



# SUN TEN

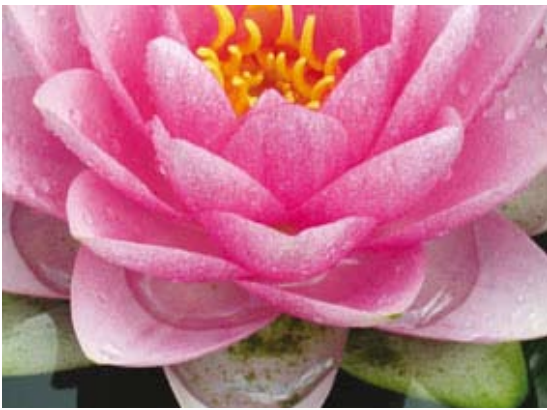
November/December 2005

# NEWSLETTER

## 中医 Traditional Chinese Medicine

### Examples of Different TCM Treatment Methods for Depression.

By Dagmar Riley, Dip. TCM



The Western Disease concept “depression” has no direct counterpart in Traditional Chinese Medicine (TCM). However, according to the presenting symptoms and signs, depression can correspond to several TCM concepts, including *Yu Zheng* (Depression Pattern), *Dian Bing* (Withdrawal), *Zang Zao* (Visceral Agitation), and *Bai He Bing* (Lily Disease).

The Western Concept of depression is often associated with *Yu Zheng*, depression pattern, which is defined as any pattern of qi stagnation, including depression of any of the five viscera, emotions, or vital substances. A more specific definition of *Yu Zheng* describes it as any pattern arising when constrained mental or emotional activity causes depression of the qi dynamic.<sup>1</sup> This impairs the liver’s function of ensuring free flow of qi throughout the body. Formulae often used for ‘depression pattern’ include *Si Ni San* [Bupleurum & Zhi Shi Formula] to soothe the liver and resolve depression, and *Jia Wei Xiao Yao San* [Bupleurum & Peony Combination] to soothe the liver, resolve depression and clear heat in cases of liver qi depression leading to fire. When depressed qi involves phlegm, *Ban Xia Hou Po Tang* [Pinellia & Magnolia Combination] is often used to rectify and aid the descending of qi and transform phlegm.

TCM treatment of depression can include all five viscera, using treatment methods such as coursing the liver and resolving depression, quieting the spirit and opening the orifices, harmonising the liver and spleen, rectifying qi and transforming phlegm, supplementing heart and spleen, nourishing the liver and kidney, nourishing yin and downbearing fire, and quickening blood and transforming stasis.

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It is important to remember that depression, like any other disorder, can involve all organs and necessitate treatment methods beyond the common methods mentioned above. In order to provide an overview of different treatment methods, the following topics are discussed in this article:

- The treatment examples of common patterns of depression in a Beijing hospital.
- A clinical study of *Xiao Chai Hu Tang* [Minor Bupleurum Combination] in the treatment of depression as an example of how to expand the use of a formula with the addition of singles and;
- The method of treating depression according to the doctrine of the lung. This is an example of how depression, although the focus can be on one viscus, can ultimately involve all the five viscera.

### Treatment of Common Patterns of Depression in the Beijing TCM Hospital [Beijing Zhongyi Yiyuan]<sup>2</sup>

The Beijing TCM Hospital has been conducting research on the TCM treatment of depression for over five years with good results. Treatment is based on pattern differentiation, with the most common patterns being:

- Binding depression of phlegm and qi clouding the orifice of the heart: Orifice of the heart here refers to the heart spirit, also called spirit-mind or simply spirit. When the orifice of the heart is unobstructed, the mind (and spirit) is clear, when obstructed, the mind and spirit are clouded. Main signs include plum pit qi, oppression or scurrying pain in the chest/diaphragm, depression of mental or emotional activities manifesting as easily feeling overwhelmed, feeling pressured to make decisions, rashness, impatience, being prone to anger. Tongue is thick, greasy white coat. Pulse wiry and slippery.

**Formula used:** *Ban Xia Hou Po Tang* [Pinellia & Magnolia Combination] with additions, often adding *Yu Jin* [Curcuma aromatica] 12 g to further promote the movement of qi and clear the heart.

- Liver fire with phlegm harassing the heart spirit: Main signs include signs of binding depression of liver qi,



Ginseng

e.g. mental depression, distending pain along the liver channel (rib-side, breast, lesser abdomen), irritability, frequent sighing, and further signs of liver fire such as aggression, extreme stubbornness, inappropriate speech, red eyes, bitter taste in the mouth, headache, insomnia and profuse dreaming, dry stool and dark yellow urine. Red tongue with a yellowish coating. Pulse is wiry and rapid.

**Formula used:** *Jia Wei Xiao Yao San* [Bupleurum & Peony Combination] with additions. The hospital often adds *Xiang Fu* [Cyperus] 12 g to further regulate liver qi.

- Dual vacuity of qi and blood depriving the heart spirit of nourishment: Main signs include pale face, pale-coloured nails, shortness of breath, fatigue, palpitations, dizziness, feeling of unrest that seems to come from the heart region, disturbed sleep. Tongue is pale and pulse is soft.

**Formula used:** *Ba Zhen Tang* [Dang Gui & Ginseng Eight Combination] with additions. Often, *Huang Qi* [Astragalus] is added to further supplement qi and blood.

- Qi stagnation and blood stasis causing disquieting of the heart spirit: Main signs include emotional depression, restlessness, easily feeling upset, dark (stagnant) facial complexion, breast or rib-side distension. In women, dysmenorrhea at onset of menstruation, clotted menstrual blood, or menstrual block. Dark purple tongue with stasis speckles. Deep, wiry or rough pulse.

**Formula used:** *Xue Fu Zhu Yu Tang* [Persica & Achyrantes Combination] with additions. Often, *Suan Zao Ren* [Zizyphus] is added to quiet the spirit. In case of unavailability of *Xue Fu Zhu Yu Tang*, an alternative to *Xue Fu Zhu Yu Tang* can be made up of the formulae *Si Wu Tang* [Dang Gui Four Combination] plus *Si Ni San* [Bupleurum & Zhi Shi Formula] plus *Tao Ren* [Persica] plus *Hong Hua* [Carthamus].

- Dual vacuity of heart and spleen depriving the heart spirit of nourishment: This pattern is often caused by excessive thought, worry and anxiety, that remain part of the symptom picture. Other main symptoms are palpitations, insomnia, lack of concentration and forgetfulness, easily feeling overwhelmed, reduced appetite, fatigue, no energy and lack of strength in the lower limbs, abdominal distension, sloppy stool. Pale tongue and fine and forceless pulse.

**Formula used:** *Gui Pi Tang* [Ginseng & Longan Combination].

- Non-interaction of the heart and kidney with yin vacuity fire: Main signs include a feeling of unrest that seems to come from the heart region, high anxiety, palpitations, seminal emission, insomnia and dream disturbed sleep, low back ache, night sweats. Thready rapid pulse, red dry tongue with no coating.

**Formula used:** *Tian Wang Bu Xin Dan* [Ginseng & Zizyphus Formula]. In case of unavailability, *Zhi Bai Di Huang Wan* [Anemarrhena, Phellodendron & Rehmannia Combination] with *Gui Zhi Jia Long Gu Mu Li Tang* [Cinnamon & Dragon Bone Combination] can be used to nourish heart and kidney yin.

- Heart-gallbladder qi vacuity causing disquieting of the heart spirit: Main signs include a feeling of emptiness in the heart, being easily frightened, anxiousness, weepiness, forgetfulness, palpitations, shortness of breath, fatigue, oppression in the chest.

**Formula used:** *Gan Mai Da Zao Tang* [Licorice & Jujube Combination] with additions. Frequently, *Suan Zao Ren* [Zizyphus], *Dang Gui* [Angelica Sinensis] and *Bai He* [Lily] are added to quiet the spirit, nourish blood, clear the heart and treat the palpitations.

### Clinical Study of Xiao Chai Hu Tang [Minor Bupleurum Combination] in the Treatment of Depression<sup>3</sup>

The following study was conducted by the TCM department of the Chao Yang Number Two Hospital. The authors of the study view depression under the TCM category *Yu Zheng* (Depression Pattern), which is brought about by constrained mental or emotional activity causing depression of the qi dynamic. The liver's function of free coursing is impaired (meaning the liver's function to ensure free flow of qi throughout the body). This can affect the body in different ways, often impairing the spleen's function of movement and transformation and disturbing the heart spirit. It can also invade the stomach causing nausea and abdominal pain. Depressed liver qi may also ascend counterflow, taking phlegm upwards with it and causing plum pit qi.

The author's used *Xiao Chai Hu Tang* [Minor Bupleurum Combination] to treat this common scenario, with *Chai Hu* [Bupleurum] entering the liver channel and regulating the emotions, *Huang Qin* [Scute] clearing depressed heat, *Ban Xia* [Pinellia] downbearing counterflow (normalising the qi flow), drying damp and transforming phlegm. *Ren Shen* [Ginseng], *Gan Cao* [Licorice], *Sheng Jiang* [Fresh Ginger] and *Da Zao* [Jujube] supplement qi, strengthen the spleen and nourish the stomach.

Patients with a Western Medical Diagnosis of depression were divided into a treatment group (40 patients) and a control group (30 patients). The duration of their illness was between three to 13 months. Within the treatment group, 11 patients were classified as binding depression of liver qi, 14 patients were classified as binding depression of phlegm and qi, seven patients were considered dual vacuity of heart and spleen, and eight patients were diagnosed as yin vacuity fire. The comparison group presented the following TCM patterns: Binding depression of liver qi - eight patients, binding depression of phlegm and qi - 11 patients, dual vacuity of heart and spleen - five patients, yin vacuity fire - six patients. The two groups showed no significant difference regarding sex, age, course of illness, TCM pattern differentiation,

or Western Medicine Diagnosis. If patients were using antidepressants, the dose of the antidepressant was gradually decreased and finally stopped so that patients were only using either *Xiao Chai Hu Tang* or an selective serotonin reuptake inhibitor (SSRI).

The treatment group was administered *Xiao Chai Hu Tang* [Minor Bupleurum Combination] twice daily for 60 days with additions according to pattern differentiation. The additions to *Xiao Chai Hu Tang* were:

- a) Binding depression of phlegm and qi: *Gua Lou Pi* [Trichosanthes Peel] to clear the lungs, transform phlegm and regulate qi.
- b) Dual vacuity of heart and spleen: *Bai Zi Ren* [Biota] to nourish the heart and calm the spirit, *Fu Shen* [Poria Cocos] to strengthen the spleen, quiet the heart and calm the spirit.
- c) Yin vacuity fire: *Mu Dan Pi* [Moutan] to clear vacuity fire, *Sheng Di Huang* [Raw Rehmannia] to nourish yin, and *Bai Shao* [White Peony] to preserve yin.

The comparison group were administered an SSRI orally, 20 mg in the morning for 60 days.

**Results:** Treatment group: Marked results in 21 patients (52.5%), results in 16 patients (40%), no results in three patients (7.5%), overall success rate 92.5%. None of the patients in the treatment group experienced any side-effects. Comparison group: Marked results in 11 patients (36.7%), results in nine patients (30%), no results in 10 patients (33.3%), overall success rate 66.7%. Amongst the 30 patients of the comparison group, five patients experienced nausea, vomiting and reduced appetite, three patients experienced insomnia, and one patient experienced a mild manic episode.

### Treating Depression According to the Doctrine of the Lung<sup>4</sup>

Professor Han of the Beijing University of TCM (Beijing Zhongyiyao Daxue) expounds that depression mainly manifests as the feeling of sadness and sorrow, and in the doctrine of the five phases (Wu Xing) these feelings are associated with the lung. This seems natural considering that amongst the seasons the lung is associated with autumn. Autumn is the season when all things in nature decline or turn inwards, and the emotions follow suit by turning from their natural summer tendency of relative extroversion to the autumn tendency of relative introversion. This normal development prevents exhaustion of essential qi.

When imbalanced, this otherwise natural adaptive response of the body/emotions to the environment, can be disturbed. If lung qi is depressed or lung yin vacuous, this can manifest as inappropriate sorrow and sadness, and lung qi and yin need to be treated.

### The Lung and the Liver

The lung and liver are closely connected regarding the qi dynamic (healthy movement of qi): The liver governs

upbearing of qi, while the lung governs downbearing of qi. This means that the common pattern of liver qi stagnation (also called “binding depression of liver qi”) can impair the qi flow of the lung. A disharmony between liver and lung resulting in disturbance of the qi dynamic can manifest in feelings of sorrow and sadness, along-side with frequent sighing, a symptom of liver qi stagnation. Hence the liver may need to be considered in treatment in combination with the lung.

### The Lung and the Heart

The heart stores the spirit, and the *Ling Shu* states that “when heart qi is vacuous there is sorrow”. Heart and lung are both located in the upper jiao and are working together in blood circulation. The heart governs the blood and vessels, and the lung governs qi and “faces the hundred vessels”, meaning that the blood of the whole body must pass through the lung channel and the lung properly.<sup>5</sup> Often, disorders involving sorrow and sadness may require treatment of both lung and heart.

An example would be *Bai He Bing* (Lily Disease), which is caused by heart and lung yin vacuity. Patients experience confusion about what they want; they want to eat but the very next moment do not feel like eating, they want to sleep but then don't feel like it, or they may be feeling cold but then the next moment they are not feeling cold, and so on. Other symptoms are a bitter taste in the mouth, reddish urine, and a faint and rapid pulse. Treatment is with *Bai He Di Huang Tang* [Lily and Rehmannia Decoction]. In this prescription, *Bai He* [Lily] moistens the lung and clears the heart, benefits qi and calms the shen (spirit), and *Sheng Di Huang* [Raw Rehmannia] nourishes the heart and benefits yin, cools blood and clears heat. The two ingredients together perform the function of moistening and nourishing heart and lung, clearing heat and calming the shen (spirit).

**Case history:** *Bai He Bing* (Lily Disease): A 23-year-old female, started to experience an uncomfortable feeling of oppression in the chest, accompanied by frequent sighing. These symptoms gradually became worse until she felt dispirited and so sad and sorrowful she was constantly on the verge of tears. Additional symptoms were: A dry cough, hot feeling in palms and soles, night sweats, red tongue with scanty coating, and a fine rapid pulse. On the Hamilton Depression Rating Scale (HAMD) she scored 31 points. Prescription: *Bai He* [Lily] 30 g, *Sheng Di Huang* [Raw Rehmannia] 12 g, *Tai Zi Shen* [Pseudostellaria] 15 g, *Mai Dong* [Ophiopogon] 9 g, *Wu Wei Zi* [Schizandra] 6 g, *Zhi Mu* [Anemarrhena] 9 g, *Mu Dan Pi* [Moutan] 12 g, *Xing Ren* [Apricot Seed] 9 g, *Sang Bai Pi* [Morus] 9 g, *Shan Zhi Zi* [Gardenia] 12 g, *Dan Dou Chi* [Prepared Soybean] 9 g, *Bie Jia* [Carapax] 15 g, *Gan Cao* [Licorice] 9 g. After 20 doses were taken as a decoction, the symptoms had disappeared and a repeated HAMD and scored 13 points. She was prescribed *Liu Wei Di Huang Wan* [Rehmannia Six Combination] for two months to stabilise the results, and no symptoms have recurred.

### The Lung and the Spleen

In the doctrine of the five phases, earth is the mother of metal, thus the spleen is the mother of the lung. The spleen assimilates nutrients from food that are then made into blood, qi and body fluids and distributed throughout the body. Thus, the nourishment of all other organs are heavily dependent on a healthy spleen function of movement and transformation of nutrients. If this function is weakened, the formation of qi and blood is impaired, and a disturbed distribution of water may give rise to dampness. Hence, spleen qi vacuity often results in lung qi and yin vacuity, or it can lead to the formation of phlegm in the lung, with the accompanying symptoms of depressed emotions, feelings of sadness and sorrow, and the feeling of an object lodged in the throat.

Treatment is according to the principle “vacuity (of the lung) is treated by supplementing the mother (the spleen)” and can involve the use of *Gan Mai Da Zao Tang* [Licorice & Jujube Combination] from the classic *Jing Gui Yao Lue*, traditionally used to treat *Zang Zao* [Restless Organ Syndrome]. *Gan Cao* [Licorice] harmonises the centre, *Fu Xiao Mai* [Wheat] nourishes the spleen, and *Da Zao* [Jujube] boosts spleen qi.

### The Lung and the Kidney

Depression can be an enduring progressive disorder. Enduring illnesses tend to involve the kidney, manifesting as demoralisation, carelessness and general deterioration. Metal (lung) engenders water (kidneys), hence enduring lung qi and yin vacuity can damage the kidneys, and kidney qi and yin vacuity also tends to involve the lungs. Enduring depression often involves kidney yin vacuity, and treatment has to focus on nourishing liver and kidney, while at the same time nourishing lung yin. A representative formula for this purpose is *Yi Guan Jian* [Glehnia and Rehmannia Formula] with additions. Within *Yi Guan Jian*, *Dang Gui* [Angelica Sinensis], *Sheng Di Huang* [Raw Rehmannia] and *Gou Qi Zi* [Lycium Fruit] nourish liver and kidney, *Mai Dong* [Ophiopogon] and *Bei Sha Shen* [Glehnia] enrich the lungs and clear heat, adding *Xing Ren* [Apricot Seed] and *Chuan Bei Mu* [Fritillaria] reinforces the overall function to both nourish liver and kidney, and nourish lung yin.

The treatment of common patterns of depression mentioned in this article provides the Practitioner with a good base for initial diagnosis and for choosing of a suitable formula. As treatment progresses and the pattern of the patient changes or other hidden patterns emerge, the original treatment strategy may have to be refined. The initial formula might have to be modified like in the example of modification of *Xiao Chai Hu Tang* [Minor Bupleurum Combination] given in this article. Or the relation between the primary viscus treated and the other viscera might have to be considered in treatment, as expounded in the example on treating depression according to the doctrine of the lung.

TCM provides the Practitioner with both a sound theoretical basis and high flexibility to treat depression with confidence and success.

# 中西医结合 Integrated Traditional and Western Medicine

## Bupleurum and Dragon Bone: A Formula for Stress and Stress-induced Cardiovascular Conditions.

By Angela Carrol,

*Adv. Dip. H.Sc - Nat, Adv. Dip H.Sc - Acu, Adv. Dip H.M.*

Most patients that TCM Practitioners see, present with a Western medical background – many of them already take medically prescribed medications. The herbs and formulae prescribed have centuries of traditional clinical backing, but how do they fit into the modern understanding of conditions and pathologies? When prescribing TCM formulae it is reassuring to know that there has been extensive research to determine, not only its efficacy, but also its mode of action and safety. Until recently, the number of quality studies of TCM formulae have been few and far between, and when published were often in Chinese and untranslated. Below is a quick reference to the results of new Japanese studies for the formula Bupleurum and Dragon Bone. Further explanations of the studies and findings follows.

Bupleurum and Dragon Bone were found to:

- Decrease stress-associated cortisol production;
- Reduce soft tissue calcification;
- Have antioxidant properties;
- Decrease low density lipoproteins (LDL);
- Reduce hypertension;
- Reduce vasoconstriction;
- Reduce tachycardia.

### Antistress Effects

A common theme throughout the research findings is the calming effect of Bupleurum and Dragon Bone formula on nervous system-induced cardiovascular pathologies. Specifically, this formula seems to be effective in stress involving emotional factors, that is, stress associated with relationships, work or living standards. The antistress effect of Bupleurum and Dragon Bone is dependent strongly on the degree of psychological change rather than physical changes.<sup>1,2,3</sup>



**“A common theme throughout the research findings is the calming effect of Bupleurum and Dragon Bone formula on nervous system-induced cardiovascular pathologies.”**

Bupleurum and Dragon Bone has a cortisol-lowering effect under stress. Again this effect occurs on psychological stress models, not physical stress.<sup>4</sup>

Studies indicated that treatment with Bupleurum and Dragon Bone Combination significantly prevented the chronic stress-induced decreases in extracellular concentrations of dopamine and serotonin in the brain, neurotransmitters that are often low in depressive conditions.<sup>5</sup>

Exposure to stress is known to precipitate or exacerbate many neuropsychiatric disorders such as depression. Abnormalities of the neuroendocrine system, as shown by increased adrenal weight and decreased glucocorticoid negative feedback, are frequently seen in depression. In rats exposed to stress, Bupleurum and Dragon Bone Combination was given during the stress phase and in the recovery phase. This treatment prevented the stress-induced increase in adrenal weight and increased cortisol negative feedback. Thus having an overall protective effect on the body from stress.<sup>6</sup>

### Tissue Calcification

When looking at spontaneous soft tissue mineralisation

of the heart and tongue in mice, in only two weeks, administration of Bupleurum and Dragon Bone reduced heart calcium content by 50% and phosphorous by 35%. At four weeks, tongue calcification was reduced by 79% and phosphorous by 32%. These results strongly suggest that this formula may be useful in preventing and reducing soft tissue calcification,<sup>7</sup> such as seen in atherosclerosis.

### Antioxidant

Bupleurum and Dragon Bone is one of a number of formulas prescribed for the management of stroke. Studies suggest that the pharmacological action of Chinese herbal medicines used for the reduction of post-

ischemic brain damage not only have a free-radical scavenging activity, but also have a suppressive effect on the generation of lipid peroxidation.<sup>8,9</sup>

### Improves Blood Lipid Profile

Taking Bupleurum and Dragon Bone significantly lowers LDL cholesterol and total cholesterol levels. There were no changes noted in very low density lipoprotein (VLDL) or high density lipoprotein (HDL) cholesterol levels, though triglycerides decreased slightly.<sup>10</sup> In addition to this, there was a significant decrease in the atherosclerotic plaques in the aortae. The authors conclude that Bupleurum and Dragon Bone may protect against hypercholesterolaemia and atherosclerotic lesions.<sup>11</sup>

### Blood Pressure

The effects of Bupleurum and Dragon Bone on blood pressure in rats were examined. The stimulant theophylline was given to induce increases in arterial blood pressure, heart rate and peripheral blood flow, which mimics the effects of stress on the body. Theophylline stimulates adrenaline and noradrenaline (NA) production. Bupleurum and Dragon Bone ameliorated the hypertension in a stressed state.<sup>12</sup> That is, it lowered theophylline-induced blood pressure rises. It is proposed that the antihypertensive effects of this herbal formula could be related to inhibition of NA-induced vasoconstriction<sup>13,14</sup> and stress-induced increases in heart rate.



### Bupleurum

In a second similar study, administration of Bupleurum and Dragon Bone lowered the increase in blood pressure and reduced the increased heart rate. These results suggest that Bupleurum and Dragon Bone suppresses central nervous stimulation.<sup>15</sup>

Bupleurum and Dragon Bone is a traditional formula clinically used for the treatment of hypertension and/or atherosclerosis concurrent with stress disorders. The bulk of research conducted supports this use.

References available on request

## Guest Practitioner Interview

### Sun Ten Seminar Presenter Greg Bantick Shares some of his Thoughts on Successful Practice.

We are honoured to be able to bring you an interview this month with Mr Greg Bantick. Greg is a skilled clinician and has practiced successfully in Australia and the U.S. for more than 20 years. He also spent many years as a popular teacher, Academic Dean and Clinical Director of the Seattle Institute of Oriental Medicine. Greg has worked closely with many of America's well known Practitioners such as Dan Bensky, Craig Mitchell, and Jian Min Fan amongst many others. Greg has recently returned to practice and teaching in Brisbane, and will also be presenting the upcoming Sun Ten Seminar series on the TCM Management of Mood Disorders. We asked Greg to share a few of his insights into the successful practice of TCM in Western countries.

#### 1. What was your personal breakthrough in the practice of TCM? What made it "click" and made you feel like now you're really getting it?

For me it has been more a long series of little clicks. Watching my early mentors in Brisbane was very helpful. My first visit, in the early eighties, to China and Japan gave me a lot to think about. Subsequently inviting Chinese and Japanese Practitioners to Brisbane and asking them to help me in my clinic with patients I was having difficulty with. Studying over periods of time with certain people has helped enormously. Jian Min Fan in San Diego, for example, was someone I could discuss patients with, even take them in to see him, and he would guide my thinking. Going through several classical texts has perhaps been one of the biggest steps. Not just reading them, but watching people who have worked with the encompassed ideas, for many years, and how those ideas show up in how they make a diagnosis and treat. Then, trying it out for myself, and referring back to my mentors when I became stuck has been helpful. Dan Bensky and Craig Mitchell are a few exemplars of spending years with the *Shang Han Lun* and are now passing on their experience. Nei Hui Min and Shou Chun Ma have spent most of their long clinical careers using largely *Shang Han Lun* formulae for a wide variety of conditions. Reading about China, and its rich history, art and science, learning a little of the language has also helped. Studying some internal martial arts has been a good way to better understand qi.

#### 2. How important do you view self-cultivation (of body and/or mind) and lifestyle according to TCM principles for a Chinese medicine Practitioner?

For me this is important. While certainly no exemplar of great health or any deep insight, the effort to get to know our internal terrain, the movements of our minds and bodies is very useful. When a patient comes to see us, often the main condition can be treated or at least managed.

However, many of us are so distressed about not being the way we think we should be, or that life is not the way we think it should be. For example, a patient came to see me for a sprained ankle. This was just prior to months of planning a ski trip with friends from all over the country and now she could not ski. While the ankle was relatively easy to treat, the disappointment that life did not go as planned was deeply upsetting for her. When someone gets a grave diagnosis, necessitating uncomfortable treatments and an uncertain future, while dealing with the actual disease and treatment may be relatively straightforward, the states of mind that come with the diagnosis can be very unsettling. Personal experience of how we work, particularly in very difficult situations, allows us to help our patients through their difficulties.

Working with the qi arts, helps to refine our palpation skills, our ability to sense qi, sense of balance and so on. I think we need to explore and learn by experience for ourselves in order to be better qualified guides for our patients. I like the aspiration of the Practitioner in the dual roles of being skilled in intuited knowledge as well as the master of scholarly knowledge, bridging inner and outer, above and below, energy and matter.

### 3. In the West we now have a pioneer generation of TCM and it is not surprising that this is a challenging process. What qualities should a student of TCM have to meet these challenges successfully?

Remember our medicine is based on a naturalist philosophy, on knowing ourselves as part of the web of life. It is synthetic and its scientific endeavor has been toward acknowledging and understanding the complexity and multidimensional nature of life.

Practitioners need a broad base of knowledge, of nature, music, art, literature and so on, and should question the idea of the body as a separate entity, separate from intimate connection with the environment and all fellow creatures, and of seeing themselves only as technicians in a highly specialised trade.

We can learn to see the body as a field, as functional systems, interdependent on each other and the environment. It is clear to me that our individual health, happiness and well being are dependant on others and our environment.

We can work on creating an innovative, exciting profession based on the "Way" of medicine, encouraging the aspiration to awaken for ourselves and others, through the tools of qi gong, meditation, calligraphy, poetry, deep ecology, loving kindness, and so on.

We can explore individualised mentorship training under "masters" with years of clinical experience and dedicated practice, passing on their experience.

We can be proud of our tradition of diagnosis largely based on the subjective experience of our senses, outcomes measured by the patients subjective feeling of wellbeing, of highly individualised diagnosis (Bian



Zheng or pattern diagnosis) and treatments, of the use of a wide range of clinical modalities and an all inclusive scope of practice.

We can question the conflicts and prejudices within our own profession. Including our tendency to cut ourselves off from important knowledge from within our own tradition particularly through a narrow focus on territory or power. We can remind ourselves that East Asian medicine is not something we own. The tendency by some to not take anything out of contemporary China seriously, because it is tainted with modern politics and philosophy and has lost its "traditional spirit" is an example. Likewise the tendency of many Chinese Practitioners to not see any of the developments of the medicine made by Westerners, or the narrow exclusionary ideas of some Japanese Practitioners who will not teach any who don't practice exclusively "the/their" way. You can all add more examples. Clinically we and our patients need all the help we can get.

### 4. Many students of TCM feel that their main dilemma is that they are told to "think Chinese" when practicing Chinese medicine, which stifles their creativity and natural way of thinking with the result of their TCM practice becoming mechanical. Did you ever struggle with this conflict, what would be your advice?

I have found it extremely useful to be asked to question my cultural, social, and familial conditioning, particularly as it influences my ideas on health and disease. It has been refreshing to me that disease and the treatment of it differs from culture to culture. We experience different diseases in different cultures, or the same diseases differently in different cultures, and we may have very different views on how to treat those diseases. I do not think this means that we have to give up what we have learnt from our own culture, but rather, another view-point can add to it. Learning TCM is provocative and challenging, even for East Asians. Over time we can settle in and feel more comfortable in "not knowing," in wonder.

### 5. What are your plans for the future?

Professionally, I would like to be able to invite some of the wonderful friends and colleagues I have made in the U.S., China and Japan to teach in Australia. Dan Bensky, Craig Mitchell, Shou Chun Ma, Jian Min Fan, Guo Hui Liu of the *Shang Han Lun* and the *Wen Bing* traditions. Mazin Al-Khafaji on dermatology, Chip Chace of respiratory disorders and the eight extras, and many more. I would like to see more people inspired by our rich tradition and grow in confidence to use herbs and to treat serious diseases.

Thanks to Greg for this inspiring interview! If you want to know more about Greg's insights on TCM and in particular his understanding and clinical experience in the treatment of mood disorders, please book now for his upcoming Seminar on Mood Disorders, being presented around Australia in late November .

# Mood Disorders

## The Latest Research and Clinical Applications of Chinese Medicine in the Treatment of Mood Disorders



### Greg Bantick,

M.T.O.M., L.Ac. (CA)

- Academic Dean and Clinical Director of the Seattle Institute of Oriental Medicine (retired)
- Current TCM Practitioner, Brisbane Australia

Greg Bantick commenced his education in East Asian medicine in Australia in 1975, studying initially in Sydney with further study in Brisbane. He was a part of the establishment of the Brisbane College of Traditional Acupuncture. He continued to train with specialists in England and on extensive visits to China and Japan during the eighties. In 1986 he moved to San Diego, California to teach and study at the Pacific College of Oriental Medicine, where he graduated with a Masters Degree. He was a popular teacher at the College for over thirteen years, where he also helped write and develop the Masters Degree program. Most recently, in 2002, he was invited by Dan Bensky to be the Academic Dean and Clinical Director of the Seattle Institute of Oriental Medicine, one of the foremost colleges in the U.S. He has taught a wide variety of classes for over twenty years and has continued to study and work with a wide variety of well known Practitioners. Greg has recently returned to Australia where he is in private practice in Brisbane, specialising in mood disorders, women's disorders and dermatology. He continues to teach at colleges in Brisbane.

Greg Bantick will discuss the latest research and clinical applications of Traditional Chinese Medicine in the treatment of Mood Disorders, including in-depth discussions on depression and anxiety.

### Dates and Venues

#### Brisbane - Saturday November 19th, 2005

Carlton Crest, King George Square, Brisbane.

#### Sydney - Sunday November 20th, 2005

Mercure Sydney Airport, 20 Levey Street, Wollli Creek.

#### Melbourne - Sunday November 27th, 2005

Novotel Melbourne on Collins, 270 Collins Street, Melbourne.

#### Seminar Times:

Registration from 1:30 pm - 2:00 pm

Seminar runs from 2:00 pm - 7:00 pm

(including two half-hour breaks)

Dinner will be served from 7:00 pm - 8:30 pm

**Total lecture time of four hours.**

#### Topics to be Discussed Include:

- Mood Disorders - including in-depth discussions on depression and anxiety.
- Obsessive Compulsive Disorder.
- Post Traumatic Stress Syndrome.
- Insomnia.

Greg delivers a seminar that contains numerous case studies drawn from his own extensive clinical practice.

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www.healthworld.com.au

orders@healthworld.com.au

hworld@healthworld.com.au

and **Metagenics New Zealand**

PO Box 35383, Browns Bay,

Auckland, New Zealand

Ph: (09) 478 2540 or 0508 227 744

Fax: (09) 478 2740 or 0508 227 733

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