

Review Article

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Tourette Syndrome: Etiology and Recovery

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ABSTRACT

Background: Tourette syndrome (TS) is a neurodevelopmental disorder characterized by persistent motor and vocal tics, often accompanied by comorbidities such as attention-deficit/hyperactivity disorder (ADHD). Conventional treatments including behavioral therapy, pharmacotherapy, and deep brain stimulation, are primarily symptomatic and do not address underlying causes. Contemporary science attributes TS to complex interactions among genetic, neurobiological, and environmental factors but has yet to explain its heterogeneity, fluctuation, and variable treatment response.

Methods: This paper presents two case reports of children diagnosed with TS who were treated using the Three Golden Buddhist Practices of the Guan Yin Citta Dharma Door: making vows, reciting Buddhist scriptures, and performing life liberation. The primary intervention involved reciting and burning Little Houses—structured combinations of sutras and mantras—intended to repay karmic debts to spirits identified as the underlying causes of the children's symptoms. In the first case, three spirits were identified as the causes of the patient's TS: two human spirits and a black bear spirit. In the second case, the mother made vows and recited Little Houses to repay karmic creditors, although the specific creditors were not identified.

Results: Both children experienced significant and sustained improvement. In the first case, the boy's blinking and throat clearing improved after approximately 100 Little Houses; after an additional 86 Little Houses for the bear spirit, his symptoms resolved, and he became academically successful. In the second case, the boy reported marked improvement after approximately 12 Little Houses. He later excelled academically and, after graduating from a good university, became a teacher.

Conclusion: The reported improvements highlight a spiritual dimension of illness and healing that may not be fully captured by purely biomedical models. These cases suggest that TS may arise from karmic debts and spirit attachment and may be effectively treated through the Three Golden Buddhist Practices. Like autism spectrum disorder (ASD) and ADHD, neurodevelopment appeared to be normal, challenging the interpretation of TS solely as a neurodevelopmental disorder. Therefore, TS is a karmic and spiritual disease in nature.

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Introduction

Tourette Syndrome (TS) is a neurodevelopmental disorder characterized by the presence of persistent motor and vocal tics that emerge during childhood or adolescence. Tics are sudden, rapid, recurrent, and non-rhythmic movements or vocalizations that can vary considerably in frequency, intensity, and complexity. TS is heterogeneous, and symptoms may fluctuate over time [1].

The clinical significance of TS extends beyond the tics themselves. Individuals with the disorder may experience functional difficulties in academic, occupational, social, and family settings, particularly when symptoms are severe or accompanied by other neuropsychiatric conditions. Comorbidities, including attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), anxiety, and mood disorders, are frequently reported and may contribute substantially to overall impairment. Consequently, contemporary approaches to TS emphasize not only the assessment and management of tic symptoms but also

the identification and treatment of associated conditions [2].

Management of TS includes psychoeducation and environmental interventions, behavioral interventions, pharmacotherapy, integrated care, and advanced or surgical interventions [3,4]. Among these approaches, deep brain stimulation (DBS) has emerged as a promising neuromodulatory therapy for patients with refractory TS. DBS is a targeted intervention that can reduce both motor tics and obsessive-compulsive symptoms in appropriately selected patients [5]. However, DBS is an invasive procedure and may be associated with adverse effects [6]. Therefore, there is a need to explore alternative, safe, and effective treatment approaches for TS.

Previous studies and reports have suggested that some refractory conditions may involve dimensions that extend beyond conventional biomedical explanations. Certain illnesses are understood as being associated with invisible karma or spiritual influences, and recovery may occur through the removal of karmic obstacles and the ascension of spirits (spirit is a respectful name for “ghost”) [7-9]. Based on this perspective, we previously

reported outcomes in individuals with autism spectrum disorder (ASD) and ADHD who underwent practices based on the Guan Yin Citta Dharma Door, as taught by Dharma Master Jun Hong Lu. Although ASD and ADHD are medically recognized as neurodevelopmental disorders, these reports described perceived improvements following the practice [10-13].

Extending this conceptual framework, certain manifestations of TS may be contextualized through spiritual or Dharma-based perspectives. Our findings suggest that Dharma-based therapy represents a promising complementary intervention for managing TS.

Worldviews, Mechanisms & Solutions

In science, TS is classified within the spectrum of tic disorders and is understood to arise from complex interactions among genetic, neurobiological, and environmental factors.

- **Genetic Risk Factors:** Twin, family, and genome-wide association studies demonstrate that TS is highly heritable. Rather than resulting from a single causal locus, its architecture reflects a complex, polygenic model involving both common polygenic variants and rare, high-penetrance genetic variations [14].
- **Neurobiological Mechanisms:** Core pathophysiological models center on structural and functional alterations within cortico-striato-thalamo-cortical (CSTC) circuits. These circuit abnormalities are driven by dysregulated neurotransmission, particularly involving dopamine, gamma-aminobutyric acid (GABA), and glutamate signaling systems [15-17].
- **Environmental and Prenatal Influences:** Maternal smoking during pregnancy, prenatal stress, and low birth weight interact with underlying genetic susceptibility to modulate symptom severity and phenotypic expression [18].

Whenever confronted with complex psychiatric and neurological disorders, contemporary biomedical models typically attribute etiology to multifactorial interactions among genetic, neurobiological, and environmental influences. However, this reliance on purely materialist paradigms may reflect the inherent limits of current reductionist frameworks.

From a Dharma or a dualistic perspective, life can be conceptualized as an integration of physical and non-physical dimensions—analogue to the hardware and software of a computer system. While the corporeal “hardware” is observable, the mental or spiritual “software” governs systemic function, directing physical manifestations through underlying non-material processes [7-9].

From this spiritual perspective, physical death marks the transition of the soul, which may enter the underworld realm before re-emerging to resolve past karmic obligations [7,8]. When an unreleased soul (respectfully termed a spirit) attaches itself to a living host, it can manifest as neuropsychiatric or neurological conditions, including tic disorders such as TS.

Within this framework, therapeutic intervention centers on guiding the spirit toward liberation or ascension, thereby facilitating its departure from the host. Because these spiritual attachments stem from past-life karmic debts, successful recovery requires a dual approach: liberating the attached spirit while simultaneously purifying the underlying karmic obstacles (karma) that initiated the attachment.

From a spiritual and metaphysical perspective, conventional

biomedical frameworks may overlook non-material influences on neuropsychiatric phenomena. For example, sleep paralysis is conceptualized in this tradition not merely as a neuromuscular disruption but as a state in which a spirit temporarily constrains the physical body [19]. Similarly, schizophrenia—traditionally described as a splitting of mind functions—is understood within this paradigm as an occupation of the brain or body by external spirits or karmic entities, dictating abnormal behavior [20,21]. To reflect this etiology, the term *parapsychoarchia* is proposed, defined as a pathological state where in the physical body or brain is governed by an or more external entity or karmic creditor rather than the individual’s own consciousness.

Within Guan Yin Citta Dharma Door, resolution of these conditions relies on addressing the root spiritual causes. By facilitating the ascension of attached spirits and purifying underlying karmic obstacles through the Three Golden Buddhist Practices—making vows, reciting Buddhist scriptures (sutras/mantras), and performing life liberation—individuals can restore balance and health [19-21]. Because many neurological and mental conditions share this underlying mechanism, TS is understood to operate similarly: triggered by the maturation of past karma, which allows a spirit to attach and manifest as motor and vocal tics.

To further elucidate the spiritual pathology and management of TS, the following section presents a selected Q&A in which Dharma Master Jun Hong Lu explains the underlying mechanisms and spiritual treatments for the disorder.

Q&A 1: TS is a Karmic and Spiritual Disease [22]

(*Master Lu’s Teachings: Answers to Letters of Inquiry* (No. 2))

Inquirer: A child initially developed symptoms of TS at age 5 following a family trip, after which the symptoms temporarily went into remission. However, at age 11 (*or possibly in November, as stated in the original text, which might be a typographical error*), the child experienced a relapse characterized by facial tics, including eye blinking and nose twitching. By age 15, the condition had progressed in severity, with the emergence of vocal tics involving involuntary cursing (coprolalia). The practitioner seeks guidance from Master Lu regarding the appropriate spiritual intervention for this case.

Master: This condition represents a karmic obstacle disorder. The initial remission observed during early childhood was only temporary rather than a permanent resolution, as physical health in mortal existence is inherently transient. In this view, sensory or physical symptoms can re-emerge whenever underlying karmic debts mature.

From a spiritual standpoint, two primary etiologies account for these symptoms:

- **Karmic Transmigration:** The child’s behavioral patterns may reflect behavioral imprints from a prior animal incarnation (e.g., rapid facial movements originating from a previous incarnation as a monkey, yawning to a tiger, or tongue protrusions from a snake).
- **Spirit Attachment:** An attached spirit or karmic creditor exerts control over specific muscle groups, leading to localized facial or bodily twitching.

Regardless of the precise origin, the manifestation is inextricably linked to karmic obstacles and spiritual attachment. Resolution requires the systematic recitation and offering of Little Houses (a combination of 4 Buddhist scriptures) [Figure 1], typically

performed in standard batches of 17 or 21 sheets.

The image shows a yellow rectangular form titled "OFFERING" at the top. It is designed for recording recitations of the Little House. The form is divided into columns for different names: CHI FO, WANG, HSIN, TA, MIEH TSUI, SHENG, CHING, PEI, CHEN YAN, CHOU, and CHOU. Each column has a series of circles for marking recitations. On the left side, there are labels for months: 2011, 12, M, 30, and D. On the right side, there is a label for "Karmic Creditor of <full name>". The form is intended to be used for repaying karmic debts from past lives.

Figure 1: The Little House is described within the Guan Yin Citta Dharma Door as a Dharma Gem bestowed by Guan Yin Bodhisattva. According to this Buddhist practice, the Little House functions in the spiritual realm as a high-value check through which practitioners can repay karmic debts from past lives. It has spiritually efficacious effects and to assist seriously ill, terminally ill, and mentally ill individuals in their recovery. For Buddhist practitioners, both daily scripture recitation and recitation of the Little House are considered important practices. Daily recitation is to strengthen one's Dharma power, whereas recitation of the Little House is intended to repay karmic debts to spiritual creditors. Note. TA PEI CHOU = *Great Compassion Mantra*; HSIN CHING = *Heart Sutra*; WANG SHENG CHOU = *Amitabha Pure Land Rebirth Mantra*; CHI FO MIEH TSUI CHEN YAN = *Qi Fo Mie Zui Zhen Yan*. The Little House presented here is for illustrative purposes only. If you need to print the Little House PDF, please visit Master Lu's blog to download the standard document.

In this dialogue, Master Lu characterizes TS as a karmic and spiritual disorder. An enlightened Dharma master is able to directly perceive the causal relationships underlying illness. Practitioners therefore follow these instructions to achieve specific therapeutic outcomes through Dharma practices.

This paradigm contrasts fundamentally with empirical scientific methodology, which formulates hypotheses and tests them through observation and experiment—an approach necessitated by the inability to directly perceive primary karmic causes. From the perspective of Guan Yin Citta Dharma Door, direct perception of an illness's spiritual root enables immediate prescription of tailored spiritual interventions, accounting for why this therapy is particularly efficacious.

The limitations of current science are reflected not only in the lengthy and rigorous process required to validate hypotheses but also in the hypotheses that can reasonably be formulated in the first place. At present, scientists generally cannot formulate karma and spiritual forces as testable causes of TS, because there is still no scientific consensus on what karma or spirits are, or even whether they exist.

From a Buddhist perspective, these concepts have been articulated within contemplative traditions for millennia. Frameworks that fall outside the domain of current empirical science have long

been described and analyzed in Buddhist literature. Over time, as scientific methodology observes and validates these phenomena, they are gradually integrated into formal scientific nomenclature.

In the following results section, we present two case presentations to validate our conclusions regarding the karmic and spiritual pathology of TS and to illustrate Master Lu's teachings on its underlying nature.

Results

The following two presentations on TS are by practitioners of the Guan Yin Citta Dharma Door.

Case 1: The Three Golden Buddhist Practices Cured My Son's TS

I am deeply grateful to Dharma Master Jun Hong Lu for bringing such a wonderful Buddhist practice, Guan Yin Citta Dharma Door, to the human world.

My son began blinking frequently and clearing his throat repeatedly when he started kindergarten. At first, we thought he was nearsighted, so we took him to see a doctor. He was diagnosed with TS and ADHD.

TS is a complex chronic neuropsychiatric syndrome characterized mainly by motor and/or vocal tics. The doctor told us that if it could not be treated during childhood, he might develop more serious psychiatric disorders, such as depression, when he grew older. We kept taking him to hospitals and consulting many doctors. We tried medications and massages. We were completely exhausted, but there was still no improvement.

At that time, we had already begun practicing Guan Yin Citta Dharma Door. We decided to use the Three Golden Buddhist Practices to help resolve my son's TS. We made great vows to Guan Yin Bodhisattva:

1. Recite 800 Little Houses for the karmic creditors of my son;
2. Liberate 800 fish for my son;
3. Have my son start reciting Buddhist scriptures once he learns to read;
4. Share our experience publicly as a testimony.

By the end of 2019, when we had recited around 100 Little Houses, my son's eyes had noticeably improved. He was no longer blinking as frequently as before.

One day, my son told me that ever since he was little, he had always had two "bosses," one fat and one thin, who talked to him. He said they were no longer there. I thought that these two must have been karmic creditors. We helped them attain ascension. How wonderful!

In February 2020, my son was fortunate enough to have the opportunity to have his totem examined by Master Lu. Master Lu explained that my son's TS was related to killing karma from his ancestors. There was also the spirit of a black bear on him. Indeed, my son had once dreamed of a large black bear.

Master Lu instructed us to first recite 86 Little Houses to help the bear spirit attain ascension. I immediately made a vow to recite another 86 Little Houses for this large black bear. After that, we continued to recite Little Houses for my son's karmic creditors in batches of 21.

My son has improved tremendously. He is intelligent and eager

to learn, and he excels in all his subjects in third grade at primary school. He can also recite Buddhist scriptures and Little Houses himself. He even dreamed of Guan Yin Bodhisattva. I cannot express how comforted and grateful this makes me feel!

During the time when we were using Buddhist practice to help treat my son's TS, there was a period when his condition improved and I became less diligent. On top of that, I was busy with other matters, so I reduced the frequency with which I burned and repaid Little Houses to his karmic creditors. His symptoms immediately returned.

Therefore, before he has completely recovered, we must not stop repaying his karmic debts through Little Houses. In other words, before the spirits have been helped to attain ascension, we must never become lax. We have to keep working diligently.

The Three Golden Buddhist Practices cured my son's TS, and he has become increasingly intelligent and sensible.

I would like to tell all Dharma friends that as long as you follow Master Lu's Three Golden Buddhist Practices to cultivate your mind and practice Buddhism, sincerely worship the Buddha, have faith in Guan Yin Bodhisattva, believe in the Law of Cause and Effect, diligently recite Buddhist scriptures, and use Little Houses to repay karmic debts in full, there is no reason why the practice would not be efficacious.

If you do not see results, it may be because you do not have complete faith, are not sincere enough, lack sufficient vows and resolve, or the Little Houses you recite are not of good quality. If the number of Little Houses is insufficient, the spirits cannot attain ascension, and naturally the results will not be satisfactory.

We must truly cherish the wonderful method Master Lu has taught us—reciting Buddhist scriptures to repay karmic debts. How much better this is than having to repay karmic debts through our physical bodies!

I am deeply grateful! Gratitude to Guan Yin Bodhisattva, and gratitude to Master Lu!

Shared by: B210
January 12, 2022

Comments

1. "My son began blinking frequently and clearing his throat repeatedly when he started kindergarten."
From a medical perspective, he was diagnosed with TS and ADHD. From the perspective of the Dharma, however, these symptoms were understood as the manifestation of karmic consequences from his past life coming to fruition. Spirits connected to his karmic debts had attached themselves to him, resulting in the symptoms of TS and ADHD.
2. "Master Lu explained that my son's TS was related to killing karma from his ancestors. There was also the spirit of a black bear on him. Indeed, my son had once dreamed of a large black bear."
Unlike modern science, in which scientists and physicians rely on what can be observed through the naked eye and with the aid of limited instruments and diagnostic technologies, Master Lu was able to perceive the underlying causal connections directly. He possessed the Dharma ability to identify the deeper causes of the boy's TS, including its karmic origin

and the type of spirit that presented in his body.

Rather than simply treating the symptoms through conventional medical treatment, Master Lu prescribed the specific number of Little Houses needed to help the black bear spirit attain ascension. In this way, the practice sought to address the fundamental cause of the boy's TS, rather than merely alleviating its symptoms.

3. This case presentation clearly indicates that the boy's TS resulted from the spirits of two people and one bear. Their attachment to the boy early in his life was attributed to karmic debts from killing karma inherited from his ancestors. Thus, TS is understood as a karmic and spiritual disease, consistent with what Master Lu taught (Q&A 1).

Case 2: Once a Child with a Strange Illness, now a Teacher Who Inspires Others

I came across Guan Yin Citta Dharma Door because of my son's illness.

Ever since he was born, he had always been exceptionally adorable and lovable. Everyone who saw him loved him, and even passers-by could not help stopping to take another look at him. I thought our lives would continue peacefully, with blue skies and gentle breezes.

Nevertheless, life can change in an instant. When my son was ten years old, he suddenly developed many involuntary movements: shaking his head, blinking, flicking his hands, making faces, repeatedly clearing his throat, and even twisting his waist while asleep at night. At first, I thought he was simply being naughty, so I scolded him. The more I scolded him, the worse the movements became. When one movement stopped, another would appear. It was like pressing down a gourd only to have the ladle pop up. His symptoms became increasingly severe until eventually he could hardly remain still for even a second. Only then did I realize how serious the problem was.

I took him to a provincial children's hospital for examination. He was diagnosed with a childhood TS. We were told that it was a worldwide difficult condition with very little chance of complete recovery. The news was like a bolt from the blue for our entire family. It felt as though disaster had suddenly fallen upon us.

Thus began our long and difficult journey in search of treatment. We went to major hospitals, small clinics, folk practitioners, temples for prayers and ascending rituals, psychics, and many other places. At the worst point, we were spending more than 40,000 CNY a month! Money was flowing away, yet there was not the slightest improvement in his condition. I felt completely helpless, as though no matter how desperately I cried out for help, there was no response. I searched and searched, hoping to find a lifeline, hoping to find a guiding light that could lead me out of this sea of suffering.

One day, around 2011, I was searching online for ways to help treat my son's illness. Suddenly, I came across a post in which someone said that she had helped cure her granddaughter's childhood TS by reciting Little Houses. I was overjoyed, as though I had found a priceless treasure. However, after searching the entire internet, I still could not find any information about how to recite Little Houses. I also learned that Master Lu was far away in Australia. With a sigh, I closed my computer. Little did I know that by

doing so, I would miss Guan Yin Citta Dharma Door for nearly four years.

Throughout those nearly four years, I continued searching everywhere, only to encounter one setback after another. I was constantly trapped in hardship and despair.

Then, in 2013, our misfortune reached an extreme. My son performed disastrously in his high school entrance examination, scoring 90 points below the admission cutoff for an ordinary high school! To make matters worse, the depression I had already been suffering from became increasingly severe. Every day, I thought about ending my life. If I could no longer see any of this, perhaps everything would finally come to an end. The suffering continued.

In desperation, I accepted someone's suggestion and made a vow before the Buddhist altar in her home to recite the *Heart Sutra* 100,000 times for my son within three years. From then on, I began by reciting three *Great Compassion Mantras* and 108 *Heart Sutras* every day. From that moment onward, there was not a single day when I did not recite Buddhist scriptures.

I am deeply grateful to Guan Yin Bodhisattva for Her compassion. When I had recited more than 80,000 *Heart Sutras*, that person said to me, "Why don't you try reciting Little Houses for your son?"

At that moment, I felt as though the sky had suddenly become bluer and the breeze warmer. I was deeply grateful to Guan Yin Bodhisattva for Her compassion. I had finally found You! I was also deeply grateful to Master Lu. He had finally enabled me to find You!

Because I was learning on my own, I had no fellow practitioners to ask for guidance and no books to instruct me. I had to explore and research everything by myself. Gradually, I found fellow practitioners from our Dharma Door and slowly got onto the right path.

On October 8, 2014, I burned my first Little House for my son's karmic creditors. That night, I dreamed that my son and I were standing in a queue. There were originally no places left, but Bodhisattva arranged a place for us. When I woke up, I knew that my son was going to be saved!

I made a vow to recite 49 Little Houses for my son's karmic creditors. When I had repaid around 12 of them, I went to pick him up one evening. As soon as he saw me, he said, "Mom, I feel like my illness has suddenly gotten so much better!"

My confidence grew tremendously! From then on, I devoted myself wholeheartedly to Guan Yin Citta Dharma Door. I held tightly to Bodhisattva and Master Lu's hands and never let go for even a moment.

In the autumn of 2014, my son was in his second year of high school. I decided to help him with both his illness and his college entrance examination by applying the Three Golden Buddhist Practices. For his college entrance examination, I made a vow to recite 108 Little Houses to eliminate his karma obstacles and to perform life liberations worth 5,000 CNY (at that time, I did not understand that I should specify the number of animals, so I made the vow in terms of money according to my own understanding. I am grateful for Bodhisattva and Master Lu's compassion, understanding, and blessings.). I also made a vow to recite the

Self-Cultivation Record Form.

I recited Little Houses for his illness while also reciting Little Houses for his college entrance examination. At the same time, I performed life liberations and introduced Buddhism to others. With Bodhisattva guiding me every step of the way, and Master Lu blessing me every step of the way, I continued forward.

Countless times in my dreams, Master Lu came to see me despite his exhausted body. Countless times, the Bodhisattva manifested the fragrance of sandalwood. Whenever I was helpless and struggling, Bodhisattva and Master Lu gave me warmth and strength.

I was like a wandering child who had finally found my mother, finally found my way home, and finally found the fatherly love I had missed for so long. I knew in my heart that this was my Master—the Master I had been searching for through many lifetimes, the Master I had pursued for thousands upon thousands of years. He was the only master for me!

In 2016, my son completed the college entrance examination. He was admitted to a university belonging to China's national "Project 211" group of universities (Note: "Project 211" refers to a national strategic initiative launched to strengthen approximately 100 universities and a number of key academic disciplines for the 21st century. It has since been incorporated into the "Double First-Class" initiative, which aims to develop world-class universities and world-class academic disciplines. There are 115 universities in China that were designated as key institutions under Project 211.). This was something unheard of in our local area and seemed like an unprecedented miracle.

However, I know that there is no such thing as a miracle in this world. What people call a miracle is actually the result of Bodhisattva and Master Lu's selfless dedication and their bearing of immense karmic burdens for us.

Master, your unworthy disciple has caused you so much concern and made you work so hard!

In the university, my son also recited some Buddhist scriptures as part of his daily practice. Because I never stopped reciting Little Houses for his karmic creditors, ensuring that at least three were completed every day without missing a single day, he also performed exceptionally well at university. He participated in various activities and became more cheerful, positive, and motivated.

In March, 2020, he successfully obtained his teaching qualification certificate.

In August, 2020, he successfully secured a teaching position through the job selection process. He obtained the teaching job he wanted in the city he loved.

Looking at my son, who had once constantly shaken his head and moved his body involuntarily, now working as a teacher, I was overwhelmed with emotion and could not stop my tears.

This became another "legend" in our local community. However, I know that there is no such thing as a legend. Behind what people call a legend are Master Lu's hurried footsteps as He tirelessly went about helping others, His anxious and devoted efforts, and

the boundless compassion and blessings of Bodhisattva and Master Lu.

To become a person like Master Lu, to carry out the Buddha's work in this human world, and to be a Bodhisattva and a Buddha in the human world—this is the best way to express our gratitude to Master Lu.

Shared by: N211
August 27, 2020

Comments

1. "I made a vow to recite 49 Little Houses for my son's karmic creditors. When I had burned around 12 of them, I went to pick him up one evening. As soon as he saw me, he said, 'Mom, I feel like my illness has suddenly gotten so much better!'"

This provides direct testimony that repaying the boy's karmic creditors through Little Houses was followed by a gradual improvement in his health. The causal relationship is clear from the Dharma perspective: as the karmic debt was being repaid, the boy's condition began to improve. This is consistent with what Master Lu taught about resolving karmic debts through the recitation of Little Houses.

The underlying mechanism, from the spiritual perspective, can be understood this way: once the mother made a sincere vow to repay the debt and actually took action to fulfill that vow, the karmic creditor would have less reason to inflict suffering on the boy as harshly as before.

This is very similar to what happens in the human world. When someone who owes a debt sincerely agrees to repay it and actually begins making payments, the creditor generally becomes less forceful than before because the debtor has demonstrated a genuine intention to fulfill the obligation.

2. "Countless times in my dreams, Master Lu came to see me despite his exhausted body."

Master Lu often used His Dharmakaya to help sentient beings, particularly His followers. Helping others requires tremendous dedication and sacrifice; within the Dharma framework, this can also be understood as taking on or bearing the karmic burdens of sentient beings.

Even for an enlightened Dharma master such as Master Lu, bearing karmic burdens could be exhausting because He was still living in a physical body. Therefore, the image of Master Lu appearing in the mother's dreams despite being physically exhausted can be understood as reflecting the immense effort and sacrifice involved in helping sentient beings.

3. "I know that there is no such thing as a miracle in this world." "I know that there is no such thing as a legend."

This reflects the principle of Cause and Effect. From the Dharma perspective, what appears to be a "miracle" or a "legend" is not without a cause; rather, there are causes and conditions behind every outcome.

If the mother had not diligently recited Buddhist scriptures, made vows, recited Little Houses, performed life liberations, and persisted in her practice, her son's recovery would not have unfolded in the same way. Likewise, without the blessings and

assistance of Guan Yin Bodhisattva and Master Lu, and without the karmic obstacles being addressed through the practices she undertook, how could the boy have progressed from suffering from severe TS to becoming a healthy and successful university student and, ultimately, a teacher as he had hoped?

From this perspective, what appears to be a miracle is actually the result of causes and conditions accumulated through sincere practice, perseverance, vows, and the compassionate assistance of Bodhisattva and Master Lu.

Discussion

The two cases presented in this paper describe substantial improvement in TS symptoms following sustained practice of the Three Golden Buddhist Practices within the Guan Yin Citta Dharma Door. In both cases, improvement was reported after the practitioners undertook making vows, reciting daily Buddhist scriptures and Little Houses, and performing life liberation. Case 1 described improvement in blinking and throat clearing after approximately 100 Little Houses, followed by further improvement after additional Little Houses were dedicated to the spirit identified within the Dharma framework. In Case 2, the mother reported that her son experienced noticeable improvement after approximately 12 Little Houses were repaid, followed by continued practice and later successful academic and occupational development. These accounts therefore provide examples of perceived recovery associated temporally with sustained Dharma practice, reflecting the efficacy of Master Lu's teachings.

Within the Guan Yin Citta Dharma Door framework, these outcomes are interpreted through the concepts of karma, karmic creditors, and spirit attachment. Karmic debts may mature and manifest as illness, while attached spirits may contribute to neurological or psychiatric symptoms. The Three Golden Buddhist Practices are therefore understood not simply as methods for managing symptoms but as practices intended to address the underlying spiritual causes of illness. In Case 1, the reported symptom recurrence during periods of decreased practice is evidence that sustained engagement and the resolution of karmic debts are required for complete spiritual resolution.

So far, the conventional medical framework has no convincing explanation for why TS goes into remission or why relapse occurs. From the Dharma framework, however, the mechanism is simple.

When the spirit ascends and the associated karma has been removed, the patient recovers their health. This is what we call remission. Relapse can occur when the spirit temporarily stops afflicting the patient, but the practitioner mistakenly believes that the spirit has completely departed and therefore slackens the repayment. The spirit becomes dissatisfied and resumes the affliction, resulting in a relapse.

A second possibility is that the spirit causing TS has departed and the associated karma has been removed, but the patient subsequently breaks his or her vows. In this case, the TS may return.

A third possibility is that the patient creates new karma. When that karma becomes active or flares up, TS may manifest again.

Once this mechanism is understood, the principle behind medical treatment also becomes clear. Medicine, unlike the Three Golden Buddhist Practices, addresses TS primarily at the level of its symptoms rather than at its root cause. It can therefore improve

the patient's well-being and provide significant relief, but it does not resolve the condition at its core.

Scientists may argue that this paper lacks a control or placebo group and does not employ a sufficiently rigorous experimental design. Therefore, they may contend that its findings should not be regarded as scientific evidence but rather as a matter of belief. Although this argument may seem reasonable from a conventional scientific perspective, such criticism may stem from a misunderstanding of the purpose and practice of the Dharma.

The purpose of a Bodhisattva spreading the Dharma in the human world is to relieve sentient beings of suffering and help them attain happiness. In the cases of the two mothers and their families described in this paper, did they experience relief from suffering and great happiness through practicing the Dharma? Yes. These outcomes are meaningful within the context in which the Dharma is practiced.

Consider a situation in which the mother of a child with TS encounters the Dharma and seeks help from an experienced practitioner. Could the practitioner reasonably tell the mother not to practice the Dharma because her child must remain untreated as a control subject in an experiment designed to determine whether the Dharma is effective in addressing TS? No! Such an approach would be inconsistent with the practitioner's role and the fundamental purpose of Dharma practice. When someone seeks help because they are suffering, the practitioner's responsibility is to guide them toward practice as soon as reasonably possible, rather than deliberately withholding a potentially beneficial practice for the sake of creating a control group.

For this reason, it may be inherently difficult for a Dharma practitioner to conduct a conventional controlled experiment in this context. A different research design may be more feasible when the Dharma is introduced through a medical or research setting. For example, if a physician introduces Dharma practice as a possible complementary approach to a patient's family, some families may choose not to participate or may decline the practice. With appropriate ethical safeguards and informed consent, those who do not participate could potentially provide a comparison group for observational or other forms of research. Such a design could allow researchers to investigate the effects of Dharma practice while respecting both the ethical principles of clinical research and the practitioner's responsibility to help those who actively seek spiritual guidance.

Although the scientific community may question or remain unconvinced by a causal relationship among spirits, karma, and TS, within the Dharma framework, such a relationship is understood to be well established. In Case 1, the boy's dream of a black bear is particularly significant from this perspective. The correspondence between the dream and Master Lu's totem reading is regarded as evidence supporting the validity of the totem reading. In fact, the bear spirit and two human spirits are the underlying cause of the boy's TS.

These two case reports should not, however, be viewed as isolated observations. Within the broader body of Dharma practice, practitioners have reported numerous cases in which spiritual practice was associated with substantial improvement in neurological and neurodevelopmental conditions. Our previous work has examined reported outcomes in conditions including ASD [10-12], ADHD [13], Alzheimer's disease [23, 24], myasthenia

gravis [25], amyotrophic lateral sclerosis [26], Parkinson's disease [27], facial paralysis [28], epilepsy [29], syringomyelia [30], lumbar disc herniation [31], sleep paralysis [32], fibromyalgia [33], and neuromyelitis optica [34], among others. The substantial recoveries reported following Dharma practices exceeding what practitioners had previously experienced with conventional medical treatment are regarded within this framework as further support for a karmic and spiritual interpretation of illness.

ASD and ADHD are conventionally classified as neurodevelopmental conditions. However, our case reports of rapid and substantial improvement following Dharma practices have led us to question whether a neurodevelopmental explanation alone can fully account for the clinical changes observed in these cases. From the Dharma perspective, the rapidity and extent of recovery suggest that the underlying neurological development of these individuals may not have been fundamentally impaired. Rather, spiritual factors may have contributed to the manifestation of symptoms.

TS may be understood similarly within this framework. In both cases presented here, the children experienced substantial and sustained improvement at a rate that was readily observable clinically. In the first case, the boy's blinking and throat-clearing symptoms improved after approximately 100 Little Houses had been repaid; following an additional 86 Little Houses dedicated to the bear spirit, his symptoms reportedly resolved. In the second case, the boy reported marked improvement after approximately 12 Little Houses. These rapid responses suggest that the children's neurodevelopment was not fundamentally compromised. Instead, the symptoms are understood as manifestations associated with spiritual interference. Once the perceived spiritual interference ceased, normal neurological functioning was able to re-emerge.

Therefore, the consistency of the reported pattern across multiple conditions and the rapid improvements described in these cases provide a basis for further systematic investigation. Future studies should examine whether similarly rapid responses can be independently documented using standardized clinical assessments and prospective research designs.

Future studies should include larger samples and prospective study designs, with standardized assessments of tic severity and associated symptoms. Repeated measurements before, during, and after the intervention would help determine whether observed changes exceed the expected fluctuations in TS symptoms. Where ethically and practically appropriate, comparison groups and independent clinical assessments could further strengthen causal inference. Careful documentation of concurrent medications, behavioral interventions, psychosocial circumstances, and adherence to the spiritual practices would also be important. Such studies could help determine whether the reported effects are reproducible and whether improvements are associated with particular components of the practices.

At the same time, it is important to distinguish between what is established within the Dharma framework and what has been demonstrated through conventional scientific methods. The former provides the theoretical and experiential basis for these case reports, while the latter requires systematic empirical investigation. The purpose of future research is therefore not necessarily to presuppose or reject the Dharma explanation but to determine, through transparent and rigorous methods, whether the reported clinical effects can be independently observed and characterized.

Conclusion

This paper has presented two case reports of TS recovery through the practice of Guan Yin Citta Dharma Door. Within the Dharma framework, these cases illustrate a consistent mechanism: karmic debts from past lives manifest as attached spirits, which cause neurological symptoms. Through the Three Golden Buddhist Practices including making vows, reciting Buddhist scriptures, and performing life liberation, practitioners can help these spirits ascend and eliminate the karmic obstacles, thereby restoring health.

The cases challenge conventional medical understanding of TS by offering an alternative etiology and treatment approach that addresses the fundamental cause rather than merely alleviating symptoms. They also raise broader questions about the nature of neurological disorders, the relationship between body and soul, and the role of Dharma practice in healing.

From the perspective presented in these cases, TS, ASD, and ADHD are not considered neurodevelopmental disorders resulting from impaired neurological development. Rather, the cases propose that affected individuals may have normal or well-developed neurological systems and that their symptoms are attributed to spiritual entities or forces affecting the nervous system. These interpretations represent a spiritual explanatory framework and differ from the prevailing biomedical understanding of these conditions.

Future research should aim to collect larger samples, use standardized assessments, and explore potential mechanisms—whether spiritual, psychological, or biological—by which practices such as those described here might exert their effects. Such research would help clarify the extent to which these cases represent reproducible phenomena and the conditions under which they occur.

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On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (<http://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.

Statement by Translator and Writer

The 1 Q&A and 2 case presentations 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.

Disclaimer of Liability

The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.

In the event of an emergency, it is crucial to promptly contact your doctor or emergency services by dialing 911. Relying on any information found in this paper is done solely at your own risk. The author bears no responsibility for the consequences. By using or misusing the contents, you accept liability for any personal injury, including death. It is imperative to exercise caution and seek professional medical guidance for health-related concerns.

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