



Treating Children

A Day in the Life of The Panda Clinic: A Children's Acupuncture Centre

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Introduction

'The soul is healed by being with children.' Fyodor Dostoyevsky

Paediatrics has been an important part of TCM for over one thousand years. Although the first text devoted solely to paediatrics (*Xiao Er Yao Zheng Zhi Jue - A Collection of Essential Paediatric Patterns and Treatments*) was written by Qian Yi during the Song dynasty (960-1279), there are chapters in texts that date back to the Han dynasty (the late 200s CE) devoted to the topic. Our medicine is particularly well suited to treating children and many of the conditions from which they suffer. Parents who may have an unquestioning trust in orthodox medicine often have misgivings about their children taking medication on a long-term basis. Orthodox medicine has very few tools in its toolbox with which to approach some 'modern' childhood conditions such as food allergies and hyperactivity.

Yet so few of our patients are babies, toddlers or children. Many parents, even those who receive acupuncture themselves, would never consider it a viable form of medicine for their children. One reason for this is that parents (often wrongly) perceive that their children wouldn't tolerate needles. However, equally important is the fact that parents simply don't know that acupuncture can be successfully used in the treatment of children. It was with this in mind that, with my colleague Andy Roscoe, I decided to set up the Panda Clinic in Oxford – an acupuncture centre specifically for the treatment of young people between the ages of nought to eighteen.

Becoming a competent paediatric practitioner

'Grown-ups never understand anything by themselves, and it is tiresome for children to be always and forever explaining things to them.' Antoine de Saint-Exupéry

In order to make the leap from treating the odd child interspersed between adult patients, to having certain days and times during my working week when I treated only babies and children, I went on a mission to find out everything I could about paediatric acupuncture. I have long felt that the diagnosis and treatment of children (particularly babies and children below the age of seven) is one of the only areas of Chinese medicine that is so different to what most of us learn at undergraduate level, that to get to grips with it requires more than simply reading the odd book or article.

Without a doubt, the thing that set me on the right path more than anything else was attending Julian Scott's year long Diploma in Paediatric Acupuncture. Julian's huge wealth of experience in treating children, and his ability to organise and articulate it, provided me with a thorough grounding in paediatric

TCM theory. Watching him needling lots of children gave me a good sense of how to actually begin to put that into practice. Two days with Stephen Gascoigne on paediatric red flags and a look at commonly prescribed medications were also invaluable.

As I began to see more babies and children, it became obvious to me that I needed to have treatment modalities other than needles available. There will always be a minority of children for whom the thought of needles is too traumatising. My experience of trying to treat an eight year old girl who would come in threatening wicked spells on me with her Harry Potter wand and then proceed to hide under the couch definitely increased my sense of urgency in this matter. I taught myself paediatric *tui na* using Elissa Rossi's book and DVD *Paediatrics in Chinese Medicine*. I then spent time in London with Dr Hongchun Yin, an expert in the subject, who patiently answered my many questions, assessed my technique and showed me ways of improving it. I organised to spend time with various colleagues who I knew had knowledge of and experience in using non-needling techniques. I watched webinars from America of practitioners who specialise in paediatrics. I attended a fantastic two-day course by Stephen Birch where I learned about Japanese paediatric techniques known as *shonishin*.

The greatest learning obviously comes through the experience of actually treating children. My learning curve has been, and continues to be, steep. When I get to a point of thinking I have found a really good approach to treating children, another child will come through my door who needs something entirely different. One of the many rewarding aspects of having a paediatric practice is the degree to which it encourages me to be constantly developing as a practitioner.

Some key differences between treating children and adults

'Children have one kind of silliness, as you know, and grown-ups have another kind.' C. S. Lewis

During my 13 years of practice, I have always treated a few children. Yet when I started the Panda Clinic and began treating only children for days or half days, I felt in many respects as if I was a new practitioner again. The energy and atmosphere of a children's clinic feels fundamentally different to an adult clinic. In part this is simply because most children are very yang, exuberant, energetic and excited little beings. Below I have attempted to highlight some of the other differences:

- Sun Si-miao, the infamous Tang dynasty physician, said 'Better to treat ten women than one baby' (Flaws, 2011, p. 17). He was referring to the fact that babies cannot tell you what they are feeling. However, if we get used to diagnosing babies and

young children in a different way, we find that they mostly 'tell' us what we need to know. Indeed, their non-verbal signals are often clearer than an adult's verbal description of their condition. The challenge lies in the need to divide our attention between observing the baby or young child (are they sitting quietly, writhing around, clinging to mum, taking apart your treatment room, constantly trying to get mum's attention ...) and listening to what their parent or carer is telling us. At the same time, we also need to be taking notes and beginning to gently interact and build rapport with the baby or young child.

- Syndromes/patterns may manifest differently in children than they do in adults. For example, there is a type of Spleen *qi* deficiency (known as hyperactive Spleen *qi* deficiency) quite frequently seen in children where a child will appear to have an abundance of energy (Scott and Barlow, 1999, p. 39). A *yin* deficient child will only rarely have a peeled, cracked tongue. Full Heat in children often causes them to be intensely shy and cling to their mother. Latent Pathogenic Factors in children tend to cause sudden collapses in energy and glazed over eyes. It's essential when treating children to become familiar with these differences in the way that patterns manifest.
- There are also syndromes/patterns we see in children which we don't tend to see in adults. For example, Middle *jiao* Weak (as described below in 11 year old Miss I). Conversely, one of the syndromes most commonly seen in adults, i.e. Liver *qi* Stagnation is generally not seen at all in children before the age of three, and very uncommonly before the age of seven or eight.
- The choice of points when treating children is not as crucial as it is when treating adults. The channels in children up to the age of about seven or eight are not yet fully developed (Scott and Barlow, 1999, p. 87). The subtle differences between the functions of points along a particular channel are not yet so well defined. For this reason, ease of access and degree of tenderness may strongly inform our point choice in paediatrics.
- I have found that I need to use many more treatment modalities when treating children than when treating adults. These include needling, intra-dermal needles, press tacks, press spheres, moxa, ear seeds, various *shonishin* techniques and paediatric *tui na*. It's necessary, and sometimes difficult, to choose the most appropriate modality for each child. Dealing with a child's possible fear of needles can be time consuming, requires patience and sometimes enormous ingenuity.
- Lifestyle advice plays an even bigger part in the treatment of



children than it does when treating adults. In fact, sometimes a relatively small change in a child's diet, for example, can be enough in itself to cure a symptom. However it may require enormous tact and diplomacy to suggest to a parent that they make a change and therefore to implicitly suggest that there is something they are doing at the moment that is exacerbating their child's condition. It may be a very deeply held belief for a mother that, for example, breast-feeding on demand is the best thing for their baby. As the practitioner, we may believe that unless the baby has some time between feeds, his digestive system will not be able to recover. It is essential that we give the parent our professional view but we must do so in a way that doesn't leave the parent feeling judged, inadequate or criticised.

- Treating children involves managing a relationship not just with one person, but with at least two. The child, the parent/carers and siblings are often all present at treatments. The practitioner needs not only to manage their interactions with all the family members individually but sometimes to manage a dynamic that exists between two or more of the family members.
- On a practical level, having so many people in the clinic provides certain challenges. Getting two or three young children dressed up to go out in the cold, packing up bags of toys and factoring in when a mother needs to breast-feed her baby can all take a lot of time. It's important to allow for this when planning a schedule.

- Treating a one year old requires a different approach than treating a three year old, an eight year old or a twelve year old. What's more, every one year old, three year old and eight year old often requires a very different approach. Of course every adult we see needs something different from us but the difference is greater with children. The way that we diagnose, the way that syndromes/patterns manifest, the needle technique we use and, above all, the way we need to interact with babies and children of different ages varies greatly.

I hope that the description below of a typical session at the Panda Clinic may help to illustrate some of the above points.

An afternoon at the Panda Clinic

"I cannot go to school today"

Said little Peggy Ann McKay.

"I have the measles and the mumps,

A gash, a rash and purple bumps.

My mouth is wet, my throat is dry.

I'm going blind in my right eye.

My tonsils are as big as rocks,

I've counted sixteen chicken pox.

I have a hangnail, and my heart is ...

What? What's that? What's that you say?

You say today is Saturday?

G'bye, I'm going out to play!"

Shel Silverstein

2.30 p.m. Master J, eight months old

Background

Master J looks like a healthy and robust baby. He had, however, vomited between 10-20 times a day since he was two weeks old. The vomiting was always worse first thing in the morning, but would continue all day. The vomit mainly consisted of undigested food and milk. It was always worse when he had a cold, was teething or after eating bananas!

Master J had some colour in his cheeks, and sparkle in his eyes. He was a good size. He was perhaps a bit too placid though. The most striking thing was a very pronounced blue just above his mouth.

Master J has come for three treatments so far. After the first treatment, he had what his mother thought was the winter vomiting virus. He vomited a lot but it was different to his normal vomiting. After that, his usual vomiting had decreased significantly and was continuing to decrease after each treatment.

Diagnosis and Treatment

I diagnosed Master J as having Stomach Water. I thought his overall *qi* was good but the blue above his lips, and his symptoms, clearly indicated that he had Cold in his Stomach.

My treatment was aimed at expelling Cold from the Stomach.

I advised Master J's mother to include as many warming foods in his diet as possible, and to avoid cold foods. She was very open to doing this and made the changes I had suggested immediately.

Today

I used a moxa stick on Ren 12 *zhong wan* and St 36 *zu san li*. I needled P 6 *nei guan*, Sp 4 *gong sun* and St 36 *zu san li*. I did the moxa and needling while his mother was holding him and distracting him with toys. He barely seemed to notice that he was being needled, and was transfixed by the moxa smoke meaning that he would lie quite still while I was doing it. I generally find that babies of this age are very happy to be needled as they don't yet have the association of needles and pain that older children unfortunately develop.

Follow up

After three more treatments, Master J had virtually stopped vomiting (apart from the occasional time after feeding first thing in the morning). I have found that young babies generally need a relatively small number of treatments to bring about an improvement in their symptoms.

3 p.m. Master B, six years old

Background

Master B has had acupuncture on and off since he was three years old as he has been prone to chronic coughs. He is coming today because his parents, after much deliberation, have decided to give him his first vaccination. He had the first in a course of three tetanus shots (single vaccination) last week and his mother wants me to "give him a boost" to help him deal with the vaccination. I always look forward to Master B's visits – he is chatty and warm and always very happy to have needles (aka bippety bops).

Diagnosis and treatment

Master B's main syndromes are Stomach and Spleen *qi* deficiency, Spleen *yang* deficiency and (intermittently) Cold Phlegm in the Lungs. He has a Pale, Wet tongue and a Deficient pulse. Over the years I have treated him, my treatment principles have been to tonify and warm Spleen *yang* and, when necessary, to resolve Cold Phlegm in the Lungs. He has responded well to treatment.

Today

I notice that today he is looking rather pale and chooses to sit on his mother's lap rather than play with the fire engine which is usually his favourite toy. His mother says he has been off his food for the last few weeks and a little more clingy than usual. I take his pulse which feels Deficient and slightly Slippery.

I decide today that I will tonify and warm Spleen *yang*.

I begin by using a moxa stick on Ren 12 *zhong wan* and St 36 *zu san li*. Master B is happy to sit on the couch with his mother and I begin to see signs of his normal chatty and playful self after a few

minutes of doing the moxa. I then tell Master B that I am going to do two bibbepty bops today – both in his leg.

To my surprise, he immediately bursts into tears and tells me he doesn't like needles anymore because "they are really, really hurty". We talk about the fact that the needle he had when he went to see the doctor in London a few days ago was a different kind of needle and I remind him that acupuncture needles haven't hurt him in the past. After a couple of minutes, I decide that it may be a Pyrrhic victory if I needle Master B today in that it may taint his view of having acupuncture in the longer term. So, instead of needles, I decide to use a Japanese *tsumo shin* – a spring activated cutaneous probe (Birch 2011, p. 64 describes how to use a *tsumo shin*). I treat St 36 *zu san li* and Spleen 3 *tai bai*. By the time he leaves, Master B has colour in his cheeks, is smiling again and asks if he can have a quick play with the fire engine while I sort out practicalities with his mother.

When Master B goes into the waiting room to find the fire engine, his mother asks me for reassurance that he is all right after the vaccination. I tell her that, at this time, there are no signs of any kind of adverse reaction at all but that if, at any time, she becomes concerned, she should ring me. She asks me whether or not I think she should give Master B the single measles vaccination too. I tell her that whatever she decides, I am happy to do what I can to support Master B with acupuncture. She presses me repeatedly about what I think she should do. I refuse to be drawn but reassure her again that I will do what I can to help support Master B whichever path she chooses.

By the end of Master B's appointment, I was beginning to run late and, when asking about vaccinations, his mother's manner was quite forceful and intense. I had been focused during the treatment on trying to maintain rapport with Master B, and now found myself needing to switch into a very different mode to interact with his mother. This is an example of how important it is to remain alert and present at every moment in order to smoothly manage the relationships with the children and family members.

3.30 p.m. Miss G, five years old

Background

Miss G has been coming for regular acupuncture treatment for the past four months. She has severe food allergies – the worst of which is to gluten. If she comes into contact with so much as a crumb of a food containing gluten, she develops the following symptoms:

- severe insomnia (waking up several times a night for hours at a time)
- constipation alternating with incontinence of bowels (several accidents a day)
- alternating mania and lethargy
- aggressive and repetitive behaviour which is characteristic of children on the autistic spectrum.

The symptoms will generally last for between six to eight weeks

after the exposure to gluten, gradually diminishing during this time. During 'well' phases, Miss G is a highly reactive and super-sensitive child. Her mother says her sleep and bowels are never completely right and she doesn't seem to be able to cope with most aspects of life as a healthy five year old would normally be able to.

Before Miss G first came for treatment, her mother told me that she very much doubted that she would be able to cope with needles. She had already had a lot of medical intervention in her short life (for example colonoscopies, biopsies and internal examinations) and was generally very wary. She also had a tendency to react extremely strongly to anything, whether it be food, change, the weather or smells. I decided that I would therefore begin by treating her with paediatric *tui na* with a view to introducing needles at a later stage.

Diagnosis and Treatment

I diagnosed Miss G as having Heat and Phlegm with underlying Spleen *qi* deficiency. Her tongue had quite a thick, yellow coating and her pulse was Rapid and Slippery. The Heat affected her intestines (causing the digestive symptoms). The Phlegm and Heat affected her Heart and Liver (causing the emotional symptoms).

From the start, Miss G responded so well to *tui na* treatment that her mother and I decided we didn't want to jeopardise what we had by trying to introduce needles.

Today

As Miss G approaches the door to the treatment room, she picks up the smell of moxa used with Master B in the previous treatment, says she hates it and refuses to enter the room. I therefore make a decision to treat her on the sofa in the waiting room, secretly hoping that my next patient doesn't arrive early. Miss G co-operates well with having the treatment done. I always begin with *tui tian men* (pushing Heaven Gate) and *tui xin men* (pushing Heart Gate) which have a near miraculously calming effect and help the rest of the treatment to go smoothly. I focus, as always, on clearing Heat and Phlegm and also on promoting a bowel movement as for the past week Miss G has been erring on the side of being constipated. I send her away with a press tack on LI 11 *qu chi* and St 36 *zu san li*, the combination of which is effective in clearing Heat from the *yang ming*. I give her mother instructions to replace the press tacks with new ones every two days.

Thankfully, we have just about finished the treatment as my next patient arrives and Miss G, still refusing to enter the treatment room, waits in the hall between the two rooms while I make the next appointment with her mother.

Follow up

Since treatment began, Miss G has made good progress. The flare-ups have been less severe and have lasted less time. In between flare-ups (which are almost impossible to avoid), Miss G has a better base level of energy and her mother feels she is

becoming more robust. She is less constipated though still has phases where she has incontinence of her bowels. She has been able to attend school much more regularly and the extremes of mania and lethargy have significantly reduced.

4 p.m. Miss D, eight years old

Background

Miss D began treatment a month ago. She is coming for bedwetting. She wets her bed twice or three times a night and has never had a dry night in her life. She is surprisingly unbothered by this, but her mother is, understandably, at her wits' end.

Diagnosis and Treatment

My diagnosis of Miss D is that she has a syndrome called Lower Gate Weak (Scott and Barlow, 1999). The left hand rear position of her pulse is Deep and Weak and her tongue is very slightly Pale and Wet. Her lower back feels weak. I feel that the deficiency is confined to the Lower *jiao* and that, overall, Miss D is a fairly strong child. Apart from the bedwetting, she has no other symptoms of Kidney Deficiency.

I also diagnosed that Miss D has an Earth Causative Factor (CF). Her voice is singing and her colour is yellow.

I therefore focused my treatment on warming and strengthening Miss D's Lower Burner and tonifying her Earth element.

I also suggested that Miss D get a *haramaki* (Japanese Kidney warmer) to wear during the winter to protect her Kidneys from the Cold. I talked to her and her mother about the importance of staying warm and eating warming foods. We also talked about how much difference it could make if she avoids getting overtired – as Miss D's mum said that she was aware her children often went to bed too late. Both Miss D and her mother seemed to intuit how these suggestions could help Miss D overcome her bedwetting and they were keen to instigate them.

Family

Miss D has a ten year old sister, Miss B. During the first session, her mother said, in a rather jokey manner, that Miss D almost had to bring herself up as Miss B required so much attention. Her home and school life are otherwise very secure and happy, and it was obvious that she is much loved. I did wonder whether Miss D's bedwetting was, at least in part, a way of her getting attention that she doesn't get during the day as her sister gets the lion's share.

Today

Today is Miss D's fourth appointment. There has been some improvement in Miss D's symptoms. She used to always wet her bed for the first time between when she goes to bed at 8 p.m. and when her parents go to bed at 11 p.m. She is now usually dry until this time when her parents then lift her on to the toilet. But she has still been wetting her bed later in the night, every night.

I needle the following points, all with tonification technique: Bl 23 *shen shu*, Liv 8 *qu quan* and Ren 3 *zhong ji*. I then needle Stomach 36 *zu san li* and Sp 6 *san yin jiao*. I use a moxa stick over Bl 23 *shen shu* and Ren 3 *tai xi*. Last week, I gave Miss D's mother a moxa stick to use at home on Bl 23 *shen shu*, Ki 3 *tai xi* and Ren 3 *zhong ji*. I ask her mum to show me today how she does it just to check the location and correct use of the moxa stick.

During the middle of the treatment, we hear Miss D's sister, Miss B, singing at the top of her voice in the waiting room. There is an almost soundproof wall between the treatment room and waiting room and it's unusual to hear anything! Their mother immediately got up and said she should go and sit with Miss B (who is 11 years old). I intervened and said I thought she sounded very happy and it was nice to hear her singing so she was very welcome to leave her and stay here with Miss D while she was having her treatment.

This interaction revealed a lot about the family dynamics and how they were affecting Miss D. The mother's instinctive response was to immediately leave her younger daughter in the middle of a treatment to go and be with her older daughter. The older daughter was using a rather lovely but indirect way of trying to get her mother's attention. It felt like an important moment when I intervened and suggested the mother stay with us in the treatment room. Elissa Rossi (Rossi, 2011) points out that as practitioners we have an opportunity to show a parent a different way of behaving with their children.

Follow up

Although Miss D maintained the slight improvement she had made after the first few sessions, by session eight there had been no more improvement. However, she came in for her ninth session very happy to report that she had been dry for five out of the last seven nights. The next few weeks were a bit up and down, but by session 12 she had gone for the entire week without any bedwetting (though her parents still lift her on to the toilet before they go to bed). We had two more appointments, by which time she had then gone for three weeks without wetting her bed at all, and then stopped the treatment. I suggested to Miss D's mum that if Miss D showed any signs of going backwards, she should bring her back in for a top up. I had a strong feeling though that this would probably not be necessary. As well as the treatment strengthening her Kidney and Bladder *qi*, I also had a suspicion that it had shifted something in the family dynamic. The fact that Miss D had been having weekly treatments, and that her mother was using the moxa stick on her at home meant that the disparity in the amount of attention she and her sister were receiving had lessened somewhat. Miss D no longer needed to wet her bed as a method of getting attention.

4.30 p.m. Miss A, four years old

Background

Miss A began coming for treatment three months ago for repeated urinary tract infections (UTIs). In the few months before

treatment began, she had had several infections which had been treated with antibiotics. A pattern had been developing whereby each time she finished a course of antibiotics, the infection would return within three or four days. Her mother had decided she didn't want to give her any more antibiotics.

Diagnosis and Treatment

My diagnosis was that Miss A had the following patterns: Residual Damp-Heat lurking in the Lower *jiao*; Spleen and Kidney *yang* deficiency.

Her tongue was Pale and Wet, and her pulse was slightly Slippery. She was a pale and slightly flabby child but during a flare-up I noticed that she would come in with red cheeks.

Between flare-ups, I focused my treatment on tonifying and warming Spleen and Kidney *yang*. During flare-ups, I focused my treatment on clearing Damp Heat from the Lower *jiao*. I used a combination of moxa and needles.

I suggested that Miss A drink some pearl barley water if there were any signs of an infection on its way. I also made Miss A's mum aware of some particularly Damp forming foods which it may be wise for Miss A to try to avoid.

Family

Miss A lived with her mother, father and older sister Miss I (see 5 p.m. patient). Her mother had been suffering for many years from a bad case of interstitial cystitis. She believed that one of the key causes of this was taking antibiotics for a year in her twenties for bad acne. She was therefore extremely concerned about her younger daughter's symptoms, the continued need for antibiotics and worried that Miss A had "inherited" her bladder problems.

Although Miss A patently had a lingering pathogenic factor in her Bladder, she was essentially a strong and healthy child. I was concerned that she was picking up on her mother's extreme anxiety concerning her daughter's health and that this was actually contributing to the problem. At each visit, Miss A's mother would be constantly asking her if she was thirsty and trying to get her to drink water she obviously didn't want. She would also ask her to try to do a wee before and after the treatment and get cross with her if she said she didn't need one. I felt that an essential part of the treatment was to try to allay the mother's anxieties and reassure her that I could see absolutely no reason why Miss A would have the same problems with her bladder that she was experiencing. Together we agreed that it would be a good idea for Miss A's father (who conveniently worked from home) to "take over" if Miss A had any urinary frequency and for her mother to go out for a walk.

Today

As I went into the waiting room to call Miss A and her mum through, I found Miss A having a tantrum. She was lying on the floor waving her arms and legs about in the air and screaming. She and her sister, Miss I, had had an argument when they arrived

about who was going to colour in a particular picture in the colouring book I kept on the little table for kids.

It took some time to coax Miss A into the treatment room with the promise of a cuddle of one of the Panda Clinic's resident cuddly panda bears. However, soon after she and her mother came through (with Miss I staying in the waiting room), Miss A had returned to her usual seemingly angelic self and we proceeded with the treatment. I was aware that we had lost about ten minutes in dealing with the tantrum. I always try my best not to run significantly late when treating children. There are often younger siblings in tow who need a nap or feed, older siblings that need to be picked up from school, or after-school activities that need to be attended.

Miss A had not had any bladder symptoms for the past few weeks but the previous evening and this morning she had had some mild urinary frequency. I decided today to needle Sp 9 *yin ling quan* even technique to continue clearing Dampness from the Lower *jiao*. I then needled Bladder 20 *pi shu* and Ren 12 *zhong wan* with tonification technique to address the underlying Spleen *qi* deficiency. I told Miss A's mum that she should ring me if the frequency hadn't abated by the next day.

Follow up

Miss A has now been having treatment for about six months. She hasn't had any acute UTIs during this time, though on three occasions she has had mild symptoms of urinary frequency. On each of these occasions, her mother has rung and brought her in for treatment as soon as possible. These mild flare-ups seem to have been precipitated either by another illness (e.g. a cold) or an especially stressful or busy time (e.g. starting school). I have spent a significant amount of the treatment time talking to the mother. She used to feel wracked by maternal guilt every time Miss A had a slight change in her urinary habits and would be convinced it was the start of a serious bladder infection. This had become a part of the problem. Her anxiety levels have now lessened and this has had a positive effect on Miss A.

5 p.m. Miss I, eleven years old

Background

Miss I is Miss A's older sister. Her mother asked if I would treat her after Miss A had been coming for treatment for a while. She was physically well but struggled on an emotional level in several ways. Although very bright, she was extremely lacking in confidence at school. For example, she would never speak up in class and would become extremely anxious before tests or exams and if she had to perform in any way. She found friendships very difficult. At home, she relentlessly bullied her younger sister. Her mother was clear that this was beyond the normal squabbling that goes on between siblings.

She appeared to need very little sleep – usually going to sleep at about 10 p.m. and waking up around 5 a.m. She was bordering on being hyperactive during the day – she found it hard to

concentrate and sit still. I noticed that she was always fidgeting whilst on the couch and was very restless. She was prone to constipation and had a poor appetite. She had no other physical symptoms.

Miss I was absolutely petrified at the thought of needles and, even though she saw her sister being needled quite happily, would not even begin to countenance the thought of needles herself.

Diagnosis and treatment

I thought that Miss I's Causative Factor (CF) was Fire. Her voice displayed a lack of joy, her complexion showed a lack of red and her eyes were without *shen*. It seemed to me that she was extremely vulnerable, and that she had cultivated her rather cruel side as a way of trying to cope with being in the world and dealing with all the possible hurts and rejections.

As well as a CF diagnosis, I also diagnosed Miss I as suffering from Middle *jiao* Weak (Scott and Barlow, 1999, p. 381). Alongside a lack of red on her face, there was a dark grey colour under her eyes. Middle *jiao* Weak is a deficiency type of syndrome that stems from Hyperactive Spleen *qi* deficiency. Julian Scott describes these children as having a rather cruel and evil streak in them, and often being full of hate. Miss I's tongue was unremarkable, but her pulse was Thin and Deficient all over.

My treatment was focused on strengthening the organs of the Middle *jiao* and treating Miss I's CF. Miss I was too old for me to use paediatric *tui na* effectively so my main method of treatment was to use a Japanese *tsumo shin* which is a spring activated cutaneous probe, moxa and intra-dermal needles.

Today

Whilst I had been treating Miss A, Miss I had been drawing me a picture as she was in the habit of doing at most appointments. Today's picture was typical of the normal genre. It was of a sinister looking man holding a gun pointing at a woman (me) with a speech bubble which read "Ha ha ha, today I am going to get you". I had initially been rather shocked when Miss I started giving me her pictures, though in a funny way I now felt rather touched by them. I think that this was Miss I's way of trying to communicate what was inside her and it felt important that I totally accepted her, dark pictures and all.

I used a moxa stick over Ki 1 *yong quan*, St 25 *tian shu* and Sp 15 *da heng*. I then used a *tsumo shin* (a spring activated cutaneous probe) on the *yuan* source points of Miss I's Causative Factor, i.e. TB 4 *yang zhi* and P 7 *da ling*.

Follow up

A few weeks after this treatment, Miss I (for the first time) came to the appointment not only with her sister and mother, but with her father too. As she walked into the treatment room, she said to me "Shall I try one of your evil needles today?". Whilst trying to hide my excitement, I said I thought it would be a good idea to give one a go and then she could see how she felt about

more. From then on, she has been willing to be needled at most appointments though there is often some resistance we have to work through first.

I find it hard to be clear about what, if any, progress Miss I has made. Her teachers have noticed that she seems more confident at school. She is sleeping a little more and is less restless. She continues to bully her sister and give me dark pictures at each treatment. The day there are no more dark pictures I will consider that her treatment is finished!

5.30 p.m. Miss F, ten years old

Background

Five months ago, Miss F stopped being able to go to sleep on her own. She began needing to have her mother with her until she was asleep. She generally would not be able to get to sleep until at least 11 p.m. Her parents were desperate – feeling that the entire evening was taken up with trying to get Miss F to sleep. They had tried every different approach they could think of to break the pattern – being soft and giving her what she wanted, being firm, giving her antihistamines to make her drowsy, playing hypnotherapy CDs, putting lavender on her pillow etc. etc. Nothing had made any difference. During the hours that she took trying to get to sleep, Miss F would become increasingly worried about the fact that she wasn't sleeping and anxious that she would be too tired to cope with school the next day.

Family

Miss F was the oldest of four siblings. Her three younger siblings all went to one school, while Miss F went to another. Before the sleep problems began, Miss F had walked into her mother's bedroom while all three of her siblings were tucked up in bed with her. Her mother wondered if this was, at least in part, what had sparked off the problem but was surprised that it had lasted so long. Miss F's father worked away from home a lot, and her mother worked part-time as well as looking after her four children.

Diagnosis

I diagnosed Miss F as an Earth CF. She had a yellow hue beside her eyes, a singing tone to her voice and seemed to enjoy the sympathy I gave her for her sleep problems rather too much. I noticed that she also had extremely dry, sore lips which, when asked, she said had started at about the same time as the sleep problems.

Her tongue was Wet, Pale with orange sides and with a shallow Stomach crack. Her pulse was slightly Choppy in the front-left position, and generally Deficient.

Today

This is Miss F's second treatment. There had been no significant change in her ability to get to sleep since the first treatment. However, Miss F did say that she had felt calmer and less worried and she asked me if that could have anything to do with the

acupuncture. I needled Ht 7 *shen men*, St 42 *chong yang* and Sp 3 *tai bai*. We agreed that over the next week, Miss F would say goodnight to her mother just as she was beginning to get really drowsy and drift off, and that her mother would sit just outside her door until she was fast asleep. Miss F was very inquisitive about what I was doing with the needles. We talked about the Earth element and I told her that I was using points which would help her to develop a sense of a home and a safe place inside her and that, as that feeling increased, I hoped she would find it easier to separate from her mother at bedtime.

Before bringing Miss F through from the waiting room, her mother had sat her three younger children down in the waiting room and told them to do some colouring and drawing. During the treatment, one or other of them would burst through into the treatment room every few minutes needing something from their mother, telling her that one of them had just been unfair, or that they needed a wee etc. etc. I tried to keep my focus solely on Miss F and to engage with her so that she (and I) would not feel too distracted or annoyed by her younger siblings' interferences. I keep my needles, sharps box etc. on a high shelf so little hands cannot reach them but I did have to ask Miss F's mother to intervene when her three year old started trying to ride across the room on my wheelie chair and climb on top of my desk!

Follow up

Each time I saw Miss F, together we decided upon the next step that she would make that week towards going to sleep independently. For example, her mother sitting across the room rather than lying in bed with her, her mother leaving the room a little earlier. After six treatments, she was able to go to sleep completely on her own whilst listening to an audio book. She has come back once for a 'top-up' as she was in the lead up to important exams.



Conclusion

'Children see magic because they look for it.' Christopher Moore

The challenges involved in having a paediatric practice, some of which I hope are illustrated in the above cases, just make the experience of treating children incredibly enlivening and rich. To have a clinic full of little bundles of inquisitive, quirky, innocent, enthusiastic joy (even if diluted with a good measure of tears and tantrums too) feels like a privilege. To be able, in some small way, to change the path of a child's life for the better, to help relieve them of their suffering (and thereby indirectly relieve the suffering of their parents and family too) feels to me like the most rewarding work I could possibly hope to find.

References

- Birch, S.** (2011). *Shonishin: Japanese Pediatric Acupuncture*. Stuttgart, Germany: Thieme.
- Rossi E.** (2011). *Paediatrics in Chinese Medicine*. Milano, Italy: Donica Publishing
- Scott, J. and Barlow, T.** (1999). *Acupuncture in the Treatment of Children*. Seattle: Eastland Press and Chinese Medicine Publications.

Bibliography

- Ya-Li, Fan.** (1999) *Chinese Paediatric Massage Therapy*. Boulder, Colo, USA: Blue Poppy Press.
- Flaws, B.** (2011). *A Handbook of TCM Pediatrics*. Boulder, Colo, USA: Blue Poppy Press.
- Jiming, C. et al.** (1990). *Essentials of Traditional Chinese Pediatrics*. Beijing, China: Foreign Languages Press.
- Yin, Hongchun.** Response of Common Paediatric Diseases to Child Tui Na Massage: Three Case Studies. *EJOM*, Volume 7, No 3, 2013.
- Birch, S. Shonishin:** *Japanese Paediatric Acupuncture*. *EJOM*, Volume 3, No 3, 2002.