

# Acupuncture and Drugs Found Equally Effective For Mild Depression

Published by [HealthCMI](#) on 25 May 2018



Guangdong Province Traditional Chinese Medicine Hospital researchers find acupuncture with moxibustion produces similar positive patient outcomes rates as the drug paroxetine for treatment of mild to moderate depression. In the study, true acupuncture produced similar results as paroxetine (a selective serotonin reuptake inhibitor, SSRI) and significantly outperformed a

sham acupuncture control group. A total of 105 patients met the eligibility criteria and were randomly assigned to three study groups (acupuncture, paroxetine, control).

The acupuncture group received an integrated acupuncture program of standard acupuncture, moxibustion, and intradermal needling. The acupoints GV20 (Baihui), MHN3 (Yintang), GV26 (Shuigou), PC6 (Neiguan), LI4 (Hegu), and LV3 (Taichong) were selected. Following disinfection, LI4 and LV3 were needled first. Size 0.35 × 25mm filiform needles were selected and inserted perpendicularly to a depth of 10–12mm. GV20 and Yintang were then needled obliquely at a 15 degree angle to a depth of 10–12mm. Finally, GV26 and PC6 were needled perpendicularly to a depth of 10–12mm. All needles were then uniformly manipulated to obtain deqi. Needles were retained for 30 minutes with mild reinforcing–reducing manipulation (Ping Bu Ping Xie) applied every 10 minutes (a total three manual stimulation applications).

In addition to the above points, Yin Qi Gui Yuan abdominal acupuncture was used. This method employs the points CV12 (Zhongwan), CV10 (Xiawan), CV6 (Qihai), and CV4 (Guanyuan). With the patient in a prone position, needles were inserted perpendicularly to a depth of 10–12mm, without manually stimulating the needles to obtain deqi. Needles were retained for 30 minutes.

Moxibustion was applied to the Sihua (four flowers) points: BL17 (Geshu), BL19 (Danshu). Moxa cones were sized at 0.2cm in height with a bottom diameter of 0.1cm (approximately the size of a sesame seed) with a burning time of 2–3 seconds. A cotton swab was used to apply a small amount of Diedo Wanhua oil to the moxa bonding point. The moxa was then applied and ignited. Once the patient felt a hot sensation, the operator quickly removed the moxa by hand. Two moxa cones were burned on each point.

Following disinfection, granular intradermal needles were inserted with tweezers to the points BL15 (Xinshu) and BL18 (Ganshu). Needles were inserted subcutaneously toward the spine to a depth of 5–8mm with the needle handle retained on the skin surface. The needles were secured with medical tape, using  $0.5 \times 0.5$ cm tape under the needle handle and  $1.5 \times 1.5$ cm tape on top. Needles were retained for 2–3 days until the next treatment. Treatment was administered twice per week, at intervals of 48 hours or more. Four weeks made up one course of treatment and two courses were administered, for a total of 16 treatments.

For patients in the drug group, paroxetine hydrochloride was orally administered with a starting dose of 20mg per day. After 2–3 weeks, the dosage was increased according to the each patient's individual reactions. Dosage was increased by 10mg weekly to a maximum of 50mg per day over the course of eight weeks. The patients were treated for a total of eight weeks.

## **Results**

The results were evaluated using the Hamilton Rating Scale for Depression (HAMD-17) to assess depressive symptoms, and Short Form 36 (SF-36) to assess overall quality of life. SF-36 rates eight different parameters: physical function (PF), physical limitations (RP), physical pain (BP), general health (GH), vitality (VT), social function (RE), mental health (MH). Assessments were carried out at four, eight, and twelve weeks following treatment.

## **Summary**

The total effective rate of the three groups was compared. The integrated acupuncture and moxibustion group had an 84.3% total effective rate, the paroxetine group had an 86% total effective rate, and the sham acupuncture and moxibustion group had a 42% total effective rate. The difference between the integrated group and paroxetine group was not statistically significant ( $P>0.05$ ) and both were better than the sham acupuncture placebo control ( $P<0.001$ ).

There were fewer adverse effects in the true acupuncture integrated group, with one case of a hematoma and four of blistering due to moxibustion. In the paroxetine group there were four cases of palpitations, seven of dry mouth, two cases of loss of appetite, four of dizziness, two of constipation, and one patient cut his finger (possibly due to dizziness caused by the drug). Paroxetine and acupuncture produced similar positive patient outcome rates and acupuncture had a significantly lower adverse effect rate. [1]

The results indicate that acupuncture is a reasonable treatment option for patients with mild to moderate depression. To learn more, please contact local therapists or licensed acupuncturists to learn more about treatment options.

### **Related Research**

In related research, acupuncture was found effective for alleviating insomnia and depression. [2] Ye et al. find acupuncture 90% effective for improving total sleep duration and sleep quality for patients with depression. Alleviation of insomnia directly correlated to improvements in the mental and physical health of the study participants. Acupuncture treatments lowered relapse rates and produced similar clinical results as antidepressant medication without any adverse effects.

Two groups were compared: group one received acupuncture and group two received oral mirtazapine pills (an antidepressant medication). Acupuncture achieved a 90% total effective rate and mirtazapine achieved a 92.5% total effective rate. Insomnia due to depression (termed depressive insomnia in Traditional Chinese Medicine), is characterized by difficulty falling asleep, dream disturbed sleep, general insomnia, and severe emotional fluctuations. Additional symptoms include major depression, loss of appetite, fatigue, chest tightness, manic states, hypochondriac region pain, and excessive pessimism.

Hamilton Depression Rating Scale (HAM-D) results measured significant improvements in both the acupuncture and drug therapy study groups. The acupuncture group demonstrated a 9.7% HAM-D score improvement within one month of treatment and by 36.2% within three months. The drug group demonstrated a HAM-D score improvement of 15.9% within one month and 32.5% within three months. The acupuncture group achieved a 90% total effective rate and the drug therapy group achieved a 92.5% total effective rate.

Regarding study design, the drug therapy group received 20mg doses of mirtazapine tablets orally at a rate of once per day, for three months. The acupuncture group received acupuncture treatments every other day. An exception was made for extreme cases of depressive insomnia—these patients received acupuncture at a rate of once per day. Treatments were applied over a three month period.

Acupuncture group patients received an acupuncture point prescription comprised of a set of primary acupuncture points for all patients and a set of secondary acupuncture points for specific differential diagnostic conditions. The primary acupoints were the following:

- Shenmen (HT7)
- Sanyinjiao (SP6)
- Yintang (MHN3)

For patients with liver qi stagnation, Taichong (LV3) and Yanglingquan (GB34) were added. For patients with heart and spleen related disorders, Zusanli (ST36) and Jianshi (PC5) were added. Manual acupuncture stimulation was applied to elicit deqi followed by a 30 minute needle retention time. During the needle retention period, manual needle stimulation was applied every 10 minutes using lifting and thrusting techniques for sedation and tonification. The researchers conclude that acupuncture significantly improves sleep time and quality while also improving the overall mental and physical health of patients. Acupuncture did not cause any adverse effects and significantly reduced the relapse rate for depressive insomnia.

## *Notes*

[1] Wu Guanghai, Fu Wenbin. “Clinical Study on Improving the Quality of Life of Patients with Mild to Moderate Depression by Acupuncture and Moxibustion” *Guangzhou University of Chinese Medicine*, R246.6. (2017).

[2] Ye GC & Yan H. (2014). *Therapeutic Observation of Acupuncture for Depressive Insomnia*. *Shanghai Journal of Acupuncture and Moxibustion*. 55(6).