Clinical Observation on Acupuncture Treatment of Intractable Insomnia

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Objective: To observe the effects of acupuncture for treatment of intractable insomnia. Methods: Totally 90 patients were randomly divided into a treatment group (50 cases), treated by the body acupuncture plus auricular-plaster therapy, and a control group (40 cases), the Baihui (GV 20)-through-Sishencong (EX-HN1) puncture, auricular-plaster therapy and moxibustion on the back-shu points were not used in the control group. The clinical effects were observed. **Results:** The total effective rate was 98.0% in the treatment group and 77.5% in the control group. The therapeutic effect in the treatment group was much better than that in the control group (P<0.01). Conclusion: The body acupuncture plus auricular-plaster therapy may show better effect for intractable insomnia.

Key words: insomnia; acupuncture therapy; auricular-plaster therapy; warm-moxibustion on the back-shu points

The authors combined the body acupuncture with auricular-plaster therapy to treat insomnia from September 2003 to December 2004. A report follows.

CLINICAL MATERIALS

General Data

All the 90 cases in this series were outpatients. Of them, 42 cases were male and 48 cases female, with an age range from 18-75. They were randomly divided into a treatment group of 50 cases and a control group of 40 cases, and the general data were comparable between the two groups (P>0.05).

Criteria for Case Selection

The patients with two of the following symptoms lasting over 1 year were selected: 1) difficulty in falling asleep; 2) unsound sleep with frequent wakenings; 3) short sleep with early wakening; 4) dream-disturbed sleep all night; 5) no refreshing sensation after sleep. Those with somatic illness or mental disorders were excluded.

METHODS

For the Treatment Group

The patient was asked to lie in a supine position and relax the body naturally. The filiform needles 0.25 mm in diameter and 40 mm in length were used. The main acupoints: Baihui (GV 20)-through-Sishencong (EX-HN1), Baihui (GV 20) was obliquely punctured respectively in forward, backward, leftward and rightward directions to a depth of 0.5-1 cun. The adjunct acupoints: Neiguan (PC 6), Zusanli (ST 36), Sanyinjiao (SP 6), and Taixi (KI 3), etc. The twirling reinforcing-reducing method was applied after the arrival of qi with moderate stimulation. The needles were retained for 60 minutes and manipulated twice during the treatment. The treatment was given once a day for 3 courses, 10 sessions constituting one therapeutic course with a 3-day interval between courses. The optimum time for treatment was around 4 o'clock in the afternoon. The ear points for auricular-plaster therapy were Shenmen, Heart, Spleen, Kidney, Sympathetic and

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Subcortex with the seeds of Semen Vaccariae applied for pressing. 2–3 ear points were chosen on one side each time and pressed several times two hours before sleep at night. Indirect moxibustion with drug cake was performed at Xinshu (BL 15), Pishu (BL 20) and Shenshu (BL 23) for the patients with poor constitution.

For the Control Group

The Baihui (GV 20)-through-Sishencong (EX-HN1) puncture, auricular-plaster therapy and moxibustion on the back-*shu* points were not used in the control group. The patients were conventionally treated by acupuncture with the needles retained for 30 minutes,

and the treatment was arranged in the morning or in the afternoon with no special requirements.

Criteria for Therapeutic Effects

Cured: Sleep returned to normal with a daily sleeping time for about 7 hours, and all the accompanying symptoms disappeared. Markedly relieved: All the accompanying symptoms were markedly relieved, and the daily sleeping time was over 5 hours. Improved: Sleep was improved, and all the accompanying symptoms were relieved in varying degrees. Failed: No improvements after treatment.

RESULTS

The results of treatment see the Table 1.

Table 1. Therapeutic results in the two groups (case (%))

Group	Cases	Cured	Markedly relieved	Improved	Failed	Total effective rate (%)
Treatment	50	28 (56.0)	12 (24.0)	9 (18.0)	1 (2.0)	98.0
Control	40	12 (30.0)	8 (20.0)	11 (27.5)	9 (22.5)	77.5

As shown in the Table, the total effective rate was 98.0% in the treatment group and 77.5% in the control group. The therapeutic effect in the treatment group was much better than that in the control group $(\chi^2 = 7.49, P < 0.01)$.

ILLUSTRATIVE CASE

A female patient, 69 years old, had insomnia for 5 years with a sleeping time for 2–3 hours at night. The sleeping pills showed no effects. She came to the authors' clinic for treatment on March 10, 2004. She had difficulty in falling asleep at night, dream-disturbed with frequent wakenings. The accompanying symptoms and signs were palpitation, poor memory, sallow complexion, spiritlessness, dizziness, tinnitus, abdominal distention, loose stool, pale tongue proper with thin coating, and thready pulse.

Acupuncture plus auricular-plaster therapy as well as moxibustion at the back-*shu* points were applied. All the symptoms were obviously relieved after 15 treatments, and the patient was cured 3 months later.

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