

# Study on TCM Syndrome of Bipolar Mania: Data From Domestic Published Manic Disorder With Multiple Syndromes Treated by Integrated Traditional Chinese and Western Medicine

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**Abstract:** *Objective:* To analyze the distribution characteristics of TCM (traditional Chinese medicine) syndromes of bipolar mania from published literature on the treatment of mania with integrated traditional Chinese and Western medicine.

*Methods:* Literature was collected from Chinese database, and statistical analysis was carried out on 6 literature that met the criteria, and the contribution rate of different syndromes was analyzed.

*Result:* The contribution rate of qi stagnation and blood stasis (Chinese phonetic alphabet: qizhixueyu, TCM term) was 0.258, Yin deficiency and fire prosperity (Chinese phonetic alphabet: yinxvhuowang, TCM term) were 0.344, phlegm and fire disturbance (Chinese phonetic alphabet: Tanhuoraoxin, TCM term) were 0.894, liver and gallbladder stagnation (Chinese phonetic alphabet: Gandanyure, TCM term) were 0.956, and Yin injury caused by fire (Chinese phonetic alphabet: Huoshengshangyin, TCM term) was 0.72.

*Conclusion:* The contribution rate of phlegm and fire disturbance, liver and gallbladder preheating, fire injury Yin contribution ratio was larger. The contribution rate of Qi stagnation and blood stasis, Yin deficiency and fire prosperity was smaller.

**Keywords:** Bipolar mania, Chinese medicine manic, Chinese medicine syndromes, Contribution.

## BACKGROUND

As every psychiatrist knows, manic episode and depressive episode or their mixture constitute bipolar disorder, although the neurobiological mechanism is unknown and the clinical manifestations are complex. Also as everyone knows, the main clinical manifestations of mania are excitement, talkative, restlessness, high emotion, impulse, etc. But it maybe conversant to every psychiatrist, especially to psychiatrist of western medicine. The treatment of mania with the combination of Chinese and Western medicine is based on the syndrome differentiation of traditional Chinese medicine after the diagnosis of Western medicine [1]. It has been proved that such a combination of Chinese and Western medicine is better than the single use of mood stabilizer or atypical antipsychotic drugs, and has the effect of strengthening treatment [2]. If it is a combination of mood stabilizer and atypical antipsychotic drugs, it can even replace

the mood stabilizer or atypical antipsychotic drugs by TCM treatment [3]. From the perspective of traditional Chinese medicine, mania belongs to TCM kaungbing (kaungbing: Chinese phonetic alphabet, TCM term, it means mental disorder as mania). There are many viewpoints of traditional Chinese medicine on mania (kuangbing), among which "all manias belong to fire more and more" is said in the "Internal Classic, the most important treatise", but the common syndromes of mania are not all fire as reason. Therefore, we collected the literature of mania with multiple TCM syndrome types that treated by combination of Chinese and Western medicine, analyzed and evaluated the TCM syndrome types of mania included in the literature, in order to evaluate the distribution characteristics of TCM syndrome types of mania.

## MATERIALS AND METHODS

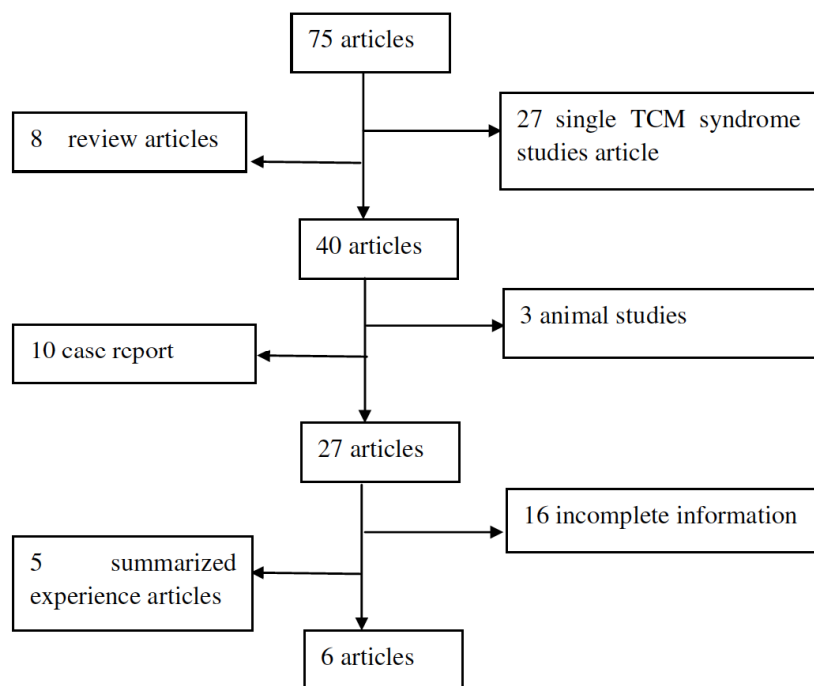
### 1. Inclusion criteria of Literature

(1) Manic phase of bipolar disorder or manic phase was diagnosed by the diagnostic criteria of manic or manic episode diagnosis in ICD-10. (2) The treatment mode is combination of TCM and Western medicine;

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(3) The combination of TCM and Western medicine must be study group and control group must be treated only by Western medicine; (4) The syndrome types of traditional Chinese medicine are not only one TCM syndrome type; (5) The formula is unified with the syndrome types, and there can be addition and subtraction; (6) Observation time is not less than 4 weeks; (7) There are specific methods to evaluate the efficacy or severity by manic scale; (8) The literature is only limited to the Chinese literature published in Chinese main land excluding Hong Kong, Macao and Taiwan literature.

### 3. Search Processing



### 4. Statistical Methods

The proportion of each syndrome type in this study was calculated. Statistics of the average ratio of the same syndrome type, after normalization, we can get the contribution degree of each syndrome type, and then multiply by its frequency, that is the total contribution degree of each syndrome type. The total contribution degree represents the ranking of the syndrome type in this study.

### RESULTS

Literature was collected from Chinese database, and 6 articles were grouped according to the standard [1,4-8] see Table 1. The TCM syndromes involved are

### 2. Literature Collection Method

Searches were applied to the following electronic databases, but only in china: Chinese Biomedical Database (CBM), China National Knowledge Infrastructure (CNKI), WANFANG and Chinese Social Sciences Citation Index (VIP) databases. The search strategy was based on combination treatment of TCM and western medicine for mania. The Search terms of literature retrieval are combination of Chinese and Western medicine, mania (bipolar disorder or affective psychosis). Then artificial screening was also carried out, and the key words were mania (disease), Traditional Chinese Medicine.

phlegm and fire disturbance, liver and gallbladder stagnation, qi stagnation and blood stasis, Yin injury caused by fire, Yin deficiency and fire prosperity.

After calculating the ratio of each syndrome type in the study, the average ratio of each syndrome type was calculated, including 0.48 for qi stagnation and blood stasis, 0.32 for Yin deficiency and fire prosperity, 0.278 for phlegm and fire disturbance, 0.445 for liver and gallbladder stagnation and 0.335 for Yin injury caused by fire. After normalization management, the ratio of syndrome types was 0.258 for qi stagnation and blood stasis, 0.178 for Yin deficiency and fire prosperity, 0.149 for phlegm and fire disturbance, 0.239 for liver and gallbladder stagnation and 0.18 for Yin injury caused by fire.

**Table 1: The Information of TCM Syndrome of all Literature**

Author	Year	qi stagnation and blood stasis	Yin deficiency and fire prosperity	phlegm and fire disturbance	liver and gallbladder stagnation	Yin injury caused by fire
Sun Ling	2002	28		17		
Zhao Xiaoxiong	2015			11	11	18
Xie Keping	2002			15	20	30
Guo Yujun	2012		10	10		
Guo Fangji	2011		20	15	30	
Xiong Hong	2018			10	22	18

The contribution degree of each syndrome type is multiplied by the number of studies. The number of studies on qi stagnation and blood stasis was 1, Yin deficiency and fire prosperity was 2, phlegm and fire disturbance was 6, liver and gallbladder stagnation was 4, Yin injury caused by fire was 4. Therefore, the contribution of qi stagnation and blood stasis was 0.258, Yin deficiency and fire prosperity was 0.344, phlegm and fire disturbance was 0.894, liver and gallbladder stagnation was 0.956, Yin injury caused by fire was 0.72.

## DISCUSSION

Model medicine considered that bipolar disorder had two contrary states of mania and depression. But there was not term of bipolar disorder in Traditional Chinese medicine, in replace on two term manic disease (kuangbing) and depressive disease (Yubing, Chines phonetic alphabet, TCM term, it means mental disorder as depression), other than a disease entity. TCM considered that was mainly manifested in two aspects: worry and anger. Mania, as a madness, had two main manifestations: joy and anger, but anger is more than joy. It was characterized by impetuous, aggressive, and aggressive behavior. According to the theory of traditional Chinese medicine, it is caused by Yang hyperactivity and fire prosperity, and its pathogenesis was fire hyperactivity of heart and liver or disturbance by phlegm fire (TCM term) [9].

The location of madness or mania disease is mostly in heart, brain and liver [9]. TCM viewpoint have a organ theory (Chinese phonetic alphabet: zangfu xueshuo, TCM term, same as following)) about mania, which different western medicine viewpoint. TCM considered that the liver was as the general's official, which was responsible for the strategy. TCM also considered that gall was as the official to implement general's strategy, and made a decision. The liver and gall are both exterior and interior, with the same Qi of

wood and fire. The liver was rigid with action. It mainly stores blood and relieves. If the liver was stagnant, the Qi, blood, and water flow will be maladjusted, phlegm and blood stasis will be formed, or the Yin and Yang will be maladjusted, the Qi will go against to reduce Yang prosperity, the liver wind will move inside, the liver will be out of coordinating, the Qi will be stagnant and the fire will be turned, the liver will be stagnant and the fire will be generated, which will disturb the mind, then the words will be disordered, upset, sleepless and fidgety. It is also suggested that liver and gallbladder stagnation may be the initial form of madness. In treatment, it is necessary to relieve stagnation, reduce fire and calm the mind.

Liver and qi stagnation may violate spleen, which can not transport, continuing turbid phlegm. More and more phlegm induced phlegm fire disturbance, the patients of which was on the onset of a sudden, first temper impatient, headache and insomnia [10], The patients had eyes glare, red face, sudden frenzy and ignorance, violence, scolding and shouting, hurting people, even relatives. They can do not eat, do not sleep, but more often the strength. Their tongue was red in deep, tongue moss more yellow greasy, pulse string big slippery number. The pathogenesis of the disease was the prosperity of liver fire, which stirs up the phlegm and fire disturbance that interfere the mind. Therefore, the patient was impatient and has a headache, insomnia, frenzied. If the liver fire offends the stomach, the patient will not eat. The tongue was red in deep, coating yellow and greasy, and the pulse was stringy and slippery, which was the image of Yang hyperactivity. Fire belongs to Yang, which was active, so the disease was sharp and violent. This syndrome type of phlegm and fire disturbance was also more common.

Madness of mania was closely related to fire. Among them, there is a saying that "the more manic all belong to fire" in *Neijing zhizhenyaodaban*. Therefore,

mania belongs to Yang, and it turns to reality. However, with a long time of manic madness, the Qi and Yin will be injured and the continuing was Yin injury caused by fire, which will disturb the mind. Therefore, anxiety, tense, wordy, restless, emaciated, the five center hot, red tongue, with little or no moss all appeared, which all were the image of Yin injury caused by fire [11]. This syndrome type is also more common in the mania with long-term.

It can be seen that phlegm and fire disturbance, liver and gallbladder stagnation, Yin injury caused by fire may be the common clinical TCM syndromes of mania, but the etiology and pathogenesis may be different. There were internal connections, so syndrome differentiation and treatment need better pertinence, which can be reflected in the collected research literature.

The shortcomings of this study are as follows: (1) this study was aimed at the research of others' literature, which is related to the integrity of the collected literature and the interest of the initial research. (2) The syndrome type of this study was the syndrome type in the collected literature, and the researchers may not fully cover all the syndrome types, so our further study on this basis may not truly reflect the TCM syndrome type of mania, so we need to combine clinical investigation and research; (3) due to the literature collection of the combination of Chinese and Western medicine, the literature of pure TCM research may not be able to be collected.

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## AUTHOR CONTRIBUTIONS

Our authors have different contributions to this article. Sun Fengli participated in the writing of the

article and did collection of literature, Yu fang, Zhu Jianfeng participated in the literature collection, Zhu jianfeng, participated in the statistical processing, and Wang Zhiqiang, Jin Weidong participated in the final revision of the article.

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