

SOT Chiropractic Care of a Six-Year Old Boy Diagnosed with Asperger's Syndrome and Related Conditions.

Martin Rosen, DC

Introduction:

Asperger's syndrome is considered a high-functioning autism [1] and since its exact cause is unknown some research supports the likelihood of a genetic basis. It differs from other autism spectrum disorders by its relative preservation of linguistic and cognitive development. Although not required for diagnosis, physical clumsiness and atypical use of language are frequently reported [2]. There is no single treatment, and the effectiveness of particular interventions is supported by only limited data. Intervention is aimed at improving symptoms and function. The mainstay of management is behavioral therapy, focusing on specific deficits to address poor communication skills, obsessive or repetitive routines, and physical clumsiness. A 2003 review of epidemiological studies of children found prevalence rates ranging from 0.03 to 4.84 per 1,000, with the ratio of autism to Asperger's syndrome ranging from 1.5:1 to 16:1[3]. The field of chiropractic may play a part in the treatment of autism spectrum disorders [4] and sacro occipital technique (SOT) and cranial techniques have been found to be of promise for improving symptoms and function [5].

Case History:

A six year old male patient was brought to my office on October 2000 for evaluation and treatment for several medically diagnosed conditions that had not responded to standard medical care. The patient had seen another chiropractor for 6 months who then referred the patient for SOT and cranial chiropractic care at this office.

His initial complaints included: Asperger's Syndrome that resulted in uncontrollable "rocking, jumping and flapping" of his hands, asthma triggered by exertion, seasonal allergies and colds or bronchial congestion, and severe allergies to mold, dust, animal dander and seasonal triggers. Standard medications for the Asperger's "made his asthma and allergy symptoms worse." Therefore at the time of his initial office visit he was only taking asthma medication (Intal and Albuteral) and a multivitamin. His Asperger's symptoms started at age 3 and he had asthma and allergy symptoms since early childhood.

Methods - Treatment/Intervention:

A standard chiropractic, orthopedic and neurological exam was performed on the patient as well as a specific SOT (Sacro Occipital Technique) spinal and cranial evaluation.

Cranial and spinal subluxations patterns were detected and a treatment program was implemented to address these patterns using SOT protocols and procedures.

Initially treated as a category two (sacroiliac joint hypermobility) with active occipital fibers line two T3 and T7. His occiput was determined to be in left lateral flexion, he had right temporomandibular joint dysfunction (TMD) and cervical subluxations at C2 and C1. The category two stabilized in 3 weeks corresponding with improvement of his Asperger's symptoms. Initially cranial **adjustments** focused on the occiput, **spinal adjustments to the upper cervical spine (C1 – C2), pelvis (Category II protocols) and thoracic regions (T3 and T7). Viscerosomatic reflexes relating to T3 and T7 were balanced utilizing chiropractic manipulative reflex technique (CMRT).**

By **the** second month the patient was treated as a category one (sacroiliac joint fixation, pelvic torsion, and altered sacral nutation) and the cranial imbalance began to resolve. His office visits were reduced from every 3-5 days to every 7-10 days until May 2001 and following that time was shifted to be seen every two weeks.

Results:

The patient and family reported that the Asperger's Syndrome symptoms "settled down within the first week of care." While first seen in October 2000 by January 2001 his Asperger's symptoms had been stabilizing and was off medications for asthma and allergies. Initially he was seen at the office in October 2000 every 3 to 5 days. From November 2000 to May 2001 he was seen at the office every 7-10 days. Following the May 2001 he was reduced to 2 times per month and was put on a wellness treatment schedule which for him was 1-2 times per month.

During that first year he was seen for 2 exacerbations through summer 2001. In the first three years of care there were some minor exacerbations however he would be seen for chiropractic care at this office and treatment would resolve his symptoms never needing medication. His Asperger's symptoms continued to improve and only occurred infrequently when under extreme stress.

While his asthma and allergies responded positively within the first few weeks of care in August 2001 he had an asthma flare-up. Allergy testing revealed an allergy to mold so he was given a homeopathic allergen to help treat the condition and he responded well to this intervention. Presently the patient is 15 years old and has not needed any medication, nor has his Asperger's symptoms returned during the past 7 years. At the present time this patient is being seen on a wellness/maintenance chiropractic care program. There has not been any significant flare-up of his Asperger's, asthma, or allergies since the summer of 2001.

Discussion:

It is of interest that there appears to be a temporal relationship between SOT spinal and cranial therapy and the patient's Asperger's symptoms and ability to function. When there were flare-ups of behavior and treatment was rendered the patient's symptoms would subside. While it is possible the patient had a variation of Asperger's no prior treatment or medication affected his symptoms and in fact tended to exacerbate his other conditions. Also it is not common for Asperger's syndrome to "just go away," as it appears to have happened with this patient. Therefore there may be a subset of children diagnosed with Asperger's syndrome that have a mechanical or neurological component that will respond to specific types of chiropractic interventions.

Conclusion:

Further research is needed into the relationship between SOT spinal and cranial care for Asperger's and other autistic spectrum disorders. With the risk benefit ratios associated with the reduced risk of chiropractic care with increased risk of the typical medications used for this condition, a trial of chiropractic care for children or adults with this condition may yield important information. It is difficult to extrapolate extensively from a single case study but the findings of this case should encourage further research into SOT spinal and cranial treatment of Asperger's or autism spectrum disorders.

References:

1. Klin A (2006). Autism and Asperger's syndrome: an overview. *Rev Bras Psiquiatr* 28 (suppl 1): S3-S11.
2. Baskin JH, Sperber M, Price BH (2006). Asperger's syndrome revisited. *Rev Neurol Dis* 3 (1): 1-7.
3. Fombonne E, Tidmarsh L (2003). Epidemiologic data on Asperger's disorder. *Child Adolesc Psychiatr Clin N Am* 12 (1): 15-21.
4. Gleberzon BJ. Chiropractic and the management of children with autism [review] *Clin Chiropr.* 2006 Dec;9(4):176-181.
5. Bloink T. Autism and language delay, integration of SOT cranial therapy and tomatis auditory therapy to stimulate the auditory cortex: A case report. *J Vert Sublux Res.* May 2008;(7):17.