

Clinical Studies on Hova®

Sleep						
Author/Year	Subject	Design	Duration	Dosage	Preparation	Results/Conclusion
Schmitz and Jackel, 1998	Sleep disorders	R, DB, C n= 46 patients with sleep disorders according to the DSM-IV criteria	2 weeks	2 tablets (200 mg valerian extract with 45.5 mg hops extract or 3 mg benzodiazepine)	Hova® compared to benzodiazepine	Patients' state of health improved during therapy with both agents and deterioration after cessation was reported for both groups. Withdrawal symptoms were reported only in benzodiazepine groups.
Leathwood et al, 1982	Sleep	R, DB, PC, CO n=128	9 nights	400 mg	Hova®	Subjects had statistically significant ($p<0.05$) decrease in subjective sleep latency and significant improvement in sleep quality. Improvement was most notable among people who were poor or irregular sleepers, and smokers. No detectable hangover effect was noted in the morning.

KEY: C – controlled, CC – case-control, CH – cohort, CI – confidence interval, Cm – comparison, CO – crossover, CS – cross-sectional, DB – double-blind, E – epidemiological, LC – longitudinal cohort, MA – meta-analysis, MC – multi-center, n – number of patients, O – open, OB – observational, OL – open label, OR – odds ratio, P – prospective, PB – patient-blind, PC – placebo-controlled, PG – parallel group, PS – pilot study, R – randomized, RC – reference-controlled, RCS – retrospective cross-sectional, RS – retrospective, S – surveillance, SB – single-blind, SC – single-center, U – uncontrolled, UP – unpublished, VC – vehicle-controlled.