

## **Chinese Medical Psychiatry by Bob Flaws and James Lake, MD**

Below is the Preface to Mr. Flaws' latest book, on Chinese Medical Psychiatry:

### **Preface**

According to the National Institute of Mental Health, 22-23% of the adult U.S. population has a diagnosable mental disorder during any one year period, while 28-30% have either a mental or addictive disorder. Based on these statistics, mental-emotional disorders form a large segment of disease within modern health care, thus presenting clinicians of all kinds with a huge challenge. This book is a textbook and clinical manual of Chinese medical psychiatry (zhong yi jing shen bing xue). It is intended for students and professional practitioners of acupuncture and Chinese medicine. Western psychiatrists may also find this book a valuable reference when treating patients who are also being seen by Chinese medical practitioners. It has been co-authored by a Chinese medical practitioner (Bob Flaws) and a board-certified Western psychiatrist (James Lake). In general, Bob Flaws is responsible for all Chinese medical materials in this book, and James Lake is responsible for all Western medical materials included herein.

This textbook is subdivided into three sections or Books. Book 1 deals with the introductory and theoretical materials that are a necessary prerequisite for understanding and using the treatment protocols contained in Books 2 and 3. Book 2 covers the disease causes and mechanisms, patterns and their treatments of 21 traditional Chinese medical psychiatric diseases. These include such diseases as susceptibility to fear and fright, plum pit qi, running piglet, visceral agitation, and lily disease. Book 3 covers the treatment based on pattern discrimination of 12 modern Western medical psychiatric disorders. Most of these are disease categories currently recognized in both the West and the People's Republic of China, at least provisionally for investigative purposes. However, one of these, psychological disturbances due to erroneous qigong, is a diagnostic label currently used only in China. Acupuncture and Chinese medicinal treatments with their modifications are described under each pattern of each disease in both Books 2 and 3.

The dominant system of medicine in the world today is, for the purposes of this book (and following Chinese precedents), simply referred to as Western medicine (xi yi). This is also sometimes called allopathic medicine, conventional Western medicine, modern Western medicine, or biomedicine. The most commonly practiced professional system of non-Western medicine in the world today is Chinese medicine (zhong yi). This system is also sometimes referred to as Oriental medicine (dong yi) and traditional Chinese medicine (TCM). Within this book, we commonly refer to this system as standard professional Chinese medicine. Both Chinese and Western medicines are the enduring and widely employed systems of medicine they are because they consistently produce desirable clinical benefits for a range of medical and psychiatric disorders. Both systems of medicine are founded on conceptual roots that date to antiquity. Nevertheless, both also continue to evolve over time.

Chinese and Western medicine have developed out of rational and empirical approaches reflecting diverse ways of conceptualizing the body and identifying and measuring effects of various internal and external factors on health and illness. This process has resulted in systematic differences in defining, diagnosing, and treating illness and corresponding differences in ways practitioners trained in these two systems construct subjective complaints or symptoms and objective signs into named disease or disorders. Therefore, these two disparate healing systems employ different conceptual models and empirical methods to identify, understand, and treat various groups of symptom or disorders. In this regard, it is important for the Chinese medical practitioner to realize that Western psychiatry assumes a biological basis for most common symptom groupings categorized as psychiatric disorders, including schizophrenia, bipolar disorder, major depressive disorder, and many anxiety disorders. The Western medical model further assumes that these largely biologically determined disorders typically manifest as similar groups of symptoms across diverse cultures. In fact, epidemiological studies demonstrate that this is the case with respect to several common psychiatric disorders. This observation is of central importance to Western practitioners of Chinese medicine because it supports the argument that, when Chinese medical treatments used in The Peoples Republic of China are effective in the treatment of groups of symptoms associated with psychological distress, it is reasonable to infer that similar treatments will yield successful outcomes in non-Chinese patients living in Western countries who manifest similar symptom patterns.

We believe that the continuing evolution of Chinese and Western medicines has, in general, resulted in the refinement of their diagnostic and treatment approaches toward greater efficacy over a period of not less than two millennia of trial and error, clinical experience, and research. In parallel with this progress, ineffective or harmful treatments have been progressively abandoned or modified into treatments that yield more desirable outcomes. As part of this evolutionary process, each system of medicine has received conceptual input from the other. Such cross-fertilization has occurred several times over many centuries. For instance, the Galenic medicine, theriacum, traveled east during the first millennium at roughly the same time Chinese pulse examination traveled west. During the second millennium, Western anatomy had a great impact on Chinese medicine in the Qing dynasty, while Chinese medical massage (tui na) was used as the basis of Pier Henrik Ling's Swedish massage in the late 18th century. Therefore, there is a long history of these two systems of medicine influencing and enriching each other. Recently, however, the trend toward cross-fertilization has accelerated through improved communication between diverse cultures and divergent systems of medicine. This has led to the current situation in which practitioners and institutions from both Chinese and Western medicine increasingly regard the other system as a valid way of understanding health and illness capable of generating effective alternative or complementary treatments for a range of medical or psychiatric disorders.

This trend is illustrated by the choice of many clinicians, in Asia and increasingly in the West, to undergo formal training in the other system of medicine, and this increasing intellectual and institutional openness between Chinese and Western medicines, now accelerated by the emergence of such dual-trained clinicians, has shifted the relationship between traditional Chinese medicine and modern Western medicine in an important way.

Until recently, these two systems of medicine (and the majority of their practitioners) viewed each other with mutual disdain and dismissive skepticism. Now, however, instead of dismissing Chinese medicine out of hand, Western physicians are reading "in reputable Western medical journals" about double blind studies or controlled clinical observations showing the efficacy and safety of its various techniques for the treatment of chronic pain and numerous other medical and psychiatric disorders. (For example, see Bensoussan, Talley, Hing et al.'s "Treatment of Irritable Bowel Syndrome with Chinese Herbal Medicine," *Journal of the American Medical Association*, Nov. 11, 1998, p.1585-1589.) It is equally significant that, at the same time, 40% of the curriculum at provincial Chinese medical schools in China consists of Western medical theory and diagnosis.

Until now, movement toward the integration of Chinese and Western medicines (called *zhong xi yi jie he*, "integrated Chinese-Western medicine," in Chinese or simply *xin yi*, "new medicine") has been faster in the East than in the West. However, a pivotal moment in the shift toward increasing Western acceptance of Chinese medicine occurred when the National Institutes of Health (NIH) published consensus guidelines on the appropriate uses of acupuncture in late 1998. Though still very much a working document, the NIH consensus guidelines have provided a strong positive endorsement of Chinese medicine from the highest authority of the Western medical establishment. Such an event could not have taken place less than a decade ago because of the previously staunchly conservative nature of the institutions that define and limit acceptable ideas and practices within Western medicine. We believe that the present period of increasing cross-fertilization between Chinese and Western medicine will eventually lead to a new synthesis of medical theories and techniques throughout the world.

Therefore, like many contemporary Chinese medical textbooks produced in the People's Republic of China, this book includes discussions of Western medicine that will help the clinician better understand important Western medical concepts of diagnosis and treatment for the disorders reviewed. Each chapter in Books 2 and 3 begins with a discussion of the Western psychiatric disease categories that are similar to a particular Chinese disease or Chinese disease categories that are similar to a particular Western disease. Because different systems of medicine assign significance to symptoms in different ways, it is reasonable to expect that parallel reviews of the same disorder from the perspectives of Chinese medicine and Western medicine will result in systematic differences in concepts of nosology, diagnosis, and treatment reflecting those differences. In fact, this has been the case in the present effort to place Western psychiatric disorders within the broad framework of Chinese medical concepts of disease classification and diagnosis.

Thinking about discrete groups of symptoms or disorders from the divergent viewpoints of Chinese and Western medicine requires a method that can demonstrate the presence or absence of correspondences of groups of symptom between these two systems of medicine. In some instances explored in this book, a particular symptom or group of symptoms described in the Chinese medical literature bears phenomenological resemblance to a symptom or disorder conceptualized in Western medicine. On close examination, certain correspondences may be interpreted as etiologically or causally equivalent symptom patterns identified in the two systems of medicine. Equivalent correspondences are infrequent because of systematic differences in approaches to defining, categorizing, and diagnosing illness, and especially mental illness, in divergent systems of medicine.

Therefore, rigorous attempts to understand differences between symptoms or disorders as conceptualized in different systems of medicine often lead to only approximate reasonable correspondences.

For example, Chapter 3 in Book 2 discusses frequent joy. This is regarded as a potentially primary disorder of affect regulation in Chinese medicine. The Chinese description of this symptom is interpreted as inappropriate laughter in contemporary Western psychiatry. In contrast to Chinese medicine, conventional Western psychiatry regards inappropriate laughter as an ambiguous symptom that may reflect one of several possible underlying medical (including neurologic) or psychiatric disorders. Therefore, from a contemporary Western medical perspective, in the absence of a specific pattern of associated symptoms, inappropriate laughter does not correspond to a specific underlying disorder. Numerous representative corresponding Western disorders are discussed in the section on differential diagnosis for frequent joy, but it is important to note that this list is not an exhaustive review of possible correspondences. As exact correspondences seldom occur between groups of symptoms described in Chinese and Western medicine, the Chinese medical practitioner or Western physician attempting to "think between" these two divergent systems of medicine is left with the task of inferring reasonable correspondences leading to accurate and clinically useful diagnostic and treatment formulations. Chinese Medical Psychiatry is offered to practitioners of Chinese medicine and Western physicians as a bridge to guide their efforts to rigorously think between Chinese medicine and contemporary Western psychiatry.

Most chapters in Books 2 and 3 include the following sections on various Western medical aspects of disorders discussed in the book:

Nosology: Discusses the Western medical classification of disease

Epidemiology: Discusses the prevalence and other trends in the occurrence of a disorder (when such data are available)

Differential diagnosis: Discusses the Western medical understandings of representative medical or psychiatric disorders possibly related to a Chinese disorder

Etiology & pathophysiology: Discusses the Western medical concepts of disease causation of Western medical or psychiatric disorders or of Western medical disorders that appear to be related to a Chinese disorder

Western medical treatment: Summarizes current standards of care for Western disorders or of Western medical or psychiatric disorders that appear to be related to a Chinese disorder

Short & long-term advantages & disadvantages of Western medical treatment: Summarizes potential adverse effects of current Western medical treatments for Western medical disorders that appear to be related to a Chinese disorder

Prognosis: Discusses the Western medical understandings of likely short and long-term outcomes of Western disorders or of Western disorders that appear to be related to a Chinese disorder

Indications for referral to Western medical services: Reviews the warning signs based on history or clinical presentation that point to a possible acute or life-threatening medical or psychiatric emergency requiring urgent Western medical evaluation and treatment (urgent

referral) or suggest that referral to Western medical-psychiatric treatment may be appropriate in cases when a condition has not responded to Chinese medical treatment (non-urgent)

These sections on Western medicine are intended as a template or guide for Chinese medical practitioners who may find themselves in the position of evaluating patients complaining of symptoms that may indicate the need for urgent referral to Western medical-psychiatric care. These sections are also intended as background information for Chinese medical practitioners who may benefit from collaboration with a Western-trained physician in approaching certain complicated or treatment non-responsive patients. The ultimate goal of such collaboration is development of an effective integrative treatment plan combining Chinese and Western therapies in order to yield outcomes superior to results available using either system of medicine alone.

The following sections within each chapter in Books 2 and 3 pertain strictly to Chinese medicine. These sections include:

Disease causes and mechanisms: Discusses the Chinese medical disease causes and disease mechanisms operative in each disease

Pattern discrimination: Discusses the main patterns presenting under each disease category

Treatment principles: Gives the treatment principles appropriate for remedying each element of the pattern discrimination in order of descending importance

Chinese medicinal formulas with modifications: Gives at least one Chinese medicinal formula, its ingredients, their dosages, method of administration, and its modifications

Acupuncture-moxibustion formulas with modifications: Gives a basic acupuncture formula with its modifications and supplementing or draining techniques

Clinical tips: Based primarily on Bob Flaws's personal clinical experience, this section discusses special bits of information or techniques for better therapeutic outcomes.

We have also included abstracts of published clinical research (mostly Chinese) as well as numerous Chinese case histories in order to substantiate the safety and effectiveness of Chinese medical treatments for these disorders. Few of these research reports meet the "gold standard" of prospective, randomized, double-blind, placebo-controlled studies, and we acknowledge that all case histories are, by definition, anecdotal. Nevertheless, we believe that the abundant clinical and research evidence contained in this book supports claims of clinical efficacy and safety for Chinese medical treatments of numerous psychiatric disorders. All research summarized in this book is valid, outcomes-based research, and the case histories provide a clear picture of how this medicine is used in the People's Republic of China. It is our hope that this book will stimulate increased open-minded discussion and interest among Western researchers and physicians in the Chinese medical treatment of psychiatric disorders.

Chinese medical materials in this book are based on six main sources,

1) Philippe Sionneau and Lü Gang's *The Treatment of Disease in TCM, Vol. 1: Diseases of the Head & Face, Including Mental & Emotional Disorders*,

- 2) Li Qing-fu and Liu Du-zhou's *Zhong Yi Jing Shen Bing Xue* (Chinese Medical Psychiatry),
- 3) Huang Yue-dong's *Jing Shen Ji Bing Zhong Yi Lin Chuang Zhi Liao* (The Chinese Medical Clinical Treatment of Psychiatric Disease),
- 4) Li Qi-lu's *Jing Shen Bing De Zhong Yi Zhi Liao* (The Chinese Medical Treatment of Psychiatric Disease),
- 5) Chen Jia-yang's *Shi Yong Zhong Yi Shen Jing Bing Xue* (Practical Chinese Medical Neurology), and Zhang Hong-du, Zhang Jin-yi & Ding Yu-ling's *Zhong Yi Zhen Jiu Zhi Liao Shen Jing Bing* (The Chinese Medical Acupuncture & Moxibustion Treatment of Psychiatric Disease).

These primary sources have been supplemented by numerous other Chinese and English languages sources listed in the Bibliography.

The primary sources for the Western medical sections of the text include:

- Kaplan and Saddock's *Comprehensive Textbook of Psychiatry*,
- Harrison's *Principles of Medicine*,
- French's *Guide to Differential Diagnosis*,
- Dunner's *Current Psychiatric Therapy*,
- Merritt's *Neurology*,
- Hales and Yudofsky's *The American Psychiatric Press Textbook of Neuropsychiatry*, and the
- American Psychiatric Association's *Diagnostic & Statistical Manual*, 4th edition (DSM-IV), and *Guide to DDX in DSM-4*. Secondary Western medical sources are also listed in the Bibliography at the back of this book.

The Chinese medical terminology used in this book is based on Nigel Wiseman's *English-Chinese Chinese-English Dictionary of Chinese Medicine* (Hunan Science & Technology Press, 1995) and Wiseman and Feng Ye's *Practical Dictionary of Chinese Medicine* (Paradigm Publications, Brookline, MA, 1998). Whenever the authors have chosen a different term than that suggested by Wiseman and Feng, they have noted this divergence and their reasons in a footnote the first time such a divergence appears.

Acupuncture point identifications are based on the World Health Organization's *Standard Acupuncture Point Nomenclature*, however, with the following divergences:

1. We give the Chinese name first, romanized in Pinyin, with channel abbreviation and standard number following in parentheses
2. LU is Lu, ST is St, SP is Sp, HT is Ht, BL is Bl, KI is Ki, PC is Per, TE is TB, LV is Liv, REN is CV, and DU is GV.

Chinese medicinals within formulas are identified by Latin pharmacological nomenclature with Chinese name written in Pinyin following in parentheses. Chinese medicinals within Clinical Tips sections or Notes which have already been identified by Latin pharmacological nomenclature within their chapter are referred to by their common

English name. Chinese medicinal formulas are identified by Chinese name first written in Pinyin followed by English translation in parentheses. In terms of dosages, "g" stands for gram, while ji means a single packet of a prescription, most often intended as a one day dose.

To increase the scope and clinical utility of this book for both Chinese medical practitioners and Western physicians, Blue Poppy Press has created a companion Website which can be found at [www.chinesemedicalpsychiatry.com](http://www.chinesemedicalpsychiatry.com). This Website can also be accessed through [www.bluepoppy.com](http://www.bluepoppy.com). It includes summary exhibits taken from the text, articles, book reviews, and extensive links to other Websites on pertinent aspects of Chinese medicine, psychiatry, psychotherapy, and neuroscience. In addition, the reader will find a bulletin board for discussion of issues pertaining to the Western practice of Chinese medical psychiatry and the interface between Chinese medicine and Western psychiatry. The authors hope this book will facilitate open-minded communication and cooperation between Chinese medical practitioners and Western psychiatrists, other physician specialists, and other mental health care professionals with the ultimate goal of improving standards of patient care while simultaneously improving treatment outcomes for the range of psychiatric disorders.

--Bob Flaws, Dipl. Ac. & C.H., FNAAOM, James Lake, MD