

Acupuncture & Herbs Outperform Sleep Drug

Published by [HealthCMI](#) on 15 December 2014.



Acupuncture combined with herbal medicine improves sleep. Patients suffering from insomnia underwent a study comparing acupuncture plus herbs with the drug estazolam. The acupuncture plus herbs group obtained a “significantly better overall effective rate” than the estazolam group. Patients in the acupuncture plus herbs group enjoyed a 96.8% total effective rate compared with the estazolam group receiving a 74.2% total effective rate.

Estazolam is a benzodiazepine. It is used in the treatment of insomnia and exerts its effective action by depressing the central nervous system. This induces drowsiness and assists in overcoming sleeplessness. The researchers found estazolam effective but it caused several adverse effects. Patients experienced headaches, fatigue, dry mouth and dizziness as a result of taking the drug.

Acupuncture combined with herbal medicine had significantly better patient outcomes than estazolam with no adverse effects. The researchers document that the acupuncture plus herbs “improve(s) the patients’ sleep quality....”

The acupuncture points used in the study were:

Sishencong (EX-HN1)
Shenting (GV24)
Fengchi (GB20)
Xinshu (BL15)
Pishu (BL20)
Shenmen (HT7)
Neiguan (PC6)
Zusanli (ST36)
Sanyinjiao (SP6)
Zhaohai (KI6)

The Traditional Chinese Medicine (TCM) herbal formula used in the study was Shen Zao An Shen Tang. The ingredients in this formula are:

Dang Shen (Radix Codonopsis)
Suan Zao Ren (Semen Ziziphi Spinosae)
Bai Zhu (Rhizoma Atractylodis Macrocephalae)

Huang Qi (Radix Astragali)
Fu Shen (Sclerotium Poriae Paradicis)
Yuan Zhi (Radix Polygalae)
Long Yan Rou (Arillus Longan)
Bai Zi Ren (Semen Platycladi)
Ye Jiao Teng (Caulis Polygoni Multiflori)
Fu Ling (Poria)
Dang Gui (Radix Angelicae Sinensis)
Chen Pi (Pericarpium Citri Reticulatae)
Cu Chai Hu (vinegar-processed Radix Bupleuri)
Yu Jin (Radix Curcumae)
Gan Cao (Radix et Rhizoma Glycyrrhizae)

The researchers defined a total clinical recovery as patients restored to normal sleep or having greater than 6 hours of sound and refreshing sleep per night. A marked improvement was defined as patients having better sleep quality with an increase of sleep time greater than 3 hours per night. A minor improvement was defined as sleep increased by less than 3 hours and a failure was defined as no improvement or worsening of the condition.

The acupuncture plus herbs group had a 54.8% total clinical recovery rate and the drug group had a 32.3% total clinical recovery rate. The acupuncture plus herbs group had a 35.5% marked improvement rate and the drug group had a 22.5% marked improvement rate. The failure rate for acupuncture plus herbs was 3.2% and the drug group failure rate was 25.8%.

A related study finds acupuncture successful in relieving insomnia caused by depression. Researchers tested 2 acupuncture point prescriptions for the treatment of insomnia caused by depression. Both point prescriptions included acupuncture points DU20 (Baihui) and Yintang. One group combined the aforementioned points with:

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

The other group was tested with DU20, Yintang, and the Si Guan (4 Gates/Bars) combination:

LI4 (Hegu)
LV3 (Taichong)



Each acupuncture point prescription was effective, however, the LU7, KI6, and UB15 combination was more effective. No adverse events were reported. As a result, the researchers conclude that the LU7, KI6, and UB15 combination is a better choice than the LI4 plus LV3 combination for the treatment of depression related insomnia when using DU20 and Yintang.

References:

Kou, Ji-you, Yan Wei, Xin Tong, and Long Yang. "Effect of combined acupuncture and Shen Zao An Shen Tang on sleep quality of insomnia patients due to deficiency of the heart and spleen." *Journal of Acupuncture and Tuina Science* 12, no. 2 (2014): 96-100.

Wen, Xiuyun, Qian Wu, Jingshu Du, and Wenbin Fu. "Effect of compatibility of Lie Que (LU7) and Zhao Hai (KI6) on insomnia caused by depression: a randomized controlled trial." *Biomedical Engineering and Environmental Engineering* 145 (2014): 227.