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. 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 or two local points (SI 17 [Yifeng] or SI 19 [Tinggong]), combined with a couple of distal points aimed at the constitutional imbalance. 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 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, Gingko biloba and zinc picolinate—and general measures, such as daily exercise, adequate rest, biofeedback therapy, or formal meditation training.

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 fogginess 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...
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


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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


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