

Clinical Study on the Effect of Jiaotai Acupuncture Combined with Escitalopram on Mild Depression and Its Influence on Inflammatory Factors

Mengjin YU, Lei LI, Wenxiong HUANG, Jiayu ZHANG^{*}, Xiaohong ZENG, Haitong ZHANG, Renbin LIU

Rehabilitation Department, Shenzhen Baoan District Central Hospital, Shenzhen 518101, China

Abstract [Objectives] To analyze the effect of Jiaotai acupuncture combined with Escitalopram on mild depression and its influence on inflammatory factors. [Methods] Eighty patients with mild depression admitted to Shenzhen Baoan District Central Hospital from March 2021 to March 2023 were randomly divided into observation group (40 cases) and control group (40 cases). The control group was treated with Escitalopram, and the observation group was treated with Jiaotai acupuncture on the basis of the control group. The overall efficacy, depression score before and after treatment, and the improvement of inflammation level were compared between the two groups. [Results] The total effective rate of the observation group was significantly higher than that of the control group ($P < 0.05$), and the improvement of depression score and inflammation level of the observation group was significantly better than that of the control group ($P < 0.05$). [Conclusions] Jiaotai acupuncture combined with Escitalopram can significantly reduce inflammation and improve symptoms in patients with mild depression.

Key words Jiaotai acupuncture, Escitalopram, Mild depression, Inflammatory factors

1 Introduction

In recent years, with the acceleration of social development and the gradual increase of social pressure, major depressive disorder (MDD) has gradually become a common mental illness. Although the symptoms of mild MDD are relatively mild, it can also lead to serious consequences if it can not be controlled early and the disease is prolonged. For mild MDD, the traditional treatment methods are psychotherapy and drug therapy, but due to individual differences and differences in treatment methods, the efficacy varies greatly, so it is very important to explore more efficient treatment methods^[1].

Jiaotai acupuncture selects specific acupoints on the upper, lower, left and right sides of the body to form a fixed needle array, open the spleen and stomach in the middle energizer, communicate the heart and kidney, and forcibly promote qi movement to ascend left and descend right, so as to adjust the circulation of qi and blood in the body, achieve the purpose of excreting pathogenic factors, balancing yin and yang, and harmonizing the viscera. In this study, Jiaotai acupuncture combined with Escitalopram was used to treat mild MDD, and the efficacy and inflammatory cytokine levels of patients were analyzed. Inflammatory cytokines including tumor necrosis factor- α (TNF- α), C-reactive protein (CRP) and interleukin 6 (IL-6) were observed.

2 Research objects and methods

2.1 Research objects

Eighty patients with mild MDD admitted

to Shenzhen Baoan District Central Hospital from March 2021 to March 2023 were selected as the research objects.

Inclusion criteria: (i) outpatients who can adhere to treatment; (ii) junior high school education or above; (iii) age > 18 years old; (iv) patients who meet the diagnostic criteria of MDD in the *Chinese Classification and Diagnostic Criteria of Mental Disorders*^[2], and the score of Hamilton Depression Rating Scale (HAMD-17) is 7 to 17, belonging to mild depression.

Exclusion criteria: (i) persistent drug and alcohol abuse; (ii) drug-induced depression; (iii) bipolar disorder; (iv) seasonal affective disorder; (v) combined with organic mental disorders; (vi) postpartum depression. The eighty patients were randomly divided into the observation group ($n = 40$) and the control group ($n = 40$). There were 23 males and 17 females in the observation group, aged from 20 to 65 years, with an average of (41.65 ± 4.64) years. There were 22 males and 18 females in the control group, aged from 21 to 66 years, with an average of (41.83 ± 4.39) years. The general data of the two groups were comparable ($P > 0.05$).

2.2 Methods Patients in the control group were treated with oral Escitalopram Oxalate Tablets, and the initial dose of Escitalopram Tablets was 10 mg once a day. After 7 d of continuous treatment, the maximum daily dose was adjusted according to the specific situation, and the maximum daily dose was not more than 20 mg for 4 weeks.

The observation group was treated with Jiaotai acupuncture on the basis of the control group. Selection of main points for Jiaotai acupuncture: Baihui, left and right Sishencong, right Xianggu, right Zusanli, right Liangqiu, left Xuehai, left Diji, and left Gongsun acupoints. If the patient's condition is severe or accompanied by other symptoms, left and right Fengchi acupoints, right

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* Corresponding author. E-mail: 104015160@qq.com

Waiguan, right Hegu, left Neiguan, left Taichong, left Taixi and right Zulinqi can be selected as matching cupoints.

The specific treatment steps were as follows: after routine disinfection, a sterilized stainless steel filiform needle with a length of 25 mm and a diameter of 0.30 mm was used for acupuncture. Start from the Baihui acupoint, then the left and right Sishencong, and then acupuncture the right Xiangyu, the right Zusanli, the right Liangqiu, the left Xuehai, the left Diji, and the left Gongsun. Baihui and left and right Sishencong were needled horizontally backward, and right Xiangyu, right Zusanli and right Liangqiu were needled slightly upward and against the direction of meridians. Left Xuehai, left Diji and left Gongsun were the downward direction of the needle tip, against the direction of the meridians. The depth of penetration should be controlled reasonably according to the specific conditions of the patient, and the acupuncture manipulation should be fast-in and slow-out, lifting, thrusting and twirling, and it should be stopped when there is the movement of qi. Needling was performed on the patient once every 15 min, and the needle was retained for half an hour before it was removed. After the needle was removed, the needle hole was pressed, and acupuncture was performed five times a week. The curative effect was evaluated after 4 weeks of treatment in both groups.

2.3 Observation indicators (i) The improvement of depression level was compared between the two groups before and after treatment, and the depression was assessed by Self-rating Depression Scale (SDS)^[3]. The scale contained 20 items reflecting the subjective feelings of depression, each item was scored by 4 grades, and the total rough score was obtained by adding the scores of each item. The highest total rough score was 80 points, and the integer part after the total rough score multiplied by 1.25

was the standard score. If the SDS standard score exceeded 53 points, it was judged as depression, and the higher the score, the more serious the depression. (ii) The clinical efficacy was evaluated according to the reduction rate of SDS score before and after treatment. Score reduction rate = (Score before treatment – Score after treatment)/Score before treatment × 100%. The score reduction rate was >75% for recovery, >50% – 75% for marked effect, 25% – 50% for effectiveness, and <25% for ineffectiveness. Total effective rate = (Number of cured cases + Number of markedly effective cases + Number of effective cases)/Total number of cases × 100%^[4]. (iii) The improvement of inflammatory reaction before and after treatment was compared between the two groups. 5 mL fasting venous blood was collected from the patients and centrifuged at 3 000 r/min for 15 min (centrifugal radius 10 cm), and then the upper part of the serum was collected. The levels of TNF-α, CRP and IL-6 were detected by enzyme-linked immunosorbent assay.

2.4 Statistical analysis SPSS 22.0 software was used to analyze the data. Measurement data were expressed by mean ± standard deviation ($\bar{x} \pm s$), and *t* test was carried for comparison between groups. Chi-square test was used to compare the count data between groups. The difference was statistically significant when *P* < 0.05.

3 Results and analysis

3.1 Comparison of total effective rate between the two groups In the observation group, 6 cases were cured and 29 cases were markedly effective, while in the control group, 3 cases were cured and 25 cases were markedly effective. The total effective rate in the observation group was significantly higher than that in the control group (*P* < 0.05), as shown in Table 1.

Table 1 Comparison of total effective rate between the two groups (*n* = 40)

Group	Cured//cases	Marked effective//cases	Effective//cases	Ineffective//cases	Total effective rate//%
Observation	6	29	4	1	97.50
Control	3	25	6	6	85.00
χ^2					3.914
<i>P</i>					0.048

3.2 Comparison of the improvement of inflammatory factors in the two groups The improvement of inflammatory factors in

the observation group was significantly better than that in the control group (*P* < 0.05), as shown in Table 2.

Table 2 Comparison of the improvement of inflammatory factors in the two groups ($\bar{x} \pm s$, *n* = 40)

Group	TNF-α//pg/mL			CRP//mg/mL			IL-6//pg/mL		
	Before treatment	After treatment	Difference	Before treatment	After treatment	Difference	Before treatment	After treatment	Difference
Observation	272.14 ± 20.41	93.60 ± 7.37	178.68 ± 13.14	1.86 ± 0.19	0.78 ± 0.13	1.08 ± 0.11	361.13 ± 30.18	132.75 ± 10.49	228.38 ± 21.21
Control	272.18 ± 20.37	112.89 ± 9.35	159.27 ± 12.15	1.88 ± 0.16	1.12 ± 0.16	0.76 ± 0.07	361.14 ± 30.22	172.18 ± 13.43	188.96 ± 14.32
<i>t</i>	0.009	10.322	6.859	0.509	10.431	15.522	0.001	14.634	9.742
<i>P</i>	0.993	<0.001	<0.001	0.612	<0.001	<0.001	0.999	<0.001	<0.001

3.3 Comparison of SDS score improvement between the two groups The SDS improvement score of the observation group was

significantly better than that of the control group (*P* < 0.05), as shown in Table 3.

Table 3 Comparison of SDS scores between the two groups of patients with depression ($\bar{x} \pm s$, points, $n = 40$)

Group	Before treatment	After treatment	Difference
Observation	58.37 \pm 4.65	37.14 \pm 3.36	21.23 \pm 2.53
Control	58.63 \pm 4.81	46.19 \pm 3.41	12.44 \pm 1.37
t	0.246	11.956	19.322
P	0.807	<0.001	<0.001

4 Discussion

4.1 Basic theory and treatment status of depression of Western medicine MDD is a complex psychological disorder with the core symptoms of depression, interest decline and energy decline. The causes of the disease include many aspects, such as genetic, physiological, psychological and environmental factors. Psychologically, individual personality characteristics, coping ability and social support may affect the occurrence and development of MDD^[5]. Physiologically, the immuno-inflammatory hypothesis has received the highest attention, and long-term immune abnormalities can increase the risk of morbidity in MDD. Studies have found that some serum biomarkers are highly correlated with depression, and the levels of proinflammatory cytokines TNF- α , CRP and IL-6 in peripheral blood of MDD patients are significantly increased^[6–8]. A study^[9] has also confirmed that CRP levels will rise sharply under inflammatory response, and will also increase significantly when suffering from adverse emotions, reflecting that the body has the same response to physiological and psychological injury stimuli, and can accurately and objectively reflect the degree of depression of patients^[10–11]. High-sensitivity C-reactive protein (HsCRP) >3 mg/L has been used as a classification criterion for the subgroup of inflammatory depression^[12]. TNF- α is a proinflammatory and prodepressive factor, and IL-6 is generally considered to be the basis of "incuding depression". Therefore, TNF- α , CRP and IL-6 may play an important role in the immune regulation of depressive disorders. Ma Yue *et al.*^[13–14] also confirmed that the levels of TNF- α , CRP and IL-6 in the peripheral blood of MMD patients were significantly higher than those of healthy people. They believed that there was a significant correlation between brain function, inflammatory factors and clinical signs and symptoms in MMD patients, and that inflammatory status might increase the risk of depression, induce and aggravate depression. TNF- α , CRP and IL-6 in peripheral blood of MDD patients were also selected as observation indicators.

Western medicine mainly uses Escitalopram Oxalate Tablets and other drugs to treat MDD. Escitalopram oxalate is a selective 5-hydroxytryptamine (5-HT) reuptake inhibitor, which inhibits the 5-HT reuptake, prolongs the 5-HT retention time in the synaptic cleft, increases the 5-HT concentration in the interneuronal space, Improve the receptor binding rate, enhance the transmission of neurotransmitter signals, and then regulate the function of the nervous system of MDD patients. There are some disadvantages in the treatment of mild MDD with Escitalopram Oxalate Tablets

alone, such as slow onset and easy to affect the treatment compliance of patients. Long-term use is prone to toxic side effects such as dizziness and gastrointestinal discomfort, which reduces the treatment experience of patients^[15].

4.2 Basic theory and treatment status of depression of traditional Chinese medicine (TCM) In TCM theory, MDD is called a depression disease, which is mainly due to emotional disorders, such as worry, nervousness, depression, anger, fear, *etc.*, and internal injuries of the seven emotions, resulting in stagnation of liver qi, liver disorders, disharmony of the five internal organs, damage to the heart and spleen over time, depression and fire consume yin and blood, resulting in loss of yin fluid, loss of heart and blood, and deficiency of qi and blood. Mild MDD is mainly manifested as emotional depression and liver-qi discomfort, resulting in qi stagnation in the upper energizer, and its basic pathogenesis is qi stagnation, so mild MDD is classified as "qi depression" in TCM. The main location of the disease is the liver, but it is closely related to the heart, spleen and kidney. Various schools of acupuncture and moxibustion have a lot of knowledge about the treatment of the disease, typically including the theory of regulating the spirit, the treatment from the liver, the treatment from the heart, the treatment from the spleen and stomach, and the comprehensive treatment of the five viscera^[16]. Li Qinglian *et al.*^[17–18] believed that the disease location of MDD was mainly in the liver, which was closely related to the heart, spleen, gall-bladder, triple energizer, brain, *etc.* They integrated the integrated acupuncture and moxibustion mode of "one needle, two moxibustion and three consolidation" in the acupuncture technology of soothing the liver and regulating the spirit, and achieved good results. Shanghai-style Sheng's acupuncture and moxibustion believes that the location of the disease is in the spirit, and adopts the acupuncture method of "regulating yang and eliminating pathogens", that is, acupuncture and moxibustion at Ren and Du Meridians and Thirteen Ghost Points to treat MDD. After nearly a hundred years of practice and experience, it has already become an effective treatment method^[16]. Professor Fang Jianqiao believes that the pathogenesis of MDD is "imbalance of yin and yang, deficiency of the heart and spleen", and the treatment from the heart focuses on treating and regulating the spirit, and the effect of electroacupuncture combined with auricular acupoints on depression is excellent^[19]. Li Jiayi *et al.*^[20] stated that his teacher, professor Dai Shuqing, used the "reconciliation of Shaoyang (lesser yang) acupuncture method", needling the two acupoints of Waiguan and Qixu on both sides of the Shaoyang meridians of the hands and feet to dredge Shaoyang, which can also achieve the purpose of reconciling Shaoyang and treating depression.

4.3 TCM theoretical basis and principle of matching acupoints of Jiaotai acupuncture for regulating depression *Golden Mirror of Medicine* (Yi Zong Jin Jian)^[21] stated: "the liver is covered with wood gas, which depends entirely on soil for nourishment and water for irrigation. If the middle earth is weak, the wood will

not rise and will be depressed. If yin and blood are insufficient, the liver will wither without nourishment. In other words, the reason why liver-wood can maintain the normal function of dispersing qi and the nature of ascending the hair depends on the healthy transportation of spleen qi, the transformation of water and grain, and the active production of blood. The liver is full of blood, and when the liver has something to store, its nature is smooth and comfortable. When the spleen and earth are deficient, the yin and blood are not transformed, the liver wood is not nourished, and the viscera qi is not reached, resulting in depression. If the wind wood of Jueyin loses the nourishment and irrigation of water and soil, it will gradually become dead wood, which may turn into fire and disturb the spirit, resulting in depression. Huang Yuanyu said in *The Essence of Experience of Four Saints*^[22]: "the middle qi is the pivot of the ascending and descending of Yin and Yang. It is called earth." The spleen-qi is good for transportation, and when the middle-jiao qi rotates to the left, the second wood ascends to the left with its own soil, and the wind wood of Jueyin can ascend to grow. It is recorded in *Synopsis of Prescriptions of the Golden Chamber*: "when the spleen is sthenic, the liver heals itself." Therefore, by treating the spleen, strengthening the spleen and mediating the middle earth, the symptoms of liver depression can be relieved.

Most patients with MDD suffer from insomnia, anxiety and nervousness, which is considered to be the disharmony between heart and kidney caused by liver depression in traditional Chinese medicine. The kidney stores the essence, and the heart stores the spirit. If the heart and the kidney want to interact, they must rely on the mediation of the middle earth to turn the pivot, so as to achieve the harmony of water and fire, the spiritual dependence, and the harmony between the upper and lower levels. On the contrary, there will be disharmony between water and fire and mental disorder, just as *Xuan Jie in Plain Questions*^[23] says: "the middle qi is the source of the ascending and descending of yin and yang, and the pivot of spiritual interaction". Deficiency of middle-energizer qi and disharmony between water and fire. Therefore, by treating the spleen, strengthening the spleen and mediating the middle earth, it can also relieve the disharmony between the heart and the kidney. The theoretical theme of Huang Yuanyu's *The Essence of Experience of Four Saints*^[22] is that "the qi of the spleen and stomach in the middle earth is the driving force and pivot for the ascending and descending of qi activity and the movement of the viscera". The spleen and stomach belong to the earth in the middle, which is the hub for the mediation and operation of qi, driving the left liver and kidney to ascend and flourish, and the right heart and lung to converge and descend. Qi in the spleen and stomach is "the mechanism of water and fire, and the axis of ascending and descending metal and wood". Thus, it is necessary to pay attention to the cultivation of qi in the spleen and stomach to prevent the collection of waste metal and water, the growth of wood and fire, and the onset of mental separation^[24].

Jiaotai acupuncture is mainly through the spleen and stomach meridian acupuncture points to dredge the middle earth, and then add the head three needles to lift the lid of the pot, to complete hyperactivity and decompression in upper energizer, excrete the disease, open the middle energizer, promote the circulation of the upper and lower parts without hindrance, the mutual aid of the heart and kidney, and form the circulation of qi and the balance of qi and blood, so as to achieve the purpose of influencing emotions and relieving emotions. The head is the meeting place of all the yang, all the vessels are connected, and it is the place where the orifices are clear; Baihui is located in the Governor Vessel, the highest part of the human body, and has the functions of calming the heart and tranquilizing the mind, strengthening the brain and benefiting the marrow, refreshing the brain and opening the orifices, and lifting the yang; left and right Sishencong are extra points 0.5 to 1 cun (about 1.67 to 3.33 cm) away from Baihui, which have the effects of calming the nerves, arresting convulsion, refreshing the brain, inducing resuscitation, and warming and tonifying primordial yang. Repeated purgative manipulation of these acupoints on the head is most suitable for dispelling wind and fire and clearing the head. Right Xiangyu, right Zusanli and right Lianqiu are the stomach meridian acupoints of the right lower limb, and left Xuehai, left Diji and left Gongsun are the spleen meridian acupoints of the left lower limb. The three needles here are combined with the opening of the spleen and stomach meridians, that is, after the air pressure at the top is purged, the spleen earth wraps the kidney water and rises, and the water vapor does not flood; Stomach earth contains heart fire, so that the fire does not burn^[25]. That is to say, after the head is decompressed, the kidney water can climb up from the left lower limb along the spleen meridian to help the heart fire, and the heart fire descends along the stomach meridian to warm the kidney water, ascending left and descending right, thus completing the interaction of yin and yang and the interaction of heart and kidney.

In addition, Jiaotai acupuncture is a traditional Chinese medicine treatment method based on syndrome differentiation, which can select corresponding acupoints according to individual differences and specific symptoms of patients for targeted treatment. For example, Fengchi, Taichong and other acupoints of the liver and gallbladder meridians can be added to patients with mild depression accompanied by anxiety and insomnia; Waiguan, Neiguan, Hegu and other acupoints can be added to patients with chest distress and palpitation; for patients with soreness and weakness of waist and knees, slow shape and weak voice, Jiataixi and Zhaohai acupoints can effectively improve these symptoms and improve the quality of life of patients. Jiaotai acupuncture is mostly used for the disorder of qi movement, emphasizing that by adjusting the opening and closing of human meridians, the flow of qi and blood in different meridians can be affected, and the flow of qi and blood in the whole body can be regulated, so as to achieve the purpose of harmonizing qi movement and balancing yin and yang. This nee-

dling method mainly uses draining method, which is mainly realized by needling direction and needling technique. Fast in and slow out, shaking the needle hole, is the most practical clinical acupuncture purgation technique.

4.4 Result analysis The results of this study showed that the total effective rate of the observation group was significantly higher than that of the control group ($P < 0.05$), and the improvement of depression score and inflammatory factor level of the observation group was significantly better than that of the control group ($P < 0.05$). The reasons may be as follows. (i) the Escitalopram Oxalate Tablets of a single drug composition, a single way of treatment, only in the biochemical level of action, the therapeutic effect is relatively limited. (ii) The head acupoints in Jiaotai acupuncture can promote blood circulation in the brain, increase oxygen supply, and improve the emotional state of patients through neuroendocrine regulation. (iii) Jiaotai acupuncture focuses on regulating the spleen and stomach. The spleen and stomach are the acquired foundation and the source of qi and blood. Regulating the spleen and stomach can promote the flow of qi and blood in the meridians of the whole body, improve the overall condition of the patient's body, help to improve the immune function, and reduce the chronic inflammation caused by immune response. In summary, Jiaotai acupuncture combined with Escitalopram can significantly reduce the level of inflammatory factors and improve depressive symptoms in patients with mild depression, which has a good effect and is significantly better than drug treatment alone.

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