

Original Article

Effect of Acupuncture Needling on Anmian Point with Deep Relaxation Technique for Insomnia: A Randomized Controlled Trial

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ABSTRACT

Background: Insomnia, known as sleeplessness, is a sleep disorder where people have trouble sleeping. Long latency, Frequent nocturnal awakenings, Prolonged periods of wakefulness during the sleep phase, or even frequent transient arousals are all signs of insomnia. The deep relaxation technique (DRT), one such mind-body relaxation technique, improves sleep quality. Similarly, Acupuncture is found to treat patients suffering from insomnia to improve the quality of sleep. **Objective:** The current study evaluated the efficacy of Acupuncture and Deep relaxation technique (DRT) in improving sleep quality. **Materials and methods:** 50 subjects, both male and female, were randomly allocated to the experiment group or control group. The experiment group received single-point acupuncture with DRT for 20 minutes/day for two weeks. The control group received sham acupuncture and supine rest for 20 minutes/day for two weeks. Baseline and post-assessments of both groups were taken on day 1 and day 14, respectively. Statistical analysis was performed using repeated measures of analysis of variance (ANOVA) followed by post hoc analysis with Bonferroni adjustments for multiple comparisons. **Results:** There was a statistically significant difference noted in the pre and post-tests of both the groups, such as subjective sleep quality, sleep efficiency, sleep latency, daytime dysfunction, global Pittsburgh Sleep Quality Index (PSQI) score, and perceived stress by (PSS). **Conclusion:** Acupuncture and DRT can effectively improve sleep quality.

Key words: Acupuncture; Deep relaxation technique (DRT); Sleep quality; Insomnia; Pittsburgh Sleep Quality Index (PSQI); Perceived stress

Sleep is an active state, sustained through a highly organised interaction of neuronal networks and neurotransmitters of the central nervous system and other physiological and metabolic processes. According to the diagnostic and statistical manual of mental disorders, “Insomnia is defined as the complaint of difficulty in initiating/maintaining sleep, early awakening and interrupted/non-restorative sleep” [1]. Long sleep latency, frequent nocturnal awakenings, extended duration of wakefulness during the sleep phase, or even frequent transient arousals are all considered symptoms of insomnia. However, the term “insomnia” shall be used as a disorder with the following diagnostic standards for this assay: (1) difficulty falling asleep, difficulty in staying asleep, or difficulty getting restorative sleep; (2) this difficulty is present despite having enough opportunity and circumstances to sleep; (3) this impairment in sleep is linked to daytime impairment or distress; and (4) this sleep difficulty occurs at least three

times per week and has been as issue for at least one month [2].

Insomnia is a common health problem, with about 9% of people experiencing it regularly and around 30% occasionally. Studies show that its occurrence varies widely, from 3% to 20%, depending on factors like the group of people studied, the study duration, and how insomnia is defined—either as a medical condition or as occasional sleep problems [3]. In South India, a similar study revealed an 18.6% frequency among healthy people visiting a tertiary hospital. Another Indian study found that the prevalence of insomnia was 15.4%; it was higher in people who had comorbid chronic physical illness (28.1%) than in people who did not have it (10.9%); it was also higher in people who lived in joint families than in people who did not, and it increased significantly with age. 13.8% of participants in a recent study of corporate workers had insomnia, with 96.4% of them going misdiagnosed. Anxiety, hypertension, and depression were the most common co-existing conditions in insomnia patients, along with alcohol consumption [4].

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Yoga derives from the root word “yuj”, which means “to join”, “to unite”, and to concentrate one’s attention” [5]. It is regarded as the art and science of healthy living and is a spiritual discipline that focuses on achieving harmony between the mind and the body. Yoga is a mind-body practice that combines an inwardly focused attentive concentration on awareness of the self, breath, and energy with a combination of physical exertion [6]. The yogic relaxation technique called DRT (Deep Relaxation Technique) uses guided instructions and is considered a valuable tool in the treatment of several disorders like insomnia and hypertension that are brought on by tension and stress [7]. DRT has a strong emphasis on gradual whole-body relaxation. DRT entails relaxing every part of the body by focusing mental attention on various body regions, beginning at the toes and ending in the head area to spread the sensation of relaxation [8].

Acupuncture was initially founded on theories of traditional Chinese medicine. Traditional acupuncturists view health in terms of a vital force or energy known as “Qi” that travels along the meridians to move between the organs [9]. Acupuncture treatment may work by balancing yin and yang to support health and get rid of pathogens, which enhances sleep. In contemporary medicine, acupuncture raises gamma amino butyric acid levels, which improves the quality of sleep [10]. Acupoints are stimulated by a needle, and the goal of acupuncture is to produce a “De qi”. The acupoints are the sites where “qi”, a form of energy that follows the body’s meridian and provides nourishment, enters, accumulates, and exits the body [11].

Acupuncture and DRT have been demonstrated to be effective for insomnia in earlier studies. The goal of the current research is to understand how DRT and single-point acupuncture affect people who have insomnia. Based on the outcomes, this combined method may be used in the future to treat insomnia. This study assessed the effects of acupuncture and DRT using the Pittsburgh Sleep Quality Index (PSQI) and Perceived Stress Scale (PSS) to measure sleep quality, sleep duration, sleep latency, sleep disturbance, and daytime dysfunction.

MATERIALS AND METHODS

Study Design

In this pilot study, a pre- and post-intervention design was employed. The intervention group underwent a 2-week protocol involving deep relaxation technique (DRT) and acupuncture, while the control group received supine resting and sham acupuncture for the same duration. Assessments were conducted both before the commencement of the intervention and after the 2 weeks. Written informed consent was obtained from each participant before their inclusion in the study. All procedures performed in studies involving human participants were per the 1964 Helsinki Declaration and its later amendments or comparable ethical standards, as

well as the ethical standards of the institutional ethical committee of S-VYASA (RES/IEC-SVYASA/ERC-340/2022). The design is shown in Figure 1.

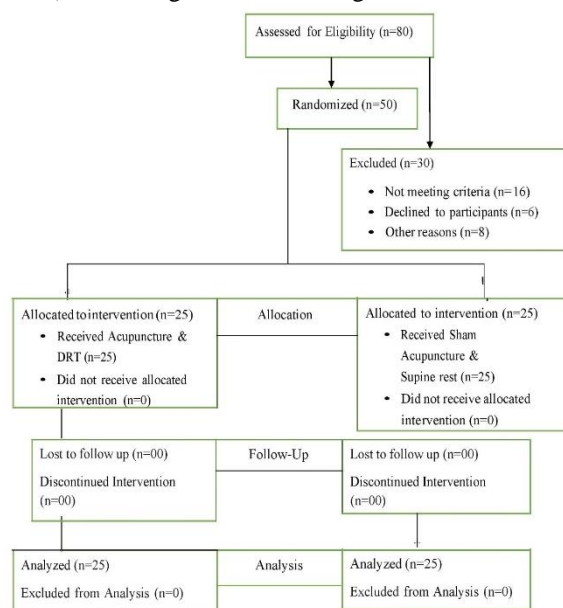


Figure 1: Trial Profile

Participants

Fifty-two participants, encompassing both males and females aged 20 to 60, were chosen from the general population, following specific inclusion and exclusion criteria. The symptoms, like disturbed sleep over the past 3 months, were included in the study. We excluded subjects who were previously diagnosed and were on medication for insomnia, anxiety, or depression; pregnant or lactating mothers; and those with menstrual irregularities. The sample size is calculated using G* power using the difference between two independent means (two groups) of effect size 1.858184. For each group, the recommended sample size is 25 participants [12].

Randomization

This study employs a randomised, single-blind (single-masked) design to ensure unbiased allocation and minimise placebo effects. Participants are randomly assigned to either the experimental group, receiving true acupuncture and deep relaxation, or the control group, receiving sham acupuncture and supine rest. While participants are blinded to their group allocation, researchers administering treatments are not. Randomisation ensures comparable baseline characteristics, while sham acupuncture and supine rest help distinguish true intervention effects from placebo responses, enhancing study validity.

Intervention

Experimental Group

All the participants were given single-point acupuncture along with a deep relaxation technique for 2 weeks for 20 minutes.

Acupuncture: Single-point acupuncture (Anmian) is given along with a deep relaxation technique. Anmian means 'peaceful sleep', and its function is to calm the liver and the shen [13]. Treatments were performed after skin disinfection with 75% alcohol. Participants were asked to lie supine with closed eyes for a better curative effect. Acupuncture needles were standard stainless steel, sterile, and disposable (0.25*13 mm in length). Tube-guided needles were inserted to a depth of 17mm. Each session lasted for 20 minutes. Location of anmian point- In the depression, at the junction of the skull and the mastoid process, just below the earlobe which is punctured perpendicularly 0.5-0.8 cun.

Deep relaxation technique: The subjects were instructed to shift their awareness to the lower part of the body, middle part of the body, and upper part of the body inhale deeply, and chant "A" Kara, "U" Kara, and "M" Kara for 3 rounds while exhaling feel the vibrations of "A" Kara in the lower part of the body, "U" Kara in the middle part of the body and "M" Kara in the upper part of the body. Now, for further relaxation, let us chant "A, U, and M" together in a single breath for 3 rounds to feel the vibration throughout the body. Now, chant "OM" Kara for 9 rounds.

Control Group

Participants in the control group got sham acupuncture along with supine rest for 2 weeks, and the session lasted for 20 minutes.

Sham Acupuncture: Instead of targeting the acupoints that are typically targeted, sham acupuncture entails sticking needles into random locations on the body [14]. The subjects were asked to lie down and the needle was inserted into a random location which doesn't belong to any meridians.

Supine Rest: In the supine rest participants were lying on their backs in a sleep posture with eyes closed, legs apart, and arms away from the sides of the body with sham acupuncture. This practice was also given for 20 minutes.

Outcomes

The study's outcome variables employed were assessed using the Pittsburgh sleep quality index and Perceived stress scale.

Pittsburgh Sleep Quality Index

The Pittsburgh Sleep Quality Index (PSQI) is the self-rated questionnaire used to assess the quality of sleep and disturbances over 1-month time interval. The questionnaire includes 7 components: Subjective sleep quality, Sleep latency, Sleep duration, Habitual sleep efficiency, Sleep disturbances, Use of sleeping medication, and Daytime dysfunction [15].

Perceived Stress Scale

The perceived stress scale (PSS) is the most frequently used psychological tool to assess stress perception. It's a metric for how stressful certain situations in one's life are regarded.

Items were selected to reflect how unexpected, unmanageable, and overburdened respondents' lives are. The scale also includes several direct questions concerning present stress levels. The PSS questions inquire about feelings and ideas from the previous month. Respondents will be asked how often they feel a certain way in each situation [16]. A sample size of 50 participants was selected using inclusion and exclusion criteria.

Statistical analysis

The quality of sleep was assessed both before and after the intervention. Data analysis was conducted using Excel, while statistical analysis was performed with JASP software version 0.14.1 and ANOVA. Quantitative data, including the mean and standard deviation, were subjected to statistical tests and descriptive statistics were used. The data were tested for normality, and a repeated measures analysis of variance (ANOVA) was conducted to examine within-subject effects. Post hoc corrections were applied using Holm's method to analyse the differences between the sessions.

RESULTS

The study assessed the impact of single-point acupuncture combined with DRT on several psychological and physiological variables. The outcome variables employed were Subjective Sleep quality (SSQ), Sleep Latency (SL), Sleep Efficiency (SE), Sleep Disturbances (SD), Daytime dysfunction (DD), global Pittsburgh sleep quality index (GPSQI), and perceived stress scale (PSS). The intervention significantly improved subjective sleep quality, with the mean score increasing from 1.204 to 1.760 ($p = 0.001$). Similarly, there was a significant reduction in sleep latency, with the mean score decreasing from 1.840 to 1.040 ($p = 0.001$), indicating participants fell asleep more quickly. Sleep efficiency significantly improved, as evidenced by the increase in mean score from 0.800 to 1.160 ($p = 0.001$).

The overall sleep quality, as measured by the GPSQI, significantly improved post-intervention, with the mean score decreasing from 9.560 to 7.920 ($p = 0.001$). Participants reported significantly lower stress levels post-intervention, with the mean PSS score reducing from 14.480 to 11.480 ($p = 0.001$). Although there was a reduction in daytime dysfunction, the change was not statistically significant ($p = 0.083$). The findings indicate that single-point acupuncture combined with DRT significantly improves subjective sleep quality, sleep latency, sleep efficiency, and overall sleep quality (as measured by the GPSQI) and reduces perceived stress levels. The change in daytime dysfunction was not statistically significant. These results suggest that the intervention is effective in enhancing sleep and reducing stress among participants.

The intervention involving single-point acupuncture combined with DRT resulted in a significant improvement in subjective sleep quality compared to the control group ($p =$

0.001). However, no significant differences were observed in sleep latency, sleep efficiency, daytime dysfunction, overall sleep quality (GPSQI), or perceived stress levels between the groups. These results suggest that while the intervention

effectively enhances subjective sleep quality, its impact on other sleep-related and stress parameters may require further investigation. The results are shown in Table 1 and Table 2.

Table 1: Pre-test and post-test assessments of Group 1 and Group 2 within and between-group analysis.

VARIABLES	GROUP-1 (SINGLE POINT ACUPUNCTURE + DRT)			GROUP-2 (SHAM ACUPUNCTURE + SUPINE REST)			BETWEEN GROUP (P VALUE)	
	PRE	POST	P VALUE	PRE	POST	P VALUE	PRE	POST
SSQ	1.20± 0.52	1.76±0.52	0.001***	1.08±0.27	1.16±0.37	0.161	0.597	0.001***
SL	1.84±0.62	1.04±0.54	0.001***	1.48±0.51	1.20±0.40	0.005**	0.036*	0.286
SE	0.80±0.76	1.16±0.5	0.001***	0.80±0.50	0.92±0.40	0.083	1.000	0.567
DD	1.24±0.43	1.12±0.44	0.083	1.88±1.24	0.33±0.43	0.001***	0.001***	0.616
GPSQI	9.56±1.41	7.92±1.44	0.001***	9.00±1.22	8.08±1.11	0.001***	0.270	0.667
PSS	14.48±3.9	11.48±3.2	0.001**	13.84±4.1	12.76±4.1	0.001***	0.558	0.487

SSQ- subjective Sleep quality, SL- Sleep latency, SE- Sleep efficiency, DD - Daytime dysfunction, GPSQI - Global Pittsburgh sleep quality index, and PSS- perceived stress scale. Scores between the experimental group (Single-Point Acupuncture + Deep Relaxation) and the control group (Sham Acupuncture + Supine Rest) pre- and post-intervention. Data are Mean ± SD, with significant P-values (*P ≤ 0.05; **P ≤ 0.01; ***P ≤ 0.001).

Table 2: A two-way repeated measures ANOVA was conducted to assess the interaction effect of time and group on various outcome variables. Significant P-values (*P ≤ 0.05; **P ≤ 0.01; *P ≤ 0.001).**

VARIABLES	TIME*GROUP			
	DF	F VALUE	P	n ² p
SSQ	1,48	11.524	0.001***	0.194
SL	1,48	12.442	0.001***	0.206
SE	1,48	4.114	0.004**	0.079
DD	1,48	19.314	0.001***	0.287
GPSQI	1,48	10.508	0.002**	0.180
PSS	1,48	29.954	0.001***	0.384

DISCUSSION

The findings of this study support the hypothesis that acupuncture, combined with DRT, is effective in improving sleep quality and reducing stress in individuals with insomnia. The significant interaction effects observed across sleep-related variables and perceived stress indicate that the intervention had a meaningful impact over time compared to the control group.

An escalation in emotional intensity was forecasted to coincide with reduced sleep duration and heightened nocturnal activity. Additionally, poor vagal control, evidenced by diminished RSA inhibition during response time tests, was associated with an increase in sleep problems. According to acupuncture principles: 1. Insufficiency in the heart and spleen meridians, 2. Excessive fire activity stemming from yin

deficiency and 3. Liver qi stagnation leads to fire transformation [17].

In traditional Chinese medicine, peaceful sleep is considered essential for overall well-being and is closely tied to mental and emotional tranquillity. Acupuncture stimulates specific tactile somatosensory points, activating brain regions associated with sleep regulation, including the prefrontal lobe, temporal lobe, parietal lobe, anterior cingulate, supramarginal gyrus, and praecuneus. Additionally, acupuncture modulates cerebral blood flow and neurotransmitters such as serotonin (5-HT) and gamma-aminobutyric acid (GABA)/glutamate, further influencing sleep patterns [18].

The relaxation response prompts a decrease in sympathetic tone, leading to a reduction in cortisol, adrenaline, and other stress hormones. This, coupled with lowered arousal levels, can trigger various cognitive, behavioural, and physiological

responses. Additionally, relaxation techniques help individuals feel at ease and diverted from stressors [19]. In a study involving acupuncture targeting meridian and three specific anmian acupoints, significant differences in PSQI scores related to sleep quality, duration, and daytime dysfunction were observed. Notably, the anmian acupoints showed superior efficacy compared to meridian acupoints [13].

Considering the efficacy and safety of acupuncture, it appears as a viable alternative to first-line drugs commonly used in clinical insomnia treatment, which include benzodiazepines, benzazepine receptor agonists, antidepressants, antipsychotics, antihistamines, phototherapeutic agents, and melatonin. Prolonged use of these drugs may lead to adverse effects such as headaches, dizziness, dry mouth, and altered taste. Acupuncture emerges as a potential method for insomnia treatment with minimal to no side effects [20].

Previous studies on Yoga have demonstrated noteworthy enhancements in sleep among patients with insomnia. Specifically, the yoga nidra group exhibited superior sleep quality, decreased stress levels, and enhanced quality of life compared to a control group receiving conventional treatment, particularly evident among acute insomnia patients [21, 22]. Various forms of yoga have been employed to enhance sleep quality among individuals with different medical conditions, yet its utilization in the general population remains limited. Following a 20-week yoga practice, postmenopausal and perimenopausal women in the yoga group demonstrated improved sleep quality among rheumatic disease people [23-25]

Our study explores the potential benefits of non-pharmacological interventions, including acupuncture and DRT, in improving sleep among the general population. So, Acupuncture and DRT can be used for the treatment of insomnia after supervised practice of needling and relaxation. The study's strengths include a novel approach by introducing specific acupuncture points along with DRT for insomnias, contributing to the limited literature on alternative therapies for this population. The study objectives are well-defined and focused on addressing specific aspects of sleeplessness, enhancing the clarity of its research goals. There were no dropouts from the study other than complaints of dizziness after acupuncture in two participants.

Due to potential constraints in sample size or participant characteristics, the generalizability of the study's findings to a broader insomnia population may be limited. A relatively short follow-up duration might limit the study's ability to capture the longer-term effects of DRT along with acupuncture on insomnia subjects. While the study provides valuable insights, the need for further validation through a larger population is essential to confirm the reproducibility and generalizability of the findings.

CONCLUSION

According to the current study, 15 days of intervention for insomnia had a great impact on pre and post-test results. In comparison to those who received sham acupuncture then, those who received single-point acupuncture and DRT had improved quality of sleep and reduced stress levels. To determine the combined effect of single-point acupuncture and DRT on insomnia, further research should be carried out with a large sample size, follow-up, and long-term term is required.

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