

Case Report

Treatment of Language Developmental Delay Based on the Principles of Huangdi Internal Acupuncture: A Case Report

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Abstract

Objective: This study aims to present a clinical case of language delay successfully treated with Huangdi internal acupuncture and to analyze its therapeutic mechanisms through the integration of Zangxiang theory, holistic concept, and meridian theory from classical Chinese medicine, thereby promoting acupuncture as a safe, economical, and effective therapy.

Methods: An individualized acupuncture protocol was developed based on holistic and Zangxiang theories, using Huangdi internal acupuncture as the primary framework combined with meridian circulation and acupoint characteristics. The treatment involved a combination of scalp and body acupuncture, applied alternately on the limbs. Sessions were conducted once daily, 5 days per week, each lasting 30 minutes, for a total of 20 sessions.

Results: Post-treatment assessment using the Griffiths Mental Development Scales indicated significant improvements in the child's social interaction, daily living skills, and compliance. Language evaluation revealed enhancements in auditory attention, vocabulary comprehension, memory, labial and lingual movement, and oral motor coordination. The child also demonstrated clearer pronunciation and increased initiative in expression. Overall, marked progress was observed in memory, comprehension, communication, and emotional regulation.

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Conclusion: Acupuncture proves to be an effective, minimally invasive, and safe therapeutic option for language delay, worthy of broader clinical promotion.

Background

Language development delay, characterized by deficits in comprehension and expression, markedly impairs social communication in children [1]. This study implemented a comprehensive rehabilitation approach targeting cognitive, sensory, articulatory, and environmental factors. Post-intervention outcomes demonstrated significant improvements in language comprehension, acquisition, and spontaneous vocalization, effectively alleviating the disorder [2]. These results highlight the clinical value of structured rehabilitation in managing language delay and support the formulation of evidence-based intervention strategies.

Basic Case Information

This case involves a preschool male child born at full term via cesarean delivery, with no notable birth complications. Family history is notable for paternal stuttering. While gross motor milestones were achieved within normal limits, the child exhibited significant delays in functional verbal communication by age 5.

Diagnostic Process

The patient was initially evaluated at the Department of Pediatric Neurology and Rehabilitation, West China Second University Hospital, Sichuan University, on November 9, 2022. Chief complaints included impaired articulation and reduced functional communication ability. Additional clinical observations comprised difficulty producing multi-word utterances, a tendency toward self-directed speech, and limited language comprehension, although eye contact was notably preserved.

Auxiliary Examinations Conducted Prior to Referral

A series of assessments conducted in July 2022 revealed deficits in articulation (e.g., plosive /d/, nasal /n/), expressive vocabulary, and grammar comprehension, despite normal hearing. The child was preliminarily diagnosed with Speech and Language Developmental Disorder, with Autism Spectrum Disorder ruled out as a differential.

Initial Medical Orders

Routine pediatric EEG; cranial MRI (axial plain scan); Autism Diagnostic Observation Schedule (ADOS); comprehensive language function assessment; Griffiths Developmental Scales (0–8 years); and family-based language rehabilitation guidance.

Follow-Up Evaluation (December 28, 2022)

Despite normal EEG and ADOS-2 scores ruling out autism, the child exhibited global developmental delays on the Griffiths Scales and significant speech-motor deficits. This led to a final diagnosis

of Global Developmental Delay (GDD). Recommended interventions included speech and sensory integration therapy, while due to COVID-19 restrictions, planned MRI and rehabilitative interventions were postponed.

Subsequent Traditional Chinese Medicine (TCM) Intervention

On March 28, 2023, the family sought TCM consultation due to limited improvement with prior treatment. At that time, the child could participate in simple communication but continued to exhibit unclear pronunciation and poor comprehension. Physical findings included a pale tongue with thin, slightly greasy white coating; moderate pulse with slightly deep chi pulse. TCM diagnosis was “Delayed Speech” attributed to Kidney Qi Deficiency [3], and Liuwei Dihuang Wan was prescribed. At follow-up on April 18, 2023, language deficits persisted. The TCM diagnosis remained unchanged. On July 26, 2024, acupuncture was formally initiated as part of the multidisciplinary therapeutic regimen.

Treatment Plan and Procedure

Methods: Using sterile needles (0.5 cun (diameter 0.18 mm × length 13 mm)/1 cun(diameter 0.25 mm × length 25 mm)), Deqi was elicited via standardized manipulation after subcutaneous insertion. Needles were retained for 30 minutes. The protocol integrated scalp and body acupuncture based on Huangdi Internal Acupuncture theory.

Acupoints

- Upper limbs:** LU5, LU7, PC6, HT5, LI4, SI3
- Lower limbs:** SP10, SP9, ST36, GB39, SP6, KI3, KI4, BL60, LR3, KI1
- Head:** GV20, EX-HN1, GV24, GB13, GV17, GB19, GB20, GV15

Sessions were conducted once daily, 5 days per week, each lasting 30 minutes, for a total of 20 sessions.

Treatment Outcomes

Follow-up Results: The November 2023 Griffiths Scales (GDS-C) reassessment showed notable improvements in personal-social skills, visual performance, and hand-eye coordination. Language evaluation indicated enhanced comprehension of complex instructions, auditory attention, vocabulary, and memory. Oro-motor function improved, leading to clearer articulation and increased spontaneous speech. Parents reported better emotional regulation, reduced behavioral issues, age-appropriate independent thinking, and the ability to recall information and follow one-step commands. No further nocturnal enuresis occurred. In summary, acupuncture was associated with broad functional gains across developmental domains.

A comparison of GDS-measured multifunctional abilities before and after acupuncture treatment is presented below (Table 1):

| | | Loco-motor | Person-al-so-cial | Hear-ing and speech | Eye and hand coordi-nation | Per-formance | Practical reason-ing |
|-------------|----------------|------------|-------------------|---------------------|----------------------------|--------------|----------------------|
| assess-ment | Pre-Treat-ment | 52 | 48 | 42 | 34 | 38 | 46 |

| score | Post-Treat-ment | 50 | 64 | 52 | 54 | 54 | 54 |
|-------------|-----------------|------|-----|------|------|------|----|
| equiva-lent | Pre-Treat-ment | 42.5 | 37 | 36.5 | 33.5 | 35.5 | 33 |
| month-age | Post-Treat-ment | 41 | 47 | 41.5 | 47 | 46 | 39 |
| per-cent% | Pre-Treat-ment | 2.5 | <1 | 1 | <1 | <1 | <1 |
| | Post-Treat-ment | <1 | 2.5 | 1 | <1 | 1 | <1 |

Table 1: GDS Pre- vs. Post-Treatment Assessment Comparison.

Discussion

In Traditional Chinese Medicine (TCM), language developmental delay is termed “Yu Chi [4].” Its etiology is primarily attributed to congenital deficiencies and visceral dysfunctions that lead to insufficiency of qi and blood, ultimately failing to nourish the brain. The kidneys, heart, and spleen [5] are considered key organs, as their dysharmony can impair intellectual and linguistic development [6].

Traditional Chinese Medicine (TCM) is a medical system grounded in a “human-nature-society” holistic model. Guided by classical Chinese philosophy, it employs theories like yin-yang and the five elements to explain health and disease. Its practice is characterized by two principles: “holism,” viewing the body as an organic whole where internal states manifest externally, and “treatment based on syndrome differentiation.” This framework gave rise to the visceral manifestation theory, which links organ functions to mental and physiological activities (e.g., “the heart governs mental activities”).

The System of Five Zang Organs

According to the theory of visceral manifestation in Traditional Chinese Medicine (TCM), the human body constitutes an integrated organism characterized by structural unity, functional interdependence, metabolic interconnectivity, and pathological mutual influence. This system is organized around the five zang organs—the heart, liver, spleen, lung, and kidney—which are interconnected through the meridian system with their paired fu organs, corresponding tissues, sense organs, orifices, and extremities [7]. Specifically:

- The liver system encompasses the liver, gallbladder, tendons, eyes, and nails.
- The heart system comprises the heart, small intestine, blood vessels, tongue, and face.
- The spleen system includes the spleen, stomach, muscles, mouth, and lips.
- The lung system involves the lungs, large intestine, skin, nose, and body hair.
- The kidney system consists of the kidneys, bladder, bones, marrow, ears, and hair.

The Meridian System: Linking Qi, Blood, and Zang-Fu Organs

In traditional medicine, meridians form a foundational network that interconnects the body and facilitates physiological regulation.

The therapeutic efficacy of modalities like acupuncture hinges on the arrival of “qi” (deqi sensation). Specific organs are linked to speech function through their associated meridians:

Heart: Governs mental activity; its meridian connects to the tongue. Dysfunction can cause speech disorders.

Lungs: Govern the throat (gateway of voice); qi deficiency leads to hoarseness.

Spleen: Governs muscles and the mouth; qi deficiency can impair oral motor control.

Functional Reciprocity within the Zang-Fu Organ System:

The heart and spleen interact to support cognitive and expressive functions, as articulated in the classical doctrine: “Thought originates from the heart, and the spleen stores intention” [8].

The liver governs free coursing, which facilitates the smooth flow of qi. Stagnation of liver qi may disrupt the functional harmony among organs, meridians, tissues, and orifices.

The kidneys play a foundational role by storing congenital essence (jing) and governing growth and development. In pediatric cases, deficiency of kidney jing can manifest as the “five delays and five weaknesses”—delays in standing, walking, hair growth, tooth eruption, and speech, accompanied by softness of the neck, mouth, limbs, and muscles [9].

The Anatomical Course of Meridians Defines Their Therapeutic Targets

According to the meridian principle “where a meridian passes, it governs,” speech organs (lips, tongue, throat) are traversed by specific meridians. The lips are connected by the Large Intestine, Stomach, and Liver meridians; the tongue by the Spleen, Kidney, and Heart meridians; and the throat by the Kidney, Liver, and Conception Vessel. Therefore, voice disorders can be treated by selecting points from these meridians, including LI, ST, LR, SP, KI, HT, PC, and Ren Mai.

Huangdi Internal Acupuncture:

Furthermore, this case incorporated Huangdi Internal Acupuncture—an ancient needling technique—which demonstrated notable clinical efficacy. This method adheres to four fundamental principles:

- Needling lower regions to treat upper-body disorders, and vice versa.
- Needling the right side to treat left-side disorders, and vice versa.
- Applying the concept of “resonance of homologous energetic systems” to treat disease.
- Utilizing inversion techniques to treat yin through yang, and vice versa [10].

Three Powers Doctrine and Triple Energizer Theory

Huangdi Internal Acupuncture integrates the “Three Powers Doctrine” from the Yi Zuan, which describes Heaven, Humanity, and Earth as the three fundamental domains. This theory correlates the upper, middle, and lower energizers with these domains, and further classifies the body into “Trunk Triple Energizer” and “Limb Triple Energizer” subsystems.

Resonance of Homologous Energetic Systems

The principle of “resonance of homologous energetic systems” encompasses two distinct aspects: Firstly, it refers to the topographic correspondence between the upper, middle, and lower compartments of the body. Pathological conditions occurring in the trunk can thus be addressed by stimulating their corresponding regions in the limbs. Secondly [11], this concept implies that homonymous meridians located in the hands and feet can mutually interact and access shared qi.

The Practical Application of Huangdi Internal Acupuncture

Based on the “Three Powers and Triple Energizer” theory in Huangdi Internal Acupuncture, point selection begins by localizing the pathology and identifying corresponding acupoints according to spatial relationships. Subsequent selection follows the “seeking qi from homologous regions” principle, stimulating homonymous hand and foot meridians. This approach reflects the TCM holistic view of the body as an integrated system interconnected with the natural environment [12].

Biochemical and Neuroimaging Evidence

Supported by biochemical and neuroimaging evidence [13-16], acupuncture exerts multifaceted neuromodulatory effects. These include enhanced functional connectivity involving language-related areas such as Broca’s region, modulation of neuroendocrine and hippocampal serotonin signaling, and activation of cognitive and sensory brain networks—including somatosensory, auditory, visual, limbic, and cerebellar regions—through stimulation of specific acupoints.

Acupuncture Treatment Review

A pediatric case of dysphonia was treated by selecting distal acupoints at the wrist and ankle, corresponding to the upper jiao (thoracic cavity) under regional correspondence theory. Key acupoints included LU7, PC6, HT5, and LI4 on the upper limbs, and SP6, KI3, KI4, and LR3 on the lower limbs, based on Zang-fu and meridian indications. Scalp acupuncture points—GV20, EX-HN1, GV17, GB19, GV24, and GB13—were added to stimulate relevant cerebral lobes.

Conclusion

The combined scalp and body acupuncture regimen employed in this case not only promotes local cerebral perfusion—thereby enhancing associated neural functions—but also modulates meridian-based qi dynamics to regulate visceral activity and sensory orifice function. This approach achieves integrated regulation of both central and peripheral pathways, with synergistic interactions between the two mechanisms [17,18]. Furthermore, acupuncture is well-tolerated without significant adverse effects, and represents a cost-effective, straightforward, minimally invasive, and clinically effective intervention. Thus, it demonstrates strong potential for broader clinical adoption.

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