

Literature Review: The Efficacy of Acupuncture in Treating Depression

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Depression is a major public health problem and epidemiology studies indicate that up to 30% of primary care patients have depressive syndrome in the United States ⁽¹⁾. It affects people of all age, races and ethical groups. AS one of the major alternative therapies, acupuncture is becoming well accepted in America. How about acupuncture applied to treat depression? The related literature is limited.

Although ancient literature recorded numerous effective acupoints for “Yu Syndrome”, which is similar to what nowadays is called Depressive Syndrome, not many clinical trials have been conducted. The earliest report was seen in 1984. He-Chun Luo observed electro-acupuncture applied to treat 19 cases of depression ⁽²⁾. In the trial, the acupoints of Baihui (GV 20) and Yintang (Ex.) were selected by obliquely inserting 1 cun, the electric amount averaging 8 – 9 mA and the frequency being 80 – 100 times per minute lasting for one hour each session. The successive reports ^(3,4) suggested that acupuncture had significant efficacy compared to Tricyclic Amitriptyline, which was confirmed by the Hamilton Depression Scale. In the late report, the study was performed with double blind control and the subjects increased up to 133 cases. Dong ⁽⁵⁾ assessed the effects of acupuncture on reducing anxiety and depression in patients with chronic diseases. This study was conducted on 68 subjects, 11 with anxiety, and 8 with depression. Results were scored on the Hospital Anxiety & Depression Scale. The results indicated there were highly significant changes in the levels of anxiety and depression pre- and post-acupuncture, demonstrating that acupuncture is an effective method for their control. Yang ⁽⁶⁾ reported on a group of 20 patients diagnosed with mental depression, who were treated by needling extra channel points with an effective rate of 90%; comparison of these with 21 controls treated with Amitriptyline showed no significant difference in effect ($P>0.05$). Evaluation according to Hamilton’s scale in both the needling and the control groups showed obvious decrease in the mean value, and the changes in anxiety somatization was markedly significant in the needling group as compared with that in the control group ($P<0.01$). The scale includes the factors of anxiety somatization, cognitive disturbance, retardation, sleep disturbance and feeling of despair. The studies revealed that after 6 weeks of needling the power of slow wave delta decreased while that of the fast wave alpha increased, all significantly different as compared with the values before and during that treatment ($P<0.05$).

Russian scholars reported on neurophysiologic changes during the treatment of endogenic depression by acupuncture ⁽⁷⁾. Superficial EEG and visual evoked potentials (EP) were studied in 28 patients with endogenous depression treated with acupuncture. A stepwise development of the acupuncture effect was determined. The first stage is that of

unspecific activation of EEG and EP changes, correlating with activating and stimulating clinical effects. At the second stage, clinical improvement with proportional reduction of all the components of the depressive syndrome, run parallel to the normalization of neurophysiological indices.

The research also found that acupuncture was applied to depression with alcoholism. A report ⁽⁸⁾ on 33 patients with associated alcoholism and depression syndrome was examined. After the acupuncture treatment, the depression symptom was removed in all cases, excluding endogenous depression. The alcoholism symptoms disappeared simultaneously. The author regarded acupuncture as the combined treatment of patients suffering from associated alcoholism and depression. A Bulgarian scholar reported on a controlled study of the use of body acupuncture for treatment of alcoholism dependence and withdrawal syndrome ⁽⁹⁾. This report revealed that depressive symptoms were found in 55.9% of all subjects before treatment, expressed primarily as dysthymia, diminished volition and working capacity, sleeping disorders, and dominating thoughts characterized as “futurelessness”. Improvement was found to be significant after treatment ($P < 0.001$).

Acupuncture was also applied to treat post stroke depression. Hou reported on 30 cases with a 90.0% efficacy rate of electro-acupuncture on Baihui (GV 20) and Yintang (Ex.) compared to 56.7% with traditional acupuncture ⁽¹⁰⁾. Liu ⁽¹¹⁾ applied the “regulating marrow method” to treat post-stroke depression. The major points included Baihui (GV 20), Fengchi (GB 20), Fengfu (GV 15) and upper Yintang (Ex.). The total efficacy rate was 80.00%. Song ⁽¹²⁾ reported treating post-stroke depression with scalp acupuncture. Parietal Middle Line, 1st Frontal Middle Line, Lateral Frontal Line (left) and 3rd Lateral Frontal Line (bilateral) were selected. The needles were retained for 2 hours and the treatment was given once a day. Statistical analysis of the therapeutic efficacy rate was 89.7% and the duration ranged from 45 days to 18 days with the average 26 days, which was much better than the control group.

The most recent research on acupuncture applied in treating depression was done by the Arizona Psychologists ⁽¹³⁾. The effectiveness of acupuncture as a treatment for major depression was examined in 38 women, randomly assigned to one of three treatment groups. Following treatment specially designed to address depression, 64% of the women experienced full remission. A comparison of the acute patients receiving an 8-week treatment showed significantly more effect than those receiving the placebo-like nonspecific acupuncture treatments, and marginally more than those in the wait-list condition. Results suggested that acupuncture could provide significant symptom relief in depression, at rates comparable to those of psychotherapy or pharmacotherapy. The authors suggested that acupuncture may hold sufficient promise to warrant a large scale clinical trial.

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