



SHANDE TCM

Brain, Eyes & Ears: Time-Sensitive Symptoms and Safer Next Steps

Stroke signs, sudden vision or hearing changes, fainting, memory changes and other symptoms where timing matters

Contents

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- 1** Stroke and TIA: Think F.A.S.T. and Do Not Wait

- 2** Sudden Weakness or Numbness: When It Is a Neurological Emergency

- 3** Fainting or Nearly Fainting: Why the Story Matters

- 4** Memory Changes: What Is Normal Forgetfulness and What Deserves Review?

- 5** Tremor or Shaking: When to Get It Checked

- 6** Sudden Vision Loss or a Painful Red Eye: Do Not Wait

- 7** Flashes and Floaters: When a New Shower of Spots Needs Urgent Eye Review

- 8** Sudden Hearing Loss: Why “Blocked Ear” Can Be Time-Sensitive

- 9** Tinnitus: Ringing in the Ears, Hearing Changes and When to Check

Brain, Eyes & Ears: Time-Sensitive Symptoms and Safer Next Steps

This book is not designed for self-diagnosis. Its purpose is to help you recognise when a risk or symptom deserves a sensible check, and to know when the next step should be routine care, prompt assessment or emergency help.

Safety boundary

This guide provides general health education and does not replace an individual diagnosis. Sudden, severe or rapidly worsening symptoms, or any emergency red flag, should use appropriate conventional medical or emergency services first. TCM may be complementary where appropriate but should not delay necessary investigation or treatment.

Stroke and TIA: Think F.A.S.T. and Do Not Wait

Sudden face weakness, arm weakness or speech difficulty can be stroke. In Singapore, call 995 immediately even if symptoms improve.

Key points

- F.A.S.T.: Face drooping, Arm weakness, Speech difficulty, Time to call 995.
- Any one sudden FAST sign can be enough to suspect stroke.
- Sudden vision loss, severe imbalance or an unusual severe headache can also be important neurological symptoms.

Why this deserves attention

A stroke happens when blood flow to part of the brain is interrupted or when bleeding occurs in the brain. Treatment is time-sensitive. A transient ischaemic attack (TIA) can produce similar symptoms that improve after minutes or hours, but improvement does not make it safe to ignore; it can be a warning that a larger stroke may follow.

What makes it more important

High blood pressure, diabetes, smoking, high cholesterol, atrial fibrillation and previous TIA/stroke increase risk, but stroke can happen without a person knowing they have these conditions. This is one reason preventive screening matters before symptoms appear.

What to do next

Do not wait to see whether symptoms settle, sleep it off or arrange a routine clinic appointment. Record the time the person was last known to be well because treatment decisions may depend on timing. Use an ambulance rather than driving yourself.

Where TCM may fit

Acupuncture, Tuina and herbs are not first-line responses to a possible acute stroke or TIA. TCM rehabilitation may be discussed later only after hospital assessment and when the person is medically stable.

When not to wait

If a sudden FAST symptom or other possible stroke sign appears, call 995 immediately in Singapore. Even if the symptom disappears, urgent medical assessment is still required.

Sudden Weakness or Numbness: When It Is a Neurological Emergency

Numbness can come from posture or a trapped nerve, but sudden one-sided weakness or numbness can be stroke. Learn the difference in urgency.

Key points

- Sudden one-sided weakness or numbness should be treated as possible stroke.
- New speech, vision, balance or facial changes increase urgency.
- Persistent or progressive numbness also deserves medical review even when it is not an emergency.

Why this deserves attention

A hand that goes numb after sleeping awkwardly is very different from suddenly losing strength or sensation on one side of the body. Location, speed of onset and associated symptoms are critical. Nerve compression often follows a recognisable distribution and may relate to posture or movement; stroke and other brain problems can appear abruptly and affect the face, arm and/or leg.

What makes it more important

Diabetes, vitamin deficiencies, thyroid disease, spinal problems and peripheral nerve conditions can cause chronic numbness. Hand numbness at night may suggest carpal tunnel syndrome; leg numbness with back pain may relate to nerve-root irritation. These patterns need different assessment from sudden neurological loss.

What to do next

For ongoing symptoms, note the exact area, whether there is weakness, what movements trigger it and whether you have neck/back pain. A clinician may need neurological examination, blood tests or imaging depending on the pattern.

Where TCM may fit

TCM or manual therapy may be considered for some musculoskeletal or nerve-compression problems after appropriate assessment. Do not massage or needle a new sudden neurological deficit while waiting to see whether it improves.

When not to wait

Call 995 for sudden one-sided weakness/numbness, facial droop, speech difficulty, severe new imbalance or other possible stroke symptoms.

Fainting or Nearly Fainting: Why the Story Matters

Fainting can be benign or signal a heart, blood-pressure, bleeding or neurological problem. Learn what details to record and when it is urgent.

Key points

- Note whether consciousness was actually lost and for how long.
- Ask witnesses what they saw: colour change, jerking, injury or confusion afterwards.
- Fainting during exercise or with chest pain/palpitations deserves urgent assessment.

Why this deserves attention

People use “fainting” to describe several experiences: true loss of consciousness, almost blacking out, sudden weakness or severe dizziness. The distinction matters. Dehydration, prolonged standing and a vasovagal reaction are common causes, but abnormal heart rhythms, bleeding, low blood pressure, medicines, seizures and other conditions must sometimes be considered.

What makes it more important

Context matters: recent diarrhoea, vomiting, fever, poor food intake, new medication, heavy bleeding, pregnancy, diabetes and blood-pressure medicines can all change the likely cause. Repeated episodes are not something to normalise as “weak constitution”.

What to do next

Arrange medical review after unexplained fainting, especially if it recurs. A clinician may check lying/standing blood pressure, ECG, blood count, glucose or other tests based on the story. If a person has fainted, avoid driving or risky activity until the cause and recurrence risk are clearer.

Where TCM may fit

Acupuncture or herbal treatment should not replace assessment of unexplained loss of consciousness. If TCM is used later for related issues such as sleep or stress, the practitioner should know about the fainting history and all medicines.

When not to wait

Seek emergency care if fainting occurs with chest pain, severe breathlessness, significant injury, persistent confusion, new weakness, pregnancy with heavy bleeding, or during exercise.

Memory Changes: What Is Normal Forgetfulness and What Deserves Review?

Occasional forgetfulness is common, but progressive memory or functional change deserves assessment. Learn what family members can observe.

Key points

- Look for change from the person's own previous ability, not comparisons with other people.
- Medication changes, depression, poor sleep and hearing loss can mimic or worsen cognitive problems.
- Sudden confusion is different from gradual forgetfulness and can be a medical emergency.

Why this deserves attention

Memory is affected by sleep, stress, mood, alcohol, medicines, hearing, vision and physical illness. Forgetting a name and remembering it later is not the same as repeatedly getting lost in familiar places, missing important payments or being unable to manage tasks that were previously routine. The most useful question is often whether function is changing over time.

What makes it more important

Family observations can be extremely helpful: repeated questions, getting lost, missed appointments, unsafe cooking, personality change or difficulty with money/ medicines. A doctor can review reversible contributors and decide whether cognitive testing, blood tests or specialist assessment is appropriate.

What to do next

Support brain health with regular physical activity, social connection, adequate sleep, hearing/vision care and control of vascular risk factors. Do not rely on “brain tonics” as a substitute for assessment of progressive change.

Where TCM may fit

TCM may be used for associated concerns such as sleep or stress, but traditional concepts should not be used to label dementia or exclude medical causes of cognitive decline.

When not to wait

Sudden confusion, new weakness, speech difficulty, severe headache, fever with altered behaviour or collapse requires urgent medical assessment rather than a routine memory appointment.

Tremor or Shaking: When to Get It Checked

Tremor can be related to caffeine, medicines, anxiety or neurological conditions. Learn what pattern to describe and which accompanying symptoms matter.

Key points

- Notice whether the tremor is at rest or during action.
- Record medicines, caffeine, alcohol changes and episodes of low blood sugar.
- New tremor with weakness, speech change or severe imbalance is more urgent.

Why this deserves attention

A tremor is a rhythmic shaking movement. It may appear when the hands are resting, when holding a position or when doing a task. Caffeine, anxiety, low blood sugar, thyroid disease and several medicines can cause or worsen shaking, while some tremor patterns are related to neurological disorders. A video taken during a typical episode can be surprisingly useful for a clinician.

What makes it more important

A tremor that slowly worsens, interferes with eating/writing, spreads to other body parts or is associated with stiffness or slowness deserves medical review. Do not assume every hand tremor is Parkinson's disease; there are many causes.

What to do next

Bring a full medicine and supplement list. A doctor may consider neurological examination and blood tests depending on the pattern. If diabetes treatment can cause low blood sugar, check whether shaking is occurring during suspected hypoglycaemia and follow the medical plan you have been given.

Where TCM may fit

Acupuncture may be discussed as complementary care for some chronic symptoms, but it should not delay diagnosis of a new or progressive tremor. Herbal products marketed for “nerves” should also be disclosed to the medical team.

When not to wait

Seek urgent care for tremor/shaking with sudden one-sided weakness, confusion, seizure, collapse, severe headache or other acute neurological symptoms.

Sudden Vision Loss or a Painful Red Eye: Do Not Wait

Sudden visual loss and a painful red eye can be time-sensitive eye emergencies. Learn why acute glaucoma and other causes need urgent assessment.

Key points

- Sudden loss of vision in one or both eyes is urgent.
- Painful red eye with blurred vision, headache or nausea needs urgent eye assessment.
- Chronic glaucoma can progress quietly, so routine eye checks matter for at-risk people.

Why this deserves attention

Vision can change from dry eyes or refractive problems, but sudden loss of vision is different. A painful red eye with blurred vision, headache, nausea or vomiting can occur in acute angle-closure glaucoma, while retinal or vascular problems can also cause sudden visual loss. These conditions cannot be safely sorted out with home remedies.

What makes it more important

Diabetes, previous eye disease, steroid use and family history of glaucoma can increase eye risk. But emergency symptoms should be acted on even without known risk factors. Do not wait for the next optician appointment if vision suddenly changes.

What to do next

Seek urgent eye or emergency assessment. Bring your medication list and note whether the change was sudden, whether there is pain and whether there are flashes, floaters or neurological symptoms.

Where TCM may fit

TCM eye-related treatment, acupressure or herbs should not delay urgent ophthalmic assessment. Eye pressure and retinal disease cannot be diagnosed through TCM observation alone.

When not to wait

Sudden major vision loss, painful red eye with blurred vision, or vision change with stroke symptoms requires urgent medical care. If stroke is suspected, call 995.

Flashes and Floaters: When a New Shower of Spots Needs Urgent Eye Review

Floaters are common, but a sudden increase with flashes or a curtain-like shadow can signal a retinal tear or detachment.

Key points

- Long-standing unchanged floaters are different from a sudden burst of new ones.
- Flashes plus a new field defect or “curtain” are urgent.
- High myopia, eye injury or previous eye surgery can increase retinal risk.

Why this deserves attention

Small moving spots or threads in vision are called floaters and become more common with age. Many are harmless. The pattern changes urgency: a sudden shower of new floaters, flashes of light or a dark curtain/shadow across vision can occur with a retinal tear or detachment and needs prompt eye assessment.

What makes it more important

Do not rub or massage the eye to try to move floaters away. If symptoms are new, note which eye is affected and when they began. An eye specialist can dilate the pupil to examine the retina.

What to do next

Routine eye checks remain useful for people with diabetes, high myopia and other risk factors even without symptoms. But sudden flashes/floaters require a symptom-based eye review rather than waiting for a routine screening date.

Where TCM may fit

TCM treatment cannot confirm that the retina is attached. Acupuncture around the head/face should not delay urgent ophthalmology when retinal warning signs appear.

When not to wait

Seek urgent eye assessment for sudden many new floaters, flashes, a curtain/shadow, new missing area of vision or sudden visual loss.

Sudden Hearing Loss: Why “Blocked Ear” Can Be Time-Sensitive

Sudden sensorineural hearing loss can feel like a blocked ear and needs prompt medical assessment. Learn which pattern should not wait.

Key points

- Sudden one-sided hearing reduction deserves prompt medical/ENT assessment.
- Tinnitus, ear fullness or dizziness may occur together.
- Do not repeatedly put drops or tools into the ear without knowing the cause.

Why this deserves attention

Earwax and congestion commonly make hearing feel muffled, but a sudden significant reduction in hearing in one ear can also come from the inner ear or auditory nerve. Because treatment for sudden sensorineural hearing loss can be time-sensitive, it should not be assumed to be wax or “heatiness” without examination.

What makes it more important

A clinician can look for wax, infection or eardrum problems and decide whether formal hearing testing is needed. A tuning-fork test or audiogram may help distinguish conductive blockage from inner-ear hearing loss.

What to do next

If hearing changes gradually over months, arrange routine assessment rather than simply increasing television/earphone volume. Hearing loss can affect communication, balance, social participation and cognitive health.

Where TCM may fit

TCM may be discussed for associated symptoms only after appropriate ear assessment. Acupuncture or herbs should not be used to delay evaluation of sudden hearing loss.

When not to wait

Sudden major hearing loss, especially in one ear, should be assessed urgently. If hearing loss comes with new facial weakness, severe neurological symptoms or stroke signs, seek emergency care.

Tinnitus: Ringing in the Ears, Hearing Changes and When to Check

Tinnitus is common and often benign, but one-sided, pulsating or hearing-loss-associated tinnitus deserves proper assessment.

Key points

- One-sided persistent tinnitus deserves hearing assessment.
- A sound that matches the heartbeat (pulsatile tinnitus) needs medical review.
- Sudden hearing loss with tinnitus is more urgent than long-standing stable ringing.

Why this deserves attention

Tinnitus means hearing a sound without an external source — ringing, buzzing, humming or other noises. It can follow loud-noise exposure or accompany hearing loss, earwax, medications and many other conditions. Stress and poor sleep can make it more intrusive even when they are not the original cause.

What makes it more important

Review recent loud-noise exposure, new medicines, dizziness and hearing changes. Avoid turning earphones louder to mask tinnitus, because additional noise exposure may worsen hearing damage.

What to do next

A hearing test can identify whether hearing loss accompanies tinnitus. Depending on the pattern, a doctor or ENT specialist may consider additional evaluation. Long-standing tinnitus can also be managed with education, sound strategies and sleep/stress support.

Where TCM may fit

TCM may be used as complementary symptom support, but it should not be presented as guaranteed to “cure tinnitus”. New unilateral or pulsatile tinnitus still needs medical assessment.

When not to wait

Seek urgent care for tinnitus with sudden hearing loss, new neurological symptoms, severe vertigo with inability to walk, or after significant head injury.

REFERENCES & FURTHER READING

Where to start with reliable information

Shande recommends starting with Singapore Ministry of Health, HealthHub and appropriate primary-care or specialist guidance. Screening should be personalised to age, sex, previous tests, medical history and individual or family risk rather than ordered indiscriminately.

- Singapore Ministry of Health — Screening Test Review Committee 2026
- HealthHub / Healthier SG Screening
- HealthHub — Stroke, chronic kidney disease and condition-specific public education

Final reminder: The goal of health education is not to make you more afraid. It is to help you recognise when action is worthwhile while there is still time to act calmly.