

Clinical Report

Excitement transfer therapy for 32 cases of insomnia

兴奋点转移疗法治疗失眠32例

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ABSTRACT

Objective To observe the clinical efficacy of excitement transfer therapy for insomnia. **Methods** According to the inclusion criteria, 32 patients, selected from *Guoyitang*, affiliated Zhongshan Hospital Yanwu Branch of Xiamen University from May to October, 2016, were diagnosed with insomnia and included in this study. All the patients were treated by adopting the excitement transfer therapy, i.e. cluster needling was carried out at the acupoints of wrist and ankle in the manner of penetration needling, and combined with sliding-cupping at governor vessel and bladder meridian on the back. All the subjects were treated for 3 times per week, and treatment for 6 times was considered as 1 course of treatment. The curative effect was observed after treatment for 2 courses, and follow-up visit was performed for two months after treatment. Efficacy evaluation criteria were established by reference to *Guidelines of Clinical Research on Chinese New Herbal Medicine (Trial)*. **Results** Cured: 11 cases (34%), markedly effective: 16 cases (50%), effective: 4 cases (13%), ineffective: 1 case. The total effective rate was up to 97%. There was no relapse during two months after the treatment. **Conclusion** The efficacy of excitement transfer therapy for insomnia was significant, which was worthy of clinical promotion and application.

KEY WORDS: Excitement transfer therapy; insomnia; efficacy

Insomnia is a very common disease which has a great negative impact on the health and quality of life of patients^[1-2]. Most of the clinical manifestations include difficulty falling asleep, profuse dreaming, restless sleep and difficulty falling asleep after awakening^[3]. At present, western medicines are mostly adopted to treat insomnia in modern medicine, mainly including chloral hydrate, barbiturates, benzodiazepines, sedatives and other hypnotic drugs^[3]. Although they are effective, and the hypnotic effect is remarkable, some side effects may generate due

to long-term use, such as residual effects of drugs, cognitive impairment and potential addiction, etc^[5]. While Chinese herb medicines have attracted the attention of people all over the world because of the little side effect^[6-7]. Acupuncture therapy is an important part of traditional Chinese medicine. It is called “green therapy” because of its safety, cost-effectiveness and without side effect^[8]. It has been proved that acupuncture therapy has a good curative effect for insomnia^[8-10]. Excitement transfer therapy is a kind of special acupuncture therapy with the

manipulations of cluster needling at the acupoints of wrist and ankle in the manner of penetration needling, and sliding-cupping at governor vessel and bladder meridian on the back. In this study, 32 insomnia patients from *Guoyitang*, affiliated Zhongshan Hospital Yanwu Branch of Xiamen University were treated by adopting excitement transfer therapy from May to October, 2016, and the curative effect was observed.

CLINICAL DATA

General data

Thirty-two insomnia patients who visited our hospital from May to October, 2016 were selected. Among them, there were 15 males, and 17 females. The youngest was 30 years old, the oldest was 60, and the average age was 41.7 years old. The shortest course of disease was 2 months, the longest was 24 months, and the average course of disease was 6 months.

Diagnostic criteria

All the patients with primary insomnia were selected based on the diagnostic criteria of insomnia in the *Classification and Diagnostic Criteria of Mental Disorders in China (3rd Edition)* (CCMD-3)^[11]: ① with insomnia as the only symptom, and other symptoms were secondary to insomnia, including difficulty falling asleep, profuse dreaming, restless sleep, early awakening, difficulty falling asleep after awakening or sleepiness and fatigue, feeble in the daytime, ② with the above-mentioned abnormal sleep for at least 3 times per week and continuing for longer than one month, ③ residual insomnia effect in the daytime: mental efficiency was reduced or social and professional functions were hindered, ④ excessive fear about the consequence of insomnia.

Inclusion criteria

① all the subjects were willing to participate in the study and have signed the informed consent form, ② with the age of 18–75 years old.

Exclusion criteria

① Secondary insomnia caused by medication, gestation, lactation, mental factors or organic diseases; ② patients with severe liver and kidney deficiency or with other systemic diseases.

METHODS

Cluster needling therapy

(1) Acupoint selection: ① on the head and face: Shàngyīntáng (印堂) (1 *cun* above EX-HN3),

Bǎihuì (百会 GV 20); ② around the wrist joints: Hégǔ (合谷 LI 4), Láogōng (劳宫 PC 8), Shénmén (神门 HT 7) and Nèiguān (内关 PC 6); ③ around the ankle joints: Tàichōng (太冲 LR 3), Yǒngquán (涌泉 KI 1), Zhàohǎi (照海 KI 6), Dàzhōng (大钟 KI 4), Tàixī (太溪 KI 3), Sānyīnjiāo (三阴交 SP 6) and Shuǐquán (水泉 KI 5).

(2) Manipulation: 75% alcohol cotton balls were used for routine disinfection on the skin of selected points, and 0.45 mm×40 mm filiform needles (*Huanqiu* brand, batch number: 130419) were adopted for needling the skin rapidly via vibrating needle method. Upper EX-HN3: transverse insertion was conducted from 1 *cun* above EX-HN3 to the nasion with a depth of 1 *cun*, GV 20: insertion with a depth of 1 *cun* at 30° from the skin along the governor vessel from the front to the back. Penetration needling from LI 4 to PC 8: the needle was inserted at the midpoint in the radial side of the 2nd phalanx with a depth of 1 *cun* along the direction of PC 8, the patients might have a strong sense of soreness which radiated to the five fingers. Penetration needling from HT 7 to PC 6: the needle was inserted from HT 7 to PC 6 with a depth of 1 *cun*, and the patients might have a sense of soreness which radiated to the periphery. Penetration needling from LR 3 to KI 1: the needle was inserted at the anterior margins of the base junctions of 1st and 2nd metatarsal bones to KI 1 with a depth of 1.5 *cun*. Penetration needling from KI 6 to KI 4: the needle was inserted at the depression under the prominence of the lateral malleolus to KI 4 with a depth of 1 *cun*. Perpendicular insertion was carried out at KI 3, SP 6 and KI 5 with a depth of 0.8 *cun*, respectively. Lifting and thrusting and twirling method was adopted at the above-mentioned acupoints for 10 seconds to the extent that the patients have a strong needling sensation.

(3) Electroacupuncture: the positive and negative electrodes of *Hwato* brand G6805 electroacupuncture device was connected to the ipsilateral LI 4 and HT 7, LR 3 and SP 6, and discontinuous and rarefaction wave with a frequency of 20 Hz was adopted to the extent that the patients can tolerate, the needles were retained for 30 min, the acupoints without electroacupuncture therapy were needled by applying lifting and thrusting and twirling method for 10 seconds every 10 min, and irradiation with conventional infrared lamp was performed on the feet. The treatment was conducted for 3 times a week, and treatment for 6 times was 1 course of treatment, 3 days were free of treatment before next course, and the efficacy was evaluated after 2 courses.

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