Acupuncture and Insomnia: A Report of 86 Cases

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Insomnia refers to nonorganic sleep and wakefulness disorder resulting from various mental or social factors. In mild cases, difficulty falling asleep or frequent waking during sleep may occur. In severe cases, sleeplessness throughout the night may occur, accompanied by anxiety, panic or depression. The incidence of insomnia (as an independent condition) is approximately 5%. The author has treated 86 cases with acupuncture. The report is now summarized as follows.

1 Clinical Data

1.1 Diagnostic criteria

This is based on the diagnostic criteria of insomnia stipulated in the Diagnostic and Therapeutic Effect Standard for TCM Diseases and Chinese Classification and Diagnostic Criteria of Mental Disorders, Version 3 (CCDM-3). Insomnia can be differentiated into five patterns in Chinese medicine, namely liver-qi stagnation transforming into fire, internal disturbance of phlegm-heat, excess fire due to yin deficiency, heart-spleen deficiency and heart-gallbladder qi deficiency.

1.2 Inclusion criteria

Consistent with the above standard; Sleep latency > 30 min; PSQI global score > 7; Aged from 18-60 years; Willing to participate in the study.

1.3 Exclusion criteria

Insomnia due to pain or excessive drinking and abuse or dependence of psychoactive substances; women during pregnancy or lactation; complication of severe organic or somatic conditions that may affect insomnia (chronic obstructive emphysema, apoplexy or mental disorders); and those who discontinue the participation or drop out.

1.4 General data

Of 86 cases, there were 37 males and 49 females, with an average of (50.2±7.4) years, a mean duration of (62.2±6.8) months, average sleep latency of (125.3±58.4) min, average sleep duration of (3.4±0.8) h and average PSQI score of 15.2±2.8.
2 Method

2.1 Treatment method
After one week of cleaning the medication prior to the treatment, the patients were prescribed *An Shen Bu Xin Wan* (Mind-calming & Heart-tonifying Pill), 15 pills each time, 3 times a day, coupled with acupuncture.

Major points: Baihui (GV 20), Sishencong (Ex-HN 1), Yintang (Ex-HN 3), Taiyang (Ex-HN 5), Fengchi (GB 20), Shenmen (HT 7), Neiguan (PC 6), Daling (PC 7), Xinshu (BL 15), Shendao (GV 11), Shenmai (BL 62) and Zhaohai (KI 6)

Modifications: For liver-qi stagnation transforming into fire, combine with Ganshu (BL 18), Geshu (BL 17) and Taichong (LR 3); For internal phlegm-heat, combine with Zhongwan (CV 12), Zusanli (ST 36), Gongsun (SP 4) and Neiting (ST 44); For excess fire due to yin deficiency, combine with Shenshu (BL 23), Taixi (KI 3) and Fuliu (KI 7); For heart-spleen deficiency, combine with Pishu (BL 20), Zusani (ST 36) and Sanyinjiao (SP 6); For heart-gallbladder qi deficiency, combine with Ganshu (BL 18), Geshu (BL 17) and Danshu (BL 19)

Method: Ask the patient to take a supine position and expose the treatment area, and puncture using needles of 0.35 mm in diameter and 25-40 mm in length, followed by lifting, thrusting and rotating manipulations. Apply reducing manipulation to Baihui (GV 20), Sishencong (Ex-HN 1), Yintang (Ex-HN 3), Taiyang (Ex-HN 5), Fengchi (GB 20), Shenmai (BL 62) and Daling (PC 7); apply reinforcing manipulation to Zhaohai (KI 6), Xinshu (BL 15), Shendao (GV 11) and Fuliu (KI 7); and apply even reinforcing-reducing manipulation to Shenmen (HT 7) and Neiguan (PC 6). Remove the needles from the above points and then ask the patient to take a prone position to puncture the points on the back using mild stimulation. Withdraw the needle immediately. The treatment was carried out once a day; 5 days make up one course of treatment. There was a 2-day interval between two treatment courses. The treatment effect was evaluated after 4 courses of treatment.

2.2 Follow-up
Outpatient treatment or telephone follow-up.

2.3 Statistical analysis
The measurement data was expressed with $\bar{x} \pm s$, using $t$ test.

3 Result

3.1 Therapeutic effect criteria
Clinical recovery: Normal sleep duration or more than 6 h, normal daytime function and absence of associated symptoms;
Improvement: Longer sleep duration or less than 3 additional hours of sleep and alleviated associated symptoms;
Failure: No improvement at all.

3.2 PSQI evaluation
Based on the relevant literature, the PSQI items were simplified into 6 factors, including subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, use of sleep medications and daytime physical function. Each component score ranges from 0 to 3. The component scores are summed to produce a global score (range of 0-18). The higher the score, the poorer the sleep.

3.3 Treatment result
After 4 courses of treatment, 53 cases resulted in clinical recovery, 29 cases had noticeable improvement and 4 cases had no improvement at all. The total effective rate was 95.3%. The PSQI global score was changed from (15.2±2.8) to (5.4±2.1), indicating a significant statistical difference ($P<0.01$).

4 Discussion
Insomnia is marked by insufficiency in sleep duration, efficiency and impaired daytime function. It is mainly caused by disorder of the brain excitation and inhibition. Insomnia can be primary or secondary. Primary insomnia is not directly associated with mental factors or somatic conditions, whereas secondary insomnia is associated with pain, metabolic disorder, organic conditions, anxiety or depression. Treatment options in Western medicine include medication, psychological counseling, regular physical exercise and mental relaxation. Medications can help to break the vicious cycle, relieve the patient’s panic or anxiety and reduce emotional or physiological wakefulness. The most