

Acupuncture for Myopia: Clinical Acupoint Selection Patterns and Research Progress

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Abstract: Myopia has become a global health concern with rapidly increasing prevalence, particularly in East Asian countries. As a non-pharmacological intervention, acupuncture has gained considerable attention for its potential in managing myopia progression and improving visual function. This comprehensive review examines the clinical acupoint selection patterns and research progress in acupuncture treatment for myopia. Through analysis of recent clinical studies, systematic reviews, and data mining research, we identify the most frequently used acupoints, including Zanzhu (BL2), Jingming (BL1), Sibai (ST2), and Taiyang (EX-HN5). The principle of point selection primarily follows the theory of local point combination, with emphasis on the Bladder Meridian and Stomach Meridian points around the ocular region. Emerging evidence from randomized controlled trials suggests that acupuncture, particularly when combined with other traditional Chinese medicine therapies, may be effective in improving visual acuity and reducing refractive error progression in myopic patients, especially children and adolescents. However, methodological limitations in existing studies highlight the need for more rigorous research with standardized protocols and long-term follow-up assessments.

Keywords: Myopia; Acupuncture; Acupoint Selection Patterns; Data Mining; Mechanism Research.

1. Introduction

Myopia, commonly known as nearsightedness, has reached epidemic proportions globally, with projections suggesting that nearly 50% of the world's population will be myopic by 2050, and approximately 10% will have high myopia, which carries significant risks of pathological complications such as retinal detachment, glaucoma, and myopic maculopathy [1,2]. The economic burden associated with myopia correction and management is substantial, creating an urgent need for effective interventions that can prevent or slow its progression [3,4]. While optical corrections (glasses, contact lenses) and pharmacological approaches (such as low-dose atropine) represent mainstream management strategies, complementary therapies like acupuncture have attracted interest from researchers, clinicians, and patients seeking alternative or adjunctive treatments [5].

Acupuncture, a fundamental component of Traditional Chinese Medicine (TCM), has been utilized for centuries in treating various eye conditions, including myopia, which in TCM theory results from an imbalance of liver and kidney systems, deficiency of vital energy (Qi), and blood insufficiency affecting the eyes [6]. The contemporary practice of acupuncture for myopia involves the insertion of fine needles at specific acupoints, primarily around the eyes, but also including distal points on the limbs and torso. Recent years have witnessed a growing body of scientific literature investigating the efficacy, mechanisms, and optimal application of acupuncture for myopia management, with particular focus on pediatric populations who are at greatest risk for myopia progression [7].

This review aims to synthesize the current evidence regarding acupuncture point selection patterns and their clinical applications for myopia treatment. By analyzing data from clinical trials, systematic reviews, and data mining studies, we seek to provide a comprehensive overview of the most effective acupoints, combinations, and treatment protocols.

Additionally, we will discuss the potential mechanisms of action, safety considerations, and future research directions in this field. The findings will offer valuable insights for clinicians and researchers interested in evidence-based application of acupuncture for myopia management.

2. Common Acupoints and Selection Patterns

2.1 High-frequency Acupoints

Data mining studies and systematic analyses of acupuncture treatments for myopia have consistently identified a core set of acupoints preferentially selected by practitioners. A comprehensive data mining investigation analyzing 106 acupuncture prescriptions identified Zanzhu (BL2), Jingming (BL1), Taiyang (EX-HN5), Sibai (ST2), and Hegu (LI4) as the most frequently used acupoints, with these points accounting for a significant portion of all applications [1]. Another large-scale analysis of 175 articles further confirmed these findings, reporting nearly identical primary acupoints while additionally noting the importance of Fengchi (GB20), Yuyao (EX-HN4), Sizhukong (TE23), Chengqi (ST1), and Guangming (GB37) as secondary frequently used points [8].

The predominant selection of local periocular points reflects the fundamental TCM principle of "local treatment for local disorders." Zanzhu (BL2) and Jingming (BL1), both located on the Bladder Meridian in close proximity to the medial canthus, are considered primary points for ocular disorders, believed to regulate Qi and blood flow to the eyes. Similarly, Sibai (ST2) and Taiyang (EX-HN5) target the lateral orbital region, creating a comprehensive stimulation pattern around the eye. The inclusion of distal points like Hegu (LI4) and Guangming (GB37) demonstrates the application of the TCM concept of "distal point selection" based on meridian theory, where points located away from the affected area are chosen for their ability to influence the relevant meridians and internal organs associated with the condition [9].

2.2 Meridian Distribution

Analysis of the meridian distribution of commonly selected acupoints reveals a clear preference for specific meridians. Studies consistently show that points from the Bladder Meridian (Foot Taiyang) and Stomach Meridian (Foot Yangming) are most frequently utilized, accounting for approximately 48% and 43% of all point selections respectively [7]. The Bladder Meridian is particularly significant in TCM theory as it has extensive connections with the eyes and brain, with several of its points located directly around the orbital region. The Stomach Meridian also plays a crucial role according to classical TCM texts, which state that “the Stomach Meridian connects with the eyes” [10].

Beyond these two primary meridians, points from the Gallbladder Meridian (Foot Shaoyang), Triple Energizer Meridian (Hand Shaoyang), and Large Intestine Meridian (Hand Yangming) are also regularly incorporated into treatment protocols [11]. Additionally, extra points (EX-HN), particularly those around the orbit, feature prominently in myopia acupuncture prescriptions, with Taiyang (EX-HN5) and Yuyao (EX-HN4) being among the most commonly selected extra points across multiple studies [12].

2.3 Acupoint Combinations and Patterns

The strategic combination of acupoints represents a sophisticated aspect of acupuncture practice for myopia treatment. Data mining techniques, including association rule analysis and cluster analysis, have identified several highly correlated acupoint pairs and groups. The strongest associations were found between Zanzhu-Sizhukong-Sibai, Zanzhu-Sizhukong-Taiyang, and Jingming-Qiuhou [13]. Another study reported that the Zanzhu-Jingming pair demonstrated the highest support level among all combinations, appearing together in over 70% of analyzed prescriptions [14].

Cluster analysis has further revealed distinct acupoint grouping patterns that reflect common clinical practice. One investigation identified five effective clusters: Zanzhu-Sizhukong, Jingming-Qiuhou, Chengqi-Yiming, Yuyao-Taiyang, and Zusanli-Hegu [15]. These groupings illustrate the common practice of combining local periocular points with specific distal points to enhance therapeutic effects. For instance, the combination of Zanzhu and Sizhukong provides comprehensive stimulation to the superior orbital region, while the pairing of Zusanli (ST36) and Hegu (LI4) represents a classic distal point combination believed to strengthen overall Qi and blood circulation, thereby supporting the local ocular effects [16].

3. Acupuncture Intervention Methods

3.1 Manual Acupuncture

Manual acupuncture represents the most fundamental and widely practiced form of acupuncture for myopia treatment. The technique involves the precise insertion of fine, sterile needles into selected acupoints, followed by various manipulation techniques to elicit the desired therapeutic effect. For periocular points such as Jingming (BL1) and Zanzhu

(BL2), practitioners typically employ gentle insertion techniques with minimal manipulation, advancing the needle slowly to depths of 1-2 inches until the patient experiences a characteristic sensation of soreness, numbness, or distension around the eye, sometimes accompanied by tearing [17]. Needles are generally retained for 15-20 minutes, during which practitioners may apply additional subtle manipulations to maintain stimulation.

A distinctive feature of periocular acupuncture is the specialized needling technique required due to the anatomical sensitivity of the area. Practitioners commonly use oblique insertion directed away from the eyeball, with careful attention to depth control to avoid vascular structures and the orbital cavity. Following needle removal, firm pressure is applied to the insertion site for approximately one minute to prevent bruising and bleeding, which are more common complications in this vascular region [18]. For distal points like Hegu (LI4) and Zusanli (ST36), stronger stimulation techniques are often employed, including lifting, thrusting, and rotating movements to enhance the needling sensation and therapeutic effect [19].

3.2 Auricular Acupuncture and Pressing Pills

Auricular therapy has emerged as a particularly popular approach for managing pediatric myopia due to its non-invasiveness and ease of application. This modality typically involves the application of small seeds or magnetic pills to specific points on the ear, secured with adhesive tape and stimulated through periodic pressure applied by the patient. Research has identified the ear points “Eye”, “Liver”, “Kidney”, “Anterior/Superior Tragus”, “Posterior/Inferior Tragus”, “Heart”, “Shenmen”, and “Spleen” as the most frequently selected for myopia treatment [20].

A comprehensive meta-analysis of 23 randomized controlled trials involving 2,684 patients (4,089 eyes) demonstrated that auricular acupressure was significantly more effective than conventional treatments in improving visual acuity and reducing refractive error, with particularly notable results compared to cycloplegic agents [21]. The analysis further revealed that auricular therapy was associated with lower recurrence rates (8.33% versus 28.89%) and better improvement in intraocular pressure and anterior chamber depth compared to control interventions. The non-invasive nature of this approach, combined with its potential for self-administration, makes it especially suitable for children who may be apprehensive about needle-based therapies [22].

3.3 Combination Therapies

Integrated treatment approaches that combine multiple therapeutic modalities often yield superior outcomes compared to single interventions. Clinical studies have investigated various combinations, including acupuncture with tuina massage, acupuncture with herbal applications, and acupuncture with moxibustion. A particularly promising combination involves auricular acupressure combined with periocular intradermal needling (press needles), which has been evaluated in multiple randomized controlled trials [3].

One such trial involving 266 participants demonstrated that

the combination of auricular acupressure and periocular press needles resulted in significantly better myopia progression control rates compared to health education alone (83.33% versus 64.62% immediately post-treatment, and 46.21% versus 32.31% at follow-up) [23]. This combination approach also showed superior outcomes in delaying axial length growth and improving accommodation amplitude, suggesting a potential mechanism for its therapeutic effects. The combination of different acupuncture modalities appears to produce synergistic effects that enhance treatment efficacy while maintaining a favorable safety profile [24].

4. Clinical Efficacy Evaluation

4.1 Meta-Analyses and Systematic Reviews

Multiple systematic reviews and meta-analyses have evaluated the collective evidence regarding acupuncture's efficacy for myopia treatment. A comprehensive meta-analysis incorporating 19 randomized controlled trials with 1,707 patients concluded that acupuncture therapy is significantly effective in improving visual acuity in adolescent myopia, with a favorable safety profile [25]. Similarly, a more extensive systematic review of 71 randomized controlled trials involving 8,285 myopia patients found that various acupuncture interventions, including manual acupuncture, auricular acupressure, abdominal acupuncture, and acupuncture combined with plum-blossom needling or Chinese herbal fumigation, all demonstrated superior therapeutic effects compared to conventional treatments [26].

The primary outcome measure in most studies was total effectiveness rate, which typically combined improvements in visual acuity and refractive error. Pooled analysis revealed that acupuncture interventions consistently produced higher effectiveness rates than control treatments, with risk ratios (RR) ranging from 2.04 to 3.76 across different modalities [27]. Importantly, secondary outcome measures including naked vision acuity and refractive error also showed significantly greater improvement in acupuncture groups compared to control groups, strengthening the evidence for acupuncture's therapeutic benefits [28].

4.2 Specific Therapeutic Effects

Beyond overall effectiveness, research has illuminated several specific therapeutic benefits of acupuncture for myopia. A 2022 study focusing on children and adolescents demonstrated that acupuncture treatment can significantly improve accommodation function parameters, including reducing accommodation lag and enhancing accommodation amplitude and facility [29]. These effects on the accommodative system are particularly relevant given the role of accommodation in myopia development and progression.

Furthermore, emerging evidence suggests that acupuncture may influence ocular structural parameters. While early studies showed inconsistent results regarding axial length changes, more recent rigorous trials have demonstrated that combination acupuncture therapies can significantly slow axial elongation in myopic children compared to control interventions [30]. This finding is clinically significant because axial elongation represents the primary structural

change underlying progressive myopia, and interventions that can slow this process have substantial potential for preventing sight-threatening complications associated with high myopia [31].

4.3 Factors Influencing Efficacy

The therapeutic efficacy of acupuncture for myopia appears to be influenced by several treatment parameters and patient characteristics. Research indicates that treatment duration and frequency significantly impact outcomes, with longer treatment courses (typically 3-6 months) producing more sustained benefits. A clinical trial examining different treatment schedules found that acupuncture administered twice weekly for one month produced significant improvements in visual acuity and accommodation function that were maintained during follow-up assessments [32].

The type of myopia also appears to influence treatment response, with pseudomyopia (accommodative myopia) and low-degree myopia generally showing better responses than established moderate to high myopia [2]. This finding aligns with the pathophysiological understanding that functional components play a greater role in early-stage myopia, while structural changes dominate in established cases. Additionally, age represents an important factor, with children and adolescents typically demonstrating better treatment responses than adults, possibly due to greater accommodative flexibility and more active ocular growth processes in younger individuals [4].

5. Mechanisms of Action

5.1 Regulation of Accommodation Function

The mechanisms underlying acupuncture's effects on myopia involve multiple physiological pathways, with modulation of accommodative function representing a particularly well-documented mechanism. Research has demonstrated that myopic individuals exhibit characteristic alterations in their accommodative dynamics, including increased accommodative microfluctuations and greater accommodative lag compared to emmetropes [8]. These subtle deficits in accommodative control may contribute to myopia progression by creating retinal defocus signals that stimulate axial elongation.

A specialized investigation examining accommodative microfluctuations found that acupuncture treatment significantly reduced high-frequency components of accommodative microfluctuations and decreased accommodative lag in myopic children [29]. Simultaneously, acupuncture improved accommodative amplitude and accommodative facility, indicating enhanced overall accommodative function. These effects emerged after one week of treatment and persisted throughout the one-month treatment course, suggesting that acupuncture can produce meaningful improvements in the precision and stability of the accommodative response, potentially interrupting the visual feedback mechanisms that drive myopia progression [30].

5.2 Ocular Blood Flow and Perfusion

Emerging evidence suggests that acupuncture may influence ocular hemodynamics, particularly choroidal blood flow, which has been increasingly implicated in myopia pathogenesis. Studies utilizing advanced imaging techniques such as spectral-domain optical coherence tomography have demonstrated that acupuncture around the periocular region can induce immediate changes in choroidal thickness and perfusion parameters [5]. Specifically, standardized acupuncture eye exercises at authentic points were shown to increase retinal thickness and modulate both superficial and deep vascular perfusion areas.

The choroid, with its rich vascular network, plays a crucial role in supporting the outer retinal layers and regulating ocular growth. Compromised choroidal blood flow has been associated with myopia development and progression in several studies. Acupuncture appears to produce bidirectional modulation of choroidal thickness, with initial reduction followed by significant increase after longer durations [31]. This delayed enhancement of choroidal perfusion may represent one mechanism through which acupuncture exerts its anti-myopic effects, possibly by improving oxygen and nutrient delivery to ocular tissues or influencing signaling molecules that regulate scleral remodeling [32].

5.3 Neurotransmitter and Central Nervous System Regulation

The potential influence of acupuncture on neurotransmitter systems and central visual processing represents another promising mechanism avenue. While direct evidence in myopia is still limited, general acupuncture research has demonstrated that needling at specific points can modulate various neurotransmitter systems, including endogenous opioids, serotonin, and dopamine, the latter being particularly implicated in myopia pathogenesis based on animal models [12]. The visual cortex and higher visual processing centers may also be influenced by acupuncture, as evidenced by functional MRI studies showing modulated activity in these regions following ocular acupuncture [13].

The therapeutic principles of TCM provide additional insights into potential mechanisms. According to TCM theory, myopia results from an imbalance between the Liver and Kidney systems, deficiency of Qi, and insufficient blood supply to the eyes. Acupuncture at specific points is believed to regulate the flow of Qi and blood throughout the body, with particular emphasis on nourishing the eyes by strengthening the Liver and Kidney systems [6]. While these traditional concepts differ from Western physiological frameworks, they may reflect observable phenomena such as improved ocular perfusion, enhanced ciliary muscle function, and normalized autonomic regulation of ocular structures [14].

6. Safety and Adverse Effects

The safety profile of acupuncture for myopia treatment is generally favorable, particularly when compared to pharmacological interventions such as atropine, which can cause photophobia, blurred near vision, and allergic reactions. A systematic review of 71 randomized controlled trials reported that adverse events were infrequently documented, but when reported, typically involved minor complications

such as mild bruising at needle insertion sites, transient discomfort, or minimal bleeding [26]. These findings are consistent with the broader acupuncture safety literature, which positions acupuncture as a relatively low-risk intervention when performed by trained practitioners [19].

Specific safety considerations apply to periocular acupuncture due to the delicate anatomical structures in the orbital region. A subset of studies documented rare adverse events including periocular hematomas (0.9%), transient diplopia (0.3%), and minor superficial infections (0.2%) [18]. Proper needle insertion technique, including oblique insertion away from the eyeball and careful depth control, is essential for minimizing these risks. For auricular acupressure, occasional cases of skin irritation or contact dermatitis from the adhesive tape have been reported, with a very small percentage (less than 0.5%) developing minor inflammation at the stimulation site [22]. These findings highlight the overall safety of acupuncture modalities for myopia treatment while underscoring the importance of proper training and technique to minimize potential risks [20].

7. Discussion and Future Directions

The current evidence supporting acupuncture for myopia treatment, while promising, must be interpreted in the context of several methodological limitations. Many published studies exhibit moderate to high risk of bias due to inadequate randomization procedures, lack of blinding, and incomplete outcome data reporting [4]. Additionally, significant heterogeneity in treatment protocols, including variations in point selection, needling techniques, treatment frequency, and duration, complicates cross-study comparisons and meta-analyses [25]. The predominance of short-term follow-up in most trials also limits understanding of the durability of acupuncture's therapeutic effects [27].

Future research should address these limitations through rigorously designed randomized controlled trials with adequate sample sizes, appropriate control groups, and standardized outcome measures. Particular attention should be given to long-term follow-up assessments to determine the sustainability of treatment effects beyond the immediate intervention period [28]. Additionally, more mechanistic studies are needed to elucidate the physiological pathways through which acupuncture influences myopia progression, potentially integrating advanced imaging technologies, electrophysiological assessments, and molecular biomarkers [29].

The integration of acupuncture with conventional myopia management strategies represents another promising research direction. Given that acupuncture appears to operate through mechanisms distinct from established interventions like optical correction and pharmacological treatment, combination approaches may yield additive or synergistic benefits [30]. For instance, the combination of low-dose atropine with specialized acupuncture regimens might enhance efficacy while minimizing side effects associated with higher drug concentrations. Similarly, the integration of acupuncture with optical interventions such as multifocal contact lenses or orthokeratology warrants investigation for potentially enhanced myopia control effects [31].

8. Conclusion

This comprehensive review has identified consistent patterns in acupuncture point selection for myopia treatment, with predominant use of specific local periocular points including Zanzhu (BL2), Jingming (BL1), Sibai (ST2), and Taiyang (EX-HN5), often combined with distal points such as Hegu (LI4) and Guangming (GB37). The Bladder Meridian and Stomach Meridian represent the most frequently selected channels, reflecting classical TCM principles regarding ocular connections. Multiple therapeutic modalities, including manual acupuncture, auricular acupressure, and combination approaches, have demonstrated potential benefits for improving visual acuity and reducing myopia progression, particularly in children and adolescents.

The accumulated evidence suggests that acupuncture influences several physiological processes relevant to myopia, including accommodative function, ocular perfusion, and potentially axial elongation. While the methodological limitations of existing studies necessitate cautious interpretation, the overall findings support the continued investigation of acupuncture as a potential component of comprehensive myopia management strategies. Future research should prioritize rigorous trial designs, standardized protocols, and long-term follow-up to better define acupuncture's role in addressing the growing global burden of myopia.

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