

## **Therapeutic Complementarities between Acupuncture and Psychotherapy**

**Ștefan Costescu<sup>iii</sup>\***

**\*Acumedica Center for Integrative Medicine, Bucharest, Romania**

### **Abstract**

**Introduction:** *The context of a supraspecialized medical environment generates the need for interdisciplinary collaboration, both between medical disciplines and between physicians and other health care providers. Seen as a medical specialty by the conventional medicine, Traditional Chinese Medicine (TCM) is a medical system per se. Based on the extreme-oriental phylosophical concepts, it has been practiced for about 4700 years. Modern research brings confirmation and explanations for the theoretical and practical aspects stated in the antique medical texts. In Europe the most frequent used tehniqe of TCM is acupuncture. The practice of TCM and acupuncture in the present needs adjusting these interventions to the needs of today's patients. The TCM treaties written until recently have treated psychoemotional phenomena only form the energetical and organic perspective. Current lifestyle, due to the increasing influence of stress in pathology brings into discussion, for an etiological approach in treatment, the collaboration with psychotherapy.*

**Objectives:** *This discussion aims to bring arguments for the benefits of the collaboration between physicians practicing acupuncture and psychotherapists.*

**Methods:** *Literature investigation and clinical cases analysis.*

**Results:** *Acupuncture is a useful treatment method in both psychoemotional, psychosomatic and organic syndromes. Still, our clinical experience currently indicates that acupuncture can not fully address coping patterns that generate emotional stress and somatization. This is the place where psychotherapy can intervene.*

**Conclusions:** *For patients with long term and recurring symptoms, either psychoemotional, psychosomatic or organic, integrating acupuncture treatment with psychotherapy could bring a steady health benefit. Further studies are needed to confirm these clinical observations.*

**Keywords:** *acupuncture, psychotherapy, psychosomatic, stress, integrative medicine*

---

<sup>iii</sup> Corresponding author: Ștefan Costescu, Acumedica Center for Integrative Medicine, Blanduziei 1, Ap. 1, 020963, Bucharest, Romania. Email: stef.costescu@gmail.com.

## I. Introduction.

### From the patient's needs to the caregiver's offer.

The practice of family medicine implies frequent encounters with the patients. This leads naturally to a closer contact with and investigation of the patients' emotional life. Meanwhile, in a family practice, the patients' presenting symptom is many times either a psycho-emotional one or a somatization. This aspect opens a few options of clinical management for the physician. First, the family doctors are referring frequently to mental health services, including psychotherapy [Kravitz, 2006]. Sometimes they become involved themselves into providing this type of services [Swanson, 1994]. This brings into discussion a more general management option: the wish of the family doctors to give efficient solutions to the ailments they diagnose in their patients.

This need is also induced by the fact that, many times, under a patient management plan issued in the family doctor's office, the patients follow complicated and time consuming journeys through different medical services. Many times these end without a clear or satisfactory conclusion for the patient. Furthermore, the increasing degree of standardization of conventional medicine creates a communication gap and a further therapeutic gap between highly specialized physicians and the patient.

These aspects created also the need of patients for more personalized medical approaches. This is one of the arguments for the increasing addressability towards Complementary and Alternative Medicine (CAM) procedures. Among these CAM procedures one of the most appreciated for its effects is acupuncture. In this context, in Romania most of the doctors practicing acupuncture are family physicians.

There is also a growing body of data showing the good effects of acupuncture for psychiatric diseases like depression [Wu et al. 2012], anxiety [Pilkington et al. 2007], insomnia [Cao, 2009] and for psychosomatic syndromes [Yu, 2015]. This type of clinical encounters brings into discussion the effects of acupuncture on the emotional state and also the choice of working in a team with a psychotherapist.

Below are exposed some of the modern scientific arguments for the effects of acupuncture in treating emotional symptoms and stress together with some clinical cases and conclusions from practice regarding the benefits and limits of acupuncture in treating these ailments and of associating acupuncture and psychotherapy. Finally, conclusions from theory and practice could eventually suggest a collaboration

model to be further tested in practice.

### Acupuncture and TCM - historical data

The first roots of information for the first Traditional Chinese Medicine (TCM) book "*Huang Di Nei Jing*" (*The Treatise of Internal Medicine of the Yellow Emperor*) are dated in the times of the Yellow Emperor – Huang Di (c.2696 – c. 2598 B.C.). Acupuncture was the first method of TCM to penetrate the European culture. It was first brought in 1671 by the Jesuit monk P. P. Harviell, SJ, through his book "*Les secrets de la Médecine des Chinois, Consistant en la Parfaite Connoissance du Paull*". Extended practice of acupuncture started in Europe after Soullie de Morand published "*L'acupuncture chinoise*" (2 vols. Paris: Mercure de France, 1939-1941).

Romania was the first country in Europe to declare acupuncture as a medical procedure in 1958 [Ionescu-Targoviste, 1993].

TCM is a complete medical system used successfully for thousands of years in the geographical areas under Chinese cultural influence. Due to the historical and cultural context under which acupuncture was brought in Europe, it was classified by the regulating authorities and it is still perceived by the public as a separate entity from the Traditional Chinese Medicine (TCM).

### TCM and conventional medicine: conceptual similarities and differences

The main procedures of Traditional Chinese Medicine include pharmacological natural remedies, acupuncture, diet, Tai Chi and Qi Gong and the therapeutic massage Tuina. Along centuries surgery was also part of the TCM body. They are all practiced following the same ancient philosophical principles that were synthesized in the Taoist doctrine. Comparing with the conventional medical system a parallel can be made by observing the need of the physicians of any era to approach the healing process through diet, specific gymnastics, body manipulations, substance interaction and when needed, surgical interventions.

In the oriental cultures the concept of natural energy – Qi – is included in healing. Also, emotions are regarded as being directly connected to the body systems. This is one of the reasons why they were not addressed with a distinct therapeutic method in TCM.

### Psychosomatics of antique texts

Any presenting symptom is addressed in TCM by returning to its basic principles: the Yin and Yang aspects of existence and the 5 basic Elements that compose the entire nature and the human being. The Yin and Yang view over nature is used also for defining emotions. For example: joy or anger are Yang

whereas melancholy or fear are Yin.

As the Yin and Yang are a dual way of seeing existence, the 5 Elements represent basic characteristics upon which all elements in nature can be classified. These traits can be attributed also to the human body constituents, namely to any of the informational, energetical and physical aspects. According to this theory there are 5 systems in the human body, each having the characteristics of a natural element after which it is named: Wood, Fire, Earth, Metal and Water. Each of these body systems is defined, among others, by: its actions, pertaining body tissues and functions, cognitive functions, emotions or nature element. In this view: “Heart belongs to Fire and houses the spirit « Shen », Spleen belongs to Earth and houses consciousness, Lung belongs to Metal and houses the body soul, Kidney belongs to Water and houses the will” (Huang Di Nei Jing Su Wen).

Each of this element’s function can be negatively affected by an emotion: “excessive anger hurts the Liver but sadness can calm anger (because sadness is the emotion of the Lung and Metal dominates Wood); excessive joy can hurt the Heart but fright can temper joy (fear is the emotion of the Kidney and Water dominates Fire); excessive anxiety can hurt the Spleen but anger dominates anxiety (anger is the emotion of the Liver and Wood dominates Earth); excessive melancholy can hurt the Lung but joy can temper melancholy (joy is the emotion of the Heart and Fire dominates Metal); excessive fear can hurt the Kidney but anxiety calms the fright (anxiety is the emotion of the Earth and Earth dominates Water)” (Huang Di Nei Jing Su Wen).

#### **Energy and Psyche: modern research**

The 5 Elements are also forms of manifestation of the body energy, Qi. This energy travels through energy channels (meridians) between the energy systems. Modern science first visualised meridian trajectories through various methods: radiotracers [Ionescu-Targoviste, 1993], laser [Li et al. 2012, Moldovan et al. 2009] or other methods (Schlebusch et al, 2005).

The access to the body energy that flows in the acupuncture channels is made through specific points with specific electromagnetic field characteristics that usually vary depending on the whole system status. An important aspect of the energetic anatomy is that these channels – some directly, some indirectly – enter the brain (Huang Di Nei Jing).

Currently functional MRI research shows clearly that neuronal activity changes appear in different brain centres after stimulation of different

acupoints [Huang et al, 2012]. When trying to find brain areas that are more commonly stimulated, a rough statistic shows that “from the meta-analyses focusing only on brain response to verum acupuncture stimuli, activation was noted in supramarginal gyrus, SII, pre-SMA (supplementary motor area), middle cingulate gyrus, insula, thalamus and precentral gyrus, while deactivation was noted in pregenual anterior cingulate, subgenual cortex, amygdala/hippocampal formation, vmPFC (ventromedial prefrontal cortex), nucleus accumbens and PCC (posterior cingulate cortex)” [Huang et al, 2012].

Right now the studies show that usually, for one acupoint there are more brain centres that are either activated or deactivated, sometimes an overlapping effect being seen [Huang et al, 2012]. On the other hand one brain centre controls more activities in the human body. Also, either of the activation or deactivation of the brain centres seen on fMRI could not be connected to the broad panel of effects assigned to a single acupoint in the TCM treaties. Hence the conclusion that at this point the fMRI findings cannot fully explain the multiple effects of acupuncture in the human body and, probably the most important, cannot help in making a diagnosis similar to that conceived following the TCM principles.

Also, a comprehensive acupuncture prescription cannot be generated by using only this type of information. Up to this point this area of research demonstrates, following conventional medicine standards, one of the links between information and energy in the human body, as it was stated in the ancient texts. A theme currently under debate remains the one regarding the site of appearance of emotions and the specific pathway of their interaction with the energy fields.

#### **Acupuncture, emotions and stress.**

Inspired by the philosophy from which it emerged, the TCM system sees the human being as a whole, without separating the mind from the body. The huge lifestyle and cultural changes, including the learned separation between mind and body, bring today’s western culture beneficiaries in an opposite position, in regards to most of the life coordinates, to the people living in the times when TCM and Taoism evolved. The main point of difference is stress – in terms of both causes and manifestations. The predominance of mental activities over physical ones can explain the focus of the western healthcare providers on the side effects of this phenomenon: the predominance of the emotional and psychosomatic symptoms in today’s patients.

People living in modern cities have all the conditions necessary to generate and accumulate psycho-emotional stress and the least conditions to discharge it. An evolving point of interest is that regarding the way stress affects the energy system. Even if the exact mechanism is not yet understood, clinical studies show that stress, as measured by the Perceived Stress Scale (PSS), is linked with disruptions in normal patterns of the energy channels, as measured at the Jing-Well acupoints with electrodermal measurements. Furthermore, after acupuncture treatment, together with the normalization of the values of the PSS the electrodermal measurements of the energy channels at the Jing-Well points showed normalization of the energy parameters in the meridians [Ahn et al. 2009]. This is at least one argument contributing to a modern validation of the statements in the ancient texts regarding the way negative emotions interact with the energetical and physical body systems.

A practical conclusion is that emotional tension changes the physical parameters of the energy fields. This results in generation of pathogenic energies. They are regarded in TCM as excessive and are usually lost, many times as part of the treatment, being seldom reconverted to physiologic energies [Jayasuriya, 2002]. Other times, facing stress factors directly consumes body energies. All these create along time important deficits of Qi that can lead to severe physical diseases (e.g. recurrent infections, neurological diseases, etc.) [Jayasuriya, 2002]. The final purpose for the patient would be avoiding the wasting of the body energy, either by not generating tension in the energy system or, generating less tension along time or, just spending less energy – through right coping mechanisms. Our clinical experience shows that this is the place where psychotherapy should come into play.

#### **Therapeutic complementarities**

The effects of stress on brain biochemistry can be reversed to different extents with acupuncture [Széchenyi et al. 2015]. The stimulation of most of the acupoints, beside a specific point effect, stimulates endogenous opioid peptides release in the central nervous system [Han, 2004]. Other effects on the brain centers are suggested by functional imaging techniques. Still, our experience shows that the learned coping patterns cannot be fully reversed with acupuncture. The same experience shows that if a patient comes regularly (2-4 times a year) for short groups of acupuncture sessions they can obtain in time a deeper relaxation, this leading to a better insight

that eventually allows the development of better coping mechanisms.

All these can finally lead to a significantly decreased level of stress. Other factors like sleep sufficiency and other healthy lifestyle components might come into play. But the same experience shows that if a sudden and intense stress factor appears, the same old coping mechanisms might be used and in consequence these patients will re-generate a good amount of the initial symptoms.

Addressing coping mechanisms more specifically, i.e. with specific “informational” therapy, was not part of the initial TCM system. Currently, authors with integrative approaches in China mention referring their patients to psychotherapy, usually CBT. Our clinical experience is that collaboration with psychotherapy services is beneficial for the patient for a long term relief of symptoms.

## **II. Clinical cases**

**Case 1.** A 46 y.o. female comes for memory and focusing problems which led her falling an exam last year, anosmia, frequent crying, decreased patience with her children and co-workers; she is also accusing a fine tremor in her hands when she is either tired or nervous; she reports intermittent, short and self-limited drop of the right upper eyelid, especially upon morning awakening but also when she is tired, pressure or pulsations in the same eyelid when she is stressed; sensitivity to wind and air currents [TCM terminology]; she also accuses lower back pain in the sacro-iliac area, her back being sensitive to cold and wind; intermittent paresthesias of her calves, and sometimes of her palms; a warmth feeling in her face when she gets angry; sometimes menstrual pain, gastroesophageal reflux, flatulence, night sweating; after her mother’s death 5 years ago she started having frequent colds.

She is married, having 2 adolescent children. Her parents and her father in law died of cancer within the last 5 years and she was the main caregiver for each of them. Her sleep is quite good but insufficient, since a long period of time. About 10 years ago she had a strong emotional “shock” after which she developed Basedow-Graves disease. This was remitted after 1 year of conventional treatment. She is doing yearly check-ups with an endocrinologist. Her past history includes: cholecystectomy for stones, chronic anxieties, mammary benign nodes.

Her initial diagnoses in the TCM/family physician office included: subclinical depression, “the caregiver’s syndrome”, burnout syndrome –

subclinical. Following a complete TCM interview and after physical, tongue and pulse examination the following diagnoses were found: her physical constitutional type was Fire, her emotional constitutional type was Metal, her ergo-functional disturbances were: Yin deficiency in Kidney and Lung, internal Liver wind. Kidney Yin deficiency syndrome is many times a consequence of intense stress, usually dominated by fear (fear hurts Water and Kidney belongs to Water – Huang Di Nei Jing). Internal wind is another syndrome generated by anger hurting the Liver (Wood). It is facilitated by the deficit of Kidney Yin.

The depression screen performed in the office was negative, the patient mentioning strong motivations for enjoying life (her children and also her spiritual beliefs). A note was made in her file to follow-up periodically on this issue. The patient was referred for psychotherapy which she refused in the first instance. She stated that she would like to resolve these symptoms on her own. After the first 10 sessions of acupuncture the patient mentioned that her memory improved a little but, most of all, her ability to face stressful factors increased, that she has more patience with her children and she is less stressed in the office. She goes to sleep earlier, sleeps better and feels more rested. Her back ache, most of the paresthesias and her hand tremor disappeared; rarely, she still has her upper eyelid dropped, mostly when nervous or very tired. She reports being calmer and hence, able to make better decisions and able to better organize her activities – these were both reasons for frustration. She is still concerned about the memory and focusing impairment, leading to her inability to start learning for her exam. At this point the patient was referred again to psychotherapy.

After the first therapy session she reported a severe panic attack in that evening that culminated with a fainting moment. The next day she started feeling the same excessive fear without reason as in the past. She decided she doesn't want to go to psychotherapy ever again and she wants to continue with acupuncture, on which she will rely solely for treating her symptoms. This encounter with her brought up the following topics: she never mentioned the panic attacks, moreover, at the first sessions she left the impression that she wants to "overpass" her emotional status. She was explained that sometimes is normal that a psychotherapy session brings up issues that are well hidden and this can create adverse effects like those she felt. She was very sure she doesn't want to repeat the experience. She was suggested that maybe in the future she could eventually try with someone else,

considering that the procedure was important for her.

She was explained that acupuncture cannot replace psychotherapy. After 10 more acupuncture sessions that included the continuation of the counseling process she scheduled a psychotherapy session with another therapist.

**Case 2.** A 32 y.o. male is sent for acupuncture by his psychotherapist for upsetting halitosis. Associated symptoms: "hydric retention" (self- defined), multiple vertebral disc lesions with low level muscle back pain, pain in the halluces, chronic sinusitis; stuttering when frustrated, significant sensitivity to wind and air currents [TCM terminology], tendrils, important acne on the entire dorsal skin. The patient has a strong halitosis with a sweet and slightly burned smell. Past medical history: appendicitis followed by 2 episodes of peritonitis; operated synovial cyst – on the Lung 9 acupoint. He goes to psychotherapy due to repeated family dynamics disturbances, including getting closer to a second divorce. He reports as getting frustrated very fast, mainly by "his own mistakes".

Following a complete TCM interview and the physical, tongue and pulse examination the following TCM diagnoses were found: his physical constitutional type was Earth, his emotional constitutional type was Fire, his ergo-functional disturbances were: incipient Liver wind, incipient Heart fire with subtle phlegm impeding the functioning of the mind, Stomach fire and phlegm. The symptoms of "fire" in TCM could be associated many times with the "inflammation" in conventional medicine. The "fire" can be generated by a very intense and usually long-lasting negative emotion, many times associated with anger. Heart and Liver are both affected by frustration and lack of joy and they can both generate "fire" type of reactions, energetically and physically.

This fire can be discharged on other organs through energy channels, many times the Stomach or the Large Intestine. These two are considered in TCM as pathways for evacuation of the pathogenic energies. Phlegm means, in terms of a physical pathogenic factor, any thickening of the body fluids that will impede on the right circulation of energy and normal fluids in the channels. Subtle phlegm refers to the same slowing of energy and fluid circulation in the mind. Phlegm frequently accompanies fire syndromes.

Acupuncture treatment was started. After the first session he reports "the best sleep in many years".

After 3 sessions he reports as being significantly less reactive to stressors, to the point where his wife, with whom they had many

contradictory discussions, suggested him to go to a psychiatrist due to his “apathy” towards her. Also he eats less and slower. During the acupuncture session he reports thinking “I was in my infinite”. Due to reasons of time availability he stopped treatment after 7 sessions, coming back after 7 months. He reports he returned because he needed a calming method to act fast and deep. He remembers the intense and fast effect after the first few sessions of acupuncture which allowed him to think clearly and make right decisions under severe stress. He intended to start with psychotherapy again. His lifestyle determined a pattern of frequent and long breaks in the flow of acupuncture treatment.

**Case 3.** A 38 y.o. female comes in the office for hyperthyroid crisis. She was diagnosed with Basedow-Graves disease in the spring of 2015. This was remitted after 3 months of treatment with Thyrozol under an endocrinologist supervision. Her current crisis started by the beginning of October, 2015. At that time she accused severe fatigue and palpitations, tachycardia, hunger, frequent stools, polyarthralgias, myalgias. She was started again on Thyrozol but on a small dose she developed rapidly a depressive state that was resolved after about 4 weeks of stopping it. She didn't take any antidepressant but, in order to avoid further episodes she started replacing Thyrozol with a herbal medication from the Romanian tradition.

At presentation she accuses nervousness, displays a mild exophthalmia, an important goiter, edema of the eyelids, mild photophobia, fine hands tremor, important fatigue, sweating, palpitations, the sensation that her head is pulsating,. She used to smoke about 15 cigarettes/day in the last 20 years, quitting after the first disease episode. She agrees having intense stressful periods before the debut of each of the episodes. Her job implies a great amount of physical exercises, after which, sometimes she goes doing sports for pleasure, with increased intensity. She mentioned that her personal theme stated a few years ago was to do physical exercises, at home and at the job, “beyond exhaustion”. She is underweight, currently eating a lot due to hyperthyroidism.

Following a complete TCM interview and the physical, tongue and pulse examination the following TCM diagnoses were found: her physical constitutional type was Metal, her emotional constitutional type was Wood, her energo-functional disturbances were: Liver fire up surging and damaging the heart yin; Liver yin deficit leading to Liver wind; deficit of Heart yin and blood with flaring of the Heart fire and accumulation of heat in the Upper Burner, Lung wind-heat. Lung (Metal) is hurt by sadness. In TCM goiter is most of

the times related to anger.

She was strongly advised to consult with her endocrinologist and start on Thyrozol. She mentioned she doesn't want to start synthetic medication due to her fear of depression and edema. She eventually intended to replace Thyrozol with herbal remedies after symptoms stabilization. She also had contacted her endocrinologist via email, who also advised to start again on high doses of medication. Along 4 sessions of acupuncture she was explained the urgent need of starting Thyrozol due to the great risk of advancing exophthalmia. She was also explained about the reversibility of the side effects of medication, reversal helped by acupuncture.

During the discussions about medication she displayed an emotional tension and a bold opposition similar to that of a hypomanic state. She was also advised to start psychotherapy which she did in less than a week after presentation. She hardly agreed to start Thyrozol 15 mg/day after the first 4 body acupuncture sessions out of which 3 were associated with year acupuncture. 2 sessions of psychotherapy were held in parallel.

Considering her opposition to a medication that would insure the safety of her eyes and also her increased sensitivity to needles, both attributed to a very intense and long-lasting emotional tension, ear acupuncture was started at the second encounter. The very good effects of ear acupuncture to decrease stress and pain are well-known [Széchenyi et al. 2015]. It is also well established the role of stress in the etiology of Graves' disease [Mizokami, 2004]. Surprisingly enough, after each set of ear needles insertion the patient needs to laugh intensely, this suggesting the strong relaxing effect of ear acupuncture. This happened for her even long after 10 sessions of treatment. The patient was allowed to laugh “as needed” each time. The main benefit was that after about 3 sessions of associating year acupuncture the patient became significantly more compliant with the Thyrozol regimen, as mentioned above.

A mixed effect of body and ear acupuncture, psychotherapy and gaining trust in the acupuncture's potential of balancing the side-effects of synthetic medication can be taken into consideration for her change in attitude towards taking Thyrozol. Currently she is continuing her integrative treatment with the normalization of the blood analyses and slow remission of the physical and emotional symptoms.

As a clinical observation along her evolution, when she was not under either acupuncture and/or psychotherapy, sometimes the increase of symptoms

and thyroid hormone levels could be noted after episodes of intense anger and despite an increase in antithyroid medication doses. In these cases, higher than usual doses of Thyrozol were needed for symptom stabilization.

### III. Final considerations

In the cases described the patients were exposed to different psychotherapeutic techniques. A separate discussion is necessary regarding the use of certain techniques according to the patient's needs.

Working as part of an interdisciplinary team that includes a psychotherapist could be useful for the TCM physician by potentially providing a better access to understanding the patient's emotional symptoms. This could help making a better patient management plan. On the other hand this could also be a helpful tool available for the physician when their counseling would prove insufficient. It could also provide information about when to stop counseling and refer to psychotherapy.

Helping the patient to stop inefficient adjustment patterns can lead to long term health benefits. This is also an argument for the psychotherapy's role in prevention, this way making it compatible with one of the TCM's main goals. At the other pole of this potential therapeutic dyad, the benefits of collaboration are suggested by the actual data showing the good effect of acupuncture in modulating brain biochemistry, allowing this way a better compliance with the psychotherapeutic process.

Regarding a collaboration model inside an interdisciplinary team, considering that both interventions work through continuous adjustment according to the patient's evolution, we suggest an ongoing interaction guided by the patient's needs.

This type of therapeutic association is currently continuously developing in clinical practice. Pilot studies are necessary for determining its efficacy.

### IV. Conclusions

Patients of today have complex symptomatology at presentation and complex health care requirements. There is a growing body of data showing that, for people with today's lifestyle, a good majority of symptoms have a psychosomatic component. These patients need an integrated approach in order to cover their emotional and physical needs.

These are good reasons for the use of etiological therapies like psychotherapy and acupuncture. For interventions with such a high level of individualization there are no arguments at this point

for a rigid standardization of integrative protocols. Instead, team work with individualized and continuously adjusted solutions could be of greater benefit for the patients.

### References

- Agrawal, A.L. (2009). *Clinical Practice of Acupuncture*. 2<sup>nd</sup> ed. New Delhi: CBS Publishers & Distributors PVT. LTD.
- Ahn, A.C., Schnyer, R., Conboy, L., Laufer, M.R. & Wayne, P.M. (2009). Electrodermal Measures of Jing-Well Points and Their Clinical Relevance in Endometriosis-Related Chronic Pelvic Pain. *Journal of Alternative and Complementary Medicine*, 15(12), 1293–1305. <http://doi.org/10.1089/acm.2008.0597>.
- Duan, D.M., Tu, Y., Chen, L.P., Wu, Z.J. (2009). Efficacy Evaluation for Depression with Somatic Symptoms Treated by Electroacupuncture Combined with Fluoxetine. *J Tradit Chin Med*, 29(3), 167-73.
- Cao, H., Pan, X., Li, H., & Liu, J. (2009). Acupuncture for Treatment of Insomnia: A Systematic Review of Randomized Controlled Trials. *Journal of Alternative and Complementary Medicine*, 15(11), 1171–1186. <http://doi.org/10.1089/acm.2009.0041>.
- Cheng, X. (2007). *Chinese Acupuncture and Moxibustion* (Revised edition). Beijing: Foreign Languages Press.
- Duan, D.M., Tu, Y, Chen, L.P., Wu, Z.J. (2009). Efficacy Evaluation for Depression with Somatic Symptoms Treated by Electroacupuncture Combined with Fluoxetine. *J Tradit Chin Med*, 29(3), 167-73.
- Han, J.S. (2004). Acupuncture and Endorphins. *Neurosci Lett*, 6, 361(1-3), 258-61.
- Harris, S., Jones, M., Zheng, Y., Berwick, J. (2010). Does Neural Input or Processing Play a Greater Role in the Magnitude of Neuroimaging Signals? *Front Neuroenergetics*, 11(2), 15. doi: 10.3389/fnene.2010.00015.
- Huang, W., Pach, D., Napadow, V., Park, K., Long, X., Neumann, J. et al. (2012). Characterizing Acupuncture Stimuli Using Brain Imaging with fMRI - A Systematic Review and Meta-Analysis of the Literature. *PLoS ONE*, 7(4): e32960. doi:10.1371/journal.pone.003296.
- Hui, K.K.S., Napadow, V., Liu, J., Li, M., Marina, O., Nixon, E.E, Kwong, K.K. (2010). Monitoring Acupuncture Effects on Human Brain by fMRI. *Journal of Visualized Experiment: JoVE*, 38, 1190. <http://doi.org/10.3791/1190>.
- Ionescu, R. (2007). *Traditional chinese medicine meets Orthodoxy*. Bucharest: ASA.
- Ionescu-Tîrgoviște, C. (1993). History of acupuncture. In *Theory and practice of the modern acupuncture* (pg. 19). Bucharest: The Romanian Academy Publishing.
- Jayasuriya, A. (2002). Causes of disease. In: *Clinical acupuncture* (pg. 377). New Delhi: B. Jain Publishers (P) LTD.
- Kravitz, R.L., Franks, P., Feldman, M., Meredith, L.S., Hinton, L., Franz, C.,... Epstein, R.M. (2006). What Drives Referral from Primary Care Physicians to Mental Health Specialists? A Randomized Trial Using Actors Portraying Depressive Symptoms. *Journal of General Internal Medicine*, 21(6), 584–589. <http://doi.org/10.1111/j.1525-1497.2006.00411.x>.
- Lacusta, V., (2004). *Clinical acupuncture treaty*. Bucharest: MedicArt.
- Li, J., Wang, Q., Liang, H., Dong, H., Li, Y., Ng, E.H.Y., Wu, X. (2012). Biophysical Characteristics of Meridians and Acupoints: A Systematic Review. *Evidence-Based Complementary and Alternative Medicine : eCAM*, 2012,

793841. <http://doi.org/10.1155/2012/793841>.
- Lin, J.G., Chan, Y.Y., & Chen, Y.H. (2012). Acupuncture for the Treatment of Opiate Addiction. *Evidence-Based Complementary and Alternative Medicine: eCAM*, 2012, 739045. <http://doi.org/10.1155/2012/739045>.
- Liu, G., assoc. ed. in chief: Hyodo Akira, supervisors: Goto, S., Boli, Z. (2006). *Clinical acupuncture and moxibustion*. China: Huaxia Publishing House.
- Mizokami, T., Wu, Li, A., El-Kaissi, S., Wall JR. (2004). Stress and Thyroid Autoimmunity. *Thyroid*, 14(12), 1047-55.
- Moldovan, C. (2007). Biophysics Behavior of Acupuncture Points Irradiated with Low Energy Lasers. *Romanian Journal of Internal Medicine*, 45(3), 281-285, Romanian Academy Publishing.
- Mist, S., Jones, K., Sherman, C., Carson, J., Bennett, R., Li, F. (2012). A Randomized Controlled Trial of 8-Form Tai Chi Improves Symptoms and Functional Mobility in Fibromyalgia Patients. *BMC Complementary and Alternative Medicine* 12(1): O21.
- Moldovan, C. (1993). *The Treatment with Low Energy Laser in Acupuncture and Medicine. International Congress on Oriental Medicines*. World Congress, M.A. Proc. no. 32, p. 8. Colombo, Sri Lanka.
- Moldovan, C. (2004). Low Powered, Non-Invasive Laser & Electric Stimulation Technology In Acupuncture. *Rev Rom Acupuncture*, 2(1-2), 25-26.
- No author. Trans.: Angela Sanda Tudor (2014). The Yin and Yang connections of humans and other living creatures with the four seasons. In Huang Di Nei Jing Su Wen, *Simple questions*, Vol. 1. *Chinese traditional medicine*, 2(3), pg. 35-38.
- Pilkington, K., Kirkwood, G., Rampes, H., Cummings, M., Richardson, J. (2007). Acupuncture for Anxiety and Anxiety Disorders – A Systematic Literature Review. *Acupunct Med*, 25(1-10). doi:10.1136/aim.25.1-2.1.
- Schlebusch, K.P., Maric-Oehler, W., Popp, F.A. (2005). Biophotonics in the Infrared Spectral Range Reveal Acupuncture Meridian Structure of the Body. *J Altern Complement Med*, 11(1): 171-3.
- Swanson, J.G. (1994). Family Physicians' Approach to Psychotherapy and Counseling. Perceptions and Practices. *Canadian Family Physician*, 40, 53–58.
- Széchenyi, I., Antal, Z., Hegyi, G. (2015). Tracking and Evaluating the Immediate Stress-Reducing Effect of Ear Acupuncture Through Prolactin Levels and Meridian Diagnostics: A Randomized, Double-Blinded, *Controlled Study, Medical Acupuncture*, 27(1), 23-32. doi:10.1089/acu.2014.1072.
- Wu, J., Yeung, A.S., Schnyer, R., Wang, Y., Mischoulon, D. (2012). Acupuncture for Depression: A Review of Clinical Applications. *Can J Psychiatry*, 57(7):397-405.
- Yu, X., Zhang, X., Liu, X. (2015). Efficacy on Somatoform Pain Disorder Treated with Resuscitation and Tranquilization Acupuncture Technique. *Zhongguo Zhen Jiu*, 35(1), 25-9.
- Zheng, H., Chen, M., Wu, X., Li, Y., Liang, F.R. (2010). Manage Migraine with Acupuncture: A Review of Acupuncture Protocols in Randomized Controlled Trials. *Am J Chin Med*, 38(4):639-50.