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Clinical Progress of Traditional Medical Treatment of Chronic Insomnia in the Elderly

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Abstract: ***Insomnia, as a common disease, has various clinical manifestations, and is more prominent in the elderly for various reasons. Traditional sedative sleeping pills have many side effects and significant adverse reactions. Clinical treatment urgently needs to seek more ideal treatment methods and means. This paper reviews the traditional clinical treatment of chronic insomnia in the elderly in recent years, including traditional Chinese medicine, massage, acupuncture, application, auricular points, moxibustion and so on. In order to provide reference for clinical treatment and provide ideas for subsequent research.***

Keywords: Insomnia, Senile, Traditional treatment, Review.

1. Introduction

Insomnia refers to a type of disease characterized by frequent failure to obtain normal sleep, mainly including lack of sleep time and depth, difficulty in falling asleep, sleep and easy to wake up, insomnia after waking up, and sleeplessness throughout the night [1]. The proportion of insomnia in the elderly is higher due to aging or disease, and it is positively correlated with age. 40.00% ~ 50.00% of the elderly (over 60 years old) have the experience of sleep disorders, and the proportion of diagnosed insomnia disorders is 12.00% ~ 20.00% [2]. At present, the clinical treatment of insomnia mainly uses sedative sleeping pills, which has many adverse reactions such as recurrence, withdrawal, and nerve damage, and is not suitable for long-term use [3]. With the continuous development of scientific research, more treatment methods and treatment ideas are gradually emerging. This article reviews the clinical research on traditional medical treatment of senile insomnia in recent years.

2. Traditional medical therapy

2.1 Chinese Medicine Therapy

It mainly includes traditional Chinese medicine decoction and Chinese patent medicine. Du et al. [4] used Chailong Jieyu Dan combined with alprazolam tablets to treat senile insomnia with liver depression and qi stagnation, and studied its effects on sleep quality, emotion and serum 5-hydroxytryptamine (5-HT) and dopamine (DA). The study points out that more than 70% of elderly insomnia patients are accompanied by anxiety and depression. Chailong Jieyu Dan is made by adding keel, oyster and pearl mother on the basis of Xiaochaihu Decoction, thus increasing the effect of sedation and tranquilization. In addition, the astringent convergence effect of keel and oyster helps to prevent fluid consumption, which is suitable for the lack of vaginal fluid in elderly patients. The results showed that in the treatment of insomnia of liver depression and qi stagnation type in the elderly, Chailong Jieyu Dan combined with alprazolam tablets could improve the clinical efficacy, reduce TCM syndrome scores, improve sleep quality, and relieve anxiety and depression. At the same time, it increased serum 5-HT content and decreased serum DA content, which could better regulate the level of related serum neurotransmitters. Huang et al. [5-6] used trazodone hydrochloride combined with Bailemian capsule to treat senile chronic insomnia with anxiety and depression. They were divided into simple western medicine group and combined group. The results showed that compared with the simple western medicine group, the combined group had lower NE and serum substance P (SP), higher brain-derived nerve growth factor (BDNF) and NPY, higher serum 5-HT, 5-hydroxyindoleacetic acid (5-HIAA) levels and lower serum interleukin (IL)-1β and IL-17 levels. The degree of improvement is more significant. Zhao Jierong et al [7] used Liuwei Dihuang Pill and Huanglian Ejiao Decoction to treat primary insomnia in the elderly for 8 weeks. The PSQI factor scores and total scores, depression and anxiety self-rating scale scores, liver and kidney yin deficiency syndrome scores, sleep latency (SL), sleep stage N2, awakening times (AT), NE and DA levels of the patients decreased, while the actual total sleep time (TST), sleep stage N1 and N3, sleep efficiency (SE), REM percentage, 5-HT, 5-HIAA and GABA levels increased. The cumulative incidence of adverse reactions was 8.2 %, which was lower than 31.03% of the western medicine group. Fang Yuan et al. [8] used Zhenzao Capsule to treat senile insomnia. After treatment, the TCM symptom score, PSQI and HAMD-17 scores, interleukin-2 (IL-2) and interleukin-6 (IL-6) levels of the patients decreased. Xu Xiaozhuo et al. [9] studied the correlation between disease location syndrome elements and related neurotransmitters from the perspective of syndrome differentiation of traditional Chinese medicine, and pointed out that Zhenzao capsule can be used in the treatment of senile insomnia of yin deficiency and fire hyperactivity type. The unique and effective intervention of the patient's liver and heart syndrome elements may regulate the correlation between liver and dopamine. Sun Jie et al. [10] divided insomnia patients into western medicine group and traditional Chinese medicine group. The follow-up lasted until 4 weeks after drug withdrawal. The results showed that there was no difference between 4 weeks after drug withdrawal and baseline in the western medicine group, suggesting that the sleep quality of the western medicine group was repeated after 4 weeks of drug withdrawal, and some patients had rebound insomnia or withdrawal symptoms after drug withdrawal. At the same time, studies have also confirmed that taking Jiaotai Pills to

elderly insomniacs can improve sleep depth, shorten sleep latency, and reduce sleep arousal [11].

2.2 Massage Therapy

Massage can reconcile yin and yang, nourish qi and blood, and improve sleep. Wen Xiaoqiong et al. [12] divided 84 elderly patients with insomnia into control group and observation group, 42 cases in each group. The control group received routine nursing, and the observation group received open Tianmen massage nursing intervention on the basis of routine nursing. The results showed that the adverse reaction rate of the observation group (4.80%) was lower than that of the control group (21.40%). Massage can reduce the discomfort symptoms of insomnia patients, improve the sleep quality of patients in a short time, and achieve better nursing and treatment effects. On the basis of conventional therapy, Ye Jiaxi [13] added acupoint massage. Baihui, Sishencong, Shenmen, Ximen, Sanyinjiao, Xinshu, Shenshu, Taixi and Jiaoxin were selected as acupoints. The effective rate was 98.08%. After treatment, the total PSQI score and each item score of the combined group and the symptom score of yin deficiency and fire excess syndrome were lower than those of the conventional treatment group, indicating that acupoint massage can improve the sleep quality and quality of life of patients and treat senile insomnia.

2.3 Acupuncture Therapy

As a traditional Chinese medicine treatment, acupuncture has a definite effect on the treatment of insomnia, which has been widely studied in recent years. Zhou Yixiao et al. [14] explored the clinical efficacy of acupuncture in the treatment of insomnia in elderly patients with heart-kidney disharmony. Acupuncture acupoints Baihui, Sishencong, Shenmen (double), Yinxi (double), Tongli (double), Lingdao (double), Daling (double), Neiguan (double), Taixi (double), Zhaohai (double), Shenmai (double), continuous treatment for 4 weeks. The changes of TCM syndrome scale score, PSQI score, HAMA score, HAMD score, sleep latency (SL), total sleep time (TST) and number of awakenings were observed before and after treatment. The results showed that the total effective rate of the treatment group (94%) was significantly higher than that of the control group (89%). After treatment, the total sleep time of the two groups was prolonged, the number of awakenings was reduced, the sleep latency was shortened, and the TCM syndrome score, PSQI scale total score and each score, HAMA score and HAMD score were all decreased, and the above indexes of the treatment group were significantly better than those of the control group. Wen Liyang et al. [15] used the method of Yinqi Guiyuan to acupuncture, and the acupoints were Guanyuan, Qihai, Shenshu, Taixi, etc. After acupuncture treatment, the total score of PSQI, sleep time, sleep disorder, daytime dysfunction score were improved, while the Montreal Cognitive Assessment Scale (MoCA) score and serum melatonin (MT), DA content were significantly increased, pointing out that acupuncture improves endocrine through multi-target and comprehensive methods. In the elderly, the deficiency is more, and the acupoint selection operation is the method of reinforcing the acupoints to induce fire to return to the source. The development of electroacupuncture as a traditional acupuncture method has become a hot topic in recent years. Studies have shown that [16-17], after the treatment of elderly patients with insomnia by electroacupuncture intervention, the levels of serum MT and DA were significantly higher than those before treatment, the sleep quality and cognitive function of patients were improved, and the levels of daytime fatigue and anxiety were alleviated. The mechanism may be related to the increase of serum MT and DA levels in elderly patients. At the same time, acupuncture can improve the immune function of patients by improving the levels of immunoglobulin IgG, IgA and IgM in elderly patients with insomnia [18], and effectively improve the sleep quality of elderly patients with insomnia.

2.4 Sticking Therapy

Application therapy refers to a method of using a certain modulation method to make Chinese herbal medicine into a sticky paste according to a certain proportion and apply it to acupoints to treat diseases. It achieves the purpose of regulating human body function through skin administration and subcutaneous mucosal absorption. Zhang Lihua et al. [19] prepared Semen Ziziphi Spinosae, Rhizoma Coptidis, Fructus Schisandrae Chinensis, Rhizoma Anemarrhenae, Caulis Polygoni Multiflori, etc.to apply to Yongquan, Shenmen, Neiguan, Sanyinjiao and other acupoints for senile insomnia of yin deficiency and fire hyperactivity type, with an effective rate of 90.90 %. Ding Xiaojie et al. [20] treated elderly patients with chronic insomnia with evodia rutaecarpa sticking Yongquan point combined with aerobic exercise. After treatment, the dosage of estazolam was reduced compared with that before treatment. Zhou et al. [21] made evodia rutaecarpa, mother-of-pearl and rhizoma coptidis into acupoint paste of traditional Chinese medicine, and carried out the treatment at yongquan point for 2 weeks, 1 paste per day, which proved that the curative effect was significant, which could shorten the time of falling asleep, reduce the occurrence of sleep disorders, and had fewer adverse reactions, especially for insomnia patients with phlegm-heat internal disturbance, liver depression transforming into fire, and yin deficiency and fire hyperactivity, suggesting that the different components of traditional Chinese medicine in the application therapy may be different from the clinical treatment. At the same time, some scholars have found that giving appropriate nursing guidance while acupoint application of traditional Chinese medicine can achieve better results [22-23]. Acupoint application in the treatment of senile insomnia, simple operation, easy to promote.

2.5 Auricular Therapy

As an important part of external treatment of traditional Chinese medicine, auricular point therapy has a significant effect on insomnia by stimulating vagus nerve through ear holography. Liu Yuan et al [24] observed the clinical efficacy of fire dragon cupping combined with auricular point pressing beans in the treatment of senile heart-kidney disharmony type insomnia, with an effective rate of 86.20 %. Insomnia is treated by stimulating the heart (clearing heart and purging fire), kidney (nourishing kidney yang), liver (clearing liver and purging fire), spleen (warming spleen yang), gallbladder (soothing liver and gallbladder), Shenmen (small occipital nerve area, relieving neck tension fascia, promoting intracranial blood circulation, and playing a sedative and

tranquilizing role), subcortical (regulating cerebral cortex, inhibiting the excitement of subcortical plant nerve center, and playing a heart-nourishing and tranquilizing role), sympathetic (regulating autonomic nerve function, improving mood and relieving insomnia). Among them, heart, kidney, liver, spleen and gallbladder are all in the auricular concha area, and the vagus nerve has rich sensory branches here. Auricular acupoint pressing bean stimulation can activate the vagus nerve and inhibit the sympathetic nerve. At the same time, it regulates the levels of central neurotransmitters (such as 5-HT and NE), increases melatonin secretion, and improves sleep. Wu et al. [25] divided the elderly patients with insomnia into sleep psychological nursing control group and nursing + auricular buried beans combined group, 50 cases in each group. After treatment, the SAS and SDS scores of the observation group were lower than those of the control group. The total sleep time of the observation group was higher than that of the control group before treatment. The number of awakenings, the latency of rapid eye movement sleep and the decrease of PSQI score in the observation group were higher than those in the control group. After treatment, the total clinical effective rate of the observation group was 96.00%, and that of the control group was 76.00%. The clinical nursing effect of the observation group was significantly better.

2.6 Moxibustion

Moxibustion can adjust the state of the human body in two ways through acupoints by virtue of heat conduction and drug interaction. Chen Shuifeng [26] discussed the mechanism of fire dragon moxibustion in the treatment of elderly patients with kidney-yang deficiency insomnia based on the theory of 'mutual root of yin and yang', and observed the effect of fire dragon moxibustion on 5-hydroxytryptamine (5-HT) and norepinephrine (NE) levels, sleep quality (PSQI score) and quality of life (SF-36 score) in elderly patients with kidney-yang deficiency insomnia. After 4 weeks of treatment, the 5-HT level of the patients increased significantly, and the NE level decreased significantly. After treatment and 6 months of follow-up, the PSQI score and SF-36 scores of the patients were significantly improved. It is pointed out that fire dragon moxibustion can improve the sleep quality and quality of life of elderly patients with kidney-yang deficiency by regulating the imbalance of ' mutual root of yin and yang ', which provides a new treatment idea for clinical practice. Sun Bolun et al. [27] randomly divided elderly patients with insomnia into a conventional health education control group and a moxibustion treatment group. The latter added moxibustion at Baihui on the basis of the former for a period of 2 weeks, 3 times a day. After treatment, the SAS score, PSQI score and total score of the patients were significantly better than those of the control group. The total effective rate of the treatment group was 91.84%, and that of the control group was 69.39%. The curative effect of the treatment group was better than that of the control group, and the difference was statistically significant. It was pointed out that moxibustion at Baihui could regulate yin and yang, quiet and tranquilize the mind, improve the anxiety of elderly women with insomnia and improve their sleep quality. On the basis of taking sleeping pills, Wang Xiaoyu et al. [28] carried out gourd moxibustion on the abdominal Shenque point of the patient, and cooperated with auricular point pressing beans. After 1 week of treatment, the AIS score of the patient was significantly reduced. After 4 weeks of treatment, the total PSQI score and TCM symptom score of the patient were also significantly reduced. At the same time, the patient's sleep quality, sleep time, sleep disorder, sleep drug use, and daytime function were significantly improved. The effective rate (94.90%) was significantly higher than that of the simple western medicine group (77.50%), and pointed out that the combined application of moxibustion can reduce the use of sleeping pills and avoid the side effects caused by western medicine. Wu et al. [29] divided the elderly patients into three groups: long snake moxibustion group, acupuncture group and western medicine group. The treatment results showed that the PSQI score and the levels of adrenocorticotropic hormone (ACTH) and cortisol (COR) in the three groups were significantly lower than those before treatment, but there was no significant difference in the data level between the three groups, suggesting that moxibustion can be used as an effective supplement and alternative therapy. Zhou Guizhen et al. [30] used living porcelain moxibustion to treat senile insomnia. The serum DA and MT levels of the patients were significantly higher than those of the western medicine group. The incidence of adverse reactions (bitter taste, dizziness, headache, fatigue, nausea, etc.) in the living porcelain moxibustion group (5.00%) was significantly lower than that in the western medicine group (22.50%). Ni Jijie et al [31] used rice grain moxibustion combined with Baduanjin as a treatment method, with an effective rate of 91.67%, which provided a new idea for the treatment of elderly insomniacs.

3. Summary and Prospect

In summary, as a common clinical disease, the etiology of insomnia in the elderly is complex, and it needs to be adjusted according to the specific clinical situation during the treatment. In recent years, physical therapy, cognitive behavioral therapy and appropriate technology of traditional Chinese medicine have been widely used to reduce or avoid the side effects of western medicine treatment, which is worthy of promotion. However, there are still many deficiencies in the relevant clinical research, and the long-term efficacy remains to be determined.

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