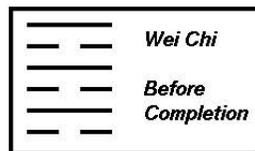


# Unquiet Waters: Obsessive Compulsive Disorder and Chinese Medicine

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## Abstract



Wei Chi, the last hexagram of the *I Ching*, indicates a time when the movement from disorder to order is under way, but not yet complete. This figure embodies our current level of understanding about this difficult disorder, as neither East nor West has a solid grasp of the causes or treatment of Obsessive- Compulsive Disorder (OCD). While Chinese medicine gives us the opportunity for a sophisticated approach to disorders such as OCD, so little is understood about this disorder and the people whom it affects that we often don't know where to begin to apply our ideas. In this article I discuss some of what we know about OCD from the West, and explore some ideas about how we might approach it from the East.

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## 1 OCD: The West

*“It seems to me essential for the understanding of the neurotic to go at the human problem from the side of fear, not from the side of instinct; that is to consider the individual not therapeutically as an instinctive animal but psychologically as a suffering being.”*

- Otto Rank, Will Therapy

Obsessive-Compulsive Disorder (OCD) is primarily a disorder of the affluent West, with an incidence in North America and Europe that is 15 times that of Central America and Asia.<sup>1</sup> Like many of the diseases that have accompanied us on our journey to wealth and comfort, the low incidence of this disorder in China leaves us on our own in applying the ancient medicine we practice to patients with OCD. Therefore, it is vitally important that we take the time to explore what the West has learned about OCD toward a better understanding of our patients and the worlds in which they live.

It is important to consider first that OCD is described in psychiatric texts in the grouping of anxiety disorders. That is to say that anxiety plays a major role in OCD and may be assumed, if unspoken, in the formal definitions below. From the perspective of Chinese medicine, this is an important distinction: consideration of OCD as an anxiety disorder will lead us down one path; considering the primary issue to be one of obsession will lead us down another. In my experience, the former is the more useful path.

### 1.1 Definition

Obsessive Compulsive Disorder is a Western psychiatric diagnosis, referring to a group of patients who fit the criteria found in the Diagnostic and

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<sup>1</sup>This statistic is often heard at OCD and psychiatric conferences, attributed to the World Health Organization.

Statistical Manual of Mental Disorders. This manual gives the following diagnostic features for OCD:

The essential features of Obsessive-Compulsive disorder are recurrent obsessions and/or compulsions that are severe enough to be time consuming (i.e., they take more than 1 hour a day) or cause marked distress or significant impairment. At some point during the course of the disorder, the person has recognized the obsessions or compulsions are excessive or unreasonable. . .

Obsessions are persistent ideas, thoughts, impulses, or images that are experienced as intrusive and inappropriate. . . The individual is able to recognize that the obsessions are the product of his or her own mind, and are not imposed from without. . .<sup>2</sup>

The most common obsessions are repeated thoughts about contamination (e.g., becoming contaminated by shaking hands), repeated doubts (e.g., wondering whether one has performed some act such as having hurt someone in a traffic accident or having left a door unlocked), a need to have things in a particular order (e.g., intense distress when objects are disordered or asymmetrical), aggressive or horrific impulses (e.g., to hurt one's child or to shout an obscenity in church), and sexual imagery (e.g., a recurrent pornographic image). . .

The individual with obsession usually attempts to ignore or suppress such thought or impulses or to neutralize them with some other thought or action (i.e., a compulsion). . .

Compulsions are repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) the goal of which is to prevent or reduce

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<sup>2</sup>An important distinction: If the obsession is perceived by the patient as imposed from outside themselves we are discussing an entirely different category of psychiatric illness.

anxiety or distress, not to provide pleasure or gratification. In most cases, the person feels driven to perform the compulsion to reduce the distress that accompanies an obsession or to prevent some dreaded event or situation. . .

By definition, adults with Obsessive-Compulsive Disorder have at some point recognized that the obsessions or compulsions are excessive or unreasonable (DSM-IV 1994).

## 1.2 *Etiology*

The Merck Manual (Merck 1992, pages 1585-1586) offers three theories describing the etiology of this disorder. I quote somewhat at length, as we will return to these ideas later:

There is some evidence of a higher incidence in the families of obsessive-compulsive patients than in control populations.

**Psychodynamic theory:** The obsession is the ideational component of an underlying, forbidden impulse, most commonly aggressive in quality, that emerges into consciousness. Through the defense mechanism of **isolation**, the affective component of the drive is separated from the ideational content, so that the individual experiences only an insistent thought, unaccompanied by any awareness of a wish to realize the ideas. . . the idea becomes the source of anxiety and motivates the further defensive maneuver of **undoing**, in the form of a secondary magical compulsive act.

**Learning theory:** An originally neutral thought becomes capable of arousing anxiety through its association with an unconditioned anxiety-provoking stimulus. When a subsequent

action reduces that anxiety, the act becomes fixed as a compulsive ritual and a stable, but nonadaptive, learned psychological structure is created.

**Biologic factors:** Recent research suggests that disturbances in the function of the basal ganglia, especially in their serotonin receptors, may be an important element in the appearance of obsessive-compulsive symptoms.

### 1.3 Treatment

Various forms of psychotherapy have been used with mixed overall success in the treatment of OCD. Most current and hopeful among these is cognitive behavioral therapy which has been shown to effect changes in neurochemistry in persons with OCD (Schwartz 1996, page xix).

The current thrust for first-line treatment and research of this disorder is drug therapy, primarily focusing on serotonin reuptake inhibitors such as clomipramine, fluoxetine and flovoxamine. Even in the absence of overt depression, these anti-depressant drugs have been shown to reduce the occurrence of OCD-related thoughts in many patients.

## 2 OCD: The East

### 2.1 The Tower of Babel

*Therefore is the name of it called Babel; because the Lord did there confound the language of all the earth: and from thence did the Lord scatter them abroad upon the face of all the earth.*

- Genesis 11:9

Translation is always difficult between any two languages; between an ideographic written language like Chinese and an alphabetic language like English, it is a wonder when anything is ever communicated fully. What

I find most troubling is the case in which a Chinese word is given an English equivalent, but is used differently in normal English usage than in its translational context.

Such is the case with the word “obsession.” For many of us trained in modern Chinese medicine the word obsession immediately brings to mind that in some translations the [pathological] emotion of the Spleen is obsession. However, other translations of this Chinese ideogram are reflection, rumination and thought. Clearly this is a type of obsession that is more commonly seen in depressive episodes.

In the following table (1) the Elements are viewed with regard to their associated emotions in healthy and pathological states. Clearly, the emotional character of the Spleen (Earth) is not what we see in the OCD patient, yet the emotions and pathologies of the Water and Fire Elements are very close to the Western definitions above.

Element	Healthy	Pathology
Fire	Excitement (Joy)	Over-excitement
Earth	Calmness	Depression
Metal	Sympathy	Grief
Water	Caution	Fear
Wood	Aggression	Anger

Table 1: The Five Emotions

In his book, *Character and Health* Yves Requena presents a model of “Six Temperaments”. In this model, a person with an emotional disorder of the Spleen would fall into the Tai Yin Earth temperament. Such people are “passive extroverts who let themselves live, and who take life on the bright side, persuaded as they are that everything will be all right.” (Requena 1989, pages 115-188). He further notes that “sometimes, without apparent reason, Tai Yin-earth persons have transitory periods of asthenia, are

depressed, and can even become melancholic, losing their intellectual faculties and their will." This is not the picture that we see in our patients with OCD.

It is more useful to consider the underlying category of "anxiety", a word which better describes the day to day experiences of a person with OCD. Their "obsessions" and "compulsions" are in response to their anxiety; they are protective rituals in an attempt to ease their minds.

## 2.2 *The Compulsion as a Response to Fear*

*"Of the faults that are committed [by men], one consists in fearing what we should not, another in fearing as we should not, another in fearing when we should not, and so on..."*

- Aristotle, Nicomachean Ethics<sup>3</sup>

It is important to note that the person with OCD performs their rituals in **response to fear**. This is the root of the disorder, for in the absence of fear, there would be no need for the defensive rituals. So it is left to us to understand this fear, from whence it comes, and how we might reduce it.

Anxiety is an emotion mentioned prominently in the Ling Shu, which states:<sup>4</sup>

When there is apprehension and anxiety,  
worry and preoccupation attack the Spirits.  
When the Spirits are attacked, under the effect of fear and fright,  
there is a flowing out, there is a spilling over that cannot be  
stopped.

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<sup>3</sup>Translation from the greek is my own.

<sup>4</sup>(Larre and de la Vallée 1995, page 82)

This “worry and preoccupation” is closer to the experience of a person with OCD. It attacks the Spirits, both of the person with OCD and those around them. As Roy C., a parent with OCD, wrote about his daughter:

*Just as things had fallen into place for me, I had an experience I can only describe as terrifying. My four-year-old daughter had an acute OCD episode that lasted three months. This beautiful, brilliant little girl who loved life had become consumed with the fear that she “maybe was hurting other people.” Her questioning and repeating was endless: “Mommy, did I poke you in the eyes with my fork when I was eating dinner?” “Daddy, I’m afraid to go to nursery school because I might step on someone’s toes or bump into them and hurt them.”<sup>5</sup>*

Much of the writing in the Ling Shu and other classic texts refers to the effects of external fear on a person. They speak of the fear that one feels in a violent situation, or when a child is in danger. For the person with OCD, this Fear is of internal origin. It is rooted in Water, in the Kidney.

### 2.3 Water

*As feeling and voluntary motion are peculiar to animals, while growth and nutrition are common also to plants, we may look on the former as effects of the Spirit and the latter as effects of the physical.*

- Galen, On the Natural Faculties<sup>6</sup>

The Kidney lies at the root of OCD and other fear-based disorders. A disharmony of Water leads to a shaky foundation upon which to base our lives and our growth.

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<sup>5</sup>(Roy C. 1993, page 61)

<sup>6</sup>(Galen 1963, page 3)

We know from our education that the Kidney stores the Essence, the Essence generates the Qi and the Qi generates the Spirit.<sup>7</sup> When this process falters, the emotional effects are profound as the pathology of the Kidney allows Fear to rise. As Claude Larre once observed, “the *shen* are more or less under the domination of the *jing*. I mean that if you are able to concentrate enough *jing* you are sending out a call to the *shen*, and they will come in response. While you have to say that the *shen* are free, at the same time you also have to say that they like to come when they are called.” (Larre and de la Vallée 1994, page 91).

In questioning a patient about their emotional state, I make a habit of asking them to somatize their emotional state. What does the emotion *feel* like? Of my OCD patients and other people with OCD whom I’ve thus queried, more than half describe their anxiety as a rising sense of fear. Several describe the fear as rising along the spinal column, and some have mentioned that their fear begins in their intestines, then moves up their backs. One described it as “shivering cold that starts in my low back, crawls up my spine and smothers my brain.” This is fear, rooted in the Kidneys, which through deficiency of Yin, Yang or Essence is allowed to rise along the Bladder and Du channels.

How do the Kidneys reach this state? Lifestyle can certainly play a part through sexual excess, overwork, birth of a child, long term lack of nutrition (eating disorders often accompany OCD), etc. As the West has noted familial patterns of OCD, the issue of Parental Essences may play a major role as well.

In the Ling Shu there are lines describing deficiency and excess states of the Kidney:

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<sup>7</sup>*Shen cang jing. Jing sheng qi, qi sheng shen (Flaws 1994).*

*The Kidneys store the Essences; the Essences are the dwelling place of the Will.*

*When the breaths of the Kidneys are empty, there is withdrawal.*

*When they are full, there is swelling, and the Five Zang know no peace.<sup>8</sup>*

To return to Requena's model, these lines lead us to the two most commonly observed temperaments in OCD: Shao Yin and Jue Yin.

The Shao Yin temperament corresponds to an emptiness of the Kidneys. "The general demeanor of the Shao Yin person is one of introversion and timidity." Further, "... Shao Yin individuals [have] an apparent air of coldness because their hypersensitivity usually makes them overly cautious" and "Shao Yin individuals are very susceptible to cold. They hate winter, which gives them the feeling of shriveling up" (Requena 1989, pages 105-106). This is the "withdrawal" mentioned above, it is a timid, jittery, easily startled person who, as an OCD sufferer, compensates for these feelings with rituals of thought and action. This is the type of OCD dominated more by obsessions than compulsions.

The Jue Yin temperament "... might be characterized as nervous. He or she can be inhibited and timid or, on the contrary, excited and animated, emotionally expressive, and hypersensitive. The inhibited Jue Yin type hides and does not dare move, bites the nails and lips, can have tics, constantly fusses with the hair, clenches the hands, and twists the fingers. The animated Jue Yin type is mobile, agitated, and talks constantly" (Requena 1989, page 97). This is almost the classical Western description of the type of OCD which is dominated more by compulsions and rituals than by obsessions.

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<sup>8</sup>(Larre and de la Vallée 1995, page 136)

Alongside the effects a Water disharmony may directly experience upon its own function, it also has a marked affect on other Elements. Most commonly these are Fire and Wood, the grandchild and child of Water, respectively.

#### 2.4 Fire

*I am poured out like water, and all my bones are out of joint;  
my heart is like wax, it is melted in the midst of my bowels.*

- Psalm 22:14

As shown in Figure 1, the Kidney has a control relationship with the Heart. When the Kidney is deficient, Water fails to control Fire, leading to either an excess or deficient condition of the Heart, depending on other factors, most commonly seen as Heart Fire or Heart Blood Deficiency (Figure 2).

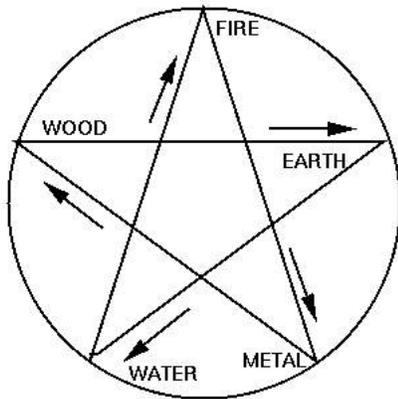


Figure 1: The Control Cycle

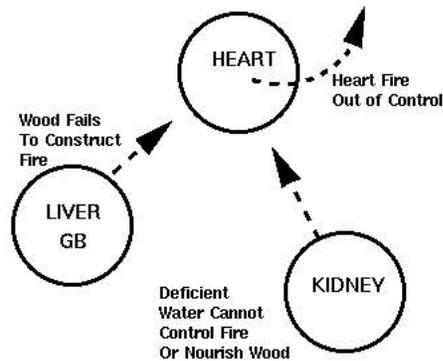


Figure 2: Deficiency of Water leads to Excess Fire

This relationship plays a major role in OCD. First, palpitations and abnormal heart rhythms are common complaints accompanying OCD, as they are in any anxiety disorder.

More importantly, Heart disharmonies lead to disturbances of sleep. Sleep disturbances of various types are very common among people with OCD. In fact, some researchers feel that sleep disturbances are perhaps the cause of OCD. Drug therapy to normalize sleep patterns has been shown to reduce the incidence and severity of obsessive thoughts in some clinical observations.

Other common symptoms of OCD include restlessness, propensity to be startled, poor memory and shortness of breath, all of which correspond to disharmonies of the Heart.

### 2.5 Wood

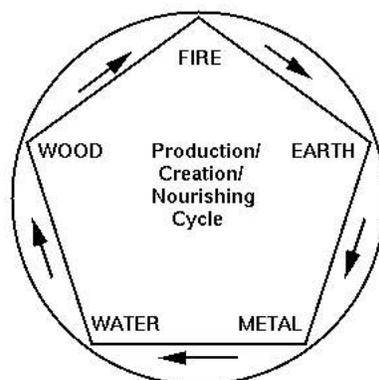


Figure 3: The Creation Cycle

As seen in Figure 3, the Wood element is nourished by Water. When Water fails in this task, we are presented with a clinical picture of Liver deficiency, most commonly of Yin and/or Blood.<sup>9</sup> This leads to symptoms of dizziness, blurred vision, headaches, muscle weakness or spasm. While these are relatively common symptoms, there is a high prevalence

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<sup>9</sup>There is some argument about whether these two ideas, Liver Blood and Liver Yin may be distinguished from one another.

of headache and muscle spasm among those with OCD, the DSM-IV noting that “between 20% and 30% of individuals with Obsessive-Compulsive Disorder have reported current or past tics.”

Emotionally, anger and frustration are very common among patients with OCD. The disorder contains the paradox of bizarre thoughts with the full awareness that they are bizarre, and there is a great deal of frustration in the self-observation of the OCD process with no apparent ability to stop it. Over time, this often leads to anger and even self-destructive behavior.

### 3 Approaches to Treatment

*Here are the waters and your watering place.  
Drink and be whole again beyond confusion.*

- Robert Frost

Reducing Fear is the first goal. Both the Fear of the disorder and the fear that others will discover their disorder plague the person with OCD and interfere with many relationships in their lives. Most important of these is family, on which OCD can place a great strain. For aspects of how OCD affects the family, and some excellent suggestions toward addressing these problems, I recommend *Obsessive Compulsive Disorder: A Survival Guide for Family and Friends* by Roy C., a publication of Obsessive Compulsive Anonymous. Further information about this book and others appears in the resources section of this article.

Another relationship we can help by reducing Fear is the patient’s working relationship with their therapist. It is only by obtaining some relief from the symptoms of OCD that the patient has the breathing room to consider and discuss their disorder in a helpful and healing light.

We reduce Fear by strengthening the Kidneys. In doing so with our needles, which touch the Spirits, or the herbs which nourish the Spirits, we

engender that process in which the Kidney may generate and stabilize the Spirits.

### 3.1 Acupuncture

*For every needling, the method is above all  
Not to miss the rooting in the Spirits.*

- Ling Shu, Chapter Eight<sup>10</sup>

I am not one to believe that in the face of a patient with so complex a disorder as OCD, that any convenient list of acupuncture points or point prescriptions would more than an futile exercise.<sup>11</sup> I prefer to discuss acupuncture in terms of treatment principles, in terms of goals and paths to get there. I leave it to each practitioner to choose their favorite points for a given treatment principle.

Clearly, to nourish the Kidney is of primary importance. We may approach this task in many ways, though I have found that due to the depth of this disorder I nearly always include some combination of the Ren, Du and Chong extra channels. The goal, however, is to help to connect the patient to Water, to make them more like Water. Treat Water points, points that nourish Water, channels that move Water, Organs that regulate Water.

I often ask my patients to spend a week examining Water; to stop several times each day and ask themselves "How much am I like Water right now?" At first, the answers are "Not much," but in time, as our needles help root them in Water and touch the Spirit of Water, patients begin to report more success in making their lives flow.

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<sup>10</sup>(Larre and de la Vallée 1995, page 2)

<sup>11</sup>Since I wrote the first versions of this article I have often been approached by acupuncturists and acupuncture students wanting to know the 'OCD points.' It is a failure of acupuncture education today that as practitioners of this ancient medicine we have reduced it to plug and play point prescriptions. We must learn to *see* our patients, not their diseases. Once the disharmony has been understood by the practitioner, the point prescription writes itself.

This approach to nourishing Water becomes even more important for an OCD patient who is undergoing behavioral modification therapy. In this the patient is asked to force themselves to face their fears and engage in the very activities they have for so long avoided. We can help our patients through this by working to root their emotions in the Kidney and calm their anxiety. It is in the Kidney that they find the Will to go forward with such a harrowing course of treatment.

While the Kidney is of primary importance, treating the Heart is crucial to our success as well. When the Heart is disturbed sleep is disturbed and all our efforts to nourish our patient are lost as their candles burn faster than we can replenish them. It is important to distinguish whether we are seeing Heart Fire or Heart Blood Deficiency in our patient. Similarities abound, but treatment is quite different.

Work with points that have Shen in their name, with Fire channels, with Fire points, and Water points on Fire channels. The Chong and Dai channels become more important. Weave point groupings that reconnect Fire and Water.

For the Wood element, it is important to treat any signs of Stagnation that we see. If the Liver is not doing its job of ensuring a smooth flow of Qi in the body, then nothing in the body will flow well. That applies to the emotions as well, and it is through the Liver and Wood channels that we can most effectively treat patients who are “stuck” in their therapy.

Remember that according to the Ling Shu, our needles touch the Spirits, lead the Spirits and must be rooted in the Spirits. OCD is a disorder of the Spirit, that is what we must treat and our needles are powerful tools in this regard.

### 3.2 *Herbal Prescribing*

While the treatment goals remain the same, with herbs we can focus more on the aspect of nourishment. There are two base formulas that I have used for the Shao Yin and Jue Yin types described earlier.

First, for the Shao Yin type I tend to base my formulas around herbal decoctions of Kidney Qi Pill from the Golden Cabinet (Jin Gui Shen Qi Wan). This extremely well balanced and versatile formula may be modified to suit almost any disharmony of the Kidney, Yin, Yang or Qi, while still addressing all three. For those using commercial preparations of the Kidney Qi Pill, it should be noted that these tend to emphasize the treatment of Kidney Yang Deficiency and may be too warm in many cases. Restoring the Right Pill (You Gui Wan) and Restoring the Left Pill (Zuo Gui Wan) are other formulas I have found effective in the treatment of this disorder due to their balanced approach in treating mixed Yin Deficiency and Yang Deficiency syndromes, the most common clinical picture.

For the Jue Yin type I often choose Linking Decoction (Yi Guan Jian) as a starting point for further modification.<sup>12</sup> This formula is especially useful if a constrained Wood element is involved. I also frequently choose Attracting Sleep Decoction (Yin Mei Tang) when Stagnation is not prominent in the diagnosis and sleep disturbances are a primary complaint. Another useful patent formula is the Chinese patent medicine Yunan Pai Yao. Usually administered for trauma, this formula consists of strong movers of Blood and Qi. With the movement of Blood comes movement of the Spirits, revealing the primary indication for this formula: a sense of “stuckness” in the patient’s life or in the cycles of obsessions and compulsions.

When prescribing herbs it is important to also add herbs which nourish Heart Blood or cool Heart Fire if these conditions are part of the diagnosis.

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<sup>12</sup>For women, substitute Rhizoma Cyperi (Xiang Fu) for the Melia Toosendan (Chuan Lian Zi)

It is often useful to add herbs for Phlegm in the channels of the head as well (Phlegm Misting the Mind), such as Rhizoma Acori (Shi Chang Pu), even if there is no clear evidence of Phlegm. There is a strong implication of Phlegm in OCD: fear in response to that which is not generally fearful can be seen as one type of “misted” view of the world. People with OCD often need and appreciate clarity in their lives.

#### 4 Conclusions

If I have one idea about which I want to be understood over others in treating patients with OCD, it is that when we treat the endless repetitive cycle of obsessions we are already too late. This is the branch and we must reach beneath to the root, to the fear that drives these obsessions and demands response in compulsions. There are many ways to darken a light bulb, but switching off the electricity is the most elegant and effective.

Here in affluent America many of our psychiatric disorders are anxiety disorders. This is a culture beset by fear – fear of others, fear of government, fear of crime, fear of ourselves. If each culture may be seen as asking one characteristic question, while the India asked “why do we suffer?” and China asked “how should we conduct our lives?” America asks “why are we afraid?” Kidney Deficiency and Liver Stagnation are almost cultural diagnoses for America.

In the long term, the single most important therapeutic goal toward which we can strive for the person with OCD is peace. Peace of mind, peace of body. An end to restless thoughts, restless actions, to life in a world of fears and tears.

In the midst of our unrest we may create islands of peace amidst calm Waters. It is possible for us to help our patients find this part of themselves, in some measure, and learn to live their lives there. Yet for our patients or ourselves to reach this place, we must each be willing to let go of who and

what we believe ourselves to be. Healing is a kind of death and rebirth, an immersion into the Darkness from which we may emerge into the Light. Our task with such deep seated disorders as OCD is not to remove the disease from the patient, but to help the patient remake themselves into a new, balanced and flowing self. The disorder becomes merely a turning point for change. This is the essence of healing.

*Perhaps holding illness, disease, suffering as bad and fighting them, that is, being opposed to them, and attempting to get rid of them as though they do not belong to life, obscures the possibility of embracing that which may point us homeward, that which maybe in the end bears us home to our beginning, to the source from whence we have come.<sup>13</sup>*

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<sup>13</sup>(Connelly 1993, page 142)

## 5 The Author

*Si post fata venit gloria non propero*

Norman Kraft is Dean and Director of the Canadian College of Oriental Medicine in Toronto, Ontario, Canada. A graduate of Pacific College of Oriental Medicine (Master of Traditional Oriental Medicine, with Honors) and a former faculty member of the Pacific Institute of Oriental Medicine in New York, he has studied, apprenticed and practiced Chinese medicine for nearly 20 years. He has completed additional acupuncture studies and training in France and England.

Mr. Kraft also holds a Licentiate in Sacred Theology (LST, Orthodox) and a Doctorate in Clinical Hypnotherapy and has taught numerous classes and tutorials on bioethics and world religions. In the 1990's, he worked on research projects exploring the psychiatric problems of AIDS and for over nine years he volunteered time to AIDS organizations in San Diego, specializing in death and dying counseling.

Currently, in addition to his duties as the Dean of CCOM, Mr. Kraft maintains a private practice in Toronto, Ontario (Canada).

## 6 Resources

OC Foundation  
P.O. Box 70  
Milford, CT 06460  
(203) 878-5669

OCD Information Center  
Madison Institute of Medicine  
7617 Mineral Point Road, Suite 300  
Madison, WI 53717  
FAX (608) 827-2479  
(608) 827-2470  
[mimhealthtechsys.com](http://mimhealthtechsys.com)

National Institute of Mental Health  
9000 Rockville Pike  
Bldg. 10, Rm 3 D 41  
Bethesda, MD 20892  
(301) 496-4812

Anxiety Disorders Association of America  
6000 Executive Blvd., Suite 513  
Rockville, MD 20852  
(301) 231-9350

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