a rounded ball-like surface. The second (*Fig. 6.5f*) has an elongated flatter surface that is either rounded or straight and smooth, both of which are used only for stroking. I use the term rubbing to refer to a back and forth rubbing of the skin surface, while *stroking is applied in a single direction*. This is an important distinction since, based on the treatment principles outlined above, it is useful to apply stroking only in a downward direction, as this helps direct the *qi* in this direction. In babies and small children this is often a very helpful tactic.

Like the tapping tools, it is often helpful to keep the instrument out of view of the child, in which case it should be held within the right hand (if right-handed). On the accompanying DVD various examples are given of how to hold these instruments for stroking. The DVD shows how to hold them so that as one strokes or rubs with them they are out of view of the patient.

How one holds the instrument and which instrument one uses can apply different doses to the region worked on. For example, when using the rounded ball instrument, allowing the rounded end to protrude slightly out from the surface of the palm can apply an increased dose. Holding the fingers of the stroking hand in such a way that the instrument is cushioned within them, and then stroking with both fingers and instrument can apply a lower dose. This is illustrated on the accompanying DVD.

If using the flat surface instrument such as the *chokishin*, stroking with the long, flat surface generally gives a little more stimulation and thus higher dose than stroking with the narrower rounded end.

After estimating the amount of stimulation you want to apply you should hold the instrument so as to give less or more stimulation. You then stroke or rub the region you are working on with the number of required strokes, additionally modifying the weight of the contact. The dose is thus adjusted according to the scale in Table 6.2.
Fig. 6.4a–n A range of shonishin stroking instruments.
Figure 9.5 shows a simple diagrammatic way of summarizing the findings of an examination of the six yin channel (deeper) pulses. A circle is a relatively normal strength pulse; a dot is a relatively weak pulse.

Figure 9.5 Diagrammatic representations of the six yin channel (deeper) pulses—all "normal" and spleen and lung weak. A circle is a relatively normal strength pulse; a dot is a relatively weak pulse.

**Meridian Therapy Treatment and Treatment Techniques**

Once the pattern is selected, treatment usually follows. The same principles that helped guide selection of the pattern (from Nan Jing Chapter 69) also guide selection of the typical treatment points for each pattern. The points that are usually selected for treatment are:

- Lung vacuity pattern: LU-9 + SP-3
- Spleen vacuity pattern: SP-3 + PC-7
- Liver vacuity pattern: LR-8 + KI-10
- Kidney vacuity pattern: KI-7 + LU-8

Experience found that it is usually better to needle the pair of points on one side of the body only. Simple guidelines have been developed to help with deciding which side to treat:

- If there is a symptom or symptoms on only one side of the body, supplement the other side. For example, painful right shoulder and neck: treat the points on the left side.
- If there are symptoms on both sides or internal symptoms, for males treat the left and females treat the right.

Typically in Meridian Therapy very thin needles are used. Shudo (1990) uses mostly 0.12-mm gauge needles; others may use slightly wider gauge, but no more than 0.16-mm gauge. Needles are to be
18 Respiratory Problems

Asthma

Asthma is a serious condition that can be life-threatening. Most children with asthma we treat are on daily medication to prevent asthma attacks, and often additional medication to help calm down or stop attacks once they begin. Those with milder asthma conditions may be taking the asthma medication only with signs of impending symptoms. Some patients will present with asthmalike symptoms (wheezing, difficulty breathing, chronic cough) due to other conditions such as croup or bronchitis. If these conditions are chronic, the child may have been prescribed asthma medications to help with the difficult breathing or chronic cough. Sometimes parents turn up with their child stating that their child has asthma for which they receive asthma medications, but it is actually a more severe form of something like croup (wheezing, difficulty breathing). Occasionally, you may find some confusion around the actual diagnosis of the condition that the child has. In this subsection I describe the treatment of asthma and discuss some additional problems that can manifest with asthma symptoms such as croup."

Case 1

Gilbert, Boy Age 27 Months

Main complaints: He had been coughing daily for a long time. The condition had been diagnosed as asthma for which he had been prescribed the daily use of a steroid inhaler. He had a tendency to catch cold easily, the cold triggering worsening of the asthma symptoms, especially the coughing. His sleep was poor as he was woken many nights by the coughing.

History: He was born 6 weeks premature and was in hospital for the first 10 days of life. It was felt that his condition was probably a result of being born premature.

Diagnosis: From the symptoms and the pulse (right pulse weaker than left), I diagnosed him as having the lung vacuity pattern.

Treatment: I discussed with the mother how to test for cow’s milk sensitivity (see Chapter 17) and she agreed to start this as soon as possible.

Tapping with the herabari was applied on the head, GV-12 area, neck area, and a little on the back.

Stroking with an enshin was applied down the arms, legs, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-5, draining to right LR-3 and left TB-5.

Still using the teishin, light stroking was also applied down the back.

Press-spheres were left on left BL-13 and the “stop coughing” points on the elbows.

Second visit—7 days later

No coughing at all this week. The coughing had stopped immediately after treatment. As a result of the dramatic change, his mother had stopped giving him the inhaler, so that he had not used it at all this week. However, his sleep was not so good and he had woken in a bad mood several mornings.

Treatment: I spoke to the mother about the wisdom of simply stopping the use of the inhaler and that she should at least consult with the prescribing doctor. She agreed to consider this.

Tapping with the herabari was applied to GV-20, the neck, GV-12, LU-1, and occipital regions.

Stroking with an enshin was applied down the arms, legs, and abdomen.

1 A number of similarly manifesting conditions are covered in various chapters in this book. Here I discuss “asthma” with indications for treatment of asthmalike manifestations of something like “croup.” On pages 113f I discuss a number of other respiratory conditions, which can also include similar manifestations of signs and symptoms. In chapters 25 and 26 I also discuss treatment of underlying conditions that can predispose towards these problems.
Using a teishin supplementation was applied to left LU-9 and SP-5, draining to right LR-5 and TB-5. Press-spheres were left on right BL-13 and the “stop coughing” points on the elbows.

**Third visit—5 days later**

He woke on this day with a cold at 5.30 a.m. with symptoms of coughing. He was still coughing, but with signs of improvement. He had diarrhea over the weekend as well.

**Treatment:** Tapping with a herabari was applied to GV-20, ST-12 region, neck region, LU-1, GV-12, and LI-4.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-3, draining to right LR-3.

Press-spheres were left bilaterally on the asthma shu points and GV-12.

**Fourth visit—2 weeks later**

His cough was much better, but he was still coughing a little in the early morning.

**Treatment:** Tapping with the herabari was applied to GV-20, ST-12 region, GV-12, and LI-4.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to right LU-9 and SP-3, draining to left LR-3.

Press-spheres were left on bilateral asthma shu points and behind shen men on the back of the left ear.

**Fifth visit—1 week later**

The cough was much better again, but he had started coughing a little more 2 days before this visit.

**Treatment:** Tapping with the herabari was applied to the head, ST-12 region, occipital region, LU-1.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-3, draining to right LR-3.

Press-spheres were left bilaterally on the asthma shu points and behind shen men on the back of the left ear.

**Sixth visit—13 days later**

The cough had again improved, but he had started coughing a little more in the early morning with a cold that started 1 day before this visit.

**Treatment:** Tapping with the herabari was applied to GV-20, ST-12 region, LU-1, GV-12, LI-4, and LI-11.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-3, draining to right LR-3.

Press-spheres were left bilateral on BL-13 and behind shen men on the back of the left ear.

**Seventh visit—2 weeks later**

No symptoms of coughing and his condition was overall much improved. There were no sleep disturbances.

**Treatment:** Tapping with the herabari was applied to GV-20, ST-12 region, GV-12, LI-4, and LI-11.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-3, draining to right LR-3 and left SI-7.

Press-spheres were left on GV-12 and behind shen men on the back of the left ear.

**Eighth visit—22 days later**

On holiday he started with a lung infection and was prescribed antibiotics. He fully recovered and had had no coughing before or since then. This was a significant milestone, since any time he had got sick like this before his cough had severely worsened. This time, he had no coughing!

**Treatment:** Tapping with the herabari was applied to GV-20, the neck region, GV-12, and LI-4.

Stroking with an enshin was applied down the arms, legs, back, and abdomen.

Using a teishin, supplementation was applied to left LU-9 and SP-3, draining to right LR-3.

Press-spheres were left on GV-12 and behind shen men on the back of the left ear.

Treatment finished as the family moved away. In the final discussions with his mother she revealed that she had not talked to the doctor who had prescribed the inhaler. She had always kept it with her, but since
23 Ear and Nose Problems

Otitis Media—Ear Infections

The following case of recurrent ear infections is of a young boy who came for treatment before I had learned Meridian Therapy sufficiently well to apply it on children. Thus, besides some simple symptomatic treatment, the principle treatment was the core non-pattern-based root treatment that is typical of the shonishin system. This case is selected as it is typical of what happens when treating children with recurrent ear infections. Of course, treatment does not always work as well and smoothly as this, hence more detailed treatment options are also given below, but Mike was the first of a number of 3–6-year-old children that I treated for recurrent infections as Mike’s parents were in a position to get the word out and refer other children.

Case 1
Mike, Boy Age 3½ Years

Main complaints: Mike came for treatment having just completed a round of antibiotics for infections in both ears. The right ear had, as usual, been much worse than the left ear. Over the last 10 months he had had many ear infections. With each, the doctor eventually prescribed antibiotics, which would clear up the episode, but within 2 weeks of completing the antibiotics another infection would start, sometimes only in the right ear, but often in both. The problem had started initially from catching a bad cold and having it progress to the ears, but since then, while several episodes of ear infection had arisen from catching cold, many had not. He had been very disrupted by this process as the pain would often be bad and would disturb sleep, energy, and the rest of the family. The antibiotics disturbed his digestion a bit, with some episodes of loose stools and some episodes of constipation. The parents were interested in trying something different, as it was clear that the problem was not going away; rather, it was being suppressed by each round of antibiotics. The doctor had recently said that if this kept up Mike would probably have to have ear tubes placed to help prevent further problems. The parents were looking for a treatment to break the cycle of infections. Other than the problem of recurrent ear infections Mike was healthy and all other systems were unremarkable.

Assessment: Palpation revealed hard painful areas below each ear extending downward from TB-17, the right being more hard and uncomfortable than the left. The occipital border was also stiff, especially around GB-12.

Treatment: On this first visit I decided to apply a shonishin core treatment with light stroking and some targeted tapping.

Light stroking with an enshin was applied down the arms (three yang channels), legs (stomach, gallbladder, and bladder channels), down the back, across the shoulders, chest, and down the abdomen (stomach channel).

Light tapping was applied above and behind both ears, and over the reactive regions below the ears and over the occipital region, especially around GB-12.

Press-spheres were placed at GV-12 and on the most reactive point within the reactive regions below each ear.

I discussed with the parents that it would be ideal to give treatment more than once a week to increase the chances of preventing recurrence of the infections, but they told me as working parents they were too busy to be able to do this. So I told them I would figure out what to do about it.

Second visit—1 week later

Mike was doing well, there were no signs of ear infection, nothing to report.

Treatment: A very slightly increased dose of the same treatment as given on the first occasion was applied.

I then proceeded to explain to the parents how to do the light stroking and tapping treatment at a low dose each day: stroking down the same areas on the arms, legs, back, shoulders, and tapping on the areas around the ears and GB-12 region.
Third visit—1 week later
Mike was still fine, with no sign of an infection. The home treatments had been going well and took about 2–3 minutes each day.

Treatment: The same treatment as given on the first occasion was applied.

Fourth visit—1 week later
Still nothing to report, Mike had no symptoms. Home treatment was going well.

Treatment: The same treatment as given on the first occasion was applied.
I also scheduled Mike to come back in 2 weeks to stretch out treatments while the parents continued doing daily home treatment.

Fifth visit—2 weeks later
Still nothing to report, Mike had no symptoms. Home treatment was going well.

Treatment: The same treatment as given on the first occasion was applied.

Sixth visit—2 weeks later
Still nothing to report, Mike had no symptoms. Home treatment was going well.

Treatment: The same treatment as given on the first occasion was applied.
We now extended treatment to every 4 weeks.

Seventh visit—4 weeks later
Still nothing to report, Mike had no symptoms. He had caught cold and for the first time it did not trigger an ear infection and he recovered from the cold quickly.

Treatment: The same treatment as given on the first occasion was applied.

Eighth visit—4 weeks later
Still nothing to report, Mike had no symptoms. Home treatment was going well.

Treatment: The same treatment as given on the first occasion was applied.
After this we stopped treatment. Mike had had no sign of an ear infection for about 4 months; it looked like we had broken the cycle. The parents were still applying the simple home treatment regularly but without the press-spheres. They agreed to call for treatment should Mike start an ear infection. At another 4-month follow-up conversation, Mike was still fine. He seemed to catch cold less often than before and had no sign of any further ear infections. His parents referred many other children with ear infections for treatment.

General Approach for the Treatment of Otitis Media
Our aim is to improve the overall condition of the child so he or she has better resistance to infections and treat to deal with the local manifestations that additionally make the child susceptible to ear infections. Changing the overall condition of the child can be accomplished with just the use of the basic core shonishin treatment or the pattern-based root treatment, but it generally works better if you apply a combination of these two treatment approaches.

Most Likely Pattern-based Root Diagnosis
If the recurrent ear infections arise from catching cold repeatedly, the typical pattern to be treated is the lung vacuity pattern. If the ear infections arise independently of catching cold, this could be due to lung vacuity pattern or kidney vacuity pattern. If the child is young and the pulse and other signs for distinguishing the pattern are not clear, one needs other signs to distinguish them. If the hands tend to be cold, it is likely to be a lung vacuity pattern and one should start treating this. Having generally stiff shoulders is also a sign of lung vacuity type. However, if the feet tend to get cold easily (but not the hands) this is more likely to be a kidney vacuity pattern. You may also notice some small temperature variations on the abdomen to support the choice of kidney pattern, such as slightly cooler below the navel compared with above the navel. Also, if the ear infections have triggered changes in hearing, you can suspect the kidney vacuity pattern.
For the lung vacuity pattern supplement LU-9 and SP-3. If the ear infection has arisen out of catching cold and there are still signs of the cold, such as cough, congested lungs, and alternating fever-chills, try treating the metal jing-river points LU-8 and SP-5 instead. If the child has a fever with the ear infection, you need to check the temperature. If 37.8°C or higher, the core non-pattern-based root treatment is contraindicated. In this case try using the ying-spring points for the lung vacuity pattern, LU-10 and SP-2. For the kidney vacuity pattern supplement KI-7 and LU-8. If with fever, try the ying-spring points KI-2 and LU-10.

Case 2 below illustrates an alternative strategy for treating the relevant acupoints, using a very light stroking along the flow of the channels over the target acupoints for supplementation, and light stroking against the flow of the channel over the target acupoint for draining.

### Typical Non-pattern-based Root Treatment

One can apply either the core non-pattern-based treatment with stroking and some tapping or tapping alone. For treatment apply stroking down the arms, legs, back, and abdomen. If the shoulders are stiff, apply stroking across the shoulders. If the neck is stiff, apply stroking down the neck. Apply tapping to around GV-12 (see Fig. 23.1).

**Additional Areas for Treatment**

It has been my consistent experience that children with otitis media develop an area of stiffness that is usually painful on pressure below the ears. This hardened area usually starts around TB-17 and extends downward from there. Sometimes it extends backward from there towards GB-12, sometimes forward slightly from there. I feel that this area of stiffness is probably associated with blockage of the lymphatic drainage, and that it is thus an important area to target. Thus, I always apply tapping to this area as well as the areas above and below the ears that are suggested by Yoneyama and Mori (1964) and Hyodo (1986). I give a consistent focus to soften and break up this congested, hardened area. If the tapping alone does not make enough change I start applying stronger techniques to it such as press-spheres, needling, and/or press-tack needles. See below.

### Recommendations for Symptomatic Treatment

**Needling**

Whether one inserts needles and immediately removes them or inserts and retains them for a short while, needling can be helpful in the treatment of otitis media. The area of hardness and pressure pain below the ears can be a useful place to
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