

## Local and Distal Points

The local and distal points are considered the weakest combination of points for treatment but are easiest to select. Children generally respond well to these regimens for symptomatic relief of mild, acute illnesses. The local points are those acupuncture points close to the location of symptoms, and distal points are usually located distally along the same meridian or along the connecting principal meridian. Examples are:

- Upper respiratory tract symptoms:
  - Rhinorrhea
    - Choose local points LI-20 and a distal point along the Yang Ming principal channel, such as ST-45
    - Treat bilaterally
  - Watery eyes
    - Choose GB-1, BL-2, ST-2 as local points. These points are best treated in children with acupressure; choose distal points along the three Yang meridians, such as GB-34 and BL-60
- Ear pain
  - Choose local points GB-2, SI-19, TE-21, and GB-34 as a distal point
  - NB: GB-34 and BL-60 are the most frequently used distal points for head and upper body symptoms.

## Selection of General “Big” Points

These are major points that exert specific effects globally.

- ST-36, everything, especially for immune tonification; tonifies Yin Qi, Yuan (Original) Qi, Nutritive Qi, Stomach Qi
- LI-4 is a strong point for immune tonification when used in combination with ST-36
  - it is a strong dispersing point for headaches or any excess symptoms of the head and face
  - *it should be used with caution in a deficient child*
- GV-16, Wind Palace—to expel both internal and external Wind
- GB-20, Wind Pool—to expel external Wind
- LI-11 clears Heat anywhere
- GV-14—fever of any origin
- ST-40 resolves Dampness or Phlegm anywhere
- KI-7—expels Cold; can be augmented with supportive means, e.g. hot steam
- CV-17, CV-6—tonify Qi globally;
  - CV-17 is the intersection of Pericardium, Heart, Liver, Spleen, Triple Energizer and Small Intestine, tonifies Qi
  - CV-6 is good for tonifying chronic Qi deficiency
- CV-12, intersection of Spleen, Stomach, Triple Energizer and Lung, tonifies Middle Energizer
- GV-20 and Sishenchong—stimulate brain, clear mental cloudiness due to any cause
- BL Shu points for tonification of Yin organs
  - BL-13 Lung
  - BL-15 Heart

## Hib (Haemophilus influenzae Type b Conjugate Vaccines)

- One to four doses—number of doses needed depends on age when series is started
- Generally given at 2 months, 4 months, 6 months, and fourth dose between 12 and 15 months.

## Hepatitis B (Hep B)

Three doses of Hep B vaccine:

- HBsAg-negative mothers—infants born to HBsAg-negative mothers should receive
  - first dose of HepB vaccine by age 2 months
  - second dose at least one month after the first dose
  - third dose at least 4 months after the first dose, 2 months after second dose, but not before age 6 months
- HBsAg-positive mothers—infants born to HBsAg-positive mothers should receive
  - Hep B vaccine and HBIG, hepatitis B immunoglobulin within 12 hours of birth
  - second dose recommended at 1–2 months of age
  - third dose at 6 months of age
- Mothers whose HBsAg status is unknown—these infants should receive Hep B within 12 hours of birth.

All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit.

## MMR (Combined Measles, Mumps and Rubella Vaccine)

Two doses of MMR are given

- First dose now recommended at age 12–15 months
- Second dose at 4–6 years of age to cover those children who failed to respond to the first dose to produce immunity.

## PCV 7, Heptavalent Conjugate Pneumococcal Vaccine

Pneumococcal conjugate vaccine was licensed in 2000 for routine use. Four doses are given at 2 months, 4 months, 6 months, and 12–15 months.

## Varicella Vaccine

In 2001, new guidelines were instituted for varicella vaccination in many states. In California, beginning on July 1 2001, varicella vaccine is required by law for children aged 18 months and older entering child care; children entering kindergarten for the first time, and older children under age 18 years who are from out of state or out of country, transferring to a California school for the first time with no documented history of the chickenpox disease or the varicella vaccine.<sup>13</sup>

The Wood child is the operational school-aged child, who progresses from the unrealistic, Id-driven, one-dimensional thinking into the two-dimensional realm of cause and effect, right and wrong. Movements and activities become more purposeful as the child develops advanced motor coordination and social skills to participate in team sports. The Wood child is typically Liver Yang excessed as the young tree grows upward toward Heaven; the child learns to make decisions and take directions in his activities. The imbalanced Wood child would manifest motor "purposeless" hyperactivity and inability to understand right and wrong as the child becomes physically aggressive. A child acting without proper direction from the Liver, the Qi General, correlates to the Western terminology of having "impaired motor and behavioral inhibition." This child is particularly vulnerable to medication, which is metabolized in the Liver. Liver Yang leads to Spleen Yang deficiency through the destructive relationship of the Five-Element Cycle. Spleen is specifically involved with memory of facts and data, with concentration, therefore with academic learning. These influences are mediated through the Spleen Spirit, Yi. Spleen deficiency also explains the various sensitivities of the ADHD to foods, additives and preservatives. A deficient Spleen would in turn lead to deficient Lung because of the Earth–Metal nourishing relationship, and the child may have difficulty with organization and easily become sad and depressed. Lung deficiency would also predispose the child to become sensitive to chemicals and environmental toxins. Accompanying the Liver Yang excess is the constitutionally deficient Liver Yin—which is worse when accompanied by Kidney deficiency. Liver Yin houses the Ethereal Soul, the Hun, which spiritually connects human beings to each other. The child with ADHD has behavioral characteristics that alienate peer social interaction, which translates as a restless Ethereal Soul unable to settle down in a Liver Yin deficient environment. The Ethereal Soul is also intimately connected to the Mind, the Shen that is housed in the Heart. Inattentiveness and easy distractibility are manifestations of "brain" deficiency, but are Chinese medicine signs of disturbed Shen, a Mind that is not at peace. Therefore, the school-aged child with ADHD has multiple organ/system disturbance, manifesting primarily as Liver imbalance, but also encompass Kidney, Heart, Spleen, and Lung.

The teenager with ADHD is vastly different from the preschooler and the school-aged child with ADHD. As Western medicine points out, older children manifest less motor hyperactivity but are more troubled with inner restlessness. The excess movement of the Wood child gives way to a perturbed Shen in a fiery teenager, who is in the Freudian Genital phase of development with drastic hormonal and physical changes. Teenagers gradually discover their sexual identity, as they explore passionate relationships with the opposite sex and distance themselves from their parents. The adolescent Fire children are fearless and difficult to control. They experiment with drugs and alcohol and are rebellious in a treatment facility. Their excess Heart Fire or Yang is accompanied by Heart Yin deficiency secondary to Kidney and Liver Yin deficiencies. The Ethereal Soul and the Shen are restless, unable to find solace in deficient "houses." As Fire destroys Metal, depression and mood disorder can be more pronounced with Lung deficiency. The Spleen can have varying degrees of deficiency, depending on the extent of Liver–Heart imbalance of Yin and Yang. The teenager is also vulnerable to medications, because an excess bitter taste would further injure the Heart. Chinese medicine treatment would focus on the Heart, but also balance the Kidney, Liver, Spleen and Lung. Table 10.1 summarizes all the DSM-IV characteristics and their correlation to the Five-Element organs.

## CHRONIC HEADACHES CLASSIFIED ACCORDING TO LOCATION

### Tai Yang

A Tai Yang headache occurs along the Bladder Tai Yang channel. In acute instances, this is the result of Wind-Cold in the Tai Yang stage of invasion. Chronic, recurrent Tai Yang is compatible with the Western diagnosis of tension headache. However, taking a careful TCM history is very important in these cases. If Cold is not properly expelled from the Bladder channel during an acute invasion, Cold can chronically lodge in the Tai Yang channels, predisposing the child to Tai Yang headache each time the back of the neck is exposed to Cold. This headache occurs without the full development of Wind-Cold or viral illness. The child would also be vulnerable to developing tension headaches due to tightening of neck muscles that are already contracted by Cold.

Tension headaches occur in as many as one-third of childhood headaches,<sup>448</sup> and may present as sharp attacks that are sometimes difficult to distinguish from migraine without aura. Tai Yang headaches are usually less intense, do not have emotional components, and usually do not have gastrointestinal symptoms such as nausea, vomiting, or abdominal pain.

### Shao Yang Headache/Migraine—Lateral Side of Head and Neck

Shao Yang headaches that occur on the lateral side of the head and neck correlate to the Western diagnosis of classic migraine, considered the most common headache in childhood.<sup>418,425-427</sup> Migraine affects as many as 5-10% of all children<sup>449</sup> and may represent as high as 54% of pediatric headaches.<sup>448</sup> The acute episodes can be triggered by numerous factors: emotional upset; stress—such as school pressure, lack of sleep; sensory stimulation—such as loud noise, bright light; and sympathetic stimulation—such as sports, physical exercise.<sup>450</sup> Headache is sometimes preceded by a visual or sensory aura. The characteristic attack consists of severe, throbbing or pulsating pain—usually unilateral but in children often bilateral—frequently accompanied by digestive symptoms (nausea, vomiting, abdominal pain) and sometimes hypersensitivity to light and sound.<sup>450</sup> The duration is 4-72 hours in adults, and 2-48 hours in children under age 15.<sup>417</sup>

Various hypotheses have been proposed for pathophysiology of migraine, but the precise mechanism is still poorly understood. The headache appears to involve both central and peripheral structures. There is vasodilatation and vasoconstriction of the neurovascular system,<sup>417</sup> possibly due to inflammation of cerebral arteries.<sup>451,452</sup> There may be altered neuronal excitability in the CNS.<sup>453</sup> Recent evidence suggests involvement of catecholamines,<sup>454,455</sup> serotonin,<sup>456</sup> and of some neuropeptides.<sup>457,458</sup> There is increasing focus on the role of dopamine, both in the prodromal symptoms (such as nausea, vomiting, drowsiness) and in the headache phase with pain perception and cerebral blood flow.<sup>459,460</sup> Migraine in children is often associated with abdominal pain<sup>453</sup> and cyclical vomiting.<sup>461,462</sup> A strong family history is supported by the finding of a dopamine receptor gene locus in migrainous patients with aura.<sup>451,459</sup>