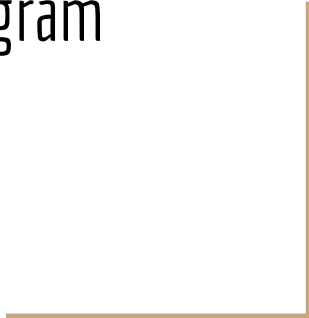




Childhood Complaints

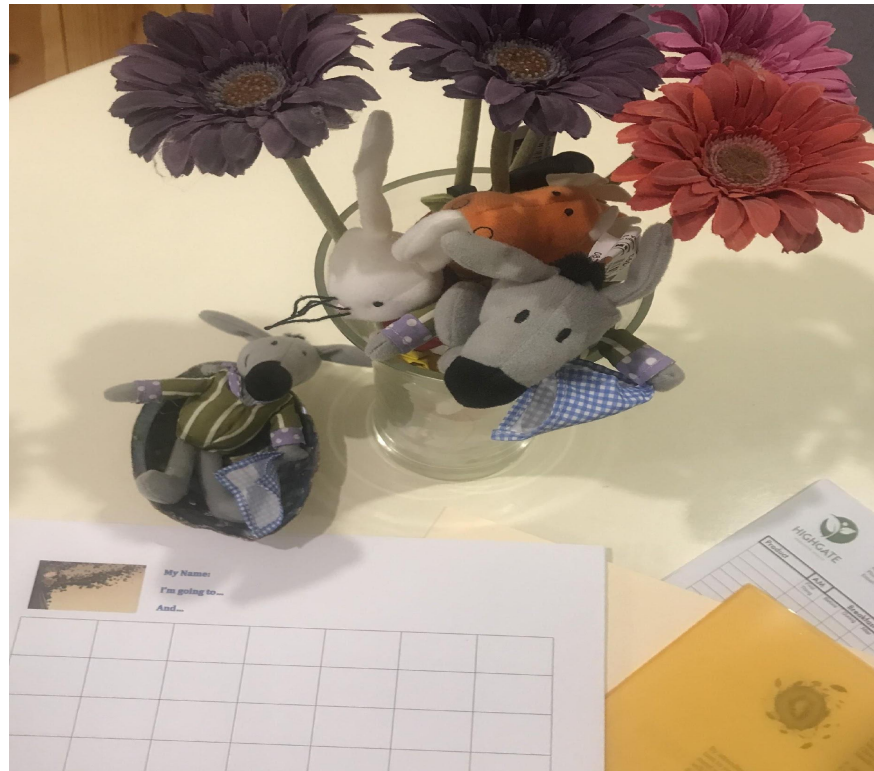
Graduate Mastery Program
Sunday Session



Basics...

- Your Association can give you a list of what you are supposed to do to set up your clinic and work with children.
 - Minimum is 'Working with Children' police clearance, then in SA it DECE that you need to complete information and complete study practical online courses to reach minimum standard.
- Parents should be present with the child in your office until they are 18, 16-18 is generally considered a grey area in medicine, so we can work with parental permission without the parent present... I never do. I have had parents sit just outside the door if the child responds better, but that has been at the parents request, and they have full visual whilst I'm alone with the child.

Star charts, rewards, toy box...



Childhood Complaints

- Paediatric Pain
- Molluscum Contagiosum
- Warts
- Ringworm
- Threadworm
- Staphylococcus skin infection
- Constipation & Fussy eating
- Anxiety
 - Sleep
 - Syncopy
- Tonsil case

Pediatric Pain

- Barriers
 - Belief that children, especially infants do not feel pain the way adults do
 - Lack of routine and regular pain assessment after the initial diagnosis
 - Lack of knowledge in pain treatment
 - Belief that preventing pain in children is pointless as they'll forget it all anyway
 - "Granny survived, why shouldn't you"



Pain - the Baker Wong face chart - Sliding scales -

Where are the hurting bits mostly?

Can you point?

Just show me where else?

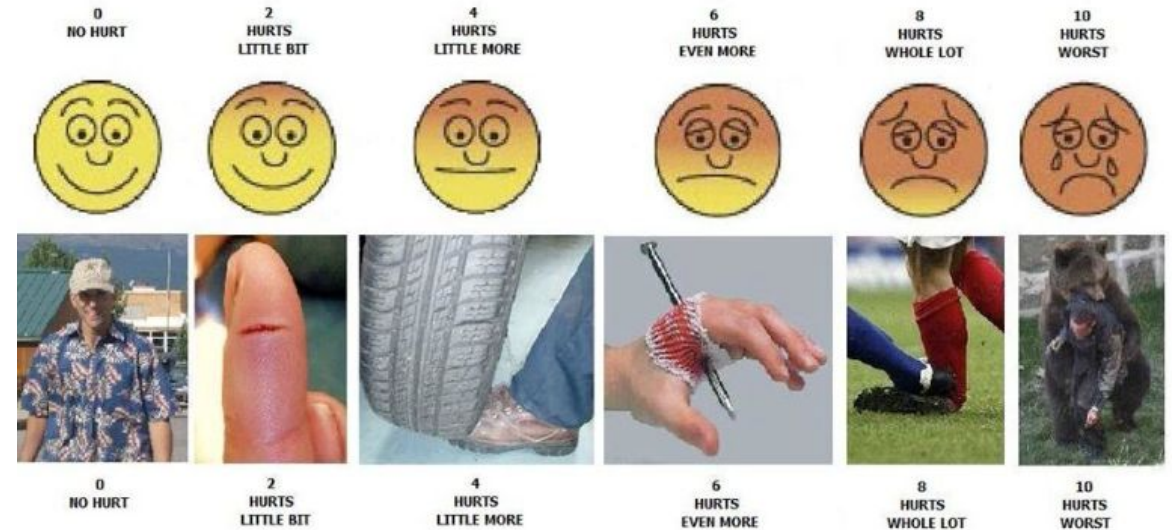
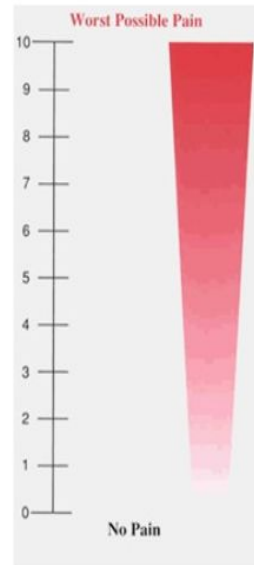
Children between 3-8 years

Usually have a word for pain

Can articulate more detail about the presence and location of pain; less able to comment on quality or intensity

Examples:

Color scales



SOCRATES

- **SITE** – Where is the pain?
- **ONSET** – When did the pain start, sudden or gradual?
- **CHARACTER** – What is the pain like?
- **RADITATION** – Does the pain go anywhere else – radiate.
- **ASSOCIATIONS** – Any other signs or symptoms associated with the pain?
- **TIME COURSE** – Does the pain follow a pattern?
- **EXACERBATING/RELIEVING FACTORS** – Does anything change the pain?
- **SEVERITY** – How bad is the pain?

- **In Neonates, infants & toddlers (<3 years)**
- Facial expressions are the most reliable
- Eyes tightly closed or fully opened
- Mouth opened, square'ish shape
- Furrowing or bulging of the brow
- Quivering of the chin
- Deepened nasolabial fold
- *Is it pain, fear, anxiety or distress?*

Physiological Indications of Acute Pain

- Dilated pupils
- Increased perspiration
- Increased rate/force of heart rate
- Increased rate/depth of respirations
- Increased blood pressure
- Decreased urine output
- Decreased peristalsis of GI tract
- Increased basal metabolic rate
- Groaning or Crying
- Changes in sleep/wake cycles
- Changes in activity levels
- Agitation
- Rigidity
- Clenching of fists

What are we going to give the little darlings?

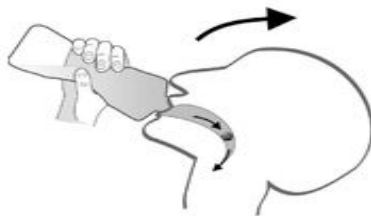
Two Techniques to Make Swallowing Pills Easier

How to Swallow Pills More Easily

Do you have trouble swallowing tablets or capsules, especially large ones? Do they stick in your mouth or throat? Do you have an unpleasant feeling while swallowing? If so, these tips might help. Something called the "pop-bottle method" can help you swallow tablets. And the "lean forward technique" can help with swallowing capsules. Here's how:

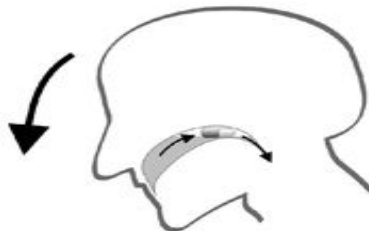
Pop-bottle method for tablets

1. Fill a flexible plastic water bottle or pop bottle with water.
2. Put the tablet on your tongue and close your lips tightly around the opening of the bottle.
3. Take a drink from the bottle, keeping contact between the bottle and your lips by pursing your lips and using a sucking motion. Swallow the water and the pill right away.
4. Don't let air get into the bottle as you swallow. You should feel the bottle squeeze in on itself as you swallow.



Lean-forward technique for capsules

1. Put the capsule on your tongue.
2. Take a medium sip of water, but do not swallow yet.
3. Bend the head forward by tilting your chin slightly toward your chest.
4. Swallow the capsule and the water with the head bent forward.



- Often you need to put the capsule/tablet on one side of the tongue or the other
- Don't be surprised that children can't swallow tablets, use Tick-Tac's for them to practice with.
- Powders & herbal tinctures along with the star charts means that I have a very good compliance rate with children. Obviously I don't give them raw tincture but we'll go over that on the course proper. ('How to' cheat-sheet for Grad's)
- <http://www.annfammed.org/content/12/6/550/F1.expansion.html>



Molluscum Contagiosum

Molluscum Contagiosum

- Molluscum contagiosum is a common viral skin condition
- Contractible from skin to skin contact and through bathing/swimming pools
- Generally self-limiting but the virus can remain active for up to 18 months.
 - Herbs directly on spots, in aloe or cream base Thuja & Lemon balm or Greater Celandine if skin is dry
 - Zinc, C, mushrooms, A - cod liver oil preferable or similar DHA.

Lifestyle recommendations for molluscum

- Having quick showers only every second day, no baths
- Use a new towel each day
- Change pyjamas each day
- Apply a band aid or Elastoplast 'Strapping tape' to larger spots
- Topical herbal anti-viral tonic on rest of spots – applied either neat or mixed with some aloe vera gel
- Consider ceasing swimming lessons
- No scratching – this can cause the spread of the virus



Warts

1. Topical treatment of Thuja and Greater Celandine tinctures 50:50 – pad of bandaid
2. Keep covered at all times! Warts will 'die' when starved from oxygen

Ringworm - fungal infection



Ringworm - fungal infection

Ringworm is spread by contact with infected humans, animals and contaminated objects and surfaces. Children are most likely to be infected by other people who already have ringworm, via school playgrounds, gyms, contaminated clothing, bath mats, towels, damp floors and showers.

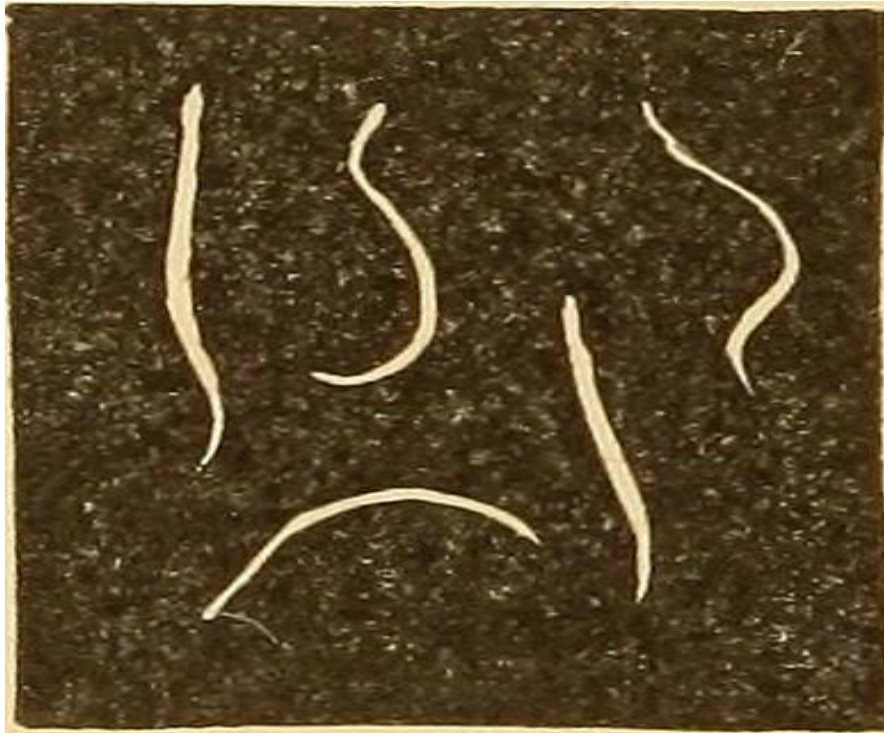
Because ringworm is very contagious, it can be difficult to prevent.

- Pay special attention to drying moist areas on the body (e.g. armpits, groin, in between toes).
- Don't share brushes, combs, hats, clothing, linen or towels with an infected person.
- Don't walk in bare feet on damp floors or in communal showers.
- Avoid contact with infected pets, and wash pets with anti-fungal solution.

Child has ringworm:

- Cover the rash with clothing or a dressing (e.g. a Band-Aid) after applying antifungal cream.
- Avoid communal pools or baths until 48 hours after starting anti-fungal cream, continue cream for a week after rash has gone
- Wash clothing, towels and bed linen in hot water often.
- Spray their shoes with anti-fungal spray if the ringworm is on their feet. This will help stop their feet being reinfected after treatment.

Threadworm



Threadworm

- Threadworm infestation occurs when a person consumes the eggs of the threadworm
- They can spread from holding hands with other children, putting fingers in the mouth or touching an infected surface
- The eggs are viable for up to 3 days on surfaces
- Very common in young children and school age children.

Threadworm Treatment

- Give over the counter medicine or begin herbal treatment for ALL members of the family
- Remove and wash all bedding and wash in hot water
- Wash all towels, hand towels, and bathmats
- Use a clothes dryer when possible after washing bedding and towels
- Vacuum around beds and in bathrooms
- Clean all toilets, showers and baths including all plastic bath toys
- Wipe all surfaces with hot water and disinfectant of choice – don't forget door handles and remote controls
- Wash couch cushions, blankets etc, wipe down leather couches and vacuum cloth couches and chairs
- Shower in the mornings for at least the first 3 days after treatment – ensure that the child is using a nail brush
- Put tight underwear
- New pyjamas and towels for the first 3 days
- Keep fingernails short
- Wash hands and scrub nails before each meal!
- Encourage children to not put toys in their mouth, sucking thumbs or fingers

Chondroitin Sulphate

You'll see this talked about - A LOT! - But, kids won't take the supplement, so only give if an extreme case that won't resolve and both parents and kids are determined!

Listen here:

<https://www.fxmedicine.com.au/podcast/chronic-threadworm-infections-rachel-arthur>

Purchase here:

<https://thewormwhisperer.com.au/products/ariya-purity-chondroitin-sulphate-100g>



Crusted - slow growing & itchy
rather than painful



Blistering - fast growing and larger, again itchy
rather than painful

Staphylococcus Skin Infection

Staphylococcus Skin Infection

- The main cause is strains of bacteria called Streptococcus pyogenes (known as 'group A strep') and Staphylococcus aureus (known as 'staph').
- Know your limitations, better to deal with the gut after the abx than try to undo scarring from infection
- Probiotics, zinc, C, A, D and topical herbal preparation

Staphylococcus Skin Infection

- No water preparations – use straight herbs on the sites of infection and aim to keep DRY at all times
- Wash clothes separately with hot water and add a few drops of essential oil to the wash - antibacterial oils specific for staph include - tea tree, thyme, lavender, eucalyptus, cinnamon and lemongrass
- Replace bath towel daily
- Ensure child is not picking/scratching sores
- Washing hands frequently with soap and using a nail brush
- Avoid the white diet - inflammatory foods such as sugar, dairy, and 'white' starchy foods

Fenugreek cleanse - lymphatic



Child - 2 x4 daily for 5 days - basically wait for the curry smell on the skin, then when the curry smell begins to fade, you start a reducing dose, dropping by 2 capsules every 2 days. (Adults start at 8 a day)

Traditional Fenugreek cleanse 2ltr of fenugreek decoction every day again looking for the curry smell then the fade.

Good for eczema - “burns like fire”, cough that won’t move, bad body odor - anything lymphatic or where fluid needs to move.

Constipation

Very common and usually goes together with food intolerance or eating issues

- Poo O'Clock
- Sitting on the toilet – effective position
- Bath with Epsom salts
- Massage
- Jumping on the trampoline
- 1 - 2 kiwi fruits daily
- Good fats

Constipation food lists - not exhaustive!!

Do eat high fibre & good fluid.

- Most vegetables,
 - carrots,
 - peas,
 - broccoli
 - Okra
 - beans
- Fruits,
 - apples,
 - pears,
 - berries,
 - avocados,
 - oranges
- whole grains,
 - whole oats, buckwheat, and millet
- Kiwifruit, prunes, prune juice,

Best avoided

- Bananas.
- Chewing gum.
- Caffeine.
- Gluten.
- White rice.
- Persimmon.
- Red meat.
- White bread.
- Corn - popcorn is good tho!
- Processed foods
- *Red 'Cotties' brand drink
- High FODMAPS
- Chocolate
- Cheese & cow's milk

Constipation

- Water Intake (See opposite)
 - <https://www.nrv.gov.au/nutrients/water>
- Gentle fibre options include:
 - Soaked LSA
 - PHGG, Vit C & Mg drink
 - Grated *apple (leave until it has started to go brown)*
 - Stewed fruits with the skin on - apple, pear, rhubarb
 - Steamed vegetables such as carrots, sweet potato, swede, zucchini, squash

1-3 yr	1.4 L/day	1.0 L/day (about 4 cups)
4-8 yr	1.6 L/day	1.2 L/day (about 5 cups)
Boys		
9-13 yr	2.2 L/day	1.6 L/day (about 6 cups)
14-18 yr	2.7 L/day	1.9 L/day (about 7-8 cups)
Girls		
9-13 yr	1.9 L/day	1.4 L/day (about 5-6 cups)
14-18 yr	2.2 L/day	1.6 L/day (about 6 cups)

Fussy Eating

Let's talk this one out!

- Age discussion
 - 2-5 years,
 - 5-9 years,
 - 10-14 years
- Minerals lacking in the child?
- Ideas to get food in...



Anxiety and the child

Anxious Child & Syncope

Find the why

Set your systems - anxious people don't like change, set routines, use a calendar or planner so they know what's happening now, next and later

Sleep maintenance - triggers to avoid bed / wake in the night

Nutrients, herbs, flower essences & essential oils may all be required, referral to psychologist, use grounding techniques

Diet - I often use Food 500 and occasionally use HTMA

Syncope - Fainting

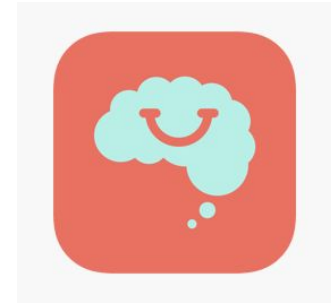
1. Ensure iron levels are maintained - FeMax -liquid, BioClinical - chewable, Floradix - traditional!
2. Assess and manage blood pressure - raise slowly, add salt to foods, encourage hydration, eat regularly.
3. Avoid foods that are known allergens or cause symptoms in the child, IgG or hair 500 - foods can still be a problem 48 hours later
4. Regulate blood sugar - avoid sugar laden foods and chemicals, probiotics recommended
5. Mood regulation - sleep, hydration, exhaustion, anxiety, Mg

Anxious Child & Sleep

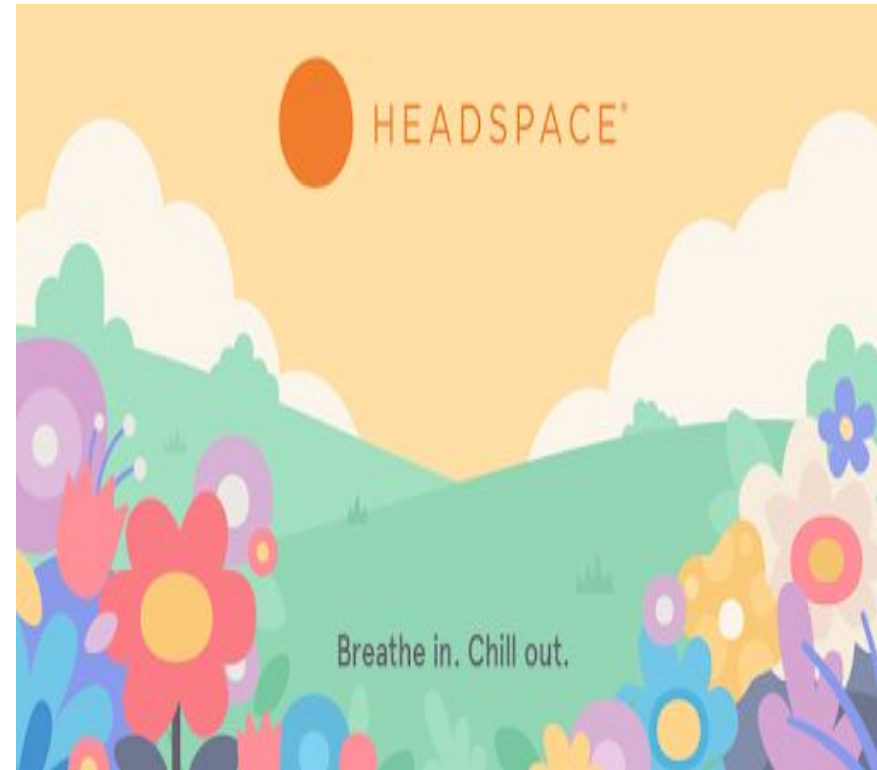
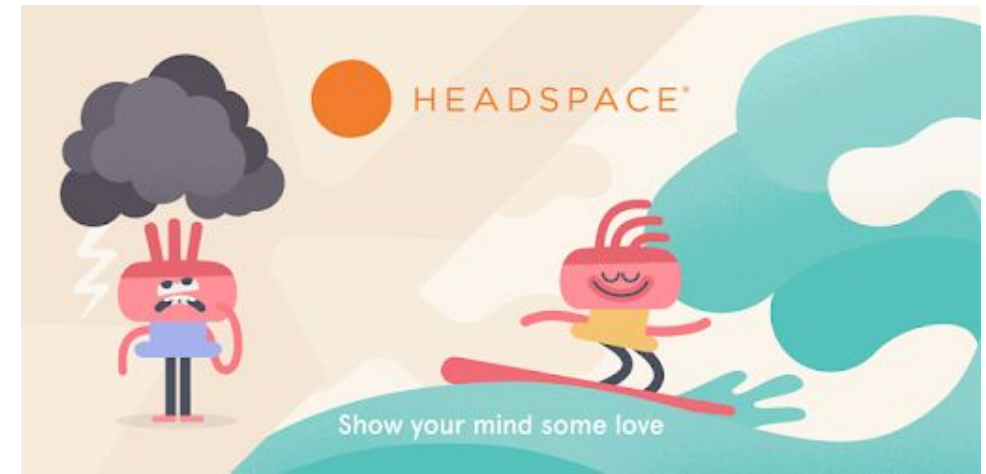


Sleep & Anxiety

- Smiling mind and Headspace apps for mindfulness
- <https://www.smilingmind.com.au/>
- <https://www.headspace.com/>
- Angel meditations or delta wave music available on YouTube or on Spotify
- Lavender and Epsom salt baths prior to bed
- Bach/Bush flower essences
- Lavender spray - controlled by child



Headspace Mindfulness App



Sleep & Anxiety

Check bedtime is accurate for child's age?

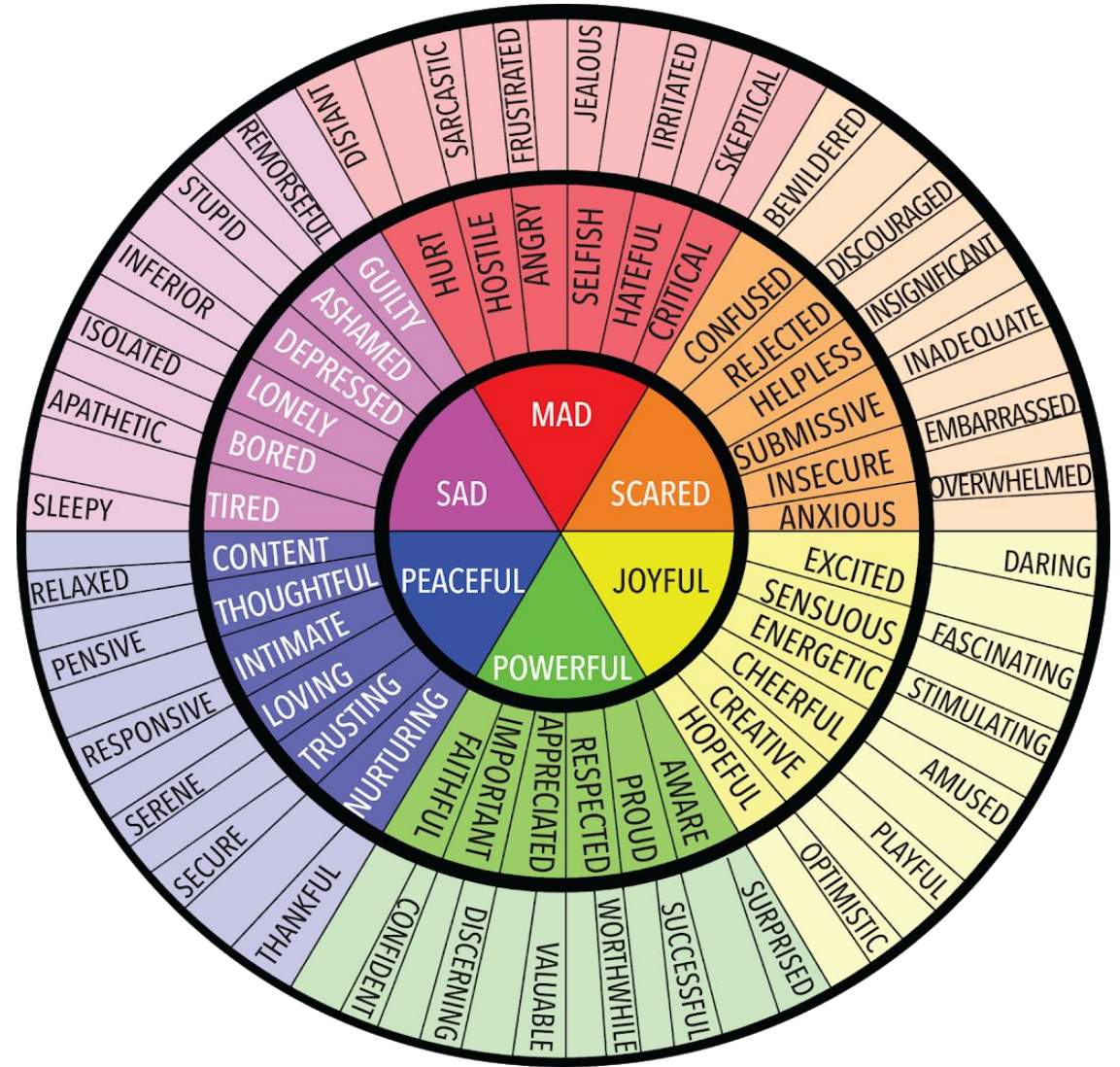
AT WHAT TIME SHOULD YOUR CHILD GO TO BED								
Age	Wake-up time							Sleeping time
	6:00 AM	6:15AM	6:30AM	6:45AM	7:00AM	7:15AM	7:30AM	
5	6:45PM	7:00PM	7:15PM	7:30PM	7:30PM	8:00PM	8:15PM	
6	7:00PM	7:15PM	7:30PM	7:30PM	8:00PM	8:15PM	8:30PM	
7	7:15PM	7:15PM	7:30M	8:00PM	8:15PM	8:30PM	8:45PM	
8	7:30pm	7:30PM	8:00PM	8:15PM	8:30PM	8:45PM	9:00PM	
9	7:30PM	8:00PM	8:15PM	8:30PM	8:45PM	9:00PM	9:15PM	
10	8:00PM	8:15PM	8:30PM	8:45PM	9:00PM	9:15PM	9:30PM	
11	8:15PM	8:30PM	8:45PM	9:00PM	9:15PM	9:30PM	9:45PM	
12	8:15PM	8:30PM	8:45PM	9:00PM	9:15PM	9:30PM	9:45PM	



Is the child getting enough sleep?

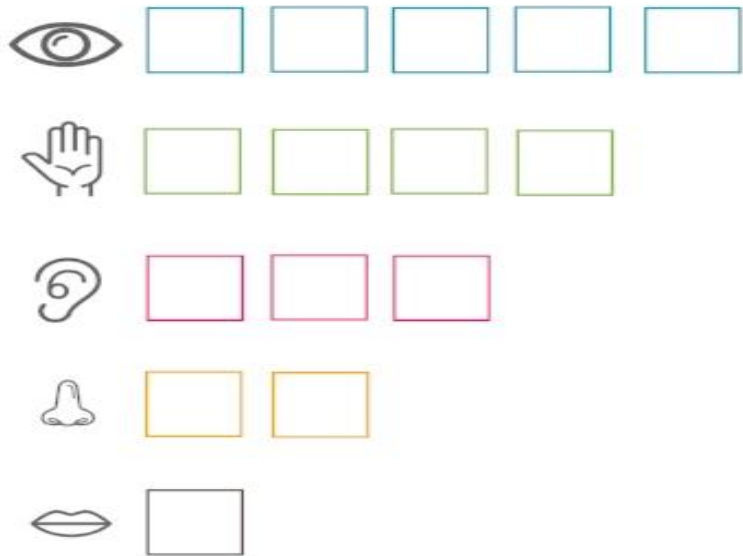
Anxiety Resources

- The Feeling Wheel
 - You may want to print this out and offer it as a prompt for older children, teens, and those with ASD
 - Aids in identifying the emotion the child is experiencing



54321 Grounding Technique

5 4 3 2 1 Grounding Exercise



Pay attention to your breathing. Slow your breath, breathe deeply. Now follow the steps to ground yourself:

5: Acknowledge **FIVE** things you **see** around you

4: Acknowledge **FOUR** things you can **touch** around you

3: Acknowledge **THREE** things you **hear**

2: Acknowledge **TWO** things you can **smell**

1: Acknowledge **ONE** thing you can **taste**

Ease your anxiety, calm your anger and ground your body.

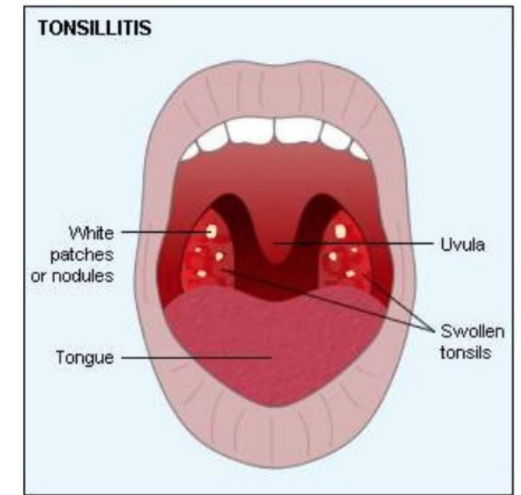
Case Study:

- What pediatric cases do I see a lot of in clinic:
 - Tonsillitis*
 - ENT – glue ear, post nasal drip etc.
 - Coughing, runny nose, colds, flu etc.
 - Gut issues
 - Learning difficulties
 - Chronic Fatigue
 - Epstein Barr Virus (and lots of other viruses)
 - Eczema
 - Asthma
 - Eating disorders (in collaboration)
 - Pre-vaccination (homeopathic & naturopathic supps)*
 - Growing pains and behaviours
 - Babies – feeding & all things baby!

Tonsillitis

- Boy, 8 years old
- Tonsillitis almost quinsy on the waiting list for removal, currently on antibiotics, and warm salt water gargles.
- Mum really worried about it occurring again but also worried about the operation
- Numerous bouts of acute tonsillitis over the past 3 years, and mother worried about his missing school
- He's in pain, throat looks raw and he refuses to eat, he has bad breath which his friends tease him about.
- Refusing to eat as has difficulty swallowing.
- He had grommets in the past for otitis media, and the hospital time wasn't a good experience for child or parents, which is strange as it's normally an easy experience for all.

Tonsillitis – quick overview



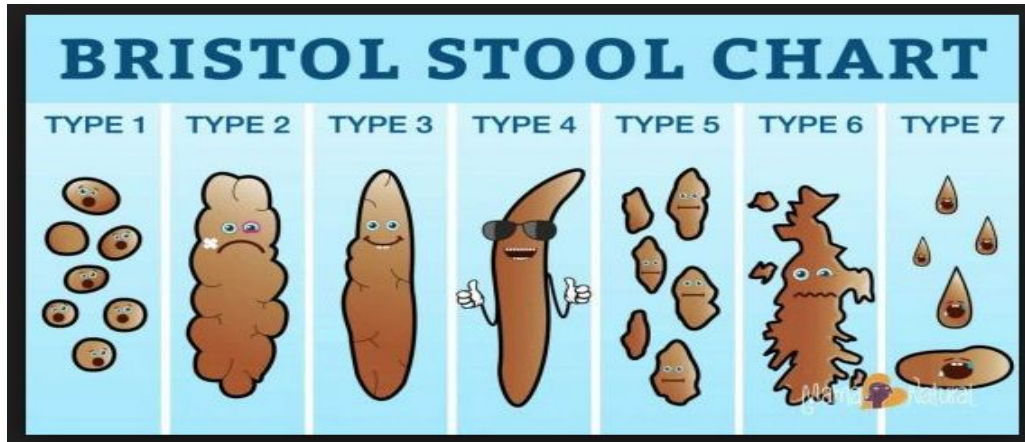
- Tonsils are no longer removed as routine procedure
- It is felt that those that have repeated infections that affect their quality of life should have them removed
- Tonsils essentially trap bacteria and viruses as they enter the human throat, thus preventing them from reaching the body. The tissue of the tonsils contains lymphocytes, which helps them do their job, however due to their structure they can become infected with those very bacteria and viruses they are trying to protect us from.
- Tonsillitis is contagious – coughing, sneezing, sharing drinks and kissing will all spread the bug causing the tonsillitis.
- Most common in 6-18 year olds, rare over 40.

Who does your poo look like?

Are you a 'burper' or a 'farter'?

What colour is your wee?

3 - 5 (7)



Diet -

- Breakfast – porridge / Bircher muesli with yoghurt and fruit, easy to swallow
 - Mashed banana with orange juice
 - Scrambled eggs, mashed avocado, pureed fruits, mash potato/vegetables
 - Stop any cows milk – mucus forming, switch to rice/almond/oat.
 - Chicken soup or bone broth
- BioCeuticals - Fx Med (I hope you're all following the Podcasts) have given us stewed apple instructions!

Medicine
www.fxmedicine.com.au

STEWED HEALING APPLES & IMMUNE COFACTORS

INGREDIENTS

- 6 Bramley apples (or apples of choice, preferably grown organically)
- Peeled, cored, chopped
- Up to ½ cup raisins/sultanas (for added sweetness and fibre)
- ½ cup water
- 2 tsp cinnamon

DIRECTIONS

PRIMARY STAGE

- Put all ingredients in a covered, heavy-bottomed pan
- Cook for about 15 minutes, stirring regularly
 - Cook until soft with rough shapes, no longer identifiable as apple slices
 - The colour should be a russet brown from the cinnamon
- Spoon stewed apples into ramekins
- Cover and store in the fridge for easy recovery
 - Choose ramekins sized to hold 1-1.5 apple equivalent
 - These can be eaten warm or cold
 - Keeps for 3-4 days refrigerated
 - May be frozen and reheated as required

SECONDARY STAGE - OPTIONAL EXTRAS

The Secondary Stage is a component of therapy and can be included if required. Over time, the need for this stage will diminish and eventually fall away.

- 1 tsp larch arabinogalactans stirred into the apple to add sweetness - if required
- OR
- 1 Saccharomyces boulardii 250mg capsule sprinkled on the top - or swallowed separately
- Bifidobacteria (mixed strains) (500mg or 5 billion CFU) sprinkled on top - or swallowed separately
- 1 x Lactobacillus rhamnosus GG capsule sprinkled on top - or swallowed separately
- ½ container of organic natural yoghurt (dairy) or soy equivalent approx. 75mg
- 6-8 blueberries and 4-5 almonds in their skins
- 1 tsp manuka honey, if required

Reference: Ash M. Is this the perfect functional meal for maximal tolerance? Viewed 15 June 2017, <https://www.chiroeducation.org/resources/newsletters/this-a-perfect-functional-meal-for-maximal-tolerance/>

System or Plan of Action:

- Stimulate the Immune System and modulate its response
 - Immuno-stimulant
 - Immunomodulatory
- Eradicate pathogen/treat infection if appropriate
 - Antibacterial
 - Antiviral
- Support lymphatic function
 - Lymphatics
- Soothe inflamed membranes and reduce pain
 - Demulcent
 - Anti-inflammatories
- Remember gut health (he's on a/b's and had lots in the last 3 years along with NSAIDs)
- Diet – soft foods and protein he can swallow

Pain/Eradicate Pathogens/Stimulate Immune System/Support Lymph/Soothe Inflammation

Supps:

- Turmeric
- Vitamin C & D
- Bromelain
- Probiotics – powder or capsules, away from a/b's
- Ginger, Capsaicin
- Alpha-Lipoic Acid
- Zinc, Magnesium
- Glutamine
- Fish Oil, Resveratrol, Spirulina, Mushrooms
- Chicken soup
- Rehydration solution
- Drink warm water, but gargle with warm salt water
- Drink - Lemon, honey, cinnamon, ACV

Herbs-

- Elderberry
- Echinacea
- Berberine herbs - Golden Seal
- Manuka
- Pelargonium
- Pukatea
- Burr Marigold
- Houttuynia
- Isatis
- Sida
- Poke Root, Wild Indigo, Mullein, Sage
- Myrrh, Thyme, Red Root
- Marshmallow, Liquorice
- Gargle – Liquorice, Myrrh, Sage, Thyme

Herbal Dosage:

Clark's Rule

- Clark's Rule uses weights in lb, NEVER in Kg!
- Adult daily dose X (Weight /150) = Child's Dose
- 10kg = 22.0462 lb.
 - 15ml X (22 / 150) = Child's dose
 - 15ml X (0.15) = Child's dose
 - 15ml X 0.15 = 2.25ml
- Child's dose = 2.25ml per day

Young's Formula

- Age in Years
 $\text{Age} + 12 = \text{Ratio of adult dose}$

Eg. 3yr child:

$$\frac{3}{3+12} = \frac{3}{15} = \frac{1}{5} \text{ of adult dose}$$

Therefore, an adult dose of 5ml x3 daily = 3yr child's dose of 1ml x3 daily

Putting it together...

- So, we've got the diet
- We have numerous supplements and herbs to choose from
- We need to make a plan going forward so the client knows what to expect..
Number of appointment, general costs, goals – both yours and theirs, using the star chart really helps!
- When are you going to see them next? Acute illness, so really soon! 3-5 days. I have good compliance with herbs because of how I remix them - stevia is your friend! I do reduce them, then work with mum on the best way to administer them.

Putting it together...

- How will you make sure they come back? What language will encourage them to book?
- Our lad doesn't have polypharmacy or multiple pathology, but he does have an acute illness that needs resolving ASAP. Pain, inflammation, energy all need looking at. He's also small so there is the ongoing issue of diet, immunity and growth.
- So all of these areas are where the sounding board of the group is a great asset to care. It's not another modality you need, it's a support network!