Infantile anorexia refers to a feeding disorder whereby the child refuses food, from infancy and early childhood (before age of 3 years). This is differentiated from other feeding disorders, whose onset is from a traumatic event such as choking, medical condition such as gastroesophageal reflux or lack of food.

The symptoms of infantile anorexia are as below:

- The child refuses food for more than a month, resulting in inadequate food consumption or malnourishment.
- Poor appetite
- Weight of child falls below 5th percentile, or significant weight loss over a month
- Delay in other physical developments, such as motor or linguistic skills.
- The child seems to require more attention than other children and expresses intense interest in play or non-food related interaction. The child may be irritated if disturbed to eat.
- Strained parent-child relationship during feeding – Display of anger, disappointment, stress, stubbornness during feeding without participation or positive interaction

This is differentiated from picky eaters, who maintain adequate food intake and nourishment with a healthy appetite for the foods they like.

Causes of Infantile Anorexia

One of the common causes of infantile anorexia is the breakdown in feeding communication between the caregiver and child. This communication involves:

1. The child’s knowledge of his/her own hunger and needs
2. The child’s expression of the need for food
3. The parent or caregiver being able to understand and act on the child’s need for food
4. The child’s knowledge of one’s satiety, i.e. feeling of full
5. The child’s communication (verbal and non-verbal) during feeding
6. The child’s expression of not wanting more food, i.e. full
7. The parent or caregiver being able to understand and stop feeding the child
Infantile anorexia is more likely to occur from the time of feeding solids which coincide with the period where children starts to exert their independence. Various possible breakdowns in communication and relationship are possible, for instance:

- A parent may not read the child’s signal correctly, for instance, not responding to an infant's cry for food or over-stuffing the infant to eat even after full.
- A child misunderstand the feeding process to be an emotional ‘power play’ time, instead of a time to fulfill a physical need.
- Feeding becomes a battle of wills whereby both parent and child ignore each other’s cues and insist on each idea of how much to eat.
- The environment also plays a role, for instance a calm environment and alert times of the day work best for feeding (i.e. fitting meal time into the part of daily routine when the child is alert).

Some of these may be self-fulfilling; for instance, a parent who views the child as refusing food may force the child to eat more by constantly feeding the child or force feeding. This in turn causes the child to ignore his own cues for hunger and satiety, resulting in feeding becoming an emotional event.

**Who is at Risk of Infantile Anorexia?**

Studies seem to point to a breakdown in mother-and-child relationship and communication to be a key factor, for instance,

1. Children whose mothers are undergoing depression
2. Children whose mothers have eating disorders
3. Pre-existing conflicts between mother and child
4. Children who are withdrawn
5. Parents who are insecure of their bonding with their child

**Treatment of Infantile Anorexia**

The following are useful feeding tips for all children, mainly assisting the child to recognize, express and act on his/her feeling of hunger and satiety.

1. Have specific meal times, choosing calm yet alert times of the day
2. Eat together as a family
3. Allow the child to self-feed, including having finger foods
4. Have time-out for the child whose behavior is not appropriate for meal times. This allows the child to quieten if overly-excited during dinner and a chance to get back to the table with the family in a calm manner
5. Parent to respect the child, for instance to not insist on eating more if the child is full, having smaller portions and not praise or criticize a child based on food intake.

**Does TCM have a solution to this?**

Traditionally, TCM treats infantile anorexia with Chinese medicine and acupuncture. As inadequate food intake is viewed to affect the spleen and stomach, TCM physician may prescribe supplements to strengthen these organs, or may also prescribe herbal medicine coupled with acupuncture to regulate the digestive system of a child. In recent years however, TCM Pediatric Massage has gained its popularity among parents as an effective alternative to treating infantile anorexia. This therapy is best known for its non-invasive and non-oral characteristic, which most parents find it safe to apply on their young children. The therapy uses gentle massage manipulations on specific acupoints on the child, to regulate the child’s stomach and spleen, in so doing enhances the digestive function and improves the appetite of the child.

Feeding the child is a wonderful experience, witnessing their growth and being with the child as he learns from swallowing milk to taking solids of varying textures – have an open and participative attitude during feeding and let it be quality bonding time.