



Research Progress in the Treatment of Tinnitus with External Therapies of Traditional Chinese Medicine

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Abstract: Tinnitus is a subjective auditory symptom that affects hearing and mental health. Based on the holistic concept and the principle of syndrome differentiation and treatment, traditional Chinese medicine (TCM) can implement interventions such as acupuncture, moxibustion, auricular point pressing, tuina (Chinese therapeutic massage), and Five-Tone Therapy to treat tinnitus by dredging meridians and collaterals, regulating visceral functions, and balancing yin and yang. Although external therapies of TCM are relatively widespread in clinical practice, more high-quality studies are still needed to verify their effectiveness and safety, thereby promoting the development of an integrated traditional Chinese and Western medicine treatment model. This study systematically analyzes and summarizes the research progress in the field of tinnitus treatment with external therapies of TCM over the past five years, aiming to provide clinicians with effective diagnosis and treatment plans and offer patients more diversified treatment options.

Keywords: Tinnitus; External therapies of traditional Chinese medicine; Acupuncture; Moxibustion; Auricular point pressing; Tuina; Five-Tone Therapy

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1. Introduction

Tinnitus refers to the symptom where patients subjectively perceive sounds in their ears or head in the absence of an external sound source^[1]. In traditional Chinese medicine (TCM), it is referred to as “Liao Jiu”, “ringing in the ears”, “brain ringing”, or “cicada chirping”, among other terms. The prevalence rate of tinnitus ranges from 9% to 26%, and it increases with age. Tinnitus not only leads to hearing impairment but also causes insomnia, reduced brain function, depression, and other issues, affecting the physical and mental health of patients^[2-6]. There are various classification methods for tinnitus, with different guidelines emphasizing different aspects^[7-8]. Due to the unclear pathogenesis of tinnitus, there is currently no unified treatment plan, and common clinical treatments include medication, physical therapy, and psychotherapy, among others^[9]. In recent years, with the deepening research on external TCM therapies, an increasing number of researchers have begun to pay attention to their application value in the treatment of tinnitus.

External TCM therapies are an important branch of traditional Chinese medicine, encompassing various TCM manipulation techniques such as acupuncture, tuina (Chinese therapeutic massage), and five-tone therapy. Based on

the holistic concept and syndrome differentiation and treatment principles of TCM, it can implement personalized and targeted intervention measures according to the different etiologies and pathogeneses of tinnitus. This study systematically analyzed and summarized the research progress of external TCM therapies in the field of tinnitus treatment over the past five years, aiming to provide clinicians with effective diagnosis and treatment plans and offer patients more diversified treatment options.

2. Research on the theoretical foundations of tinnitus in traditional Chinese medicine

The Huangdi Neijing (The Inner Canon of the Yellow Emperor) indicates that the etiology and pathogenesis of tinnitus involve external pathogens, zang-fu organs, meridians, qi dynamics, and five elements' movements. Treatment is based on meridians, focusing on regulating the internal functions of the zang-fu organs and the external functions of the five sensory organs and qi and blood, while unblocking the meridians around the ears ^[10]. Yixue Rumen (An Introduction to Medicine) proposes the "theory of zang-fu interconnection", suggesting that tinnitus is related to all zang-fu organs and that diagnosis and treatment can be approached by analyzing multiple organs ^[11]. Professor Zhang Xikui believes that the pathogenesis of tinnitus may stem from a weak spleen and stomach with disrupted qi dynamics, an imbalance between liver ascent and lung descent, or a disharmony between the heart and kidneys. He advocates for regulating the qi dynamics of the zang-fu organs to balance the overall qi ascent and descent in the body ^[12]. Professor Lu Fang posits that the core pathogenesis of idiopathic tinnitus involves wind latent in the ear orifices, zang-fu disharmony, and the triggering of latent wind, advocating for the dispersion of latent wind and the harmonization of zang-fu functions ^[13]. Professor Chen Zhenhu suggests that the pathogenesis of neurogenic tinnitus and deafness lies in the obstruction of the three yang meridians around the ear orifices, recommending treatment that regulates meridian qi and unblocks the meridians ^[14]. Liu Shaobo et al. analyzed the five elements and six qi information corresponding to the birth dates of 7,971 tinnitus patients, revealing that the onset of tinnitus is associated with different five elements and six qi patterns, with "deficient fire movement", "deficient metal movement", and "yangming dry-metal" being most closely related to tinnitus onset ^[15]. Treatment should adjust lifestyle and therapeutic plans according to changes in the five elements and six qi. Li Haitao et al. conducted a correlation study between TCM constitutional characteristics and tinnitus syndromes, finding that the relationship between constitution and syndrome is "constitution as the root, syndrome as the manifestation" ^[16]. Tinnitus patients predominantly exhibit deficient constitutions and balanced constitutions, with a comparable proportion of excess and deficient tinnitus cases. Zhao Zihan et al. studied the "Enlightening Acupuncture Technique" recorded in Chapter 75, "Ciji Zhenxie" (Needling Methods for Removing Obstruction and Expelling Pathogens), of Ling Shu (The Spiritual Pivot), exploring its traditional Chinese medicine (TCM) theory, key operational points, and mechanism of action ^[17]. They found that this technique can effectively treat idiopathic tinnitus. Wang Yue et al. investigated the "Five-Meridian Compatibility" theory of the Hunan acupuncture and tuina school, proposing that by harmonizing the yin and yang, qi and blood of the internal organs, and balancing the five-element structure of the human body, neurogenic tinnitus can be treated ^[18]. Wang Danni et al. based their differential diagnosis and treatment of neurogenic tinnitus on the Xuanfu (orifices) theory, believing that the cause of the disease is the blockage of the xuanfu, and advocating for treatment by opening up the xuanfu, combining internal and external approaches ^[19]. Lin Nairong et al. analyzed 108 relevant literature entries from 24 ancient books and found that the Ermen (Ear Gate), Tinggong (Auditory Palace), and Tinghui (Auditory Convergence) acupoints can all treat tinnitus, with single acupoint selection being the primary approach ^[20].

3. External TCM treatments for tinnitus

3.1. Acupuncture

Acupuncture stimulates acupoints to regulate qi and blood meridians and improve organ function. It can enhance local blood circulation, reduce inflammatory responses, and alleviate tinnitus symptoms by regulating the nervous, endocrine, and immune systems ^[21].

Jia Jiehai et al. compared the combined use of body acupuncture and abdominal acupuncture for treating neurogenic tinnitus with the use of body acupuncture or abdominal acupuncture alone ^[22]. They found that the combined approach had superior clinical efficacy and offered sustained benefits. Wu Zhixuan et al. applied the myofascial trigger point (MTrP) theory, using MTrP release acupuncture combined with conventional acupuncture to treat subjective tinnitus ^[23]. The trial found that this method had significant efficacy, improving patients' tinnitus symptoms, alleviating anxiety, and enhancing blood supply to the basilar artery. Wang Linlin et al. employed pulse-feeling acupuncture to treat chronic tinnitus of spleen-kidney deficiency type, demonstrating the clinical efficacy of this therapy and providing new insights for clinical treatment ^[24]. Peng Chumei et al. used Taiji Liuhe acupuncture to treat subjective tinnitus of spleen and stomach weakness type, with experiments showing that this method was superior to conventional acupuncture therapy in terms of efficacy ^[25]. Pan Jiabin et al. adopted the “Sa” (a Chinese character resembling the number thirty) -shaped scalp penetration acupuncture to treat tinnitus of kidney essence deficiency type, and the experiment found that this method had remarkable efficacy, effectively improving patients' sleep quality and alleviating their anxiety and depression ^[26]. Hong Qiuyang et al. utilized He's three-pass acupuncture method (filiform needle, fire needle, and bloodletting) to treat acute-phase neurogenic tinnitus, and the experiment revealed that this therapy could reduce patients' anxiety levels, improve sleep quality, and effectively alleviate tinnitus symptoms ^[27]. He Ali et al. primarily treated neurogenic tinnitus using an empirical acupuncture point for tinnitus — the tinnitus point, and the experiment indicated that this method was superior to conventional acupuncture therapy in terms of efficacy ^[28]. Wang Yue et al. employed abdominal acupuncture combined with acupuncture-moxibustion movement therapy to treat cervical-originated tinnitus, finding that this method could effectively improve patients' tinnitus symptoms, promote hearing recovery, and relieve cervical discomfort, with superior efficacy compared to abdominal acupuncture or body acupuncture therapy alone ^[29].

3.2. Moxibustion therapy

Moxibustion therapy applies heat generated by burning mugwort to warm acupoints, thereby playing a role in warming meridians and unblocking collaterals, harmonizing yin and yang, and strengthening the body's defensive qi. Moxibustion can improve local blood circulation, enhance blood supply to the ears, help boost defensive qi, and alleviate tinnitus symptoms, while also exerting a calming and sedative effect ^[30].

Professor Zhou Meisheng invented the blown moxibustion therapy for treating tinnitus based on the “fire purging” moxibustion method described in the *Huangdi Neijing*. He discovered that this method has a combined effect of warming and unblocking, warming and tonifying, and warming and purging, showing good therapeutic effects on both excess and deficiency syndromes, especially in areas that are difficult to reach with needles or medication ^[31]. Song Chunxia et al. employed thunder-fire moxibustion combined with an acoustic information therapy device to treat neurogenic tinnitus, and the trial demonstrated that this method could improve patients' emotional states and had significant clinical efficacy ^[32]. Geng Pengfei used Zhao's thunder-fire moxibustion combined with ordinary acupuncture to treat tinnitus due to kidney deficiency, and the trial results indicated that this method had good therapeutic effects, superior to those of simple acupuncture based on syndrome differentiation ^[33]. Xu Xianwei et al. applied reed-tube moxibustion plus mild acupuncture at the Taixi acupoint to treat tinnitus due to deficiency syndromes, and the trial

found that this therapy could significantly reduce scores on the tinnitus severity scale and the tinnitus disability assessment scale, thereby alleviating tinnitus symptoms^[34]. Hu Shiping et al. used ear fire moxibustion therapy to treat sudden deafness and tinnitus, and the trial showed that this therapy could significantly relieve symptoms such as ear fullness, ear distension, and hearing loss in patients^[35].

3.3. Auricular acupressure with seeds

“The ear is the gathering place of all meridians.” By continuously applying pressure to ear reaction zones using magnetic beads or cowherb seeds (*Vaccaria segetalis*), auricular acupressure can stimulate ear acupoints, thereby regulating the zang-fu organs, dredging meridians, promoting blood circulation, and preventing and treating diseases^[36].

Zhu Meiyu et al. employed auricular acupressure combined with traditional Chinese medicine foot baths to treat tinnitus and found that this method could improve patients’ sleep quality, thereby enhancing the therapeutic effect on tinnitus^[37]. Li Zuoqin et al. used auricular acupressure with seeds combined with massage and guiding exercises to treat tinnitus^[38]. The experiment revealed that this method could effectively alleviate patients’ tinnitus symptoms and relieve their anxiety and depression. Wu Peixin et al. adopted magnetic round plum-blossom needles to tap along the Gallbladder Meridian of Foot-Shaoyang and combined it with magnetic bead auricular acupressure to treat neurogenic tinnitus, achieving favorable therapeutic effects^[39]. Chui Huanxiao used Geden Dihuang Decoction combined with auricular acupressure with beans to treat tinnitus caused by kidney essence deficiency and found that this method could promote the ascent of kidney qi and effectively improve tinnitus symptoms^[40]. Liu Shuhong et al. employed acupuncture combined with auricular acupressure and herbal application on the Shenque acupoint to treat tinnitus^[41]. The experiment showed that patients treated with this therapy had significantly reduced graded quantitative scores for tinnitus and improved tinnitus symptoms.

3.4. Tuina (Chinese Therapeutic Massage)

Tuina achieves the effects of relieving and treating tinnitus by manipulating techniques to relax tendons and unblock meridians, loosen muscles, and stimulate specific acupoints to regulate the function of the zang-fu organs^[42].

Xu Youxing employed the kidney-nourishing and ear-unblocking massage technique to treat tinnitus caused by kidney essence deficiency^[43]. The experiment demonstrated that both the Tinnitus Evaluation Questionnaire (TEQ) scores and Pittsburgh Sleep Quality Index (PSQI) scores of the patients treated with this method were significantly lower than those in the control group, effectively improving the patients’ sleep quality and tinnitus symptoms. Zhu Yinglan et al. utilized a combination of manual techniques, boa needle moxibustion without smoke, and heat therapy to treat cervical-originated tinnitus^[44]. They found that this treatment method was shorter in duration and superior in efficacy compared to traditional acupuncture. Wei Yang et al. adopted the “three ear acupoint” (Tinggong, Tinghui, Wangu) technique combined with tympanic membrane massage to treat sudden deafness accompanied by tinnitus^[45]. They discovered that this therapy improved both the Tinnitus Handicap Inventory (THI) scores and the severity grading of tinnitus. Su Meiyi et al. used acupuncture combined with Long’s spinal treatment technique to treat cervical-originated tinnitus^[46]. The experiment showed that this method could improve patients’ blood circulation and alleviate tinnitus symptoms. Yu Yang employed the Cong’er Tongqiao Decoction combined with auricular point pressing and Mingtiangu (a specific manual technique) to treat neurogenic tinnitus^[47]. The experimental results indicated that this method could reduce patients’ hearing thresholds and tinnitus loudness, demonstrating significant therapeutic effects.

3.5. Five-Tone therapy

The Five-Tone Therapy connects the five tones, five internal organs, and five emotions through the Five Elements theory, forming a “trinity” system of traditional Chinese medicine Five-Tone Therapy. It utilizes the properties of music to balance yin and yang, regulate the functions of internal organs, and thereby improve patients’ physical and mental health ^[48].

Zhang Hong et al. summarized the distribution pattern of the five tones in tinnitus based on the theory of the correspondence between the five internal organs and the five tones ^[49]. Their experiments found that among tinnitus patients, the type associated with the Gong tone (corresponding to the spleen) was the most common, followed by the Zhi tone (heart), Jue tone (liver), Yu tone (kidney), and Shang tone (lung), indicating that spleen dysfunction is the primary cause of tinnitus. Zhang Haopeng et al. explored diagnostic and therapeutic methods for tinnitus based on the twenty-five tones theory, proposing that tinnitus diagnosis can be categorized into constitutional classification, vocal frequency classification, and tinnitus frequency classification ^[50]. Treatment should adhere to the principles of left-right selection and the mutual generation and restraint of the five elements, selecting appropriate music for personalized treatment based on the patient’s internal organ deficiencies or excesses.

Bo Quan et al. employed the five-tone therapy to treat idiopathic tinnitus ^[51]. Based on the theories of the mutual generation and restraint of the five internal organs and the root and branch relationships, they proposed the concept of “using music as one would use medicine”, aiming to regulate the body’s yin and yang balance through “music application” to achieve therapeutic effects. Zhang Xiuwen utilized the five-tone therapy as an adjunctive treatment for tinnitus and found that this therapy significantly improved scores in tinnitus severity, anxiety, depression, and sleep quality, thereby alleviating both the tinnitus symptoms and psychological issues of patients ^[52]. Huang Jianjun used acupoint massage combined with traditional Chinese medicine five-element music therapy to treat tinnitus ^[53]. Experiments showed that this treatment method resulted in lower scores on the Tinnitus Handicap Inventory (THI) and the tinnitus grading scale, along with a significant decrease in the Pittsburgh Sleep Quality Index (PSQI) score, effectively reducing the severity of tinnitus and improving patients’ sleep quality.

3.6. Other external treatment methods of traditional Chinese medicine

In addition to the aforementioned treatment methods, numerous external treatment approaches of traditional Chinese medicine have been incorporated into clinical practices for treating tinnitus. Among them, some therapies have integrated modern scientific and technological advancements, enhancing therapeutic efficacy through innovative means based on traditional Chinese medicine principles.

Yuan Jinjin et al. employed a two-stage sequential therapy for the treatment of unilateral refractory primary tinnitus ^[54]. In the first stage, a tinnitus meridian acupoint therapy device controlled by a smartphone and Bluetooth technology was used for self-controlled electrical stimulation therapy. In the second stage, hormones and circulation-improving drugs were administered. The trial demonstrated that this therapy could effectively improve patients’ sleep and mood, as well as alleviate tinnitus symptoms. Shen Xueqin et al. utilized transcutaneous acupoint electrical stimulation combined with postauricular acupoint injection for the treatment of acute refractory tinnitus, finding that this method yielded significant therapeutic effects and effectively improved patients’ anxiety and depressive moods ^[55]. Cheng Qixiang et al. employed far-infrared physiotherapy patches for acupoint application combined with sound therapy to intervene in idiopathic tinnitus, demonstrating the effectiveness of this treatment approach ^[56]. Wang Xiaoyue et al. used the Guyuan Shuangtong acupuncture method combined with repetitive transcranial magnetic stimulation to treat elderly patients with kidney deficiency-type tinnitus, finding that this method could reduce the severity and disability level of tinnitus, improve clinical symptoms, enhance quality of life, and its therapeutic effect

was significantly superior to that of Western medicine treatment ^[57]. Yao Yanling et al. used blood-letting puncture (mainly targeting Yifeng, Xinshu, and Ganshu acupoints) combined with acupuncture to treat tinnitus caused by excessive fire in the heart and liver, and found that this therapy could effectively alleviate tinnitus symptoms and improve patients' emotions ^[58]. Zhang Xiaoxia et al. adopted blood-letting puncture and cupping combined with acupuncture to treat tinnitus caused by excessive fire in the heart and liver, and discovered that this method had remarkable efficacy, could alleviate tinnitus, regulate patients' emotions, and accelerate the blood flow velocity of the basilar artery ^[59]. Guo Jinying used a micro-needle knife combined with the cervical rotation-lifting manipulation to treat cervical-originated tinnitus ^[60]. The study found that this method could relax the cervical muscle groups and improve microcirculation, thereby alleviating tinnitus symptoms. Ming Aihong et al. applied the auricular copper guasha method combined with auricular point pressing with beans based on holography theory to treat tinnitus caused by weak spleen and stomach, and found that this therapy could improve patients' sleep and enhance their quality of life ^[61].

4. Conclusion

External traditional Chinese medicine (TCM) therapies comprehensively utilize traditional TCM theories such as meridian theory, zang-fu organ theory, and yin-yang and five elements theory, providing patients with a variety of non-drug treatment options for tinnitus. Research has found that among numerous external TCM therapies, acupuncture therapy and its derivative therapies are the most commonly used clinically, and combined therapies account for a larger proportion than single therapies. However, current research has issues such as inadequate research design, small sample sizes, and insufficient research on the mechanisms of action. In the future, more large-scale, high-quality trials are needed to verify the clinical efficacy and safety of external TCM therapies. Additionally, with the development of technology, interdisciplinary and cross-domain research that combines TCM theory with modern technology will further promote the development of an integrated traditional Chinese and Western medicine treatment model, helping to enhance the scientific nature and international recognition of external TCM therapies.

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Disclosure statement

The authors declare no conflict of interest.

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