

Drugs and Acupuncture: The Energetic Impact of Antidepressant Medications

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ABSTRACT

Many patients seeking acupuncture are taking antidepressants, yet rarely do they appreciate the impact such drugs might have on the acupuncture process. In this paper, the author explores the energetic effect of antidepressants, using side-effect profiles and the impressions of other practitioners. The argument is made that antidepressants can interfere with acupuncture and can even prevent patients from getting to the root of their illness.

Key Words: Depression, Drugs, Antidepressants, Acupuncture, Pulse Diagnosis, Five Elements

INTRODUCTION

IN THE EARLY TO MID-20TH century, several pivotal books foretold the evolution of thought-controlled, drug-influenced societies: *Brave New World*¹ and *1984*.² The former described a society dominated by people who took happy pills rather than face the pain of their existence, while the latter illustrated a society in which the state controlled what people could think and do. This article is about the energetic effects of those “happy pills” and the consequences of relying on them.

Antidepressants are some of the most commonly used pharmaceuticals. Many people use them long-term, some taking 2 or even 3 different brands simultaneously, all in the pursuit of the elusive goal of happiness. In a previous paper, I discussed antihypertensives, using inferences arising from drug adverse effects listed in the compendium.³ Although a similar approach could be used here, the fact that other authors have written on the subject makes the exercise easier.

The biochemistry of antidepressants is centered around their modulating effect on brain neurotransmitters, particu-

larly serotonin and norepinephrine. This in turn has given rise to the idea, albeit heavily supported by drug advertising, that depression is simply a biochemical disorder.^{4,5} Indeed, so pervasive is this explanation that most patients taking antidepressants are under the impression they have a chemical imbalance that is being corrected by the drugs. However, the neurotransmitter theory has been widely critiqued for being, at best, simplistic, and at worst, wrong, since it completely ignores the psychosocial context in which depression arises.⁶ Yet it remains popular, perhaps because it simultaneously provides a simple explanation for a complex disorder, gives the physician a rationale for a quick prescription, and allows patients to dismiss or ignore personal responsibility for their health. In short, perhaps its popularity is based on convenience rather than truth.

Curiously, whether antidepressants even work at all is a matter of some debate.⁷ Thomas J. Moore, an investigative journalist, reviewed the scientific evidence on some selective serotonin reuptake inhibitors (SSRIs) and concluded that the popularity of antidepressants is largely manufactured hyperbole.⁸ Medical researchers, too, have written about their limited effectiveness, pointing out that the

SSRIs are little better than placebo, and that unethical marketing practices (such as the withholding of negative research results) were used to get them launched.^{9,10} In the words of Ioannidis:

Perhaps most people given antidepressants for depressive symptoms would just need some attention from their physician and people to talk to and take some care of them. Antidepressants may be covering largely the lost placebo of human interaction and patient-physician interaction that has become so sparse in modern society . . . even if one feels a bit depressed by this state of affairs, there is no reason to take antidepressants, they probably won't work.¹¹

Moore noted that SSRIs are highly addicting and although initial studies showed an increase in the suicide rate, they were marketed as if this were not the case. Now, after many years pretending otherwise, drug makers have been forced to concede the suicide question and that, in young people at least, there is indeed an increased mortality in those taking the newer antidepressants.¹² Regardless of the truth or untruth of these troublesome issues, it is clear that antidepressants remain a dubious approach to a common condition.^{13,14}

With this in mind, it is difficult to understand why anyone would want to take antidepressants at all, especially because there are other less risky ways to approach the problem. In particular, acupuncture has been shown to be quite effective for depression,¹⁵ as have other interactive energetic therapies.¹⁶ Yet most people prefer the easy road to happi-

ness, and acupuncture demands a fair commitment in terms of time and responsibility.

CATEGORIES

Antidepressants are generally classified as:

- Tricyclics (TCAs), e.g., amitriptyline
- Selective serotonin reuptake inhibitors (SSRIs):
 - a) Pure SSRIs, e.g., citalopram
 - b) Atypical (SNRIs), e.g., venlafaxine
- Monoamine oxidase inhibitors (MAOIs), e.g., phenelzine

TCAs

Tricyclics have been around for many years and in addition to depression, they are used for panic disorders, pain syndromes, and anxiety states. Their mode of action is on presynaptic reuptake of both serotonin and norepinephrine, and they have anticholinergic effects.¹⁷ Side effects include dry mouth, sedation, urinary blockage in patients with prostatic hypertrophy, orthostatic hypotension, arrhythmias, erectile dysfunction, delirium, and agitation.¹⁸

A perusal of side effects reveals that TCAs promote the rising of Liver Yang,¹⁹ but they also have been noted to disperse the Qi, stagnate the Blood, and deplete the Yin.²⁰ The well-known side effects of urinary inhibition, impotence, constipation, and dry mouth are clearly signs of Yin deficiency²¹ (Table 1).

TABLE 1. ENERGETIC EFFECTS OF ANTIDEPRESSANTS

<i>System</i>	<i>Potential Side Effects</i>	<i>Inferred Chinese Medicine Effect</i>
Tricyclic antidepressants	Dry mouth, blurred vision, constipation, sedation, urinary retention, orthostatic hypotension, arrhythmias, erectile dysfunction, delirium, agitation, nausea, and black tongue	Disperse the Qi ↑Liver Yang Stagnate the Blood Deplete Yin Heat in the Yang Ming
Selective serotonin reuptake inhibitors (SSRIs)	Headache, nausea, tinnitus, insomnia, anxiety, akathisia, extrapyramidal symptoms, constipation, sexual dysfunction, and serotonin syndrome	↑Liver Yang, ↑Wind, ↓Liver Yin Agitate the Hun/Shen ↓Kidney/Heart Yin; ↓Kidney Qi, Stagnation fluids in Kidney/Brain Long-term: ↓Kidney Yang & Jing
SSRI withdrawal syndrome	Dysphoria, agitation, flu-like state (chills, fatigue, myalgias, sweating, nausea/diarrhea), vertigo, emotional lability, tremor	Qi deficiency/stagnation Liver Blood deficiency, Wind Damp
Monoamine oxidase inhibitors (MAOIs)	Orthostatic hypotension, and sympathomimetic effects such as tachycardia, sweating and tremor, nausea, constipation, insomnia, sexual dysfunction, agitation, and toxic psychosis	↑Liver Yang, ↑Wind, ↑Heart Yang agitation Hun/Shen Heat in the Yang Ming
MAOIs + tyramine	Hypertensive crisis	Heart Yang excess

SSRIs and Atypical Antidepressants (SNRIs)

The SSRIs and their related atypical antidepressants (SNRIs) have the advantage of not causing significant cardiovascular or anticholinergic side effects, but they have a wide variety of other energetic effects. By and large, their mode of action is to block the reuptake of serotonin, while the SNRIs do the same while also having additional effects.¹⁷ For example, venlafaxine blocks both serotonin and norepinephrine reuptake, nefazodone blocks serotonin and inhibits 5-HT₂ postsynaptic receptors, and mirtazapine selectively blocks presynaptic α_2 -adrenergic receptors and enhances both noradrenergic and serotonergic transmission. Side effects of SSRIs include headache, nausea, tinnitus, insomnia, anxiety, akathisia, extrapyramidal symptoms, sexual dysfunction, and serotonin syndrome. There can also be withdrawal symptoms such as dysphoria, agitation, and a flu-like state.¹⁸

Rosenberg says that neurotransmitters can be identified with Kidney Yin, Yang, and Jing.²¹ Hence, inhibition and accumulation of serotonin might lead to stagnation of fluids in the kidneys and brain. Beyond that, a perusal of side effects reveals a complex variety of effects on Yin/Yang balance. For example, headaches indicate Liver Yang rising; nervousness and tremor indicate Wind and Yang; insomnia relates to agitation of the Hun/Shen, Kidney, and Heart Yin vacuity; reduced concentration indicates depletion of Kidney Qi, and the gradual development of anxiety points to consumption of Liver Yin. In addition, the effectiveness of SSRIs as anxiolytics is often perhaps at the cost of an interference with the life force/Will (Hun, Po, Yi, Zhi). Hun disturbance leads to abnormal dreams, hot flashes, and palpitations, while reduction in Will leads to chronic underperformance.

Hammer straightforwardly says that SSRIs tonify Kidney Yang.²² Rosenberg says they are warm, pungent, stimulate and release Kidney Yang, open the orifices, and disperse the Qi.²³ Flaws, in his unique jargon, opines that SSRIs are windy-natured, Yang-upbearing medicinals similar to powerful exterior-resolving and Qi-rectifying medicinals.²⁴ Because of this, while they may increase a sense of energy and mental alertness and elevate the mood, they also tend to engender Wind, consume Yin, and eventually deplete Yang. He points out that the side effects typically group themselves around in vacuity-Fire effulgence/Yin vacuity-Yang hyperactivity symptoms.

In summary, SSRIs might be said to stagnate fluids in the brain, raise Liver Yang, aggravate Liver Wind, disperse Kidney Yang upward and outward, disturb the Hun and Shen, deplete Heart Yin, deplete Kidney Qi and Yin, and eventually, the Kidney Yang.²³

SSRI Withdrawal Syndrome

Since SSRIs strongly stimulate Liver Yang, the withdrawal symptoms might be understood as a collapse of the

Liver Yang energies with associated Qi deficiency/stagnation, Blood stagnation, Damp accumulation, and possibly, Wind. Dharmanada attributes these syndromes to Spleen Qi and Liver Blood deficiency, and suggests that a conventional interpretation of the same pattern might be a relative deficiency in serotonin availability or an imbalance of neurotransmitters that occurs when the drugs are removed²⁵ (Table 1).

Monoamine Oxidase Inhibitors (MAOIs)

The MAOIs are generally used as third-line drugs after failure of TCAs or SSRIs.¹⁷ Common side effects include orthostatic hypotension and sympathomimetic effects such as tachycardia, sweating, and tremor. Other side effects include nausea, insomnia, sexual dysfunction, agitation, and toxic psychosis, and if tyramine-containing foods are eaten, hypertensive crisis can occur.¹⁸

A perusal of side effects reveals that, given their predilection for hypertensive crisis, MAOIs are potent stimulants of Liver Yang rising, but, they too are capable of stirring up Liver Wind and depleting the Kidneys (Table 1).

CHINESE MEDICINE AND DEPRESSION

Depression is known as *Yu Zheng* in Chinese Medicine (CM), in which the term *Yu* has the double meaning of depression or stagnation. Thus, in the usual CM classification, depression is thought to begin with stagnation of Liver Qi which, in time, spreads to other organ systems, primarily the Heart, Spleen, and Kidneys.^{26,27} Maciocia projects this idea into the psychic/mental realm by positing that depression is a disharmony between the Hun (Spirit of the Wood Element) and the Shen (Spirit of the Fire Element).²⁸ Such stagnation or “binding depression of Liver Qi” can give rise to hypochondriacal or precordial discomfort along the course of the Liver meridian. This situation was once recognized in medicine as *hypochondriasis*, although the term has acquired a more pejorative connotation.²⁹ Liver Qi stagnation can also progress to Blood stagnation, Phlegm accumulation, or Phlegm Fire. If the Heart is involved, then Heart Qi and Blood deficiency can occur; and, if the Liver energy invades the Spleen, then Heart and Spleen can become deficient. Eventually, the Kidney may be stressed, giving rise to Kidney/Spleen Yang deficiency or Kidney Yin deficiency. A detailed exploration of these syndromes is beyond the scope of this paper but can be found elsewhere.³⁰

If endogenous depression were due to a deficiency of Kidney Yang and Jing, as Hammer has suggested,^{22(p550)} and neurotransmitters are actually Kidney Yin/Yang and Jing, as Rosenberg has suggested, then it would perhaps be conceptually satisfying to consider norepinephrine as Kidney Yang and serotonin as Kidney Yin. But such one-to-one cross-referencing between different paradigmatic concepts

is notoriously fickle. Such biochemistry cannot explain depression, and Kidney Jing is not truly a neuropeptide.

Yet Hammer's view makes several useful cross-references between conventional diagnostic categories and CM patterns. For example, besides attributing endogenous depression to a deficiency of Kidney Yang and Jing, he relates agitated depression to Liver and Heart excess, manic depression to disruption of the Heart-Kidney axis, and dysthymia or flat affect to Heart Qi deficiency.

PULSE FINDINGS

Hammer notes in general that prescription medications often make the pulse more uniform, or tense and subtly suppressed, obliterating both gross and subtle messages.^{22(pp57,96,474)} They also tend to strain and, in time, exhaust the Liver, Heart, and Kidneys, leading to sequential lack of control over Yang energies and eventually, to the *Qi Wild* condition.^{22(p131)} Elsewhere, he points out that amphetamines which, like antidepressants, tonify the Yang, lead initially to tense, robust, pounding, and even flooding/excess qualities in the left middle position. The Fire impacts the Heart, giving rise to a tight quality in the Pericardium position. Later, when the fire burns out, both left middle and distal positions (Liver and Heart) become wiry, signifying extreme Yin deficiency.^{22(p45)}

With specific regard to endogenous depression, Hammer notes that it is often associated with a *cotton pulse*.^{22(p237)} This pulse is felt above the Qi depth and conveys a spongy, amorphous, formless resistance that is without structure and wave form. As gentle pressure is exerted from the surface to the Qi depth, this shapeless entity feels like pushing one's finger through cotton. Also known as a *sad* pulse, it reflects a sense of oppression, resignation, and hopelessness based on the felt inability to change specific onerous conditions of one's life. Hammer claims that SSRIs can eliminate a cotton pulse in people with Kidney Yang deficiency through their action of tonifying the Kidney Yang.^{22(pp67,238)}

FIVE ELEMENTS AND DEPRESSION

One of the great strengths of the hidden tradition of CM is its ability to reach beyond the psychosomatic levels of illness to intuit a patient's likely core issue, based on Five Element constitutional typing. Each of the Five Elements manifests its own particular form of depression.

Water

The key existential issue for Water constitutional types is the manifestation of inner potential, their relationship with fear, and the transformation of that fear into wisdom (zhi). If fear becomes overwhelming, then the Water type can become paralyzed into inaction. This energetic situation is

probably the one that gives rise to the cotton pulse. And while SSRIs might temporarily mitigate such a pulse through mobilizing Kidney Yang, they simultaneously block patients from discovering the innate power that resides at the root of their existential angst. Such blocking, together with the associated deferral of the deeper work of self-enquiry, frequently results in long-term drug dependence and chronic underperformance.

Wood

The Wood sector is responsible for controlling the flow of Qi through appropriate judgment, planning, and decision making. Imbalance tends to give rise to anger. For Wood types, the existential issue is letting go of judgment so that anger can be transformed into healthy creativity, i.e., a force for construction rather than destruction. This is not an easy task; Wood energy is often expressed through the dual poles of implosion and explosion. Since explosion tends to be socially unacceptable, many people opt for implosion, which then masquerades as apathy and depression. If antidepressants are prescribed, Liver Yang tonification may inadvertently revert the implosion to explosion, giving rise to violent acting out, self-destructive actions, and/or even suicide.³¹ Books have been written on this subject.³²

Fire

The key existential issue for Fire constitutional types is the challenge of being fully present in the moment despite a deep sense of betrayal that characterizes their lives. They often try to escape this pain through avoidance and a pretense of happiness, with a bipolar oscillation around a potential center of calm located in the Heart. While antidepressants in this situation may reduce mood swings and stabilize ego functioning, the price paid is a continued denial of full presence as the drug creates a wall of protection around the Heart. In this way, the individual is effectively banished from a psychospiritual center which, if found, would return him/her to the theme of existence. By locking the door to the Heart-center, such patients perpetuate the original wound of betrayal and in so doing, further deplete their already fragile Heart Yin.

Earth

The key existential issue for Earth types is the transformation of selfishness into altruism, through an appropriate balance between giving and receiving. Earth constitutional types often have a curious inability to receive anything nourishing, whether it be material as food or mental as new ideas or thoughts. As a result, they often develop caretaking strategies that they carry out until they are exhausted while simultaneously wondering when it will be their turn to receive. If antidepressants are prescribed for such people, the temporary boost to Yang energies will often give them more reason to carry on, exhausting themselves and further deplete their Spleen and Kidney energies.

Metal

The key existential issue for Metal types lies in their resolving an inner emptiness, by letting go of their angst and contacting the transcendent. Because this is such a difficult task, they often attempt to fill the void with material “things,” which are inevitably transient and thus do not ultimately satisfy. As a result, they can become chronically depressed and morose, as everything they acquire fails to fill the void. While antidepressants may place a functional cover over their doom and gloom, the price is a compromised ability to find the transcendent, since drug dependency blocks their ability to fully let go. Thus, they become physically, mentally, and spiritually obstructed, forever blocked from true inspiration. (It is perhaps notable that all 3 classes of antidepressants commonly give rise to constipation.)

The Missing Metallic Link

The standard TCM classifications of depression are listed in Table 2, relating them to those of Hammer and the likely Five Element constitutional factors.

There is no TCM classification that reflects the depression characteristic of the Metal element (Table 2). This is unusual, considering that from a Five Element perspective, depression is one of the Element’s defining characteristics. Perhaps in this omission lies the key to a true holistic understanding of depression. By attributing depression primarily to Liver Qi stagnation, TCM accurately describes a common enough energetic pattern, but fails to identify the psychospiritual state from which Liver Qi stagnation itself arises. That state is archetypically described in the Metal constitution as a profound existential despair which itself is rooted in the feeling of disconnection from the Tao.

However, TCM is not CM, but rather a fairly recent adaptation which, like conventional medicine, categorizes disease and treatment in dualistic ways.³³ As such, it ignores the philosophical root of acupuncture which lies in non-dualism and the Tao.

The Existential Split

The conundrum of depression invites us to dig deeper, down to the root of Liver Qi stagnation itself, an exploration that reveals the source of stagnation to be in the primary ex-

istential split.³⁴ The existential split leads to the erroneous assumption that humans are separate and alienated beings, somehow divorced from the whole, an assumption that encourages the ego to make decisions that interfere with the natural flow of Qi. Without such alienation, there would be no tendency to engage in inhibition, Qi stagnation would not arise, and there would be no such thing as depression.

Thus, beyond the habitual prescription for a chemical quick-fix, any lasting solution to depression must involve a thorough scrubbing of the most stubborn of illusions, something that drugs can never achieve. Indeed, a diagnosis of depression and its associated drug therapy deliberately strengthens the illusion by confirming the aberrant notion of a separation between illness and patient. The point is that when it comes to dealing with existential issues, bio-medicine somehow misses the mark.³⁵ Here is perhaps the most compelling reason of all to caution against indiscriminate use of drugs for depression. Certainly, antidepressants may help the ego to function better in the short term, but in doing so, they inadvertently support the mental state which itself is the root of depression.

CASE STUDIES

An 80-year-old woman with a Metal constitutional type presented with ongoing pain in the right hip and leg after a right hip replacement that she said made her life impossible. She blamed the surgeon for a botched job and complained continuously even though comparatively speaking, she was in good physical shape for her age. Medications included mirtazepine, clonazepam, and various analgesics. Acupuncture treatments included points to move the Liver Qi such as LV 3 (Taichong), PC 6 (Neiguan), and CV 17 (Danzhong), and periodic Yang Ming balancing. Treatment also included encouragement to help her better understand the existential question. Over a period of a year, the patient discontinued all medication. Once drug-free, her pain and mood disturbance dramatically improved.

A 54-year-old woman with a Fire constitutional type and long-standing depression gradually discontinued her medications in order to face her existential angst. Previously, she had treated her depression with SSRIs including venlafax-

TABLE 2. CHINESE MEDICINE CATEGORIZATIONS OF DEPRESSION

<i>TCM</i>	<i>Hammer²⁵</i>	<i>Constitutional Factors</i>
Liver Qi stagnation	Agitated depression	Wood
Blood stagnation		Wood
Phlegm accumulation		Wood/Earth
Phlegm Fire	Liver and Heart Excess	Earth/Fire
Heart Qi/Blood deficiency	Heart Qi stagnation	Fire
Heart/Spleen deficiency	Heart Qi stagnation	Fire/Earth
Spleen/Kidney Yang deficiency	Endogenous depression	Water
Kidney Yin deficiency	Disruption of Heart-Kidney axis	Water/Fire

ine and paroxetine, her insomnia with TCAs such as amitriptyline and trazodone, and her anxiety with occasional lorazepam. As the withdrawal progressed, she was increasingly faced with a sense of impending doom, located for the most part in the upper Jiao, which she admitted had been there all her life. Acupuncture focused on balancing the Jue Yin–Shao Yang circuits, opening the Heart with points like PC 6 (Neiguan), TH 5 (Waiguan), and CV 17 (Danzhong), and opening the upper Chakras with points like CV 22 (Tiantu), GV 24.5 (Yintang), and GV 20 (Baihui). As the patient sank deeper into her existential angst, she gradually developed an extraordinary intuitive ability, hitherto hidden, in which she was able to “see” quite directly into other people’s life issues. Developing this gift and learning to articulate it eventually became the creative expression of her life.

A 29-year-old woman with a Wood constitutional type undergoing inpatient treatment for depression fractured her right humerus when she had a seizure and fell across the nursing station desk. After a failed pin and plating, her only other option was a cadaveric shoulder replacement, a procedure the surgeons were reluctant to perform. Past history included endometriosis and ovarian cystectomy. Medications included paroxetine, amitriptyline, and morphine. Acupuncture treatment for the patient focused on the Shao Yang–Jue Yin circuit to mobilize Wood energy, together with local points in the shoulder area such as LI 15 (Jianyu), SI 10 (Naoshu), SI 11 (Tianzong), and Jianneiling (EM). During several sessions, what began as apparent seizure activity developed into loud verbal expressions and punching shoulder movements (that she would never have allowed without an appropriately safe context). After these sessions, she was temporarily pain-free and had full shoulder range-of-motion. With repeated acupuncture experiences, her depression gradually lifted and she discontinued all medications.

DISCUSSION

The above scenarios highlight a fundamental dissonance between the biochemical view of depression with its associated drug therapy and energetic healing, which requires that people face and deal with their existential despair.

There is no doubt a place for drugs. Indeed, in situations of deep despair, antidepressants can sometimes be life-saving. But the long-term use of antidepressants as a strategy for living is a different matter. Depression asks people to rediscover their original energy and anything that interferes with that process will prolong the depression. Moreover, the longer antidepressants are taken, the more dependence becomes an issue, and the more difficult it becomes to ever discontinue them.

Some acupuncture practitioners believe this issue should be tackled head-on. Jarrett, for example, has suggested that patients be challenged to live up to their authentic self from the first interaction, and points out this is best done through the practitioner’s example:

Points and herbs can facilitate the movement of attention from the wounded ego to the authentic self. But it is who the practitioner *is* that creates the motivating force of such change.³⁶

Perhaps the art of medicine involves delivering the message without appearing confrontational or judgmental. One useful strategy involves simply asking patients whether their drugs help. Some will say the medications keep them balanced and they have no intention of changing anything. For such people, perhaps the issue of antidepressants should be postponed. Others answer that the drugs do little and that they would like to discontinue them if they only knew how.

Patients often need some gentle coaxing to leave the safety of a biochemical perspective to embrace an energetic world-view. To the degree that the energy perspective is internalized, so the will to discontinue drugs is galvanized. Acupuncture can assist this transition if it is intentionally used to mobilize original energy; and that is a matter of identifying the constitutional type, then repeatedly stimulating the primary constitutional circuit involved in a context in which it is possible for the patient to allow full spontaneous expression.³⁷

CONCLUSIONS

If the fundamental energetic reason for depression is Liver Qi stagnation, then clearly the goal of acupuncture will be to smooth out the flow of Liver Qi. As physicians are well aware, the temporary reprieve achieved through such an approach frequently leads to a dependency. Whether that dependency is to drugs or acupuncture ultimately makes little difference because such dependency is itself pathological.

A more permanent solution to the problem of depression needs to involve patients themselves making the inner effort necessary to transcend their alienated ego. Such an approach not only allows the Qi to flow, which is the fundamental goal of the acupuncture ritual, but also engenders an attitudinal transformation as patients traverse the mythical Golden Gate located between the Metal and Water Sectors.³⁷ The difficulty is that antidepressants tend to block this all-important transition. Since drugs and acupuncture have opposite intentional vectors, trying to move the Qi while patients continue taking drugs is much like pulling a rope at both ends. It tends to be a self-defeating exercise.

What then is the physician-acupuncturist to do? One alternative is to encourage patients to read the pertinent literature on antidepressants, with particular emphasis on the conflicting studies that show little benefit over placebo and the tendency to develop a life-long drug dependency. The sooner patients can muster sufficient internal fortitude to relinquish their crutch, the sooner they may come to have enough contact with original energy to initiate a sustained transformation.

Such an approach can be very rewarding. It may take some time and patience in the beginning, but in the long run, such patience pays off. I have seen many people relinquish their dependence on antidepressants, acquire a sense of freedom, and begin to enjoy a life more in tune with their innate constitutional destiny.

DISCLOSURE STATEMENT

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