

Acupuncture, Attention-Deficit Hyperactivity Disorder, and the Energetics of Stimulants

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ABSTRACT

The use of prescription stimulants for attention-deficit-hyperactivity disorder (ADHD) is increasing. Yet some people would question whether ADHD is a disease at all or just part of a spectrum of normal human behavior. Chinese Medicine (CM) tends toward the latter, regarding the syndrome as an expression of a Heart–Mind (*Xin*) imbalance. In this article, the author discusses the energetics of ADHD and stimulants while exploring acupuncture options.

Keywords: acupuncture, stimulants, ADHD

INTRODUCTION

MANY OFFICE ENCOUNTERS involve people dealing with anxiety, both existential and situational. Such anxieties have historically been regarded as a normal part of life. However, increasingly, there is a tendency to frame such disharmonies as psychiatric diseases that require drug treatment.

One common presentation has become known as ADHD. Symptoms generally center around difficulty with focusing and concentration. Children who present may be brought in by stressed parents, often at the behest of schoolteachers who are requesting drug treatment as a precondition for school attendance; meanwhile, adults frequently request a specific drug, citing ADHD as the reason for their requests.

Such situations can be frustrating, because, once people are convinced that they have a brain chemistry imbalance, few are amenable to reason and common sense. In addition, even fewer people are willing to consider the long-term implications of tinkering with neurotransmitters. In the current author's experience, there is often little option but to warn people of the downside of such medications while simultaneously writing prescriptions for them.

In previous articles the author has explored the energetics of antidepressants and benzodiazepines.^{1,2} This article focuses more on stimulants, and compares the conventional

approach to ADHD to that of Chinese Medicine (CM) with its focus on balancing Heart and Mind.

ADHD and Conventional Medicine

ADHD is a syndrome consisting of a number of largely behavioral symptoms, including inattention and distractibility, with or without hyperactivity.³ It has been suggested that some 11% of North American children are affected,⁴ with the result that millions of children are taking pharmaceutical drugs that affect their brain chemistry.⁵

Yet, such symptoms are not confined to children. Many adults are affected—and not just those who were diagnosed with ADHD in childhood. In a sense, the label has come to represent an acceptable explanation for anyone who is a bit “scattered” or has a poor attention span. The fact remains, however, that ADHD is a syndrome, not a diagnosis.⁶ Given that there is no specific test or biologic marker for the condition, identification of its presence is based on a questionnaire that consists of some 18–26 wide-ranging behavioral questions.⁷ The difficulty is that the questions are so nonspecific that almost anyone going through them could, if they wanted to, come up with the syndrome.⁸

This is not to minimize the mental suffering of people with severe symptoms, but those are likely nowhere near the

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numbers of people cited in the literature. The intent of this article is to focus on those who are using drugs for dubious reasons and who could perhaps benefit from a more-creative approach, such as that offered by CM.

Is ADHD a Disease?

Despite an abundance of research, there remains no definitive evidence that ADHD is actually a disease. Certainly, it is a syndrome, but a syndrome is not the same thing as a disease. This confusion permeates modern medicine—particularly psychiatry. Indeed, once listed in the *Diagnostic and Statistical Manual of Mental Disorders* framework, a syndrome-as-disease becomes an implied fact, and clinical guidelines constrain physicians to maintain the deception.⁹

Much of the research has focused on various types of brain imaging, such as functional magnetic resonance imaging (fMRI)¹⁰ and brain single-photon emission computed tomography (SPECT) imaging,¹¹ both of which have suggested changes in blood flow to certain regions of the cortex in ADHD. On occasions, these imaging methods have assisted clinicians to choose medications better, but, as of this writing, fMRI and SPECT remain largely as research tools. Although no doubt interesting to researchers, variations of blood flow to different areas of the brain do not denote a definitive diagnosis, and, as a result, writers on the subject tend to resort to an assortment of imaginative obfuscations. For example, in one comprehensive review that summarized the result of 650 studies, the authors stated that “ADHD is diagnostically, developmentally, and neuropsychologically heterogeneous.”¹²

While the quotation is clearly intended to reflect the difficulties of making an accurate diagnosis, the writer avoids challenging the basic premise that there is a diagnosis to make. The reality of the diagnosis is simply assumed.

Although most physicians are aware of this conundrum, it can be difficult to broach the subject in the consultation room, unless the frame of reference is moved away from the conventional view toward a more-fluid understanding of

syndromes, such as those inherent in CM patterns. Perhaps it is here where the more-functional approach of CM could play a useful role.

Who Takes Stimulants?

There are basically four kinds of individuals who tend to take stimulants: (1) children who are disruptive in the classroom; (2) adults who have been taking them since childhood and have become drug-dependent; (3) adults starting afresh, thinking that stimulants will provide them with improved cognitive functioning; and (4) users of illicit stimulants who want to legitimize the habit.

Stimulant drugs are the cornerstone of conventional ADHD therapy, with methylphenidate (MPH) being the first choice for children and amphetamines for adults.¹³ But there are quite a few alternatives to choose from, including atomoxetine, dextroamphetamine, methamphetamine, lisdexamfetamine (Table 1). Some of these drugs are classified as second- or third-generation antidepressants, such as SSRIs [selective serotonin reuptake inhibitors], SNRIs [serotonin–norepinephrine reuptake inhibitors], SNDRIs [serotonin–norepinephrine–dopamine reuptake inhibitors], or a combination.¹⁴ In most cases, the mechanism of action involves blocking the reuptake of dopamine, norepinephrine, and/or serotonin, while, in the case of amphetamines, there is also a direct norepinephrine-agonist action.

Dopamine is involved in the reward mechanism, while norepinephrine is thought to mobilize the brain and body for action, increasing alertness, focus, and the retrieval of memory. Increasing the levels of these neurotransmitters can give rise to a feeling of well-being and improved focus, even invincibility, which perhaps accounts for much of these drugs’ popularity as street drugs. However, there is a price to be paid. For example, cocaine and “crystal meth,” which target norepinephrine, have been in use for years, and their negative consequences are well-known. Considering that prescription drugs have similar properties, it is remarkable that they are not

TABLE 1. SECOND AND THIRD GENERATION CLASSIFICATIONS OF MEDICATIONS USED FOR ADHD

Generation	Class	Type	Generic medications	Indications
Second	SSRIs	Selective serotonin reuptake inhibitors	Citalopram, sertraline, paroxetine, & fluoxetine	Anxiety/depression
Third	NRI	Norepinephrine reuptake inhibitors	Atomoxetine	ADHD, narcolepsy, anxiety, depression
	NDRI	Norepinephrine–dopamine reuptake inhibitors	Methylphenidate & bupropion	Depression, ADHD narcolepsy, smoking cessation
	SNRIs	Serotonin–norepinephrine reuptake inhibitors	Duloxetine & desvenlafaxine	Depression/anxiety, ADHD, obsessive compulsive disorder
	SNDRIs	Serotonin–norepinephrine–dopamine reuptake inhibitors	Venlafaxine & nefazodone	Depression, ADHD, chronic pain, obesity
	Stimulants	Norepinephrine–dopamine agonists	Dexamphetamine methamphetamine, & lisdexamfetamine	ADHD, narcolepsy

ADHD, attention-deficit hyperactivity disorder.

TABLE 2. SIDE-EFFECTS OF SOME COMMON ADHD DRUGS, WITH INFERRED ENERGETICS

<i>Drug</i>	<i>Side-effects</i>	<i>Inferred CM effect</i>
Methylphenidate & bupropion	Anxiety, nausea, arrhythmias, dizziness, obsessive-compulsive behavior, psychosis, growth stunting, agitation, hostility, suicide, heart attacks, & brain atrophy	↑Heart Fire, ↑Yang ↑Wind, Qi Stagnation <i>Hun</i> & <i>Shen</i> disturbance ↓Kidney Yin
Dexamphetamine, methamphetamine, & lisdexamfetamine	Insomnia, anxiety, tremor, arrhythmias, headaches, seizures, agitation, weight loss, hallucinations, increased blood pressure, Raynaud's disease, growth stunting, & suicide	↑Heart Fire ↑Wind <i>Hun</i> & <i>Shen</i> disturbance

ADHD, attention-deficit hyperactivity disorder; CM, Chinese Medicine.

viewed with similar caution. Yet, this might be because studies demonstrating the benefit of stimulants are mostly industry funded and the studies last for 8 weeks or less.⁵

In contrast, independent longer-term studies tend to show more negative outcomes, such as that the drugs produce a continuum of central nervous system toxicity that begins with increased energy, hyperalertness, and overfocusing on rote activities, all of which are effects that are generally misconstrued as symptom improvement.¹⁵ This then progresses toward obsessive-compulsive or perseverance activities, insomnia, agitation, hypomania, paranoia, motor tics, and sometimes seizures. Other effects include apathy, social withdrawal, emotional depression, docility, and increasing dependence.¹⁶

Perhaps even more concerning are the potential physical consequences. Because stimulants constrict blood vessels to the brain, body, and heart, they can cause brain atrophy, growth-stunting, and sometimes even heart attacks.¹⁷

CM Patterns and Stimulants

One way of understanding the CM effects of stimulants is to look at their side-effects. Doing so confirms that, energetically, they disturb the Heart/Mind/*Shen* by aggravating Fire and Wind, inducing liver Qi Stagnation, and, over the long-term, depleting the Kidneys (Table 2).

Consider the extreme case of an adult who uses cocaine regularly. Initially, there is a seductive feeling of well-being and focus. This feeling corresponds to a Heart Excess (desired *Shen* stimulation), but this is followed by the withdrawal phenomenon featuring things such as mood swings, anger, and depression (Liver Qi Stagnation). Over time, the desired *Shen* stimulation wanes and the Liver Qi Stagnation becomes more predominant. At this point, dependence de-

velops and the user requires the drug just to feel normal. Regular use depletes Heart Yin and, eventually, Kidney Yin. This, in turn, can lead to Liver and Lung Yin Deficiency with the development of Empty Fire (headaches, insomnia) and/or a chronic cough, and a scorched tongue.¹⁸ Sometimes, especially with methamphetamine, a false Yang Excess occurs in the initial stages of use, leading to hypersexuality that further depletes the Kidney Yin.

With regard to end-organ atrophy, CM might postulate that stimulants divert the Excess Yang energy into the organs (brain, heart, and body), effectively “burning them out.” Although such divergence superficially resembles CM’s Divergent Channel function, there is a difference. Divergent channels spare the *Zhang* (organs) by holding the latency in the joints, while stimulants divert pathogenic energy directly into the *Zhang*, where they can cause organ damage.

However, both divergences reflect energetic ways of dealing with the Excess Yang/Heat disturbing the *Shen*. In that regard, the symptoms of the Heart Divergent Channel imbalance include many features of ADHD such as headaches, mania, chest pain, palpitations, restlessness, cerebrovascular accidents and speech disturbances.¹⁹

CM and Acupuncture

CM understands ADHD as Excess Heat/Wind in the head with Liver Qi Stagnation, often complicated by Dampness, which, in turn, might be rooted in a Deficiency of the Spleen and Kidneys²⁰ (Table 3). Acupuncture may be useful for both ADHD itself, and for helping people wean themselves from stimulants. In that regard, some studies have suggested CM may actually be superior to MPH.²¹

Treatment with acupuncture, can be remarkably simple. The focus needs be on clearing the Excess Heat/Wind in the

TABLE 3. COMMON TCM PATTERNS IN ADHD

<i>Pattern</i>	<i>Symptoms</i>	<i>Tongue</i>	<i>Pulse</i>
Heat/Wind in the Head	Mental restlessness, poor concentration, & thirst	Red tongue tip	Rapid
Liver Qi Stagnation	Depression, mood swings, anger, & gastritis	Red or normal tongue with yellow coat	Wiry
Spleen/Kidney Deficiency	Emotional fragility, digestive disturbance, poor appetite, & fatigue	Pale tongue with thin coat	Weak

TCM, Traditional Chinese Medicine; ADHD, attention-deficit hyperactivity disorder.

TABLE 4. A SELECTION OF CM POINTS FOR ADHD

<i>TCM pattern</i>	<i>Point</i>	<i>Pin Yin</i>	<i>Energetic effect</i>
Heat/Wind in the Head	Ex-HN 1	<i>Sishencong</i>	Clears Wind/calms Spirit
	GB 8	<i>Shuaigu</i>	Clears Heat/Wind
	GB 20	<i>Fengchi</i>	Clears Heat/Wind
	GV 4	<i>Mingmen</i>	Clears Heat & tonifies Kidney
	GV 24	<i>Shenting</i>	Clears Heat & calms <i>Shen</i>
	GV 24.5	<i>Yintang</i>	Calms <i>Shen</i> & reduces stress
	GV 20	<i>Baihui</i>	Clears Wind/Heat & calms <i>Shen</i>
	CV 17	<i>Danzhong</i>	Balances <i>Hun</i> & <i>Shen</i>
Liver Qi Stagnation	LV 3	<i>Taichong</i>	Clears Stagnation, clears Heat, & calms <i>Shen</i>
	LV 14	<i>Qimen</i>	Opens the chest calms Spirit
	PC 6	<i>Neiguan</i>	Clears Stagnation, opens chest, & calms <i>Shen</i>
↓ Spleen/Kidney	SP 6	<i>Sanyinjiao</i>	Tonifies Yin & Blood & calms digestion
	ST 36	<i>Tsusanli</i>	Tonifies Qi, Blood, & Spleen
	SP 4	<i>Gongsun</i>	Calms <i>Shen</i> & opens the chest
	KI 3	<i>Taixi</i>	Tonifies Kidney Qi

ADHD, attention-deficit hyperactivity disorder; CM, Chinese Medicine.

Head, relieving Liver Qi Stagnation, and tonifying the Spleen and Kidneys. Points on the *Du Mai/Yang Wei Mai* can be useful too, such as GV 20 (*Baihui*) and GB 20 (*Fengchi*), and/or points tender to palpation over the Bladder/Gall Bladder meridians on the side of the Head, together with peripheral points relevant to the presenting pattern (Table 4). Figures 1, 2, and 3 show relevant points on the head, feet, and body.

One protocol for children involves SP 6 (*Sanyinjiao*) to tonify the Spleen, ST 36 (*Tsusanli*) to tonify the Spleen and Stomach, LV 3 (*Taichong*) to calm anxiety, and KI 3 (*Taixi*)

to tonify the Kidney.²² A point or 2 on the Head added to these may be GV 20 or GB 20, to mitigate Heat and Wind. Treatment can be once or twice weekly to begin with, spacing them out further as improvement dictates. For children who are afraid of needles, a gold- or silver-plated magnetic pellet can be placed behind the ear opposite *Shen Men*, left in place, and changed periodically.²³ In the adult, treatment can be more-complex, because in the case of long-term drug use, the patient might need to be detoxified first, perhaps using some variation of the National Acupuncture Detoxification Association protocol in the context of a

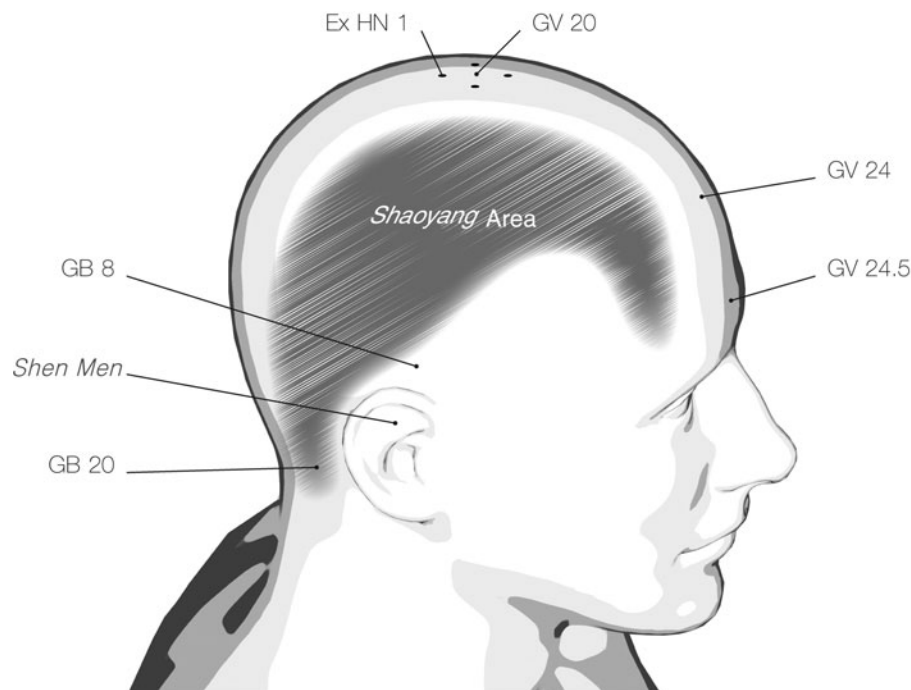


FIG. 1. Head points. Illustration by Richard Greenwood, BFA, MA; used with permission.

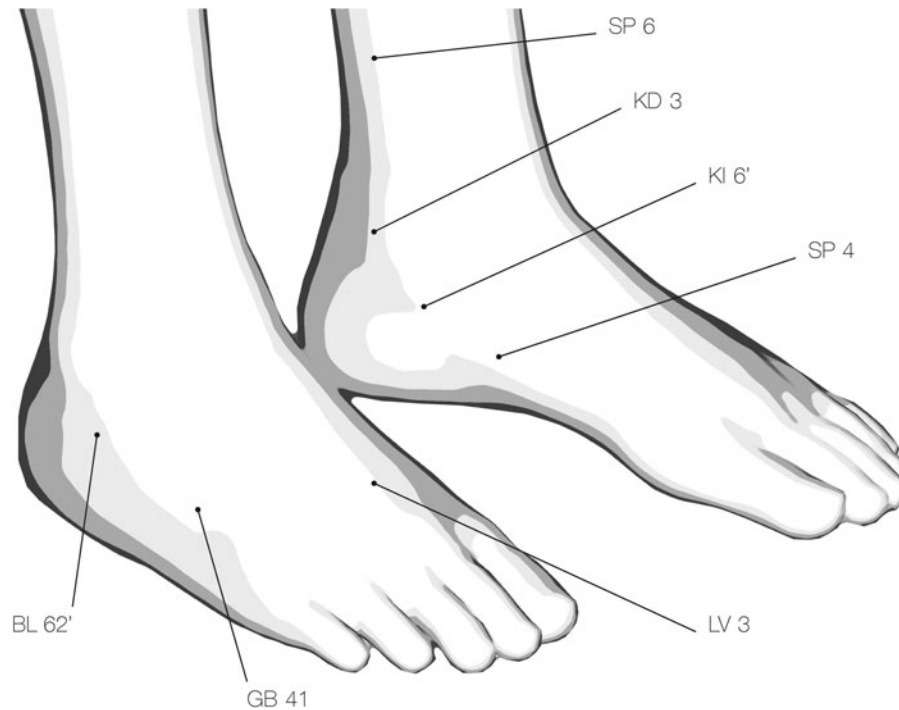


FIG. 2. Feet points. Illustration by Richard Greenwood, BFA, MA; used with permission.

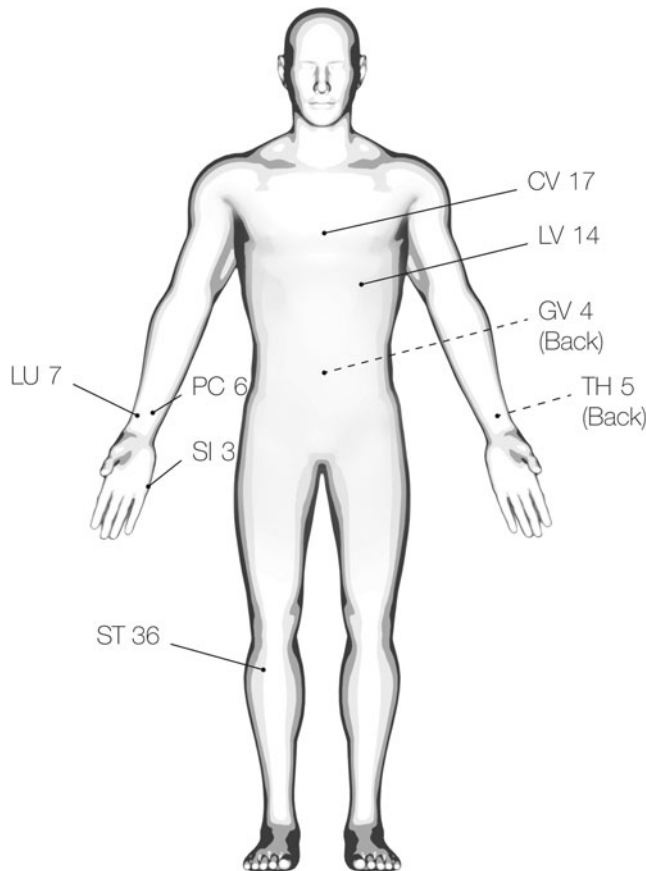


FIG. 3. Body points. Illustration by Richard Greenwood, BFA, MA; used with permission.

formal detoxification program.²⁴ However, for people not requiring such extremes, the basic approach of removing Heat, relieving Liver Qi Stagnation, and tonifying the Spleen/Kidneys remains much the same.

Balancing the Five Elements

To prevent recurrence, the root Heart–Mind imbalance needs to be addressed, or as Maciocia has suggested, harmonizing the disturbed relationship between the *Hun* (Wood) and *Shen* (Fire).²⁵ This issue generally reflects difficulties in the process of a primary Yin–Yang separation, in which the ego struggles to explain its sense of separation.²⁶ However, Wood (*Hun*) is not the only element involved. Wood is the Mother of Fire, but Water is the controlling element, and Earth is the Child. These other elements are often involved, and reflect a lack of grounding (Earth) and a lack of rootedness or depth (Water). In the Vedic tradition, Water and Earth are key components of the first and second chakras, and if they are Deficient, it is often because of a split between the Pelvis and the Heart (Love–Sex split).²⁷

Extraordinary Meridians and Dynamic Interactive Acupuncture

To tackle the root of ADHD, the *Yuan*-level dynamics need to be addressed, involving the primal Yin–Yang split and the various subsplits. (Table 5). In that regard, the Extraordinary Meridians (EMs)²⁸ and Dynamic Interactive Acupuncture (DIA)²⁹ can both be useful approaches for suitable patients.

TABLE 5. A SELECTION OF CM POINTS FOR EM/DIA TREATMENTS

<i>Split</i>	<i>Point</i>	<i>Pin Yin</i>	<i>Energetic effect</i>
Pelvis/Heart (Earth)	SP 4	<i>Gongsun</i>	Master (opening) point of <i>Chong Mai</i>
	PC 6	<i>Neiguan</i>	Coupled point of <i>Chong Mai</i> , opens the Heart
	CV 17	<i>Danzhong</i>	Balances <i>Hun</i> & <i>Shen</i>
Mind/Heart (Hun/Shen)	GB 41	<i>Taichong</i>	Master point of <i>Dai Mai</i>
	TH 5	<i>Waiguan</i>	Coupled point of <i>Dai Mai</i>
	LV 14	<i>Qimen</i>	Opens the chest & calms Spirit
	LV 3	<i>Taichong</i>	Resolves Liver Qi Stagnation
Root/Heart (Water)	KI 6 ^a	<i>Zhaohai</i>	Coupled point of <i>Ren Mai</i>
	BL 62 ^a	<i>Shenmai</i>	Coupled point of <i>Du Mai</i>
	SI 3	<i>Houxi</i>	Master point of <i>Du Mai</i>
	LU 7	<i>Lieque</i>	Master point of <i>Ren Mai</i>

^aK 6' & BL 62' are located a little lower in the foot, at the border of the skin-color change.

CM, Chinese Medicine; EM/DIA, Extraordinary Meridian/Dynamic Interactive Acupuncture.

Because the EM confluent (Master/Coupled) points are all located on the extremities, EM treatments and DIA can be combined easily. To do so, the practitioner simply needles 1 or 2 confluent points and stimulates them while encouraging the patient to express sound, emotion, and/or physical movement. As the session unfolds, pertinent trajectory points can be pictured on an in–out basis. Such an approach can be remarkably effective for accessing deeper, more-primal energies underlying the presenting symptoms. Interested readers can find more-detailed descriptions of this method elsewhere.^{30,31}

Herbs

For some patients, herbs can also be useful adjuncts. Dharmananda has recommended a formula called Acorus tablets (700 mg 3–6 tablets o.d.). It includes *Acorus*, *Polygala*, *Fu Shen*, *Alpinia*, *Curcuma*, raw *Rehmannia*, Dragon Bone, Dragon Teeth, Oyster Shell, Bamboo Sap, Tortoise Shell, and Succinum³² Other options include Jen Zhu Fen (Pearl Powder) and Shen Jing Shuai Ruo Wan (Stress Reducing Pill).³³

Interestingly, herbs are also appearing in conventional journals. For example, one respectable double-blinded study found the spice saffron (*Crocus sativus*) to be as effective as MPH for ADHD.³⁴

CASE STUDIES

Case 1

A 61-year-old woman came for acupuncture after her physician told her that she had ADHD, and suggested Ritalin[™] (MPH). She had taken the ADHD questionnaire and answered “yes” to almost every question. Several years previously, she had attended the current author’s residential pain program for chronic-pain symptoms following a series of car accidents. At the time, it was noted that she had a “chip on her shoulder” and a somewhat paranoid person-

ality. Despite symptom improvements gained during the program, her personality problems remained unchanged.

At a subsequent presentation, she clearly had an Excess of Yang in the Head, with a Deficiency of Yin below, speaking to a primary existential split. Acupuncture was directed toward the *Chong Mai* and secondary EM points, using SP 4, LV 14, and CV 17. During the session, she shouted and raged for a few minutes and then sank deeply into the Heart center. PC 6 was added to anchor the experience for her. At the end of the session, she volunteered that, for the first time in many years, she understood the meaning of embracing her anger. In that moment, with her Heart and Mind temporarily harmonized, her ADHD symptoms disappeared. Whether she can maintain the improvement remains to be seen.

Case 2

A 25-year-old university student had been on long-acting MPH (Concerta[®]) since he was 10 years’ old, having been diagnosed with ADHD while at school, and was currently on 36 mg of the drug daily. He seemed reasonably grounded, but had never explored the long-term effects of stimulants, nor had he considered the fluidity of his diagnosis. The current author suggested some preparatory reading about ADHD and MPH and told the patient that, if he was interested, he should consider a slow taper with the support of acupuncture and herbs.

Several months later, this patient decided to try the taper. His acupuncture consisted of biweekly Heart–Mind-balancing treatments through the use of the primary and secondary EMs, with points such as SP 4, PC 6, LV 14, CV 17, GB 8, GV 20, and GB 24.5. He started Acorus tablets, and tapered his MPH every 3 weeks, going first to 27 mg, then to 18 mg, then to 10 mg, before discontinuing the MPH altogether. With this approach, he largely avoided the common withdrawal symptoms of anxiety, depression, irritability, and insomnia. After 3 months, he was off all medications and functioning well.

Case 3

A 12-year-old boy was brought in by his mother because of difficulties he had at school, where he was being disruptive. He was fidgety, unable to sit still or focus, and made his condition fairly obvious by attempting to destroy all the office wall-mounted fixtures.

Although he had always been somewhat frenetic, his behavior had worsened after a recent parental separation. With his father less-accessible and his mother more stressed, he began acting out at school and upsetting his teachers. Eventually, the school insisted on an ADHD assessment. To her credit, the mother expressed an ambivalence about stimulants and asked if acupuncture might help her son.

Though the author usually refers such cases to a pediatrician familiar with ADHD, her refreshing attitude made a trial of acupuncture appropriate, at least while they waited for the specialist appointment.

The boy had a red-tipped tongue and a rapid pulse, consistent with Heat in the upper *Jiao*. Although he was restless and somewhat apprehensive, he permitted the application of a magnetic pellet on the back of his ear at the end of the first visit, a move that his mother told me later had a remarkable calming effect. The pellet was replaced at each subsequent visit. This boy enjoyed the adult attention and eventually sat still long enough for 1 or 2 needles to be inserted in him. Treatments were twice weekly for 4 sessions, then weekly. During each session a couple of points were chosen to disperse the Heat, such as LV 2, GB 8, and GV 20. Initially, the points had to be pretty much in-out, but, by the 6th session, he was able to tolerate the needles for 10–15 minutes. He started to look forward to his treatment sessions and would ask his mother when they were coming in next.

At 4 months the boy's condition was so much improved that the referral pediatrician agreed that there was no need for drugs, but that he should continue with periodic acupuncture and school-based counseling.

DISCUSSION

Although most practitioners are aware of both sides of the ADHD dilemma, it can be challenging to refuse a request for stimulants, to taper the drugs when the patients are not ready to do so, or to suggest alternative approaches to the uninterested patients. Indeed, forcing a situation prematurely can actually prove detrimental and/or precipitate a mental-health crisis. However, there are patients who are open to creative options and patients who are already on stimulants but want to wean off them.

Discerning “the ready” from “the unready” can entail some experience and finesse. But for patients who appear to be ready, suggesting that they read material on the cons of stimulants can be an excellent way to start. Many patients who have done such research become open to the notion of weaning and alternatives such as acupuncture.

Those issues aside, it is remarkable how few patients, on either side of the fence, have explored the long-term, negative side-effects of stimulants, despite the information being freely available. Perhaps they are getting their information from peers, television, social media, or other advertising that has minimized the downside of these pharmaceuticals. Yet, whatever the reason for the deficit, commonsense dictates that patients should understand the pros and cons of a drug before fully starting something that may well become a lifetime dependence. At the end of the day, it is much easier to “not start” a drug than it is to wean off it later once dependence has developed.

CONCLUSIONS

ADHD is a common syndrome, which, in the last couple of decades, has been “medicalized” as a psychiatric disease and used to market drugs. Large numbers of people have been caught up in this loop, and many of them have developed drug-dependency. For some people, the CM perspective of a Yin–Yang and Heart–Mind Split can be pertinent. Acupuncture treatments that connect Heart and Mind in both patients and their families can go a long way to balance the root cause of the ADHD. In the case of a child, this can be as simple as a single needle or magnetic pellet treatment periodically, while using the time to connect creatively with the family. In adults, a philosophical analysis plus balancing the Heart–Mind/*Shen* acupuncture can be immensely helpful.

Practitioners who are tempted to explore this area will find surprisingly successful outcomes, sometimes when they least expect it. And the experience of helping someone—particularly a child—avoid a lifetime of mind-altering drugs can be deeply satisfying.

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