

Can Chinese Herbs Help Clients with Depression? Part I

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Depression is a mood disorder characterized by feelings of sadness, discouragement and despair. All of us have experienced such feelings at one time or another: perhaps after a death, a major disappointment, or other trauma. This is a natural and healthy response, and most of us overcome these feelings in time. However, when these feelings occur without any precipitating factors and are persistent, depression has set in.

Over 28 million Americans (*Textbook of Natural Medicine*, p. 1040) take antidepressant and anti-anxiety agents. This is truly an astounding figure. Depression is among the most common of behavioral disorders. Some have even said that it is the "common cold" of psychiatric/psychological problems (*What You Need to Know About Psychiatric Drugs*, p. 23). In 1994, it was reported that 17.1% of the general American population had a lifetime history of a major depressive episode (*Archives of General Psychiatry*, 1994;51:8-19). Major depression is one of the 15 leading causes of disability in developed countries and is projected to become the second leading cause of disability worldwide by 2020 (*Lancet*, 1997;349:1498-1504).

From another viewpoint, since publication of the *Diagnostic and Statistical Manual* in 1959, the bible of American psychiatrists, the number of "psychiatric" and "behavioral disorder" cases has increased exponentially. The inference is that a good portion of these individuals have not been diagnosed, but merely labeled. By diagnosis, one means that an actual cause is found for the presenting emotional symptoms.

There are many diseases that have psychological manifestations as part of their symptomatology. For example, persons with Brill-Zinsser disease, also known as recrudescence of rickettsial infection, often show signs of paranoia and despondency. The disease is due to a rickettsial pathogen that lies dormant for years, then resurfaces to cause rash; fever; headache; and emotional problems such as paranoia, despondency and hopelessness. In addition to laboratory tests, the key to diagnosis is the often cyclical onset of these symptoms. Clearly, treatment with antidepressants and anxiolytics does not relieve the condition; only antibiotic therapy does. Other frequently misdiagnosed "emotional" problems include "hyperactivity" caused by low-level carbon monoxide toxicity; "conduct disorder" due to asymptomatic beriberi; and even "anxiety" from a thyroid disorder. Therefore, when a person goes to the doctor complaining of an emotional difficulty, in all likelihood he or she will be quickly prescribed a medication to "relieve" the difficulty, instead of being carefully diagnosed to ascertain the root cause.

As Chinese medicine practitioners, we can learn a valuable lesson from this. When diagnosing a patient, we do so through the four techniques of looking; listening and smelling; asking; and palpating. These techniques should be applied across the board to all patients, whether they present with an organic symptomatology or with emotional problems. In Chinese medicine, emotional presentations

are treated just like any other disease, since the seven emotions are intimately connected with the health of an individual. The health of the emotions affects the health of the physical body, and vice-versa. In biomedicine, only in recent years has this concept become more accepted, with increasing research focusing on the mind-body connection. Of course, in Chinese medicine this is established empirical knowledge that is now a fundamental part of diagnosis and treatment.

In this article, we discuss how depression is treated with Chinese herbs. In particular, we address how herbs should be administered to individuals who are also taking pharmaceutical agents such as antidepressants and anxiolytics. Recently, this has become an issue of intense concern in the biomedical community. As practitioners, we should be aware of this and make every effort to work with patients that take such medications.

Biomedical Perspective of Depression

Symptomatology

There are several types of depression, ranging from the normal "blues" to mild depression (dysthymia) to major depression. Normal depressed mood is a healthy reaction to loss or change. It often provides impetus for one to make changes that will render the new situation bearable. Persons with more debilitating depression have feelings of doom and gloom, despair and hopelessness. They also experience crying for no apparent reason; loss of appetite; fatigue; difficulty concentrating; and insomnia. Another typical complaint is loss of interest in activities the person previously found pleasurable. For some, thoughts of suicide are prevalent. Persons with manic depressive illness, or bipolar disorder, exhibit alternating bouts of depression with episodes of intense excitement and mania. Those with psychotic depression, an extremely severe form of depression, often have psychotic symptoms such as hearing voices (auditory hallucinations) or delusions.

Etiology

Depression can be either primary or secondary in occurrence. Primary depression comes about without other precipitating physical conditions or diseases, whereas secondary depression is usually the development of preexisting physical or mental disease, or of medications. The precise pathogenesis for the cause of primary depression is unclear. Biopsychosocial factors including heredity; stressful life events; personality type; and gender (women have a higher incidence of depression) may interact with each other to cause depression. Research is currently underway to elucidate the biological underpinnings of depression.

Secondary depression can be caused by a medical condition; pharmaceutical medications; recreational drugs; and even by other psychiatric disorders. Physical problems that can lead to depression include infectious diseases, endocrine problems and neurologic conditions, as well as nutritional deficiencies and cancer. Medications that can cause depression include steroids; amphetamines; certain antibiotics; and narcotic analgesics, among others. Compounding the problem is the fact that discontinuing certain medications can also lead to depression. Psychiatric conditions that often have depression as a symptom includes anxiety disorders; schizophrenic disorders; an antisocial personality; and alcohol and substance abuse disorders. Therefore, one cannot overstate the importance of a thorough diagnosis whenever a patient presents with signs of depression. The depression can often be concomitantly resolved by treating the somatic illness.

