

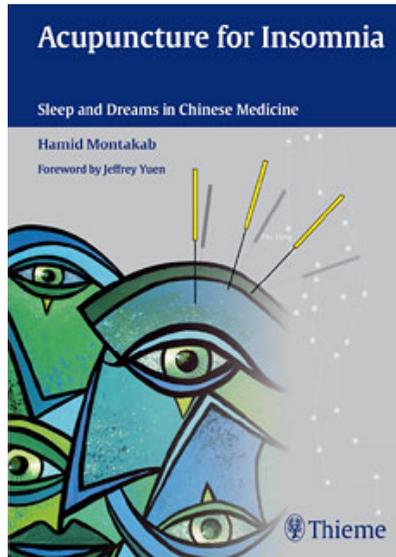
Hamid Montakab Acupuncture for Insomnia

Leseprobe

[Acupuncture for Insomnia](#)

von [Hamid Montakab](#)

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mous “repair nerves,” which can expand the blood vessels, connect with pain and compression nerves. These nerves are grouped into many chains, called channels in Chinese medicine (Tsai 1995).

- **Other hypotheses:**
 - Antrobus proposes a mental interpretation of external stimuli, integrating them as part of a dream (Cartwright 1993).
 - Dreams allow the repressed parts of the mind to be satisfied through fantasy (Vedfelt 2002).
 - Freud suggested that bad dreams let the brain learn to gain control over emotions resulting from distressing experiences (Cartwright 1993).
 - Jung suggested that dreams might compensate for one-sided attitudes held in waking consciousness (Jung 1934, 1974, 2002).
 - Ferenczi (1927) proposes that dreams express that which is not being said outright.
 - According to Kramer (1993), dreams regulate moods.
 - Hartmann (1995) proposes that dreams function like psychotherapy, allowing the dreamer to integrate thoughts that may be dissociated during waking life.
 - In their fulfillment theory of dreaming, Griffin and Tyrell (2003, 2007) suggest that dreaming metaphorically completes patterns of emotional expectation in the autonomic nervous system and lowers stress levels in mammals.

Positron emission tomography (PET) studies have shown two areas of the brain to be highly activated during REM sleep: the limbic and the paralimbic system. The limbic system is a set of brain structures that include hippocampus, amygdala, anterior thalamic nuclei, septum, limbic cortex, and fornix. It supports a variety of functions including emotional behavior. The paralimbic system consists of the following structures: the pyriform, the entorhinal and parahippocampal cortex on the medial surface of the temporal lobe, and the cingulate cortex. These structures are involved in emotion processing, goal seeking, and motivation. The right hypothalamus, which integrates the sensory-perceptual, emotional, and cognitive functions of the mind with the biology of the body, is also active during REM sleep.

Meanwhile, there is a loss of functional connection between the frontal cortex and the posterior perceptual areas, resulting in a lack of reality testing, hence different types of brain communications. In other words, dream images are experienced, biologically and emotionally as reality.

In his book *Dream Language* (2005), R.J. Hoss updates the earlier activation synthesis model of the dreaming brain by Hobson (Fig. 1.2). Table 1.3 presents a compilation of various sources of recent research on the state of the brain in dreaming sleep.

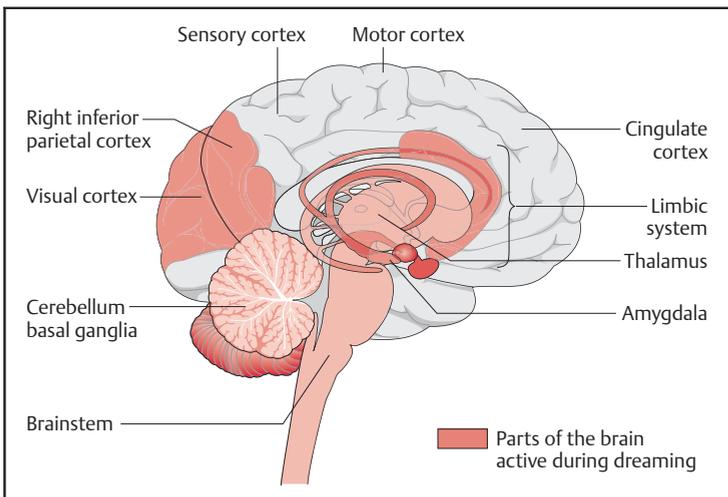


Fig. 1.2 Brain activity during dreaming: limbic and paralimbic systems (Hobson and McCarley in Hoss, *Dream Language*, 2005); see Table 1.3 for details.

Table 1.3 Brain activity during dreaming (Hobson 2002, Hoss 2005, Pannier 2006)

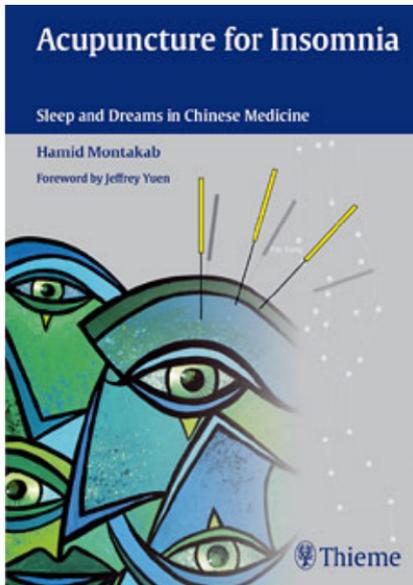
Brain structure	Functions	Effect during dreaming
Motor cortex (inactive)	Motor functions	Muscular atonia: body paralysis
Dorsolateral, prefrontal, parietal cortex (inactive)	Rational thought, planning, choice, decision, working memory, will, control of inappropriate behavior	Irrational action, loss of will and control, strange imagery accepted as normal, believing one is awake, forgetfulness upon awaking
Sensory cortex (inactive)	Sensory input	None or very little sensory input
Precunius, lateral and inferior prefrontal cortex (inactive)	Processing of visual memory, recall	Situations producing a dream are different from waking situations
Posterior cingulate (inactive)	Working and episodic memory	Sudden scene changes seem normal, no reflective awareness
Left frontal and temporal areas (inactive)	Language association, speech, naming of things	Dream language becomes metaphoric
Left inferior parietal cortex (inactive)	Distinction between self and others	Perception of self as the other
Pontine stem and thalamus	Initiation of REM sleep, motor pattern generator, arousal and attention	Consciousness, eye movement, movement in dreams, believing one is awake
Right hypothalamus and basal forebrain	Autonomic and instinctual functions, flight or fight, reward	Themes of fear, escape, emotion, reward and motivation
Limbic and paralimbic: amygdala, hippocampus	Emotion and image association, memory processing, emotion processing, goal-directed behavior, social processing	Emotional memories stimulate the dream, themes with emotional features, goal orientation; focus on anomalies of self-image and others
Basal ganglia	Initiation of programmed motor activity	Perception of movement in the dream
Cerebellum	Fine-tuning of movement, motion perception (vestibular sensations)	Sense of movement and body sense
Visual cortex (temporo-occipital)	Integration of visual perceptions, image recognition (face, color, shape...)	Visual dream construction from personal associations and emotions
Right inferior parietal cortex	Spatial and self-perception, orientation, movement, spatial imagery, metaphoric language, pictographs	Dream space as referenced to self, symbolic imagery, metaphoric language
Anterior cingulate	Emotional awareness, error detection, decision-making, appropriate action	Coherent dream scenarios in relation to the dreamer's concerns, suggestion of future action

Sleep Disorders

Sleep disorders are broadly classified as follows.

■ Dyssomnia

Dyssomnias are a broad classification of sleeping disorders, including primary disorders of initiating or maintaining sleep, or of excessive sleepiness. They are characterized by a disturbance in the amount, quality, or timing of sleep. There are over



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