

The Healthcare Medicine Institute presents

# Acupuncture For Insomnia

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# Acupuncture For Insomnia

## Introduction

This course highlights the treatment of insomnia with acupuncture and related modern research. We'll start with a straightforward Traditional Chinese Medicine overview prior to looking at the research. Note the acupuncture point prescription commonalities between studies. Therein, we find a recurrent set of acupuncture points proven effective for the treatment of insomnia. The goal of this course is to explore effective acupuncture treatments for insomnia and the scientific data supporting both ancient and modern approaches to patient care.

Although herbal medicine is covered in this course, this is added as extra material for participants but is not reflected in the quiz material. The herbal medicine information is not required reading and is only added for enrichment purposes. The focus of the course is acupuncture.

Insomnia is characterized by several common patterns:

- difficulty falling asleep
- waking up too early
- intermittent waking
- inability to fall back asleep after waking
- inability to have any sleep on a given night

## Comorbidity

Insomnia often presents with some or all of the following:

- headaches
- palpitations
- poor memory

- mental disorders (e.g., irritability, anxiety, depression)
- not feeling well rested
- daytime tiredness or sleepiness
- increased errors and accidents

## Causation

- Insomnia is associated with many medical conditions, hormonal changes, and adverse effects due to medication intake.
- Stress may lead to insomnia and may be due to concerns and worrying about the following: work, school, family, finances, health, and also post-traumatic stress disorder. In modern society, triggers include divorce, purchasing or losing a home, bankruptcy, loss of a job, workplace trauma, assault and battery, quitting smoking, and death of a loved one.
- Disruption of circadian rhythms often precipitates acute or chronic insomnia. For example, airplane travel across time zones and erratic or unhealthy work schedules disrupt the sleep-wake cycle.
- Poor sleep hygiene is a major contributor to the development of insomnia. This includes eating too late or a big meal late at night, excessive napping, habitual retiring to sleep too late, and stimulating activities prior to bedtime.



# Prevalent Acupoints

Sleep disturbances often involve the heart, spleen, liver, or kidneys. The following acupuncture point combinations are both common and effective for the treatment of insomnia. Let's start with a review of these common point combinations and then take a closer look at differential diagnostics and then findings from modern research.

## ***Sishencong (M-HN-1)***

Sishencong is translated as four alert spirit. These are the four points at the vertex of the scalp, located 1 cun anterior, posterior, and lateral to DU20. This set of points calms the spirit, pacifies wind, and benefits both the ears and eyes. Sishencong is effective for benefitting the brain and for the treatment of insomnia, headaches, vertigo, poor memory, and epilepsy.

## ***HT7, HT5, PC6, PC7, DU20***

**HT7 (Shenmen), HT5 (Tongli), PC6 (Neiguan), PC7 (Daling), DU20 (Baihui)**

This acupoint combination nourishes the heart and shen (spirit). This is a great treatment for insomnia, palpitations, or heart arrhythmias. This acupoint prescription is beneficial to patients wherein qi and blood deficiency creates insufficient nourishment to the heart. It is also beneficial to patients wherein sudden fright causes these indications. Notably, Prof. Shui Wae employed the use of this acupuncture point prescription in his clinical practice.

### *Indications*

- palpitations
- insomnia
- arrhythmias
- dizziness
- diminished vision
- dyspnea

- poor memory
- pale complexion
- excess worrying or anxiety
- fatigue
- weak pulse





## **HT7, SP6, KD3**

### **HT7 (Shenmen), SP6 (Sanyinjiao), KD3 (Taixi)**

In the book Acupuncture, A Comprehensive Text<sup>1</sup>, the aforementioned acupoints are recommended for the treatment of insomnia in a table entitled “Selected Points for Common Symptoms.” In addition, the same table recommends BL15 (Xinshu), HT7 (Shenmen), and LV3 (Taichong) for the treatment of excessive dreaming.



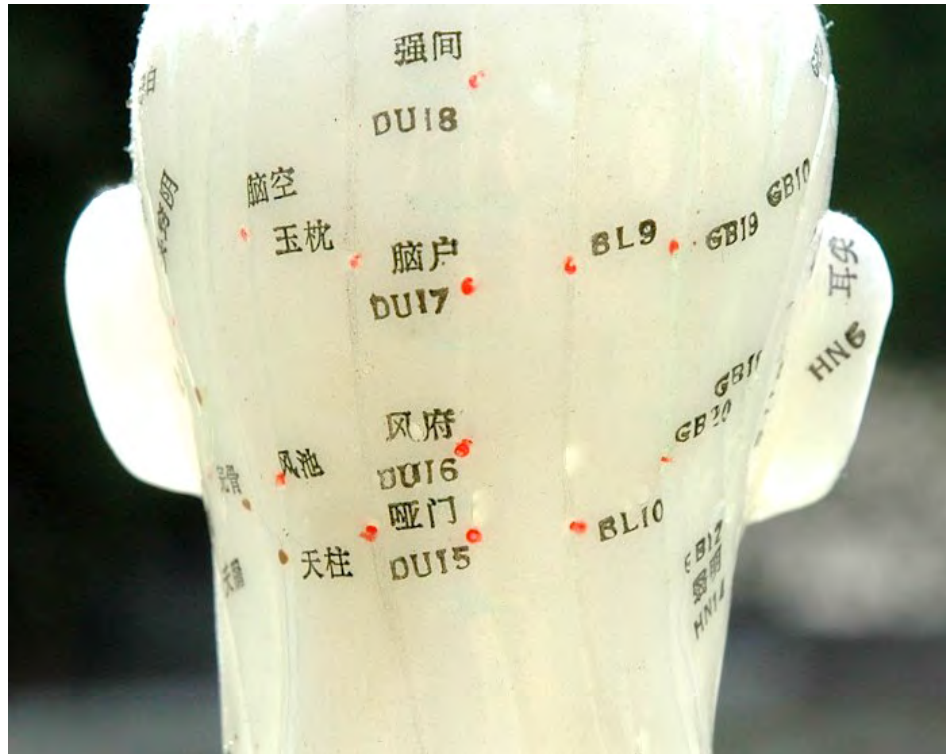
1. O'Connor, J., and D. Bensky. "Acupuncture: A Comprehensive Text, 1981.

## Yangqiao Channel

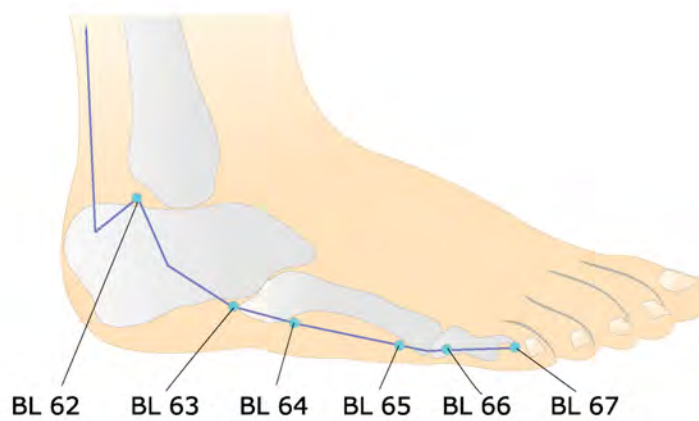
Insomnia is a Yangqiao channel related disorder. This channel is also known as the Yang Heel channel or the Yang Motility vessel. It is one of the 8 extra channels. The channel runs along the lateral aspect of the body, from the heel to the head. The channel terminates at the brain, giving it an important role in the treatment of insomnia, nervousness, and epilepsy.

### Course of the Channel

- The channel originates from BL62 (Shenmai) on the lateral aspect of the heel.
- It descends to BL61 (Pushen) and then ascends to BL59 (Fuyang) and then continues running upwards along the posterior border of the fibula to the lateral aspect of the thigh and runs through GB29 (Juliao) at the hip.
- The channel continues along the posterior aspect of the hypochondrium and runs through SI10 (Naoshu), LI15 (Jianyu), and LI16 (Juliao) at the shoulder.
- The channel then ascends along the neck to the face where the channel passes through ST4 (Dicang), ST3 (Juliao), and ST1 (Chengqi) until reaching BL1 (Jingming) at the inner canthus of the eye.
- At BL1, the Yangqiao channel meets the Yinqiao channel. The Yangqiao channel continues to ascend along the Bladder Foot-Taiyang channel to the forehead and continues across the side of the head until reaching GB20 (Fengchi).
- Next, the channel enters the brain at DU16 (Fengfu).



*DU16 (Fengfu)*



*BL62 (Shenmai)*

## Functions and Indications

The Yangqiao channel regulates motion of the lower limbs and is used for the treatment of hemiplegia, lower back pain, hip pain, and other functional disorders and muscle spasms along the course of the channel. The Yangqiao channel runs through BL1 (Jingming), at the inner canthus, and is used for the treatment of eye disorders. Together, the Yangqiao and Yinqiao channels regulate the opening and closing of the eyes.

As stated earlier, the Yangqiao channel ends by entering the brain. This lends to its usefulness for the treatment of insomnia, particularly in cases of excess when the pulse is wiry. One way to access the Yangqiao channel is to needle its confluent point, BL62 (Shenmai), which is located in the depression directly below the external malleolus.

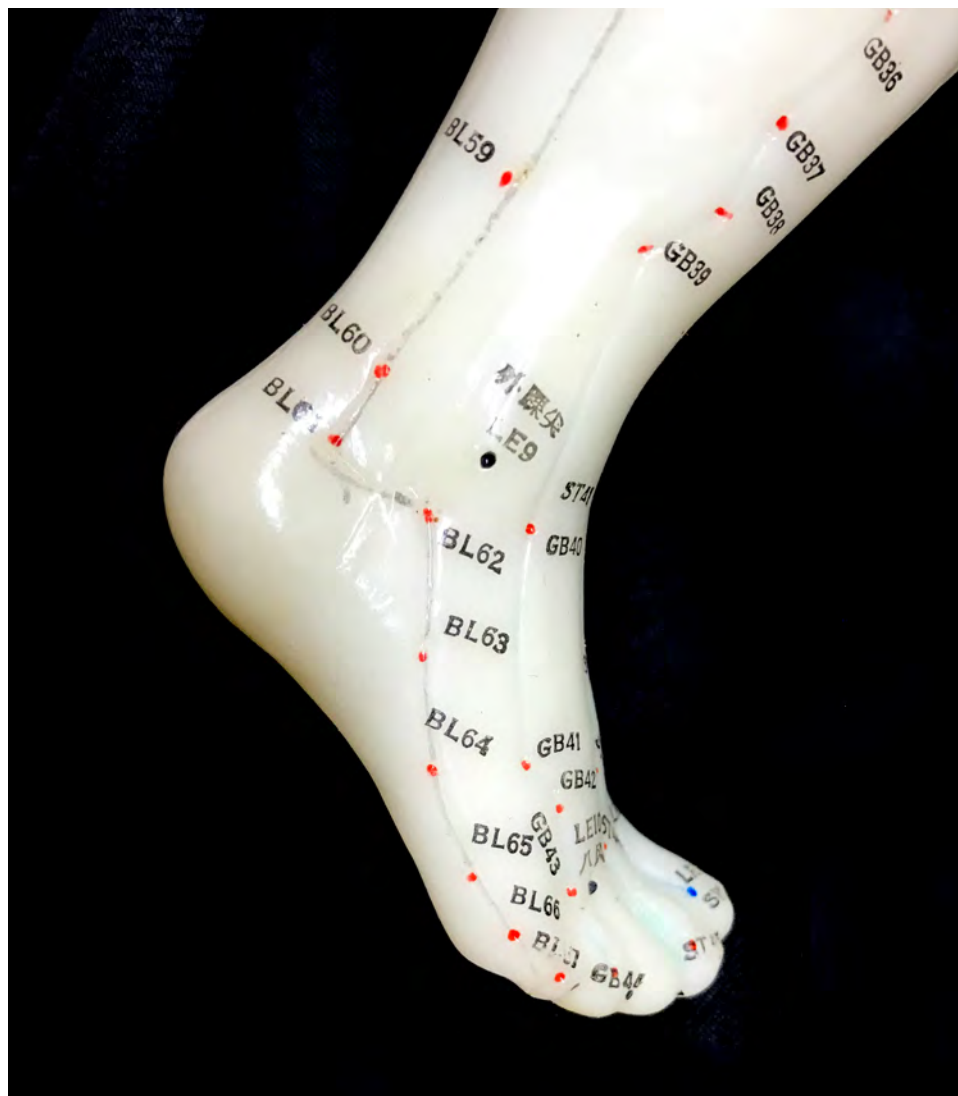
Confluent points are indicated for treatment of 8 extra channel related disorders and their related regular channels. BL62 is the confluent point that is classically paired with SI3 (Houxi), the confluent point of the Governing (Du) channel. Together, they are effective for the treatment of neck, shoulder, back, and inner canthus disorders. In addition, both BL62 and SI3 calm the spirit.

BL62 (Shenmai) is both the origin of the Yangqiao channel and the confluent point of the channel. BL62 is a Sun Si-Miao Ghost point. BL62 calms the spirit, benefits the head and eyes, regulates the Yangqiao channel, relaxes the muscle channels, quells internal wind, and expels exterior wind. BL62 is used for the treatment of insomnia, palpitations, mania, depression, fright, headaches, seizures, epilepsy, lower back pain, and neck pain.

The Yangqiao channel enters the brain at DU16 (Fengfu), which is a Sea of Marrow, Window of Heaven, and a Sun Si-miao Ghost point. This acupoint is significant for patients with insomnia because it calms the spirit. DU16 is located on the midline of the nape of the neck, in a depression below the external occipital protuberance. Safety note: deep perpendicular or superior oblique needling is never

applied because this acupoint is at the spinal canal. The point is correctly needled 0.5 – 1 cun perpendicularly and slightly inferiorly.

The Xi Cleft point of the Yangqiao channel, BL59 (Fuyang), is not specifically indicated for the treatment of insomnia across several classic texts. It is located 3 cun superior to BL60 (Kunlun), on the lower leg. BL59 benefits the lumbar region, legs, and ankles. BL59 is used for the treatment of headaches, lower back pain, inflammation of the ankles, and lower limb paralysis.



# Differential Diagnostics

Several major patterns lead to insomnia. We'll take a look at some of the most common patterns in this section, especially those involving the heart, spleen, liver, and kidneys. Next, we'll look at modern research and the acupuncture points confirmed effective for the treatment of sleep disturbances. We'll see in the modern research a validation of traditional acupuncture, micro-acupuncture (e.g., auricular, scalp, foot acupuncture), and extra points.



## **Heart and Spleen Deficiency**

According to Traditional Chinese Medicine, overwork and anxiety damage the heart and spleen qi and blood. Consequent lack of nourishment to the heart adversely affects the shen (spirit) and cognition.

### **Indications**

- insomnia, too easily wakes from sleep (light sleeper)
- dream disturbed sleep
- difficulty falling asleep
- poor memory, forgetfulness
- palpitations, shortness of breath
- excess sweating
- low energy (e.g., fatigue, exhaustion)
- poor appetite, loose stools, pale complexion
- excessive vaginal bleeding or spotting

### **Tongue**

pale, teethmarks, thin white coating

### **Pulse**

deep, weak, thready

### **Treatment Principle**

Tonify the heart and spleen

### **Acupuncture Points**

#### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a Shu-Stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels.

Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures, hypochondriac region pain, icteric sclera, five palms heat, and jaundice. Naturally, ear shenmen, located in the triangular fossa, is also a very important and useful point for the treatment of insomnia.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **Anmian (Extra Point: M-HN-54)**

Anmian is translated as peaceful sleep. This acupoint is located behind the ear, midway between GB20 (Fengchi) and TB17 (Yifeng). Anmian calms the spirit and pacifies the liver. Anmian is indicated for the treatment of insomnia, vertigo, headaches, tinnitus, hypertension, palpitations, mental restlessness, mental disorders, dizziness, and epilepsy.

### **PC6 (Neiguan)**

This point is 2 cun above the transverse wrist crease, on the line connecting PC3 and PC7, between the tendons of the palmaris longus and flexor carpi radialis. PC6 is the luo (connecting) point of the pericardium channel. It is the confluent point of the Yinwei vessel (Yin Linking Vessel). PC6 regulates the heart, calms the spirit, regulates qi, suppresses pain, and harmonizes the stomach. Common indications for use include: nausea, vomiting, hiccups, pain (cardiac, chest, elbow, upper arm, head, neck, stomach), mental illness, seizures due to epilepsy, insomnia, fever, palpitations,



irregular menstruation, dysuria, postpartum dizziness. As a confluent point of the Yinwei vessel, this point is paired with the confluent point of the Chong (Thoroughfare) vessel (SP4). Together, PC6 and SP4 are indicated for the treatment of heart, chest, and stomach disorders.

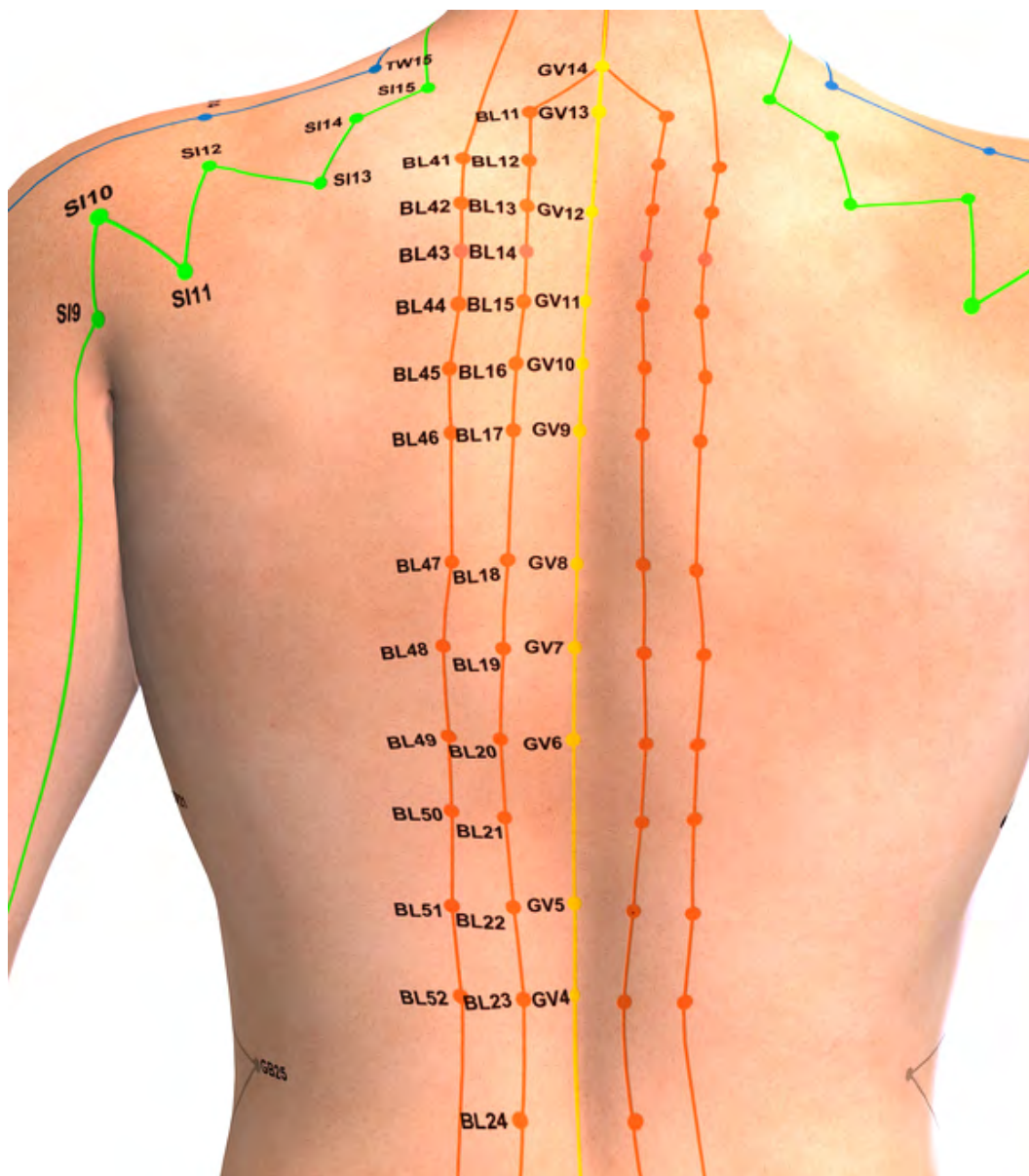
### **ST36 (Zusanli)**

This acupoint is 3 cun below ST35, one finger-breadth from the anterior crest of the tibia, in tibialis anterior. *This point is lateral to a notch that is palpable on the tibia.* Zusanli (leg three measures) is a He Sea, earth, lower He Sea of the Stomach, and Sea of Nourishment point. ST36 is a Gao Wu command point and a Ma Dan-Yang heavenly star point. ST36 orders the spleen and stomach, regulates qi and blood, and tonifies qi. Common indications for usage include gastric pain, vomiting, abdominal distention, diarrhea, constipation, mastitis, breast abscesses, enteritis, gastritis, edema, asthma, general weakness, emaciation, anemia, indigestion, hemiplegia, neurasthenia, and mental disorders.



## BL15 (Xinshu)

This point is located 1.5 cun lateral to T-5, at the level of the lower border of the spinous process. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax. BL15 is the heart back shu point. BL15 benefits the heart, calms the spirit, and regulates qi and blood. Common indications for use include cardiac or chest pain, cognitive disorders, mental illness, and night sweats.



**BL20 (Pishu)**

This acupoint is 1.5 cun lateral to T-11, at the level of the lower border of the spinous process. BL20 is the spleen back shu point. BL20 regulates spleen qi and assists the spleen's transportive and transformative functions. BL20 eliminates dampness, harmonizes blood and nourishes qi. Common indications for usage include digestive disturbances, vomiting, edema, excessive menstruation, and jaundice.

**Herbal Formula**

*The focus of this course is acupuncture and herbal medicine information is provided for enrichment purposes only, but is not required reading.*

**Gui Pi Tang (Restore the Spleen Decoction)***Ingredients*

Ren Shen	(Ginseng)	3 – 9 grams
Huang Qi	(Astragalus)	15 g
Bai Zhu	(White Atractylodes)	9 g
Fu Shen	(Poria Pararadix)	9 – 12 g
Dang Gui	(Angelicae Sinensis)	9 g
Long Yan Rou	(Arillus Longan)	9 g
Suan Zao Ren	(Semen Zizyphi Spinosae)	9 g
Yuan Zhi	(Radix Polygalae)	6 g
Mu Xiang	(Radix Aucklandiae)	3 g
Sheng Jiang	(Rhizoma Zingiberis)	2 slices
Da Zao	(Jujubae Fructus)	4 pieces
Zhi Gan Cao	(Glycyrrhizae Radix Preparata)	3 – 6 g

This is a decoction version made from the raw herbs. Grind the Suan Zao Ren prior to boiling. Zhi Huang Qi (honey-fried) and Chao Bai Zhu (dry-fried) are often used. Dry-frying Bai Zhu enhances its warming and transforming dampness properties. Honey-frying Huang Qi focuses the herb's functions towards the treatment of spleen, lung, and yang deficiency. It is more common to use the

honey-fried version for chronic cases of deficiency whereas raw Huang Qi is more often used for exterior conditions, including tonifying and hardening wei qi. Fu Shen is more for calming the spirit but Fu Ling may replace it to increase the transformation of dampness effect.

- Ren Shen is sweet, slightly bitter, slightly warm and enters the spleen and lung channels. Ren Shen tonifies source qi, spleen and stomach qi, lung qi, and heart qi. Ren Shen calms the spirit. Ren Shen benefits yin and generates fluids. It is used to treat wasting and thirsting syndrome and other cases when the qi and fluids have been injured by high fever and profuse sweating.
- Huang Qi is sweet, slightly warm and enters the spleen and lung channels. Huang Qi tonifies the spleen qi and raises the yang qi of the spleen and stomach. Huang Qi stabilizes the exterior and stops sweating (hardens wei qi). Huang Qi promotes urination, removes edema, promotes the discharge of pus and healing. tonifies qi and blood, and is used for the treatment of wasting and thirsting syndrome
- Bai Zhu is bitter, sweet, warming and enters the spleen and stomach channels. Bai Zhu tonifies the spleen, benefits the qi, dries dampness, stabilizes the exterior, and stops sweating.
- Fu Shen is neutral, sweet, and bland. Fu Shen calms the spirit and promotes urination. Common indications for usage include insomnia, poor memory, palpitations, irritability.
- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.
- Long Yan Rou is sweet, warm, and enters the heart and spleen channels. Long Yan Rou tonifies the heart and spleen, nourishes the blood, and calms the spirit.
- Suan Zao Ren is sweet, sour, neutral, and enters the heart, spleen, liver, and gallbladder channels. Suan Zao Ren nourishes the heart and liver, calms the spirit, and nourishes

blood and yin. Suan Zao Ren treats excess sweating including both spontaneous and night sweating.

- Yuan Zhi is bitter, acrid, warm, and enters the heart, kidney, and lung channels. Yuan Zhi calms the spirit, facilitates the flow of qi in the heart, expels phlegm and clears the orifices, and expels phlegm from the lungs.
- Mu Xiang is acrid, bitter, warm, and enters the spleen, stomach, large intestine, and gallbladder channels. Mu Xiang moves qi, alleviates pain, regulates stagnant qi in the intestines, strengthens the spleen, and prevents stagnation. Common indications for usage include diarrhea and abdominal pain.
- Sheng Jiang is acrid, hot, and enters the lung and stomach channels. Sheng Jiang releases the exterior, disperses cold, warms the middle burner, alleviates vomiting, alleviates coughing, reduces the poisonous effect of other herbs, and adjusts the nutritive and protective qi (ying and wei).
- Da Zao is sweet, neutral, and enters the spleen and stomach channels. Da Zao tonifies the spleen and stomach, nourishes the nutritive qi, moistens dryness, calms the spirit, and moderates and harmonizes other herbs.
- Zhi Gan Cao is sweet, warm, and enters all 12 primary channels, especially the spleen and lung channels. It moderates and harmonizes the characteristics of other herbs, tonifies the spleen qi, moistens the lungs, stops coughing, clears heat and detoxifies fire poisons, and soothes spasms. It is use for cases of deficient qi or blood patterns with an irregular or intermittent pulse or palpitations.

## ***Kidney and Heart Yin Deficiency***

This is a pattern wherein kidney water and heart fire are disharmonious; they are not communicating properly. Kidney water fails to ascend to balance heart fire. If there is kidney yin deficiency, this may cause excess heart fire. Yin deficiency results in internal heat thereby causing the shen (spirit) to become unsettled. There are many causes of Yin deficiency including congenital causes, lifestyle overindulgences, or chronic illness.

### **Indications**

- insomnia
- difficulty falling asleep
- dream disturbed sleep
- sexual dreams
- mental restlessness
- cognitive impairment, including poor memory
- night sweats
- feels hot at night or five palms heat (feet, hands, chest)
- hot flashes
- burning heel pain
- low back pain
- palpitations
- dry mouth at night or thirsty
- irregular menstruation or dysmenorrhea
- nocturnal emission
- tinnitus

### **Tongue**

red, little or no coating, possible ulcerations

### **Pulse**

rapid, deep, thin (thready)

## Treatment Principles

Nourish and harmonize the heart and kidneys  
Settle the shen (spirit)

## Acupuncture Points

### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a shu stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels. Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures, hypochondriac region pain, icteric sclera, five palms heat, and jaundice.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **Anmian (Extra Point: M-HN-54)**

Anmian is translated as peaceful sleep. This acupoint is located behind the ear, midway between GB20 (Fengchi) and TB17 (Yifeng). Anmian calms the spirit and pacifies the liver. Anmian is indicated for the treatment of insomnia, vertigo, headaches, tinnitus, hypertension,

palpitations, mental restlessness, mental disorders, dizziness, and epilepsy.

### **PC6 (Neiguan)**

This point is 2 cun above the transverse wrist crease, on the line connecting PC3 and PC7, between the tendons of the palmaris longus and flexor carpi radialis. PC6 is the Luo-Connecting point of the pericardium channel. It is the confluent point of the Yinwei vessel (Yin Linking Vessel). PC6 regulates the heart, calms the spirit, regulates qi, suppresses pain, and harmonizes the stomach.

Common indications for use include: nausea, vomiting, hiccups, pain (cardiac, chest, elbow, upper arm, head, neck, stomach), mental illness, seizures due to epilepsy, insomnia, fever, palpitations, irregular menstruation, dysuria, postpartum dizziness. As a confluent point of the Yinwei vessel, this point is paired with the confluent point of the Chong (Thoroughfare) vessel (SP4). Together, PC6 and SP4 are indicated for the treatment of heart, chest, and stomach disorders.

### **KD3 (Taixi)**

This point is located between the medial malleolus and the tendocalcaneus. KD3 is a shu stream, earth, and source (Yuan) point. KD3 benefits the kidneys, cools heat, and strengthens the lower back and knees. Common indications for use include irregular menstruation, enuresis, toothache, sore throat, tinnitus, deafness, emphysema, asthma, sore throat, and thirst.

### **BL15 (Xinshu)**

This point is located 1.5 cun lateral to T-5, at the level of the lower border of the spinous process. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax. BL15 is the heart back shu point. BL15 benefits the heart, calms the spirit, and regulates qi and blood. Common indications for use include cardiac or chest pain, cognitive disorders, mental illness, and night sweats.





### BL23 (Shenshu)

This point is located 1.5 cun lateral to L-2, at the level of the lower border of the spinous process. This is the kidney back shu point (Beishu). BL23 regulates kidney qi, benefits the lumbar vertebrae, and benefits the eyes and ears. Common indications for use include irregular menstruation, tinnitus, edema, low back pain, and weak knees.

### Supplementary Acupuncture Points

- For night sweating, add SI3 (Houxi) with HT6 (Yinxin).
- For cognitive impairment, dizziness, or tinnitus add the Sea of Marrow points: GV20 (Baihui), GV16 (Fengfu). Alternately, choose Sishencong (M-HN-1).

## Herbal Formula

### Tian Wang Bu Xin Dan (Ginseng and Zizyphus Formula)

#### *Ingredients*

Sheng Di Huang	(Rehmannia Root)	9 – 30 grams
Xuan Shen	(Scrophularia Root)	9 g
Dang Gui	(Chinese Angelica Root)	9 g
Ren Shen	(Ginseng)	9 g
Fu Ling	(Poria)	9 – 15 g
Dan Shen	(Chinese Salvia Root)	6 – 9 g
Yuan Zhi	(Polygala Root)	6 g
Wu Wei Zi	(Schisandra Fruit)	6 g
Tian Men Dong	(Chinese Asparagus Root)	6 – 9 g
Mai Men Dong	(Ophiopogon Root Tuber)	6 – 9 g
Bai Zi Ren	(Arborvitae Seed)	6 – 9 g
Suan Zao Ren	(Jujube/Zizyphus Seed)	6 – 9 g
Jie Geng	(Platycodon Root)	3 – 6 g

Zhu Sha (Cinnabaris) is predominantly not included in modern formulations to avoid toxicity. Standard herb dosages apply when making decoctions or when pilled with honey from a powder. The suggested dosages above are for a decoction.

This herbal formula nourishes yin and blood, tonifies the heart and kidneys, and calms the shen (spirit). This shen calming formula nourishes kidney yin and tonifies heart yin and blood thereby calming excess flaring of heart yang. In summary, Tian Wang Bu Xin Dan nourishes the heart, sedates shen, tonifies heart and kidney yin, and clears yin deficiency heat.

Tian Wang Bu Xin Dan is commonly used for the treatment of insomnia and night sweating due to yin deficiency. Additional indications include palpitations, fatigue, difficulty falling asleep, irritability, cognitive impairment including difficulty concentrating and poor memory, dry stool, constipation, oral ulcerations, hypertension, skin rashes, and angina. Note that this formula may be difficult to digest and may cause loose stool or indigestion.

- Sheng Di Huang nourishes yin, promotes the generation of body fluids, clears heat, cools the blood, and clears heart fire.



*Sheng Di Huang*

- Xuan Shen nourishes yin, cools the blood, and clears heat and toxins.
- Dang Gui tonifies and invigorates the blood, regulates menstruation, and moistens the intestines.
- Ren Shen strongly tonifies yuan, spleen, stomach, lung, and heart qi.
- Fu Ling tonifies spleen qi and promotes urination to expel dampness.
- Dan Shen invigorates the blood, clears heat from the ying and blood levels, and calms the spirit.

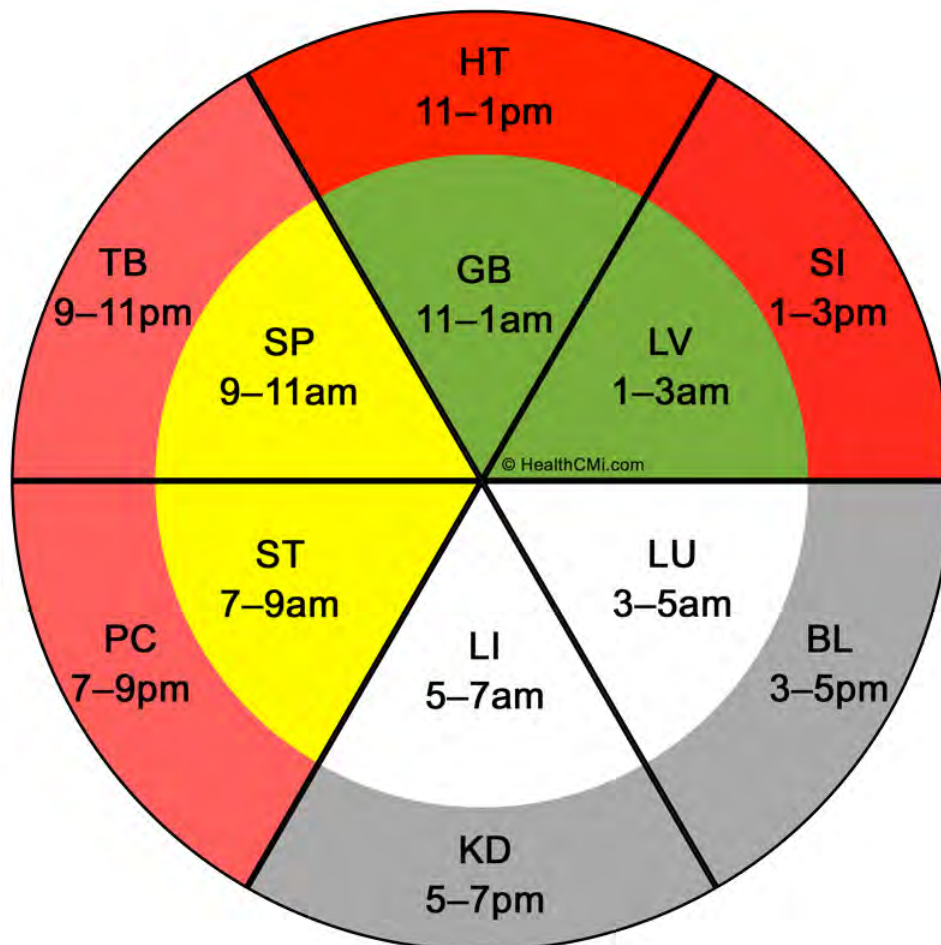


*Dan Shen*

- Yuan Zhi nourishes the heart, calms the spirit, and dissolves phlegm.
- Wu Wei Zi tonifies the kidneys, astringes heart qi to calm the spirit, and astringes lung qi.
- Tian Men Dong nourishes kidney and lung yin, moistens dryness, and clears lung heat.
- Mai Men Dong nourishes stomach and lung yin, clears heat from the heart by nourishing yin, and moistens the intestines.
- Bai Zi Ren nourishes heart yin, calms the spirit, and moistens the intestines.
- Suan Zao Ren nourishes heart yin, calms the spirit, and stops sweating.
- Jie Geng guides herbs to the upper burner (jiao) and dissolves lung phlegm.

## Liver Qi Stagnation

This root of qi stagnation is often due to chronic anxiety, depression, frustration, or anger. We see differing presentations as a result of qi stagnation. In some cases of chronic qi stagnation without fire, depletion may lead to coldness, especially in the extremities. Liver qi stagnation may transform into liver fire, which flares upward and causes insomnia. This section covers both the root qi stagnation aspect of this condition and the manifestation as liver fire uprising. Waking between 1 – 3am is an important and classic indication of liver qi stagnation because it is the liver time on the organ clock.



*Chinese Medicine Organ Clock*

## Indications

- dream-disturbed sleep
- waking at night, especially between 1 – 3 am
- irritability or anxiety
- mental depression, sighing
- pain of the hypochondrium
- chest oppression, dizziness
- irregular menstruation, dysmenorrhea
- profuse, dark menstrual bleeding with clots
- fear or fright with headache (especially with liver fire)
- bitter taste in the mouth (liver fire)
- bloodshot eyes (liver fire)
- angry dreams (liver fire), including fights and arguments
- waking with chest or costal region pain (liver fire)

## Tongue

red, yellow coating if qi stagnation creating heat  
thin white coating if only mild qi stagnation

## Pulse

wiry, rapid

## Treatment Principle

Calm the spirit  
Soothe the liver and regulate qi  
Nourish yin and/or yang  
In cases of liver fire: Clear the heat

## Acupuncture Points

### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a shu stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels.

Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures, hypochondriac region pain, icteric sclera, five palms heat, and jaundice.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **Anmian (Extra Point: M-HN-54)**

Anmian is translated as peaceful sleep. This acupoint is located behind the ear, midway between GB20 (Fengchi) and TB17 (Yifeng). Anmian calms the spirit and pacifies the liver. Anmian is indicated for the treatment of insomnia, vertigo, headaches, tinnitus, hypertension, palpitations, mental restlessness, mental disorders, dizziness, and epilepsy.

### **GB12 (Wangu)**

This point is located in the depression posterior and inferior to the mastoid process. It is the meeting point of the gallbladder and bladder channels. This acupoint calms the spirit, alleviates pain, eliminates wind, and benefits the head. Indications include insomnia, mania, mental restlessness, headache, ear pain, swelling of the cheek radiating to the ear, toothache, sweating with no aversion to cold, deviation of the eye and mouth, and hemiplegia. This point located in the region of the auricular artery and vein and is innervated by the occipital nerve.

**LV3 (Taichong)**

This point is located on the dorsum of the foot in the depression distal to the junction of the first and second metatarsal bones. LV3 is a shu stream, earth, and source point. LV3 pacifies the liver, regulates blood, and opens the channels. Common indications for use include: headache, vertigo, insomnia, irregular menstruation, abnormal uterine bleeding, extremity and joint pain, eye pain, rib pain, retention of urine or enuresis.

**BL18 (Ganshu)**

This point is located 1.5 cun lateral to T9, at the level of the lower border of the spinous process of the vertebra. BL18 is the liver back shu (beishu) point. BL18 benefits the liver, gallbladder, and eyes. BL18 cools damp-heat and moves stagnant qi. Common indications for usage include eye disorders, pain of the hypochondrium, irritability, mental disorders, epistaxis, and liver yang uprising related pain of the neck and shoulders.

**Herbal Formulas**

If liver fire blazes upwards, it may be necessary to use the herbal formula **Long Dan Xie Gan Tang** to clear fire from the liver and gallbladder and to clear heat and dampness from all three burners (jiao). In this instance, expect excessive headache pain, dark yellow urine, bloodshot eyes, pronounced pain of hypochondrium, dry throat, or constipation.

For liver qi stagnation, **Xiao Yao San** (Rambling Powder) and **Dan Zhi Xiao Yao San** are appropriate for this condition. Use Xiao Yao San for the treatment of liver qi stagnation with blood deficiency and spleen deficiency. Use **Dan Zhi Xiao Yao San** (also known as **Jia Wei Xiao Yao San**) if there is internal heat.

***Xiao Yao San (Rambling Powder)******Ingredients***

Chai Hu	(Radix Bupleuri)	9 g
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Bai Shao	(Radix Paeoniae)	9 g
Zhi Gan Cao	(Glycyrrhizae Radix Preparata)	6 g
Dang Gui	(Radix Angelicae Sinensis)	9 g
Bai Zhu	(Rhizoma Atractylodis Macrocephalae)	9 g
Fu Ling	(Poria)	12 g
Bo He	(Herba Menthae)	3 – 6 g
Sheng Jiang	(Rhizoma Zingiberis)	2 slices
Da Zao	(Jujubae Fructus)	4 pieces

This is a decoction version of the original. Use Fu Shen instead of Fu Ling to increase the calm the spirit function. Add Bo He last five minutes to soak when preparing the decoction.

***Dan Zhi Xiao Yao San (Mu Dan Pi and Zhi Zi Rambling Powder)***

Add Mu Dan Pi (Cortex Moutan) and Zhi Zi (Fructus Cardeniae) to create the formula Dan Zhi Xiao Yao San when there is internal heat. Indications include irritability, mental restlessness, feeling excessively warm, excess sweating, night sweats, insomnia, vertigo, dry mouth and eyes, red cheeks.

- Chai Hu is bitter, slightly acrid, cooling and enters the liver and gall bladder channels. Chai Hu resolves lesser yang (Shaoyang) heat patterns, relaxes constrained liver qi, and raises the yang qi in patterns of spleen or stomach deficiency.



*Chai Hu*

- Bai Shao is bitter, sour, cooling and enters the liver and spleen channels. Bai Shao nourishes the blood, pacifies the liver, and alleviates pain. Bai Shao restrains the yin and adjusts the nutritive and protective levels (ying and wei).
- Zhi Gan Cao is sweet, warm, and enters all 12 primary channels, especially the spleen and lung channels. It moderates and harmonizes the characteristics of other herbs, tonifies the spleen qi, moistens the lungs, stops coughing, clears heat and detoxifies fire poisons, and soothes spasms. It is used for cases of deficient qi or blood patterns with an irregular or intermittent pulse or palpitations.
- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.
- Bai Zhu is bitter, sweet, warming and enters the spleen and stomach channels. Bai Zhu tonifies the spleen, benefits the qi, dries dampness, stabilizes the exterior, and stops sweating.
- Fu Ling is sweet, bland, neutral, and enters the heart, spleen, and lung channels. Fu Ling promotes urination and leeches out dampness. It strengthens the spleen, harmonizes the middle burner (jiao), transforms phlegm, quiets the heart, and calms the spirit.
- Bo He is acrid, aromatic, cooling and enters the lung and liver channels. Bo He disperses wind heat, clears the head and eyes, benefits the throat, encourages rashes to surface, and allows constrained liver qi to flow freely.
- Sheng Jiang is acrid, hot, and enters the lung and stomach channels. Sheng Jiang releases the exterior, disperses cold, warms the middle burner, alleviates vomiting, alleviates coughing, reduces the poisonous effect of other herbs, and adjusts the nutritive and protective qi (ying and wei).
- Da Zao is sweet, neutral, and enters the spleen and stomach channels. Da Zao tonifies the spleen and stomach, nourishes the nutritive qi, moistens dryness, calms the spirit, and moderates and harmonizes other herbs.

## **Gallbladder Qi Deficiency with Heart Blood Deficiency**

The gallbladder is the organ associated with bravery, courage, and decision making. According to Chinese medicine principles, patients with gallbladder qi deficiency are timid. Going to bed too late at night deleteriously affects gallbladder qi. In the organ clock, the gallbladder time is 11pm – 1am. It is important to be asleep prior to this time on a routine basis.

Difficulty falling asleep and nightmares are characteristic of gallbladder qi deficiency combined with heart blood deficiency. Patients will often wake up with a cry or from a noise within a dream. Upon waking, patients may be startled and frightened. Often, the heart is beating at a fast pace during this time. A key component to look for in gallbladder qi deficiency with heart blood deficiency is fearful dreams. There may also be dizziness, blurring of vision, irritability, and restlessness.

### **Tongue**

pale

### **Pulse**

thready, wiry

### **Treatment**

Calm the Spirit

Benefit the Gallbladder and Heart

### **Acupuncture**

#### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a shu stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels.

Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures, hypochondriac region pain, icteric sclera, five palms heat, and jaundice.

### **PC7 (Daling)**

This acupoint is between the palmaris longus and flexor carpi radialis tendons. PC7 is level with HT7 (Shenmen) and is located on center of the transverse wrist crease. Alternately, this point is located as level with the proximal border of the pisiform bone, which is the level that HT7 is located. PC7 is a Yuan-source, Shu-Stream, earth, son, and Sun Si-miao Ghost point. PC7 clears heart heat, calms the spirit, harmonizes the stomach and intestines, expands the chest, and clears heat in the blood and nutritive levels. PC7 is indicated for the treatment of insomnia, palpitations, mental disorders (e.g., fear, fright, mania, excess inappropriate laughing, sadness, grief), seizures, epilepsy, stomach or chest pain, vomiting, febrile diseases, and wrist pain.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **GB12 (Wangu)**

This acupoint is located in the depression posterior and inferior to the mastoid process (on the line connecting GB10 & GB12). GB12 is a meeting point of the Gallbladder Foot-Shaoyang and Bladder Foot-Taiyang channels. GB12 eliminates wind, calms the spirit, benefits

the head, and reduces pain. Indications for use include insomnia, mental disorders, headaches, pain behind the ear, neck pain, and deafness due to local injuries to the ear.

### **DU20 (Baihui)**

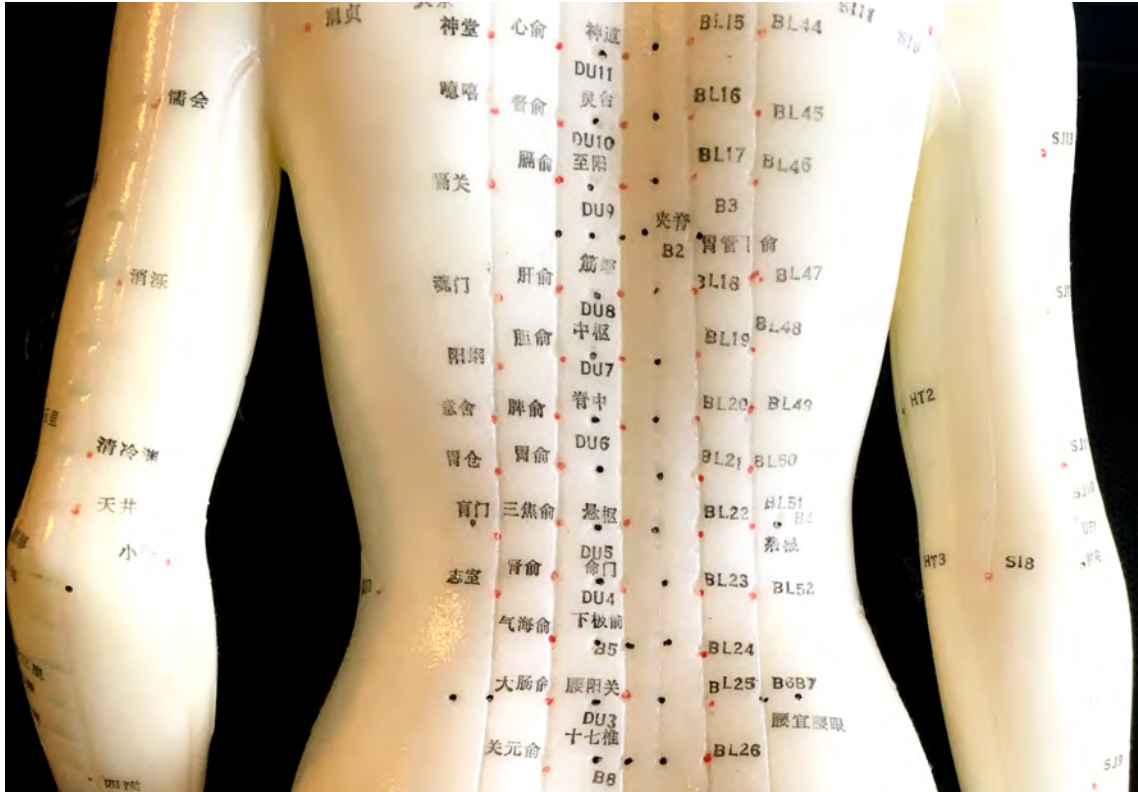
DU20 is 7 cun above the posterior hairline, on the midpoint of the line connecting the apex of the auricles. DU20 is located at the vertex at the midpoint of the head. DU20 may be measured 8 cun posterior to the glabella or 6 cun superior to the occipital protuberance. DU20 is a Sea of Marrow point. DU20 calms the spirit, clears the senses, extinguishes liver wind, and stabilizes ascending yang. DU20 is indicated for treating headaches, dizziness, tinnitus, nasal congestion, shock or coma, mental disorders, poor memory, palpitations, and prolapsed rectum or uterus.

### **BL15 (Xinshu)**

This point is located 1.5 cun lateral to T-5, at the level of the lower border of the spinous process. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax. BL15 is the heart back shu point. BL15 benefits the heart, calms the spirit, and regulates qi and blood. Common indications for use include cardiac or chest pain, cognitive disorders, mental illness, and night sweats.

### **BL19 (Danshu)**

BL19 is 1.5 cun lateral to T-10 at the level of the lower border of the spinous process. BL19 is the back shu point of the gallbladder. BL19 regulates qi, tonifies gallbladder qi, expands the diaphragm, cools and drains liver and gallbladder heat, and calms the stomach. BL19 is indicated for the treatment of insomnia, palpitations with fright and restless sleep, jaundice, bitter taste in the mouth, hypochondriac pain, and afternoon fevers. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax.



## Herbal Formula

### An Shen Ding Zhi Wan

#### Ingredients

- Ren Shen
- Fu Shen
- Fu Ling
- Yuan Zhi
- Long Chi
- Shi Chang Pu
- Suan Zao Ren
- Mu Li
- Zhu Sha (Do not use this ingredient. It is toxic.)

## **Stomach Disharmony**

When digestion is disturbed, it may disrupt sleep patterns. Dampness due to food stagnation occurs when there is dysfunction of the transforming and transporting functions of the spleen and stomach. This is often caused by irregular food intake.

Perhaps one of the more common scenarios is eating too late at night prior to going to sleep. This often leads to insomnia accompanied by abdominal pain and bloating, including pain upon waking. The pulse is often slippery and the tongue may have a thick, sticky coating. Select acupuncture points to benefit digestion, which may include the following:

- CV12 (Zhongwan) – Front-Mu point of the stomach.
- CV15 (Jiuwei) – Luo-Connecting point of the Conception vessel.
- SP4 (Gongsun) & PC6 (Neiguan) – Paired confluent points of the Chong and Yinwei (Yin Linking) vessels respectively. They are used together for the treatment of heart, chest, and stomach disorders.
- ST25 (Tianshu) – Front-Mu point of the large intestine.
- Tituo (N-CA-4) – This extra point is located on the lower abdomen, 4 cun lateral to the midline, level with CV4 (Guanyuan), and is 3 cun inferior to the umbilicus. This point is effective for the treatment of lower abdominal distention and pain and also prolapse of the uterus.



## Heart Fire

According to Traditional Chinese Medicine principles, fire is a more extreme level of heat. Qi stagnation has a tendency to transform into fire. The upward flaring of heart fire for patients with insomnia is characterized by:

- difficulty falling asleep
- easily waking (light sleeping)
- angry or fighting dreams
- mental restlessness, mania, delirium
- palpitations
- burning sensation of the chest or chest oppression
- forgetfulness
- mouth sores
- frequent, urgent, or dark urination
- Tongue: red body, red tip, sores/ulcerations
- Pulse: rapid

The heart opens into the tongue, therefore there is ulceration, pain, or swelling of the mouth and tongue. The tip of the tongue is the heart portion of the tongue, therefore it is red and sometimes ulcerated. If heart fire transfers to the small intestine, there is dark urine or urinary tract infections. The following are appropriate acupuncture points for the treatment of heart fire. Note that the first two points (DU14, PC8), strongly clear heat:

- DU14 (Dazhui) – Sea of Qi point, Meeting point of the Governing vessel with all 6 yang channels. DU14 strongly clears heat and expels wind. This combination of functions allows DU14 to both expel exterior pernicious influences and to tonify. DU14 clears the brain and calms the spirit.
- PC8 (Laogong) – Ying-Spring, Sun Si-miao Ghost point, Exit point. This acupoint strongly clears heat from the heart and pericardium and calms the spirit.
- HT7 (Shenmen) – Yuan-Source point. HT7 clears the channels, calms the spirit, and pacifies the heart.



- PC6 (Neiguan) – Luo point. Confluent point of the Yinwei vessel. PC6 calms the spirit, pacifies the heart, and stops pain.
- KD3 (Taixi) – Shu-Stream point, Earth point, Yuan-Source point. Known for benefitting the kidneys and strengthening the lower back and knees, this acupoint also cools the heat.
- SP6 (Sanyinjiao) – Meeting point of the 3 lower yin meridians.
- LI4 (Hegu) – Yuan-Source point, Entry point.
- LV3 (Taichong) – Shu-Stream point, Earth point, Yuan-Source point.

### **Phlegm Fire Disturbing the Heart**

Mental depression may cause phlegm fire to disturb the heart. This is prevalent in patients with psychosis or schizophrenia. Onset may be sudden and characterized by the following:

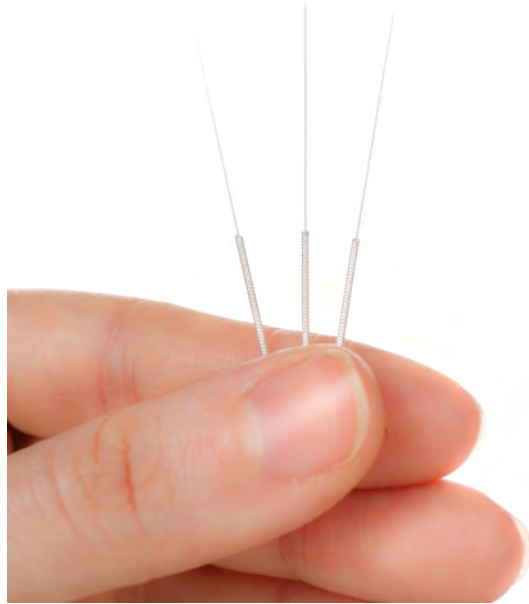
- insufficient sleep (not getting much sleep at all)
- mental restlessness
- incoherent speech, shouting, yelling, and mania
- irritability
- loss of appetite

Jing-Well and Ying-Spring acupoints are often added to acupuncture point prescriptions:

- HT9 (Shaochong) – Jing-Well point.
- ST44 (Neiting) – Ying-Sprint point, Ma Da-yang Heavenly Star point. ST44 clears heat and calms the spirit. This point treats stomach pain, intestinal damp-heat, diarrhea, jaw pain, tinnitus, toothache, febrile diseases with no sweating, foot pain, blood in the stool, and aversion to the sound of people talking.

# Acupuncture Research

We now shift to a look at several scientific investigations in the following pages. We'll see common and more specialized uses of acupuncture point prescriptions. It is interesting to note that several acupoints repeatedly produce positive patient outcomes across multiple studies. Also interesting is the use of lesser used acupuncture point prescriptions and their success rates.



# Foot Acupuncture

Researchers find a specialized acupuncture point prescription highly effective for the treatment of insomnia. Researchers at the China PLA Navy General Hospital determined that Wuhua foot acupuncture combined with body style acupuncture has a 95.24% total effective rate for the treatment of insomnia. Using shallow needling depths, the results were clinically significant. The researchers conclude that the foot Wuhua and body style acupuncture protocol is effective for the alleviate of sleep disturbances.

Wuhua foot acupuncture differs from standard foot acupuncture. In standard foot acupuncture, for example, three powerful and important acupoints for the treatment of insomnia are located on the bottom of the foot. **One important point is located on the bottom of the foot at the midpoint between the medial and lateral malleoli. This acupoint is indicated for the treatment of neurasthenia, hysteria, insomnia, and low blood pressure. Its sedative effects are often remarkably effective. This is foot acupuncture point #1.**<sup>2</sup> Another acupoint for the treatment of insomnia is located on the bottom of the foot, 5 units (cun) distal to the heel on the midline. This is foot acupuncture point #4.<sup>3</sup> This is complemented by a third acupoint that is located on the bottom of the foot, 5 units distal to the heel and 1 unit lateral to the midline. This is foot acupuncture point #2.<sup>4</sup>

Wuhua foot acupuncture is a set of 5 acupuncture points. Similar in placement to Sishencong and DU20 when applied to the vertex, Wuhua acupoints are located on the plantar surface of the heel at the tuberosity of the calcaneus (over the fat pad at the medial calcaneal tubercle). In the center, one acupuncture needle is applied to a depth of 0.2 – 0.3 mm with a 0.30 mm x 25 mm disposable

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2. Acupuncture, A Comprehensive Text. Shanghai College of Traditional Chinese Medicinell. D. Bensky, J. O'Connor. Eastland Press, Seattle, 5th printing, 1987, pg. 505.

3. Acupuncture, A Comprehensive Text. Shanghai College of Traditional Chinese Medicinell. D. Bensky, J. O'Connor. Eastland Press, Seattle, 5th printing, 1987, pg. 505.

4. Acupuncture, A Comprehensive Text. Shanghai College of Traditional Chinese Medicinell. D. Bensky, J. O'Connor. Eastland Press, Seattle, 5th printing, 1987, pg. 505.

acupuncture needle. Next, acupoints are inserted anteriorly, posteriorly, and laterally on the fat pad using the same type of needle and depth of insertion. Body style acupuncture points for all patients included the following:

- **Yintang**
- **Baihui (DU20)**
- **Sishencong**
- **Qihai (REN6)**
- **Shenmen (HT7)**
- **Sanyinjiao (SP6)**
- **Zhaohai (KD6)**

Additional secondary acupuncture points were added based on differential diagnostics. Note that a control group using only the secondary acupoints based on differential diagnostics achieved a 68.29% total effective rate. However, the combination of body style points, Wuhua foot acupuncture, and secondary acupoints produced a 95.24% total effective rate. The secondary acupoints are as follows. For excess heart fire, the following acupoints were added:

- **Laogong (PC8)**
- **Shaochong (HT9)**
- **Shaoze (SI1)**

For Liver qi depression with pathogenic fire, the following acupoints were added:

- **Taichong (LV3)**
- **Xingjian (LV2)**
- **Xiashi (GB43)**

For yin deficiency with excessive fire, the following acupoints were added:

- **Xinshu (BL15)**
- **Shenshu (BL23)**

- **Taixi (KD3)**

For heart and spleen deficiency, the following acupoints were added:

- **Xinyu (BL15)**
- **Pishuu (BL20)**
- **Zusanli (ST36)**

For internal disturbance of phlegm-heat, the following acupoints were added:

- **Fenglong (ST40)**
- **Neiting (ST44)**
- **Neiguan (PC6)**

For deficiency of heart and gallbladder qi, the following acupoints were added:

- **Xinshu (BL15)**
- **Danshu (BL19)**
- **Daling (PC7)**
- **Qiuxu (GB40)**

The Wuhua foot acupuncture points were needled to a depth of 0.2 – 0.3 mm. Yintang, Baihui, and Sishencong acupoints were needled to a depth of 0.5 inches. Sanyinjiao was needled perpendicularly to a depth of 1 inch. Shenmen and Zhaohai were perpendicularly needled to a depth of 0.5 inches. Yintang, Baihui, Sishencong, Shenmen, and Sanyinjiao were stimulated with a mild reinforcing and attenuating technique. The same techniques were applied to secondary acupoints that were chosen based on differential diagnostics. The total needle retention time was 30 minutes per acupuncture session. This therapy was conducted on a daily basis for 20 days.

The researchers provided the basis for the acupoint selections.

According to Traditional Chinese Medicine (TCM) theory, insomnia is caused by an imbalance of yin and yang, as well as poor circulation of ying (nutritive) qi and wei (protective) qi. Sometimes this ancient theory is translated into modern terms as an imbalance of parasympathetic and sympathetic impulses combined with imbalances in the limbic system, specifically, in the hypothalamus.

Acupuncture at the Baihui and Qihai acupoints, as well as other acupoints located in Governor and Conception meridians regulate yin and yang and also promote circulation of both ying and wei qi. Sishencong promotes localized qi and blood circulation and benefits the brain. Sanyinjiao is located on the foot Taiyin spleen meridian and is the crossing point of the three foot yin meridians. Needling Sanyinjiao promotes qi circulation in the three foot yin meridians whilst nourishing liver and kidney yin. Zhaohai is a crossing point located along the foot Shaoyin kidney meridian and the Yingqiao vessel. This acupoint nourishes yin and has a tranquilizing effect. In many ways, the body style points are mainstream, conventional acupoint selections for the treatment of insomnia within TCM.

Effective treatments for the alleviation of insomnia are of great importance. Taylor et al. note that insomnia is a significant health risk factor for illnesses including anxiety, mental health disorders, drug abuse, and alcohol dependence. Dr. Ohayon of the Stanford University School of Medicine (California) notes that insomnia ranges between 6 – 15% of the population, dependent upon diagnostic definitions. The prevalence is 6% of the population, according to the DSM-IV classification.

In related research, investigators determined that acupuncture alleviates insomnia and increases estrogen levels for menopausal and perimenopausal women. Taipei Medical University (Taiwan) researchers conclude that acupuncture at acupoint Sanyinjiao significantly increases estrogen levels and reduces menopausal related symptoms, including insomnia. The results were published in *Obstetrics & Gynecology*, a publication by The American College of Obstetricians and Gynecologists.

In other research, Wang et al. conclude that acupuncture is more

effective for the treatment of insomnia than estazolam. Using Pittsburgh sleep quality index scores, acupuncture produced greater patient outcomes than estazolam for the improvement of “sleep quality, efficiency disturbance and daytime dysfunction.” The researchers applied acupuncture points in three steps and note that the order of needle insertion is very important. First, the following acupoints were applied:

- **Tianshu (ST25)**
- **Zhongwan (CV12)**
- **Yinlingquan (SP9)**



*ST25 & CV6*

Next, acupoints commonly used for the treatment of insomnia were added:

- **Baihui (GV20)**
- **Shenting (GV24)**
- **Sishencong**
- **Anmian**

Finally, one more set of acupoints was added:

- **Shenmen (HT7)**
- **Taichong (LV3)**
- **Taixi (KD3)**

We'll take a closer look at the research of Wang et al., featuring a three step approach to acupuncture, in another research article. Clinical and laboratory findings indicate that acupuncture is an effective treatment modality for the treatment of insomnia. The data indicates that integration of acupuncture into mainstream medical settings may alleviate the burden of insomnia on individuals and society.

#### References

Ma GH, Wei T & Chen TT. (2013). Efficacy of Treating Diseases by Managing Lower Plantar Acupuncture based Therapy in 42 Cases of Insomnia. JACM. 29(8).

Taylor DJ, Lichstein KL, Durrence HH. (2003). Insomnia as a health risk factor. Behav Sleep Med. 1(4): 227-247.

Hsiao-Yean Chiu, Yu-Jung Hsieh, and Pei-Shan Tsai, "Acupuncture to Reduce Sleep Disturbances in Perimenopausal and Postmenopausal Women," *Obstetrics & Gynecology* 127, no. 3 (March 2016), pg 513.

Wang YJ, Zhang LH, Han YX, Li PP. Efficacy observation on Governor Vessel-unblocking and mind-calming acupuncture for insomnia. *Journal of Acupuncture and Tuina Science*. 2016 Jul 1;14(4):274-8.



# Insomnia, Menopause, Estrogen

Acupuncture benefits sleep, regulates hormone levels, and reduces symptoms associated with menopause. Taipei Medical University (Taiwan) researchers conclude that acupuncture reduces sleep disturbances associated with menopause. In addition, the researchers discovered that needling acupuncture point SP6 (Sanyinjiao) significantly increases estrogen levels. They add that acupuncture's ability to reduce menopausal related symptoms, including benefitting sleep, is correlated with its ability to regulate endogenous estrogen levels. The findings were published in *Obstetrics & Gynecology*, a publication by The American College of Obstetricians and Gynecologists.

Taipei Medical University researchers analyzed 31 randomized controlled trials with a total patient size of 2,433 participants. The researches discovered a homeostatic regulatory effect of acupuncture on three hormones. The researchers conclude that acupuncture, for both perimenopause and postmenopause, significantly

- *reduces sleep disturbances*
- *increases serum estradiol (estrogen)*
- *reduces serum follicle-stimulating hormone (FSH)*
- *reduces luteinizing hormone (LH)*

The researchers note, “acupuncture should be adopted as part of a multimodal approach for improving sleep disturbances in perimenopausal and postmenopausal women.” Menopause refers to the cessation of menstrual cycles and marks the end of reproductive ability. The average age of menopause is 51. [1] According to the National Institutes of Health (NIH), the most common changes associated with perimenopause and menopause include hot flashes, sleep disorders, and mood changes. [2] Additionally, the risk of osteoporosis increases with a decrease in estrogen levels. [3]

During perimenopause, estradiol and progesterone levels drop while FSH and LH levels increase. “Estrogen has been shown to decrease sleep latency, decrease the number of awakenings after sleep occurs, increase total sleep time and decrease the number of cyclic spontaneous arousals.” [4] A study of postmenopausal woman describes the mechanism of action, indicating that “estradiol production exerts thermoregulation effects by inducing peripheral skin vasodilatation (a major heat loss effector), thereby reducing the core body temperature and subsequently causing the onset of sleep. Moreover, growing evidence from preclinical animal data supports that a nuclear estrogen receptor is present in the sleep-wake regulatory nuclei (eg, hypothalamus-preoptic area), suggesting that a possible direct action of estradiol at the nuclei of the sleep-wake regulatory system.” [5] This suggests that a decrease in estradiol inhibits the body’s ability to regulate temperature, and the inability to decrease body temperature is directly related to difficulty sleeping.

Lack et al. note, “Sleepiness and sleep propensity are strongly influenced by our circadian clock as indicated by many circadian rhythms, most commonly by that of core body temperature. Sleep is most conducive in the temperature minimum phase.” [6] Thus, if estrogen is deficient, the body’s core temperature will not decrease sufficiently, and sleep difficulties will result. Additionally, “progesterone has very profound effects on sleep and is somewhat more straightforward in its effects on sleep than estrogen. Progesterone, when given intravenously, has direct sedative qualities, stimulating benzodiazepine receptors that in turn stimulate the production of the NREM associated gamma-aminobutyric acid (GABA) receptors.” [7]

While none of the studies in this meta-analysis address the effect of progesterone on sleep, “regarding serum estradiol, average pretest and posttest estimates in the acupuncture groups were 27.26 and 42.38 pg/mL and in the control groups were 27.50 and 34.25 pg/mL, respectively. Acupuncture was associated with significant elevations of the serum estradiol level with a pooled difference in means of 7.56 pg/mL.” [8] Although the results of the studies show that acupuncture is more effective than their respective controls for the treatment of

sleep disorders due to menopause, the effects vary in magnitude. The researchers found that there was no association between the type of acupuncture used and size of the effect, with one exception: the acupuncture associated changes in serum estradiol. “In terms of moderators of the effect of acupuncture on serum estradiol, studies in which the Sanyinjiao [SP6] acupoint was selected as the acupoint were associated with a significantly larger elevation in serum estradiol level than did those that did not select the same acupoint.” [9] The researchers observed that increases in serum estradiol were correlated with a lower incidence of sleep disorders, making SP6 (Sanyinjiao) an acupoint interest for the treatment of disorders associated with decreased estradiol.

Because of the profound effect that acupuncture has on estrogen levels, it comes as no surprise that acupuncture effectively treats other symptoms associated with menopause, such as hot flashes (flushes). Zhou et al. find acupuncture at SP6 (Sanyinjiao) significantly effective for increasing estradiol and significantly decreasing FSH, and that this hormonal change is accompanied by a substantial decrease in the severity of hot flashes associated with premenopausal women that have had ovariectomies. [10] Sunay et al. note that, for acupuncture treatments of postmenopausal women, “the severity of hot flashes was found to be significantly decreased after treatment.” [11] They found that estrogen “virtually eliminates hot flashes,” [12] and suggest that acupuncture is a good alternative to HRT because of its ability to stimulate endogenous estrogen production.

Chiu et al. note limitations of their study. [13] Only studies published in English and Chinese languages were included. Also, because they analyzed 31 trials [14], there is naturally a diversity in the types of acupuncture used, as well as the duration and frequency of treatments. There is also a wide variety of points chosen across multiple studies, though the most common were three: HT7 (Shenmen), DU20 (Baihui), and SP6 (Sanyinjiao). [15] Metrics also varied across studies: some measured hormone levels, while others used indices such as the Pittsburgh Sleep Quality Index to gather data on the objective or subjective sleep experiences of the patients.

Some trials included patients who had previously undergone HRT, or treatment for other conditions such as breast cancer. Some studies' results were more positive than others. It was found that increased positive patient outcomes was correlated with the use of acupoint SP6 (Sanyinjiao).

An important finding of this meta-analysis is that acupuncture is effective for increasing serum estradiol. It is well understood that a decrease in estrogen is responsible for many of the symptoms associated with menopause, including sleep disorders. HRT has commonly been prescribed to treat these symptoms, but it does not come without risks. "Following recent studies showing no cardiac benefit and increased breast cancer, the question of indications for hormonal therapy has become even more pertinent.... While it showed decreased osteoporotic fractures, the absence of cardiovascular benefit, the increase in thromboembolic phenomena and the increased likelihood of incident cancer clearly change the risk/benefit equation for most women." [16]

Because HRT may result in adverse effects, many women are looking for an alternative that will attenuate symptoms without increasing risks. This study demonstrates that acupuncture provides a safe and effective alternative for the treatment of sleep disorders and other symptoms associated with menopause, especially when the point SP6 (Sanyinjiao) is utilized.

### **Female Reproductive Cycle**

Female reproduction is primarily regulated by 4 key hormones: estrogen (in the form of estradiol), progesterone, follicle stimulating hormone (FSH), and luteinizing hormone (LH). The reproductive cycle begins after menstruation, when FSH begins to increase and stimulates the development of follicles in the ovaries. As the follicle develops and readies to release an egg, it produces estrogen.

Once estrogen increases sufficiently, there is a surge of LH, which promotes ovulation. During this stage, estrogen peaks and FSH and LH decrease. The ruptured follicle becomes the corpus luteum and produces progesterone.

The continued high levels of estrogen and progesterone help to generate the endometrium, preparing the uterus for implantation by a fertilized egg. If the egg is not fertilized, the corpus luteum disintegrates and ceases production of progesterone. At this time, the estrogen level decreases. The decline in these two hormones causes the endometrium to shed. Because these hormones are largely produced in the ovaries, women who have undergone ovariectomies may also experience symptoms associated with menopause or early menopause.

### Notes

- 1 [nia.nih.gov/health/publication/menopause](http://nia.nih.gov/health/publication/menopause)
- 2 [nia.nih.gov/health/publication/menopause](http://nia.nih.gov/health/publication/menopause)
- 3 [nia.nih.gov/health/publication/menopause](http://nia.nih.gov/health/publication/menopause)
- 4 Philip S. Eichling and Jyotsna Sahni, "Menopause Related Sleep Disorders," *Journal of Clinical Sleep Medicine* 1, no. 3 (2005). pg 292
- 5 Hsiao-Yean Chiu, Yu-Jung Hsieh, and Pei-Shan Tsai, "Acupuncture to Reduce Sleep Disturbances in Perimenopausal and Postmenopausal Women," *Obstetrics & Gynecology* 127, no. 3 (March 2016), pg 513
- 6 [ncbi.nlm.nih.gov/pubmed/18603220](http://ncbi.nlm.nih.gov/pubmed/18603220)
- 7 Eichling, *Menopause Related Sleep Disorders*. pg 292
- 8 Chiu et al, *Acupuncture to Reduce Sleep Disturbances*. pg 510
- 9 Chiu et al, *Acupuncture to Reduce Sleep Disturbances*. pg 511-3
- 10 Jue Zhou et al., "Acupuncture and Auricular Acupressure in Relieving Menopausal Hot Flashes of Bilaterally Ovariectomized Chinese Women: A Randomized Controlled Trial," *Evidence-Based Complementary and Alternative Medicine* 2011 (2011), pg4
- 11 D. Sunay et al., "The Effect of Acupuncture on Postmenopausal Symptoms and Reproductive Hormones: A Sham Controlled Clinical Trial," *Acupuncture in Medicine* 29, no. 1 (March 1, 2011), pg 27
- 12 Sunay et al, *The Effect of Acupuncture on Postmenopausal Symptoms and Reproductive Hormones*, pg 30
- 13 Chiu et al, *Acupuncture to Reduce Sleep Disturbances*. pg 513
- 14 Chiu et al, *Acupuncture to Reduce Sleep Disturbances*. pg 509
- 15 Chiu et al, *Acupuncture to Reduce Sleep Disturbances*. pg 510
- 16 Eichling, *Menopause Related Sleep Disorders*. Pg 291

## References

[nia.nih.gov/health/publication/menopause](http://nia.nih.gov/health/publication/menopause)

Eichling, Philip S. and Jyotsna Sahni. “Menopause Related Sleep Disorders.” *Journal of Clinical Sleep Medicine* 1, no. 3 (2005): 291–300.

Chiu, Hsiao-Yean, Yu-Jung Hsieh, and Pei-Shan Tsai. “Acupuncture to Reduce Sleep Disturbances in Perimenopausal and Postmenopausal Women.” *Obstetrics & Gynecology* 127, no. 3 (March 2016): 507–15. doi:10.1097/aog.0000000000001268.

[ncbi.nlm.nih.gov/pubmed/18603220](http://ncbi.nlm.nih.gov/pubmed/18603220)

Zhou, Jue, Fan Qu, Xisheng Sang, Xiaotong Wang, and Rui Nan. “Acupuncture and Auricular Acupressure in Relieving Menopausal Hot Flashes of Bilaterally Ovariectomized Chinese Women: A Randomized Controlled Trial.” *Evidence-Based Complementary and Alternative Medicine* 2011 (2011): 1–8. doi:10.1093/ecam/nep001.

Sunay, D., M. Ozdiken, H. Arslan, A. Seven, and Y. Aral. “The Effect of Acupuncture on Postmenopausal Symptoms and Reproductive Hormones: A Sham Controlled Clinical Trial.” *Acupuncture in Medicine* 29, no. 1 (March 1, 2011): 27–31. doi:10.1136/aim.2010.003285.

# Acupuncture vs. Estazolam

*Acupuncture outperforms a benzodiazepine medication for the treatment of insomnia.*

Researchers find acupuncture more effective for the relief of insomnia than estazolam, a benzodiazepine pharmaceutical drug. Using Pittsburgh sleep quality index (PSQI) scores as a basis of comparison, acupuncture outperformed estazolam for the improvement of “sleep quality, efficiency disturbance and daytime dysfunction.” The researchers note that the acupuncture protocol used to achieve the treatment results included a specialized order for inserting the acupuncture needles and that the “sequence of acupuncture points” plays an important role.

The investigation explored the efficacy of the Governor Vessel (GV) unblocking protocol developed by Prof. Gao Yu-chun. The researchers provide the Traditional Chinese Medicine (TCM) basis for the protocol. The GV unblocking approach to care for the treatment of insomnia focuses on calming the mind by nourishing kidney water to “submerge liver yang and harmonize heart mind by stimulating the three Yuan-Primary points Shenmen (HT7), Taichong (LR3) and Taixi (KI3).” The protocol also focuses on harmonizing the spleen and stomach. According to TCM principles, ascending “turbid qi or insufficient qi and blood due to dysfunctions of the spleen and stomach may either cause or aggravate insomnia.” To address these concerns, the following acupoints were included:

- **Zhongwan (CV12)**
- **Tianshu (ST25)**
- **Yinlingquan (SP9)**

The researchers note that the harmonizing functions of CV12, ST25, and SP9 combined with the Yuan acupoints help to regulate the Zang-fu organs, benefit the spleen and stomach, and improve sleeping. The GV unblocking protocol of Prof. Gao Yun-chun adds GV acupoints to the point prescription for several reasons. The

researchers note that the GV connects directly with the brain, governs all yang meridians, and connects the five Zang and six Fu organs either directly or indirectly. According to TCM theory, obstruction of qi and blood flow in the GV may cause yin, yang, and Zang-Fu imbalances resulting in insomnia. Consequently, needling the GV focuses on clearing obstructions impeding the free flow of qi in the meridians, dispersing yang qi, and facilitating the distribution of nutrients.

The researchers note that the guiding treatment principle for the GV acupoint choices is to “harmonize yin and yang and improve sleep.” Baihui (GV20) is selected because it is a meeting acupoint of the Bladder Foot-Taiyang channel with the GV. GV20 functions to “tranquillize the mind.” Shenting (GV24) is chosen for its specific function to treat both insomnia and palpitations. GV24 is notable as the meeting point of the GV with the Bladder Foot-Taiyang and Stomach Yangming channels. The research indicates that the combination of GV20 with GV24 harmonizes Ying and Wei qi (nutrient and defensive qi), tranquilizes the mind, strengthens kidney qi and jing (essence), and more strongly treats insomnia. To reinforce the functions of these acupoints, Anmian (EX-HN14), Sishencong (EX-HN1), and Fengchi (GB20) are added.

The researchers cite the work of Jiang et al., noting that the “sequence of acupuncture points” is an important aspect of the treatment protocol. They add that it is a “key part” and may be a “decisive factor of the treatment effect.” Step one is to needle CV12 and ST25 to activate yang qi in the spleen, stomach, and entire body. Next, GV acupoints are needled to “unblock meridian qi and tranquilize the mind.” Step three is to needle the Yuan (source) acupoints. This assists in regulating the heart, liver, and kidneys. The researchers add that Yuan acupoints help to settle the rising liver yang and to “harmonize the heart and mind.”

The acupoint prescription had greater positive patient outcomes than estazolam for the improvement of sleep quality. In addition, the total recovery rate and marked effect rate were greater in the acupuncture group than in the estazolam group.



- *The recovery rate was determined by a PSQI reductive rate  $\geq 75\%$  and a global PSQI score  $< 11$  points.*
- *The marked effect rate was determined by a PSQI reductive rate  $\geq 50\%$  and  $< 75\%$ .*
- *Signs of improvement were registered at a minimal level with a PSQI reductive rate  $\geq 30\%$  and  $< 50\%$ .*

The total effective rate combined the recovery, marked improvement, and minimal improvement rates. As a result, acupuncture and estazolam scored at approximately the same levels when taking into account minimal improvements. However, using only the recovery and marked effect rate, the research demonstrates that acupuncture produces significantly greater positive patient outcomes when considering significant clinical improvements.

Estazolam equaled acupuncture in one parameter. Both estazolam and acupuncture had an equal effect on sleep onset latency. This is a measure of time from wakefulness to sleep. Sleep onset latency typically measures the time it takes to go from full wakefulness to a light stage of non-REM sleep.

Patients in the estazolam group were administered 1 mg oral doses, once per day, for a total of four weeks. Patients in the acupuncture group did not receive any medications. Acupuncture points were needled with sterile, disposable 0.30 x 40 mm filiform acupuncture needles. Needles were retained for 15 – 20 minutes per acupuncture session for patients diagnosed with deficiency syndromes. For patients with a diagnosis of excess syndromes, needles were retained for 30 –40 minutes. Acupuncture was administered once per day, five times per week, for a total of four weeks.

Step one involved insertion of acupuncture needles into the following acupoints:

- **Tianshu (ST25)**
- **Zhongwan (CV12)**

- **Yinlingquan (SP9)**

Step two involved the following acupoints:

- **Baihui (GV20)**
- **Shenting (GV24)**
- **Sishencong (EX-HN1)**
- **Anmian**

Step three involved the following acupoints:

- **Shenmen (HT7)**
- **Taichong (LR3)**
- **Taixi (KI3)**

The research team provided background information to their study. Worldwide, over 35% of people in the Occident and 42% in the Orient are affected by insomnia. A combination of TCM and biomedical parameters were used for the inclusion and exclusion criteria. Patients admitted to the study had a primary complaint of insomnia combined with at least five of the following symptoms: headaches, dizziness, dream disturbed sleep, poor memory, fatigue, palpitations. These diagnostic criteria account for the TCM principle that insomnia involves both lack of sleep and consequent dysfunction.

Biomedical parameters for inclusion involves several parameters. Patients must have had a primary complaint of sleep disturbances at least three times per week for no less than one month. Patients were unable to maintain sleep, experienced poor sleep quality, or had difficulty falling asleep. The sleep issue caused excessive worrying about insomnia consequences and the sleep issue must have caused social or occupational impairment.

Exclusion criteria sorted for insomnia secondary to an illness including Parkinson's or Alzheimer's disease, mental illness, or

systemic disorders. Patients with complications due to heart, liver, kidney, or blood disorders were also excluded from the study. In addition, patients receiving other forms of therapy were excluded. Patients were randomly divided into the medication group and the acupuncture group.

The researchers (Wang et al.) conclude that acupuncture is safe and effective for the treatment of insomnia. Further, acupuncture produces greater positive patient outcomes than estazolam intake. Based on the recovery and marked effect rate, the researchers add that acupuncture is a reliable treatment modality for patients with insomnia. As a result, the GV unblocking method is recommended by the researchers.

#### References:

Wang YJ, Zhang LH, Han YX, Li PP. Efficacy observation on Governor Vessel-unblocking and mind-calming acupuncture for insomnia. *Journal of Acupuncture and Tuina Science*. 2016 Jul 1;14(4):274-8.

Jiang S, Di Z, Fu WB. On sequence of acupuncture points in acupuncture treatment. *Zhongyi Zazhi*, 2012, 53(7): 620-622.

Expert consensus panel on definition, diagnosis and drug therapy for insomnia. Expert consensus (draft) on definition, diagnosis and drug therapy for insomnia. *Chin J Neurol*, 2006, 39(2): 141-143.

# Acupuncture vs. Mirtazapine

Acupuncture alleviates depression and insomnia. Research published in the *Shanghai Journal of Acupuncture and Moxibustion* (Ye et al.) finds acupuncture 90% effective in improving total sleep duration and sleep quality for patients with depression. Alleviation of insomnia directly correlated to improvements in the mental and physical health of study participants. Acupuncture treatments lowered relapse rates and produced similar clinical results as antidepressants. Notably, acupuncture did not produce any adverse effects.

Two groups were compared. Group one received acupuncture and group two received oral tablets of mirtazapine, an antidepressant drug. Acupuncture therapy achieved a 90% total effective rate and mirtazapine therapy achieved a 92.5% total effective rate. Common mirtazapine adverse effects include dizziness, drowsiness, vision changes, weight gain, increased appetite, and constipation. No adverse effects occurred in study participants receiving acupuncture.

Insomnia due to depression, termed depressive insomnia in Traditional Chinese Medicine (TCM), is characterized by difficulty falling asleep, dream disturbed sleep, generalized insomnia, and severe emotional fluctuations. Additional symptoms include major depression, loss of appetite, exhaustion, chest tightness, manic states, pain of the hypochondriac region, and excessive pessimism.

Hamilton Depression Rating Scale (HAM-D) results measured demonstrative improvements in both the acupuncture and drug therapy patients. The acupuncture group demonstrated a 9.7% HAM-D score improvement within one month of treatment. The HAM-D score improved by 36.2% within three months. The drug group demonstrated a HAM-D score improvement of 15.9% within one month and 32.5% within three months.

The total effective rate was determined by adding all patients with 30% – 100% clinical improvements. The acupuncture group achieved a 90% total effective rate. The drug therapy group achieved

a 92.5% total effective rate.

The drug therapy group received 20 mg of mirtazapine tablets orally at a rate of once per day for three months. The acupuncture group received acupuncture treatment sessions every other day. An exception was made for extreme cases of depressive insomnia; these patients received acupuncture at a rate of once per day. Treatments were applied over a three month period.

The patients received a semi-protocolized acupuncture point prescription comprised of a set of primary acupuncture points for all patients and a set of secondary acupuncture points for specific differential diagnostic conditions. The primary acupoints were the following:

- **Shenmen (HT7)**
- **Sanyinjiao (SP6)**
- **Yintang (extra)**

Secondary acupoints were administered when one of two of the following conditions were diagnosed. For patients with the TCM diagnosis of liver qi stagnation, Taichong (LV3) and Yanglingquan (GB34) were added. For patients with heart and spleen related disorders, Zusanli (ST36) and Jianshi (PC5) were added. Manual acupuncture stimulation was applied to the needles to elicit deqi followed by a thirty minute needle retention time. During the needle retention period, manual needle stimulation was applied every ten minutes using lifting and thrusting techniques for sedation and tonification.

The researchers conclude that acupuncture significantly improves sleep time and sleep quality while improving the overall mental and physical health of patients. No adverse effects occurred. Moreover, acupuncture reduced the relapse rate for depressive insomnia.

Lin et al. had similar findings. Their research finds acupuncture points Lieque (LU7) and Zhaohai (KD6) potent clinical tools in the fight against generalized anxiety disorder (GAD). Lin et al. note that

“a number of Meta analysis and system evaluations point out that acupuncture treatment has more advantages than drugs in the treatment of anxiety disorders....” Lin et al. add that acupuncture has a fast effective action, high compliance to the therapeutic regimen, and a relatively minimal risk of side effects compared with drug therapy.

The research of Wang et al. confirms the aforementioned studies. Wang et al. conclude that acupuncture benefits sleep and reduces insomnia in 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. Primary acupuncture points used in the study were

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

Acupuncture restored nighttime sleep and improved daytime energetics. Patients in the estazolam medication group experienced adverse effects including daytime drowsiness 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 note that true acupuncture increased total sleep time and “improved sleep quality (SQ) and vitality (VT), decreased daytime dysfunction (DD) and sleepiness (ESS score).”

#### References:

Ye GC & Yan H. (2014). Therapeutic Observation of Acupuncture for

Depressive Insomnia. Shanghai Journal of Acupuncture and Moxibustion. 55(6).

Observation on the mechanism of acupuncture treatment for generalized anxiety disorder using Lieque (LU7), Zhaohai (KI6) as the main acupoints. Lin, Chuhua; Zhao, Xiaoyan; Liu, Xing; Fu, Wenbin. Bioinformatics and Biomedicine (BIBM), 2013 IEEE International Conference on. 18-21, 12-2-13.

Lin-Peng Wang, Guo, Jing, Cun-Zhi Liu, Jie Zhang, Gui-Ling Wang, Jing-Hong Yi, Jin-Lian Cheng, and R. Musil. "Efficacy of acupuncture for primary insomnia: a randomized controlled clinical trial." Deutsche Zeitschrift für Akupunktur 57, no. 4 (2014): 31-32.

# Insomnia and GABA

Acupuncture is an effective treatment for the relief of insomnia. Two independent research teams from the Heilongjiang University of Chinese Medicine found acupuncture over 90% effective for the treatment of insomnia. In addition, Li et al. found an important biochemical basis for the efficaciousness of acupuncture in the treatment of insomnia.

Li et al. conducted an investigation and determined that acupuncture increases biochemical concentrations that benefit sleep.

Acupuncture increases the concentration of gamma-aminobutyric acid (GABA) in cerebrospinal fluid and increases bodily serotonin (5-HT) levels. Serotonin is involved in the regulation of many bodily functions including appetite, cognitive function, mood, and sleep. GABA is a neurotransmitter that produces inhibitory responses to postsynaptic neurons in the adult brain.

In one of two recent investigations at the Heilongjiang University of Chinese Medicine, researchers tested two acupuncture insomnia treatment protocols. One protocol, called Tiao Shen, achieved a 93.3% total effective rate for the treatment of insomnia. The second treatment protocol, a standardized form of body style acupuncture, achieved a 73.3% total effective rate. Sixty patients were randomized into two equal groups in a semi-protocolized trial.

Group one received the Tiao Shen protocol. Primary body style acupuncture points included:

**DU24, Shenting**  
**HT7, Shenmen**  
**ST36, Zusanli**  
**SP6, Sanyinjiao**  
**DU16, Fengfu**  
**GB13, Benshen**  
**Yintang**  
**Sishencong**  
**Anmian**



Supplementary acupuncture points were added based on differential diagnostics:

- *Spleen and heart deficiency: add BL15 (Xinshu), BL20 (Pishu)*
- *Heart and kidney deficiency: add HT8 (Shaofu), KD3 (Taixi)*
- *Liver disharmony: add LV3 (Taichong), LI4 (Hegu)*
- *Heart deficiency: add BL15 (Xinshu), BL19 (Danshu)*
- *Excess phlegm: add PC6 (Neiguan), ST40 (Fenglong)*



LI4 (Hegu)

Deqi was elicited at the body style acupuncture points with mild reinforcing and reducing techniques. Total needle retention time was

45 minutes per acupuncture session. **The Tiao Shen protocol involved the addition of auricular acupuncture points including subcortex, shenmen, and others.** The points were stimulated with vaccaria seeds covered with zinc oxide tape. Patients were advised to stimulate the auricular points 3 to 5 minutes per day.

Group two received acupuncture at body style acupuncture points only. The primary acupuncture points were:

**HT7, Shenmen**

**HT3, Shaohai**

**BL62, Shenmai**

**Yintang**

**Sishencong**

**Anmian**

The same manual acupuncture techniques and treatment duration applied to group two as in group one. The clinical success rate for improving sleep quality and duration differed significantly between group one and two. Group one achieved a 93.3% total effective rate and group two achieved a 73.3% total effective rate. The results suggest that the addition of auricular acupuncture enhances the clinical efficacy of body style acupuncture.

Another research team at the Heilongjiang University of Chinese Medicine investigated the efficacy of Sun's abdominal acupuncture protocol for the treatment of insomnia. The data demonstrates that combining Sun's abdominal acupuncture point prescription with standard acupuncture points improves the clinical success rate for the treatment of insomnia. The Sun abdominal acupuncture protocol achieved a 96.67% total effective rate. This was compared with a conventional acupuncture protocol that achieved a 76.67% total effective rate.

The Sun acupuncture point protocol consists of three main

abdominal acupoints. The first point is a half inch below the xiphoid process. The other two points are each one inch lateral to this point on both the left and right sides. According to the Sun system, this acupuncture point combination is indicated for the treatment of anxiety, depression, insomnia, forgetfulness, obsessive-compulsive disorder, epilepsy, and dream disturbed sleep. Patients receiving Sun's abdominal acupuncture also received acupuncture at the following acupuncture points:

**Yintang**

**Sishenchong**

**Anmian**

**HT7, Shenmen**

**HT3, Shaohai**

**BL62, Shenmai**

Note the use of BL62, the confluent point of the Yangqiao channel. Electroacupuncture was applied to Anmian and the lateral Sun abdominal acupoints.



*Yintang*

Supplementary acupuncture points were added based on differential diagnostics:

- *For heart and spleen deficiency add BL15 (Xinshu) and BL20 (Pishu).*
- *For phlegm fire add ST40 (Fenglong) and ST44 (Neiting).*
- *For deficiency of the heart, gallbladder, and qi add BL15 (Xinshu) and BL19 (Danshu).*
- *For deficiency of the heart and kidneys add BL15 (Xinshu) and BL23 (Shenshu).*
- *For disharmony of the spleen and stomach add SP4 (Gongsun) and ST36 (Zusanli).*

The Sun acupuncture protocol improved many aspects of the Pittsburgh Sleep Quality Index (PSQI). The 96.67% total effective rate demonstrates that the Sun acupuncture protocol is effective for the treatment of insomnia. The Wang et al. research, using the Tiao Shen protocol that achieved a 93.3% total effective rate, also shows significant positive patient outcomes for patients with insomnia.

#### References:

Wang H., Meng X.H., Zou W. (2014). Curative Effect of Acupuncture Therapy of Regulating Mentality Combined with Auricular Point in the Treatment of Insomnia. *Journal of Clinical Acupuncture and Moxibustion*. 30(7).

Li YH, Zhang LT. (2009). Acupuncture therapy in treating athletic insomnia and its effects on the levels of 5-HT and NGF. *Zhe Jiang Journal of TCM*. 44(6): 402.

Sun YZ & Yu T. (2014). Clinical Research on the First Area of Sun's Abdominal Acupuncture Treatment for Insomnia. *Journal of Clinical Acupuncture and Moxibustion*. 30(12).

Gottesmann, Claude. "GABA mechanisms and sleep." *Neuroscience* 111, no. 2 (2002): 231-239.

# Acupuncture Plus Herbs

Researchers find acupuncture combined with herbal medicine effective for the treatment of insomnia. A randomized-controlled study of 200 patients, published in the *Clinical Journal of Chinese Medicine*, investigated the efficaciousness of TCM (Traditional Chinese Medicine) herbal formulas combined with a protocolized acupuncture point prescription.

Acupuncture, as a standalone therapeutic modality, achieved a total effective rate of 85%. The combined herbal and acupuncture therapeutic regimen achieved a total effective rate of 93%.

Clinical improvements achieved with acupuncture and herbal medicine include improved sleep time and sleep quality. Additional benefits include alleviation of headaches and fatigue. The researchers concluded that acupuncture plus TCM herbal medicine is effective for the treatment of insomnia and is characterized by a high total effective rate, lower recurrence rate, and rapid onset of relief.

The herbal medicines found effective include the following formulas:

- **Gui Pi Tang**
- **E Jiao Tang**
- **Bao He Wan**
- **Long Dan Xie Gan Tang**

The acupuncture point prescription used in the study included the following acupoints:

- **Shenmai (BL62)**
- **Zhaohai (KD6)**
- **Baihui (DU20)**
- **Sishencong**
- **Yintang**

- **Neiguan (PC6)**
- **Shenmen (HT7)**
- **Sanyinjiao (SP6)**

Xi et al. conducted a similar randomized-controlled investigation of 98 patients with insomnia. This study added massage to the herbal medicine and acupuncture regimen. The data was analyzed using the PSQI (Pittsburg Sleep Quality Index). The total efficacy rate was 93.88%. The researchers concluded that a comprehensive treatment of acupuncture, TCM herbal medicine, and massage improves sleep quality and reduces insomnia.

The primary acupuncture points used in the study include:

- **Baihui (DU20)**
- **Shenting (DU24)**
- **Benshen (GB13)**
- **Shenmen (HT7)**
- **Sishencong**

Additional acupoints were added for specific indications. For forgetfulness, SP6 was added. For headaches or palpitations, LV2 (Xingjian) and PC6 were added. For loss of appetite, SP20 (Zhongruan) and ST36 (Zusanli) were added. For nervousness, LI4 (Hegu) and GB9 (Taichong) were added. For patients with weakness and dizziness, CV4 (Guanyuan) and GB9 were added.

The TCM herbal formula contained the following herbs: Chai Hu, Dang Shen, Bai Zhu, Fu Ling, Bai Shao, Chen Pi, Ban Xia, Ji Nei Jin, Mai Men Dong, Zhi Gan Cao. Massage was applied to the head and abdomen. Tui-na TCM massage was applied for 10 minutes to both sides of the head and acupressure was applied to SJ20 (Jiaosun). An additional 8 minutes of abdominal massage was applied to CV4 (Guanyuan) and CV6 (Qihai). The combined therapy of acupuncture, herbs, and massage produced significant positive patient outcomes

for patients with insomnia.

Wang et al. also demonstrated that acupuncture and herbs are effective in the relief of insomnia. The TCM herbal formula used in the study was Ningxin Anshen. Acupuncture was applied to Sishencong, Yintang, Anmian, and Taiyang. The total effective rate of the combined therapy was 97.67%. Sleep time, sleep quality, and daytime function all improved significantly.

These findings are consistent with those of Wang et al., which we covered earlier in this course. A review of those findings: True acupuncture was found more effective than both estazolam and the sham acupuncture control. True acupuncture produced significant positive patient outcomes for total sleep time, sleep quality, daytime functioning, and sleep efficiency. The daytime functioning improvements included fatigue reduction, less daytime drowsiness, increased alertness and concentration, and reduced mood disturbances. Acupuncture points used in the study were:

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

The researchers added that “acupuncture was superior in improving sleep quality and daytime functioning of primary insomnia compared with estazolam and sham acupuncture.” The studies mentioned in this report document the efficaciousness of treating insomnia with acupuncture and herbal medicine. The results suggest an additive or synergistic effect.

References:

Min Yang. Clinical Observation on Treating 100 Cases Insomnia with TCM plus acupuncture. *Clinical Journal of Chinese Medicine*, 2015, 7(11): 42-44.

Yuhua Xi. Observation on a Comprehensive Treatment of Acupuncture, TCM and massage. *Chinese Manipulation & Rehabilitation Medicine*, 2015, 6(6): 29-31.

Yan Wang, Shuang Yang, Xiaodi Li. Clinical Research on Ningxin Anshen Prescription Medicine Combined with Acupuncture and Massage in Improving Sleep Quality of Insomnia Patients. *World Chinese Medicine*, 2015, 10(6): 856-860.

Lin-Peng Wang, Guo, Jing, Cun-Zhi Liu, Jie Zhang, Gui-Ling Wang, Jing-Hong Yi, Jin-Lian Cheng, and R. Musil. "Efficacy of acupuncture for primary insomnia: a randomized controlled clinical trial." *Deutsche Zeitschrift für Akupunktur* 57, no. 4 (2014): 31-32.



## 4 Key Acupoints & Herbs

Researchers document that acupuncture and herbs are effective in the relief of insomnia. In a recent finding, investigators have discovered that combining acupuncture and herbs into a comprehensive treatment regimen greatly enhances the total effective rate.

The controlled clinical experiment investigated three separate groups. An acupuncture group, an herbal medicine group, and a combination group receiving both acupuncture and herbs were compared.

Acupuncture was administered at a rate of one treatment every three days with a total of four acupuncture sessions per course of care. Two courses of care were administered with an interval of three days for all groups. Before and after treatment, the Pittsburgh Sleep Quality Index (PSQI) was used to analyze the data. The acupuncture group received treatment at the following acupuncture points:

- **Sishencong**
- **Yintang**
- **Anmian**
- **Taiyang**

The herbal medicine group received the Traditional Chinese Medicine (TCM) modified formula Ningxin Anshen. The primary ingredients of the formula are:

- **Huang Lian**
- **Hu Po**
- **Shi Chang Pu**
- **Yuan Zhi**
- **Fu Ling**
- **Dan Shen**
- **Gan Cao**

- **Hong Zao**
- **Fu Xiao Mai**
- **Ci Shi**
- **Zhen Zhu Mu**

According to TCM principles, this herbal formula has sedative properties. TCM theory states that it calms the shen, the spirit, and has a tranquilizing effect. The formula is also noted for promoting blood circulation, benefitting the liver, reducing dizziness, and benefitting patients with a deficiency constitution marked by a weak pulse. Indications for use of this formula include insomnia, irritability, hot flashes, palpitations, redness of the cheeks, menopausal symptoms with heat, neurasthenia, persistent thirst, depression, and discomfort of the heart and chest region. According to TCM theory, this herbal formula benefits patients with insomnia due to yin deficiency with uprising fire.

Patients consumed the herbal formula once per day. The combination group received the identical acupuncture and herbal medicine regimen given to the aforementioned groups.

### **Research Methodology**

A stringent selection standard was used to select the study participants. Inclusion and exclusion criteria were extensive including the following:

- Patients must have fulfilled the diagnosis standard of insomnia.
- All patients had not previously participated in this type of investigation.
- All patients were between 18 – 75 years old.
- All patients had a PSQI score above 7.
- Patients had not taken insomnia medication within two weeks from the beginning of the investigation.

Results were statistically analysed using a rank-sum test and variance analysis ( $P < 0.05$ ) based on the PSQI score. The results

were surprising. The total effective rate for the combination group was 100% for the treatment of insomnia. This includes patients ranging from mild improvement to completely cured. Parameters of effectiveness included time to fall asleep, total sleep time, sleep efficiency, temporary sleep baffle, and daytime function. In short, the PSQI score of the combination group was better than the TCM herbal medicine group and the acupuncture group.

For the combination group, a 100% effective rate was achieved. All patients reported that the treatment was effective and helped to improve their insomnia. In comparison, the TCM herbal medicine group reported a 97.67% effective rate and the acupuncture group reported a 73.33% effective rate. Acupuncture and herbal medicine were found effective for the treatment of insomnia, however, the combination of the two modalities produced significantly superior patient outcomes.

#### References:

Cao Jia, Lu Lili, Xu Lei. Cognitive Behavioral Therapy and Its Impact on Sleep Quality in Elderly Patients with Coronary Artery Disease [J]. Hebei Medical, 2014, 11(2): 1916 – 1919.

Li Wanting. Radix Bupleuri, Pig Keel and Clam Soup Combined with Acupuncture to Treat Insomnia Due to Qi Stagnation for 64 Cases [J]. Shanxi Medical Journal, 2014, 43(20): 2434-2435.

Sun Yunfeng, Ying Yin, Xia Zhongni. Meta-Analysis on the Efficacy and safety of Paliperidone and risperidone in curing Schizophrenia [J]. Chinese Journal of Modern Applied Pharmacy, 2014, 10(1): 1263 – 1267.

王燕, 杨双, and 李晓娣. "宁心安神中药组方联合针灸推拿改善失眠患者睡眠质量的临床研究." *世界中医药 ISTIC* 6 (2015). Wang Yan, Yang Shuang, Clinical Research on Ningxin Anshen Prescription Medicine Combined with Acupuncture and Massage in Improving Sleep Quality of Insomnia Patients, *World Chinese Medicine*, R285.6, 2015, 10.3969/j.issn.1673-7202.2015.06.013.

# Depression and Insomnia

Acupuncture relieves depression. Research published in the *Journal of Science and Healing* finds acupuncture safe and effective as an adjunctive therapy for the treatment of depression. The researchers concluded that “acupuncture was an effective and safe therapy in treating major depressive disorders.

Particularly, the qualities of sleep and life (involving emotions) in patients with depression and schizophrenia were found to be improved after acupuncture treatment.”

The research focused on the effects of manual acupuncture. Electroacupuncture, laser acupuncture, and acupressure were excluded from the meta-analysis. The researchers note that the primary goal of the investigation was to “evaluate the effects of acupuncture treatment for patients with depression or schizophrenia through a systematic review.” The secondary goal was to assess acupuncture’s working mechanisms.

The researchers cite acupuncture’s ability to benefit sleep as an underlying mechanism for its effective therapeutic actions. The researchers cited Bosch et al. whose methodologies included the Pittsburg Sleep Quality Index as a method of evaluation. Bosch et al. “found a significant improvement of sleep quality” from acupuncture treatments for patients with depression or schizophrenia. Additional research employing objective measures of sleep improvement, including actigraphs, demonstrated sleep improvements from acupuncture treatments in patients with schizophrenia or schizoaffective disorders. The improvements include reduced activity levels during sleep, less night awake time, ability to fall asleep faster, and less daytime sleepiness.

## Emotions

The researchers note that another mechanism by which acupuncture exerts its effective action is its ability to benefit emotions. Several key studies identified acupuncture’s ability to reduce anxiety and improve mood. The Beck Depression Inventory and the Hamilton Rating

Scale were employed in the studies for purposes of evaluation. The researchers note, “A reduction of depressive symptoms was found after acupuncture therapy in patients with depression. Moreover, less anxiety and a better mood were found after acupuncture therapy in patients with schizophrenia.”

### **Schizophrenia**

The researchers note that acupuncture has beneficial effects that help to improve specific conditions of patients. Citing Block et al., the researchers note that “sleep was found to have been improved after acupuncture treatment in patients with schizophrenia; moreover, the patients with schizophrenia show less anxiety and an improved mood after acupuncture therapy.” The researchers add that studies demonstrate acupuncture’s ability to eliminate or decrease hallucinations with patients subsequently feeling “less disturbed.”



Acupuncture successfully reduces side effects from chronic consumption of schizophrenia medications. Acupuncture was found to reduce tardive dystonia. Involuntary movements “disappeared completely” and “the posture of the neck and body improved....” In an important finding, the researchers discovered that “a combined therapy of acupuncture and small doses of antipsychotics showed an efficacy equal to that for therapy using full doses of antipsychotics.....”

### **Acupuncture Actions**

The researchers note that the default mode network (DMN) is “a system of brain regions that is activated during rest or during passive

viewing tasks, but is deactivated when cognitive tasks are performed.” They add that, in cases of depression, there is “a failure to normally down-regulate activity within the DMN.” They note that acupuncture potentially regulates the DMN and consequently improves the conditions of patients with depression or schizophrenia. They also cite research demonstrating acupuncture’s ability to modulate and normalize effects on the hypothalamus and that acupuncture may also regulate the limbic system.

References:

Bosch, Peggy, Maurits van den Noort, Heike Staudte, and Sabina Lim. "Schizophrenia and depression: A Systematic Review of the Effectiveness and the Working Mechanisms behind Acupuncture." *EXPLORE: The Journal of Science and Healing* (2015).

Block B, Ravid S, Vadas L, et al. The acupuncture treatment of schizophrenia: a review with case studies. *J Chin Med*. 2010;93:57:63.

Bosch P, van Luijelaar G, van den Noort M, Lim S, Egger J, Coenen A. Sleep ameliorating effects of acupuncture in a psychiatric population. *Evid Based Complement Alternat Med*. 2013:969032.

# Perimenopause and Insomnia

Combining acupuncture with a special Traditional Chinese Medicine (TCM) herbal formula relieves perimenopausal insomnia. Acupuncture, as a standalone treatment modality, is found effective for the treatment of perimenopausal related insomnia in a recent study.

However, when a special herbal formula was added to the treatment regime, the total effective rate increased significantly. Researchers conclude that acupuncture combined with herbal medicine “is a simple and effective clinical intervention for the patients with perimenopausal insomnia....”

The researchers note that acupuncture combined with the herbal medicine formula Zi Shen Tiao Gan Tang (kidney reinforcing and liver regulating decoction) demonstrates the ability to “regulate endocrine functions” and nervous system functions. The researchers add that the acupuncture plus herbal medicine treatment protocol outlined in the study helps patients “avoid side effects from sedatives” through the use of this effective alternative to drugs. The following are the effective rates, acupuncture points, and herbs used to achieve positive patient outcomes for patients with perimenopausal insomnia.

## **Effective Rates**

The total effective rate for acupuncture combined with Zi Shen Tiao Gan Tang was 96.83%. Using the same acupuncture point prescription without the use of herbal medicine achieved a 74.60% total effective rate. The total effective rate was broken down into three categories: cure, remarkable effect, effect.

A cure was defined as sleep time restoration to normal or sleep time exceeding six hours of sound sleep with the patient being “full of

energy” after waking. A remarkable effect was defined as pronounced sleep improvements with an increase of sleep time by three hours. Effect was defined by sleep time increasing to a greater length than prior to the study but less than a three hour improvement. Acupuncture plus herbal medicine achieved a cure rate of 34.92%, a remarkable effect rate of 31.75%, and an effect rate of 30.16%. Acupuncture without the addition of herbal medicine achieved a 26.98% cure rate, a remarkable effective rate of 25.39%, and an effect rate of approximately 22.22%.

### **Acupuncture Point Prescription**

The acupuncture needles were stainless steel filiform needles of size 0.30 x 40 mm. Once the de qi needling sensation arrived, the needles were manually manipulated with moderate needling techniques. The needles were manipulated once every 10 minutes during needle retention time. Total needle retention time was 30 minutes. Acupuncture treatments were given once per day for a total of four weeks to the following acupuncture points:

- **Taixi (KI3)**
- **Sanyinjiao (SP6)**
- **Baihui (DU20)**
- **Sishencong (EX-HN1)**
- **Shenmen (HT7)**
- **Shenmai (BL62)**
- **Zhaohai (KI6)**

The researchers based the acupuncture point selection on the treatment principles employed for the resolution of perimenopausal sleep disorders: nourish yin, subdue fire, clean the heart, calm the mind, and regulate yin and yang. The researchers note, “All the acupoints in combination can deal with the symptoms and the root



causative factors and calm the mind.” The researchers carefully outlined the TCM theoretical basis for each point chosen for inclusion in the study’s design.

KI3 (KD3) was chosen because it is a yuan-primary acupuncture point that reinforces the kidney, benefits yin, and dredges the meridians. SP6 was chosen because it is a crossing point of the liver, spleen, and kidney meridians that reinforces essence and blood, benefits the liver and kidney, and soothes the liver qi. DU20 (GV 20) was chosen for calming the mind and benefitting the head and eyes. Sishencong was chosen for its ability to “assist Baihui (GV 20) to guide yang into yin and restore the balance between yin and yang.” HT7 was chosen because it is a yuan-primary point and because it tranquilizes the heart and calms the mind. KI6 was chosen for its ability to “nourish yin and reinforce the kidney.”

### **The Herbs**

The herbal formula Zi Shen Tiao Gan Tang was chosen to balance yin and yang “to greatly improve the sleeping quality of the patients.” The ingredients of the formula are:

- Shu Di Huang (Radix Rehmanniae Praeparata) 24 g
- Huang Jing (Rhizoma Polygonati) 9 g
- Bai Shao (Radix Paeoniae Alba) 15 g
- Gou Qi Zi (Fructus Lycii) 15 g
- Tu Si Zi (Semen Cuscutae) 15 g
- Shan Zhu Yu (Fructus Corni) 12 g
- Bai Zi Ren (Semen Platycladi) 12 g
- Fu Xiao Mai (Fructus Triticis Levis) 20 g
- Xiang Fu (Rhizoma Cyperi) 12 g
- Di Gu Pi (Cortex Lycii Radicis) 12 g
- Zhi Gan Cao (Radix Glycyrrhizae Praeparata) 9 g

The herbs were soaked in 500 mL of warm water for 30 minutes. Next, they were decocted by boiling the herbs over a mild fire. After 20 minutes of boiling, the liquid was removed (approximately 200 mL). An additional 300 mL of water was added to the herbs and decocted for another 20 minutes down to 150 mL. The 200 mL and 150 mL portions were combined to form one dose to be taken in two parts, once in the morning and once in the evening on an empty stomach. One dose per day for four weeks was administered.

The researchers note that acupuncture combined with Zi Shen Tiao Gan Tang has a positive therapeutic effect for patients with perimenopausal insomnia. They note that although acupuncture is effective, the combination of acupuncture plus herbs is significantly more effective. Given the positive patient outcomes achieved in the study, the researchers recommend additional investigations into the effects of acupuncture plus herbs for the treatment of perimenopausal insomnia.

#### Reference

Tan KP, Yao X, Li XW. Observation on clinical effect of acupuncture plus Zi Shen Tiao Gan Decoction for perimenopausal insomnia. *J Acupunct Tuina Sci*, 2015, 13 (1): 49-53. DOI: 10.1007/s11726-015-0822-1.

# LU7, KD6, UB15

## Lieque (LU7), Zhaohai (KD6), UB15 (Xinshu)

Acupuncture successfully relieves insomnia caused by depression. Researchers document two effective and contrasting approaches to acupuncture for the treatment of insomnia caused by depression. The research finds acupuncture points Lieque (LU7), Zhaohai (KI6) and UB15 (Xinshu) more effective than the Si Guan (i.e., Four Gates, Four Bars) combination for the treatment of depression related insomnia. Si Guan consists of bilaterally needled acupuncture points LI4 (Hegu) and LV3 (Taichong).

Both sets of points were combined with DU20 (Baihui) and Yintang in protocolized acupuncture point prescriptions. Although each prescription was effective, the data documents the LU7, KI6, UB15 combination a superior compliment to DU20 and Yintang for optimal patient outcomes. The researchers acknowledge that another study of a larger sample size is necessary to confirm these results.

Acupuncture treatments were administered two times per week for six weeks. Needles were retained for 30 minutes during each acupuncture treatment session. Filiform needles of size 0.30mm X 25mm were used to elicit deqi at LU7 and KI6 in the treatment group and LI4 and LV3 in the control group. Once deqi was achieved, DU20 and Yintang were added without manual stimulation. For the treatment group, UB15 was added using a transverse intradermal needling approach and was retained for up to three days.

No adverse events were reported. Both groups showed a decrease in insomnia with the treatment group showing superior clinical outcomes. As a result, the researchers conclude that the LU7, KI6, UB15 combination is a better choice than the LI4, LV3 combination for the treatment of depression related insomnia when applying DU20 and Yintang.

In related research, it was concluded that acupuncture at CV12 (Zhongwan) and Si Guan (i.e., LI4, LV3) significantly reduces

depression. Moreover, this acupuncture point combination has a “similar therapeutic effect to oral administration of Fluoxetine Hydrochloride and it is a safe method for depression without adverse reactions.” Fluoxetine is known by brand names such as Prozac, Ladose, Fontex, Sarafem, etc.... Fluoxetine is a selective serotonin uptake inhibitor (SSRI) class of antidepressant.

The randomly controlled trial consisted of two groups of 60 patients each. The acupuncture group received the protocolized prescription of CV12, LV3 and LI4 as the primary points. Secondary points consisted of acupoints such as DU20 and Sishencong. Acupuncture needle techniques of reinforcing and reducing were applied. The biomedical group received oral Fluoxetine, 20mg per day. Both groups were treated for a total of 8 weeks.

The effective rate in the acupuncture group was 95.0% and 91.7% in the Fluoxetine group. No major adverse events were reported in the acupuncture group. The Fluoxetine group reported cases of nausea, anorexia and diarrhea. The researchers concluded that acupuncture is safe and effective for the treatment of depression and that it provides similar therapeutic benefits as Fluoxetine.

#### References:

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.

Zhongguo Zhen Jiu. 2009 Jul;29(7):521-4. [Observation on therapeutic effect of acupuncture at Zhongwan (CV 12) and Si-guan points combined with reinforcing-reducing manipulation of respiration for treatment of depression]. Xie YC1, Li YH.

## Extra Reference Materials (Not included on quiz)

### *Patient Referral Signs*

The acupuncturist can use clarifying questions to help decide when to refer a patient. However, the best measure an acupuncturist can take is to actively monitor patients for medical red flags. Some referral situations include:

- Sudden chest pain (coronary occlusion, pneumothorax, or aneurysm)
- Excessive hemorrhaging (shock risk)
- Recent head trauma (concussion, brain injuries)
- Persistent cough (pleural effusion, lung cancer)
- Severe abdominal pains (appendicitis, ruptured abscess)
- Gastro-intestinal bleeding from upper or lower GI tract
- New onset of severe headache (aneurysms, brain tumor)
- Seriously Infected wounds (any infected foot ulcers in diabetic patients should be referred)
- Persistently swollen lymph nodes, difficulty swallowing, breast lumps, abdominal masses, unexplained weight loss (cancer)
- Unexplained weight loss, thirst, frequent urination (Diabetes Type II)
- Persistent tenderness and swelling in lower leg or thigh (thrombophlebitis, peripheral vascular disorder)
- Visual disturbances or severe redness in eyes (glaucoma)
- Altered levels of consciousness (stroke or impending coma)
- Broken bones or dislocated joints that need immobilizing
- Suicide risks
- Severe depression or emotional disturbance which may require behavioral therapy or counseling
- Children with neurological deficits, developmental delays, or learning disabilities
- Sudden onset of new neurological problems
- Sudden respiratory distress

- Signs of an undiagnosed highly infectious disease (Hepatitis, HIV, tuberculosis)
- Spotting during pregnancy or patients with pre-eclampsia who develop severe headaches and blurred vision (miscarriage risk)
- Post-menopausal vaginal bleeding
- Fever of unknown origin
- Frequent syncope or light-headedness (brain tumor)
- Anaphylaxis (anaphylactic shock)
- New occurrence of exophthalmos/enlarged eyes or goiter (Grave's disease)
- Elder or child abuse (needs to be reported to the proper authorities)

Scope of practice and legal obligations may stipulate a referral in some or all of the above situations dependent upon the state or country. Ethics guides us to contact the referred provider or authority directly to ensure effective action is taken on the patient's behalf.

## **HIPAA**

HIPAA (Health Insurance Portability and Accountability Act) regulations comprise two parts. The Health Insurance Portability and Accountability Act of 1996 is a federal law that says employees belonging to group health plans must be allowed to purchase insurance for a period of time after they leave their jobs or change employment status. This law also created standards regarding how healthcare providers and third party entities handle patient health information. The standards specify who has authorization to view patient information and how private information, such as a patient's name or date of birth, should be stored.

As part of their healthcare responsibilities, acupuncturists are legally bound to maintain the confidentiality of patient information and records. Acupuncturists should provide all patients a *Health*

*Information and Privacy Notice* prior to treatment. The US Department of Health & Human Services notes in regards to HIPAA:

General Rule. The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices.<sup>5</sup>

The content of the notice is specific and often acupuncturists can obtain a copy suggested by their malpractice insurance provider. The US Department of Health & Human Services notes:

**Content of the Notice.** Covered entities are required to provide a notice in plain language that describes:

- How the covered entity may use and disclose protected health information about an individual.
- The individual's rights with respect to the information and how the individual may exercise these rights, including how the individual may complain to the covered entity.
- The covered entity's legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of protected health information.
- Whom individuals can contact for further information about the covered entity's privacy policies.

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5. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/notice.html>. 1-6-15.

The notice must include an effective date.

Additionally, patient files need to be kept up-to-date and indicate:

- Basic patient information
- Insurance information
- Clinic's cancellation policy
- Patient's health history
- Informed Consent
- SOAP Notes or Patient Intake Forms with patient name, date, examination, diagnosis, treatment plan, and herbal prescriptions
- ICD-9, ICD-10 and CPT codes.

Records should be maintained according to your state's requirements. In an acupuncture setting, HIPAA noncompliance may not directly lead to a clinical error. However, inaccurate information can lead to mistakes in the treatment room. Acupuncturists, or any staff handling patient records, should comply with all federal and state requirements for handling patient information and records.

The HIPAA protections regulate identity. Staff nor acupuncturists should identify patients in the reception area or other public settings by both their first and last names. The same is true for medical information. Staff nor acupuncturists should publicly ask about a patient's medical issues. For example, during intake in the reception area, a staff member should avoid asking, "What is your reason for the office visit?" Revealing and requiring medical information in a public setting conflicts with privacy rights. This may also make the patient uncomfortable.



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