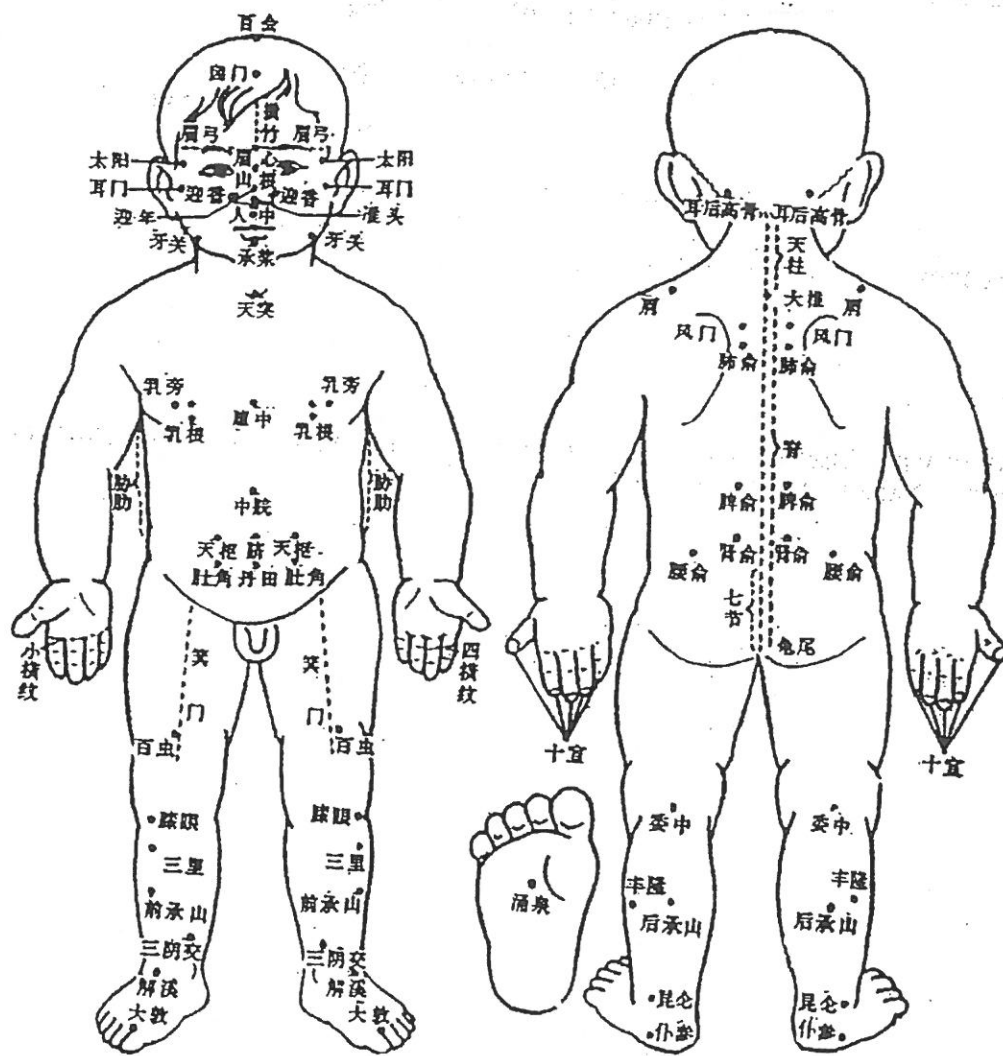


# Chinese Medical Pediatrics

A seminar by  
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Center College of  
Chinese Medicine Library  
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## Development of the Fetus

Month (lunar)

1	Liver	"pearl of dew"		Wood
2	Gall Bladder	"fat"		
3	Pericardium & Triple Warmer	"bao (envelope)"		Fire
4	Heart & Small Intestine	"shen enters" "sex is determined"	Zhi	
5	Spleen	"muscles and movement"	Shen	Earth
6	Stomach		Po	
7	Lung	"hair grows"	Hun	Metal
8	Large Intestine	"zang fu complete"	Yi	
9	Kidney			Water
10	Bladder			

Each month treat meridian on the mother corresponding to the organ forming in the child.  
(Usually choose the tonification point.)

# SPECIAL FACTORS IN THE TREATMENT OF CHILDREN

## HERBAL FORMULAS AND REPRESENTATIVE POINTS

CHILDREN ARE EXCESS WOOD/FIRE & DEFICIENT EARTH/METAL/WATER

CHILDREN ARE SUSCEPTIBLE TO EXTERNAL PATHOGENS

Baby Protector (*Bo Ying Dan*) LI 4, LU 7, TW 5, UB 12, UB 13  
Peuraria Combination (*Ge Gen Tang*) GB 20, DU 16, TW 17, SI 17, LI 20  
Minor Bupleurum (*Xiao Chai Hu Tang*) UB 12, UB 43, ST 36, GB 37, GB 40

CHILDREN HAVE WEAK DIGESTIVE FUNCTION

Ginseng & Atractylodes (*Shen Ling Bai Zhu San*) UB 20, REN 12, ST 41, SP 3  
Saussurea & Cardamom (*Xiang Sha Liu Jun Zi Tang*) GB 34, ST 36, LV 3, SP 4  
Minor Cinnamon & Peony (*Xiao Jian Zhong Tang*) Moxa REN 8

CHILDREN PRODUCE PHEGGM EASILY

ST 40, SP 5, P 5 (SP 9)  
Huo Tsao San (*Huo Cao San*)  
Citrus & Pinellia (*Er Chen Tang*)  
Pinellia & Magnolia plus Minor Bupleurum (*Ban Xia Hou Po Tang jia Xiao Chai Hu Tang*)

CHILDREN TEND TOWARDS EXCESS YANG AND DEFICIENT YIN

Ophiopogon Combination (*Mai Men Dong Tang*) KI 6, ST 44, LU 9 (LU 5)  
Rehmannia Six (*Liu Wei Di Huang Wan*) KI 3, 6, 10, GB 25

CHILDREN INHERIT FETAL TOXINS

Six Spirits Pill (*Liu Shen Wan*) LU 10, 11, LI 1, TW 1, SI 1  
Lonicera & Forsythia (*Yin Qiao San*) LI 4, 11, ST 36, 44, SP 10, UB 44  
Bupleurum & Schizonepita (*Shi Wei Bai Du San*)

CHILDREN ARE HIGHLY SUSCEPTIBLE TO EMOTIONAL STRESS

Major Bupleurum (*Da Chai Hu Tang*) ST 24, ST 25, LI 4, LV 3, TW 6  
Minor Bupleurum (*Xiao Chai Hu Tang*) ST 24, ST 25, LI 4, LV 3, TW 6  
Bupleurum Combination (*Yi Gan San*) LV 3, SP 6, KI 3, H 7  
Bupleurum & Dragon Bone (*Chai Hu Jia Long Gu Mu Li Tang*) LV 2, GB 38  
Ginseng & Zizyphus (*Tian Wang Bu Xin Dan*) UB 15, UB 23, H 3, KI 3  
Anemarrhena & Phellodendron (*Zhi Bai Di Huang Wan*) KI 6, UB 62, KI 1, KI 2

CHILDREN ARE PRONE TO CONVULSIONS

UB 62, KI 6, UB 2, ST 40, LV 2, KI 1, 2  
Licorice & Jujube (*Gan Mai Da Zao Tang*)

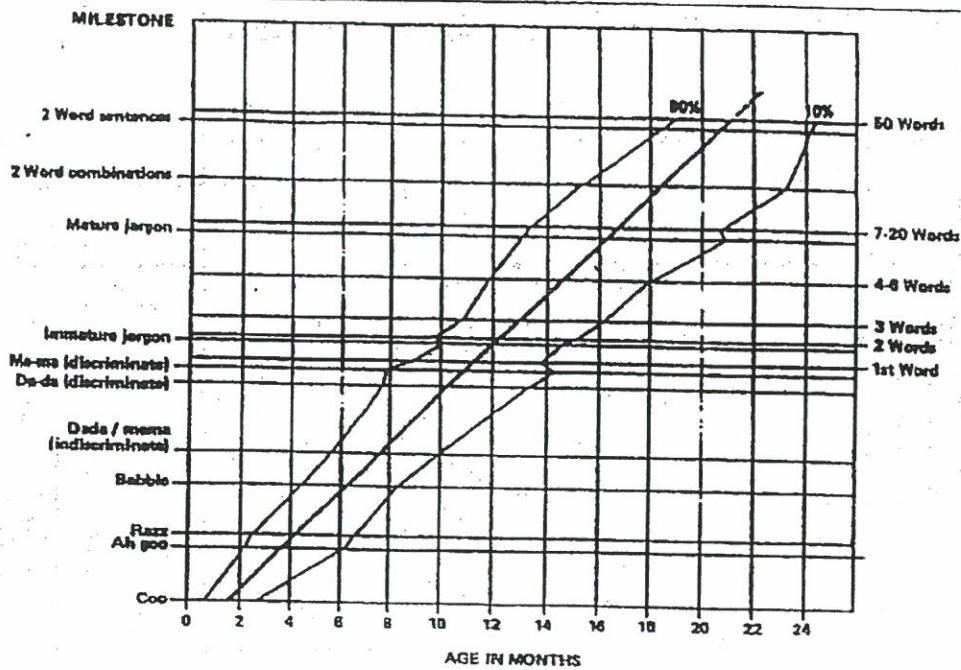
CHILDREN DEPEND ON KIDNEYS FOR GROWTH & DEVELOPMENT

UB 23, UB 47, KI 3, REN 4, REN 6  
Lycium Combination (*Huan Shao Dan*)

PATHOGENS EASILY BECOME ENTRAPPED IN CHILDREN

UB 43, LI 4, LU 10, ST 36, TW 5, SI 17  
Minor Bupleurum plus Platycodon & Gypsum (*Xiao Chai Hu Tang jia Jie Geng Shi Gao*)  
Ginseng & Mentha (*Ren Shen Bai Du San*)  
Forsythia & Laminaria  
Bupleurum & Cinnamon (*Chai Hu Gui Zhi Tang*)

**Table 1—Continued. Expressive Language Development**



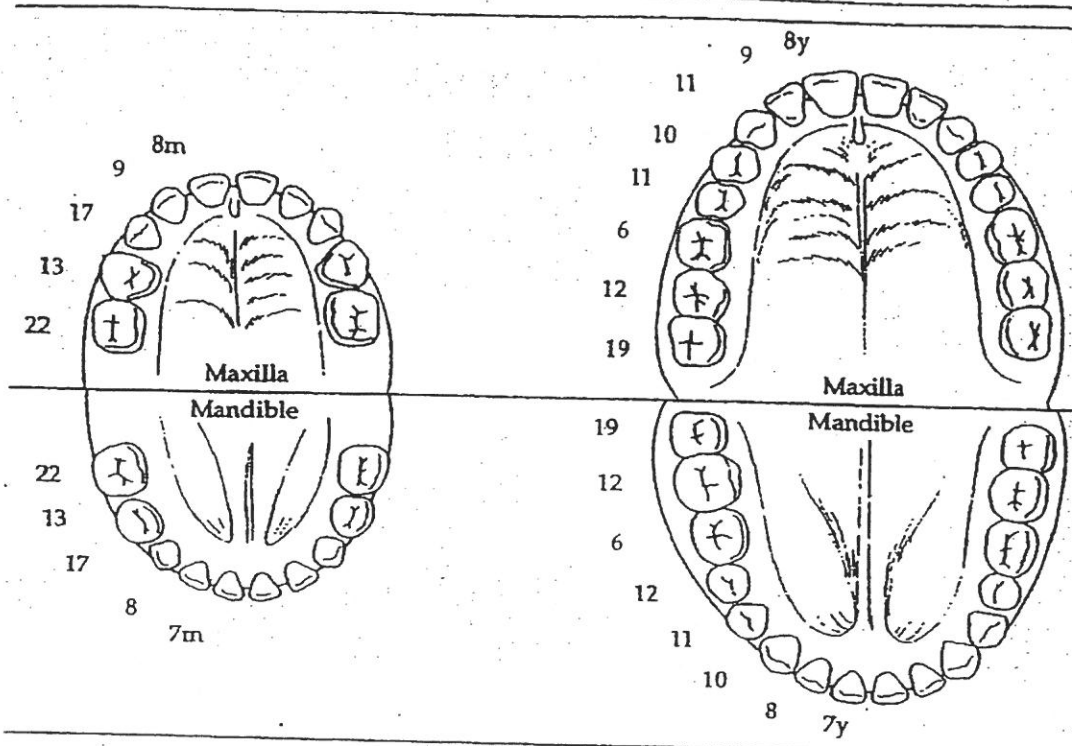
## Developmental Milestones from Birth to 5 Years

<u>ADAPTIVE/FINE MOTOR</u>	<u>LANGUAGE</u>	<u>GROSS MOTOR</u>	<u>PERSONAL-SOCIAL</u>
Grasp reflex (hands fist)	Facial response to sounds	Lifts head in prone position	Stares at face
Follows object with eyes past midline	Coos (vowel sounds)	Lifts head in prone position to 45°	Smiles in response to others
Hands open	Laughs and squeals	Sits: head steady	Smiles spontaneously
Brings objects to mouth	Turns toward voice	Rolls to supine	Reaches for toys
Palmar grasp of objects	Babbles (consonant sounds)	Sits independently	Recognizes strangers
Pincer grasp	Says "mama," "dada" nonspecifically, comprehends "no"	Stands, hands held	Feeds self
Helps turn pages of book	2-4 words	Pulls to stand	Waves bye-bye
Scribbles	Follows command with gesture	Stands independently	Points to indicate wants
Turns pages of book	4-6 words	Walks, one hand held	Drinks from cup
Solves single-piece puzzles	Follows command no gesture	Walks independently	Imitates activities
Imitates horizontal and vertical lines	10-20 words	Walks up steps	Feeds self with spoon
Copies circle	Points to 4 body parts	Jumps	Removes coat
Draws person with 3 parts	Combines 2-3 words	Kicks ball	Verbalizes wants
Copies cross	Uses "I" and "you"	Rides tricycle using pedals	Pulls up pants
Counts 4 objects	Names all body parts	Throws ball overhand	Washes, dries hands
Identifies some numbers and letters	Gives full name, age, and sex	Walks up stairs (alternating feet)	Toilet trained
Copies square	Names 2 colors	Stands on one foot for 2-3 sec	Puts on shirt, knows front from back
Draws person with 6 parts	Understands "cold," "tired," "hungry"	Hops on one foot	Engages in associative play
Prints first name	Understands prepositions (under, on, behind, in front of)	Broad-jumps 24 inches	Dresses with little assistance
Counts 10 objects	Asks "how" and "why"	Skips (alternating feet)	Shoes on correct feet
	Understands opposites		Bosses and criticizes
	Asks meaning of words		Shows off
			Ties shoes



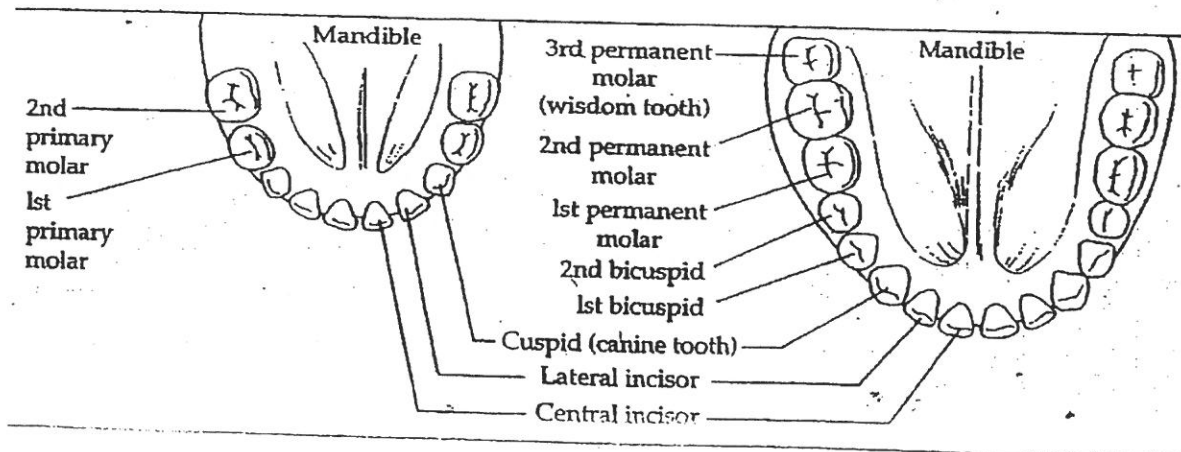
# Development

**Table 9. Illustrations of the Primary and Permanent Dentition. A and B, The numbers represent the average age of eruption for the teeth, indicated in months for the primary teeth and years for the permanent dentition. C and D, The names of specific teeth in the primary and permanent dentition are shown.**



A. Primary Dentition

B. Permanent Dentition



C. Primary Dentition

D. Permanent Dentition

Reproduced with permission from Nazif MM, Davis HW, McKibben DH, Roody MA. Arts of Pediatric Physical Diagnosis-3.

**“gan”**  
**PHLEGM OBSTRUCTIVE DISORDER**

1. **LIVER gan**  
(wind gan)      *Neurotic, angry, blue veins*  
excess: *yi gan san*  
deficiency: *gui zhi jia long gu mu li tang*

2. **HEART gan**  
(surprise gan)      *Red Face*  
excess: *shao yao gan cao tang*  
deficiency: *gan mai da zao tang*

3. **SPLEEN gan**  
(food gan)      *Craves / Eats too much “sweet”*  
excess: *fu ling yin + yi gan san*  
deficiency: *li zhong tang + xiao chai hu tang*

4. **LUNG gan**  
(qi gan)      *Runny nose, cough, easily catches cold*  
excess: *ma huang gan shi tang + yi gan san*  
deficiency: *xiao jian zhong tang + xiao chai hu tang*

5. **KIDNEY gan**      *Cold low back, slow development, drooling*  
deficiency: *chai hu qing gan tang*

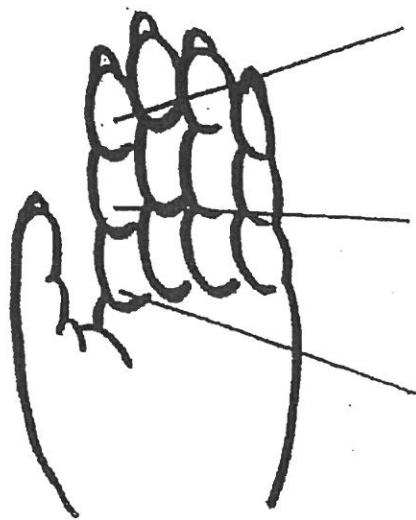
**Parasites**  
(worm gan)      *Screaming at night*  
excess: *da chai hu tang*  
deficiency: *xiao jian jiang tang*

# CHINESE MEDICAL PEDIATRIC DIAGNOSIS

1. SHEN OBSERVATION
2. FACIAL OBSERVATION
3. HOLES IN HEAD OBSERVATION
4. TONGUE OBSERVATION
5. INDEX VEIN OBSERVATION
6. WHOLE BODY OBSERVATION
7. PULSE PALPATION
8. ABDOMINAL OBSERVATION, PALPATION & ASCULTATION
9. LIMBS OBSERVATION & PALPATION
10. TEMPERATURE PALPATION
11. CRY, COUGH, BREATH ASCULTATION
12. HISTORY
13. THERMOMETER EXAMINATION

# CHINESE MEDICAL PEDIATRICS SPECIAL DIAGNOSTIC METHODS

## INDEX FINGER DIAGNOSIS



LIFE GATE

vein appears in this area  
indicating organ function  
is affected

QI GATE

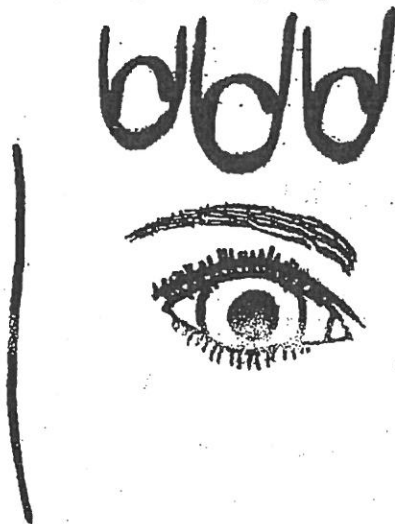
vein appears in this area  
indicating the body's qi  
is affected

WIND GATE

vein appears in this area  
indicating the disease is  
affecting the exterior

## TEMPERATURE DIAGNOSIS

*yang ming shao yang tai yang*



Align middle finger over the center of the eyebrow (*yu yao*)

## NORMAL BLOOD PRESSURE FOR VARIOUS AGES

AGES	MEAN SYSTOLIC ± 2 S.D.	MEAN DIASTOLIC ± 2 S.D.
Newborn	88 ± 16	48 ± 16
6 mos. - 1 year	92 ± 20	60 ± 18
1 year	94 ± 20	63 ± 21
2 years	94 ± 21	64 ± 21
3 years	100 ± 21	67 ± 21
4 years	96 ± 20	65 ± 20
5-6 years	94 ± 14	63 ± 9
6-7 years	100 ± 15	66 ± 8
7-8 years	102 ± 15	68 ± 8
8-9 years	106 ± 16	67 ± 9
9-10 years	107 ± 16	67 ± 9
10-11 years	111 ± 17	68 ± 10
11-12 years	113 ± 18	69 ± 10
12-13 years	116 ± 19	70 ± 10
13-14 years	118 ± 19	69 ± 10

From Ross & Pyle, Pediatric Cardiology, 3rd Ed., 1972, W.B. Saunders, Phila.

CHART 13

### PULSE RATES IN INFANTS AND CHILDREN

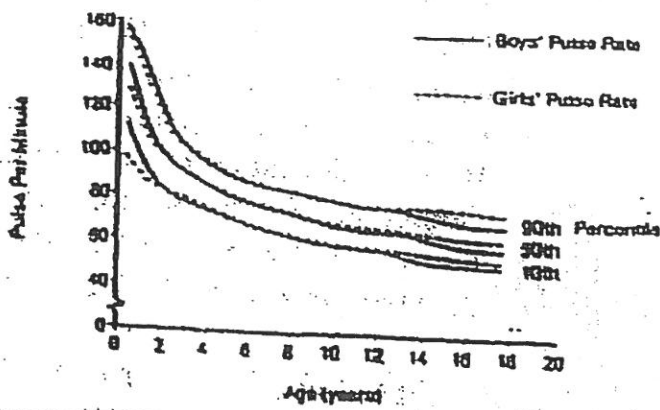
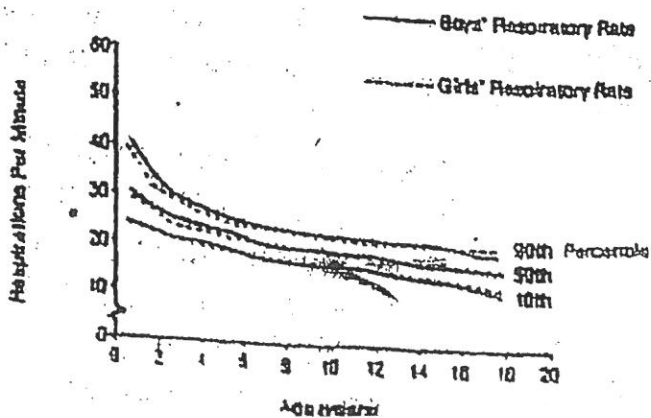
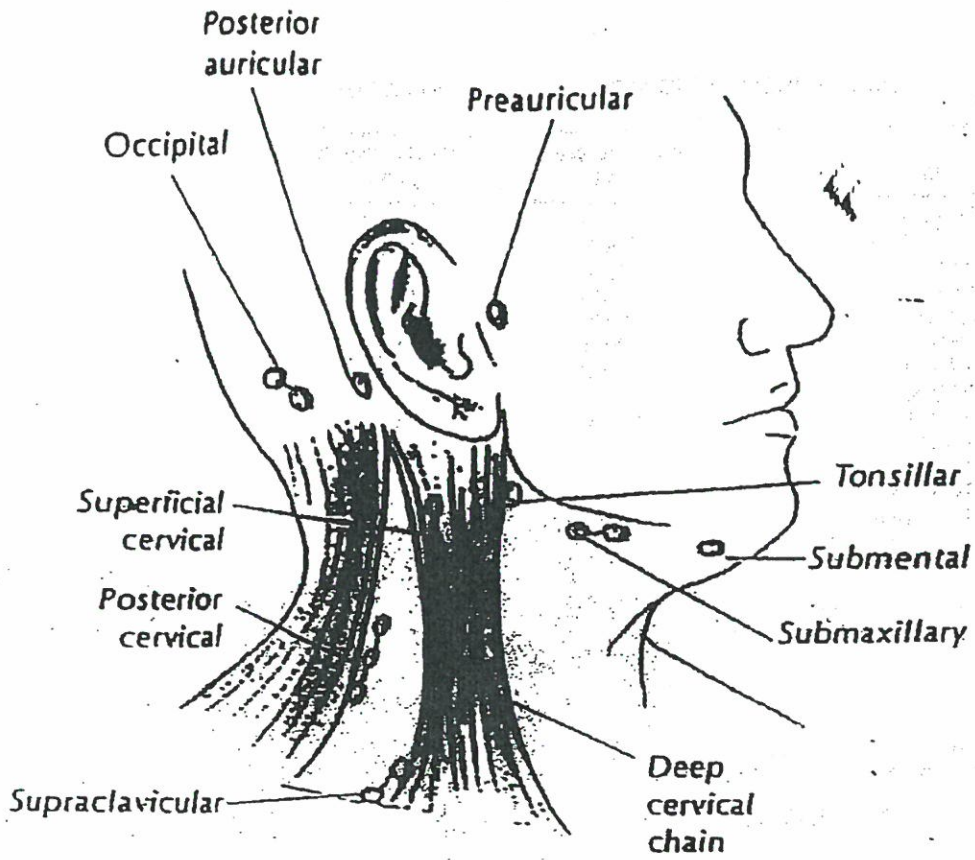


CHART 14

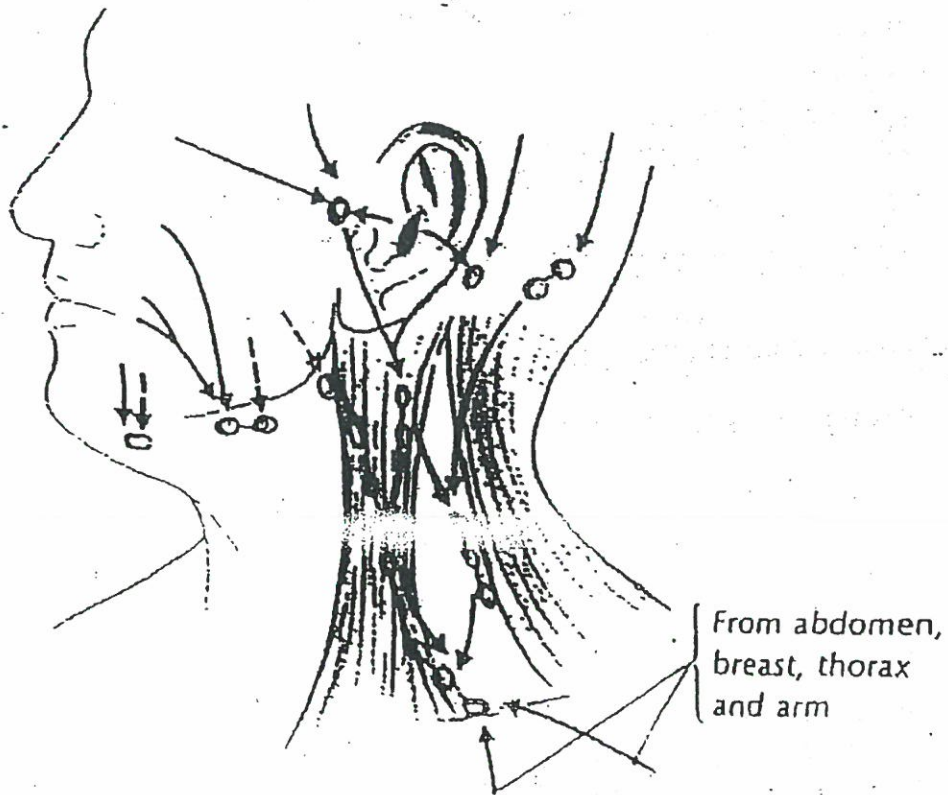
### RESPIRATORY RATES IN INFANTS AND CHILDREN





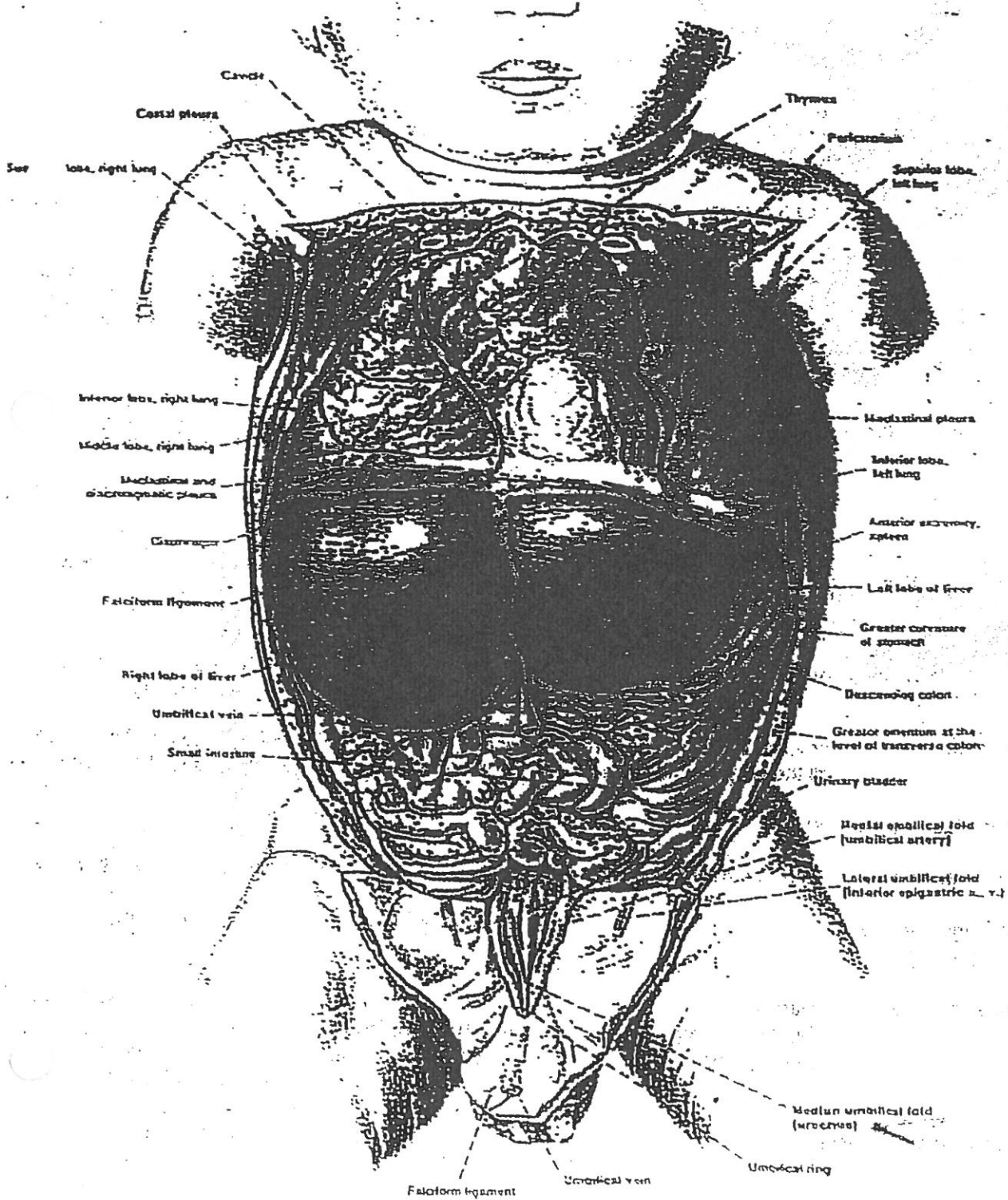


LYMPH NODES OF THE HEAD AND NECK



← External lymphatic drainage

← Internal lymphatic drainage (e.g. from mouth and throat)



Cavities  
 Costal pleura  
 Superior lobe, right lung

Thyroid  
 Pericardium  
 Superior lobe, left lung

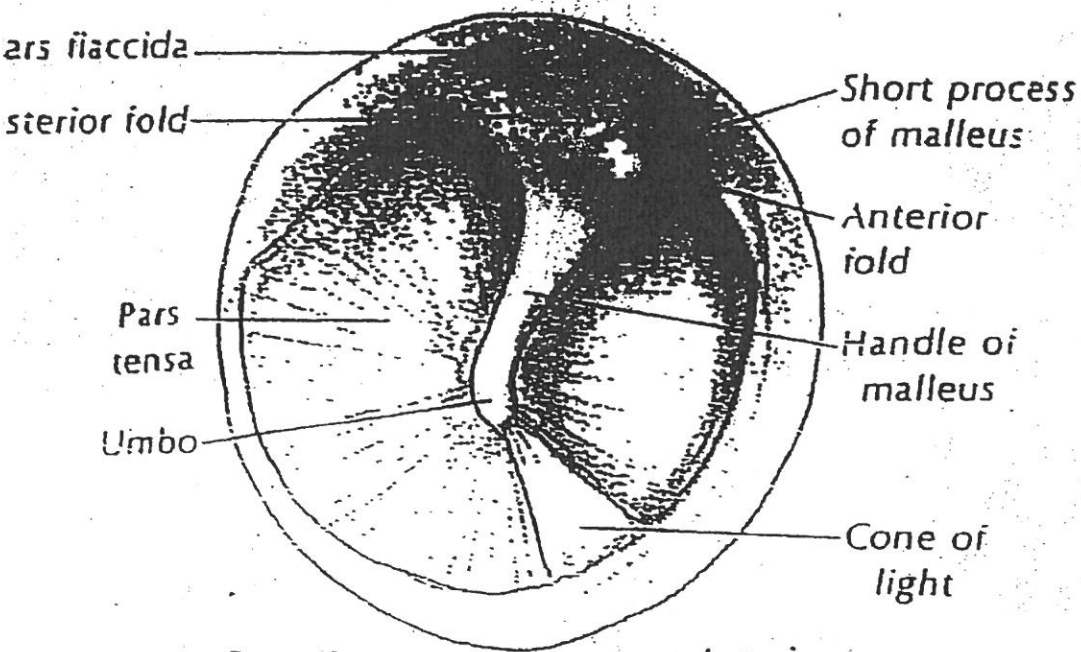
Inferior lobe, right lung  
 Middle lobe, right lung  
 Mediastinal and diaphragmatic pleura  
 Diaphragm  
 Falx ligament  
 Right lobe of liver  
 Umbilical vein  
 Small intestine

Mediastinal pleura  
 Inferior lobe, left lung  
 Anterior extremity, spleen  
 Left lobe of liver  
 Greater omentum of stomach  
 Descending colon  
 Greater omentum at the level of transverse colon  
 Urinary bladder

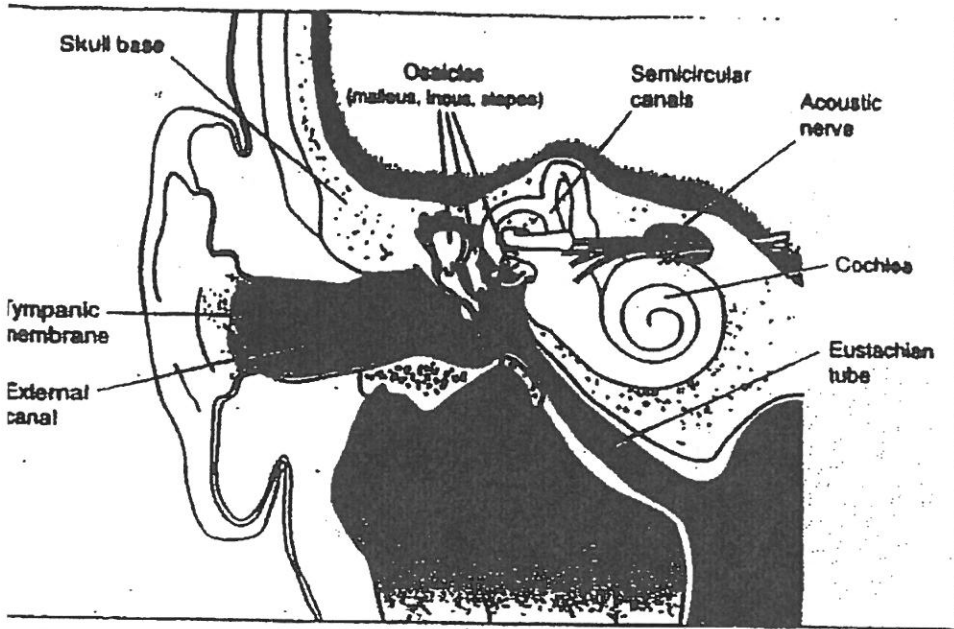
Medial umbilical fold (umbilical artery)  
 Lateral umbilical fold (inferior epigastric a. v.)

Median umbilical fold (urachus)

Falx ligament      Umbilical vein      Umbilical ring



Posterior Anterior  
 RIGHT EAR DRUM



Three ways to position the infant or child for examination of the ear.

圖 掌 陽

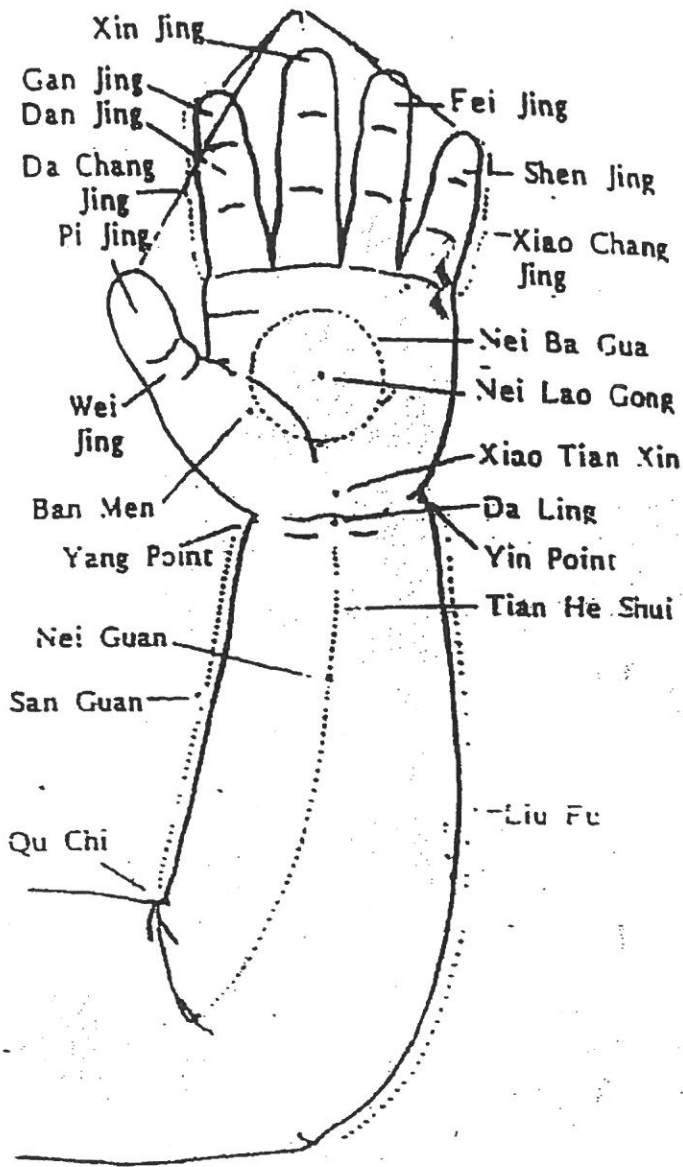
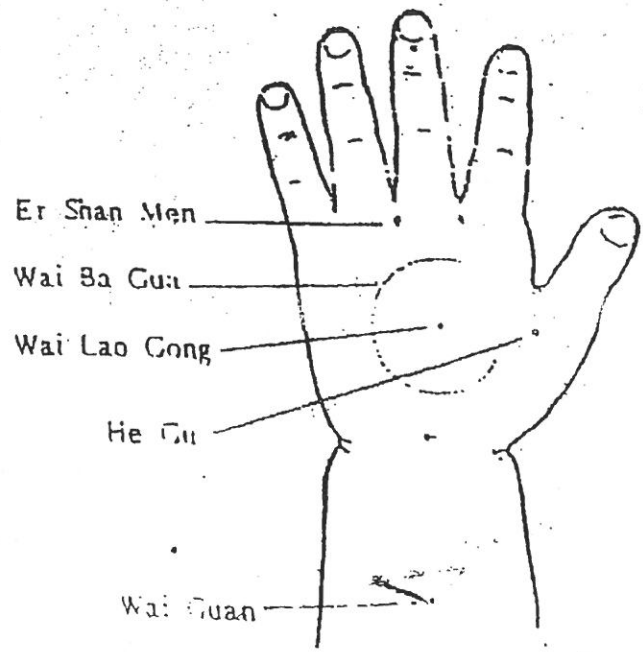
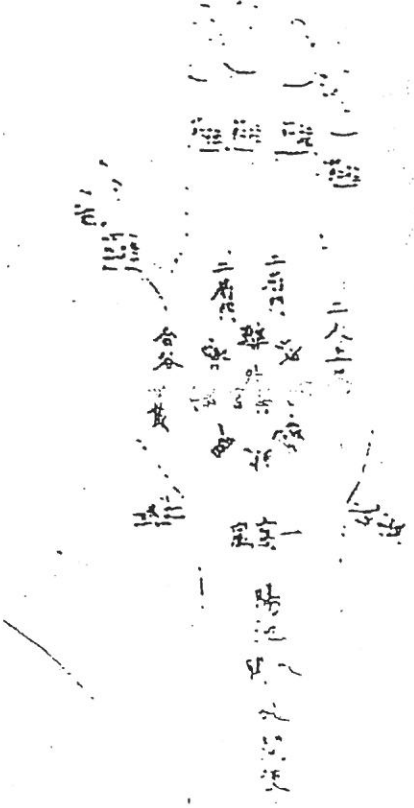
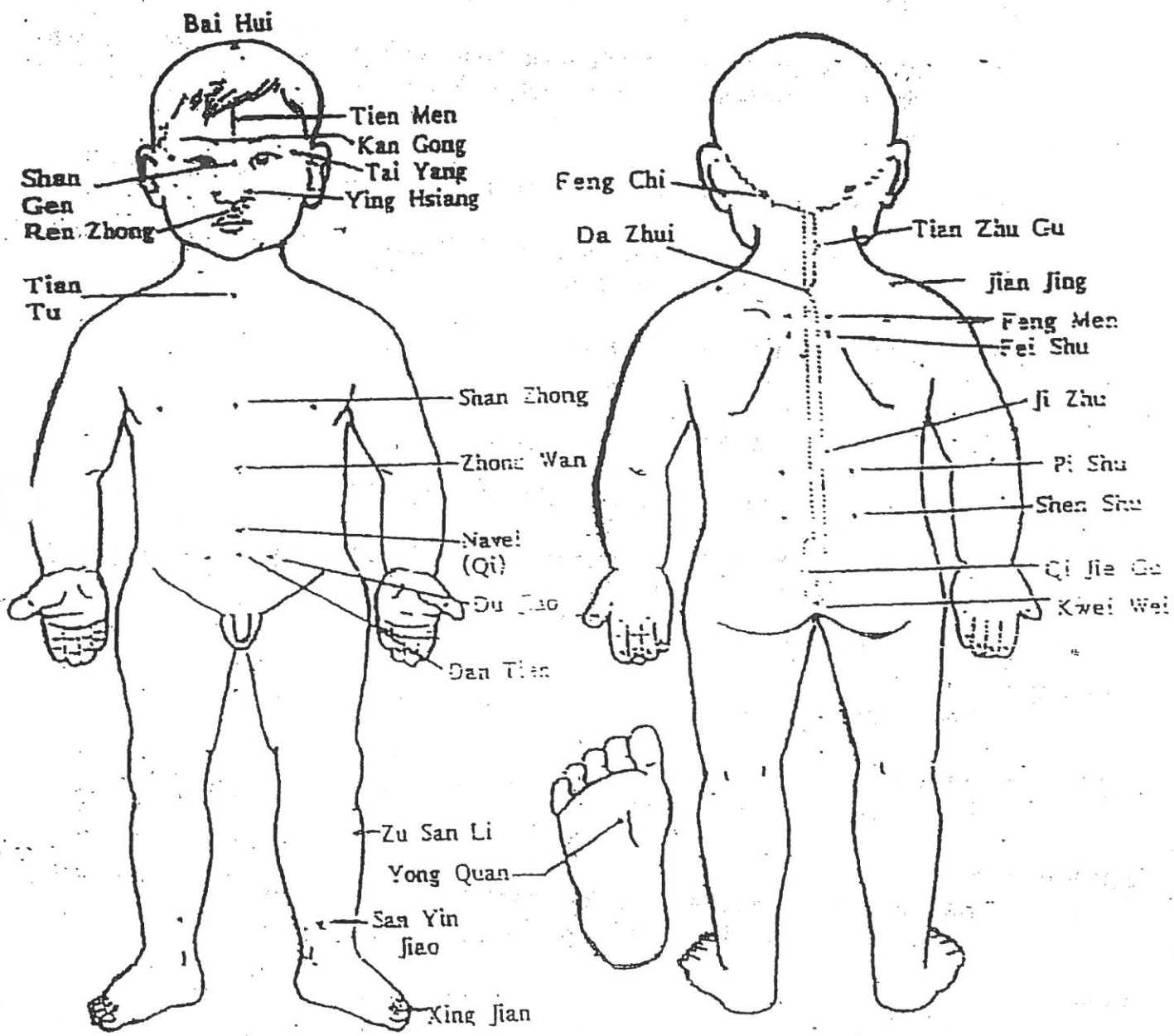


圖 掌 陰







ANTERIOR VIEW

POSTERIOR VIEW

# Basic Shoni-Shin Method

## Methods and Techniques of tools:

- 1) Light hand
- 2) Shield motion with other fingers
- 3) Grasp as you hit with the tapper all fingers strike at the same time. The most stimulation comes from the tool but the fingers distract from the impact of the tool.
- 4) Feel pulse while tapping this will allow the movement to be in a Rhythm.
- 5) 7-8 minutes general treatment prophylactically but the treatment could go to 15 minutes, depending if your doing specific areas for a longer time.
- 6) The treatments are done 2 times a month for prevention or done 3 days before new moon and full moon.
- 7) The tools reduce the time as compared to using hands or fingers.
- 8) The more perpendicular the tool the stronger the stimulation.
- 9) To make the treatment more comfortable the child can be held by the parent, sit up or lying down, usually the child does not like to lie down by themself so parent can be touching the child or holding the child hand.

## Scraping:

Brush with all fingers, the fingers shield and distract.

## Tapping on head:

The fingers still shield the motion all fingers touch.

## Spear needle:

No shielding, Strong stimulation is necessary. use needle lying flat, press in hard and take away quickly this reduces the heat.

## Rake:

Find the most comfortable position and use both hands alternating hands to sooth the area as you stroke.

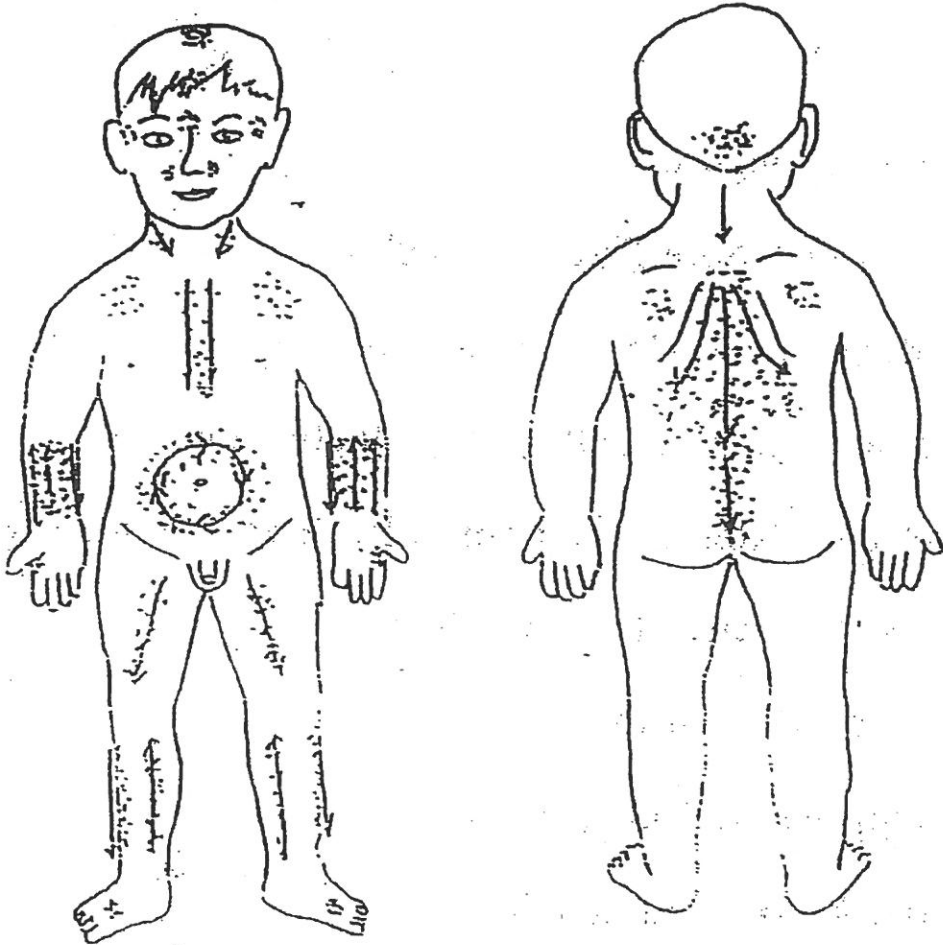
## Broom needle:

Broom needle is done after taping and do until red

## Direct needling:

If need to needle leave in tube and just tap top of tube. The child should not see the needle.

GENERAL SHO NIN SHIN TREATMENT



- Sequence: 1) Forearms 2) Chest  
3) Abdomen 4) Legs  
5) Back 6) Head

Tap Front of Body then scrape  
Tao Back, then scrape

⊙ Tap

⇨ Scrape

# CAUSES OF DISEASE IN CHINESE MEDICAL PEDIATRICS

## 1. HEREDITY AND BIRTH TRAUMA

## 2. CHILD REARING ISSUES

## 3. EMOTIONAL STRESS

## 4. DIET

## 5. POISONS

## 6. EXTERNAL PATHOGENS

# CHINESE MEDICAL PEDIATRICS METHODS OF STIMULATION

I. NEEDLING

II. CUTANEOUS ELECTRIC STIMULATION

III. MOXIBUSTION

IV. SHONI SHEN

V. TOPICAL HERBS & MASSAGE MEDIA



## GENERAL PRE-PROCEDURE STRENGTHEN CONSTITUTION GENERAL POST-PROCEDURE

Pi Jing	rotation push	300x
Wei Jing	rotation push	300x
Shen Jing	rotation push	300x
Xiao Tian Xin	press & knead	100x
Ren 12	palm knead	3 minutes
Dan Tian	rub	3 minutes
Pi Shu	press & knead	1 minute
Wei Shu	press & knead	1 minute
Shen Shu	press & knead	1 minute
Ji (spine)	pinch & roll	3x
ST 36 & SP 6	press & knead	50x
Du 20	press & knead	30x
Head	5-finger grasp	3 - 5 passes
Back Shu Points	press downward	3 - 5 passes

## POST-PROCEDURE CARDIAC PATIENTS MENTAL EMOTIONAL

Xin Jing	straight push	150x
Gan Jing	straight push	150x
Pi Jing	rotation push	150x
Shen Jing	rotation push	150x
Xiao Tian Xin	press & knead	100x
Dan Tian	palm knead	3 minutes
SP 6 & LV 3	press & knead	30x
GB 20 & GB 21	grasp & knead	30x

### Other points to consider:

Lao Long	nip
Yong Quan (KI 1)	press & knead
Shen Men (H 7)	press & knead firmly
Shao Fu (H 8)	press & knead firmly
Xing Jian (LV 2)	press & knead firmly
Feng Long (ST 40)	press & knead firmly
Yang Ling Quan (GB 34)	press & knead firmly
Jian Shi (P 5)	press & knead firmly

## ACUTE FEBRILE STATES

Tian He Shui	thumb or two finger push	120x cold water or alcohol medium
Tian He Shui	pat the horse	20x
Tian Ju	push	50x
Ji (spine)	push down	50x
Yang Quan	push from heel to toe	100x
Liu Fu	push	150x
San Guan	push	150x
Du 14	knead	
Fei Jing	straight push	
Wei Jing	straight push	

promote bowel movement  
replace fluids and electrolytes

## ANOREXIA / APPETITE LOSS INDIGESTION

Pi Jing	rotation push	300x
Ban Men	knead	50x
Da Chang Jing	push distally	100x
Wai Lao Gong	press & knead	100x
Ren 12	knead	
Ren 8 & ST 25	press & knead	
Fu	rub	3 minutes
Ji (spine)	pinch & roll	3x
ST36	press	30x

## CEREBRAL PALSY INFANTILE PARALYSIS

Arms & Legs	rub roll
Arms & Legs	grasp (strongly on tonic, lightly on flaccid)
Arms & Legs	chafe
Arms & Legs	passive rotation
Arms & Legs	shake
UB 20	press & knead
Ren 12	press & knead
ST 36	press & knead

### Add local points:

Face	GB 1, ST 4, ST 6
Arms	Du 14, GB 21, LI 15, LI 11, TW 4
Legs	UB 18, UB 23, Du 3, GB 31, GB 34, GB 39 UB 40, UB 57, UB 60, ST 41



## CONVULSIONS SEIZURES POST-PROCEDURE WITHDRAWAL

Du 24	dig / nip	
Shi Xuan	dig / nip	
Lao Long	dig / nip	
Er Ren Shen Ma	dig / nip	
Xiao Tian Xin	press & knead	100x
LI 11	grasp	30x
GB 21	grasp	30x
UB 40	grasp	30x
UB 60	grasp	30x
<u>Chronic / Preventative</u>		
Du 20	press & knead	30x
Pi Jing	rotation push	300x
Wei Jing	rotation push	300x
Gan Jing	straight push	100x
Fu	rub	5 minutes
Ji (spine)	pinch & roll	3x
ST 36	press & knead	30x
<u>Acute / Febrile</u>		
Xin Jing	straight push	300x
Gan Jing	straight push	100x
San Guan	straight push	150x
Liu Fu	straight push	150x
Tian He Shui	straight push	150x
Ji (spine)	push downward	100x
ST 40	press & knead	30x

## INSOMNIA NIGHT CRYING

Gan Jing	straight push	100x
Xin Jing	straight push	100x
Xiao Tian Xin	press & knead	100x
Liu Fu	push	100x
Bai Hui (Du 20)	press & knead	30x
San Yin Jiao (SP 6)	press & knead	300x
P 8	<i>rotation push with cold water to clear heat</i>	
Lao Long	<i>dig to settle acute hysteria</i>	
Shi Xuan	<i>dig to settle acute hysteria</i>	

ADD-ADHD

Anxiety Disorders (General, Panic, Phobias, OCD, Post Traumatic Stress)

Asperger's Syndrome

Autism

Bedwetting

Communication & Language Disorders

Conduct Disorders

Depression & Bipolar Disorders

Dyslexia

Learning Disorders

Genetic Disorders (Down's, Fragile X, Rett's, Etc.)

Recurrent Ear, Sinus, and Throat Infections

"Shyness"

Sleep Disorders

Tourette's Syndrome

# Learning Disorders

Organizational Skills  
Spatial Material  
Temporal Sequential

Environmental Impairments  
Poisons (i.e. heavy metals)  
Drugs and Alcohol  
Medication Reactions

Traumatic Brain Injury

Allergies and Hypoglycemia

Orthopedic Impairments

Sensory Impairments  
Auditory  
Visual

Autism

Developmental Disabilities  
Down's Syndrome  
Other Genetic Disorders

Conduct Disorders  
Oppositional Defiant Disorder  
Discipline Issues

Obsessive Compulsive Disorder

Sensory Integrative Dysfunction

Tourettes Syndrome

# Patterns and Treatment In Autism, Learning Disorders, ADD, ADHD, Etc.

Kidney Jing Deficiency	Huan Shao Dan	Du 4, Du 12, Du 16, Du 20 St 36, Bl 23, Ren 4, Ki 16
Kidney Deficiency with Damp	Hu Qian Wan	+Bl 22, P 5, St 8
Kidney Yin Deficiency	Liu Wei Di Huang Wan	GB 25, Bl 23, Ki 3, Ki 6 Ren 24
Kidney Yin Deficiency with Empty Heat	Zhi Bai Di Huang Wan	+Ki 2, Ki 1, Liv 2
Heart and Kidney not Communicating	Tian Wang Bu Xin Dan	Bl 15, Bl 23, He 3, He 7 Ki 3
Heart Qi and Blood Deficiency	Gui Pi Tang + Dan Shen	He 7, P 6, Bl 15, Bl 17 Bl 20, Ren 4, Sp 1
Phlegm Misting the Mind	Ban Xia Bai Zhu Tian Ma Tang + Shi Chang Pu	Du 15, Du 20, St 8 P 5, St 40, Sp 5, GB 13, GB 34 Si Feng
Liver and Heart Fire	Chai Hu jia Long Gu Mu Li Tang	Liv 2, He 8, P 7, Bl 15, Bl 18 St 44, LI 11
Liver Qi Stagnation  + Heat  + Damp	Yi Gan San Shu Gan Tang Ban Xia Huo Po Tang Long Dan Xie Gan Tang Jia wei Xiao Yao San Wen Dan Tang	Liv 3, LI 4, Bl 18, Liv 14 Ren 14, He 7, GB 34
Spleen Qi Deficiency With Damp	Shen Ling Bai Zhu San	Bl 20, Sp 3, St 40, Ren 12 St 8, P 5

Lung Qi (and Yin) Deficiency	Sheng Mai San	Bl 13, Ren 17, Lu 9, Sp 3, St 36, LI 10
Extreme Qi Deficiency	Bu Zhong Yi Qi Tang	St 36, Sp 6, Ren 6, Ren 17, Du 26, Du 20, He 7, He 9
Lingering Pathogenic Factor	Xiao Chai Hu Tang Shi Wei Bai Du San	GB 37, GB 40, TW 5, SI 17, TW 17, Bl 43, Bai Lao, Si Feng
+ Qi Deficiency with Heat	Ren shen Bai Du San	He 8, Liv 2, St 44, P 3, Lu 10
Brain Damage	Bu Yang Huan Wu Tang	Bl 23, Du 16, Du 20, LI 4, Lu 7, GB 20, Bl 10, Si Shen Cong



## Herb formula for Autism

Shi chang pu  
Huo Xiang  
Yuan Zhi  
Tian zhu huang  
Hu po  
Long chi  
Ban xia  
Fu ling  
Yu jin (small amount)  
Gan cao  
Sheng jiang  
Da zao

If heat: Huang lian

If deficient: Ren shen  
Huang qi  
Bai zhu

If irritable: Bai shao  
He shou wu  
Gou qi zi

If angry: Huang qin  
Chai hu

If frustrated: Qing pi  
Xiang fu

If anxiety: Tian men dong

If fear: Xu duan  
Du zhong  
He shou wu

## General Nutritional Guidelines

1. Regular feeding
2. Water is one of the most important nutrients and should be amply supplied.
3. Solid foods should be started at approximately 4 to 6 months of age or when 32 ounces of formula a day is not enough.
4. Vitamin C is very necessary, but start out with vegetables that contain vitamin C, rather than fruits. Most vegetables and fruits contain Vitamin C.
5. Blenderized home cooked whole-food meals that contain no salt or heavy spices can be used. commercial baby foods are nutrient-dense and are quite nutritious except for mixed dinners which have little protein and desserts made with lots of sugar.
6. See the list of foods that produce allergies. Drinking milk and consuming dairy products by the mother may cause an allergic reaction in the child. Other foods ingested by the mother that may irritate the child's system are caffeine, wheat, citrus fruits, spices and strawberries.
7. The infants weight doubles in the first 6 months and triples in the next 6 months.
8. Food portion sizes increase with age. A good rule of thumb is that with each year, a tablespoon extra is added, ie for a 3-year-old, 3 tablespoons of each food should be adequate.

Information taken from Nutrition Almanac, 4th Edition by Gayla J. Kirshmann and John D. Kirschmann pages 325-326

Food allergies: Common food allergies:

cow's milk: catarrh ( dry, mostly nonproductive cough), abd pain, insomnia, eczema, violent behavior.

bananas: catarrh, abd pain

gluten: in mild cases catarrh, irritability, depression; in severe cases diarrhea, malnutrition.

food additives: hyperactivity, irritability , restlessness

citric acid: hyperactivity

refined sugars: catarrh, lack of energy, listlessness

peanuts and peanut butter: shin rash, sudden swelling of the tongue, anaphylactic shock

tomatoes: asthma

shellfish (crabs, mussels, etc): irritability, insomnia, hyperactivity, vomiting, skin rash

Uncommon allergies:

chicken: eczema

honey: asthma, diarrhea

(Info taken from Acupuncture in the Tx of Children, 3rd edition, Julian Scott and Teresa Barlow, p 14 and 15)

## What Is ADD and ADHD? or AD/HD

AD/HD symptoms often arise in early childhood. AD/HD is diagnosed using the criteria in the Diagnostic and Statistical Manual, 4th Edition (DSM-IV). To meet the diagnostic criteria for AD/HD, symptoms must be evident for at least six months, with onset before age seven. ADHD affects 3% to 5% of all school-age children, and is considered the most frequently diagnosed psychiatric disorder in children and adolescents.

The Diagnostic and Statistical Manual of Mental Disorders is published by the American Psychiatric Association and gives standard nomenclature of emotional illness used by all health care practitioners.

**Diagnostic criteria are as follows:**

AD/HD symptoms arise in early childhood, unless associated with some type of brain injury later in life. It is marked by behaviors that are long lasting and evident for at least six months with onset before age seven.

**There are three primary subtypes:**

**AD/HD primarily inattentive type: (AD/HD-I)**

Fails to give close attention to details or makes careless mistakes.

Has difficulty sustaining attention.

Does not appear to listen.

Struggles to follow through on instructions.

Has difficulty with organization.

Avoids or dislikes tasks requiring sustained mental effort.

Is easily distracted.

Is forgetful in daily activities.

**AD/HD primarily hyperactive/impulsive type: (AD/HD-HI)**

Fidgets with hands or feet or squirms in chair.

Has difficulty remaining seated.

Runs about or climbs excessively.

Difficulty engaging in activities quietly.

Acts as if driven by a motor.

Talks excessively.

Blurts out answers before questions have been completed.

Difficulty waiting or taking turns.

Interrupts or intrudes upon others.

AD/HD combined type: (AD/HD-C)

Individual meets both sets of attention and hyperactive/impulsive criteria.

Because everyone shows signs of these behaviors at one time or another, the guidelines for determining whether a person has AD/HD are very specific. In children, the symptoms must be more frequent or severe than in other children the same age. In adults, the symptoms must affect the ability to function in daily life and persist from childhood. In addition, the behaviors must create significant difficulty in at least two areas of life, such as home, social settings, school, or work.

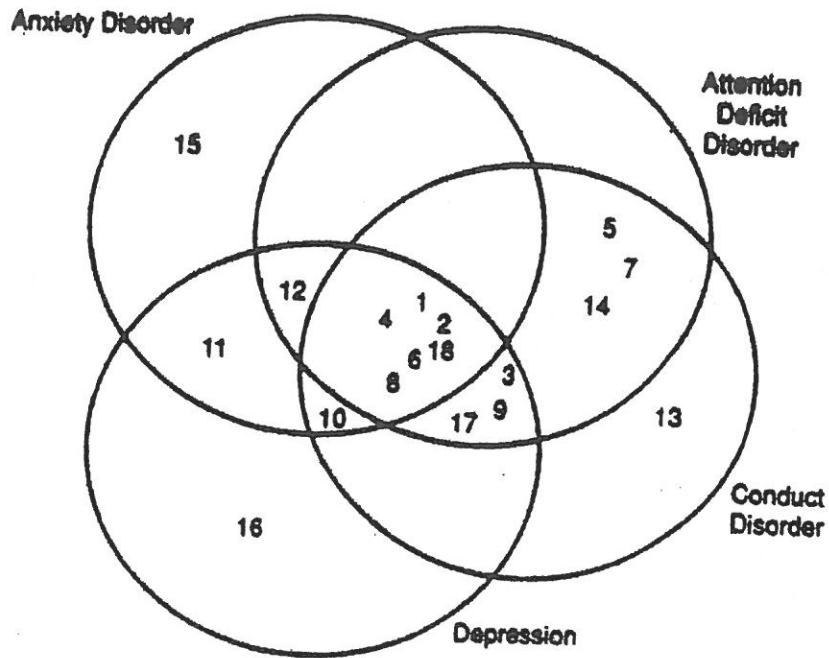
*Mimic Syndromes and Medical Conditions Co-Morbid with ADD*

Reaction to Anticonvulsants	Head Trauma
Phenobarbital/Dilantin)	Otitis Media
Reaction to Theophylline (for Asthma)	Anemia
Tourette's Syndrome	Fragile-X Syndrome
Strep Infection—Sydenham's Chorea	Sinusitis
Epilepsy	Pinworms
Complex Epilepsy	Thyroid Disorder
Structural Brain Lesion	Isoniazid
Obstructive Sleep Apnea	Lead

*Mimic Syndromes and Psychological Conditions Co-Morbid with ADD*

Attention Deficit Disorder	Learning Disability
Anxiety Disorder	Conduct Disorder
Major Depression/Dysthymia	Oppositional Defiant Disorder
Autism Spectrum Disorder	Obsessive Compulsive Disorder
Intellectual Retardation	





Symptomatic Behavioral Characteristic	Attention Deficit Disorder	Anxiety Disorder	Depression	Conduct Disorder
1 Poor Concentration	X	X	X	X
2 Restless	X	X	?	X
3 Fails to Complete Tasks	X		X	X
4 Day Dreams	X	X	X	X
5 Impulsive	X		X	X
6 Poor Sleep	X	X	X	X
7 Aggressive	?		?	X
8 Mood Disturbance	X	X	X	X
9 Poor Self Concept	X		X	X
10 Quiet and Withdrawn	?		X	X
11 Guilt Over Transgressions		X	X	
12 Memory Problems	X	X	X	
13 Stealing/Lying				X
14 Poor Social Skills	X			X
15 Fearful/Avoidance	?	X	?	
16 Crying	?	?	X	
17 Sensation Seeking (High Risk)	X		?	X
18 Difficulty Focusing on Task	X	?	?	?

Key: X = Symptom Usually Present  
 ? = Symptom Possible  
 Blank = Symptom Not Usually Present



## STIMULANT DRUG SIDE EFFECTS RATING SCALE

Name \_\_\_\_\_ Date \_\_\_\_\_

Person Completing This Form \_\_\_\_\_

*Instructions:* Please rate each behavior from 0 (absent) to 9 (serious). Circle only one number beside each item. A zero means that you have not seen the behavior in this child during the past week, and a 9 means that you have noticed it and believe it to be either very serious or to occur very frequently.

Behavior	<i>Absent</i>										<i>Serious</i>
Insomnia or trouble sleeping	0	1	2	3	4	5	6	7	8	9	
Nightmares	0	1	2	3	4	5	6	7	8	9	
Stares a lot or daydreams	0	1	2	3	4	5	6	7	8	9	
Talks less with others	0	1	2	3	4	5	6	7	8	9	
Uninterested in others	0	1	2	3	4	5	6	7	8	9	
Decreased appetite	0	1	2	3	4	5	6	7	8	9	
Irritable	0	1	2	3	4	5	6	7	8	9	
Stomachaches	0	1	2	3	4	5	6	7	8	9	
Headaches	0	1	2	3	4	5	6	7	8	9	
Drowsiness	0	1	2	3	4	5	6	7	8	9	
Sad/unhappy	0	1	2	3	4	5	6	7	8	9	
Prone to crying	0	1	2	3	4	5	6	7	8	9	
Anxious	0	1	2	3	4	5	6	7	8	9	
Bites fingernails	0	1	2	3	4	5	6	7	8	9	
Euphoric/unusually happy	0	1	2	3	4	5	6	7	8	9	
Dizziness	0	1	2	3	4	5	6	7	8	9	
Tics or nervous movements	0	1	2	3	4	5	6	7	8	9	

The Stimulant Drug Side Effects Rating Scale, used to monitor side effects to stimulant medication. From *Hyperactive Children: A Handbook for Diagnosis and Treatment* by R. A. Barkley, 1981, New York: Guilford Press. Copyright 1981 by The Guilford Press. Reprinted by permission of the publisher.

## DISORGANIZATION

### Parents may say:

Her room is always a mess.

He's always losing things. He just can't get organized.

If I ask him to tuck his shirt in, even more of it is out when he's "fixed" it.

### Teachers may say:

He can't even seem to find things that he needs.

Before doing classwork, she'll take out a pencil, put it away, try to find paper, take out another pencil and sharpen it. It takes forever for her to get started.

His desk is so messy he can't find anything.

## POOR SIB/PEER RELATIONS (SOCIAL PROBLEMS)

### Parents may say:

She says she has no friends.

Before medication, he was the last one to be asked to a child's party.

When he's in a group, he acts like an idiot.

### Teachers may say:

He's such a loner—no one seems to like him. Sometimes I think he doesn't finish his work so that he can stay in and avoid recess.

She gets so hurt when her classmates avoid her.

He has a real problem playing by the rules at recess.

## AGGRESSIVE BEHAVIOR

### Parents may say:

He's always picking on his brother.

She seems to defy me when I ask her to do something.

When this kid gets angry, he's like a wild person—you can't control him.

### Teachers may say:

This child is so disrespectful to his teacher.

He gets so many discipline notices—I'm beginning to think he enjoys it.

When there is trouble, this kid is always involved.

## POOR COORDINATION

### Parents may say:

He's so clumsy.

I've been told her coordination is OK, but she moves so differently.  
It took a long time to learn how to bat a ball.

### Teachers may say:

She's the last one to be picked for a game.

His writing is so messy, yet I know he does his best.

If there was one brick out on the playground, he'd trip over it.

## MEMORY PROBLEMS

### Parents may say:

He's lost two footballs and his jacket.

She can't seem to remember where she puts things.

He's a magician—he does his homework, but it disappears before school.

### Teachers may say:

I tell him the assignment and he does something else.

If I send him on an errand, I have to write down what I want.

She seems to lose information so quickly.

## INCONSISTENCY

### Parents may say:

He's got good and bad days.

I think he's got a Jekyll & Hyde personality.

I never know what to expect from her.

### Teachers may say:

One day he does all his work; the next day, none.

Sometimes I think he missed his medication.

I don't know what to expect from one day to the next.

## PERSISTENT OBSESSIVE THINKING

### Parents may say:

He never seems satisfied with what he gets.

She never stops asking questions.

He keeps asking for things one after another even when he is told no.

### Teachers may say:

I sometimes hate to tell him about a special event; he drives me crazy with questions.

He's got a million questions, but they're on the same topic.

Once she has an idea she can't seem to let go of it.

## POOR SELF-CONCEPT/SELF-ESTEEM

### Parents may say:

He says he's stupid.

He seems to get along better with younger kids and others that have problems.

She says she has no friends.

### Teachers may say:

Nobody wants to play with this child.

He seems to give up so easily—he doesn't try anymore.

He makes fun of himself and gets laughs.

## SENSATION-SEEKING BEHAVIOR

### Parents may say:

I'm always catching him with things that are dangerous.

He's fallen out of trees trying to climb higher and higher.

This kid seems to live on the edge—he does a lot of stupid things.

### Teachers may say:

This kid likes to push others to their limit.

He seems to invite others to fight with him.

She always seems to be the center of attention and excitement.

## DAYDREAMING

### Parents may say:

She should be doing homework, but I catch her staring at some picture.

This kid can spend hours doing nothing.

Except when he plays Nintendo®, he looks half asleep.

### Teachers may say:

His body is in the classroom, but I don't know where his mind is.

He looks spacey—I wonder about drugs.

I just know she must fall asleep in class sometimes.



## INATTENTION

### Parents may say:

When I tell her something it goes in one ear and out the other.  
I know he can attend; he plays Nintendo® for hours.  
He knows all the baseball players, but he can't remember what I said a minute ago.

### Teachers may say:

Sometimes he just seems to be in outer space.  
When I call on him, he never seems to have the right place in Reading.  
She just has so much trouble following instructions.

## IMPULSIVITY

### Parents may say:

He's 10 years old, but still interrupts my conversations.  
He's got such a short fuse—you never know what to expect.  
I'm afraid to let her ride her bike in the street; she's had so many accidents.

### Teachers may say:

You really have to watch this preschooler all the time.  
Other students tease him a lot—they know how to get him to react.  
He has much difficulty waiting to be called; he often just blurts out an answer.

## HYPERACTIVITY

### Parents may say:

He was overactive even before he was born.  
This toddler is always in motion.  
When we visit friends she has to touch everything.

### Teachers may say:

He just can't stay seated very long.  
She's always talking to her neighbor in class.  
His drumming that pencil is really annoying.



## **Commonly Used Western Medications for AD/HD**

**Ritalin - Methylphenidate:** Common Side Effects- insomnia, decreased appetite, weight loss, headache, irritability, stomach ache

Duration of Effect - 3 to 4 hours,

Pros- Works quickly (Within 30 to 60 minutes, effective in 70% of cases, with a good safety record.

Precautions- Not recommended in patients with marked anxiety, motor tics or with a family history of Tourette's Syndrome.

A slow release form is also available which lasts about 7 hours.

Warnings: Ritalin should not be used in children under 6 years. since safety and efficacy in this age group have not been established. Suppression of growth has been reported with the long-term use of stimulants in children.

**Cylert - Pemoline :** A central nervous system stimulant. "The exact mechanism and site of action of the drug in man is not known. "Common side effects include insomnia, agitation, headaches, stomach aches, infrequently, abnormal liver function tests with life-threatening liver failure possible. Contains FS&C Yellow #6. Duration of behavioral effects- 12-24 hours. Pros- Given only once a day. Precautions- May take 2-4 weeks for clinical response, regular blood tests needed to check liver function.

**However, psychostimulants do not appear to achieve long-term changes in outcomes such as peer relationships, social or academic skills, or school achievement (Pelham et al., 1998).**

## Other Western Medicines for AD/HD

**Adderall**- This medication contains 4 different types of amphetamines in one tablet with once a day dosing. Long-term studies to show possible carcinogenic potential have not been performed. Do not use in children who are under 3 years of age. May cause Tourette's syndrome and tics in children with a family history of such. Not indicated for symptoms associated with acute stress reactions. May exacerbate symptoms in children with psychotic behavior. Depending on the dose, may contain either yellow or blue dye to which some children may be allergic.

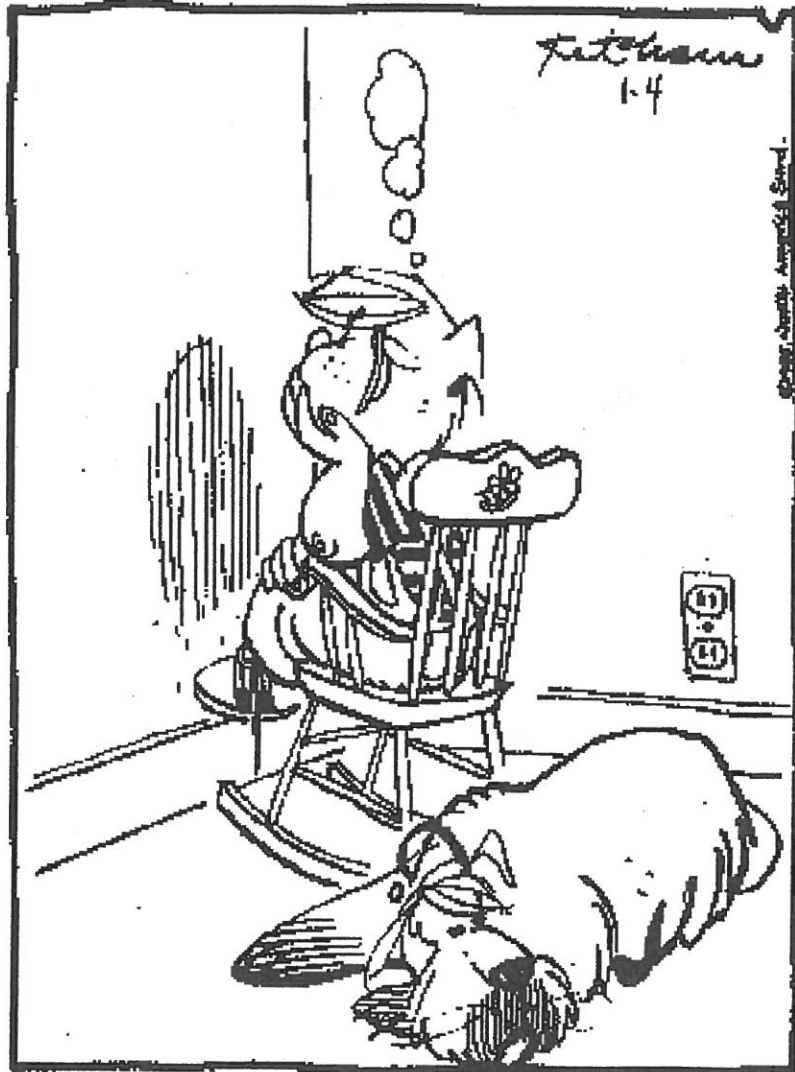
**Tofranil**- (Imipramine pamoate) Tricyclic antidepressant. Common side effects include dry mouth, depressed appetite, headache, stomach ache, dizziness, constipation and mild tachycardia. May take several weeks to see effect. Duration of effect is 12-24 hours. Used in ADHD children with depression or anxiety. ECG should be done prior to use to check for cardiac conduction defect.

**Norpramine**- (Desipramine) Same as above.

**Catapres**- (Clonidine) Hypotensive agent. May cause sleepiness, hypotension, headache, dizziness, stomach ache, localized skin rashes with the patch. Oral form will last 3-6 hours. Patch form will last for 5 days. Used in AD/HD child with severe hyperactivity or aggression. Sudden stopping of this drug may cause rebound hypertension.



# DENNIS THE MENACE



"BY THE TIME I THINK ABOUT WHAT I'M  
GONNA DO... I ALREADY DID IT!"

