

How Do You Treat *Tinnitus* in Your Practice?

A CONVENTIONAL ASSESSMENT of tinnitus generally involves checking for conditions such as hyperthyroidism, anemia, or jaw malalignment, ruling out drug toxicity (such as aspirin) and perhaps arranging magnetic resonance imaging to make sure there is no acoustic neuroma. Beyond that, tinnitus is not well-understood, is often associated with some dizziness, and usually attributed to nonspecific, age-related ear pathology. Treatment can be frustrating, and, in such cases, acupuncture certainly has a place.

In Traditional Chinese Medicine, tinnitus is regarded as part of a spectrum of syndromes leading to deafness.¹ Tinnitus can be caused by Excess, Deficiency, or both conditions. In addition, tinnitus is often related to dysfunction of the Kidney Qi (which communicates with the ear), but other organs may be involved, including the Liver, Gallbladder, Spleen and Stomach.

In the case of Excess, Liver Qi Stagnation can transform into Fire and flare upward to cause tinnitus. This type of tinnitus may have a sudden onset. In mixed Excess/Deficiency, which is more common in overweight people, a weak Spleen and Stomach (Deficiency) combined with greasy foods can produce Phlegm-Damp (Excess), which, in turn, can transform into Damp-Heat and block the clear orifice of the ear. Finally, in the case of Deficiency, declining Kidney Qi or *Jing* can be the root of the problem. This gives rise to the three types of tinnitus described in Table 1.

One simple approach involves selecting one of two local points (SI 17 [*Yifeng*] or SI 19 [*Tinggong*]), combined with a couple of distal points aimed at the constitutional imbalance.² In situations of Deficiency, electro-tonification can be added. For example, for Kidney Deficiency, attach the black lead to KI 3 (*Taixi*) or 6 (*Zhaohai*); for Spleen Deficiency, attach the black lead to SP 3 (*Taibai*) or ST 36 (*Tsusanli*). In both cases, attach the red lead to either to SI 17 or 19, and apply low-frequency stimulation (2–8 Hz) for 10–15 minutes. For Excess in the Liver, simple needling with no electricity is appropriate, using SI 17 or 19 and distal points LR 2 (*Xingjian*) or 3 (*Taichong*). One or two

additional points from the list in Table 1 can also be used if desired. A course of 10–15 sessions at twice-weekly intervals would be a reasonable test of efficacy.

Herbs can be a useful adjunct, particularly for stubborn cases. For Liver Excess, try *Fang Feng Tang* and *Tian Ma Gou Teng Yin* (Steady Centeredness; Kan Herbs); for Phlegm/Damp, try *Wen Dan Tang* and *Shi Wei Wen Dan Tan* (Peaceful Shen; Kan Herbs); and, for Kidney Deficiency, try Replenish Essence (Kan Herbs) or *Zuo Gui Wan/You Gui Yin* (Astra Essence; Health Concerns)*

Of course, the above treatment should be grounded in an integrated program that might include a variety of supplements—such as vitamins B and C, *Ginkgo biloba* and zinc picolinate—and general measures, such as daily exercise, adequate rest, biofeedback therapy, or formal meditation training.³

CASE HISTORY

A 49-year-old engineer noticed right-ear tinnitus after attending a meditation retreat, during which the facilitator had suggested that participants tune in to their inner wisdom. Intake inquiry revealed a long-term subtle intention tremor and periodic mental foginess requiring vigorous exercise to clear, suggesting some Liver Qi Excess. Treatment included acupuncture to sedate Liver Qi (Table 1: ↑Liver), Chinese herbs (Steady Centeredness), and philosophical discussions of ways to incorporate optimal intention in meditation. There was a marked improvement after three once-weekly sessions.

DISCUSSION

This case highlights a situation with a favorable prognosis (i.e., Liver Qi Excess in an otherwise healthy individual

*The author has no financial ties to the companies mentioned in this contribution.

Medical Acupuncture is pleased to continue this regular feature, Clinical Pearls, which we have found to be very useful for, and practical to, the readership, and very popular. All of us are confronted with clinical challenges, especially when dealing with therapeutic strategies. We hope this ongoing collection of Clinical Pearls will be easily accessible and ready to put into action for the benefit of our patients, and even ourselves. How often do we ask our colleagues: “How do you treat...?” This time, we posed the question: “How do you treat forgetfulness in your practice?” Herein lie your contributions. We trust that our readership will continue to participate in this section by either asking the questions or supplying the “Pearls.” If you have a “question” you would like to see answered, please send it to our managing editor, Yael Benporat, at: yaelbenporat@me.com We encourage and welcome your input and participation. Please address your answers to “Pearls” to our managing editor, Yael Benporat, at: yaelbenporat@me.com

TABLE 1. TYPES OF TINNITUS ACCORDING TO TCM

Root type	Syndrome	Symptoms	Pulse	Tongue	Main points	Other points
—	All patients	Tinnitus	—	—	SI-17, 19	—
Excess	Wind-Fire Rising (↑Liver)	Sudden onset, red face, dizziness irritability, constipation, yellow urine	Rapid wiry	Red with sticky yellow coat	LR 2 & 3	SI 17, TE 3 & 5, GB 20 & 41 & Zhilongxue*
Mixed Excess & Deficiency	Phlegm-Damp-Fire (↓Spleen)	Dizziness, heaviness in head, chest stuffiness, fullness in stomach bitter taste in mouth	Slippery and/or wiry	Thick yellow coat	SP 6 & ST 36	TE 21, GB 2, TE 5, LI 4, ST 40 & PC 5
Deficiency	↓Kidney Jing	Tinnitus worse during the day, gradual onset, dizziness, blurred vision, weak lower back & knees	Thin, fine, weak	Pale or red, no coat	KI 3 & 6	GV 4, BL 23, CV 4, SP 6 & KI 9

*Zhilongxue is located at the point where the tragus touches the ear when pressed down.
TCM, Traditional Chinese Medicine.

actively utilizing introspective techniques. In my experience, most patients, particularly those with significant Kidney Deficiency, will not respond so quickly or completely. Nevertheless, as long as patients are well-informed from the start, acupuncture treatment can be a useful adjunct to any overall strategy.

REFERENCES

1. Canruo S. The treatment of tinnitus, deafness, aphonia, tonsillitis, rhinitis, and eye diseases by acupuncture. *J Chin Med.* 1986;(21):3–13.
2. Tian ZM. The treatment of Meniere's disease by electroacupuncture. *J Chin Med.* 1999;(61):28–29.
3. Kane E. Top Five Remedies for Tinnitus, 2002. Online document at: www.dremilykane.com/2002/05/10/top-five-remedies-for-tinnitus Accessed August 15, 2013.

Address correspondence to:
Michael T. Greenwood MB, BChir (MD),
FCFP, CAFCI, FAAMA
103-284 Helmcken Road
Victoria, British Columbia V9B 1T2
Canada

E-mail: michaeltgreenwood@shaw.ca

TINNITUS IS THE PERCEPTION of a sound in the absence of an objective physical source. Subjective tinnitus is a frequent auditory sensation (for example, a tone, hissing, or buzzing sound, and sometimes combinations of such perceptions) experienced in the absence of an external or internal acoustical stimulus.¹ Subjective tinnitus is the most common form of tinnitus that occurs without any physical

sound reaching the ear. Such tinnitus is a phantom sensation, in which abnormal neural activity is generated in the ear, the auditory nerve, or the central nervous system. Testing of new treatments is hampered by the fact that it is not possible to distinguish between different forms of tinnitus for which different treatments may be effective.²

In the FES-Iztacala-UNAM (National Autonomous University of Mexico) acupuncture clinic, we have been treating patients evaluated by a minimum audiometry with tinnitus that does not respond to conventional therapies. A treatment protocol in our clinic involves the application of acupuncture points related to the symptoms accompanying tinnitus. In each treatment, we use PC 1, TE 16, GV 20, LR 5, GB 30, and GB 1, and group points (GB 41 and TE 5) to open the divergent channel *jueyin-shaoyang* and release the energetic obstruction of the auditory system.³ In addition, we use the following complementary points: TE 17, which is related to the branches of the nerve auricularis magnus and reaches the plexus pterigoideus, and SI 18, which is related to the nerve auriculotemporalis as well as the facial nerve. We apply electrical stimulation to the TE 17, SI 18, TE 16, and LR 5 points. These points are stimulated with electrical stimulation, using low frequencies (10 Hz). The acupuncture needles (0.4-mm diameter) are inserted 1/2" deep at points TE 17, SI 18, and TE 16, and 1" deep in the others points. We repeat this protocol for 2 sessions per week, at 30 minutes per session, for a total of 10 sessions. After 10 sessions, tinnitus symptoms in our patients decreased at a rate of 60%.

REFERENCES

1. Shi GX, Han LL, Liu LY, Li QQ, Liu CZ, Wang LP. Acupuncture at local and distant points for tinnitus: Study protocol for a randomized controlled trial. *Trials.* 2012;11(13):224.
2. Møller AR. Tinnitus: Presence and future. *Prog Brain Res.* 2007;166:3–16.

3. Mussat M. *Acupuncture Networks* (in French). Paris: Library le Francois; 1974.

Miguel Jesús Reyes-Campos, MD^{1}
and Livia Gabriela Díaz-Toral, MD²
University Extension, Acupuncture Clinic
FES-Iztacala (National Autonomous University of Mexico)
¹Colonia Juárez, Mexico City, Mexico
²Tlalnepantla, Edomex, Mexico*

*Address correspondence to:
*Miguel Jesús Reyes-Campos, MD
University Extension, Acupuncture Clinic
FES-Iztacala (National Autonomous University of Mexico)
Venecia No. 15
Colonia Juárez 06600, Mexico City
Mexico*

E-mail: migreyca@hotmail.com