

ACUPUNCTURE & ACUPRESSURE

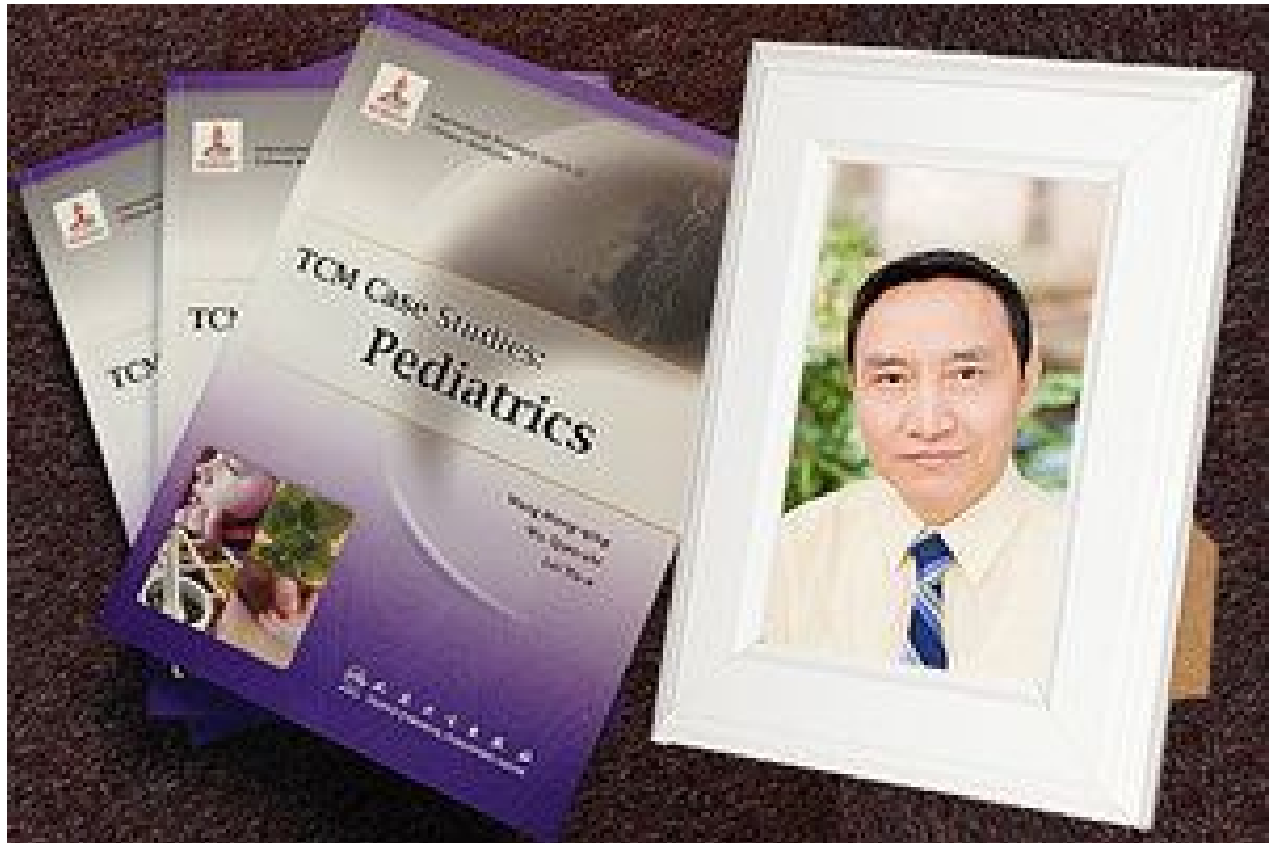
An Excerpt from TCM Case Studies: Pediatrics

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Editor's Note: This excerpt is reprinted with permission from Jamie Wu. *TCM Case Studies: Pediatrics* was released in 2014 by People's Medical Publishing House. Dr. Wu Qian-zhi, Vice President of Faculty at AOMA Graduate School of Integrative Medicine in Austin, Texas, and Dr. Wang Meng-qing, Chief Physician and Director of the TCM Pediatrics Department at the first hospital affiliated with Hunan University of Traditional Chinese Medicine in Changsha, China, co-authored the book in collaboration with a number of other practitioners. This textbook highlights case studies from the teaching hospital at Hunan University of Traditional Chinese Medicine. Dr. Wu's contributions fill the pages with the history of the herbal formulas and the modifications needed to make them appropriate for various situations.

About Jamie Wu

Jamie (Qian-zhi) Wu grew-up in Jingyan county, near the Yangzi river, in a town called Leshan, which literally translates to Happy Mountain. His education in Traditional Chinese Medicine began informally when he went to the China's southwest countryside near his home to do farm work. Wu recalls, "There were many Chinese herbs growing in the countryside and the local people used to treat their own problems with folk therapies." He confesses to loving magic as a child and remembers the feeling that what this medicine was doing was magic. This is where the spark for his own interest in Traditional Chinese Medicine began.



"I followed a third-generation, barefoot doctor who was part of a renowned herbal family and learned a great deal of herbal medicine. I was able to witness the barefoot doctor use acupuncture, cupping and guasha, as well as herbal therapies with great success. He cured many patients."

When the Cultural Revolution ended, Wu decided to begin his formal education in Chinese Medicine. In 1977, he enrolled in Lu Zhou Medical College, after which he entered Chengdu University of Traditional Chinese Medicine. Wu's first book, *Qu Wei Zhong Yi*, was published prior to his graduation, and in 1993, he became one of the youngest professors ever employed by the university. By 1993, Wu had published five other books as well as dozens of academic papers. Dr. Wu served as supervisor, associate professor, and medical doctor at the Chengdu University of Traditional Chinese Medicine.

Wu took a teaching position at AOMA Graduate School of Integrative Medicine in 1996, where he now serves as Vice President and Dean of Faculty, as well as professor and clinical supervisor. He is a former Commissioner for the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), chairman of the Chinese Herbology Examination Development Committee of NCCAOM, and the chairman of the Asian Bodywork Examination Development Committee. He currently acts as a site visitor for the Accreditation Commission for Acupuncture and Oriental Medicine. Wu continues to lecture on pediatric tui na in yearly continuing education courses. He maintains an active clinical practice in Austin, specializing in treating internal medical disorders, sports injuries, pediatrics, and pain management.

Tui na is a large area of interest for Dr. Wu over the course of his clinical practice. Five of the eight textbooks he has published are about tui na and his latest book, *TCM Case Studies: Pediatrics*, now translated into English, is no exception.

Pediatric patients are especially good candidates for tui na. "Children are less likely to take Chinese herbs because of the taste, and we often see that they can't tolerate the needles, not just

because of the possible pain but also due to fear of the needles. Therefore, pediatric tui na is an acceptable and effective technique for pediatric diseases. Children's skin is very soft and sensitive and that's why pediatric tui na works. In my opinion, needling and herbs could even be too much for them as their internal organs are still not mature and their qi is not yet abundant," said Dr. Wu.

General Introduction

The term "pediatrician" was first mentioned in China during the Warring States Period, with Bian Que being the first pediatrician on record. The Records of the Grand Historian states, "Bian Que was famous around the country ... When he came to Xian Yang and was told that the Qin people were very fond of children, he then became a pediatrician."

Pediatrics is an important part of Chinese medicine, deserving special attention in all dynasties. Sun Si-miao, in his Tang Dynasty book, *Important Formulas Worth a Thousand Gold Pieces for Emergency* said, "To keep the people prosperous, raising children is first and foremost. Without healthy babies, there are no healthy adults."

Education in pediatrics existed early in history; pediatric degrees were granted by the Imperial Academy of Medicine as early 624 CE. Students qualified as pediatricians by passing an examination after five years of study, similar to today's pediatric training. In the Song Dynasty, the Imperial Physician's Bureau established a pediatrics department as one of its nine departments, with 20 out of every 300 medical students belonging to this department.

Many pediatricians from different dynasties are famous either for their pediatric theories or for the clinical treatments they devised. Of them, Qian Yi (1032-1113), was known as the "Saint of Pediatrics;" his work, *Key to Diagnosis and Treatment of Children's Diseases* continues to be an important textbook in current pediatric practice.

Diagnosis

Ancient pediatricians called pediatrics the "silent department," in that infants and young children cannot communicate well and as such, may not be able to describe their illnesses and symptoms with precision. They also are often frightened, anxious or uncomfortable when they see a practitioner; some may have had negative experiences with vaccinations or injections. Loud crying or uncooperative attitudes may also affect the accuracy of diagnosis.

Diagnostic methods for pediatric diseases are still based on the four examinations of inspection, listening and smelling, inquiry and palpation. More attention is paid to inspection of facial complexion and the color of lips, eyelids and forehead, and inspection of the venules on the index fingers of children less than three years of age is a special diagnostic method. Detailed information can be gathered through the parents and through simple inquiries to the child; to ensure an accurate diagnosis, both sources of information are important.

Pediatric Therapeutics

First, treatment must be timely, accurate and cautious. Because the symptoms of illness develop and change more quickly in children, timely treatment is always required. Delayed treatment may allow the pathogens to run deeper, and symptoms to become more complicated. The diagnosis should be accurate and the treatment precise, as any mistake could lead to a crisis. To prevent impairment of the appetite or damage to the digestive organs, also avoid excessively cold or sedating medicinals.

Secondly, because children are more sensitive and respond to treatment more quickly, it is

important to maintain a relatively simple approach; simplified formulas may be more appropriate. This is also why pediatric tui na works very well with young children. The general principle for pediatric formula prescription is to use fewer medicinals and lighter dosages; this can actually yield a superior curative effect. Heavy, greasy or cloying medicinals should be avoided as they interfere with digestion.

Thirdly, attention should be paid to protecting the spleen and stomach. As the root of the post-natal organs following birth, growth and development rely mainly upon the spleen and stomach. Congenitally insufficient children especially need post-natal nourishment and replenishment. In fact, the absorption of all orally administered medicinals depends on the function of spleen and stomach.

Fourth, pediatric diseases change quickly and move quickly; therefore, using remedies to treat and prevent forthcoming illness is also very important. This approach helps to subdue the serious effects of an illness while stopping further disease progression.

Fifth, apply supplementing medicinals with care. Children are "pure yang" in nature, so they generally do not require additional boosting and supplementing medicinals. In fact, long-term supplementation can lead to sexual precocity, as many such medicinals contain natural hormones. If children contract external pathogens or have phlegm-dampness retention or food stagnation, it is especially critical to avoid replenishing and boosting formulas; these interfere with the removal of pathogens and negative effects may result. Supplementing and boosting formulas should be applied only when there is no excess condition present.

Finally, determine the dosages with great precision. Dosing will vary according to the child's age, individual situation, disease conditions and the practitioner's experience, as well as the patient's sensitivity to Chinese medicinals. Attacking medicinals for diaphoretic, purgative and diuretic purposes should be used cautiously.

The total medicinal dosage in a child's decoction can be calculated according to the following ratios. For newborns, use 1/6 of an adult dosage. For infants, use 1/3 to 1/2 of the adult dosage. For young children, use 2/3 or the same dosage as adults and for school-age children, use the same relative dosage as for an adult. The above adult dosages refer to the general normal dosage rather than the maximum dosage. A dose of medicine is often decocted twice. The total amount of the decoction is controlled within 15 to 30 ml for newborns, 50 to 100 ml for infants, 150 to 250 ml for young children and 250 to 400 ml for school-age children. The total daily amount of the decoction is usually administered in two to four portions daily, three to four for an acute illness, or two to three for a chronic disease.

The focus of this book is to demonstrate the clinical reality of how TCM theory actually manifests in the pediatric clinic. It is our sincere hope that by reading and applying the experience shared in this book, that any practitioner can render improved diagnoses and more effective treatments for a variety of pediatric conditions.

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