

Observational Study on the treatment of patients with chronic sleep disorders by combined therapy of modern western medicine and traditional Chinese medicine

The success of treatment to treat sleep disorders through infection eradication, organ function strengthening, nutritional counseling and digestive regulation

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Abstract

From August 2018 to April 2022, 166 patients with chronic sleep disorders from the patient collective of Ärztehaus Mitte, Berlin, were enrolled in observational studies. The studies offered the observations from the perspective of modern Western medicine and from the complementary medicine perspective of Traditional Chinese Medicine:

Gastrointestinal disorders, essentially caused by infections, correlate with sleep disorders. Infections and mixed infections or disorders of the digestive system caused by pathogenic yeasts and *H. pylori*, in addition to multiple disorders, cause a lasting impairment of spleen and kidney functions.

Treatment of the sleep disorders was carried out following the diagnosis by causal treatment of the gastrointestinal disorders with specialist and complementary medical measures. This resulted in improvements in sleep that ranged from good to very good in 76 percent of patients (monitored in 113 patients with adequate monitoring time).

The success of treatment through integrated root cause medicine depends on continued compliance of the patient over a longer period of time. Accordingly, the following observations were made: In 90 patients with high compliance, treatment resulted in improvements in sleep that ranged from good to very good in 87 percent; while in 23 patients with low compliance, only 35 percent showed improvements ranging from good to very good.

Keywords: Sleep disorders, infections, organ dysfunction

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1 Introduction

From August 2018 to April 2022, two observational studies were conducted in patients at Ärztehaus Mitte in Berlin, Germany:

- 1) Investigation of the association of sleep disorders, infection-related gastrointestinal diseases, and organ dysfunction (observational study at Ärztehaus Mitte Berlin, Germany, led by Dr. Sebastian Pfeiffer, specialist in immunology and laboratory medicine) (1),
- 2) Traditional Chinese Medicine diagnostic observations of organ dysfunction in patients with sleep disorders and infections, Bei Wang (TCM practice Wang-Xie, Berlin, Germany) (observational study in the practice of traditional Chinese medicine Wang/Xie Berlin, under the direction of Bei Wang, senior physician (Shanghai) and alternative practitioner) (2).

The treatment of the diagnosed clinical pictures was carried out at the request of the patients by combining specialist medical and complementary medical therapy. The efficiency review of the treatments in the context of their monitoring and the evaluation of the collected data were also carried out at the request and with the consent of the patients.

The duration of sleep disorders of the patients at the start of the study was in some cases significant. It ranged from one to five years in 73 patients, from six to ten years in 50 patients, and 43 patients reported having suffered from sleep disorders for more than ten years. In this respect, all treated patients suffered from chronic sleep disorders. (Note 1)

2 Results of the diagnostic observation studies

The studies, conducted over five years after a one-year preparatory period from August 2018 to April 2022, observed the results of general medical, laboratory analytical, and complementary medicine examinations.

Patients were observed by evaluating the serological and microbiological laboratory analytics used in normal practice. Serology, ultrasound and ECG were performed using standard technical equipment. The microbiological material was collected and evaluated with special care (1). Sleep disorders of the patients became known when

handling their symptoms in the course of their ongoing medical practice. A detailed medical history was taken for the causal medical treatment of the sleep disorders.

In addition to the observation of organ dysfunction by laboratory analysis and sonography of the medical center, the same patients were examined in TCM practice by imaging, pulse diagnosis and tongue diagnosis (2).

Observation of the examinations of the 166 patients revealed digestive disorders (in 92 percent), organ dysfunctions (in 98 percent, predominantly multiple), and infections (in 79 percent, including mixed infections in some cases).

In 77 percent of the patients with sleep disorders, the pattern of digestive symptoms ranged from striking to severe.

In 70 percent of the patients in the study, infections with pathogenic yeasts were found, in 24 percent infections with *H. pylori* and in 17 percent mixed infections.

Renal dysfunction was seen in 95 percent of patients, splenic dysfunction in 42 percent, and 20 percent had combined renal-splenic dysfunction.

3 Treatment of patients

Following the specialist and complementary medicine diagnostics, the treatment of the sleep disorders was carried out by causal treatment of the gastrointestinal disorders. At the request of the patients, both specialist and complementary medical measures were applied.

For example, in order to stabilise the metabolism and strengthen the organs, the treatment of infections with antibiotics was supported by taking Chinese herbs and teas, as well as by providing individual nutritional counseling. Special TCM teas and herbs were used to treat physical processes, at the end of which, if left untreated, chronic sleep disorders would also appear. These chronic sleep disorders are thus deemed to be the result of a progressive chain reaction. The causative treatment included the infection-related spleen overload and subsequently kidney overload (spleen-kidney yin weakness), as well as resulting digestive disorders and other organ dysfunctions (liver and heart). These therapies were administered to patients as an alternative to symptom-based treatments (such as sleeping pills) or other methods of sleep medicine (ranging from assisted breathing to psychotherapies).

4 Method and results of monitoring

In standardised case histories, the patients were asked about their subjective assessments of the severity of symptoms they perceived using ten-point scales. They were asked to rate their sleep quality, their overall well-being and their digestion.

The subjective overall evaluation of sleep (cf. Fig. 1) included parameters such as perceived duration of falling asleep, phases of sleeping through, quality and quantity of nocturnal waking phases (frequency of awakening and subjectively perceived duration), sleep time and perception of deep sleep.

Please give us an impression by ticking the scale how you estimate your sleep for the last 30 days or for the time since the last monitoring: as rather good (1) or as rather bad (10)?

How do you rate your sleep over the last 30 nights or for the time since the last monitoring?

1 good	2	3	4	5	6	7	8	9	10 poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fig. 1 Subjective evaluation of the overall quality of sleep by patients.

In the sleep history, sleep qualities were inquired about by asking the following questions: How often do you wake up on average during the night? Were there any special reasons for waking up? How many hours did you sleep on average per night? Did you take any sleeping pills? Do you work in shifts? Do you take a nap during the day? Do you sweat or freeze during the night?

Patients were also asked about how they felt in the morning, their assessment of their performance, the intensity and type of sleep (“restful sleep” in connection with good performance and a good overall condition and general well-being).

In addition, patients were asked detailed questions from their medical history again. In particular, this allowed patients’ compliance to be assessed and revealed any special circumstances (such as acute illnesses or personal stresses, such as a job loss or the death of a relative).

Questionnaire-based online monitoring and telephone surveys were conducted over a one-year period. Monitoring generally began one week after start of the treatment, at weekly intervals for the first three monitorings, then fortnightly, then monthly until the end of the sixth month. Before the final monitoring after

one year, the patients were also called monthly between the sixth and twelfth month and asked about their well-being and living conditions by telephone based on the questionnaire.

It was shown that the success of the treatment through integrated causal medicine depended on continuous compliance of the patients over a longer period of time. Accordingly, the following observations were made: In 90 patients with high compliance, treatment resulted in improvements in sleep that ranged from good to very good in 87 percent; while in 23 patients with low compliance, only 35 percent showed improvements ranging from good to very good. (cf. Figs. 2 to 4).

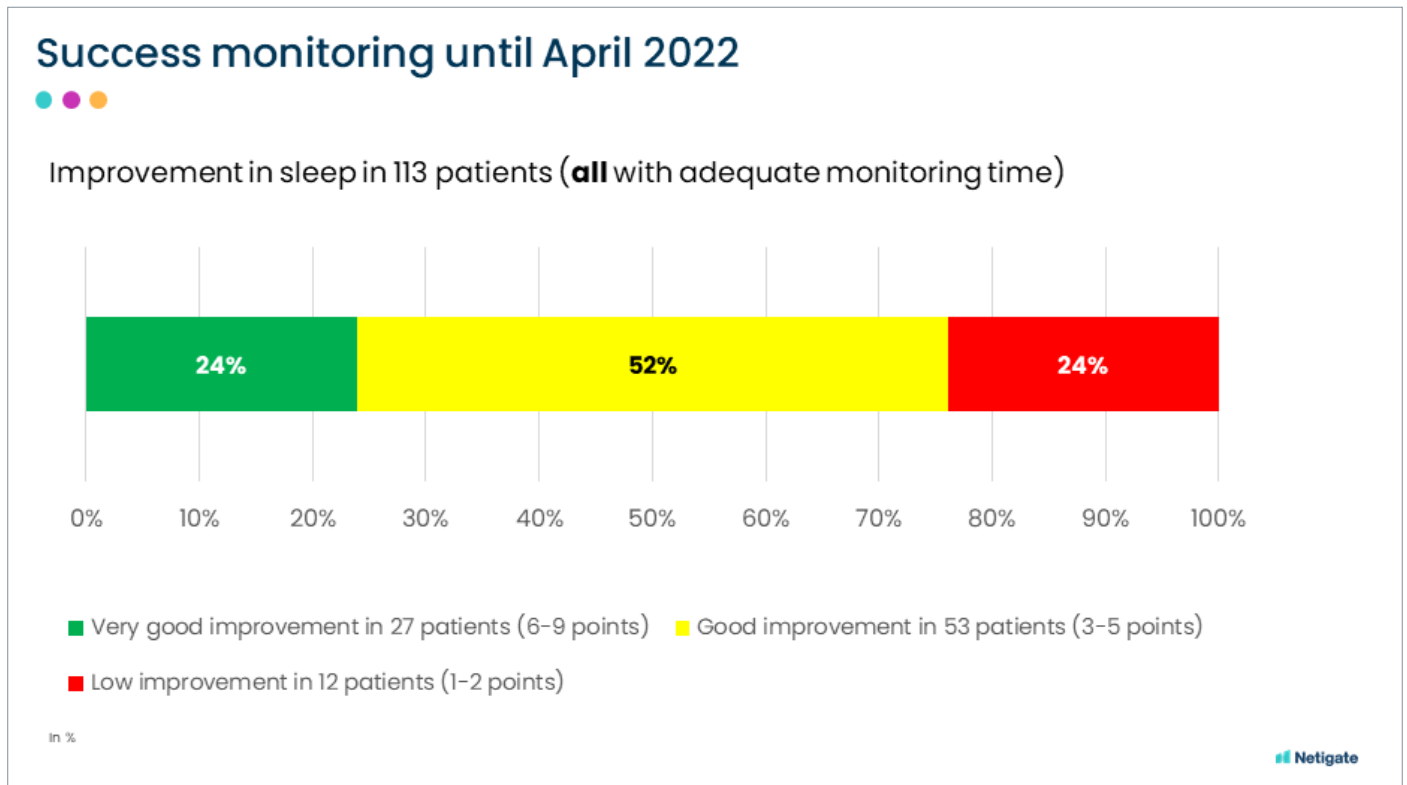


Fig. 2

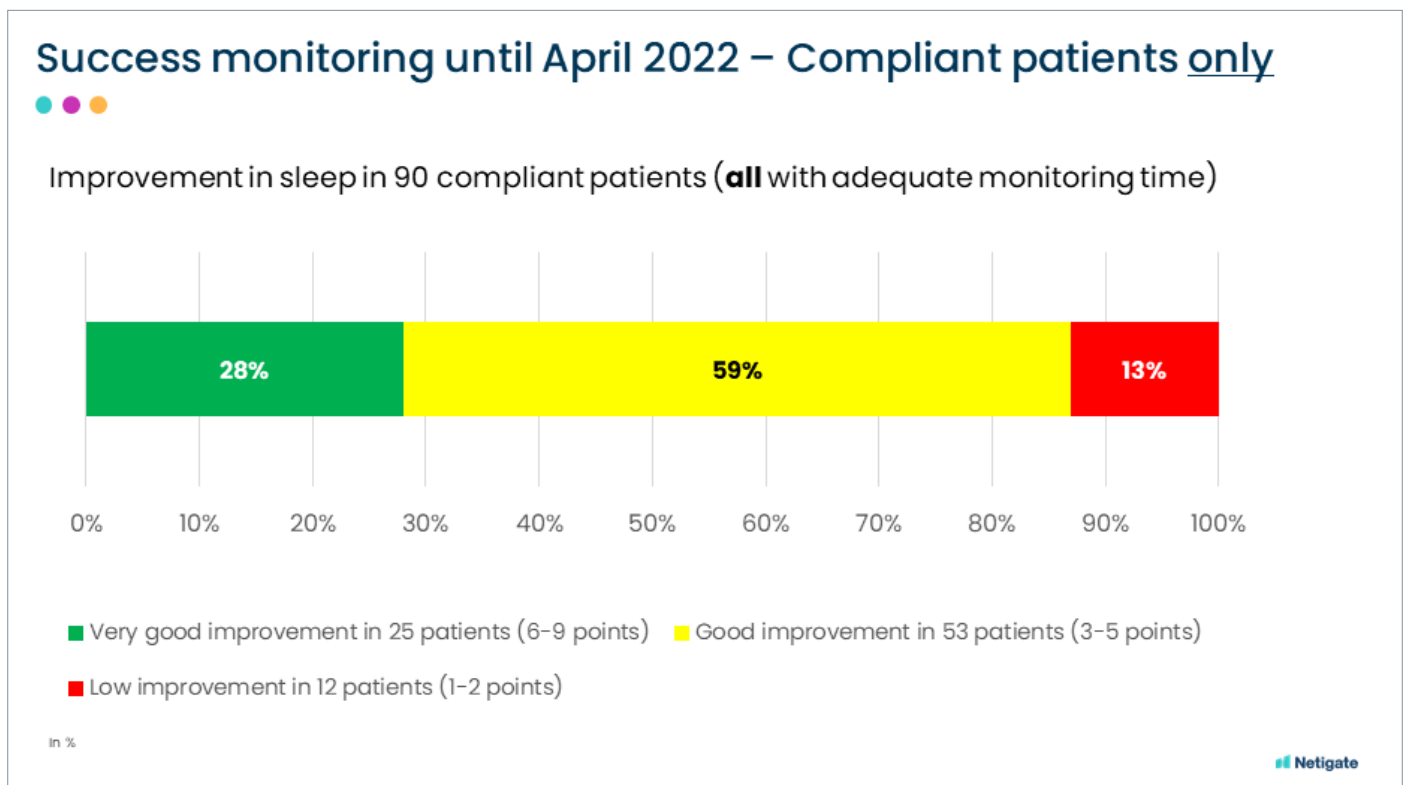


Fig. 3

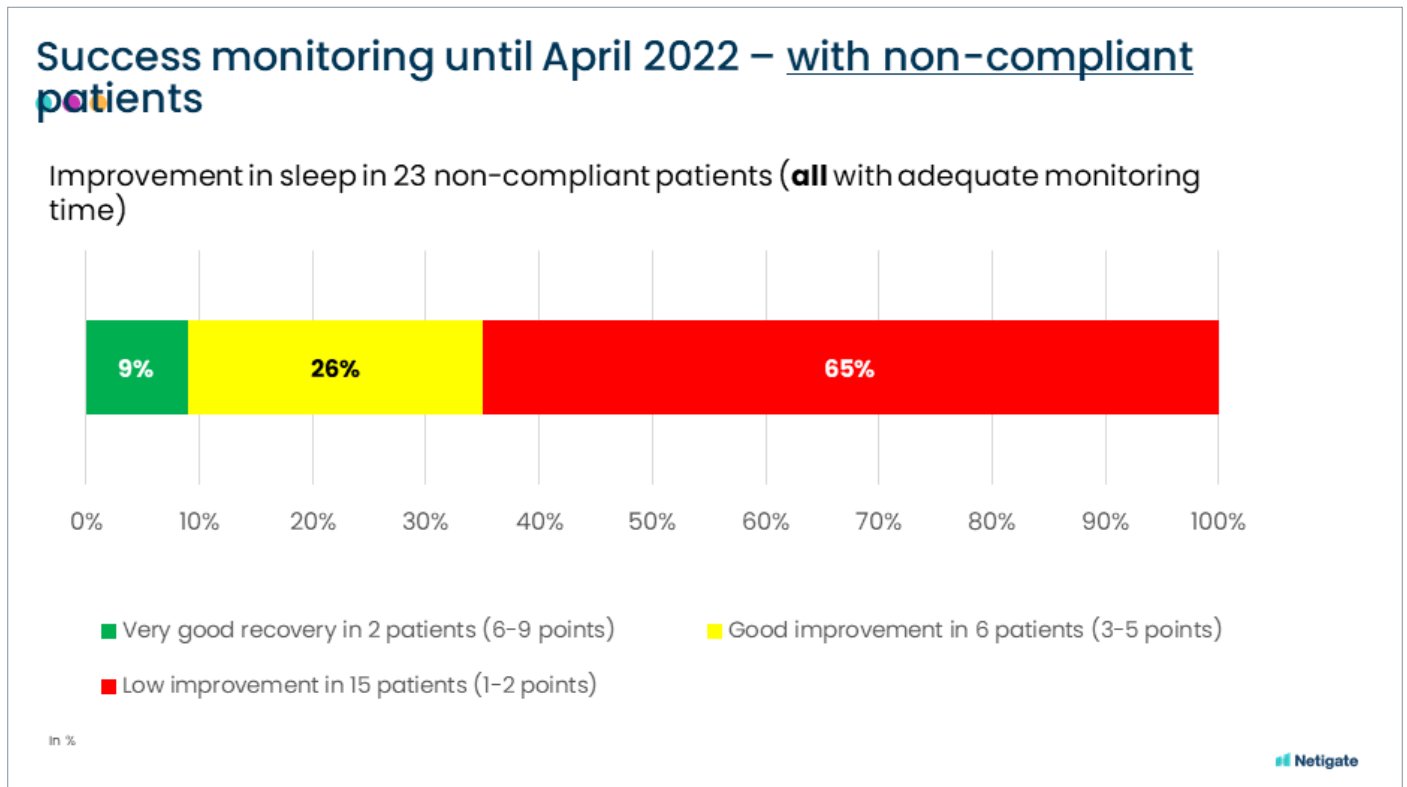


Fig. 4

The courses of improvement in individual patients clearly show the correlation in well-being between sleep

disorders and compliance over a long period of time (six to twelve months) (cf Fig. 5).

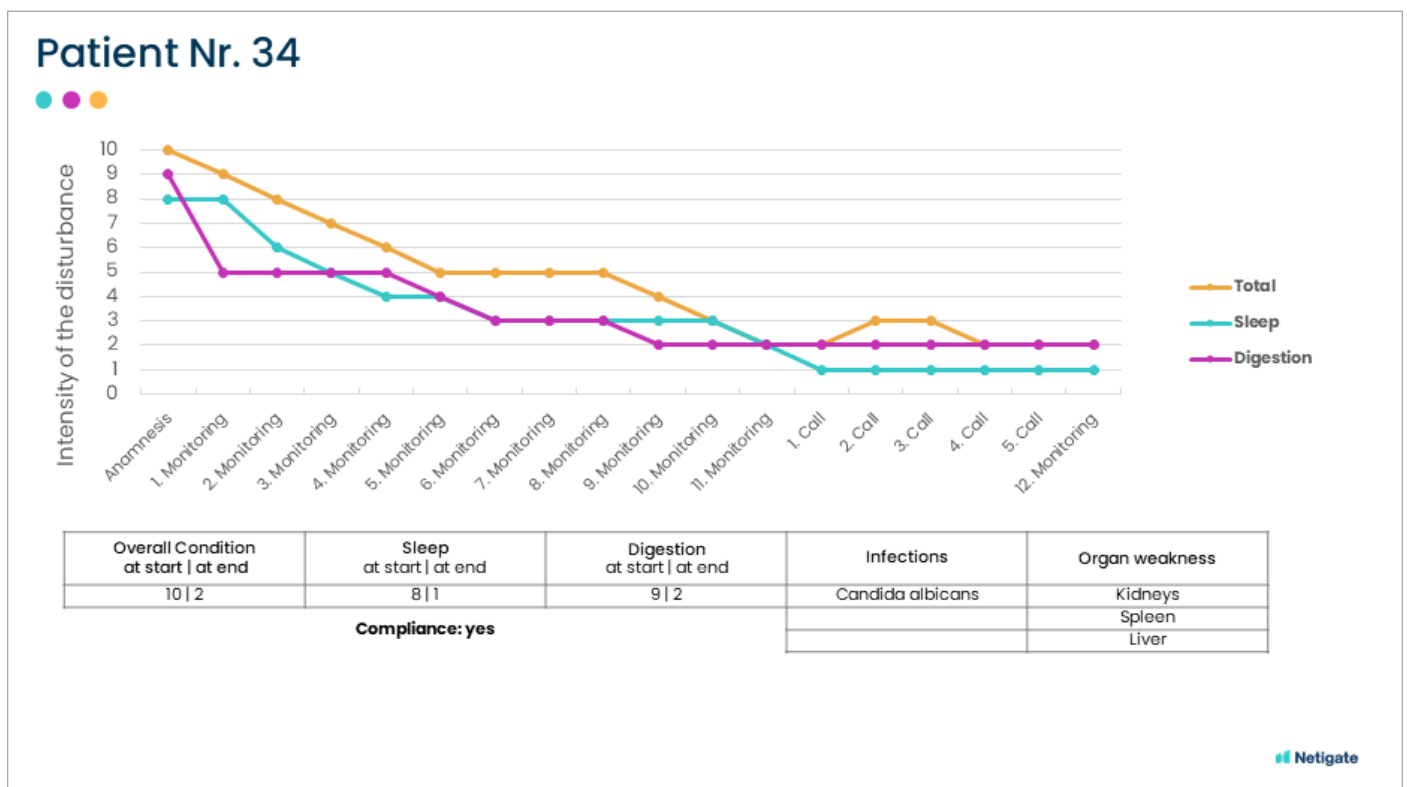


Fig. 5

It was also found that psychological factors, such as stress due to exceptional circumstances, could have a short-term influence on sleep patterns. However, with

a simultaneous and stable improvement in digestion (reflecting organ health), a sustained improvement in sleep was often noted (Fig. 6).

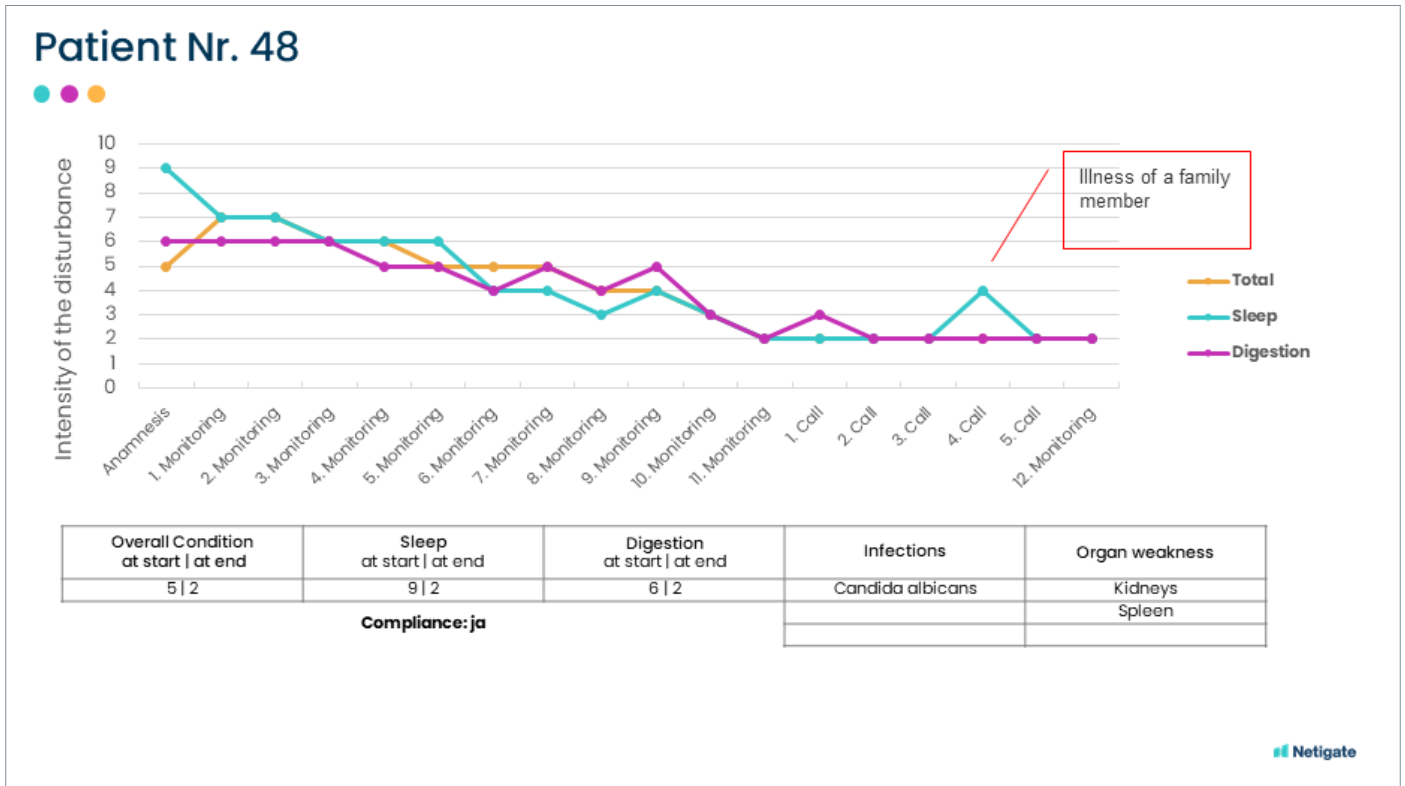


Fig. 6

5 Discussion

The observation of the examination results and the treatment successes within the scope of a monitoring shall contribute to evaluate the causal medical significance of the Normamed method (cf. Fig. 7) and the importance of a comprehensive diagnosis in sleep disorders (cf. Fig. 8).

A combined examination of sleep disorders by general and specialist medicine, laboratory, microbiological and TCM diagnostics already showed that sleep disorders are often associated with hidden infections,

organ dysfunctions, as well as disorders of the immune system. The monitoring of treatment successes confirms the assumptions about the causation of chronic sleep disorders. It shows that treatment of the physical causes led to an improvement in sleep – and also to an improvement in digestion and overall health. This means that the gentle therapy of infections and organ dysfunctions, the causes of which have not been systematically considered so far, is becoming an alternative to conventional treatments, which are often unable to prevent chronic courses of sleep disorders.

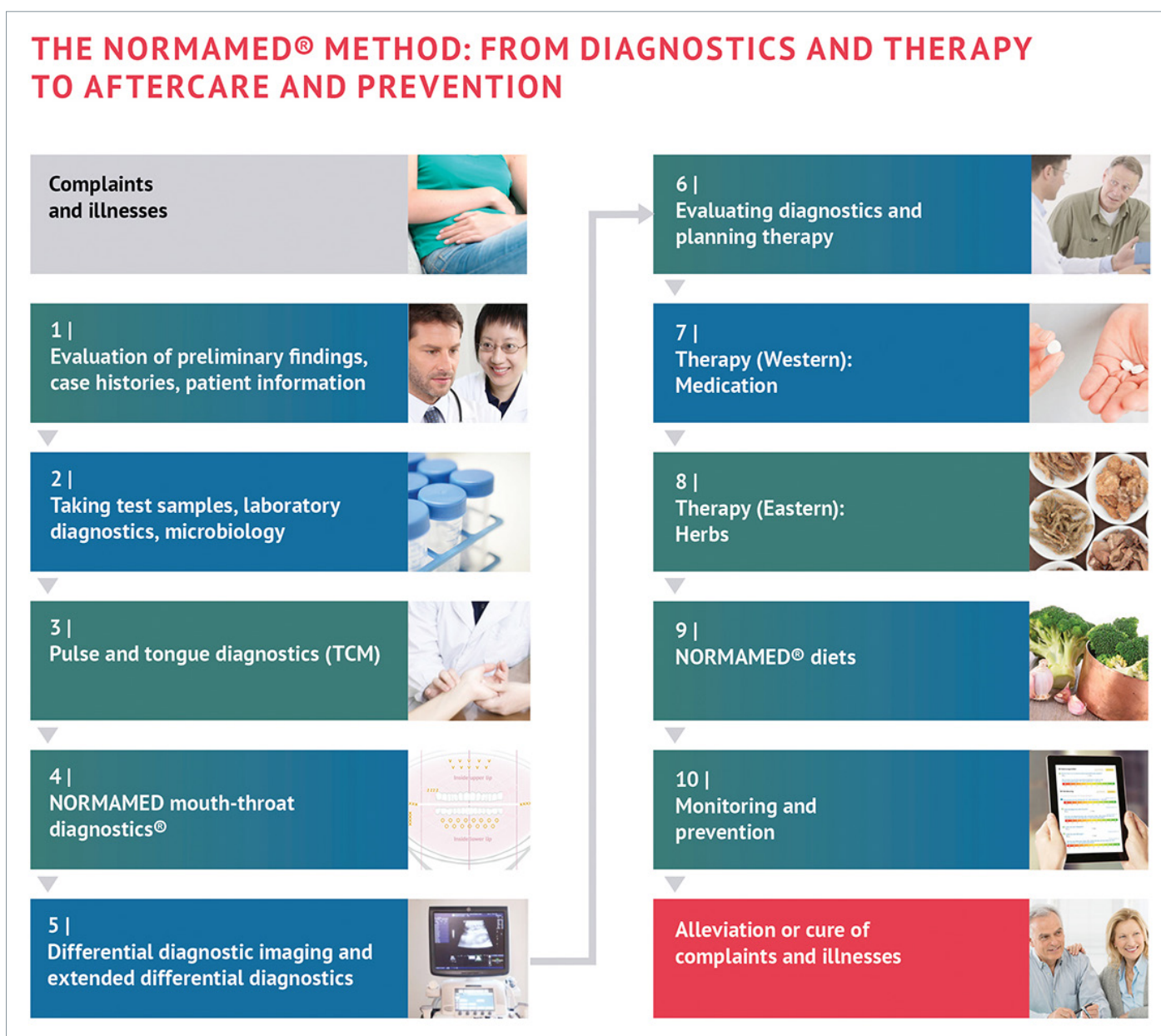


Fig. 7

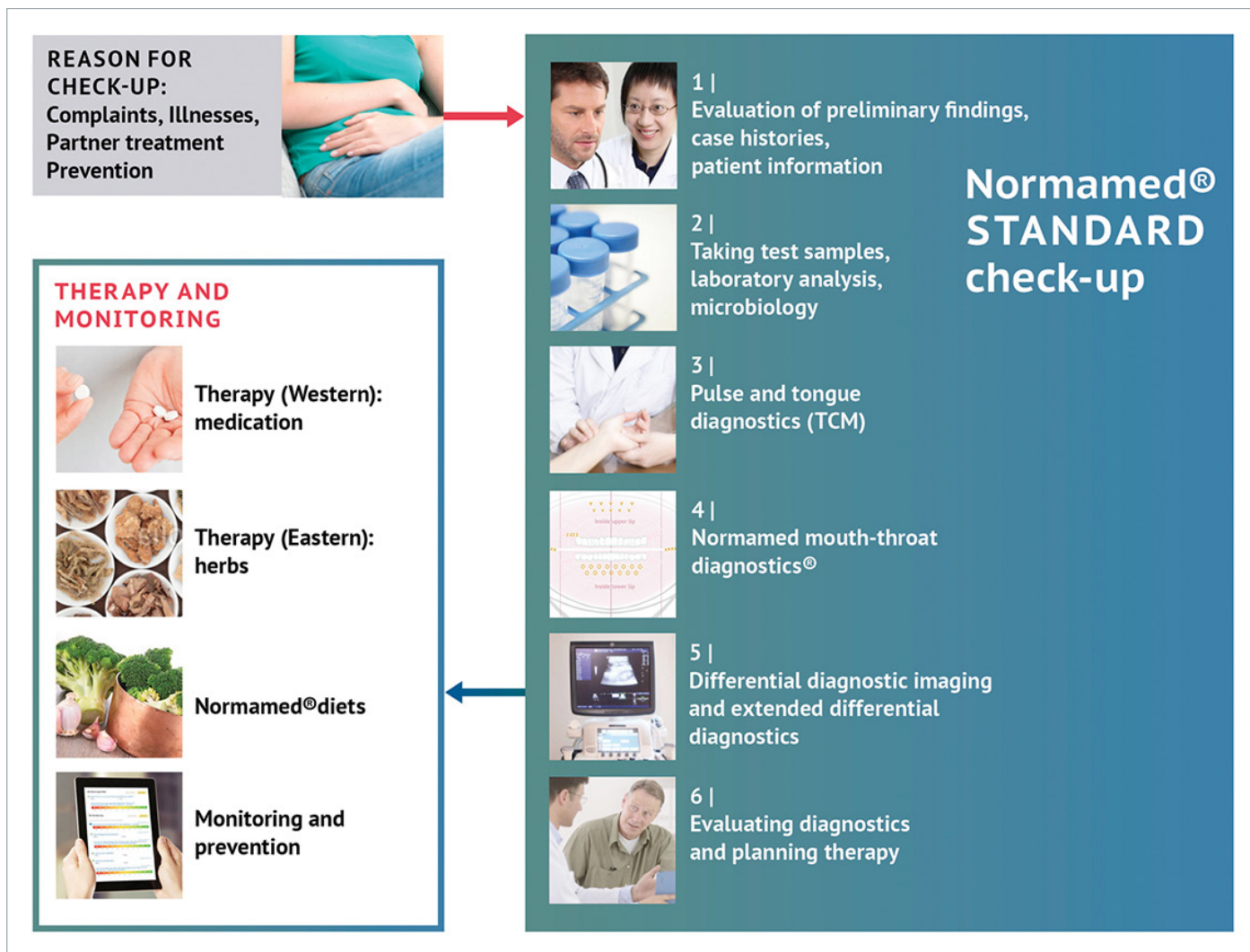


Fig. 8

Patient compliance plays a major role in the success of integrated treatments. The reasons for lack of compliance are often individual and generally complex. However, it could be seen that continuous support of patients during treatment was important. Physicians' support in the coordination of medical and complementary medical measures (as provided by the Normamed service in the Ärztehaus Mitte) also proved to be an important factor. Compliance was hampered by financial reasons: Since health insurance companies sometimes do not cover the costs for treatments of integrated medicine and TCM, these costs constituted a reason for some patients to prematurely discontinue treatments, despite the fact that these treatments were in principle recognised by the patients as useful and beneficial for their sleep quality and general health. Whenever financial reasons came

into play, expenses were waived when the condition improved – even if this endangered the sustainable success of the treatment. Here it became apparent that guidelines for the provision of health insurance medical care are aimed more at treating symptoms than at treating the causes.

6 Summary/Conclusion

Treatment of the chronic sleep disorders of 166 patients was carried out by causal treatment of the gastrointestinal disorders with specialist and complementary medical measures. This resulted in improvements in sleep that ranged from good to very good in 76 percent of patients (monitored in 113 patients with adequate monitoring time).

The monitoring could be observed from the specialist point of view of modern Western medicine and from the complementary medicine point of view of Traditional Chinese Medicine: Gastrointestinal disorders, essentially caused by infections, correlate significantly with sleep disorders. Infections and mixed infections or disorders of the digestive system caused by pathogenic yeasts and *H. pylori* cause, in addition to multiple disorders, a lasting impairment of spleen and kidney functions.

The success of treatment through integrated root cause medicine depends on continued compliance of the patient over a longer period of time. In 90 patients with high compliance, treatment resulted in improvements in sleep that ranged from good to very good in 87 percent; while in 23 patients with low compliance, only 35 percent showed improvements ranging from good to very good.

In order to achieve good treatment successes of chronic sleep disorders through integrative cause medicine, it is necessary that patients are individually guided and cared for and that the measures of traditional Chinese and modern Western medicine are co-ordinated and

aligned with each other. If the patients' compliance with the treatment is achieved over a longer period of time, it is possible to achieve sustainable improvements in the quality of sleep and life.

Ideally, all costs for integrated treatments should be covered, which could greatly improve patient compliance.

Notes

Note 1 There are no uniform definitions of "chronic" sleep disorders in the medical discourses. Quantifying attempts range from statements such as three times a week for one month or refer to disturbances of more than six months. There is a broad consensus that quantifying determinations are ultimately not helpful, but that the subjective sleep experience and perception of the patient should be the yardstick for sleep disorders: Most people know from their own experience the amount of sleep they need to be refreshed and well rested. Cf. (3), the discussion in (4) and (1).

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