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Recovery from Epilepsy, Depression, and Autism

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ABSTRACT

Infantile Epileptic Spasms Syndrome (IESS), Major Depressive Disorder (MDD), and Autism Spectrum Disorder (ASD) represent severe neurodevelopmental and neuropsychiatric conditions that carry heavy burdens of long-term morbidity. Contemporary medicine widely attributes their etiologies to complex genetic, metabolic, neurodevelopmental, or environmental factors. Conventional clinical interventions remain largely symptomatic rather than curative, offering limited avenues for complete reversal, particularly when these distinct pathologies occur concurrently in a single individual. However, alternative metaphysical frameworks, such as the Guan Yin Citta Dharma Door taught by Dharma Master Jun Hong Lu, conceptualize these chronic, intractable conditions as spiritual or karmic illnesses rooted in mature karmic debts and spirit attachments. Therefore, this case report evaluates the concurrent recovery of a male patient diagnosed with IESS, MDD, and ASD following the long-term application of the Three Golden Buddhist Practices. This result suggests that addressing underlying karmic obstacles may offer an alternative, complementary framework for the restoration of complex neurological and psychological functioning.

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Introduction

Infantile Epileptic Spasms Syndrome (IESS), also historically known as West syndrome when presented alongside specific Electroencephalographic (EEG) and developmental markers, represents a severe, age-specific epileptic encephalopathy [1]. Typically, it manifests in the first year of life. This disorder is characterized by brief, involuntary muscle contractions that occur in clusters, often upon awakening or during transitional sleep states [2].

While the individual motor events appear deceptively subtle, resembling normal infant startle reflexes or abdominal colic, they may signify a profound, widespread disruption of subcortical-cortical networks during a critical window of neurodevelopment [3].

Clinical outcomes depend heavily on the timeliness of intervention. Prolonged delays between the onset of spasms and the initiation of first-line therapies are strongly correlated with poor long-term developmental outcomes. Consequently, immediate identification, rapid EEG confirmation, and aggressive, targeted therapeutic management are essential to maximize the potential for spasm cessation and long-term neurodevelopmental preservation [4].

Depression, formally diagnosed as Major Depressive Disorder (MDD), is a pervasive, multi-faceted neuropsychiatric disorder that serves as a leading cause of disability worldwide [5]. Far from a transient state of sadness or a temporary reaction to life's stressors, clinical depression represents a profound disruption of central nervous system function. It fundamentally alters an individual's affective, cognitive, and physiological baseline, carrying a high burden of morbidity and a significant risk of mortality through suicide [6].

The core of MDD lies in its ability to compromise an individual's capacity to experience pleasure, maintain emotional homeostasis, and execute daily functions, deeply impacting interpersonal relationships and occupational capacity [7].

Managing MDD requires a multi-modal approach tailored to the severity of the clinical presentation and individual patient biomarkers. Traditional strategies rely heavily on pharmacotherapies coupled with evidence-based psychotherapies [8]. However, a substantial subset of patients experience treatment-resistant depression [9].

Autism Spectrum Disorder (ASD) is a heterogeneous neurodevelopmental condition characterized by persistent challenges in social communication and interaction, alongside restricted, repetitive patterns of behavior, interests, or activities [10]. Sleep disturbances are highly prevalent in children with ASD and further exacerbate neurodevelopmental impairments [11].

Modern clinical and sociological frameworks increasingly describe ASD through the lens of neurodiversity. They acknowledge that the autistic brain is wired differently, resulting in a distinct cognitive profile with both unique challenges and specific strengths [12].

However, from the Dharma perspective, particularly within the Guan Yin Citta Dharma Door taught by Dharma Master Jun Hong Lu, IESS, MDD, and ASD are not primarily regarded as neurodevelopmental, neuropsychiatric, or chronic medical disorders. Rather, they are viewed as karmic or spiritual illnesses [13,14]. Remarkable therapeutic outcomes have been reported

through the practice of Buddhism [15-18]. Here, we report the case of a boy who concurrently suffered from IESS, MDD, and ASD and subsequently achieved substantial recovery, enabling him to integrate into society and earn a living independently.

Worldviews, Mechanisms & Solutions

A fundamental difference between science and Dharma lies in their respective conceptions of the nature of life. From a scientific perspective, life is composed of chemical and biological molecules, and thoughts and consciousness are generally understood to arise from neural activity in the brain. In contrast, Dharma teaches that life consists of both a physical body, which is acknowledged by science, and a soul or spiritual consciousness that can exist independently of the body under certain circumstances, such as death [13,14]. According to this view, when the soul separates from the body after death, it may be referred to as a ghost or, more respectfully, a spirit. Based on this understanding of life, the mechanisms underlying IESS, MDD, and ASD, as well as the approaches to their treatment, differ substantially between scientific and Dharma perspectives.

Although IESS is widely conceptualized as an abnormal, age-specific response of the immature brain to a variety of structural, genetic, inflammatory, metabolic, or environmental insults, its precise pathophysiological mechanisms remain an active area of investigation [19]. Etiologically, infantile spasms are highly heterogeneous and broadly categorized into structural, metabolic, infectious, genetic, and unknown causes. Approximately 60% of cases are attributed to structural, metabolic, or infectious etiologies, with the remainder being genetic or of unknown origin [20].

The etiology of depression is similarly heterogeneous and is believed to result from complex interactions among genetic susceptibility, environmental stressors, and neurobiological alterations [21]. While early theories emphasized imbalances in monoamine neurotransmitters, contemporary psychiatric research views depression through a broader and more integrated framework [22]. For example, studies have reported neuronal atrophy in the cortical and limbic regions involved in mood regulation and emotional processing. Antidepressant therapies may promote neuroplasticity and partially reverse these neuroanatomical changes [23]. Nevertheless, the fundamental causes of such neuronal atrophy remain incompletely understood.

Likewise, the etiology of ASD is complex and multifactorial. Current evidence suggests that autism is fundamentally associated with altered brain development and organization [24]. These neurodevelopmental differences are thought to arise early in embryogenesis through interactions between polygenic risk factors and environmental influences [25]. Other studies have proposed that social difficulties in ASD, including reduced responsiveness to the rewarding value of social stimuli (social anhedonia), may be associated with dysregulation of dopaminergic and endocannabinoid pathways [26]. Additional hypotheses implicate dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in excessive corticotropin-releasing hormone secretion, neuronal hyperexcitability, and disruptions of normal cortical-subcortical signaling pathways [27].

In summary, from a scientific perspective, IESS, MDD, and ASD are associated with a complex interplay of genetic, metabolic, neurobiological, and environmental factors. Despite significant advances in research, the precise pathophysiological mechanisms underlying these conditions remain incompletely understood.

In contrast, according to the teachings of the Guan Yin Citta Dharma Door as taught by Dharma Master Lu, the underlying causes of IESS, MDD, and ASD are considered spiritual in nature. Specifically, these conditions are believed to result from spirits attaching themselves to a child's body. Such attachments are understood to arise from mature karmic conditions. The karma involved may originate from actions committed by the child in previous lives and/or by the child's ancestors in the present or previous lives. Accordingly, IESS, MDD, and ASD are regarded within this framework as karmic or spiritual illnesses.

From this perspective, effective treatment requires addressing the root causes of these conditions by helping the attached spirits ascend to higher realms and by eliminating the child's karmic obstacles. This is accomplished through the practice of the Five (or Four or Three) Golden Buddhist Practices of the Guan Yin Citta Dharma Door [13,14].

Previous studies have reported remarkably improvement in epilepsy, MDD and ASD following the application of these practices. In the present study, we examine whether this approach may also be effective in a child presenting concurrently with IESS, MDD, and ASD [13-18].

Results

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

Case 1: My Child with IESS, MDD, and ASD: Recovery Following the Three Golden Buddhist Practices

At the end of 2021, I gave birth to a baby boy weighing 4.25 kilograms. It should have been one of the happiest moments of my life, but instead it marked the beginning of years of suffering.

On the second day after birth, my son caught a cold and had to be placed in an incubator. From then on, he was frail and frequently ill. He was easily startled and often cried uncontrollably for no apparent reason. At night, it took three adults to care for him. He suffered frequent colds, coughs, and fevers, and sometimes we had to rush him to the emergency room twice in a single night. During that period, I slept fully dressed, half-sitting and half-lying down because he constantly needed attention.

At first, I thought this was normal. Older people often say, "Children become easier to raise after a few years. They are all like this."

The real ordeal began when he was almost eight months old. My father, who was helping me care for him, noticed that the child was having spasms. After observing him closely, we found that these episodes occurred several times a day. During an attack, he would clench his teeth tightly, curl his little hands and feet into fists, and display an expression of intense pain. The episodes also occurred with striking regularity.

Doctors later diagnosed him with IESS, a severe form of epilepsy. Brain examinations indicated that cerebellar dysplasia. We were told that because he had remained in the womb beyond his due date and experienced difficulty being delivered, he may have suffered from oxygen deprivation to the brain.

At that time, his symptoms were severe. He showed little response to the outside world, had a vacant stare, and rarely smiled. At seven months old, he could not sit up. At eight months old, he could not

crawl. Even when propped into a sitting position, he would collapse after only a few seconds, as though his body lacked strength. He exhibited developmental delays, excessive drooling, and hyperactivity. Except when sleeping, he was constantly moving. He perspired heavily, often soaking through his clothes. Even in winter, he needed several changes of underwear each day. He learned to walk very late, and when he finally did, he staggered unsteadily and fell frequently. At the age of three, the soft spot on the top of his head had still not fully closed. He could not speak properly. Even when he managed to say one or two words, only I, his mother, could understand him.

One doctor told me that even if my son survived to adulthood, he would never be capable of living a normal life, and suggested that I have another child. I refused. I did not want to divide my attentions. I wanted to devote all of my energy to caring for this vulnerable child with neurological impairments.

From then on, I took him to major hospitals seeking treatment. Doctors said that the only available option was anti-epileptic medication to reduce the frequency of his seizures. Every time he had an episode, it broke my heart. Yet there was little I could do. With no better treatment available, I followed the doctors' advice.

He remained on anti-epileptic drugs for six years. Because the side effects were substantial, I eventually tried discontinuing the medication. Fortunately, the seizures did not return. However, the side effects had already caused irreversible damage to his cognitive abilities.

I found it difficult to accept that my child had a serious neurological disorder. Out of embarrassment, I never discussed his condition with friends or colleagues because I feared being judged. When he reached school age, I refused to send him to a special education school. Instead, I enrolled him in mainstream classes alongside other children.

As he grew older, the difference between his intellectual abilities and those of his peers became increasingly apparent. There was little I could do to help him. At that time, I felt that as long as he remained seizure-free and alive, it was enough. Living in constant anxiety, I watched him progress through primary school and then middle school.

One of the most difficult issues during those years was his frequent urinary and bowel incontinence. Other students mocked and bullied him at school. He became severely depressed and also acquired ASD. Doctors prescribed medication for depression, but it had little effect.

One day, during a school health examination, doctors discovered that his blood pressure was abnormal. He often felt dizzy as well. No clear cause could be identified from a hospital examination. Because he was still young, I was reluctant to start him on blood-pressure medication, fearing long-term consequences.

At a point when I felt completely helpless, with no one able to offer a solution, I began praying to Buddhas and Bodhisattvas for help.

Before that, I had been a committed atheist and believed in nothing spiritual. But for the sake of my child, I embarked on a path of Buddhist practice. At first, I recited many different Buddhist scriptures without understanding Buddhist teachings and without proper guidance. Over time, I learned more about Buddhist principles and began engaging in practices such as life liberation, scripture printing, and scripture recitation. However, because my approach lacked direction, results were limited.

Eventually, I came across information online about Little House* that, according to its teachings, could ascend deceased or unborn children. Through this, I first encountered Master Lu's teachings and videos. The moment I saw Master Lu; I was overwhelmed with emotion and burst into tears. Without hesitation, I stopped my previous self-practices and began following the Guan Yin Citta Dharma Door under Master Lu's guidance. From that point onward, my life began to change.

During this period, I also continued making efforts to introduce Buddhism to others and encourage them to recite Buddhist scriptures. However, three months later, when I took my child to the hospital for a check-up, his blood pressure was still abnormal. I wondered why there had been no effect. I complained to myself, "I have been reciting Buddhist scriptures for such a long time, yet my child's blood pressure is still abnormal. How can I convince others to learn and practice Buddhism?"

That day happened to be the Buddha's birthday. At home, we had continuously been offering incense to Buddhas and Bodhisattvas, and lighting oil lamps. The lamp wick formed a lotus. The Bodhisattva knew what was in my heart and blessed me so that I was able to get through Master Lu's totem reading program that very day.

Master Lu told me that my son's abnormal blood pressure was because he had committed many wrongdoings in his past life and was reborn into a family with a genetic tendency toward high blood pressure to undergo karmic retribution. It was a karmic illness, and the karmic obstacles had to be eliminated first. I am deeply grateful for Master's compassionate guidance.

After that, I followed the Three Golden Buddhist Practices: making vows, reciting Buddhist scriptures, and performing life liberation. I continued to help repay the karmic debts of my own karmic creditors, my aborted child, and my son's karmic creditors through reciting Little Houses. Every day, I devoted myself to reciting Little Houses and taught my son to recite Buddhist scriptures together with me. At the same time, I continued introducing Buddhism to others, and accumulating merits and virtues. I also performed a large number of life liberations for my son.

This year, I made another vow to release 20,000 fish and 100 turtles to help extend his life span. Both my son and I have dreamed of turtles several times, with many miraculous responses in those dreams. My son also frequently dreams of Master Lu and receives blessings from Him. This is likely because my son especially liked listening to Master Lu's recordings and watching His videos, and was able to receive Master's energy.

One year later, my son began to show obvious changes. He no longer looked dull or slow; instead, he appeared to have a certain liveliness and intelligence.

In 2015, we went to Hong Kong to attend a Dharma Conference. When we were crossing the border, the security officer looked at his photo on his travel document again and again, saying that it looked like it belonged to a different person. This was because the photo on the document was taken in 2013. In just two years, he had changed so much. I felt secretly joyful in my heart. I knew that by attending the Dharma conference, my son had received blessings from the Bodhisattva and Master.

During these more than three years, I almost never stopped reciting Little Houses for my son's karmic creditors. Up to now, I have

recited approximately 2,000 Little Houses, released more than 40,000 fish, and dedicated two-thirds of my merits and virtues to him. He also joined me in distributing Dharma books, introducing Buddhism to others, and accumulating merits and virtues. Since karma could only be eliminated through merits and virtues, I have continuously worked hard to help others learn Buddhism. Master once enlightened us, "Just cultivate diligently without worrying about the harvest." Therefore, I followed Master's teachings and practiced according to the Three Golden Buddhist Practices.

Without realizing it, my son's long-term rhinitis disappeared, and his problem of excessive sweating was also gone. Although he never took a single blood-pressure-lowering pill, his dizziness disappeared, his blood pressure became almost normal, and his ASD was cured as well.

In 2015, I formally became Master Lu's disciple at the Hong Kong Dharma Conference and personally received Master's blessing. During the convention, I also looked for opportunities to introduce Buddhism to others and asked the Bodhisattva to use the merits and virtues I accumulated from attending the convention to help my son eliminate the karmic obstacles that caused his mind to be slow.

After returning home, he completely changed. His thinking became clear, his speech became organized, he became more diligent in reciting Buddhist scriptures, and he worked hard to observe the precepts himself.

Not long ago, in a dream, Master Lu's Dharmakaya told me: "This child's brain has already recovered. There is no problem anymore." After waking up, I was extremely happy. I knew that what Master said was true.

In this way, my son, who was once considered hopeless by doctors, who suffered from epilepsy, depression, ASD, and many other conditions completely recovered.

To all parents of children with brain-related illnesses: I sincerely hope you will not hesitate any longer. Please hurry and save your children. I hope you can walk the same path that I once walked.

Through the Three Golden Buddhist Practices of Guan Yin Citta Dharma Door, I have already walked out of that difficult time and reached my destination. For parents like us, our destination is to see our children recover completely.

My child is now 21 years old and works normally. By following the Three Golden Buddhist Practices and relying on my own faith, commitment, and action, I achieved this. If you practice hard, you can also achieve it.

I would also like to share some of my personal experiences. For children with brain-related illnesses like my son, complete recovery does not depend only on performing Three Golden Buddhist Practices and offering Little Houses to his karmic creditors; it is also related to the amount of one's own merits and virtues.

Because such children often have very heavy karmic obstacles from past lives, the blessings of the Bodhisattva and one's own merits and virtues are both indispensable.

Here, I sincerely repent before the Bodhisattva and Master. The reason such a child came to be reborn in my family is also because of my own heavy karmic obstacles and my own karmic consequences.

I repent of the wrong things I have done. I repent of the emotional harm I caused others in this lifetime. I repent for the grave karmic offense of abortion. I repent of committing sexual misconduct. I repent of the ten unwholesome deeds and the five rebellious acts I committed.

Parents of children with brain illnesses should repent while also helping others, introducing Buddhism to more people, and accumulating merits and virtues to dedicate to their children in order to eliminate their karmic obstacles and help their children fully recover.

By continuously giving and helping others, one day we will receive results.

Shared by: F208

Comments

- "Little House*": A Little House consists of four Buddhist sutras and mantras. Each time the scripture is recited in full, a practitioner marks a red dot within a pre-printed circle on a yellow sheet of paper known as a Little House. In Guan Yin Citta Dharma Door, a completed Little House is regarded as a Dharma Gem. In the underworld, it is believed to function as a highly valued form of spiritual currency that can be used to repay karmic debts owed to spirits. One of its most important functions is to help spirits attain liberation and ascend to higher realms. For its appearance and additional details, please refer to the previous publication [13].

- "He was easily startled and often cried uncontrollably for no apparent reason." According to the teachings of Guan Yin Citta Dharma Door, such symptoms may be indicative of spiritual harassment or attachment. Since the spirit(s) responsible cannot be perceived by the child's parents or physicians, the cause of the crying appears inexplicable from their perspective.

- Since birth, the boy has been weak and prone to illness. This suggests that he carries heavy karma from a past life, which ripened early in this life and began to manifest as retribution.

- "Cerebellar dysplasia." In medical terms, doctors explain that the boy remained in his mother's womb past his due date and experienced a difficult delivery, which may have led to oxygen deprivation to the brain.

- However, from a Buddhist perspective, this condition is attributed to karma carried over from his previous life, which accompanied him continuously.

- An epileptic seizure is defined by Merriam-Webster as a physical manifestation resulting from abnormal electrical discharges in the brain. However, according to Master Lu's teachings, epilepsy is one of the most typical forms of spiritual illness. He explained that each seizure episode occurs when the person's soul is dragged into the underworld and subjected to punishment. Another situation that may trigger an epileptic seizure is when a spirit attached to the body stretches or moves within the person's body [15].

- The mother chose to avoid medication for her son because of concerns about its side effects. However, this is not what Master Lu advocated for. Master Lu taught that patients should follow their doctor's instructions and continue taking

the prescribed medication. If the symptoms improve or subside, the appropriate course of action is to consult the doctor about reducing the dosage. Deciding on one's own to stop taking medication is not a wise choice and should not be encouraged, especially since you are not a medical professional qualified to make such decisions.

- The lamp wick forms a lotus shape. This is regarded as an auspicious sign. It signifies that the Buddhas, Bodhisattvas, and/or Dharma Protectors are present, bestowing their blessings and protection upon you.

- "Both my son and I have dreamed of turtles several times." According to Master Lu's teachings, dreaming of turtles is an auspicious sign that one's lifespan is being extended.

- After the mother transferred the merits and virtues she had accumulated from attending the Dharma convention to help her son eliminate the karmic obstacles believed to be affecting his cognitive functioning, she observed a noticeable improvement in his condition. His thinking became clearer, and his speech became more organized.

From the perspective of Master Lu's teachings, such rapid improvement suggests a direct relationship between the elimination of karmic obstacles and the enhancement of cognitive abilities. Based on this observation, it is believed that the son's mental sluggishness was primarily caused by karmic obstacles rather than by neurological factors alone.

Accordingly, this case is interpreted as challenging the view that ASD is primarily the result of delayed neurodevelopment. Instead, within the framework of these teachings, karmic obstacles and spiritual influences are regarded as the primary causes of the condition, further supporting the findings discussed previously [17,18] (Figure 1).

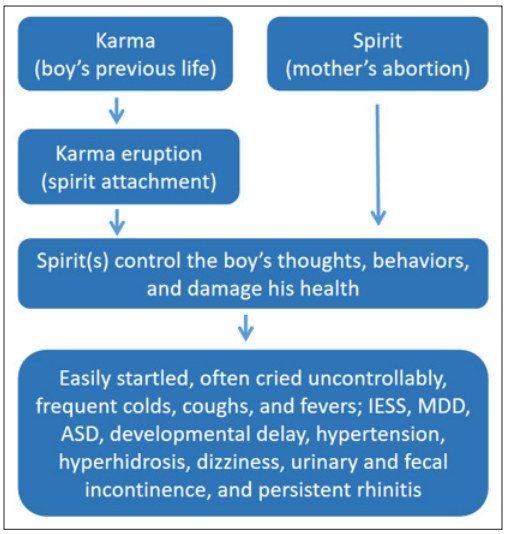

Figure 1: Mechanism of the boy's illnesses

Figure 1: A Dharma-Based Interpretive Model of Disease Etiology and Intervention. This framework proposes that the boy's karmic obstacles from previous lives and spiritual consequences associated with his mother's abortion—factors that are not currently within the scope of conventional scientific investigation—constitute the underlying causes of his multiple illnesses. Based on the identification of these presumed causal mechanisms, the model suggests that the Three Golden Buddhist Practices of the Guan Yin Citta Dharma Door may serve as targeted intervention. Integrating these perspectives, the framework hypothesizes that the primary causes of his IESS, MDD, ASD, and other conditions can be understood through a spiritual lens and that the proposed practices may contribute to symptom improvement and recovery. According to this interpretation, once karmic obstacles are resolved and spirits are ascended, the illnesses are considered healed.

Discussion

This case describes the reported recovery of a boy who had been diagnosed with IESS, MDD, ASD, developmental delay, hypertension, long-term rhinitis, and multiple associated symptoms. According to the mother's account, substantial improvement occurred after years of practicing the Three Golden Buddhist Practices of Guan Yin Citta Dharma Door, including making vows, reciting Buddhist scriptures, and performing life liberation. The child reportedly achieved seizure remission, normalization of blood pressure, resolution of depressive symptoms, recovery from ASD-related impairments, and eventual integration into normal work and daily life.

From a conventional medical perspective, the interpretation of these outcomes remains challenging. Approximately 25% of patients with IESS may experience spontaneous remission within one year, although relapse is common and long-term neurological impairments frequently persist [28]. Likewise, approximately 53% of untreated depressive episodes remit within 12 months [29]. Similarly, studies have reported that between 3% and 25% of individuals with ASD no longer meet diagnostic criteria later in life [30]. Therefore, the possibility that spontaneous remission or natural developmental changes contributed, at least in part, to the observed improvements cannot be excluded.

However, when IESS, MDD, and ASD occur concurrently in the same individual, the probability of spontaneous remission of all three conditions is likely to be considerably lower than that of any single condition alone. Moreover, when additional chronic symptoms—including hypertension, hyperhidrosis, dizziness, urinary and fecal incontinence, and persistent rhinitis—are considered, it becomes increasingly difficult to attribute the observed improvements solely to spontaneous remission.

Furthermore, the mechanisms underlying such recoveries remain incompletely understood. Current scientific theories generally focus on genetic, neurodevelopmental, metabolic, inflammatory, and environmental factors. While these theories have advanced our understanding of these disorders, they often provide limited guidance for achieving complete recovery in severe and complex cases.

In the present case, conventional medical interventions were primarily directed at symptom management. Although anti-epileptic and antidepressant medications may reduce symptoms, they are often accompanied by significant adverse effects. In this case, the mother reported that prolonged anti-epileptic drug use was associated with substantial cognitive side effects. Similar observations have been reported in other chronic illnesses, where symptom control may come at the cost of additional treatment-related complications, such as the development of severe secondary conditions following intensive pharmacological therapy [31]. Therefore, despite considerable advances in medical science, current treatments for IESS, MDD, and ASD are largely symptomatic rather than curative.

However, when these conditions are viewed through the lens of the Guan Yin Citta Dharma Door, a markedly different picture emerges.

First, the patient reportedly suffered from IESS, MDD, and ASD simultaneously, all of which gradually improved over time. Second, the improvements occurred in association with sustained spiritual practice rather than with the introduction of new medical treatments. Third, some changes appeared to occur relatively rapidly following specific spiritual activities. For example, after the mother dedicated the merits and virtues she had accumulated to help eliminate her son's karmic obstacles, she observed a noticeable improvement in his cognitive functioning.

From the perspective of Master Lu's teachings, these observations suggest that karmic obstacles and spiritual influences may have played a significant role in the manifestation of the boy's symptoms. Thus, the apparent relationship between the elimination of karmic obstacles and the improvement of neurological and psychological functioning provides an alternative explanation framework that warrants further investigation.

Therefore, within the worldview of Guan Yin Citta Dharma Door, these observations are interpreted differently from contemporary medical theories. According to Master Lu's teachings, epilepsy, depression, and ASD are not regarded primarily as conditions arising from neurotransmitter imbalances, psychological factors, genetic predispositions, or neurodevelopmental abnormalities. Rather, they are understood as manifestations of karmic obstacles and spirit attachment resulting from causes created in previous lives and karmic consequences done by family members and ancestors. Within this interpretive framework, both the boy's karma from previous lives and the mother's abortion are considered significant karmic factors that may have contributed to the child's condition.

Within the Guan Yin Citta Dharma Door framework, karma from previous lives has been proposed as a contributing factor in a spectrum of pediatric disorders, including MDD, eczema, asthma, and glutaric aciduria type I [16,32-34]. In addition, maternal or grandmaternal abortion has been regarded within this framework as a karmic condition associated with the occurrence of diverse neuropsychiatric, neurodevelopmental, metabolic, and other disorders in offspring, including epilepsy, severe depression, autism, attention-deficit/hyperactivity disorder, oppositional defiant disorder, parapsychoarchia (schizophrenia), Prader-Willi syndrome, drug addiction, facial paralysis, Down syndrome, and anorexia nervosa [15-17,35-42].

From the Dharma perspective, the Three Golden Buddhist Practices address the root causes of illness rather than merely alleviating symptoms. Through making vows, reciting Buddhist scriptures, and performing life liberation, practitioners seek to reduce karmic burdens, help spirits ascend to higher realms, resolve karmic debts, and accumulate merits and virtues. As karmic obstacles are gradually eliminated and spirits are liberated, the corresponding physical, psychological, and behavioral manifestations are believed to diminish or disappear, ultimately leading to recovery.

Several observations in this case are considered supportive of this interpretation. The child reportedly displayed symptoms from infancy that, according to Guan Yin Citta Dharma Door, are commonly associated with spirit disturbances, including unexplained crying, excessive fearfulness, recurring illness, epilepsy, developmental delay, and later depression and ASD. The gradual improvement of these symptoms following extensive spiritual practice is viewed within this framework as evidence that karmic obstacles and spiritual influences played a central role in the disease process.

Particularly noteworthy is the reported improvement in cognitive function after the mother dedicated the merits and virtues accumulated during a Dharma convention to her son. From the perspective of Guan Yin Citta Dharma Door, the rapid nature of this improvement suggests that cognitive impairment may not always arise solely from irreversible neurological injury. Instead, it is believed that karmic obstacles can interfere with normal mental functioning and that their elimination may permit a restoration of cognitive abilities. This interpretation is consistent with previous reports suggesting that autism and other neuropsychiatric disorders may have substantial karmic and spiritual components [16-18,35-37,42-46].

From a scientific standpoint, this case does not demonstrate a causal link between the son's illness and proposed etiological factors such as alleged past-life karma or the mother's prior abortion. Any such claims are constrained by fundamental methodological limitations, including reliance on a single case report, the absence of control groups, and the lack of blinding, randomization, and placebo-controlled comparisons.

From the perspective of the Guan Yin Citta Dharma Door, however, conditions such as epilepsy, depression, and ASD may be interpreted as manifestations of karmic causes, including actions from past lives or consequences associated with acts such as abortion. This interpretation is grounded in the Law of Cause and Effect, a foundational principle in Buddhist philosophy. Within this framework, the First of the Five Precepts—abstaining from taking life—is understood to imply that actions resulting in the loss of life generate karmic consequences, which may later manifest as illness, suffering, or a shortened lifespan. As described in the *Sutra of the Terra Treasure* (《地藏经》"若遇杀生者，说宿殃短命报"), meaning that those who engage in killing may experience karmic retribution in the form of misfortune, illness and pain, and a shortened life span. Accordingly, this perspective holds that karmic actions, whether from this life or previous lives, inevitably lead to corresponding consequences.

Conversely, when a child develops a chronic illness or exhibits physical weakness shortly after birth, this is understood to indicate the maturation of the child's own karma from a previous life, particularly karma associated with killing. In addition, if the child's ancestors accumulated karma—especially killing karma—its retributive effects may manifest in the child. In the present case, it cannot be determined with certainty whether the boy's condition resulted from his own past-life karma, ancestral karmic influences, or a combination of both.

The boy's past-life karma, which was identified as a cause of his hypertension, was revealed through a totem reading conducted by Master Lu. A further question is whether the mother's aborted fetus also contributed to his condition. According to this framework, the spirit of an aborted fetus may attach either to the mother or to a child in the family. Because the mother did not display any related health problems, it is inferred that the spirit attached itself to the son. Consequently, the boy's illnesses are attributed both to his own karmic burden and to the influence of the aborted fetus.

Thus, within this interpretive framework, a causal relationship is established between the boy's illnesses and both his own past-life karma and the karmic consequences of his mother's act of abortion. Finally, the reported improvement following Dharma-based practices is interpreted within this framework as further support for the operation of the Law of Cause and Effect as understood in this tradition.

This case contributes to a growing body of reports describing recovery from conditions that are traditionally regarded as chronic, irreversible, or difficult to treat. Within the framework of Guan Yin Citta Dharma Door, the findings of this case further support Master Lu's teachings that karmic obstacles and spirit attachment are the fundamental causes of many chronic diseases. The reported recovery of epilepsy, depression, ASD, and other associated conditions following sustained spiritual practice is consistent with this explanatory model.

Conclusion

This case report describes the complete recovery of a boy who was diagnosed with IESS, MDD, ASD, developmental delay, hypertension, and other associated conditions. According to the mother's account, sustained practice of the Three Golden Buddhist Practices of Guan Yin Citta Dharma Door—including making vows, reciting Buddhist scriptures, and performing life liberation—together with the offering of Little Houses and the dedication of merits and virtues, was accompanied by the gradual resolution of the child's symptoms and eventual restoration of normal functioning.

From the perspective of contemporary medicine, the simultaneous recovery of multiple severe neurological and psychiatric conditions remains difficult to explain fully. Although spontaneous remission may occur in some cases of epilepsy, depression, or ASD, the concurrent recovery of all three conditions in the same individual is uncommon. Furthermore, current scientific theories have not yet completely elucidated the underlying mechanisms responsible for these disorders.

Within the framework of Guan Yin Citta Dharma Door, this case is interpreted as evidence that karmic obstacles and spirit attachment were the fundamental causes of the child's illness. The progressive improvement observed following spiritual cultivation is consistent with Master Lu's teaching that many chronic and intractable diseases originate from karmic and spiritual factors and can be fundamentally resolved through the elimination of karmic obstacles, the liberation of spirits, and the accumulation of merits and virtues.

This case adds to a growing body of reports documenting recovery from conditions traditionally regarded as chronic, irreversible, or difficult to treat. It further supports the proposition that karmic and spiritual factors may play an important role in the manifestation and resolution of certain diseases. Future studies involving larger numbers of cases, longer follow-up periods, objective clinical assessments, and independent verification may help further evaluate these observations and deepen our understanding of the relationship between spiritual practice, karma, and health outcomes.

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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.

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None.

Ethical Statement

The author did not take part in any part of the experimental design, experimental treatments and result analysis of the patients. All the experimental procedures and practices by the presenters were done by themselves independently.

Statement by Translator and Writer

This 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 take 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.

References

1. Pavone P, Polizzi A, Marino SD, Corsello G, Falsaperla R, et al. (2020) West syndrome: a comprehensive review. Neurol Sci 41: 3547-3562.
2. Pavone P, Striano P, Falsaperla R, Pavone L, Ruggieri M (2014) Infantile spasms syndrome, West syndrome and related phenotypes: what we know in 2013. Brain Dev 36: 739-51.
3. Chugani HT (2002) Pathophysiology of infantile spasms. Advances in Experimental Medicine and Biology 497: 111-121.
4. Primec ZR, Stare J, Neubauer D (2006) The risk of lower mental outcome in infantile spasms increases after three weeks of hypsarrhythmia duration. Epilepsia 47: 2202-2205.
5. Bains N, Abdijadid S (2026) Major Depressive Disorder. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing https://www.ncbi.nlm.nih.gov/books/NBK559078/.
6. Trifu SC, Trifu AC, Aluaş E, Tătaru MA, Costea RV (2020) Brain changes in depression. Rom J Morphol Embryol 61:

361-370.
7. Snyder HR (2013) Major depressive disorder is associated with broad impairments on neuropsychological measures of executive function: a meta-analysis and review. Psychol Bull 139: 81-132.
8. Karrouri R, Hammani Z, Benjelloun R, Otheman Y (2021) Major depressive disorder: Validated treatments and future challenges. World J Clin Cases 9: 9350-9367.
9. Li CT (2023) Overview of treatment-resistant depression. Prog Brain Res 278: 1-23.
10. Hodis B, Mughal S, Saadabadi A (2026) Autism Spectrum Disorder. In: StatPearls. Treasure Island (FL): StatPearls Publishing https://www.ncbi.nlm.nih.gov/books/NBK525976/.
11. Yin BY, Deng YY, Chen X, Zhao JY, Ni YX, et al. (2026) Neuroclearance dysfunction in autism with sleep disorder: MRI evidence and mediation by systemic iron deficiency. J Affect Disord 411: 122035.
12. Pellicano E, den Houting J (2022) Annual Research Review: Shifting from 'normal science' to neurodiversity in autism science. J Child Psychol Psychiatry 63: 381-396.
13. Yang X (2024) Treating Rare and Intractable Diseases via Guan Yin Citta Dharma Door. Health Sci J 18: 1137.
14. Yang X (2026) Life is Composed of Soul and Body. Haya Saudi J Life Sci 11: 59-87.
15. Yang X (2025) Epilepsy: Etiology, Pathogenesis, and Cure. Neurosurgery and Neurology Research 2: 1-17.
16. Yang X (2024) Severe Depression: Etiology, Recovery, and Prevention. Haya Saudi J Life Sci 9: 427-446.
17. Yang X (2024) Autism Spectrum Disorder: Etiology, Recovery, and Prevention. J Medical and Clinical Case Reports 1: 1-16
18. Yang X (2026) Autism Is Reversible. J Psychiatry Psychiatr Disord 1: 1-13
19. Riikonen R (2023) Biochemical mechanisms in pathogenesis of infantile epileptic spasm syndrome. Seizure 105: 1-9.
20. Snyder HE, Jain P, Ramachandran Nair R, Jones KC, Whitney R (2024) Genetic Advancements in Infantile Epileptic Spasms Syndrome and Opportunities for Precision Medicine. Genes (Basel) 15: 266.
21. (2009) National Research Council (US) and Institute of Medicine (US) Committee on Depression, Parenting Practices, and the Healthy Development of Children; England MJ, Sim LJ, editors. Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention. Washington (DC): National Academies Press (US), The Etiology of Depression https://www.ncbi.nlm.nih.gov/books/NBK215119/.
22. Massart R, Mongeau R, Lanfumey L (2012) Beyond the monoaminergic hypothesis: neuroplasticity and epigenetic changes in a transgenic mouse model of depression. Philos Trans R Soc Lond B Biol Sci 367: 2485-2494.
23. Rădulescu I, Drăgoi AM, Trifu SC, Cristea MB (2021) Neuroplasticity and depression: Rewiring the brain's networks through pharmacological therapy (Review). Exp Ther Med 22: 1131.
24. Ayoub G (2025) Autism Spectrum Disorder as a Multifactorial Disorder: The Interplay of Genetic Factors and Inflammation. Int J Mol Sci 26: 6483.
25. Wiśniowiecka Kowalnik B, Nowakowska BA (2019) Genetics and epigenetics of autism spectrum disorder-current evidence in the field. J Appl Genet 60: 37-47.
26. Salviati S, Braccagni G, Corridori E, Sabatini G, Fanti F, et al. (2026) PPAR-α activation in a model of autism modulates social reward and endocannabinoid signaling selectively in male rats. Neuropharmacology 296: 110996.
27. Gao J, Zou J, Yang L, Zhao J, Wang L, et al. (2022) Alteration of peripheral cortisol and autism spectrum disorder: A meta-analysis. Front Psychiatry 13: 928188.
28. Hrachovy RA, Glaze DG, Frost JD Jr (1991) A retrospective study of spontaneous remission and long-term outcome in patients with infantile spasms. Epilepsia 32: 212-214.
29. Whiteford HA, Harris MG, McKeon G, Baxter A, Pennell C, et al. (2013) Estimating remission from untreated major depression: a systematic review and meta-analysis. Psychol Med 43: 1569-1585.
30. Helt M, Kelley E, Kinsbourne M, Pandey J, Boorstein H, et al. (2008) Can children with autism recover? If so, how? Neuropsychology Review 18: 339-366.
31. Yang X (2024) Myasthenia Gravis Is Curable via Guan Yin Citta Dharma Door. Health Sci J 18: 1175.
32. Yang X (2024) Eczema: Etiology, Recovery, and Prevention. WJDC 1: 1-16.
33. Yang X (2024) Asthma Is Curable via Guan Yin Citta Dharma Door. Health Sci J 18: 1165.
34. Yang X (2024) Etiology and Treatment of Glutaric Aciduria Type I. J Clin Med Img 8: 1-13.
35. Yang X (2026) Attention Deficit Hyperactivity Disorder: Etiology and Recovery. J Integrated Health 5: 1-9.
36. Yang X (2025) Oppositional Defiant Disorder: Underlying Mechanism and Solutions. WebLog J Fam Med a1502 PP: 1-10
37. Yang X (2025) Schizophrenia: Etiology, Recovery, and Prevention. Journal of Neurology and Neurosurgery 1: 1-22.
38. Yang X (2025) Etiology and Treatment of Prader-Willi Syndrome. EAS J Biotechnol Genet 7: 13-18.
39. Yang X (2025) Drug Addiction: Root Cause and Spiritual Resolution. J Public Health Care Res Epi 1: 1-18.
40. Yang X (2025) Facial Paralysis: Karmic Cause and Resolution. J Clin Psychol Neurol 3: 1-5.
41. Yang X (2025) Insight into Down Syndrome and its Rehabilitation. J Pediatr Res Rev Rep 7: 1-12.
42. Yang X (2026) Severe Anorexia Nervosa: Etiology and Recovery. EAS J Psychol Behav Sci 8: 42-52.
43. Yang X (2025) Borderline personality disorder: Healing through dharma practices. Epidemiol Public Health 3: 1064.
44. Yang X (2025) Severe Mental Health Disorder Recovered. Journal of Psychiatry Research Reviews & Reports 7: 1-6.
45. Yang X (2026) Bipolar Disorder: Spirit Roots and Pathways to Healing. J of Psy Ins Review 2: 1-16.
46. Yang X (2026) Anxiety Disorder: Root Cause and Solutions. SAR J Psychiatry Neurosci 7: 38-47.