

Drugs and Acupuncture: The Energetic Impact of Benzodiazepines

Michael T. Greenwood MB, BChir (MD), FCFP, CAFCI, FAAMA

ABSTRACT

Benzodiazepines are widely used medications, but, unfortunately, dependence is common. This article explores the energetic impact of these anxiolytics, using side-effect profiles and the impressions of practitioners. Given that anxiety is essentially an energetic phenomenon, acupuncture can offer a creative alternative for suitable patients. Four cases are described briefly to illustrate the use of acupuncture.

Key Words: Anxiety, Drugs, Benzodiazepines, Anxiolytics, Acupuncture, Pulse Diagnosis, 5-Elements

INTRODUCTION

ALONGSIDE ANTIDEPRESSANTS AND ANALGESICS, anxiolytics are some of the most commonly used drugs in medicine.¹ In one form or another, they have been around for a very long time.² Various different drugs have had their time of popularity. Alcohol use, for example, goes back some 8000 years, and even has biblical references:

Noah, the tiller of the soil, was the first to plant a vineyard. He drank of the wine and became drunk, and he uncovered himself within the tent.

(Genesis 9:20–21)

Opium too, goes back many years, and was considered a miracle drug for anxiety in the nineteenth century, before its addictive properties became apparent.³ Bromides were widely used as sedatives in the 1870s, while chloral hydrate and paraldehyde had their heyday before they too became associated with abuse and dependence. Barbiturates were introduced as hypnotics and sedatives between 1903 and 1912. Remarkably, more than 2500 barbiturates have been synthesized, and at the height of their popularity, about 50 were marketed for human use. However, their dependence-producing properties became increasingly apparent, together with alarm about the dangers of overdose.⁴

This led eventually to a campaign to replace barbiturates with benzodiazepines—first chlordiazepoxide in 1960, fol-

lowed closely by diazepam in 1963.⁵ There are now about 30 benzodiazepines available. To date, they remain popular despite mounting evidence of adverse effects, such as tolerance, tachyphylaxis, dependence, addiction, potential for abuse, increased mortality, and even increased cancer incidence.^{6,7}

The latest wave of anxiolytics is the cyclopyrrolone derivatives, popularly known as “Z” drugs, such as zopiclone and zolpidem. Once again, they have been being promoted as nonaddicting, but, in reality they are not much different from the benzodiazepines, and are used for very much the same reasons. Furthermore, they produce similar therapeutic and adverse effects, and are more expensive.^{8,9} Interestingly, a meta-analysis of the Z drugs showed that they are not much better than placebo.¹⁰

BENZODIAZEPINE DEPENDENCE

Tolerance and dependence to benzodiazepines develops quickly. Tolerance to their hypnotic effect develops within a few days, and tolerance to their anxiolytic effects within a few weeks.¹¹ There is little evidence of any efficacy after 4 months of continuous daily use, and, once that time is past, drug dependence becomes the central issue. At that point, attempts to withdraw can precipitate a variety of unpleasant symptoms, such as increased anxiety, confusion, or even

Victoria, British Columbia, Canada.

seizures, forcing the individual to go back on the medication(s). Moreover, the longer someone has been taking the drugs, the tougher withdrawal can become.

In the elderly the difficulties with benzodiazepines can be compounded. Their use has been associated with an increased risk of falls and fractures, motor-vehicle accidents and delirium.¹² Furthermore, users are significantly more likely than nonusers to suffer physical decline over a period of 4 years.¹³

Given the foregoing, it is hard to understand why anyone would want to take benzodiazepines at all, particularly as there are many other less risky ways to approach anxiety, such as meditation and stress-reduction techniques,¹⁴ acupuncture,¹⁵ ear acupuncture,¹⁶ and herbology.¹⁷

BIOCHEMISTRY OF DRUG DEPENDENCE

The mode of action of benzodiazepines is generally thought to be through a modulating effect on various brain neurotransmitters, but mainly on γ -amino-butyric acid (GABA).¹⁸ A similar biochemical mechanism also applies to barbiturates and Z drugs, albeit with minor variations.

The extraordinary success of these drugs in modulating mood has supported a view that mental disorders are chemical imbalances in need of correction. Yet there is little evidence to support such a notion.^{19,20} On the contrary, by interfering with neurotransmitters, benzodiazepines actually create a biochemical disturbance, to which the body subsequently adapts through homeostasis.²¹ It is this mechanism which underlies the development of tolerance, dependence, and withdrawal reactions, and it applies to many different drug classes. For example, β -blockers are used to slow the heart and lower the blood pressure (BP), but if the agents are stopped abruptly there will be a rebound of increased heart rate and raised BP.²

CHINESE MEDICINE AND ANXIETY

Direct experience can confirm that anxiety is energy that is not flowing smoothly, or, in other words, Stagnant Qi. It is the “jitters” felt before public speaking or taking a written examination, or the sense of impending doom that arises whenever there is nothing specific that needs doing. It is raw potential activity awaiting an opportunity to express the Qi.

The ego’s distaste for the feeling of anxiety gives rise to various avoidance strategies, all of which miss the point that it is precisely such tactics that stagnate the Qi. It is important to note the following:

- Energy can be channeled through some mental or physical activity. This solution is used habitually by people who keep themselves busy all the time. So long

as the Qi has a means through which to express itself, anxiety can be kept to a minimal background static. Such a strategy works well, but has the potential consequence of burnout with concomitant physical deterioration.

- Energy can be channeled into various self-destructive patterns or behaviors. Although this solution may be easier to see in the panoply of mental disorders, Stagnant Qi’s presence can often be intuited in many overtly physical pathologies as well.
- Energy can be suppressed with drugs. This would include all mood-altering drugs including anxiolytics, hypnotics, antidepressants, narcotic analgesics, and many recreational drugs.

Chinese Medicine (CM) theory also posits that anxiety is largely due to the Stagnation of Qi (as described above). In CM, the smooth flow of Qi is governed by the Wood element. When Wood is out of balance, Stagnant Liver Qi arises and the relationship between Water and Fire, the so-called Heart–Kidney axis, becomes disturbed. Symptoms will range between a Kidney-based fear paralysis (too much Yin), to a Heart-focused insomnia and the Empty Fire syndrome (Yin Deficiency or ungrounded Yang). In this way, CM classifies anxiety as *Jing Kong* (fear and fright [Kidney]), *Jing Ji* (fright palpitations [Heart]), and *Zheng Chong* (fearful throbbing [Liver]).

Flaws and Lake posit 3 scenarios pertinent to how these syndromes arise and develop into five Traditional Chinese Medicine (TCM) patterns.²² In the first, initial Liver Qi Stagnation leads to Spleen Qi vacuity, transforms into Fire and consumes Yin, flares up, harasses the Heart, and disquiets the Spirit. In the second, excessive thinking directly damages the Heart and Spleen, giving rise to Heart Blood and Spleen Qi Deficiency. If the Spleen vacuity engenders Phlegm and Heat, then they can harass the Heart. Finally, initial Qi Stagnation can lead to Blood Stasis, which, in turn, can block the Heart orifices (Table 1).

CM AND BENZODIAZEPINES

The paradox of benzodiazepines is that their use compounds the issue of Stagnation (Table 2). Not only is anxiety

TABLE 1. TCM ANXIETY PATTERNS^a

<i>TCM Patterns</i>
Heart Qi Vacuity & Blood Stasis
Liver depression–Phlegm Fire
Heart Qi Stagnation & Blood Stasis
Heart-Spleen Dual Vacuity
Yin Vacuity–Fire Effulgence

^aFrom, Flaws and Lake, ref. 22.
TCM, Traditional Chinese Medicine.

TABLE 2. ENERGETIC EFFECTS OF BENZODIAZEPINES

<i>System</i>	<i>Side-effects</i>	<i>Inferred CM Effect</i>
CNS	Ataxia, dizziness, memory impairment, light-headedness, drowsiness, residual daytime drowsiness, weakness, fatigue, syncope, confusion, slurred speech, disturbing dreams, headache	Disperse the Qi Qi/Blood Stagnation ↑Wind, Qi/Blood Deficiency disturbance of the <i>Hun</i>
Emotional effects	Paradoxical aggression, anger, violence, depression, increased risk of suicide, emotional anesthesia	↑Liver Yang, ↓Liver Yin ↑Wind
CVS	Palpitations, tachycardia	↓Heart Yin
Blood	Leucopenia, jaundice	Stagnation of Liver Qi
GI	Abdominal cramps, constipation, diarrhea, dry mouth or increased thirst, mouth watering, nausea, vomiting	Liver invading Spleen
Eyes	Diplopia, blurred vision,	Liver Qi Stagnation
Respiratory	Increase bronchial secretions	Lung Qi Stagnation
GU	Urinary retention	Bladder Qi Stagnation
Withdrawal syndrome	Anxiety, insomnia, agitation, gastro-intestinal discomfort, hand tremor, anorexia, diaphoresis, tachycardia, photophobia or increased sensitivity to noise	↑Wind, Liver Qi Stagnation Disturbance of the <i>Hun</i> ↓Liver & Heart Yin

CM, Chinese Medicine; CNS, central nervous system; CVS, cardiovascular system; GI, gastrointestinal; GU, genitourinary.

rooted in Stagnant Liver Qi, but a perusal of Table 2 will show that the primary energetic effect of the anxiolytics also appears to be Liver Qi Stagnation, with secondary effects of Heart Yin Deficiency. Rosenberg, for instance, states that while diazepam initially sedates Liver Yang and Fire, this pharmaceutical simultaneously dries out the Liver, creates a state of Stomach Heat, and Lung Yin deficiency with Heat, which gives rise to restlessness, tremor, irritability, vertigo, and dry mouth.²³ He wrote that dry or “cotton-mouth” and thirst with a bitter taste is a clear sign of the hot, dry effect.²⁴ Similarly, Flaws and Sperber note that anxiolytics, while similar to heavy, settling Spirit-quieting herbs, tend to attack and drain the Spleen, lead to Heart Qi and Blood vacuity, and damage Blood and Yin.²⁵

These energetic mechanisms perhaps are another way of understanding the curious phenomena of paradoxical *dis*-inhibition. The CM view would suggest that, like lifting the lid off a pressure cooker and getting a blast of hot air, *dis*-inhibition represents a sudden release or breakthrough, of restrained Liver Qi after a period of Stagnation. The bottom line is that, while initially appearing to relieve symptoms, benzodiazepines deepen further the imbalance, which gave rise to anxiety in the first place. Rather than helping people with anxiety, they actually make anxiety worse.

PULSE FINDINGS

In a book on pulse diagnosis, Hammer does not mention benzodiazepines *per se*.²⁶ However, he does explore the pulse findings that might be noted in anxiety without any drug overlay. Anxiety, he says, is a rising energy that stimulates the Heart and circulation and agitates the nervous system, while fear is a descending energy that affects the Kidneys. The Heart agitation can be caused by Yin Deficiency,

Blood Deficiency, or Yang Excess or Heat, and generally makes the pulse slightly rapid, unless the Qi is chronically Deficient or wild, in which case the pulse may be paradoxically slow.

In the case of Yang Excess or Heat, as when anxiety is acute, the pulse will be robust, bounding, and/or rapid. If Yin is Deficient, as may be the case in some kinds of panic attacks or serious diseases such as cancer, then Yang may float to the surface of the pulse as the connection between Yin and Yang is severed, giving rise to an Empty pulse or Qi wild condition. If Heart Yin is Deficient, the left distal pulse may be tight, while, if Heart Blood is Deficient, the left distal pulse will be thin and slightly rapid. Liver Qi Stagnation often leads to a tense middle left pulse with a feeble-absent left distal pulse. If both Heart Qi and Blood are Deficient, or in the specific case of mitral-valve prolapse, the left distal pulse may have a smooth vibration or may be slippery.

Hammer makes the point that prescription medications, in general, often make the pulse more uniform, or tense and subtly suppressed, obliterating both gross and subtle messages. Meantime these pharmaceuticals tend to strain and, in time, exhaust the Liver, Heart, and Kidneys, leading to a sequential lack of control over Yang energies, and eventually to Qi wild. Given that anxiolytics give rise to further Liver Qi Stagnation and Yin Deficiency, these agents' use is likely to be associated with further development of a thin or empty and slightly rapid pulse, albeit with some drug-induced stabilization or uniformity of rate and rhythm. Such changes have certainly been borne out by the current author's observations.

THE EXISTENTIAL SPLIT

Perhaps both conventional medicine and TCM miss the real root of anxiety. On the one hand, the limitations of the

conventional biochemical approach are evident in the fact that all drug approaches give rise sequentially to tolerance, dependence, and addiction. On the other hand, the TCM view that Liver Qi is the root, misses the point that Qi Stagnation itself arises from an even deeper source. As the dominant Western pattern, Liver Qi Stagnation is arguably the “trunk” of the anxiety “tree,” but the “root” must lie in whatever gives rise to that pattern. This is something that is rarely considered, because it arises out of a worldview that is so fundamental it might be considered a basic feature, “tint,” in the collective consciousness.

That tint has been called the Primary Existential Split (which is explained briefly below).²⁷ So ubiquitous is this split that it is rarely considered in medicine at all, let alone with reference to anxiety. However acupuncturists can ill afford to ignore its implications, particularly if these practitioners want to help patients discontinue benzodiazepines.

To briefly summarize, the Primary Existential Split leads to the erroneous assumption that humans are separate and alienated beings, somehow divorced from the whole, an assumption that encourages the ego to make decisions that interfere with the natural flow of Qi. The striving for individualism—the notion of the “self-made” person—can be both separating and anxiety provoking, and is mirrored in Genesis as human beings being thrown out of the paradisiacal garden. It is perhaps tempting to think that Noah’s penchant for wine might have been engendered by this same mechanism. The point is that, without such alienation, existential anxiety would be less intense because there would be less inclination to interfere with the natural flow of original energy.

Compare this to the Taoist view, in which human beings are not thrown out of anything but are rather very much part and parcel of the universe. In this view, which is the philosophical basis of CM, after Yin and Yang emerge from the Tao, the *Chong Qi* mediates the smooth flow of energy between the two archetypal poles. By taking the place of the *Chong Qi*, the human being becomes positioned to mediate the smooth flow of Qi between Yin and Yang.²⁸ In acupuncture philosophy, the human being is very much involved in the cosmos, and therefore has less reason to worry habitually.

ACUPUNCTURE

Acupuncture theory suggests many points to calm anxiety, such as HT 7 (*Shenmen*), PC 6 (*Neiguan*), BL 14 (*Jueyinshu*), BL 15 (*Xinshu*), and CV 17 (*Shanzhong*), and to reduce Liver Qi Stagnation, such as LR 3 (*Taichong*) and LI 4 (*Hegu*). Oftentimes, these points are used as part of a more general treatment, to induce a sense of calm. However, because anxiety is a common aspect of many syndrome complexes, treating the putative imbalance rather than focusing specifically on the anxiety is often the better ap-

TABLE 3. TRANSMITTING/RECEIVING STRATEGY FOR ANXIETY

Distal	Pin Yin	Local	Pin Yin	GV	Pin Yin
BL 66	<i>Tonggu</i>	BL 2	<i>Zanzhu</i>	GV 24.5	<i>Yintang</i>
GB 43	<i>Xiaxi</i>	GB 4	<i>Hanyan</i>	GV 20	<i>Baihui</i>
SI 2	<i>Qianggu</i>	SI 19	<i>Tinggong</i>	—	—
TH 2	<i>Yemen</i>	TH 22	<i>Erheliao</i>	—	—
ST44	<i>Neiting</i>	ST 8	<i>Touwei</i>	—	—
LI 2	<i>Erjian</i>	LI 20	<i>Yingxiang</i>	—	—

proach. That said, a few specific protocols are described below.

Jarrett has proposed a method of reducing anxiety by using transmitting and receiving points, combined with related points on the head.²⁹ The protocol uses BL 66 (the Water point on the *Tai Yang* Water meridian related to the nervous system) as the transmitting point, and pairs this point with a receiving Water point on the Yang meridian related to constitutional type (CT). To these points are added a head point on the same CT Yang meridian, and the extra points *Yintang* (GV 24.5) and GV 20 (Table 3). The needles are left un-manipulated for 20–40 minutes.

Another useful approach for anxiety utilizes a 5-Phase analysis, followed by tonifying/sedating the various influential sectors, as described by Helms.³⁰ In this view, anxiety represents adrenergic activity in the *Jue Yin* Liver, while insomnia represents an Excess in the Pericardium and Heart (Fig. 1).

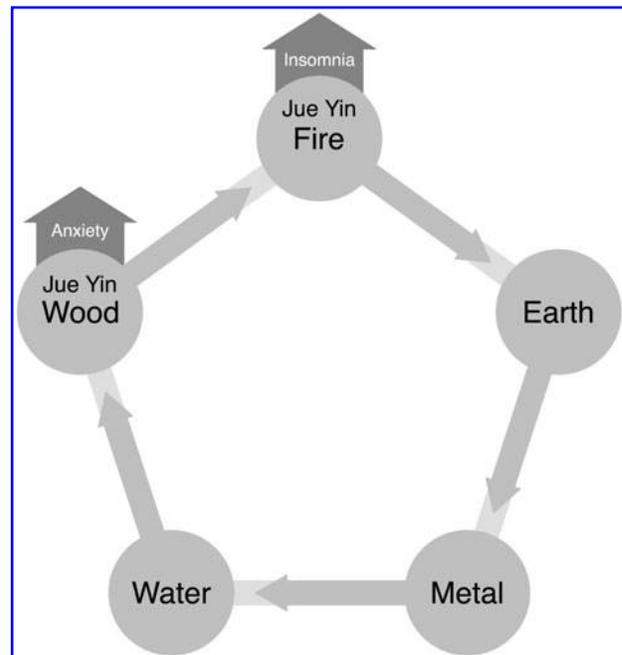


FIG. 1. Increase in *Jue Yin* aspect of Wood/Fire elements in anxiety and insomnia. Graphic by RichardGreenwood, BFA, MA. Used with permission.

Treatment is aimed to reduce the excess in the *Jue Yin* East (Wood), *Jue Yin* South and *Shao Yin* South (Fire) by tonifying the operators in the *Yang Ming* West (Metal) and *Shao Yin* North (Water). Helms suggests needling LI 10 (*Shousanli*) or LI 11 (*Quchi*), and ST 36 (*Tsusanli*), attaching the black lead to LI 10, attaching the red lead to ST 36, decussating the leads, and running a low frequency (2–8 Hertz) current between the two leads. In similar fashion, the Excess in the South can be reduced by tonifying the operator in the North with a low-frequency current from KI 6 (*Zhaohai*) → KI 10 (*Yingu*). Meanwhile, the Excesses in the East and South can be reduced directly with LR 2 (*Xingjian*), PC 8 (*Laogong*) and HT 7 (*Shenmen*) See Table 4.

Yet a third approach to anxiety involves the use of the National Acupuncture Detoxification Association (NADA) protocol or other similar protocols on the ears.³¹ First systematized by Smith working at the Lincoln Hospital in New York in the 1970s, the NADA protocol utilizes a series of points including *Shenmen*, *Sympatheticus*, *Liver*, *Lung* and *Kidney* (Fig. 2).^{32,33} Although the treatments have been used most often in the context of drug addiction, a few ear points can easily be added during the course of a regular acupuncture session to augment and prolong the effect of a full-body treatment.

TRANSFORMATIONAL INTENT

While the above protocols can all relieve anxiety in at the moment, a more long-term solution generally requires a deeper philosophical shift. For that, patients need to fundamentally reorient and transform their relationship with original energy (*Yuan Qi*). This is because the ego habitually associates allowing the free flow of Qi with negative outcomes. Consequently, for the ego, each day is an anxiety-provoking struggle to stay in control. To counter this tendency, repeated experiences of original energy flow with positive outcomes are crucial. Direct experience can bypass the ego's resistance, and positive outcomes can encourage the ego to reevaluate its habitually negative perspective.

With regard to acupuncture, nothing needs change in terms of choice of points, but intention should be redirected from symptom avoidance to symptom exploration.³⁴ The

TABLE 4. 5-PHASE OPERATOR STRATEGIES FOR ANXIETY

Approach	Points (electrode)	Frequency
↑ <i>Yang Ming</i> West	LI 10 (Black) → ST 36 (red) cross-sides	Low frequency 2–5 Hertz
↑ <i>Shao Yin</i> North	KI 3 (Black) → KI 12 (red)	Low frequency 2–5 Hertz
↓ <i>Jue Yin</i> East, South	LR 2, MH 8	
↓ <i>Shao Yin</i> South	HT 7	

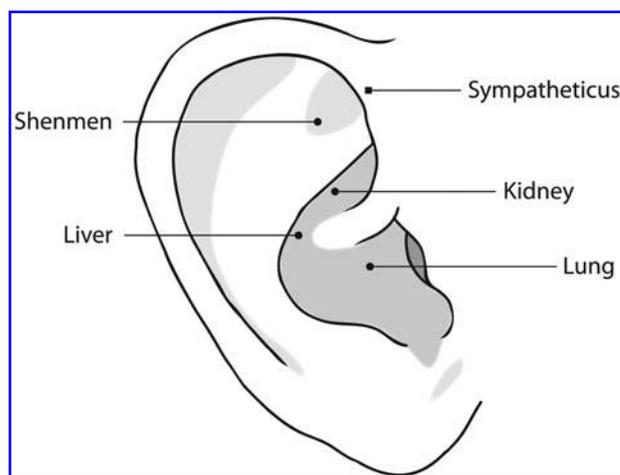


FIG. 2. The National Acupuncture Detoxification Association protocol. Graphic by Richard Greenwood, BFA, MA. Used with permission.

aim is to facilitate an experience of ego-surrender to any habitually shunned experience, so that the *Yuan Qi* can flow unimpeded in a safe context, in turn, giving rise to a positive outcome. When this happens, it is often immediately clear that something quite different is occurring. Patients seem to enter an expanded state of consciousness, at which point, they may volunteer that a “fog” has lifted from their minds and that they truly understand why they are unwell. It can be a pivotal moment, beautifully described in 5-Phase terminology as traversal through the Mysterious Path or the Golden Gate.³⁵ Of course, one such experience is rarely enough to achieve long-lasting results, but repeat traversals with stage-appropriate explanations can gradually engender a less anxiety-prone attitudinal stability.

Given that no specific points are required to optimize intent, practitioners can utilize whatever acupuncture knowledge they already have, supplemented perhaps, by Heart-centering practices engaged prior to entering the treatment room.³⁶

ILLUSTRATIVE CASES

Case 1

A 30-year-old Earth CT airline stewardess initially started taking lorazepam for flight anxiety. However, she had traveled a lot of air miles with her job, and so, her use of lorazepam gradually increased. Despite being warned of the risks, she felt she was immune to the medication's addictive potential, because she only “used it for a good reason,” and, as her habit escalated, she remained largely oblivious to the consequences.

When she finally realized she was in trouble, she had anxiety, fatigue, myalgias, insomnia, and various food sensitivities typical of an Earth CT. Acupuncture involved,

among other things, 5-Phase operator treatments and Yang Ming Triangle balancing as described by Helms,³⁰ Spirit-calming points such as PC 6, HT 7, BL 14 and 15, and CV 17; ear acupuncture points such as the NADA protocol; and herbal decoctions such as Ease Plus (Health Concerns: www.healthconcerns.com). At the same time, she was switched to diazepam and the dosage was reduced by 1 mg weekly until she was clear. Although this case had a good outcome, it actually took many months and a new job before this patient was able to discontinue the drugs completely.

Case 2

A 22-year-old Fire CT who worked as a dental technician in a free clinic for street people, presented with situational anxiety, stemming from work and family stresses. While being dismissive of people who were “strung out on drugs,” she simultaneously requested lorazepam for herself. When the contradiction was pointed out, she inquired about other approaches and expressed an interest in a more experiential exploration. Acupuncture was initiated using points such as PC 6 to open the Heart, and Spirit-calming points such as HT 7 and CV 17, while she was encouraged to move toward the anxiety. Within moments of inserting the first needle, she began a fine myoclonic shaking and started to cry, after which she felt relaxed for the first time in many months. In time, she became able to initiate the vibrational release with breathing techniques on her own. In this way, she learned to transform her Liver Qi Stagnation, and, as a result, over a period of 4 months, was able to discontinue anxiolytics altogether.

Case 3

An 80-year-old woman presented with disabling anxiety and insomnia. She had been taking lorazepam for several years, together with clonazepam for restless legs, and mirtazapine for insomnia. Although each drug helped in the short term, as time went on, she became increasingly anxious and concerned with minor complaints, typical of elderly patients who are developing Yin Deficiency and Empty Fire. Acupuncture focused on tonifying the Yang Ming West and the Shao Yin North with LI 11 → ST 36 and KI 6 → 10, supplemented by various ear points and philosophical discussions of the meaning of existential anxiety. Over a period of a year, she was able to stop all medications and resume a normal sleep pattern.

Case 4

The following case illustrates the potential of acupuncture to obviate the need to initiate benzodiazepines in the first place. A 42-year woman presented with anxiety and insomnia, together with a sensation of swelling in the throat and difficulty swallowing (globus hystericus or plum-pit throat). She and her husband and 4 children were in Canada on his temporary work visa, when he lost his job, plunging

her into several situational stressors simultaneously. Trials of temazepam, lorazepam, zopiclone, and trazodone were not helpful and she requested interactive acupuncture. During the initial intake, she volunteered that she felt disconnected and torn apart in the middle of her body. Such a clear rendering of the Water–Fire axis suggested Stagnant Qi in the Wood sector, with a diaphragmatic or *Dai Mai* involvement. Acupuncture was initiated at GB 41 (*Zulinqi*), TH 5 (*Waiguan*) and LR 3 to open the *Dai Mai* and *Shao Yang–Jue Yin* circuit, while she was encouraged to breathe and express her angst. Diaphragm trigger points were located and needled at LR 13 (*Zhangmen*), LR 14 (*Qimen*), GB 26 (*Daimai*), and BL 18 (*Ganshu*). This opened the flow of original energy, and, after some, “noise and fury,” led directly to a calm and peaceful Heart-centered state. After three once-weekly treatments her plum-pit throat resolved and her anxiety did not return.

DISCUSSION

Like straw on a weakened camel’s back, individual life stressors sit atop deeper existential issues. These deeper tendencies frequently surface in the course of weaning from anxiolytics, and can stall the process with bumps and hitches.

It is therefore important to distinguish at least two fundamental aspects of anxiety: situational (straw) and existential (weakened back). In the first, that of a stressful life event, anxiolytics certainly have a place. For example, in times of shock, grief or loss, the judicious use of medications can provide a life-saving “raft” to help someone navigate life’s rough waters. CM would regard this kind of anxiety as a temporary exacerbation of *Jue Yin* in the Wood and Fire sectors.

In the second type, anxiety is existential in nature and points to the original separation of Yin and Yang, prior to the emergence of the 5-Elements. CM would regard such anxiety as a taste of original Qi, albeit negatively framed and somewhat contained. This type of anxiety arises from out of the *Tao* as an unavoidable aspect of the sense of a separate existence. It is not situational and, therefore, does not go away with the passage of time; it is, rather, a permanent background to life, the interactive tension between Yin and Yang. Anxiolytics used to suppress such energy simply prevent access to the Heart center, which, in turn, blocks the user from ever coming to terms with life, the *Tao*, or the great mystery of existence. There can be few greater tragedies than this.

Unfortunately, these two splits and their associated anxiety are frequently confused. As a result, while benzodiazepines may be initiated for situational reasons, the drugs are often continued because they appear to alleviate the discomfort arising from its deeper existential root. Herein lies the hidden difficulty that the acupuncture process is uniquely positioned to expose.

CONCLUSIONS

Benzodiazepines are no doubt here to stay; and, although they have their place, unfortunately, dependence and side-effects have become major issues. Few practitioners would argue that freeing patients from such consequences would be beneficial.

For some patients, acupuncture can be a great adjunct to the withdrawal process. The usual strategy of gradual dose reduction is fine as far as it goes, but it can prove to be bumpy when the inevitable existential issues arise. Acupuncture can be used not only to relieve anxiety in the moment, but, when combined with intention, can facilitate long-term transformation and reframing.³⁴

For best results, prior to beginning a course of treatment it is worth asking patients to read the pertinent literature on benzodiazepines, and to familiarize themselves with withdrawal programs and their difficulties. Much has been written on this subject.³⁷ Once patients do the research to clarify their intents, most of the difficult work is done, and all the practitioner really has to do is provide encouragement and support. Point choices become easier too, as the act of needling changes into a symbolic expression of mutual intent.

In my experience, this whole approach has been remarkably rewarding. It may take a bit of time and patience in the beginning, but, in the long run, such patience pays off. I have seen many people relinquish their dependence, in turn, acquiring a deep sense of freedom and a more authentic sense of self.

ACKNOWLEDGMENTS

Graphics were designed by my son, Richard Greenwood, BFA, MA (website: www.richardgreenwood.ca).

DISCLOSURE STATEMENT

No competing financial interests exist.

REFERENCES

1. Longo LP, Johnson B. Addiction: Part I. Benzodiazepines—side effects, abuse risk and alternatives. *Am Fam Physician*. 2000;61(7):2121–2128.
2. Ashton CH. The History of Benzodiazepines: What the Textbooks May Not Tell You. 3rd Annual Benzodiazepine Conference, Bangor, ME, October 12, 2005. Online document at: www.psychmedaware.org/HistoryBenzodiazepines.html Accessed May 7, 2013.
3. Carlson, ET, Simpson MM. Opium as a tranquilizer. *Am J Psychiatry*. 1963;120:112–117.
4. López-Muñoz F, Ucha-Udabe R, Alamo C. The history of barbiturates a century after their clinical introduction. *Neuropsychiatr Dis Treat*. 2005;1(4):329–343.
5. Baeninger A. The benzodiazepine story. In: *Good Chemistry: The Life and Legacy of the Valium Inventor Leo Sternbach*. New York: McGraw-Hill; 2004:65–78.
6. Ashton CH. Adverse Effects of Prolonged Benzodiazepine Use. *Adv Drug Reaction Bull*. June 1986;118: Online document at: www.benzo.org.uk/adv.htm Accessed May 7, 2013.
7. Kripke DF, Langer RD, Kline LE. Hypnotics' association with mortality or cancer: A matched cohort study. *BMJ Open*. 2012;2(1):e000850.
8. Guidance on the Use of Zaleplon, Zolpidem and Zopiclone for the Short-Term Management of Insomnia. *National Institute for Clinical Excellence Technology Appraisal Guidance* 2004;77: Online document at: www.nice.org.uk/nicemedia/live/11530/32845/32845.pdf Accessed May 7, 2013.
9. Kripke DF. *The Dark Side of Sleeping Pills*. Free e-Book, rev. ed. February 2012: Online document at: www.darksideofsleepingpills.com/ Accessed May 7, 2013.
10. Huedo-Medina TB, Kirsch I, Middlemass J, Klonizakis M, Sirwardena AN. Effectiveness of non-benzodiazepine hypnotics in treatment of adult insomnia: Meta-analysis of data submitted to the Food and Drug Administration. *Br Med J*. 2012;345:e8343.
11. Ashton CH. Toxicity and adverse consequences of benzodiazepine use. *Psychiatric Ann*. 1995;25:158–165.
12. Pimlott NJ, Hux JE, Wilson LM, Kahan M, Li C, Rosser WW. Educating physicians to reduce benzodiazepine use by elderly patients: A randomized controlled trial. *CMAJ*. 2003;168(7):835–839.
13. Gray SL, Penninx BW, Blough DK, et al. Benzodiazepine use and physical performance in community-dwelling older women. *J Am Geriatr Soc*. 2003;51(11):1563–1570.
14. Eppley KR, Abrams AI, Shear J. Differential effects of relaxation techniques on trait anxiety: A meta-analysis. *J Clin Psychol*. 1989;45(6):957–974.
15. Zhiling W, Yuhong L, Hong L. Acupuncture treatment of generalised anxiety disorder. *J Tradit Chin Med*. 2006;26(3):170–171.
16. Wang SM, Kain ZN. Auricular acupuncture: A potential treatment for anxiety. *Anesth Analg*. 2001;92(2):548–553.
17. Flaws B. *A Liver-Based Protocol for the Treatment of Generalized Anxiety Disorder*. Blue Poppy Press; 2007. Online document at: <http://bluepoppy.com/cfwebstore/index.cfm/feature/32> Accessed May 7, 2013.
18. *Compendium of Pharmaceuticals and Specialties—The Canadian Drug Reference for Health Professionals*. Toronto: Webcom Ltd.; 2007.
19. Ashton CH. Chemical Imbalance: Interview with Barry Haslam, August 28, 2001. Online document at: www.benzo.org.uk/ashbarry.htm May 7, 2013.
20. Moynihan R, Cassels A. Doughnuts for doctors. In: *Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All into Patients*. Vancouver, British Columbia: Greystone Books; 2005:22–40.
21. Breggin P. Marketing myths and the truth about psychiatric medication. In: *Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide and Crime*. New York: St. Martin's Press; 2008:269–286.
22. Flaws B, Lake J. Anxiety disorder. In: *Chinese Medical Psychiatry: A Textbook and Clinical Manual*. Boulder: Blue Poppy Press; 2001:365–375.

23. Rosenberg Z. Treating patients on prescription drugs with Traditional Chinese Medicine. *Oriental Med.* 1994;3(3):41–46.
24. Rosenberg Z. A traditional medical view of pharmaceutical drugs. *Oriental Med.* 1994;3(4):33–38.
25. Sperber G, Flaws B. Drugs affecting the central nervous system. In: *Integrated Pharmacology: Combining Modern Pharmacology with Chinese Medicine*. Boulder: Blue Poppy Press; 2007:353–354.
26. Hammer L. *Chinese Pulse Diagnosis: A Contemporary Approach*. Vista, CA; Eastland Press; 2001.
27. Greenwood MT. Splits in Western consciousness, from an acupuncture perspective. *Med Acupuncture.* 1999;11(2):11–16.
28. Jarrett L. Constitutional type and the internal tradition of Chinese Medicine—part I: The ontogeny of life. *Am J Acup.* 1993;21(1):19–32.
29. Jarrett LS. Calming the mind. In: *The Clinical Practice of Chinese Medicine*. Stockbridge, MA: Spirit Path Press; 2003:118–121.
30. Helms JM. Energetics of living systems: Energetic equilibrium treatments. In: *Acupuncture Energetics—a Clinical Approach for Physicians*. Berkeley: Medical Acupuncture Publishers; 1995:579–643.
31. Dupuis C. Auricular Acupuncture Addiction and Detoxification Treatments. Yin Yang House; June 3, 2006. Online document at: www.yingyanghouse.com/theory/auricular/nada_detox_protocol Accessed May 7, 2013.
32. Smith M. Acupuncture and natural healing in drug detoxification. *Am J Acup.* 1979;7(2):97–106.
33. Smith MO, Squires R, Aponte J, et al. Acupuncture in the treatment of drug addiction and alcohol abuse. *Am J Acup.* 1982;10(2):161–163.
34. Greenwood MT. Intention—needles without needles. *Med Acupunct.* 1999;11(1):17–23.
35. Greenwood MT. Shifting a paradigm with acupuncture: 5-Phases and the mysterious path. *J Aust Med Acupunct Coll.* 2006;22(1):5–16.
36. Greenwood MT. Accumulation/depletion syndrome: The energetic root of stress and burnout. *Med Acupunct.* 2005;16(3):19–23.
37. Ashton CH. The Ashton Manual, Benzodiazepines: How They Work and How to Withdraw. 1999–2008. Online document at: www.benzo.org.uk/manual/index.htm Accessed May 7, 2013.

Address correspondence to:
Michael T. Greenwood MB, BChir (MD),
FCFP, CAFCI, FAAMA
103–284 Helmcken Road
Victoria, British Columbia. V9B 1T2
Canada
E-mail: michaeltgreenwood@shaw.ca