

Appendix 7

Treating Children by Treating Their Parents

Treating Children by Treating Their Parents

When treating children, we observe a clear relationship between physical health and emotional state. Therefore, it is only natural that the emotional state of the parents and the emotional relationship between the parents and the child will have an affect on the physical health of the child.

A child of an anxious mother will necessarily be influenced by the frequency transmitted by his mother in general, and by her worry regarding his own well-being in particular. The children of a father suffering from anger and frustration will necessarily be influenced by these emotions and by their father's actual behavior. Less extreme cases are also likely to have an affect on children, who usually reflect and even intensify the emotional atmosphere they experience in their immediate surroundings, such as a sibling with social problems, tension between parents, or financial pressures.

Young children are influenced more by their emotional experience than by logic and understanding. As a result of this lack of proportion and children's inability to apply a broader conception of reality (an ability that develops as they grow older), they experience the emotional situations around them in a powerful and concentrated manner.

When treatment fails to achieve lasting balance in a child, particularly when we observe significant improvement followed by gradual reemergence of the symptoms, the practitioner should consider the possibility of the existence of a constant external influence constituting an ongoing cause of illness. Treatment balances the child, but the symptoms gradually return due to an active external cause.

Ongoing external imbalance can be the product of various types of factors, such as dietary, climatic, environmental (external substances), or emotional.

The first stage of treatment should be an attempt to assess the source of the external influence, in the event that one exists. Is the child eating a proper diet? Are climatic factors involved? Is the child either in or being exposed to some kind of emotional distress? Might there be a problem in kindergarten or in school, or is the child experiencing tension with his or her siblings? Is there tension between the parents? Such questions are meant to help the parents assess possible causes of the imbalance. This process must be conducted gradually and with great sensitivity, and can only be effective if the parents are aware of it and agree to cooperate. If the practitioner proceeds without the necessary sensitivity, he or she could very well end up pulling the rug out from under the treatment as a whole.

Even after the parents understand the relationship between their state and the state of the child, the road to treating the parents to help the child is a long one that is quite rare in practice.

Here, the stumbling block is an ethical one. To me, it seems wrong to recommend to someone to have me treat them, as this raises the possibility that their treatment was actually coerced. I regard this principle as so important and fundamental that, in order to avoid such situations, I developed a method of contending with it: if I recommend treatment to someone, even through insinuation, it is always free of charge. I have no interest in initiating a process from which I will necessarily profit, although this is not true for ordinary

potential patients. Patients who find their way into my clinic in a normal manner, by means of personal recommendation, do so at their own initiative.

Another common problem is the emotional state of parents of a sick child. Such parents sometimes experience feelings of guilt and sensitivities that can compel them—without a complete understanding or full desire to do so—to agree to measures that they do not fully understand and that will also ultimately cost them a significant amount of money.

Still, as I continued to gain experience, I could not help thinking that despite the difficulties involved, treating parents for the benefit of, or in conjunction with their children was the right approach. So right, in fact, that I would later be unable to comprehend how it was possible to treat children without balancing their parents.

Later, I conducted a discussion on the subject with my students in a course I was teaching on pediatric Chinese medicine. The discussion, however, was presented merely as food for thought and as a way of emphasizing the importance of the parent-child relationship and its impact on the condition of the child. In the clinic, I treated parents who were open to the idea and demonstrated a desire to do so, but only after they explicitly requested treatment. In such cases, the parent reports to the clinic alone for treatment which, from the outset, is aimed at individual balancing, based on the assumption that this will ultimately serve to benefit the child. I had neither a conception nor a method of consciously, or in a structured manner, achieving balance between the child and the parent. The idea of treating parents instead of children, therefore, remained an interesting idea, like the idea of treating

patients with your eyes closed to ensure that all the information you receive is from the pulse alone. Both are lofty ideas with little practical application.

Approximately four years ago, an 11 year old boy named Dan was brought into the clinic for treatment. He had been suffering from eye tics for a few months, and he underwent a relatively brief course of treatment. Almost all cases of involuntary muscle movements in the eyes or in other parts of the body are caused by an imbalance of LIV *qi*. In most cases, the pulse is indicative of “Emotional Wind in the LIV.” In this instance, the treatment was based on dispersing the Emotional Wind from the LIV and subsequently balancing and supporting the LIV. After three treatments, Dan was balanced and the tics gradually subsided.

During the fourth appointment, Dan’s mother Rachel requested that I continue treating Dan, this time for allergies from which he had always suffered. After five treatments which met with only partial and temporary success, Dan, Rachel, and I conducted an assessment of the treatment up to that point. Our conclusion was that despite the temporary and intermittent improvement achieved during the course of treatment, Dan had experienced no fundamental change in his condition. After a discussion in which we tried to think of ways in which we could nonetheless help Dan, Rachel said that she had something important to say that was related to her relationship with Dan.

When Rachel was pregnant with Dan, one of her prenatal tests indicated a reasonable chance that the fetus was suffering from a serious irregular condition. As a result, Rachel went through an extremely difficult process during which she felt as

if she was rejecting the fetus and considered having an abortion, although it turned out to be too late in the pregnancy to do so. After three traumatic days, it turned out that the test results were mistaken and everyone breathed a sigh of relief. Rachel explained that this event had had a powerful impact on her and continued to influence her relationship with Dan until today. On the surface, the relationship between Rachel and Dan appeared completely normal. However, beneath the surface, it involved an element of rejection on the part of Rachel. Dan reacted to his mother's rejection with fear and a strong need to please her, which only angered her more, continuing the vicious cycle. Even after Rachel realized this pattern and the possibility that it might stem from what happened in the past, she soon discovered that it was stronger than her and out of her control.

Here, it is important to emphasize the heroic courage demonstrated by Rachel, who opened herself up and shared what had been locked away deep in her heart in my presence and the presence of her son.

The constant state of tension in which Dan lived resulted in the production of excess heat, which, in turn, resulted in an over-alertness of the immune system connected to the LIV and the manifestation of allergies. It was also the cause of the tics from which he had suffered at the beginning of the treatment, which apparently reflected a period of unusually high tension and resulted in the emergence of Emotional Wind in the LIV.

At this point, I was struck by the possibility of pursuing joint treatment of Dan and Rachel in an effort to balance their

relationship. My thought was to try to bind their *qi* together and in this way to achieve balance. At first, I considered performing acupuncture using needles connected to one another by the electrical wire of an electro-acupuncture machine. Ultimately, however, this idea struck me as being too reminiscent of a laboratory experiment.

Many years ago, I was visited in my clinic by an older couple whose relationship had been undermined by the wife's admission of an event that had occurred twenty years earlier, of which the husband had only recently learned. The chasm that suddenly opened up between them was deep, and included depression on the part of the husband and a sense of helplessness on the part of the wife. The approach I took in trying to balance them was based on insight gained from the theory of Stems and Branches. The two of them lay next to one another on different treatment tables, and in each one I inserted a needle at the stem point of the other. To a certain extent, the stem point reflects a person's main frequency, and on this basis I thought that the treatment might help them resynchronize with one another. The treatment, however, did not achieve its desired result. Based on this experience, I resolved that this time around, when I began treatment of Dan and Rachel, the treatment should involve a physical connection. After consulting with an electrical engineer, we concluded that if *qi* – which is a kind of electronic motion – could be synchronized, direct physical contact between the needles was unnecessary and that physical contact between the two patients would suffice. On this basis, I recommended joint treatment of the mother and son holding hands to achieve synchronization.

The treatment proceeded as follows:

Rachel was diagnosed with Emotional Wind at the LIV pulse point. “Emotional Wind” is an imbalance and instability of the emotional aspect of the LIV. This condition was reflective of the anger and frustration from which she was suffering, and she was treated accordingly – with acupuncture at GV-16 (the *gui* point of the LIV)¹.

Dan was diagnosed with Emotional Wind at the KID pulse position, reflecting the fear and worry from which he was suffering. He was therefore treated with acupuncture at CO-11 using a *gui*-removal technique.

Dan and his mother held hands throughout the entire treatment. By the next appointment, his allergy had completely disappeared. This was our last meeting.

After this episode, I grew increasingly certain that the treatment of parents could be undertaken in conjunction with the treatment of their children. To this end, I designed a model and began to apply it.

Whenever I conclude that a problem for which I am treating a child is related to the parent-child relationship, I explain the following:

I have recently started combining the treatment of parents and treatment of children in order to increase the chances of balancing the child. Treatment of the parent is neither individual nor comprehensive and is intended only to help balance the child. If this idea interests you, we can add a treatment of this kind in the future. Treatment of the parent is provided at no additional charge.

In all my experiences, without exception, all parents have expressed a willingness and desire to cooperate. Over the past four years,

1- See: *Emotional Wind (Gui)*, p. 294.

I have conducted dozens of treatments of this kind, and the percentage of cases in which I integrate joint treatments continues to rise. So far, I have made use of four types of joint-treatments:

1. Similar Treatments for Parent and Child

One option, when parent and child are suffering from the same problem, is to treat them both using a similar treatment. One example of a case suitable for this approach is a child suffering from fears and anxieties and a mother who is also plagued with anxieties. The mother represses and controls her fear, but the child expresses the fear and intensifies it.



A combined treatment to balance Emotional Wind (*Gui*) - C0-11 in *gui* technique

2. Treatment for Accommodation

This is a model in which the child suffers from imbalance and the parent is unable to accommodate the child. With nobody to accommodate his imbalance, the child is unable to regain balance. At the same time, the parent develops a sense of anger toward or rejection of his or her child. A suitable example for this model would be a violent child who causes his parents to be violent toward him or her. In this case, the child is treated with a removal and cleansing treatment on the emotional level, and the parent is treated using the Earth point of the

meridian undergoing treatment in the child. Use of the Earth point helps the parent balance, soften up, and accommodate the imbalance of his or her child.

I have also recently encountered cases in which the situation is opposite – when it makes sense to help the child contain the parent. This, of course, is not at all surprising.

3. Synchronizing Treatment

This was the model that was most suitable for Dan and his mother. In such cases, a parent and child are affected differently by the same imbalance, with linkage between the two resulting imbalances. In such instances, both the child and the parent contribute to the imbalance and play a role in perpetuating the problem.

4. Treating the Parent on His or Her Own

In some cases, a parent brings a child in to the clinic for treatment, but the imbalance actually belongs not to the child but to the parent. Consider, for example, a parent who is unable to reach an understanding with his teenage daughter. He believes that she is suffering from imbalance due to adolescence and that she is in need of help. However, during the questionnaire and the pulse diagnosis, it becomes clear that it is actually the father who is suffering from the imbalance, and that his anger and frustration is disrupting their relationship.

Such instances are problematic, as a parent who brings his child in for treatment is not always open to the idea of being treated himself. Such cases must be handled with extreme sensitivity, and the idea of treating a parent instead of a child must be developed gradually in conjunction with the parent himself or herself.

In Conclusion:

Joint treatments achieve positive results on a number of levels. On a clinical level, the treatments are extraordinarily effective in a large percentage of cases. On the family level, they involve parents taking responsibility for their relationship with their child and understanding that the family relationship interfaces and overlaps with the emotional and physical condition of the child. This is a conceptual change for parents who bring in their children “to be fixed,” because they are not balanced. Some parents, particularly mothers, already understand the relationship between the emotional and environmental state of the child and his or her physical health. Nonetheless, the experience of personal treatment leaves parents with an incomprehensible impression of profound significance.

For some parents, the experience of treatment opens their eyes to the world of Chinese medicine, and leads them to request comprehensive treatment for themselves

The potential benefits of jointly treating and balancing two people using a physical or some other kind of connection opens a door to a field that is currently unknown but may not necessarily be unfounded. Just imagine the acupuncture treatment of an entire family (two parents and a child, or maybe even two parents and three children) or a group of people with something in common, such as an athletic team or four rowers of an Olympic kayak. Can the acupuncture of a group of people sitting in a circle holding hands have any affect? Might *qi* behave as it behaves in the human body, where physical distance serves only to intensify its flow?