

ORIGINAL RESEARCH

Therapeutic Efficacy of Head Gusha Combined with Kaitianmen in the Management of Insomnia

Lanting Yan, MM; Liying Jiang, MM; Yue Liu, MM; Yun Chen, MM; Jiayan Zhong, MM; Dingtian Luo, MD

ABSTRACT

Objective • This study aimed to analyze the therapeutic efficacy of a combined treatment approach involving specialized head scraping (Guasha) in conjunction with Kaitianmen to manage insomnia.

Methods • We conducted a study involving 90 individuals with insomnia who received treatment at our hospital between March 2022 and March 2023. These participants were selected and randomly assigned to either a research group (n = 45) or a control group (n = 45). The control group received oral Diazepam (DZ), while the research group underwent specialized head scraping and Kaitianmen therapy. Comparative assessments were made between the two groups, considering clinical efficacy, pre- and post-treatment Traditional Chinese Medicine (TCM) symptom scores, as well as evaluations of sleep quality and negative emotions (NEs) using the Pittsburgh Sleep Quality Index (PSQI) and Self-rating Anxiety/Depression

Scale (SAS/SDS), respectively. Additionally, a treatment satisfaction survey was administered at discharge.

Results • The research group exhibited a significantly higher overall response rate compared to the control group ($P < .05$). Both groups displayed substantial reductions in TCM symptom scores, PSQI scores, and SAS/SDS scores following treatment, with the research group achieving even lower scores ($P < .05$). The treatment satisfaction survey indicated a greater degree of satisfaction among participants in the research group compared to the control group ($P < .05$).

Conclusions • The combination of specialized head scraping and Kaitianmen therapy has demonstrated effectiveness in the treatment of insomnia and offers a valid means of alleviating patients' negative emotions. These findings suggest promising prospects for clinical applications. (*Altern Ther Health Med.* 2024;30(1):88-93).

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INTRODUCTION

Insomnia, a prevalent sleep disorder, has gained increasing attention due to its rising prevalence, particularly among the young and middle-aged population. Its higher prevalence is attributed to the escalating familial and societal pressures accompanying the relentless structure of modern society.¹ Recent studies have shown a concerning rise in the incidence of insomnia, with rates soaring to nearly 30% among individuals between the ages of 18 and 40.²

In China, the number of people struggling with insomnia exceeds 300 million, and this figure continues to rise

annually.³ The presence of insomnia not only significantly impairs patients' memory and daytime functioning but may also lead to neurological dysfunction, endocrine imbalances, and cardiovascular ailments, thereby imposing substantial negative consequences on individuals' daily lives.⁴

Currently, the precise pathogenesis of insomnia remains inadequately explained. In clinical practice, barbiturates, benzodiazepines, and antidepressants represent the primary pharmacological options for insomnia management. However, these drugs are accompanied by concerns related to adverse reactions, drug resistance, and the potential for addiction.⁵ Hence, finding better and safer treatments for insomnia is an important and challenging goal in medical research.

Traditional Chinese medicine (TCM) treatments have a well-established reputation for their safety in clinical practice across various medical conditions. Previous studies have demonstrated that TCM therapies such as acupuncture and scraping (Guasha) can be effective in enhancing the sleep quality of individuals with insomnia.^{6,7} Among these therapies, a novel approach known as 'special head scraping' was developed by Professor Li Xiang, a prominent figure in

Chinese medicine. This innovative technique integrates Hua's three unique acupuncture methods into the specialized scraping treatment, offering effective relief for a range of systemic ailments.⁸

When compared to conventional scraping methods, special head scraping offers distinct advantages, including a comfortable procedure, greater patient acceptance, and high compliance. Furthermore, it avoids the limitations associated with extensive, time-consuming whole-body scraping, making it convenient for patients without venue restrictions. This approach not only safeguards patient privacy but also addresses the drawbacks of time-intensive therapies.⁹ We hypothesize that the combined effect of special head scraping and Kaitianmen may provide a more effective means of mitigating the adverse effects of insomnia while ensuring a high level of safety. However, it is important to note that there is currently no research confirming this hypothesis.

Therefore, this study investigated the TCM mechanism underlying the use of special head scraping in conjunction with Kaitianmen for the management of diseases. We observed the application of this combination therapy in patients with insomnia. Our goal was to establish a theoretical and practical foundation for the wider utilization of special head scraping in combination with Kaitianmen for the treatment of various other medical conditions.

MATERIALS AND METHODS

Study Design

We conducted a randomized controlled trial involving 90 patients diagnosed with insomnia who sought treatment at our institution from March 2022 to March 2023. To ensure ethical conduct, all participants were fully informed about the study's objectives, and their informed consent was duly obtained through signed consent forms. The patients were then randomly assigned into two groups: a research group comprising 45 participants and a control group with an equivalent number. This study strictly adhered to the ethical guidelines of the Declaration of Helsinki and obtained approval from the hospital's ethics committee.

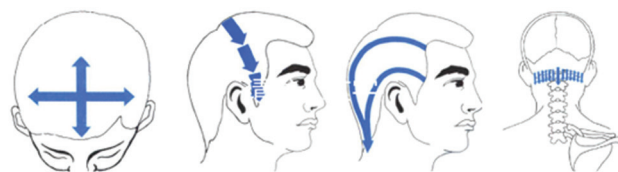
Inclusion and Exclusion Criteria

Inclusion criteria comprised individuals who met the following conditions: (1) adherence to the diagnostic criteria for insomnia¹⁰; (2) willingness to undergo special head scraping + Kaitianmen therapy; (3) age within the range of 18 to 65 years. Conversely, exclusion criteria included individuals meeting any of the following conditions: (1) refusal to participate in the research; (2) presence of head trauma, rashes, or tumors; (3) history of bleeding disorders, blood-related illnesses, allergies, or severe medical conditions; (4) presence of contagious skin diseases; (5) women currently experiencing menstruation or pregnancy.

Treatment Protocols for Control Group

Patients in the control group received an oral dose of 2.5 mg diazepam (H37023039) before bedtime for a duration of 7 days.

Figure 1. Schematic Diagram of Head Special Scraping Operation



Note: The figure illustrates the sequence of scraping techniques employed, which include Sishenting, Niesanpian, Weifengshuangdai, and Xiangconggu, from left to right.

Treatment Protocols for Research Group

In the research group, treatment included special head scraping in addition to the regimen used in the control group. The special head scraping procedure involved the following different steps.

Sishenting. Scraping was performed in forward, backward, left, and right directions centered around the Baihui acupoint. Specifically, the patients' heads were scraped forward to the anterior hairline, backward to the inferior tuberosity of the occipital bone, and left and right to the tips of both ears. The scraping intensity varied based on hair thickness and the patient's condition, with each area scraped 36 times.

Niesanpian. Scraping extended from the ear tip to the zygomatic arch, from halfway between the ear tip and the Baihui acupoint to the zygomatic arch, and from the Baihui acupoint to the zygomatic arch, each performed 36 times.

Weifengshuangdai. Scraping started from the Touwei acupoint and concluded at the Fengchi acupoint, dividing the distance between the Baihui acupoint and the ear tip into two regions. Each area was scraped 36 times.

Xiangconggu. Intensive scraping was performed downward along the skull notch in the posterior neck using 13 stimulation bands, and each was applied 36 times, refer to Figure 1.

Kaitianmen Treatment

The Kaitianmen treatment in this study involves a comprehensive approach to address insomnia. It incorporates a series of carefully designed therapeutic techniques, including following: (1) Tuishangxing: Massaging the ophryon-Shangxing acupoint 36 times; (2) Touwei: Massaging the ophryon-touwei acupoint 36 times; (3) Momei: Massaging the Zanzhu-sizhukong acupoint 36 times; (4) Combing of the Tai-yang Meridian: Alternately combing and massaging the forehead with both hands' fingers for 10-20 times. Percussing the ophryon acupoint 36 times, percussing the Baihui acupoint 36 times, and kneading the temples clockwise and counterclockwise 10 times each; (5) Tapping of the Head: Tapping the forehead-left temple-forehead-right temple-forehead-frontoparietal area (total of 3 minutes). The treatment concluded by massaging both the lateral Fengchi and Jianjing acupoints 5-10 times.

Outcome Indicators

Clinical Efficacy. We assessed clinical efficacy in accordance with insomnia treatment guidelines,¹¹ defining

the outcomes as follows: (1) Cure: Achieved when the patient's sleep quality returned to normal, characterized by a nighttime sleep duration exceeding 6 hours, deep sleep, and a refreshed state upon awakening. (2) Marked Response: Noted when the patient experienced improved sleep with a sleep duration increase of more than 3 hours. (3) Response: Indicated relief in clinical symptoms with a sleep duration increase of less than 3 hours. (4) Non-Response: Designated when none of the above criteria were met. The overall response rate (ORR) represents the percentage of cases classified as cure, marked response, and response within the total population.

Traditional Chinese Medicine (TCM) Symptoms. We established scoring standards to evaluate TCM symptoms in accordance with the Guiding Principles of Clinical Research on New Drugs of Chinese Medicines. Higher scores were indicative of a greater number of syndromes, more severe symptoms, and poorer sleep quality.

Sleep Quality. Sleep quality was assessed in patients using the Pittsburgh Sleep Quality Index (PSQI).¹² This tool comprises seven scoring items, including sleep quality, sleep latency, sleep duration, sleep efficiency, sleep disturbance, use of hypnotics, and daytime sleep dysfunction. Each item is scored on a scale of 0-3, resulting in a total score range of 0-21. Higher scores signify poorer sleep quality.

Psychological States. We assessed patients' mental states using the Self-rating Anxiety/Depression Scale (SAS/SDS).¹³ This scale, ranging from 20 to 80, assigns higher scores to more pronounced anxiety or depression symptoms.

Treatment Satisfaction. Patients' satisfaction levels were examined upon discharge from the hospital. They were categorized as either "very satisfied," "basically satisfied," or "dissatisfied." Overall satisfaction was calculated as the percentage of cases rated as "very satisfied" or "basically satisfied" out of the total number of patients, expressed as a percentage. Overall satisfaction = (very satisfied + basically satisfied) cases/total number of people ×100%.

Statistical Analysis

The data were processed and analyzed using SPSS 26.0 software (IBM, Armonk, NY, USA). Continuous variables were presented as mean ± standard deviation ($\bar{x} \pm s$), while categorical variables were expressed as frequencies or percentages. Between-group comparisons for continuous variables were conducted using the t-test, while the chi-square (χ^2) test was employed for categorical variables. Statistical significance was defined as $P < .05$.

RESULTS

Comparison of Clinical Baseline Data

The comparison of patients' age, sex, and disease duration indicated no statistically significant differences between the two groups ($P > .05$), confirming their comparability, refer to Table 1.

Table 1. Clinical Baseline Data

Group	Course of Disease	Sex Male/Female	Age	History of Insomnia Have/None	Smoking Yes/No	Drinking Yes/No
Control (n = 45)	7.16±2.25	30/15	41.87±12.21	7/38	18/27	10/35
Research (n = 45)	7.49±1.53	26/19	41.00±15.57	10/35	16/29	11/34
t (or χ^2)	0.82	0.76	0.29	0.65	0.19	0.06
P value	.41	.38	.77	.42	.66	.80

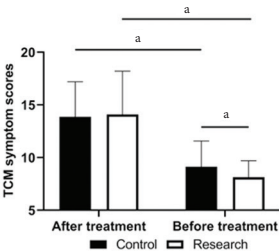
Note: Clinical baseline data for both the control and research groups are presented in this table. Values are expressed as mean ± standard deviation or as frequencies (number of individuals). The data includes the course of disease (expressed in years), the distribution of males and females, the mean age of participants (in years), the presence or absence of a history of insomnia, and the prevalence of smoking and drinking among participants. Statistical comparisons were performed using the *t* test (for continuous variables) or the chi-square test χ^2 (for categorical variables), with *P* values reported to assess the significance of differences between the two groups.

Table 2. Comparison of Clinical Efficacy between Two Groups

Group	Cure	Marked Response	Response	Non-Response	ORR
Control (n = 45)	10 (22.22)	16 (35.35)	8 (17.78)	11 (24.44)	75.56%
Research (n = 45)	15 (33.33)	21 (46.67)	6 (13.33)	3 (6.67)	93.33%
χ^2					5.41
P value					.02

Note: This table displays the clinical efficacy outcomes for both the control and research groups. The categories include "Cure," "Marked Response," "Response," and "Non-response," with corresponding numbers and percentages. The Overall Response Rate (ORR) is also provided for each group. Statistical analysis was performed using the chi-square test (χ^2), with a *P* value of .02, indicating a significant difference between the two groups in terms of clinical efficacy.

Figure 2. TCM Symptom Scores



*indicating statistical significance at the level of $P < .05$.

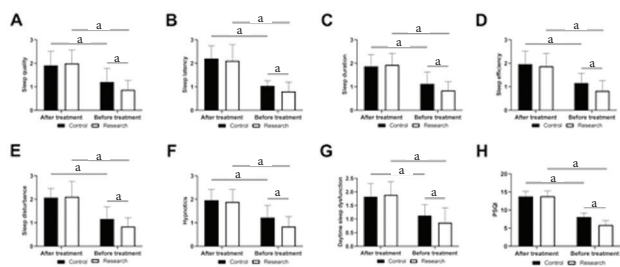
Comparison of Clinical Efficacy

An inter-group comparison of clinical efficacy revealed an overall response rate (ORR) of 93.33% in the research group and 75.56% in the control group. This finding signifies a notably higher efficacy of special head scraping plus Kaitianmen in comparison to oral Diazepam for patients with insomnia ($P < .05$), refer to Table 2.

Comparison of TCM Symptom Scores

Prior to treatment, there were minimal differences in TCM symptom scores between the research group and the control group ($P > .05$). After treatment, the scores significantly decreased in both groups, with the research group showing a score of (8.13±1.56) and the control group showing (9.13±2.44), demonstrating a marked reduction compared to the pre-treatment values in both cohorts ($P < .05$). Additionally, an inter-group comparison revealed a lower TCM symptom score in the research group compared

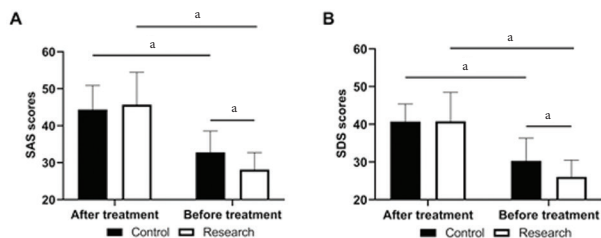
Figure 3. Sleep Conditions



^aindicates statistical significance at the level of $P < .05$.

Note: The figure provides an overview of various sleep conditions, including sleep quality (A), sleep latency (B), sleep duration (C), sleep efficiency (D), sleep disturbance (E), hypnotics (F), daytime sleep dysfunction (G), and the Pittsburgh Sleep Quality Index (PSQI) (H).

Figure 4. Psychological States



^asignifies statistical significance at the level of $P < .05$.

Note: The figure presents data on psychological states, including SAS scores (A) and SDS scores (B).

Table 3. Comparison of Satisfaction with Treatment

Group	Very satisfied	Basically Satisfied	Dissatisfied	Overall Satisfaction
Control (n = 45)	16 (35.35)	20 (44.44)	9 (20.00)	80.00%
Research (n = 45)	30 (66.67)	13 (28.89)	2 (4.44)	95.56%
χ^2				5.08
P value				0.02

Note: This table presents the comparison of treatment satisfaction between the control and research groups. It includes categories such as “Very Satisfied,” “Basically Satisfied,” and “Dissatisfied,” along with their respective numbers and percentages. The Overall Satisfaction rate is also provided for each group. Statistical analysis was performed using the chi-square test (χ^2), with a P value of .02, indicating a significant difference in treatment satisfaction between the two groups.

to the control group ($P < .05$), see Figure 2.

Comparison of Sleep Conditions

Pre-treatment PSQI survey results showed no significant differences between the groups ($P > .05$). Following treatment, a noticeable reduction in PSQI scores was observed in both cohorts. Notably, the research group exhibited lower scores across dimensions such as sleep quality, sleep latency, sleep duration, sleep efficiency, sleep disturbance, use of hypnotics, and daytime sleep dysfunction, along with a lower total PSQI score compared to the control group ($P < .05$), see Figure 3.

Comparison of Psychological States

There were no significant differences in pre-treatment SAS and SDS scores between the control group and the research group ($P > .05$). Following treatment, the research

group exhibited SAS and SDS scores of (28.16 ± 4.56) and (26.04 ± 4.45), respectively, which were lower than their respective pre-treatment scores and the scores observed in the control group ($P < .05$), see Figure 4.

Comparison of Satisfaction with Treatment

In the research group, two patients expressed dissatisfaction with the treatment, resulting in an overall satisfaction rate of 95.56%. Conversely, the control group achieved a total satisfaction rate of 80.00%. It indicates a notably higher level of satisfaction among insomnia patients who received special head scraping + Kaitianmen in comparison to those administered oral Diazepam ($P < .05$), see Table 3.

DISCUSSION

In this study, the clinical efficacy of insomnia patients treated with special head scraping combined with Kaitianmen was significantly superior to that of the control group, which received conventional drug treatment. Furthermore, there were notably greater reductions in TCM symptom scores post-treatment, indicating the superior therapeutic effects of special head scraping combined with Kaitianmen on insomnia.

The increasing prevalence of insomnia can be attributed to modern lifestyles characterized by heightened stress, demanding work schedules, and the pervasive use of electronic devices, which disrupt sleep patterns and contribute to the rising incidence of this sleep disorder. Additionally, heightened awareness and diagnostic practices have led to better recognition and reporting of insomnia cases.¹⁴

Prolonged insomnia has been linked to memory impairment, a heightened risk of dementia, brain atrophy, compromised immunity, and impaired organ function.¹⁵ The predominant pharmacological treatments for insomnia often come with the risk of rebound symptoms and withdrawal reactions. Conversely, psychotherapy, while effective, can be complex to administer, costly, and less widely applicable.¹⁶

TCM treatment, with its holistic approach to syndrome differentiation, has demonstrated effectiveness in alleviating insomnia symptoms and reducing the risk of recurrence. Moreover, it offers a favorable safety profile, making it a promising choice for the future treatment of insomnia.¹⁷ Chen et al.¹⁸ reported similar findings that notable improvements in insomnia were observed through scraping therapy. Our study lays the foundation for further research into the mechanisms behind this combined therapy and for advancing clinical TCM external treatment for sleep disorders.

In TCM, insomnia is attributed to liver and gallbladder dysfunction, coupled with excessive heartburn, which leads to restlessness.¹⁹ Therefore, the TCM approach to treating insomnia emphasizes calming the mind, promoting healthy liver function, and alleviating emotional distress.²⁰ Scraping therapy, as a non-pharmacological treatment method, enhances blood and lymphatic circulation and nourishes muscles and peripheral nerves through comprehensive

stimulation of points, meridians, and the skin's surface. Additionally, it directly stimulates peripheral nerves, regulating the neuroendocrine system.²¹

Research indicates that specific scraping techniques applied locally can influence the cerebral cortex via centripetal nerves. This influence can rebalance the excitation and inhibition processes in the brain, fostering a beneficial cycle of “energetic daytime activity and restful nighttime sleep.”²² Special head scraping follows the holistic principles of TCM and is designed to maximize the therapeutic potential of the Beishu and Front Mu acupoints.²³

Furthermore, the head, being the highest point of the human body, has a network of meridians and acupoints where the body's meridians, Qi, and blood converge. The continuous circulation of Qi and blood in the head is essential to ensure the unobstructed flow of Qi and blood throughout the internal organs of the body.²⁴ We speculate that this factor may also contribute significantly to the notable improvement in insomnia symptoms observed in the research group.

Moreover, the PSQI survey results showed lower scores across all dimensions of the PSQI scale and a reduced total score in the research group compared to the control group after treatment. This finding highlights the remarkable effectiveness of special head scraping combined with Kaitianmen in alleviating insomnia. Additionally, Kaitianmen represents a traditional and time-honored massage technique. In TCM, Gua Sha is also frequently employed to enhance sleep quality in individuals facing mental stress.²⁵ It suggests the positive impact of Gua Sha on sleep improvement.

In this combined method, various techniques such as massaging, rubbing, kneading, and tapping were used, and the acupoints on the scalp received stimulation, leading to the activation of subcutaneous blood vessels and nerves within the head. This stimulation triggers a reflex arc that, in turn, regulates brain activity, alleviates muscle tension, fine-tunes vasomotor function, clears meridians, enhances the circulation of Qi and blood, and reinforces the body's metabolic processes.²⁶ Consequently, this approach effectively balances the patient's endocrine function, contributing to nerve relaxation and improved sleep quality.

Furthermore, negative emotions (NEs) not only represent a primary cause of insomnia but also emerge as its predominant manifestations. Severe NEs are known to directly impact patients' ability to engage in normal interpersonal interactions, work effectively, and maintain a balanced life.²⁷ Therefore, addressing NEs in individuals with insomnia is an important concern. In our study, we observed a more pronounced reduction in SAS and SDS scores in the research group after treatment.

This finding suggests that special head scraping combined with Kaitianmen also aids in effectively regulating patients' NEs, which is intricately linked to the significant improvement in insomnia symptoms. Lastly, the observed rise in treatment satisfaction within the research group aligns with our expectations. This result emphasizes the significant

value of integrating special head scraping with Kaitianmen in enhancing the quality of comprehensive medical services in future clinical practice.

Study Limitations

The study has several limitations that warrant consideration. Firstly, the absence of a standardized clinical protocol for special head scraping combined with Kaitianmen may introduce variability in treatment procedures, highlighting the need for further optimization. Secondly, the study's relatively short duration did not permit an assessment of the long-term prognosis of individuals with insomnia. Thirdly, the study's sample size is modest, and some evaluation criteria rely on subjective assessments, which may introduce bias or variability in the experimental results. These limitations highlight the importance of future research to refine the treatment approach, assess long-term outcomes, and involve larger and more diverse participant groups to enhance the robustness of the findings.

CONCLUSION

In conclusion, the combination of special head scraping and Kaitianmen emerges as an effective approach to enhancing sleep quality and alleviating negative emotions in individuals with insomnia. This promising treatment option not only addresses the immediate needs of insomnia patients but also offers valuable clinical data to support ongoing research and development in the field of TCM external treatment methods. These findings contribute to the advancement of the broader TCM treatment system, highlighting the potential for improved care and outcomes in the management of insomnia.

DATA AVAILABILITY STATEMENT

The data used in the study can be obtained from the corresponding author upon reasonable request.

CONFLICT OF INTEREST

Authors declare to have no conflict of interest.

FUNDING

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