

WORKING WITH KIDS – PART 2

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Of course working with kids isn't always about creating fun imagery, as I mentioned in my last column. I promised to share case studies from different countries, showing the value of a creative and flexible approach to some very different pediatric problems. Names have been changed to protect identities.

Vanessa

How vividly I recall the case of eight year old *Vanessa*.

I saw her briefly, just once, on my travels, as a favor for a chiropractor friend who was running late. I had the barest information about the case, except *Vanessa* suffered from stress incontinence. Her parents had dragged her around various pediatricians and urologists with little success, and sought help through alternative therapies. As I had about 20 minutes with *Vanessa* I decided to simplify the session, by selecting some fun stretches and techniques associated with her problem. Together we did the "boat" stretches for the *UB meridian* where we sit opposite one another on the floor, feet touching, arms extended, holding wrist to wrist, and move from side to side or back&forth as though we are canoeing our way across the waves. Later I gave her simple Shiatsu along her *UB meridian*. Quite spontaneously she began to talk about her parents, how they would fight at night, and how her mother would end up sleeping with her and her younger sister.

After the session I glanced in the waiting room, saw the chaos in the mother's face and scattered behavior, and later asked the chiropractor if family problems had ever been noted in *Vanessa's* file. The answer, surprisingly, was no. I shared my observations, and advised the chiro to explore the root of *Vanessa's* dilemma and suggest the parents seek a marriage counselor instead of projecting their problems onto their daughter.

The Twins – Tony and Manny

Tony and **Manny's** parents consulted me about the ten year old twins' problems with asthma. I knew the family was going through economic hardship, so offered some basic advice. Felix, the twins' Dad, was a smoker, so I suggested he quit immediately or pledge never to smoke at home or in the car or around the boys. Surprisingly he had never made the connection. Recent reports (from Britain and the USA) have moved beyond linking childhood onset asthma to smoke, dust, pet hair, and cockroach droppings in crowded living situations, noting the increase of asthma in families who live near major highways. Tony and Manny lived close to a busy interstate. But given the family's economic situation they weren't in an immediate position to move.

I suggested the parents and the boys keep a family journal to monitor the attacks (times of day, prompts, possible food allergies and so on so they could pinpoint patterns). I taught the parents how to activate **Lung 1** (by standing behind the twins, and rotating their arms by turn, while holding **Lung 1.**) I also taught the boys how to activate these points for themselves, and how to lie in the **Fish** pose of Yoga for a great torso-and-lung stretch. The boys gave positive feedback within a week. Both said activating **Lung 1** helped them ward off an asthma attack the instant they felt the warning signs. The journal helped them avoid foods (especially dairy products) that caused wheezing. More than anything, the twins felt less panicked by the attacks and more in control.

Emily

Emily was a shy, lanky kid who suffered from constipation that caused her endless embarrassment. Earlier I'd observed the way she used earphones constantly, to and from school, and even around the house. Her skin was pasty and her breathing was congested. Before I worked on her she made a beeline for my large yellow exercise ball and draped herself over it. I took the cue and stretched her over the ball, accessing some major points, especially **LI4**, which I taught her to activate. I asked about school. She began to talk about the problems she had going to the bathroom there because of the lack of privacy – and the harsh, cheap, non absorbent toilet paper. "I hold everything in," she admitted, "and then I can't go when I come home because my brothers bang on the door when I take too long." We resolved part of the problem by ensuring she took soft Kleenex with her to school every day, and encouraging her to rise earlier than her brothers to spend time in the bathroom sometime between 5a.m.-7 a.m. the peak

functioning time for the *Large Intestine* meridian. Subtle dietary changes, the inclusion of more roughage and water in her diet, encouraging specific exercises (like the squat), all helped ease the problem within a couple of weeks. And without adding to *Emily's* shyness.