



## RESEARCH ARTICLE



# Schizophrenia, Depression, and Sleep Disorders: Their Traditional Oriental Medicine Equivalents

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## Abstract

Psychiatric disorders can be described and treated from both a Western (allopathic) and an Eastern perspective, which should be taken into account when conducting research. Patients with schizophrenia or depression are likely to be undergoing Western treatment when they are referred to an acupuncturist for (add-on) treatment, and knowledge of both types of treatments is necessary to integrate them successfully. In this study, the different Traditional Oriental Medicine (TOM) diagnostic patterns in patients with a Western diagnosis of schizophrenia, depression, or sleep disorders are described from a literature and a clinical perspective. The data on 30 depression and 30 schizophrenia patients from a German study are presented. Our results show that if a psychiatric group, sorted in accordance to Western diagnostic principles, is diagnosed on the basis of TOM diagnostic patterns, it can be categorized into different groups of patients with psychiatric disorders; this finding has far-reaching consequences in scientific research on acupuncture. Moreover, we found a high prevalence of sleep disorders in patients with both

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schizophrenia and depression, which could be explained from the perspective of a TOM diagnostic pattern. Finally, we discuss sleep quality as a treatment objective that may play a crucial role in mediating acupuncture-induced treatment effects in patients with schizophrenia and depression.

## 1. Introduction

Psychiatric disorders can be described from both a Western (allopathic) and an Eastern perspective. In particular, patients with a Western diagnosis of schizophrenia or depression are likely to be undergoing Western treatment when they are referred to an acupuncturist for (add-on) treatment; therefore, knowledge of both types of treatments is needed for integrating them. Sleep disorders are comorbid with most psychiatric disorders. It is well known that sleep disorders occur in depression, but they are often underestimated in schizophrenia [1]. Research on acupuncture and depression is more difficult than one might think because of the fact that, although patients seem to have the same Western diagnosis, they have different Traditional Oriental Medicine (TOM) diagnostic patterns, creating a heterogeneous group. From a TOM point of view, some patterns are more severe than others, making it logical that acupuncture results differ between the various patient groups within the overall group of patients with depression. In patients with schizophrenia, this is even more extreme because this patient group is already heterogeneous from a Western point of view. Moreover, if standardized treatments are used, these may be more suitable for some patterns than for others. Therefore, in order to further illustrate this point, we discuss the results from two different psychiatric groups (patients with schizophrenia and those with depression), in order to answer the following research questions: what TOM diagnostic patterns can be distinguished in patients who would receive a Western diagnosis of schizophrenia, depression, or sleep disorders; how are these disorders related; and how can acupuncture treatment results be explained from both an Eastern and a Western perspective [2]?

## 2. Materials and methods

Thirty patients with schizophrenia and 30 patients with depression participated in this study. All patients were outpatients at the LVR-Klinik Bedburg-Hau, which is a large psychiatric clinic in Germany. The patients with schizophrenia were diagnosed with schizophrenia F20.0 (paranoid schizophrenia—28 patients) or F20.5 (schizophrenic residuum—2 patients), and the patients with depression were diagnosed with depression F33.2 according to the International Classification of Disease tenth revision (ICD-10) [3]. Of the 30 patients with schizophrenia, 13 were male and 17 female; of the 30 patients with depression, three were male and 27 female. Note that it is common in Western medicine (WM) that significantly more female than male patients represent with depression [4]. Patient ages were within the range of 19–62 years [mean age = 42.90 years,

standard deviation (SD) = 10.34 years] for the schizophrenia group and 34–64 years (mean age = 49.60 years, SD = 7.51 years) for the depression group. Moreover, the mean duration of illness was 11.40 years (SD = 6.73 years) for the schizophrenia group, with a minimum of 1 year and a maximum of 26 years, and 8.00 years (SD = 6.79 years) for the depression group, with a minimum of 1 year and a maximum of 30 years. None of the participants had ever experienced acupuncture treatment previously. Oral and written informed consents were obtained from all participating adults, and all of them signed a consent form. The Ethics Committee of the Ärztekammer Nordrhein approved the study previously; moreover, the study was conducted according to the Declaration of Helsinki [5]. The *Standard Acupuncture Nomenclature* ([http://www.wpro.who.int/publications/pub\\_9290611057.htm](http://www.wpro.who.int/publications/pub_9290611057.htm)) and the *WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region* ([http://www.wpro.who.int/publications/PUB\\_9789290612487.htm](http://www.wpro.who.int/publications/PUB_9789290612487.htm)) published by the World Health Organization Regional Office for the Western Pacific were used in our study.

In TOM, schizophrenia is seen in the context of depression mania (diān-kuáng). As early as during the Ming Dynasty, Lǐ Chān stated the following in *Yī Xué Rù Mén*: “Mania patients are ferociously mad. In mild cases they act self-important and self-righteous, and they like to sing and like to dance; in more serious cases they throw off their clothes and run amok, climb walls and mount the roof. In even more serious cases they beat their head (against a wall) and scream, are negligent around fire and water, or can have inclinations to murder. This naturally results from inordinate exuberance of the heart fire, a superabundance of Yang Qi, the spirit failing to keep to its abode, and phlegm-fire congestion and exuberance. The crux of treating mania is to descend phlegm and down bear fire” [6]. During the Tang Dynasty, Sūn Sī Miǎo stated the following in *Qiān Jīn Yào Fāng*: “When wind enters the Yin channels, there is withdrawal (diān). The forms can have many extremes. (Some patients) are taciturn and make no sound, (while others) say many things in effusive speeches. They also may sing or cry, moan or laugh. (They may) also sleep or sit in ditches, eat feces and filth, show their naked bodies (in public), move around all day and night, and ceaselessly curse and cuss” [6].

Patients with schizophrenia often have symptoms of both kuáng and diān illnesses. Their diān symptoms include problems in persistence, less self-motivation, feeling less up for society, deep silence/mutism, weakness in answering questions, problems in forming an opinion about their surroundings, and disinterest in their own appearance. These patients have what WM calls negative symptoms, and they seem to be absent. They can also show kuáng behavior, such as excited movements, disordered

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