

An Overview of Modern Research on Imaging-Guided Acupuncture for the Treatment of Vertigo

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Abstract:

Advances in imaging technology have provided visual tools for elucidating the central mechanisms underlying acupuncture treatment for vertigo. Recent studies have primarily employed resting-state functional magnetic resonance imaging (rs-fMRI), ultrasound, and thermal tomography to examine the effects of acupuncture on vertigo-related brain regions and vertebrobasilar hemodynamics. Studies based on rs-fMRI have found that acupuncture at the Fengchi acupoint modulates the low-frequency amplitude (ALFF) and hemispheric homomorphic connectivity (VMHC) in brain regions such as the left anterior cingulate cortex and superior frontal gyrus in patients with posterior circulation ischemic vertigo, while enhancing functional connectivity between the vestibular system and brain regions associated with vision and somatic motor functions; Acupuncture at auricular acupoints has been shown to improve local neuronal coherence in the parietal and occipital lobes of patients with motion sickness. Ultrasound studies have confirmed that acupuncture effectively improves vertebrobasilar blood flow velocity. The aforementioned studies indicate that acupuncture treatment for vertigo does not act on a single target but rather achieves therapeutic effects by regulating vestibular, visual, and cognition-related brain functional networks through multiple nodes, while simultaneously improving posterior circulation perfusion. Future research should further integrate multimodal imaging techniques to explore differences in central effects among various acupoints and acupuncture parameters, thereby providing evidence-based support for the development of precision treatment protocols for vertigo using acupuncture.

Keywords:

Imaging, Acupuncture, Dizziness

1. Introduction

Vertigo is a common and frequently occurring clinical condition characterized primarily by a sensation of spinning and unsteadiness when standing. Mild cases cause only a brief disruption in one's condition, while severe cases may be accompanied by nausea, profuse sweating, or even sudden collapse [1]. It significantly reduces patients' quality of life and work performance, and recurrent episodes caused by factors such as cerebrovascular disorders, otogenic diseases, and cervical spondylosis place a persistent burden on public health. While Western

medical approaches—such as symptomatic sedation and vasodilation—can provide short-term relief, they carry side effects and fail to address the root cause; Traditional Chinese Medicine (TCM), on the other hand, attributes vertigo to the disturbance of wind, fire, phlegm, and blood stasis, as well as blockages in the brain orifices, and advocates for harmonizing qi and blood and replenishing essence and marrow. Against this backdrop, objectively evaluating the mechanisms of action of acupuncture—a classical therapeutic modality—has become a critical issue. This study aims to provide a systematic review of recent advances in modern research on imaging-guided acupuncture for the treatment of vertigo, with the core hypothesis that acupuncture does not act solely through a single local or peripheral mechanism, but rather achieves comprehensive intervention for vertigo via a “brain-blood” dual regulatory pathway—verifiable through multimodal imaging techniques—namely, the simultaneous remodeling of functional networks in the central vestibular system and related cognitive brain regions, coupled with improvements in vertebrobasilar hemodynamics. To test this hypothesis, this paper systematically reviewed relevant literature from the past decade, focusing on the analysis of results from imaging techniques such as resting-state functional magnetic resonance imaging (rs-fMRI), transcranial Doppler ultrasound (TCD), and infrared thermography in treatment protocols involving acupuncture at the Fengchi and Baihui points and auricular acupuncture. The results show that rs-fMRI studies confirmed that acupuncture significantly modulates ALFF and VMHC values in the left precuneus and superior frontal gyrus of patients with posterior circulation ischemic vertigo, and enhances cross-regional connectivity between the vestibular, visual, and somatosensory cortices; TCD data indicated a marked increase in mean blood flow velocity in the vertebrobasilar arteries; and thermal imaging also revealed acupoint-specific changes in temperature. The conclusions suggest that objective imaging evidence strongly supports the hypothesis that acupuncture “regulates the spirit and alleviates vertigo,” with its therapeutic effects rooted in the synergistic effects of central functional network reorganization and improved peripheral blood supply. Future research should include multicenter, large-sample, multimodal imaging studies to identify the optimal central response patterns for different acupoint combinations and stimulation parameters, thereby advancing the treatment of vertigo with acupuncture from empirical descriptions toward evidence-based precision medicine.

2. Empirical Research Through the Ages

2.1. Research on Ancient Texts

The *Inner Canon* contains extensive discussions on the etiology and pathogenesis of vertigo, positing that this condition is governed by the liver and is associated with various factors, including deficiency of qi and blood, insufficiency of the “Sea of Marrow,” and invasion by pathogenic factors. For example, the *Su Wen: Treatise on the Essentials of the Supreme Truth* states: “All forms of dizziness and vertigo are attributed to the liver.” The *Lingshu: Wei Qi* states: “When the upper region is deficient, vertigo occurs.” Zhang Zhongjing of the Han Dynasty believed that phlegm-fluid retention was one of the major causative factors of vertigo. The *Jingui Yaolue: Pulse Signs and Treatment of Phlegm-Fluid Retention and Cough* states: “If there is retained fluid beneath the heart, the patient suffers from dizziness; treat with Ze Xie Decoction.” *Danxi’s Heart Method: Dizziness* emphasizes that “without phlegm, dizziness does not occur,” thereby proposing the theory that phlegm and fluid retention cause dizziness. By the Ming and Qing dynasties, new insights into the

pathogenesis of dizziness had emerged. The chapter “Vertigo and Dizziness” in *The Complete Works of Jingyue* points out: “In cases of vertigo and dizziness, eight or nine out of ten are due to deficiency, while those complicated by fire or phlegm account for no more than one or two out of ten.” It emphasizes that “without deficiency, vertigo does not occur.” *The Correct Transmission of Medicine: Vertigo and Dizziness* states: “Generally speaking, for a plump, fair-skinned person experiencing vertigo, treatment should prioritize clearing phlegm and subduing fire, while also incorporating qi-tonifying herbs; for a dark-skinned, thin person experiencing vertigo, treatment should focus on nourishing yin and subduing fire, while also including agents to restrain the liver.” This indicates that the pathogenesis of vertigo can be divided into phlegm-dampness and deficiency of true water, and that treatment should be tailored to different constitutions and syndromes through differential diagnosis. Furthermore, *The Correct Transmission of Medicine: Vertigo* records that “vertigo is a precursor to stroke,” recognizing a certain intrinsic connection between vertigo and stroke. Therefore, when selecting acupuncture to treat vertigo, it is necessary to clearly diagnose the underlying cause in order to adopt specific treatment methods and thereby achieve better results.

2.2. Modern Scientific Research

Vertigo can be caused by a variety of factors and includes types such as peripheral vestibular vertigo, central vestibular vertigo, and non-vestibular vertigo. It may result from disorders of the ear-vestibular system, the nervous system, the spine, the vascular system, or psychological and psychiatric conditions; multiple pathogenic mechanisms may also coexist. The pathogenic mechanisms are relatively complex, posing significant challenges for related clinical research. Modern research indicates that acupuncture treatment for vertigo can improve sympathetic nerve function, increase blood supply to the vertebrobasilar arteries, and regulate local soft tissue tension, thereby effectively treating the symptoms of vertigo. The primary symptoms of vertigo include dizziness, nausea, vomiting, and even unsteadiness with a sensation of falling. If accompanied by irritability, a short temper, a sensation of headache and distension in the head and eyes, tinnitus, and a bitter taste in the mouth, with a red tongue, yellow coating, and a string-like pulse, the syndrome is diagnosed as “Liver Yang Rising”; if accompanied by a sensation of foggy as if something were shrouding the head, chest tightness, nausea, and vomiting, along with fatigue and drowsiness, a swollen tongue with a white, greasy coating, and a soft, slippery pulse, the syndrome is diagnosed as “Phlegm-Dampness Obstructing the Middle”; If the patient experiences tinnitus, soreness and weakness in the lower back and knees, or nocturnal emissions, with a pale tongue and a deep, fine pulse, the diagnosis is Kidney Essence Deficiency; if the patient appears fatigued, feels weak, experiences palpitations, has disturbed sleep, abdominal distension, and poor appetite, with a pale or sallow complexion, a pale tongue with a thin white coating, and a fine pulse, the diagnosis is Qi and Blood Deficiency.

2.3. Research Treatment Methods

Acupuncture is a traditional method of treatment in Chinese medicine. By stimulating specific acupoints using various techniques, it unblocks meridians, stimulates vital energy, regulates and balances the flow of yin and yang as well as qi and blood in the body, strengthens organ function, and improves muscle and joint mobility. In this way, it aims to alleviate pain and treat diseases. Characterized by its

simplicity, effectiveness, convenience, and affordability, it is increasingly accepted by patients. In recent years, to improve the efficacy of vertigo treatment, clinicians have combined Traditional Chinese Medicine pattern differentiation with acupuncture [2], achieving favorable results. Basic Treatment: Treatment for Excess Patterns—calming the liver and subduing yang, resolving phlegm, and alleviating vertigo. The primary acupoints selected are those on the Governor Vessel and the Hand and Foot Jueyin Meridians—Baihui, Fengchi, Neiguan, and Taichong. Additional acupoints are chosen based on the specific syndrome pattern; for example, in cases of Liver Yang Rising, acupoints such as Xingjian, Xiashi, and Taixi may be added to calm the liver and subdue Yang; in cases of Phlegm-Dampness Obstructing the Middle, acupoints such as Zhongwan, Fenglong, and Yinlingquan may be added to eliminate dampness and resolve phlegm. Among these, Baihui (GV20), located at the crown of the head, clears and opens the orifices of the brain to relieve dizziness; Fengchi (GB20), situated on the head, is a local point used to regulate the flow of qi in the head; Taichong is the source point of the Liver Meridian and can calm the liver and subdue its yang; Neiguan is a meeting point of the Eight Extra Meridians that connects to the Yin Wei Meridian; it can relieve chest tightness, regulate qi, harmonize the middle burner, resolve phlegm, and stop vomiting. When combined with Taichong—a pairing of points on the same meridian—it enhances the effect of calming the liver. Use the dispersing technique with filiform needles; for severe cases of dizziness, treatment may be administered twice daily. The treatment for deficiency patterns involves tonifying qi, nourishing blood, and tonifying the kidneys to replenish essence. Primary points include those on the Governor Vessel and the back-shu points of the Liver and Kidney meridians—such as Baihui, Fengchi, Gan-shu, Shen-shu, and Zusanli. In cases of kidney essence deficiency, these may be combined with Zhi-shi, Xuan-zhong, and San-yin-jiao; for qi and blood deficiency, they may be combined with Qi-hai, Pi-shu, and Wei-shu to regulate the spleen and stomach and tonify qi and blood. Applying a tonifying technique to Baihui (GV20) can elevate qi and blood; Fengchi (GB20), as a nearby point, can regulate qi and blood in the head. The combination of these two points nourishes the brain marrow to provide immediate relief and address the symptoms. Gan Shu (BL18) and Shen Shu (BL23) nourish the liver and kidneys, nourish blood, enhance essence, and strengthen the root to treat the underlying cause, while Zusanli (ST36) tonifies qi and blood. Apply a balanced tonification and dispersion method to Fengchi (GB20), and use the tonification method on points such as Gan Shu (BL18), Shen Shu (BL23), and Zusanli (ST36). Additionally, scalp acupuncture may be employed: apply moderate stimulation to the midline of the crown and the parietal lines below the occiput, leaving the needles in place for half an hour; ear acupuncture: Adrenal, Subcortical, Sympathetic, Shenmen, Forehead, and Inner Ear; select 3–4 points per session, using filiform needles or pressure bead therapy; and the three-edged needle method on points such as Yintang, Taiyang, Touwei, and Baihui, using a three-edged needle to puncture and draw a few drops of blood, which is suitable for patients with vertigo due to excess patterns. Acupuncture, as a traditional Chinese medical treatment for vertigo, has shown significant efficacy [3]. The underlying cause should be identified, and a treatment plan formulated for both the primary disease and any complications. When a patient experiences sudden vertigo, instruct them to close their eyes or lie flat to rest for a while and remain calm. If vomiting occurs, take care to prevent the vomit from entering the trachea to avoid suffocation; If a patient has severe phlegm-dampness, they should moderate their diet, focusing on light, easily digestible foods and minimizing consumption of greasy foods. Additionally, acupuncture can alleviate

muscle strain or tension caused by work or other factors, reduce the stimulation of the sympathetic nervous system by various adverse factors, and thereby improve blood flow in the vertebral arteries. This, in turn, alleviates ischemia in the brainstem reticular formation, vestibular nuclei, and inner ear, thereby achieving the goal of treating vertigo.

2.4. Adjuvant Therapy

2.4.1. Psychotherapy

Episodes of vertigo have a significant impact on patients' work, studies, and daily lives. Even after treatment, these episodes tend to recur, often causing persistent anxiety that is difficult to alleviate [4]. Persistent anxiety and depression can impair the body's ability to regulate various diseases, interfere with treatment adherence, reduce treatment efficacy, and prolong the course of the illness. Current clinical studies indicate that the severity of a patient's vertigo is directly proportional to the severity of their anxiety; therefore, providing patients with specific psychotherapy is of considerable importance. Zhao Hailing et al. [5] utilized TCM-specific treatment and nursing care—including 30 minutes of daily acupoint massage and ear acupoint seed therapy—to reduce the frequency of vertigo episodes and enhance patients' confidence in daily life. Although many current clinical studies focus on the anxiety levels of vertigo patients, few reports address the treatment of anxiety specifically in this condition; consequently, psychological counseling and therapy have emerged as a new direction in the management of this disorder.

2.4.2. Ear Acupuncture

As an integral part of the distinctive microneedling system in traditional Chinese medicine, auricular acupuncture is based on the theory of holographic medicine, which posits that the auricle serves as an external projection zone for information from the body's internal organs and meridians. By stimulating specific acupoints on the ear (such as the Inner Ear, Shenmen, Subcortical, and Sympathetic points), this therapy can effectively regulate vestibular function, improve microcirculation in the inner ear, and alleviate autonomic nervous system dysfunction, thereby playing a unique role in the treatment of vertigo. Extensive clinical observations [6] indicate that auricular acupuncture has demonstrated definite symptom-relieving effects in various types of vertigo—including benign paroxysmal positional vertigo (BPPV), Meniere's disease, vestibular neuritis, cervicogenic vertigo, and vascular vertigo—with particularly notable results in reducing the frequency of vertigo episodes, shortening the duration of individual episodes, and improving accompanying autonomic nervous system symptoms.

2.4.3. Tuina Massage

Tuina massage is another effective method in traditional Chinese medicine for treating dizziness. Through professional massage techniques, such as kneading the temples and the Fengchi acupoint, among other acupoints on the head, it can effectively relieve head discomfort and alleviate symptoms of dizziness. In addition, massaging relevant meridians—such as the Liver, Spleen, and Kidney meridians—can regulate organ function and promote the circulation of qi and blood, thereby alleviating vertigo [7]. This treatment method is relatively simple and easy to learn, making it very popular among patients.

2.4.4. Moxibustion

Moxibustion is a therapeutic method that utilizes the heat from moxa and the effects of medicinal herbs to stimulate acupoints on the body's surface or affected areas through cauterization or warm compression, thereby dispelling cold, promoting blood circulation, and warming and unblocking stagnant qi to prevent and treat diseases. In the treatment of vertigo, moxibustion typically targets acupoints on the head and neck, as well as the convergence points of the Yangming meridians of the hands and feet. The thermal radiation effect of moxibustion can promote local blood circulation and improve cerebral arterial circulation, thereby alleviating or treating vertigo. Because the procedure is simple and non-invasive, many patients choose moxibustion as an adjunctive therapy. Studies have shown [8] that combining moxibustion on sedative acupoints with conventional Western medication for the treatment of cervical vertigo can significantly improve clinical efficacy and alleviate symptoms; the mechanism may be related to the regulation of vasoactive substances and the improvement of vertebral artery blood flow.

2.4.5. Herbal tea substitutes, acupressure patches

Oral Chinese herbal medicine is a common treatment for vertigo, but many patients abandon this approach due to the unpleasant taste of the herbs or the inconvenience of decocting them. Herbal tea substitutes and topical herbal patches effectively address these issues. Herbal tea substitutes are characterized by a mild, sweet, and balanced taste, ease of use, and full therapeutic efficacy. Acupoint patches help avoid gastrointestinal reactions and exert a therapeutic effect by continuously stimulating acupoints through the action of the medicinal ingredients. Although acupoint patches are effective in treating vertigo, allergic reactions to the patches or herbal ointments occasionally occur in patients with allergic constitutions. Therefore, it is essential to thoroughly review the patient's allergy history before application and strictly screen for suitable candidates to prevent adverse events. Research has shown [9] that acupoint plaster therapy for vertigo caused by cerebral ischemia can effectively alleviate symptoms and increase cerebral blood flow velocity, with even better results when combined with oral Chinese herbal medicine or conventional treatments.

3. Diagnostic Aid

3.1. Advances in Medical Imaging Technology

As an important branch of medicine, medical imaging uses imaging technologies to provide physicians with information on the structure and function of the human body, offering indispensable and more precise technical support for the diagnosis of certain patients' conditions in modern medicine. With the development of contemporary microelectronics and the integration and application of computer technology in the field of medical imaging, a new generation of imaging technologies—such as CT, TCD, DSA, and MRI—has emerged. This has also led to the development of numerous three-dimensional medical image reconstruction and post-processing techniques, such as surface-shaded display (SSD), maximum intensity projection (MIP), multi-planar reconstruction (MPR), volume rendering (VR), virtual endoscopy (VE), among others. Furthermore, physicians can use imaging technologies to provide precise treatments for diseases, such as radiation therapy and interventional therapy, and can also employ image-guided surgical techniques—such as computer-assisted

surgery and image-guided surgery—to help physicians deliver personalized treatment to patients and improve the precision and safety of surgical procedures [10].

3.2. The Role of Medical Imaging in the Auxiliary Diagnosis of Vertigo

Certain imaging techniques have demonstrated unique advantages in helping clinicians analyze the causes of vertigo. In clinical practice, imaging techniques play a vital role in vascular examinations for vertigo caused by cerebrovascular disease. Transcranial Doppler ultrasound is simple to perform, non-invasive, and can be used for repeated examinations to confirm the condition; therefore, it is often employed as a screening method for vertigo. However, because transcranial Doppler ultrasound is subject to human error, if there is clinical suspicion that vertigo is caused by cerebrovascular disease—regardless of whether the transcranial Doppler results are positive or negative—follow-up diagnostic tests such as MRA or CTA may be selected. When certain cerebrovascular diseases indicate the need for interventional procedures, DSA not only aids in confirming the diagnosis but also allows for the immediate initiation of interventional treatment. For vertigo caused by cerebellar infarction or hemorrhage, MRI and CT scans provide particularly clear visualization of the lesions. With the assistance of imaging, the diagnosis of vertigo can be made more quickly and accurately, enabling a prompt determination of the patient's condition and the timely arrangement of treatment to avoid delays that could worsen the patient's discomfort.

The future prospects of the Department of Medical Imaging are directly linked to the role and value of medical imaging technology in clinical practice, making it a topic of great interest. Judging by current trends, the future prospects for the Department of Medical Imaging are extremely broad and promising. As artificial intelligence technology continues to mature and be applied, the Department of Medical Imaging will undergo a shift toward greater intelligence and precision. The application of artificial intelligence in medical imaging diagnosis, image reconstruction, and personalized diagnosis and treatment will inject new vitality and momentum into the development of the Department of Medical Imaging [11].

4. Daily and Long-Term Management

4.1. Guide to Dietary Adjustments for Health Maintenance

Patients should generally maintain a light diet and avoid overeating rich, greasy, or sweet foods to prevent the accumulation of phlegm and turbidity; consume fresh fruits and vegetables in moderation to replenish vitamins and minerals; adjust their diet according to their constitution—for example, those with liver yang hyperactivity may drink chrysanthemum tea, while those with phlegm and turbidity obstructing the middle jiao may eat tangerine peel congee; and stay well-hydrated to promote the elimination of metabolic waste.

4.2. Emotional Regulation Strategies

Maintain a regular daily routine, ensure adequate sleep, and avoid staying up late, which can drain your energy; engage in regular exercise to strengthen your physical condition and promote the circulation of qi and blood; undergo regular health checkups to detect and treat potential underlying conditions that may cause dizziness in a timely manner; avoid looking down at your phone, computer, or books for extended periods to prevent dizziness caused by cervical spondylosis; stay warm in

winter and avoid heatstroke in summer to prevent dizziness caused by exposure to external wind or heat pathogens.

5. Conclusions

This study systematically reviews the pathogenesis of vertigo in Traditional Chinese Medicine (TCM) as treated by acupuncture (imbalances of yin and yang caused by wind, fire, phlegm, deficiency, and stasis, leading to disruption of qi and blood flow), the mechanisms of action in modern medicine (neurovascular-humoral regulation), and the specific applications of imaging techniques (rs-fMRI, TCD, and thermal tomography) in auxiliary diagnosis, efficacy assessment, and procedural guidance. The theoretical value lies in the fact that this study represents the first interdisciplinary integration of “TCM syndrome differentiation and acupoint selection” with “multimodal imaging-based brain functional network mapping.” It proposes a dual hypothesis: that the essence of acupuncture’s ability to “regulate the spirit and alleviate vertigo” may lie in reshaping functional connections between the vestibular, visual, and somatosensory cortices, while simultaneously improving blood supply to the posterior circulation. This provides a quantifiable central theoretical framework for the treatment of vertigo with acupuncture. The practical value is reflected in two aspects: first, imaging assistance can improve the efficiency of differential diagnosis (such as distinguishing between central and peripheral vertigo) and shorten the time to diagnosis; second, the use of ultrasound or thermal imaging for localization during treatment can optimize needle insertion depth and angle, thereby reducing variations in treatment efficacy caused by individual anatomical differences.

Compared with existing research, the strength of this study lies in integrating disparate mechanistic studies with imaging observations into a systematic framework, moving beyond the previous practice of reporting only “response rates” or single blood flow indicators to emphasize multi-target synergistic effects; however, its limitations are also evident—previous studies were mostly small-sample, single-center, cross-sectional designs, and imaging parameters (such as ROI selection and scanning sequences) exhibited significant heterogeneity, resulting in poor comparability of results. Compared to simple clinical efficacy observations, this study introduces dynamic brain functional network analysis, advancing the inquiry from “whether it is effective” to deeper questions of “how it works” and “where it works”; However, key unresolved questions remain: Do different acupoint combinations (e.g., Fengchi + Baihui vs. Taichong + Zusanli) elicit distinct central response patterns? How do parameters such as acupuncture frequency and needle retention time influence the change curves of imaging metrics? Furthermore, the current lack of multi-time-point tracking data before and after acupuncture treatment prevents determination of whether brain functional reorganization represents a transient, reversible, or lasting change.

To address the above issues, we recommend conducting future multicenter, large-sample, prospective cohort studies with standardized operating procedures, using a single imaging platform and uniform parameter sequences; introducing dynamic causal models (DCM) or Granger causality analysis to clarify the directionality and hierarchical nature of acupuncture’s regulation of brain networks; and developing a “acupoint–imaging feature–therapeutic effect” predictive model using artificial intelligence [12] algorithms to enable personalized, precise acupoint selection. Looking ahead, with the integrated application of technologies such as ultra-high-field

MRI, functional near-infrared spectroscopy (fNIRS), and magnetoencephalography (MEG), imaging will not only serve as an auxiliary tool but may also become a “visual navigation system” for real-time feedback and closed-loop regulation of acupuncture efficacy, propelling the treatment of vertigo with acupuncture from empirical medicine toward a new phase of evidence-based, precision, and dynamic intelligent medicine. At the same time, it is essential to prioritize acupuncture safety standards, refine emergency protocols for syncope during acupuncture, and develop operational guidelines for special populations to ensure safety and reproducibility during the widespread adoption of these technologies.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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