

Review Article

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Neuromyelitis Optica Stabilized through Dharma

Xinghong Yang

Independent Scientist, Florida, USA

ABSTRACT

Neuromyelitis Optica Spectrum Disorder (NMOSD) is a rare autoimmune disease of the central nervous system characterized by recurrent relapses and progressive neurological disability. This paper presents the case of a woman with a history of NMOSD spanning more than 30 years who experienced sustained clinical stability after adopting the Five Golden Buddhist Practices of Guan Yin Citta Dharma Door. Prior to her Buddhist practice, she reported relapses approximately once every three years. Over the subsequent four years of consistent practice, she reported no further relapses and experienced marked improvements in overall health and quality of life. The case is analyzed from both biomedical and Dharma perspectives. Contemporary medicine attributes NMOSD primarily to autoimmune mechanisms involving aquaporin-4 (AQP4) IgG antibodies and immune dysregulation. In contrast, Dharma teachings frame illness as potentially rooted in karmic causes. In this case, the patient's history of abortion, assisting others with abortions, sexual misconduct, involvement in the sex-related product industry, and consumption of pornographic material are identified as possible sources of negative karma that may have contributed to her condition. This case suggests that Dharma-based spiritual practices may offer potential benefits as a complementary approach for some individuals with NMOSD. Further systematic investigation is warranted to explore these observations.

*Corresponding author

Xinghong Yang, Independent Scientist, Florida, USA. Email: dr.yang.ttk@gmail.com; ORCID: <https://orcid.org/0000-0001-8063-430X>.

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Introduction

Neuromyelitis Optica (NMO) and its related disorders, collectively referred to as Neuromyelitis Optica Spectrum Disorders (NMOSD), are rare but often severe autoimmune and inflammatory diseases of the Central Nervous System (CNS). NMOSD predominantly affects women and most commonly presents between 30 and 40 years of age [1]. Current evidence classifies NMOSD as primary autoimmune astrocytopathy characterized by astrocytic injury and secondary demyelination [2].

The clinical course of NMOSD is typically characterized by recurrent attacks that may lead to cumulative neurological disability, including visual impairment, motor dysfunction, sensory deficits, and bladder or bowel disturbances [3]. In addition to physical disability, patients frequently experience substantial symptom burdens, including fatigue, chronic pain, and mood disorders, all of which can significantly impair quality of life [4]. Early diagnosis and prompt initiation of immunosuppressive therapy are essential for reducing relapse frequency and minimizing irreversible neurological damage. Furthermore, revisions to the diagnostic criteria have expanded the recognized spectrum of disease manifestations, facilitating earlier diagnosis and improving clinical management [5].

Several therapeutic options are currently available for NMOSD. Recent studies have demonstrated promising outcomes with advanced immunotherapies. For example, allogeneic hematopoietic

cell transplantation has been reported to induce durable treatment-free remission and sustained clearance of pathogenic aquaporin-4 immunoglobulin G (AQP4-IgG) antibodies in patients with highly refractory NMOSD [6]. Likewise, inebilizumab, a B-cell-depleting monoclonal antibody, has demonstrated superior efficacy in reducing relapse risk and favorable safety outcomes compared with low-dose rituximab in real-world clinical settings [7]. Despite these advances, access to such therapies may be limited by their high cost and restricted availability, particularly in low-resource settings. Consequently, there remains a need to explore complementary, accessible, and cost-effective approaches that may improve patient outcomes and quality of life.

Although NMOSD is an uncommon neurological disorder, its substantial morbidity and potential for severe disability underscore the importance of continued research into its pathogenesis, diagnosis, and treatment. Previous studies investigating autoimmune diseases have reported beneficial effects associated with Dharma-based interventions and the application of the Five Golden Buddhist Practices on Crohn's disease, psoriasis, vitiligo, type 1 diabetes, myasthenia gravis, systemic lupus erythematosus, Sjögren's disease, rheumatoid arthritis, and systemic sclerosis [8-17]. Given the potential accessibility and low cost of these practices, further investigation is warranted. Therefore, the present study explores whether a Dharma-based approach may serve as a beneficial complementary intervention for individuals with NMOSD.

Worldviews Mechanisms & Solutions

From a scientific perspective, substantial progress has been made in understanding the pathogenic mechanisms underlying NMOSD. A major breakthrough was the identification of AQP4-IgG, a water

channel protein highly expressed on astrocytic end-feet within the CNS. The discovery of AQP4-IgG established NMOSD as primarily an autoimmune astrocytopathy rather than a classical demyelinating disorder [18,19].

Binding of AQP4-IgG to aquaporin-4 activates the complement cascade, resulting in astrocyte injury and subsequent inflammation, demyelination, neuronal damage, and neurological disability. This mechanistic understanding has significantly advanced both the diagnosis and treatment of NMOSD.

AQP4-IgG is the dominant pathogenic antibody and can be detected in approximately 80% of patients with NMOSD [20]. Because its pathogenic role is relatively well characterized, many therapeutic strategies have focused on preventing the interaction between AQP4-IgG and AQP4. Accordingly, several NMOSD therapies have been developed to target either AQP4-IgG or AQP4 itself, including aquaporin monoclonal antibodies, small molecules that block AQP4-IgG binding, and enzymatic approaches designed to neutralize AQP4-IgG pathogenicity [21]. These efforts have yielded encouraging results in disease control and therapeutic development [6].

However, a deeper question remains: why does the immune system mistakenly recognize the body's own CNS cells as foreign and generate the pathogenic autoantibody AQP4-IgG in the first place? Current immunological theory attributes this phenomenon to a breakdown of immunological tolerance. Under normal circumstances, immune tolerance mechanisms prevent autoreactive lymphocytes from attacking self-tissues. When these mechanisms fail, autoreactive immune cells may become activated and contribute to the development of autoimmune diseases [22].

This explanation leads to a further question: why is immunological tolerance disrupted in certain individuals? Contemporary scientific research generally attributes the loss of tolerance to a complex interaction among genetic predisposition, environmental exposures, and immunoregulatory disturbances [22]. While these factors are widely accepted within biomedical research, they are often described as risk factors rather than ultimate causes, so the precise origins of autoimmune diseases remain incompletely understood.

From the perspective of Dharma, the root causes of autoimmune diseases extend beyond the material mechanisms recognized by modern science. According to Dharma teachings, karma and spiritual influences constitute the fundamental causes of disease. When karmic conditions mature, spiritual entities may attach themselves to the body, giving rise to various illnesses, including autoimmune disorders [8,23]. This phenomenon has been discussed in relation to nine autoimmune diseases in previous studies [8-17]. From this viewpoint, NMOSD would not be an exception.

The difference between scientific and Dharma explanations arises from their fundamentally different conceptions of life. Scientific theories generally regard life as a product of biochemical and physiological processes, with consciousness emerging from neural activity in the brain. In contrast, Dharma teaches that life consists of both a physical body and a soul or spiritual consciousness. While science primarily investigates the physical dimension, Dharma maintains that consciousness can exist independently of the body under certain circumstances, such as after death. According to this view, when the soul separates from the body, it may continue to exist as a spirit [8,23].

Based on these differing views of life, the mechanisms underlying NMOSD, as well as the approaches to treatment and prevention, differ substantially between scientific and Dharma perspectives. While science focuses on immunological abnormalities and molecular interventions, Dharma seeks solutions at the level of karma and spiritual causes.

To further explore the Dharma perspective on the origin of NMOSD, the following dialogue presents Dharma Master Jun Hong Lu's explanation regarding the origins of eye karma, which may provide additional insight into the karmic causes of diseases, particularly of the eyes.

Q&A 1: Retribution for Creating Negative Karma Through Producing and Spreading Sexual and Pornographic Content on the Internet

(From "Master Lu's Teachings: Answers to Letters of Inquiry (No. 256)")

Question

Last night before going to sleep, while my eyes were closed, I suddenly saw a scene, or perhaps it appeared in my consciousness. It was Fiery Eye Hell (火眼地狱) [24].

I saw a pair of eyes open extremely wide. A fiery iron instrument, shaped like a fork or pincer, was thrust into the eyes and then pulled out again. It was terrifying beyond words.

Then someone told me that this is a newly established hell specifically created to punish those who create negative karma through the Internet. Karmic offenses committed online can spread very quickly. This hell is intended for those who send pornographic or obscene images to others. The primary retribution falls upon the eyes.

Such individuals may first suffer eye cancer while alive. If they still fail to repent and correct their behavior, they will inevitably be sent to the Fiery Eye Hell after death.

I only saw two instruments of punishment. One was the fiery pincer-like tool described above. The other was a needle that pierced the entire eye.

The karmic consequences of distributing pornographic images are extremely severe. Many innocent and inexperienced young people have been led astray by such content. Lust is regarded as one of the gravest sources of wrongdoing, and many crimes originate from exposure to harmful and immoral influences.

Those who distribute obscene images and deliberately guide or entice others toward immoral conduct will receive the following karmic retribution: during their lifetime, they may suffer diseases of the eyes, including eye cancer. Those who do not repent will, after death, fall into Fiery Eye Hell undergoing punishment.

The various instruments of punishment in hell are manifestations corresponding to the specific karmic offenses committed. The heavier the karma, the harsher the punishment. The underworld imposes particularly severe penalties on those guilty of such offenses. Because pornographic and immoral materials can cause tremendous harm to individuals and may even ruin a person's life, punishment for these actions is administered without leniency.

At the time, I was not asleep; my eyes were simply closed. Then I saw a person who seemed to be a supervisor or administrator in hell. He was very tall, had a beard, and wore unusual clothing adorned with circular steel rings. He greeted me with palms joined together in respect.

Afterward, I felt as though I had been brought back up by a great general from the underworld. I wondered which general he might be. Then the image of Skanda Bodhisattva appeared before me. Shortly thereafter, the vision disappeared.

Master Lu's Answer

This is real. While you were describing the experience, I was already able to see it.

A well-behaved young woman or young man may begin engaging in sexual misconduct after being exposed to pornographic material. Hell itself is an extension of the evil deeds committed by people in the human world. Therefore, one must never commit any wrongdoing; the consequences are truly frightening.

As Buddhist teaching says:

“Commit no evil, practice all good deeds.”

And among the many forms of wrongdoing, indulgence in lust and sexual misconduct is regarded as one of the most serious.

This dialogue illustrates the serious consequences associated with the dissemination of pornographic material. Such conduct may lead to eye-related diseases in this life and spiritual retribution after death. The dialogue also highlights the potential harm of exposure to pornographic content, which may encourage otherwise morally upright individuals to engage in sexual misconduct, thereby generating further negative karma.

Results

The following is a presentation by a practitioner of the Guan Yin Citta Dharma Door.

Case 1: My Rare Disease, NMO, Has Been Brought Under Control

In May 2021, I was fortunate enough to encounter Guan Yin Bodhisattva's Guan Yin Citta Dharma Door. I am deeply grateful to a fellow practitioner—who is also my classmate—for guiding me on the path of Buddhist cultivation. I am also grateful to all my fellow practitioners who have helped me learn how to apply the Five Golden Buddhist Practices. Through these practices, my rare and complicated disease of more than 30 years, NMOSD (a disease with a high relapse rate and a high risk of disability), has been brought under very good control.

Before practicing Guan Yin Citta Dharma Door, I had been reciting a certain long Buddhist scripture for nearly 10 years because of my health problems. At the time, I had heard that reciting scriptures was beneficial for one's health, so I simply recited them. However, despite many years of practice, my illnesses continued to relapse, and I still needed frequent hospitalizations. While I cannot say that the recitations had no effect, the results were not obvious. It was like taking medicine that does not address the underlying cause of an illness—it cannot cure the root problem.

After coming into contact with Guan Yin Citta Dharma Door, I followed fellow practitioners in learning how to apply the Five Golden Buddhist Practices, and my condition became well

controlled. My days became busy yet fulfilling. More than four years have passed in the blink of an eye. Not only has my NMOSD not relapsed, but my overall health has become even better than before.

Before I began practicing Guan Yin Citta Dharma Door, my NMOSD relapsed approximately once every three years. Over the course of more than 30 years, it relapsed around a dozen times. Each relapse left me with some irreversible aftereffects. Over time, these accumulated and caused severe deterioration in my eyesight, along with discomfort throughout my body. In short, there was hardly any part of my body that felt comfortable.

NMO also brought other complications: I could not control my urination and often wet the bed, which led to chronic insomnia. Because I was unable to exercise, I also suffered from long-term constipation.

Through studying Buddhism and reciting scriptures, I came to understand that the suffering and illness I experience today are the consequences of many wrong actions I committed in the past, including abortion, sexual misconduct, and watching pornographic videos with my husband. Because I had a medical background and once operated a clinic, I sold abortion-inducing drugs and medications for sexual enhancement. I also accompanied relatives and friends to hospitals for abortions. Looking back, I realize how ignorant and reckless I was.

After learning Buddhism, I came to understand the law of cause and effect. I realized that the results I face today stem from causes I created in the past. I feel deeply ashamed and sorrowful. I sincerely repented before Guan Yin Bodhisattva and vowed never to commit such actions again.

Now, through the application of the Five Golden Buddhist Practices, my condition has become increasingly stable and continues to improve. Every day, I am busy from morning until night reciting scriptures, listening to Master Lu's teachings, and studying *Buddhism in Plain Terms*. My sleep has improved, I can now control my urination, and my constipation has eased significantly.

Seeing my health improve day by day, my husband has changed from opposing my Buddhist practice to supporting it. He often helps by offering fruits and fresh flowers. I am profoundly grateful to the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva and to my family for their support.

There are too many miraculous experiences to recount. Guan Yin Bodhisattva is truly compassionate, and the Five Golden Buddhist Practices are truly remarkable. Guan Yin Citta Dharma Door is extraordinarily precious, and the Little Houses (a combination of Buddhist scriptures) are truly beyond imagination. As long as one has faith, makes vows, puts them into practice, and cultivates sincerely and diligently, the Bodhisattvas will certainly bless and support them. Guan Yin Citta Dharma Door is genuine and effective—whoever practices it will benefit from it.

I am deeply grateful to have encountered such an efficacious Dharma practice in this lifetime, and grateful to the Master for transmitting this precious teaching to us. In the future, I will continue to study Buddhism, recite scriptures, and cultivate my mind diligently.

I hope my sharing can encourage those who are still hesitating to take up the scriptures, learn Buddhism, cultivate their minds, refrain from wrongdoing, practice kindness, recite scriptures to eliminate karmic obstacles, and ultimately free themselves from suffering and attain happiness.

Shared by: C210

Discussion

NMOSD is a severe autoimmune disease characterized by recurrent inflammatory attacks on the CNS that frequently result in progressive neurological disability. Despite substantial advances in immunopathological research and the development of targeted therapies, the precise origins of autoimmunity remain incompletely understood. Contemporary biomedical research has identified AQP4-IgG-mediated astrocyte injury as a central mechanism of disease and attributes the loss of immunological tolerance to a complex interaction of genetic, environmental, and immunoregulatory factors [18,19,21]. However, these explanations primarily address the proximate biological mechanisms of disease rather than its ultimate causes.

The present case offers an alternative perspective based on the teachings of Guan Yin Citta Dharma Door. According to the practitioner's account, NMOSD remained recurrent for more than three decades despite continuous efforts to improve health. Following the adoption of the Five Golden Buddhist Practices, the disease reportedly entered a remission period lasting more than four years, accompanied by improvements in overall physical well-being, sleep quality, urinary function, and bowel function (Case 1). Hence, the outcome is noteworthy and warrants consideration.

A central feature of the Dharma interpretation is the concept that illness may arise from karmic causes accumulated through harmful actions. In the present case, the practitioner attributed her illness to past behaviors including abortion, facilitating abortions, the sale of abortion-related medications, sexual misconduct, and exposure to pornographic material. The dialogue concerning the Fiery-Eye Hell further suggests that the dissemination and consumption of pornographic content may generate substantial negative karma and contribute to future suffering, particularly involving diseases of the eyes (Q&A 1). From the Dharma perspective, these actions may not merely represent moral transgressions but may constitute causal factors contributing to disease manifestation.

The contrast between biomedical and Dharma-based explanations reflects fundamentally different epistemological frameworks. Modern medicine generally interprets NMOSD as a consequence of immune dysregulation operating within a biological and physiological model of disease. In contrast, Dharma teachings view human existence as comprising both physical and spiritual dimensions and therefore regard karmic and spiritual factors as important determinants of health and illness. Within this framework, the elimination of karmic obstacles through making vows, reciting Buddhist scriptures, performing life liberation, reading *Buddhism in Plain Terms*, repenting of wrongdoings and refraining from doing them, may address causes of illness that are not accessible to conventional biomedical investigation.

An interesting aspect of this case is that the practitioner was herself a physician who owned a medical clinic and had extensive medical knowledge. One might reasonably expect that such expertise would facilitate effective health maintenance and disease prevention. Nevertheless, according to her account, she experienced chronic

health difficulties and recurrent NMOSD prior to her engagement in Dharma practice. From the Dharma perspective, this observation suggests that medical knowledge alone may not be sufficient to address all factors contributing to illness, particularly those understood as karmic or spiritual in nature.

The practitioner further interpreted her own abortion history and her assistance in facilitating abortions for others as important contributors to her illness. Such interpretations fall outside the explanatory framework of conventional medicine and are therefore generally absent from medical education and clinical practice. Within Buddhist teachings, actions undertaken without awareness of their karmic consequences are understood as manifestations of "delusion (ignorance or confusion)", one of the Five Poisons (greed, hatred, delusion, arrogance, and doubt).

From the Dharma perspective, healthcare professionals may therefore benefit from understanding spiritual and ethical principles in addition to acquiring biomedical knowledge. Proponents of this view argue that individuals may unknowingly engage in actions that generate adverse karmic consequences despite acting in accordance with prevailing social or professional norms. Several previously published case reports within the Guan Yin Citta Dharma Door have described health improvements among healthcare professionals and their family members following sustained Dharma practice. Examples include a pediatrician with Ménière's disease, a young obstetrician with leukemia, an obstetrician who subsequently conceived after years of infertility, a physician's mother with Alzheimer's disease, a nurse with chronic constipation, a healthcare professional with longstanding asthma, and a Traditional Chinese Medicine practitioner with multiple chronic conditions [8,25-29]. Another report described a physician recommending Buddhist practice to patients with medically challenging illnesses [30].

These Cases Highlight two Primary Insights

First, they illustrate scenarios where medical professionals were unable to resolve their own, their families', or their patients' health challenges using conventional medical knowledge alone. The resolution of these cases through spiritual practice suggests that while conventional medicine has its limitations, the Dharma pathway may address the metaphysical root causes of illness.

Second, these outcomes suggest that medical professionals can transcend spiritual delusion by understanding and applying Dharma principles. By actively integrating Dharma-related perspectives into health education, practitioners can expand the scope of patient care and allow a broader population to benefit from these holistic principles.

This report expands the clinical spectrum of autoimmune disorders documented within our case series as having shown favorable outcomes following Dharma-based practice, increasing the number of reported autoimmune conditions from nine to ten. Within the Dharma framework, disease etiology is interpreted through concepts of karma and spiritual well-being, suggesting that attention to these dimensions may facilitate recovery. Future prospective studies employing rigorous scientific methodologies will be necessary to determine whether such findings can be generalized to broader NMOSD populations.

Subsequent investigations could incorporate objective clinical measures, including longitudinal Magnetic Resonance Imaging (MRI) findings, Expanded Disability Status Scale (EDSS) scores,

serum AQP4-IgG titers, relapse rates, and comprehensive treatment records. Such data would provide unbiased and quantifiable indicators of disease activity and progression, enabling independent evaluation of reported outcomes. Studies of this nature may help clarify whether measurable relationships exist between specific Dharma practices and physiological or clinical biomarkers.

Ultimately, this line of inquiry seeks to explore potential intersections between traditional spiritual frameworks and contemporary biomedical science. The present case contributes to a growing body of literature documenting perceived health and psychosocial benefits associated with the Five Golden Buddhist Practices of the Guan Yin Citta Dharma Door. These observations highlight the value of further research examining the complex relationships among spirituality, Dharma engagement, psychological well-being, and chronic autoimmune disease. Future studies involving larger cohorts and objective clinical outcome measures will be important for evaluating the potential role of Dharma-based practices as complementary approaches within the comprehensive management of NMOSD.

Conclusion

NMOSD is a rare and potentially disabling autoimmune disease that continues to present significant challenges despite advances in modern medical treatment. This report describes a practitioner with a more than 30-year history of recurrent NMOSD who experienced sustained disease stability and improved quality of life after adopting the Five Golden Buddhist Practices of Guan Yin Citta Dharma Door.

From the Dharma perspective, the case supports the view that illness may be associated with karmic and spiritual causes and that making vows, reciting Buddhist scriptures, performing life liberation, reading *Buddhism in Plain Terms*, repenting of wrongdoings and refraining from doing them, may help eliminate karmic obstacles and ascend spirits, and promote recovery. The accompanying Dharma teachings further suggest that harmful behaviors, including abortion, sexual misconduct and consumption of pornographic material, may contribute to adverse karmic consequences that affect health and well-being.

This study illustrates a potentially beneficial complementary and cost-effective approach that warrants further investigation. Future studies incorporating larger patient populations and objective clinical assessments may help clarify the role of spiritual practices in supporting the management of chronic autoimmune diseases such as NMOSD.

This case also highlights the fundamental difference between scientific and Dharma perspectives. While modern medicine focuses on biological mechanisms and immunological interventions, Dharma seeks to understand disease through the broader framework of karma, spirituality, and the nature of life itself. Together, these perspectives may offer complementary insights into the causes of suffering and pathways toward healing.

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On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to ([http://](http://www.lujunhong2or.com)

www.lujunhong2or.com). For the English website, please refer to (<https://guanyincitta.com>). Without exception, these cases bear witness to the truth of the Dharma.

Conflict of Interest

None.

Financial Support

None.

Ethical Statement

The author did not participate in the study design, treatment procedures, or analysis of the reported outcomes. All the experimental procedures and practices by the presenters were done by themselves independently.

The case was originally published in Chinese on Master Lu's blog by the patient herself, who is a dedicated Dharma practitioner. As part of fulfilling one of her Buddhist vows, she voluntarily shared her personal experience with the aspiration of propagating the Dharma and benefiting others who may be suffering from similar conditions. She has expressly encouraged the dissemination of her testimony through appropriate channels for educational and charitable purposes.

Statement by Translator and Writer

The Q&As and the case presentation in the text were translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

Artificial Intelligence (AI) tools, including ChatGPT, Gemini, Grok, and Perplexity, were used to assist with translation from Chinese to English, reference duplication checking, and grammatical refinement of the manuscript. The author reviewed and verified all AI-assisted outputs and takes full responsibility for the final content. The assistance provided by these tools is gratefully acknowledged.

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