

On Treating Children: The Xiaoxiao Clinic of Chinese Medicine

Abstract

This article documents the work of the Xiaoxiao Clinic of Chinese Medicine for Children in Milan (Italy), and discusses various aspects of the treatment of children with acupuncture and tuina, including the therapeutic relationship with parents/carers.

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Introduction

The Xiaoxiao Clinic in Milan was 'born' in 2005 and continues to exist only through the work of a committed group.¹ It operates once a week and is supported by the Federation of Italian Schools of Tuina and Qigong (FISTQ). We primarily use paediatric tuina, acupuncture and moxibustion, either individually or in combination, along with other traditional auxiliary treatment methods such as guasha, ear seeds and cupping. No predefined protocols are used and treatment selection depends on the age and characteristics of the child, the pattern of disharmony involved and the attitude of the parents. We also advise on lifestyle habits, mainly with regard to food, sleep and rest. In the beginning we promoted the clinic by establishing contact with journalists and local health professionals; now most children come to us as a result of personal recommendation by colleagues (acupuncturists, tuina-shiatsu practitioners, biomedical doctors and psychologists), and a few come after finding us on the internet.

a psychoanalyst to discuss the relational side of our clinical work (see below).

The clinic operates on Mondays. I am always present, together with one senior and one junior practitioner and four or five apprentices. Treating five or six children per clinical session is the ideal, but this often increases to ten or eleven, as requests for treatment are difficult to decline. Since there are two rooms, the clinical space is still adequate, although there is less time for discussion among the clinical team. We have designed a patient chart that is updated each session, and data are recorded in an electronic database (see below). When parents request an initial consultation, we ask them to complete a form with basic information about the child (including main complaint, pregnancy and birth, sleep, feeding, appetite, stools), to be returned prior to the first session. This saves time at the session and gives trainees a chance to consider the possible differential diagnosis and any other arising therapeutic issues before actually seeing the child.

Organisation and training

Xiaoxiao is a teaching clinic where practitioners can develop their clinical knowledge of paediatrics. Tasks and responsibilities gradually increase so that practitioners eventually acquire the ability and confidence to work on their own. Trainees can attend the clinic five, 10 or 15 times, for five hours each session. After 15 sessions they 'graduate' and can start to work as junior clinicians. In the first 11 years of the Xiaoxiao clinic, 110 trainees attended basic or advanced training: 43 attended all 15 sessions, 12 of them continued as junior clinicians, of which five reached senior clinician status. Although the team of senior and junior clinicians at Xiaoxiao has changed over time, we always retain an effective working group, which meets once per month to discuss organisational matters, clinical cases and projects. We also meet annually for a series of meetings with

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Working with parents

The type of treatment provided at Xiaoxiao involves parents in a very direct way. We teach parents a sequence of paediatric tuina techniques specific to their child to perform at home.² This active collaboration supports the work carried out in the clinic, and is especially important in chronic conditions and for illness prevention. It helps parents feel empowered to cope with the illnesses affecting their children and gives both parents and children the experience of having the resources within oneself

to transform a state of ill-being into well-being without resorting to external substances (whether synthetic or natural). On the practical side, we provide parents with a list of tuina techniques and their explanations, and we tick the ones we want them to perform at home. We ask them to always bring the list with them in case modifications are needed. Around the third treatment we also teach them our 'emergency sequence' for the treatment of external pathogenic invasions (i.e. cold, cough, fever).



Tuina at Tianmen

Parents are usually very happy to play an active role in the treatment of their child, and children generally appreciate their massages at home. However, this is not always the case: some children get fed up after a few minutes of treatment, some parents are unable to find the time, and others report feeling clumsy and ineffectual. In such cases we are very careful to avoid making parents feel guilty and acknowledge that performing tuina at home can be hard for many reasons - thus leaving the possibility for them to try again. We reassure them that several sessions are needed to learn the techniques, and that it is normal not to feel confident straight away. At the same time we emphasise that the work is an investment for the future that will help the child's system become balanced and stable so that they will fall ill less often.³

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Incidentally, we never use Chinese medicine terminology in front of parents, unless they know that terms such as 'Liver' or 'Spleen' refer to physiological functions rather than the organs as understood in conventional medicine. Instead we tend to use metaphorical language that the parents and children can understand: when talking with parents we might liken food accumulation (shi ji, 食积)

to a traffic jam, or when treating a child with phlegm we might say: 'Here is a little path [i.e. the sensation they feel of the channel] - let's go into the house where everything is in a mess and give it a little clean.'

Evaluation and research

Since 2007 clinical data have been recorded in a specifically designed computer programme. This includes patients' personal details, initial and final evaluation of basic diagnostic data such as tongue, pulse/venule⁴ sleep, appetite, stools, skin problems, sweating, emotional tendencies and any orthodox medical treatments. In 2012 we also started to collect photos of all patients' tongues (except babies).

In 2005 Xiaoxiao initiated a pilot 'Respiratory Project' for the prevention and treatment of recurrent respiratory diseases. In 2008 'Project Calm' was begun, in which children affected by hyperactivity, attention difficulties and sleep disturbances were treated. Then in 2011 we commenced the 'Chronic Pain Project' for seriously ill children referred by a paediatric hospital with conditions such as tetraplegia, hydrocephalia or spinal muscular atrophy. Other complaints treated at the Xiaoxiao Clinic include atopic eczema, infantile colic, poor appetite, constipation, nocturnal enuresis, gastro-oesophageal reflux, retarded development, headache, cryptorchidism, juvenile idiopathic arthritis, vomiting due to psychological causes, alopecia, Eustachian tube malformation, Tourette's syndrome, tics and epilepsy. Treatment in each of the pilot projects mentioned above was provided free for the first three years; to avoid wasting anyone's time we asked for a deposit for the first four sessions, which was subsequently refunded. In this way the cost to the patient was reduced to zero, but they remained committed to the course of treatment. Now treatment is provided for a low fee (half the price of a private clinical session), although any family who has a problem in paying can still apply for and access free treatment. In the first 11 years of the clinic, 296 children attended the Xiaoxiao Clinic for a total of 2193 sessions, with ages ranging from three weeks to 12 years. Of these, 40 returned for another course of treatment when they were older. Since 2007, 88 children attended the Respiratory Project, 82 came for Project Calm, 5 for the Chronic Pain Project, and 81 for other complaints.

At the end of the course of treatment, we ask parents to complete a questionnaire that evaluates their experience of the clinic, their use of tuina at home, the results of treatment, whether they would recommend Xiaoxiao to other parents, and any other comments or suggestions they may have. We also try to have a follow-up within six to 12 months, when we ask specific questions regarding the main complaint, other problems the child may have experienced and the ongoing application of tuina at home. The database has helped us to research topics such as the relationship between recurrent

respiratory diseases, weiqi deficiency and night sweating, violent anger as a manifestation of different patterns (other than Liver patterns – such as food accumulation, fire and phlegm) and the influence on clinical results of parents performing tuina at home.



Tuina at Tanzhong REN-17

Evaluation of clinical results is difficult, since the clinical approach Xiaoxiao uses has not been designed for statistical study. Nevertheless, we have seen encouraging results in clinical audit: a quarter of our paediatric patients see the problem they come for resolve completely, around a third of the children see significant improvement, a third show some improvement, and just one tenth show no improvement. We found encouraging results in terms of collaborative work with parents/carers: of 170 children, our recommended auxiliary home treatment was applied in 144 cases (85 per cent). In the great majority of cases (162) we asked the parents/carers to perform tuina, in some carefully chosen cases (32) we suggested moxa, and in 14 cases we recommended vaccaria seeds or plum-blossom needles (*guasha* is not considered here since it concerns only acute cases, as fever). The comprehensive data of our work are available for readers who are interested.⁵

Children's physiology, diagnosis and treatment

Treating children differs from treating adults for many reasons, including:

- Human physiology is related to qi at the beginning of its cycle, so diagnosis is generally straightforward and results are usually rapid.
- In the first years of life certain patterns are very common, such as food accumulation or Spleen qi deficiency, while others such as Liver qi stagnation and blood stasis are rare.
- One or more adults are present in the treatment space, so we have to deal with a more complex therapeutic dynamic than the usual one-to-one relationship.
- Changes in lifestyle habits are often of great therapeutic advantage, although this can be an extremely delicate area in which to engage (see below).

The quality of our qi changes during the course of our lives. When we first come into the world, the qi that makes us up as individuals has yet to stabilise: young children are delicate, as we read in the classical texts when they say that their 'zangfu organs are tender and soft' (zang fu jiao ruo, 脏腑娇弱), their channel systems are still fragile (i.e. their 'qi easily loses its way' [qi yi chu dao, 气易出道]), and childhood illness 'occurs easily and progresses and changes rapidly' (fa bing rong yi, chuan bian xun su, 发病容易, 传变迅速). Growth is most rapid in the early stages of life, and requires such large amounts of qi that the Spleen qi often cannot sustain such a load ('Spleen is insufficient in young children', xiao er pi bu zu, 小儿脾不足). Infancy corresponds to springtime, to dawn, to the rising of yang within yin, so that in children yang is at its maximum potential compared with yin ('yin is insufficient in young children', xiao er yin bu zu, 小儿阴不足) and the powerful Spring/Liver qi easily becomes excessive ('Liver is often in surplus', gan chang you yu, 肝常有余). However it is equally true that children's qi and zangfu are still relatively clear of the disorders that pile up during a person's lifetime, which facilitates a swift return to a healthy state ('the spirit of the zangfu is clear, recovery of health is easy and rapid', zang fu qing ling, yi qu kang fu, 脏腑清灵, 易趋康复).

Much has already been written about how helpful Chinese medicine can be in the treatment of both acute and chronic diseases in children. With its attention to individual constitutional patterns, Chinese medicine also constitutes effective preventative medicine that can boost a child's resources and help them when they are under stress. Reasons for this stress typically include change of school, turmoil between parents, a new baby in the family, excessive external pathogenic factors, immunisations, etc. Above all, we should remember that treating children can be relatively easy and extremely rewarding: diagnosis is generally more straightforward than in adults (there has not been enough time to develop complicated pathological patterns), improvement is rapid (because children's qi is powerful and dynamic) and results are usually good as the zangfu are clear.

Main patterns

At the Xiaoxiao clinic we use a relatively simple diagnostic framework - a set of core patterns that can be referred to when organising more complex data and trying to find one's bearings in less frequently seen conditions. It is important to always keep in mind that pathological conditions are processes – ongoing states of transformation - and for successful treatment it is important to understand their causes, interactions (see Figure 1) and other potential changes. The older the child, the more their diagnosis is likely to resemble that of an adult. The primary diagnostic patterns used in the Xiaoxiao clinic along with their presenting signs and symptoms are as follows:

- Spleen qi insufficiency: Little appetite, no curiosity about food; thin, slow growth, pale, lack of muscle and skin tone, vague look; easily tired, frequently ill; needs a lot of attention, tends to whine, night awakenings requiring cuddling; soft stools; pale tongue.
- Lung qi insufficiency: Cough, catarrh or asthma; pale, easily tired, sweating and short of breath on exertion; frequent respiratory tract illnesses, sweating on head at night; usually pale tongue (red if heat and yin insufficiency predominate).
- Kidney qi or jing insufficiency: Fragile, pale, blackish under the eyes, very easily tired; development troubles, congenital or hereditary diseases; nocturnal enuresis; poor concentration, emotional frailty, clinging to the mother, night awakenings with fear; usually pale tongue (red in case of Kidney yin deficiency), sometimes with an indentation at the base.
- Food accumulation: Ravenous or lack of appetite, inappropriate diet; tense and swollen abdomen, abdominal pain (infantile colic), regurgitations, belching; irregular bowel function with greenish, foul-smelling stools; foul breath and unpleasant smelling sweat/skin; yellow-green nasal discharge or catarrh; red cheeks, greenish tinge around the lips, cradle cap or eczema; stubbornness and a negative attitude to everything, readily flying into a rage, night awakenings with restlessness; yellow tongue coating.
- Internal heat: Restlessness, agitation, poor concentration and attention, impulsivity, speaks quickly and loudly; moves a lot during sleep, throws off the bedclothes, sleep delayed or interrupted; irregular/dry/difficult bowel movements, rashes, dark urine, thirst; red tongue or red tip.
- External pathogens:
 - Wind-cold: Nasal obstruction, thin white nasal discharge; low fever, shivers, little sweating; quiet; soft or watery stools, abdominal pain; white tongue coating.
 - Wind-heat: Nasal obstruction, yellow, thick nasal discharge, painful and red throat, red eyes; high fever, thirst, sweating, agitation, hard stools; yellow tongue coating.
- Congealing of phlegm: Frequent catarrh, cough or asthma, enlarged lymph nodes, earache; 'granular' skin with areas of tiny, millet seed-sized spots, eczema; dull gaze, stubbornness and rage, violent reactions or emotional withdrawal, sudden somnolence; abdominal distention, sticky stools or with mucus; arthralgia with joint deformity, numbness; delays in cognitive development, language, perception, coordination or defects in orientation/balance; greasy or slippery tongue coating (white if phlegm-cold, yellow if phlegm-heat).
- Instability and clouding of the shen: Poor sleep, emotional instability, poor concentration and attention,

agitation, fidgeting, impulsivity, anger, emotional frailty, anxiety/fear, need for constant reassurance, difficulties with cognition/language/perception, somatic symptoms strongly influenced by emotional state; red tongue and/or red tip (pointed if there is fire) with a yellow and greasy coating (phlegm-heat) or a white and greasy (phlegm-cold) coating; or tongue may be pale (qi deficiency) and swollen with teeth marks (dampness), with an indentation at the base (jing insufficiency), or is quivering, stiff or deviated (internal wind).

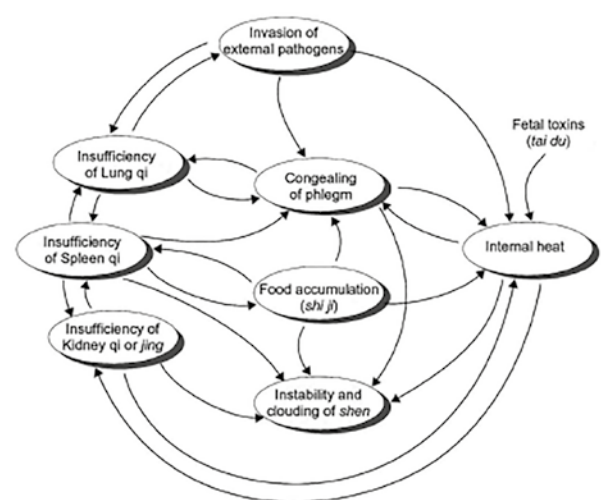


Figure 1: Interactions of primary patterns [from Shen (2002) by Elisa Rossi]

Paediatric tuina

For tuina treatment the child can be held in the parent's lap if they are nervous, although we prefer the child to be sitting or lying on the couch. In this case the parent can stand nearby or sit at the consulting desk talking with a member of the clinical team so that the other practitioner has the freedom to interact with the child during the treatment. Practitioners work standing or sitting, but always maintain a solid base with their feet, legs, pelvis and spine in a posture that allows qi to flow easily and allows them to remain calm and rooted – despite sometimes interacting with more than one person during treatment.

We always bear in mind that with any treatment we are entering someone else's space. Respect for the patient's boundaries is crucial. This is why we tend to follow what is typically done in China, starting the tuina sequence from the hands, which is less intrusive than starting on the body. We may also begin from the back if the child is hanging on to their carer, or from the abdomen in babies. We engage older children by asking them to pay attention so that they can instruct their carer on how to do the massage later (we often joke that they are a little forgetful and needs to be reminded by the child).

Intention (yi 意) is a primary aspect of treatment. Being

fully present while applying tuina creates real, tangible results that anybody can perceive. Such presence helps the child enter a 'bubble' of calm (as one father described it), and in this way it is similar to hypnosis. I witnessed this at the Xiyuan Hospital in Beijing, where Dr. Lu Guangyun treated children with therapeutic qigong – who would sit cross-legged, peaceful and still for an hour while being treated. Needless to say, not all children enter the therapeutic 'bubble' so easily. They may be impatient, agitated or downright resistant. Because children's qi is powerful and lively, it tends to move swiftly and wander around, or to clash against obstacles (i.e. us) instead of flowing smoothly. We must find determination and flexibility inside us where we can, and be adaptable; the child may be held in the parent's lap, or sit/lie on the couch, and we can start tuina from hands, back or belly; sometimes we share decisions about where to needle with the child ... but the treatment will be done. Obviously this is not vocalised to the patients or their carers, but we communicate this determination through our attitude. Parents who find it difficult to remain resolute will perceive our attitude and make use of it when they have to deal with a reluctant, resistant, challenging and exhausting child. When children encounter a boundary, although they may struggle against it, they also lean on it, and feel relieved to do so.

It is worth remembering that a child's attitude towards treatment reveals an aspect of her/his qi, and therefore can be of help in diagnosis. Strong resistance to tuina may indicate obstruction of the movement of qi due, for example, to phlegm or food accumulation (everything becomes difficult because the qi does not flow smoothly) or to insufficiency of qi (there is not enough qi to tolerate anything new).



Moxa at Feishu BL-13

Acupuncture

There are no specific contraindications for employing acupuncture in paediatrics, and needles can even be used on babies as long as we attend closely to their as-yet-unstable qi system. Children generally lie on the couch,

but can initially be left in the arms of their carer (although after a while they usually allow themselves to be laid on the couch). In general, we use one cun needles with a diameter of 0.16 to 0.25 millimetres, without guide tubes (we find they limit our perception of qi). We use a very low number of points in small children: generally two to four points, a number which may be increased according to age, individual response or specific patterns. Needling is brief in very small children - we withdraw the needles immediately after stimulating qi, whereas they are retained for longer (up to 10 minutes) in older children.

Respect is the basis of whatever we do: we must have the child's permission to treat, even the small ones who whose primary mode of communication is non-verbal. Of course we ask permission of the parents and if even only one of them is undecided or opposed, we do not insist on treatment. Some children, usually those over four years old, are afraid. We take this fear seriously. That said, acupuncture can be a test of courage, from which the child emerges stronger. We often start by agreeing that they try only one point, with the promise that we will stop as soon as they ask. In some cases we might have to start with tuina or plum-blossom needle, but in later sessions we are often able to use needles.⁶ In subsequent sessions we do not take anything for granted, but negotiate again; sometimes we discuss which points can be needled, since some points seem to cause more anxiety in the child.

Whether treating adults or children, as practitioners we are aware that acupuncture treatment has a special, separate space with its own quality and intensity. When treating children, some practitioners prefer to distract their attention from what is happening by telling stories or using toy animals to hide the needles. At Xiaoxiao we only do this on rare occasions. Normally, children are told what is happening, and taken 'inside' the experience. Human beings in general – and children in particular – appreciate situations that broaden their experience, and acupuncture, with its unfamiliar sensation of qi, is a good example of this. Once the needle is inserted, we may ask the child to tell us when they feel a buzzing inside or let us know 'when the fish bites'. We can also allow the child - even the small ones - to touch the handle of the needle. Sometimes they hit or move it gently, which actually helps to stimulate the point and has never caused any harm.

Moxibustion and auxiliary techniques

We use moxa frequently and in almost all cases of Kidney, Spleen or Lung deficiency. Since we cannot expect the child to stay still, we always use a moxa stick. The duration of treatment depends on how long it takes for the heat to get deep inside and act on the point. If the child is small they will be unable to tell us, but we will feel the heat and qi building inside with the supporting hand, and the child may start fidgeting. If appropriate, we may teach them moxibustion after a few sessions and after checking points

and technique together.

Sometimes we use cupping, mostly on Ganshu BL-18 in cases of Liver qi excess in children who experience violent outbursts of anger. We also use cupping around the umbilicus for allergies (three times for a maximum of one minute each time), but not in children less than one year old. In children guasha works well for fevers: we generally rub down the upper part of the back along five lines through the clothes, using an object with a rounded edge such as the lid of screw-top jar.

Plum-blossom needle is helpful in case of wei syndrome (wei zheng, 萎证, atrophy), scars, juvenile arthritis, alopecia and asthma (in which it is applied to the upper back). If we teach parents this technique, we explain clearly that under no circumstances should the instrument be used on anyone else, to avoid the risk of infection. We have also used plum-blossom needle in children who did not want needles, but were too old for paediatric tuina. One of them, 11 years old, had a condition where he vomited when he became anxious. After showing us he had learned the method perfectly, he took the plum-blossom needle home and treated himself, and by the fifth session we were able to start using normal acupuncture needles.

As well as activities and possessions children need empty space ...

We also use ear-seeds, especially for allergies and stubborn sleep problems or attention deficit disorder, for which we instruct the parents to apply a vaccaria seed at Yintang M-HN-3 before the child goes to bed. If the child is old enough to act responsibly we ask them to press the seed themselves.

The relational space

The younger the child, the more closely connected his or her qi is to the qi of the mother and the home environment, which therefore exert a very strong influence. When working with children we need the parents' collaboration. This working relationship has to be built up gradually. Most of the time it develops naturally and relatively easily, but sometimes it requires a lot of care and attention. As already mentioned, Xiaoxiao organises regular meetings between clinicians and a psychoanalyst,⁷ in which participants discuss clinical situations that for them are unclear or troublesome, in which they feel uneasy, lost, or stuck. The exploration focuses on practitioners' emotional response to difficult situations, without denying it or hiding from it. When the child's carers do not appreciate our work we may feel anger and frustration. We feel our work - and by extension ourselves - are being devalued. However,

if we are able to look at the situation from a different perspective, we may see that the parent in question feels incompetent or useless themselves as they have had to turn to a professional to solve their child's problem. Sometimes the parent tries to avoid this uncomfortable feeling, to the point of unconsciously sabotaging the work of the practitioner. The first step is identify our perception that we have been discredited; secondly, we should acknowledge that we feel annoyed and insulted; and finally we can come to accept the situation. Thus, recognising defensive communication such as mistrust, suspicion and defiance is part of our work. We may be skilled clinicians, full of goodwill and knowledge, but this counts for little if we are unable to work in varying contexts. Parents do not behave out of laziness or spite, but because of they have a problem - a stumbling block - somewhere. If we look at their behaviour as merely a form of communication, we can shift our perspective. And if we do not like what we see, we can take a deep breath, allow ourselves a moment in which to suspend judgement, and remember what is meant in the classic Chinese texts by having an 'empty heart' (kong xin, 空心).⁸

Daily habits and filling up the space

In modern Western society fullness and plenty is generally perceived as a good thing, while emptiness is perceived as undesirable, a lack. However, Chinese thought, painting, calligraphy and self-cultivation practices, and traditional Chinese expressions such as 'always allow your child some hunger and cold',⁹ all emphasise the importance of emptiness - of not saturating and filling up all the space. From the perspective of Chinese medicine, movement is the essence of life; when there is 'too much', there is no space in which things can move, leading to clogging and congestion.¹⁰

Parents often fill up the child's time with all kinds of useful and pleasant engagements intended to enrich them for the future. They also typically provide the child with an enormous number of possessions, as well as plenty of advice and close supervision. As practitioners, we know the importance of yin, with its qualities of rest/quietness/inward looking, and that as well as activities and possessions children need empty space. As practitioners, although we might want to give the parents helpful rules to follow, such prescriptive advice can easily turn into exactly the same 'filling up' done by the parents with their kids: being prescriptive - as discussed above - does not always work. Instead, after building some trust we can try to gently shift the parents' perspective. For example we might explicitly acknowledge occasions when they leave some space so that the child's individual nature (xing, 性) can emerge. Or, once we are sure it will not be perceived as judgemental, we may mention that if a child gets everything they want immediately, desire cannot develop, which can contribute to poor motivation when they get older.

The concepts of filling up and leaving space, and shi (实, excess) and xu (虚, deficiency), come into play in relation to breast-feeding. Although mother's milk is perfect for the new-born baby, it does not mean that the more that is given the better it is for the child. According to Chinese medicine, the fu organs should receive and then empty, which is often not the case when feeding is given 'on demand'. However, in cases where a baby has been lying awake at night screaming with pain and regurgitating, if we simply tell the mother that the feeding is too frequent we may not get anywhere. Instead we should listen and be present with the mother; then we may ask if she has ever the impression that the child is being 'engulfed'. Mothers generally intuitively know that the feeding is too frequent, but do not know what to do about it. The anguished crying of a new-born can be unbearable, and milk easily calms down a screaming baby. The delicate truth is that the satisfaction of the little one gratifies the mother. Denying the breast is hard, and involves a type of separation. Instead of offering the breast, there are other possible responses to the baby's demand. We may delicately ask the mother if she has noticed anything else that calms her baby, such as talking, singing or walking. In this way we minimise judgement and avoid making any direct suggestions, but our questions allow the mother to find a different perspective, as well as help her go beyond her 'nourishing' role. Once we are not seen as an enemy attempting to disrupt her blissful union with the baby / child, we may explain that the digestive process requires a lot of energy and that if it is overwhelmed there will be less strength available for growth and healthy immunity.



Acupuncture at Hegu L.I.-4

As far as diet is concerned, although we may be experts and have all kind of good suggestions, most of the time if we put these forward, we see a vague, worried or antagonised look in the parents' eyes. We need to start from very basic changes, the ones we feel are most important for the individual child, for instance: reducing bananas to twice a week instead of twice a day in a snotty child; giving cooked and warm foods instead of mozzarella and tomatoes; using locally

sourced and seasonal vegetables instead of exotic foods like pineapples; taking fruit and yogurt out of the refrigerator in good time before they are consumed; reducing the non-stop nibbling; or reducing the sugar and junk-food consumption.

We know that food accumulation is the underlying cause of the 'hundred illnesses': both somatic conditions such as catarrh, cough, earache and eczema, and emotional-behavioural problems such as difficulty sleeping, hyperactivity and anger, often originate from this pattern. Food consumption can exceed the transforming capability of the middle jiao qi in terms of its quantity, frequency or quality. In Chinese medicine we consider sugar, artificial flavourings and preservatives to be extreme tastes, and are thus difficult to turn into gu qi (谷气). To the child's carers we may acknowledge that sweets and junk-food give the child plenty of instant energy, but explain that the problem is that the child does not learn to build up its own energy and then it will need it more and more of these substances. Often the parent will recognise that this follows the same mechanisms of pleasure, satisfaction, dependency and addiction as drug use. As responsible adults we must take care of the unpleasant function of setting limits, and we must be there enough to help the child find solutions that do not involve immediate gratification. Actually, many parents do know that junk food and candies are not healthy. Many give them to their children as they feel afraid of being inadequate, so that they fall into thinking that if they do not give their child what they wants, the child will think that their parent does not love them. Could any idea be more terrible? As practitioners our task is often to reassure the parent of their adequacy and reinforce their stable aspects in order to support them in confronting the burden of refusing immediate gratification and find other ways to express their love.

Closing remarks

Treating children with Chinese medicine is wonderfully satisfying work. It is not always an easy task, but through it we can come to appreciate the value of Chinese medicine, the strong tendency of life towards health and balance, the importance of our attention and intent-yi, and the satisfaction and benefits of working and sharing with our colleagues.

Acknowledgement

Some of the Chinese quotations in this article are from *Shen* (2002) by Elisa Rossi, and were translated from the Chinese by Laura Caretto.

Elisa Rossi first went to China in 1983, attending clinical practice at Beijing Acupuncture Academy Hospital. She has subsequently been back to China seven times. She had the chance to learn more about paediatric qigong treatment in 1992 with Dr. Lu Guangyun at Xiyuan Hospital, Beijing, and attended paediatric departments in 1999, 2000 and 2006 with Dr. Yin Ming (Nanjing) and Dr. Zhang Sufang (Jinan), to whom she is deeply grateful.

Endnotes

- 1 The opening of the clinic was made possible due to the teaching and initial clinical support of Julian Scott. Since the project started several colleagues have trained at the clinic and some of them continue on as junior and then senior practitioners. The core group has evolved over the years and Annamaria Petrarolo has coordinated the clinical work and run the database since 2007. Monica Curioni e Liliana Sechi currently work as senior clinicians and the group of junior clinicians comprises Paolo Balossi, Erika Biral and Francesca Rossi, who are all MDs.
- 2 We are aware that some colleagues who specialise in treating children consider that all treatment should be carried out by professionals, since parents already have a heavy burden of responsibility and work.
- 3 We also make clear that tuina cannot treat everything, that Chinese medicine should not be expected to work miracles, nor does it function as psychotherapy.
- 4 I.e. the venule on the index finger at the three gates (sanguan 三关).
- 5 We are aware that our data has limited validity as statistical research. We collect, process and analyse this information as a starting point for operative considerations. We would like to acknowledge Annamaria Petrarolo for her database management and outcomes evaluation. Clinical data are available on request (mail@elisarossi.info).
- 6 A combination of tuina and acupuncture is the most common treatment. Tuina as the sole treatment is mostly used in small children under the age of three, whereas acupuncture on its own is generally used in children older than seven years. Moxa is used very frequently and in almost all cases of Kidney, Spleen or Lung deficiency.
- 7 Serenetta Sonzini.
- 8 'In stillness there is emptiness, emptiness then is filled, what fills it finds its place by itself, emptying itself it is tranquil, stillness then moves, when it moves it is efficient.' *Zhuangzi*, chapter 13.
'If one is calm, serene, empty-xi, without-wu, true qi follows.' *Suwen*, chapter 1.
'Shen in man comes and goes, no one can imagine it, if one loses it there is disorder, if one grasps it there is order. Caring for the residence with attention causes the jing to arrive [...] Worry or sadness, euphoria or anger, the dao has nowhere to reside, one must tranquillise love and desire, rectify recklessness and disorder [...] In stillness, one can grasp it, in agitation, one loses it ...' *Guanzi*, chapter 2.
- 9 '要想小儿安，三分饥与寒' – literally, 'If you want [your] child to be well, [let them be] three parts/three tenths [i.e. somewhat] hungry and cold'.
- 10 'In all constraint (yu) illnesses the qi is the first to fall ill, if instead qi is free and flowing, how can there be constraint?' (Fei Boxiong, *Yifanglun*).