

# Shonihari

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## Treatment of common pathologies:

- 1) "Kan-no-mushi-sho"  
(Irascibility bugs syndrome)
- 2) ADHD.

### 1) "Kan-no-mushi-sho"

**Kan-no-mushi is the underlying problem for the following symptoms:**



### Cause of Fetal Toxin and Brain Damage; it manifests as Blood Stasis

Infants get large amounts of Old Salt (mineral deposits) and Heavy Metals during their mother's pregnancy.

Normally, after birth, fetal toxins are excreted in the feces within 3 years.

For that, new born babies have immediate help from their mother's bitter breast milk. Unfortunately, many of our new friends have a difficult history in that mother did not give them her first milk.

(Other reasons include: selected unnatural birth time, large amounts of oxygen, poor delivery methods, as well as others)

In these cases, fetal toxin is not excreted.

Because the development of babies is rapid, their kidneys and brains are fragile. Coupled with the presence of fetal toxin, their brains can be damaged easily.

## Presentation can include:

Being awake much of the night, difficultly falling asleep, difficulty waking up, waking up in the middle of night and playing, sleeping at night but not taking naps, crying in a high pitched voice, biting, pulling of own hair, bumping into walls, unable or not wanting to play with other kids, tendency to cry when adults talk to him/her, fighting with others without reason, poor appetite, diarrhea even though he/she has not eaten any strange food or constipation even though he/she eats the same food as other children (and they do not get constipation), vomiting food or mother's milk, tendency to catch colds or become feverish.

**Observation include:** Raised veins between the eyes or anterior to temple region, redness around eyes, reddish inner canthus, and reddish color below the nostrils. There could be redness and breaking of the skin around the umbilicus.

It is normal for children to be filled with energy, but these children loose such a characteristic. Other characteristics include: loss of Shen (spirit) from the eyes, difficulty smiling or having fun, loss of energy, strict or stoic facial expression such as is uncharacteristic of children, use of eyes in a mean way, and the appearance of having a smaller face.

**If a child grows up in this condition,** he or she will always want to escape from final examination stress at school but cannot. So, psychological and physical dysfunctions naturally manifest. If they can release these dysfunctions through expression, they will bite and/or fight with others. This is a condition where the child has lost control over his/her demeanor. It strikes the child during the time when the child's brain is quickly developing.

**A majority of children** experience some form of this condition in varying degrees. If the symptoms are mild, it can be resolved in 4 ~ 5 treatments in a row. Give treatment each day for 10 minutes. Do not overdose. If the treatment is too long, it will decrease the effectiveness. At the beginning, treatment should be short. Stop the treatment before the child says to stop.

In Japan, even after successfully treating kan-no-mushi, practitioners tell parents to come in once a month for preventative treatments. This can guarantee the child will grow up smoothly. Acupuncturists should set a low fee for children so that the whole family comes. It is important to set up a family system.

### Points often used:

Points for press balls: GV-12 is always used for kan-no-mushi. For children with many symptoms use one or two direct moxa cones on GV-12. If you cannot use moxa, then press tack or intradermal needles are advisable.

### Stiffness on the Bladder meridian

use the Taishihari, Jyakusan or sharp end of the teishin on BL-12 and a press tack on BL-10.

**Raised veins** over LI-2 and LI-3 during a fever, use a lancet on these veins to perform bloodletting. This is especially effective if the excess pattern comes from over eating. Symptoms will disappear overnight upon bloodletting a raised vein.

Many children who have a case of Kan-no-mushi will clearly have these raised veins. Most likely the blood will squirt out rapidly. Press balls can be applied to points between GV-14 and GV-12. Use press balls on excess points on deficient area for most children. Children often will have pressure pain on the abdomen, and so press balls should be used on CV-6

### Treatment Frequency

#### For General Symptoms

#### (including Kan-no-mushi)

Average cases \_\_\_\_ every day for 4-5 days.

In light cases \_\_\_\_ every day for 2-3 days.

In serious cases \_\_\_\_ every day for 7-10 days.

Preventative \_\_\_\_ two tx. in a week in one a month

### 1. Judging the effectiveness of treatment

Question in detail. If the symptom worsens, the amount of stimulation should be decreased to 1/5 - 1/10 of the original dosage.

### 2. Timing of the end of treatment

You must end it when the body's normalcy is approached most. Tonicity of skin, abdominal tapping sound, pulse, facial expression, etc. should just approach a health condition. It is important that your observation of the signs is in sync with the patient's expression of the change. Developing this awareness is important to your skill as a practitioner.

### ADHD is a type of Kan no Mushi

Already great masters have shown how to treat Kan no Mushi with Shonihari. These treatments can also treat ADHD and we are very grateful to the masters.

### 1. What should the family members do?

#### a. Change their view of the child:

From "the trouble maker" to a "Quick-response genius type"; "star" of the family

### 2. What should Hari practitioners do?

#### a. Should become "a genius who treats little geniuses"

#### b. Become an even more bigger scale "Quick-response genius type" star acupuncturist

#### c. Conduct super fun up-tempo treatments

#### d. Considering the possibility of long term treatments:

- Efforts to reduce family's financial burden and time spent:

a. Reduce frequency of the visit, introduce and instruct a home-therapy

#### e. Reconsider and further improve the level of Teishin Treatments and Sho in Keiraku Chiryō (Meridian Therapy)

#### f. Use of EV treatment and magnets

#### g. Use of peripheral acupuncture methods: gold press balls, press tags, and cupping

#### h. Instruct the child and his/her family:

- Dietary suggestions: adjustment from a "genius type" diet (fatty foods) to a little more "regular" dietary habits.
- Encourage the family to have more physical contact with the child

### Have More to Say?

Again, it is smile and gentle face.

See your small friends as Little Geniuses

# ADHD

## Its Understanding and Appropriate Shonihari Treatments

### ADHD Understanding & Treating Appropriately

1. No set definition on ADHD (Developmental Disorder) exists.
2. Developmental disorders: hard to list symptoms -> hard to define
3. Some definitions used as **international standards**:
  - a. Two definitions
    - i. **ICD-10 (1994)**
    - ii. **DSM-IV (1994) DSM-IV-TR (2000) DSM-V (2013)**

### Classification of the Disease

1. **ICD-10**: International Disease Classification of ADHD by **WHO**
  - a. Psychological developmental disorders (F80-F89)
  - b. Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)
2. **DSM-IV**: Classification by American Psychiatric Association (APA)
  - a. Part of disorders usually first diagnosed in infant, childhood, or adolescence

### **DSM-IV-TR Diagnostic Criteria**

1. The following **inattention** and **hyperactivity-impulsivity** symptoms are present more often and significantly than the degree seen in others at the same age and developmental stage.
  - a. **Inattention** (fails to give attention to the activities, difficulty sustaining attention, often loses things necessary to the task, difficulty organizing tasks and activities)
  - b. **Hyperactivity-impulsivity** (difficulty to remain seated, difficulty playing or engaging in leisure activities quietly, often has difficulty awaiting turn and interrupts or intrudes on others)
2. More than one symptoms are recognized **before** the age **7 years old**
3. Some impairment from the symptoms is **present in two or more settings** (such as at home and at school).
4. There must be clear evidence of **clinically significant impairment** in social, academic, or occupational functioning.
5. The symptoms do **not** occur exclusively during the course of a **pervasive developmental disorder, schizophrenia, or other psychotic disorders**

### **DSM-5 (2013) Criteria (Revised from DSM-IV)**

1. Moved into the category of **developmental neuropsychiatric disorders** (congenital cerebro-neurological developmental abnormality) and out of the category in which destructive behavioral disorders and oppositional defiant disorders are classified in.
2. Same classification as **Japanese Developmental Disabilities Supporting Law (2005)** use.
3. Several of the individual's ADHD symptoms must be present prior to **the age 12**, compared to 7 years as the age of onset in DSM-IV
4. ADHD can be diagnosed in conjunction with autism (**comorbidity and/or complications with autism**)
5. **Abolished** classification of **3 sub-types**:
  - a. **Predominantly inattention** type
  - b. **Predominantly hyperactive-impulsive** type
  - c. **Mixed** type
6. Evaluate the **severity with 3 degrees**:
  - a. Mild, moderate, and severe

### **DSM-IV**

1. Critiques by **Allen Frances** (American psychiatrist who chaired to compile DSM-IV)
  - a. *"The **expanding boundary of psychiatry** is causing **a diagnostic inflation** that is swallowing up normality and that the over-treatment of the 'worried well'."*
  - b. **Threefold increase** of the number of children diagnosed with attention deficit disorders since DSM-IV was published.
  - c. Reasons:
    - i. **Pharmaceuticals** made pediatricians, pediatric psychiatrists, parents and teachers believe that ADHD had been under-diagnosed.
    - ii. many children who had been considered "normal" before the introduction of DSM-IV were diagnosed as having ADHD
  - d. Many children who have simply a unique personality and are not "sick" or "abnormal" were **over-diagnosed** as having ADHD and thus were **over-treated** with medications in the U.S.
2. **Relative-age Effect** (Research in Canada)
  - a. **Younger children**: more likely to be **inappropriately diagnosed** with ADHD & treated with prescription medication than their older peers in the same grade.  
*e.g.) Children born in August are the youngest in class. They tend to appear more "immature" due to their age & could be considered "abnormal."*

## Symptoms of ADHD

1. Hyperactive
2. Impulsive
3. Attention deficit
4. Other problems
  - a. Difficulty making friends
  - b. Often having comorbidity with Learning disability
  - c. Tend to cause problems at home

## Disorders that tend to have Comorbidity with ADHD

1. Autism
2. Obsessive compulsive disorder (OCD)
3. Tourette Syndrome
4. Tic
5. Oppositional defiant disorder (ODD)
6. Disobedience
7. Conduct disorder
8. Attachment disorder
9. Depression
10. Anxiety disorder
11. Drug and/or alcohol abuse

## Misdiagnosis

1. Possible Misdiagnosis of ADHD is pointed out in the U.S.  
*“Of out of 450,000 children diagnosed with ADHD, 100,000 are possibly **misdiagnosed** or **inappropriately diagnosed** as a ADHD in the U.S.”*

## Incidence & Prevalence of ADHD

1. Varies depending on the criteria & standard
  - a. **1-5%** of children are affected **in the world:**
  - b. **3-5%** when diagnosed via **ICD-10 criteria**
  - c. **0.5%** when diagnosed via **DSM-IV**
2. Other factors: Gender
  - a. More significantly seen in boys:  
This could be because boys tend to play rough and their problems tend to be more easily seen than in girls.

## ADHD as an Evolutional Process as a Species

### Interpretation of ADHD

1. Not disorders
2. **Unique personalities** manifested in the process of **evolution**
3. Difficulty to grasp the characteristics & causes of ADHD
  - a. Requires appropriate understanding and support.

- b. However, it's hard to determine objectively the causes of the problems related to ADHD:
  - i. True disabilities (i.e. ADHD)? or
  - ii. Simply lack of their life experience (lack of life and people handling skills)?

## ADHDs as Little Geniuses

### Uniqueness or Disorders?

1. Some think that many of the people who were historically called “geniuses” such as great people, artists, inventors may have had ADHD.  
e.g. Winston Churchill, John F. Kennedy
2. Some concern that the treatment of ADHD with medication may **improve** the children's **social adaptability**, **but** it may **ruin their uniqueness**.

## New Interpretation of ADHD: “Quick Adaptation” Type

### Advantages of the Characteristics of ADHD 1

In the Journal of the American Academy of Child & Adolescent Psychiatry (December 1997 issue), **Peter Jonson** (Psychiatrist) described the children with ADHD as:

1. **Always alert** (excessively sensitive): can collect and integrate information by using all the five senses at the same time
2. **Quickly judge** things **visually**
3. **Promptly take actions**: quickly attack prey and/or flee from enemies, if necessary
4. **Hyperactive**: advantageous in capturing food, or making quick decisions, such as moving to a milder place during a drastic seasonal change or of the ice age quickly enough.

## New Interpretation of ADHD: “Quick Action” Type

### Advantages of the Characteristics of ADHD 2

#### **Quick Action Type (an ADHD Type) v.s. Challenging the Environment Type (“normal” type)**

1. **Quick Action Type**: advantageous under physically challenging conditions.
  - a. Quickly move somewhere else to avoid the problems
  - b. Can cope with quick changes.
2. **Challenging the Environment Type**: tends to take time & think before taking an action.
3. **Changes of required traits as a species**
  - a. Old times when our environment was hard or quickly changing: Quick Action Type had more advantages

- b. Now, our environment became safe and stable:  
 Challenging the Environment Type has more advantages  
 Our environment doesn't require quick actions.  
 Instead, our society requires abilities to:
- a. **Analyze and solve problems**
  - b. **Be patient**
    - i. **Control impulsiveness**
    - ii. **Control hyperactivity**
- > Disadvantageous for people with ADHD

### ADHD and Diversity of Behaviors

#### **What is the Appropriate Range of Normal Behaviors?**

##### **Diversity as a species**

1. If we allow us, as human beings, to be **diverse**, likewise we should allow **various behavioral patterns** of people
2. Expanding range of criteria of ADHD:
  - a. Does NOT allow **diversity of behavioral patterns**
  - b. Can cause **Over-diagnoses**
  - c. Could cause **over-treatment**
  - d. Could **interfere with healthy growth** of children who are labeled as a ADHD

### Concerns about Medication

#### **Possibility of Over prescription**

1. **Increasing number** of children are **on medication**
2. Some object to the use of **CNS stimulants**
3. Some object to the use of **Ritalin**:
  - a. Overprescribed especially in the U.S.
  - b. Takes away **creativity and intelligence** from children who are diagnosed with ADHD, but are actually healthy.

### Underdiagnoses & Under treatment

It is critical for the parents and other adults involved:

1. To appropriately **understand** the disorders
2. To appropriately **support** the children

### Lack of understanding can cause

- a. Delay of finding children's behavioral problems
- b. **Delay of appropriate treatments**
- c. **Secondary psychological & emotional disorders**:
  - i. Bully
  - ii. Juvenile delinquency
  - iii. Refusal to go to school
  - iv. Recluse
  - v. Rebellious behavior

### Skepticism against Overmedication

#### **1. Is ADHD really underdiagnosed?**

#### **2. Is Ritalin really overprescribed?**

- a. Prevalence of ADHD (in U.S.): **3-5%** of the children
- b. Rate of prescription (in U.S.): **1-2%**
  - i.  $(3-5\%) - (1-2\%) = \mathbf{2-3\%}$
  - ii. **2-3%** of children diagnosed with ADHD are **not** on medication

#### **3. Is the medication working?**

- a. This fact may tell us:
  - i. Some on medication may need higher dose of prescription
  - ii. Some on medication may **NOT** need the medication

### Affect of Labeling - Good or Bad?

#### **Labeling is good**

1. Labeling makes it easy to support the children with ADHD
2. **Russell Barkley** (clinical psychologist) says:
  - a. Labeling has quite a few pitfalls BUT,
  - b. **Accurate labeling** makes it possible for the children:
    - i. To **access various avenues of support**
    - ii. To **be understood** better by people around them

#### **Labeling is bad.**

Labeling may lead the children to where they are anticipated to be.

1. **Tom Hartmann** (writer and journalist) says:
  - a. It's cruel to label any child with a brain disorder

#### **Labeling is bad.**

#### **Self-fulfilling Prophecy**

1. **Thomas Armstrong** (psychologist & educator):
  - a. Self-fulfilling Prophecy: a prediction that directly or indirectly causes itself to become true, by the very terms of the prophecy itself, due to positive feedback between belief and behavior.
  - b. Labeling may work as self-fulfilling prophecy
  - c. Criticizes the behavioral therapy that the children with ADHD access
  - d. Propose raising the children based on the personality and environment of each child.

### ADHD & Support Systems

#### **Yoiku (raising & educating) by all household members**

1. Help from living family members has is significant regarding both physical and psychological support.
2. It may be hard for the parents to accept this support at the beginning
  - a. Sense of guilt
  - b. Don't want to be thought of as being irresponsible
3. Appropriate diagnosis & treatments change family members' negative view:
  - a. To the children: ADHD can be treated.
  - b. To the parents: ADHD is not their faults.

3. Ritalin<sup>®</sup> is used for narcolepsy
4. Concerta<sup>®</sup> is used for ADHD
5. Was limited to those 18 years old and younger
6. In December 20, 2013, extended its application to patients older than age 18 years.

ADHD	Type	Dosage	Side effects
Ritalin Methylphenidate	CNS Stimulant	5-60mg	Insomnia, lack of appetite, tic
Dexamphetamine	CNS Stimulant	5-20mg	Insomnia, lack of appetite, tic
Tricyclic Antidepressants	Antidepressant	Max 5mmg/1kg of the weight per day	Thirst, constipation, crams

**Organizations, Groups, & Communities**

1. If surrounding people, such as a soccer coach, and other sport instructors, understand ADHD better,
  - a. They can support and help the children with ADHD develop their abilities and build fruitful relationship with their friends
  - b. It can give the children great opportunities to have confidence and self-respect

**Central Nervous System (CNS) Stimulant Medication**

1. In the U.S.,
  - a. CNS stimulants are largely used. Many students are prescribed the stimulants and end up being sent to the school nurse
  - b. However, psychologists and other related professionals are reluctant to use the stimulants.
2. Concerns about the effects of stimulants on babies and toddlers
3. Caution must be used for the use.

**CNS Stimulant Medication**  
**Ritalin**

1. Use of CNS stimulants in the U.S.
  - a. Dramatic increase in the prescription
  - b. Some report that 5-10% of the class are on the medication
2. Ritalin (Methylphenidate, MPH):
  - a. A CNS stimulant used in the treatment of ADHD, and narcolepsy.
  - b. Similar to amphetamine
  - c. Also used for Chronic Fatigue Syndromes (CFS)

**Use in Japan**

1. Major prescribed CNS stimulant medications
2. Ritalin<sup>®</sup> (Ritalin<sup>®</sup> 439740 and Concerta<sup>®</sup> (Concerta<sup>®</sup> 4657942)

**Medication Used for ADHD**

**Efficacy**

1. Increase the ability to control hyperactivity and compulsiveness and increase the duration of attention
2. Decrease many problems related to ADHD, decrease defiance, increase the ability to follow instructions, and thus decrease problems
3. Reduce forgetfulness, can sometimes dramatically improve the academic performances: quality of work, reading, and writing.
4. Become cheerful, motivated and confident since they know they are not giving their loved one's troubles

**Overcome the negative effects caused by ADHD**

1. Dramatic improvement is temporary
2. Recognize the negative effects that have been caused by ADHD
3. Recognize the abilities that should have been acquired in terms of predicted age-related development
4. Learn and obtain these abilities
5. Repair the current relationship with the family members and reestablish a new relationship with them
6. Manage intake of the medication
7. Regular intake of the medication at the set dosage each time
8. Consideration of how the child feels about the medication

**Dosage**

How much dosage is required for a child?

1. 5mg as a unit. Prescribe in 5mg increments.
2. Start with a small dose and gradually increase it.

3. Find the dose which is most effective with the least side effects
4. Maximum dosage: 60mg per 24 hours. Usually most children don't need this much amount.

### **Duration of Intake**

How long should the child need to take the medication?

1. Most children can overcome the problems related to ADHD as they grow older or at least they become better at controlling the symptoms and obtain the skills to overcome them.
2. For a small child, it sometimes takes a few years until s/he can deal with his or her problems.
3. Regularly evaluate
4. Once a year, stop the medication for 1-2 weeks.
5. Observe how the child is doing without the medication
6. Evaluate the effect of the medication and
7. Determine the dosage of the medication
8. Controlling the dosage of the medication must be done regularly with the assistance of their doctors and teachers.

### **Prognosis of Children with ADHD**

1. **About 50%** of the children diagnosed with ADHD become able to lead a **“normal” life** at the beginning of their adult years.
2. The **rest 50%** live with the hardship related to ADHD for the rest of their lives.
3. **30 - 80%** of the children diagnosed with hyperactivity have the symptoms even after reaching the adult age.

### **ADHD & Education**

1. ADHD and the secondary symptoms can cause other problems such as depression and conduct disorder.
2. These symptoms affect their behaviors and learning performance.
  - a. 90% have poor abilities
  - b. 90% doesn't reach set goals
  - c. 20% are not good at reading
  - d. 60% have serious problems in writing
  - e. 30% drop out school (in the U.S.)
  - f. Only 4% obtain undergraduate degrees. (<-> Average rate of the total population is 25%) (in U.S.)

### **Children doesn't fit for Mass Education**

For teachers who use mainstream techniques, children with ADHD are the “hardest to deal with.”

### **“I didn't do anything wrong...”**

“I didn't do anything wrong, but I am scolded, ignored, ridiculed. I lost my confidence.”

Children with ADHD try to find a way to supplement their “lack of attention” and adopt socially.

### **Understanding the Disorders**

What can we do for them?

1. Understand their feelings
2. Acknowledge their efforts
3. If they make a mistake, explain how to correct it
  - a. Until they will gain their confidence gradually
4. First step is
  - a. To understand ADHD
  - b. To grasp the situation where the children are & how they are feeling

### **Cope with the challenges in the Developmental Stages**

1. If the children can clear the goals of each developmental stages, they can go together with their peers and in certain areas, they may show their special talents.
2. Possibility of “Quick-action Genius Type”
3. If others don't treat them with understanding about how they are feeling, they will have more inferiority complex and low self-esteem, and tend to become irritable.

### **Adults with ADHD**

#### **Research by Dengler and others (1976)**

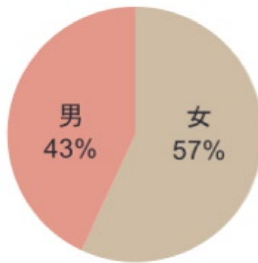
1. 31-66% of adults who had ADHD in their childhood still have the symptoms.
2. If the children are diagnosed with ADHD at an early age, and have appropriate treatments and supports, they have less hardship in their childhood and may be able to develop their potentially unique talents.

### **Criteria for Adult ADHD**

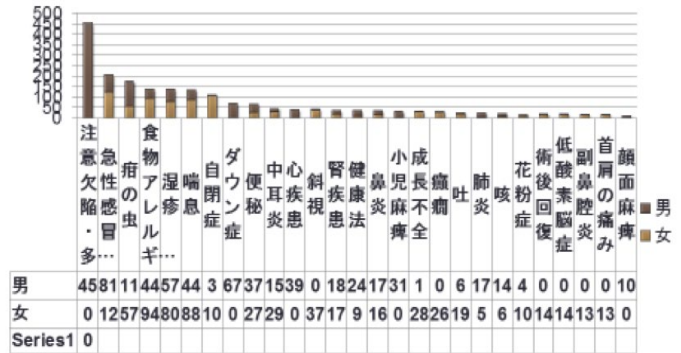
1. Prerequisite: **ADHD symptoms seen in their childhood**
2. Consistent kinesthetic hyperactivity
3. Obvious attention deficit, inattention and forgetfulness
4. Meet at least **two** or more of the following criteria (DSM-IV):
  - a. Emotional instability
  - b. Inability to complete tasks
  - c. Temperamental problems: irritability, easily get angry, explode emotionally
  - d. Impulsiveness
  - e. Low tolerance of stress
5. Some of the criteria are not appropriate to apply for adult ADHD

クリニックからの臨床統計報告

- 対象期間: 2008年1月1日—2011年7月31日  
3年7か月 延べ患者(約一万五千人)
- 純固体数: 全体: 1384人  
・女: 880人 男: 504人
- 全体述べ治療回数  
・女: 8171人 男: 6184人  
・計: 14355人
- 80人 / 週



小児の疾患別延治療回数 0-3歳



Period: 3 years 7 months (1/1/08 - 7/31/2011)

Number: Total:1384  
Female: 880 (57%), Male: 504 (43%)

Cumulative Number of Treatments:  
Female: 8171, Male: 6184  
Total: 14355

Number of Children Visited

Children (Age 1-12)  
24% of the total patients visited  
Female: 1443, Male: 2025  
Total: 3468

Children (Age 0-3)  
14% of the total patients visited  
Female: 863 (43%), Male: 1124 (57%) Total: 1987

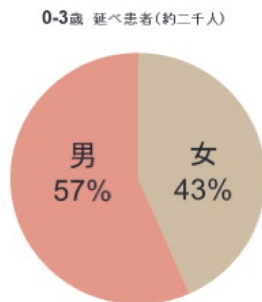
Breakdown of Reason for the visit

Top row from left to right		
1. Attention deficit	12. Strabismus (squint)	21. Cough
2. Flu	13. Renal problems	22. Hey fever
3. Kan no mushi	14. How to maintain health	23. Recovery from surgery
4. Food allergy	15. Nasal inflammation	24. hypoxic ischemic encephalopathy
5. Eczema	16. Polio	25. Sinusitis
6. Asthma	17. Multilevel development	26. Shoulder pain
7. Autism	18. Temper	27. Facial paralysis
8. Down syndrome	19. Vomiting	
9. Constipation	20. Pneumonia	
10. Otitis media		
11. Cardiovascular problem		

Brown Square: Male  
Yellow Square: Female

小児来院数

- 小児(0-12歳)  
24% (全体との割合)  
・女: 1443人 男: 2025人  
・計: 3468人
- 小児(0-3歳)  
14% (全体との割合)  
・女: 863人 男: 1124人  
・計: 1987人





**ADHD & Kan no Mushi Rates**

Ratio of Visit due to Developmental Disorders in the total visits: 29.9%

- \* ADHD and Kan no Mushi are separated.
- \* ADHD: Severe cases. Patients are already on medication such as methylphenidate
- \* Kan no Mushi: Light to moderate cases. Patients were diagnosed with ADHD or similar disorders by a psychiatrist or psychologist but are not yet on medication. They want to improve the symptoms with acupuncture without use of medication

**Severe ADHD**

- Severe ADHD cases: Diagnosed by a psychiatrist and prescribed medication
- a. Recommended to have acupuncture treatments regularly, too.
  - b. Consider the treatments may be long term, 2-3 years.
  - c. Also consider the possibility of having ADHD even after becoming adult (Adult ADHD) and how the child should live with ADHD as a family member, and how other family members can cope with it.

**Clinical Record in CULIA KI CLINIC**

**Visiting Rate & Ratio between ADHD & Other Developmental Disorders**

Total # of Visits	3468	Ratio
Total # of visits for Developmental Disorders (DD)	1038	Developmental Disorders/Total Visits 29.9%
<b>DD Breakdown</b>	<b>Number of Visit</b>	<b>Disorder/Total Visit of DDs</b>
ADHD	600	57.8%
Autism	119	11.5%
Down Syndrome	67	6.5%
Under-development (Physically)	47	4.5%
Seizure	27	2.6%
Tic Syndrome	4	0.4%
<b>Kan no Mushi</b>	<b>174</b>	<b>16.8%</b>

**ADHD & Kan-no-Mushi**

Kan no Mushi: considered a disease that pediatric acupuncture can effectively treat

1. ADHD is considered to be an expression of Kan no Mushi
2. Symptoms of ADHD are included within the symptoms of Kan no Mushi
3. Symptoms of ADHD:
  - a. Hyperactivity
  - b. Impulsiveness
  - c. Attention deficit
4. Other related problems:
  - a. Difficulty making friends
  - b. Learning disability
  - c. Causing problems at home

## **Acupuncture (Shonihari) Treatment for ADHD**

### **ADHD is a type of Kan no Mushi**

Already great masters have shown how to treat Kan no Mushi with Shonihari. These treatments can also treat ADHD and we are very grateful to the masters.

#### **1. What should the family members do?**

##### a. Change their view of the child:

From “the trouble maker” to a “Quick-response genius type”; “star” of the family

#### **2. What should Hari practitioners do?**

##### a. Should become “a genius who treats little geniuses”

b. Become an even more bigger scale “Quick-response genius type” star acupuncturist

c. Conduct super fun up-tempo treatments

##### d. Considering the possibility of long-term treatments:

- Efforts to reduce family’s financial burden and time spent:
- Reduce frequency of the visit, introduce and instruct a home-therapy

##### e. Reconsider and further improve the level of Teishin Treatments and Sho in Keiraku Chiryō (Meridian Therapy)

f. Use of EV treatment and magnets

g. Use of peripheral acupuncture methods: gold press balls, press tags, and cupping

h. Instruct the child and his/her family:

- Dietary suggestions: adjustment from a “genius type” diet (fatty foods) to a little more “regular” dietary habits.
- Encourage the family to have more physical contact with the child

## **Common treatment Points for Blood stasis**

### **Lung Deficiency Liver Excess Pattern (Deficient type of Chp.75)**

#### **Root Treatment Points:**

**Tonify LU-5 and KI-7.** Disperse LR-2. Auxiliary Points for Specific Conditions: If the Heart pulse is excessive, tonify KI-2 and disperse either PC-4 or PC-8. **Disperse LR-8, SP-10, and SP-6** since the Liver excess is due to blood stasis. If there is a lot of deficient-type heat, tonify KI-10. LU-5 must be tonified if there is a lot of water ki. For Spleen and Stomach heat use a moxa-on-the-handle needle at SP-8 and disperse ST-36. If the etiological factor is pathogenic cold, disperse LR-4. If the etiological factor is abnormal eating, disperse LR-3.

Root Treatment Supplementary Points: CV-17, CV-12, ST-25, LR-14, GB-24, CV-5, BL-13, BL-18, BL-19, BL-23, BL-25, BL-26

Common treatment Points for over intake of medication and foods

### **Spleen Deficiency Liver Excess Pattern**

#### **Root Treatment Points:**

Tonify PC-7, PC-8, SP-2, and SP-3. For a Liver excess heat pattern, disperse GB-38, GB-36, TW-5, TW-3, and LR-2. For a Liver excess blood stasis pattern, disperse LR-8, SP-10, and SP-6. Auxiliary Points for Specific Conditions: If the etiological factor is abnormal eating, disperse LR-3. If it is pathogenic cold, disperse LR-4. If heat has spread to the Kidney and Bladder, disperse BL-40. If heat has spread to the Lung, use PC-5 and SP-5 as basic root treatment tonification points in place of the ones listed above in the root treatment points section. If there is Stomach excess, disperse ST-36, ST-37, or ST-39. Root Treatment Supplementary Points: LR-14, GB-24, CV-12, ST-25, BL-14, BL-17, BL-18, BL-19, BL-20, BL-21, BL-22

#### **Have More to Say?**

**Again, it is smile and gentle face.**

**See your ADHD friends as Little Geniuses**