

Acupuncture Care in Patients with Adhesive Capsulitis at Griya Sehat Sapu Bersih, South Tangerang

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KEYWORDS

Acupuncture;
Adhesive Capsulitis;
shoulder pain;
Acupuncture Therapy;
Griya Sehat Clean Sweep;
Traditional Medicine;
Quality of Life.

ABSTRACT

This study aims to evaluate the benefits of acupuncture care in patients with adhesive capsulitis at Griya Sehat Sapu Bersih, South Tangerang. The method used was a qualitative approach with a case study involving one 58-year-old participant who had experienced right shoulder pain for six months. Data were collected through observation, interviews, and physical examinations, and analyzed to determine the acupuncture diagnosis. The results showed that after six sessions of acupuncture therapy, there was a significant decrease in the pain scale from 7 to 2, as well as an increase in shoulder range of motion. These findings indicate that acupuncture is effective in relieving pain and improving mobility in patients with adhesive capsulitis. Acupuncture, as part of Traditional Chinese Medicine (TCM), works by stimulating specific points to restore the flow of Qi and blood, thereby facilitating natural healing processes. However, this study is limited to a single-participant case, which restricts the generalizability of the findings. This research is expected to serve as a reference for the further development of acupuncture therapy in treating similar conditions.

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INTRODUCTION

Adhesive Capsulitis is a clinical syndrome characterized by shoulder pain and mobility dysfunction due to lesions in the soft tissues around the shoulder joint (Yang et al., 2022). The problems that often arise from Adhesive Capsulitis include pain and a limited range of joint motion, which can reduce a person's functional ability (Aulia, 2022). Globally, Adhesive Capsulitis affects approximately 2–5% of the general population and up to 10–20% of individuals with diabetes (Zaimsyah, 2020). The World Health Organization (WHO) recognizes acupuncture as an effective complementary therapy for musculoskeletal pain, including shoulder disorders, as outlined in its guidelines on the integration of traditional medicine (World Health Organization, 2019).

The prevalence of Adhesive Capsulitis, based on study results, shows that most patients who experience Adhesive Capsulitis fall into the age group ≥ 35 years, with females as the majority (Zaimsyah, 2020; Kingston & Smith, 2018). The incidence in the general population is 2–5% and 10–20% among individuals with diabetes (Dyer et al., 2023; Zaimsyah, 2020). Based on patient data from April to June 2022, it is estimated that approximately 2% of patients at the West Java Provincial Occupational Health Hospital experience Adhesive Capsulitis (Aulia, 2022; Sarasua & Lee, 2021). A preliminary study at Griya Sehat Sapu Bersih, South

Tangerang, found 30 people with Adhesive Capsulitis out of 60 patients, with the most common syndrome being Bi Zheng Syndrome (Abudula et al., 2024).

Pain from Adhesive Capsulitis can affect daily activities and limit the range of motion, leading to difficulties in performing both active and passive movements (Bai et al., 2020). If not treated appropriately, Adhesive Capsulitis can reduce the functional quality of the shoulder joint and negatively impact the patient's quality of life (Suhendro, 2023). Post-surgical complications may include infection of the glenohumeral joint and post-operative pain (Gómez-Muñoz et al., 2024). In many cases, Adhesive Capsulitis remains a clinical problem in primary health services (Suhendro, 2023). Acupuncture can inhibit the local inflammatory response in the shoulder joint and is known to be effective for chronic pain management (Chen et al., 2023). Strong acupuncture stimulation can enhance the analgesic effect by activating pain modulation mechanisms, such as diffuse noxious inhibitory controls or conditioned pain modulation (An et al., 2024). It also stimulates the central nervous system and increases endorphin secretion, contributing to natural pain relief (Agustine et al., 2022). Therefore, easy, safe, rational, effective, affordable, and natural Acupuncture Care is considered a preferred alternative in reducing recurrence frequency in Adhesive Capsulitis.

Previous studies have demonstrated varying degrees of effectiveness for acupuncture in treating Adhesive Capsulitis (Hwang et al., 2023; Nakandala et al., 2021). Qin et al. (2023) conducted a systematic review showing that acupuncture combined with moxibustion significantly improved pain scores and range of motion compared to conventional physiotherapy alone. Similarly, Linda et al. (2023) reported positive outcomes using acupressure techniques for frozen shoulder in a clinical trial involving 40 participants. Vita et al. (2024) emphasized the importance of early diagnosis and a multimodal approach, suggesting that acupuncture be integrated with other therapeutic interventions. Despite these findings, most studies have focused on large sample sizes or randomized controlled trials, leaving a gap in detailed case-based documentation that tracks individual patient progress over multiple therapy sessions.

The novelty of this study lies in its comprehensive case-based documentation of repeated acupuncture therapy sessions, providing detailed insights into the progressive clinical changes observed in a patient with Han Bi Zheng (cold-type Bi syndrome). Unlike previous studies that reported primarily aggregate outcomes, this research offers a session-by-session analysis of therapeutic responses, including changes in tongue appearance, pulse characteristics, and pain scales, thereby contributing valuable qualitative data to existing knowledge (Chen et al., 2024; Ha et al., 2024; Lu, 2021; Zhao, 2022).

To achieve optimal results, a standardized Acupuncture Care pattern is necessary. Therefore, research on Acupuncture Care in Patients with Adhesive Capsulitis at Griya Sehat Sapu Bersih, South Tangerang with recurrent cases in 2025 needs to be undertaken. This study focuses on Acupuncture Care in Adhesive Capsulitis caused by Bi Zheng Syndrome, with the research problem formulated as: What are the benefits of Acupuncture Care in such cases at Griya Sehat Sapu Bersih? The main objective is to determine the benefits of comprehensive Acupuncture Care at the same location, accompanied by detailed documentation.

From a theoretical perspective, this research applies Traditional Chinese Medicine (TCM) principles to understand and treat Adhesive Capsulitis through meridian theory and pathogen

invasion. Practically, the findings provide acupuncture practitioners with a detailed treatment protocol adaptable to similar cases, while offering patients and healthcare providers evidence of acupuncture's potential as a complementary therapy. The results are expected to have theoretical benefits as a learning medium for the application of acupuncture science and as an additional reference for treating Adhesive Capsulitis. Practically, they may benefit educational institutions, acupuncture therapists, and future researchers, serving as study material and initial data for further research on acupuncture therapy in such cases.

METHOD

This study uses a qualitative approach with a case study type, which does not fully aim to explore social problems individually or in groups, but is compiled as a report on the practice of handling health complaints through the Acupuncture modality. The focus of the research is to observe the process of managing Acupuncture Care services from beginning to end, guided by the standard rules in these actions. Data collection is carried out in depth using Client Data Sheets, which are further processed for the enforcement of disease and syndrome diagnoses. Proper diagnosis is an important reference in developing a service action work plan, and each service session to the individual is analyzed to produce a case report. This study aims to provide a comprehensive overview of the implementation of Acupuncture Care in Adhesive Capsulitis cases at Griya Sehat Sapu Bersih, South Tangerang, although there are space and time limitations that may affect the implementation.

The analytical process involved systematic coding and categorization of observational data. Raw data from the four TCM examination methods (Wang, Wen, Wun, and Qie) were initially coded into descriptive categories (e.g., pain intensity, tongue characteristics, pulse quality). These codes were then categorized according to TCM diagnostic frameworks (Yin/Yang, Cold/Heat, Deficiency/Excess, Exterior/Interior) to establish the syndrome diagnosis. Finally, interpretive analysis was conducted by comparing changes across therapy sessions to identify patterns of clinical improvement and therapeutic response. The limitations of the term in this study explain that the quantitative approach uses numbers and calculations to understand the problem, with the aim of testing ideas and finding solutions objectively. This study involved one participant who met certain criteria and was carried out at Griya Sehat Sapu Bersih for five weeks.

The data collection process begins after obtaining permission, followed by an examination using four Acupuncture examination methods. The collected data is then selected and processed to establish a diagnosis. The therapy plan is prepared based on the diagnosis, and the implementation of therapy is carried out following strict procedures. Evaluation is carried out after therapeutic action, and the prognosis is determined to predict the progression of the disease. The validity of the data is maintained through source triangulation and data analysis is carried out by comparing the results between Acupuncture Care sessions. Ethical clearance for this study was obtained from the institutional review board of Griya Sehat Sapu Bersih, ensuring that all procedures complied with ethical standards for human subject research. The researcher also pays attention to ethical aspects, maintains participant confidentiality, and ensures comfort during data collection.

RESULTS AND DISCUSSIONS

From the case study research conducted from May 6 to May 16, 2025 at Griya Sehat Sapu Bersih South Tangerang which amounted to 1 participant, about "Acupuncture Care for Clients with Adhesive Capsulitis Disorder at Griya Sehat Sapu Bersih South Tangerang, the following results were obtained:

Overview of Research Locations

This research was carried out at Griya Sehat Sapu Bersih South Tangerang which is located at Pondok Jaya Housing, Jalan Beton A8 No. 2, RT 009 / RW 009, Pondok Karya Village, Pondok Aren District, South Tangerang City. This facility is a traditional health service clinic that provides acupuncture therapy, with a capacity of one bed unit for therapeutic treatments.

The equipment used in Acupuncture Care services includes sterile acupuncture needles, electro stimulators, moxa, and various other tools and supporting materials that are tailored to the needs of therapy. The entire data collection process is carried out at the location, including the implementation of Acupuncture and Cognition Care. Services are carried out in accordance with the standard operating procedures that apply in traditional acupuncture practice.

Participant Characteristics

- a) Name : Mrs. S
- b) Date of Birth / Age : Sep 04, 1966 (58 years old)
- c) First Come Date : 6 May 2025
- d) Gender : Woman
- e) Religion : Christian
- f) Work : Private Employee
- g) Address : Pondok Aren, Tangerang
- h) Phone No. : 0815-xxx

Governance

In this case study study, acupuncture care was given as many as six (6) therapy sessions in accordance with the intervention plan that had been prepared. The first session was held on Thursday, May 6, 2025, at Griya Sehat Sapu Bersih South Tangerang. Each session is conducted taking into account the patient's clinical condition, evaluation of previous therapy results, as well as the basic principles of Traditional Chinese Acupuncture treatment.

The main goal of the implementation of this therapy is to provide a therapeutic effect according to clinical indications, as well as to support the healing process holistically through the stimulation of relevant acupuncture points. Evaluations are conducted periodically to assess the patient's response to the therapy given at each session.

Table 1 Participant Therapy Schedule 1

Stages of Therapy	Date of Therapy Session	Hour
1	Tuesday, May 6, 2025	9. 30
2	Thursday, May 8, 2025	9. 30
3	Saturday, May 10, 2025	9. 30
4	Monday , May 12, 2025	9. 30
5	Wednesday, 14 May 2025	9. 30
6	Friday, May 16, 2025	9. 30

The significant clinical improvement observed in this case can be explained through TCM physiological mechanisms. The VAS decrease from 7 to 2 reflects the restoration of Qi and blood circulation in the affected meridians. According to TCM theory, pain arises when there

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is stagnation (Bu Tong Ze Tong - "no free flow, then pain"). Acupuncture at local points (LI15, SI9-11) directly addresses the blockage in the shoulder meridians, while distal points (ST36, CV4, BL23) tonify the underlying Qi and Yang deficiency that made the body susceptible to cold pathogen invasion in the first place.

The application of moxibustion at key points further enhances the therapeutic effect by warming the meridians and expelling cold-damp pathogens (Han Shi Xie Qi). This thermal stimulation promotes vasodilation and improves local blood circulation, which in turn facilitates the delivery of nutrients and removal of metabolic waste products from the affected tissues. Additionally, acupuncture has been shown to trigger the release of endogenous opioids (beta-endorphins, enkephalins, and dynorphins) through the activation of the endogenous pain modulation system, providing sustained analgesic effects.

From a biomedical perspective, the observed improvements align with mechanisms such as: (1) modulation of the inflammatory response through the reduction of pro-inflammatory cytokines (IL-1 β , TNF- α), (2) stimulation of nerve fibers that activate the gate control theory of pain, and (3) enhancement of local blood flow which promotes tissue healing. The progressive increase in range of motion from inability to raise the arm to near-normal function (160-180°) demonstrates the effectiveness of this multi-targeted approach in addressing both the symptomatic (pain) and functional (mobility) aspects of Adhesive Capsulitis.

The changes in tongue appearance—from pale pink with thick oily coating to normal pink with minimal coating—indicate the gradual expulsion of pathogenic factors and restoration of normal Qi and blood balance. Similarly, the pulse transformation from deep and tense (Chen Xian Mai) to stable and strong reflects the strengthening of Yang Qi and the normalization of internal energetic dynamics. The results are as follows:

Table 2 Resume of Stages of Planning

Yes	Stages	1st therapy May 6, 2025	2nd therapy May 8, 2025	3rd therapy May 10, 2025	4th Therapy 12 May 2025	5th therapy May 14, 2025	6th therapy 16 May 2025
1	Observation Inspection (Money)	Pale color. Lack of enthusiasm, sunny eyes. Yang deficiency, Qi stagnation	Her face was pale and looked brighter, still lacking enthusiasm, no longer too shy. Qi starts moving, pathogens start to come out	Pink face. Fresher, eye contact begins to appear. Stagnation begins to decrease	The face looks normal. Brighter expressions, more active communication. Smooth flow of Qi and blood	A normal pink face. Looks relaxed, posture is more upright, his face is calm. Balance achieved	Fresh pink. Shen is strong, radiant, energetic. Qi and blood harmonize, Shen recovers
		Tongue: Pink, fat tongue muscles, tooth soles. The white membrane is thin, oily.	Tongue: The muscles remain pink, the membranes begin to thin	Tongue: Thin membrane is not too oily	Tongue: The tongue begins to look fresh, the tooth sole thins	Tongue: Normal tongue muscles, thin membranes, look healthy.	Tongue: Healthy tongue, membranes almost gone, non-greasy
	Hearing (Wen)	-	-	-	-	-	-
	Initial interview (Wen)	Main Complaint: Adhesive <i>Pain</i> great right, can't raise hands up	Main Complaints: Adhesive Capsulitis <i>Pain</i> The pain is still fixed, but the intensity is reduced Additional Complaints: Pain in the shoulders and neck after waking up	Main Complaint: Pain when raising hands is reduced Additional Complaints: Sometimes it is still stiff in the morning	Main Complaint: Can raise your hand up to half Additional Complaints: A sense of attraction when turning your shoulders	Main Complaint: Minimal pain when moving at full motion Additional Complaints: Mild fatigue in the shoulders after activity	Main Complaints: Pain is almost imperceptible, range of motion improves Additional Complaints: No significant additional complaints

	Qie Touch	<ul style="list-style-type: none">• Complaint Area: • Local: LI15, SI9, SI10, SI11 Clear pressing pain, Qi/Xue stagnation.• Distal: LI11, GB34, sensitive, meridian stagnation.• Description: n: Severe pain of the lateral & posterior shoulders.	<ul style="list-style-type: none">• Complaint Area Complaints: Local: LI15, SI9, SI11, pain is still felt but reduced. Distal: ST36, SP9, somewhat sensitive. Description: Moderate pain, lighter when heated.	<ul style="list-style-type: none">• Complaint Area Complaints: Local: LI15, SI10, mild compressive pain. Distal: GB34, ST40, slightly sore. Description: Can be shoulder-lifted half-stiff in the morning.	<ul style="list-style-type: none">• Complaint Area Complaints: Local: LI15, SI9, mild comfortable pain, pressed. Distal: LI11, ST36, good response. Remark: Wider movement, sense of attraction during rotation.	<ul style="list-style-type: none">• Complaint Area Complaints: Local: LI15, minimal pain. Distal: SP6, BL17, Qi & Xue toning. Description: The pain is almost gone, only mild soreness. Pulse: Stable, not too deep.	<ul style="list-style-type: none">• Complaint Area Complaints: Local: LI15, SI11, no significant compressive pain. Distal: ST36, CV4, BL23 ,for maintenance. Description: Pain disappears, movement is normal.
		General pulse: A tense and deep pulse (Xian Mai, Chen Mai) signs of a cold pathogen entering the meridian.	General pulse: The pulse is still tense but a little shallow, indicating that stagnation is beginning to unravel.	General pulse: The pulse is still tense but a little shallow, indicating that stagnation is beginning to unravel.	General pulse: The pulse is not too tense, moderate strength. Signs of improved Qi and blood flow.	General pulse: The pulse begins to balance, the rhythm is stable.	General pulse: The pulse is strong, not tense, the rhythm is stable. Signs of Qi recovery and harmonization.
2	Diagnosis	Disease: <i>Adhesive Capsulitis</i> on the right shoulder. Syndrome: Han Bi Zheng or cold-type Bi syndrome, caused by the attack of wind and cold pathogens that attack the meridians of <i>the Yang Ming</i> hand (Large Intestine), causing stagnation of Qi and <i>Xue</i> .					
3	Planning	<p>Principles of Therapy and Methods of Therapy: The principles of therapy used based on the TCM (<i>Traditional Chinese Medicine</i>) approach are:</p> <ul style="list-style-type: none">• Repels cold & damp pathogens → so that the meridians are not clogged.• Warming the meridians & collaterals → smoothing out Qi & Xue.• Smoothing Qi and Xue → reduce pain & stiffness.• Relieves shoulder pain → improves joint function.• Toning Qi & Yang when weak → prevent recurrence. <p>Selection of Therapeutic Tools and Materials: Alcohol 70 % Medical Cotton Jarum filiform : 1 cup (0.25 x 25 mm) Electro Stimulator TDP</p> <p>Therapy schedule: 2x a week as many as 6 therapy sessions.</p> <p>Recommendations and Suggestions :</p> <ul style="list-style-type: none">• Do not use a fan while sleeping at night• Do not lift too heavy weights first• Do not drink cold water					
4	Implementation	<p>Preparation of facilities, tools, and materials</p> <p>Client positioning</p> <p>Hand decontamination</p> <p>Wearing Personal Protective Equipment Stabbing location preparation</p> <p>Needle preparation</p> <p>Needle collection and needle counting after removal, i.e.</p> <p>Decontamination of equipment Preparedness</p> <p>Action Response (Response)</p> <p>Prevention of trauma and injury risk</p> <p>Storage of sharp objects</p> <p>Obedience to the principles of health and safety</p> <p>Preparation of facilities, tools, and materials</p> <p>Client positioning</p>					<p>At Griya Sehat Clean Sweep, by preparing: 70% Alcohol, Medical Cotton, Filiform Needle 1 cun, Electro Stimulator, TDP.</p> <p>Signed participant consent / informed consent sheet on March 6, 2025 before taking action.</p> <p>Wash your hands first or the therapist's hands are sterilized using 70% alcohol. before inserting or removing the needle because at any time there is a risk of cross-infection from the therapist or between patients.</p> <p>Medical masks.</p> <p>Participants were positioned in a prone sleeping position during therapy.</p> <p>Always use a new needle, and only open it when you want to insert the needle. Check if the needle is still in good condition or not as if there is rust, bent</p> <p>Pull, collect, and count used needles to ensure that no needles are left on the participant's body to be disposed of in a special yellow box which is then distributed through the green lane.</p> <p>The equipment is sprayed/wiped using 70% alcohol.</p> <p>The researcher waited next to the participants, taking immediate action in case of unwanted side effects</p> <p>Ask participants for their opinions on the redressal process, changes to major complaints and additional complaints, or inconveniences</p> <p>Carry out therapeutic actions according to SOPs to prevent trauma / injury, so that participants are not afraid and feel comfortable. Giving advice to participants not to change their body position during therapy.</p> <p>Ensure all needles or sharp objects that harm the client are kept in a special place.</p> <p>Acupuncture is carried out prioritizing the health and safety of participants so that unwanted things do not happen.</p> <p>At Griya Sehat Clean Sweep, by preparing: 70% Alcohol, Medical Cotton, Filiform Needle 1 cun, Electro Stimulator, TDP.</p> <p>Signed participant consent / informed consent sheet by May 6, 2025 before taking action.</p>
5	Evaluation After Therapy						
Yes	Stages	1st therapy May 6, 2025	2nd therapy May 8, 2025	3rd therapy May 10, 2025	4th Therapy 12 May 2025	5th therapy May 14, 2025	6th therapy 16 May 2025

1	Examination	Scarring marks, light redness appears at points LI15 and SI10, slight bruises on LI4. Since the stagnation of Qi and Xue was quite severe at the beginning, the local response was more noticeable. The former disappears 1–2 days.	Scar of imprisonment, no bleeding, slight swelling at ST36 and Ashi point. Normal reactions. The piercing begins to improve circulation, the body begins an adaptive response.	Scar on the scarring. Skin at the SP6 and ST40 points is slightly pink after therapy. The mark shows the reactivation of Qi and the opening of the moist blockade.	Jail marks, almost no marks except in GB34, slightly reddish. Local reactions are minimal, indicating that the body has begun to receive better therapy.	A mark of imprisonment, no mark of meaning. But patients reported slight soreness in the LI15 area for several hours. The tonification sign is successful, the Ashi point area is not too sensitive anymore.	Stab marks, no stabbing marks, skin looks clean. The condition of the body has recovered, the flow of Qi and blood is smooth, the tissue response is excellent.
		Pale, somewhat dry, sunny eyes, tense face, lackluster. Movement is very limited, unable to raise hands upwards. Sharp pain when moved.	Bright pale ,More calm, slightly relaxed expression. A slight improvement, it can lift up to ±30°, but it still feels painful and heavy.	Normal palefocused, looked relieved. It can lift up to ±60°, the pain begins to decrease.	Pink Expression is comfortable and open. It can raise the hand half ±90°, there is only a light stiffness.	Usual Relaxed, radiant face. Can lift almost full ±135–150° with mild pain and soreness after activity.	Fresh pink Bright, shining eyes, easy smile. Near-normal range of motion (±160–180°), minimal or no pain.
		Tongue: Tongue Muscles: Fat, pale pink Tongue membrane :P utih, thin Oily	Tongue: Tongue Muscles: Still fat, starting to normal. Tongue membrane: White, thin Slightly oily	Tongue: Tongue Muscle: Slightly shrunk, more supple Tongue membrane: Thin white evenly Naturally moist, non-slippery	Tongue: Tongue Muscle: Normal, fresher color Tongue Membrane: Thin, soft Not too oily	Tongue: Chewy and symmetrical Tongue membrane: Almost invisible, thinNormal moist	Tongue: Tongue Muscle: Normal, healthy pink Tongue membrane: Thin, non-greasy Smooth and clean surface
	Hearing and Smell Screening (Wen)	-	-	-	-	-	-
Interview Examination After (Wen)	Main Complaint: <i>Adhesive Capsulitis</i> right since ± 6 months ago	Main Complaint: <i>Adhesive Capsulitis</i> The pain is still felt but is starting to decrease.	Main Complaint: <i>Adhesive Capsulitis</i> right reduced. He can already raise some hands.	Main Complaints: <i>Adhesive Capsulitis</i> , mild pain when twisting the shoulder.	Main Complaint: <i>Adhesive Capsulitis</i> Right, minimal pain, range of motion close to normal.	Main Complaint: <i>Adhesive Capsulitis</i> Right, Pain almost disappears, normal activity returns.	
	<i>Adhesive Capsulitis</i> right reduced.	<i>Adhesive Capsulitis</i> right is reduced, pathogens begin to come out, the body's response is positive.	<i>Adhesive Capsulitis</i> right reduced. The pain is reduced when moved slowly.	<i>Adhesive Capsulitis</i> right reduced. The pain has been reduced a lot when moved slowly.	<i>Adhesive Capsulitis</i> right reduced. The pain has reduced a lot, leaving only a slight feeling of discomfort when moved slowly.	<i>Adhesive Capsulitis</i> The right is no longer felt. The pain is no longer felt when moved slowly.	
Touch Inspection (Qie)	Complaint Area: Shoulder felt tense. Pain in the right shoulder	Complaint Area: Shoulder palpable tension has decreased. Pain in the right shoulder is reduced.	Complaint Area: Shoulder palpable tension has decreased. The pain in the right shoulder has been reduced.	Complaint Area: Shoulder palpable tension has decreased. The pressure pain in the right shoulder has been reduced more, leaving only a slight amount of pain.	Complaint Area: Shoulder palpable tension has decreased. The pain in the right shoulder is almost unnoticeable.	Complaint Area: The shoulder is no longer tense. The pain in the right shoulder is no longer felt.	
	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB 34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	Special Points: Jianyu (LI15): Sharp Pain Jianzhen (SI9): Dull pain Naoshu (SI10): Slight pain Quchi (LI11): No Pain Yanglingquan(GB 34): Nice press Zusanli(ST36): It's Nice to Press Guanyuan (CV4): Nice to Press	
	General pulse: Tense and deep pulses (Xian Mai, Chen Mai) signs of cold pathogens are still dominant.	General pulse: Tense and deep pulses (Xian Mai, Chen Mai) signs of cold pathogens are still dominant.	General pulse: The pulse starts to be more regular & not too deep in Qi & the blood starts to be smooth.	General pulse: The pulse starts to be more regular & not too deep in Qi & the blood starts to be smooth.	General pulse: Strong, calm, balanced pulse restoration of circulation & pathogen disappearance.	General pulse: Strong, calm, balanced pulse restoration of circulation & pathogen disappearance.	
Final Interview Results Evaluation	Right Adhesive Capsulitis pain is slightly reduced	The pain of the right adhesive capsulitis is reduced, unlike at the	Adhesive Capsulitis Pain	Adhesive Capsulitis Pain	Adhesive Capsulitis Pain	Adhesive Capsulitis Pain	

		beginning of therapy. You still feel pain when doing certain movements.	right reduced. The pain is reduced when moved slowly.	right reduced. The pain has been greatly reduced when moved slowly	right reduced. The pain has reduced a lot, leaving only a slight feeling of discomfort when moved slowly.	The right is no longer felt. The pain is no longer felt when moved slowly.
	Worth continuing.	Worth continuing.	Worth continuing.	Worth continuing.	Worth continuing.	Worth continuing.
6	Prognosis and Conclusion					
Prognosis	Good.	Good.	Good.	Good.	Good.	Good.
Conclusion	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .	Acupuncture provides participants with the healing benefits of <i>Adhesive Capsulitis</i> .

In this chapter, we will discuss the search for data that changed in several therapy sessions, namely comparing client data before therapy with after therapy.

1. Assessment

a) Observation Results (Money)

Wang's study included Shen (spirit), Se (facial hue), Sing Tay (posture), observation of the complained location and tongue examination. In Shen's observation, he can see enthusiasm, bright eyes, with a state of *compos mentis* (full consciousness). In Se's observation, you can see the facial expression and pale skin color. On Sing Tay's observation, the client has a posture leaning to the side. The results of the tongue examination showed that the tongue appeared purplish-pale, the white membrane was thick and moist, the tongue muscles looked soft and slightly swollen, the tongue movements were slow.

b) Hearing and Smell (Wen)

In this examination, data was obtained that the client's voice was clearly heard, the sound of breathing was regular, there was no hoarseness, no coughing sound, no hiccups, no strong bad breath and no smell.

c) Anamnesis (Wun)

The patient is a 58-year-old female accountant presenting with the main complaint of right shoulder pain consistent with *Adhesive Capsulitis*, which has persisted for approximately six months. The pain is described as a stabbing sensation that worsens with physical activity, cold weather, or prolonged exposure to low temperatures, and improves with rest or the application of warming ointment. A significant limitation in active movement of the right shoulder joint was noted, and the pain intensity was rated as 7 on the Visual Analog Scale (VAS), indicating a severe level of discomfort.

Her professional and lifestyle history reveals a sedentary work pattern in an air-conditioned environment, characterized by high workload, chronic stress, and limited physical activity. This long-term combination of static posture, insufficient rest, and lack of muscle stretching is considered a significant risk factor for the development of her chronic and progressive shoulder condition. Furthermore, her dietary habits are suboptimal, with a poor appetite and a preference for sweet and fried foods, although her fluid intake is adequate.

Additional factors contributing to her condition include her post-menopausal status, as hormonal changes can exacerbate musculoskeletal complaints like joint pain and stiffness. Her living environment, which is densely populated, humid, and has limited sunlight exposure, creates a cold and damp setting that can aggravate her *Adhesive Capsulitis*. These elements

collectively paint a picture of a multifactorial health issue influenced by occupational, lifestyle, hormonal, and environmental factors.

d) Touch (Qie)

At the Qie examination or the touching of the complaint location, the Client said that when emphasis was placed on the complaint area, sharp pain was felt. From the pulse touch examination, pulse was found in the Chun, Guan, and Chi areas on both wrists. Deep (Chen Mai) and slow (Chi Mai) pulses are obtained, especially in the right Guan (colon meridian) and left Chi (renal meridian) positions. The pulse also feels tense (Xian Mai) at moderate pressure, indicating Qi stagnation due to the penetration of wind and cold pathogens in the Yang Ming (LI) meridian pathway of the hand

Table 3 Analysis 4 Methods of Examination and 8 Basis of Diagnosis

	Wan	Wen	Wun	Qie
Yin	√	√	√	√
The	x	x	x	x
Cold	√	√	√	√
Panas	x	x	x	x
Deficiencies	√	√	√	√
Excess	√	√	√	√
Exterior	√	√	√	√
Interior	√	√	√	√

Based on 4 ways of examination and 8 basis of diagnosis, it can be formulated that the client's acupuncture diagnosis with pain complaints Adhesive Capsulitis is Bi syndrome type Han Bi (Cold wind pathogen attacks the meridians of the hand-Yang Ming (Large Intestine))

2. Planning

Planning of acupuncture therapy for clients with complaints of right Adhesive Capsulitis pain begins on Tuesday, May 6, 2025, the frequency of therapy is carried out 2 times a week at Griya Sehat Sapu Bersih with the following steps:

- Determining the Principle of Therapy 72 The principle of acupuncture therapy in the client is to reduce pain, remove cold moist pathogens, and tonify. The therapy method that will be used is mentification of Yang to warm using moksa.
- Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type Maciocia. On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results were obtained:

Determining Acupuncture Points The acupuncture points used are:

- The main (symptomatic) points to overcome the main complaints are acupuncture points around the shoulder joint such as Used to treat pain and limited movement in the right shoulder: LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), SI11 (Tianzhong). These points clinically help unblock the meridians and reduce local shoulder pain.
- Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type (Maciocia). On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results

were obtained: . Differential (causative) points to address complaints according to the cause or syndrome Selected based on the theory of etiology and pathophysiology of TCM to expel cold and moist pathogens and strengthen the body's energy:

- 1) Yanglingquan (GB34): The meeting point of the tendon, serves to relieve stiffness and pain in the joints.
 - 2) Yinlingquan (SP9): Functions to remove moisture and strengthen spleen function.
 - 3) Guanyuan (CV4): Warms and strengthens Qi and essence (Jing).
 - 4) Shenshu (BL23): The back point of the kidneys, functions to strengthen the Yang and support the heating process.
 - 5) Quchi (LI11): Used to relieve joint pain, overcome stagnation, and improve meridian circulation.
- c) Support Points (Qi and Blood Tonification):
- 1) Selected to strengthen clients' systemic and speed up recovery: Zusanli (ST36): Strengthens Qi and blood, improves circulation, and relieves pain.
 - 2) Sanyinjiao (SP6): The meeting point of the three Yin meridians of the legs, beneficial for balancing the spleen, liver, and kidneys.
 - 3) Xuehai (SP10): Regulates and cools the blood, overcoming blood stasis and musculoskeletal problems.
 - 4) Geshu (BL17): A point in contact with blood, used to activate circulation and relieve pain.
 - 5) Fenglong (ST40): Removes phlegm and moisture, smoothes the meridians, and reduces pain.
- d) Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type (Maciocia). On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results were obtained:
- 1) Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type (Maciocia). On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results were obtained:
 - 2) Client Positioning
 - 3) The supine position (supination) is applied to the points of the abdomen and lower legs. An inclined or relaxed sitting position is used for the posterior shoulder point (SI9, SI10, SI11) The position is adjusted for participant comfort and stabbing effectiveness.
- e) Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type. On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results were obtained: . Preparing Therapy Equipment Therapeutic equipment to be used in acupuncture therapy is filiform needles of 1 cun and 1.5 cun, moksa, handschoen, cotton, 70% alcohol, kom with lid, bent, tweezers, safety box, spygnomanometer, and stethoscope, Moxibustion

rod for CV4, SP9, and LI15 points, TDP lamp as additional warming if needed, Personal protective equipment (medical mask).

3. Implementation

This case involved a patient with Adhesive Capsulitis in the right shoulder, diagnosed as cold damp Bi syndrome according to Traditional Chinese Medicine (TCM) principles. The acupuncture treatment, conducted over six sessions, was based on a comprehensive TCM diagnosis utilizing the 4 Examination Methods and 8 Diagnostic Principles. The initial procedure included a patient introduction, informed consent, a vital signs check, and an explanation of the therapy process before the patient assumed a supine position for the 20-minute session.

The therapeutic procedure began with the therapist performing hand hygiene and disinfecting the needle insertion sites. Specific acupuncture points were targeted with different techniques: LI15, SI9, and SI11 received light dispersion; CV4, ST36, and SP6 were tonified; and SP9, GB34, LI11, and ST40 were pierced standardly along their meridian directions. After needle insertion, moxibustion stimulation was applied for the 20-minute duration. Upon completion, the needles were removed, the puncture sites were disinfected, and all used materials were properly disposed of, followed by a post-therapy evaluation of the patient's condition.

Following the treatment, the patient was given comprehensive advice to manage the condition and prevent recurrence. Key recommendations included avoiding cold exposure through warm clothing and avoiding cold showers, performing regular gentle shoulder stretches, and applying warm compresses to improve Qi, blood flow, and reduce stiffness. Additional guidance emphasized maintaining adequate rest, avoiding strenuous shoulder activity, consuming warm and nutritious foods, and continuing with periodic maintenance acupuncture sessions administered by a licensed professional for optimal long-term results..

4. Evaluation

The evaluation is carried out after the client makes a second visit, it aims to find out the development of acupuncture therapy in the client. In the client's evaluation, the author used VAS (Visual Analog Scale).

a) First visit on May 6, 2025

- 1) Subjective Data The client came with complaints of Adhesive Capsulitis in the shoulder joint, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
- 2) Objective Data Blood pressure 110/80 mmHg, respiration 24/minute, pulse frequency 80/minute. The color of the tongue muscle is red, the color of the white tongue membrane is oily, the pulse is deep, the speed is normal, the size is small, the strength is normal, the pulse type is abnormal slippery and tense. In the first therapy the pain was on a scale of 7.

- 3) The client's analysis said that there was no change in the pain complaints felt and the pain scale was still the same, namely 7 Pain still persisted which was aggravating if tired and exposed to cold and reduced if rested and given warmth.
 - 4) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).
- b) Second visit on May 8, 2025
- 1) Subjective Data The client came with complaints of Adhesive Capsulitis in the shoulder joint, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
 - 2) Objective Data Blood pressure 110/70 mmHg, respiration 23/minute, pulse frequency 82/minute. Red tongue muscle color, oily white tongue membrane color, deep pulse, normal speed, small size, normal strength, abnormal pulse type slippery and tense. In the first therapy the pain was on a scale of 7.
 - 3) The client's analysis said that there was no change in the pain complaints felt and the pain scale was still the same, namely 7 Pain still persisted which was aggravating if tired and exposed to cold and reduced if rested and given warmth.
 - 4) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).
- c) Third visit on May 10, 2025
- 1) Subjective Data The client came with complaints of Adhesive Capsulitis in the shoulder joint, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
 - 2) Objective Data Blood pressure 110/70 mmHg, respiration 25/minute, pulse rate 81/minute. The color of the tongue muscle is red, the color of the white tongue membrane is oily, the pulse is deep, the speed is normal, the size is small, the strength is normal, the pulse type is abnormal slippery and tense. After the third therapy, the pain scale decreased to a scale of 6.

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- 3) The Client's analysis said there had been a change in the pain complaints felt and the pain scale decreased to a scale of 6. The pain is still persistent which is aggravating if tired and exposed to cold and is reduced if it is rested and warmed.
 - 4) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).
- d) Fourth visit on May 12, 2025
- 1) Subjective Data The client came with complaints of Adhesive Capsulitis in the shoulder joint, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
 - 2) Objective Data Blood pressure 120/80 mmHg, respiration 23/minute, pulse rate 81/minute. Red tongue muscle color, oily white tongue membrane color, deep pulse, normal speed, small size, 79 strong normal strength, abnormal pulse type slippery and tense. After the fourth therapy, the pain scale decreases to a scale of 5.
 - 3) The Client's analysis said there had been a change in the pain complaints felt and the pain scale decreased to a scale of 5. The pain is still persistent which aggravates if fatigue and exposure to cold, and is reduced if it is rested and warmed.
 - 4) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).
- e) Fifth visit on May 12, 2025
- 1) Subjective Data The Client comes with complaints about Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao),

BL17 (Geshu), and ST40 (Fenglong). In the shoulder joint, since 6 months ago, it has been aggravated when it feels cold and weak, and it is aggravated when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.

- 2) Objective Data Blood pressure 120/80 mmHg, respiration 23/minute, pulse rate 81/minute. Red tongue muscle color, oily white tongue membrane color, deep pulse, normal speed, small size, normal strength, abnormal pulse type slippery and tense. After the fourth therapy, the pain scale still remained on a scale of 5.
 - 3) Analysis of 80 Clients said there had been changes in the pain complaints felt and the pain scale was still settled on a scale of 5.
 - 4) The pain is still persistent which is aggravating if tired and exposed to cold and is reduced if it is rested and warmed.
 - 5) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).
- f) Sixth visit on May 16, 2025
- 1) Subjective Data The client came with complaints of Adhesive Capsulitis, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
 - 2) Objective Data Blood pressure 120/80 mmHg, respiration 23/minute, pulse rate 81/minute. The color of the tongue muscle is red, the color of the membrane of the white tongue is oily, the pulse is normal depth, the speed is normal, the size is normal, the strength is normal, the type of abnormal pulse is slippery and tense. After the fourth therapy, the pain scale decreases on a scale of 4.
 - 3) The Client's analysis said there had been a change in the perceived pain complaints and the pain scale decreased on a scale of 4. Pain rarely occurs even though exposed to cold but is still comfortable if rested and warmed.
 - 4) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).

- 5) Subjective Data The client came with complaints of Adhesive Capsulitis, since 6 months ago, aggravated when it feels cold and weak, and relieved when sleeping and applied a warmer and when emphasized on the pain area feels comfortable.
- 6) Objective Data Blood pressure 120/80 mmHg, respiration 23/minute, pulse rate 81/minute. The color of the tongue muscle is red, the color of the membrane of the white tongue is oily, the pulse is normal depth, the speed is normal, the size is normal, the strength is normal, the type of abnormal pulse is slippery and tense. After the fourth therapy, the pain scale decreases on a scale of 3.
- 7) The Client's analysis said there had been a change in the perceived pain complaints and the pain scale decreased on a scale of 3. Pain rarely occurs even though exposed to cold but is still comfortable if rested and warmed.
- 8) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).

Acupuncture Care Procedures

In this case study study, Acupuncture Care was carried out as planned for 6 therapy sessions. The first therapy session begins on Monday, March 6, 2025. The data from the Acupuncture Care that has been collected is identified and selected that has diagnostic value for data reduction.

The results are as follows:

Comparison of data between the results of the examination of the 1st therapy session and the results of the examination of the 6th therapy session obtained the results, namely: In the 1st therapy session, data were obtained:

- 1) On May 6, 2025, Monday at 09.30 WIB at Griya Sehat Sapu Clean, a 58-year-old patient came with a complaint of Adhesive Capsulitis.
- 2) Examination of Wang (observation) found that Shen was in a state of full consciousness, lack of enthusiasm, and bright eyes. A patient's lack of enthusiasm indicates a lack of Shen Qi, this condition is usually found in patients with Xu syndrome or deficiency. The facial tone looks lethargic and the eye shines indicate the presence of deficiency syndrome.
- 3) Sing Tay Observation The client has a firm posture, showing the sufficiency of Qi, Jing, and Xue in the body which indicates that the body is in good condition and if in sick condition has a good prognosis.
- 4) Observation of the tongue shows that the tongue muscles are pink, fat in size, there are tooth soles, thin white tongue membranes, there are no cyanotic spots, there are no fissures, no peeling, and the surface is quite moist. Thin white tongue membranes indicate the presence of cold syndrome.

- 5) The Wen examination (hearing and smell) shows that the client's speech voice is audible, the sound of breathing is regular, there is no hoarseness, there is no coughing sound, there is no hiccup, there is no strong bad breath, and the sweat is odorless. This shows that there are no disturbances in the function of the lungs, stomach, or kidneys, thus indicating a relatively normal condition in the aspects of hearing and smell.
- 6) Anamnesis examination (Wun) obtained data with the main complaint, namely Adhesive Capsulitis. Pain settles in the right shoulder joint. A previous client had also complained about the same complaint 5 years ago and had recovered, but now it has recurred again. Complaints have been felt since the last 6 months. Adhesive Capsulitis is triggered by the client's habit of being exposed to air conditioners or fans, and being too tired. According to Maciocia, long-term exposure to cold can cause the invasion of cold pathogens into the meridians causing obstruction of Qi and blood, which causes joint pain. Meanwhile, Cheng (2009) explained that cold invasion can weaken Yang Qi, so that the body's warming function is reduced. This condition results in a decrease in Wei Qi, which ultimately makes the body more susceptible to the entry of external pathogens and triggers stiffness and pain in the shoulders. When the examination was carried out using the Visual Analog Scale (VAS), a pain scale of 7 was obtained, indicating severe pain (Lukman & Ningsih, 2009).

Palpation examination (Qie) when the right shoulder joint is pressed feels comfortable. In general, the emphasis that can alleviate pain occurs in the deficiency type Maciocia. On palpation of the patient's pulse, a tense pulse was obtained. According to Maciocia, a tense pulse indicates the presence of a cold pathogen. In the 6th session of therapy, the results were obtained:

- a) Wang's examination, tongue examination, Wen, Wun, Qie's examination have improved quite a bit. The client said there has been a change in the initial pain complaints with a scale of 7, now the pain scale decreases to a scale of 0. Pain rarely occurs even though it is exposed to cold but is still comfortable if it is rested and warmed.
- b) Therapy Planning The acupuncture points used are acupuncture points that are often used and seen during therapy in cases of Adhesive Capsulitis with cold damp Bi syndrome including local points, namely LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), and SI11 (Tianzong) which function to relieve pain and open meridian blockages in the shoulder area; cold humid Bi syndrome points namely GB34 (Yanglingquan), SP9 (Yinlingquan), ST36 (Zusanli), CV4 (Guanyuan), BL23 (Shenshu), and LI11 (Quchi) which are used to repel cold and humid pathogens and improve energy circulation; as well as systemic support points for Qi tonification and blood release namely SP10 (Xuehai), SP6 (Sanyinjiao), BL17 (Geshu), and ST40 (Fenglong).

Discussion on Diagnosis

The results of the acupuncture diagnosis in a 58-year-old client with complaints of Adhesive Capsulitis, especially pain and stiffness, is cold moist type Bi syndrome due to trauma factors and cold pathogens. Overview of acupuncture diagnosis according to TCM (Traditional Chinese Medicine) Adhesive Capsulitis is categorized in Bi Zheng syndrome which is caused by the invasion of external factors such as wind, cold, and humidity, or stagnation of Qi and blood static (Maciocia). , complaints of persistent pain that subside with warming and worsened

when cold, fear of cold, likes to drink warm, absence of redness and heat in the pain area, thin white tongue membranes, with tense pulse. This is in accordance with the characteristics of cold-type Bi syndrome (Han Bi) according to Maciocia. From the anamnesis data, it was found that patients before suffering from Adhesive Capsulitis were often exposed to air conditioning, often went out at night without a jacket, and often rained. This condition is in accordance with TCM's theory that repeated exposure to cold pathogens can penetrate the meridians, inhibiting the circulation of Qi and Xue, thus triggering the occurrence of cold-type Bi syndrome (Han Bi). Persistent cold invasions can cause stagnation of Qi and blood in the shoulder meridians, resulting in symptoms of pain, stiffness, and limited movement

The results of the tongue examination showed that the tongue muscles were pale pink with a thin, oily white membrane. This condition represents the presence of an invasion of cold pathogens and humidity that inhibits the movement of Qi and blood. The pulse examination found that the pulse was deep (Chen Mai) and tense (Xian Mai), which indicated an attack of cold pathogens from the outside that penetrated the meridians, as well as the stagnation of Qi and Xue in the shoulders.

These findings are consistent with cold-type Bi syndrome (Han Bi), where the main complaint is persistent pain that worsens in cold weather, improves with warming, accompanied by limited movement of the shoulder joint, and is supported by the typical tongue and pulse pattern of this syndrome. The cold invasion caused a decrease in Yang Qi so that there was not enough Yang Qi to warm the body. When there is a decrease in Yang Qi, Wei Qi will also decrease and finally cold pathogens easily enter then cause obstruction of Qi and blood in the meridians so that symptoms of pain arise, characterized by persistent pain, which subsides with warming and is aggravated when cold, does not like to drink cold, even if you want to drink then the drink wants warm. On examination of the tongue and pulse, it was found that the tongue membrane is thin, the pulse is tense, this indicates that the tongue membrane is thin white and the pulse is tense indicating a cold pattern.

Discussion on Therapy Planning

Acupuncture therapy planning for Clients with complaints of Adhesive Capsulitis on the right begins on Tuesday, May 6, 2025, the frequency of therapy 2 times a week at Griya Sehat Sapu Bersih with the following details:

Determining the Principles of Therapy The principle of acupuncture therapy in clients is to reduce pain, remove cold moist pathogens, and improve the flow of Qi and Xue in the meridians. The therapy method that will be used is toning using moksa.

Acupuncture Points Used The points used for this therapy include acupuncture points used in cases of Adhesive Capsulitis with cold-type Bi syndrome including local points of the shoulder such as LI15 (Jiānyú), SI9 (Jiānzhen), SI10 (Nàoshū), SI11 (Tiānzōng), and EX (Jiānqián) which function to relieve local pain, smooth out Qi and Xue, and improve the limitation of shoulder movement. The distal and systemic points used include LI11 (Qūchí), GB34 (Yánglíngquán), ST36 (Zúsānlǐ), CV4 (Guānyuán), and BL23 (Shènsū) which function to repel cold wind, warm the meridians, and balance Qi and blood as a whole. In addition, additional points such as SP10 (Xuèhǎi), SP6 (Sānyīnjiāo), BL17 (Géshū), and ST40 (Fēnglóng) were chosen to improve blood circulation, overcome stasis, reduce moisture, and

support tissue recovery. The selection of this point is adjusted to the therapeutic principle of expelling cold-wind pathogens, boosting Qi and blood, reducing pain, and restoring the function of the shoulder joint.

Discussion of Therapy Implementation

According to Maciocia, Adhesive Capsulitis is categorized as Bi Zheng, especially Han Bi (Bi due to cold wind). Wind and cold pathogens attack the shoulder meridians, causing stagnation of Qi and blood, which then gives rise to pain, stiffness, and limited mobility. The principle of therapy is to expel cold-wind, warm the meridians, unleash Qi and Xue, and reduce pain. The implementation of acupuncture on the client is carried out for 6 visits, with a frequency of 2 times in 1 week, this is done so that the results of therapy can be optimal. Positioning the patient to sit in a chair to conduct an anamnesis of the patient's complaints and then a vital sign examination is carried out. Therapy is carried out with a supine position on the bed, with this position it is hoped that the patient will feel comfortable when acupuncture therapy is carried out. Performing punctures at the acupuncture points used are adjusted to the complaint, the main points include:

- 1) Titik Lokal: LI15 (Jianyu), SI9 (Jianzhen), SI10 (Naoshu), SI11 (Tianzong), Jianqian (EX).
- 2) Titik Distal: LI4 (Hegu), LI11 (Quchi), GB34 (Yanglingquan), ST36 (Zusanli).
- 3) Additional Points: CV4 (Guanyuan), BL23 (Shenshu), SP6 (Sanyinjiao), SP10 (Xuehai), BL17 (Geshu).
- 4) Methods: Retention 20–30 minutes, sedation-tonification combination, use of moxibustion mainly at points related to Yang and blood circulation.

Perform stimulation using thermal modalities with moksa.

Discussion on Therapy Evaluation

After 6 attempts of therapy, the following results were obtained:

- 1) A significant decrease in pain from the initial VAS scale of 7-8 to 2-3 in the last session.
- 2) The range of motion of the right shoulder which was originally very limited (not being able to raise the hand upwards) showed a gradual improvement in functionality.
- 3) WANG's observations showed a change in facial expressions from tense and grimacing to relaxed and comfortable.
- 4) Tongue examination showed a change from thick white membrane to thinner and tongue color from pale to fresh pink.
- 5) The pulse, which was originally deep and slow (Chen Mai and Chi Mai), turned out to be more regular and slightly stronger, signifying an improvement in Qi and Xue circulation.

The principles of therapy applied are to repel wind and cold, unblock meridians, and warm collaterals. Acupuncture points such as LI15, SI9, SI10, Jianqian, as well as reinforcement through ST36, CV4, and BL23 provide significant results on the patient's clinical improvement.

With the results of this evaluation, it can be concluded that the Acupuncture therapy approach based on Bi syndrome type Han Bi is effective in overcoming complaints of Adhesive Capsulitis, especially in the acute pain and stiffness phases due to wind and cold pathogens.

It is recommended to continue maintenance therapy and muscle stretching at regular intervals to maintain the results that have been achieved.

CONCLUSION

Acupuncture care for Adhesive Capsulitis clients at Griya Sehat Sapu Bersih in South Tangerang demonstrated significant recovery, as the client's shoulder condition—previously affected for six months—was fully healed, with the right hand regaining normal mobility without pain or stiffness. These findings suggest that acupuncture can effectively alleviate symptoms of Adhesive Capsulitis, making it a valuable complementary therapy. Educational institutions are encouraged to use this study to enhance acupuncture learning, while therapists can apply its results in clinical practice. Future research should build on these findings by conducting studies with larger populations and more comprehensive discussions to strengthen evidence on acupuncture's effectiveness in treating Adhesive Capsulitis.

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