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## Clinical Research

Effect comparison of thermosensitive moxibustion and estazolam on anxiety and depression in the patients of insomnia differentiated as liver *qi* stagnation<sup>☆</sup>Lichun LI (李丽春)<sup>a</sup>, Yan LIANG (梁燕)<sup>a</sup>, Yonghong HU (胡永红)<sup>a</sup>, Na QIN (秦娜)<sup>a</sup>, Delong LI (李德龙)<sup>a</sup>, Chunsheng JIA (贾春生)<sup>b,\*</sup><sup>a</sup> Department of Acupuncture and Moxibustion, Shijiazhuang Municipal Chinese Medicine Hospital, Shijiazhuang 050021, Hebei Province, China (河北省石家庄市中医医院针灸科, 石家庄 050021, 中国)<sup>b</sup> School of Acupuncture, Moxibustion and Tuina, Hebei University of Traditional Chinese Medicine, Shijiazhuang 050020, Hebei Province, China (河北中医药大学针灸推拿学院, 河北石家庄 050020, 中国)

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## ABSTRACT

**Objective:** To observe the effect of thermosensitive moxibustion on anxiety and depression in the patients of insomnia differentiated as liver *qi* stagnation.**Methods:** From January 2015 to January 2017, 60 patients of insomnia differentiated as liver *qi* stagnation were collected in Shijiazhuang Municipal Chinese Medicine Hospital. According to the random number table, the patients were randomized into a moxibustion group (30 cases) and an estazolam group (30 cases). In the moxibustion group, the thermosensitive moxibustion was adopted alternatively to the bilateral yuan-source points of the liver and gallbladder meridians. In the estazolam group, estazolam, 1 mg was prescribed for oral administration before sleep every day. After 15-day treatments, the sleep quality, the severity of anxiety and depression and the therapeutic effects were observed before and after treatment in the two groups.**Results:** Before treatment, the differences were not significant in the scores of Pittsburgh sleep quality index (PSQI), the self-rating anxiety scale (SAS) and the self-rating depression scale (SDS) between the two groups (all  $P > 0.05$ ). After treatment, the scores of PSQI, SAS and SDS were all reduced remarkably as compared with those before treatment in the two groups (all  $P < 0.05$ ). PSQI score was  $(6.72 \pm 2.311)$  points in the moxibustion group and was  $(5.37 \pm 2.621)$  points in the estazolam group. SAS score was  $(31.76 \pm 6.511)$  points in the moxibustion group and was  $(39.62 \pm 4.371)$  points in the estazolam group. SDS score was  $(35.98 \pm 5.161)$  points in the moxibustion group and was  $(46.38 \pm 4.971)$  points in the estazolam group. After treatment, the scores of PSQI, SAS and SDS in the moxibustion group were reduced more remarkably as compared with the estazolam group, indicating the significant differences (all  $P < 0.05$ ). After treatment, the scores of sleep efficacy and TCM symptoms were  $(72.65 \pm 14.36)$  points and  $(69.36 \pm 4.28)$  points respectively in the moxibustion group, better than the estazolam group, indicating the significant differences (all  $P < 0.05$ ).**Conclusion:** The thermosensitive moxibustion at the yuan-source points of the liver and gallbladder meridians significantly improves the sleep quality, relieves the symptoms of anxiety and depression and enhances the therapeutic effects in the patients of insomnia differentiated as liver *qi* stagnation. Hence, this therapy deserves to be recommended in clinical practice.

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Insomnia is one of the common diseases in modern time, manifested as difficulty in falling asleep, unsound sleep, irritability at

daytime or poor memory, etc. The morbidity of insomnia is up to 10–20% in China [1], mostly associated with anxiety and depression. The anxiety and depression may aggravate insomnia. It is the vicious circle and seriously affects the normal study, work and life of the patients. The sedative-hypnotic medication is the main treatment in western medicine for the main “symptoms” of insomnia to indirectly improve sleep quality. But, it is discovered statistically [2,3] that the recurrence rate is high and the drug de-

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**Table 1**

Comparison of the general data in the patients of insomnia between the two groups.

Group	Patients	Gender (cases)		Age (years)			Sick duration (months)		
		Female	Male	Youngest	Oldest	Mean (x ± s)	Shortest	Longest	Mean (x ± s)
Moxibustion	30	18	12	29	43	34.25 ± 12.06	6	10	7.23 ± 1.11
Estazolam	30	19	11	28	45	34.11 ± 12.01	5	9	7.36 ± 1.25

pendency happens. With the acceleration of modern living rhythm and the increase of work stress, more and more people suffer from insomnia. In terms of traditional Chinese medicine (TCM), insomnia at modern time is mostly differentiated as liver *qi* stagnation. The dysfunction of liver in maintaining the flow of *qi* results in the retarded liver *qi* circulation and the stagnant *qi* activity. It is manifested as dream-disturbed sleep, difficulty in falling asleep, easy waking-up, emotional depression, distention and fullness in the chest and hypochondriac region, irritability, fear and fright, restlessness, hot temper, etc. From January 2015 to January 2017, 60 patients of insomnia differentiated as liver *qi* stagnation were collected in Shijiazhuang Municipal Chinese Medicine Hospital. In the research, the sleep quality and the improvements in anxiety and depression were observed after treatment with thermosensitive moxibustion at the *yuán*-source points of the liver and gallbladder meridians. The reports are as follows.

## Materials and methods

### General information

From January 2015 to January 2017, 60 patients of insomnia differentiated as liver *qi* stagnation were collected in Shijiazhuang Municipal Chinese Medicine Hospital. According to the random number table, the patients were randomized into a moxibustion group (30 cases) and an estazolam group (30 cases). In the moxibustion group, the patients were aged in the range from 29 years to 43 years and the sick duration was ranged from 6 months to 10 months. In the estazolam group, the patients were aged in the range from 28 years to 45 years and the sick duration was ranged from 5 month to 9 month. The differences were not significant in age, sick duration and gender in the patients between the two groups ( $P > 0.05$ ). The details are shown in Table 1.

### Diagnostic criteria

#### (1) Diagnostic criteria of western medicine

The diagnostic criteria of western medicine were specified in reference to the diagnosis of insomnia recorded in *Chinese Classification and Diagnostic Criteria of Mental Disorders* [4]. ① Sleep disorders are almost the sole symptoms. The other symptoms are induced by insomnia, including difficulty in falling asleep, unsound sleep, dream-disturbed sleep, early waking-up and being unable to return to sleep, feeling unrefreshed upon waking, lassitude or daytime sleepiness. ② The above-mentioned sleep disorders happen at least 3 times a week, lasting for over 1 month. ③ Insomnia induces serious troubles or a part of mental disorders, decreases the efficiency of activity or disturbs social function. ④ It does not belong to any of somatic disorders or mental disorders.

#### (2) Diagnostic criteria of TCM

In reference to the diagnostic criteria of insomnia in *Guidance of Clinical Research for Insomnia Treated with New Herbal Medicine* [6] recorded in *Criteria of Diagnosis and Treatment of Syndromes in Traditional Chinese Medicine* [5] issued by the State Administration of Traditional Chinese Medicine. The diagnostic criteria includes: ① Typical symptoms of insomnia, such as difficulty in falling asleep, easy waking-up,

unsound sleep or being unable to return to asleep, early waking-up in the morning, failure to fall into sleep at night, sleepiness at daytime, sleep less than 6 h. ② Regarding the severity of insomnia, mild degree: easy waking-up or unsound sleep, early waking-up in the morning and no disturbance to normal work; moderate degree: sleep less than 3 h, and still keeping on normal work; serious degree: failure to sleep the whole night, hard to keep on normal work. Regarding the syndrome differentiation of insomnia in TCM, liver *qi* stagnation was differentiated, manifested as dream-disturbed sleep, difficulty in falling asleep, easy waking-up, distention and fullness in the chest and hypochondriac region, irritability, fear and fright, restlessness, hot temper, palpitation, shortness of breath, slight red tongue with thin and white tongue coating, deep or deep wiry pulse.

### Inclusion criteria

①In compliance with the relevant diagnostic criteria. ②Self-dissatisfied sleeping quality, obvious troubles, complaints and declined working ability. ③Never taking estazolam tablets before treatment. ④Having signed the informed consent and relevant documents.

### Exclusive criteria

①Intolerance to moxibustion therapy. ②Insomnia caused by somatic disorders and mental disorders and alcoholic and medicinal (or drug) addiction. ③Excluding the secondary insomnia induced by mental disorders and somatic disorders. ④Complicated with primary diseases in cardiovascular, lung, liver and kidney as well as hematopoietic system, and unstable condition at present.

## Methods

### Treatment methods

#### (1) Moxibustion group

Acupoints: Taichong (太冲 LR3) and Qixu (丘墟 GB40) were selected. The *yuán*-source points of the liver and gallbladder meridians on the same side were selected alternatively in each treatment (LR3 on the left side and GB40 on the left side; LR3 on the right side and GB40 on the right side). Manipulation: In reference to the techniques of thermosensitive moxibustion as detecting sensitive sites, differentiating sensitization for moxibustion, individualizing treatment and sensitive sites disappear means adequate moxibustion dose [7], the standard manipulation was applied to the above acupoints. The mild moxibustion was provided around LR3 and GB40 to detect the thermosensitive sites. The target manipulation was given when the reactions presented, such as preference to heat, tolerance to heat, penetration of heat and conduction of heat. The moxibustion stopped until the thermosensitive feelings disappeared, thus one treatment finished. The bilateral acupoints were used alternatively every day in the manipulation. Frequency of treatment: once a day, 5 treatments as 1 course, continuously for 3 courses.

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