

Experimental data will be showed by the methods of $\bar{x} \pm s$, and compared among groups by t-test.

PART 4 Results

The results are shown in table 1. Jingmaitong granule could decrease the expressions of TXB2, and increase the expressions of 6-keto-PGF1 α , compared with control group, and the difference was statistically significant ($P < 0.05$).

Table1 Effects of Jingmaitong Granule on TXB2、6-keto-PGF1 α ($\bar{x} \pm s$)

	TXB2	6-keto-PGF1 α
Jingmaitong group	1159.43 \pm 112.67	1619.54 \pm 463.67
control group	1329.47 \pm 49.20	1217.15 \pm 297.23

PART 5 Discussion

TXB2, the stable metabolite of thromboxan A2, and 6-keto-PGF1 α , the stable metabolite of prostaglandin I2 represent the level of thromboxan A2 and prostaglandin I2 of the body respectively. And in the physiological state, the levels of them are always maintaining homeostasis. But when vascular endothelial injury or endovasculitis during the process of thrombosis attacking, the levels of them will be out of balance.

Jingmaitong granule, the consists of a number of Chinese medicine, has the effects of warming Yan and enriching Qi and promoting blood circulation to remove blood stasis, can be used to treat the diseases caused by vascular endothelial injury. Therefore this study mainly observed the changes of TXB2 and 6-keto-PGF1 α to proved the effect of Jingmaitong granule on vascular endothelial injury.

The results showed that Jingmaitong granule could decrease the expressions of TXB2, and increase the expressions of 6-keto-PGF1 α , compared with control group. So we can come to the conclusion that Jingmaitong granule has treatment effect on vascular endothelial injury.

The clinical study on the treatment of primary insomnia by LingGuiBaFa acupuncture

Wang Dongyan , Cao Liyan

Heilongjianguniversity of Chinese medicine, Harbin, China

Abstracts:Objective: By comparing the clinical efficacy of primary insomniatreated by the routine acupuncture and LingGuiBaFa, provide a theoretical basis for "time related acupuncture method" treatment of primary insomnia. **Methods:**60 patients with primary insomnia randomly divided into two groups were treated by routine acupuncture (the control group)and LingGuiBaFa acupuncture(the treatment group), each group with 30 patients. Both groups were treated once a day and for 20 days totally. **Results:** The treatment group can reduce the scores ofTCM syndrome of insomnia and PSQI significantly, and the treatment group was superior to control group in TCM syndrome of difficulty in falling asleep, irritability and the sleep factors such as "sleep quality", "sleep time", "sleep efficiency", "time for falling asleep".The total effective rate of the treatment group is 86.7% higher than the control group. **Conclusions:**LingGuiBaFa acupuncture can significantly improve the sleep quality, reduce the time for falling asleep and prolong the duration of sleeping of patients with primary insomnia. So it is especially for patients with primary insomnia characterised with "difficulty in falling asleep"

Keywords: Acupuncture; LingGuiBafa ; Insomnia

Currently, the insomnia has become one of the major danger to influence on Physical and Mental Health of the public. The patients with primary insomnia often combined with the of symptoms dizziness and fatigue, palpitation and dyspnea, memory loss, lower productivity, and even depression. As a kind of green therapy, acupuncture was used to treated insomnia many years ago. With the development of Chronobiology and time medicine, "Time related acupuncture method" has been more and more widely brought to the scholars' attention at home and abroad. It focus time on the effect of acupuncture, but acupuncture effect is affected by the biological rhythm. So complying with the biological rhythm and choosing the best time for acupuncture treatment is the best way to improve clinical effect. LingGuiBaFa belongs to "Time related acupuncture method" Mr Peng^[1] thought it had the concept of biological clock, and eight confluent points can adjust the biological clock of human body^[2]. So the patients with primary insomniawill be treated from sleep rhythm by LingGuiBaFa acupuncture. Now report as follows:

Materials and Methods

1. Research Object

Inclusive criteria: Patients were between the ages of 18-60 years old, male or female, and were diagnosed as insomnia according to the "symptom diagnosis standard for primary insomnia classification and diagnostic criteria of mental disorders in China" CCMD-3. The scores of PSQI were 7 points. Formulated and promulgated the "new Chinese medicine treatment of insomnia clinical research guiding principle according to the Ministry of health in 2002" (for Trial Implementation) into light, moderate insomnia; patients can understand and fill out the PSQI and TCM Syndrome Scale correctly.

Exclusive criteria: Patients with primary insomnia were caused by body disease or mental disorder or drug abuse. Or patients with severe insomnia had to take medicine. Or patients received other related treatment a week ago before the treatment, acupuncture syncope patients of allergic or pregnant or lactating women.

2. Research Methods

2.1 Experimental Design : 60 patients with primary insomnia randomly divided into two groups named the control group and the treatment group ,each group with 30 patients.

2.2 Treatment methods

The control group: The main point : Baihui(DU 20), Shenmen(HT 7), Neiguan (PC 6), Anmian;

The treatment group: To calculate the open meridians according to the principle of LingGuiBaFa. For example the patient he came on September 23, 2012. It was the day of ding hai and the time of ding hai .According to the calculation method of the LingGuiBaFa ,open acupuncture point was Zhaohai(KI 6), matching with Shen mai (BL 62). And the routine acupuncture points were the same as the control group.

The operating : Two groups of acupuncture points are local conventional sterilization with 75% alcohol, Hua tuo 30 mm x 40 mm disposable brand stainless steel needle. Using both hands into the stitch, Line to insert. After twisting of qi, retaining needle for 30 minutes. Each group was treated once a day, 10 days for a period of treatment, a total of 20 days of treatment.

2.3 Curative effect assessment methods

Using TCM syndrome study scale and the PSQI to evaluate the sleep quality before and after treatment rate, Using the international sleep efficiency values to assess the clinical efficacy.

2.4 Statistical methods

All data was analysed by SPSS13.0 software, measurement data using t test, counting data using chi-square analysis, $p < 0.05$, $p < 0.01$ for the data statistically significant.

Results and discussion

1. General Information

60 patients with primary insomnia were randomly divided into two groups, each group had 30 patients. Male: Female was 23:37. The average age of the control group was (37.43 ± 37.43) yeas

old, average course of diseases was (9.93 ± 2.71) months; The average age of treatment group was ($36.00 \pm 11.7.00$) years, (10.63 ± 2.79) months, The baseline situation is compared between two groups has no statistical significance.

2. Analysis Results

Table 1 the comparison of the main symptoms score before and after the treatment in different group

Main symptoms	Treatment Group		Control Group	
	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment
Difficulty in falling asleep	2.00 ± 0.00	$1.13 \pm 0.52^{\Delta \square}$	1.93 ± 0.37	$1.53 \pm 0.61^{\Delta}$
Wake up early	1.73 ± 0.66	$1.26 \pm 0.42^{\Delta \circ}$	1.80 ± 0.52	$1.40 \pm 0.52^{\Delta}$
Dreaminess	1.73 ± 0.69	$1.37 \pm 0.59^{*\circ}$	1.80 ± 0.61	$1.46 \pm 0.61^{**}$

Table 2 the comparison of the concomitant symptom score before and after the treatment in different group

Concomitant symptom	Treatment Group		Control Group	
	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment
Palpitation	1.83 ± 0.80	$1.27 \pm 0.68^{\Delta \circ}$	1.77 ± 0.77	$1.33 \pm 0.66^{**}$
Tired	1.46 ± 0.57	$1.03 \pm 0.56^{\Delta \circ}$	1.43 ± 0.57	$1.10 \pm 0.55^{**}$
Forgetful	1.73 ± 0.69	$1.33 \pm 0.54^{*\circ}$	1.73 ± 0.69	$1.40 \pm 0.52^{**}$
Irritability	1.67 ± 0.61	$1.13 \pm 0.41^{\Delta \square}$	1.73 ± 0.69	$1.38 \pm 0.54^{**}$
Sweating	1.53 ± 0.59	$1.20 \pm 0.48^{*\circ}$	1.63 ± 0.51	$1.33 \pm 0.52^{**}$
Absent-minded	1.56 ± 0.57	$1.23 \pm 0.60^{*\circ}$	1.66 ± 0.59	$1.33 \pm 0.52^{**}$
Dry throat	1.46 ± 0.57	$1.03 \pm 0.56^{\Delta \circ}$	1.43 ± 0.57	$1.10 \pm 0.55^{**}$
Total scores	12.46 ± 3.03	$5.37 \pm 1.33^{\Delta \square}$	12.53 ± 3.06	$7.80 \pm 2.89^{\Delta}$

Table 3 the comparison of PSQI score before and after the treatment in different group

Sleeping factors	Treatment Group		Treatment Group	
	Pre-treatment	Post-treatment	Pre-treatment	Post-treatment
Sleep quality	2.30 ± 0.60	$1.50 \pm 0.51^{\Delta \square}$	2.37 ± 0.56	$1.80 \pm 0.55^{\Delta}$
Time for falling asleep	2.37 ± 0.61	$1.47 \pm 0.57^{\Delta \square}$	2.40 ± 0.53	$1.80 \pm 0.48^{\Delta}$
Sleeping time	2.53 ± 0.51	$1.33 \pm 0.48^{\Delta \blacktriangle}$	2.57 ± 0.50	$1.67 \pm 0.48^{\Delta}$
Sleeping efficiency	2.37 ± 0.56	$1.43 \pm 0.57^{\Delta \square}$	2.47 ± 0.51	$1.77 \pm 0.50^{\Delta}$
Sleep disorder	1.83 ± 0.80	$1.27 \pm 0.78^{*\circ}$	1.77 ± 0.77	$1.33 \pm 0.66^{**}$
Daytime function	2.03 ± 0.52	$1.57 \pm 0.46^{\Delta \circ}$	2.10 ± 0.57	$1.70 \pm 0.49^{\Delta}$
Total scores	13.73 ± 3.60	$6.43 \pm 3.23^{\Delta \blacktriangle}$	14.73 ± 2.64	$9.27 \pm 3.31^{\Delta}$

Table 4 the comparison of clinical effects in different group

Group	Number	To heal	effect	vaild	Invaild	Effective rate
Treatment Group	30	4	6	16	4	86.7%
Treatment Group	30	2	4	17	7	76.7%

Note: the comparison of two groups before the treatment, $p > 0.05$; the comparison of before and after the treatment; $\Delta p < 0.01$, $^{*} p < 0.05$; the comparison of two groups before the treatment, $\blacktriangle p < 0.01$, $\square p < 0.05$, $\circ p > 0.05$.

According to the table 1,2,3,4,both group can reduce the scores of TCM syndrome of insomnia and PSQI significantly, and the treatment group was superior to control group in TCM syndrome of difficulty in falling asleep, irritability and the sleep factors such as “sleep quality”, “sleep time”, “sleep efficiency”, “time for falling asleep”.The total effective rate of the treatment group is 86.7% higher than the control group.

3.Discussion

The circadian rhythm of Sleep-wake is obvious, so can choose "time related acupuncture method"as the treatment of insomnia. This study find that LingGuiBaFa acupuncture is especially for patients with primary insomnia characterised with "difficulty in falling asleep" Modern medical research confirmed that "difficulty in falling asleep" as the main clinical manifestation of patients with insomnia associated with anxiety. Eight confluent points can adjust the sympathetic nervous to improve strain of the body then improve patients' anxiety, irritable mood and are widely used to treat mental disorders^[4,5]. Zhaohai (KI 6) and Shenmai (BL 62) respectively are the point of bladder meridian of foot-taiyang and kidney channels of foot-shaoyin directly cross with yang heel channel and yin heel channel, which is the treatment for insomnia and mind condition. Waiguan (SJ 15) is the acupuncture point of heart meridian of hand-Shaoyin and connects to pericardium meridian n of hand-Jueyin , which is suitable to treat the pain of the parts that Sanjiao meridian passes and mental disorders such as timid , fright and insomnia. Zuo lin qi(GB 41) is the acupuncture point ofgallbladder meridian of foot-Shaoyang, so it can regulate the qi of liver, then regulates the modern. Gong sun(SP 4) and Nei guan (PC 6) treat the stomach, heart and chest diseases. Nei guan (PC 6) is acupuncture point of pericardium meridian of hand-Jueyin, which has a good effect on the mind disease such as chronic insomnia, depression and madness. **Conclusions** : LingGuiBaFa acupuncture can significantly improve the sleep qurlity, reduce the time for falling asleep and prolong the duration of sleeping of

patients with primary insomnia. So it is especially for patients with primary insomnia characterised with "difficulty in falling asleep".

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