

Research Progress on Acupoint Massage for the Treatment of Dry Eye Syndrome

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Abstract: Dry eye syndrome severely affects patients' quality of life and increases their psychological burden. Multiple studies have confirmed that acupoint massage has a definite effect on improving dry eye syndrome, and related clinical efficacy research has also made certain progress. This article provides a brief overview from the perspectives of traditional Chinese medicine's theoretical understanding of dry eye syndrome, the current application status of acupoint massage in the treatment of dry eye syndrome, and its clinical effects when combined with other therapies, aiming to provide objective clinical medical evidence for the application of acupoint massage in the treatment of dry eye syndrome.

Keywords: Acupoint Massage; Dry Eye Syndrome; Research Progress

Dry eye syndrome (DES) is a common ocular disease with complex pathology. Clinically, it presents as dryness, photophobia, foreign body sensation, visual fatigue and in severe cases, corneal dryness, blurred vision, or even vision loss^[1]. In recent years, with the widespread use of electronic devices, the prevalence of DES has been rising annually, and the affected population is becoming increasingly younger. According to survey statistics, the global prevalence of DES ranges from 5% to 34%^[2]. In China, the prevalence is approximately 21% to 30%, accounting for 30% of cases in ophthalmology outpatient clinics^[3]. Common contributing factors include age, gender, lifestyle, occupation, climate, other related diseases, and iatrogenic factors^[4]. The treatment of DES is mainly divided into Western medicine and traditional Chinese medicine. Currently, there is no specific medication for DES, and Western medical treatments are relatively limited, with weak effects and insignificant therapeutic outcomes. More research tends to favor traditional Chinese medicine. Comparatively, acupoint massage has been extensively researched and proven to have definite clinical efficacy, with advantages such as minimal side effects, cost-effectiveness, ease of operation, and a broad range of applications, indicating a promising application prospect. Therefore, the progress of research on the application of acupoint massage in DES is summarized below.

1. Dry Eye Syndrome and Acupoint Massage

1.1 Interpretation of Dry Eye Syndrome within Traditional Chinese Medicine Theory

Dry eye syndrome is categorized under the scope of "Bai Se Syndrome" in traditional Chinese medicine^[5]. The "Zhu Bing Yuan Hou Lun" states: "When the fluid is exhausted, the eyes become dry," indicating that dry eye is closely related to the body's fluid balance. If the generation of body fluids is insufficient and their distribution throughout the body is improper, the eyes lose their moisture^[6]. The adequacy of body fluids depends on the sufficiency of blood to the liver. The "Huangdi Neijing" posits that "the liver opens into the eyes, and its fluid is tears." The distribution of blood and body fluids relies on the smooth flow of qi in the liver meridian. If the liver's function of dispersing and draining is disrupted, body fluids are depleted, leading to a lack of nourishment for the eyes^[7]. From the perspective of pathogenesis^[8], the excess syndrome of dry eye syndrome is often due to wind-heat invasion or incomplete treatment of epidemic conjunctivitis, leaving residual pathogens in the lung and spleen meridians, which generate heat and deplete the tears. Alternatively, dietary imbalances, prolonged indulgence in smoking and alcohol, and a preference for spicy foods can lead to the accumulation of damp-heat in the spleen and stomach, obstructing the flow of qi and depriving the eyes of nourishment. The formation of deficiency syndrome is related first to lung yin deficiency, as the lung

governs qi and the sclera is associated with the lung. Insufficient lung yin fails to nourish the sclera, thereby causing dry eye symptoms. Secondly, according to "Suwen," "the kidney is the organ of water, governing body fluids," Kidney yin deficiency affects the generation of body fluids, which cannot ascend to moisten the eyes. Additionally, abnormal lung qi dispersal and descent, along with lung yin deficiency, can cause obstacles in the generation and distribution of body fluids. Coupled with damp-heat obstruction in the spleen and stomach and qi stagnation, these factors can lead to insufficient nourishment of the eyes. Therefore, yin essence deficiency is a crucial pathological basis for the occurrence and development of dry eye syndrome^[9].

1.2 Mechanism by Which Acupoint Massage Improves Dry Eye Syndrome

Massage, first recorded in the "Huangdi Neijing," is a therapeutic method guided by traditional Chinese medicine (TCM) theory. It involves using fingers, hands, elbows, knees, or feet to pressure on muscles or soft tissues at specific areas or acupoints to treat diseases^[10]. According to TCM theory and diagnostic standards, Tui Na is considered a medical practice based on disease diagnosis aimed at treating illnesses^[11]. Acupoint massage can have effects through direct stimulation of the body's surface, facilitating the unblocking of meridians and opening interstitial spaces, thereby promoting the circulation of Qi and blood. Massage techniques applied to the body's surface generate a thermal effect, with heat penetrating from the exterior to the interior, layer by layer, from the skin to the tendons, veins, and muscles, accelerating the flow of Qi and blood^[12]. Massage therapy can enhance the circulation of Qi and blood through physical stimulation, regulate the functions of the spleen and stomach, and relax muscle tissues. For injured soft tissues, massage provides therapeutic benefits and effectively promotes their repair, regeneration, and functional recovery^[10]. Modern medical research shows that stimulating specific acupoints around the eyes can effectively improve local microcirculation and optimize neural regulation mechanisms, thereby accelerating tissue metabolism, relieving eye muscle tension, aiding in the restoration of normal ocular adjustment functions, and ultimately improving vision and delaying the progression of myopia^[13]. The mechanism of acupoint massage is similar to acupuncture therapy. Still, it is more convenient, safer, and can avoid the discomfort, bleeding, and infection risks associated with acupuncture therapy.

2. Application of Acupoint Massage in Dry Eye Syndrome

2.1 Target Groups

Currently, acupoint massage therapy is used for various groups of dry eye patients^[14], including adolescents with myopia and dry eye, patients with dry eye related to visual fatigue, perimenopausal women with dry eye, patients with dry eye associated with meibomian gland dysfunction (or obstruction), and elderly patients with dry eye.

2.2 Commonly Used Acupoints

Meridians are often used to guide the selection of acupoints in clinical practice, with selecting acupoints along the meridians is a standard treatment method. The "Ling Shu • Meridians" states: "The Heart Meridian of Hand Shaoyin... its branch extends from the heart system, ascends alongside the pharynx, and connects to the eye system"; "The Small Intestine Meridian of Hand Taiyang... its branch ascends to the cheek, reaches the outer canthus of the eye... another branch reaches the nose and arrives at the inner canthus of the eye"; "The Gallbladder Meridian of Foot Shaoyang originates at the outer canthus of the eye"; "The Liver Meridian of Foot Jueyin... connects to the eye system, ascends to the forehead, and intersects with Governor Vessel at the vertex." Clinically, acupuncture and massage for the prevention and treatment of myopia are based on the close relationship between meridians and the eyes to select acupoints and formulate prescriptions^[15]. Ma Xuejiao^[16] explored the acupoint selection patterns for acupuncture treatment of dry eye syndrome, and the results showed that Jingming, Zanzhu, Taiyang, Sanyinjiao, Hegu, Fengchi, Sizhukong, Sibai, Taichong, Taixi, Zusanli, Chengqi, and Baihui were frequently used acupoints. Therefore, these acupoints are selected.

2.3 Application Effects

Acupoint massage, as a traditional Chinese medicine treatment, is typically combined with other conventional therapies. Liu Shui et al.^[17] conducted a study on the treatment of dry eye syndrome,

dividing participants into control and experimental groups. The control group used artificial tears, while the experimental group received a combination of acupoint massage and artificial tears over a one-month treatment period. Data were collected before the intervention and 1, 2, and 3 months after treatment. The results showed that the treatment plan incorporating acupoint stimulation achieved more stable and lasting clinical effects. Lian Xiaoli et al.^[18] also used acupoint massage for treating dry eye patients. In this study, patients were instructed to perform self-massage at home after receiving guidance twice daily for 7 minutes each time, over one month, resulting in favorable treatment outcomes. Lü Julan^[19] conducted a study on patients with dry eye syndrome, where periocular acupoint massage was administered in addition to the control group's treatments (hot compress, herbal atomization, eyelid margin cleaning, cold compress). The results indicated that this approach could extend tear film breakup time, alleviate symptoms of eyelid margin inflammation, and enhance clinical efficacy. In the study by Wang Zhen et al.^[20], traditional Chinese medicine fumigation combined with acupoint massage was applied to patients with dry eye syndrome alongside conventional treatment (sodium hyaluronate eye drops). The data demonstrated that the observation group significantly outperformed the control group in several indicators: SIT and BUT were notably improved, while the CFS score and the severity of subjective symptoms such as eye dryness, discomfort, foreign body sensation, and visual fatigue were significantly reduced. This suggests that combining traditional Chinese medicine fumigation and acupoint massage can effectively restore meibomian gland function in patients with dry eye syndrome and alleviate their subjective discomfort symptoms.

3. Combined Therapy of Acupoint Massage for Improving Dry Eye Syndrome

Acupoint massage, when combined with acupuncture, thunder-fire moxibustion, walnut moxibustion, Chinese herbal steaming, Chinese herbal wrapping, and eye scraping therapy, can effectively treat dry eye syndrome.

3.1 Acupuncture Combined with Acupoint Massage

Qi Xueyang^[21] randomly divided 84 patients with dry eye syndrome into a control group (treated with sodium hyaluronate eye drops) and a treatment group (treated with a combination of acupuncture and acupoint massage in addition to the control group's treatment). The acupuncture points included Zanzhu, Sizhukong, Taiyang, Jingming, and other periocular and distal points: Zanzhu, Sizhukong, Shenting, Taiyang, and Chengqi with oblique needling at 0.3 cun; Sanyinjiao, Hegu, Taichong, Yinlingquan, and Yuyao with direct needling at 0.5 cun; Jingming with vertical needling at 0.5 cun. This was done once every 3 days, with needles retained for 20 minutes. Acupoint massage targeted Zanzhu, Sizhukong, Yuyao, Jingming, Taiyang, Sibai, Fengchi, Baihui, and other points, pressing and kneading each point for 2-3 minutes, once daily. Both groups were treated for 30 days. The results showed that after treatment, the clinical symptom scores of both the control and the treatment groups decreased, but the scores in the treatment group were lower than those in the control group. The study indicates that acupuncture combined with acupoint massage is more effective in improving tear secretion and clinical symptoms in patients with dry eye syndrome than treatment with sodium hyaluronate eye drops alone and that acupuncture can enhance the efficacy of acupoint massage.

3.2 Thunder-fire Moxibustion Combined with Acupoint Massage

Research by Shi Hua^[22] has shown that thunder-fire moxibustion combined with acupoint massage can effectively alleviate dry eye symptoms. Patients were randomly divided into a control group (receiving routine care) and a study group (receiving routine care plus thunder-fire moxibustion and acupoint massage). Thunder-fire moxibustion was applied to acupoints around the eyes and Hegu, among others, using the sparrow-pecking moxibustion method. This involved 15-20 applications per acupoint and 2-3 minutes of moxibustion per eye. Acupoint massage involves pressing and kneading acupoints around the eyes such as, Jingming and Zanzhu, 15-20 times. After the experiment, the study group showed significantly lower scores for subjective symptoms like foreign body sensation, dryness, and visual fatigue than the control group. Research by Wang Yuyan et al.^[23] also confirmed that this combined therapy can improve objective indicators, such as increased tear secretion and prolonged tear film breakup time, with effects superior to those in the control group. Both studies consistently demonstrated that acupoint massage combined with thunder-fire moxibustion significantly improves subjective symptoms and objective signs in patients with dry eye, outperforming routine care alone.

3.3 Walnut Moxibustion Combined with Acupoint Massage

Research by Fan Xueyan^[24] indicates that walnut moxibustion combined with acupoint massage can effectively improve dry eye symptoms. Patients were divided into a control group (receiving conventional treatment) and an experimental group (receiving conventional treatment plus walnut moxibustion and acupoint massage). In the experimental group, acupoint massage techniques such as pressing, kneading, and massaging were applied to points like Jingming, Taiyang, Yuyao, Zanzhu, Tongziliao, Chengqi, Sibai, among others, along with scraping around the eye socket until a sensation of soreness and distension was achieved. Walnut moxibustion involves soaking walnut shells in a herbal solution containing ingredients like Bupleurum and Dendrobium, then filling them with a herbal paste from Chrysanthemum, Astragalus, and similar herbs. The filled shells were placed on a custom-made eyeglass moxibustion frame, with moxa sticks ignited inside and worn over the eyes until the moxa sticks burned out. The treatment was administered every other day, with 20 sessions making up one course. Results showed that the total clinical efficacy rate in the experimental group was significantly higher (88.23% vs. 67.71%). Both groups exhibited significant improvement in BUT and SIT after treatment compared to before treatment. Li Chunxia^[25] found that combining acupoint massage with walnut moxibustion was consistent with the aforementioned studies. In another study, Li Chunxia demonstrated that this combined application could improve the sleep quality of patients with dry eye syndrome^[26]. In summary, the combination of walnut moxibustion and acupoint massage effectively enhances tear film stability, promotes tear secretion, alleviates subjective discomfort, and achieves significant clinical therapeutic effects. This also confirms the definite efficacy of moxibustion in treating dry eye syndrome, establishing it as a safe and effective method.

3.4 Traditional Chinese Medicine Fumigation Combined with Acupoint Massage

In a study by Zhang Lu^[27], patients were randomly assigned to a control group (receiving conventional treatment: sodium hyaluronate eye drops and tobramycin dexamethasone eye ointment) and an experimental group (receiving conventional treatment plus conventional Chinese medicine fumigation and acupoint massage). The experimental group underwent traditional Chinese medicine fumigation using a decoction of "Gui Tao Di Huang Wan" (containing Angelica sinensis, peach kernel, raw and processed Rehmannia glutinosa). Gauze soaked in the decoction was applied to the eyes, and fumigation was performed using a nebulizer positioned 25 cm above the eyes once daily for 30 minutes over 2 weeks. Acupoint massage involved techniques such as pressing, rubbing, and the one-finger Zen method applied to acupoints around the eyes, including Yintang, Cuanzhu, and Jingming, for 3 minutes per acupoint, once daily, totaling 30 minutes over 2 weeks. The results indicated that after the intervention, the BUT and SIT scores in the experimental group were significantly higher than those in the control group. In comparison CFS and visual analog scale (VAS) scores were significantly lower. Furthermore, the total effective rate in the experimental group was notably higher. This study confirmed that traditional Chinese medicine fumigation combined with acupoint massage can effectively improve the symptoms and signs of dry eye syndrome. Shen Danping^[28] demonstrated that combining acupoint massage with steaming and eyelid massage can significantly enhance the clinical treatment efficacy for patients with dry eye syndrome, accelerate the recovery of meibomian gland function, and reduce the severity of the disease. The combination of traditional Chinese medicine steaming and acupoint massage was confirmed to effectively alleviate discomfort associated with dry eyes, improve tear film stability, and enhance clinical efficacy.

3.5 Herbal Compress Combined with Acupoint Massage

Research by Meihua et al.^[29] indicates that a comprehensive therapy combining acupoint massage and herbal hot compress significantly improves dry eye symptoms induced by visual fatigue. This study employed a randomized controlled design, dividing subjects into two groups. The control group received basic treatment, including conventional therapy and artificial tears. In contrast, the experimental group received additional acupoint massage and herbal compress application on top of the control group's regimen. For the intervention group, specific acupoints around the eyes, such as Yintang, Zanzhu, and Jingming, were selected. Techniques like acupressure and rotational kneading were applied for 3-5 minutes per acupoint. The herbal compress consisted of a medicinal pack containing herbal powders like Radix Paeoniae Rubra and Hibiscus leaf at approximately 45°C, applied externally to the eye area, covering acupoints like Zanzhu for 10 minutes. The combined intervention was administered twice weekly, with six sessions constituting one treatment course. Results showed a reduction in TCM symptom scores in both groups. The improvement in BUT and SIT in the

observation group was significantly better than in the control group. The overall clinical efficacy rate was higher in the observation group. This result aligns with the study by Ouyang Yun et al. [30], confirming that acupoint massage combined with traditional Chinese medicine poultice can effectively enhance the clinical efficacy of visual fatigue-related dry eye syndrome, with strong operability and good safety.

3.6 Eye Scraping Combined with Acupoint Massage

Research by Li Jingnan [31] indicates that eye scraping combined with acupoint massage can significantly improve dry eye syndrome in the elderly. Patients in the study were randomly divided into a control group (receiving conventional treatment) and an observation group (receiving conventional treatment plus acupoint massage and eye scraping). In the observation group, acupoint massage involved kneading and pressing around eye acupoints such as Cuanzhu, Jingming, and Sibai, performed twice daily, with each acupoint being treated 10 times per session over 14 days. Eye scraping was conducted using a scraping board (with blunt and fishtail surfaces) along specific paths around the eyes (e.g., Jingming to Tongziliao, Cuanzhu to Tongziliao), with point pressing on Chengqi and Tongziliao, applying pressure until the skin turned slightly purple, once daily for 10 minutes each session, over 14 days. The results showed that the total effective rate in the observation group was significantly higher (93.55% vs. 70.97%). The Schirmer's Test (SIT) and Break-Up Time (BUT) were significantly longer in the observation group than in the control group, and the Corneal Fluorescein Staining (CFS) score was significantly lower than that of the control group. This confirms that eye scraping combined with acupoint massage is notably effective for elderly dry eye syndrome, effectively improving tear secretion, tear film stability, and corneal condition, and is simple and easy to perform with high patient acceptance.

4. Summary and Outlook

As a convenient traditional Chinese medical therapy, acupoint massage has demonstrated significant efficacy in alleviating dry eye symptoms. Clinical studies indicate that this therapy can increase tear secretion, prolong tear film stability, and effectively relieve ocular discomfort, highlighting its valuable application. Research results suggest that a comprehensive intervention plan that combines various traditional Chinese medicine treatments is more effective in improving symptoms of dry eye patients and promoting tear secretion. This combined treatment model integrates the unique advantages of different therapies and produces a synergistic effect, with clinical outcomes generally superior to those of single treatment methods. This comprehensive intervention strategy provides an essential basis for formulating individualized treatment plans for dry eye.

However, there are several pressing issues in the current research on the application of acupoint massage therapy in the field of dry eye: First, there is a relative lack of preventive research addressing the rising incidence of dry eye among young people; second, some clinical trials lack standardized inclusion and exclusion criteria; third, the sample sizes of studies are generally small, and the dropout rates of subjects are not reported in detail; fourth, there is considerable variation in treatment protocols, including acupoint selection, treatment frequency, and assessment tools, with a lack of standardized criteria for key indicators; fifth, most studies focus only on short-term efficacy, lacking long-term follow-up data.

Based on the current research status, it is recommended that future studies be conducted under the guidance of traditional Chinese medicine theory, with a focus on addressing the following issues: establishing standardized operational protocols developing a unified efficacy evaluation system improving long-term follow-up mechanisms; and ultimately forming a standardized diagnosis and treatment plan for dry eye with traditional Chinese medicine characteristics.

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