

Treatment of Neurotic Anorexia Complicated with Moderate Depression by Tongdu Diaoshen Acupuncture: A Case Report

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Abstract: *Anorexia nervosa is a severe psychosomatic disorder commonly comorbid with depression. This paper reports a 19-year-old female patient with anorexia nervosa complicated by moderate depression, secondary amenorrhea and malnutrition. She received Tongdu Diaoshen Acupuncture combined with Chinese herbal medicine, antidepressants and nutritional support. Acupuncture was applied to Governor Vessel, Conception Vessel and relevant acupoints to regulate spirit, soothe liver, tonify spleen and kidney. After 10-day treatment, her appetite, mood and sleep improved markedly, negative thoughts vanished, and body weight recovered at follow-up. Tongdu Diaoshen Acupuncture combined with integrated medicine is safe and effective for this disease, worthy of clinical application.*

Keywords: Anorexia nervosa; Moderate depression; Tongdu Diaoshen Acupuncture; Governor Vessel; Integrated traditional Chinese and Western medicine.

1. INTRODUCTION

Anorexia nervosa is a psychological eating disorder characterized by deliberate restriction of energy intake, maintenance of body weight significantly below normal standards, and distorted perceptions of body weight and shape. It predominantly affects young women aged 13-20 years, with a male prevalence approximately 10% of females, prompting current research focus on this demographic. Epidemiological studies indicate a lifetime prevalence rate of 0.5%-3.7% [1-4]. Clinical manifestations include active food refusal, excessive calorie restriction, rapid weight loss, and often accompanied by somatic symptoms such as abdominal distension, constipation, amenorrhea, bradycardia, and electrolyte imbalances. The condition frequently coexists with psychiatric disorders including depression, anxiety, and obsessive-compulsive behaviors, with severe cases potentially leading to self-harm, negative thoughts, or life-threatening complications [5]. Patients often present with menstrual irregularities, thyroid dysfunction, vitamin deficiencies, pelvic effusion, and malnutrition, classifying it as a high-recurrence, high-risk psychosomatic disorder [6].

Traditional Chinese Medicine (TCM) does not have a specific disease name corresponding to "neurotic anorexia." Based on symptoms, it can be classified under the TCM categories of "Yuzheng syndrome" and "anorexia." The core pathogenesis involves emotional stagnation, liver qi stagnation, deficiency of both heart and spleen, impaired nourishment of brain and spirit, dysfunction of spleen-stomach transportation and transformation, insufficient qi and blood production, and inadequate nourishment of muscles, tendons, and brain marrow. Clinical manifestations include loss of appetite, emaciation, depressed mood, insomnia with excessive worry, sallow complexion, fatigue, and in severe cases, amenorrhea, cold intolerance, nausea, vomiting, and epigastric pain. Neurotic anorexia combined with depression can lead to significant deterioration in patients' quality of life, social functioning, and self-care abilities. Chronic malnutrition may damage multiple organs such as the heart, liver, and kidneys. Therefore, early, systematic, and comprehensive intervention is crucial. With standardized integrated traditional Chinese and Western medicine treatment, the prognosis of this condition remains favorable. Timely and effective psychosomatic coordination is key to recovery.

Modern medicine primarily employs nutritional rehabilitation, antipsychotic medications, cognitive behavioral therapy, and family interventions for this condition, yet faces limitations such as adverse drug reactions, poor patient compliance, difficulty in correcting body weight perception, and high recurrence rates. Our hospital admits a large number of psychiatric patients, among whom those with comorbid anorexia nervosa are not uncommon. The Tongdu Diaoshen Acupuncture Therapy in this case is derived from clinical practice, focusing on the brain and spirit while also addressing the liver, spleen, and gastrointestinal tract. It offers unique advantages including minimal invasiveness, high compliance, holistic regulation, and psychosomatic coordination, enabling

simultaneous improvement in eating habits, mood, sleep, and gastrointestinal function. This approach has demonstrated significant efficacy in the rehabilitation of adolescent eating disorders and is widely applied in clinical practice.

The Tongdu Diaoshen Acupuncture Therapy is an acupuncture treatment method established based on the theory that the Governor Vessel enters the brain and the brain serves as the residence of the primordial spirit. This approach primarily targets acupoints along the Governor Vessel and Bladder Meridian in the head, combined with acupoints for liver regulation, spleen strengthening, heart nourishment, and mental calming. Through acupuncture to unblock the Governor Vessel, enrich brain marrow, regulate consciousness, harmonize the spleen and stomach, and promote qi circulation, it achieves the effects of improved mental stability leading to enhanced appetite, strengthened spleen function promoting blood production, and alleviated liver stagnation resolving depression. It concurrently possesses four therapeutic effects: mental regulation, spleen strengthening, stomach harmonization, and depression relief. Using the Tongdu Diaoshen Acupuncture Technique as the primary method, supplemented with traditional Chinese medicines for spleen fortification, qi replenishment, liver regulation, and depression relief, this approach was applied to treat a case of anorexia nervosa complicated by moderate depression, demonstrating significant efficacy. The detailed report is presented as follows:

Patient Tan, female, 19 years old, a college student. Since May 2025, due to excessive preoccupation with body shape, she deliberately adopted a diet to lose weight, avoiding rice, flour, and meat while strictly controlling caloric intake, occasionally going without food for entire days, without vomiting, diarrhea, or excessive exercise. Her weight decreased from 49 kg to 37.5 kg within six months, with a BMI of 13.77 kg/m². Amenorrhea occurred in October 2025. Since November 2025, she has experienced persistent low mood, reduced interest, nocturnal crying, hypersensitivity, irritability, negative thoughts, and a history of staying on rooftop, accompanied by difficulty falling asleep, light sleep, and easy awakening, while still refusing weight gain and exhibiting cognitive biases about body weight. In November 2025, she was diagnosed at another hospital with "anorexia, sleep disorders, irregular menstruation, and vitamin D deficiency." After treatment, her appetite slightly improved, but her emotional state, sleep, and amenorrhea remained unresolved. In the past month, she has developed headaches, dull epigastric pain, nausea, constipation, chills, sallow complexion, and fatigue. On February 25, 2026, she sought systematic treatment and was admitted with the diagnosis of "anorexia nervosa and depressive state."

Present symptoms: Anorexia with minimal food intake, dull epigastric pain, nausea with vomiting tendency, constipation, chills and fatigue, sallow complexion, emotional instability, excessive worry and irritability, intermittent negative thoughts, difficulty falling asleep, light sleep with frequent awakenings, headache, and amenorrhea for six months (last menstrual period in September 2025). Tongue appearance: pale with thin white coating; pulse: fine and weak. Past medical history includes pelvic effusion, vitamin D deficiency, sinus bradycardia, leukopenia, and mild anemia. Physical examination reveals extreme emaciation with BMI 13.9 kg/m², no significant cardiopulmonary abnormalities, and a flat soft abdomen. Auxiliary tests show mild thyroid dysfunction, decreased 25-hydroxyvitamin D levels, sinus bradycardia on electrocardiogram (ECG), and anemia with leukopenia on complete blood count (CBC).

Western diagnosis: 1. Anorexia nervosa; 2. Moderate depressive state; 3. Secondary amenorrhea; 4. Malnutrition; 5. Vitamin D deficiency; 6. Pelvic effusion; 7. Sinus bradycardia; 8. Leukopenia. Traditional Chinese Medicine (TCM) diagnosis: Food stagnation; Syndrome differentiation: Liver qi stagnation with spleen-kidney deficiency. Treatment principle: Regulate qi to relieve depression, tonify the kidneys and strengthen the spleen.

2. TREATMENT PLAN

2.1 Tongdu Diaoshen Acupuncture Therapy Protocol

Acupoint selection: Principal points: Baihui (GV20), Shenting (GV25), Yintang (EX-HN3), Neiguan (PC6), Shenmen (GV4), Anmian (CV1), Zhongwan (CV12), Qihai (CV8), and Danzhong (CV12). Adjunct points: Zusanli (ST36), Sanyinjiao (SP6), Taichong (EX-HN3), Jianli (CV12), Neiting (CV12), and Rangu (CV12).

Procedure: The patient is placed in a supine position with routine disinfection. Perform flat needling at Baihui (GV20), Shenting (GV25), and Yintang (GB34) points to a depth of 0.5–0.8 cm, followed by rapid twisting to obtain qi flow, until the patient experiences head soreness and regained consciousness. Direct needling at Neiguan (PC6) and Shenmen (GV4) points to a depth of 0.5–0.8 cm to calm the mind and stabilize emotions. Direct needling at Zhongwan (CV12) and Qihai (CV6) points to a depth of 1–1.5 cm to strengthen the spleen and

harmonize the stomach. Perform flat needling at Danzhong (CV13) point to a depth of 0.3–0.5 cm to expand the chest and regulate qi flow. Direct needling at Zusanli (ST36) and Sanyinjiao (SP6) points to a depth of 1–1.5 cm to strengthen the spleen, replenish qi, and nourish blood. Use the Tai Chong draining method to soothe the liver and relieve stagnation. Perform point needling and bloodletting at Rangu (ST36) and Sifeng (ST4) points once weekly to stimulate appetite and enhance food intake. Apply lifting and thrusting techniques to Baihui, Zhongwan, Qihai, and Zusanli points to warm and unblock the meridians while replenishing yang qi. Keep needles in place for 30 minutes, once daily, with a treatment course lasting 10 days.

2.2 Traditional Chinese Medicine Protocol

The traditional Chinese medicine formula is modified Si Jun Zi Tang combined with Chai Hu Shu Gan San: Astragalus membranaceus 15g, sliced Ginseng 9g, Atractylodes macrocephala 15g, Poria cocos 15g, Chinese yam 15g, Coix seed 15g, Northern Bupleurum root 10g, Scutellaria baicalensis 10g, Curcuma zedoaria 10g, Albizia julibrissin flower 10g, stir-fried chicken gizzard lining 15g, fresh hawthorn fruit 15g, Jianqu (fermented rice starter) 15g, Dragon bone 20g, Oyster shell 20g, Licorice root 9g, Stevia rebaudiana 1g. Decoct in water and administer as one dose daily, divided into two warm servings. Administer after meals to avoid gastric discomfort.

2.3 Other Treatments

Western medicine included fluoxetine hydrochloride for mood improvement and trazodone hydrochloride for sleep enhancement. Symptomatic treatments such as iron supplementation, intestinal microbiota modulation, enteral nutrition support, and vitamin supplementation were administered.

3. TREATMENT OUTCOMES

After 3 days of treatment, the patient's mood stabilized with reduced irritability. By day 7, sleep quality improved, nausea subsided, and the patient could actively consume small amounts of staple foods. By day 10, appetite significantly increased, epigastric pain resolved, constipation improved, negative thoughts disappeared, and emotional stability was achieved. No self-harm, food refusal, or food concealment behaviors occurred during hospitalization. One month post-discharge follow-up showed weight regained to 42 kg, stable emotional state, regular eating patterns, and no recurrence.

4. CONCLUSIONS

Anorexia nervosa complicated by depression represents a classic case of psychosomatic comorbidity. Modern research has confirmed its pathogenesis is closely associated with dysregulation of the microbiota-gut-brain axis [7]. Dysbiosis of gut microbiota can influence appetite, mood, and gastrointestinal function through neuroenteric peptides [8-9]. Traditional Chinese Medicine posits that this condition originates from emotional depression, which leads to liver qi stagnation, subsequent invasion of the spleen, spleen-stomach deficiency, impaired digestive function, insufficient qi and blood production, excessive overthinking resulting in kidney essence depletion, cerebral marrow deficiency, and impaired brain nourishment, ultimately manifesting as concurrent food stagnation and depressive symptoms [10-11]. The case involves a young female patient with initial emotional distress followed by spleen injury from excessive dieting. The coexistence of spleen-kidney deficiency, liver qi stagnation, and cerebral malnutrition reflects a pattern of "root deficiency with superficial excess." Therefore, treatment must address root causes through mental regulation and depression relief, while treating symptoms with spleen-strengthening and kidney-tonifying therapies.

The Tongdu Diaoshen Acupoint Technique is grounded in the theories of "the brain as the abode of primordial spirit" and "the Du Meridian entering the brain," serving as the core therapeutic approach for this condition. The Baihui (GV20), Shenting (GV20), and Yintang (GV20) acupoints are key points along the Du Meridian, which can stimulate the Du Meridian to benefit the brain, regulate mental focus, and directly modulate the central nervous system, thereby alleviating depression, anxiety, insomnia, and distorted body weight perception. The Neiguan (PC6), Shenmen (GV14), and Anmian (CV10) acupoints nourish the heart and calm the mind, rapidly improving sleep quality. The Taichong (CV12) acupoint soothes the liver and resolves stagnation, mitigating emotional extremes. Based on the principles of "treating flaccidity by targeting Yangming alone" and "the spleen governing muscles," the Zhongwan (CV12), Qihai (CV12), Zusanli (ST36), and Sanyinjiao (SP6) acupoints are employed to strengthen the spleen, replenish qi, harmonize the stomach, and enhance digestive function, restoring normal gastrointestinal motility and promoting nutrient absorption. The Rangu (CV12) point for bloodletting serves as a

key acupoint to stimulate appetite, rapidly improving food intake, while the Sifeng (CV12) points.

Traditional Chinese Medicine (TCM) employs Si Jun Zi Tang as the foundation to strengthen the spleen and replenish qi, supplemented with *Astragalus membranaceus* to enhance qi-tonification. *Bupleurum* root, *Curcuma zedoaria*, and *Albizia julibrissin* flower are used to soothe the liver, alleviate depression, and calm the mind. Chicken gizzard lining, Hawthorn fruit, and Jianqu (fermented rice) aid digestion and harmonize the stomach to improve appetite. Dragon bone and Oyster shell exert a sedative effect to alleviate insomnia and anxiety. The entire formula collectively achieves the functions of soothing the liver, strengthening the spleen, calming the mind, and stimulating appetite, synergizing with acupuncture to achieve holistic regulation of body and mind, as well as integrated treatment of gastrointestinal and neurological systems.

Modern medical interventions such as nutritional support and antidepressants can rapidly stabilize physical and emotional symptoms, while cognitive behavioral therapy and family interventions help correct cognitive biases and reduce relapse risks. The integrated approach combining traditional Chinese and Western medicine, acupuncture with herbal therapy, and holistic treatment of mind and body comprehensively improves eating habits, mood, sleep, nutrition, and menstrual patterns, significantly enhancing therapeutic efficacy and patient compliance. This constitutes an ideal treatment regimen for adolescent anorexia nervosa complicated by depression. Our clinical experience emphasizes a three-step therapeutic strategy: first calming the mind, then stimulating appetite, and finally strengthening the spleen. Stable mental state promotes self-regulated eating behaviors, while robust spleen-stomach function facilitates gradual physical recovery. Acupuncture targeting the Governor Vessel to regulate mental functions directly addresses the root cause, complemented by traditional Chinese medicine and family support, achieving both symptomatic relief and long-term stability—a clinically viable model worthy of widespread adoption.

ACKNOWLEDGMENT

We gratefully acknowledge the financial support provided by the Natural Science Foundation of Hunan (2025JJ90053 and 2024JJ9361).

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