

# Acupuncture for Depression and Psychological Disorders

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## Abstract

*Acupuncture therapy has been known as a practice related to oriental medicine, and recently has been detected as a potential therapeutic tool for which there is good scientific evidence. Depression and anxiety are usually classified as mental illnesses and it is more useful to think of them as disturbances in brain health, which is directly related to the physical makeup and brain mechanisms and emotional and relational issues. The ancient Chinese practice of acupuncture could be used for the treatment of depression and anxiety, instead of drugs. The purpose of this review was to summarize the existing evidence on acupuncture as a treatment for anxiety and depression. Search of the literature on acupuncture treatment was limited to specific mental health conditions: depression and anxiety disorder. The literature review focused on systematic reviews. Search focused on the latest versions. The available resources provide some evidence that acupuncture is an effective treatment for these conditions. The findings of the studies show that acupuncture can play an important Role in the treatment of depression and anxiety.*

## INTRODUCTION

Acupuncture is one of the most popular complementary and alternative therapies. Acupuncture is a treatment method that originated more than 3,000 years in China and practiced in most of the world. This method is often used as a routine therapy in China, Japan, Korea and Taiwan, and since the late 1970s has gained popularity in the United States and elsewhere in the western world. [1] Acupuncture is increasingly used in psychiatric disorders. The effect of acupuncture in depression (including depressive neurosis and depression following stroke) has been repeatedly demonstrated in controlled studies. [2-7] Traumatic stress disorder develops after a stressful event or situation which has an exceptionally threatening or catastrophic nature, which is likely to cause significant discomfort. Stress disorder classified as an anxiety disorder and is usually defined as the clustering of three clusters of symptoms, ie, revival, marked avoidance, and hyperarousal. [8,9]

A high-quality RCT evaluated the effect of acupuncture in cognitive behavioral therapy and a waiting list

control. [10] No statistical difference was observed between acupuncture and behavioral therapy. But acupuncture therapy was statistically superior to waiting list control in four outcome measures. The high quality RCT showed that acupuncture had a statistically significant effect compared to a control queue, although no statistical difference was found between acupuncture and behavioral therapy. Also, the therapeutic effect of acupuncture was similar to treatment with behavioral therapy-based test. Kim et al [11] conducted a systematic review and meta-analysis of the effectiveness of acupuncture for stress disorder with 4 RCT (n = 543) and 2 uncontrolled clinical studies (n = 103). The review included patients with stress disorder regardless of gender, age, ethnicity or external therapy clinics or inpatient treatment. Interventions evaluated were classical acupuncture, electro acupuncture and auricular acupuncture and acupuncture combined with moxibustion. Comparison was made for acupuncture and its variants to controls without treatment, acupuncture and virtual conventional therapies for patients with stress disorder. The results were evaluated using

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the respective scales of stress disorder, as clinician administered stress disorder scale, the scale and scale depression anxiety. The final results points are not clearly defined. Duration of treatment varies in tests 1-12 weeks. The main findings of this review were: no statistically significant difference was found between acupuncture and cognitive behavioral therapy, but acupuncture was statistically superior to waiting list control. No difference was observed between the group of acupuncture and oral selective serotonin reuptake-inhibitors. Clinical and experimental data suggest that at least some of acupuncture clinical effects mediated by the central nervous system. Functional MRI studies on acupuncture on specific acupoints have not shown significant regulatory effects in the limbic system and subcortical structures. Functional MRI reducing neuronal signal to the limbic system is not surprising in view of the therapeutic effects of acupuncture for disorders including stress disorder, anxiety, depression, and substance abuse. Hui et al noted that the stimulation of acupuncture at a specific acupuncture point (ST36) produced a reduction in neuronal activity, especially the limbic and paralimbic structures and limbic brain regions.[12-16]

Smith, Hay and MacPherson[17] systematically reviewed 30 published and unpublished randomized trials with 2,812 participants. The systematic review comparing acupuncture with sham acupuncture, no treatment, medication and other psychotherapies or usual care. Patients groups differed in each reviewed studies, however most of the clinical studies with male and female and focused on hospitalized patients with a clinical diagnosis of depression or depression with co-morbidity. The meta-analysis included the following conditions: depression, depressive disorder, dysthymic disorder. The details include acupuncture needle acupuncture, laser and electro acupuncture. The comparator arm in the studies varied and included a number of methods, such as invasive and non-invasive acupuncture control, mock electro acupuncture, laser acupuncture model, without treatment, medication and structured psychotherapy. Majority of the trials compared manual and electro acupuncture with medication. The primary endpoints were the reduction in severity of depression, measured by self rating scales or a clinician rating scales and an improvement in depression defined as remission versus any recession. Secondary outcomes evaluated variable in the different trials were quality of life indicators

such as sleep, emotional outcomes, adverse events and change of use of drugs. Acupuncture compared to waiting list control (2 RCT), and acupuncture versus sham acupuncture (1 RCT) have shown promising results in reducing the severity of depression, but the number of trials was very low. The bias for the two trials in acupuncture and waiting list control was low. The tests in this review, which compared manual and electro acupuncture with drugs found no difference between groups. Two studies found that acupuncture combined with drugs are more beneficial alone medication. The findings of this study was overall similar to findings from previous systematic reviews done by Mukaino et al.[18] and Leo et al.[19]. Pilkington et al.[20] conducted a systematic review of the effectiveness of acupuncture for anxiety and anxiety disorders in 12 controlled trials (n = 1.134). Studies included 10 RCT (n = 1.010) and 2 non-randomized clinical studies (n=124). Four randomized controlled studies were performed in patients with generalized anxiety disorder and anxiety neurosis and six randomized trials were conducted in patients with status anxiety. Majority of these trials were of short duration (4-6 weeks). Studies include TCM, western acupuncture and acupressure acupuncture and evaluated in conjunction with other treatments such as medication, behavioral desensitization, biofeedback and relaxation etc. Patients in adults and in children with anxiety or anxiety disorders both inpatient hospital outpatients' facilities. The results in patients with generalized anxiety indicate that efficacy of acupuncture is comparable to drug therapy. Brattberg[21] explores Emotional Freedom Technique results with fibromyalgia, and Karatzias et al.[22], to investigate Tapping results with stress disorder, both used the Hospital Anxiety and Depression Scale and found very significant improvement before / after treatment both anxiety and depression. An RCT investigating the use of Tapping in depression therapy students showed that after four group sessions 90 minutes on foot, the average score for the Inventory Depression Beck went well at the range moderate depression to well below the cutoff depression. The strong statistical significance and the large size of the effect in this study confirms a number of uncontrolled reductions up studies on depression and other measures following group Tapping treatments. Surprising finding was reported by Rowe[23] was that a watch Tapping workshop produced significant, permanent reductions in the severity of the

psychological symptoms of participants, as measured on a standardized self report. Rowe Derogatis used the Symptom Checklist to measure global changes in psychological functioning after participating in 18-hour Tapping weekend workshop where participants self-implemented method as a way of learning is. The Symptom Checklist was administered to 102 participants one month before the workshop at the beginning of the workshop, at the end of the workshop, a month after the meeting, and six months after the workshop. A highly significant reduction ( $p < 0.0005$ ), found from the pre-workshop to post-workshop for all measures of psychological distress (depression, anxiety, compulsive, somatization, hostility, paranoia, interpersonal sensitivity, phobic anxiety and psychotism). Scores decreased anxiety continued during the six-month follow-up. Subsequent studies by the Church and Brooks[24] and Palmer-Hoffman and Brooks[25] which was built in this project support and multiply the findings of Rowe. Church and Brooks[24] administered Symptom Checklist at healthcare workers in five separate conferences. Each participated as part of the conference, an Tapping workshop four hours that included two hours training and two hours of self-application. As with Rowe, differences before and after test was highly significant ( $p < 0.001$ ) for symptom scales, and global severity index. Also as with Rowe, most of the improvements carried out in the monitoring. Palmer-Hoffman and Brooks [25] granted participants in four additional Tapping workshops ( $n = 207$ ), each driven by a different professional, and also found strong pre and post differences immediately after the workshop ( $p < .001$ ) and for monitoring.

### CONCLUSION

The findings of these studies suggest that acupuncture could play an important role in the treatment of depression and anxiety.

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