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*Research Article*

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# The Importance of Selecting and Structuring Acupuncture Points Depending on the Structure of an Herbal Formula in Traditional Chinese Medicine

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**ABSTRACT**

The study aims to demonstrate the importance of the association of acupuncture points in prescriptions selected according to the model of the composition of a herbal TCM formula and deferentially applied to patients suffering from panic disorder according to the diagnosis of energy imbalance.

100 patients were enrolled, and, after the syndrome differentiation process, were divided into 2 groups (treated with acupuncture and treated with acupuncture plus alopathic medicine). The prescription of acupuncture points followed the formula Jun 君-Chen 臣-Zuo 佐 Shi 使. Patients were clinically assessed with both Hamilton Anxiety Rating Scale (HAMA-A) and Panic and Agoraphobia Scale (PAS) monthly, for 6 months from the beginning of treatment.

The study found there is no significant difference between the two intervention groups regarding the mean scores measured by PAS and HAM-A. There is a significant decrease over time in PAS (4 months vs. 6 months evaluation) and HAM-A (4 months vs. 6 months) regardless of the type of intervention. PAS and HAM-A levels for Yang Deficiency of Kidneys and Spleen are significantly lower than for Liver and Kidney Yin Deficiency up until the 6 months evaluation.

The diagnosis according to TCM principles and selecting and structuring acupuncture points depending on the structure of an herbal formula in Traditional Chinese Medicine seems to be an effective strategy in the treatment of panic disorder.

**Keywords:** Panic Disorder, TCM Diagnosis, Acupuncture, Formula, Etiological Factors, Comorbidity

**Abbreviations**

| | | |
|---|---|---|
| ACP | : | Acupuncture Treatment |
| CM | : | Conventional Medicine |
| HAM-A | : | Hamilton Anxiety Rating Scale |
| PAS | : | Panic and Agoraphobia Scale |
| PD | : | Patients with Panic Disorder |
| PM | : | Psychotropic Medication PM |
| TCM | : | Traditional Chinese Medicine |

## Introduction

### Purposes

The hypothesis of the present study aimed to verify whether by diagnosing according to the principles of TCM and subsequently treating with TCM herbal therapy and an association of acupuncture points in prescriptions selected according to the model of the composition of a herbal TCM formula can be effectively applied to patients with PD. Both the diagnostic criteria and the type of acupuncture used throughout the research follow the principles of classical Chinese TCM.

### Motivation For the Selection of the Disease as the Research Theme

- High prevalence condition 2-3, %;
- Affection relatively frequent in the current population, appeared since the young age;

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- Occupational Disability. Patients have reduced mobility
- Make extensive use of medical services They have many more visits to the FM and receive many more prescriptions for psychotropic and non-psychotropic drugs; They have a large number of hospitalizations and diagnostic tests to various pathological manifestations
- The stigma that accompanies mental illness and allopathic / psychotropic treatments
- Patients have a catastrophic attitude to the side effects of allopathic medicines
- Increased risk of suicide;
- Treatment lasts a long time and rarely with a complete remission
- Allopathic medicine only succeeds in improving and inducing psychotropic dependence, which invalidates patients

## Materials and Method

### Study Design

The present study is an open, prospective, interventional cohort study.

After receiving approval of the Transilvania University of Brasov Ethics Commission, and signed the patient's informed consent according to the guidelines of the Declaration of Helsinki.This study followed the Consolidated Standards of Reporting Trials (CONSORT) reporting guideline and the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) guideline for the designing and reporting of this trial.

### Participants

The study enrolled patients who voluntarily presented themselves at the „Tai Chi Medical Clinic "in Târgoviște, Romania, from June 1, 2018, to August 1, 2022. They requested diagnostic, evaluation and specific treatments based on Traditional Chinese Medicine (TCM).

The inclusion criteria for the study were as follows:(1) Patients aged between 18 and 70 years, of both sexes;(2) Patients diagnosed with panic disorder with or without agoraphobia according to DSM-5 criteria;(3) Patients diagnosed with syndromes overlapping with panic disorder according to Traditional Chinese Medicine criteria (Kidney Yang Deficiency, Kidney Yang and Spleen Deficiency, Kidney and Lung Yin Deficiency, Kidney and Liver Yin Deficiency); The exclusion criteria for the study were as follows:(1)Panic attacks attributed to direct physiological effects of a general medical condition (myocardial infarction, hypertensive crisis, temporal epilepsy, anaphylactic shock, bronchial asthma, hyperthyroidism, hypoglycemia) or other psychiatric disorders (major depressive disorder, schizophrenia, other anxiety disorders such as social phobia);(2)Failure to provide informed consent;(3)Presence of severe or therapeutically unstable medical conditions;(4)Panic attacks attributed to direct physiological effects of a substance (drug abuse, medication).

### Intervention

Patients were treated based on the TCM diagnosis, following the treatment principles of TCM, regardless of the type of conventional medication already prescribed by specialized physicians.

Each patient underwent 10 daily acupuncture sessions, with each session lasting 30 minutes per day. The acupuncture needles used were Chinese acupuncture needles made of steel with a silver handle, sterile, disposable, and with dimensions of 0.35 x 25 mm and 0.35 x 40 mm. The achievement of 'deqi' was pursued during the insertion of each needle using the specific stimulation method specified for each syndrome. The 30-minute duration was calculated from the insertion of the last needle in the prescription for each TCM syndrome, two-point prescriptions were created, with the patient alternating between supine position (dorsal decubitus) in one session and prone position (ventral decubitus) in the following session. Point selection was semi-standardized as an association of acupuncture points according to the model of the composition of an herbal TCM formula.

Acupoints were selected from bibliographical references 10,11,12,26,27,28,32,33,34,40 according to the TCM diagnosis. During each session the prescription was adjusted according to the patient's evolution under treatment.

The treatment was performed by Dr. Angela Tudor, the Honorary President of the Romanian Society of Traditional Chinese Medicine (SRMTC). She is certified with a competence certificate in acupuncture according to the Romanian legislation since 1993, and has studied acupuncture and moxibustion in Taiyuan, Shanxi, China.

### Parameters For Assessing Efficacy

The evaluation of treatment efficacy was conducted at each follow-up examination, before each acupuncture treatment, through clinical evaluation (pulse, blood pressure, temperature), evaluation parameters according to Traditional Chinese Medicine (characteristic TCM medical history with syndrome differentiation, tongue examination, and pulse examination) and the use of two psychological assessment scales: the Hamilton Anxiety Rating Scale (HAM-A) and the Panic and Agoraphobia Scale (PAS). These two scales have demonstrated their validity and effectiveness over time. Each patient had follow-up examinations at 5 and 10 days, then monthly up until 6 months.

### Primary Outcome

The primary outcome was to evaluate the efficacy of the acupuncture for panic disorder. Due to lack of bibliographical references regarding the quantification of the efficacy of acupuncture treatments for panic disorder, for this study the efficacy of the treatment was defined as: moving from pathological ranges on the 2 scales (PAS and HAM-A) to normal ranges.

### Secondary Outcome

The secondary outcome was to identify the TCM diagnoses associated with the patients enrolling in the study with the diagnosis of panic disorder. and evaluate whether there are any differences in efficacy based on the precise diagnosis.

### Avoidance of Bias

Patients were enrolled over a prolonged period of time, and they did not meet each other during treatment nor were they aware of the other participants in the study. During evaluations, multiple subjects were not called in on the same day.

**End of the Study**

The study concluded after all enrolled patients have completed the 6-month follow-up period, except in cases where they have been lost to follow-up, withdrawn their consent, or if the study has been prematurely terminated by the investigator, whichever of these situations occurs first.

**Statistical Methods**

Statistical analysis was performed using the SPSS software. To assess the normality of data distributions (Gaussian distribution), the Shapiro-Wilks test was used. Spearman's correlation coefficient was used to analyze the correlations between data scores for each evaluation separately (baseline, day 5, day 10, etc.). Analysis of variance (ANOVA) was used to determine statistical differences in mean scores of the scales at different evaluation time points (baseline, day 5, day10, month 1, etc.) and Multivariate analysis of variance (MANOVA) for statistical differences in mean scores after the patients have been divided into the four TCM diagnostic categories, along with Greenhouse-Geisser correction. Bonferroni tests were conducted for assessing time-related changes. Effect sizes are described as Cohen d.

**Results**

**Participants**

The research ended on 28th February 2023, at which time, the last enrolled patient concluded their 6 months evaluation.

A total of 100 patients with PD were enrolled in the study, including 52 patients who were already receiving psychotropic medication prescribed by a psychiatrist but expressed a desire to be treated using specific Traditional Chinese Medicine methods, and 48 patients who did not wish to undergo allopathic treatment for panic disorder but were willing to be treated using specific Traditional Chinese Medicine methods.

Based on the TCM diagnosis, the patients could be divided into four TCM diagnoses: Kidney Yang Deficiency (8 patients), Kidney and Spleen Yang Deficiency (22 patients), Kidney and Lung Yin Deficiency (26 patients), and Kidney and Liver Yin Deficiency (44 patients).

The gender distribution is 36% male and 64% female, consistent with the data reported in literature [2], which states that women are twice as likely to develop panic disorder compared to men. The mean (SD) age is 49.23 (11,99) years. (Table 1).

There were no patients who dropped out or were excluded from the study until the end of the evaluation period. At each stage evaluation, all the necessary data for the study were collected from all patients, there were no missing data (Figure 1)

**Table 1: Descriptive Statistics**

| (N=100) | | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| HAM-A | 2. baseline | 18 | 30 | 25,07 | 2,226 |
| | 3. 5 days | 15 | 28 | 22,03 | 2,683 |
| | 4. 10 days | 8 | 26 | 18,37 | 3,021 |
| | 5. One month | 5 | 24 | 13,33 | 3,499 |
| | 6. Two months | 4 | 21 | 11,20 | 3,390 |
| | 7. Three months | 2 | 20 | 10,04 | 3,435 |
| | 8. 4 months | 2 | 21 | 9,70 | 3,672 |
| | 9. 5 months | 2 | 19 | 9,14 | 3,438 |
| | 10. 6 months | 2 | 20 | 8,90 | 3,577 |
| PAS | baseline | 21 | 46 | 29,80 | 4,483 |
| | 5 days | 18 | 40 | 25,69 | 4,385 |
| | 10 days | 10 | 30 | 20,88 | 4,509 |
| | One month | 4 | 25 | 14,25 | 4,661 |
| | Two months | 3 | 28 | 11,00 | 5,201 |
| | Three months | 3 | 26 | 9,57 | 4,806 |
| | 4 months | 2 | 25 | 8,45 | 4,423 |
| | 5 months | 3 | 21 | 8,03 | 4,198 |
| | 6 months | 2 | 22 | 7,77 | 4,221 |
| Age (at baseline) | | 20 | 73 | 49,23 | 11,990 |
| 20-35 | | 14 | | | |
| | 36-40 | 10 | | | |
| | 41-50 | 25 | | | |
| | 51-60 | 30 | | | |
| | 61-73 | 21 | | | |
| % women (vs. men) | | 64% | | | |

| | | | | | |
|---|---|---|---|---|---|
| % ACP only (vs ACP+PM) | | 48% | | | |
| Initial Diagnosi | Yang Deficiency: Kidneys | 8 | | | |
| | Yang Deficiency: Kidneys & Spleen | 22 | | | |
| | Yin Deficiency: Lungs & Kidneys | 26 | | | |
| | Yin Deficiency: Liver & Kidneys | 44 | | | |

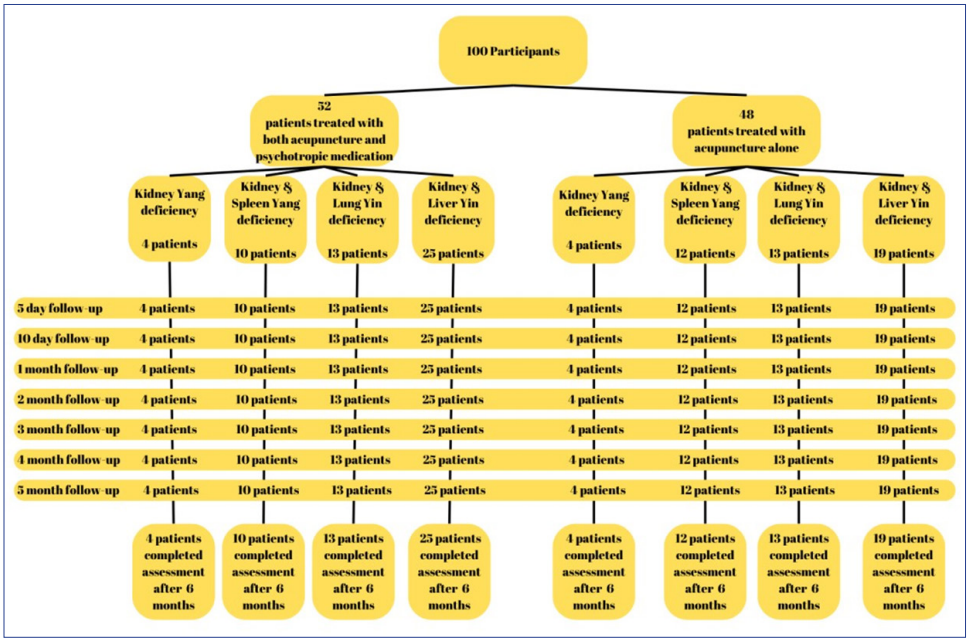


**Figure 1:** Study Flowchart for Enrollment, Allocation, Follow-up, and Analysis

Among the 100 patients enrolled in the study at „Tai Chi Medical Clinic "in Târgoviște, Romania, from June 1, 2018, to August 1, 2022, there were no dropouts, and no missing data from any of the participants.

**Primary Outcome**

There is no significant difference between the two groups (ACP vs. ACP+PM) regarding the mean scores measured by PAS scale (p = .939 > .05). There is no significant difference between the two groups (ACP vs. ACP + PM) regarding the mean scores measured by HAM-A scale (p = .606 > .05). (Table 2).

There is a significant decrease over time in the levels of PAS scale. The decrease does not depend on the type of intervention (ACP vs. ACP+PM). Bonferroni comparisons between moments of time show significant decreases in mean values of PAS at 5 days vs baseline (4.119, 95%CI [3,449 to 4,790], p<,05), 10 days vs 5 days(4,814 , 95%CI [4,017 to 5,611], p<,05), 1 month vs 10 days(6,627, 95%CI [5,618 to 7,637], p<,05), 2 months vs 1 month(3,268, 95%CI [2,405 to 4,132], p<,05), 3 months vs 2 months(1,426 , 95%CI [,783 to 2,069], p<,05), 4 months vs 3 months(1,099, 95%CI [,477 to 1,722], p<,05), but after that the observed means of PAS at 5 months vs 4 months(,420, 95%CI [-,063 to ,902], p>,05) and 6 months vs 5 months(,265, 95%CI [-,077 to ,607], p<=>,05) do not significantly differ. However, PAS mean values at 4 months vs 6 months are significantly different (,685, 95%CI [,214 to 1,156], p<,05), therefore there is a decrease but the rhythm of the decrease is slower after 4 months (Table 4) (Figure 2).

There is also a significant decrease over time in the levels of HAM-A. The decrease does not depend on the type of intervention (ACP vs. ACP+PM). Bonferroni comparisons between moments of time show significant decreases in mean values of HAM-A at 5 days vs baseline (3,044 , 95%CI [2,592 to 3,496], p<,05), 10 days vs 5 days(3,657 , 95%CI [3,191 to 4,126], p<,05), 1 month vs 10 days(5,018, 95%CI [4,234 to 5,801], p<,05), 2 months vs 1 month(2,156 , 95%CI [1,519 to 2,793], p<,05), 3 months vs 2 months(1,166 , 95%CI [,606 to 1,726], p<,05), but after that the observed means of HAM-A at 4 months vs 3 months(,345, 95%CI [-,104 to ,795], p>,05), 5 months vs 4 months(,554, 95%CI [-,032 to 1,141], p>,05) and 6 months vs 5 months(,244, 95%CI [-,283 to ,772], p>,05) do not significantly differ. However, HAM-A mean values at 3 months vs 6 months (1,144, 95%CI [,603 to 1,686], p<,05) and 4 months vs 6 months (,799, 95%CI [,317 to 1,281], p<,05) are significantly different, therefore there is a decrease but the rithm of the decrease is slower after 3 months (Table 4) (Figure 3)

**Table 2: Tests of Between-Subjects Effects measured by PAS and HAM-A scale**

| Tests of Between-Subjects Effects | | | | |
|---|---|---|---|---|
| | PAS | | HAM-A | |
| | Transformed Variable: Average | | | |
| | F | Sig. | F | Sig |
| Intercept | 1545,090 | ,000 | 2614,482 | ,000 |
| Group | ,006 | ,939 | ,267 | ,606 |

**Table 3: Repeated-measures MANOVA models, predicting PAS and HAM-A**

| | PAS | | | | HAM-A | | | |
|---|---|---|---|---|---|---|---|---|
| | F | Sig. | Partial Eta Squared | Observed Power[a] | F | Sig. | Partial Eta Squared | Observed Power[a] |
| Within-Subjects | | | | | | | | |
| time | 957,43 | ,000 | ,909 | 1,000 | 1119,17 | ,000 | ,921 | 1,000 |
| time * ACP-only | ,82 | ,449 | ,008 | ,196 | 2,22 | ,085 | ,023 | ,564 |
| Between-Subjects | | | | | | | | |
| Intercept | 1493,096 | ,000 | ,940 | 1,000 | 2524,24 | ,000 | ,963 | 1,000 |
| ACP-only | ,029 | ,864 | ,000 | ,053 | ,33 | ,566 | ,003 | ,088 |

1. Computed using alpha = ,05;
2. Greenhouse–Geisser correction for lack of sphericity (epsilon<0.4)

**Table 4: Comparison of treatment effects between consecutive patient evaluations measured with PAS and HAM-A scales**

| | | PAS scale | | HAM-A scale | |
|---|---|---|---|---|---|
| Time of previous evaluation | Time of present evaluation | Mean difference (95% CI) | p value (Sig [b]) | Mean difference (95% CI) | pvalue (Sig [b]) |
| 1 | 2 | 4.119* (3,449to4,790) | ,000 | 3,044* (2,592to3,496) | ,000 |
| 2 | 3 | 4,814* (4,017to 5,611) | ,000 | 3,657* (3,191 to 4,126) | ,000 |
| 3 | 4 | 6,627* (5,618to 7,637) | ,000 | 5,018* (4,234 to 5,801) | ,000 |
| 4 | 5 | 3,268* (2,405to 4,132) | ,000 | 2,156* (1,519 to 2,793) | ,000 |
| 5 | 6 | 1,426 (,783 to 2,069) | ,000 | 1,166* (,606 to 1,726) | ,000 |
| 6 | 7 | 1,099* (,477 to 1,722) | ,000 | ,345 (-,104 to ,795) | ,471 |
| 7 | 8 | ,420 (-,063 to ,902) | ,184 | ,554 (-,032 to 1,141) | ,088 |
| 8 | 9 | ,265 (-,077 to ,607) | ,439 | ,244 (-,283 to ,772) | 1,000 |
| 6 | 9 | 1,784* (1,075 to 2,494) | ,000 | 1,144* (,603 to 1,686) | ,000 |
| 7 | 9 | ,685* (,214 to 1,156) | ,000 | ,799* (,317 to 1,281) | ,000 |

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.
b. Adjustment for multiple comparisons: Bonferroni.

1=baseline evaluation; 2=5 days evaluation; 3=10 days evaluation; 4=1 month evaluation; 5=2 months evaluation; 6=3 months evaluation; 7=4 months evaluation; 8=5 months evaluation; 9=6 months evaluation;

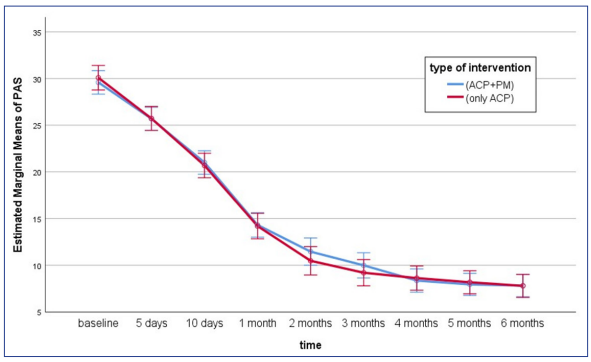


**Figure 2:** Variation in time of estimated marginal means of PAS

Error bars: 95% CI.
ACP - acupuncture treatment; PM - psychotropic medication;

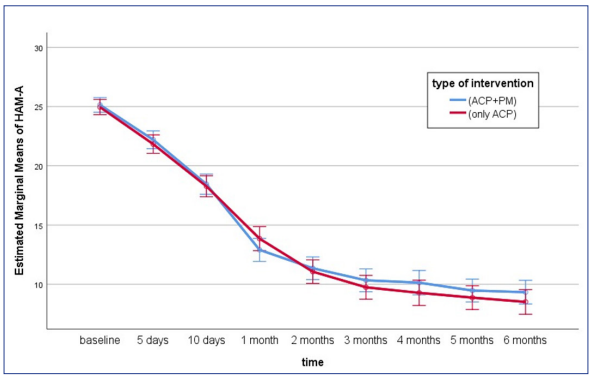


**Figure 3:** Variation in time of estimated marginal means of HAM-A

Error bars: 95% CI.
ACP - acupuncture treatment; PM - psychotropic medication,

**Secondary Outcome**

There is a significant decrease over time in the levels of PAS. The decrease does not depend on the type of intervention (ACP vs. ACP+PM) but is different depending on diagnosis. Bonferroni comparisons between moments of time show significant decreases in levels of PAS, consistent with the pattern seen in the analysis of means for the overall group, however PAS levels for those diagnosed as "Yang Deficiency of Kidneys and Spleen" are significantly lower than in "Yin Deficiency of Liver and Kidneys" at observations after 10 days (-2,545, 95%CI [-4,754 to -,337], p<,05) ,2 months (-5,205, 95%CI [-7,313 to -3,096], p<,05), 3 months (-4,295, 9%CI [-6,265 to -2,326], p<.05) ,4 months (-3,159, 95%CI (-5,085 to -1,233), p< .05), 5 months (-3,144, 05%CI [-4,939 to -1,288], p<.05) and 6 months (-2,818, 95%CI [-4,661 to -,975], p< .05). (Table 5,6) (Figure 4).

There is a significant decrease over time in the levels of HAM-A. The decrease does not depend on the type of intervention (ACP vs. ACP+PM) but is different depending on diagnosis. Bonferroni comparisons between moments of time show significant decreases in levels of HAMA, consistent with the pattern seen in the analysis of means for the overall group, however at 1 month( -2,091, 95%CI[-3,665 to -,527], p< .05), 2 months (-2,705, 95%CI[-4,460 to -,949], p<.05), 3 months (-2,045, 95%CI [-3,781 to -,310], p< .05), 5 months (-1,864, 95%CI[-3,650 to -,077], p< .05) and 6 months (-2,091, 95%CI[-4,013 to -,169], p< .05) after starting the procedures, on average, HAM-A levels in patients diagnosed "Yang Deficiency of Kidneys and Spleen" are significantly lower than in "Yin Deficiency of Liver and Kidneys". (Table 5, 6) (Figure 5)

**Table 5: Comparison of treatment effects between Spleen and Kidney Yang deficiency scores and Liver and Kidney Yin deficiency scores on PAS and HAM-A scales across evaluations**

| | | PAS scale | | HAM-A scale | |
|---|---|---|---|---|---|
| **Time of evaluation Spleen and Kidney Yang deficiency** | **Time of evaluation Liver and Kidney Yin deficiency** | **Mean difference (95% CI)** | **p value (Sig [b])** | **Mean difference (95% CI)** | **p value (Sig [b])** |
| 1 | 1 | -,523 (-2,883 to 1,838) | ,660 | ,955 (-,230 to 2,139) | ,112 |
| 2 | 2 | -1,114 (-3,582 to 1,355) | ,371 | ,45 (-1,338 to1,429) | ,948 |
| 3 | 3 | -2,545 (-4,754 to -,337) | ,025 | -,364 (-1,931 to1,204) | ,645 |
| 4 | 4 | -2,250 (-4,596 to ,096) | ,060 | -2,091 (-3,665 to-,527) | ,010 |
| 5 | 5 | -5,205 (-7,313 to -3,096) | ,000 | -2,705 (-4,460 to-,949) | ,003 |
| 6 | 6 | -4,295 (-6,265 to -2,326) | ,000 | -2,045 (-3,781 to-,310) | ,022 |
| 7 | 7 | -3,159 (-5,085 to -1,233) | ,002 | -1,682 (-3,613 to ,249) | ,087 |
| 8 | 8 | -3,144 (-4,939 to -1,288) | ,001 | -1,864 (-3,650 to-,077) | ,041 |
| 9 | 9 | -2,818 (-4,661 to -,975) | ,003 | -2,091 (-4,013 to-,169) | ,033 |

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.
b. Adjustment for multiple comparisons: Bonferroni.

1=baseline evaluation; 2=5 days evaluation; 3=10 days evaluation; 4=1 month evaluation; 5=2 months evaluation; 6=3 months evaluation; 7=4 months evaluation; 8=5 months evaluation; 9=6 months evaluation;

**Table 6: Repeated-measures MANOVA models, predicting PAS and HAM-A**

| | F | Sig. | Partial Eta Squared | Observed Power[a] | F | Sig. | Partial Eta Squared | Observed Power[a] |
|---|---|---|---|---|---|---|---|---|
| Within-Subjects | | | | | | | | |
| time | 74,0 | ,000 | ,451 | 1,000 | 62,0 | ,000 | ,408 | 1,000 |
| time*diagnosis | 2,5 | ,020 | ,076 | ,860 | 2,4 | ,000 | ,074 | ,999 |
| time*ACP+HTonly | 1,3 | ,278 | ,014 | ,298 | 1,7 | ,100 | ,018 | ,739 |
| time*diagnosis * ACPonly | 1,6 | ,147 | ,050 | ,642 | 1,2 | ,195 | ,040 | ,915 |
| Intercept | 52,8 | ,000 | ,370 | 1,000 | 96,9 | ,000 | ,518 | 1,000 |
| diagnosis | 2,9 | ,041 | ,087 | ,668 | 1,3 | ,272 | ,042 | ,342 |
| ACPonly | 0,1 | ,720 | ,001 | ,065 | ,3 | ,559 | ,004 | ,089 |
| diagnosis* ACP+HTonly | 0,7 | ,566 | ,022 | ,189 | 1,9 | ,140 | ,059 | ,471 |

3. Computed using alpha = ,05;
4. Greenhouse–Geisser correction for lack of sphericity (epsilon<0.4)

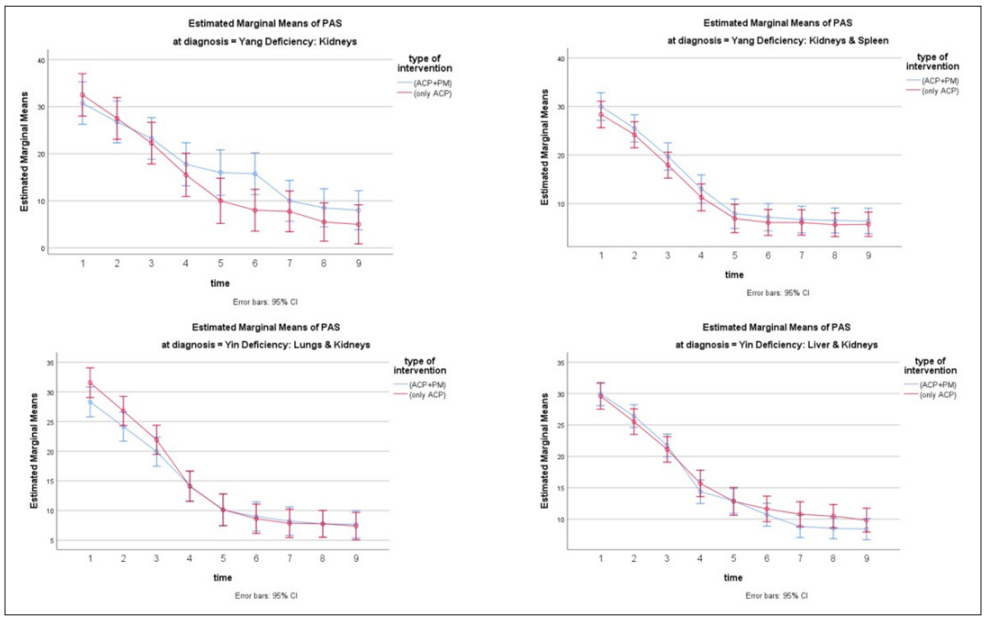


**Figure 4:** Variation in time of estimated marginal means of PAS for the 4 TCM diagnostic groups (Kidney Yang deficiency, Spleen &Kidney Yang deficiency, Lung&Kidney Yin deficiency, Liver&Kidney Yin deficiency)

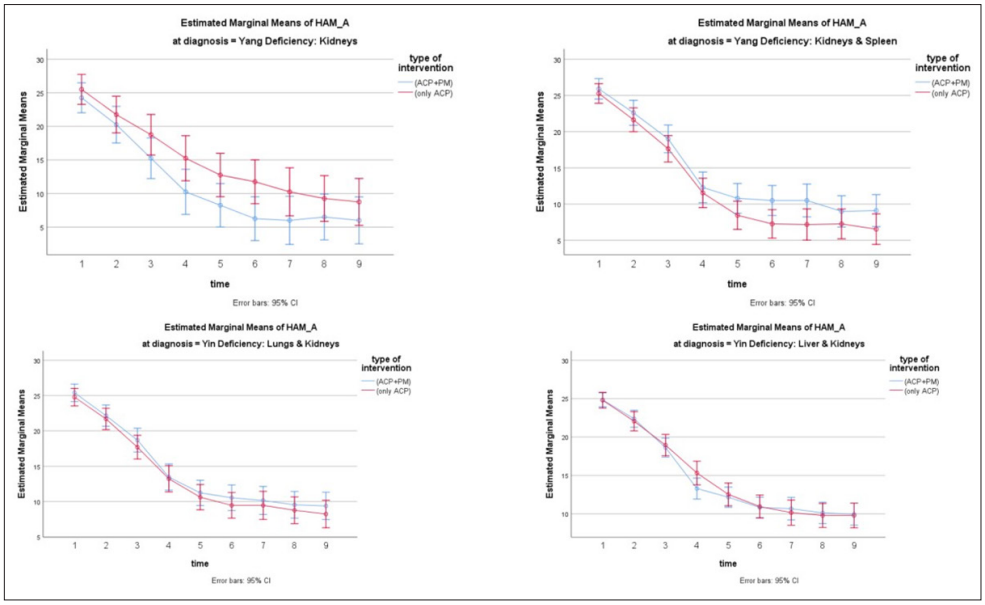


**Figure 5:** Variation in time of estimated marginal means of HAM-A for the 4 TCM diagnostic groups (Kidney Yang deficiency, Spleen & Kidney Yang deficiency, Lung & Kidney Yin deficiency, Liver & Kidney Yin deficiency)

The power of the study is good for both PAS and HAM-A scales. The observed power for the PAS scale indicates that time differences are correctly detected (Cohen's d=1.00), while between-group differences are decently assessed (d=0.693). The observed power for the HAM-A scale indicates that time differences are correctly detected (Cohen's d=1.00), and a strong power could be observed for between-group differences (d=0.805).

There were no adverse events reported.

**Discussions**

What else does Traditional Chinese Medicine bring to the study and treatment of panic disorder?

According to the TCM theory panic disorder is just one of the manifestations that can occur in several syndromes. The study of these syndromes led us to identify some etiological factors that are not known by Western Medicine.

The TCM diagnosis also takes into account the constitutional type of each patient, which facilitates the identification of sensitivities and helps to prevent possible aggravations. The therapeutic results of TCM treatment methods are superior to Western Medicine treatments because they address each syndrome as a different entity, and because they restore the body's balance.

Since we are trying to correlate the Western Medicine theory with TCM theories, we start from the characterization of panic disorder according to DSM-5 criteria, overlapping these criteria with syndromes that include symptoms of panic disorder according to TCM criteria, wich are:

a) Kidney Yang deficiency
b) Kidney and Spleen Yang Deficiency,
c) Kidney and Lung Yin Deficiency,
d) Kidney and Liver Yin Deficiency

Following the detailed comparison of the etiological factors, the pathophysiological pathway and the treatment principles, we find possible solutions when the aim of the treatment is not only relief of symptoms, but the balance of the four syndromes, considered different diseases.

"In the process of diagnosis, the doctor must know the way in which the disease develops and be able to predict the end by inspecting its onset" Su wen Ch.77, On the Five Errors in Diagnosis and Treatment In Traditional Chinese Medicine, the "Principle of treatment" is an important and mandatory stage that represents the setting of the target to be reached by treatment, the result that the doctor can and must reach through a judicious selection and application of treatment methods.

The careful analysis of the symptomatology related to the constitutional and temperamental type of the patient, to his living environment and to the seasonal characteristics of the moment of application of the treatment, all these are elements that determine the establishment of the treatment principle and the choice of the most suitable therapeutic means for its fulfillment.

One of the aims of the present study is to think unitarily of all types of treatment indicated in a strictly individualized syndrome of a patient. We started from the idea that if the diagnosis of a patient is unique and the principle of treatment, i.e. the target we must reach in our therapeutic action, is also unique, then the treatment methods can be thought of in the same way The idea is not new. During the courses I took in China in 2009, my teacher Zequan Zhang placed a special emphasis on the similarities in the effects of certain acupuncture point combinations compared to certain herbal prescriptions.

And then I thought that if an herbal prescription follows a well-established rule, shouldn't the same laws apply to the selection of an acupuncture point prescription?

**Examples of Acupuncture Point Associations and Associations of Herbs with Similar Effects**

| POINTS FORMULA | HERBS FORMULA | ACTION | INDICATIONS |
|---|---|---|---|
| Taichong太冲(F3) + Fengchi风池 (VB20) | Rhizoma Gastrodiae(Tianma 天麻) + Ramulus Uncariae cum uncis – (Gouteng钩藤 | calms the Liver, calms the exuberant Yang, disperses the pathogenic Wind | the rise of the Liver Fire, dizziness, headache, strokes, convulsions |
| Fenglong丰隆 (St40) + Zhongwan中脘 (RM12) | Rhizoma Pinelliae(Banxia半夏) + Rhizoma Atractylodis macrocephalae(Baizhu白术) | balances the Spleen and Stomach, dissolves phlegm | eye problems, hypertension, phlegm stagnation |
| Laogong劳宫(Pc8) + Renzhong人中(DM26) | Rhizoma coptidis (Huanglian 黄连) + Rhizoma Acori Calami(Changpu菖蒲) | cools the Heart Fire, removes the pathogenic fire | apoplexy, stroke due to an excess syndrome, calms the mind |
| Pishu脾俞 (V20) + Zusanli足三里 (St36) | Rhizoma atractylodis alba(Baizhu白术 + Poria(Fu ling茯苓) | It strengthens the transformation and transport function of the Spleen and Stomach, supports the vital essence and produces Blood | treats emaciation with earthy complexion, mental fatigue, soft stools, menstrual disorders. |
| Shenque 神阙(RM8) + Guanyuan關元(RM4) | Radix Aconite carmichaeli(Fuzi 附片) + Radix et Rhizoma Ginseng(Ren shen人参) | Restores the collapsed Yang | apoplexy, exhaustion syndrome |

Then, we can achieve the same effect in the case of an illness both with herbal formulas and with the association of acupuncture points in a given prescription.

**So, the prescription is the key!**

By piercing a point alone, not all the effects written in the books are obtained when describing it, but a certain effect can be obtained by including that point in a circuit called point prescription.

The correct association brings us the optimal effect!

Su wen cap 25: "The five methods (applied by the physician) are: firstly, the focusing of the attention; secondly, care about the body, thirdly knowing the exact value of the therapeutic method; forth, matching the dimension of the needles with the treatment needs of diverse pathologies; fifth, knowing the diagnosis and treatment principles based on the state of the organs, blood and energy."

In the present study, the protocol followed is the creation of a therapeutic formula of acupuncture points according to the hierarchy of plant formulas: Jun 君-Chen 臣-Zuo 佐 Shi 使.

| POSITION IN THE FORMULA | FUNCTIONS |
|---|---|
| **Monarch, lawgiver, emperor Jūn君** | The most intense effect on the most important disease pattern |
| **Minister, Associate, High Official Chén臣** | 1. It helps the imperial ingredient to treat the main disease pattern |
| | 2. It is the ingredient that acts on a pattern coexisting with the main pattern |
| **Assistant or adjunct Zuǒ佐** | 1. Increases the effects of the imperial or ministerial ingredient, or directly treats some less important aspect of the disease |
| | 2. Moderates or eliminates the toxicity of imperial and ministerial ingredients, or reduces their aggressiveness |
| | 3. It has an opposite effect to that of the imperial ingredient, being useful in complex pathologies |
| **Representative, ambassador, guide Shǐ使** | 1. Guides the effects of the formula to a specific channel or part of the body |
| | 2. It harmonizes and integrates the actions of the other ingredients |

We can think of the entire care plan of a patient according to the presented formula

Following the establishment of the diagnosis and the therapeutic principle, the doctor can choose an association between the treatment methods, these having different weights in the association, most likely thought of each other exactly like the ingredients in the herbal formula.

If we think like this, it means that one method of treatment occupies the imperial: Jūn 君 position, and the others must help it by occupying the other positions, thus avoiding polypragmasy, therapeutic excesses that are equally dangerous for the patient as the lack of any proper treatment.

Allopathic Medicine: Panic Disorder = One Disease?

TCM: Panic Disorder = Four Different Diseases

| SYNDROME | Yang deficiency in the Kidney | Yang deficiency in the Kidney and the Spleen | Yin deficiency in the Kidney and the Lung | Yin deficiency in the Kidney and the Liver |
|---|---|---|---|---|
| Etiological factors | Emotional problems that perturbs Shen spirit<br>Prolonged exposure to extreme cold<br>Excessive sexual activity<br>Chronic disease | Excessive consumption of raw and cold food<br>Prolonged exposure to cold and humid climate<br>Full, irregular meals<br>Poor alimentation | Emotional: excess in worries for a long period of time<br>Chronic pathology of Yin deficiency in the Lung (irregular meals, taken late at night, over-exertion, internal or external dryness)<br>the Stomach Yin deficiency (food intake, medication intake, hot substances intake, alcohol and smoking)` | Emotional: anger, frustration, depression.<br>Yin deficiency in the Kidney (over-exertion, excessive sexual activity, organic fluids depletion due to a febrile malady, prolonged hemorrhage, wrong medication)<br>Blood deficiency in the Liver (poor protein intake, important hemorrhage, inherited weak constitution) |

**Formulas of Selected Acupuncture Points in the Case of the Kidney Yang Deficiency**

**Therapeutic Principle**
Warming and invigorating Kidney Yang, toning and warming Spleen Yang, Toning the Fire of the Gate of Life.
Heating of the Middle Hearth

Acupuncture Prescription
Shenshu, V23; Mingmen, DM4; Guanyuan, 4 RM; Qihai, RM6; Taixi, R3; Fuliu, R7; Zhishi, V52; Jinggong, punct în afara meridianului (0,5 cun în afara lui Zhishi, V52). Asociere cu acțiune de ingredient imperial:
Mingmen (DM4) + Guanyuan (RM4), Qihai (RM6) + Fuliu (Ky7)
Asociere cu acțiune de ingredient ministerial: Mingmen (DM4) +Shenshu(V23) ++ Taixi(R3)

Asociere cu acțiune de ingredient asistent:
Zhishi(V52) +Jinggong (pct.extrameridian la 0,5 cun de Zhishi)

**Method**
**Reinforcing**
Shenshu UB23 tonifies the Yang of the Kidneys.
Mingmen DM4 tonifies the Fire of the Gate of Life.
Guanyuan RM4 (with moxa) tonifies Kidney Yang and Original Qi.
Qihai RM6 (with moxa) tonifies the Yang of the Kidney.
Taixi Ky3 tonifies the Kidney.
Fuliu Ky7 is a specific point for toning the Yang of the Kidney.
Zhishi UB52 tones the Kidneys and especially the mental aspect of it, in other words the will. Jinggong tonifies the Kidney Yang and warms the essence.

**Formulas of Selected Acupuncture Points in the Case of the Kidney and Spleen Yang Deficiency**

**Therapeutic Principle**
Strengthening Spleen and Kidney Yang

**Acupuncture Prescription**
Prescripție acupunctură: Yinlingquan Sp9, GuanyuanRM4 Qihai RM6, FuliuKy7, Siman Ky14, ShangquKy17, Pishu UB20, Shenshu UB23, GaohuangshuUB43, Mingmen DM4
Asociere cu acțiune de ingredient imperial:
Yinlingquan Sp9, GuanyuanRM4 Qihai RM6, FuliuKy7
Asociere cu acțiune de ingredient ministerial:
QihaiRM6, Mingmen DM4, Pishu UB20, Shenshu UB23,
Asociere cu acțiune de ingredient assistant:
Siman Ky14, ShangquKy17, GaohuangshuUB43

**Method**
**Reinforcing**
Yinlingquan Sp9, removes moisture from the lower Focar, antispastic point for smooth muscles; Primary point for all spleen issues from a TCM perspective, both physical organ functions and energetic/psychological relationships.

GuanyuanRM4 (with moxa) tonifies Kidney Yang and Original Qi, warms and tones Kidney and Spleen Qihai RM6 (with moxa) tonifies the Kidney Yang.

FuliuKy7 is a specific point for toning the Yang of the Kidney.

Siman Ky14, Kidney organ point, tonifies R and Lower Focus Qi, regulates Chong Mai and Ren
Mai, clears water channels Shangqu, Ky17, Spleen organ point, increases SP vigor and harmonizes it with St Pishu UB20 dorsal shu point of the Spleen, tonifies Spleen Qi and Yang, harmonizes Middle TF Qi.

Shenshu UB23, dorsal shu point of the Kidney that resonates with SP via water metabolism, tones the Yang of the Kidney; since the kidney system provides the root of the body's energy, many psychological conditions will also respond well to toning this point - depression, anxiety disorders.

GaohuangshuUB43, tonifies and nourishes Lung, Cord, Kidney, Spleen and Stomach, calms the spirit, treats Spleen and Stomach vacuity, ascends Kidney Yang Mingmen DM4, tonifies the Kidney Yang.

**Formulas of Selected Acupuncture Points in the Case of the Kidney and Lung Yin Deficiency**

**Therapeutic principle**
Nourishing Kidney and Lung Yin Calm the mind

**Acupuncture Prescription**
Taixi Ky3, Zhaohai Ky6, Fuliu, Ky7, Yingu Ky10, Yuzhong Ky26, Zhongfu L1, Chize L5,
Lieque L7, Taiyuan L9, Yinxi Ht6, Guanyuan RM4, FeishuUB13, Mingmen DM4 Association with imperial ingredient action:

Taixi R3, Zhaohai R6, LiequeP7, Zhongfu L1, Guanyuan RM4, Association with ministerial ingredient action: Yingu Ky10, Yuzhong Ky26, Taiyuan L9, Yinxi Ht6, Association with auxiliary ingredient action: FeishuUB13, Mingmen DM4

Association with guide ingredient action:
Zhaohai Ky6, Chize L5, Fuliu Ky7

**Method**
**Reinforcing**
Taixi Ky3, source point – origin of the three Yin and the three Yang of the lower body, tonifies Kidney Yin and Kidney Yang, anxiety, drowsiness, insomnia. It has the effect of bringing fears to the surface.

Zhaohai Ky6, Key Point Yin Qiao Mai – commands Yin rooting, relationship with the Earth as creator of Yin energies, Coupled point – Lieque P7, "Master of Sleep" point, commands Yin energies, sleep, fear, horror, hysteria, insomnia (through insufficiency. Yin), sadness and neurasthenia, constant mental pain without joy, overexcitement, great discomfort without knowing where the evil is, insomnia, nightmares, Fuliu, Ky7, increases both Yin and Yang, balances Kidney energy, indecisiveness, annoyance, permanent irritation, logorrhea. Lack of will and character.

Yingu Ky10, tonifies the Kidney Yin Yuzhong Ky26 Reunion point with Chong Mai, point that governs Yin-fermentation in the chest, palpitations through Yin vacuum, extrasystoles, bad mood on waking, sensitivity, thinks no one likes him, loss of self-esteem, gets angry easily, changeable spirit, difficult thinking, poor memory.

Zhongfu L1, Energy Entry Point. The previous Mu point of P which governs the autumn harvest, gathering Yin from the outside into interior; especially in the chest, receives a branch from the Liver (F14), insomnia, fear, depression.

Chize L5, evacuates heat from Lung, promotes descent of Qi, anxious agitation, night terrors, depression.

Taiyuan L9, governs the superficial circulation of Yin energy, nervous attacks, anger, overexcitement, logorrhea, restlessness insomnia Yinxi Ht6, Tonifies Kidney Yin, calms Shen, acute emotional disturbances - mania, anxiety, shock, sudden loss of voice, countercurrent Qi - panic attacks.

Guanyuan RM4, point that controls the birth of Yin and its movement throughout the body, FeishuUB13, tones Lung Qi and Yin, emotional imbalances related to the Lungs, Mingmen DM4, Raises YUAN, Tones Kidney, Preserves JING, Indicated for Dizziness, Fear, Panic.

**Formulas of Selected Acupuncture Points in the Case of the Kidney and Liver Yin Deficiency**

**Therapeutic Principle**
Nourishing Kidney and Liver Yin.
Eliminate Void Fire,
Calms the mind

**Acupuncture Prescription**
Yongquan Ky1, Taixi Ky3, Zhaohai Ky6, Yingu Ky10, Taichong Liv3, Ququan Liv8, Qimen Liv14, Guanyuan, RM4, Sanyinjiao SP6, Shenshu UB23, Ganshu UB18, ZhishiUB52

Association with imperial ingredient action:
Yongquan Ky1, Taixi Ky3, Yingu Ky10, Taichong Liv3, Ququan Liv8, Guanyuan , RM4

Association with ministerial ingredient action:
Shenshu UB23, Ganshu UB18, ZhishiUB52

Association with auxiliary ingredient action:
Zhaohai Ky6, Sanyinjiao SP6, Qimen Liv14

**Method**
**Reinforcing**
Yongquan Ky1 Tones Kidney Yin Opens Cord Holes Calms the Spirit, Awakens the Spirit Taixi Ky3, Tonifies Kidney Yin and Kidney Yang, Neurasthenia, anxiety, drowsiness, insomnia.

It has the effect of bringing fears to the surface. Sleep disturbed by many dreams Zhaohai Ky6, Command Yin energies, sleep, slow down, Fear, horror. Hysteria, epilepsy in the middle of the day or night, insomnia (due to insufficiency. Yin), sadness and neurasthenia, constant mental pain without joy, overexcitement. Great discomfort without knowing where the pain is., Insomnia, nightmares.

YinguKy10, tonifies R Yin Taichong Liv3, invigorates Liver Yin, invigorates Blood, Fear of heights, ceaseless sobs, always restless, never at rest.

Ququan Liv8, nourishes blood and Liver Yin, treats fear and depression.

Qimen Liv14, Unlocks the Yin energy blocked in the upper abdomen.

Allows the passage of Yin energy from the upper abdomen to the chest, effective for poor adaptability, depression, restlessness, anxiety Guanyuan RM4, the point that controls the birth of Yin and its movement throughout the body Sanyinjiao SP6, Foot Yin Group Luo Point, Calms Spirit, Palpitations, Insomnia Shenshu UB23, the dorsal Shu point of the Kidney, treats Kidney Vacuity. Since the kidney system provides the root of the body's energy, many psychological conditions will also respond well to toning this point - depression, anxiety disorders.

GanshuUB18, Liver assent point – Dorsal Shu of the Liver, indicated for the treatment of dissatisfaction, frustration, fear, sadness.

ZhishiUB52, Ben shen point of R, psychological blockage related to emotions (because it is the house of decision).

**Study Limitations**

One of the weaknesses of this study is that there is no interrater reliability. All acupunture treatment was administered by a single physician, and not all patients were diagnosed by the same Psychiatrist. Also, there was no randomization of the participats affecting the unbiased assessment of intervention effects.

**Study Strengths**

This study has the advantage of having a 6 months follow-up period as well as a statisically significant number of patients, which is scarsely seen in literature, especially in studies that discuss acupuncture treatment. Also, it provides a diferential diagnosis in terms of TCM for a psychiatric pathology which is seen as a single entity from an allopatic point of view.

**Conclusions**

Strict individualization of both diagnosis and treatment, in TCM, is the key to success. Panic disorder is not a single disease, but a manifestation in the emotional of multiple syndromes.

Hierarchization of treatment methods ensures greater efficiency. The JJun 君-Chen 臣-Zuo 佐 Shi 使 system is applicable to any treatment method.

The Jun 君-Chen 臣-Zuo 佐 Shi 使 system helps to avoid polypragmasy, therapeutic overload.

Many times, TCM therapies succeed where Allopathic Medicine fails. By treating them identically as in the Western Medicine the success rate is very low.

Working together, physicians with different specialization, in this case TCM and psychiatrist is essential.

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