Traditional Chinese Medicine as a Basis for Treating Psychiatric Disorders: A Review of Theory with Illustrative Cases

Steven K.H. Aung, MD, OMD, PhD, FAAFP, CM,¹ Heather Fay, MD,²
and Richard F. Hobbs, III, MD, FAAFP, FAAMA³

ABSTRACT

Background: Integrative medicine is becoming increasingly accepted in the global scheme of health care. Traditional Chinese Medicine (TCM) is often included among integrative medicine modalities.

Objective: This article provides a background for integration of acupuncture and other TCM-derived approaches to managing psychiatric conditions.

Methods: Classical theories of TCM that pertain to psychiatric conditions are reviewed, focusing on concepts of energetic imbalance, the implications of mind–body–spirit connections, and treatment strategies that involve TCM modalities. An example of correlation between TCM patterns of disharmony and the Western diagnosis of generalized anxiety disorder (GAD) is given, along with an illustrative case in which counseling, medications, and acupuncture were combined in treatment. TCM principles are incorporated in certain energy psychology modalities, such as Emotional Freedom Technique (EFT). A case is presented demonstrating the integration of energy psychology with acupuncture, Qigong and hypnosis as an avenue for releasing pathogenic emotions. In classical TCM theory, assessing and treating spiritual disharmonies is fundamental for dealing with emotional disorders. Practical application in a clinical case is described.

Conclusions: TCM offers a cogent theoretical basis for assessing and clinically managing patients presenting with mental health issues. TCM principles integrate well with other systems, including Western medicine.

Key Words: Psychiatric Disorders, TCM, CAM, Integrative Medicine, Acupuncture, EFT, Hypnosis

INTRODUCTION

TRADITIONAL CHINESE MEDICINE (TCM), and acupuncture as part of that tradition, provides a wide range of therapeutic applications. This review introduces concepts pertaining to TCM-based approaches to treating psychiatric disorders and presents these modalities as considerations for stand-alone or adjunct therapies.

Mental illness is remarkably prevalent. Generalized anxiety disorder (GAD) accounts for 8% of primary-care

visits in the United States and has a lifetime prevalence of 18%.^{1,2} At any given time, ~13% of the elderly population and 10% of younger adults are being treated with antidepressant medications.³ Lifetime prevalence for major depressive disorder is 16.5%. Other common conditions include: post-traumatic stress disorder (PTSD), with a lifetime prevalence of 6.8%; panic disorder, with a lifetime prevalence of 4.7%; bipolar disorder, with a lifetime prevalence of 3.9%; and obsessive–compulsive disorder, with a lifetime prevalence of 1.6%.^{4–8}

¹College of Integrated Medicine, Edmonton, Alberta, Canada.

²Private Practice, Integrative Medicine and Acupuncture, Vancouver, British Columbia, Canada.

³Plum Blossom Acupuncture and Integrative Medicine, Waterville, ME.

In the West, counseling and medications are mainstays for treating mental disorders. There are, in both instances, however, obstacles that deter patients from receiving optimum therapy. Cost is often an issue, especially for patients who are uninsured and underinsured. Conventionally, insurance carriers have been reluctant to provide coverage for mental health care.⁸ Little progress has been made in rectifying this situation. Fortunately, this may be changing, as a recent joint ruling by the Department of Health and Human Services, the Department of Labor, and the Department of the Treasury establishes parity between coverage for mental health/substance abuse services and medical/surgical services.¹⁰ The stigma of mental illness also continues to be a deterrent to receiving care.^{11,12} Reasons for noncompliance with pharmacologic interventions are diverse and include adverse reactions, a fear of long-term effects, the desire for more “natural” treatments, and the idea that taking medication is a tacit admission of a diagnosis with which the patient does not agree.^{13,14} Americans are seeking complementary and alternative medicine (CAM) treatments for a wide variety of conditions, including mental illness. The National Health Interview Survey (NHIS) of 2007 revealed that 38.3% of U.S. adults and 11.8% of children reported using some type of CAM treatment.¹⁵ This compares with 36.0% of U.S. adults who reported CAM use in the 2002 NHIS.¹⁶ Of the 2002 respondents, 4.5% listed “anxiety/depression” as one reason for seeking CAM treatments.¹⁶

TCM is considered a CAM modality, and TCM principles are applicable to the treatment of psychiatric disorders.¹⁷ References to this practice date to the *Su Wen of the Huangdi Nei Jing (Fundamental Questions of the Yellow Emperor's Inner Classic)*.¹⁸ Acupuncture and other TCM treatments are dependent on restoration of balance. The *Nei Jing* asserts that the nature of any entity, living or not, is determined by the intrinsic balance between opposing states, Yin and Yang. Disturbances in balance result in changes in nature, often expressed in living systems in the form of symptoms or signs of disease. TCM treatments are intended to restore balance. Balance is accomplished by influencing the vital energy, the Qi. In the TCM paradigm, Qi flows through channels in the body and in the spaces between muscles and the skin. Qi has many functions including warming, moistening, and nourishing; promoting normal function of the organs; providing energy for different processes; regulating the body; protecting the body; and ensuring that organs remain in their proper positions. A very important role of Qi is in maintaining balance. In this sense, it is a homeostatic mechanism by which the body can heal itself and establish a state of wellness. If Qi encounters a Yin–Yang imbalance, Qi corrects the situation by transforming one to the other, thus restoring balance and harmony. If, however, a blockage exists that impedes the flow of Qi, a factor is present that is interfering with the Qi, or if there is a Deficiency of Qi, this healing transformation does not take place. There are TCM techniques for opening blocked channels; for expelling pathogenic factors that are interfering with normal processes; and for boosting Qi in cases of Deficiency.^{19,20}

In TCM, psychiatric disorders frequently relate to energetic disharmonies involving the so-called Five Spirits. These are the *Hun* (the noncorporeal spirit), the *Po* (the corporeal spirit), the *Zhi* (the will), the *Yi* (the intellect) and the *Shen* (the mind and the connecting spirit.)¹⁹ Brief descriptions follow in the next section.

THE FIVE SPIRITS

Hun

The *Hun* is associated with the Liver Qi. *Hun* is called noncorporeal, because it is not dependent upon physical being for existence and continues after death. This spirit is responsible for benevolence (loving kindness), awareness of suffering, empathy, compassion, and tolerance; and serves as a reservoir for ideas that bring meaning into life. Disharmonies that affect the *Hun* may lead to anger, frustration, resentment, unkidness, and feeling “cut-off” from the meaning of life.²¹

Po

The *Po* exists only during physical life. Associated with the Lung Qi, the *Po* animates the being, is responsible for sensation and for emotional and physical responses to circumstances; it promotes justice and fairness. Disharmonies of the *Po* may lead to complicated grief, sadness, a blunted affect, a tendency to overreact, or unjust/immoral behavior.²¹

Zhi

The *Zhi* is the will (i.e., the force that determines the basic trajectory in life). *Zhi* is the spiritual aspect that resides in the Kidneys. The Yang (or active) *Zhi* provides the motivation for self-determination and the Yin (or passive) *Zhi* leads one down the path to an unknowable fate. Disharmony may cause illogical fears or, the opposite, reckless behaviors.²¹

Yi

The *Yi* might be called the intellect. It is the platform for conscious reasoning. The *Yi* enables creative vision and proper courses of action. The *Yi* is associated with the Spleen, and disharmonies may lead to worry and overthinking (perseveration).²¹

Shen

By allowing the inner being to connect with the outer world, and the outer world to connect with the inner being, the *Shen* might be considered the “connector spirit.” In that sense, it is responsible for both inward and outward expressions of spiritual nature and for the establishment of meaningful relationships. It is also the mind, where thoughts and feelings are experienced. Associated with the Heart Qi,

disharmonies of the *Shen* may lead to edginess, shyness, social awkwardness or, in extreme cases, agitation and delusions.²¹

Integrating TCM and Western Diagnoses and Treatments

In TCM, many different patterns of disharmony may correspond to the same Western diagnoses. Conversely, in Western medicine, many diagnoses may apply to the same TCM pattern of disharmony. The treatment principle in Western medicine is based upon diagnosis (e.g., generalized anxiety disorder), whereas, the treatment principle in TCM is based upon recognition of the pattern of disharmonies (e.g., overthinking because of Spleen Qi Deficiency with resultant disturbance of the *Yi*.) It is possible, however, to draw simultaneously upon the strengths of both Western medicine and Chinese medicine, as well as other healing traditions, to provide the most effective treatment. This article reviews some examples of TCM-based treatments for psychiatric conditions. The current authors examine how these modalities can be used as components of an integrative approach. Three illustrative cases are presented that demonstrate three distinct integrative combinations: (1) acupuncture in combination with Western medicine; (2) the combination of energy psychology, TCM, and hypnosis; and (3) TCM-based spiritual approaches to healing.

CASE PRESENTATIONS

Case #1: Acupuncture and Western Medicine

History of Present Illness. A 68-year-old divorced female presented with a long-standing history of severe anxiety. In addition, she had PTSD related to emotional, physical, and sexual abuse, dating from childhood, and verbal and physical abuse by her former husband. Psychosocial stressors included a partner with anger-management issues, estrangement from her 2 children, and the perception that her siblings were too controlling. Sixteen months previously, the patient had been diagnosed with breast cancer and had undergone a lumpectomy. Medications included: anastrozole; cyclobenzaprine for diffuse musculoskeletal pain (secondary to anastrozole); lorazepam; and sertraline. Symptoms in addition to physical pain included: sleep disturbance; irritability; low energy; constant worrying; poor memory; and a tremor that she has had since childhood. She was concerned about the long-term effects of her medications, especially the lorazepam, and expressed the desire to—at a minimum—taper to lower doses.

Examination. This patient's speech was disjointed, but there was no evidence of delusional thought content, auditory or visual hallucinations, or suicidal or homicidal ideation. Her face was red and she was sweating profusely

during the intake interview. Her tongue was dry and purplish-red, with no coating, and there was a central fissure extending to the tip. Her pulse was rapid, surging, and wiry—floating at the Heart and Liver positions, and weak at the Spleen position.

TCM Assessment. The inner and outer gates were closed (PTSD); HT Yin/Blood Deficiency with HT Fire; LR Qi Stagnation with LR Yin/Blood Deficiency; LR Blood Stasis; and Internal Wind (tremor) and SP Qi Deficiency.

Treatment. PC 6 and TE 5 were needled to open the gates; then the following points were used: HT 7 to calm the spirit and to nourish the HT Yin and HT Blood; LR 3 to promote the free flow of LR Qi; LR 8 to nourish the LR Yin and LR Blood; SP 10 to promote the free flow of Blood; LI 11 to dispel Heat; GB 41 and CV17 to harmonize the body and spirit; and GV 20 and *Yintang* to calm the spirit. The patient was initially treated every 2 weeks for the first 4 treatments, and then required a monthly maintenance schedule that she continues to present time.

Results. Over the course of treatment, she has noted: an improved sleep pattern; an improved sense of self-worth; less worrying; less irritability; improved relationships with her siblings and children; less musculoskeletal pain; and increased energy. Although not completely resolved, her tremor and the physical signs of Heat and Blood Stasis are improved. She also noted an enhanced sense of well-being. The lorazepam has been reduced from 8 mg per day to 3 mg per day. This patient is in full agreement to continue a slow tapering with eventual elimination of the benzodiazepines from her treatment plan. Although certainly not totally free of anxiety, this patient considers herself to be in “a much better place” than when her therapy began. Her psychiatrist and psychotherapist concur.

Case #2: Energy Psychology, TCM, and Hypnosis

History of Present Illness. A 50-year-old male presented for treatment for severe anxiety and fear. He had recently been diagnosed with squamous-cell carcinoma of the neck. Many positive cervical nodes were evident but no primary site was identified. Management included cisplatin followed by radiation. In the interim, just prior to the diagnosis of cancer, this patient had been experiencing stress, related to a complex relationship with his father and that was amplified by this patient having recently joined a family business.

TCM Assessment. This patient had Blood and Qi Stasis manifesting as malignant tumor; KI Yin Deficiency (from chronic stress) affecting the *Zhi* and causing fearfulness; LR Qi Stagnation from frustration and resentment pertaining to the patient's relationship with his father,

resulting in LR Fire, LR Yin Deficiency, LR Blood Deficiency and an associated disturbance of the *Hun*; HT Yin and HT Blood Deficiency, propagating from LR Deficiencies, causing an associated disturbance of the *Shen* and anxiety.

Treatment. The Emotional Freedom Technique (EFT) was used to dissipate harmful emotions. Hypnosis was performed, with the focus being visualization of a healthy state in both past and future lives. The hypnotic state was also used to promote clear self-expression.²² Acupuncture was used in conjunction with the other modalities to improve the patient's sense of well-being and to help relieve the physical symptoms he had related to his cancer and cancer treatment.^{23–25}

In this case, EFT was targeted toward resentment of the father. Acupuncture points included GV 20, *Sishencong*, *Yintang*, HT 7, ST 8, ST 36, ST 40, LI 4, LI 11, CV 6, CV 12, CV 17, GB 39, LR 2, LR 3, KI 3, and K 17.

As part of self-care, the patient initiated the practice of Qigong.

Results. During his cancer treatment, this patient experienced minimal xerostomia and ate normally. He was able to simplify his life and to adopt a more-positive attitude. Five years later, he remains in excellent health with no recurrences of his cancer and has resolution of his anxiety and fearfulness.

Case #3: Spiritual Approaches to Healing

History of Present Illness. A 25-year-old woman presented with chronic somnambulism with a recent increase in frequency. There was a positive family history for sleepwalking on the paternal side. Stressors included long-term marital problems.

TCM Assessment. In TCM, somnambulism is considered to be the result of spiritual imbalance. Deficiency of Congenital Kidney Essence may be a predisposing factor, as suggested in this case by the positive family history. The patient's stress from turmoil in her marriage—a Yang influence—is causing a disturbance of her spirit, her *Shen*. The more Yang aspects of her spiritual being (the outer spirit) have dominance over the more Yin aspects (the inner spirit), resulting in her pattern of sleepwalking.

Treatment. Acupuncture treatment for somnambulism typically involves stabilizing GV 9 to provide balance to the diaphragm. The procedure involves needling all of the points on the Bladder channel between BL 17×2 and BL 46×2 to balance the inner and outer spirits. The needles along the Bladder channel should be pointed toward GV 9, which will centralize the patient's spirit. To enhance the stabilizing effect of this procedure, GB 41×2 should be

used to reunify the spirit. It is also important to treat KI 6×2 to address the genetic component of the disorder. At the symptomatic level, HT 7×2 and BL 15×2 (with cupping) will decrease the stress and tension that exacerbate sleepwalking symptoms.

The patient was treated with acupuncture, as described above, twice weekly for 4 weeks, then once weekly for 4 weeks, and then every 2 months. She was also advised to do medical Qigong for self-care and preventive maintenance.

Results. The patient is presently very stable, and her somnambulism is no longer active.

DISCUSSION

Acupuncture and Western Medicine

Acupuncture, as part of TCM, qualifies as an alternative medical system. It is increasingly being recognized by Western practitioners as a complementary modality.²⁶ In the United States, ~25% of acupuncture patients are referred, either formally or informally, by Western medicine practitioners.^{27,28} In that context, acupuncture is being blended with Western medicine approaches.

As previously mentioned, for any given psychiatric diagnosis, there is a range of possible TCM patterns. Thus, it is possible to formulate an overlay of TCM patterns on a specific *DSM-IV-TR* diagnosis.*

The *DSM-IV-TR* criteria for GAD include:

- (1) Excessive anxiety and worry (apprehensive expectation) occurs more days than not for at least 6 months.
- (2) Anxiety and worry is out of proportion to the likelihood or impact of feared events.
- (3) Anxiety and worry are associated with other symptoms, including irritability, fatigue, muscle tension, difficulty with concentrating, memory loss, and insomnia.
- (4) The patient has little insight into relationships between reported worries and current life stresses and physical symptoms.
- (5) The focus of the anxiety and worry is not confined to features of an Axis I disorder (such as Panic Disorder, Social Phobia, etc.).
- (6) The anxiety, worry or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- (7) The disturbance is not caused by the direct physiologic effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g.,

*American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, text rev.* Washington, DC: APA; 2000.

hyperthyroidism) and does not occur exclusively in relationship to a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

Relationship between TCM patterns of disharmony and symptoms of GAD as follows:

- (1) Pensiveness, overthinking, or worry are manifestations of a disturbance of the *Yi*.
- (2) Restlessness and feeling “uptight” or “on edge” are manifestations of disturbance of the *Shen*.
- (3) Disturbance of the *Yi* may be a cause or consequence of a Spleen disharmony.
- (4) Disturbance of the *Shen* may be a cause or consequence of a Heart disharmony.
- (5) The Spleen is affected by disharmonies in the Liver, Heart, and Lungs, in accordance with commonly held patterns of propagation among organs (e.g., the *Sheng* and *Ke* Cycles).
- (6) Spleen disharmonies may similarly result in disharmonies in the Lungs, Kidneys, and Heart.
- (7) The Heart is affected by disharmonies in the Kidneys, Liver and Spleen.
- (8) Heart disharmonies may similarly result in disharmonies in the Spleen, Lung, and Liver.

If GAD is the Western diagnosis, some common patterns to consider include:

- (1) Spleen Qi deficiency
- (2) Heart Yin/Blood Deficiency; Heart Fire
- (3) Liver Qi Stagnation, Liver Fire, LR Yin/Blood Deficiency, LR Yang rising (especially with associated migraine)
- (4) Lung Qi Deficiency
- (5) Kidney Yin Deficiency, Kidney-Heart disharmony (Kidney Yin failing to nourish Heart Yin, Heart Fire failing to nourish Kidney Yang).

Note that, of the physical symptoms associated with GAD, irritability is associated with Liver disharmonies; fatigue may be a product of Spleen Qi/Yang Deficiency, Liver Blood Deficiency or Kidney Yang Deficiency; muscle tension is common with Liver disharmonies; problems with mental focus, memory, and sleep go with Heart disharmonies; and a tendency to overreact may reflect a Lung disharmony. Thus, propagation of disharmonies of the Heart and Spleen are consistent, symptomatically, with the Western diagnosis of GAD.

Energy Psychology, TCM, and Hypnosis

The concept of CAM is rapidly being replaced with the idea of integrative medicine. Combinations of therapies, often from diverse disciplines—some CAM, some Western—are being integrated into the mainstream of Western medicine. Modalities that complement and enhance acupuncture and TCM approaches to healing include clinical

hypnosis, energy psychology (as part of the general field of energy medicine), and Qigong.²⁹ By utilizing these modalities, treatments are often more effective and faster than any single modality used alone.³⁰ For example, depending on presenting history and findings on examination, a practitioner might consider an energy psychology technique followed by simultaneous acupuncture and clinical hypnosis.

When dealing with psychologic or psychiatric conditions, an initial assessment of energetic imbalances, based upon the diagnostic methods of TCM, is made with special attention toward what thoughts, feelings, emotions and memories have been, and continue to be, contributing causes. Difficulties arise, at the energetic level, when a persistent, strong emotion has not been acknowledged, processed, and released. In such cases, emotions become endogenous pathogenic factors, capable of causing energetic disharmonies that may lead to symptoms or disease. For example, when a patient presents with prolonged grief and depression after the death of a loved one, a discussion may allow the patient to identify anger as an underlying emotion—anger that the person left them. From a TCM perspective, anger results in Liver disharmony, which frequently manifests as depression. The anger needs to be cleared in order to lift the depression. Energy psychology, especially Emotional Freedom Technique (EFT), is most useful when the patient is ready to acknowledge the underlying emotion and to focus on that feeling.³¹ Energy psychology techniques help to ratchet down, clarify, and clear the emotions that are contributing to the imbalances and the distress.³² EFT involves intentionally experiencing the negative emotion while stimulating a sequence of acupuncture points, allowing the emotion to be released. During the intervention, other feelings, emotions, and memories often register in the patient’s mind. These may be from other recent or even very old experiences that have set up beliefs, attitudes, and expectations in the person. Noticing the residua of previous experiences may help clarify the issues that are contributing to the current intensity of distress. For instance, abandonment as a child may result in an adult reaction that is out of proportion to a loss.

The subconscious mind does not mark the passage of time in a linear fashion. Therefore, any memories and feelings associated with those memories are experienced in the subconscious as if they are happening today. In PTSD, painful emotions are associated with memories of trauma. A recent study has demonstrated that EFT is effective for treating PTSD.³³ The memory remains but the emotions have been released.

Energy psychology and acupuncture work well as a sequence in treating emotional disorders. In one approach, after energy psychology techniques have been utilized, acupuncture needles are inserted at GV20 and *Yintang* to help calm the mind and promote insight. Frequently, at the time of a traumatic event, a natural response is to “close the

gates.” In other words, a self-protective isolation occurs. A consequence is that whatever emotions were present at the time of the trauma become locked-in, unable to be released, resulting in an association between memory and emotion. An acupuncture approach is to open the gates by needling PC 6 (*Neiguan*, Inner Passage) and TE 5 (*Waiguan*, Outer Passage). When there is a need for forgiveness of self and/or others, HT 7 is needled. Issues of anger are helped by needling LR 2, which calms the Liver Fire and LR 3, which helps promote the smooth flow of energy. When there is Liver Fire and Excess Heat, then cupping CV 12 and ST 25 can help disperse Heat. These steps permit the patient to connect better with any emotions that are being brought to a higher level of awareness.

After EFT and acupuncture, addition of hypnosis is often beneficial for identifying repressed memories and blocked emotions. While the needles are working the patient is helped to enter a hypnotic state. Needling CV 5 facilitates induction. It has recently been found that work being done in a light or medium trance state can be more effective than when in a deep trance state. The patient is guided to a safe, private place, usually a place in nature that can be real or imaginary. Once this state is achieved, all the senses are awakened; this helps to focus the hypnotic state. Then, in the mind’s eye the therapy is guided by what was elicited in the information already gathered. When there is a physical issue, that area can be visited and a dialogue set up with this issue, asking why it is there, what emotions are connected with it, and what needs to be done or not done for it to resolve and allow the patient to return to health. The answers come from the patient’s deep inner wisdom and the connections with emotions, memories, and feelings become clearer.

Spiritual Approaches to Healing

TCM is consummately holistic. Body, mind, and spirit are considered to be totally interactive and interdependent. What affects one, affects all. In this framework, the spirit supersedes the existence of body and mind. The spirit is believed to be the ultimate expression of interdependence and, as such, is the part of us which is most connected—connected with God, the Tao, the Universe or however one envisions the guiding forces of Nature. Being so connected, the spirit is the source of wisdom and, ultimately, health.

The human spirit has been a central object of inquiry in Western and Eastern traditions since ancient times. According to modern TCM theory, the human spirit is an energetic opening of the autonomic nervous system. The spirit can be affected negatively by illness; but alternatively, through nurturing and cultivation, can contribute to healing. Disharmonies of the human spirit can be detected by involving all of the practitioner’s six senses: sight; hearing; taste; smell; touch; and intuition.

Spiritual cultivation may be achieved through a number of activities. Classically, these involve doing no harm;

performing noble works; meditating and practicing T’ai Chi, Qigong, or yoga. When spiritual illness persists to the point where treatment is warranted, it is possible to treat all of the physical, mental, and spiritual manifestations through the spiritual axis of healing.

All chronic illnesses and disabilities involve some disorder in the human spirit. Emotional disorders or mental illness, from the Western perspective, correlate with spiritual disharmonies. There are three key techniques that invariably come into play when treating a person for emotional disorders using TCM. First, steps are taken to relieve physical suffering. Second, through the process of cultivation, spiritual energy is nourished and purified. Third, negative energy is transformed into positive energy, thus promoting an energetic balance; the result being harmonization of mind, body, and spirit.

In addition to acupuncture, Qigong, yoga, T’ai Chi, Tui Na, and Chinese herbology are all useful TCM-based modalities for addressing the spiritual components of emotional disorders. Meditation has many medical benefits, as well, and training increases efficacy. There are different traditions and modalities of meditation, including Zen, *Vipassana*, and *Anapayana*.

There are a number of schools and modalities relating to Qigong: Taoist; Buddhist; Confucian; medical Qigong; and martial arts. These modalities involve a combination of breathing, concentration, movement, and phonation. Breathing techniques can be broken down into four simple exercises. Breathing exercise One (Yin nourishing) is beneficial to the Lung, Heart, and Pericardium. This exercise involves inhaling, holding the breath, and exhaling. Breathing exercise Two (Yang nourishing) is beneficial to the Large Intestine, Small Intestine, and Triple Energizer. This exercise involves inhaling, exhaling, and then holding the breath. Breathing exercise Three (reinforcing Yin) is beneficial to the Spleen, Liver, and Kidney. This exercise involves inhaling partially, holding the breath, inhaling again, and then exhaling. Breathing exercise Four (reinforcing Yang) is beneficial for the Bladder, Stomach, and Gall Bladder. This exercise involves inhaling, exhaling partially, holding the breath, and exhaling again. Similarly, there are four basic concentration exercises that can be used in Qigong. “Small Circles” refers to envisioning a cycle of energy movement from GV 4 to GV 20 to GV 28 to CV 6. This exercise energizes the upper and middle Triple Energizer, harmonizes the GV and CV meridians; and empowers Qi. “Big Circles” refers to envisioning the same cycle of energy movement, but, in addition, allowing the energy to flow through the bottom of the pelvis between the Conception Vessel and the Governor Vessel channels. This exercise is mainly for vital energy alignment. Alternating Small and Big Circles refers to practicing each of the Small and Big Circle concentration exercises in alternating succession for mental and spiritual cleansing. Figure of Eight Circles refers to envisioning energy in the Small Circle, and then

envisioning the passage from CV 6 to G V4 as a smaller circle in which energy rotates. This exercise is useful for addressing physical pain, mental grounding, and spiritual energy. Other important Qigong exercises include posture and movement, phonation, color visualization, *mudra* hand positions, mantra chanting, and tree hugging. The health benefits of Qigong can be increased with regular practice, as well as taking part in a Qigong retreats, where daily activities center on Qigong exercises.³⁴

A number of yoga schools exist, including *Hatha*, *Ash-tanga*, *Iyengar*, and *Bikram*. Yoga is useful for strengthening the physical body in a gentle manner, through breathing and postures that enliven Qi throughout the body. Like Qigong, Yoga's benefits grow with regular practice over time.

T'ai Chi, or *Tai Ji Quan*, is a gentle, meditative exercise that provides long-term spiritual benefits. By stimulating the flow of Qi within the body through a sequence of slow movements, body, mind, and spirit become more focused and harmonized. There are many styles, such as *Chen*, *Suan*, and *Wu*.

Tui'na is a type of medical massage and manipulation that involves stimulating various points on the body according to TCM principles. Tui'na is an especially useful modality for children with emotional disorders, as parents can perform the treatments. This enhances emotional stability and provides comfort while promoting spiritual vitality.

Chinese herbal formulas can be used to treat the spiritual component of emotional disorders effectively by providing gentle, direct effects on the body, mind, and spirit, without side-effects. Herbs treat from the inside to the outside of the body, whereas Tui'na and *Tai Ji Quan* treat from the outside of the body to the inside of the body. Chinese herbs are classified in several different ways, and it is customary to prescribe them in herbal formulas, rather than as single substances. Many Chinese herbal treatments are available as powdered extracts. The components complement one another and, together, are used to target specific syndromes.

In TCM, a fundamental aspect of any treatment for emotional disorders is treating the spirit. In most instances, this will provide more-rapid and longer-lasting relief. Treatment for emotional disorders from a spiritual perspective may involve the different modalities outlined above. These, by using a more-holistic and more-natural approach, have the advantage of being free from the harmful side-effects and dependencies of pharmacologic treatment.

General Considerations

For practitioners of Western medicine who add acupuncture and other TCM modalities to their armamentarium, the temptation always exists to extrapolate from one system to another. As has already been mentioned, for any given Western diagnosis, there is usually a range of possibilities from the TCM perspective. Likewise, any given Chinese pattern of disharmony may manifest as a range of Western diagnoses. Taking these relationships into consid-

eration, the respective mappings can be defined in meaningful ways. This approach was demonstrated in the methodology pertaining to Case #1.

Just as acupuncture and Western modalities can be complementary, other CAM approaches integrate well with the TCM framework. This was demonstrated in the methodology pertaining to Case #2. Interestingly, EFT makes use of acupuncture points in an energy psychology approach to releasing negative emotions. Hypnosis is also a very useful adjunct.

Emotions, according to TCM, are a reflection of the state of the Five Spirits. The association between spiritual aspects and the Yin organs is relatively straightforward, in keeping with the concept of holism. Any disharmony of the organ may affect its associated spiritual aspect and, therefore, the emotions involved. Emotional disturbances may, likewise, affect the energetic qualities of the organs. Spiritual cultivation through meditation, *Tai Ji Quan*, Qigong, and yoga all provide avenues for achieving spiritual balance and harmony. Patients with psychiatric diagnoses frequently benefit from these approaches either as stand-alone therapies or as adjuncts to other therapies. As in Case #3, these modalities blend well with other TCM approaches, such as acupuncture. They are also frequently used in combination with Western pharmacologic approaches and methods from other healing traditions.

CONCLUSIONS

TCM is consummately holistic. The mind, body, and spirit are inextricably linked. There are many advantages to viewing psychiatric or emotional disorders through this lens of holism rather than using a more-reductionist approach. Whether premised upon classical concepts of Yin and Yang and Qi or on modern ideas of autonomic modulation, TCM-based therapies do provide relief for patients who suffer from anxiety, depression, PTSD, sleep disorders, and many other conditions that plague the human mind and spirit. The current authors have demonstrated more than one intellectual framework for making use of these powerful tools. Depending on the clinical circumstances, these methodologies may be appropriate as stand-alone therapies or as adjuncts to Western medicine approaches. More clinical studies are needed to quantify efficacy and to determine which method(s) works best for which condition(s). Basic science research is needed to discover the underlying mechanisms.

ACKNOWLEDGEMENTS

Dr. Richard C. Niemtzow's (MD, PhD, MPH) assistance in the preparation of this manuscript is greatly appreciated! His keen editorial eye greatly enhanced our ability to present classical concepts in a modern context.

DISCLOSURE STATEMENT

None of the authors has any commercial association that might create a conflict of interest in connection with this article.

REFERENCES

1. Wichen HU. Generalized anxiety disorder: Prevalence, burden, and cost to society. *Depress Anxiety*. 2002;16(4):162–171.
2. American Academy of Family Physicians. Position Paper: Mental Health Care Services by Family Physicians. Online document at: www.aafp.org/about/policies/all/mental-services.html Accessed March 5, 2013.
3. Agency for Healthcare Research and Quality (United States). O'Connor EA, Whitlock EP, Gaynes B, et al. Evidence Syntheses No. 75: Screening for depression in adults and older adults in primary care. An updated, systematic review. December 2009. Online document at: www.ncbi.nlm.nih.gov/books/NBK36403/ Accessed March 5, 2013.
4. National Alliance on Mental Illness. Statistics—Major Depressive Disorder Among Adults. Online document at: www.nimh.gov/statistics/1mdd_adult.shtml Accessed March 5, 2013.
5. National Alliance on Mental Illness. Statistics—Posttraumatic Stress Disorder Among Adults. Online document at: www.nimh.gov/statistics/1AD_PTSD-ADULT.shtml Accessed March 5, 2013.
6. National Alliance on Mental Illness. Statistics—Panic Disorder Among Adults. Online document at: www.nih.gov/statistics/1PANIC_ADULT.shtml Accessed on March 5, 2013.
7. National Alliance on Mental Illness. Statistics—Bipolar Disorder Among Adults. Online document at: www.nih.gov/statistics/BIPOLAR_ADULT.shtml Accessed March 5, 2013.
8. National Alliance on Mental Illness. Statistics—Obsessive Compulsive Disorder Among Adults. Online document at: www.nih.gov/statistics/1OCD_ADULT.shtml Accessed March 5, 2013.
9. National Alliance on Mental Illness. Mental Health Insurance Coverage: A Guide to State Parity Law. Online document at: www.nami.org/content/ContentGroups/Policy/Issues_Spotlights/Parity/Mental_Health_Insurance_Coverage_A_Guide_to_State_Parity_Law.htm Accessed March 5, 2013.
10. Substance Abuse and Mental Health Administration. Announcement of Final Rule on Implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Online document at: www.beta.samhsa.gov/health_refort/parity Accessed December 2, 2013.
11. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. *World Psychiatry*. 2002;1(1):18–20.
12. Centers for Disease Control and Prevention. Data and Statistics: Stigma of Mental Illness. Online document at: www.cdc.gov/mentalhealth/data_stats/mental-illness.htm Accessed March 5, 2013.
13. van Kleffens T, van Leeuwen E. Physicians' evaluations of patients' decisions to refuse oncological treatment. *J Med Ethics*. 2005; 31(3):131–136.
14. Leclerc E, Mansur RB, Brietzke E. Determinants of adherence to treatment in bipolar disorder: A comprehensive review. *J Affect Disord*. 2013;149(1–3):247–252.
15. National Center for Complementary and Alternative Medicine. The Use of Complementary and Alternative Medicine in the United States. Online document at: www.nccam.nih.gov/news/camstats/2007?nav=gsa Accessed March 5, 2013.
16. National Center for Complementary and Alternative Medicine. Disease Conditions for Which CAM is Most Frequently Used Among Adults for 2002. Online document at: www.nccam.nih.gov/news/camstats/2002?nav=gsa Accessed March 5, 2013.
17. Maciocia G. The Foundations of Chinese Medicine. London: Elsevier; 2005.
18. Ni M. The Yellow Emperors Classic of Medicine, a New Translation of the Neijing Suwen with Commentary. Boston: Shambala; 1995:114.
19. Maciocia G. Principles and strategies of treatment. In: *The Foundations of Chinese Medicine*. London: Elsevier; 2005: 1115–1132.
20. Maciocia G. Principles of combination of points. In: *The Foundations of Chinese Medicine*. London: Elsevier; 2005:1133–1148.
21. Kaptchuk TJ. The fundamental textures: Qi, Blood, Essence, Spirit and Fluids. In: *The Web That Has No Weaver*. New York: McGraw-Hill; 2000:59–66.
22. Lynch DF. Empowering the patient: Hypnosis in the management of cancer, surgical disease and chronic pain. *Am J Clin Hypn*. 1999;42(2):122–130.
23. Spencer R, Beaumont EC, del Carmen M, et al. Acupuncture for chemotherapy-induced nausea and vomiting: A retrospective review of patients' experience at a single institution and a review of the literature. *Med Acupunct*. 2012;24(2):104–112.
24. Eggertson L. Needling toward essential health benefits. *CMAJ*. 2012;184(16):1773.
25. Johnstone PAS, Niemtow RC, Riffenburgh RH. Acupuncture for xerostomia. *Cancer*. 2002;94(4):1151–1156.
26. Burke A, Upchurch DM, Dye C, Chyu L. Acupuncture use in the United States: Findings from the National Health Interview Survey. *J Altern Complement Med*. 2006;12(7): 639–648.
27. Advance Data from Vital and Health Statistics (Centers for Disease Control and Prevention). Barnes PM, Powell-Griner E, McFann K, Nahin R. Complementary and Alternative Medicine Use Among Adults: United States, 2002. Online document at: www.cdc.gov/nchs/data/ad/ad343.pdf Accessed March 5, 2013.
28. National Health Statistics Reports (Centers for Disease Control and Prevention). Barnes PM, Bloom B, Nahin R. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. Online document at: www.cdc.gov/nchs/data/nhsr/hhsr/012.pdf Accessed March 5, 2013.
29. Feinstein D. Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Rev Gen Psychol*. 2012;16(4): 364–380.
30. Schiff E, Gurgevich S, Aspi O. Potential synergism between hypnosis and acupuncture (is the whole more than the sum of its parts?). *Evid Based Complement Alternat Med*. 2007; 4(2):233–240.

31. Craig G. *The EFT Manual*. Santa Rosa, CA, USA: Energy Psychology Press; 2011.
32. Swingle PG, Pulos L, Swingle MK. Neurophysiological indicators of EFT treatment of posttraumatic stress. *Subtle Energies Energy Med*. 2004;15(1):75–86.
33. Karatzias T, Power K, Brown K, et al. A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder—eye movement desensitization and reprocessing vs. emotional freedom techniques. *J Nerv Ment Dis*. 2011;199(6):372–378.
34. Aung SKH. Breathing and concentration techniques. In: *Aung Medical Qi Gong, vols. 1, 2nd rev ed*. Edmonton, Alberta, Canada: College of Integrated Medicine; 2000:34–48.

Address correspondence to:

Richard F. Hobbs, III, MD, FAAFP, FAAMA
Plum Blossom Acupuncture and Integrative Medicine
121 Silver Street
Waterville, ME 04901

E-mail: rhobbs@dartmouth.edu