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SERIES**

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# **MOOD DISORDERS IN TCM**

**- focus on Depression**



Doctor Parkinson declared: “Im not surprised to see you here;

Youve got smokers cough from smoking, brewers droop from drinking beer.

I dont know how you came to get the Betty Davis knees  
But worst of all young man you’ve got Industrial Disease”

He wrote me a prescription. He said “You are depressed,

But I’m glad you came to see me to get this off your chest.

Come back and see me later - next patient please,  
Send in another victim of industrial disease”

Mark Knopfer (from ‘Industrial Disease’)



# DEPRESSION IN MODERN WESTERN MEDICINE

- Dramatic increase in the number of prescriptions for the SSRI 'antidepressant' drugs over the last two decades → 'Depression epidemic'.
- In many instances the diagnosis of Depression may not, in fact, be a valid one.
- Five classes of Depressive disorders:
  1. Dysthymic Disorder
  2. Major Depressive Disorder (single episode or recurrent)
  3. Depressive Disorder Not Otherwise Specified (NOS)
  4. Mood Disorder Due to a General Medical Condition with Depressive Features
  5. Substance Induced Mood disorders
- The following discussion is concerned with the first three only.



# THE PSYCHIATRIC PARADIGM

## HEGEMONY OF THE DSM-IV

The generally accepted standard for psychiatric nosology is the 'Diagnostic & Statistical Manual of Mental Disorders IV– Text Revision, 2000'

- Descriptive (i.e. not based on etiology) → useful for physicians with various 'theoretical orientations'
- 5 Axis diagnostic system
  - Axis I = Psychiatric diagnosis (-es)
  - Axis II = Developmental diagnoses and diagnoses first made in infancy and childhood (incl. personality disorders and mental retardation) – maladaptive personality features and defense mechanisms
  - Axis III = Physical diseases
  - Axis IV = Psychological stress factors affecting the patient (past and present)
  - Axis V = Global functioning of the patient (GAF scale to rate psychological, social and occupational functioning)



## DYSTHYMIC DISORDER

- Duration at least 2 years in adults; 1 year in adolescents and children.
- Depressed mood for most of the day, occurring more days than not, and accompanied by at least 2 of the following symptoms:
  - Poor appetite or overeating
  - Insomnia or hypersomnia
  - Low energy or fatigue
  - Low self-esteem
  - Poor concentration
  - Difficulty making decisions
  - Feelings of hopelessness.
- Manic episodes must not have occurred, and major depressive episodes must not have occurred in the first 2 years of the illness (children: 1 year).
- Chronic course and an insidious onset.
- Many people with Dysthymia report that they have been depressed all of their lives and have an outlook colored by a chronically depressed mood.
- By definition, Dysthymia is a chronic mood disorder, as distinct from Depressive Disorder (NOS), discussed below.



## MAJOR DEPRESSION

- At least 5 of the following, during the same 2-week period, representing a change from previous functioning; must include either (a) or (b):
  - a) Depressed mood
  - b) Diminished interest or pleasure
  - c) Significant weight loss or gain
  - d) Insomnia or hypersomnia
  - e) Psychomotor agitation or retardation
  - f) Fatigue or loss of energy
  - g) Feelings of worthlessness
  - h) Diminished ability to think or concentrate; indecisiveness
  - i) Recurrent thoughts of death, suicidal ideation, suicide attempt, or specific plan for suicide



## MAJOR DEPRESSION

- Symptoms do not meet criteria for a mixed episode (i.e. manic and depressive episode).
- Symptoms cause clinically significant distress or impairment of functioning.
- Symptoms are not due to the direct physiologic effects of a substance or a general medical condition.
- Symptoms are not better accounted for by bereavement, i.e. the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.



## DEPRESSIVE DISORDER NOS & MINOR DEPRESSION

- These fall outside of the two categories discussed above.
- The most clinically relevant is the entity referred to as Minor Depression.
- This disorder may have features that are similar to Dysthymia but has not been present for the required time frame.
- Alternatively it may share some of the features of Major Depression, but not the requisite five.
- The DSM-IV-TR includes a definition of Minor Depression as a research category; it is not a recognized diagnostic category.



## MINOR DEPRESSION

**Two to five of the following during the same 2-week period:**

- Frequent depression as reported by the patient, or observers, that causes significant distress and/or results in impaired functioning
- Loss of interest or pleasure in doing things
- Weight loss
- Trouble sleeping
- Lack of energy
- Psychomotor agitation or retardation
- Feelings of helplessness or worthlessness
- Trouble concentrating or making decisions
- Recurring thoughts of death and/or suicidal ideation
- The problems are not related to an existing or ongoing health or mental health issue



## MINOR DEPRESSION

- Compared with Major Depression, patients have fewer vegetative symptoms (appetite, diurnal mood variation) and more subjective symptoms (self-blame, worry, irritability, lethargy)
- Is more prevalent in primary care than Major Depressive Disorder
- Patients may have more severe symptoms than M.D. and hence experience greater subjective suffering
- Cognitive-behavioral modes of therapy together with SSRI's have demonstrated efficacy for primary care patients who have Minor Depression
- The above also illustrates the limitations of DSM-IV



## LIMITATIONS OF DSM-IV

- Emphasis on reliability over validity
- Statistical not etiological basis: people sharing the same diagnosis may not have the same etiology or require the same treatment.
- Includes many disorders that are not psychological, e.g. impotence, premature ejaculation, jet lag, caffeine addiction, and bruxism.
- Influence of multinational pharmaceutical companies (MPC's) → vested interest in 'widening the net' (*"Every psychiatric expert involved in writing the standard diagnostic criteria for disorders such as depression and schizophrenia has had financial ties to drug companies that sell medications for those illnesses."*)
- Diagnosis often made by inadequately trained GP's, who may have been influenced by the representatives of MPC's
- Fosters a tendency to both over diagnose Depression as well as to over prescribe the SSRI's. (Metzl J.M. 2003; Shorter E. 1997)



# THE 'PHASING' OUT OF NEURASTHENIA

- The DSM system dropped 'Neurasthenia' in favor of Depressive and/or Anxiety Disorders
- First described in 1869 by G. M. Beard, an American neurologist.
- Neurasthenia arises when a person's commitments (e.g. work, family, emotional and physical) over-tax the nervous system beyond its capacity to maintain normal functioning
- This disorder was commonly diagnosed in the USA and Europe. In China and Russia it was the most common psychiatric diagnosis up until the 1980's (due to the impact of modern Western psychiatry)
- In practice many clinicians still make this diagnosis, basing treatment strategies on counseling, stress reduction, increased rest, nourishing diet and tonic herbal formulations. This is in keeping with the pathogenesis of this disorder as exhaustion of the nervous system (= deficiency condition)



# NEURASTHENIA

## At least 3 symptoms from:

- Weakness (mental or physical fatigue/decreased efficiency)
- Dysphoria (irritable, worrisome, inability to relax)
- Excitement – easily mentally excitable (accompanied by unpleasant feelings)
- Nervous muscular pain (e.g. tension headache, myalgia)
- Sleep disturbances
- The disorder is of at least 3 months duration and there is marked lowering of work, study or social functioning, which causes sufficient mental distress so that the sufferer seeks treatment
- In terms of TCM, this is a valid clinical entity, which corresponds with various deficiency (*xu* 虛) type syndromes.



## THE 'BIOPSYCHIATRY' MODEL + THE MULTINATIONAL PHARMACEUTICAL COMPANIES

- Since the 1980's research has switched from the psychodynamic model to the biological model, with the emphasis on chemical treatment
- 'Biopsychiatry' denotes (and promotes) the pharmaceutical industry's preferred view of mental illness as chemical imbalance. It has to a large extent replaced the theoretical base of cognitive therapy within psychiatry, using the justification of evidence-based medicine
- Research involving psychoactive drugs lends itself more readily to the 'gold standard' RCT model than the subtle and individual art of human skills based interventions
- In the 1950's pharmaceutical companies were not interested in developing antidepressant drugs because they did not see much 'market potential' in this area. Indeed, before the 1980's the prevalence of severe depression, requiring hospitalization, was considered low and experts considered that Depression was one of the psychiatric conditions with the best prognosis, with or without treatment.



## THE INFLUENCE OF MULTINATIONAL PHARMACEUTICAL COMPANIES

- During the 1980's, multinational pharmaceutical companies changed the perception of Depression → chemical 'deficiency state', requiring the ingestion of the SSRI drugs in order to return serotonin levels to 'normal'
- 'Widening the net' (i.e. marketing activities to broaden the 'clinical' applications for SSRI's): What were once regarded as normal – albeit unpleasant – mental states (i.e. our responses to the vicissitudes of daily living) have now come to be relabeled as Depression or some other DSM-IV defined disorder
- The main targets for these activities are family (or general) practitioners. They are encouraged to recognize the many depressed patients who would normally go undiagnosed
- Supported with oversimplified diagnostic tests, including a screening questionnaire with only two questions and a four-point depression checklist.



## THE INFLUENCE OF MULTINATIONAL PHARMACEUTICAL COMPANIES

- Exaggerating the risks of Depression
- Minimizing the adverse effects of SSRI's
- Selectively drawing on studies that support these views and repressing studies that do not (they fund most of the studies)
- Redefined the DSM-IV meaning of 'prescription drug dependency' so as to avoid the charge of addiction or withdrawal symptoms being associated with SSRI administration



# THE SELECTIVE SEROTONIN REUPTAKE INHIBITORS

Prozac, Paxil, Zoloft, Celexa, Lexapro, Luvox, Efexor and Sarafem

- The major differences between them are related to the individual side effect profile
- According to the manufacturer's product information these drugs have around 240 different side effects
- An American review of spontaneous adverse drug reactions reporting found that 'during a ten year period Prozac was associated with more hospitalizations, deaths or other serious adverse effects reported to the FDA than any other drug in America'
- Spigset (Spigset O. 1999) found that the following were the most common classes of adverse events associated with SSRI use:
  1. Neurological (22%)
  2. Psychiatric (19.5%)
  3. Gastrointestinal (18%)
  4. Dermatological (11.4%)



## THE SELECTIVE SEROTONIN REUPTAKE INHIBITORS

- One study found that 10 – 32% of patients taking Paxil, Zoloft and Efexor experienced nervousness, agitation, tremor, dizziness, myoclonus, headaches or problems with sleep (Vanderkooy J.D. et al 2002)
- Some side effects such as nausea, diarrhea, headache and agitation are transient and remit after the first 2 – 3 weeks. However, in a number of patients these are severe enough to cause them to discontinue treatment. This is significant because usually, 2 – 6 weeks at a therapeutic dose level are needed to observe a clinical response
- Some of the more significant long term side effects include:
  1. Increased risk of suicide, which is almost four times higher than for other forms of treatment. (Healey D. 2003)
  2. Increased risk of violent behavior
  3. Insomnia (15-20%)
  4. Weight gain (18-50%)
  5. Sexual dysfunction, generally decreased libido and delayed or absent orgasm



## THE SELECTIVE SEROTONIN REUPTAKE INHIBITORS

- DSM-IV definition of 'prescription drug dependency' was redefined (under pressure from multinational drug companies), so as to avoid the obligation to use the terms 'dependence', 'addiction' and 'withdrawal' in connection with prescribed doses of SSRI's
- However, research now indicates that 35% – 85% of people who abruptly stop taking SSRI's will develop one or more symptoms of withdrawal: dramatic changes in mood (including a worsening of depression), insomnia, appetite changes, agitation and electric shock sensations
- Because withdrawal symptoms may mimic the very reason for which the drug was initially prescribed, this gives the appearance of a relapse, leading to the prescribing of additional drugs or higher dosages of the original



## THE SELECTIVE SEROTONIN REUPTAKE INHIBITORS

- Young and Currie found that 70% of physicians involved in a knowledge base survey said that they were unaware of antidepressant discontinuation events; only 17% said that they would caution patients about the possibility of such symptoms. (Young A.H., Currie A. 1997)
- Over 80% of SSRI prescriptions are made by general (or family) practitioners, who have had neither specialized training in psychiatry nor in the specific pharmacology of this class of drugs
- Many studies are biased (i.e. flawed in some way) and negative ones suppressed, however it is estimated that the SSRI's are clinically effective in around 50% of cases
- The only definite thing that can be stated at this stage is that the treatment effects of SSRI's are modest and the burden and costs of harm have never been defined. (Healy D. 2003).



# DEPRESSION IN TCM

➤ The classical literature of TCM contains reference to various syndromes that are characterized by some of the signs and symptoms associated with Depression:

1. 'restless organ' (or 'visceral agitation') *zang zao* (脏躁)
2. 'lily disease' *bai he bing* (百合病)
3. 'plum pi qi' *mei he qi* (梅核气)

From 'Synopsis of Prescriptions of the Golden Cabinet' (*jin gui yao lue fang lun* 金贵要略方论) by Zhang Zhong-jing.

- However they do not correspond specifically to any of the various types of Depressive Disorders
- Contemporary and pre-modern Internal Medicine texts give detailed analyses of the pathogenesis and treatment strategies for the various syndromes that may underlie a major presenting symptom – i.e. 'sadness' or 'melancholia'.... BUT THEY TOO ARE NOT NECESSARILY DEALING 'DEPRESSED MOOD'



## DEPRESSION IN TCM

- When modern Western psychiatry was introduced into China during the 1980's there was no equivalent entity in Chinese medicine corresponding to the Depressive Disorders. Chinese academic psychiatrists needed to find a word for 'Depression' or 'Depressive Disorder'. → *yi yu zheng* (抑郁证) was coined by borrowing the traditional pathogenetic term *yu* (郁), and qualifying it with *yi* (抑) 'suppress'
- In contemporary TCM, the term *yu* (郁) is reserved for stagnation of the Qi that is associated with emotional strain and centers on Liver dysfunction. In most contexts it signifies a failure to give vent, marked by a sense of frustration
- The alternative, relatively newer term, *zhi* (滞), is used in reference to the Qi to denote stagnation or sluggish movement in a general sense – without any implication of emotional causes.



## DEPRESSION IN TCM

- However, in ancient and pre-modern times there was only one term for stagnation: *yu* (郁). This term was used to denote stagnation, sluggish or restrained movement (of the Qi, Blood or Body Fluids) in a general sense
- Thus, the contemporary usage of the term *yu* (郁) is often highlighted in translations by rendering it as 'constraint' or 'depression', and thus distinguishing it from *zhi* (滯) 'stagnation'
- In clinical practice syndromes characterized by *yu* (郁) may indeed give rise to the symptoms of Depression; however, this is not always the case: There are several other syndromes that may give also rise to the clinical features of Depression
- This difference was the subject of a recent study, which concluded: 'The evidence supports the contention that 'stagnation' (i.e. *yu* (郁)) is a clinical syndrome distinct from 'Depression'. (Siu-man Ng, et al. 2006)



# DEPRESSION IN TCM

## Negative consequences of translating *yu* (郁) as ‘depression’

- Conflating the syndromes of ‘Liver Qi depression’ or ‘binding depression of the Liver Qi’ with clinical Depression
- In TCM Internal Medicine texts, the topic: *yu zheng* (郁证) is translated as ‘Melancholia’, ‘Depression’ or ‘Depression Patterns/Syndromes’. This is misleading as the discussions under this heading really deal with the diagnosis and treatment of a limited number of disorders that manifest primarily with symptoms of emotional disturbance (including uncontrollable anger, anxiety and hysteria)
- Certain authors – notably Flaws and Wiseman – apply this ‘modern’ approach to the translation of ancient and pre-modern works. As a result, discussions that are in fact concerned with elaborating the concept of **stagnation** are rendered so as to give the misleading impression that the author is dealing with clinical Depression.



## AVOID THE STIGMATISING INFLUENCE OF PSYCHIATRIC NOSOLOGY

- Don't accept the diagnosis of 'Depression' without question. The modern paradigm of biopsychiatry tends to perpetuate a 'victim' mentality in that the patient becomes convinced that his/her brain biochemistry has an enduring abnormality that can only be reversed by the ingestion of specific pharmaceuticals ... lifelong.
- Vigorously assert the holistic paradigm of TCM, making it both intelligible and accessible to our patients by embodying it, to some extent, ourselves
- Avoid labeling patients with an inflexible and seemingly permanent disease entity
- Reinforce the context of a constantly changing state of balance – both within the individual and also between an individual and his/her environment. A patient may be experiencing a state of unexplained sadness, lack of interest and fatigue. However this is seen as a temporary manifestation of one or more specific types of imbalance within the patient.

**DR. JUMA CAN TREAT, SOLVE MANY PROBLEMS SUCH AS:**

- |                                 |                                         |
|---------------------------------|-----------------------------------------|
| → Bewitched Pplc.               | - MISFORTUNES.                          |
| → Swollen body                  | - DEMAND D&BTS.                         |
| → Lost Lover.                   | - REMOVE MISUNDERSTANDING WITH ANYBODY. |
| → INSANITY                      | - COURT CASES.                          |
| → DIARRHOEA                     | - CASINO SPECIALIST.                    |
| → MADNESS                       | - BAD LUCK                              |
| → TO MAKE MENS PENNIS strong    | - CUSTOMER ATTRACTION.                  |
| → WOMAN WITH PREGNACY PROBLEMS. | 'ETC.....                               |
| → VOMITING ALL THE TIME         |                                         |



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# MOOD DISORDERS IN TCM

Focus on Depression - PART 2

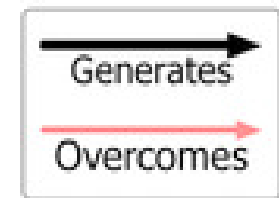
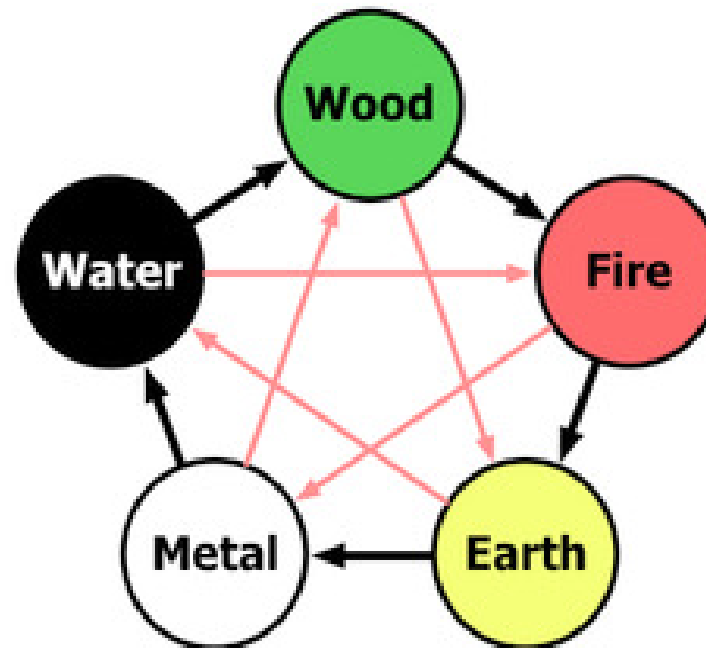
## TCM APPROACH TO TREATMENT



# THE TCM PARADIGM



Wood=Liver-Gallbladder  
Fire = Heat-Small Intestine  
Earth = Spleen-Stomach  
Metal = Lung-Large Intestine  
Water = Kidney-Bladder





## THE PSYCHE ACCORDING TO THE TCM CLASSICS

- Emphasis on the interconnectedness of the body and mind, the individual and his environment, the microcosmic and the macrocosmic
- Modern TCM textbooks describe the relationships between an individual's psychic life and the Zang-fu organs with lists of correspondences between an organ and various emotions and mental faculties
- This leads to the assumption that 'fear comes from the Kidney'; 'grief arises from the Lung', etc.
- However, if we closely examine our classical sources we find that an important differentiation is made between the **origins** of our emotional responses and the **pathological consequences** of the same.



# THE PSYCHE ACCORDING TO THE TCM CLASSICS

## According to the *Ling Shu* chapter 8:

- ‘When the Liver Qi is deficient, fear (or a ‘sense of absence’) will occur; when excess, one will become angry. When the Heart Qi is deficient, sorrow will occur; when excess, unceasing laughter will occur.’
- This is the only reference in the entire *Nei Jing* to emotions coming from organs
- Thus, we may conclude that, as far as the *Nei Jing* is concerned, only the **Liver** and **Heart** are capable of generating emotions
- While various emotions can gravitate to different organs and cause damage to them, the **Heart and Liver alone are the source of our emotional life** – for better or worse.



# THE PSYCHE ACCORDING TO THE TCM CLASSICS

- When an emotional state is prolonged or intense, other organs tend to become involved
- In **chapter 5 of the *Su Wen***, the pathological consequences of emotional excesses are discussed:

**Anger** injures the Liver

**Joy** injures the Heart

**Worry** and anxiety injure the Spleen

**Sadness** injures the Lung

**Fear** injures the Kidney

**Shock** injures the Kidney and Heart

- In terms of primary (*ben* 本) and secondary aspects (*biao* 标), dysfunction of the Heart and/or Liver is primary. The involvement of other organs, when present, is secondary.



## HEART (*xin* 心) & SPIRIT (*shen* 神)

Chapter eight of the *Su Wen* states:

‘The heart holds the office of monarch, whence the *shen ming* (神明) originates.’





## HEART (*xin* 心) & SPIRIT (*shen* 神)

- ***shen ming*** (神明) refers to the totality a person's consciousness – when used in the broad sense – and to his 'mentality', when used in a narrower context
- This passage indicates that our mental state and emotions originate from the Heart and that our mental life, as well as our physiology, is controlled by it
- As long as the Heart and one's consciousness are functioning normally, the emotions will remain peaceful. But if the Heart and the consciousness are disordered, any strong emotion can surface; e.g. mania, rage, melancholia; fear etc.
- The normal healthy functioning of the psyche (and hence of the of the body-mind as a whole) depends to a large extent on the voluntary maintenance of an harmonious relationship with Nature.



## HEART (*xin* 心) & SPIRIT (*shen* 神)

- The importance of self awareness and self control that is directed towards a moral ideal
- the ongoing study and observation of natural phenomena with a view to deepening and expanding one's understanding of the laws that underlie their operation → a person becomes better able to align his/her behavior more closely with natural laws and processes → effective and successful functioning in one's social relations as well as the maintenance of good health
- The ongoing and ever increasing depth of appreciation of the beauty of Nature, in all of its aspects
- Self-cultivation in the sense of developing talents, skills and abilities to realize one's potential. This is to be done for the benefit of others – not for self aggrandizement.



## HEART (*xin* 心) & SPIRIT (*shen* 神)

Dao De Jing, Ch. 22:

- 'The wise man embraces the one and sets an example to all. Not putting on a display, he shines forth; not claiming to be always right, he is able to distinguish right from wrong; not boasting, he receives recognition; not regarding himself as superior, he is qualified to lead.'
- Chinese medicine takes a pragmatic approach to matters relating to the mind, consciousness and spirit. They are viewed in terms of normal healthy activities of the psyche, contrasted with unhealthy or immoral activities
- The psychological health of an individual depends to a large extent on: The maintenance of a moral ideal; A well developed sense of values; Harmonious relationships with significant others; Living in harmony with Nature
- Closely related to a person's inner direction and integrity, self cultivation, self-control, and capacity for self reflection.



## HEART (*xin* 心) & SPIRIT (*shen* 神)

*Ling Shu* , chapter 71:

‘The Heart is the monarch of the five Zang and six Fu, and houses the *jing shen* (精神).’

- The ***jing shen*** (精神) = ‘essence-spirit’, ‘essential spirit’, or simply ‘spirit’. This ‘small’ spirit in the Heart acts as an effective interface between the activities that take place within a person’s consciousness and the limitations of the external world of time, space and matter.
- In a practical sense, the *jing shen* (精神) in the Heart ensures that our actions are appropriate and timely. It is associated with the virtue of *li* (禮) ‘propriety’.



## HEART (*xin* 心) & SPIRIT (*shen* 神)

- According to Zhang Jie-bin, a.k.a. Zhang Jing-yue (Zhang Jie-bin 1624), this passage signifies that while different emotions can gravitate to different organs and damage them, all emotions originate in the Heart and ultimately cause some damage to it.
- Thus, the Heart not only gives rise to anger, but will be injured by anger; it can give rise to sadness and be injured by sadness; so too for fear, pensiveness and the other emotions.
- Physiologically, a person's psyche, which resides in the Heart, may become disturbed by pathogens or weakened by deficiency of the health Qi (i.e. one or more of the Qi, Blood, Body Fluids, or Kidney Essence). In this sense one's mental state is inextricably connected with the Heart in that it is strongly affected by conditions of excess or deficiency of this Zang organ.



## LIVER (*gan* 肝) & HUN 魂

➤ **Ling Shu (Ch. 8):**

‘That which goes hither and thither with the *shen* is called the *hun* – ethereal (or ‘non-corporeal’) soul’





## LIVER (*gan* 肝) & HUN 魂

- **The *hun* (魂):** ‘ethereal (or non-corporeal) soul’, to distinguish it from the ‘corporeal soul’ (*po* 魄) that resides in the Lung
- The *hun* (神) acts in concert with the *shen* (神) in bringing the activities of the psyche into the physical world
- Clinically, it provides a viewpoint for assisting patients (and ourselves) in dealing with problems related to uncontrollable anger, low self-esteem, resentment, jealousy, etc.
- The virtue associated with the *hun* (魂) in the Liver is *ren* (仁) ‘benevolence’ and ‘human kindness’
- Perhaps the biggest obstacle to *ren* (仁) is anger and its associated emotions
- It requires a higher vision to be able to see both sides of a situation and to set aside one’s instinct for individual self-preservation in favor of another person or the greater good. This demands that one acts from a place outside time and space, i.e. that the *hun* (魂) operates under the superior guidance of the *shen* (神).



## LIVER (*gan* 肝) & HUN 魂

- When the *hun* (魂) is in harmony, it works in conjunction with the *shen* (神), enabling one to transcend selfishness and manifest benevolence or compassion – both towards self and others
- Anger: the emotion associated with the Liver
- Anger may be either positive or negative – depending on the situation
- Positive anger → the self-assertive, explosive impulse connected with beginnings, or with the defense of boundaries
- If this impulse is blocked, it can easily transform into anger, resentment or rage
- A person may have too much anger, or not enough
- The inability to manifest anger and defend oneself when appropriate is just as much a sign of imbalance as is the persistent desire to have one's own way regardless of circumstances.



## LIVER (*gan* 肝) & HUN 魂

- The *hun* (魂) in the Liver gives the ability to feel and endure pain and suffering → the awareness and experience of suffering engenders compassion and is the foundation of a deep appreciation of one's own humanity as well as that of others
- The *hun* (魂) makes pain and suffering more bearable by 'making room' for it – without the self-defeating attempt to resist it
- Physiology: When the Liver Qi and Blood are in harmony the Liver is able to maintain the smooth and even flow of Qi throughout the body → relaxed and easy-going disposition, increased pain tolerance – easily upset by the effects of prolonged stress and emotional strain
- Two sides to an imbalance in the Liver-*hun* (魂): low self esteem and timidity on the one hand, and excessive anger and hostility on the other → closely related to the state of Liver Blood and the Liver Qi.



# CLINICAL MANAGEMENT OF 'DEPRESSED MOOD'

## TCM PATHOGENESIS

- Basic cause: a person's fundamental mismanagement of his/her lifestyle:
  - a) Prolonged or intense emotional strain
  - b) Lack of emotional self control
  - c) Imbalance between work and leisure, i.e. too much of the former and not enough of the latter, particularly if work brings little personal satisfaction
  - d) Excessive mental work, i.e. prolonged and intensive mental work without adequate rest or physical activity
- Constitutional predisposing factors (e.g. Spleen Qi deficiency, Heart deficiency) - to some degree



# PATHOGENESIS

Any one or a combination of the above factors may lead to the two primary organ syndromes that underlie depressed mood:

- **Liver Qi constraint**
- **Heart Blood deficiency**



# PATHOGENESIS

## **Liver Qi constraint**

- Spleen Qi deficiency,
- generalized Qi stagnation with loss of harmony between the internal organs
- Blood stasis
- Fire

## **Spleen Qi deficiency**

- Blood deficiency → **Heart Blood deficiency**
- retention of Damp → Phlegm

## **Phlegm**

- clouds the mind and senses

## **Fire**

- mental agitation
- Blood deficiency and possibly also Yin defic.

## **Qi stagnation**

- food stagnation
- disruption of fluid metabolism → Phlegm



# DIFFERENTIAL DIAGNOSIS

There are four major pathodynamics in patients with **depressed mood**:

- **Liver Qi constraint, Qi stagnation**
- **Instability of the Heart Qi (due to deficiency)**
- **Heart-Blood and Spleen-Qi deficiency**
- **Phlegm obstruction of the mind**

**Note:** Real life patients mostly present with combinations of the above, i.e. mixed syndromes



# LIVER QI CONSTRIANT

## KEY CLINICAL FEATURES

- Patient feels 'stressed', 'wound-up', 'frustrated', 'irritable'
- Discomfort in the hypochondrium and/or chest (needs to make an effort to take a deep breath)
- Menstruation disorders (irregular cycle, PMT)
- Aggravation of physical symptoms by emotional strain
- Fatigue, dizziness (postural), loss of appetite
- Wiry pulse (usually also thready)



# LIVER QI CONSTRIANT

## TREATMENT PRINCIPLES

- Soothe the Liver and resolve Qi stagnation
- Calm the Spirit

## FORMULA

Bupleurum & Cyperus **PMS FORMULA** CM104

## ADDITIONAL FORMULAS

An Shen Ding Zhi Wan (Zizyphus & Polygala Formula) BP001 – insomnia, agitation



# INSTABILITY OF THE HEART QI

- Also known as '**restless Zang-organ disorder**' = general deficiency of the Heart (Qi, Blood and Yin deficiency) – 2,000 years old clinical observation
- In Western terms this may be classified as mixed Anxiety-Depression disorder

## KEY CLINICAL FEATURES

- Uncontrollable, overwhelming emotional changes
- Restlessness
- Poor concentration
- Palpitations
- Poor sleep
- Possibly also anxiety
- Possibly also disorientation
- Thready pulse



# INSTABILITY OF THE HEART QI

## TREATMENT PRINCIPLES

- Tonify the Heart Qi
- Nourish the Heart Blood and Yin
- Calm and stabilize the mind

## FORMULAS

Biota & Polygala **MOOD-UPLIFT** Formula CM132

+ Gan Mai Da Zao Wan – Jia Wei (Wheat & Jujube Combination)  
BP054

## ADDITIONAL FORMULAS

+ An Shen Ding Zhi Wan (Zizyphus & Polygala Formula) BP001 –  
insomnia, severe agitation

+ Wen Dan Tang (Bamboo & Hoelen Formula) BP050 – Phlegm-Heat



# HEART-BLOOD AND SPLEEN-QI DEFICIENCY

## KEY CLINICAL FEATURES

- Patient complains that he can't 'switch off' the mind, especially at night
- Insomnia
- Cognitive disturbance (poor memory and concentration)
- Palpitations
- Pallor, fatigue, poor appetite
- Pale tongue



## HEART-BLOOD, SPLEEN-QI DEFICIENCY

### TREATMENT PRINCIPLES

- Tonify the Qi and strengthen the Spleen
- Nourish the Heart Blood and calm the mind

### FORMULA

Biota & Polygala **MOOD-UPLIFT** Formula  
CM132

**PLUS:**



# HEART-BLOOD, SPLEEN-QI DEFICIENCY

## ADDITIONAL FORMULAS

- + An Shen Ding Zhi Wan (Zizyphus & Polygala Formula) BP001 – insomnia, severe agitation
- + Wen Dan Tang (Bamboo & Hoelen Formula) BP050 – Phlegm-Heat
- + Jia Wei Xiao Yao San (Bupleurum & Peony) BP013 – Liver Qi constraint with Heat
- + Xiao Yao San (Bupleurum & Dang-gui) BP031 – Liver Qi constraint

## FOLLOW UP

Gui Pi Tang (Ginseng & Longan) BP012

Or

Dangshen, Astragalus & Dang-gui **QI & BLOOD TONIC FORMULA**  
CM146



# PHLEGM CLOUDING THE MIND AND SENSES

## CLINICAL FEATURES

- Apathy, depressed mood, mental confusion, somnolence
- Excessive sputum or mucous
- Gurgling sound in throat (due to sputum or mucus)
- Tongue body is pale and may also be swollen, with a white, greasy coat
- Pulse is slippery



# PHLEGM CLOUDING THE MIND AND SENSES

## TREATMENT PRINCIPLES

- Resolve Phlegm to open the mind and senses
- Nourish the Heart and calm the Spirit

## FORMULAS

a) Biota & Polygala **MOOD-UPLIFT** Formula CM132

### PLUS

b) Er Chen Wan (Citrus & Pinellia Combination) BP010 – with apathy

OR

Wen Dan Tang (Bamboo & Hoelen Formula) BP050 – with agitation and sleep disturbance



# INSOMNIA

- It is critical that patients with depressed mood are able to sleep soundly through the night, allowing the Qi, Blood and Yin to be adequately regenerated → Primary goal of treatment

## USE ONE OR MORE OF THE FOLLOWING

- **An Shen Ding Zhi Wan** (Zizyphus & Polygala Formula) BP001 – with Heart Qi deficiency
- **Jin Gui Suan Zao Ren Tang** (Zizyphus Combination) BP056 – with Heart-Liver Blood deficiency
- **Tian Wang Bu Xin Wan** (Ginseng & Zizyphus Formula) BP025 – for severe refractory insomnia (Heart-Kidney Yin deficiency)
- **Gan Mai Da Zao Wan - Jia Wei** (Wheat & Jujube Combination) BP054 – Heart Qi, Blood and Yin deficiency
- **Wen Dan Tang** (Bamboo & Hoelen Formula) BP050 – Phlegm-Heat