Medical Acupuncture and the Management of Psychosomatic Illness

This paper is based on a presentation at the 13th Annual Meeting of the Australian Medical Acupuncture Society, Melbourne in November 1995

Summary
Acupuncture is an intensive and holistic therapy that enhances the quality of life of psychosomatic patients. It helps to slow or reverse the process whereby anxiety, depression and other forms of psychological distress are transformed into physical symptomatology. This process, termed “somatisation”, is little understood in Western medicine, although it is implicated in many of the cases seen in general medical practice. Traditional Chinese medicine provides an explanation of how endogenous factors encompassing negative emotions and psychosocial stress can generate illness. This paper specifies acupuncture points and procedures to be used in managing general psychosomatic illness, as well as controlling the severe distress experienced by some psychosomatic patients.

Key words
Acupuncture, Anxiety, Depression, Psychosomatic illness, Somatisation.

Introduction
“Psychosomatic” is defined as the “influence of the mind or higher functions of the brain upon the functions of the body, especially in relation to bodily disorders or disease” (1). This process, whereby psychological distress is transformed into physical symptomatology, is termed “somatisation”. It is a common phenomenon in general practice, accounting for as many as 40-60% of visits to primary care physicians (2,3). Anxiety and depression are the main causes of somatisation (4,5). Anxiety and depression, in turn, are often a reaction to psychosocial factors, notably stress. Research has shown that psychosocial factors which generate states of arousal, anxiety and demoralisation have an immunosuppressive effect; the short-term effect at the cellular level is clear, but additional psychoneuro-immunological research is needed to see if this can generate disease and illness (6).

The treatment of psychosomatic disorders is an integral part of family medicine, since this medical specialty addresses the needs and concerns of the whole person, physically, mentally and spiritually, within the context of available primary care and community resources (7).

Illness and disease
The essential diagnostic problem is that the patient is found to be suffering from a polysymptomatic, and often chronic, condition which remains ill-defined, inchoate or "unreal" from a clinical point of view. The depression most often involved in somatisation is properly characterised as "demoralisation" rather than true clinical depression.

A useful set of diagnostic criteria is as follows (8):
- Somatisation lasting longer than 6 months (chronic somatisation)
- Depression (general demoralisation)
- Irritable mood
- Alexithymia
- Type A behaviour
- Abnormal illness behaviour (e.g., hypochondria, feigning of symptoms)

Physicians should take the psychosomatic patient seriously, since the somatised pain, discomfort and dysfunction appear quite real to the patient (9). Many of these patients are frustrated, indeed frustrating, “difficult” cases (10).

It is important to note the medical anthropological distinction between “illness” and “disease”: the former term implies a quantifiable clinical disorder, whereas the latter implies the “Lived experience of illness in the practical world of everyday life. Personal, interactional, and cultural norms guide this lived experience” (11). Most psychosomatic conditions entail illness rather than disease.

The TCM perspective
As suggested above, biomedicine, which may be characterised as both quantitative and reductionist (12), is not entirely confident in diagnosing, treating, and explaining, psychosomatic illness. Psychiatrists, moreover, prefer to deal with relatively more substantive cases entailing clinical depression, neurosis and psychosis.

Traditional Chinese medicine (TCM), in contrast, has always maintained that emotional stress is an
endogenous cause of disease which disrupts Shen and injures the Zang Fu organs and their associated meridians. Shen may be envisioned as mind / spirit / vitality. It indicates the activity of thinking, consciousness, insight and memory: I translate this as “Mind”. It also indicates the complex of all the mental-spiritual aspects of a human being: I translate this as “Spirit”. And there is another meaning to the word Shen which is frequently mentioned in relation to diagnosis: an indefinable and subtle quality of “life”, “flourishing”, or “glitter” which can be observed in health (13).

The primary emotional stress factors are as follows: Excessive Joy (giddiness, overexcitement, craving) Excessive Anger (resentment, frustration, irritation, hatred, anger masked as depression) Excessive Sadness / Grief (depression, melancholy, guilt) Excessive Thought (pensiveness, brooding, nostalgia, mental strain) Excessive Fear / Fright (anxiety, worry, panic, shock)

Each of these has an adverse impact upon Shen and could generate psychosomatic illness. If not prevented or effectively treated, such illness could lead to serious disease, since excessive emotions injure the Yin organs: Joy affects the Heart, Anger affects the Liver, Sadness / Grief affects the Lungs, Thought affects the Spleen, and Fear / Fright affects the Kidneys.

### Diagnosis and therapy

A TCM-biomedical dual diagnosis is essential in order to rule out a known organic or psychiatric disorder or disease and confirm the psychosomatic nature of the disorder (14). Integrated medical/TCM practitioners recognise the diagnostic value of scientific investigation and laboratory testing, and they also see merit in a more quality-of-life approach, as embodied in TCM four-diagnosis.

Shen diagnosis involves total observation and inspection of the patient’s body, mind and spirit, allowing the practitioner to assess which emotion is primarily responsible for the somatisation as well as its severity. The aim is to observe and evaluate the patient’s overall morale and vitality by scrutinising facial expression, complexion, eyes (brightness, movement, dilation of pupils and alertness or awareness), bodily movements, voice / speech and demeanour.

Shen is evaluated on the basis of relative emptiness or fullness. A healthy person is “full” of Shen. A patient suffering from a temporary psychosomatic condition (caused by stresses emanating from the natural or social environment) may retain sufficient Shen. On the other hand, patients experiencing chronic somatisation may approach “emptiness” of Shen. In such cases, the excessive emotion responsible for the condition may be seen by the physician. The classical four-diagnosis procedure is then continued to assess injury to the relevant Yin.

### Table 1

**PSYCHOSOMATIC ACUPOINTS: GENERAL**

<table>
<thead>
<tr>
<th>Point</th>
<th>Name</th>
<th>Specific indications/clinical notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HT.7</td>
<td>Shenmen</td>
<td>Anxiety, depression, poor concentration, insomnia.</td>
</tr>
<tr>
<td>PC.6</td>
<td>Neiguan</td>
<td>Inner Gate: energises and “opens” the patient for therapy.</td>
</tr>
<tr>
<td>TE.5</td>
<td>Waiguan</td>
<td>Outer gate: used to “ventilate” negative energy and relax the patient.</td>
</tr>
<tr>
<td>CV.20</td>
<td>Baihui</td>
<td>Headache, vertigo, promotes physical and mental harmony.</td>
</tr>
<tr>
<td>EX-HN.3</td>
<td>Yintang</td>
<td>Headache, insomnia, promotes mental and spiritual harmony.</td>
</tr>
</tbody>
</table>

### Table 2

**PSYCHOSOMATIC ACUPOINTS: CHRONIC PAIN MANAGEMENT**

<table>
<thead>
<tr>
<th>Point</th>
<th>Name</th>
<th>Specific indications/clinical notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LI.4</td>
<td>Hegu</td>
<td>Headache, pain in the upper extremities and neck.</td>
</tr>
<tr>
<td>ST.44</td>
<td>Neiting</td>
<td>Facial and stomach pain.</td>
</tr>
<tr>
<td>GB.34</td>
<td>Yanglingguan</td>
<td>Pain in muscles/tendons and lower extremities.</td>
</tr>
<tr>
<td>BL.11</td>
<td>Dazhu</td>
<td>Neck and back pain, headache.</td>
</tr>
<tr>
<td>BL.60</td>
<td>Kunlun</td>
<td>Shoulder, back and arm pain, headache.</td>
</tr>
</tbody>
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### Table 3

**PSYCHOSOMATIC ACUPOINTS: ACUTE DISTRESS/EMERGENCY**

<table>
<thead>
<tr>
<th>Point</th>
<th>Name</th>
<th>Specific indications/clinical notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HT.9</td>
<td>Shaoshang</td>
<td>High anxiety, panic, palpitations.</td>
</tr>
<tr>
<td>PC.9</td>
<td>Zhongchong</td>
<td>Palpitations, fainting, loss of consciousness.</td>
</tr>
<tr>
<td>SP.1</td>
<td>Yinhai</td>
<td>Convulsions, abdominal distention, insomnia, dream disturbed sleep.</td>
</tr>
<tr>
<td>CV.17</td>
<td>Dazhuang</td>
<td>Asthmatic breathing, tightening in chest, palpitations.</td>
</tr>
<tr>
<td>CV.14</td>
<td>Dazhui</td>
<td>Seizures, asthmatic breathing, depression.</td>
</tr>
</tbody>
</table>
organ and proceeds with the differentiation of syndromes.

Clearly, diagnosing on the basis of Shen is an art, which improves with the experience of the physician. It also requires the physician to approach patients with compassion and loving kindness and to consider each and every case a potentially valuable learning experience. As mentioned previously, psychosomatic patients tend to be difficult; as such, they deserve to be considered among the physician's best teachers.

In the TCM treatment of psychosomatic illness, the fundamental principle is to accept the patient's complaints as real in terms of what she or he is feeling. Acupuncture is perhaps the optimal TCM therapeutic modality to begin with, since it works from the exterior toward the interior, from Yang to Yin, and has proved fast and effective in controlling pain and other symptoms.

Classical local and distal acupoints as well as tender (Ashi) points are utilised according to symptomatology and relevant meridian pathways. There are several acupoints of value in treating ephemeral or easily reversible psychosomatic conditions which may be seasonal in nature or occur in reaction to a temporary stressor (Table 1). There are also a number of points suitable for managing both chronic pain and acute distress (Tables 2 and 3), conditions which often entail severe anxiety, demoralisation and enervation and are best exemplified by anxiety attacks and chronic fatigue syndrome (CFS).

Microsystems are also useful in treating psychosomatic illness. There is, for example, a Psychosomatic point on the ear as well as numerous other clinically valuable auricular acupoints, including Shenmen, Anti-Fear and Subcortex (Figure 1). The Hysteria hand acupuncture point (midpoint on the transverse crease of the metacarpophalangeal joint of thumb) is also useful.

A valuable special procedure that I have developed as a general treatment for psychosomatic illness involves cupping. A cupping jar is applied to CV14 (Dazhui) and moved down to CV5 (Xuanshu) and back several times, using olive or primrose oil as a lubricant, until the meridian pathway becomes visibly red (a sign of De Qi) and moved down until De Qi (needling sensation) is attained. CV6 is then tapped three times to move Qi through the Tunnel Crossing to CV4, where it is reinforced with Yuan Qi. The needles are retained for about 15 minutes before being withdrawn as the patient inhales deeply. In empowering the patient with congenital Qi, CV4 is tapped three times to move Qi through the Tunnel Crossing to CV6.

Clinical examples
The following four brief case studies serve to illustrate the daily reality of treating numerous psychosomatic patients in a busy medical acupuncture clinic.

1. A successful middle-aged businessman presented with severe pruritis and patches of eczema on his back, lower abdomen and the dorsal surface of his hand. This was why his dermatologist referred him to me for medical acupuncture consultation. He had had these symptoms for over two years, and treatment with various skin medications and anti-depressants had not been effective. He had a history of bronchitis, ulcerative colitis and high blood pressure, but was non-allergic. His Shen was quite full, but he was experiencing sadness, which could be seen in his moist, red eyes. His sadness traced back to his childhood and the death of his father; moreover, his stepfather had been abusive. The patient married at age 26, but the marriage lasted only two years, and he never remarried. He also had some suppressed anger toward his stepfather as well as his ex-wife.
Acupuncture treatment centred around HT.7 (Shenmen), TE.5 (Waiguan), CV.17 (Danzhong), LR.2 (Xingjian), LU.3 (Chize), BL.13 (Feishu), BL.19 (Danshu) and CV.14 (Dazhui). After 8 treatments over the course of a 6-week period, his pruritis disappeared and the eczema began to subside. After an additional 10 weekly treatments the eczema had almost entirely disappeared. He is less angry and sad, and receives medical acupuncture treatment once a month.

2. A 60 year old professor was referred to me for chronic fatigue syndrome. The key stressor he reported was the pressure emanating from his departmental chairperson for him to take early retirement. Treatment had centred on anxiolytic and anti-depressant drugs, and he was referred to me as a way of stabilising or reducing his medication intake. He believed the medication was causing him to gain weight and be sleepy all the time. His eyes were moist and dull, his extremities were cold and damp, and his concentration was poor (e.g., he was constantly repeating himself). His Shen was nearly empty, and he was obviously sad and angry. He was treated with the key points indicated for psychosomatic illness (Table 1) as well as auricular Acupuncture and Shenmen. He was also taught to perform some basic Qi Gong exercises. Improvement has been slow and steady.

3. A middle-aged woman was referred to me with a three year history of temporal headache (throbbing pain) and lack of energy. She had a mild liver problem; a biopsy had shown some cirrhosis, but she had no history of hepatitis or other liver problems, alcoholism or drug abuse, and she had not been unduly exposed to toxic material. Her Shen was low. This could be seen in the bronze colour of her face, the slightly rolled-back position of her eyebrows and her fatigued demeanor. Her pulse was wiry and rapid, indicating Uprising of Liver Fire syndrome. Palpation revealed tenderness in the right hypochondriac area. She was experiencing considerable anger due to the fact that her husband had left her for another woman. Treatment centred around sedating the Liver. The acupuncture points used were HT.7 (Shenmen), LR.2 (Xingjian) and LR.14 (Qimen), and cupping was applied to BL.19 (Danshu). The headaches gradually decreased in frequency and intensity over the course of a year, and her anger slowly subsided; eventually, she was reunited with her husband.

4. A 25 year old woman was referred to me for anxiety attacks. Indeed, when I first saw her she was having a mild anxiety attack with heart palpitations (180 beats per minute), and I had to give her an emergency treatment with HT.9 (Shaochong). Essentially, she was a highly-stressed individual, a single parent with four children, unemployed and living on social welfare. Her anxiety attacks occurred about once every 3 days. She had frequent nightmares, and she appeared dominated by fear. Medication helped control the attacks, but she was becoming addicted to the drugs (she had been taking 2 or 3 sedatives per day). Thus, her physician referred her to me for more natural, less invasive treatment. I treated her with general psychosomatic points as well as auricular Shenmen and Anti-Fear, and she has shown steady improvement.

Conclusion
The TCM system takes the psychosomatic patient seriously, since the somatisation is real to the patient. Moreover, TCM provides an explicit account of how endogenous factors, encompassing negative emotions and psychosocial stress, can lead to illness and even disease. Acupuncture is an intensive and holistic therapeutic modality that relieves somatisation and helps enhance the quality of life of psychosomatic patients. Acupuncture works from the outside in and is complemented by herbal medicine, which works from the inside out. Both are complemented by Qi Gong exercises, since these work in both directions at once (16-18).

After reviewing a substantial body of scientific research on acupuncture, Bensoussan provides the following general assessment:

"There is significant evidence that acupuncture has a pronounced analgesic effect on pain, a desirable regulatory action on the functions of organs, is supportive of the body's immunity, and possesses a calming psychological effect. All these actions exist simultaneously, and reinforce and complement each other. The total therapeutic result of acupuncture is an amalgamation of these actions, working in a direction that favours and promotes the life of the organism." (19).

I believe that it is justifiable to extend this assessment to herbal medicine, Qi Gong and, indeed, the whole comprehensive TCM approach to the prevention and treatment of psychosomatic illness. TCM and biomedicine should work in an integrated manner to enhance the quality of life of psychosomatic and other patients. Moreover, integrated medicine is itself enhanced with a spirit of compassion, respect and understanding between physicians and their patients.

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