

REVIEW ARTICLE

Traditional Chinese Medicine Syndrome Types Among Single-Syndrome Bipolar Mania Cases Described in Chinese Literature

Sun Fengli, MD; Zhu Jianfeng, MD; Gao Zhihan, MD; Jin Weidong, MD

ABSTRACT

Primary Objective • The aim of this study was to identify and understand the syndromes of mania in traditional Chinese medicine (TCM), as described in Chinese literature on the integrated treatment of mania using TCM and Western medicine.

Methods • A literature search conducted in Chinese databases identified 27 articles that were included in a statistical analysis to determine the proportion of mania cases represented by various TCM syndromes.

Results • After combining similar syndromes, we found that the TCM syndromes of mania could be categorized as phlegm-fire disturbance of the mind (*Tanhuoraoshen*), phlegm-heat stagnation (*Tanreyujie*), qi stagnation and blood stasis (*Qizhixueyu*), liver qi stagnation (*Gandanyure*), and fire injury Yin (*Huoshengshnagyin*). These syndrome

categories accounted for 55.6%, 18.5%, 14.8%, 7.4% and 3.7% of mania cases, respectively. Manic symptom severity scores differed significantly among phlegm-fire disturbance of the mind (26.8 ± 1.6), phlegm-heat stagnation (31.1 ± 1.9), and qi stagnation and blood stasis (23.5 ± 2.2).

Conclusion • The largest proportion of mania cases involved phlegm-fire disturbance of the mind, phlegm-heat stagnation, or qi stagnation and blood stasis. Cumulatively, these syndromes accounted for 88.9% of cases; the severity of manic symptoms differed significantly among the 3 syndrome categories. Smaller proportions of cases represented liver qi stagnation or fire injury Yin. (*Altern Ther Health Med*. 2022;28(2):40-43).

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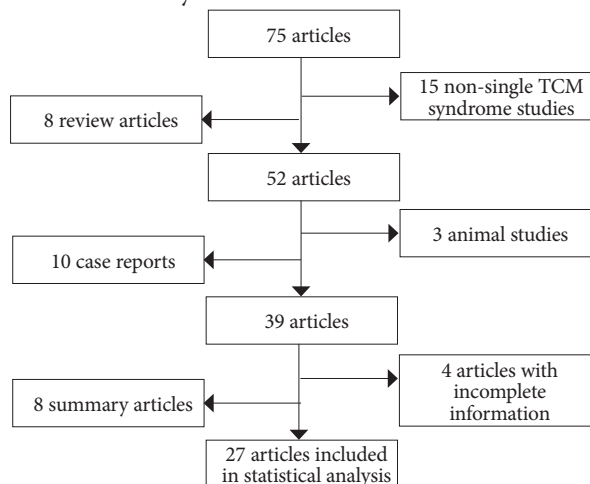
INTRODUCTION

While clinicians commonly recognize that bipolar disorder is characterized by manic episodes, depressive episodes, or the combination of both, the neurobiological mechanism of this condition is unclear and complex. Primary clinical manifestations of bipolar disorder include excitement,

restlessness, heightened emotion, and racing thoughts. Treatment for bipolar disorder integrating traditional Chinese medicine (TCM) and Western medicine involves use of mood stabilizers and/or atypical antipsychotic medications, along with TCM treatment as indicated per TCM syndrome differentiation. Studies have demonstrated that combined treatment including modalities from both TCM and Western medicine results in better outcomes than using Western medicine alone to treat bipolar disorder.^{1,2} Furthermore, TCM can be used successfully in place of a component of combination Western medicine treatment for bipolar disorder.³

In TCM, manic psychosis belongs to mania of bipolar disorder. Although there is a saying in TCM that “all manias belong to fire,” not all TCM syndromes commonly associated with mania are fire-related syndromes. To better understand the TCM syndromes of mania associated with bipolar disorder, we reviewed the literature on patients with single-syndrome mania who received a combination of TCM and Western medicine treatment. We evaluated the types of TCM syndromes of mania represented in those articles.

Figure 1. Literature Search Algorithm for Articles Included in Statistical Analysis



Abbreviations: TCM, traditional Chinese medicine.

MATERIALS AND METHODS

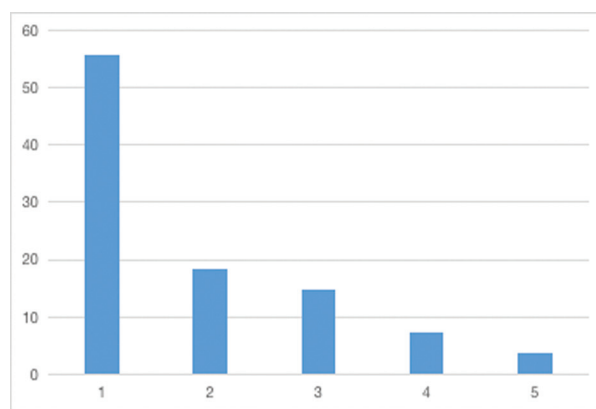
Study Design and Literature Search

We performed a literature search to identify published studies that met the following criteria: (1) The manic phase of bipolar disorder or mania was defined by diagnostic criteria for manic or manic episode per the Chinese Classification of Mental Disorders Version 3 (CCMD-3), the International Classification of Diseases Tenth Revision (ICD-10), or the Diagnostic and Statistical Manual of Mental Disorders (DSM-4 or DSM-5). (2) Treatment for the manic condition included a combination of TCM and Western medicine. (3) A study group received a combination of TCM and Western medicine, and a control group was treated by only Western medicine. (4) The corresponding syndrome types of TCM were only TCM syndrome types. (5) The formula corresponded to the TCM syndrome type and may have included additions or subtractions. (6) The observation time was 4 weeks or longer. (7) Specific methods were used to evaluate the severity of the manic condition and the efficacy of treatment. (8) The study was published in Chinese literature by researchers in China, excluding Hong Kong, Macao, and Taiwan. Our study only included data for patients in the study groups, who were treated with a combination of TCM and Western medicine.

The electronic literature search was conducted in the Chinese Biomedical Database (CBM), the China National Knowledge Infrastructure (CNKI) database, the Wanfang database, and the Chinese Social Sciences Citation Index (CSCCI). The search terms used to retrieve literature included the combination of “Traditional Chinese Medicine,” “Western Medicine,” and “Mania” (including “Bipolar Disorder” or “Affective Psychosis”). Electronic screening was conducted using the key words “Mania (disease)” and “Traditional Chinese Medicine.”

This study was approved by the ethics committee of Tongde Hospital of Zhejiang Province (certificate number V2.0/20191024). Patient consent was not required for this

Figure 2. Prevalence of Traditional Chinese Medicine Syndrome Categories Among Patients With Single-Syndrome Mania



1 = Tanhuoraoxin (55.6%); 2 = Tanreyujie (18.5%); 3 = Qizhixueyu (14.8%); 4 = Gandanyure (7.4%); 5 = Yinxuhuowang (3.7%).

study that used only secondary data obtained from a literature review.

Statistical Analysis

We calculated the total number of mania cases and the proportion of all cases represented by each TCM syndrome type included in this study. We combined similar syndrome types and calculated the average ratio of the same syndrome type and the overall composition ratio. Symptom severity scores were summarized as means and standard deviations for each TCM syndrome category and then compared across categories.

RESULTS

The literature search identified 75 articles, of which 27 met the criteria for inclusion in the statistical analysis (Figure 1). The 27 articles were categorized according to standard definitions of TCM syndromes.⁴⁻³⁰ Of the 27 articles, 15 pertained to internal phlegm-fire disturbance (*Tanhuoneirao*), phlegm-fire disturbance of the heart (*Tanhuoraoxin*), or phlegm-fire disturbance of the mind (*Tanhuoraoshen*); 3 articles pertained to phlegm-heat stagnation (*Tanreyujie*); 2 involved qi stagnation and blood stasis (*Qizhixueyu*); 2 addressed qi and blood stagnation (*Qixueningzhi*); 2 were on phlegm-fire *Yongsheng* (*Tanhuoyongsheng*); 1 was on qi stagnation and fire melting (*Qiyuhuahuo*); 1 was on fire injury Yin (*Huoshengshangyin*), and 1 pertained to liver fire hyperactivity (*Ganhuokangsheng*).

After combining data on similar syndromes, we determined that the TCM syndromes of mania represented in this study could be classified into 5 categories, including phlegm-fire disturbance of the mind, phlegm-heat stagnation, qi stagnation and blood stasis, liver qi stagnation, and fire injury Yin. These categories of TCM syndromes, respectively, accounted for 55.6%, 18.5%, 14.8%, 7.4% and 3.7% of the total cases of mania included in the study (Figure 2). The first 4 TCM syndrome categories listed above accounted for

96.3% of cases, and the first 3 categories accounted for 88.9% of cases.

The proportion of men versus women, standard deviations of symptom variation, and treatment efficacy did not differ significantly between the 3 primary TCM syndrome categories of phlegm-fire disturbance of the mind, phlegm-heat stagnation, and qi stagnation and blood stasis. Scores (means \pm standard deviation) for severity of manic symptoms differed significantly among these 3 syndrome categories, ranging from 31.1 ± 1.9 for phlegm-heat stagnation, to 26.8 ± 1.6 for phlegm-fire disturbance of the mind, and 23.5 ± 2.2 for qi stagnation and blood stasis. Mean manic symptom severity scores differed significantly between phlegm-fire disturbance and phlegm-heat stagnation ($t = 4.271$; $P = .002$), between phlegm-fire disturbance and qi stagnation and blood stasis ($t = 2.422$; $P = .046$), and between phlegm-heat stagnation and qi stagnation and blood stasis ($t = 4.568$; $P = .006$), indicating differences in psychopathology between these syndromes (Figure 3).

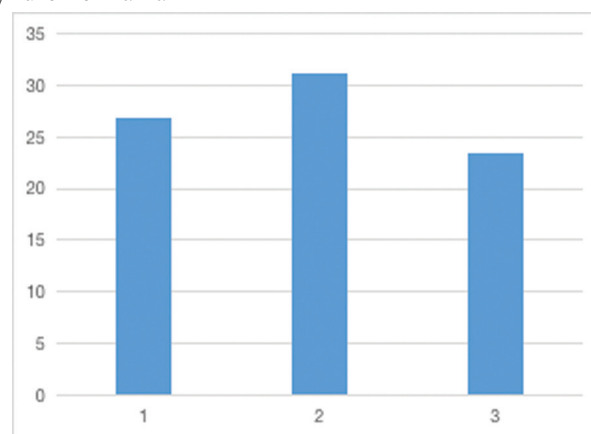
DISCUSSION

In TCM, mania (*Kuangbing*) is viewed as a type of madness that can manifest in joy and/or anger, with anger seen more than joy. Mania of bipolar disorder is perceived in TCM as manifesting in worry and anger. Treatment of mania in TCM corresponds to TCM syndrome type and includes use of Chinese herbs. In contrast, Western medicine has a different perspective on the origins and manifestations of bipolar disorder and approaches treatment of mania through use of mood stabilizers, possibly combined with antipsychotic medications.

In TCM, phlegm-fire disturbance syndrome has sudden onset and manifests as short temper, headache, insomnia, glaring eyes, red face and ears, sudden frenzied behavior, and ignorance. Affected patients may act as if climbing the walls to enter a house, swear and shout, and damage things or inflict abuse to hurt people. The more powerful the phlegm-fire disturbance syndrome is, the more pronounced are the TCM signs of mania. According to TCM, the pathogenesis of this condition is the swelling of liver fire, resulting in increased heat of phlegm and phlegm in the *Yangming*, which disturbs the mind. Consequently, the patient is impatient and has a headache and insomnia. If the phlegm-fire is covered and the body is clear, the patient is frenzied and ignorant and does not avoid abusing others. If the patient's limbs are the foundation of the Yang, the limbs are solid and the patient is able to climb and gain strength. If the liver fire is rampant, the patient has red, angry eyes. If the liver fire affects the stomach, the patient has loss of appetite but maintains power. In this case, the patient's tongue is crimson red with a yellow and greasy coating and the pulse is stringy and slippery. Fire belongs to Yang, and Yang is active; Therefore, the onset of disease commonly is acute, violent, and protracted.⁶ Phlegm-fire disturbance was the most common TCM syndrome type in this study of single-syndrome mania.

Phlegm-heat stagnation syndrome is characterized by impatience, restlessness, insomnia, expectoration, a dry

Figure 3. Severity of Manic Symptoms by Traditional Chinese Medicine Syndrome Categories Among Patients With Single-Syndrome Mania



1 = Tanhuoraoxin (26.8 ± 1.6); 2 = Tanreyujie (31.1 ± 1.9); 3 = Qizhixueyu (23.5 ± 2.2).

mouth with a bitter taste, constipation, slippery pulse strings, and a red tongue with yellow, greasy, and/or furry coating.¹⁰ The pathogenesis of the condition is excessive liver fire. This fire stirs up the “wind,” resulting in tormented bodily fluids that form a phlegm that causes confusion in the mind. Consequently, the patient is upset and irritable. If the liver qi is uncomfortable, the patient is impatient. The heat can disturb the mind, resulting in an imbalance of Yang and Yin that produces agitation and insomnia in the patient. Exuberant liver fire consumes bodily fluid, causing the patient to experience a bitter, dry mouth and constipation. Phlegm-heat stagnation was the second most common TCM syndrome type reported in this study.

Manic patients with a qi stagnation and blood stasis syndrome are easily frightened, get little sleep, have an overactive mind with many doubts and misperceptions, and display difficulty with or interruptions in their speech.¹⁴ The pathogenesis of the condition is due to stagnation of the mind or worry and anger, along with stagnated liver qi. Qi stagnation induces tortuous blood flow and retention of blood, resulting in a dark-colored face, a thin and astringent pulse, and a tongue that is bluish purple or shows ecchymosis, petechiae, and a thin mossy coating. This was the third most common TCM syndrome type represented in our study.

The 5 syndromes of phlegm-fire disturbance of the mind, phlegm-heat stagnation, qi stagnation and blood stasis, liver qi stagnation, and fire injury Yin each are common clinical TCM syndromes of mania. However, these syndromes differ in their etiology and pathogenesis. Therefore, it is important for clinicians to understand key differentiations and appropriate treatment modalities for each of the TCM syndromes of mania, as described in the literature. In particular, the severity of manic symptoms differ among the first 3 of these syndromes listed above, which reflects further clinical differences among these TCM syndromes.

This study has several limitations: (1) The inclusion criteria limited our data collection to articles on single-syndrome manic disorder cases. Future research is needed to collect information on a greater variety of TCM syndromes of mania, including those represented among cases of multi-syndrome mania. (2) Data on the proportion of cases with each TCM syndrome type in this study reflect secondary data collected from the literature, which may not accurately represent the actual occurrence of TCM syndromes of mania. Further clinical research is needed to confirm the accuracy of this information. (3) Our study was limited to data from articles on integrated treatment that incorporated modalities from both TCM and Western medicine; therefore, our data do not include findings from the literature on cases of manic disorder treated purely with TCM.

CONCLUSION

Among the TCM syndromes of mania represented by the 27 articles included in this study, the most common syndromes were phlegm-fire disturbance, phlegm-heat stagnation, and qi stagnation and blood stasis; these 3 syndromes accounted for 88.9% of cases of single-syndrome mania in the study. The TCM syndromes of liver qi stagnation and fire injury Yin were represented less commonly among articles in this study. The severity of manic symptoms differed significantly among the 3 most common TCM syndromes of mania.

CONSENT TO PUBLICATION AND DECLARATIONS STATEMENT

All authors agree to publish this paper and declare no conflicts of interest.

COMPETING INTERESTS

The work described here and the writing of this paper was related to the authors' TCM practice. None of the authors has any competing interests or received related benefits.

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AUTHOR CONTRIBUTIONS

Sun Fengli participated in writing the manuscript. Zhu Jianfeng participated in literature collection. Zhu Jianfeng and Gao Zhihan participated in the statistical analysis. Jin Weidong participated in final revision of the manuscript.

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