

Depression and Chinese Medicine Treatment

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Introduction

Depression is a mood disorder characterized by feelings of sadness, discouragement and despair. Everyone at one point or another has experienced such feelings, perhaps after the death of a loved one, a major disappointment, or other trauma. This is a natural and healthy response, and most of us overcome these feelings in time. However, when these feelings occur without any precipitating factors and are persistent, depression has set in.

Major depressive disorder is generally classified into five sub-types called specifiers noting length, severity and specific features including; atypical depression, melancholic depression, catatonic depression, postpartum depression and seasonal affective disorder.¹

Contemporary Western psychiatry defines major depression (or clinical depression) as a persisting pattern of severe depressive episodes, with an episode defined as a severely depressed mood for at least two weeks, accompanied by at least four additional symptoms including:

- changes in appetite
- weight loss or gain
- sleep disturbances
- fatigue or lethargy
- feelings of worthlessness or guilt
- difficulty thinking
- suicidal thoughts

Major depressive disorder is also known as unipolar depression to distinguish it from bipolar disorder, or manic depression. The cause of depression has also been used as a basis for classification, with “reactive” depression occurring as a reaction to stressful life events (also known as “minor” depression), and “endogenous” depression describing cases without an external cause but arising from changes in the brain.

Major depressive disorder is found most commonly between the ages of 20-45 years of age, with the average age of occurrence being 40 and occurring twice as often in woman than men. The reason that woman are more affected than men is still unclear and further research will hopefully elucidate this reason.

The conventional medical treatment of depression includes the use of pharmaceutical medications, psychiatric counselling and cognitive behavioural therapy. The common psychotherapeutic agents currently used include the selective serotonin uptake inhibitors (SSRIs) such as fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft) and citalopram (Celexa); tricyclic antidepressants (TCAs) such as amitriptyline, imipramine, nortriptyline and desipramine; heterocyclics such as amoxapine and trazodone; and monoamine oxidase

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inhibitors (MAOIs) such as phenelzine, isocarboxazid and tranylcypromine. Other agents such as bupropion (Wellbutrin) and venlafaxine (Effexor) are frequently prescribed for depression in women. While such medications are undeniably effective when prescribed correctly, adverse effects are increasingly common. TCAs and MAOIs in particular are known to induce severe side-effects such as:

- Blurred vision
- Constipation
- Decreased sexual function
- Decreased urine output
- Diarrhea
- Dizziness
- Drowsiness
- Dry mouth
- Fatigue
- Headache
- Increased appetite
- Increased sweating²
- Lightheadedness, especially when getting up from a lying or sitting position
- Low blood pressure
- Muscle twitching
- Nausea
- Restlessness
- Shakiness
- Sleep disturbances
- Stomach upset
- Trembling
- Weakness
- Weight gain

As such, these are less prescribed, with SSRIs now the first-line of therapy for depression.

Major depression is one of the 15 leading causes of disability in developed countries and is projected to become the second leading cause of disability worldwide by 2020.³

It is projected that over 121 million people worldwide suffer from major depression and that roughly 25% of those suffering have access to medical care. It is believed that as many as

15% of the general public will suffer from major depression at one point in their lives

Depression can be either primary or secondary in occurrence. Primary depression comes about without any precipitating physical conditions or diseases, whereas secondary depression is usually the result of pre-existing physical or mental disease, or caused directly by medications. The cause of primary depression is unclear. Bio-psychosocial factors including heredity; stressful life events; personality type; and gender may interact with each other to cause depression.

Secondary depression can be caused by a medical condition, pharmaceutical medications, recreational drugs, and even by other psychiatric disorders. Physical problems that can lead to depression include infectious diseases, endocrine problems and neurologic conditions, as well as nutritional deficiencies and cancer. Steroids, amphetamines, certain antibiotics, and narcotic analgesics are among some of the medications that can cause depression. Psychiatric conditions that often have depression as a symptom include anxiety disorders, schizophrenic disorders, an antisocial personality and alcohol and substance abuse disorders. Therefore, one cannot overstate the importance of a thorough diagnosis whenever a patient presents with signs of depression. The depression can often be resolved by treating the underlying problem.

Depression affects people's lives in profound ways. It touches every aspect of the human experience—our physical well-being, our relationships with our loved ones, our work, our creativity, our spirituality.

Depression can paralyze and alienate us, making us strangers to ourselves and the world we inhabit.⁴

It is in the mind of the westerner that there exists a body-mind split, there is the body and there is the mind. Philosophers and scientists have been trying to uncover this puzzle for many years and have tried to understand the relationship between the two, if any?

Traditional Chinese Treatment of Depression

In Chinese medical theory there is no inherent separation between the body and the mind, meaning that an intimate connection between a person's mental activity and their physical symptoms exists and that one can and will always influence another. This belief is held in the Chinese view of Taoist⁵ principles where man is never separated from his surroundings, a microcosm of the macrocosm. It is this absence of a body-mind dichotomy that underpins Chinese medical theory and practice. It is said in Classical Chinese philosophy that the body is the material basis for the mind which is seen as the natural expression of the functions of the body. Chinese Medicine believes that because of this non-duality between body and mind, physiological events in the body may manifest as mental-emotional sensations and experiences, while psychological events may manifest with negative effects on the bodies physiology.

Classical Chinese medical literature dating back over 2000 years contain several references to various symptom patterns corresponding to modern day psychological maladies and gave detailed analysis, pathogenesis and treatment methods for these conditions. One example is from the Ling Shu's 灵枢经 (Spiritual Pivot)⁶ chapter on oral inquiry where it says,

Anxiety and thought make the heart ties tight. Tight heart ties cause the airways to be constrained. Constraint results in inhibition; therefore the patient sighs in order to stretch out

This quotation discusses the effect that anxiety has on the chest, causing constraint (pain), showing that an affliction of the mind will inevitably cause somatic symptoms. Here heart ties, refers to the large blood vessels that communicate directly with the heart. It was over 2000 years ago that the ancient Chinese knew about the physiological effects that the emotions can have on the body long before our understanding of heart and tissue damage due

to high levels of cortisol and adrenaline as a result of long term anxiety, stress and depression.

Although Chinese medicine gives detailed analysis into the treatments of these conditions, it does very little in differentiating between the various types of depressive disorders. In the 1980's during Deng Xiao-Pings' open door policy when the practice of western Psychiatry was introduced to China, there existed no Chinese medical equivalent to depressive disorders. It was around this time that the word *Yu* 郁 was coined and attached to this concept. The definition of this word is as follows;

"In physiology, depression (郁, yù) refers either to depressed qi dynamic (frustrated physiological activity) or to flow stoppage due to congestion...inhibition of normal emotional activity expressing itself in the form of oppression, frustration, and irascibility".⁷

In the 1970s and early 80s in the People's Republic of China the diagnosis of this condition is referred to as Neurasthenia, but has since been replaced by the compound term 'Yu Zheng' 郁症.

The word 'Yu' is usually reserved for the concept of Liver Qi Stagnation due to emotional strain and associated with Liver dysfunction. As can be seen from the above definition, 'Yu' can be used to denote any type of inhibited movement, including both physiological and emotional activity. It should be stressed that in modern clinical practice, syndromes characterized by depression or 'Yu' do not always display an emotional component and it is of modern belief that this word should not be associated with the western medical definition of depression.

The treatment of Depression in Chinese Medicine involves a thorough assessment of the patients presenting problems and history. Diagnosis is used to isolate and determine the patients' TCM pattern. Treatment is always based on the patients' individual pattern

discrimination and regardless of the western medical disease name, treatment will be chosen according to that individuals' pattern manifestation. Because treatments are so precise and tailored to the individual, the possibility of side effects, are essentially eliminated.

The Chinese Medical pathogenesis and patho-mechanism of depression usually involves the Liver viscus⁸ in some form or another. It is believed that most if not all patients suffering with depression exhibit many symptoms and signs of the TCM pattern Liver depression, which includes symptoms ranging from emotional disorders, musculo-skeletal pain, menstrual difficulties, gastro-intestinal problems and several other somatic representations (similar to those found in cases of depression). Although most patients will exhibit signs of Liver depression, it almost never manifests as the only pattern and modern day real life complicated patients will typically present with several patterns simultaneously.

Within Chinese Medicine usually the main treatment method is the administration of Chinese herbal formulations. This is the standard method used in China with Acupuncture used as an adjacent therapy. Although the majority of studies that have come out of China regarding the treatment of depression have been with Chinese medicinals, there are numerous studies that have shown the efficacy of Acupuncture in the treatment of these conditions, and there exist several hospitals that do in fact prefer Acupuncture as the main treatment. In my own personal experience treating this condition over the last couple years I have seen numerous successful cases using only acupuncture as the main treatment modality. I believe that one of the main reasons for this lies in Acupuncture's ability to promote a strong sense of relaxation during treatment usually leading patients to fall asleep on the treatment table. This can be quite useful in cases of hyper-excited and restless patients. Acupuncture has also been shown to induce the release of several 'feel-good' endorphins and

increases the levels of certain neurotransmitters responsible for elevating moods.

The therapeutic effectiveness of Acupuncture and Chinese Medicine in the treatment of mental distress is becoming more widely known in the west. In the context of drug addiction complicated by psychiatric disturbance, modern auricular acupuncture treatment is playing a vital role in prisons, rehabilitation centers and mental health day centers. The use of Auricular Acupuncture in these settings has been in use for over 30 years in the west.

Depression itself is one of the 10 most frequent indications for the use of complementary and alternative medicine and ever-increasing numbers of mental health service users want access to complementary therapies.⁹

A new pilot study by researchers at the University of Arizona confirmed that acupuncture is a promising treatment for major depression in women.¹⁰

Thirty-eight subjects who participated in the study were adult women diagnosed with mild to moderate depression. They were treated with acupuncture according to the principles of Traditional Chinese Medicine, each for her own specific pattern of symptoms. They were treated twice per week for one month and once per week for a second month, for a total of twelve sessions. After completion of acupuncture treatment for depression, 70% of women experienced at least a 50% reduction of symptoms, results comparable to the success rate of psychotherapy and medication.

This study is important because it is the first randomized, controlled, double-blinded study of acupuncture's effectiveness for depression reported in Western scientific literature.

In 1985 a series of trials from the Institute of Mental Health at Beijing Medical University compared the treatment of depression using electro Acupuncture against the treatment with the tricyclic antidepressant Amitriptyline. The results showed that electro Acupuncture is as effective as Amitriptyline in the treatment of

depression, and more effective at alleviating symptoms of anxiety, without any of the side effects associated with the drug.¹¹

These are only a couple of the numerous studies that have been completed on the treatment of depression with Acupuncture and Chinese medicine and with the growing interest in Complementary medicine are sure to be followed by many more.

Clinical Experiences

In my practice, I have seen many patients suffering from various forms of depression. However, I have found Traditional Chinese medicine to be very effective in alleviated much of the patients' symptoms and facilitating their eventual release from these crippling conditions. When seeing a patient for the first time suffering with depression or anxiety, before proceeding with the intake process we use very specific Chinese medical diagnostic techniques such as observing the patients' complexion, eyes and general demeanor to assess the severity of the patients' complaint. This is followed by a thorough intake which includes discussion of the

chief complaint, patient and family history, observation of the tongue and palpation of the pulse. A suitable treatment plan is then created to specifically fit the individual patients' needs. Treatments usually involve either Acupuncture, Chinese herbal medicine or a combination of the two depending on the nature, severity and length of their condition, with Acupuncture being used for more recent, mild symptoms and Chinese herbs for more deep seated, chronic conditions. Length of treatment courses are completely dependent on the above factors and can vary in length from two months in mild cases, to over a year for more severe forms. Acupuncture treatment usually starts with the protocol as suggested in Table 1. For patients with the need of herbal medicine treatment, the protocol sets out in Table 2 is where I would start the treatment. For some conditions in which both acupuncture and herbal medicine is needed concurrently, a customized treatment plan is devised based on the two protocols. Both treatment methods on average require ten to twelve weeks of treatment to achieve improvement and recovery as determined by the Hamilton rating scale as well as other wellness parameters.

Table 1
General Acupuncture Treatment Protocol

Treatment Phase	Treatment Frequency	Number of weeks	Treatment Outcome	Criteria of Improvements	
				Subjective Parameter	Objective Parameter (Hamilton Rating Scale = HRS)
I	Once weekly	4	Significant Improvement	Sleeping condition Mood Figidy Eating habits	Hamilton rating scale
Reassessment					
II	Once bi-weekly	8	Continued Improvement	Symptoms reduction & signs of Qi stabilization	HRS (rated with an overall score difference at 5-7 points)
Reassessment					
III (Maintenance)	Once monthly or bi-monthly	pending		Stable & strengthened signs of Qi	HRS (rated with an overall score difference at 5-7 points)

Table 2
General Herbal Formulas Treatment Protocol

Treatment Phase	Treatment Frequency	Number of weeks	Treatment Outcome	Criteria of Improvements	
				Subjective Parameters	Objective Parameter (Hamilton Rating Scale = HRS)
I	Daily	2	Improvement	Sleeping condition Mood Frigid Eating habits	Hamilton rating scale
Reassessment / Follow up					
II	Daily	4	Significant Improvement	Symptoms Reduction & signs of Qi stabilization	HRS (rated with an overall score difference at 5-7 points)
Reassessment / Follow up					
III	Daily	4	Complete Resolution of Symptoms	Symptoms elimination & strengthen signs of Qi	HRS (rated with an overall score difference at 5-7 points)
Reassessment / Follow up					
IV (Maintenance)	Once monthly or bi-monthly	pending	Maintain overall stability	Stable and strong signs of Qi	HRS (rated with an overall score difference at 5-7 points)

Table 3
Treatment statistics on anxiety and depressive disorder for a sample of 20 patients with an age demographic between 25 – 50 years old

Health Care Practitioner	Number of patients	Diagnosis	Treatment	Outcome
GP/Psychiatrist	6	Minor depressive disorder	Pharmaceutical and anti-depressants	Five patients eventually eliminated drug use as improvements were noted after TCM treatment
Dr. TCM	14	Anxiety and mild depression	TCM treatment modalities	Most of the patients in this sample population are in maintenance phase
Breakdown of the TCM diagnosis and treatment method for all 20 patients				
	11 4 13 4 3	Liver Qi stagnation Liver Qi stagnation-fire Spleen Qi Vacuity Heart & Spleen dual Vacuity Heart & Gallbladder Qi vacuity	Acupuncture	
	6 1 2 5	Damp-Phlegm retention Phlegm-Heat Blood Stasis Kidney yin vacuity fire effulgence (Heart-Kidney non-interaction)	Herbal formulas	

SUMMARY

For the 20 patients reported in Table 3, eleven were treated with acupuncture, four with herbal formulae and five requiring both acupuncture and herbal formula treatment. For the group of 14 patients, that were diagnosed with anxiety and mild depression using the TCM method and were treated accordingly, most are in the maintenance phase of the treatment protocol.

For the group of six patients originally diagnosed by their GP or Psychiatrist to suffer from minor depressive disorder, they were also diagnosed and treated with TCM method. Five patients were able to (with their GP/Psychiatrist approval) slowly reduce and eventually eliminate the drugs (pharmaceutical and anti-depressants) as improvements were noted after TCM treatment. Here, it is demonstrated once again the power of a truly “patient focus” model by working together to create the much needed win-win-win situation for patient, health care provider and the health care system.

contributed by Eran Even, Dr. TCM

¹ American Psychiatric Association (2000a). Diagnostic and statistical manual of mental disorders, Fourth Edition, Text Revision: DSM-IV-TR. Washington, DC: American Psychiatric Publishing, Inc

² <http://www.mayoclinic.com/health/maois/MH00072>

³ http://www.who.int/mental_health/management/depression/definition/en/

⁴ Curing Depression Naturally with Chinese Medicine. By Rosa A. Schnyer, Bob Flaws

⁵ Taoist principles emphasize various themes and concepts found in the *Daodejing* 道德经 and *Zhuangzi* 庄子 (ancient Chinese philosophical texts) such as naturalness, vitality, peace, "effortless action" (*wu wei*), emptiness (refinement), detachment, the strength of softness (or flexibility), receptiveness, spontaneity, the relativism of human ways of life, ways of speaking and guiding behaviour. Taoism is based on religious and spiritual concepts that have been revered in Asian cultures for over 2000 years.

⁶ Ancient Chinese medical text, whose earliest version was probably compiled in the 1st century BCE on the basis of earlier works. It is one of two parts of a larger medical work known as the *Huang Di Nei Jing* 黄帝内经 (Yellow Emperor's Inner Canon). The other section, which is more commonly used in Traditional Chinese medicine is known as the *Su Wen* 素問 (Basic Questions).

⁷ A practical dictionary of Chinese Medicine, Wiseman and Ye, **1994**

⁸ Liver viscus is referring to the Chinese medical concept of the liver and its' functional relationship to the human body, as opposed to the western anatomical understanding of the Liver.

⁹ Astin J A Why patients use alternative Medicine: results of a national study. *JAMA*, 279: 1548-53, **1998**.

¹⁰ National Institute of Health (NIH) Office of Alternative Medicine funded study. John J.B. Allen, Rosa N. Schnyer, and Sabrina K. Hitt "The Efficacy of Acupuncture in the Treatment of Major Depression in Women" *Psychological Science*, September, **1998**.

¹¹ Luo H, Jia Y, and Zhan L. Electro-Acupuncture vs. Amitriptyline in the treatment of depressive states. *Journal of Chinese Medicine* 5 (1): 3-8, **1985**.