Acupuncture Beats Drug For Sleep

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Acupuncture benefits sleep and reduces insomnia. Researchers conducted a single-blinded, randomized, placebo-controlled investigation comparing acupuncture with sham acupuncture and estazolam, a benzodiazepine medication. True (verum) acupuncture produced significantly



superior patient outcomes for insomnia patients including improvements in sleep quality and total sleep time.

A two month follow-up to the treatment regime demonstrates that acupuncture is superior to sham acupuncture and estazolam for the improvement of sleep quality. True acupuncture also produced superior clinical results for sleep efficiency and daytime functioning. Acupuncture improved daytime functioning including: fatigue reduction, reduced sleepiness, increased alertness and concentration, reduced mood disturbances.

The researchers adhered to Traditional Chinese

Medicine (TCM) manual acupuncture techniques and attribute the positive patient outcomes to following traditional treatment protocol guidelines. According to TCM principles, de qi is an indication of the effectiveness of acupuncture. The research team ensured that de qi was achieved at most of the acupuncture points. De qi is often subjectively reported as fullness or a radiating sensation felt at acupuncture points during needling. It is also reported as a tugging or pulling motion by acupuncturists applying the needles. The researchers note that de qi was achieved at 85% of the acupuncture points and that this may have been the reason for the effectiveness of the acupuncture.

Reporting on TCM theory concerning healthy sleep, the researchers note that sleep is regarded as a cycle. There is an energetic daytime functioning of individuals and a restful nocturnal sleep portion of the cycle. If the cycle is broken, there may be low spiritedness in the daytime and hyperarousal states in the nighttime. The function of acupuncture is to restore the normal cycle. Acupuncture points used in the study were classically based selections from TCM:

- Shenting (DU24)
- Sishencong (EX-HN1)
- Baihui (DU20)
- Shenmen (HT7)
- Sanyinjiao (SP6)

Acupuncture not only restored nighttime sleep but also improved daytime energetics. In contrast, patients in the estazolam medication group experienced adverse effects. This included

daytime sleepiness that typically ceased by midday. The researchers note, "The trial implied that verum acupuncture was superior in improving sleep quality and daytime functioning of primary insomnia compared with estazolam and sham acupuncture." The researchers also note that true acupuncture increased total sleep time and "improved sleep quality (SQ) and vitality (VT), decreased daytime dysfunction (DD) and sleepiness (ESS score)."

A related insomnia study had similar conclusions. Researchers compared acupuncture combined with herbal medicine to estazolam intake. Acupuncture combined with herbs demonstrated significantly superior patient outcomes to the medication group. In addition, estazolam produced serious adverse effects including headaches, fatigue, dry mouth and dizziness. Acupuncture did not produce any serious adverse effects.

The herbal medicine used in the study was the herbal formula Shen Zao An Shen Tang. The acupuncture points used in the study were:

- Shenmen (HT7)
- Sanyinjiao (SP6)
- Sishencong (EX-HN1)
- Shenting (DU24)
- Fengchi (GB20)
- Xinshu (BL15)
- Pishu (BL20)
- Neiguan (PC6)
- Zusanli (ST36)
- Zhaohai (KI6)

A total of 54.8% of the acupuncture plus herbal

medicine patients completely recovered and another

35.5% demonstrated significant improvements. The estazolam group had a 32.3% recovery rate and another 22.5% demonstrated significant improvements. The failure rate of the acupuncture plus herbs group was 3.2% and the failure rate of the estazolam group was 25.8%. This study was similar to the aforementioned research in acupuncture point selection. Both investigations used the following acupuncture points:

- Shenmen (HT7)
- Sanyinjiao (SP6)
- Sishencong (EX-HN1)
- Shenting (DU24)

Another research team investigated insomnia due to depression. Acupuncture points DU20 (Baihui) and Yintang were used on all patients in the study. One group of patients received additional acupuncture needling at:

- Lieque (LU7)
- Zhaohai (KI6)
- Xinshu (UB15)



Another group of patients received additional acupuncture needling at Si Guan (LI4, LV3). Both groups demonstrated significant reductions in insomnia but the LU7, KI6, UB15 group demonstrated the most improvement.

References:

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