

Acupuncture Beats Drugs For Insomnia Relief

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Researchers find acupuncture more effective than drugs for the treatment of insomnia. Zhejiang Chinese Medical University researchers conducted a controlled clinical trial and determined that acupuncture is more effective for the treatment of insomnia than a powerful nonbenzodiazepine hypnotic drug, zopiclone. Although zopiclone is not legal for use in the USA, a drug with an identical molecular formula and sequence of bonded atoms is available by prescription in the USA, that stereoisomer is

eszopiclone (brand name Lunesta). Acupuncture outperformed zopiclone with a 92.9% total effective rate. Zopiclone had a 67.9% total effective rate. [1]

A separate study conducted by Yuexiu District Second Hospital of Traditional Chinese Medicine researchers finds acupuncture more effective than a benzodiazepine, estazolam. The drug is a triazolobenzodiazepine hypnotic agent taken for sleep disorders. Acupuncture achieved a total effective rate of 92.5% and estazolam achieved a 67.5% total effective rate. [2]

In another investigation, Hangzhou Hospital of Traditional Chinese Medicine researchers determined that auriculotherapy (also known as ear acupuncture or auriculoacupuncture) is an effective acupuncture microsystem for the treatment of insomnia. [3] The researchers concluded that the application of press tack needles on ear acupoints is an effective treatment modality for insomnia patients. In addition, researchers from Beijing Tongzhou Maternal and Child Health Care Hospital Children's Health Care Center conclude that a combination of body style acupuncture and auriculotherapy is effective for the treatment of insomnia. [4] Let's take a close look at the results.

Design

A total of 54 patients were selected between March 2016 and July 2017. They were randomly divided into an acupuncture treatment group and an estazolam control group. The treatment group included 10 males and 17 females with an average age of 53 ± 18 years (range 22–75 years of age). The group suffered from insomnia for an average duration of 65.55 ± 59.65 months (range 2–240 months). The control group included 12 males and 15 females with an average age of 50 ± 12 years (range 25–71 years of age). The group suffered from insomnia for an average duration of 73.80 ± 69.17 months (range 5–264 months). Statistical analysis of the profiles and case histories of patients in both groups (age, gender, duration of insomnia) showed no significant difference ($P > 0.05$).

Diagnostic Criteria

Patients were diagnosed based on the standards listed in China Classification and Diagnostic Criteria for

Mental Disorders. Symptoms of insomnia include difficulty falling and staying asleep, waking up during the night, waking up too early, having trouble going back to sleep, daytime sleepiness, fatigue, drowsiness, etc. For this classification of insomnia, it occurs at least 3 times a week over a period of more than 1 month, and sleep deprivation reduces capability of attention and concentration leading to disruption of normal work or social activities.

Sleep disorders caused by physical illness or mental disorders do not meet the criteria and patients with this type of secondary insomnia are excluded from the study. In addition, pregnant or lactating patients were excluded from the study.

Acupuncture Treatment

Patients in the treatment group underwent a combination of conventional body style acupuncture and auriculotherapy. For body style acupuncture, routine disinfection of the local skin was applied followed by the application of acupuncture needles (disposable 0.25 mm × 25–50 mm). The following acupoints were applied:

- Baihui GV20 (Hundred Meetings)
- Xinshu BL15 (Heart Shu)
- Neiguan PC6 (Inner Pass)
- Shenmen HT7 (Spirit Gate)
- Zusanli ST36 (Leg Three Miles)

Acupuncture Techniques

For the Baihui GV20 acupoint, the needle was inserted obliquely, forming a 30° angle with the skin surface, with a depth of insertion ranging from 5–25 mm. For Xinshu BL15, the needle formed a 45° angle with the skin surface towards the spine, with a depth of 15–20 mm. Needles were inserted perpendicularly at the remaining acupoints. The twisting and reinforcing method was used at Baihui GV20, Neiguan PC6, and Shenmen HT7. Needles were then left in position for 30 minutes and manipulated every 10 minutes. Treatment was administered three times a week (Monday, Wednesday, Friday) over a course of 4 weeks for a total of 12 acupuncture treatment sessions.

Auriculotherapy

Auricular acupuncture was administered with 0.20 × 0.8 mm Hwato brand sterile disposable press needles (Suzhou Medical Products Co., Ltd.) after routine disinfection of the outer ear. The ear acupuncture point were as follows:

- Shenmen HT7 (Spirit Gate)
- Jiaogan AH6a (Sympathetic)
- Xin (Heart)
- Nao (Brain)
- Neifenmi (Endocrine)

Press needles were inserted at the auricular acupoints and adhesive tape was applied to keep them in place. Press needles were then left in place for 24 hours after each session. Patients were instructed to press on the specific points 3 times a day for 2 minutes each, until soreness and tingling sensations were experienced. Treatment was administered three times a week (Tuesday, Thursday, Saturday) over the course of 4 weeks for a total of 12 acupuncture treatment sessions.

Drug Control

Patients in the control group were given estazolam tablets (Beijing Yimin Pharmaceutical Co., Ltd., 1 mg/tablet). One to two tablets were administered orally, thirty minutes before bedtime, on a daily basis, over a period of four weeks.

Observation and Analysis

The Pittsburgh Sleep Quality Index (PSQI) was used to assess the efficacy of the treatment using seven components: subjective sleep quality, sleep latency (i.e., how long it takes to fall asleep), sleep duration, habitual sleep efficiency (i.e., the percentage of time in bed that one is asleep), sleep disturbances, use of sleeping medications, and daytime dysfunction. Each component was weighted on a 0–3 interval scale. The global PSQI score was then calculated by adding the seven component scores, providing an overall score ranging from 0–21, where lower scores denote a healthier sleep quality. Pre and post-treatment PSQI scores were taken for comparison between the two groups. Statistical analysis was performed using the SPSS 11.0 statistical software. Comparison using paired sample t-test data from pre and post-treatment scores, as well as independent sample t-test data, showed that the difference was statistically significant ($P < 0.05$).

Results

There was significant difference in the post-treatment PSQI scores between the two groups ($P < 0.01$). There were also significant differences in sleep quality, use of sleeping medications, and sleep duration between the two groups ($P < 0.01$), while no significant differences were found for sleep latency, sleep efficiency, sleep disturbances, and daytime dysfunction ($P > 0.05$).

As for the pre-treatment PSQI scores, no significant differences were found between the two groups ($P > 0.05$). However, the rate of reduction in post-treatment PSQI scores of the acupuncture treatment group ($P < 0.01$) as well as that of each evaluating component were statistically significant ($P < 0.01$, $P < 0.05$). The rate of reduction in post-treatment vs. pre-treatment PSQI scores of the drug control group ($P < 0.05$), as well as that of sleep quality, sleep latency, sleep duration factors were statistically significant ($P < 0.01$, $P < 0.05$). The increment rate of the sleep medication factor was also found to be statistically significant in post vs. pre-treatment scores. The other factors, namely sleep efficiency, sleep disorders, and daytime dysfunction showed no significant difference ($P > 0.05$).

According to Traditional Chinese Medicine (TCM), insomnia is termed Bu Mei or Bu De Wo (sleeplessness). The researchers determined that acupuncture provided significant clinical advantages over estazolam for the treatment of insomnia in their investigation. They conclude that acupuncture offers a holistic approach towards the improvement of sleep quality and sleep duration and is an effective alternative for the clinical treatment of insomnia.

References

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