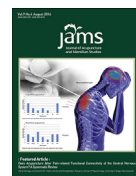


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CASE REPORT

A Single Case of Tourette's Syndrome Treated with Traditional Chinese Medicine

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Abstract

The objective of this case study was to investigate the effectiveness of Chinese medicine in treating Tourette's syndrome. Tourette's syndrome is a childhood-onset disorder that is characterized by sudden, involuntary movements or tics. The participant in this study was a 33-year-old male who had been diagnosed with Tourette's syndrome at the age of 9 years. His major complaints included facial tics, shoulder shrugging, and clearing the throat. Using a combination of acupuncture, herbs, Gua-Sha, and lifestyle changes once a week for 35 treatments, all the symptoms were reduced by 70%, as reported by the patient. In this case, the results indicated that Chinese medicine was able to minimize the symptoms of Tourette's syndrome. Further investigation is needed to support this argument. Tourette's syndrome, which was first described in 1885 by a French physician named Gilles de la Tourette, is characterized by facial tics, involuntary body movements from the head to the extremities, or vocal tics, and it usually has its onset in childhood. It is a neuropsychiatric disorder. The treatment for Tourette's syndrome is based on pharmacological treatment, behavior treatment, and deep brain stimulation. Unfortunately, none of these could completely control the symptoms; furthermore, antipsychiatric drugs might cause additional side effects, such as Parkinson symptoms, tardive dyskinesia, and metabolic disturbances. Finding acupuncture and oriental medicine literature on treatment of Tourette's syndrome was difficult, especially that written in English. Some research papers that have been translated into English indicated that Chinese herbs and acupuncture could reduce the tics significantly. For example, a study by Dr Pao-Hua Lin reported the significant effects of using acupuncture and oriental medicine in treating 1000 Tourette's syndrome cases. This case was treated to further investigate the principles of Dr Lin's study.

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1. Introduction

1.1. Biomedical perspective

Q6 Movement of tics is involuntary therefore patients are unable to control them. In addition, tics come in an urgent form. Some patients say that tics reduce the sensation of an urge, and they feel that the urge is relieved shortly after the tics. Sometimes, tics will reoccur. Felling and Singer [1] claimed that Tourette's syndrome is a common and chronic neuropsychiatric disorder, and the presentation of Tourette's syndrome includes fluctuating motor and phonic tics. Examples of these include eye blinking or deviation, head jerking, unusual movement of the limbs and trunk, chronic persistent cough, ocular tics, etc. [2]. In some cases, it can combine with other conditions such as obsessive-compulsive disorder, attention-deficit hyperactivity disorder, or drug-induced movements such as akathisia, dystonia, chorea, Parkinson's, or antisocial behavior [2]. Some argued that tic disorder, another name for Tourette's syndrome, and both obsessive-compulsive disorder and attention-deficit hyperactivity disorder are oftentimes associated with aggressive behavior and low impulse control [3].

The specific causation remains unknown. However, Hallett [4] suggested that Tourette's syndrome could cause the tic sensation due to "defective sensory habituation". He hypothesized the habituation was caused by the tics as a reward as for urgent sensation. Hallett [4] also described Tourette's syndrome to be often associated with an autosomal recessive inheritance. No abnormal genes have yet been found; however, recent studies indicated that these patients showed abnormalities in GABA activities in the brain. Another genetic research out of the range of genotype 609 Tourette's syndrome cases. In 2014, a signal gene, *rs2060546*, was found near the *NTN4* axon. These variants are suggested to be associated with the risk of Tourette's syndrome alleles [5]. Some reports suggest that it could be the result of a combination of medication, such as lamotrigine or clomipramine, and infection from Lyme disease (Singer, MD). Morevoer, "an imbalance of neurotransmitters, especially dopamine and serotonin" has been hypothesized [6]. Lastly, some stimulants such as methylphenidate and dextroamphetamine might trigger the syndrome as well.

Q7 There are several treatments that can control the severity of tics, but further investigation is required in order to control the symptoms more effectively. First, pharmacological treatment is usually indicated for moderate to severe tics. In clinics, nondopaminergic drugs have been used for more than 30 years [7]. However, there are side effects such as parkinsonian syndromes, tardive dyskinesia, and metabolic disturbances. In addition, alpha-2 receptor agonists, nicotine, tetrabenazine, GABA agonists, botulinum toxin, cannabinoids, and immune modulators have been used and reviewed as well [7]. Hartmann [7] mentioned in his article that aripiprazole and botulinum toxin injection are two among the many drugs that have been used in clinics successfully. In addition, he argued that it is necessary to have more controlled randomized studies to test these drugs. A second option is

deep brain stimulation, which is used when the conditions are too difficult to be treated by other treatments. This involves a surgery to install electrodes into the corresponding brain areas and make a connection with a brain pacemaker. A group of researchers from Europe conducted a long-term follow-up of patients treated with deep brain stimulation and monitored them for 5–6 years. They found a reduction in severity, and improvements in obsessive behaviors and depression were statistically significant [6]. In their conclusion, they mentioned that the 2-year follow-up was more positive than the 5-year follow-up [8]. Third, behavior therapy has been studied to reduce the severity of tics. Wilhelm et al [9] led a randomized trial of behavior therapy for adults. The comprehensive behavior intervention included a set of training: psychoeducation and awareness of tics, competing response training, relational training, functional analysis, etc. Another study, which utilized the same comprehensive behavioral intervention and functional magnetic resonance imaging to investigate the behavior treatment of Tourette's syndrome with regard to neural change, found a significant decrease in the activation of striatal neurons of the basal ganglia from before to after the treatments [10].

1.2. Acupuncture and oriental medicine perspective

In the studies of traditional Chinese medicine, there are a few references regarding Tourette's syndrome. One of the authors, Dr Pao-Hua Lin [11], wrote a book, called Tourette's Syndrome Treated with Chinese Medicine. He also conducted a clinical study of 1000 Tourette's syndrome patients treated with acupuncture and oriental medicine (AOM) for his 2010 doctoral dissertation from the Liaoning University of Chinese Medicine. He mentioned that in the old days Tourette's syndrome patients were treated by changing their names or the Feng shui of the patient's houses due to the evil attached to them. Even in AOM, there is no name for Tourette's syndrome. However, the Huang Di Nei Jing Su Wen describes it as "...all heat madness and convulsions are fire; all that are easily startled, fearful, as if they've lost their mind are also fire" [11].

Q8 Qian Yi (ACE 1032–1113), a famous Chinese pedestrian, Q12 Q14 wrote the first existing pedestrian book *Xiao Er Zhen Zhi Hue*. He summarized four conditions associated with the wind to be either observed or treated. First, if the eyes look upward, it means the internal heat is rushing up to the head. Second, blinking the eyes is associated with liver wind, and if the eyes cannot move, then there is heat from the eyes. Also, the twitching is due to heat in the heart. Third, "Ji Jing" (acute fright) is caused by Yang excess and Yin deficiency. Extreme heat induces the twitch. Fourth, "Ji Jing" needs to be treated by the cooling and draining method. By contrast, "man Jing" (chronic fright) is treated with the warming and tonification method [11].

Q13 Q14 Dr Pao-Hua Lin also mentioned and translated some symptoms such as, "convulsion, grasping, pulling, tremors, reverse, drawing in, scurry, and sight" from Chinese medicine literature *Yi Zong Jin Jian* in regard to "the eight types of wind-fright." This can contribute to the pattern diagnosis of Tourette's syndrome. In 2003, Simon Becker [6]

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