

# Research Progress of Traditional Chinese Medicine Treatment of Vestibular Migraine

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## Abstract

Vestibular migraine is an important cause of recurrent spontaneous vertigo in recent years. It has attracted more and more attention from neurologists. Modern medicine currently has several treatments for vestibular migraine. This article discusses the name, etiology and pathogenesis of vestibular headache from the perspective of traditional Chinese medicine. This review summarizes the research progress of vestibular migraine in the treatment of traditional Chinese medicine, traditional Chinese and western medicine and acupuncture in recent years, and provides basis and reference for the treatment of vestibular migraine by traditional Chinese medicine.

## Keywords

Vestibular Migraine; Dizziness; Chinese Medicine Treatment; Syndrome Differentiation; Treatment Review.

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## 1. Introduction

Vestibular migraine (VM), a disorder in which recurrent vertigo with migraine is the main symptom, often in conjunction with various peripheral and central vestibular symptoms such as deafness, ear swelling, balance instability, and nystagmus, has become a major concern for neurologists in recent years with the rapid development and improvement of medicine.[1] Nowadays, vestibular migraine has become the most common and important cause of spontaneous vertigo after benign paroxysmal positional vertigo, with a lifetime prevalence of about 1%.[2] It occurs most often in middle-aged women, and migraine often appears as a prodromal symptom of vertigo.[3] Most of the available clinical treatments are pharmacological, and tritans are often used in the acute phase, but there is a lack of data from a large number of randomized controlled trials to confirm this conclusion. Flunarizine is often used as the first line of prophylactic treatment, but it has its corresponding side effects.[1, 4] Chinese medicine has made good progress in the treatment of vestibular migraine in recent years, which will be reviewed in this paper.

## 2. Current Status of Basic Research on Vestibular Migraine in Chinese Medicine

### 2.1 Exploration of Disease Names

There is no record of "vestibular migraine" in Chinese medicine, and even in modern clinical medicine, VM is a new concept introduced in recent years. From the viewpoint of clinical manifestations, the disease should be classified as "vertigo" and "headache" in TCM. The earliest records of vertigo and headache in ancient Chinese medical texts can be traced back to the oracle

bone inscriptions of the Yin and Shang dynasties, which were called "disease death spiral" and "disease head".[5, 6] In other ancient texts, headache is also called "head wind", "brain wind" and "first wind". "head wind", "brain wind", and "first wind" in other ancient texts. All these diseases may be related to vestibular migraine. Modern Chinese medicine practitioners have proposed the name of "vertigo of the ear" based on generations of medical practitioners, and although these sources do not explicitly propose the concept of "vestibular migraine", the terms "vertigo" and "headache" have been used to describe the disease. Although these sources do not explicitly mention the concept of "vestibular migraine", some of the symptoms of "vertigo" and "headache" are similar to the symptoms of vestibular migraine.

## 2.2 Pathogenesis

The concept of vestibular migraine was introduced in modern clinical medicine, but the etiology and pathogenesis of this disease have not been systematically discussed in Chinese medical theory and by various generations of physicians. In the basic theory of Chinese medicine, vertigo is often attributed to wind, fire, phlegm, stasis, deficiency and other pathological factors that disturb the brain orifices, and in *Su Wen - Zhi Zhen Yao Da Lun*, it is written that "all wind and dizziness belong to the liver", suggesting that the disease should be mainly blamed on the liver and closely related to the spleen and kidney. Modern medical practitioners have summarized the pathogenesis of vertigo and treated it symptomatically, and achieved remarkable results.

Professor Yan Zhenghua, a master of Chinese medicine, believes that vertigo is mostly a symptom of deficiency and deficiency, and that "no deficiency makes vertigo". The "original deficiency" mostly refers to the deficiency of liver and kidney yin and yin and yang; the "standard deficiency" mostly refers to a series of symptoms caused by liver fire, hyperactivity of liver yang and internal obstruction of phlegm and dampness, which leads to dizziness due to the imbalance of yin and yang and the loss of nourishment of the clear orifices.[7] According to Zhou Shizhang, liver depression can cause vertigo, and "no depression can cause vertigo". On the other hand, liver stagnation leads to bile qi stagnation, which can cause internal obstruction of phlegm and dampness, leading to dizziness and dizziness.[8] Wang Baoliang believes that phlegm is the main cause of dizziness, and "no phlegm makes dizziness". If phlegm and dampness are blocked in the spleen and stomach, the transport function of water and grain essence is impaired, which leads to the lack of source of qi and blood biochemistry and the inability to promote the head orifice; if the spleen and stomach are weak, phlegm and dampness will coalesce and cloud the clear orifice with phlegm, so that the clear yang does not rise and the turbid yin does not descend, both of which can lead to vertigo. Other clinical pathological factors such as wind-phlegm, phlegm-fire, phlegm-depression, phlegm-stasis, phlegm-dampness, and phlegm-deficiency are often found in conjunction with phlegm, so the treatment of vertigo must first treat phlegm.[9] Prof. Tao Gengyu, in the context of summarizing the experience of his predecessors, suggests that the fundamental pathogenesis of vertigo is the interlocking of phlegm and stasis, and the causes of phlegm and stasis are divided into qi deficiency and qi stagnation, both of which are caused by poor transportation of qi and blood.[10] This view is further supported by Wang Bing's view that "no vertigo without stasis". Many causes, such as qi deficiency, qi stagnation, phlegm and dampness, can lead to imbalance of qi-blood metabolism, and persistent vertigo is mostly due to stasis.[11].

Although vestibular migraine belongs to the category of "vertigo" in TCM, Kang Zhenzhen and other scholars believe that wind is closely related to the development of vestibular migraine, and proposed for the first time "treating vestibular migraine from wind". This is also the first article that systematically discusses the Chinese medicine pathogenesis of vestibular migraine, the acute phase and the clinical treatment of remission.[12] Wind is the longest of all diseases, and wind is the first to be blamed for vertigo and headache. Wind can be combined with other five qi to cause disease, or liver wind can be internally moved to cause vertigo and headache.

In conclusion, although there are many causes and mechanisms of dizziness and headache, and each doctor has his own unique opinion, they are no more than the above mentioned factors such as wind,

fire, phlegm, stasis, depression, and deficiency, etc. The most fundamental pathogenic mechanism is the deficiency of the root cause and the symptoms of the disease, which often do not cause the disease alone, but mostly present as a combination.

### 2.3 Identification and Typing

Vestibular migraine can often be divided into two phases: acute phase and remission phase, and can be classified into different TCM evidence types according to the clinical manifestation characteristics of the disease. In recent years, various medical doctors who have studied vestibular migraine have their own unique opinions, but in general, most of the symptoms are mainly deficiency, and the original deficiency and the symptoms are mostly presented as mixed evidence of deficiency and reality. Some scholars, after statistical analysis of the clinical manifestations of 150 patients with vestibular migraine by descriptive research methods, concluded that 50 patients were suffering from hyperactivity of liver and yang, which was the most common type of symptoms, accounting for 33.3% of the cases, followed by phlegm-dampness obstruction, accounting for 22.7% of the cases.[13] The second most common type of symptoms was phlegm-dampness with 22.7%.

Hongmei Liu[14] After statistical data on the literature on the treatment of vertigo in TCM over the past 20 years, the 10 most common evidence patterns were proposed, namely, phlegm and turbidity obstruction, hyperactivity of liver and yang, wind and yang disturbance, phlegm and blood stagnation, yin deficiency and hyperactivity of yang, stasis blocking brain ligaments, qi deficiency and blood stasis, liver and kidney yin deficiency, qi and blood deficiency, and kidney essence deficiency. Among them, patients presenting with a single symptom are less common and almost nonexistent, and are mostly seen with 2 or more symptoms at the same time. Yang Song[15] The 92 patients with migrainous vertigo were clinically selected for the study. With reference to the content of "wind, fire, phlegm and stasis" in the diagnostic and efficacy evaluation criteria of head wind, they were classified into the type of hyperactivity of liver and yang, the type of wind and phlegm, the type of stasis and blood obstruction, and the type of deficiency of liver and kidney according to the dialectical evidence in Chinese medicine. Liu Yafen[16] In a comparative study of 84 patients with vestibular migraine of the liver-biliary damp-heat type, the experimental group was treated with Longqin Dingdizhi granules, and the efficiency of the experimental group was found to be higher than that of the control group treated with flunarizine after observation of the indicators of the double temperature test, DHI, VAS and other routine examinations. This also proves from the side that in vestibular migraine, the evidence type of damp-heat in liver and gallbladder also exists. Zhang Xi[17] In addition to the above evidence, it was suggested that the patient commonly had nausea and vomiting symptoms, which easily damaged the spleen and stomach, and should be identified as liver-depression and spleen-deficiency.

In summary, the evidence of vestibular migraine is no more than a mixture of deficiency and reality, and the organs involved are liver, spleen, and kidney, etc. The process of dialectic is the core of the disease diagnosis and treatment, and only if the diagnosis is accurate, can we treat it better with the evidence.

## 3. Clinical Research Progress of Chinese Medicine in the Treatment of Vestibular Migraine

Since the pathogenesis of vestibular headache is not clear in modern clinical medicine, there is no treatment plan especially for this disease, and the side effects of western medicine are obvious and not highly accepted by patients, plus the fact that western medicine only reduces the symptoms at the time of onset but does not eliminate the causative factors, which has certain limitations. Traditional medicine uses evidence-based treatment, one person at a time, which can better relieve the patient's pain and is more acceptable, and make up for the limitations of western medicine, and if necessary, use a combination of Chinese and Western medicine to reduce the frequency and degree of vertigo attacks.

### 3.1 Chinese Medicine Dialectical Treatment

Tian Ma and Hooked Vine Drink is a special formula for the treatment of hyperactivity of liver yang in vertigo, with the effect of pacifying the liver and quenching the wind. Du Yanhua and other scholars[18] The clinical efficacy was observed after 4 weeks of treatment and whether the vertigo recurred after 3 months of treatment. The results indicated that Tianma Gou Tang granules had a good inhibitory effect on reducing the number of vertigo attacks and the duration of vertigo recurrence, and the clinical safety was higher than that of the flunarizine hydrochloride group. Liu Chang[19] et al. observed the therapeutic effect of San Miguel Tang combined with flunarizine hydrochloride capsule on vestibular migraine. The results indicated that the efficiency of the treatment group reached 95%, and the efficiency of the control group was 82.5%. The results indicated that the combination of Sangyi Tang with flunarizine hydrochloride capsule could significantly improve the degree of vertigo and headache and enhance the effect of treatment.

Semen *Atractylodis Macrocephalae* and Tianma Tang is one of the most used formulas in vestibular migraine. It consists of six herbs, namely Semen *Atractylodis Macrocephalae*, *Atractylodis Macrocephalae*, Fu Ling, Orange Red and Licorice, which have the effect of strengthening the spleen, drying dampness and resolving phlegm. Kang Zihou[20] et al. randomly divided 54 patients with vestibular migraine into observation group and control group, both were treated with betahistine mesylate tablets, and the observation group was additionally given oral administration of Hexia Baijiao Tianma Tang on top of this, and both groups took the medicine continuously for 2 months, the results proved that the clinical effect of the observation group was better than that of the control group, and Hexia Baijiao Tianma Tang could relieve neuropathic headache and reduce the frequency of vestibular migraine attacks, the basic formula. It can be used as a vestibular migraine Fan Guimei[21] et al. used a retrospective analysis to count the treatment of 130 patients, and the quality of daily life was significantly improved in 70 patients who took Hexia Baijiao Tianma Tang, and it could relieve patients' mental symptoms of depression and anxiety. Dr. Wang Jianping, the chief physician, believes that Hanxia Baijiao Tianma Tang is especially suitable for the treatment of vestibular migraine with wind-phlegm upheaval, and according to the Chinese medical diagnosis, the treatment is based on strengthening the spleen and dispelling dampness, resolving phlegm and quenching wind, with the addition of red peony, vinegar trigon, whole scorpion and centipede to activate blood circulation and resolve blood stasis; for those with hyperactive liver fire, the addition of hooked vine, stone cassia, gentian grass, white peony and Xia Ku Cao; for those with deficiency of qi and blood, the addition of Huang Qi, Bai Zhu, longan, For those with deficiency of Qi and Blood, add Radix Astragali, Rhizoma *Atractylodis Macrocephalae*, Radix *Angelicae Sinensis*, Radix *Angelicae Sinensis*, Rhizoma *Polygonati*, Radix et Rhizoma *Polygonati*; for those with deficiency of Kidney Yin, add Radix *Rehmanniae Sinensis*, Fructus *Lycii*, Fructus *Cornu Cervi Pantotrichum*, Radix *Achyranthes Bidentatae*, Radix *Achyranthes Bidentatae*, Radix *Achyranthes Bidentatae*. [22].

Professor Wang Xinzhi[23] In the treatment of vestibular migraine, he is good at using wind medicine as well as meridian inducing medicine. He believes that external wind should be dispelled, while internal wind is classified into pacifying liver and quenching wind, resolving phlegm and quenching wind, dispelling stasis and quenching wind, filling essence and quenching wind, and tonifying qi and blood to quench wind according to different conditions. This empirical formula has certain analgesic effect and can significantly improve the intensity and number of attacks of vertigo headache in patients in clinical practice. Zhang Le[24] et al. randomly divided 50 patients with vestibular migraine into 2 groups, and the treatment group was given the addition of Hanxia Diarrhea Heart Soup, and both groups were treated continuously for 4 weeks. The results suggested that the effective rate of the treatment group reached 92.5%, which was better than 82.6% of the control group. Li Jinjian[25] Seventy-two patients with vestibular migraine caused by phlegm and stasis were randomly divided into treatment and control groups. The treatment group was treated with Calamus Yuan Ding Dazzling Tang orally, while the control group was treated with Flunarizine Hydrochloride Capsules, and the results indicated that the DHI, attack frequency and duration of the treatment group were better than those of the control group. Another study showed that for vestibular migraine with

phlegm-damp middle blockage type, warm bile soup can better prevent vestibular migraine and improve the quality of life.[26].

### 3.2 Acupuncture Treatment

Zhang Xi[27] The treatment group was treated with acupuncture points of Fengchi, Head Wei, Sun, Hanging Bell, Tai Chong, Tai Xi, Rate Valley, Hanging Skull, Waiguan and Foot Linobu on both sides, while the control group was treated with oral betahistine mesylate tablets. 10 days were used as a course of treatment for 1 month in both groups, and the number of recurrence of vertigo and the duration of recurrence in the treatment group were significantly better than those in the control group. The number of recurrence and duration of recurrence in the treatment group were significantly better than those in the control group, and the difference was statistically significant ( $P < 0.05$ ). Li Zhen[28] et al. treated 23 patients with vestibular migraine with acupuncture points specific to the Shaoyang meridian, including bilateral Fengchi, Rate Valley, Waiguan and Yanglingquan, once every other day for 10 days. The difference in DHI score after treatment was statistically significant ( $P < 0.05$ ) compared with that before treatment in the same group, and the effective rate reached 78.26% within 3 months after treatment. Luo Ying and Wang Yanhong[29] The treatment of vestibular migraine by acupuncture was adopted, and the total effective rate reached 83.3%, which provides another strong evidence for the efficacy of acupuncture in the treatment of vestibular migraine. Acupuncture treatment has almost no side effects compared with western medicine, and is simple and convenient, with high patient compliance.

Fan Dihui[30] et al. randomly divided 70 patients with vestibular migraine of qi and blood deficiency into 2 groups, the treatment group was given wheat grain moxibustion at Baihui point and the control group was treated with oral flunarizine, and after 6 months of treatment, the DHI score of the treatment group was lower than that of the control group after statistical analysis, and there were no adverse effects of wheat grain moxibustion compared with flunarizine.

### 3.3 Other Treatments

Chen Xiaolin[31] et al. used auricular point pressure bean method to treat patients with vestibular migraine, 120 patients were randomly divided into 2 groups, both groups were given oral flunarizine hydrochloride capsule, the treatment group used auricular point pressure bean therapy on this basis, taking the main acupuncture point Shen Men, Liver and Spleen, taking the supporting acupuncture points for inner ear, temporal, outer ear and San Jiao, pressing 5 times daily for 4 weeks, the symptoms improved significantly, the total effective rate reached 79.3%, compared with the control group. The efficacy was better, and the difference was statistically significant ( $P < 0.05$ ). Li Dongmei[32] et al. 35 cases in the treatment group chose the auricular point pressure bean method, with an efficiency of 75.76%; 35 cases in the control group were given oral betahistine mesylate tablets, with an efficiency of 76.47%. The total efficacy of the treatment group and the control group was similar, but the treatment group was significantly better than the control group in terms of the number of recurrences of vertigo and the duration of recurrences.

Wang Mei[33] et al. screened a total of 45 patients who met the diagnosis of vestibular migraine and randomly divided them into 2 groups, both of which were given oral flunarizine hydrochloride capsules, on top of which the acupoint combination therapy group was given acupoint injections at the cataract point for a total of 3 months and followed up for 3 months. The results showed that acupoint injection could further reduce the number of episodes of vertigo and the degree of episodes during vertigo in patients with the effectiveness of flunarizine hydrochloride.

## 4. Summary and Outlook

In recent years, Chinese medicine has been developing in terms of both the etiology and evidence-based treatment of vestibular migraine, and more doctors have paid attention to this disease, through the evidence-based treatment of Chinese medicine, the combination of Chinese and Western medicine, and some special treatments such as acupuncture, auricular pressure bean, and acupoint injection, so

that these patients can better return to society and have a good quality of life. Modern medicine is very limited in the treatment of vestibular migraine because the pathogenesis of vestibular migraine is still unclear, but TCM can make up for these shortcomings and improve the treatment effect of vestibular migraine. However, at the same time, there are also some problems, mainly in the following aspects: (1) the name of the disease is not standardized, some literature still adopts the name of migraine vertigo, and the diagnosis and classification of the disease are not uniform, so it is difficult to widely promote the use of the disease; (2) there is a lack of a large number of randomized controlled experiments to support the effectiveness of the treatment; (3) most of the studies on vestibular migraine are clinical trials, but there are almost no studies on animal experiments, and there are few basic studies on the effect of vestibular migraine. (3) Most of the studies on vestibular migraine are clinical trials, but there are almost no studies on animal experiments.

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