Observations on the Curative Effect of Acupuncture on Depressive Neurosis

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Abstract: Purpose To evaluate the curative effect of acupuncture on depressive neurosis. Method Sixty-two patients were randomly divided into a treatment group of 32 cases and a control group of 30 cases. The treatment group and the control group were treated with acupuncture and Fluoxetine, respectively. The curative effects were evaluated by HAMD. Results There was a significant difference between pretreatment and posttreatment in each group (P < 0.02). There were no significant differences in curative effect and score reduction rate between the two groups (P > 0.05). But acupuncture had no side effects and was good in compliance. Conclusion Acupuncture is an effective method for treating depressive neurosis.

Key Words: Acupuncture-Moxibustion; Drug Therapy; Depressive Disorder

Depressive disorder is a mental illness whose main clinical manifestation is lasting depression and whose duration is protracted. Its incidence increases year by year. The disease affects people’s everyday life and working ability. Literature reported that acupuncture had a good curative effect. To evaluate the curative effect of acupuncture on depressive neurosis, we selected acupuncture and oral Fluoxetine for a control study. It is reported as follows.

General Data

1. Subjects
All the cases were outpatients and inpatients in our hospital from November 1999 to May 2001. They all met CCMD-2-R diagnostic criteria of depressive neurosis, that is, the average score of SCL-90 depressive factors was more than 2, HAMD was more than 17 and severe organic diseases were excluded. Sixty-two patients were randomly divided into a treatment group of 32 cases and a control group of 30 cases. Of the treatment group, 9 patients were male and 23 patients were female; the ages ranged between 19 and 50 (31.6 ± 8.6); the duration of disease was from 0.5 to 6 (2.8 ± 1.8) years. Of the control group, 8 patients were male and 22 patients were female; the ages ranged between 18 and 51 (30.7 ± 9.1); the duration of disease was from 0.4 to 6.5 (2.9 ± 1.7) years. There were no significant differences in sex, age and duration of disease between the two groups (P > 0.05).

2. Classification based on syndrome differentiation

- Deficiency of both the heart and the spleen
Self-abasement, fear, palpitation, panics as if to be caught, lassitude, dizziness and hypomnesia, anorexia and loose stool, sallow complexion, pale tongue, and weak pulse.

- Deficiency of the heart with timidity
Self-abasement, fear, timidity and easy fright, dizziness and palpitation, or insomnia and dreaminess, light sleep, pale tongue, and weak pulse.

- Stagnation of liver qi and deficiency of the spleen
Melancholy, poor spirits, self-abasement and fear, chest stuffiness and dysphoria, unwilling to communicate, anorexia, loose stool with difficult discharge, lassitude, hypochondriac distension and pains, pale tongue, thin tongue coating, and wiry pulse.

- Yang deficiency of both spleen and kidneys
Timidity and easy fright, self-abasement, fear, dull-
ness, slow response, upset, hyposexual activity, chilly and cold limbs, soreness of the loins and knees, abdominal distension and loose stool or with indigested grains, pale tongue, white tongue coating, and deep, thready and forceless pulse.

- Disharmony between the heart and kidneys

Invasion of the heart by accumulated phlegm, dysphoria, all in a flutter, extreme fright, chest stuffiness, disturbance in respiration, feeling of asphyxia, palpitation, dry mouth, anorexia, abdominal distension or diarrhea, abdominal pains, urinary frequency, impotence, prosermia, irregular menstruation, insomnia, dizziness, headache, nausea, red tongue, thin and white tongue coating, and feeble and rapid or slippery and rapid pulse.

- Disharmony between Thoroughfare and Conception Vessels, and adverse rise of qi

Hot flush, vexation and trance, dry nose and mouth, dizziness, palpitation, muscular spasm and tremor, upward rush of hypogastric qi into the throat, choking sensation in the throat, chill, urinary frequency, impotence, prospermia, irregular menstruation, insomnia, dizziness, headache, nausea, red tongue, thin, white and dry tongue coating, and deep, wiry, rapid and forceless pulse.

**Therapeutic Methods**

1. **The treatment group**

Main points: Taichong (LR 3), Hegu (LI 4), Baihui (GV 20) and Yintang (Ex-HN 3).

Adjunct points: Intradermal needles were added for palpitation or hidrosis and a needle was embedded at ear points Heart (MA-IC), Gallbladder (MA-SC 6) and Er Shenmen (MA-TF 1) were added for insomnia. Shenmen (HT 7) and Sanyinjiao (SP 6) were added for deficiency of both the heart and the spleen. Shenmen (HT 7) and Qixu (GB 40) were added for deficiency of the heart with timidity. Sanyinjiao (SP 6) was added for stagnation of liver qi and deficiency of the spleen. Taixi (KI 3), Daling (PC 7) and Yinbai (SP 1) were added for disharmony between the heart and kidney and the invasion of the heart by accumulated phlegm. Yongquan (KI 1) and Yinbai (SP 1) were added for yang deficiency of both spleen and kidney. Gongsun (SP 4) and Lieque (LU 7) were added for disharmony between Thoroughfare and Conception Vessels, and adverse rise of qi.

Operations: A filiform needle was used for acupuncture and qi induction performed after its arrival. Hegu (LI 4) and Taichong (LR 3) were first acupunctured and then Baihui (GV 20) and Yintang (Ex-HN 3). After the insertion of the needles, 6 deep nasal respirations were taken and after a 1-minute rest, another 6 deep respiration was taken until the withdrawal of the needles. The treatment was given 30 minutes once daily, twice a week, and 8 weeks in all.

2. **The control group**

Fluoxetine was orally taken 20 mg daily, 8 weeks in all.

**Therapeutic Results**

1. **Criteria of curative effects**

The curative effects were evaluated with a HAMD score reduction rate: \[
\text{[(pretreatment score-posttreatment score)/pretreatment score]} \times 100\%.
\]

Recovery: HAMD score reduction rate $\geq 75\%$.
Marked effectiveness: HAMD score reduction rate $\geq 50\%$.
Effectiveness: HAMD score reduction rate $\geq 25\%$.
Ineffectiveness: HAMD score reduction rate $< 25\%$.

2. **Curative effects**

Table 1 shows the curative effects in the two groups after 8 weeks.

<table>
<thead>
<tr>
<th>Group</th>
<th>Recovery</th>
<th>Marked effectiveness</th>
<th>Effectiveness</th>
<th>Ineffectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>4</td>
<td>8</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Control</td>
<td>3</td>
<td>6</td>
<td>14</td>
<td>7</td>
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</tbody>
</table>

There was no statistically significant difference in curative effect between the two groups ($P>0.05$).

A comparison of HAMD scores between pretreatment and posttreatment was made in the two groups. The score was $31.5 \pm 4.6$ and $7.6 \pm 7.3$ before and after the treatment, respectively, in the treatment group and $29.6 \pm 5.1$ and $8.7 \pm 6.9$ before and after the treatment, respectively, in the control group. The curative effect was significantly better after the treatment than before in both the groups ($P<0.01$). There was no significant difference in curative effect between the groups ($P>0.05$).

**Discussion**

Depressive neurosis is named "melancholia" in traditional Chinese medicine. Its cause is internal injury by emotional changes. Its pathological changes are qi stagnation as main one, and blood stasis, transformation into fire and phlegm accumulation as accompanying ones. The pathological changes are related to the heart, liver and spleen. Duoyisuibi (《读医随笔》)