CAM Therapies

Estimates indicate that > 350 million people are affected by depression worldwide. While conventional medicine defines depression as a neurochemical disequilibrium disorder, treating it with psychoactive drugs, such as neurotransmitter reuptake inhibitors, complementary and alternative medicine (CAM) finds different causes for depression and, therefore, its treatment. Approximately 10%–20% of patients’ conditions respond poorly to conventional therapy or the conditions are nonresponsive. Thus, we report some CAM interventions with which we have seen good results in our clinical practice by combining them in an individualized way according to each patient’s needs.

Acupuncture—A significant beneficial effect of acupuncture is that it can reduce the severity of depression. One meta-analysis showed that acupuncture and electroacupuncture as monotherapies had similar effects, compared to usual medication, although when either of these therapies were combined with antidepressants, the results were no better than medication alone.

Vitamin D—Research shows that elderly people with vitamin D deficiency have an increased risk of depression, with an association between the severity of symptoms and decreased serum 25OHD3 levels. A trial of 600 international units (IU)/day supplementation for 6 months produced significant improvement in the well-being of subjects. Although the ideal dose recommended has not been determined yet, higher doses seem to produce better results; thus, we usually recommend 600–800 IU/day.

Homeopathy—“A rapid, gentle and permanent restoration of the health,” proposed by Hahnemann, may be achieved by using an individualized homeopathic medicine selected according to the similitude to the patient’s symptoms. In one trial, homeopathy was not considered to be an inferior treatment, compared to fluoxetine, for acute treatment of patients with depression; however, inconclusive results were obtained when comparing individualized homeopathic treatment with placebo.

Polyunsaturated fatty acids (PUFAs)—A high proportion of PUFAs are found in brain lipids. n-3 PUFAs may affect serotonergic and dopaminergic transmissions, which are involved in depression. Observational data have shown an association between lower levels of n-3 PUFAs and depression. Although the ideal dose is still debated, we have seen positive results with 2 g/day of flaxseed oil, a precursor of the n-6 and n-3 PUFAs.

References

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Acupuncture

Depressive disorders are defined by the American Psychiatric Association in the DSM–V as comprising a group of disorders that include major depression, dysthymic disorder, adjustment disorder with depressed mood, and minor depression. Clinical symptoms may be emotional (intense sadness and emotional distress, emotional numbness, anxiety, or irritability), ideational (worthlessness or guilt, death or suicide), and neurovegetative (loss of energy, changes in sleep and appetite), causing clinically significant distress or psychosocial impairment.

Depression is commonly associated with other disorders such as anxiety and alcohol and drug abuse. Depression is highly prevalent, frequently underdiagnosed and undertreated, and, at the same time, a major cause of functional disability, mortality, and economic loss.

Modern literature recognizes acupuncture and moxibustion, two techniques from Traditional Chinese Medicine (TCM), as useful resources for managing depressive disorders. These techniques are used in conjunction with drugs and psychotherapy.

The description of depressive disorders in TCM is based on the same clinical features as in Western medicine, but they will be classified according to the patient’s condition and symptoms. There are different pathogenic factors in TCM. Stagnation of Liver Qi and Spleen Deficiency is one of the most common syndromes of depression. Heart Yin Deficiency, Disharmony of the Spleen and Stomach, and Kidney Deficiency may also exist, and their meridian points should be tonified. For each syndrome there is a specific TCM prescription. Neurovegetative manifestations, such as insomnia and palpitations, may be treated with the Heart or Pericardium meridian acupoints, while chest tightness and epigastric discomfort, memory loss, and excessive worry can be treated with the Spleen meridian acupoints.

Acupuncture may be effective for reducing the severity of depression, and, used in conjunction with Western conventional care, may help lower doses of drugs and may improve adherence to conventional treatments.

Auriculotherapy

Depression is known to be associated with physical illnesses, immune dysfunction, and mortality from suicide. Given the pharmacologic therapy limitations for treating depression, other noninvasive complementary methods integrated with mainstream medicine must be explored. Auriculotherapy, an approach involving Traditional Chinese Medicine (TCM), is proposed as a therapy for patients who have depression, wherein specific points on the auricle are punctured or stimulated to treat various disorders of the body. This therapy is a specialized form of acupuncture that treats the ear as a microsystem of the body.

In auricular acupuncture, eight auricular points that can be used to relieve depressive status are identified (Table 1). The Chinese Standard Ear-Acupoints Chart, which is recognized by the World Health Organization, is used to locate the points (Fig. 1). The selection of points was based on the “organ” theory of Chinese medicine as well as perspectives in Western medicine.

Depression is associated with defects in the neurotransmitters (norepinephrine, dopamine, and serotonin) in the brain; thus, a number of selected auricular points correspond to the different parts of the brain. The treatment protocol includes application of magnetic pellets starting on either the left ear or the right ear. Only one ear receives treatment at a time, with each ear treated alternately, for a total treatment of 4 weeks. After the first application, the magnetic pellets are retained on the acupoints for 1 week, and then a new set of pellets is applied on the opposite ear in a similar fashion.

References

To enhance the treatment effect, the pellets are applied to the reactive region of each identified acupoint as detected by an acupoint detector. The effect of the treatment is evaluated using the Hamilton Depression Rating Scale and the Subjective Happiness Scale. Based on my and my colleagues’ clinical experiences auricular acupuncture provides a holistic, convenient, nonpainful, hygienic, and risk-free therapy to help patients with depression.

References


Lorna Suen, BN, MPH, DipClinAcup, PhD
School of Nursing
The Hong Kong Polytechnic University
HungHom, Hong Kong

Yoga I

Yoga can enhance one’s spiritual life and perspective beyond the physical life regardless of one’s particular religion.1 It enables people to attain and maintain a balance between exertion and relaxation, and this produces a healthy and dynamic state of homeostatic equilibrium.2 Recent studies have shown that yoga improves mood3 and reduces depression scores.4 These changes have been attributed to an increased secretion of thalamic \( \gamma \)-aminobutyric acid5 with a greater capacity for emotional regulation.4 Even a 10-day yoga-based lifestyle modification program has been reported to improve subjective well-being scores of patients.6

There has been extensive work done on Sudarshan Kriya Yoga and depression at the National Institute of Mental Health and Allied Sciences in India. This technique has been recommended as a potential alternative to drugs for melancholia as a first-line treatment.7

In addition to its benefits for patients themselves, yoga also has a great role for managing depression manifesting in family caregivers of patients with dementia.8 Researchers also support the promising role of yoga as an intervention for depression because the intervention is cost-effective and easy to implement.4 In the yoga therapy practice where I work, at the Centre for Yoga Therapy, Education and Research (CYTER) in Pondicherry, the principles used are2:

(1) Becoming one with the breath—Body movement and breath are synchronized particularly in the use of kriya or structured movements, such as the sun salutation. We use forceful breath patterns, such as \textit{bhasrika} and \textit{kapalbhathi} for activation.
(2) Shifting from individuality to universality—Yogic counseling aims to help the participant understand the bigger picture and improve self-esteem.

(3) Holistic approach of yoga as a lifestyle—Use of early morning sunlight for healing and rejuvenating activities, use of water for internal and external cleansing, and careful attention to diet. Gentle stretching and strengthening static practices (āsānās) are introduced in a graded manner, depending on the physical ability of the patient.

References


Ananda Balayogi Bhavanani, MBBS, ADY, FIAY, MD (AM)  
Centre for Yoga Therapy, Education and Research  
Mahatma Gandhi Medical College & Research Institute  
Pillayarkuppam, Pondicherry, India

Yoga II

Depression, a significant contributor to the global burden of disease, is estimated to affect 350 million people worldwide.1 The World Health Organization estimates that depression will be the number-one health concern in both developed and developing nations by 2030.2 Yoga is cost-effective; easy to implement; and produces beneficial emotional, psychologic, and biologic effects. Thus, it appears to be a promising intervention for depression.3 In a study, it was found that yogaśānās featuring backbends of long duration, both passive and active, along with vigorous hand balancing and, finally, restful supported backbending relaxation, were beneficial in depression.4 Iyengar yoga also places a great deal of emphasis on postures that involve opening of the chest, such as backbends, as they may have direct effects on the blood circulation, thus elevating mood and psychologic well-being.5

A study of 28 young adults with depression, who were randomly divided into two groups (yoga and wait-list control), showed that two classes of Iyengar yoga per week for 5 weeks led to a significant reduction in self-reported symptoms of depression, negative mood, and fatigue.6 Yoga postures emphasized in this study were backbends, standing and inverted postures with brief periods of relaxation, and breathing exercises in between.6 In another study, Shavāsana was examined as a therapeutic technique for depression, which revealed this type of yoga’s effectiveness for alleviating depression.7

In a randomized clinical trial, 45 untreated patients with depression were divided into three groups who received (1) antidepressant medication (i.e., imipramine), (2) electroconvulsive therapy, or (3) Sudarshana Kriya Yoga (SKY). Assessments were made at baseline and performed every week for 4 weeks. All three groups had reductions in depression scores (based on the Beck Depression Inventory and the Hamilton Rating Scale for Depression). In the third week, the SKY group and the group taking imipramine had similar scores, but the SKY group had higher scores than the electroconvulsive therapy group.8

The practice of Sahaja Yoga meditation produced additional improvement in executive functions. These included manipulation of information in verbal working memory and added improvement in attention span and visual–motor speed of patients with depression.9

The following yogic practices10 (60 minutes daily for 3 months) may be useful for managing depressive disorders:

(1) Loosening practices11—Shithilikaarana vyāyāma for ~ 15 minutes:
   (A) Standing practices are jogging, jumping, hip twisting, forward and backward bending, alternate toe touching, and side bending
   (B) Sitting practices are Tiger stretch and Halāsana-Paschimottānāsana stretch
   (C) Supine practices are straight leg raising, both legs raising, and cycling

(2) Breathing practices10—Prānāyāma for ~ 8 minutes involves forceful exhalation (Kapālbhāti for 2 minutes), right nostril breathing (Suryānuloma Vīloma prānāyāma for 2 minutes), Bellow breathing (Bhastrikā for 2 minutes); or SKY and Oceanic breathing (Ujjāyi for 2 minutes).

(3) Physical postures10—Āsanas for a total of ~ 12 minutes:
   (A) Standing āsanas are Sun Salutation (Surya Namaskāra for 5 minutes) and Half wheel pose (Ardha Chakrāsana; 1 minute for each side)
   (B) Sitting āsanas are Camel pose (Ustrasana for 1 minute), and Posterior Stretching Pose (Pashimottānāsana for 1 minute)
   (C) A prone āsana is the Cobra pose (Bhujangāsana for 1 minute)
It is easy to teach my patients how to perform the meditation at the end of their clinic visits. In addition, my patients often do not have the time for more time-intensive interventions, and are always looking for something easy and quick to do that will improve their health.

As a result of my own personal improvements, I decided to study Kelee meditation in a clinical population at the University of California San Diego (UCSD) Medical Center. My colleagues and I were able to demonstrate statistically significant reductions in stress, anxiety, and depression in participants after 12 weeks across 6 different administered questionnaires.

The real advantage of Kelee meditation, compared to other interventions for improving mental health, is that Kelee meditation does not introduce a new medication into the body nor does it try to change a person’s thoughts to change how that person feels. Kelee meditation is unique in making a distinction between brain function and mind function. Developing stillness of mind allows each person to develop clearer perception of mind and to stop the brain’s tendency to ruminate over what it does not understand. Of all of the potential interventions for depression, I have found this meditation to be the most effective way to help my patients learn how to troubleshoot their minds and help themselves.

References


Daniel Lee, MD
University of California San Diego (UCSD)
School of Medicine
UCSD Medical Center–Owen Clinic
San Diego, CA

Reflective Garden Walking

There is a long history of the therapeutic use of plants and gardens in the care of patients with both physical and mental illnesses. Outdoor gardens have been suggested as a means of improving morale, self-confidence, cooperation, social interaction, and physical functioning for older adults. In Japan an intervention, Shinrin-yoku (“forest bathing”), recommended by medical providers, is based on a leisurely stroll in a forest or garden. Researchers have demonstrated that Shinrin-yoku has the ability to increase immunoglobulins and decrease depression.

Kelee® Meditation

In my clinical practice, I try to teach my patients how to perform Kelee® meditation to help relieve their stress, anxiety, and depression. I have personally practiced Kelee meditation for 8 years and have noticed the continual improvement in the quality of my own life with regard to these same three problems. Kelee meditation is a specific form of meditation focused on developing “stillness of mind,” which only takes 5–10 minutes twice daily to perform.

Hemant Bhargav, MBBS, MD (Y&R), Praerna Chowdhury, BAMS, MD (Y&R) and Nagarathna Raghuram, MD, FRCP (UK)
S-VYASA University
K.G. Nagar, Bengaluru, India

5–10 minutes twice daily to perform.1–4

References

4. Robin M. A Handbook for Yoga9 Meditation for 15 minutes

6. Pavanmukthāsana is a gentle lying posture, typically practiced in the morning on waking in the quality of my own life with regard to these same three problems. Kelee meditation is a specific form of meditation focused on developing “stillness of mind,” which only takes 5–10 minutes twice daily to perform.
Based on this evidence, a walking guide and reflective journal entitled Stroll for Well-Being: Garden Walks (Stroll) was written by the author and used at a local Japanese garden. The Stroll was structured so that participants would complete 12 walks in the garden, stopping at 6 specified spots, and reading a descriptive paragraph. Participants would also reflect on the words provided and on the garden surroundings, and express thoughts in the journal provided in the Stroll.

For the research, the participants met in groups of ~20, to review the Stroll guide’s journaling and stopping spots. Two additional meetings were held to discuss the experience of participation. We used the Geriatric Depression Scale (GDS), prior to and after the 12 walks, to study the effect of the Stroll on depression in 40 older adults and noted a significant improvement in mean scores pre-walk versus post-walk ($t = 12.54, P = 0.001$).

After audiotaped and transcribed focus meetings, four themes emerged: (1) “being forced to spend time away from pressures of the day”; (2) “a sense of the beauty of nature”; (3) “the guide helped us to begin our life reflection”; and (4) “gratitude for the beauty of nature and the life I have led.” Based on these results, we concluded that reflective garden walking using a journal has the ability to decrease depression in older adults.

**References**


**Ruth McCaffrey, DNP, ARNP, FNP-BC, GNP-BC, FAAN**

Christine E. Lynn College of Nursing
Florida Atlantic University
Boca Raton, FL

**Anthroposophic Health Care**

Depressive disorders evolve as the result of a combination of several factors from biologic, physiologic, social, mental, biographic, and spiritual origins that are likely to influence each other. Conventional pharmaceutical interventions (e.g., antidepressants, sleeping pills) and psychotherapy may help a patient overcome or bypass the effect of some biologic and physiologic factors. However, these agents do not address the effect of aberrant diet nor aberrant lifestyle and/or unaddressed spiritual needs of a patient as (additional) causative factors. The description of anthroposophic health care (AH) that follows is the result of a consensus-seeking process with experienced anthroposophic doctors and therapists in The Netherlands and a review of the literature in this field.

AH addresses all factors contributing to depressive disorders. As the factors are intertwined, AH is organized in an organic, multidisciplinary way, focusing on the restoration of the patient’s ability to heal first. Thus, first, financial and housekeeping problems, etc., are addressed by social workers. Second, physiologic issues such as exhaustion are treated. In the latter phase, compresses, hydrotherapy, medicinal bath treatments, and rhythmic masses may be prescribed. Dietary advice (to promote sleep and regular and healthy food intake) is also given in this phase. Both of these phases may be combined with either conventional or anthroposophic medicines from plant, mineral, or animal substances.

Furthermore, it is acknowledged that some patients benefit from psychologic help, especially when biographic issues and life events influence recovery. Psychologic help, however, is focused on admitting the importance of these factors in the development of the depression rather than addressing the reason that these factors have led to a depression.

A third phase starts as soon as the patient is able and willing to address causative factors that can be influenced by the patient only. Thus, mental cognition and biographic and spiritual issues contributing to the depressive disorder are treated in this phase. Therapeutic goals are reached with the support of anthroposophic medicines, art therapists, curative eurhythmic therapists, and/or psychotherapists.

**References**

Nutritional psychology is the science of how nutrients affect mood and behavior. This is a burgeoning field that examines the biophysiological mechanisms, influenced by our nutrient intake, that underlie mood, behavior, and brain function. Increasing research supports the fact that diet plays an important role in mental health and well-being in Westernized societies.1–3 People often eat to relieve symptoms of depression and anxiety, without realizing that their dietary choices actually result in greater fatigue, stress, and mood imbalances.4 These dietary influences on mood and behavior have an important impact on the diagnosis and treatment of mental health disorders, including mood disorders such as depression.5,6

We have developed nutritional psychology tools and methodological approaches aimed at improving symptoms of depression and anxiety. A central concept is the blood sugar–adrenal axis (BSAA). The BSAA is a physiologic hormone system in the body, including cortisol and insulin that is activated by an individual’s daily dietary pattern. This axis describes the physiologic link between poor dietary intake, fluctuating glucose levels, and mood symptoms.

The BSAA functional concept forms the cornerstone by which the effects of macronutrients on mood are interpreted. The 3-Day Food Journal for Mood (3-DFJM) is a tool designed to help patients self-identify their macronutrient dietary intake patterns, and accordingly, to identify dietary factors that can lead to states of depression, anxiety, and fatigue.

Based on the results of the 3-DFJM, a Macronutrient Mood Therapy (MMT) program can be designed to help patients improve their own moods from a dietary perspective. MMT involves selective removal of dietary factors associated with mood disturbances (e.g., processed, sugary foods) and replaces these factors with increased intakes of dietary components associated with improved moods. Currently, we are developing a 12-week nutritional psychology group manual incorporating the aforementioned tools. We plan to collect pilot data in a veteran sample in January 2014.

References


resolved traumata (i.e. separation/loss), enabling patients to identify how self-destructive tendencies are diverted from external objects to identify a range of more-constructive responses and solutions.

References


Frank Röhricht, MD, FRCPsych

1 Centre for Psychoanalytic Studies, University of Essex
   East London National Health Service (NHS) Foundation Trust, London, UK

on behalf of/with co-authors*

of the Science & Research Committee,

European Association for Body Psychotherapy

*Co-authors:

Sheila Butler, PhD,1 Siegmar Gerken, PhD,2

Herbert Grassmann, PhD,3

Joop Valstar, PhD,4

and Courtenay Young, BSc(Econ), DipPsych 5

1 Kent and Medway NHS and Social Care Partnership Trust, Maidstone, UK

2 Core Evolution, Mendocino, CA

3 Institut for Core Therapy, Regensburg, Germany

4 Wilhem Reich Foundation, Amsterdam, The Netherlands

5 UKCP, EABP & NHS Lothian, Edinburgh, Scotland

For this interactive feature column, Clinical Roundup, a new question is posed and then answered by experts in the field. In the next issue, the Clinical Roundup will focus on how you treat cancer-related fatigue in your practice.

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