

19 CHILDREN'S HEALTH

– Introduction –

The treatment of children can be a complex affair and is more difficult than treating adults. In Chinese medicine, it is known as the 'treatment of mutes' since they may not be able to relate their symptoms. It is said that it is ten times easier to treat a man than a woman. It is ten times easier to treat a woman than an elderly person and it is ten times easier to treat an elderly person than a child.

Disorders may arise in childhood for several reasons. There may be a problem that is only with the child leading to the development of symptoms or symptoms may arise because of disharmonies and imbalances within the home and with family relationships. In most cases, there is a combination of these two factors. It is beyond the scope of this book to explore all the psychological issues that are important in childhood, but there are some excellent books available on the subject¹.

The health of the child is strongest when the mother's health is good. The care of the woman through pregnancy, delivery and the post-natal period has important effects on the health of the developing child. An added factor to take into account in the modern world is that disease can arise from medical interference. The monitoring of children through regular health checks is of benefit in detecting abnormality early. However, the indiscriminate use of conventional treatments such as vaccination and antibiotics can be particularly damaging.

In this Chapter, I concentrate on those disorders that are specific to childhood and not mentioned elsewhere.

– Growth and development –

In conventional medical practice, it is common to assess the progress of growth and development. In the UK, it is recommended that children be seen by a doctor at 6 weeks, between 2 to 3 years and between 4 to 5 years. Health visitors see the child at 7 - 8 months and 18 months. Measurements are taken of height and weight. Note is made of the attainment of developmental stages. It is also an opportunity to discuss feeding and other issues. Sadly, it may be used as an opportunity to pressurise mothers into vaccination.

Charts of 'normal' growth are used to check that increases in height and weight are in line with a perceived norm. As with most measurements, they can only be used as a guide because there are many variations in a healthy population. Allowance has to be made for the height of the parents, for example. Such measurements can only be one aspect of the child.

Milestones are the times at which most children have attained a certain stage of development. They are useful to know so that when you are faced with a child, you can have a good idea as to its progress. Table 19.1 is a list of the normal milestones of childhood.

AGE	MILESTONE
Birth	Normal heart rate 140 per minute
6 weeks	Normal heart rate 135 per minute Head control begins to develop Moves arms and legs like swimming Neonatal reflexes present Smiles, alert
4-8 weeks	Posterior fontanelle closes
4 months	Head control
6 months	First tooth

7-8 months	No head lag Sits alone for a few seconds Beginning to move around, usually by rolling Neonatal reflexes disappeared Steady and accurate reach of hand Secure grasping in palm of hand May be interested in objects which disappear from view Able to localise sound at ear level Tuneful babbling
8-9 months	Begins to crawl
10-18 months	Anterior fontanelle closes
12 months	Normal heart rate 115 per minute May begin to walk
18 months	Able to walk alone Balance momentarily on one leg Walk upstairs Crawls backward downstairs Accurate reaching for objects Mature voluntary reach and grasp No mouthing of toys and drooling No deliberate throwing of toys in a repetitive manner — gone by 15 months Tuneful jargon, occasionally two words together Drinking from a cup and using a spoon depend upon their degree of practice
2-3 years	Runs well in straight line Goes up and downstairs two feet to a step Can jump and climb Hand preference but can use other hand for assistance Visual screening possible as child can co-operate with tester Understands pictures and plays meaningfully with objects Vocabulary of at least 200 words Sentences used in speech Persistent questions such as ‘What?’, ‘Where?’ and so on are common Can skilfully feed, wash and dress Most are dry in the day and some are dry at night
4-5 years	Normal heart rate 100 per minute Motor skills can reveal a degree of ‘clumsiness’. Only a problem if severe and accompanied by other symptoms Holds pencil maturely Can copy shapes Can draw people Audiogram testing of hearing possible ² Speech is clear, fluent and easily understood Independent in feeding, washing, toileting
5 years	20 milk teeth
5-6 years	Permanent teeth begin to erupt
10 years	Normal heart rate 90 per minute
13-15 years	28 permanent teeth
25 years	Wisdom teeth

Table 19.1: Major milestones of childhood

– Conventional medicine and the treatment of children –

General medical practitioners rather than paediatricians deal with most diseases in childhood. Further investigation and treatment is given in hospital for more severe or difficult problems. This only occurs in around 5 per cent of consultations.

The conditions with which children present to general practitioners in the UK are summarised in Table 19.2

Reason for consultation	PER CENT
Respiratory disease	28
Non-specific symptoms	13
Infectious disease	11
Skin diseases	10
Reputedly preventative procedures (includes vaccination)	10
Accidents	10

Table 19.2: Main reasons for children presenting to general practitioners³

There are several areas of work for the general practitioner. They are the recognition and treatment of episodic illness, the diagnosis of rare yet serious disease⁴, disease prevention⁵ and dealing with the long-term consequences of chronic disease.

– Recommendations for healthy babies and children –

It is helpful to discuss how babies and children can be given the best opportunity for health. These ideas are obtained from Chinese medical sources⁶ and may be at variance with what is normally considered to be healthy in the West. I can only say that the methods of Chinese medicine have been proven over several thousand years, whilst advice given in the West frequently fluctuates with fashion and may not always be health-enhancing.

Babies, in terms of Chinese medicine, are immature Yang and immature Yin. This means that they are vulnerable to influences that may affect such immaturity.

The immature Yang must be protected from the application of excessive coldness. Treatment techniques in Chinese medicine such as clearing heat, and this is the effect of antibiotics, are injurious to the Qi and Yang. Treatment is usually directed at supporting the Yin and Blood.

Attention must be paid to diet as described in Chapter 13 – Gastrointestinal System. Many illnesses in childhood are the result of diet and cold food or food that produces mucus has a greater effect before the Yang energy has fully matured. Fevers flare-up quickly in children because of this immaturity of the Fire aspect. The immaturity of the Yin means that children tend to produce fluid discharges such as mucus. There are several recommendations about diet that can be given to parents of babies and children:

- At birth use a decoction of licorice to clean the tongue. This helps the energy of the Stomach. The baby cries at birth because the Stomach Qi flares up. The baby may be quiet and relaxed if the birth is trouble-free and relaxed.
- Breast-feed if possible
- Breast-feed when relaxed
- Do not breast feed directly after working hard or sexual intercourse
- Begin solid food with soaking rice and toast it until swollen. Powder it and add to boiling water
- Start mixed feeding at about 6 months and certainly not before 3 months. The baby will let you know when they want to start solids
- Avoid raw foods including raw fruit
- Well-cooked grains and warmly cooked vegetables are the mainstay of a healthy diet
- Introduce only one new food per day and allow the child to become accustomed to the new taste
- Avoid junk food, processed food, and tinned food
- Avoid cold, greasy and excessively sweet tastes (this means sugar and foods which have sugar added)

For babies, there is a serious health risk from pesticides in drinking water particularly if feeds are made up with tap water. Children ingest four times the amount that adults take when considered on a weight-for-weight basis⁷.

Children usually respond well to treatment with holistic medicine, as their energy is relatively strong. They generally have less emotional turmoil than adults do. Chinese medicine, homoeopathy, cranial osteopathy and *tuina*⁸ all have an important role to play in gaining and maintaining health in childhood. Parents can be encouraged to nurture their children in the ways of health by recommending that they:

- Do not expose them to extremes of cold or heat
- Do not carry the child all the time – lack of contact with the earth leads to shyness and fear
- Do not overdress them when playing
- Keep their back and stomach warm to protect Stomach and Kidney energy
- Keep hands and feet warm to protect Heart and Lung
- Do not let their child play with dangerous toys
- Do not let their child watch films that are horrific, violent or pornographic
- Remove some of their clothes if the back of neck feels hot or they may get a fever the next day
- Massage the child regularly
- Pay attention to their diet
- Do not over bathe – once weekly is fine
- Do not let children be exposed to adult stress or arguments
- Give appropriate treatment only⁹

– Specific disorders of childhood –

Children may suffer from similar diseases to adults and these are discussed in their relevant sections, e.g. asthma and upper respiratory tract infections may be found in Chapter 8 – Respiratory System, epilepsy is discussed in Chapter 14 – Central Nervous System, glue ear and otitis media are found in Chapter 12 – Special Senses.

Cot death

This is also known as sudden infant death syndrome (SIDS). It is the sudden death of a baby, due to an unidentifiable cause, usually occurring overnight whilst in its cot. It can occur from a few days old up to 2 years. Most deaths occur between the ages of 2 and 4 months. Cot death is more common if social conditions are poor and less likely if the baby is breast-fed.

On post-mortem examination, there may be evidence of an upper respiratory tract infection, pneumonia or gastro-enteritis. In about a third of cases there are minimal signs of disease and some 10 per cent of cot deaths have no abnormal post-mortem findings.

There may be symptoms immediately before the cot death and these include skin rashes, vomiting, diarrhoea, and shortness of breath and coughing.

Conventional medicine has little understanding of the mechanism of cot death. Recent advice has included laying the baby on its back following a study that suggested that this might lead to a reduction in deaths. Interestingly, in Chinese medicine the back is Yang (related to heaven) but in young babies it is Yin. It becomes Yang later. The front is Yang in babies. It would be healthier, therefore, for babies to be placed face down so that their Yang front faces the Yin of the Earth. The observations of the conventional study may be a result of greater attention given to the baby.

There are two issues to consider. The first is vaccination, which usually begins at about 2 or 3 months of age. There is ample evidence to connect vaccination to minor symptoms such as skin rash, vomiting, diarrhoea, crying, irritability and upper respiratory tract symptoms. In addition, breathing abnormalities are definitely triggered by vaccinations. This is thoroughly researched and described in Viera Schreiber's seminal work on vaccination.¹⁰

The second issue is of separation of the baby from its mother. In Western cultures, this may be done at an early age. It is helpful to consider the benefit of the baby sleeping with the mother for some months to avoid early and forced separation. The Lungs are considered in Chinese medicine to be affected by loss and separation. It is easy to see how breathing may be affected by placing a baby of a few days or weeks old in a cot away from its mother¹¹.

Failure to thrive

There is no formally agreed definition of failure to thrive. It is a general term that is applied to those children who grow and develop at a slower rate than normal. It may be noticed when the child has routine monitoring of height and developmental milestones. General practitioners and health visitors are the people most likely to diagnose such a situation.

Growth of the child is connected to many factors including family history and constitution. The size of the child must also be assessed considering their birth weight. Most children catch up with their peers and the length it takes to do so depends upon their original weight. In severe cases, the child may always be smaller than normal.

As a rule, if the child is happy and healthy there is nothing to worry about. If the child is small but miserable and unhealthy, further investigation may be necessary.

There are several causes of failure to thrive. The most common include chronic digestive or bowel disturbances, low grade infection, poor nutrition and chronic illness, e.g. asthma.

Febrile convulsion

This is a convulsion that occurs between the ages of 6 months and 6 years in association with a fever. It is an arbitrary definition and excludes known causes of convulsions such as meningitis, encephalitis, brain damage or epilepsy. It occurs in up to 5 per cent of all children.

The cause in conventional medicine is not known but fever due to any cause may precipitate the convulsion. Common situations, therefore, are upper respiratory tract and urinary infections. An attack is more likely if one or both parents had febrile convulsions as a child. This increases the risk by a factor of 50 per cent. Boys are affected twice as often as girls.

The convulsion occurs because of the rate of rise in temperature as well as the height of the temperature. Of the two, however, the risk has lessened somewhat by the time the height of the fever has been reached.

Febrile convulsions often occur more than once. Half of affected children have more than one attack whilst 20 per cent have four. Up to 10 per cent of them go on to develop epilepsy.

Symptoms

There is a short lasting convulsion of the grand mal type. Occasionally it may last for 30 minutes. The child typically sleeps after the attack.

Treatment

The main treatment, conventionally, is aimed at reducing the fever. This is by means of paracetamol as aspirin is prohibited for use in children. Undressing the child and tepid sponging may also be used.

Anticonvulsants are given if the convulsion is prolonged and if they are recurrent. An EEG may be performed before treatment. The duration of treatment varies from doctor to doctor. It is usually for at least a year after the last fit.

Most children grow up and have no further attacks and seem to be no worse for the experience. A minority continues to have problems and are then diagnosed as epileptic.

Undescended testis

The testes are originally an abdominal organ and they descend into the scrotum at about the eighth month of pregnancy. About 3 per cent of male babies have undescended testes. This figure rises to 21 per cent in the case of premature births. Virtually all testes descend within the first nine months of life.

Symptoms

The undescended testis cannot be felt in the scrotum. It is important to distinguish this from the situation of retraction which occurs in the cold and if nervous. Occasionally the testis may be congenitally absent.

Complications

There are various complications of undescended testis. It is more likely to twist (torsion of the testis), has an increased risk of becoming malignant at some later stage (even if the testis is brought down by surgery) and fertility of the affected testis will be impaired. There may be cosmetic problems later as a result of only one testis in the scrotum (or none if both are undescended).

Treatment

Surgical treatment is performed certainly before the age of five and perhaps around the first birthday. The testis is brought down and fixed into the scrotum.

Holistic management

In terms of Chinese medicine, this condition is related to the function of the Liver as this channel crosses the external genitalia. It is treatable by means of holistic medicine and is certainly worth delaying any operation until there has been a fair trial of treatment. Surgery can easily be postponed until the age of 5 years with no risks.

Infantile phlegmy

This is a term from Chinese medicine and has no direct counterpart in conventional medicine. It is the appearance of mucus in the child that is frequently manifest as loose stools with runny nose. In severe cases, hearing may be affected and there may be specific symptoms in the upper respiratory tract such as sore throat and cough.

The cause is weak digestive energy that cannot transform food completely. This leads to the generation of mucus that passes up to the Lungs. Avoidance of factors that cause further weakening of the digestion is essential. Repeated vaccination and antibiotic use are the two medical procedures that commonly damage the digestion. It is also helpful to take dietary habits and emotional stresses within the family into account. Symptoms may appear at times such as when teething. If simple measures such as dietary changes do not effect an improvement, consider the application of homoeopathic remedies, herbs or *tuina*.

Colic

This is commonly seen in babies between the ages of 2 and 6 months. The baby begins to cry in the early evening and is frequently inconsolable. The duration of the crying is variable but may be for several hours. There may be difficulty getting off to sleep and repeated waking during the night.

In terms of Chinese medicine, there are two main syndromes that lead to colic. There may be Heat in the Heart or Spleen Qi Deficiency. Effective treatments exist in homoeopathy, herbal medicine and *tuina*.

Some mothers are advised to stop breast-feeding in the mistaken belief that the milk is of 'poor quality'. Switching to infant cow's milk formulas may lead to a lessening of symptoms but this is because cow's milk, particularly the pasteurised variety, is heavy and hard to digest. There is a degree of sedation as a consequence. The baby is then more likely to develop Infantile Phlegmy.

Attention deficit and hyperactivity disorder (ADHD)

This is one of several labels applied to children with behavioural difficulties, poor concentration and attention and difficulty learning. Other symptoms include agitation and hyperactivity. This condition is related to Attention Deficit Disorder (ADD) and may also be known as Hyperkinetic Disorder¹². Almost 2 per cent of the UK population are considered to suffer from such disorders with males more commonly affected than females. The cause is unknown in conventional medicine and there are various theories put forward including birth trauma, psychological factors and genetic influences. Certainly, from my experience of treating children a common association is with vaccination, reactions to certain foods and psychological factors within the family.

Symptoms

Formal diagnosis is based upon the presence of a minimum number of symptoms of lack of attention, hyperactivity and impulsive behaviour. Such symptoms require to have been present for at least six months taking account of the child's age and intelligence. Symptoms include lack of attention or inability to maintain attention, easily distracted, poor memory for day-to-day activities, restlessness and agitation.

Diagnosis

This is based upon the history and clearly so-called 'normal' exhibit such behaviour and this can vary with time and situation. Careful assessment of the child must be done and the diagnosis is usually made by a child psychologist or psychiatrist preferably with experience of such children. The condition should be differentiated from other disorders such as autism, anxiety, depression and the like which may all manifest in related ways.

Treatment

This is difficult in many cases as the cause cannot be identified. A variety of methods may be advised including psychological advice for the parents of how to create a daily routine, giving clear instructions to the child, setting and maintaining boundaries, avoiding disturbing influences and rewarding so-called positive behaviour.

In clinical practice, medication is frequently used such as stimulants such as methylphenidate (Ritalin®). Anti-depressants of the tricyclic types may be given as may anti-psychotics. Methylphenidate and its relatives are amphetamine-like in their action and cause addiction as well as anxiety, insomnia and increased activity.

Case

A boy of 3 years was brought by his parents with a chesty cough. He was taking corticosteroid and bronchodilator inhalers. His appetite was poor and he would only eat small amounts of meat. The most striking symptom, however, was overactivity. He did not sit still during the consultation and it was impossible to take his pulse or look at this tongue. He tried to climb over all the furniture in the consulting room and ran out of the room at one point and ran

upstairs. His mother had to prise him off the banisters in order to get him back into the room. I made a diagnosis of Phlegm Accumulation with underlying Yin Deficiency. This is a common diagnosis in children particularly as a result of vaccination and recurrent antibiotic use. This boy had received over 12 doses of antibiotics already.

Over the course of the next 5 months, his chest improved with markedly less mucus and a reduced cough. His appetite improved and he started to eat more food and more varied types of food. He was able to slowly reduce and stop his inhalers. Twelve months later his chest was fine and gave him no problems. He went through the winter with only one attack of a chesty cough after an air flight. This settled quickly. He was much more content and happy.

– How to recognise a serious condition in children –

In Chinese medicine, there are two sayings about children that are relevant here¹³. 'Children get illness easily, illness quickly becomes serious.' 'Zang, qi, jing, ling (spirit) – easily ill, easily cured.' The dilemma for the practitioner is judging the situation with each child.

The help of the mother is invaluable here since she usually knows the child best and is aware of what is and what is not normal. You must remember that the mother is also probably anxious about the welfare of her child and this may colour her opinion. However, you neglect a mother's concern at your peril.

The essential issue about treating children is the importance of monitoring. See the child frequently, every day if necessary and maintain contact over the phone. This will provide reassurance for the family and allow you to know about the progress of symptoms more easily.

Individual symptoms are dealt with in their relevant Chapter. See Appendix Three for an alphabetical list of all symptoms.

– Summary –

Symptoms in children are common due to their immature energies.

Most conditions in childhood are minor and self-limiting.

Know the symptoms that may indicate a serious underlying condition.

Symptoms in children can change rapidly. Regular checking and monitoring are valuable. It enables you to observe the case closely and is reassuring for the family.

¹ 'Childhood and Society' by Erikson (Vintage, 1995), 'Families and How to Survive Them' by Skynner and Cleese (Arrow, 1994), 'The Inner World of Childhood' by Frances G Wickes (Coventure, 1977), 'Thou Shalt Not be Aware: Society's Betrayal of the Child' by Alice Miller (Pluto Press, 1998) and 'For Your Own Good: Roots of Violence in Child Rearing' by Alice Miller (Virago, 1987).

² The proportion of children with speech problems has doubled in the last 6 years. This may possibly be due to excessive sound levels, e.g. television, hi-fi. Hearing problems can occur very early with babies not responding to sound. This is of relevance in special care baby units or wards in hospitals where excessive noise may affect young babies.

³ Source 'Child Health: A Textbook for the DCH' by Harvey and Kovar (Churchill and Livingstone, 1985).

⁴ These are primarily meningococcal meningitis, tuberculosis, diabetes mellitus and malaria.

⁵ Vaccination and developmental screening.

Screening of the newborn is performed for phenylketonuria by means of heel-prick blood test. This is a rare disease where brain damage is the result of a congenital inability to metabolise certain proteins.

A simple clinical examination will detect congenital dislocation of the hip. Failure to spot it before the child walks may lead to severe hip problems in later life.

⁶ There are several books that provide further information about children's health and Chinese medicine. 'Acupuncture in the treatment of children' by Julian Scott (Eastland, 1999), 'Turtle Tail and Other Tender Mercies' by Bob Flaws (Blue Poppy Press, 1985). Information was also obtained from lecture notes of Chinese Herbal Medicine course of Tinh Thong Nguyen, London Academy of Oriental Medicine.

The classical book concerning children's health and medical treatment is 'How to Raise a Healthy Child... In Spite of Your Doctor' by Robert Mendelsohn (Ballantine Books, 1987).

⁷ Report by US National Research Council, 1993.

⁸ *Tuina* is a type of remedial massage originating from China. It is simple, safe and painless. It can be used to treat a wide range of disorders in children. See 'Infantile Tuina Therapy' by Luan Changye (Shandong Science and Technology Press, 1993), 'Chinese Bodywork' Edited by Sun Chengnan (Pacific View Press, 1993) and 'Chinese Massage and Acupressure' (Bergh, 1991).

⁹ It should be clear by now that I do not classify conventional medicine as 'appropriate'. It should be reserved for life-threatening disease.

¹⁰ Viera Scheibner's book, 'Vaccination – A Medical Assault on the Immune System'.

¹¹ 'Continuum Concept' by Jean Liedboff (Penguin, 1986 and Arkana, 1989) is an excellent discussion of separation in infancy, its consequences and the benefits of prolonged contact between mother and baby. Also see 'Three in a Bed – The Benefits of Sleeping with your Baby' by Deborah Jackson (Bloomsbury, 1999).

¹² The cover story in the November 30, 1998 issue of *Time* magazine, titled "The Age of Ritalin" says "Production of Ritalin has increased more than sevenfold in the past eight years, and 90% of it is consumed in the U.S." The article says Ritalin, used for a nebulous "illness" called Attention Deficit Hyperactivity Disorder (ADHD) works "but in ways and for reasons that are still not entirely clear. ... not enough is known about the risks and benefits of long-term Ritalin use... Given the explosion in ADHD diagnoses and Ritalin use over the past decade, the disorder is surprisingly ill defined. No one is sure that it's a neurochemical imbalance ... There is no blood test, no PET scan, no physical exam that can determine who has it and who does not. ... For a drug that's been used for more than a half-century, we know surprisingly little about how Ritalin acts on the brain... ADHD is still something of a mystery to doctors, who speak of it sometimes as if it were a single condition and sometimes as if it were a broad range of problems. ... the latest research raises more questions than it answers. ...no studies have run long enough to see if it has a lasting effect on academic performance or social behavior. ...A positive response to Ritalin doesn't automatically mean a child suffers from ADHD. Stimulants can temporarily sharpen almost anyone's focus."

¹³ 'Acupuncture in the Treatment of Children' by Julian Scott (Eastland, 1999).