

# Case Study : Asperger's Syndrome and Lupus

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## Introduction

The following case studies were conducted on 2 clients, Paul and Mary\*. They are outpatients in Northside Clinic in Brookvale, Sydney. Northside deals with patients with intellectual, cognitive and psychiatric disabilities.

Paul is 26 years old. He has been diagnosed with Asperger's Syndrome.

Asperger's is a milder form of Autism. Motor delays, clumsiness, social interaction problems, and idiosyncratic behaviour are common. Adults with Asperger's have trouble with empathy and interacting socially with others. This disorder is usually lifelong.

Paul has also been diagnosed with Depression and Schizophrenia, hence he was heavily medicated. For that reason, seeing changes in behaviour was hard to pinpoint, as changes may be due to reflexology *or* the medication.

**Psychological aspect of this condition:** We are what we think! [ref 1]

Mary is 22 years old. She has been diagnosed with Lupus. Lupus is a chronic, inflammatory disease that can affect various parts of the body, especially the skin, joints, blood and kidneys. Like Multiple Sclerosis, Rheumatoid Arthritis and other ailments, Lupus is an autoimmune disease. Usually there is kidney deterioration, sometimes leading to nephritis and complete kidney failure. Other symptoms may include inflammation of the heart muscle, lung problems such as pleurisy are common, there may be swelling of the spleen and lymph glands, fever, fatigue, weight loss, anaemia, muscle pain, epilepsy, high blood pressure and stroke. Frequently there are neurological and psychiatric symptoms, especially psychoses and severe depression. Also gastrointestinal problems are usually apparent. Mary has also been diagnosed with slight Down-Syndrome.

**Psychological Aspect of this condition:** Subconscious emotional self-destruction due to poor self-worth and self-esteem [ref 2]

The main aim of these case studies was to determine if standard reflexology or chi-reflexology (or a combination of both) would help Mary and Paul coping with their conditions. I planned to observe them during the treatment and to get feedback from their case manager after my treatment to see if reflexology made a difference in their behaviour, or alleviated any symptoms caused by their conditions.

I treated Paul 12 times and Mary 10 times over a period of 6 months, so roughly \*about once every 2 weeks. For both Paul and Mary I had to rely on visual and tactile cues because they hardly ever spoke to me. Towards the end of treatments I got better at understanding what their reactions meant. Their case manager also helped by telling me about the behaviour of Paul and Mary after their treatments and pointing out important information, for example, if they were getting alternative treatments, such as natural therapies, or if their medication had been increased/decreased.

## **Paul**

Paul was apprehensive about the treatment in the beginning, so I only treated his hands for the first few sessions. After 5 or 10 minutes into the first hand-reflexology treatment he settled back and was quite comfortable. After the first treatment he smiled for a half hour. His case manager was delighted (as was I) with this reaction, as she had never seen him smile for so long!

His hands were hard to work with because he would bend his fingers in towards his palms, and keep them tensed. However as soon as I performed the relaxers and talked to him he would relax enough to let me work on them.

The neck, face and brain reflexes on his hands were hard and a bit swollen. This is an indicator of Paul's difficulty in speaking, his feeling of frustration building up and not being able to release it by communicating like way he would like. I worked on these areas gently, using loosening techniques, thumbwalking and traction.

The Kidney reflexes on both hands were tender. Paul told me that his muscle felt sore but it was most painful in the exact spot of the kidney reflex. I sedated it by gently applying pressure with my thumb and rotating anti-clockwise for six breaths.

After the 4<sup>th</sup> treatment I was able to progress from his hands to his feet, which I took as a great progress for Paul. He now trusted me more and it gave me the opportunity to help him further. Throughout the start of the session Paul seemed to have a flurry of emotions and facial expressions. His eyes started to water and it looked as if he was crying slightly. His expressions would change from sad to happy to shocked. Afterwards, he was extremely relaxed, and his case manager said he was in a great mood for the rest of the day. This is the reaction I had hoped for, a noticeable improvement in behaviour and social skills!

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\* Names have been changed for privacy reasons

As in the hand, everything in the feet felt hard and full. It felt to me as if he was bursting with thoughts and emotions, but he just could not express or let everything out that was inside.

The feet and legs would bend over and tense up while I worked on him (even when he seemed really relaxed). He found it hard to control this movement of his hands and feet. This made it more difficult to work on him. However by sedating the solar plexus reflex (Kidney 1 energy point), balancing energy point Stomach 41 for rigidity, Gall Bladder 44(Head - Stiff tongue). and by talking to him in a soothing tone, the tightness in his feet would begin to dissipate.

Paul loved the spinal twist relaxer, however throughout the treatments I noticed that he did not like when I thumb-walked on the spine. This is an indicator of the problems in the central nervous system, and that thumb-walking was aggravating this, so I used more energy work in this area.

On his feet his Kidney reflexes always felt full and the Kidney 1 energy point (solar plexus) was always sensitive at first I generally sedated both of these imbalances.

The heel area was quite sensitive also, especially the lateral aspect of the heel. He would raise his leg whenever I touched that area. The psychological aspect of this would be that he was feeling unstable, as the heel is in the earth element in Chinese traditional medicine. The bladder meridian is also on the lateral heel – I had noticed earlier the bladder reflex was puffy; there was a chance of a bladder infection which could be caused by his medication (bladder infection is a side-effect of his medication).

In each treatment, whether on hands or feet I worked on Paul's head, face and neck reflexes, which included a pituitary, pineal and thyroid balance. I always finished off the treatment with an organ balance when it was possible.

I really enjoyed treating Paul. His case manager told me he really enjoyed it and would always go straight into the sensory room when I came in because he knew what to expect. I am glad I made a difference to his day, even if it was just for that hour on a Wednesday!

## **Mary**

On my first treatment of Mary I noticed her feet were lifeless, both physically and energetically. Like Mary, they seemed to need support, hence she often wears quit structured shoes. In the beginning Mary walked very slowly and with great care as if she were about to fall over. She often had to be placed into the beanbag where I treated her, and lifted back up again. The only places that felt

'full' were on the bronchial/chest/lung reflexes and in the stomach/pancreatic reflexes just under the arch of her foot. I sedated these areas every treatment (as it was sore to thumbwalk them).

One of the main side effects of Lupus is tiredness. I generally sedated K1 (solar plexus) and triple burner energy point on both feet to help with energy created and distribution of energy throughout the body. Low energy can also mean low blood sugar levels, so I worked the pancreas to help regulate sugar levels.

In every treatment I worked her head and face reflexes to stimulate brain activity. I worked on the neck/shoulder and spine reflexes because Mary does not straighten her back when she is standing and seems to be a little bit hunched at the upper back and shoulder area. There is a possible bone deformation or swollen area around pituitary gland. The pituitary releases hormones that affect the glands, so I sedated this area.

I often used the lymphatic treatment on the feet, which she seemed to like. Lymphatic work is very beneficial for somebody with lupus because it help clear out the toxins, as the organs, such as the kidneys are not working as they should. I found that Mary preferred the light touch of energy work and lymphatic treatments, rather than the standard thumbwalking. As she has such delicate feet, I suspect it felt to her like an invasion rather than a pleasure!

From treatment 7 onwards Mary seemed a bit distracted. She would look around her and squirm a bit, she was not smiling like she used to. It was from this point on that I realised she did not want any more treatments. Around the same time, she was walking more confidently, and was able to get up and sit down herself. Either she felt she didn't need them, or was loving her new independence and confidence so much she was not going to waste time sitting down when she could be walking around and doing what she wanted to do. She started to talk more as well which was great to hear. I heard from her Case Manager that Mary was coming off all her medication, it seemed like a could had lifted for her!

Other observations:

One observation throughout all my treatments was that Mary's feet were a yellow colour. In foot talk, yellow is associated with a 'fed-up' attitude, a jaundiced view of life. Perhaps Mary was tired of feeling this way and felt resentful of it.

Mary's 3rd and 4th toe are webbed together on both feet, which could suggest a dependency between the action and communicating toe. Mary communicates more in her actions because she is not very vocal.

Overall I was happy with Mary's progress. The combination of the reduction in medication, reflexology and some kinesiology have proven to have helped her boost her self-esteem and physical movement. Her case manager told me that Mary has started to use a mobile phone! For somebody who could not talk very much, it was an amazing improvement.