

# Chai Hu Shu Gan San & The Treatment of Insomnia

abstracted & translated by

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Chai Hu Shu Gan (Bupleurum Course the Liver Powder) was created in the late Ming dynasty by Zhang Jing-yue as found in his *Jing Yue Quan Shu (Jing-yue's Complete Writings)*. Today, this formula is found in the liver-spleen harmonizing subsection of the chapter on harmonizing formulas in most Chinese formulas and prescriptions books. It is commonly seen as a modification of Zhang Zhong-jing's Si Ni San (Four Counterflows Powder) from the *Shang Han Lun (Treatise on Damage [Due to] Cold)*. In terms of Chai Hu Shu Gan San's standard functions, it courses the liver and rectifies the qi, harmonizes the blood and stops pain. It is traditionally indicated for the treatment of rib-side pain, alternating cold and heat, chest oppression, inability to bend forward and backward, a predilection to great sighing, and a bowstring pulse. Today this formula is also used for premenstrual syndrome and dysmenorrhea as well as functional disorders of the nervous system. However, I doubt that most Western practitioners think of this formula in terms of treating insomnia. Yet insomnia can be seen as a functional disorder of the nervous system. On pages 11-12 of issue #10, 2008 of *Shi Yong Zhong Yi Nei Ke Za Zhi (Journal of Practical Chinese Medicine Internal Medicine)*, Yin Sheng published an article titled "Clinical Observations on the Treatment of 64 Cases of Insomnia with Chai Hu Shu Gan San with Added Flavors." A summary of this article is presented below.

## Cohort description:

The 64 cases enrolled in this two-wing comparison study were randomly divided into two groups – a treatment group treated with Chinese medicine and a comparison group treated with Western medicine. In the treatment group, there were 33 cases aged 21-42 years, with a mean age of  $32.16 \pm 4.04$  years. Seventeen of these cases had difficulty falling asleep and then were easily awakened. Twelve of these cases had profuse dreams or woke too early, and four cases could not sleep the whole night. The median number of hours slept per night by this group was only  $2.1 \pm 0.6$  hours. In the comparison group, there were 31 cases aged 19-41 years, with a mean age of  $31.47 \pm 3.17$  years. Fifteen of these cases had difficulty sleeping and were easily awakened, twelve had profuse dreams or woke too early, and four could not sleep the entire night. The mean duration of sleep per night in this group was  $2.3 \pm 0.8$  hours. Therefore, for the purposes of this study and in terms of age, sleep disturbances, and duration of sleep per night, these two groups were judged to be statistically comparable.

The criteria for the diagnosis of insomnia were based on *Zhong Yi Bing Zheng Zhen Duan Zhi Liao Biao Sun (Criteria for Chinese Medical Disease & Pattern Diagnosis and Treatment Efficacy)*. Common accompanying symptoms included headache, dizziness, heart palpitations, impaired memory, and profuse dreams. Criteria for Chinese medical pattern discrimination were as follows. For heart-spleen dual vacuity, there was profuse dreams, easy waking, heart palpitations, impaired memory, dizziness, vertigo, lassitude of the spirit, lack of strength, a lusterless facial complexion, a pale tongue with thin fur, and a fine, weak pulse. For liver depression transforming fire, there was heart vexation and inability to fall asleep, vexation and agitation, irritability, chest oppression, rib-side pain, headache, a red facial complexion, red eyes, a bitter taste in the mouth, constipation, yellow urine, a red tongue with yellow fur, and a bowstring, rapid pulse. For phlegm heat harassing internally, there was disquieted sleep, heart vexation, chest oppression, ductal glomus, a bitter taste in the mouth, profuse phlegm, dizziness, vertigo,

a red tongue with slimy, yellow fur, and a slippery or slippery, rapid pulse. For yin vacuity-fire effulgence, there was heart vexation, insomnia, sometimes sleeping and sometimes being awakened, heat in the hands, feet, and heart, dizziness, tinnitus, heart palpitations, impaired memory, malar redness, tidal heat, a dry mouth with scanty fluids, a red tongue with scanty fur, and a fine, rapid pulse. For qi stagnation and blood stasis, there was agitation, harassment, and disquietude, difficulty falling asleep, irritability, profuse speech, a dark, stagnant facial complexion, chest and rib-side fullness and oppression, headache, heart palpitations, a dark, purplish tongue with possible static macules, and a bowstring, rapid or fine, choppy pulse.

Inclusion criteria included insomnia for more than three weeks and the presentation of one of the Chinese medical pattern discriminated above. Exclusion criteria included systemic disease, such as pain, fever, or cough, which might cause insomnia; heart, liver, kidney, or hematological disease; and other psychiatric disease.

### **Treatment method:**

All members of the treatment group were administered the following base medicinals:

Chai Hu (Radix Bupleuri), 15g  
Chen Pi (Pericarpium Citri Reticulatae), 15g  
Zhi Qiao (Fructus Aurantii), 10g  
Bai Shao (Radix Alba Paeoniae), 15g  
Xiang Fu (Rhizoma Cyperi), 10g  
Chuan Xiong (Rhizoma Chuanxiong), 5g  
mix-fried Gan Cao (Radix Glycyrrhizae), 5g

If there was heart-spleen dual vacuity, five grams of Dang Gui (Radix Angelicae Sinensis) and 30 grams of Huang Qi (Radix Astragali) were added.

If there was liver depression transforming fire, five grams of Long Dan Cao (Radix Gentianae) and 15 grams of Zhi Zi (Fructus Gardeniae) were added.

If there was phlegm heat harassing internally, 15 grams of Zhu Ru (Caulis Bambusae In Taeniam) and five grams of Huang Lian (Rhizoma Coptidis) were added.

If there was yin vacuity-fire effulgence, 15 grams each of Suan Zao Ren (Semen Zizyphi Spinosa) and Zhi Mu (Rhizoma Anemarrhenae) were added.

If there was qi stagnation and blood stasis, 15 grams each of Yi Mu Cao (Herba Leonuri) and Dan Shen (Radix Salviae Miltiorrhizae) were added.

One packet of the above medicinals was decocted in water and administered in two divided doses per day, with seven days equaling one course of treatment.

All members of the comparison group were orally administered two milligrams of estazolam 30 minutes before going to bed each night. Seven days equaled one course of treatment in this group, and results were analyzed in both groups after two successive courses of treatment.

### **Study outcomes:**

Cure was defined as a return to normal sleep or at least sleeping more than six hours per night, sleeping

deeply, and feeling normal after waking. Marked effect was defined as an obvious improvement in sleep with ability to stay asleep for more than three hours. Some effect was defined as some increase in sleep per night from before treatment began but sleep still less than three hours per night. No effect was defined as no improvement in sleep from before to after treatment. The following table shows the outcomes of these two groups based on these criteria.

Group	Number	Cured	Marked effect	Some effect	No effect
Treatment	33	16 (48.5%)	14 (42.4%)	2 (6.1%)	2 (6.1%)
Comparison	31	11 (35.5%)	5 (16.1%)	11 (35.5%)	4 (12.9%)

Therefore, it was concluded that the Chinese medical treatment was more effective than the Western medical treatment over all. Further, in the treatment group, there were only three cases of adverse reactions. These included slight torpid intake and nausea. In the treatment group, there were nine cases of adverse reactions. Therefore, there were markedly less adverse reactions in the Chinese medical group than the Western medical group.

### **Discussion:**

Within this formula, Chai Hu is the sovereign medicinal. It courses the liver and resolves depression. This is then combined with Xiang Fu and Bai Shao which, together, resolve depression and emoliate or soften the liver. Chuan Xiong and Zhi Qiao move and ease or smooth the flow of the liver-gallbladder qi, and Chen Pi transforms the phlegm binding of liver depression. When combined with other suitable ingredients based on the patient's personally presenting pattern, psychological counseling, and lifestyle modifications, the therapeutic effect rate is high and the adverse reactions or side effects are few. Dr. Yin believes that this protocol is definitely able to improve patients' ability to go to sleep as well as deepen the level of their sleep.

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