

• Letter to the Editor

Traditional Chinese medicine in psychiatry: the fruit–basket–problem

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Traditional Chinese medicine (TCM) is gaining popularity in the treatment of psychiatric disorders^[1,2] that can be described and treated from either an Eastern or a Western perspective. In Eastern medicine, the disorders are described according to five diagnostic methods that are used in TCM: inspection, auscultation, olfaction, inquiry, and palpation, including tongue and pulse diagnosis^[3]. In Western medicine, the DSM-V (*the Diagnostic and Statistical Manual of Mental Disorders*, 5th edition)^[4] and the ICD-10 (*the 10th revision of the Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*)^[5] are mostly used. Psychiatric patients are likely to be in Western treatment when they are, for instance, referred to an acupuncturist for (add-on) treatment, and knowledge on both sides is needed in order to successfully integrate these treatments^[6]. However, there is a specific problem when determining the appropriate research methodology in research on the efficiency of TCM treatments (*i.e.*, acupuncture) in psychiatric disorders and we would like to refer to this

problem as the “fruit-basket-problem”. We will illustrate this point further by focusing on two specific psychiatric disorders: depression and schizophrenia.

Although patients have the same Western diagnosis, they have different TCM diagnostic patterns, thus creating a heterogenic group. From a TCM point of view, some patterns are more severe than others, making it logical that acupuncture results differ between these patient groups within the overall group of patients with depression. In patients with schizophrenia, this is even more extreme because this patient group is already heterogenic from a Western point of view^[7]. Moreover, if standardized complementary and alternative medicine treatments in psychiatry are used^[8], these might be more suitable for some patterns than for others. In short, we would like to call this methodological problem the “fruit-basket-problem”. From a Western point of view, based on the DSM-V^[4] and the ICD-10^[5], one has “green fruit” (representing schizophrenia) and “red fruit” (representing depression), but from a TCM point of view, based on the

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five diagnostic methods^[3], there are all kinds of green (e.g., pears, limes) and red (e.g., tomatoes, strawberries) fruit; moreover, some fruit can belong to both groups (i.e., apples can be red and green). It is obvious that this difference in describing psychiatric disorders is influencing (often underestimating) the efficiency results of TCM in treating psychiatric patients in scientific research, but how can we solve it?

The solution for the “fruit-basket-problem” seems to be that TCM diagnostic patterns can be used in acupuncture research aiming to include patient groups that are more alike and to create groups that might be more comparable than the groups based upon Western diagnoses (using the DSM-V^[4] or ICD-10^[5]) that have been used so far (e.g., depression versus schizophrenia). Possible hidden effects of TCM treatment might be found with stricter inclusion criteria based on Eastern medicine diagnosis instead of Western medicine diagnosis, resulting in much broader and heterogenic groups. Moreover, if groups are better described according to TCM principles, it will be easier to compare studies and to understand different TCM treatment results.

Consensus needs to be reached on this important methodological issue, in order to eliminate communication problems between the Eastern and Western diagnostic system. We propose to form groups according to TCM diagnostics within the already formed groups based on their Western diagnosis to successfully integrate both systems. Moreover, we propose to include information on both the Western and the Eastern diagnosis, something that is mostly lacking in research so far.

Competing interests

The authors declare no competing interests.

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