

The use of pediatric tuina for children

Pediatric tuina is different from adult tuina since in the early years of life, the qi system has certain characteristics in its own right which are a determining factor both for physiology and treatment.

In infants, not only are there certain characteristics of qi and certain ways in which illness develops that have greater importance, but it is also possible to stimulate certain points or specific areas that no longer exist in adults (for example, in children all the organ channels are represented on the fingers).

In addition, since qi is livelier and reacts more quickly, there is no need to employ all the different techniques used in the treatment of adults. In children, treatment is based essentially on *tui* (pushing) and *rou* (kneading). An acupuncturist can learn the basics of pediatric tuina very quickly, whereas tuina for adults requires thorough study and training.

Whereas in China pediatric tuina is part and parcel of university training in traditional Chinese medicine and is used in pediatric wards, it has only recently started to become more widely used in the West. Particularly innovative in these countries is the work involved in combining treatment in the clinic with the application of certain tuina sequences by parents at home.

Tuina and qi

Since it works with qi, tuina is not really an external physiotherapy. When we treat a patient, the correct technique is essential to allow the qi coming from heaven and the qi coming from earth to gather together in the abdomen, passing through the movements of the hand and meeting and acting on the child's qi.

In order for this to happen, there must be no blockages or obstacles to the flow of qi – the practitioner's shoulders are relaxed, the elbow “dropped” (that is, lower than the wrist), and the wrist, hand and fingers loose but not limp. Every movement of the hand is fluid and forceful, the rhythm regular and uniform, pressure light but vigorous, the mind relaxed and clear, and attention and intention (*yi*) always maintained. Treatment penetrates deeply.

A sound technique is important. It is said that at one time Chinese teachers used to give their pupils a sack of rice so that they could practice their technique, especially the more difficult methods; not until they had turned the rice into powder were they allowed to begin practicing tuina on people. Even today all doctors, ranging from trainees to those in charge of outpatients' departments, still practice every day on rice cushions before starting to treat patients.

Practicing *qigong* in one form or another is also very helpful because whoever employs tuina must have a certain familiarity with qi and their own qi must be in reasonably good condition. Working with those who are ill is often emotionally draining, dealing with children requires plenty of energy, relationships are complex since one or both parents are also involved, performing tuina on children, although less tiring than on adults, is nonetheless demanding, and most of all tuina is only worthwhile if something happens to the qi.

Tuina and children

It is important to fine-tune our sensitivity to the responses coming from the child's body, to feel when the child is enjoying the massage and allows it to continue or when he or she is getting annoyed and impatient.

Tuina is generally well accepted, but not all children are immediately willing to allow themselves to be touched. It is easier to find the right degree of care and kindness if we always bear in mind that with our actions we are encroaching on someone else's space.⁸

The youngest children can be calmed down by massaging the abdomen, which lulls them, passing like a wave into the interior. Older children can be involved for instance by asking them to pay attention because they will have to tell their mother how to do the massage – of course, she is a little forgetful and it is up to them to remind her!

If children are very small or fearful, they can be left in the arms of their adult carer at the beginning; after a while they will then usually allow themselves to be laid on the couch without making a fuss.

Many children tend to become restless very quickly and therefore refuse to accept massage. Our intention and determination should remain resolute, our *yi* and *zhi* should not waver, and our spirit and manner should be kind but firm. All in all, the attitude that we have within ourselves and the demeanor associated with it should make it perfectly clear that although we are gentle about it, we are going to do what we have to do. It is basically the same thing as the fact that it is raining – maybe I don't like it and maybe I can use an umbrella or a hood, but it's raining, that's how it is and there is nothing that can be done to stop it.

It is worth noting that the way in which we set up our relationship with an uncooperative or frankly willful child may also turn out useful for parents who find it difficult to remain resolute.

Technical notes on tuina

- Children can be held in someone's arms or can lie on the couch depending on their age and mood. We allow them plenty of freedom to move, but maintain constant contact; ideally massage should not be interrupted, but this depends on the circumstances.
- The practitioner can work standing or sitting, while always maintaining a solid base and keeping the feet, legs, pelvis, and spine in an appropriate posture.
- The movement should be suited to the child and the specific clinical condition. It should never be abrupt and violent nor should it be superficial and irregular. Pressure should not be excessive, but it should be felt (it is more than just touching).
- Treatment usually consists of a sequence of 10-12 movements with each one being performed for one to two minutes, depending on the child's age and clinical condition. It is generally recommended to begin with the hand, then move on to the forearm, abdomen, leg, and back, but this sequence can be modified depending on what is required by the child at that moment (but it must not be spaced out over time).

⁸ See later in this chapter for a discussion of the therapeutic relationship with the child and the adult carer.