

# **Depression and Acupuncture**

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**S**evere depression is an unfortunately common condition, especially among women. A large-scale epidemiological study found that up to 21% of the population of the United States will experience severe depression at some point during life. Depression, however, is approximately twice as common in women as in men, with almost 5% of women meeting diagnostic criteria for major depression at any given time, and between 10% and 25% experiencing major depression at some point during their lives. The costs of major depression are substantial; in fact, they exceed those of other chronic diseases such as diabetes and hypertension in terms of personal distress, lost productivity, interpersonal problems, and suicide. A recent study estimated that these annual costs of depression in the United States exceed \$40 billion.

## **DIAGNOSIS AND TREATMENT OF DEPRESSION FROM THE WESTERN PSYCHIATRIC PERSPECTIVE**

Major depression is diagnosed according to specific criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV). These diagnostic criteria specify that for a period of at least 2 weeks, for most of the day and nearly every day, a person must experience either depressed mood or a profound lack of interest in nearly everything. The diagnosis requires a total of at least five symptoms, with other symptoms occurring in conjunction with the depressed mood and/or lack of interest. These symptoms include change in weight or appetite, change in sleep pattern, change in basic activity level (appearing noticeably agitated or slowed down), a notable decrease in energy level, a decrease in the ability to concentrate, a feeling of being worthless, and thoughts of death or suicide. As these criteria would suggest, major depression can be quite disabling for those who suffer from it—interfering with their relationships, their jobs, and even their ability to care for themselves and those who depend on them. In

addition to major depression, many more women suffer from depressive symptoms that, though falling short of meeting criteria for major depression, may significantly interfere with life satisfaction or the ability to work or relate to others. When the definition of depression is relaxed beyond the strict criteria for major depression, more than one in every five women report significant depressive symptoms at any point in time.

Depression is one of the more effectively treated psychiatric conditions. Various treatments are widely available for depression, including tricyclic antidepressant drugs (e.g., desipramine); the newer selective serotonin reuptake inhibitors (e.g., fluoxetine), which produce fewer side effects than the tricyclics; and psychotherapeutic treatments such as cognitive-behavioral therapy. Findings from a nationwide collaborative study reveal that among those depressed persons completing a psychological treatment or receiving drug treatment, 50–70% recover to the point of having few symptoms that significantly interfere with day-to-day living. Yet these treatments fail to provide lasting relief for a sizeable proportion of depressed persons. Almost one-third of the persons receiving these treatments will terminate therapy prior to its completion, citing factors such as dissatisfaction with their current treatment, their desire for another form of treatment, or intolerable side effects of their current treatment. When those persons who fail to complete treatment are taken into account, over half of all depressed persons who enter treatment fail to recover.

Even when it is treated, depression tends to recur. Without further treatment, one-fifth of previously recovered persons once again meet criteria for major depression 6 months after the completion of treatment, and nearly one-quarter will develop new depressive symptoms. A year and a half after treatment, over one-third of those persons who were remitted will relapse with full depression. A growing consensus among those who treat depression is that some form of continued maintenance treatment is necessary after recovery.

These statistics suggest that additional treatments may be welcomed by many persons with major depression. A recent survey of the U.S. population found that depression is one of the 10 most frequently reported medical problems for which persons seek treatment, and more individuals than not had sought alternative treatments (e.g., relaxation techniques, self-help groups) in addition to or instead of the medication or psychotherapeutic treatments mentioned previously. These findings suggest that current treatments may address only a part of the total symptom picture in depression, or that current treatments are insufficient for many depressed persons. New treatments may be welcomed as adjuncts to or substitutes for existing treatments, or as maintenance or preventive treatments following remission. Many researchers are actively investigating new treatments for depression, especially new and better drug treatments; other, "alternative" forms of treatment, however, have received comparatively little formal attention. Our experience, both clinically as well as in a controlled treatment study, suggests that acupuncture may prove an effective treatment for depression.

### **DIAGNOSIS AND TREATMENT OF DEPRESSION FROM THE PERSPECTIVE OF TRADITIONAL CHINESE MEDICINE**

Chinese medicine does not focus on the diagnosis and treatment of disease, but rather on the detection of energetic imbalances. Therefore, strictly speaking, depression does not exist as a disease category in Chinese medicine. Because the patient is always

considered as a totality of body and mind, physiological and psychological symptoms are equally important. In this way, Chinese medicine offers an alternative and complementary approach that integrates the physiological and psychological factors of depression.

Chinese medicine is based on the concept of "Qi" (pronounced "chee"), or vital energy, which represents the capacity of life to maintain and transform itself. Health is defined as the balance between "Yin" and "Yang," two complementary forces that represent the totality of the dynamic equilibrium. Yin and Yang have been described in detail by Ted Kaptchuk, who has written extensively about Chinese medicine. Yin, which is nourishing, grants individuals the qualities of rest, tranquility, and quiescence as well as the capacity to unfold gracefully, while being content, quiet, and mentally and physically present. When Yin is deficient, people lack the qualities of receptivity and contemplation and become easily agitated, unsettled, or nervously uneasy. Yang, which by contrast is activating, causes transformation and change, providing people with the capacity to engage life, to react, and to respond. When Yang is deficient, individuals find themselves paralyzed in fear, confused and indecisive, unable to express what they want, and hopeless.

The balance between Yin and Yang depends on the capacity of an organism to adapt to change; this balance is sustained by the proper circulation of Qi along energetic pathways or meridians. The meridians form a network that connects the surface of the body with internal organs. The organs in Chinese medicine are defined by their functions and interrelations, rather than by their structures or anatomical locations. They represent a complete set of functions that reflect energetic relationships among physiological and psychological events, and are referred to as "organ networks." Meridians and organ networks both work in pairs, with one Yin and one Yang function interconnected; each organ network is considered to have a Yin (storing, nourishing, cooling) component and a Yang (activating, protective, warming) component.

The experience of a disorder, the nature of its symptoms, and the protocol and outcome of the treatment are determined by the specific tendencies in every person toward either a relative deficiency (hypoactivity) or excess (hyperactivity) of either Yin or Yang. These tendencies, then, precipitate personal patterns of reaction. When this framework is applied to the traditional diagnostic criteria for major depression as it is defined in the DSM-IV, a person experiencing depressed mood with lethargy and weakness, decreased motivation, lack of appetite, and excessive desire to sleep would be understood as manifesting a pattern where Yin is predominant and Yang is deficient. On the other hand, if the person is experiencing irritability, anxiety, agitation, excessive appetite, and insomnia, this would reflect a pattern where the Yang is relatively excessive and Yin is deficient.

The relationship between Yin and Yang is further differentiated into stages that describe the process of change and that define the movement of Qi through the various organ functions, every stage or phase corresponds to a set of meridians and a set of organ networks, which in turn have physiological and psychological functions as well as specific emotions associated with each one of them. In assessing someone with depression, for example, it is important to determine which organ networks are affected and, in turn, whether the Yin or Yang functions of these organs are more involved. If someone with depression were experiencing the emotional and psychological symptoms of anger, irritability, and frustration, and the physical symptoms of headaches, painful periods, digestive disturbance, and insomnia, these symptoms would collectively point to an imbalance in the liver network.

Because all emotions are considered to be expressions of Qi, any emotion that finds no release through verbal expression or physical activity becomes stagnant, noxious energy that is not circulating properly. Most cases of depression will, at least in part, present Qi stagnation as a significant component. This stagnation of Qi combines with the predisposing factors of Yin or Yang, excess or deficiency in different organ networks, adding complexity to the energetic picture. In addition, Chinese medicine considers that emotional manifestations of an imbalance reflect, in particular, the condition of the "Shen"—the organizing force of the self, the emotional, mental, and expressive life of the individual that is supposed to be "housed" by the heart organ network. A person's response to the environment is determined by the health of the Shen; therefore, the lack of warmth to express life, joy, and fulfillment, or the confusion and agitation experienced during a major depressive episode, are manifestations of the heart's lost ability to enfold the Shen.

In sum, within the context of Chinese medicine, depression can be understood as a complex energetic reaction pattern that involves a predisposing tendency toward excess or deficiency of either Yin or Yang, combined with varying degrees of Qi stagnation and Shen disturbance. The question that Chinese medicine poses, then, is not only whether certain individuals are depressed, but how they are experiencing depression, and what precipitating factors—physical, psychological, and social—have contributed to their present condition. Chinese medicine provides a framework for understanding distinct symptom pictures and aims at developing a treatment approach based on the nature of each individual's experience of a disease. Furthermore, it offers a physiology that clearly links somatic and psychological symptoms, helping to close the gap between mind and body.

### **PRELIMINARY EVIDENCE ON THE EFFECTIVENESS OF ACUPUNCTURE AS A TREATMENT FOR DEPRESSION**

Several reports from the former Soviet Union and from China suggest that acupuncture is an effective treatment for depression and other emotional disorders (listed as anxiety, hypochondria, neurasthenia, and obsessive-compulsive disorder). In addition, one study suggests that for a majority of persons with nonpsychotic depression—those who would be most likely to be seen in outpatient settings—acupuncture treatment was as effective as antidepressant medications. Several practitioners also report favorable results of treatment devised from their assessments of depression as an expression of a disharmony within the context of Chinese medicine.

Preliminary results from our ongoing controlled treatment study of major depression in women are similarly promising. In a sample of 24 women aged 18–45 with a diagnosis of major depression, we compared individually tailored acupuncture treatments for depression (specific treatments) both with a waiting-list control and with individually tailored treatments not designed to address depression specifically (nonspecific treatments). Women in all groups eventually received specific treatments. After the completion of specific treatments (pooled across all subjects), 71% of women experienced full remission from depression, whereas only 12% of women in the 8-week waiting-list condition had experienced full remission. Another 21% of women receiving acupuncture treatments (and 25% of those in the waiting-list group) experienced some lesser improvement (termed partial remission). Only 8% of women receiving specific treatments experienced no remission, compared with 63% of those in the waiting-list group. These

rates of success compare favorably to the reported efficacy (50–70%) of existing drug and psychotherapeutic treatments. Moreover, in our study, only 12% of the women who initially began acupuncture treatments terminated them prior to completion (as compared with about one-third of persons undergoing traditional treatments). Definitive conclusions, however, await the completion of this study.

### FUTURE DIRECTIONS

The existing data on the effectiveness of acupuncture as a treatment for depression are very promising. We caution that further research is required to corroborate these initial reports of a small number of depressed women with larger-scale studies. If additional research continues to show that acupuncture is an effective treatment for depression in women, it will then be important to address several additional issues. First, although acupuncture appears effective for major depression, its effectiveness needs to be determined for chronic depressions and long-lasting milder depressions (dysthymia). Second, the long-term prognosis of those women who respond to acupuncture treatment is not known at present. Therefore, future research can address whether the treatment gains are maintained or whether less frequent “maintenance” treatments are required after the initial set of treatments. Finally, and perhaps most importantly, future research is required to determine whether acupuncture can assist those who fail to respond to traditional treatments, and whether traditional treatments will assist those who fail to respond to acupuncture.

There is reason to be optimistic concerning the treatment of depression. Although at present many depressed persons do not fully benefit from treatment, many researchers are currently working in a variety of disciplines to develop and improve treatments for depression. The options available to depressed women will increase as research develops and refines psychotherapeutic interventions, pharmacological interventions, and other treatments such as acupuncture.

The challenges to those treating depression in women, however, are preventing the recurrence of depression in treated women and preventing initial episodes in women who have never experienced depression. Several studies now suggest the necessity of maintenance treatment to avoid further episodes of depression. Much research remains to be done in determining what constitutes effective maintenance treatment, whether such treatment consists of medication, psychotherapy, acupuncture, or other methods. Because the causes of depression are undoubtedly multifaceted, interventions that address those many causes may be required. If, through a combination of treatments, practitioners and researchers are better able to identify the interaction among physiological, psychological, and social factors involved in each person's depression, they may be better able to prevent depression or to prevent initial symptoms from progressing to the point of a full syndrome of major depression. Acupuncture can contribute in this area by providing a framework for understanding distinct symptom pictures and by offering the ability to treat distinct patterns with individually tailored treatments.

### FURTHER READING

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