

Research Progress of Traditional Chinese Medicine in the Treatment of Depression

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Abstract:

Major depressive disorder (MDD) poses a growing global mental health burden, with Western medicine often limited by recurrence and side effects. This paper expounds on TCM's research progress in treating depression, covering three aspects: etiology and pathogenesis, TCM treatment, and review. It highlights TCM's advantages: good curative effect, high safety, and ability to significantly reduce the toxic and side effects of single Western medicine use, offering insights for integrated depression therapy.

Keywords:

Depression, Etiology and Pathogenesis, TCM Syndrome Differentiation and Treatment, Review

1. Introduction

Depression is an emotional disorder caused by a variety of factors, also known as depressive disorder. Its main manifestations include low mood, slow thinking, cognitive impairment and decreased volitional activities. In traditional Chinese medicine, depression belongs to the category of "Yu Zheng" (depressive syndrome). The main symptoms are depression, restlessness, distending pain in the costal region, or irritability and proneness to crying, or a foreign body sensation in the pharynx (inability to swallow or cough it out), accompanied by corresponding physical symptoms such as sleep disorders, loss of appetite, amenorrhea, loss of libido, etc. Most patients also have physical symptoms, and in severe cases, there may be tendencies of self-harm and suicide. This disease is difficult to cure completely and is prone to recurrence.

1.1. Pathological Etiology in Western Medicine

Genetic Factors: Epidemiological surveys on most people show that about 10% of people have a higher prevalence rate when they have a closer blood relationship with patients. The prevalence rate of first-degree relatives is much higher than that of second-degree and third-degree relatives, which conforms to the general law of genetic diseases [1]. **Biochemical Factors:** Catecholamines are neuroexcitatory factors, mainly including catechols, amines and other neural substances, such as

dopamine, norepinephrine and other derivatives (e.g., norepinephrine and epinephrine). They act on the sympathetic nervous system and central nervous system, and can promote people's happy mood. Insufficient secretion may lead to low mood and even depression. About 25% of cases may be related to the decreased concentration of neurotransmitters such as 5-hydroxytryptamine (5-HT) and norepinephrine (NE) in the synaptic cleft of the brain center. However, the antidepressant effect usually takes about 2 weeks to appear, so there is a hypothesis that the sensitivity of 5-HT and NE receptors increases [2]. **Psychosocial Factors:** Long-term unpleasant emotions or sudden major life events will increase the risk of depression [3]. Up to now, the pathogenesis of depression is still unclear, and there are no obvious physical signs or abnormal laboratory tests. It is usually judged or diagnosed based on subjective feelings. Generally speaking, the incidence rate is about 25%, which is the result of the combined action of various factors.

1.2. Etiology and Pathogenesis in Traditional Chinese Medicine

1.2.1. Understanding of Depression by Ancient TCM Physicians

The *Huangdi Neijing* (Inner Canon of the Yellow Emperor) was the first to introduce the concept of "depression" into medicine [4]. *Suwen · Yin Yang Ying Xiang Da Lun* (Plain Questions · Great Treatise on the Correspondence Between Yin-Yang and the Phenomena of Nature) states: "Anger impairs the liver, joy impairs the heart, overthinking impairs the spleen, sorrow impairs the lung, and fear impairs the kidney", putting forward that excessive five emotions (joy, anger, anxiety, sorrow, fear) can damage the zang-fu organs. Based on the abnormal movement of the five elements (wood, fire, earth, metal, water), *Suwen · Liu Yuan Zheng Ji Da Lun* (Plain Questions · Great Treatise on the Regularities of the Six Climatic Factors) proposes: "Disperse stagnated wood qi, release stagnated fire qi, purge stagnated earth qi, drain stagnated metal qi, and subdue stagnated water qi" [5]. Wang Lü and other scholars further explained the pathogenesis of the five stagnations (stagnation of wood, fire, earth, metal, water qi), forming a common understanding that the dysfunction of the five zang-organs and depression may be related to internal injuries of the human body.

Danxi Xinfu (The Heart and Method of Danxi) puts forward: "When qi and blood are harmonious, no disease occurs; once depression appears, all diseases will arise". Therefore, most physical diseases in the human body are caused by depression. It also establishes the "theory of six stagnations", namely qi stagnation, damp stagnation, heat stagnation, phlegm stagnation, blood stagnation and food stagnation, with qi stagnation as the core, and these stagnations can transform into each other or be complicated [6]. In *Yixue Zhengchuan* (Correct Transmission of Medicine) by Yu Bo in the Ming Dynasty, "Yu Zheng" (depressive syndrome) was first used as the name of the disease. Yu Bo conducted a dialectical analysis of depressive syndrome from three aspects: external pathogenic factors, diet and emotions, leading to the understanding of generalized depressive syndrome.

Zhang Jiebin in the Ming Dynasty believed that physicians who discussed depression since ancient times knew how to relieve depression and regulate qi, and could treat it based on excess pathogenic factors. He classified depression into three types: "Fen Yu" (anger-induced stagnation), "Si Yu" (overthinking-induced stagnation) and "You Yu" (melancholy-induced stagnation), and pointed out that these three types of depression differ in deficiency and excess. He called the depressive syndrome caused by the stagnation of the five qi (qi of the five zang-

organs) “disease-induced depressive syndrome”, and the one caused by emotional stagnation “depression-induced depressive syndrome”. Chen Wuze put forward the theory of seven emotions (joy, anger, anxiety, thought, sorrow, fear, shock) causing depression, believing that abnormal seven emotions can be the pathological basis of depressive syndrome of the five zang-organs [7]. In short, the occurrence of “Yu Zheng” is caused by the injury of seven emotions such as anger, overthinking, sorrow and anxiety, leading to the failure of the liver to disperse qi, mental disturbance and disorder of qi and blood in zang-fu organs.

1.2.2. Understanding of Depression by Modern TCM Physicians

Zheng Yilun [8] believed that “Yu Zheng” is a disease caused by excessive worry, lack of joy and anger, or long-term depression, leading to qi disorder and loss of brain control. Its disease location is in the brain, involving the heart, liver, spleen and kidney, and the liver is the first organ damaged besides the heart and brain. Yao Huiju [9] believed that the occurrence of depression is closely related to the liver and can affect other tissues and organs of the patient, such as the heart, kidney and brain, forming a syndrome with a complex mechanism. The internal cause of depression is the unsmooth flow of liver qi. Wang Yukun [10] believed that the main cause of depression lies in the lung. The lung is the governor of qi, and its qi movement and the liver’s qi movement form a relationship of “dragon ascending and tiger descending”, which is closely related to the heart, liver, spleen and kidney. In the treatment of depression, it is necessary to regulate the related zang-organs together and follow the holistic concept to improve the curative effect. Zheng Shaozhou [11] believed that patients with depression usually have a depressive personality tendency before the onset of the disease, such as being silent, sentimental and having poor ability to resist setbacks. Li Hongyu et al. [12] regarded this disease as a mental disorder and had a unique insight. They believed that the pathological factors mainly lie in the deficiency of yang qi in the heart, liver and gallbladder. Combined with external stimuli, the patient’s brain and spirit lose nourishment, leading to liver qi stagnation and phlegm-stasis obstruction, thus triggering depression. Zhang Youwei et al. [13] (who had suffered from depression) believed that the initial disease location is mainly in the liver and spleen, manifested as the liver’s failure to disperse qi and the spleen’s failure to transport and transform. In the middle stage, the disease spreads, involving the liver, gallbladder, spleen and stomach. Secondly, the stagnation of liver qi worsens, and the liver’s failure to disperse qi affects the spleen’s transporting function, leading to various symptoms of spleen deficiency. In the advanced stage of depression, there are usually excess pathogenic factors such as phlegm and blood stasis, which mainly affect the four zang-organs of the heart, liver, lung and kidney. Zhang Zhenwen et al. [14] believed that the cause of most depression patients is kidney yang deficiency, and advocated that the function of the kidney should be emphasized in determining the treatment ideas and selecting treatment methods for depression. Zhang Xingen et al. [15] believed that the disease location of depression is in the brain, which is related to qi and blood as well as the functions of zang-fu organs. Huo Yunhua et al. [16] believed that the occurrence of depression is related to excessive worry and mental distress. In short, in TCM, depression is considered to be the result of emotional stimulation and zang-fu organ damage, with qi stagnation as the manifestation and zang-fu deficiency as the basis.

2. TCM Treatment

2.1. Syndrome Differentiation and Typing Treatment

Li Feng [17] divided depression into four types: liver qi stagnation type (treated with modified Xiaoyao Powder), qi and food stagnation type (treated with modified Shiyu Decoction), heart-spleen deficiency type (treated with modified Guipi Decoction) and qi stagnation and blood stasis type (treated with modified Siwu Huayu Decoction). Guo Yaming et al. [18] classified depression into the following types: (1) Liver qi stagnation with phlegm obstruction and brain spirit disturbance: treated with Chaihu Shugan Powder; (2) Liver qi stagnation with cerebral collateral obstruction: treated with modified Xiaoyao Powder; (3) Qi stagnation and blood stasis with loss of hearing: treated with Xuefu Zhuyu Decoction, etc.; (4) Liver-kidney yin deficiency with upper brain damage: treated with Deyu Xingshen Decoction; (5) Liver qi stagnation with spleen deficiency and brain damage care: treated with modified Yueju Pill. Wang Zhongxiang [19] proposed seven syndrome types of depression: liver qi stagnation, qi stagnation transforming into fire, phlegm-damp stagnation, heart-spleen deficiency, heart-liver-kidney yin deficiency, and mental insufficiency. For liver qi stagnation, Chaihu Shugan Powder is used; for qi stagnation transforming into fire, modified Danzhi Xiaoyao Powder is used; for phlegm-turbidity stagnation, Banxia Houpu Decoction is used; for heart-spleen deficiency, Guipi Decoction is used; for liver-kidney yin deficiency, Liuwei Dihuang Pill is used; for heart-kidney yin deficiency, Tianwang Buxin Dan is used. Yang Lin [20] believed that the pathogenesis of depression lies in the liver, and divided it into eight syndrome types: liver qi stagnation type (treated with modified Chaihu Shugan Powder), liver qi stagnation transforming into fire type (treated with modified Danzhi Xiaoyao Powder), liver qi stagnation with phlegm obstruction type (treated with modified Daozhi Decoction), liver qi stagnation with blood stasis type (treated with modified Xuefu Zhuyu Decoction), liver qi stagnation with spleen deficiency type (treated with modified Xiaoyao Powder), liver qi stagnation with kidney deficiency type (treated with modified Tiaohe Decoction), liver qi stagnation with blood deficiency type (treated with modified Sini Powder combined with Guipi Decoction), and liver qi stagnation with qi deficiency type (treated with modified Sini Powder combined with Sijunzi Decoction). Han Xu et al. [21] divided depression into six syndrome types: phlegm-qi interbinding type (treated with modified Banxia Houpu Decoction), phlegm-fire disturbing the heart type (treated with modified Danzhi Xiaoyao Powder), qi-blood deficiency type (treated with modified Xuefu Zhuyu Decoction), heart-spleen deficiency type (treated with modified Guipi Decoction), heart-kidney disharmony type (treated with Tianwang Buxin Dan), and mental unease type (treated with modified Ganmai Dazao Decoction).

2.2. Single Chinese Herb Treatment

Huang Wen [22] used *Acanthopanax senticosus* to treat depression, with an effective rate of 74%, proving that *Acanthopanax senticosus* can effectively treat depression. Ai Qun [23] divided depressed rats into 4 groups with the same number, gave different treatments respectively, and compared the quality of sugar water consumed with normal rats, proving that the astragalus acupoint sustained-release implant has a good curative effect. Chen Wenwei [24] found that the ethanol extracts of *Acorus tatarinowii* and *Paeonia lactiflora* have an inhibitory effect on experimental depression.

2.3. Chinese Herb Compound Treatment

Li Li [25] cured 54 depression patients with modified Xiaoyao Powder, proving that Xiaoyao Powder has an excellent effect in the treatment of depression. Wang Beibei [26] confirmed through clinical experiments that Yueju Pill has a good curative effect on depression and a favorable prognosis. Huang Xuchun et al. [27] believed that the Chinese herb prescription for relieving lung qi, soothing liver qi and invigorating spleen qi has a good curative effect on menopausal depression. Zhong Xiangyang et al. [28] believed that modified Chaihu Longgu Muli Decoction has a good effect in the treatment of depression. After treatment, the scores of Hamilton Depression Scale (HAMD) and Self-rating Depression Scale (SDS) were compared respectively, and the difference was significant ($P < 0.05$). Zhu Chenjun et al. [29] divided 60 patients with heart-gallbladder qi deficiency type depression into 2 groups with the same number of patients and uniform age distribution. The treatment group took Anshen Dingzhi Decoction in equal doses, while the control group took fluoxetine with the same active ingredients. The course of treatment for both groups was 2 weeks. At 1, 2, 4 and 6 weeks, the curative effects of TCM and western medicine in the two experimental groups were compared and observed according to the Hamilton Depression Scale (HAMD). The results showed that Anshen Dingzhi Decoction had a better curative effect. Li Qingya et al. [30] proved through an experimental comparison between fluoxetine and self-made Jieyu Decoction that the Chinese herb compound has a better effect.

3. Conclusions

TCM has a different understanding of the etiology and pathogenesis of depression. Whether in syndrome differentiation, diagnosis and treatment ideas, treatment methods, curative effect or prognosis, it is different from the inherent cognition of western medicine. After the clinical verification of several generations of physicians, TCM is undoubtedly superior to western medicine in the curative effect of depression. However, TCM is not perfect: Firstly, TCM syndrome differentiation of depression mainly relies on tongue coating, pulse condition, patients' symptoms, signs and feelings, which has great subjective factors. Different physicians have different diagnosis and treatment ideas and methods, leading to differences in the dialectical diagnosis of depression. The curative effects of different physicians using different prescriptions or the same prescription for different patients are also different.

Secondly, TCM focuses on inheritance, lacks the spirit of innovation, and few people conduct in-depth exploration. In addition, it is accompanied by subjectivity, making it difficult to effectively summarize the rules. Thirdly, the dosage, decoction method and administration method of Chinese herb compounds are not standardized, and the methods for exploring patients' conditions are not standardized, resulting in different curative effects and prognoses for each patient after taking the medicine. There are unavoidable errors in the experimental results, leading to an incomplete understanding of the mechanism. Due to the body's self-protection mechanism, the active ingredients of Chinese herbs cannot be completely absorbed by the human body. This makes TCM have no unified standard in the diagnosis of depression, and the treatment effect is uncertain. On the basis of summarizing the previous research experience, we should use modern medical research methods to solve the above shortcomings, so as to make breakthroughs in the research on the methods, curative effects and mechanisms of TCM in the treatment of depression.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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