Convergent Points
AN EAST-WEST CASE REPORT JOURNAL

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Childhood Gratification Syndrome Managed with Acupuncture: A Case Report

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Abstract

Background: Childhood gratification syndrome (CGS), also referred to as infantile gratification or infantile masturbation, is a benign but frequently misdiagnosed behavioural phenomenon in infancy and early childhood. Episodes commonly mimic epileptic seizures or movement disorders, giving rise to unnecessary investigations. While most cases are managed conservatively with reassurance and behavioural guidance, severe presentations with marked nocturnal dysregulation and multi-domain disturbance cause significant challenges for families, and evidence-based treatment options remain limited.

Case presentation: A 13-month-old female presented with a three-month history of escalating gratification behaviour, occurring up to five times per hour when awake, accompanied by nightly episodes of prolonged screaming. The patient had significant early psychosocial stress due to family separation and exposure to war-related trauma. Comprehensive medical evaluation, including electroencephalogram (EEG) and imaging, excluded epilepsy and structural abnormalities. A diagnosis of CGS was established.

Intervention: The patient underwent 24 sessions of age-appropriate acupuncture. Phase 1 targeted the Ren channel with gentle, non-retained needling and press-needle stimulation. Phase 2 consolidated Ren treatment and incorporated the other eight extraordinary and primary acupuncture channels to manage emerging symptoms. Phase 3 focused on the Lung, Large Intestine, and Stomach luo (superficial connecting) channel involvement using light bleeding, gua sha, and minimal retention needling, with continued Ren channel support. The intervention was guided by a traditional East Asian medicine (TEAM) framework, emphasizing early channel development, resolution of accumulated emotional pathology, and shen regulation.

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Outcomes: Gratification behaviour was reduced to brief, pre-sleep self-soothing episodes. Nighttime screaming decreased in both duration and intensity. Self-induced vomiting, gagging, biting, and head banging improved following luo vessel treatment. Sleep, appetite, and overall daily regulation showed marked improvement. No adverse effects were observed.

Summary: This case demonstrates the potential of utilizing extraordinary and luo vessel techniques as an adjunct to conservative management in complex, trauma-associated CGS. These findings afford a springboard for future research into TEAM-guided interventions for early regulatory disorders.

Keywords: Childhood gratification syndrome, infantile masturbation, acupuncture, acupuncture, vessels, luo channels, case report

Introduction

Childhood gratification syndrome (CGS), also termed infantile gratification or infantile masturbation, is a benign but frequently misinterpreted behavioural phenomenon of infancy and early childhood, characterised by episodic posturing, stereotyped limb movements, pressure or rubbing against the perineal region, autonomic arousal (flushing, sweating, grunting), and post-event fatigue (Biswas et al., 2024; Leung & Robson, 1993; Nechay et al., 2004). Episodes commonly mimic epileptic seizures, dystonia, abdominal pain syndromes, or other paroxysmal neurologic disorders, frequently leading to extensive investigations and misdiagnosis before a behavioural aetiology is recognised (Nechay et al., 2004). Recent reviews emphasise the importance of early recognition of CGS, exclusion of red-flag pathology, and avoidance of unnecessary pharmacological or invasive interventions in otherwise healthy children (Biswas et al., 2024).

CGS mainly affects children between 2 and 3 years of age, with a secondary peak observed in early adolescence. Prevalence remains uncertain due to underreporting and diagnostic confusion, though studies estimate rates between 0.3% and 4%. While CGS is generally benign, frequent episodes or nocturnal disturbances may cause significant distress to caregivers, disrupt sleep, impair attachment, and negatively impact family functioning.

Conventional biomedical management of CGS is primarily conservative. Once neurologic, genitourinary, gastrointestinal, and safeguarding concerns (including sexual abuse) have been reasonably excluded, recommended

OPEN ACCESS
Citation: Mar Young, R., Linder, B. (2026). Childhood Gratification Syndrome Managed with Acupuncture: A Case Report. *Convergent Points: An East-West Case Report Journal 5*(1).
www.convergentpoints.com
Editor: Kathleen Lumiere, Seattle Institute of East Asian Medicine, UNITED STATES
Received: February 1, 2026
Accepted: February 7, 2026
Published: February 15, 2065

Data Availability Statement: All relevant data are within the paper and its supporting information files.
Funding: This article received no funding of any type.
Competing Interests: The authors have declared that no competing interests exist.

management focuses on parental education, reassurance, avoidance of punitive responses, and behavioural strategies such as distraction and environmental modification. A recent systematic review concluded that there is no high-quality evidence supporting routine pharmacological treatment, with medications reserved only for rare, severe, or refractory cases in which behavioural support has clearly failed (Nemati et al., 2022). Most children are expected to outgrow the behaviour spontaneously as self-regulation matures.

Traditional East Asian medicine (TEAM) does not define CGS as a distinct behavioural diagnosis. Still, paediatric TEAM views recurrent self-stimulatory, dystonic, or paroxysmal behaviours as patterns involving shen disturbance, Liver qi disruption, and Spleen-earth imbalance, shaped by constitutional factors, early channel development, and the mother–child relationship (Ferreira & Lopes, 2011). Treatment approaches typically emphasise gentle, non-invasive regulation of the nervous system using age-appropriate acupuncture, acupressure, tuina, dietary support, and calming routines. Paediatric TEAM uses gentle, non-invasive methods such as age-appropriate acupuncture, acupressure, tuina, dietary support, and calming routines to regulate the nervous system. While acupuncture has not been tested in controlled trials specifically for CGS, systematic and narrative reviews in children suggest a generally good safety profile and possible benefits for functional, regulatory, and stress-related conditions when performed by trained practitioners (Adams et al., 2011; Yang et al., 2015).

Beyond TEAM, complementary approaches sometimes used in paediatric regulatory disorders include massage therapy, craniosacral therapy, mindfulness-based parenting strategies, and attachment-focused somatic or body-oriented interventions (Barlow et al., 2015; Field, 2019; Reck et al., 2023). However, there is currently no robust comparative evidence supporting any complementary therapy as a standard treatment for CGS. As such, integrative approaches must be framed as adjuncts to, rather than replacements for, thorough biomedical assessment and parental guidance.

This case report details the use of acupuncture as an adjunctive intervention for severe CGS in a pediatric patient with significant early psychosocial stress and family trauma. Classical acupuncture uses complement channels, such as the luo, divergent, eight extraordinary, and sinew vessels, in addition to the twelve primary channels. These channels are thought to influence inherited traits, emotional health, and persistent symptoms. Treatment focuses on identifying the main affected channel and selecting specific acupuncture points to restore function. In this approach, symptoms are seen as resulting from channel blockages, and treatment is intended to help the body recover normal function.

This report situates the case within the context of current biomedical understanding and offers preliminary observational data in a field where evidence-based treatment options are limited.

Case Presentation

A female toddler presented at 13 months with severe gratification behaviour and nightly screaming. She was born in Australia to Jewish parents by emergency caesarean section. She spent much of her first year in Israel during a period of intense communal grief and family stress related to the 2023 Israel–Gaza war. Her father was absent for several months due to military service, and the family subsequently relocated back to Australia. The child was closely bonded to her parents and highly sensitive to changes in caregivers and family news.

Gratification behaviour began at approximately 10 months of age, two weeks before returning to Australia. Episodes, captured on home video, involved falling onto her side, hand placement between the legs, strong thigh adduction, whole-body tensing, sweating, and low vocalisations without loss of consciousness. Initially occurring around five times daily, episodes escalated over several weeks to up to five per hour, lasting from minutes to 30 minutes, and caused significant distress and functional disruption for both child and parents.

Concurrently, the child developed prolonged nightly screaming, often lasting from early evening into the early hours of the morning, settling only after hours in her mother's arms or with complete exhaustion. No consistent triggers or alleviating factors were identified. The mother reported severe fatigue, emotional overwhelm, and feelings of helplessness.

Diagnostic Assessment

Multiple paediatric assessments were undertaken when the child was between 10 and 13 months old. Investigations reportedly included electroencephalogram (EEG), blood tests, urine tests, ultrasound, and radiography; no epileptic activity, structural abnormality, or evidence of infection or metabolic disease was found. Epilepsy and other paroxysmal neurologic conditions were ultimately considered unlikely, and the behaviour was diagnosed as childhood gratification syndrome.

From a classical acupuncture perspective, the practitioner interpreted the presentation as shock and trauma affecting the Kidney, Ren, and Chong channels, in the context of intense early exposure to grief and separation in the immediate postpartum period. Over time, with the emergence of additional behaviours, including self-induced gagging and vomiting, head

banging, hair pulling, skin picking, biting, and episodes of apparent dissociation, the pattern was further understood as involving the secondary connecting, or luo channels, which branch from the primary channels of the Lung, Large Intestine, and Stomach. The involvement of the luo channels can reflect unresolved grief, acting out, and attempts at discharge of emotional burden.

Therapeutic Intervention

The practitioner had 20 years of experience and training in Japanese and classical acupuncture. Because the child was wary of clinicians after several hospital visits, only gentle, age-appropriate techniques were used.

Phase 1 (treatments 1–10) focused on using press-needle stickers on Kidney and Lung points, and shallow, non-retained needling of other Ren points and GV-20. After two treatments, the frequency and intensity of gratification episodes decreased from approximately five times per hour when awake to occasional brief episodes, mainly before sleep. Over ten treatments, daytime mood and function improved, and nighttime screaming lessened, although was sensitive to family transitions. The treatments were continued at roughly weekly intervals, where possible, in accordance with the Eight Extra Treatment protocols as described in Ann Cecil-Sterman's text *Advanced Acupuncture* (Cecil-Sterman, 2013). The following is the summary of all treatments during Phase 1.

#	Date	Treatment	Rationale	Outcome
1	Mid-November 2024	Py-Nex 0.6mm sticker pins, 10 mins: KD7 LHS, LU9 LHS. Py-Nex 0.6mm sticker pins, 40 mins: KD6 RHS, LU7 (Leique) RHS Home: Chicken soup for whole family on a regular basis	Stabilise the water element, calm fear, Harmonise the Yin Qiao and Ren from a Japanese acupuncture perspective.	Mother was much calmer, child slept better but CGS rened the same (roughly 5x per hour).
2	Late November 2024	LU7 (Leique) LHS, CV7 (Yinjiao), CV-15 (Jiuwei), CV17 (Shanzhong)	Harmonise Ren to raise sinking yin. The child had been passed around to grieving relatives as a one-day-old infant and it's possible that she absorbed their emotions.	CGS dramatically reduced to only before bed. Red skin rashes on skin, intermittant, no fever. Confirmed as not serious by physician.
3	Mid-April 2024	CV3 (Zhongji), CV4 (Guanyuan), CV7 (Yinjiao), CV17 (Shanzhong), CV22 (Tiantu)	Harmonise Ren. Raise sinking yin to release it.	CGS still reduced to just before naps and night sleep. Less crying, less screaming. A lot less struggling within herself.
4	Mid-April 2024	CV3 (Zhongji), CV7 (Yinjiao), CV17 (Shanzhong), CV22 (Tiantu)	Harmonise Ren. Raise sinking yin to release it.	CGS stable.
5	Late December 2024	CV2 (Qugu), CV7 (Yinjiao),CV15 (Jiuwei), CV22 (Tiantu)	Harmonise Ren. Raise sinking yin to release it.	CGS increased to 5x daily. Tigger seemed to be her grandmother leaving after visiting for a few weeks. Diarrhoea and vomiting. Medical assessment: gastritis.
6	Mid-January 2025	CV2 (Qugu), CV7 (Yinjiao),CV15 (Jiuwei), CV22 (Tiantu) plus left in sticker pin: ST36 (Zusanli) as she had gastro. Gua sha down Tai Yang.	Harmonise Ren, consolidate Stomach channel.	Got a rash over her whole body. Cleared by physician as post viral. CGS stable at 3x daily around naps and going to sleep at night.
7	Mid-to-late January 2025	Rx1: light gua sha and Japanese cups to Tai Yang sinew upper back only. Rx2: CV2 (Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV14 (Juque), CV17 (Zhanzhong), CV22 (Tiantu), CV23 (Lianquan)	Harmonise Ren and release trapped yin.	CGS stable 2-3x daily. Screaming most nights; pulling out hair often.
8	Late January 2025	CV2 (Qugu), CV7 (Yinjiao), CV15 (Jiuwei), CV17 (Shanzhong), CV22 (Tiantu), GV20 (Baihui) (to release the crying and emotions)	Harmonise Ren and release trapped yin.	CGS stable 2-3 x daily, despite starting daycare for the first time. Nighttime screaming reduced from every night to 2x a week.
9	Early February 2025	CV2 (Qugu), CV12 (Zhongwan), CV14 (Juque), CV17 (Zhanzhong), CV22 (Tiantu), GV20 (Baihui)	Harmonise Ren and release trapped yin.	CGS stable; the CGS behaviour is calmer and more of a comfort to her rather than an intense attempt at release. Less struggle and intensity. Sleeping through the night now. Calmer and happier in her body.
10	Mid-February 2025	CV2 (Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV14 (Juque), CV17 (Zhanzhong), CV22 (Tiantu), GV20 (Baihui)	Harmonise Ren and release trapped yin.	CGS just before bed at night and not during the day.

Table 1: Phase 1 treatments

Phase 2 (treatments 11-18) consolidated the Ren, employed the other extraordinary vessels, and engaged the primary channels to address the

emerging symptoms of gagging, vomiting, screaming, and head banging. There was limited success in this phase, as outlined in the eight treatments.

#	Date	Treatment	Rationale	Outcome
11	Late February 2025	CV2 (Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV14 (Juque), CV17 (Zhanzhong), CV22 (Tiantu), GV20 (Baihui)	Consolidating Ren so as rising heat can clear.	Started to stick fingers down her own throat to gag. Is teething and getting rashes, no fever. Low appetite.
12	Early March 2025	CV2 (Qugu), KD-11 (Henggu) (LHS), ST30 (Zusanli) RHS, KD16 (Huangshu) LHS, KD-21 (Youmen) LHS, KD-25 LHS, KD-27 (Shufu) LHS	Chong 1st and 2nd trajectory to assist with Blood building to ease rashes and calm the spirit to reduce gagging.	CGS stable - before bed only. Gagging and vomiting 3-4 times a day. Very wakeful after these episodes. Low appetite.
13	Mid-March 2025	CV2(Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV17 (Zhanzhong), CV23 (Lianquan)	Chong treatment didn't shift anything so went back to Ren consolidation.	Rashes gone. CGS stable. Screaming at night 3 hours, 3x past week. Vomiting and gagging continued, but only at home. Also banging her head often. Low appetite.
14	Mid-late March 2025	Rx1: Japanese cupping taiyang upper back; gua sha to GB20 (Fengqi) Rx2: CV2 (Qugu), CV12 (Zhongwan), CV17 (Zhanzhong), CV22 (Tiantu)	Move qi downwards and clear wind with Gua sha. Stabilise Ren	CGS stable, night only. Was still vomiting, gagging and head banging. Low appetite.
15	Late March 2025	CV2(Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV17 (Zhanzhong), CV22 (Tiantu),	Stabilise Ren	CGS stable. Still gagging and vomiting and head banging. Low appetite.
16	Early April 2025	Rx1: ST30 (Zusanli) RHS, ST36 (Zusanli) RHS, ST37 (Shangjuxu) RHS, ST42 (Chongyang) RHS, LR1(Dadun) RHS Rx2: Sticker pins (Py-Nex, Seirin 0.6mm): PC6 (Neiguan) RHS, and SP4 (Gongsun) LHS, for ongoing soothing; instructed to press PC6 (Neiguan) when she attempted to vomit.	Chong 5th trajectory to calm the stomach and move rebellious Qi downwards.	CGS - 3 x daily. Banging head, hitting herself, still vomiting. Low appetite.
17	Early-mid April 2025	CV2 (Qugu), CV7 (Yinjiao), CV12 (Zhongwan), CV17 (Zhanzhong), GV20 (Baihui)	Chong treatment didn't shift anything, so went back to Ren consolidation.	Vomiting less; eating more. Cut a tooth. Biting, hitting and throwing things more.
18	Early June 2025	Rx1: Cupping upper back Rx2: LI4 (Hegu) LHS, LI11 (Quchi) LHS, ST40 (Fenglong) RHS, ST36 (Zusanli) LHS Home: Beef and ginger soup	Clear damp heat from the upper jiao in the primary channels	Cleared away residual phlegm from a viral illness.

Table 2: Phase 2 treatments

Phase 3 (treatments 19–24) addressed luo vessel involvement of the Lung, Large Intestine, and Stomach to dislodge emotional pathology, followed by ongoing Ren channel support. Protocols included bleeding and gentle gua sha along luo trajectories, selected limb points, and brief needling of conception vessel points, with minimal retention. The mother was taught simple gua sha strokes along the child's back (the taiyang channel) for pre-sleep and during periods of agitation. There was a meaningful shift in self-harming behaviours, gagging, and vomiting once the luo vessels had been addressed. The following table captures the last six treatments.

#	Date	Treatment	Rationale	Outcome
19	Mid-June 2025	Rx1: LI6 (Pianli) (bilateral, bled LHS luo point first + gua sha down the LI longitudinal luo vessel, then treated RHS). Then needled in and out: LI12 (Zhouliao) LHS to stop the pathology moving further inwards. LU7 (Leique) (bilateral, bled LHS first + gua sha the LU longitudinal luo vessel and the LU primary channel, then RHS), then needled in and out: LU4 (Xiabai) to stop the pathology moving further inwards. Rx2:CV2 (Qugu), CV4 (Guanyuan), CV12 (Zhongwan), CV17 (Shanzhong), ST1 (Chengqi) RHS, pressed	Large Intestine and Lung luo and Ren channel consolidation. Released pathology with bleeding technique. *Note: A well-functioning Large Intestine luo allows for assimilation: appropriate and moderated physiological and psychological stimulation and experience. Associated with the era of the toddler. A well-functioning Lung luo ensures connection, allowing for free and open connection to the world via the breath and skin-on-skin contact. Associated with the era of the infant. (Sean Tuten Mentorship notes, The Luo Vessels, 2025)*	No vomiting, no gagging, no head banging. Putting on weight. CGS once a day but not every day.
20	Late June 2025	Rx1: LI6 (Pianli) (bilateral, bled + gua sha down the LI longitudinal luo vessel, started LHS on luo point). Then needled in and out: LI12 (Zhouliao), LU7 (Leique) (bilateral, bled LHS first + gua sha the LU longitudinal luo vessel plus the LU primary channel), then needled in and out: LU4 (Xiabai) Rx2:CV2 (Qugu), CV4 (Guanyuan), CV12 (Zhongwan), CV17 (Shanzhong), ST1 (Chengqi) RHS, pressed	Release pathology from these luo channels: Large Intestine, Ren consolidated.	CGS 3x daily. Biting sometimes when frustrated. Zoning out and not being responsive. No vomiting.
21	Early July 2025	Rx1: LU9 (Taiyuan) (RHS), SP3 (Taibai) RHS Rx2: LU7 (Leique) (bilateral, bled LHS first + gua sha the longitudinal LU luo vessel plus the LU primary channel), then needled in and out: LU4 (Xiabai), LI6 (Pianli) (bilateral, bled LHS first + gua sha down the LI longitudinal luo). Then needled in and out: LI12 (Zhouliao)	Lung and Spleen xu in the primary channels, Lung and Large Intestine luo channels cleared.	CGS stable No vomiting No head banging No gagging Still biting at times
22	Early-mid July 2025	LU7 (Leique) (bilateral, bled + gua sha the LU longitudinal luo vessel plus the LU primary channel), then needled in and out: LU4 (Xiabai) LI6 (Pianli) (bilateral, bled LHS first + gua sha down the LI longitudinal luo vessel). Then needled in and out: LI12 (Zhouliao) ST40 (Fenglong) (bilateral, bled LHS first + gua sha down the ST longitudinal luo vessel), needled in and out: ST34 (Liangque)	Release pathology from: Lung, Large Intestine, and Stomach luo channels	CGS stable No vomiting No head banging No gagging Less biting
23	Mid-July 2-25	LU7 (Leique) (bilateral, bled LHS first + gua sha the LU luo vessel), then needled in and out: LU4 (Xiabai), LI6 (Pianli) (bilateral, bled LHS first + gua sha down the LI luo vessel, started LHS on luo point). Then needled in and out: LI12 (Zhouliao), ST40 (Fenglong) (bilateral, bled LHS first + gua sha down the ST luo vessel, started on LHS on luo point), needled in and out: ST34 (Liangque)	Release pathology from: Lung, Large Intestine and Stomach luo channels	CGS stable Improved sleep Improved appetite
24	Mid-late July 2025	Rx1: LU7 (Leique) (bilateral, bled LHS first + gua sha the LU luo vessel), then needled in and out: LU4 (Xiabai) Rx2:CV2 (Qugu), CV7 (Yinjiao), CV17 (Shanzhong), CV22 (Tiantu); touched ST4 (Dicang) RHS, ST1 (Chengqi) RHS	Release pathology from Lung luo. Consolidate Ren.	CGS stable, just at night for bed. Other behaviors all improved.

Table 3: Phase 3 treatments

Outcomes

Across 24 treatments (approximately 13–25 months of age), there was progressive improvement in the child's symptoms and the family's well-being. From the second treatment, gratification behaviour reduced from frequent, prolonged daytime episodes to brief, predominantly pre-sleep self-soothing. Nighttime screaming became shorter and less intense, and self-injurious behaviour (vomiting, gagging, head banging, biting) diminished markedly following the introduction of luo vessel treatment at the 19th session. Sleep and appetite stabilised, daytime functioning at daycare remained strong, and the child increasingly requested gua sha for calming. No acupuncture-related adverse events were reported.

Discussion

The case indicates a possible role for integrative, TEAM-informed care as an adjunct to conservative biomedical management. Acupuncture, applied through Ren and luo vessel frameworks with attention to early channel development and emotional holding, appeared to support improved regulation, reduced self-injury, and more adaptive self-soothing strategies.

This case illustrates that childhood gratification syndrome (CGS), while considered developmentally benign in biomedical frameworks, may amount to a significant disorder of shen regulation and early channel development within

a traditional East Asian medicine (TEAM) perspective. The severity, persistence, and multi-domain dysregulation observed in this child suggest involvement of the Ren and Chong channels as primary regulators of early nourishment, attachment, and emotional containment. Early experience of extreme grief, fear, and separation during the time of Ren activation provides an etiological framework for the later emergence of compulsive self-regulatory behaviours (Cecil-Sterman, 2013).

As the symptom pattern evolved to include vomiting, biting, head banging, and emotional volatility, the clinical picture aligned with luo vessel involvement, conceptualised in TEAM as reservoirs for unresolved emotional load (Cecil-Sterman, 2013). Targeted treatment of the Lung, Large Intestine, and Stomach luo channels was temporally associated with rapid reductions in vomiting, aggression, and self-injurious behaviours, alongside improvements in sleep, appetite, and affect regulation.

This clinical progression supports the utility of a staged treatment approach, in which regulation of the extraordinary vessels, particularly the Ren, builds a foundational level of physiological and psychoemotional stability before the discharge of pathology via the luo vessels. Numerous sources describe the extraordinary vessels as governing deep constitutional regulation and developmental integrity. In contrast, the luo vessels function as secondary pathways for the containment and eventual release of unresolved or excess pathogenic factors, including emotional residues that cannot be fully integrated at the primary channel level (Cecil-Sterman, 2013; Maciocia, 2015).

Although luo vessel discharge may have been clinically indicated earlier, these techniques were not initially used as the practitioner had not yet acquired the relevant methods during mentorship training. Following the introduction of luo vessel treatment, a rapid and marked shift in symptom expression and emotional regulation was observed, consistent with descriptions of luo vessels as sites where pathology manifests externally once deeper reserves are exhausted (Cecil-Sterman, 2013; Ju-Yi & Robertson, 2008).

It is possible that early Ren–focused treatment alone was insufficient to fully regulate the underlying pathology, as key distal Stomach channel points associated with emotional expression and sensory integration, such as ST1 and ST4, were not initially addressed due to their sensitive location in a moving toddler. Channel theory links the Stomach channel and its luo to the face, sensory orifices, and affective processing (Cecil-Sterman, 2013; Deadman et al., 1998). Subsequent inclusion of these points may therefore have been necessary for more complete emotional integration and resolution.

The child's replacement of gratification behaviour with gua sha as a self-soothing strategy suggests a shift from dysregulated autonomic discharge toward more regulated sensory-based calming, consistent with improved shen

containment. Although paediatric-specific studies are lacking, adult research shows that gua sha can alter heart rate variability, reducing stress indices and increasing parasympathetic activity. In this context, the child's spontaneous use of gua sha may elicit an embodied regulatory response that supports nervous system settling and replaces compulsive discharge with more integrated emotional and physiological regulation (Wang et al., 2015).

Fluctuations in symptoms in synchrony with maternal distress and family stressors strongly support the TEAM principle of "treat the mother to treat the child," highlighting the centrality of the mother–infant dyad in early regulation (O'Dea et al., 2023).

This single case cannot establish causality, and spontaneous developmental change cannot be excluded. However, the temporal association between channel-based intervention and multi-system improvement suggests that classical acupuncture may be a valuable adjunct to conservative care in severe, trauma-associated CGS. Limitations include the single-case design, incomplete biomedical data, and reliance on parental report. Nonetheless, the case highlights the potential value of collaborative, trauma-informed, attachment-aware care and identifies the extraordinary and luo vessels as encouraging pathways for further research.

Conclusion

In a case of severe childhood gratification syndrome within a trauma-affected family, acupuncture targeting the Ren and luo vessels, combined with simple home-based touch and caregiver support, was associated with marked improvements in gratification behaviour, vomiting, sleep, and overall regulation. Integrative, family-centred approaches may therefore represent a useful adjunct to CGS management and warrant further study.

Informed Consent and Safety

The patient's mother provided written informed consent for the child's treatment and for publication of this case report, including anonymised clinical details. Acupuncture was delivered using age-appropriate techniques, with minimal retention and close monitoring. No adverse events were reported.

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