

All That Glitters: A Critique of Giovanni Maciocia's Chapter on Postpartum Depression in *Obstetrics & Gynecology in Chinese Medicine*

by Bob Flaws

Being a TCM gynecological specialist myself, when I saw Ted Kaptchuk's blurb on the back of Maciocia's book on Chinese gynecology, I was really excited. Kaptchuk writes:

... [this book] is tempered with reverence and innovation, meticulous archival attention and detailed modern clinical insight. When future generations look back at this work... they will find not only knowledge and wisdom but also reasons for inspiration and awe.

Wow, that's some endorsement! Having read it, I immediately purchased the book and went home to continue reading Kaptchuk's Foreword. In it, he says:

Giovanni Maciocia is wonderful in exhuming details of the archaic knowledge that has been neglected in Asia itself. This is apparent throughout the text and two important examples are his discussions of the Extraordinary Vessels and of post-natal melancholy... This textbook is unafraid to present the details of patterns of disharmony that are relatively infrequent in China, and therefore not mentioned in typical books or lectures, but which actually appear frequently in Western societies.

So, guided by Kaptchuk's touting the flagship importance of Maciocia's chapter on postpartum depression, I turned to that chapter to check it out. Maciocia begins by correctly stating that postpartum depression is not a disease category found in most modern Chinese *gynecology* texts. He then goes on to say that, although Chinese gynecology texts do not discuss this disease, it "is easily explained in Chinese medicine: the exertion and loss of blood occurring at childbirth induce a state of Blood deficiency; since the Heart houses the mind and governs the Blood, Heart-Blood becomes deficient, the Mind has no residence and it becomes depressed and anxious." Maciocia says that, from Blood deficiency, other conditions may develop, such as Yin deficiency and Empty Heat. From here Maciocia goes on to give three patterns characterizing postpartum depression: Heart-Blood deficiency, Heart-Yin deficiency, and Heart-Blood stasis.

Having treated numerous women over the last 20 years for postpartum depression and having just completed coauthoring *Curing Depression Naturally with Chinese Medicine* with Rosa Schnyer, I agree that any of these three disease mechanisms can result in postpartum depression. However, I am both surprised and chagrined at the incompleteness of Maciocia's discussion of this disease. Both from the point of view of my own clinical

experience and the modern Chinese literature, it seems extremely incomplete, and this concerns me when this book is being advertised as destined to be revered by “future generations.”

Although Chinese gynecological textbooks do not typically discuss postpartum depression *per se*, a number of contemporary Chinese treatment manuals and journal articles do discuss *yu zheng* or emotional depression, in which case, they do often say that this condition more frequently occurs in females and may occur postpartum. If one combines the discussions of this condition found in Zhang Bo-ying *et al.*'s *Zhong Yi Nei Ke Xue (The Study of Chinese Medicine Internal Medicine, Shanghai, 1990)* and Wu Jun-yu and Bai Yong-bo's *Xian Dai Nan Zhi Bing Zhong Yi Zhen Liao Xue, Beijing, 1993*), we can identify five repletion disease mechanisms and four vacuity disease mechanisms which may result in emotional depression. Then, working from that core group of disease mechanisms, we can also deduce a number of other more complex and more real (meaning more commonly seen in real-life) patterns.

The five repletion disease mechanisms (and, by extension, patterns) of emotional depression are: 1) liver depression qi stagnation, 2) liver depression transforming into heat, 3) liver blood stasis and stagnation (meaning qi stagnation and blood stasis), 4) phlegm dampness obstruction and stagnation, and 5) phlegm fire harassing the spirit. The four vacuity disease mechanisms are 1) anxiety and worry harassing the heart spirit, 2) heart-spleen dual vacuity, 3) spleen-kidney yang vacuity, and 4) yin vacuity with fire effulgence. It is my clinical experience that *any of these can occur postpartum*. In other words, I believe Maciocia is missing six out of nine potential patterns for postpartum depression. If this is so, then I for one have a hard time squaring this deficiency with Kaptchuk's glowing praise. It was Kaptchuk's praise and, by extension, the publishers who chose to use it as a blurb to sell this book which directed me to this chapter. Therefore, I think it fair to hold this chapter up to special inspection.

Basically, Maciocia says that the main cause (in fact, the only cause he gives) of postpartum depression is blood loss and exertion during pregnancy. I agree that blood and fluid loss (*i.e.*, profuse perspiration) and excessive consumption of qi through exertion during labor are very closely connected to postpartum depression, but there are other factors which must be taken into account. First, I would say that, without qi depression, there is no emotional depression. Blood loss and exertion are not typically listed in the Chinese literature as being immediate and direct causes of qi depression or stagnation. Blood loss directly results in malnourishment of the spirit and anxiety or restlessness, while exertion or taxation directly results in qi vacuity and, therefore, fatigue and lassitude of the spirit. But emotional depression is usually more than just anxiety and fatigue.

That being said, it is the blood which nourishes the liver which allows the liver to perform its duties of coursing and discharging. Therefore, heart blood vacuity does *indirectly* result in the causation or worsening of liver depression qi stagnation. What this means in clinical

practice is that, in terms of emotional depression, heart blood and spleen qi vacuity go hand in hand with liver depression qi stagnation. In my clinical experience, *I have never seen a case of postpartum or any other depression where there was no concomitant liver depression*, nor has my coauthor Rosa Schnyer. Ms. Schnyer is the author of an NIH acupuncture protocol for the treatment of depression and, consequently, has seen a large number of depression patients. Her protocol is based on what she believes is the universal occurrence of liver depression in depression patients.

Other factors which may negatively impact the liver's coursing and discharging are unfulfilled desires. Women with new babies may feel trapped or stuck. They are home from work, and many of them, used to working in the professional world, feel frustrated, bored, and guilty, any of which emotions can damage the liver's coursing and discharging. Add in a visiting mother or mother-in-law come to "lend a helping hand" and/or a husband who is distant and aloof from the mother and/or child, and throw in a few extra financial worries, and you easily have a case where there is more liver depression and less heart blood-spleen qi vacuity. However, no matter what the proportions, I've never seen one without at least an element of the other. As Cathleen Campaigne, M.S.W. and newborn intensive care unit social worker at Memorial Hospital in Colorado Springs, states in an article by Susan Hindman titled "The Baby Blues: Recognizing the Symptoms of Postpartum Depression" (*Colorado Parent*, Oct. 1998, p. 28):

...psychologically, in her past environment, if this is a mom who had experienced some kind of trauma or loss, sometimes (birth) will bring it to the surface. Situational stress can be another area. Let's say the husband loses his job or the marriage falls apart – maybe this birth has pushed it over the edge. Also, what we see a lot in our nursery is a lack of social support from family and friends. It could be they live farther away. And, of course, there are economic issues –if they don't have enough money to pay the bills, that won't help. Lastly, cognitively, for parents who are anxious or perfectionists about how the birth experience will be, it could (if it doesn't go as planned) be the loss of the goal, and they will blame themselves for the less-than-perfect situation.

What Ms. Campaigne is describing in the above paragraph are all psychoemotional causes of postpartum depression, *not* organic causes, and I suggest that Ms. Campaigne has probably seen far more cases of postpartum depression than either Mr. Maciocia or myself. According to Chinese medical theory, these causes directly and primarily result in liver depression qi stagnation.

This is exactly why *Xiao Yao San* [Rambling Powder], the most commonly used Chinese medicinal formula for liver depression patterns of emotional depression includes spleen supplements and blood nourishers. This is why some premodern Chinese gynecology texts indicate *Gui Pi Tang* (Restore the Spleen Decoction), the formula Maciocia suggests for Heart-Blood deficiency, for heart-spleen dual *depression* not dual vacuity. And this is also

why the pattern of thought and worry harassing the heart spirit resulting in a heart qi and blood vacuity (but not particularly a spleen qi vacuity in terms of digestive complaints) is characterized by a bowstring, fine pulse. The bowstring pulse is the pulse of the liver.

If the liver becomes depressed, then the qi does not move. In Chinese medicine we say:

If the qi moves, the blood moves. If the qi stops, the blood stops.

Therefore, qi stagnation may easily lead to blood stasis. This is even more likely postpartum than at other times. First of all, if blood loss has resulted in a heart blood vacuity, then the vessels are not nourished and not as likely to do their duty of moving and transporting the blood. Secondly, the heart qi primarily comes from the spleen. If there is a heart-spleen qi vacuity, then there will be less qi to move and transport the blood. And, if, for any reason, the postpartum lochia has not all been expelled properly, this may also cause blood stasis. Hence, for any and all of these reasons, postpartum blood stasis is a common condition. However, it rarely presents as a discreet pattern of its own the way textbooks (and Maciocia suggest) but more typically complicates any of a number of other patterns.

If liver depression endures or is aggravated, it may transform into depressive heat. That is basic Chinese medical theory and is commonly seen in clinical practice, including postpartum. If liver depression transforms heat and this heat “stews the juices,” this may congeal fluids into phlegm. This is especially so when liver depression counterflows horizontally and assails the spleen. The spleen thus loses its control over the movement and transformation of water fluids. These then gather and collect and transform into dampness. If heat stews this dampness, it easily transforms into phlegm. Phlegm may then confound the orifices of the heart, thus obscuring the spirit brightness. On the other hand, if depressive heat and phlegm dampness escalate into phlegm fire, fire may harass the heart spirit causing the spirit to be restless.

Postpartum phlegm, dampness, and even food stagnation are often the result of erroneous diet postpartum. Many women overeat rich, slimy foods heavy in what Chinese medicine technically calls *wei* or flavor. Such foods are very nutritious and are often eaten postpartum because they are believed to be good for “making milk,” but they are also hard to digest. If the spleen is already weak and possibly depressed due to liver counterflow, then overeating such slimy, rich foods may easily result in phlegm dampness. Since overeating this type of food creates an accumulation of yin turbidity which obstructs the flow of yang qi, it may cause or worsen liver depression. Likewise, greasy, fried, fatty foods, being warm or hot in nature, may promote the engenderment of transformative heat or fire. In clinical practice, liver depression and phlegm dampness, phlegm heat, or phlegm fire patterns are commonly seen in obese women postpartum.

It is easy to understand how blood vacuity may slide into yin vacuity, and we all know that, when yin becomes vacuous, yang may become effulgent, thus engendering internal heat.

Women with a *shao yin* or ectomorphic body type or women over 40 are both prone to yin vacuity and yang effulgence. The *Nei Jing (Inner Classic)* says that, by 40 years of age, yin is half used up. However, as stated above, it is yin blood which nourishes the liver and allows its to course and discharge. Therefore, in real-life clinical practice, yin vacuity in females of child-bearing age is rarely seen without concomitant liver depression. In fact, just as blood vacuity may indirectly cause or aggravate liver depression, so may yin vacuity.

Similarly, spleen qi vacuity may eventually “reach” the kidneys, evolving into a spleen qi-kidney yang vacuity. It is the warming and steaming of the lifegate fire/ministerial fire/kidney yang which also empower and promote the liver’s function of coursing and discharging. What this means in real-life terms is that A) you don’t really see kidney yang vacuity in child-bearing aged women without concomitant spleen qi vacuity, and B) you don’t see spleen qi-kidney yang vacuity in these same women without liver depression. Kidney yang vacuity will itself cause or aggravate liver depression. Since a dual spleen-kidney yang vacuity is mostly due to aging (first the spleen becomes vacuous and weak in the mid-30s and then kidney yang becomes vacuous and debilitated in the early and mid-40s) and since Baby Boomers make up the majority of most Western Chinese medical practitioners’ case loads, it is no wonder that many of our female patients exhibit the complex pattern of liver depression, spleen qi vacuity, and kidney yang vacuity.

Because of the interrelationships between the qi, blood, body fluids, essence, and spirit, yin and yang, it is also easy to see women with postpartum depression who have some combination of liver depression, depressive, damp, or vacuity heat, spleen qi vacuity, heart blood vacuity, kidney yin *and* yang vacuity, blood stasis, *and* phlegm dampness. In such complicated cases, the simple protocols Maciocia gives are simply not adequate.

Therefore, I find fault with Maciocia’s presentation of postpartum depression on three major counts: 1) He is not categorically complete in presenting the patterns the Chinese literature and clinical experience would say correspond to this disease. 2) He does not do an adequate job of explaining the relationships between the patterns he does give and real-life patients. And 3) the treatments he gives are not really adequate for real-life clinical practice.

Having spent 2,000 words finding fault with Maciocia’s chapter on postpartum depression, let me hasten to add there are many good things about this book. It is a valuable source of much useful information, and I am not saying it is not a welcome addition to the English language literature. What I am saying is that Western students and practitioners need to be careful not to invest this book with *too much* credibility. Although its publishers and Ted Kaptchuk would have us believe it is the “second coming,” I for one beg to differ.