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# Clinical Efficacy Analysis of Yiqi Congming Decoction

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**Abstract:** Tinnitus is a common otological condition in clinical practice, serving as both an independent disease and a symptom of various other diseases. In recent years, the incidence of tinnitus has been on the rise annually. However, the pathogenesis of tinnitus remains incompletely understood, and there is a lack of unified and effective clinical treatment protocols. Moreover, the condition and treatment outcomes are significantly influenced by the individual's psychological state. Western medicine primarily employs nerve-nourishing drugs, while the traditional Chinese medicine formula Yiqi Congming Decoction also demonstrates favorable therapeutic effects. When used in combination, they can achieve better results in nourishing nerves, invigorating the spleen and replenishing qi, and elevating yang and unblocking orifices. This paper analyzes the effectiveness and rationale of using Yiqi Congming Decoction in conjunction with nerve-nourishing drugs for treating tinnitus through medical case studies.

**Keywords:** Tinnitus, Insomnia; Yiqi Congming Decoction; Differential Treatment Approach

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## 1. Introduction

Tinnitus is a prevalent symptom in otolaryngology, characterized by a subjective sensation of sound in the ears or head without an corresponding external sound source or electrical stimulation. It is one of the primary symptoms of ear diseases<sup>[1]</sup>. Patients perceive a ringing sensation in their ears or head, despite the absence of a corresponding sound source in the surrounding environment, manifesting as a buzzing, whistling, flowing water, or electrical current-like sound in one or both ears or the head. This sound sensation can be singular or multiple, persistent or intermittent. Tinnitus often triggers symptoms such as irritability, anxiety, insomnia, and inattention, affecting normal daily life<sup>[2]</sup>. Some patients may exhibit varying degrees of sensorineural hearing loss during audiometric examinations. Tinnitus should be differentiated from auditory hallucinations, somatic sounds, and secondary tinnitus caused by other diseases. The incidence of tinnitus is relatively high in clinical practice and tends to increase with age. The impact of tinnitus varies among individuals, with mild cases possibly going unnoticed and severe cases potentially interfering with normal hearing and subsequently affecting mental and psychological well-being<sup>[3]</sup>. Clinically, tinnitus and deafness often coexist, but their relationship is complex and cannot be simply considered as a direct cause-and-effect relationship. Due to the different distress and impacts they cause to patients, they should

be clinically distinguished. This paper explores the etiology, pathogenesis, and treatment methods of tinnitus from both traditional Chinese and Western medicine perspectives, incorporating the formula analysis of Yiqi Congming Decoction and relevant medical case studies, to elucidate the diagnosis and treatment of tinnitus and expand therapeutic approaches.

## 2. Etiology, Pathogenesis, and Diagnosis

In traditional Chinese medicine (TCM), it is believed that all five internal organs, six bowel organs, and twelve meridians are connected to the ears.

The kidneys open into the ears, making the ears the orifices of the kidneys; the heart is also connected to the ears, with the ears being the external orifices of the heart. The meridian of the gallbladder of the foot Shaoyang runs behind the ears, with one branch entering the ears from behind and exiting in front of the ears. The liver and gallbladder are interconnected as exterior and interior, and since the gallbladder meridian runs through the ears, the collateral meridians of the liver also connect to the ears. The meridians of the three yin channels of the hands and feet converge with the yang channels through divergent meridians, thus connecting to the ears. The collateral meridian of the spleen of the foot Taiyin and the collateral meridian branching off from the lung meridian of the hand Taiyin also run through the ears, with the meridians entering the ears. It is evident that the ears are closely connected to the five internal organs, six bowel organs, and twelve meridians<sup>[4]</sup>.

The understanding of the etiology and pathogenesis of tinnitus in TCM has been recorded in ancient texts throughout history. “Su Wen: Pulse Explanation” states, “Tinnitus described as related to the Taiyang meridian is caused by the excessive yang energy surging upward like flourishing all things, hence tinnitus occurs.” This indicates that tinnitus can result from excessive yang energy ascending along the meridians. “Ling Shu: Determination of Vital Energy” mentions, “Insufficient marrow in the sea of marrow leads to dizziness and tinnitus in the brain.” This suggests that tinnitus can be caused by kidney essence deficiency and insufficient marrow in the sea of marrow. With the development of medical theory and changes in people’s lifestyles and physical constitutions, physicians throughout history have also proposed various viewpoints on tinnitus, including phlegm-fire stagnation, wind-heat invasion, kidney yang deficiency, heart blood deficiency, and blood stasis obstructing the clear orifices<sup>[5]</sup>. For example, “Zhu Bing Yuan Hou Lun: Various Conditions of Ear Diseases” describes, “Wind pathogens take advantage of the body’s deficiency and enter the ears along the meridians, colliding with the qi.” This indicates that tinnitus can also be caused by external pathogenic invasion. “Ming Yi Za Zhuo: Volume Three” records, “Tinnitus... is often treated as kidney deficiency without success, unaware that it is caused by phlegm-fire ascending and stagnating in the ears.” This shows that phlegm-fire disturbance is also an important factor leading to tinnitus. “TCM Otorhinolaryngology” classifies the etiology of tinnitus as dysfunction of internal organs caused by improper diet, insufficient sleep, and excessive stress. The pathogenesis can be divided into deficiency and excess syndromes. Excess syndromes are often caused by wind pathogen invasion, damp-phlegm stagnation, or liver qi stagnation, while deficiency syndromes are commonly seen in spleen and stomach weakness, heart blood deficiency, or kidney essence deficiency. Factors such as a diet rich in fatty and sweet foods, increased work pressure, and excessive worry can damage the spleen and stomach, leading to a failure of clear yang to ascend and turbid yin to descend, resulting in empty meridians and tinnitus. Additionally, the spleen and stomach are the sources of qi and blood production. Spleen and stomach weakness leads to qi deficiency and blood deficiency. The heart governs the blood vessels, and qi deficiency leads to blood deficiency or poor blood circulation, resulting in heart blood deficiency and inability to nourish the head and face, thus causing tinnitus. Overindulgence in fatty and sweet foods leads to internal production

of damp-phlegm, which stagnates in the middle jiao, disrupting the normal ascending and descending functions and causing damp turbidity to obscure the clear orifices, also leading to tinnitus. Excessive worry and anxiety can cause liver qi stagnation. Prolonged liver qi stagnation can affect the spleen, and since the liver meridian connects to the ears, the normal physiological function of the ears depends on the smooth flow of liver qi and nourishment by liver blood. Therefore, clinically, tinnitus is differentiated into deficiency and excess syndromes, and treatment mainly focuses on the liver and spleen. Classification and Etiology of Tinnitus in Western Medicine In Western medicine, the classification of tinnitus etiology mainly includes physiological tinnitus and pathological tinnitus, otogenic tinnitus and non-otogenic tinnitus, subjective tinnitus and objective tinnitus, etc. Now, let me introduce the experience of Director Jiao Xiuzhen in differentiating and treating tinnitus with traditional Chinese medicine.

## **2.1. Etiology and Pathogenesis**

### **2.1.1. Exuberant Liver Fire and Wind-Yang Disturbance**

Director Jiao Xiuzhen believes that tinnitus and deafness, characterized by a roaring sound, are often accompanied by symptoms such as dizziness, a feeling of fullness in the head, irritability, flushed face, and red eyes. According to “Su Wen • Zang Qi Fa Shi Lun,” “Patients with liver diseases... experience blurred vision and impaired hearing when deficient... and headaches, deafness, and facial swelling when qi reverses.” Exuberant liver fire or hyperactive liver yang, combined with wind and heat, can disturb the ears. “Za Bing Yuan Liu Xi Zhu” states, “Excessive fire in the liver and gallbladder leads to cicada-like sounds in the ears, gradually causing deafness.” Disturbance from excessive fire in the liver and gallbladder can result in tinnitus and deafness.

### **2.1.2. Kidney Essence Deficiency and Malnutrition of Ear Orifices**

Professor Jiao Xiuzhen believes that elderly patients often experience persistent, low-volume tinnitus accompanied by symptoms such as soreness in the lower back and knees, dizziness, blurred vision, and fatigue. According to “Ling Shu Jing • Hai Lun,” “Insufficient marrow in the sea leads to dizziness, roaring in the ears, thin legs, vertigo, blurred vision, and lethargy.” “Ling Shu Jing • Jue Qi” states, “Those with essence deficiency experience deafness... those with fluid deficiency have difficulty with joint movement, pale complexion, depletion of brain marrow, leg pain, and frequent ringing in the ears.” “Jing Yue Quan Shu” says, “The ears are the orifices of the kidneys and the convergence of meridians. If the essence and qi are harmonious and kidney qi is sufficient, then hearing and vision are keen. If blood and qi are injured by overexertion, leading to essence deficiency and kidney fatigue, deafness will result. Therefore, after middle age, many people experience tinnitus, like the sounds of wind and rain, cicadas, or tides, due to yin deficiency and kidney deficiency. The classic says: At age forty, yin qi is halved. Half means decline.” “Yi Lin Sheng Mo” also states, “If kidney qi is abundant, hearing is keen; if kidney qi is deficient, deafness occurs; if kidney qi is insufficient, tinnitus occurs.” Since the kidneys open to the ears, kidney deficiency and essence depletion cannot nourish the ear orifices, so tonifying the kidneys can treat tinnitus and other conditions.

### **2.1.3. Spleen and Stomach Weakness and Failure of Clear Yang to Ascend**

Professor Jiao Xiuzhen believes that tinnitus and deafness with low-volume sounds are often accompanied by symptoms such as spleen and stomach weakness, fatigue, palpitations, and shortness of breath. According to “Su Wen • Tong Ping Xu Shi Lun,” “Headaches and tinnitus, and dysfunction of the nine orifices originate from the intestines and stomach.” “Ling Shu Jing • Kou Wen” says, “The ears are the convergence of meridians, so if the stomach is empty, the meridians are weak, leading to downward flow and depletion of qi, resulting in tinnitus... insufficient upper qi leads to a feeling of fullness in the brain, bitter ringing in the ears, tilting of the head, and dizziness.” “Pi Wei

Lun” states, “When the spleen and stomach are invaded by yin fire, leading to blockage of grain qi and downward flow, clear qi fails to ascend, causing dysfunction of the nine orifices.” Insufficient middle qi cannot nourish the ear orifices, and spleen and stomach weakness can lead to tinnitus.

## 2.2. Syndrome Differentiation and Treatment

Professor Jiao Xiuzhen believes that tinnitus should be differentiated based on its duration to determine deficiency or excess. “Yi Xue Ru Men” states, “New deafness is often due to heat, caused by excessive fire in the Shaoyang and Yangming meridians.” “Chi Shui Xuan Zhu” says, “Deafness with shortness of breath and dry throat indicates lung deficiency... deafness with fear indicates liver deficiency.” New tinnitus is mostly excess, with causes such as external pathogens, phlegm-heat, and fire from the heart and liver; chronic tinnitus is mostly deficiency, not only due to kidney deficiency but also deficiency in any of the five organs leading to tinnitus. Deficiency and excess are mainly differentiated by the volume of tinnitus and other accompanying symptoms. As “Jing Yue Quan Shu” says, “Tinnitus should be differentiated as deficiency or excess. Sudden loud tinnitus is mostly excess; gradual low-volume tinnitus is mostly deficiency; those who are young and vigorous with heat are mostly excess; those who are middle-aged and declining without fire are mostly deficiency; those who consume alcohol and rich foods with phlegm-fire are mostly excess; those who are thin with fine pulses and often fatigued are mostly deficiency.” “Lei Zheng Zhi Cai” also says, “Tinnitus due to phlegm-fire is loud; tinnitus due to kidney deficiency is faint.” “Yi Guan” provides another method to differentiate deficiency and excess: “If tinnitus decreases or stops when pressed with the hand, it is deficiency; if it increases when pressed, it is excess.” Professor Jiao Xiuzhen divides tinnitus into three syndromes: liver fire, kidney deficiency, and spleen deficiency, each with specific prescriptions.

### 2.2.1. Liver Fire

Fire ascends and easily invades the clear orifices; the liver is a rigid organ responsible for dispersion and regulation, preferring smoothness and hating depression; the liver stores blood, with yin in substance and yang in function; the Gallbladder Meridian of Foot Shaoyang enters the ear, and the Liver Meridian of Foot Jueyin reaches the vertex and communicates with the ear via the Gallbladder Meridian. The auditory function of the ears depends on the nourishment of liver blood and the smoothness of liver qi. Sudden anger injures the liver, leading to exuberant liver fire that invades the ear orifices. In cases of yang hyperactivity and qi reversal, symptoms include sudden roaring in the ears or deafness, like the sounds of tides or thunder, varying in intensity and worsening after anger, accompanied by a feeling of fullness and pain in the ears, or a blocked sensation, irritability, dizziness, a feeling of fullness in the head, flushed face, red eyes, bitter taste in the mouth, dry throat, chest and rib pain, or restlessness at night, dreaminess, constipation, and red urine. The tongue is red with a yellow coating, and the pulse is wiry and rapid. Treatment involves clearing liver fire and opening stagnation to unblock the orifices, with the main prescription being Long Dan Xie Gan Tang. In cases of liver and kidney yin deficiency with water failing to nourish wood, leading to hyperactive liver yang and wind disturbing the ear orifices, treatment involves nourishing yin and subduing yang, calming the liver and extinguishing wind, with the main prescription often being Zi Sheng Qing Yang Tang. Zi Sheng Qing Yang Tang comes from “Yi Chun Ying Yi,” written by the famous late Qing dynasty physician Fei Boxiong. It originally treated liver wind syndromes with symptoms such as “dizziness, trembling of limbs, feeling like floating in clouds or sailing in a boat.” The prescription uses Sheng Di (Rehmannia) as the sovereign herb to nourish yin and subdue yang; it is assisted by Bai Shao (White Peony), Shi Hu (Dendrobium), and Mai Dong (Ophiopogon) to moisturize and nourish yin; Shi Jue Ming (Haliotis) and Ci Shi (Magnetite) to heavily subdue and reverse qi to subdue yang and extinguish wind; Sang Ye (Mulberry Leaf), Ju Hua (Chrysanthemum), Bo He (Mint), and Chai Hu

(Bupleurum) to clear and calm the liver and disperse stagnated heat; and Tian Ma (Gastrodia) to calm the liver and extinguish wind, moisturize dryness, and relieve urgency. The combination of herbs nourishes yin and subdues yang, complementing each other, and is particularly suitable for severe hyperactive liver yang and internal movement of liver wind. Professor Jiao Xiuzhen often uses this prescription to treat dizziness and headaches differentiated as yin deficiency and yang hyperactivity, with significant efficacy.

### 2.2.2. Kidney Deficiency

Kidney deficiency syndromes can be divided into kidney yin deficiency, kidney yang deficiency, and deficiency of both kidney yin and yang, often seen in the elderly with insufficient essence and blood, leading to malnutrition of the ear orifices. Symptoms include persistent, low-volume tinnitus like the sound of cicadas, continuous day and night, worse at night, with decreased hearing, accompanied by soreness and weakness in the lower back and knees, dizziness, blurred vision, and even hair loss and loose teeth, decreased libido. Those with yin deficiency experience restlessness and insomnia, forgetfulness, night sweats, five-center heat, flushed cheeks and dry mouth, red tongue with thin coating, and weak or thin and rapid pulse; those with yang deficiency experience cold limbs, coldness in the lower abdomen, clear and long urine, frequent night urination, pale and enlarged tongue with thin white coating, and deep and weak pulse. Treatment involves tonifying the kidneys and replenishing essence to nourish the ear orifices. For yin deficiency, the main prescriptions are Da Bu Yuan Jian, Da Bu Yin Wan, Er Long Zuo Ci Wan, and Zuo Gui Wan; for yang deficiency, the main prescriptions are Gui Fu Di Huang Wan and You Gui Wan; for deficiency of both yin and yang, the main prescription is Di Huang Yin Zi.

### 2.2.3. Spleen Deficiency

When spleen and stomach qi are deficient, clear yang fails to ascend, and the ear orifices are not nourished, leading to symptoms such as intermittent tinnitus with varying intensity, low-pitched and soft sounds that worsen after physical exertion or when standing up from a squatting position. Occasionally, patients may experience sudden emptiness or coldness in the ears, accompanied by fatigue, dizziness, blurred vision, shortness of breath, laziness in speaking, palpitations, a pale or sallow complexion, limb fatigue, poor appetite, loose stools, a pale red or pale and enlarged tongue with teeth marks, a thin white tongue coating, and a weak and feeble pulse. The treatment approach focuses on replenishing qi and invigorating the spleen, promoting the ascent of clear yang to enhance hearing. The primary formula used is Yiqi Congming Decoction. Developed by Li Dongyuan and documented in his work “Dongyuan’s Formulas for Testing Efficacy,” this formula is also discussed in Wang Kentang’s “Standards of Diagnosis and Treatment.” Yiqi Congming Decoction has the effects of invigorating the spleen and replenishing qi, boosting central qi, elevating clear yang, and dispersing wind-heat. It is particularly effective in treating headaches, dizziness, blurred vision, tinnitus, and deafness caused by insufficient central qi and the failure of clear yang to ascend. The formula includes ginseng and astragalus, which are sweet and warm in nature to nourish the spleen and stomach; licorice, which is sweet and mild to harmonize the spleen and stomach; pueraria and vitex, which are light and ascending to enter the Yangming meridian, stimulate stomach qi, and ascend to the head and eyes. When central qi is sufficient and clear yang ascends, the nine orifices become unobstructed, resulting in keen hearing and clear vision. White peony root nourishes yin and harmonizes blood, while phellodendron nourishes the kidneys and generates water. Since the eyes are the orifices of the liver and the ears are the orifices of the kidneys, these two herbs are used to pacify the liver and nourish the kidneys. Professor Jiao Xiuzhen often uses this formula based on syndrome differentiation to treat blurred vision and tinnitus, achieving good therapeutic effects.

Tinnitus is a subjective symptom experienced by patients, characterized by a perceived ringing or buzzing sound

in the ears that interferes with hearing and is often accompanied by insomnia, anxiety, irritability, and depression<sup>[3]</sup>. According to relevant studies, the prevalence of tinnitus is approximately 10% to 15%, with about 1% to 2% of patients experiencing severe impacts and approximately 0.5% unable to lead normal lives due to tinnitus. In traditional Chinese medicine, the theory that “the kidneys govern the ears” serves as the primary theoretical basis for tinnitus, with kidney deficiency identified as the main cause. However, the spleen, as the foundation of acquired constitution, is more closely related to the onset of tinnitus. The physiological function of the ears is closely related to the spleen and stomach. The spleen governs transformation and transportation, generating essential substances from food and water to nourish the ear orifices. The spleen also governs the ascent of clear yang, enabling the ear orifices to remain clear and sensitive. As stated in “Ling Shu Kou Wen, “ “The ears are the convergence point of all meridians. Therefore, when the stomach is empty, the meridians become deficient, leading to a downward flow and depletion of meridian qi, resulting in tinnitus.” This indicates that spleen and stomach deficiency leading to weak transformation and transportation, resulting in qi and blood deficiency, is one of the causes of tinnitus. Currently, modern medicine has not fully elucidated the etiology of tinnitus, primarily using medications to improve microcirculation and nourish nerves to alleviate symptoms. Additionally, a category of subjective tinnitus with unknown causes, where no obvious abnormalities are detected through current auxiliary examinations or a clear causal relationship between abnormal examination results and tinnitus is lacking, is referred to as idiopathic tinnitus. The diagnosis of tinnitus requires consideration of multiple factors and should be based on medical history, auxiliary examinations, and psychosomatic assessments. Clinically, diagnosing tinnitus based on patient complaints and medical history is relatively straightforward, but identifying the underlying cause and obtaining objective examination evidence is challenging. Through detailed investigation and assessment of tinnitus patients, along with necessary auxiliary examinations, tinnitus caused by somatic sounds and systemic diseases can be excluded. Imaging examinations of the temporal bone and/or skull can rule out organic lesions such as vascular malformations, acoustic neuromas, and otosclerosis<sup>[6]</sup>. A definitive diagnosis of tinnitus must meet two criteria: first, the patient perceives sound, and second, there is no corresponding sound source in the surrounding environment. Physiological tinnitus is often perceived as vascular pulsation sounds during changes in body position and usually does not require special treatment. Objective tinnitus and tinnitus secondary to ear or other diseases typically have identifiable causes. The mechanism of idiopathic tinnitus is not fully understood, but it is currently believed to be a clinical symptom involving multiple factors, including abnormal neural electrical activity caused by peripheral and central lesions. Therefore, clinical treatment of tinnitus not only includes the use of psychotropic medications or physiotherapy interventions but also involves nourishing nerves and administering medications that reduce neural electrical excitability<sup>[7, 8]</sup>. Yiqi Congming Decoction combined with nerve-nourishing medications is used to treat tinnitus. Yiqi Congming Decoction, documented in Volume 5 of Li Dongyuan’s “Dongyuan’s Formulas for Testing Efficacy, “ is described as follows: “Yiqi refers to the formula’s ability to replenish central qi; Congming means keen hearing and intelligent thinking.” In this formula, astragalus, ginseng, and prepared licorice replenish central qi; coptis and pueraria elevate clear yang; vitex clears the head and eyes; peony root pacifies the liver and nourishes yin; and phellodendron clears heat and reduces fire. Taking this formula replenishes central qi, allowing clear yang to ascend, benefiting the liver and kidneys, alleviating symptoms such as deafness and blurred vision, and resulting in keen hearing and clear vision. Hence, it is named Yiqi Congming Decoction. Li Dongyuan believed that the pathogenesis of such diseases involves the failure of clear yang to ascend and turbid yin to descend. Therefore, he used Yiqi Congming Decoction to invigorate the spleen and elevate yang, enabling the essential substances from food and water to nourish the eyes, ears, mouth, and nose. After the five sense organs receive nourishment from essential qi, vision and hearing improve. Spleen and stomach deficiency leading to the inability to elevate clear yang and descend

turbid yin is the indication for Yiqi Congming Decoction<sup>[9]</sup>.

“Jingyue Quanshu” discusses its therapeutic functions, mentioning its use for “initial inner eye disorders... or seeing double, as well as treating deafness and tinnitus.” Qing dynasty physician Wang Shishan, in “Explanation of Medical Formulas,” referred to this formula as “medication for the foot Taiyin, Yangming, Shaoyin, and Jueyin meridians. The clear yang qi of the twelve meridians all ascend to the head and face, flowing through the empty orifices. Due to dietary and labor-related injuries to the spleen and stomach, excessive heart fire causes the hundred meridians to boil, harming the empty orifices.” This indicates that Yiqi Congming Decoction primarily treats deafness, tinnitus, and inner eye disorders. In recent years, multiple studies have used Yiqi Congming Decoction to treat conditions of the head and face involving spleen deficiency and qi weakness, as well as the failure of clear yang to ascend. Modern medicine has not fully elucidated the neural mechanisms underlying tinnitus, and its etiology is complex. Therefore, Western medicine provides individualized treatment based on assessment results and targeted etiology, with better therapeutic effects observed in the early stages of tinnitus compared to chronic cases. Studies have shown that medication is more effective in treating acute tinnitus. For pharmacological treatment of tinnitus, Western medicine primarily uses nerve-nourishing and microcirculation-improving medications, but some patients have poor responses and require comprehensive treatment involving traditional Chinese medicine and psychosomatic interventions. Based on clinical practice, the author uses Yiqi Congming Decoction combined with mecobalamin and citicoline sodium (often used in elderly patients) to treat tinnitus caused by spleen and stomach deficiency or qi and blood deficiency. The modified Yiqi Congming Decoction formula is as follows: magnolia flower 9 g, licorice tablets 3 g, coptis 9 g, acorus gramineus 9 g, white peony root 9 g, codonopsis pilosula 12 g, astragalus 15 g, phellodendron 9 g, vitex 9 g, pueraria 9 g, and salvia miltiorrhiza 9 g. According to the principles of traditional Chinese medicine syndrome differentiation and treatment, if the patient also has damp turbidity and a greasy tongue coating, poria, atractylodes, and amomum villosum can be added to invigorate the spleen and dispel dampness. If the patient experiences cold hands and feet, dried ginger and cassia twig can be added to warm the middle and unblock yang. If the patient has poor sleep, zizyphus jujuba seeds and polygala can be added to calm the mind and enhance intelligence. Pharmacological studies have found that Yiqi Congming Decoction increases cerebral blood supply, enhances cerebral metabolism, and excites the cerebral cortex, raising norepinephrine levels in the hypothalamus and dopamine levels in the striatum. Ginseng, astragalus, and white peony root enhance immunity, dilate blood vessels, and improve digestive function. Pueraria, coptis, and vitex have antipyretic, sedative, and analgesic effects, improving cardiovascular and cerebrovascular function and enhancing defensive capabilities. Acorus gramineus awakens the mind and enhances intelligence, dispels dampness, and stimulates appetite, exerting anti-anxiety, anti-depressive, and inhibitory effects on gastrointestinal smooth muscle contraction. Magnolia flower regulates the central nervous system and improves microcirculation. Phellodendron has anti-inflammatory, antibacterial, and neuroprotective effects. Western medications commonly used to treat tinnitus include mecobalamin, citicoline sodium, or oryzanol to nourish nerves and improve inner ear circulation. Mecobalamin, also known as vitamin B12, is primarily used to improve impaired nerve function, relieving diseases caused by nerve damage through nourishment and support of nerves. Compared to other vitamin medications, mecobalamin better repairs nerve tissue and enhances nerve transmission function<sup>[10]</sup>. Citicoline sodium is a precursor substance to phosphatidylcholine, inhibiting oxidation and promoting nerve repair. Oryzanol regulates autonomic nervous function, exhibits antioxidant properties, inhibits platelet aggregation, and counteracts catecholamines, controlling arrhythmias caused by autonomic nervous system dysfunction, thereby better improving central nervous symptoms such as anxiety. It also plays an important role in lowering blood lipids through its antioxidant effects<sup>[11]</sup>. Therefore, Yiqi Congming Decoction combined with nerve-nourishing medications demonstrates relatively satisfactory effects in treating tinnitus classified as spleen and

stomach deficiency syndrome in traditional Chinese medicine syndrome differentiation.

### 3. Clinical Data

#### 3.1. General Information

All 50 cases were outpatients, including 28 males and 22 females. The youngest patient was 30 years old, the oldest was 75 years old, with an average age of approximately 58.6 years. The shortest disease duration was 3 months, the longest was 3.5 years, with an average duration of about 8 months.

#### 3.2. Diagnostic Criteria

Based on the diagnostic criteria for tinnitus in the “Eleventh Five-Year Plan” textbook for higher education institutions of traditional Chinese medicine, *Otorhinolaryngology of Traditional Chinese Medicine*: 5 cases had a history of trauma, 10 cases had a history of noise exposure, 2 cases had a history of ototoxic medication use, 10 cases had a history of unilateral ear discharge, 12 cases had hypertension, 8 cases had diabetes, and 13 cases had dyslipidemia. Acute onset occurred in 20 cases, while chronic onset was observed in 30 cases. Unilateral tinnitus was present in 29 cases, and bilateral tinnitus in 21 cases. Persistent tinnitus was noted in 19 cases, while intermittent episodes occurred in 31 cases. High-pitched tinnitus (e.g., cicada chirping, whistling) was reported in 18 cases, and low-pitched tinnitus (e.g., machinery sounds, rumbling) in 30 cases. Thirty-seven patients experienced noticeable tinnitus only during quiet nights, and 13 cases reported interference with daily life, work, and emotions. Twenty-one patients had mild hearing loss. All 50 patients underwent examinations including external auditory canal and tympanic membrane inspection, audiometry, and imaging studies such as temporal bone and cranial X-rays, CT, and MRI to rule out organic lesions, leading to a diagnosis of tinnitus.

### 4. Treatment Methods

The composition of Yiqi Congming Decoction includes: 20 g of *Pueraria lobata* root, 15 g of *Vitex negundo* seed, 12 g of *Ligusticum chuanxiong* rhizome, 15 g of *Bupleurum* root, 15 g of *Astragalus* root, 10 g of *Cicada* slough, 10 g of *Cimicifuga* rhizome, 15 g of *Poria cocos sclerotium*, 15 g of *Codonopsis pilosula* root, and 10 g of prepared licorice root. Administration method: Decoct in water and take orally, one dose per day, with 7 doses constituting one course of treatment, and a total treatment duration of 35 days. For acute onset, add 10 g of *Acorus tatarinowii* rhizome and 15 g of *Saposhnikovia divaricata* root. For patients with hearing loss, add 15 g of *Cornus officinalis* fruit and 15 g of *Dioscorea opposita* rhizome. For patients with yellow ear discharge, add 20 g of *Phellodendron* bark, 10 g of *Gentiana scabra* root, and 20 g of *Coix lacryma-jobi* seed to the original formula. For patients with headaches and ear pain, add 15 g of *Angelica dahurica* root and increase the dosage of *Ligusticum chuanxiong* rhizome to 18 g. For patients with a history of trauma, add 15 g of *Prunus persica* kernel and 6 g of *Carthamus tinctorius* flower. For patients with dizziness and low blood pressure, replace *Codonopsis pilosula* root with *Panax ginseng* root and increase the dosage of *Astragalus* root to 40 g in the original formula. For patients with hypertension, reduce the dosage of *Codonopsis pilosula* root and *Astragalus* root, and add 20 g of *Chrysanthemum* flower, 20 g of *Haliotis* shell, 15 g of *Gastrodia elata* rhizome (decocted separately), and 15 g of *Prunella vulgaris* spike. For patients with insomnia, add 20 g of *Polygonum multiflorum* stem and 15 g of *Polygala tenuifolia* root (honey-fried) and 20 g of *Ziziphus jujuba* seed.

## 5. Efficacy Observation

### 5.1. Efficacy Evaluation

Since tinnitus is a subjective symptom, there are no specific clinical efficacy evaluation criteria, relying mainly on the patient's self-perception to determine treatment outcomes. After the completion of the total treatment course, patients whose tinnitus symptoms completely disappeared were considered cured. Patients whose tinnitus symptoms were alleviated, with a reduced frequency and intensity of episodes, were considered effective. Conversely, patients without significant improvement were considered ineffective.

### 5.2. Results

After follow-up for 5 courses of treatment, 32 cases were judged as cured, with a cure rate of 64%. Fifteen cases were judged as effective, with an effectiveness rate of 30%. Three patients showed no significant improvement, with an ineffectiveness rate of 6%.

## 6. Case Analysis

Case 1: A 65-year-old patient presented for initial consultation on May 22, 2024, with a chief complaint of bilateral hearing loss for over one year and bilateral tinnitus for 5 days. The patient experienced hearing loss without obvious inducements over one year ago, without ear pain, discharge, chills, or fever, and did not seek medical attention at the time, with no significant improvement in hearing loss. Five days ago, the patient developed bilateral tinnitus without obvious inducements, with recurrent episodes, without ear pain or discharge, dizziness, headache, chills, or fever, with normal appetite, poor sleep, and regular bowel movements. Physical examination revealed clear consciousness, cooperative examination, no obvious abnormalities in the heart and lungs, no obvious abnormalities in the bilateral external auditory canals and tympanic membranes, pale tongue with a thin coating, and a thin pulse. Auxiliary examinations included pure-tone audiometry showing moderate sensorineural hearing loss in both ears, tympanometry showing type A tympanograms in both ears, otoacoustic emissions not passed in both ears, and brainstem auditory evoked potentials showing a right ear V-wave response threshold of 50 decibels normal hearing level (dBnHL) and a left ear V-wave response threshold of 60 dBnHL, suggesting left posterior circulation ischemia. Western medicine diagnosis: 1. Tinnitus; 2. Bilateral sensorineural hearing loss. Traditional Chinese medicine diagnosis: Tinnitus (spleen and stomach weakness syndrome). Western medicine treatment included oral administration of Mecobalamin tablets after meals, 500 µg each time, three times a day, and Citicoline sodium tablets after meals, 200 mg each time, three times a day, for a total of 7 days. Traditional Chinese medicine treatment aimed to replenish qi and invigorate the spleen, elevate yang and unblock the orifices, using a modified Yiqi Congming Decoction: 9 g of Flos Magnoliae, 3 g of Licorice tablets, 9 g of Cimicifuga rhizome, 9 g of Albizia bark, 9 g of White peony root, 12 g of Codonopsis pilosula root, 15 g of Astragalus root, 9 g of Phellodendron bark, 9 g of Pueraria lobata root, and 9 g of Salvia miltiorrhiza root. The herbs were decocted in water, with one dose per day, and the decoction was divided into two portions to be taken in the morning and evening, for a total of 7 doses. The patient was advised to regulate emotions and rest. On May 29, 2024, during the follow-up visit, the patient reported a reduction in the intensity of bilateral tinnitus but still frequent episodes, with slight improvement in sleep. The patient continued to take Mecobalamin and Citicoline sodium orally, and the traditional Chinese medicine formula was modified by adding Acorus tatarinowii rhizome and Polygala tenuifolia root, with the same administration method, for a total of 7 doses. The patient had two subsequent follow-up visits and stopped taking the medication after it was

finished. One month later, during a telephone follow-up, the patient reported a decrease in the intensity and frequency of tinnitus and improved sleep quality. The patient was advised to rest, exercise appropriately, and avoid noisy or overly quiet environments.

Case 2: A 21-year-old patient presented for initial consultation on March 22, 2023, with a chief complaint of left-sided tinnitus for 5 weeks. The patient developed recurrent left-sided tinnitus after a cold 5 weeks ago, without ear pain, discharge, chills, or fever, with normal appetite, sleep, and bowel movements. Physical examination revealed clear consciousness, cooperative examination, no obvious abnormalities in the heart and lungs, cerumen in the left external auditory canal, which was cleared to reveal no obvious abnormalities in the external auditory canal and tympanic membrane, a pale red tongue with a white coating, and a soft pulse. Western medicine diagnosis: Tinnitus. Traditional Chinese medicine diagnosis: Tinnitus (qi and blood deficiency syndrome). Western medicine treatment included oral administration of Oryzanol tablets after meals, 10 mg each time, three times a day, for a total of 7 days. Traditional Chinese medicine treatment aimed to replenish qi and invigorate the spleen, elevate yang and unblock the orifices, using a modified Yiqi Congming Decoction: 9 g of Pueraria lobata root, 15 g of Astragalus root, 12 g of Codonopsis pilosula root, 9 g of Phellodendron bark, 9 g of White peony root, 3 g of Licorice root, 9 g of Cimicifuga rhizome, and 9 g of Ligusticum chuanxiong rhizome. The herbs were decocted in water, with one dose per day, and the decoction was divided into two portions to be taken in the morning and evening, for a total of 7 doses. The patient was advised to keep warm, ensure adequate sleep, avoid excessive consumption of cold and greasy foods, exercise appropriately, and reduce the frequency and duration of earphone use. The patient had two subsequent follow-up visits, stopped taking the medication after it was finished, and recovered without recurrence after 2 months of follow-up.

Case 3: A 57-year-old patient presented for initial consultation on March 20, 2023, with a chief complaint of left-sided tinnitus for over 4 months. The patient developed left-sided tinnitus after infection with the novel coronavirus 4 months ago, and although nasal congestion, sore throat, and fever improved after self-administration of antiviral, anti-infective, and antipyretic analgesic medications, the left-sided tinnitus did not show significant improvement and recurred repeatedly, without ear pain or discharge, dizziness, headache, nausea, or vomiting, with a normal appetite and sleep, and regular bowel movements. Physical examination revealed clear consciousness, cooperative examination, no obvious abnormalities in the heart and lungs, no obvious abnormalities in the bilateral external auditory canals and tympanic membranes, a pale red tongue with a thin yellow coating, and a thin pulse. Auxiliary examinations included pure-tone audiometry showing mild sensorineural hearing loss in the left ear, tympanometry showing type A tympanograms in both ears, and fiberoptic electronic nasopharyngoscopy showing no obvious abnormal secretions or neoplastic obstructions at the pharyngeal opening of the eustachian tube in the nasopharynx. Western medicine diagnosis: Tinnitus. Traditional Chinese medicine diagnosis: Tinnitus (qi and blood deficiency syndrome). Western medicine treatment included oral administration of Oryzanol tablets after meals, 10 mg each time, three times a day, for a total of 7 days. Traditional Chinese medicine treatment aimed to replenish qi and invigorate the spleen, elevate yang and unblock the orifices, using a modified Yiqi Congming Decoction: 9 g of Pueraria lobata root, 15 g of Astragalus root, 12 g of Codonopsis pilosula root, 9 g of Phellodendron bark, 9 g of White peony root, 3 g of Licorice root, 9 g of Cimicifuga rhizome, and 9 g of Ligusticum chuanxiong rhizome. The herbs were decocted in water, with one dose per day, and the decoction was divided into two portions to be taken in the morning and evening, for a total of 7 doses. The patient was advised to keep warm, ensure adequate sleep, regulate emotions, not pay excessive attention to the tinnitus sound, and perform appropriate “ming tian gu” (a traditional Chinese medicine ear massage technique) to promote recovery and prevent tinnitus or other ear diseases. The patient had one subsequent follow-up visit and continued to take the original traditional Chinese medicine and western medicine orally. During the treatment period, the patient feels that the frequency of tinnitus gradually

decreased, and the intensity gradually decreased, with no recurrence after 6 months of follow-up.

Case 3 (Additional): A 45-year-old female patient presented with a chief complaint of right-sided tinnitus resembling cicada chirping for over 2 months. Upon inquiry into the medical history, approximately 3 months ago, the patient had an argument and was accidentally struck on the right ear by a blunt object, causing pain. After half a month of treatment, the pain subsided, but suddenly developed right-sided tinnitus (resembling cicada chirping in summer) after the next menstrual period ended, which was worse at night and often affected sleep and rest. The patient had blood stasis and internal retention, with the ear orifices lacking nourishment. Treatment aimed to replenish qi and nourish blood, promote blood circulation and unblock the orifices. The formula used was Yiqi Congming Decoction plus 15 g of *Angelica sinensis* root, 15 g of *Prunus persica* kernel, and 6 g of *Carthamus tinctorius* flower, decocted in water, with one dose per day. After taking 10 doses, the patient reported a significant reduction in tinnitus symptoms. The formula was modified by reducing the dosage of *Prunus persica* kernel and *Carthamus tinctorius* flower and adding 12 g of *Bombyx batryticatus*. After taking an additional 15 doses, the tinnitus completely disappeared, with no recurrence after 3 months of follow-up.

## 7. Summary

The spleen and stomach are considered the foundation of acquired constitution and the source of qi and blood production, serving as the primary origins of nutrient yin and defensive qi. Cases 2 and 3 both presented with tinnitus following exposure to external pathogens. Based on symptoms, signs, tongue and pulse diagnosis, and patient history, it was considered that the patients suffered from fatigue or inherent deficiency of vital qi, leading to invasion by external pathogens and disharmony between nutrient and defensive qi. Therefore, modified Yiqi Congming Decoction was administered to invigorate the spleen and replenish qi, thereby promoting harmony between nutrient and defensive qi, ensuring smooth meridian flow, and nourishing the ear orifices. Oryzanol can regulate nerve function and is used for nerve damage caused by infection. In patients without significant cardiac dysfunction, it can counteract catecholamines, reduce heart rate, and alleviate anxiety. Case 1 involved an elderly patient with deficiency of essence and qi in the organs, leading to insufficient biochemical production by the spleen and stomach and malnourishment of the ear orifices and meridians, resulting in tinnitus. Impaired meridian nourishment led to poor qi and blood circulation, manifesting as hearing loss, posterior circulation ischemia, pale tongue with thin coating, and thin pulse, all indicative of qi and blood deficiency and spleen and stomach weakness. Modified Yiqi Congming Decoction was thus prescribed to replenish qi and invigorate the spleen, elevate yang, and unblock the orifices. During the follow-up visit, tinnitus remained frequent, and sleep improvement was not significant, so *Polygala tenuifolia* and *Acorus tatarinowii* were added to enhance the effects of calming the mind, opening the orifices, resolving dampness, and harmonizing the stomach. Mecobalamin and citicoline sodium play roles in nourishing nerves, antioxidation, repairing nerve function, and improving inner ear circulation, making them suitable for elderly patients to alleviate tinnitus caused by vascular and nerve degeneration. When treating with oral Chinese herbal medicine, attention should be paid to the gastrointestinal stimulation caused by herbal ingredients to avoid diarrhea or loose stools after taking the herbal formula. The spleen is the foundation of acquired constitution and the source of qi and blood production, with the physiological characteristic of ascending lucidity and descending turbidity. When spleen qi is vigorous, it nourishes the ear orifices. “*Su Wen · Yu Ji Zhen Zang Lun*” states: “The spleen is the solitary organ... When it is deficient, it causes blockage of the nine orifices.” If spleen qi is weak, lucid yang fails to ascend, and transformation and transportation are impaired, leading to the accumulation of dampness and phlegm in the ear orifices. Deficiency results in malnourishment, while excess leads to obstruction, causing meridian lesions

and tinnitus. In severe cases, phlegm stagnation turns into fire, obstructing the ear orifices and resulting in tinnitus accompanied by dizziness, ear fullness, and purulent ear discharge. An irregular lifestyle, uncontrolled diet, anxiety, and lack of exercise can easily damage the spleen and stomach, leading to qi and blood deficiency and failure to ascend lucidity and descend turbidity to nourish the ear orifices, causing multiple physical and mental distress to patients. Western medicine treatment adopts a multifaceted and individualized approach, primarily using nerve-nourishing drugs, improving inner ear circulation, anti-anxiety medications, and lifestyle adjustments. However, it is significantly influenced by individual patient differences. Traditional Chinese medicine classifies tinnitus patients into different syndrome types through pattern identification and treatment, with ascending lucidity and descending turbidity being a common diagnostic and therapeutic thinking. Treatment methods include Chinese herbal medicine, auricular acupuncture, and five-tone therapy, applicable to a wider range of people. Integrated traditional Chinese and Western medicine treatment can better improve the therapeutic effect on tinnitus.

## Disclosure statement

The author declares no conflict of interest.

## References

- [1] Yu LS, Ma X, 2017, Compensation and decompensation of tinnitus. *Chinese Journal of Otorhinolaryngology Head and Neck Surgery*, 52(8): 630-633.
- [2] Liang J, Yang ZG, 2025, Therapeutic effect of clonazepam combined with modified Yiqi Congming Decoction and Tongqi San on idiopathic tinnitus. *World Journal of Complex Medicine*, 11(3): 5-9.
- [3] Zhou LM, Jiang W, Liu W, et al., 2021, Analysis of factors related to the severity of persistent idiopathic tinnitus. *Journal of Otolaryngology and Ophthalmology of Shandong University*, 35(6): 70-76.
- [4] Cheng KM, 1997, Treating tinnitus by dispelling wind. *Jiangsu Journal of Traditional Chinese Medicine*, (22): 10.
- [5] Gao Y, Tian L, Tang H, 2009, Understanding of the etiology and pathogenesis of tinnitus in Huangdi Neijing. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 18(5): 1733-1777.
- [6] Richard T, 2006, *Tinnitus Treatment: Clinical Protocols*. Thieme Medical Pub, 1-25.
- [7] Yang S, Li Y, 2022, Emphasizing the role of corneal biomechanical properties in improving the long-term safety of laser corneal refractive surgery. *Chinese Journal of Optometry Ophthalmology and Visual Science*, 24(10): 721-725.
- [8] Li T, Zhao L, Deng XY, et al., 2024, Analysis of the changing trend of corneal biomechanical properties under different influencing factors in type 2 diabetes patients. *Journal of Clinical Ophthalmology*, 32(4): 320-324.
- [9] Ma H, 2022, Overview of the clinical application of Yiqi Congming Decoction. *Guangming Journal of Chinese Medicine*, 37(6): 1107.
- [10] Chen WF, Liu JH, Zhang L, 2010, Pharmacological effects and clinical application of mecobalamin. *China Pharmacy*, 21(45): 4305-4307.
- [11] Zhang Y, Li L, 2012, Pharmacological effects and clinical application of oryzanol. *China Pharmacy*, 23(13): 1245-1247.

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