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States of quiescence: Non-pharmacological management of depression and chronic pain from an ethnomedical perspective

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Introduction

Chronic pain and depression are debrilitating conditons that can be fatal with higher suicidal risks. Taken together, the global disease burden of chronic pain and depression and their entailing implications is alarming. For centuries, the Chinese perspective of pain, be it physical or psychological, has been deemed to be caused by a relative quiescence of *qì*, the driving force of life. More often than not, 'phlegm-dampness' in Chinese medical theory has been inculpated in this quiescent bodily state of 'if there is no free flow, then there is pain".

Basic concept of phlegm-dampness

A pathogenic agent with a tenacious consistency, phlegm-dampness tends to obstruct the normal circulatory path of *qì*, resulting in the disruption of normal bodily functions. It is thought to be precipitated by excessive exposure to humidity, consumption of energy-dense foods, or lack of physical activity over prolonged periods. And amongst the various modifiable factors that lead to its development and eventual progression to chronic conditions like pain and depression, diet may be the single most critical one with a major impact on disease risks.

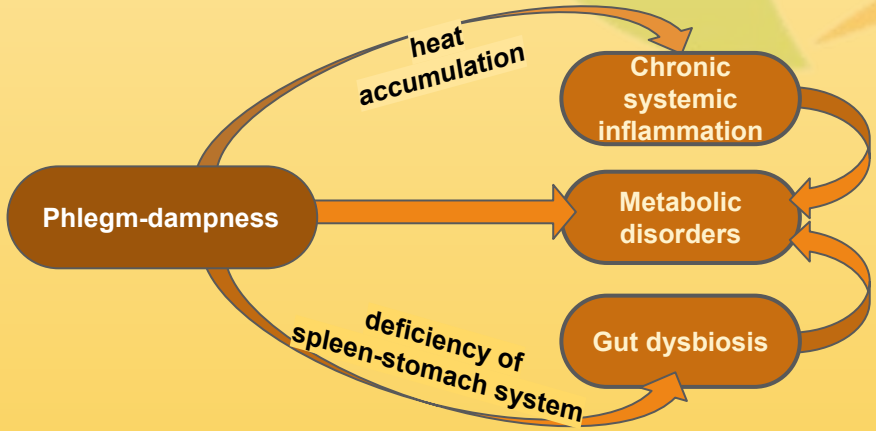

Figure 1: An illustration depicting the pathogenic progression of phlegm-dampness to metabolic syndrome.

Metabolic disorder in phlegm-dampness: systemic inflammation and gut dysbiosis

The hominid dietary landscape has undergone major transitions over the last few decades, giving rise to an array of chronic diseases morbidly similar in their pathogenic progression. Notably, metabolic syndrome is a constellation of physiological anomalies that greatly increase risks of cardiovascular disease, stroke, type 2 diabetes and certain cancers. Due to their similarities in clinical manifestations, phlegm-dampness has been frequently linked to the pervasivity of these metabolic disorders. Correspondingly, epidemiological studies have demonstrated that chronic pain and depression are correlated conditions closely associated with the growing phenomenon of diet-related metabolic syndrome and obesity.

Homeostatic imbalance and chronic systemic inflammation are core characteristics shared by these diseases, and in recent years the role of gut microbiota in chronic disease progression is widely gaining recognition. Gut dysbiosis has been associated with the pathogenesis of disorders both gastrointestinal and systemic, and it is believed that restoration of the gut microbiota may be the key to disease prevention and treatments.

Recent studies have established an association between host phlegm-dampness constitution and their commensal microbiota. Faecal-associated microbiomes were observed to differ significantly for cases with phlegm-dampness when compared to controls with balanced constitutions; obese individuals with phlegm-dampness were also revealed to have higher body mass index, waist-hip circumference and altered gut microbiota composition, which puts them at a greater risk of metabolic diseases. Furthermore, intestinal mucosal barrier was found to be compromised in individuals with phlegm-dampness. In view of the strong influence diets exert on the gut microbiota, it can be inferred that the Chinese dietary management of phlegm-dampness may be an effective alternative in this diet-disease conundrum.

Approaching chronic pain and depression through dietary management of phlegm-dampness

Various systematic reviews investigating the effects of dietary interventions on chronic pain and depression have reported positive findings – and majority of the recommendations emphasised on foods consisting of dietary constituents with anti-inflammatory, antioxidative and/or probiotic properties.

Conversely, the Chinese medical approach seeks to clear phlegm-dampness and restore free flow. Moreover, it takes into account whether there is presence of accumulated heat and/or weakened spleen-stomach system (Figure 1). In terms of dietary recommendations, specific foods that are viewed to possess phlegm-dampness resolving properties, and cooked, hot/warm foods that invigorates the *qì* circulation are recommended for inclusion in the daily diet. On the other hand, It is also believed that foods that are raw and cold (in temperature and its energistic properties), and those that are sweet and greasy should be avoided. Despite the differences, both east-west approaches unanimously advocate consumption of traditional whole-foods and refraining from industralised, processed foods.

Conclusion

The mechanisms behind the role of phlegm-dampness in chronic disease development, and their relationship with systemic inflammation and gut dysbiosis is gradually becoming clear. With the rise of integrative medical practice, this time-tested theory of phlegm-dampness offers a different management perspective that can potentially help ease the public health burden of pain and depression.

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