

CHINESE MEDICINE AND AUTISM

by Mary Cissy Majebe

Introduction

In 1998 I traveled to China and Korea to research treatment modalities for autism. My interest in the treatment of autism with Chinese Medicine (CM) began in 1993 when a parent brought a three-year-old non-verbal child into our office. Since that time, I have worked with children diagnosed with autism spectrum disorders. This paper is an introduction to the treatment of autism with CM based on my experience and studies.

While in Seoul, Korea I observed at the Kyung Hee University Hospital with Professors Jae-Hwan Chung and Doeg-Kon Kim. I observed autistic children being treated with acupuncture. This hospital had the only written literature that I was able to discover concerning the treatment of autism with oriental medicine.¹ Upon leaving Korea I traveled to Beijing where I observed at the Chinese-Japanese Friendship Hospital. The head of Paediatrics, Dr. Yang Meng Lan, was extremely helpful in sharing her many years of experience and knowledge in treating autistic children. In addition to acupuncture and herbal medicine, massage was an integral part of her treatment plan. I also spent time at Beijing Medical University's Institute of Mental Health, with Dr. Xiaoling Yang, MD, President of the Beijing Autism Society. Dr. Xiaoling Yang's primary focus was on Western medical treatments, but as President of the Beijing Autism Society she was able to assist in my search for oriental medical treatment information. At the Beijing Western District Intelligence Cultivation School and Clinic, I observed autistic children who were treated three times weekly with acupuncture within the school setting.

Along with the education I acquired overseas, I continue to build on my knowledge and skills in the treatment of autism with Chinese Medicine. I have gained a much wider understanding of autism and Chinese Medicine through clinical experience and extensive studies with Jeffery Yuen, an 88th generation Taoist Priest who is a master scholar, practitioner and teacher of Chinese medicine.

These studies and my continuing study in the USA, as well as my clinical experience in treating autistic children,

is shared below. This is by no means a definitive treatise on the treatment of autism with CM, but it is my beginning. I encourage others who have had experience with autism to contact me so that we might learn from each other. I hope that other practitioners will be inspired to reach out to this population of children that have so few treatment options.

Autism: a Western perspective

Autism is a developmental disability with primary symptomology affecting social interactions and communication skills. There are many theories regarding the aetiology of autism, yet no clear consensus exists among professionals in Western medicine. It has been postulated that semi-digested peptide chains form morphine which interferes with nerve transmission to the brain. It is recognised that autistic children have an underdeveloped limbic system, which deals with sensory input and learning.²

Autism is a behaviourally defined pattern. Within a western framework there are no clear causes of autism, although it is believed to be a biological neurological disorder affecting brain function. There are strong indicators, which reflect a genetic basis.³ There is growing concern that environmental toxins and pollution may be contributing factors as well as viral infections. Though the DSM IV (Diagnostic and Statistical Manual of Mental Disorders) does not list any digestive symptomology associated with autism, many have postulated that these children have some type of anomaly surrounding food or digestion. There are no medical tests for the diagnosis of autism.

There is wide variation in behaviours and responses of the autistic child. Although they may walk, talk and crawl earlier than the average child, language is either slow to develop or does not develop. Many children develop normally for the first year of life, then autistic symptoms begin to appear. They may fall behind their same age peers in areas of communication, social and cognitive skills. Some autistic children have speech but have difficulty processing information. Some autistic children will seek solitude, rarely interact with others and make little demand on their

caretakers. They are limited in their ability to respond to social cues and may have limited eye contact. Sensory impairment, whether sight, hearing, touch, smell or taste, may be exhibited. Auditory hallucinations, attention deficits, and delayed motor skills may be apparent. There is often a lack of spontaneous or imaginative play. Some children may be aggressive to themselves (e.g. head banging, hand biting) or to others. They will often have a difficult time with any changes in routine and may perseverate (exhibit obsessive interest in something, be it a person, activity or an item). They may stare at or play with the same item or they may rock repetitively for hours, exhibiting hypo or hyperactivity. They may laugh or cry for no apparent reason. Insomnia or other sleep disorders are often experienced. At puberty there may be an onset of seizures. Difficulties with communication and social interaction usually continue throughout their lifetime.

The DSM IV does not list specific pharmaceuticals, but physicians often treat presenting symptoms pharmaceutically. Pharmaceuticals utilised include neuroleptics, anti-depressants and anti-anxiety agents.⁴ Educational and behaviour based treatment programs include:

- Applied behavioural analysis (for example, Lovaas).
- TEACCH (an educational/vocational intervention which is a classroom based model).
- Inclusive education.
- Speech and language therapy.
- Occupational therapy.
- Physical therapy.

Other treatment approaches considered "alternative" within the mainstream western medicine community include:

- Sensory and auditory integration training.
- Music therapy.
- Vision therapy.
- Dietary interventions.

There are many suggested regimens which include vitamin and mineral supplementation, allergy elimination techniques, gluten/casein-free diet, yeast/mould-free diets, supplementation with digestive enzymes, and a diet free of sugar, additives, preservatives and hormones.

Autism: an Eastern perspective

"On an emotional level, the state of the Heart determines a person's capacity to form meaningful relationships. A healthy Heart and mind will positively influence our ability to relate to other people ... " This quote from *The Foundations of Chinese Medicine* by Giovanni Maciocia⁵, is paramount to the understanding of autism within the framework of CM.

Autism is an imbalance of the Heart, Spleen and Kidney with phlegm accumulation. Phlegm is not only a pathological factor for the autistic child but also aetiological. In CM, autistic individuals suffer from Heart blood imbalances that inhibit connecting on an emotional level with other persons, including their immediate family. These children

often present with digestive anomalies characterised as Spleen qi deficiency. As autism is most often diagnosed before the age of three, CM recognises this disorder as having a pre-heaven connection, i.e. Kidney essence deficiency.

Aetiology

Contributing factors to the development of autism in CM are genetics, digestive weakness, lifestyle, emotions, antibiotics and immunisation.

Genetics

The diagnosis of autism at young ages signifies a pre-heaven connection. The diagnosis of autism at birth is not possible because there are many co-factors which must arise for a child to develop autism. Most children will also be exposed to these same co-factors yet develop normally. This genetic predisposition must be addressed in order to reverse autism.

Digestive weakness

Parents often say that their children seemed normal until about one to one and a half years of age at which time they began regressing. This is also the time that children begin to consume a much wider variety of foods. If Spleen qi is deficient, a child will tend to digest foods poorly and will have a propensity to develop phlegm. Many of the behaviours associated with autism are due to phlegm accumulation. One of the primary pathways for phlegm development is deficiency of Spleen qi.

Diet is of paramount importance in the aetiology of autism. All foods that weaken the Spleen and create phlegm are implicated in the development of autism. These include dairy, wheat, raw and cold foods and excessively sweet food. There is controversy surrounding the link between autism and diet in the western community, but CM recognises diet as an important contributing factor. Food sensitivities and allergies in Chinese medicine may be due to fire toxins in the Small Intestine. This relates to lingering pathogenic factors.

Lifestyle factors

A discussion of autism must address the needs of infants at birth. Children are not only born with weak Spleen and Lung qi, but also with vulnerability of spirit. Traditionally, babies remained at home with the mother and family in quiet environments. Our culture's propensity to take young infants everywhere, including shopping malls and sports arenas is detrimental to their shen (spirit, mind). Babies, particularly those who have a propensity to startle easily, should be kept in quiet, peaceful, soothing environments. It is important that an infant not be over-stimulated, as this depletes Heart qi and blood.

Emotions

As autistic children age, they may exhibit a great deal of frustration due to their inability to communicate. This frustration generates heat and this heat may contribute to more aggressive behaviours. At puberty, with its accompanying rise in yang qi, this heat may lead to seizures. Many

autistic children experience anxiety due to Heart qi and blood deficiency. Spleen qi deficiency can lead to obsessiveness, whilst obsessive behaviours weaken Spleen qi further.

Antibiotics

Some believe that there is a link between the development of autism and over usage of antibiotics. The excessively cold nature of antibiotics weakens the Spleen, which leads to an accumulation of phlegm. Antibiotics are a contributory rather than causal factor in the development of autism. Repeated antibiotic usage may give rise to a lingering pathogenic factor that heavily influences a child's ability to mobilise wei (defensive) qi to ward off further external pathogenic factors, thus leading to more illness and accompanying antibiotic usage.

Immunisations

Immunisations are heat toxins introduced directly into the blood system through injections. Because of the relationship of the blood to the Heart this heat can affect the child in a number of ways.

Heat consumes blood and yin and may give rise to internal wind or Heart fire. Many of the side effects associated with immunisations are recognised as phlegm-fire harrassing the Heart. A child that is constitutionally Heart qi or blood deficient will be at a greater risk from side effects from immunisations.

As immunisations create heat, the Sanjiao will respond with dampness in order to control this heat. The Sanjiao is responsible for yuan qi. If yuan qi is being utilised for controlling heat, in time the Sanjiao is depleted, essence compromised and phlegm develops.

If a child is constitutionally weak or ill at the time of immunisations a lingering pathogenic factor can result. This lingering pathogenic factor will contribute to recurrent illnesses that may lead to phlegm accumulation. It is this phlegm that is a primary pathological and aetiological factor in the development of autism.

Pathology

Phlegm is the primary pathological factor related to the development of autism. Spleen qi deficiency is the primary pathway for the development of phlegm. Autism has components of Heart, Spleen and Kidney deficiencies. The Chong Mai (Penetrating vessel) is important in any discussion of autism pathology due to its connection to the Heart, Kidney and Spleen.

Phlegm

In autism, phlegm is not only an aetiological factor, but also pathological. Sun Si-miao, the great 7th century physician, who was also a Daoist priest, developed and refined the treatment of phlegm diseases in the Tang dynasty. Many of his writings focused on phlegm giving rise to shen disturbance and it is this shen disturbance that mystifies western practitioners with its multifaceted symptomatology.

Phlegm misting the mind

A child who manifests this condition will generally appear to be mentally slow, with incoherent speech or aphasia.

Often this child will not be able to initiate speech but may copy speech heard. For example, you may say "bye-bye John" and rather than respond with your name the autistic child would repeat "bye-bye John" in speaking to you. This child will tend towards lethargy and have a very limited attention span. They may manifest with repetitive patterns of behaviour.

Phlegm fire harrassing the Heart

This child will often have dream-disturbed sleep, constipation and episodes of talking to themselves. They may exhibit uncontrolled laughing or crying. They will tend to be short tempered, easily agitated, exhibit rash behaviour and may tend to aggression to themselves or others.

Spleen qi deficiency

Spleen qi deficiency is primary in the development of phlegm. Autistic children may have damp phlegm, cold phlegm, hot phlegm or wind phlegm. Wind phlegm becomes more common in autism as the child ages, particularly as they enter puberty.

The following are primary classifications of phlegm in autism.

- Damp or cold phlegm: this child will be lethargic. Because the shen is active at night due to phlegm in the chest, the child wakes exhausted. This child may exhibit obsessive behaviours.
- Hot phlegm: this child will have more impulsive behaviours rather than compulsive behaviours. They will be aggressive and exhibit loud verbalisations.
- Wind phlegm: this can develop due to cold or hot phlegm. An autistic child with wind phlegm may manifest seizures, epilepsy or tremors.

The successful treatment of autism requires that not only the manifestation of phlegm be treated, but that its root be elucidated and addressed.

Heart disharmonies

Heart disharmonies in autism include Heart blood deficiency, Heart yin deficiency and Heart fire.

Heart blood deficiency

An infant with Heart blood deficiency has a propensity to startle easily. Signs of Heart blood deficiency include a pale complexion, pale tongue, insomnia, dream-disturbed sleep, a propensity to anxiety and emotional difficulties. An autistic child with Heart blood deficiency will tend towards lethargy and quietness.

Heart yin deficiency

Symptoms of Heart yin deficiency include more heat signs. This child will manifest with rosy cheeks and may experience night sweats and sweating of the palms and soles of the feet. They may easily develop mouth ulcers with a white rim around the ulcer. A child with Heart yin deficiency will tend to be more restless or fidgety than the child with Heart blood deficiency.

Heart fire

The child with Heart fire will be extremely agitated. Mouth or tongue ulcers will have a red rim. This ruddy child will often have a very rosy face, whereas the Heart yin deficiency

child only exhibits red cheeks. These autistic children will manifest more manic behaviours than the autistic child with Heart blood deficiency and Heart yin deficiency. This child will tend towards aggressive behaviour.

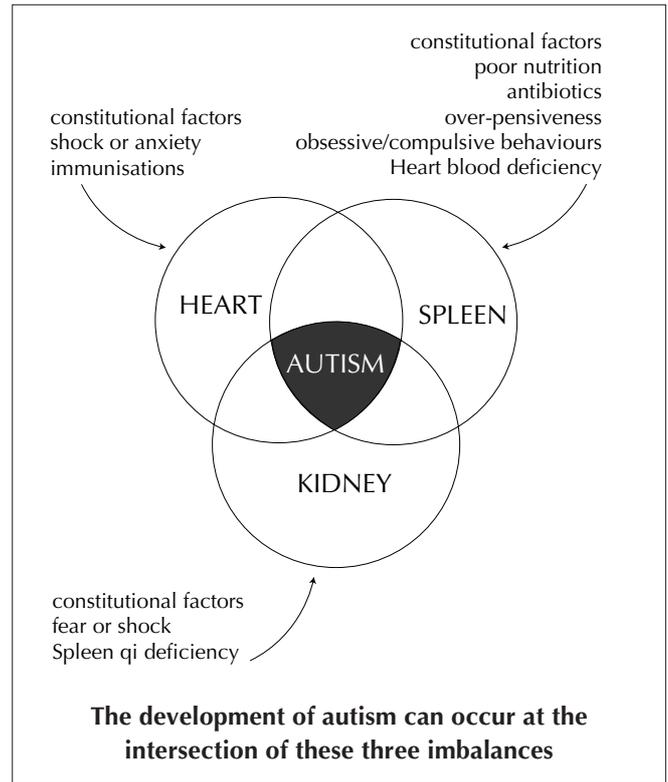
Kidney essence deficiency

The young age at which autism develops indicates Kidney essence deficiency. Kidney essence is necessary for brain nourishment and a deficiency in Kidney essence will result in poor mental development. If Kidney essence is deficient it will not support the Spleen yang function of transporting and transforming.

Chong Mai deficiency

The eight extraordinary vessels are associated with imbalances at the constitutional level. The Chong Mai (Penetrating vessel) is considered the first ancestry and gives birth to the Ren Mai (Conception vessel) and Du Mai (Governing vessel). In current CM textbooks the Chong Mai is most often associated with menstrual difficulties and is known as the 'sea of blood'. Blood is the medium that carries one's experiences, and shen resides in the blood. The treatment of the Chong Mai is primary for resolving autism. According to the *Su Wen* (Plain Questions), the Chong Mai originates in the lower abdomen and travels up to Youmen KID-21. The *Ling Shu* (Spiritual Pivot) further describes the lower pathway of the Chong Mai emanating from Qichong ST-30, point of the sea of water and grain, traversing the Spleen channel to the dorsum of the foot and culminating at the big toe. Another branch of the Chong Mai traverses the mouth, travels alongside the throat and transports jing essence and yang energy to the head.

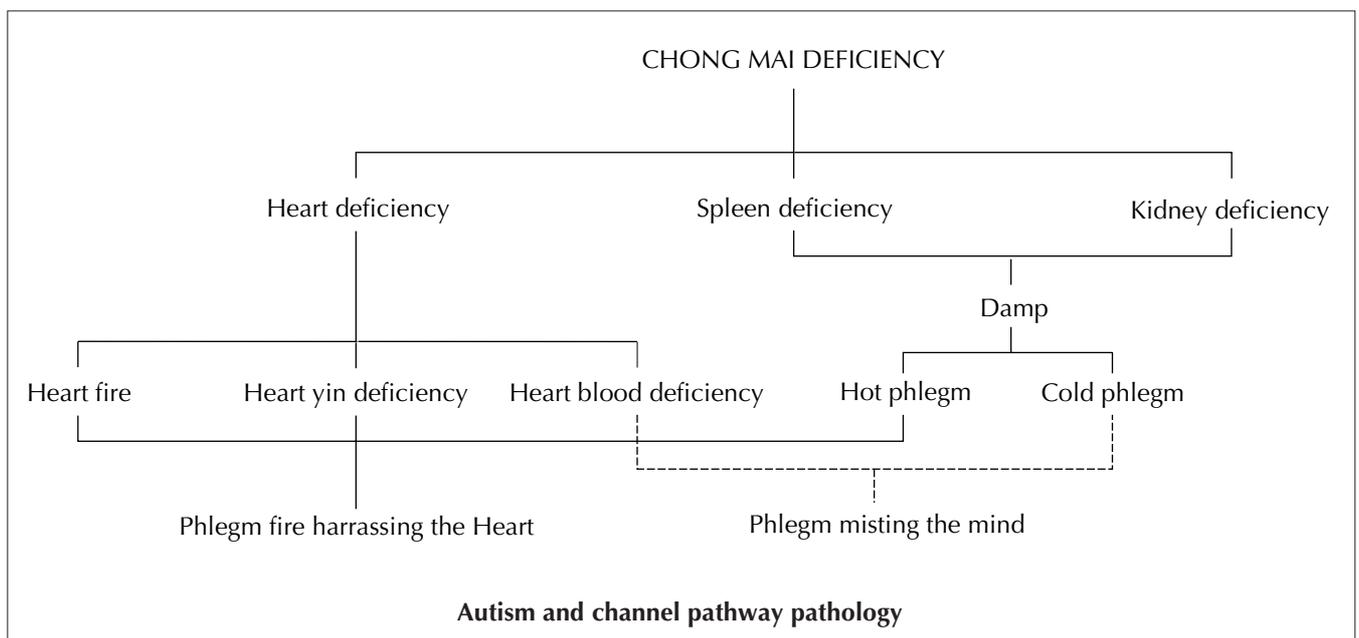
The ability of the Chong Mai to positively affect autism is based on its ability to treat imbalances that have components of pre- and post-heaven deficiency through its connection to the Kidney, Spleen and Heart. The Chong Mai connection to the Spleen strengthens a weak constitution that manifests with digestive problems of poor appetite and



assimilation of food. The Chong Mai is connected to the Heart as it is the sea of blood. Strengthening the Chong Mai will create and nourish blood through the Spleen and Heart connection. The Chong Mai can also nourish pre-heaven essence, thus positively affecting Kidney jing essence.

Diagnostics

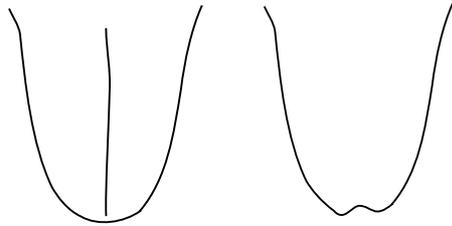
There is wide variation in the behavioural manifestation of the autistic child though clinically it is useful to differentiate whether a child has a primarily deficient or excess syndrome. Pulse readings are often difficult but tongue and facial diagnosis and observation of the patient's behaviour



are useful tools in assessing an autistic child.

Tongue diagnosis

Tongue analysis is an important diagnostic tool particularly in the beginning when pulse diagnostics is not feasible with the autistic child. The tongue of the young autistic child often has one of two notable characteristics, either a notch or a thin crack at the tip. The notch reflects constitutional weakness where there is insufficient Heart qi (to fill out the tongue). The slight crack at the tip reflects constitutional Heart yin deficiency.



Tongue body colour can range from extreme pale to dark red. It is possible to have a mixed pattern of Heart yin deficiency and cold phlegm and the tongue colour will vary depending on whether the yin deficiency heat or cold damp is predominant.

Autistic children may not have thick white or yellow tongue coatings even though they have cold or hot phlegm. It is important when analysing the tongue to recognise that autism will rarely manifest as a pure deficiency or pure excess pattern.

Pulse diagnosis

Pulse qualities for the deficient type are often a combination of slow, thready and rolling (slippery, *hua*). For the excess type they are fast, wiry and rolling. This information may not be clinically useful when first meeting the autistic child as the practitioner will rarely be given the time to undertake an adequate pulse analysis.

Facial diagnosis

Complexion

A pale complexion indicates deficiency or cold. A red complexion is indicative of heat. If just the cheeks are red, it is empty heat, whereas a ruddy complexion indicates full heat.

Eyes

Eyes that are clouded can indicate essence deficiency and phlegm misting the mind. Eyes that move constantly and quickly often indicate an excess of heat or wind. An inability to make eye contact with another is a clear sign of Heart imbalances.

Communication

Aphasia or limited speech is usually associated with deficiency. In excess pattern there will be excessive talking or maybe just excessive noise making without speech.

Some parents have communicated that if their children become angry their speech improves. This is because anger creates rising yang qi and this rising yang qi helps move and disperse phlegm. This rising yang qi can allow an autistic child to communicate more clearly for a short period of time.

TREATMENT

Nutrition

It is essential to eliminate foods that induce dampness and phlegm. By eliminating foods that produce dampness it is possible to strengthen the Spleen qi. A child diagnosed with phlegm heat harassing the Heart, must also eliminate foods that are hot in nature and eat warming foods that have been lightly cooked or steamed. Foods that are considered tonifying or warming include vegetables (particularly root vegetables), legumes, grains and small amounts of animal protein.

Some suggested vegetables include: acorn squash, spaghetti squash, butternut squash, pumpkins, kale, spinach, Swiss chard, collard greens, mustard greens, sweet potatoes, yams, turnips, radishes, carrots, button mushrooms, scallions (spring onions), brown rice, white rice, amaranth, millet, barley, quinoa and beans, including lima, navy, adzuki, kidney and lentil beans.

Eliminate cold and raw foods

This includes foods that are cold physically and cold energetically. Cold foods physically would refer to frozen foods such as popsicles (frozen ice lollies), ice cream and drinks that are heavily iced. Foods that are energetically cold include soy products, dairy, tomatoes and most fruits.

Eliminate damp producing foods

Foods that produce dampness include dairy, sugar, peanuts or peanut butter, fruit, eggs, fried or greasy foods, chilled or frozen foods, wheat and excessive amounts of soy.

Eliminate heat producing foods

Foods that create heat are spicy, hot foods, food additives and preservatives, caffeine and sugar.

Herbal medicine

The treatment principles to be followed include:

- Resolve phlegm
- Tonify Spleen qi
- Nourish Heart blood and yin
- Tonify Kidney essence
- Open the orifices
- Clear Heart fire

Basic autism formulas

Deficiency pattern

- Shi Chang Pu (Rhizoma Acori Graminei)
- Yuan Zhi (Radix Polygalae Tenuifoliae)
- Tian Zhu Huang (Concretio Silicea Bambusae)
- Qian Shi (Semen Euryales Ferox)
- Long Chi (Dens Draconis)
- Bai Zhu (Rhizoma Atractylodis Macrocephalae)
- Tian Nan Xing (Rhizoma Arisaematis)
- Bei Xie (Rhizoma Dioscoreae)
- Bai Zi Ren (Semen Biotae Orientalis)
- Xi Yang Shen (Radix Panacis Quinquifolii)
- Chuan Xiong (Radix Ligustici Wallichii)

Excess pattern

Shi Chang Pu (Rhizoma Acori Graminei)
 Yuan Zhi (Radix Polygalae Tenuifoliae)
 Tian Zhu Huang (Concretio Silicea Bambusae)
 Qian Shi (Semen Euryales Ferox)
 Long Chi (Dens Draconis)
 Huang Lian (Rhizoma Coptidis)
 Rou Gui (Cortex Cinnamomi Cassiae)
 Suan Zao Ren (Semen Ziziphi Spinosae)
 Hu Po (Succinum)
 Dan Zhu Ye (Herba Lophatheri Gracili)
 Yu Jin (Tuber Curcumae)

These formulas are basic for the treatment of autism. Shi Chang Pu has the function of opening the sensory orifices. It is also helpful in clearing phlegm, which obstructs the mind. Yuan Zhi calms the shen. It helps to expel phlegm from the Heart orifices and treats many emotional and mental problems. According to Sun Si Miao, Yuan Zhi and Shi Chang Pu are used in combination for eliminating damp that affects the Spleen and Sanjiao. Tian Zhu Huang treats phlegm and wind conditions that manifest with emotional symptomatology. Qian Shi is used in this formula to help the body bank essence. Long Chi is important in treating emotional distress due to an agitated Heart.

In deficiency patterns there is more focus on tonification with the use of Bai Zhu and Xi Yang Shen. Bei Xie allows the Spleen to separate pure fluids from turbid. Xi Yang Shen acts on both the Heart and Spleen channels to treat deficiency of qi and yin. Tian Nan Xing expels phlegm.

In the formula for children who exhibit more heat or excess, Yu Jin clears heat from the Heart and is especially useful in treating hot phlegm blocking the Heart orifices, which can cause anxiety or mental problems. Huang Lian and Dan Zhu Ye also clear heat from the Heart. Suan Zao Ren is an important herb to nourish the Heart and Liver yin. It is particularly useful for children exhibiting aggressive behaviours. The use of Rou Gui and Huang Lian in combination establishes communication between the Heart and Kidneys.

Other herbs are prescribed depending on the constitution and manifestations of the child. Additional herbs for Heart fire include Zhi Zi. If there are also signs of wind which manifests as seizures or "hand-waving", Tian Ma (Rhizoma Gastrodiae Elatae) and Di Long (Lumbricus) are indicated. Nourishing of Heart yin and blood includes the use of Bai He (Bulbus Lili), He Shou Wu (Radix Polygoni Multiflori) and Dang Gui (Radix Angelicae Sinensis).

Acupuncture treatment for autism

Acupuncture for the treatment of the autistic child might focus on a number of different approaches.

Eight extraordinary vessels

According to the teachings of Jeffrey Yuen, the Chong Mai represents one's integrity and allows a person the ability to create their individuality. It assists a person to become the

architect of their life. The Ren Mai (Conception vessel) nourishes yin and regulates blood. The Du Mai (Governing vessel) tonifies Kidney essence and nourishes the brain.

According to primary channels and zangfu

This includes points for tonifying the Spleen, nourishing Heart blood or yin, sedating Heart fire, nourishing Kidney essence and resolving phlegm. Other points may be utilised for opening the orifices, clearing the mind and promoting speech.

Extra fu treatment

The Gall Bladder is the link between the zangfu and the extra fu. The Gall Bladder channel has direct access into the brain through Baihui DU-20. The connection between the Gall Bladder and the brain makes this a viable treatment approach.

Eight extraordinary vessel points

Suggested extraordinary vessel points include:

Chong Mai points

- Huangshu KID-16: this is a meeting point of the Kidney channel with the Chong Mai. It removes channel obstruction and tonifies the Kidneys, particularly if the Kidney is failing to nourish and benefit the Heart.
- Neiguan P-6: This point is the "coupled" point of the Chong Mai. It treats Heart and Liver imbalances with manifestations of anxiety and irritability and promotes the free flow of Liver qi. This point helps to internalise blood and bring it inward. It calms the shen, moves qi, blood and phlegm and regulates the Yin Wei Mai (Yin Linking vessel).
- Gongsun SP-4: This is the confluent point of the Chong Mai and tonifies Spleen qi.

Du Mai Points

- Mingmen DU-4: This point tonifies Kidney essence and nourishes yuan qi.
- Yamen DU-15: This point clears the mind, promotes speech and nourishes the brain.
- Baihui DU-20: This point is used for sending clear yang qi to the head.

Ren Mai points

- Guanyuan REN-4: This point generates essence, nourishes yin and blood, strengthens the mind and body and calms the shen.
- Zhongwan REN-12: This point helps to resolve dampness and nourish nutritive (ying) qi.

Gall Bladder Points

The Gall Bladder is the link between the zangfu and the extra fu, (particularly the brain). The Gall Bladder links post-natal and pre-natal qi and is particularly useful in the treatment of autism. It is also important as it addresses phlegm accumulation that is blocking the sensory orifices. Suggested Gall Bladder points include Qubin GB-7, Touqiaoyin GB-11, Benshen GB-13, Fengchi GB-20, Xuanzhong GB-39 and Zuqiaoyin GB-44.

- Qubin GB-7: This point is used for phlegm blocking the sensory organs, and wind phlegm in the brain, ears, eyes and nose.
- Touqiaoyin GB-11: This point opens all the sensory orifices.

- Benshen GB-13: This point is used for mental and emotional problems and addresses obsessive thoughts and behaviours. It is particularly useful for phlegm harassing the Heart.
- Fengchi GB-20: This point eliminates wind in the head and sensory organs. It promotes the ability to change and affects neck and throat blockage that inhibits speech.
- Xuanzhong GB-39: This point supports essence and is important for the treatment of malnourishment in children.
- Zuqiaoyin GB-44: This point, like Touqiaoyin GB-11, is for sensory organs that have excess yin (phlegm blockage).

Sanjiao

Proper functioning of the Sanjiao allows the Spleen to function. If the Sanjiao does not support the Spleen, the Spleen becomes damp and is unable to produce postnatal essence. Sanjiao points are chosen for their ability to affect sensory organs. The Sanjiao also disseminates Kidney essence to the zangfu.

Suggested Sanjiao points include:

- Yangchi SJ-4: This point supports postnatal qi and is powerful for treating childhood malnutrition.
- Zhigou SJ-6: This point is good for phlegm blocking speech. It clears middle burner turbidity.
- Tianyou SJ-16: This is a window of the sky point. It opens the soul and is used for treating psychological conditions and damp heat blocking the sensory organs.

Small Intestine Points

According to the Daoist perspective, if the Heart is deficient, the Small Intestine's ability of discernment is compromised. Heart fire transferred to the Small Intestine can become fire toxins. These fire toxins prevent the Small Intestine from performing its job of separating pure and impure food substances. Fire toxin accumulation in the Small Intestine will manifest as gluten sensitivity.

Suggested Small Intestine points include:

- Houxi SI-3: clears heat, resolves damp and eliminates internal wind. Opening point for the Du Mai.
- Yanggu SI-5: clears heat, relieves wind and treats poor digestion due to fire toxin in the Small Intestine.
- Tianrong SI-17: This is a window of the sky point. It addresses fire toxins in the Small Intestine.

Pericardium Points

The Pericardium channel is utilised for the treatment of shen disturbance and mental confusion affecting the Heart. According to the Daoist perspective, the Pericardium is responsible for emotional clarity. The Pericardium also treats seizures due to phlegm and wind phlegm.

Suggested Pericardium points include:

- Jianshi P-5: This is a "ghost point" and according to Sun Si-miao is indicated for "talking with ghosts". In the context of autism, this is the child who appears to be having a conversation with the proverbial "childhood fantasy friend". It is also useful for aphasia.
- Neiguan P-6: see Chong Mai points above.
- Daling P-7: This is also a Sun Si-miao ghost point. It is used for phlegm harassing the Heart, calming the spirit and

sedating Heart fire with mental/emotional manifestations of restless and manic behaviour. It also addresses aphasia or excessive talking.

- Laogong P-8: This point is used to clear Heart fire and calm a restless or agitated mind. It is used clinically for self-injurious behaviour or aggression towards others.
- Zhongchong P-9: This point opens the sensory organs. It is particularly useful for childhood malnutrition.

Extra Points

• Sishencong (M-HN-1): Tranquillises the mind, invigorates the shen, strengthens the brain and regulates the nervous system.

Phlegm

The resolution of phlegm is paramount for the successful treatment of autism. The four points below are particularly important for resolving phlegm.

- Yuzhong KID-26: all phlegm conditions.
- Shuaigu GB-8: wind phlegm
- Yutang REN-18: cold phlegm
- Xiaxi GB-43: hot phlegm

Treatment strategies

There are a great many acupuncture points that can be used in treating autism. In the beginning, it is suggested that only one or two points are used until the child is accustomed to the clinic and the practitioner. After a child is comfortable, eight to ten points can be used in a treatment.

Remember that this is a long-term process; autism will not usually resolve in a short time. An intensive six-month to two-year commitment is necessary, dependent on the child's condition, and to address deep constitutional changes the longer period may well be necessary.

When a child first enters the clinic, I spend a good deal of time taking history from the parents. I then demonstrate on the parent what a 36-gauge needle feels like. I encourage you to needle the parent first, as this will allay some of their fears.

An autistic child will often be very disturbed at this point, even if you have not needled them. One child that I treated cried for the entire duration of each visit to the office for two months. This child has now not only ceased crying, but is truly excited and happy when he comes to the clinic.

When I first began working with one child, he was non-verbal. He still does not like change and he likes to choose what points get needled first. Our conversation will go like this:

"John, head or feet?"

"Head."

So I will needle those points.

"Feet or belly?"

"Belly."

And so on, until I am through. After a child has gone through their initial fear of this process they are very relaxed in the treatment and needles are usually retained for ten minutes. It is important to remember that with this population of children it will take longer than usual to establish a trusting relationship.

Case histories

A. was diagnosed with mild autism at the age of three. According to his mother, his childhood development had been normal until about age one, at which time he took antibiotics for three months to correct a recurrent ear infection. A. began receiving acupuncture in March of 1998 at age five. He presented with a vocabulary of fifteen to twenty words and could only make sentences of two to three words. He rarely initiated conversation. After nine months of treatment with acupuncture, herbal medicine and dietary modification, A's communication skills improved to such a degree that he was able to participate in a regular public school classroom. He is currently in the second grade. According to his mother his communication is good, he excels in mathematics and he no longer has extreme temper tantrums.

B. began treatment in February of 1999. His development had been normal until eighteen months of age. His father believes that immunisations were a contributing factor to his autism. Before treatment, he would often entertain himself with small objects or pieces of paper for hours at a time. He would not initiate conversation. During his treatment, he improved in the following ways: more eye contact, more coherent conversations and more interest in socialisation. After six months of treatment, B. was initiating and carrying on conversations and his ability to concentrate on tasks improved. He no longer rocks and sits idly for hours.

According to his parents, C. was a normal child until approximately twelve months of age. They were pleased because he began eating solid foods at a younger age than his three older siblings and also ate a wide variety of foods. At eighteen months of age however, C. had no language development and his pediatrician suggested he might be hearing impaired or autistic. He was diagnosed with autism at three years and nine months of age. According to his parents, C. did not seem to have any negative effects from immunisations but did have repeated antibiotics due to recurrent upper respiratory infections.

C. was first seen at the acupuncture clinic in January of 1998 when he was five years old. At this time, C. displayed no eye contact, no speech and did not respond to direct questions. His diet consisted primarily of spaghetti, peanut butter and jelly (jam) and bread.

C. is now eight years old and is in the first grade. Though he works below grade level, he is excited about learning to read. He now establishes eye contact and answers questions if given multiple choices. His parents believe Chinese medicine has made substantial contributions in improving his behaviour, his ability to concentrate and focus his attention and his gains in both receptive and expressive language. His parents have had to reduce his acupuncture treatments to twice monthly due to the long travel distance, but continue with herbal medications daily and dietary regulations.

D. was diagnosed with mild autism in December of 1995. He had limited speech development, extreme fear and repeated upper respiratory infections. D. presented at the

acupuncture clinic in March of 1996 at age three and a half. He received treatment consisting of acupuncture, herbal medicine and nutritional therapy for one year and two months. After six months of treatment there was dramatic improvement in speech and eating habits with acceptance of a wider variety of foods and increased appetite. Social skills also improved with noticeably more eye contact. After fourteen months of treatment, D's improvement was remarkable. According to his mother, "Today my son is like any other five year old boy and very different from the three year old he was, before seeking acupuncture."

As of October of 2000, D. is participating in a normal second grade classroom, achieving straight A's and B's and reading at a fourth grade level.

Conclusion

In Chinese medicine textbooks the diagnosis of phlegm misting the mind and phlegm fire harassing the Heart are standard. Many practitioners would assign autism spectrum disorder to these categories, yet to effectively treat this condition, the pathway by which it develops must be understood and delineated with each child.

The development of autism is a multi-faceted pathway. There is no direct cause and effect for autism spectrum disorders though there are a set of co-factors that must be present. The external and internal factors can be a source of difficulty, but a major focus in autism is on the miscellaneous factors. Genetic factors can set the stage but there must be other co-factors in order for autism to develop. Nutritional and lifestyle factors must be addressed in the treatment plan of the autistic child. The manifestations of phlegm and the root cause of phlegm must be elucidated. It is due to the very different pathways by which autism develops that it is difficult to assign causality.

Chinese medicine can address autism through a variety of modalities, including herbal medicine, acupuncture, tuina (massage), nutrition, aromatherapy, and manipulative therapies. The foundation for effective treatment for autism within the CM framework is based on a multi-tiered approach that includes synergistic CM modalities.

Autism is an imbalance that has the possibility of reversal. My experience in treating autistic children has resulted in significant gains in communication skills and a reduction of behaviours associated with autism.

I hope to hear from other practitioners who have utilised treatment modalities that are not covered in this paper. It is my hope that professionals in Oriental Medicine will feel more equipped to reach out to this population that has so few treatment options available at the present time.

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