

## Steps You Can Take at Home

by Viola Frymann, D.O., F.A.A.O., F.C.A.

<http://www.osteopathiccenter.org/steps.html>

*A program of monthly meetings was instituted at the Osteopathic Center for Children & Families to provide informative lectures on various aspects of the work of the Center allowing for plenty of time for questions, discussion and valuable contributions from other parents whose personal experiences helped the newcomers. These were essentially extemporaneous talks, sometimes illustrated with slides, and occasionally with practical demonstrations of a child being examined or treated. These were not written lectures but from time to time a zealous parent would make an audiocassette for her friends. A few of these tapes were transcribed. I trust you will read them as if you were sitting in a group of parents eager to learn what happens to "my child" at the O.C.C. and how can this approach help him?*

The subject I would like to discuss today is, "What can I do at home?" What we do in the Center is only a small part of the whole program. What we do in one-half hour a week needs to be supported by what you do on the twenty three and a half hours on that day and all the rest of the days between your visits here. In addition, there are acute episodes that come up and parents so often wonder, "Well, what can I do right now to cope with these acute episodes?" So I thought we might talk about a few of these things. Perhaps, as we go along questions will occur to you so don't hesitate to interrupt if you have a question.

First of all, why do acute episodes occur? This is rather a fundamental concept of disease and health. We often seem to act as if these various bugs are floating around in the air and all of a sudden they decide to settle somewhere. If you happen to be the one they settle in, that's just too bad. So you pull out some kind of shotgun to destroy that invader. We tend to say, "Well, he caught something," and so you try to find something to combat the bugs. Isn't that just about how it comes over to you most of the time?

Did it ever occur to you to ask yourself, "What is the purpose of this acute episode - the cold in the head, tonsillitis, digestive upset or whatever - what is the purpose of it? What is it there to accomplish? Is it just there to irritate the patient and distress the parents? Can we look at these acute episodes as a healing experience?" The body is trying to bring about a change, and, therefore, it has to produce a sort of eruption of some kind within the body's physiology in order to bring that about. Have you ever thought of a child's cold in the head as a healing episode?

A. No, I consider it somewhat of a nuisance. It just causes more trouble. (from the audience)

I agree it is inconvenient. Yes. That's not the question. There are many things in life that are inconvenient but a lot of good may come out of them, nevertheless. Let's consider for a moment why we tend to get colds. We get colds very frequently when our resistance is lowered, perhaps from wandering from good food or not getting enough rest or being under great stress. The cold takes us out of circulation for perhaps 24 or 48 hours, and forces us to rest, forces us to pour fluids into the body and so we begin to get better.

These acute episodes can if they are handled wisely, form stepping stones to better health. Let's look at some of the symptoms that occur. Fever: It is universally taught via that box you have in your house, namely the TV, that if you have a fever you take something to lower the fever, Tylenol, aspirin, whatever. The first thing is to lower the fever. But the fever is one of the body's efforts to combat the infection. The fever is the manifestation of the body's immunity at work. The child who is sick without a fever gives us far more concern than the child who is sick with a fever. If the child doesn't have a fever when there should be a fever, that indicates that the body is not putting up the resistance that is necessary in order to overcome this problem. I'm not talking about the fever that goes up to 104-106, I'm talking about the average fever of 101, 102, 103 which accompanies in most instances the flu, ear infection, the common infectious diseases of childhood. The fever is very important. So we do not address the fever, we address the cause of the fever, which is a different approach.

How about pain? What should we do about pain? The pain of an ear infection or a throat infection? It is generally assumed, often naturally so, that heat is more comforting than cold. The very thought of heat is much more soothing than is ice. Ice has the effect of stimulating the active circulation, whereas heat draws passive congestion. Just imagine for a moment that you soaked your finger in a cup of hot water - for 10 or 15 minutes. What would it be like when you took it out of the water? It would be swollen, red, probably throbbing, and it would be stiff. Is that what you would want to produce in your child's ears or your child's throat? He has enough congestion there already and that is why it hurts. If we can use ice or a cold compress, which means a cloth wrung out of ice cold water, in the immediate application you disperse the blood in the area, but almost immediately there is a reaction in the body that brings active circulation into the area, and that active circulation is part of the healing process.

If, in the event of an earache you use an application of cold instead of heat, it will have helped the

process to turn around and begin to clear. If you use heat you tend to increase the congestion and in the end make the infection worse. Never use heat by itself. We may sometimes use heat alternated with ice to enhance the difference between the two.

I had one teacher who used to say, "Before you start treating the patient, get him to throw the heating pad out." The only thing the heating pad is good for is keeping your feet warm in bed at night, but not to put on some local area of your body. That is also true for sprains, whether it be a back or an ankle. Put ice on it, put cold on it, and the swelling will be decreased, you will increase the motion, and it will begin to feel better.

Keep one of the ice packs which you can buy for the picnic basket in the freezer. Then you will always have a cold application if and when needed. It will be much more convenient and easier to use than ice. If there is an acute throat infection, wring a cloth out of ice water and wrap it around the neck. It is cold as it is put on, but as it draws the circulation into the area it becomes hot, very hot. You will often find that as the tonsils get better you will see a little rash on the skin, which is showing you the direction of the body's reaction. In a very short time the rash on the skin disappears.

If, at the very first sign of a sore throat, you push the fluids, wrap a cold pack around the throat, you will find very often that in 24 hours it will be gone. Put cold fruit juices on the inside of the throat and cold packs on the outside.

What about sinus infection? The same basic principle applies. Just place the ice pack across the face. At first it may be difficult to bear the cold. It may be only a few minutes at a time, but you will begin to feel the congestion breaking up.

These suggestions don't mean that you are going to be able to solve every problem at home. But if, instead of acting as if it weren't there, you proceed actively at the beginning with the measures of pushing the fluids, applying the cold applications locally and encouraging rest, many of the minor problems come under control without any major complications. The longer you leave it untreated the harder it is to clear it.

Now let's consider the relationship of injuries to acute episodes. Very often an acute episode will follow an injury of some kind, either immediately or a week or two afterwards. Some of the things we talked about in the past probably led you to begin to understand why this is so.

Never forget that the body is put together like a delicately designed piece of machinery, and every part of the body is designed to move, to move in relationship to every other part. You have a very delicately integrated, moving piece of machinery. And if something happens to that moving machinery and interferes with its free motion in some area, that in turn interferes with the circulation of arterial blood, the drainage of venous blood, the drainage of lymphatic fluid from the area and the actual motion of the area itself. That, in turn, produces stasis or stagnation in the area, it permits congestion to occur and then it becomes a fertile field for any organism that is in the area.

We find not infrequently that a child has a blow on the head and, before very long he is complaining of an earache. At that point the earache may not be an ear infection; it may be a congested ear, the ear drum may look red, but it is a response to the fact that the temporal bone which holds the ear has become reduced in its normal physiologic motion. If that structural problem can be corrected the earache disappears. This is not uncommon. So if you begin to think of the injury and the effect, and the child does come down with an earache or acute infection, just think back to what has happened in the last two or three weeks which might be a factor contributing to this.

Let us consider another sort of manifestation of acute episodes. That is an asthmatic attack. An asthmatic attack can be a very frightening experience. It is usually more frightening for the parents than for the child. Children tend to take these crises in stride much better than their parents do. We have found that children who have had a fall landing hard on the buttocks, will often precipitate an attack of asthma if they have a predisposition.

One little boy we have treated, who had a lot of asthma before we saw him, had been doing very well and I hadn't seen him for nine months. One day his mother called to say he had suddenly developed an acute attack of asthma. I asked her if he had had any injuries, and she said no, he hadn't. I asked her if she were sure he hadn't had any injuries. When he came in I said to him, "Have you sat down hard somewhere?" He said, "Yes," and I said, "What did you do?" He said, "I fell off the donkey." "Didn't you tell your mother?" "No, because I wasn't supposed to be on the donkey." So you may not always know the injury that preceded that is causing the trouble.

We are not concerned only with respiratory problems like the colds or the asthma or the flu, sore throats, but there are gastrointestinal upsets - the acute diarrhea, the acute vomiting episode. Here it is

important to think about what has precipitated this. With little children who are just beginning to get onto solid food, this may be a reaction from pushing them onto the solid food a little too fast, and so a very good rule for introducing new foods to babies is to do it in very small amounts. Give one teaspoon of a new food once a day for three days. If that is acceptable and causes no adverse effects, gradually increase the quantity. Then introduce one teaspoon of another new food once a day for three days. Thus over 15 days you will have introduced five food which are now well tolerated. This is a good rule when you are introducing any new food to children. Then you will find you won't get to that point where they just refuse to eat it. Later make sure they get a little taste of whatever food you are serving. Making it a little harder to get makes it more desirable.

There are some very simple home measures which you can use to help an acute episode of vomiting or diarrhea. If it continues to go on, a very valuable remedy is in the water in which brown rice has been cooked. Feed that at about one teaspoon every ten minutes. It is important that you don't give more at any one time because if you put a volume of fluid into the stomach it will come right back. Then follow the rice water with some of the brown rice, which can be pureed in the blender or through a sieve, with just a touch of honey to make it a little more tasty and feed that, again in very small quantities. This is for vomiting primarily.

With diarrhea, the body is probably trying to get rid of something which shouldn't be there. One cause of diarrhea in small children is that the food which has been given to them is not prepared finely enough. The body does not yet have the equipment to digest it, or maybe they don't chew it adequately. Corn is one thing that will often be found almost unchanged. That means the child should not be having corn because the body cannot yet handle it. It is too coarse for this body to cope with. The same for raisins or any coarse food which the child does not digest. These foods should be ground or soaked or pureed until the child's body can handle them.

Once you have addressed the cause of the problem, the rice water and the rice may be very helpful here too. Another valuable remedy is to take a ripe apple and scrape it with a spoon, so that it is the consistency of apple sauce but it is a raw apple. Then, when you are over the acute phase, use Meusli. The Meusli is an old, old recipe that comes from Switzerland, which was used by the shepherds in the mountains, and it is still available in almost every cafe in Switzerland. It is a staple food, and by no means a unique health food. Its basis is raw oats that have been soaked to which is added apple and banana, raisins and some ground nuts, a little lemon juice and a little honey. This is a wonderful food for quieting down digestive difficulties at any age in life. Any chronic distress in the digestive system or even an ulcer can be helped by a steady diet of Meusli, even for several weeks at a time, with absolutely fantastic results in quieting down digestive difficulties.

In the immediate post-war period in England there was a representative from Switzerland who came to the Hospital for Sick Children in London, which is renowned throughout the world for its expertise in solving children's problems. He treated children with celiac disease which is a severe disturbance of the digestion of foods which occurs in children. Their measure for treating these children was the use of Meusli. This work was not published for one simple reason: all the children got better. That's not possible according to the usual standards - that every child would have got better.

Why is it that simple measures can be so profoundly effective in these episodes? It is because the healing process comes from within the body, not from outside the body. We don't heal anybody, neither do you. It is the patient who heals himself. All we do is give him a little assistance, set the stage, clear away the things that were in error and permit the healing process to take place.

I can't emphasize enough how important it is to realize that the child has the capacity to overcome his problem inside himself if we will set the stage and create the circumstances in which he can do so.

All of the minerals in the body must be in balance. Calcium must be in relationship to phosphorus and vitamin D so the body can absorb it. If one is missing you may not be utilizing something else. We can see children who are not utilizing calcium, who have calcium deposits in their hair which are a thousand times more than they ought to be. It is not that they are not getting enough calcium, it is that their bodies are not doing the right thing with the calcium.

Here we come back again to how the body is functioning on the inside to make the best use of what we put into it.

Let's consider another area of factors which may manifest themselves in illness in the child. They come under that very broad heading of "stress." Stress may be directly on the child, as for instance, a parent who is too demanding - demanding performance that is perhaps beyond the age or the capacity of the child. The pressure may be at school or the child may believe that there is pressure for performance. Sometimes I talk to parents about this and we hear, "No, we have never bugged him about grades." But if I talk to the child, he says, "Well, I'd better get good grades or I will get into trouble." That may or

may not be true but it is how he perceives the parents' approach toward his performance in school. Sometimes we need to look at ourselves through the eyes of our children. How do they interpret what we say or what we do to them? That is what influences their reaction to circumstances.

How often do you praise your child? How often do you tell him how good he is? How often do you tell him how bad he is, how naughty he is, how incorrigible? If you were to turn a tape recorder on in your house for a few hours and listen to what is said, you might learn a great deal about the way your family functions. That is one of the best therapeutic measures that I know of. Just let a tape recorder run when nobody knows it is on, and then play it back. You will be astonished at what you hear, but you will learn so much. You will find, I'm sure, as most of us do, that he says this, she says that, and I say this. And the script rarely changes because we don't hear the script. We only feel motivated to react to this or to that in an endeavor to shut them both up and it doesn't work.

The stress that is put on a child is sometimes quite unconscious, and more seriously, unrecognized. If we can look through a mirror at ourselves and all the circumstances that surround this child we will find out where the stress is coming from.

There may be stress on the child which is indirect, which isn't directed to the child at all. There may be stress between the parents or between the parents and the grandparents, or stress between the parent and somebody who takes care of the child. The child is in the middle there, and receives that tension that is around him. Children are like reflectors of their parents, and particularly their mothers. I'm sure you have had the experience that when mother isn't feeling very well the children are unbearable. It is not the child's fault, it is because the security which is the center of that family has suddenly been pulled out and they are trying to make the best they can of it. Mother is the central figure in the child's security. Father contributes to it, yes, but you will find that mother being sick or mother being pulled out of the family is a major problem for that child, whether it be for a day or for a much longer period.

If parents are in conflict, this reflects on the child. How does the child deal with difficult or unpleasant circumstances? If the child has a problem at school - he's not getting along very well with the teacher - what do we do about it? Do we talk to the teacher or to the principle and endeavor to have the child removed from that teacher? We often do that. Just project into the future another fifteen years, when your child has a job and he doesn't get along very well with his boss. Is Mother or Dad going down to talk to the president of the firm and say, "Well, he didn't get along very well. I think we'd better move him." You know what he will say, don't you? That's the end of that job.

When do we start to deal with difficult or challenging or uncomfortable circumstances? Can we help our child to handle a difficult situation at school? Can we teach our child to recognize that perhaps this teacher has some problems at home, that this teacher is doing the best he can under the circumstances? Or is this teacher challenging the child a little bit more than he thinks he can handle, but will in the end, produce performance in this child which wouldn't have been produced otherwise?

It is a well known fact that the teacher you remember is the teacher who demanded performance from you. You may have thought at the time that he was mean. Those are the teachers you remember, aren't they? Do you remember the teachers who were very kind and sweet and who put up with anything you did? You can't even remember their names in many instances. The teachers who demanded performance - these we remember. In the great majority of instances, it isn't the teacher who is the problem, it is learning how to cope with a difficult situation. This doesn't mean that we don't have to make sure there is nothing of a more serious nature. If we can teach a child how to deal with a difficult or challenging situation he won't be stressed by it and he will have learned a very important lesson in how to deal with the problems he will be confronting later in life.

Praising a child, accepting a child, encouraging a child is so important, no matter where they stand in life. If a child is handicapped he needs all of the acceptance, the encouragement, the stimulation we can give him. You know we all thrive on praise. If someone is constantly beating us down with "Well, you didn't do this and why didn't you do that, pick up your clothes, and wash your face," and are constantly at it, none of us does very well under those circumstances. We need praise, we need some one to tell us we did a good job, or we tried hard and have done better today than we did yesterday. These are the things that make children strive to do better.

Another problem, which sometimes is unavoidable, is repeated changing or moving in a child's life. Children thrive on stability, on security. They like to sleep in the same place, have their own little corner where their possessions are. If moves are unavoidable, then endeavor to establish a close little niche in the new location as you had in the old one, so they can quickly relate to a home-like feeling. We see children who are in Service families, constantly uprooted every year or two. This is very hard on children. They need as much stability as we can possibly give them under those circumstances. It isn't easy for any of us to be moved around a lot. Particularly is this true of a child.

An extension of this is having people around that the child can relate to. Sometimes it is unavoidable, perhaps, that a baby sitter has to be changed a series of times. No matter how good the sitter may be, if the child is going through a constant need to relate to a new person, it is another hurdle he has to get over. The fewer the times we have to produce these challenges to a child, the better he will do. This doesn't mean that it isn't of value to leave a child with somebody else at times. It is important that a child can learn to be with other people. At the same time try to maintain that undergirding, stable environment rather than a lot of change.

The need for consistency of rules and regulations: A child needs to know his boundaries. There are times when that is difficult, times when he doesn't choose to conform to those boundaries, and that cuts right across your plans for the day. What are you going to do about it? Are you going to let down on the rules and regulations? Are you going to say, "Well, just this once we won't bother?" Or are we going to go through some inconvenience so that the child realizes that rules are there to be kept, not to be broken? Sometimes this can be a real cause for confusion, disturbance, and all your plans are thrown out because Johnny doesn't choose to put his shoes on this morning. It is so much easier to do it for him. If you do it for him today you might find yourself doing it for him tomorrow too, and so it goes on.

Routine is a great help to children. It gives them stability. If they get up at the same time, eat at approximately the same time, they have the same sort of activities at about the same time gives them a sort of rhythm in their life. And rhythm on the outside helps to establish rhythm on the inside. Again, this is not absolutely rigid, but if they become accustomed to a rhythm and routine, you will find that life is less stressful to them.

The emotional environment: Have fun! Get down on the floor and play with the children. Have time when the children can tell you what to do in a play and fun situation because you will find they will be much more willing to listen to you when you have something to tell them. Laugh with your children, have fun. Sometimes one of the best ways to overcome their behavior is to laugh. If a child is mad about something and you laugh at him his madness doesn't carry much weight. If a child can get mad and upset you he has won the day. But if he gets mad and you laugh at him, he realizes it isn't doing any good, and soon the anger begins to break up. That isn't easy but you will find it will work.

Anxiety and fear on the part of parents is picked up by children. The fear may have something to do with them or it may have nothing to do with them. They may not understand the fear, but they pick it up and they respond to it.

Thus, children present us with very great demands, not demands necessarily for what we do to them but demands for what we are, because our children demand of us a growth on the inside, a stability, a harmonious state within ourselves and the people we interact with. That is what establishes a healthy environment for that child.

These are some of the thoughts I would like you to take with you and think about, and see how they may fit into your situation at home.