

BEHAVIORAL DISORDERS

A CASE HISTORY

by Soma Glick

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In the last decade, I have seen a steady increase of so-called “behavioral disorders” in children in my practice, ranging from PTSD, OCD, hyperactivity, attention deficit, depression and anxiety.

And in the last decade the number of children taking prescription drugs for mood and behavior problems has skyrocketed. But how will these pharmaceuticals affect them in the long run?

Most of the pills prescribed for children target 2 chemicals in the brain: neurotransmitters serotonin and dopamine which can affect both frontal and prefrontal cortex lobes, but also bring on severe side-effects. The side effects I have seen most routinely are: nausea, stomach pain, dry mouth, constipation headaches, brainfog, nervousness and insomnia. A lot of children end up needing to take several different drugs to counteract unwanted side-effects and the toxic levels bring a heavy load on their liver and needless to say on their developing minds.

Here is the case history of one of my patients, whom I followed from early childhood until present time.

D, female, 16 years old.

D was first brought to my practice when she was 3 years old. Her birth mother was a meth addict. The baby was exposed in utero and diagnosed with developmental disabilities. A caring and loving family adopted her from birth.

When I first saw her, she was suffering from speech delay, insomnia, extreme restlessness and bouts of skin outbreaks. My diagnosis was Kidney Jing and Yin deficiency with heat and blood toxicity. I treated her with sho-ni-shin and herbal medicine. After 6 months of regular weekly treatments, D was sleeping well and behaving as a normal 3 year-old.

Her skin outbreaks, mostly in the form of toxic sores responded very well to the formula Wu Wei Xiao Du Yin and the frequency of attacks greatly diminished. D. always looked forward to her sho-ni-shin treatments; she especially loved the brushing and scraping tool along the Bladder and Du channels. I also performed in and out insertions with very thin seirin needles on the points LI 11, DU 14 and SP 10. I used the teishin tool to stimulate the Baxie points, HT 7 and DU 20.

I followed up with D for another 2 years seeing her once a month, but I then moved abroad and didn't see her for the next 8 years.

Upon my return, D's mother immediately booked a session and we resumed weekly treatments. She said that D had done really well both at home and at school with all her issues until the start of her menstrual cycle at the age of 12. The week before her period, she would become very emotionally abusive and unstable, threatening to hurt herself and others, banging her forehead against the wall and feeling very fragile. The least provocation or anything she perceived as a criticism could send her over the top.

After a psychiatric evaluation, she was diagnosed with anxiety disorder, ADHD, sensory integration issues and depression. She was hospitalized twice that year.

Her gynecologist put her on birth control pills to see if it would help mitigate the hormonal swings. The pill seemed to work for a while but she became nauseous in the mornings and vomited almost daily. Three different formulations were tried without success and after the third attempt, her anxiety increased significantly.

When I started treating her again, she was 13 and had already been put on a lot of different meds:

1/ Risperidone for mood stabilization

2/ Focaline and intuniv for ADHD

3/ Melatonin at bedtime for her insomnia and some allergy medication, which I couldn't identify.

Other meds D has taken on and off were: Cymbalta, Gabapentin, Zyprexa and Celexa.

OBSERVATION AND PALPATION

I observed a pale facial color with a rosy flush on the cheeks, cracks on both sides of her mouth and an area of rough skin with red bumps on her upper arm along the large Intestine channel.

Her tongue looked small and narrow, somehow more puffy and wet towards the back and red and peeled on the tip.

Palpation along the SCM muscles on her neck showed some nodulations and on the abdomen revealed tightness and distension in the epigastric area. There was some hardness on both sides of the umbilicus and extreme tenderness in the lower abdomen even with light touch.

Her pulse mostly felt weak and deep on the right and thin and wiry on the left

DIAGNOSIS

It was obvious to me that the start of her menstrual cycle had been a big trigger for her renewed mental and physical symptoms. The worst time of the month was the week leading to the menses and the first few days of bleeding. This pointed to hormonal imbalance.

During the premenstrual time, her breasts would swell up and she even produced milk at times.

Tests concluded that her prolactin levels were much higher than normal. Medications that can raise prolactin levels are antidepressants, estrogens and risperidone, all of which she was taking in high doses.

Generally speaking she felt emotionally better at the end of her period but she would start a clear vaginal discharge and felt extremely depleted physically.

Her main complaints were centered on digestive issues and anxiety. She usually felt it coming in the evening but occasionally had emotional outbreaks during school hours. She also complained of extreme fatigue following insomnia and night sweats which made it difficult to go to school in the morning. Nausea and vomiting seemed to be a daily occurrence as well as severe stomach pain and stubborn constipation with very dry and hard stools.

I diagnosed and started to treat 4 major patterns:

1/ Fetal toxicity

2/ Shaoyang syndromes with Liver and Stomach disharmony and Qi stagnation

3/ Kidney and Heart disharmony with heat above, cold below, Yin deficient heat and phlegm misting the Heart

Clearly, many of her symptoms were brought on by the meds she was taking. I worked with her mother and her prescribing physician to reduce the pharmaceutical load as much as possible. After a few trials I came up with a herbal formula which seemed to work well, without any interactions.

TREATMENT PROTOCOL

D. was extremely sensitive and fearful of needles, hence I could only pick a maximum of 3 or 4 points to needle in one session and I used moxibustion and the shonishin

tools, which she loved for the rest of the treatment as well as abdominal massage.

The acupuncture points I would most frequently use were:

LI 11, LI 4, St 25, LV 13, Ren 14, SJ 6, and GB 34 with seirin needles.

ST 36, Ren 12, DU 12, UB 20 and 23, and at the end of her menstrual cycle, Ren 4 and 6 and GB 26 for vaginal discharge, with moxibustion.

Baxie points, LU 9, HT 7, LV 3, KD 3 and 6, PC 5 or 6 and SP 4 and DU 20 along with GB 13 and 15 with Teishin stimulation.

After a few trials and errors, the herbal formula that worked best for her and didn't create any interactions with her meds was JIA WEI XIAO YAO SAN with the following additions:

Sheng Di Huang for heat in the Blood and Blood deficiency.

Shu Di Huang and *Shan Zhu Yu* for Kidney deficiency, anxiety and lack of self-confidence.

He Huan Pi, *Ye Jiao Teng* and *Yuan Zhi* for depression, insomnia and restlessness

Xia Ku Cao and *Long Dan Cao* for manic states

And *Shi Chang Pu* with a small amount of *Huang Lian* for general confusion

It was to be taken from ovulation to the start of the period and the first few days of bleeding. Her mother found that giving her a few doses of the herbs during the rest of the month whenever she had a crisis also helped to calm things down.

During a whole year, we kept up D.'s weekly sessions. We definitely saw an improvement in D's school performance and in the intensity of the premenstrual blowouts. They still happened occasionally but she was able to get over them much quicker. A few changes in her diet also helped some of the digestive issues; we eliminated gluten, sweet soda drinks and as much preservatives, additives and refined foods as possible. She still experiences nausea and vomiting on a regular basis and needs some form of laxative to move her bowels.

I am still treating D on a weekly basis and again after weekly treatments for the last year, her hormones and nervous system feel more balanced and she often goes through 2 to 3 weeks of the month without any crisis.