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Acupuncture Care for Lumbar Pain Case Due to Lumbosacral Instability at Griya Sehat BSA Holistik Pontianak

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Acupuncture, lumbar pain, lumbosacral instability, Cold Moist Pathogens

ABSTRACT
Lumbar pain due to lumbosacral instability is one of the musculoskeletal complaints often found. Acupuncture, as a complementary therapy, has been used to reduce pain in cases of low back pain. This study aims to determine comprehensively the benefits of acupuncture care for clients with low back pain due to lumbosacral instability at Griya Sehat BSA Holistik Pontianak. The subject of the study was a 43-year-old male client who experienced lumbar pain and underwent acupuncture therapy at Griya Sehat BSA Holistik Pontianak. The research design used a qualitative approach of the case study type. In-depth data collection was carried out using instruments in the form of Client Data Sheets. The data were processed based on Observation (Wang), Hearing and Smell (Wen), Interview (Wen), and Touch (Qie), leading to the diagnosis of client syndrome Cold Moist Pathogen Attacking the Taiyang Meridians of the Bladder Leg. The intervention was carried out by needle insertion at acupuncture points according to the syndrome from the results of diagnosis, over six meetings with an interval of three days. The results showed a significant decrease in the level of lumbar pain in the client after receiving acupuncture care. Pain complaints disappeared, and movement reflexes increased. To maintain health, clients are recommended to avoid lifting heavy objects, exercise regularly, ensure that air conditioning or fans are not directed at the body, drink enough water, and sunbathe every morning.

INTRODUCTION

Low Back Pain Due to Lumbosacral Instability is a pain that occurs in the lower back area (lumbar) caused by instability in the lumbosacral segment of the spine (Prisila, 2021). This condition represents a pathological disorder of the spine, where abnormal mobility occurs between two or more adjacent vertebrae in the lumbar region (Beazell, 2018). According to Tulder (2013) in Hidayati (2022), low back pain is defined as pain, muscle strain, or stiffness occurring in the area between the lower border of the ribs and the upper part of the gluteal fold, with or without radiation to the legs. Meanwhile, Maciocia (2015) explains that low back pain is a manifestation of Yin and Yang imbalance and disruption of Qi and blood flow due to kidney weakness and energy stagnation in the lumbosacral region, resulting in pain and instability in the lower spine.

Low back pain remains a significant global health problem, with cases increasing every year. According to data from The Global Burden of Diseases, Injuries, and Risk Factors Study, there was an 18% increase in the incidence of low back pain up to 2016 (Hidayati, 2022). Around 40–60% of people in their productive years' experience discomfort in the lower back, which affects their productivity and quality of life (Prisila, 2021). Over the past four years, 30% of 42,785 participants in Asia have reported experiencing lower back discomfort (Wei et al., 2025; Xu et al., 2025).

In Indonesia, the prevalence of low back pain is relatively high. Data cited from Cahya (2020) show that 21.8% of 8,160 respondents experienced symptoms such as stabbing pain, electric shock sensations, burning, or tingling. Furthermore, 38.4% of individuals aged between 50 and 59 reported discomforts in the lower back. According to Riskesdas (2018), between 7.6% and 37% of Indonesia's population suffers from low back pain, and approximately 80% of Indonesians have experienced this condition at least once in their lifetime.

Health diagnoses indicate that 7.3% of Indonesians suffer from musculoskeletal pain, one of which is caused by disorders in the lower spine (Perumal & Lukman, 2024; Riyandani, Deng, Chen, & Yang, 2025). A preliminary study conducted at Griya Sehat BSA Holistik Pontianak found that out of 864 clients who received therapy between January and December 2024, 466 clients, or 54%, complained of low back pain. This figure represents the highest percentage compared to other ailments such as diabetes mellitus, heart disease, stroke, and gastric disorders (Li et al., 2025; Yang et al., 2025).

Low back pain due to lumbosacral instability, if left untreated, can lead to more severe conditions such as sciatica, spinal stenosis, kidney disorders, degenerative spinal diseases, and postural abnormalities (Joeng, 2023). This condition may also cause neurological disorders, decreased quality of life, and chronic mechanical spinal pain. Therefore, appropriate management is needed to alleviate symptoms, prevent degenerative progression, and avoid further complications (Prisila, 2021).

Management of lumbar pain includes conservative therapy, pharmacological treatment, physiotherapy, and surgery. Pharmacological therapy generally uses analgesics to relieve pain symptoms without addressing the underlying cause (Jones et al., 2024; Wang, Aaron, Attal, & Colloca, 2025). One alternative therapy proven effective is acupuncture, a technique involving the insertion of fine needles into specific acupuncture points on the body (Chmielewska et al., 2024; Okinaka & Wada, 2025).

Acupuncture care is known as a simple, safe, effective, inexpensive, and natural method for reducing and relieving lumbar pain caused by lumbosacral instability (Li et al., 2022 (Dwivedi, Dwivedi, & Tariq, 2024)). The effectiveness of acupuncture in treating pain has been scientifically proven in various conditions such as low back pain, neck pain, menstrual pain, postherpetic neuralgia, cancer pain, and trigeminal neuralgia (Harry, 2023). However, achieving optimal results requires standardized and continuous acupuncture care.

Previous research such as Baroncini et al. (2022) conducted a Bayesian network meta-analysis of randomized controlled trials to assess the effectiveness of acupuncture for chronic non-specific low back pain, finding that verum acupuncture was more effective than sham in reducing pain and improving quality of life, yet the study aggregated various lumbar pain etiologies without isolating specific segmental instability mechanisms. Another significant

study, “Acupuncture for Low-Back Pain” by Sudhakaran et al. (2021), provides a systematic review of acupuncture in acute low back pain, showing modest improvements in pain and disability but highlighted methodological heterogeneity and lack of specificity to underlying spinal instability or functional mechanisms (Lu, 2024; Yao et al., 2025).

Based on the background above, the purpose of this study is to comprehensively determine the benefits of acupuncture care for clients with lumbar pain caused by lumbosacral instability at Griya Sehat BSA Holistik Pontianak. This research aims to contribute to the development of evidence-based acupuncture therapy and to support the advancement of holistic healthcare services in the community (Chen & Lim, 2025; Williams, Kim, & Moramarco, 2025).

The theoretical benefit of this study is to contribute to the development of acupuncture science, particularly as an additional reference for managing lumbar pain due to lumbosacral instability. Furthermore, the results of this research can serve as an applied learning medium for students and acupuncture practitioners. Practically, this study is expected to provide multiple benefits. For educational institutions, it may serve as input for curriculum and clinical practice enhancement in acupuncture education. For future researchers, it may act as a foundation for further studies on the effectiveness of acupuncture therapy in spinal disorders.

METHOD

This research employed a qualitative approach with a case study design. The study aimed to explore and deeply understand acupuncture care for clients with lumbar pain due to lumbosacral instability at BSA Holistic Therapy House Pontianak. Sampling was conducted purposively, data collection used triangulation methods, and data analysis was carried out inductively and descriptively. The case study focused on detailed observation of acupuncture care services from beginning to end, adhering to standardized principles to ensure methodological rigor and accuracy.

Data collection relied on a Client Data Sheet as the main instrument. Data were carefully processed to establish accurate diagnoses, which formed the basis for planning and implementing treatment. Each acupuncture treatment session was analyzed comprehensively to create a detailed case report. The study was conducted within defined time and location constraints.

Participants were selected purposively based on criteria relevant to the case study focus, ensuring sufficient knowledge or experience related to lumbar pain. The participant consisted of a single client registered at BSA Holistic Acupuncture Practice Pontianak, aged 40–60, experiencing lumbar pain symptoms, and willing to participate voluntarily.

The case study was conducted at *Griya Sehat BSA Holistik Pontianak*

. Therapy sessions were scheduled twice weekly for a total of six sessions, from Monday, June 1, 2025, to Tuesday, June 19, 2025. This schedule allowed systematic data collection and close monitoring of treatment effects.

Data collection began after approval from the academic supervisor and an official research permit from the Head of the Acupuncture Study Program at ITSK RS dr. Soepraoen Malang. The process included identifying the subject, obtaining informed consent, and conducting four diagnostic acupuncture examinations: inspection (Wang), listening and

smelling (Wen), inquiry (Wen), and palpation (Qie). These exams involved visual assessment of facial and bodily features, tongue analysis, auditory evaluation of breathing and body sounds, odor assessment, structured interviews about symptoms and lifestyle, and pulse palpation.

Data reduction involved summarizing, selecting, and focusing on elements relevant to the topic. Diagnosis of disease and syndrome informed the acupuncture therapy plan, which detailed treatment principles, instrument selection, acupuncture points, manipulation techniques, therapy schedule, and client instructions. Implementation covered preparation, sterilization, client positioning, needling, monitoring, and post-therapy safety. Finally, evaluation assessed the therapy's effectiveness by observing changes in pain, mobility, and general well-being, applying inductive and descriptive analysis with continuous data verification to ensure validity and reliability.

RESULTS AND DISCUSSIONS

The results of this study refer to the effectiveness of acupuncture care for a case of pain caused by lumbosacral instability in a client referred to as Mr. Z, treated at Griya Sehat BSA Holistic Acupuncture Practice, Pontianak. The acupuncture therapy was performed by a certified therapist in accordance with regulations and professional standards established under Indonesian law. The outcome of the acupuncture therapy constitutes the core of this report, as it represents the findings derived from the implementation of acupuncture treatment. This section presents a detailed description of the results obtained from a comprehensive and in-depth acupuncture care process for lumbar pain due to lumbosacral instability, emphasizing each stage of treatment—from the client's initial consultation to the completion of therapy sessions. Furthermore, it provides a holistic overview of the client's condition and the therapeutic approach used by the practitioner, which applied a process-oriented therapeutic framework. The section also outlines the presentation of data, procedures, and results within the structure of a case study, referring to the goals of the acupuncture care administered. The summarized outcomes demonstrate the researcher's ability to document the acupuncture process conducted by the therapist, along with the integration of various supportive factors that contributed to the client's improved health status. The results are presented narratively and include sections on Examination, Acupuncture Diagnosis, Therapy Plan, Therapy Implementation, Evaluation, and Conclusion.

Research Site Overview

Griya Sehat BSA Holistic Pontianak is located at Jalan Purnama Gg. Madyosari 3, No. 29, RT 03 RW 15, Akcaya Subdistrict, South Pontianak, West Kalimantan. It is one of the traditional health centers specializing in acupuncture therapy and holistic approaches for various health conditions, particularly musculoskeletal pain such as lower back pain caused by lumbosacral instability. The facility is designed with client comfort and safety in mind. The treatment rooms are clean, organized, and well-ventilated, creating a calm atmosphere that promotes relaxation during therapy. A waiting area is provided so that clients can wait comfortably before their session. Each treatment bed is equipped with clean sheets that are replaced regularly to maintain hygiene.

All acupuncture equipment used at Griya Sehat BSA Holistic meets health and safety standards, including single-use filiform needles of various sizes, 70% alcohol and sterile cotton

for disinfection, TDP lamps for heat therapy, electroacupuncture stimulators for gentle electrical stimulation through acupuncture needles, medical masks for therapists, and a safety box for used needle disposal. The availability of such equipment ensures that acupuncture procedures are conducted safely, effectively, and with minimal risk of cross-infection.

The facility also supports continuous monitoring of therapy progress through several features: systematic patient recordkeeping from initial assessment to therapy evaluation, consultation rooms for therapist–patient discussions and education on treatment progress, and direct monitoring during therapy sessions. The therapist remains present throughout each needling session to ensure patient comfort and to manage any potential side effects promptly. The clinic also implements strict health protocols, including sterilization of tools before and after therapy, use of personal protective equipment, and proper medical waste disposal according to standard procedures. Each client is required to sign an informed consent form before treatment begins, ensuring both safety and trust between the therapist and client.

The calm and welcoming environment at BSA Holistic greatly contributes to the success of acupuncture therapy. Clients can relax during needle insertion without noise or external disturbances. Therapists consistently monitor patients throughout the session to ensure safety and comfort while being prepared to provide immediate care if any adverse reactions occur. The clinic also offers flexible scheduling to accommodate clients' daily activities, and its strategic location makes it easily accessible for patients from different parts of Pontianak. In addition to therapy services, Griya Sehat BSA Holistic provides health education, injury prevention guidance, and recommendations for suitable physical activities based on the client's condition. This helps clients develop awareness of their active role in the healing process and in preventing pain recurrence.

Participant Characteristics

The participant in this study was one individual who served as the subject of a case study on acupuncture care for lumbar pain due to lumbosacral instability at Griya Sehat BSA Holistic Pontianak. The client gave informed consent for his medical case to be used for academic research, with personal details such as name, address, and contact number kept confidential.

The acupuncture care for the client with lumbar pain resulting from lumbosacral instability was carried out as planned—two therapy sessions per week, for a total of six sessions. The schedule was adjusted based on the client's condition and availability at the clinic. Progress and therapeutic evaluations were recorded systematically after each session. This scheduling ensured continuity of treatment, close monitoring of progress, and an optimal evaluation of results, consistent with the principles of clinical acupuncture research.

Discussion

Examination

Examination is a crucial stage in acupuncture care, as it serves as the foundation for establishing syndrome diagnosis and planning therapeutic treatment. In this study, the examination was conducted comprehensively using four main diagnostic methods: Observation (Wang), Listening and Smelling (Wen), Inquiry (Wen), and Palpation (Qie). Each method

provided a holistic understanding of the participant's physical, psychological, and functional condition before, during, and after the therapy process.

Observation (望诊, wàng zhěn) revealed that at the beginning of therapy, the participant showed decreased vitality (*shen*), characterized by dull eyes, a facial expression indicating pain, and slow, uncoordinated body movements. The facial skin appeared dark and lacked freshness, the posture was slightly bent forward, and body movement was limited. When standing or walking, the participant often held his lower back for support; when sitting, he tended to lean on the chair; and when lying down, he could not maintain one position for long. Tongue observation further supported the diagnosis of a syndrome disorder: the tongue appeared swollen, pale pink in color, with a thick, moist, white coating. These findings were consistent with the characteristics of the Cold-Damp Syndrome described in acupuncture literature, where exposure to cold and damp pathogenic factors causes stagnation of *Qi* and blood in the lumbar region, leading to pain, stiffness, and reduced function.

As the therapy progressed, gradual improvement was observed. During the sixth session, several positive changes were noted as follows: the eyes appeared bright, indicating improved vitality and overall body energy; facial expressions became natural, showing no signs of pain or discomfort; body movements were freer and more agile, with the participant appearing active and responsive; the facial skin tone looked radiant and fresh, no longer darkened or dull; posture while standing and walking was upright with stable steps, the participant could sit without support and lie comfortably in one position for an extended period; and the tongue appeared moderately shaped, pink in color, with a thin, moist, and white coating—signifying improved Qi and blood circulation as well as a reduction of cold-damp pathogenic factors.

Listening and Smelling (闻诊, wén zhěn)

During the initial sessions, the participant spoke little and had a weak voice, indicating a decline in vital energy. No pathological odors were detected from the body, breath, or sweat. By the sixth session, significant improvement was observed:

a. Speech: The participant spoke more actively, with a voice that was neither weak nor excessively loud, reflecting restored vitality and an overall better condition as pain subsided and comfort increased during therapy.
b. Smelling: No pathological odors were detected from the participant's body or breath.

Inquiry (问诊, wèn zhěn)

Through the inquiry process, it was found that the participant's main complaint was severe and stiff lower back pain that had persisted for several months and worsened after strenuous physical activity, especially lifting objects at work. The pain intensified in cold or damp weather and improved slightly with the use of heating pads or topical creams. The participant's lifestyle history revealed a lack of exercise, irregular eating habits, and a tendency to sit for prolonged periods at work. The absence of fever and aversion to cold air further supported the diagnosis of Cold-Damp Syndrome.

As the therapy progressed, the participant's pain gradually decreased and eventually disappeared by the sixth session, as described below:

a. Main complaint: Lumbar pain due to lumbosacral instability had completely resolved.
b. Other symptoms: No residual pain or discomfort in the lower back
c. Medical history: No additional complaints; daily activities returned to normal; sleep quality improved.
d. Lifestyle: The participant began adopting a healthier lifestyle—eating regularly, maintaining adequate hydration, and engaging in light physical exercise.

Touch (切诊, qiè zhěn)

During the initial palpation examination, tenderness and muscle tension were detected in the lumbar region, particularly at the Jingmen (GB 25), Shenshu (BL 23), and Taixi (KI 3) points. The pulse felt floating and slow, consistent with the Cold-Damp Syndrome pattern that causes stagnation of Qi and blood. By the sixth session, no tenderness was observed, muscle tension had disappeared, and the pulse had returned to normal.

a. Affected area: No tenderness, muscle tightness, or lumps were found in the lumbar region.
b. Specific points: At Jingmen (GB 25), Shenshu (BL 23), and Taixi (KI 3), no tenderness was found.
c. Pulse: Both general and Chi pulses (right and left) were within normal limits, no longer floating and slow as in the initial session.

The data above represent a comparison of the participant's condition before and after six therapy sessions. The findings showed a significant improvement between the first and sixth sessions, indicating positive therapeutic progress. This improvement aligns with Maciocia's (2015) theory, which explains that the invasion of Cold-Damp Pathogens can weaken Yang Qi and disrupt the circulation of Qi and blood (Xue), resulting in poor nourishment of the tendons, muscles, and joints. The Cold-Damp Pathogens that obstruct the Taiyang Bladder Meridian slow down or block Qi and blood circulation in the lower back, leading to pain, stiffness, and heaviness in the lumbar area.

After six sessions of acupuncture therapy, the participant no longer experienced lumbar pain associated with lumbosacral instability. This improvement occurred because acupuncture effectively dispelled cold, eliminated dampness, and warmed the meridians, thereby promoting smooth circulation of Qi and blood. The restoration of this circulation played a key role in relieving lumbar pain. The participant's recovery was both reasonable and expected, as he consistently adhered to the therapy schedule and followed the therapist's recommendations and guidance. This progress was reflected in the reduction of symptoms and clinical signs observed before therapy in the fifth session (June 16, 2025) and in the greater improvement achieved during the final, sixth session (June 19, 2025).

Diagnosis

Based on the examination results from the first therapy session on June 1, 2025, the acupuncture diagnosis established was Lumbar Pain due to Lumbosacral Instability with Cold-Damp Pathogenic Syndrome Affecting the Foot Taiyang Bladder Meridian. This diagnosis aligns with the explanation provided by Maciocia (2015), who states that lumbar pain resulting from an invasion of Cold-Damp Pathogens is characterized by several clinical manifestations, including: lower back pain that worsens in the morning or when exposed to cold and damp

weather; pain that improves with exercise or warmth; a broad area of discomfort; a cold sensation in the lumbar region; worsening symptoms during rainy conditions; heaviness and stiffness in the lower back; limited movement of the lower limbs; aversion to cold; tenderness upon palpation; a thick white tongue coating; and a deep, slow pulse.

The acupuncture diagnosis established in this study is also consistent with the opinions of Peng (2000), Yin (2000), Yuan (2004) (as cited in Agustina & Tjhia, 2023), and Yahya (2019), who describe that an invasion of Cold-Damp Pathogens in the lumbar region manifests with signs such as heaviness, coldness, and stiffness in the lower back; pain that worsens in humid or rainy weather; restricted lumbar movement; cold extremities; aversion to cold; nausea; fatigue; decreased appetite; and severe edema in the legs. The invasion of Damp Pathogens—alone or in combination with Wind and Cold Pathogens—can obstruct Qi and blood circulation, leading to blockages that cause pain in the lumbar region.

During the course of therapy, it is generally recommended not to alter the treatment prescription prematurely unless proven ineffective, as most therapeutic effects become evident after approximately 10 to 15 sessions (Cheng, 2006). Although the participant in this study showed signs of improvement after several sessions, the treatment formula was maintained to ensure full recovery, as restoring the participant's Ben (root condition) requires an adequate period of consistent therapy.

Therapy Planning

The therapy planning phase in this case included establishing clear treatment principles, selecting sterile and standardized instruments and materials, determining appropriate acupuncture points and manipulation techniques, developing a structured therapy schedule, and providing lifestyle modification recommendations. These elements were essential to support successful recovery and prevent recurrence of lumbar pain caused by lumbosacral instability associated with the Cold-Damp Pathogenic Syndrome.

The therapeutic principles and methods applied in this case aimed to expel Cold, eliminate Dampness, promote the circulation of *Qi* and blood, warm the meridians, and relieve lumbar pain. The treatment was carried out using acupuncture with reduction manipulation techniques to dispel pathogenic factors and warming techniques to enhance meridian function and improve *Qi–Blood* flow. Needling was performed at specific points according to the diagnosis, including Shenshu (BL 23), Dachangshu (BL 25), Guanyuanshu (BL 26), Zhishi (BL 52), Yaoyangguan (GV 3), Mingmen (GV 4), Weizhong (BL 40), Fenglong (ST 40), and Sanyinjiao (SP 6). Reduction and warming manipulations were used to clear Dampness, warm the meridians, and alleviate pain, supported by the use of a TDP lamp during needling for local heating. The instruments and materials used included single-use filiform needles (0.30 × 25 mm and 0.30 × 40 mm), sterile cotton, 70% alcohol for disinfection, a TDP lamp for warming therapy, and an electrostimulator for additional stimulation when necessary. The therapy schedule consisted of six sessions over three weeks, conducted twice weekly on June 1, 4, 8, 12, 16, and 19, 2025. The participant was advised to avoid lifting heavy objects, maintain a straight back when lifting, perform stretching after sitting for more than two to three hours, exercise regularly (e.g., swimming), avoid direct exposure to air conditioning or fans, drink

sufficient water, maintain a healthy diet, ensure adequate rest (7–8 hours daily), and take morning sun exposure regularly to support recovery and prevent recurrence.

Therapy Implementation

The acupuncture therapy in this case was carried out systematically and in accordance with clinical standards, from the preparation of facilities to the completion of therapy, emphasizing safety, comfort, and therapeutic effectiveness based on health ethics and professional guidelines. The preparation stage ensured that the therapy bed was clean and tidy, single-use filiform needles (0.25 × 30 mm and 0.30 × 40 mm), sterile cotton, and 70% alcohol were ready for sterilization. A TDP lamp for warming therapy, a kidney dish or safety box for needle disposal, and additional tools such as an electrostimulator were also prepared. The treatment room was well-ventilated and disinfected according to strict health protocols. Prior to therapy, participants signed an informed consent form after receiving a clear explanation regarding the procedure, objectives, risks, alternatives, and prognosis. The client's identity was anonymized to maintain confidentiality.

The participant was positioned prone (face down) to allow optimal access to lumbar acupuncture points, ensuring comfort and stability throughout the session. The therapist washed hands before and after each procedure, wore a medical mask as part of standard PPE, and disinfected all needling points with 70% alcohol. New, sterile filiform needles were opened only when used, ensuring that none were rusted or bent. After insertion, the needles were retained for approximately 20 minutes, while the TDP lamp was directed toward the lumbar area for warming. Once therapy was completed, all needles were removed carefully, counted, and disposed of in a medical safety box. All tools and surfaces were disinfected using 70% alcohol, and the safety box was later sent to a licensed medical facility for disposal.

During therapy, the therapist continuously monitored the participant to anticipate possible side effects such as dizziness, nausea, or fainting and performed regular observations of the participant's response. After the session, feedback was collected regarding comfort levels and any changes in symptoms, with all responses recorded. The therapist strictly followed needling SOPs to prevent tissue trauma and injury, ensuring the needling site remained free from bruising, bleeding, or infection. The therapy concluded by assisting the participant if needed, ensuring all needles were secured, and providing brief post-therapy education. All procedures were performed in full compliance with health and safety principles, with stringent enforcement of hygiene, sterilization, PPE, and medical waste management protocols to prevent cross-infection and workplace accidents.

Evaluation

Clinical Changes During Therapy

During sessions 1–4, the participant reported severe bilateral lumbar pain with stiffness and heaviness. The posture was slightly bent, often requiring support when sitting or standing, and the participant experienced discomfort when lying down for extended periods. Facial expressions showed pain, the complexion appeared dull and dark, movements were slow, the tongue was swollen and pale pink with a thick white coating, and the pulse was floating and

slow. On palpation, tenderness and muscle tension in the lumbar area were evident, while the voice was weak and the participant spoke little.

By sessions 5–6, significant improvements were observed. Lumbar pain had completely resolved; posture was upright when standing and walking; the participant could sit without support and lie comfortably; facial expression appeared natural and refreshed; movements were flexible and responsive; the tongue showed a normal pink color with a thin, moist coating; the pulse was normal; and no tenderness or muscle tension was found upon palpation. The participant became more active in conversation with a normal tone of voice. Objective parameters confirmed normalization of tongue and pulse characteristics, improvement in posture, and return to normal daily activity without side effects or complications. Each of the six therapy sessions was deemed appropriate for continuation until full recovery was achieved.

Prognosis

The prognosis was considered very good, provided the participant adhered to healthy lifestyle recommendations, including avoiding heavy lifting, maintaining proper posture, exercising regularly, and minimizing exposure to cold or damp environments. The risk of recurrence was assessed as low, as long as these preventive measures were maintained. Periodic follow-up or maintenance therapy could be conducted if necessary to sustain the therapeutic benefits.

Implications

Acupuncture using reduction and warming techniques at the Foot Taiyang Bladder Meridian points and Damp-clearing points proved effective in treating lumbar pain due to lumbosacral instability with Cold-Damp Pathogenic Syndrome. The participant demonstrated comprehensive improvement: subjectively, the pain disappeared, and daily activities and quality of life improved; objectively, posture, facial expression, movement, tongue, pulse, and palpation results returned to normal. No side effects or complications occurred during the entire course of therapy. Adherence to the recommended healthy lifestyle played a crucial role in ensuring therapeutic success and preventing recurrence.

CONCLUSION

This study concludes that acupuncture care for clients with lumbar pain due to lumbosacral instability at Griya Sehat BSA Holistic Pontianak effectively alleviates pain complaints, improves spinal mobility and postural alignment, and enhances overall vitality and quality of life. The findings confirm that acupuncture not only reduces localized pain but also restores functional movement, enabling clients to stand, walk, and sit more comfortably and with better endurance. These improvements suggest that acupuncture serves as an effective non-pharmacological intervention for managing lumbosacral instability by promoting musculoskeletal balance and energy flow restoration. In addressing the research objective, this study provides evidence supporting the integration of acupuncture therapy into holistic management programs for spinal disorders. Future research should expand upon these findings through longitudinal and randomized controlled studies involving larger populations, comparative analyses with physiotherapy or pharmacological treatments, and the inclusion of

objective biomechanical or imaging-based outcome measures to further validate the therapeutic mechanisms and long-term efficacy of acupuncture in treating lumbosacral instability.

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