# DEPRESSION AND ORIENTAL MEDICINE
## An Approach

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I would like to begin this article by reminding readers to be very careful about using the term *depression*. This word has many meanings, both those related to transitory moods to those of psychiatric diagnosis. In this article I will focus on depression as a diagnosable disorder.

Before looking at the Western idea of depression, I will add one criteria that is built into diagnostic descriptions but not often mentioned: depression is not a disorder until and unless it affects the patient's life in a negative and unwanted manner, or renders the patient's life unmanageable. What the West calls "depression" can actually be quite creative and even useful to some people.

DEPRESSION AND THE WEST

Our understanding of depression has grown quite a bit in the last 10 years or so, but there is still much we do not know about how the mind finds itself in this state and the mechanisms, both emotional and neurochemical which may underlie the disorder. Opinions among mental health professionals about depression range from "there is no such thing as depression - only social maladjustment" to "everyone in the United States is depressed to some degree almost every day." The truth, of course, lies somewhere between these endpoints.

Depression is described by the DSM IV as a mood disorder in the absence of organic causes. Also absent are psychotic disorders such as schizophrenia, schizoaffective disorder, delusional disorders, or paranoia disorders, all of which may cause depression as an associated effect of the primary disorder. Depression alternating with manic episodes is called bi-polar disorder, and depression without manic episodes is uni-polar disorder. Depression includes such symptoms as appetite disturbance, change in weight, sleep disturbance, psychomotor agitation or retardation, decreased energy, feelings of worthlessness or excessive or inappropriate guilt, difficulty thinking or concentrating, recurrent thoughts of death or suicidal ideation; feelings of sadness, hopelessness, discouragement, or loss of pleasure or interest in activities; tearfulness, irritability, obsessive rumination, excessive concern with physical health, panic attacks and phobias. Of course few patients will have all of these symptoms.

There are two primary categories of depression: Major Depression and Dysthymia. The first, Major Depression, is defined as a persistent depressed mood

lasting at least two weeks which is not related to any organic cause and is not the normal reaction to life events such as loss of a loved one. Major Depression can be debilitating, and can make even the normal activities of life seem hopelessly difficult.

Dysthymic Disorder, previously called depressive neurosis, is a chronic depressed mood for at least two years. During this period, the person is never free of the symptoms of depression, though the day to day experience of these symptoms is generally less severe than Major Depression. Dysthymic Disorder is often the result or consequence of other disorders, both mental and physical.

I find it troubling that the Western diagnostic approach to depression does not take physical symptoms into account. In my own practice, I have rarely found a mental/emotional disorder that was not accompanied by a corresponding physical imbalance or disorder, or a physical disorder unaccompanied by mental/emotional symptoms. As Yves Requena wrote in "Character and Health,"

*Since the beginning of Chinese medicine, Chinese physicians have approached physiology and psychological phenomena with the view that the two are not fundamentally different. For the Chinese, the process common to the two is energetic. The transformations that energy creates on the biologic level parallel those we observe on the psychologic level, and vice versa.*

To focus on the mind while ruling out the body is one of the strengths of Western psychology but it is also the greatest weakness of the Western approach. Biological psychiatry is creating an interesting sort of holism, seeking correspondences in brain chemistry for what is experienced in the mind.

## DEPRESSION AND ORIENTAL MEDICINE

As practitioners of Oriental medicine we look for such symptoms as irritability, excess joy, anxiety and preoccupation (worry), sorrow and grief, fear and fright. These emotional states are the beginning of our diagnostic process and are, in themselves, diagnoses.

To the West, on the other hand, mental/emotional disorders are collected into named constructs that have little or no relationship to the individual experience of the patient. In historical literature, there is no mention of people feeling "depressed" until after psychologists invented and classified the term. Depression is not something the patient feels, it is not related to either mental function or emotional experience. In our Eastern system of medicine it is therefore important that we do not accept the term "depression" as meaning anything in particular, and delve beneath it to find the emotional and mental elements that affect this particular patient.

Once we have identified the dominant emotions in a case, and compared them with our other evaluation techniques, a picture will begin to emerge of effected Organs and Root causes. Treatment should be, and must be, based on these evaluations, and never upon finding points or herbs to treat "depression."

## DEPRESSION AND THE SPIRITS

An interesting question left unapproached by the professional diagnostic systems above is this: where are the Spirits during depression? It would be normal to assume that because depression is a constriction or lack of function that the Spirits would also be depressed and lacking full function. Yet the problem is not so simple. We find throughout history and current practice that some of the most dramatically depressed patients find these episodes the most creative times for them. Clearly for some the Spirits soar while the patient struggles; they are not so easily disturbed.

I mention this aspect of the Spirits because in the West we tend to think of depression as a disease. For some patients, at some times in their lives, depression can be viewed in this way, but often depression is part of a greater process, a stagnation of life, a building up of discontent toward changes that need to be made as a part of growth. Depression in these cases is a necessary process of life, and to simply medicate it away solves little and only delays the inevitable return of symptoms.

## EVALUATION OF DEPRESSION

In the evaluation of the depressed patient, we must bring all of our tools to bear. The verbal intake is useful, but fraught with danger. Patients are not necessarily willing nor capable to fully express their perception of their own disorder. Moreover, the patient is most often steeped in the terminology of Western psychology and will present the abstract diagnoses of that system as "symptoms." We must help them deconstruct those diagnostic terms into components that have some meaning to the patient's day to day experience.

The first and most important element of verbal evaluation is the determination of a dominant emotion. Nearly everyone feels every emotion every day, of course, but for the depressed patient one or two emotions will usually stand out more prominently than others. It is often helpful to ask if there is an emotion that is felt every morning on awakening, or one each night before falling asleep, indicating the interaction of Yang (morning) and Yin (night) with the disorder. Many, if not most, patients will be able to pick a dominant emotion rather easily. A patient will report that he or she is persistently sad and wanting to cry, or irritable and angry, or anxious and fearful, etc. Each of these emotions helps us sub-divide "depression" into more useful groups, and indicates the channels or Organs that are at the heart of the imbalance.

It is also useful to inquire about physical complaints that occur with the mental/emotional symptoms. Does the patient experience headaches with the episodes of anger? Does the patient experience lung or throat symptoms with their episodes of sadness? These physical symptoms help to confirm suspicions about Organs or channels involved in the disorder.

I often ask my patients to visualize one of the episodes and to describe what it "feels like" in their bodies. Some patients find this easier than others, but I find the responses very useful. "It is like a cold chill, rising up my spine." "It is a heavy, knotted pit in my stomach." "I feel my throat closing and I'm afraid I'll

choke." All of these are responses I have heard in practice, each narrowing the diagnosis in each case.

Pulse diagnosis and tongue diagnosis are very useful tools, both to confirm suspected diagnoses from questioning and to lead the questioning. I will often begin by feeling the patient's pulse before questioning, noting Organs in excess or deficiency to guide the areas of inquiry. The details of pulse diagnosis in mental/emotional disorders and the corresponding pulses are beyond this document, but there are many excellent resources available, some listed at the end of this article.

## CONCLUSION

In "Art and Artist" Otto Rank writes of the struggle of the artist for individuality:

*...he must do something more than gradually liberate himself from the earlier ideologies that he has hitherto taken as his pattern; in the course of his life (generally at its climax) he must undergo a much harder conflict and achieve a much more fateful emancipation; he must escape as well from the ruling ideology of the present, which he has himself strengthened by his own growth and development, if his individuality is not to be wholly smothered by it.*

I quote this highly recommended work for we are each of us the creative artists and artisans of our lives, struggling for freedom and individuality. Depression is a state of mind and body in which hope, life, freedom and individuality is lost for a time. Through our work with these patients, by needle and by herb, we can help connect the patient to their deeper selves, to shake loose their stagnation of life, to move from the past to the present and future, and to walk out of the darkness and into the daylight of their lives.

## RESOURCES

Chinese Medical Psychiatry, Bob Flaws and James Lake, MD, Blue Poppy Press, 2001.

Character and Health, The Relationship of Acupuncture and Psychology, Yves Requena, Paradigm Publications, 1989.

www.chinesemedicalpsychiatry.com