

The Treatment of Major Depressive Disorder with Acupuncture

Maureen C. Kenny
Laura Blitzer
Florida International University

Daniel J. Atchinson-Nevel
Healing Arts Group, Miami, Florida

American Psychological Association Annual Convention 2003

Abstract: Despite physicians and teachers' status as mandated reporters of child abuse, they often fail to report abuse. Estimates claim that approximately one third of possible child abuse cases remain unidentified and unreported. This study utilized a sample of 56 recently trained physicians and teachers in order to compare their rates of child abuse reporting as well as their responses to case vignettes of abuse. Differences emerged between the groups with physicians making significantly more reports of child abuse and assisting in the reporting in child abuse significantly more often than teachers. The training of both professionals was compared and in general the physicians reported receiving more adequate training in child abuse. The implications of the research will be discussed.

Introduction

Until recently, depression was treated almost exclusively with medication, some form of traditional therapy or a combination of the two. The development of new therapies, including those considered unconventional, have permitted sufferers of depression to explore new avenues for treatment and relief. According to Eisenberg, et al. (1998, 1993), the use of unconventional therapies, including those that can impact depression are widespread. In particular, the use of acupuncture to ameliorate depressive symptomology has grown in recent years and has begun to be studied in controlled settings (Allen, Schnyer & Hitt, 1998). Among categories of interest that speak to the increasing popularity of complementary and alternative medicine, exist issues regarding a quality life (Jonas, 1998). In view of the fact that depression can have such an enormous impact on quality of life, it behooves researchers to investigate the degree of that impact from the perspective of the person experiencing the depression. It is also relevant that components of what is labeled "unconventional" treatment, be explored through responsible and appropriate methods (Fontanarosa & Lundberg, 1998).

This pilot investigation sought to assess the utility of acupuncture's extraordinary vessels in the treatment of major depression. Depression as a disease entity and psychology as a field of study have not existed in Chinese medical thinking. Chinese medical philosophy does not separate the soma and non-soma (body and mind) in a way that required a separate discussion of the psyche. It has instead, historically observed and routinely outlined, a sophisticated and detailed accounting of soma/non-soma co-occurrences or interactions. Inherent in all Chinese medical discussions are two constructs relative to the soma/non-soma. The first addresses somatic aspects of what are primarily non-somatic (psychological) illnesses and the second speaks to non-somatic (psychological) aspects of what are primarily somatic illnesses.

The emphasis in an Extraordinary Vessel understanding of depression is on the disturbance of Yin/Yang and the free flow and maintenance of Qi as they manifest in the performance of the body's fundamental energetic functions of: protection, assimilation, incorporation, discharge, storage, and distribution (Atchinson-Nevel & Blitzer, 1998). People who experience depression often demonstrate signs and symptoms, both subtle and extreme, that include distortions of multiple organ systems. It is not unusual, for example for depressed patients to present themselves with repletions and/or vacuities in the kidney, spleen, liver, lung, and heart at the same time. Some of the primary indications for the use of the Extraordinary Vessels are:

When clients are exhibiting the *chasing syndrome*, with signs and symptoms moving from one organ system and channel to another.

When clients have a large amount of vague and diffuse symptoms, that cross over into multiple organs systems and channels.

When the clients non-somatic signs and symptoms closely match the signs/symptoms of the extraordinary vessel.

When clients express or language their symptoms in a way that closely matches associations with the extraordinary vessels. (Atchison-Nevel & Blitzer, 1998, p. 66)

Method

Participants

Participants were recruited through a newspaper advertisement which mentioned acupuncture treatment for depression. Twenty five men and women were pre-screened using a telephone interview which briefly assessed history of depression and present symptomatology. Inclusion criteria consisted of presently experiencing depression. Exclusion criteria included taking psycho tropic medication, certain medical conditions, and currently receiving mental health services. Those who meet these criteria, were administered the Beck Depression Inventory and the Reynolds Depression Inventory. A total of ten men and women between the ages of 34 and 66 qualified for the study.

Measures

The Reynolds Depression Screening Inventory (Reynolds & Kobak, 1998) consists of 19 questions with a forced choice response.

The Beck Depression Inventory (Beck,) is the most widely used measure of adult depressive symptomatology and its psychometric properties have been demonstrated.

Procedure

After consent was obtained, participants completed the BDI and the Reynolds initially and then every other week before receiving the acupuncture treatment. Treatments were administered twice a week for the first four weeks and then once a week for the final four weeks. Participants were administered the SCID after their last acupuncture treatment. The SCIDS were administered by the first author (a clinical psychologist) and a two graduate students in psychology, under the supervision of the first author. The students had over 20 hours of training on the SCID.

Results

A t test revealed significant differences between the pre and post Beck Depression Inventories ($t=5.83 (7), p=.001$). A t test also revealed a significant difference between the pre and post test Reynolds scores ($t=3.827 (7), p=.003$). Thus, the subjects who completed the acupuncture treatments reported significantly less depressive symptoms. Additionally, none of the participants meet criteria for Major Depressive Disorder at the conclusion of the study.

Conclusion

This study demonstrates the effectiveness of acupuncture as a viable treatment for depression. However, given the small sample size, the study needs to be replicated with a larger sample.

Conclusions drawn from both qualitative and quantitative reporting may offer influence in some or more of the following ways: 1) persons who experience major depressive episodes may have another avenue to pursue as they seek immediate relief and possibly long-term care in treating the disorder; 2) persons who have tried traditional treatments such as medication and found them ineffective, or can't take them or don't wish to be medicated, may also find relief in unconventional practices; 3) quality of life issues may be impacted positively; 4) participants may find new, perhaps better or more effective ways, to interact with health care providers. Any or all of these potential improvements could also positively influence the overall approach to providing for the health and well-being of those who experience major depressive episodes. This information would suggest that additional studies in related areas be engaged with similar populations.

References