

## Acupuncture Care for Myalgia Patients at Iryas Cisauk Clinic

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### Abstract

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#### Keywords:

Acupuncture; Myalgia;  
muscle pain; Traditional Chinese  
Medicine (TCM); Non-  
pharmacological Therapy.

Myalgia is a common musculoskeletal disorder characterized by muscle pain and discomfort, often caused by excessive activity, poor posture, or stress. In Traditional Chinese Medicine (TCM), acupuncture is used to regulate Qi and Xue flow to relieve pain and improve body function. This research aims to determine the benefits of acupuncture care in overcoming pain in the shoulder and neck area in myalgia patients at the Iryas Cisauk Health Clinic. This research used a qualitative descriptive design with a case study approach in one myalgia patient. Data collection was carried out through anamnesis, physical examination, and examinations based on TCM principles such as pulse and tongue examinations. Pain intensity was measured using the Numerical Rating Scale (NRS). Acupuncture therapy is administered during eight sessions of visits, and evaluations are carried out at each session to see the progression of the patient's condition. The results showed significant improvement after acupuncture therapy. The patient's pain scale decreased from NRS 6 to 0–1 after eight therapy sessions. In addition, there is an increase in the range of motion in the neck and shoulders, a reduction in pain points, and an improvement in daily activities and the quality of sleep of patients. Acupuncture care provided in a structured manner based on the diagnosis of TCM syndrome is effective in reducing myalgia pain, improving movement function, and helping the patient's condition recover. Acupuncture therapy can be a safe and beneficial alternative to non-pharmacological therapy in the treatment of musculoskeletal pain.

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## INTRODUCTION

Myalgia, or muscle pain, is one of the most common musculoskeletal complaints encountered in daily clinical practice (Dawod et al., 2025; Elmansy et al., 2026; Ülgen et al., 2025). This condition is characterized by pain, aches, or discomfort in the skeletal muscles that can be localized or diffuse (Treede et al., 2019). Myalgia can be caused by a variety of factors, ranging from muscle tension (strain) due to excessive activity, static working positions, and stress to certain medical conditions such as fibromyalgia, viral infections, or autoimmune diseases.

Globally, musculoskeletal pain, including myalgia, has a very high prevalence. Epidemiological studies show that the lifetime prevalence of musculoskeletal pain reaches up to 85% in the general population (Cabanero et al., 2020). In Indonesia, based on data from the Basic Health Research (Riskesdas) conducted by the Ministry of Health of the Republic of Indonesia in 2018, the prevalence of joint and muscle diseases reached 7.30% of the total population, with the highest rates in the provinces of Bali (19.3%), Banten (15%), DI Yogyakarta (15.1%), and Aceh (13.4%). Specifically in Tangerang Regency, the operational area of Iryas Clinic, the prevalence is 13.3%. Meanwhile, internal data from Iryas Clinic in

2024 show a much higher proportion of visits by myalgia patients, at 24.96%. This phenomenon confirms that musculoskeletal complaints are a significant public health problem, both at national and local levels (Dawod et al., 2025; Graven-Nielsen, 2022; Hotfiel et al., 2024; Ülgen et al., 2025).

The chronology of myalgia begins with an initiation phase in the form of mechanical stress or overuse that triggers microtrauma in muscle fibers (Dommerholt et al., 2020; Shah & Gilliams, 2018). This condition causes disruption of calcium homeostasis and the release of inflammatory mediators such as cytokines, bradykinin, and prostaglandins, which activate peripheral nociceptors (Ge et al., 2011; Schilder et al., 2019; Taguchi et al., 2021). From the Traditional Chinese Medicine (TCM) perspective, this chronology aligns with the theory of Bi Syndrome, in which the invasion of external pathogens (wind, cold, or dampness) causes obstruction of the flow of Qi and Xue (blood) within the meridians (Li et al., 2020; Wang et al., 2022).

Several previous studies have supported the effectiveness of acupuncture for pain management. Vickers et al. (2018) reported through a meta-analysis that acupuncture was significantly more effective than sham acupuncture and conventional care in reducing chronic pain. Yuan et al. (2020) also found that acupuncture was beneficial in reducing pain intensity and improving function in patients with chronic neck pain. In addition, Zhao (2008) explained that acupuncture analgesia works through neurophysiological mechanisms, including endorphin release and modulation of pain pathways. These studies confirm that acupuncture has both theoretical and empirical relevance in musculoskeletal pain management.

However, previous studies have mostly focused on chronic pain and broader musculoskeletal disorders, while limited attention has been given to detailed case-based acupuncture care for myalgia in primary clinical settings, particularly using an integrated TCM diagnostic approach involving anamnesis, physical examination, pulse diagnosis, and tongue examination. Therefore, this study offers novelty by documenting structured acupuncture care for a myalgia patient at Iryas Cisauk Clinic and evaluating its effects on pain reduction and functional improvement over eight therapy sessions.

Acupuncture, as one of the main pillars of Traditional Chinese Medicine (TCM) that has been practiced for thousands of years, offers alternative and complementary solutions to treat a variety of pain conditions, including myalgia. Based on the background described above, the researcher is interested in conducting a case study entitled “Acupuncture Care for Myalgia Patients at Iryas Cisauk Clinic.”

The scope of this case study is limited to acupuncture care for myalgia patients at Iryas Cisauk Clinic. The research question in this study is: how beneficial is acupuncture care for shoulder and neck pain in myalgia patients at Iryas Cisauk Clinic? The purpose of this case study is to determine the benefits of acupuncture care in alleviating pain in the shoulder and neck areas in myalgia patients at Iryas Cisauk Clinic. The results of this study are expected to contribute to scientific evidence regarding the effectiveness of acupuncture as a therapy for treating myalgia based on the Traditional Chinese Medicine (TCM) approach, especially in relation to syndrome differentiation (Bian Zheng) and the selection of appropriate acupuncture points. This research is also expected to serve as a reference for future studies and provide practical benefits to patients and the community through information about safe and effective non-pharmacological therapies. In addition, this research was conducted as one of the

requirements to complete the Acupuncture Associate Expert (A.Md.Akup) program in the D-III Acupuncture Study Program at ITSK Dr. Soepraoen Hospital, Malang, as well as clinical documentation material that can be used to improve the quality of acupuncture services and as a learning reference for students at related educational institutions.

## **METHOD**

This study used a qualitative descriptive research design with a case study approach. This design was chosen because it aims to explore and describe in depth the process of acupuncture care for myalgia patients at the Iryas Cisauk Health Clinic in a natural setting. The case study approach allows researchers to conduct a holistic investigation of the phenomenon being studied (acupuncture care) on a single unit of analysis (one patient) with clear limitations and within a certain period of time. This study was limited longitudinal, where the researcher conducted observations and interventions during a period of 8 therapy visits to see the dynamics of changes in the patient's condition.

The research was carried out at the Iryas Cisauk Health Clinic located at Metro Serpong 1 Housing, Cibogo Village, Cisauk District, Tangerang Regency, Banten. The time for this research will be carried out from November to December 2025. The process of data collection and the provision of acupuncture therapy interventions was carried out within two months with a frequency of therapy 1 time a week, so that the total therapy visits were 8 meetings.

The data collection technique in this study was carried out through the following methods:

1. Informed Consent: The researcher provides a comprehensive explanation of the patient's purpose, objectives, research procedures, and rights. Patients who are willing to participate are asked to sign an informed consent sheet as proof of willingness to be the subject of the study.
2. Anamnesis (Structured Interview): The researcher conducted in-depth interviews to dig into the subjective data of the patients which included:
  - a. Patient's identity (name, age, gender, occupation)
  - b. Major complaints and current history of the disease (onset, location, pain quality, aggravating/mitigating factors)
  - c. History of past illnesses (systemic disease, injury, surgery)
  - d. Previous medical history (pharmacological or non-pharmacological)
  - e. Daily habits (diet, physical activity, stress, work position)
3. Physical Examination: Conducted to obtain objective data, including:
  - a. Inspection: Observes the condition of the pain area, such as swelling, redness, changes in muscle contours, or analgesic body posture.
  - b. Palpation: Feel the muscle area to feel the local temperature, muscle tension (muscle spasm), and find the Ashi points (points of pressure pain).
  - c. Range of Motion (ROM): Measures the patient's ability to move the diseased part of the body actively and passively, and records the presence of limitations or pain in certain movements.
  - d. Simple Neurological Examination: Performed if necessary to rule out possible neuropathy.

4. **Supporting Examinations:** Record and document the results of any supporting examinations that the patient may have had previously (e.g., X-rays, MRIs, or laboratory results) as supporting data to establish an appeal diagnosis.
5. **Pulsology and Tongue Diagnosis:** Perform pulse examination (palpation of the radial artery) and tongue examination (tongue body color, shape, tongue membrane, and tongue movement) as the basis for the diagnosis of TCM syndrome.
6. **Documentation:** The entire care process is documented in the patient development record (SOAP) format for each visit, as well as photo documentation of the therapy area (with the patient's permission) as supporting data.

To ensure the validity of the data in this qualitative research, the researcher used the following techniques:

- a. **Source Triangulation:** Comparing and checking the degree of trust of information obtained through different sources. In this study, data from the patient (anamnesis) was compared with data from the patient's family and data from medical records or previous therapy records in the clinic.
- b. **Triangulation Techniques:** Using various data collection techniques to dig up the same data. Data on pain, for example, were obtained not only from interviews (NRS), but also from observation (facial expressions, body posture) and palpation (Ashi points).
- c. **Persistent Observation:** The researcher makes continuous and careful observations of the development of the patient's condition during the therapy period (8 visits) to understand the phenomenon more deeply and minimize erroneous data.
- d. **Peer Debriefing:** The researcher discusses the research process and findings with the supervisor and colleagues (acupuncture practitioners in the clinic) to get input and other perspectives in interpreting the data.

The data analysis technique used in this study is qualitative descriptive analysis with the Miles and Huberman interactive analysis model, which is carried out through the following stages:

1. **Data Reduction:** The researcher summarizes, selects the main points, focuses on the important things, and looks for the themes and patterns. The data are all records of the results of the anamnesis, physical examination, and therapeutic development in accordance with the focus of the research (syndrome diagnosis, pain response, functional changes).
2. **Data Display:** The data that has been directed is then presented in the form of systematic narrative text, assisted by tables and graphs for easy understanding. Pain intensity progression (NRS) data is presented in the form of a line graph per therapy session, while the diagnosis data of the syndrome and changes in objective signs are presented in the form of a table.
3. **Conclusion Drawing/Verification:** The initial conclusions presented are still provisional and will change if strong supporting evidence is found at the next stage of data collection. The conclusion in this study is the answer to the formulation of the problem that has been determined, namely the description of the acupuncture care process and its effectiveness in reducing myalgia complaints in the research subjects.

The implementation of the acupuncture therapy plan is carried out in accordance with the Standard Operating Procedure (SOP) of acupuncture at the Iryas Cisauk Health Clinic, with the following steps:

1. Preparation of Tools and Materials:
  - a. Disposable sterile acupuncture needles (disposables) size 0.25 x 25 mm for points in the face, neck, and extremities area, and 0.25 x 40 mm for points in the gluteal and lower back area.
  - b. Sterile cotton that has been moistened with 70% alcohol.
  - c. Cotton bud steril.
  - d. Medical waste bins and safety boxes for the disposal of used needles.
2. Patient Preparation:
  - a. Patients are welcome to enter the therapy room and be explained about the procedure to be performed.
  - b. The patient is asked to take a comfortable position according to the area of the stabbing (sitting, prone to it, or on his side).
  - c. The area to be pierced is exposed and cleaned with a 70% alcohol cotton swab in a circular manner from the inside out.
3. Stabbing Execution:
  - a. The piercing is carried out by filiform needle insertion technique (quick puncture) or with the help of a guide tube.
  - b. The depth of the puncture is adjusted to the location of the point and the patient's condition (ranges from 0.5 - 2.0 cm).
  - c. Needle manipulation is carried out by reinforcing or reducing techniques according to the diagnosis of the syndrome:
    - 1) Reducing techniques (strong manipulation, quick turns) for excess type syndrome (Qi and Xue Stagnation, Pathogen Invasion).
    - 2) Reinforcing techniques (gentle manipulation, slow spin) for deficiency type syndrome (Qi and Xue deficiency).
  - d. Deqi sensation is sought to be achieved, which is characterized by a feeling of heaviness, dullness, tingling, or creeping around the puncture point.
4. Needle Retention:
  - a. The needle is retained for 20-30 minutes.
  - b. During the retention period, 1-2 needle manipulations can be performed to strengthen stimulation.
5. Needle Retraction:
  - a. The needle is removed in a quick motion using a sterile cotton bud to press on the puncture mark to prevent bleeding.
  - b. Used needles are immediately disposed of in the safety box.

The evaluation of the results of acupuncture care is systematically prepared to assess the development of the patient's condition. The preparation of the evaluation includes:

1. Evaluation Per Therapy Session (Formative): Conducted at the end of each therapy session by re-asking the pain scale (NRS) and subjective changes felt by the patient. The results of the evaluation are recorded in SOAP (Subjective, Objective, Assessment, Plan) format.

2. Periodic Evaluation: Performed every 2 weeks or after 4 therapy sessions to assess the patient's developmental trends.
3. Final Evaluation (Sumulative): Conducted at the end of the research period (after 8 therapy sessions) by comparing the initial data (pre-test) and the final data (post-test), including:
  - a. Decreased pain intensity (difference in initial and late NRS scores)
  - b. Increased range of motion (ROM)
  - c. Decreased frequency of recurrence
  - d. Decreased dependence on analgesic drugs
  - e. Improved quality of sleep and daily activities
4. Indicators of Therapy Success:
  - a. Good: Reduction in pain scale > 50% from the initial scale, ROM normal, patients can carry out normal activities without complaints.
  - b. Moderate: Decrease in pain scale 25-50% from initial scale, ROM is almost normal, complaints are still present but significantly reduced.
  - c. Less: Pain scale decrease < 25% from initial scale, ROM is still limited, complaints still interfere with activity.

To ensure the validity of the data, this study uses triangulation techniques (sources and techniques), observation diligence, and discussion with peers (supervisors and acupuncture practitioners). Data collected from various sources and techniques are compared to obtain a high degree of trust.

The data analysis in this study uses the Miles and Huberman interactive analysis model which consists of three stages: data reduction, data presentation, and conclusion drawn. Qualitative data (anamnesis results, observations) are analyzed narratively, while simple quantitative data (NRS scores) are analyzed descriptively and presented in the form of graphs or tables to see changing trends.

## RESULTS AND DISCUSSIONS

### Overview of Research Locations

The research was carried out at the Iryas Cisauk Health Clinic, a traditional health service facility located in Serpong 1 Metro Housing, Cibogo Village, Cisauk District, Tangerang Regency, Banten. The Acupuncture equipment provided is in the form of: patient beds, electrostimulators, moxes, TDP (Thermal Deep Penetration) lamps, filiform needles of various sizes, sphygmomanometer, cotton, 70% alcohol, medical and non-medical waste disposal sites, gloves, mouth masks, and other tools/materials according to needs.

### Participant Characteristics (Patient Identity)

The subjects in this study were one patient with myalgia complaints who met the inclusion criteria and were willing to participate in the study. Here are the patient's identities and characteristics:

**Table 1. Patient Identity**

| No. | Features      | Remarks           |
|-----|---------------|-------------------|
| 1   | Initials Name | Mr. Muh. Haryanto |
| 2   | Age           | 48 years old      |
| 3   | Gender        | Male              |

|   |                    |  |
|---|--------------------|--|
| 4 | Jobs               | Teacher  |
| 5 | Religion           | Islam  |
| 6 | Address            | Kademangan RT 03 RW 02 – South Tangerang – Banten. |
| 7 | Marital Status     | Married  |
| 8 | Final Education    | Bachelor (S1)                                      |
| 9 | Date of Assessment | 2 November 2025                                    |

Source: Primary data obtained from patient anamnesis and clinical records (2025)

## Acupuncture Care Data

### 1. Inspection

#### a. Anamnesis

The anamnesis will be carried out on November 2, 2025 in the consultation room of the Iryas Cisauk Health Clinic. The subjective data obtained are as follows:

- 1) Main Complaint: The patient comes with complaints of pain in both shoulders and back neck since the last 2 weeks.
- 2) Current Disease History (RPS):
  - a) Onset: The pain was first felt about 2 weeks ago, initially felt mild soreness in the right shoulder. Complaints have been aggravated in the last 1 week.
  - b) Location: The pain radiates from the back of the neck (cervical region) to both shoulders (trapezius region), with the most painful point in the right shoulder.
  - c) Pain quality: Pain feels like pain, heaviness, and sometimes like pulling (tension).
  - d) Pain scale: Patients rate pain on a scale of 6 out of 10 (moderate pain) using the NRS (Numerical Rating Scale).
  - e) Aggravating factors: Pain increases when working too long in front of a computer (more than 4 hours without rest), when turning the neck to the right, and when lifting weights.
  - f) Mitigating factors: Pain decreases slightly after a light rub/massage, after a warm compress, and after lying rest.
  - g) Comorbidities: Sometimes there is tension in the shoulder and neck area, a mild headache in the occipital region, and eye fatigue after work.
- 3) Past Disease History (RPD):
  - a) The patient had no history of systemic diseases such as diabetes mellitus, hypertension, or heart disease.
  - b) There is no history of serious injuries or accidents to the neck and shoulders.
  - c) A history of similar complaints has been experienced 2 years ago, but not as often as now.
- 4) Treatment History:
  - a) The patient had taken an anti-pain medication (ibuprofen) purchased at a pharmacy, but only had a temporary effect.
  - b) Have never undergone acupuncture therapy before.
- 5) Daily Habits:
  - a) Occupation: Work in front of the computer 8-9 hours per day with a less ergonomic sitting position (chair without neck rests, monitor position too low).
  - b) Exercise: Exercise infrequently (1-2 times a month).
  - c) Sleep patterns: Sleep an average of 6-7 hours per night, but often wake up in pain.

- d) Stress: Feeling quite stressed with work and office targets.
- b. Physical Examination
  - The physical examination was carried out on November 2, 2025 with the following results:
    - 1) Status Generalis:
      - a) General state: The patient appears composed to be mental, cooperative, facial expressions appear to grimace when moving the neck.
      - b) Vital signs:
        - a. Blood pressure: 120/80 mmHg
        - b. Pulse: 80 times/min
        - c. Breathing: 18 times/min
        - d. Temperature: 36.5°C
    - c. Inspection:
      - 1) There is no deformity or swelling in the neck and shoulder area.
      - 2) No redness or signs of acute inflammation appear.
      - 3) Body posture: The right shoulder appears slightly higher than the left (shoulder elevation), the head position tends to be forward head posture.
    - d. Palpation:
      - 1) Muscle tension (muscle spasm) was found in the bilateral trapezius pars descendens muscle, more pronounced on the right side.
      - 2) Points of compressive pain (Ashi point) were found in the right trapezius area, especially at the midpoint between C7 and acromion.
      - 3) The local temperature is palpably ordinary, not warm.
      - 4) No mass or swelling was found.
    - e. Neck Range of Motion (ROM) Check:
      - 1) Flexion (lowering): 45° (normal: 45°), pain (-)
      - 2) Extension (upward): 45° (normal: 45°), mild pain at the end of the movement
      - 3) Right lateral flexion (bending to the right): 30° (normal: 45°), limited and painful
      - 4) Left lateral flexion: 40° (normal: 45°), painless
      - 5) Right rotation (turning to right): 60° (normal: 80°), limited and painful
      - 6) Left rotation: 75° (normal: 80°), painless
    - f. Simple Neurological Examination:
      - 1) Upper extremity muscle strength: 5/5 (normal)
      - 2) Sensory: No sensational disturbance (baal or tingling) was found in the upper extremities.
      - 3) Physiological reflex: Normal
    - g. Supporting Examinations
      - Supporting examinations such as X-rays or laboratory photos are not carried out because they are not indicated. The diagnosis is established on the basis of an anamnesis and physical examination that leads to myalgia of the trapezius and shoulder muscles without signs of serious structural pathology.
    - h. Pulsology and Tongue Diagnosis (TCM Diagnosis)
    - i. Tongue Check:
      - 1) Tongue body color: Pale pink

- 2) Tongue shape: Normal, not swollen or atrophic
  - 3) Tongue membrane (coating): Thin white, slightly moist
  - 4) Tongue movements: Normal, no tremors
- j. Pulse Check:
- 1) Right pulse: The pulse is somewhat floating (浮, fu) and slightly tight (弦, xian)
  - 2) Left pulse: A slightly weak pulse in the chi (kidney) position

Conclusion of the examination: Based on the results of the anamnesis, physical examination, and diagnosis of TCM, the patient was diagnosed with myalgia of the trapezius muscle and bilateral shoulder with limitations of the lateral ROM of right flexion and right rotation.

## 2. Diagnosis

### a. Medical Diagnosis

Based on the results of the study, the patient was diagnosed with Myalgia of the trapezius and shoulder muscles (ICD-10: M79.1 - Myalgia). This diagnosis is established based on criteria:

- 1) The presence of localized muscle pain in the trapezius and shoulder area.
- 2) No signs of systemic inflammation or structural pathology were found.
- 3) The existence of risk factors in the form of static and less ergonomic work postures.

### b. Diagnosis of MDD Syndrome (Bian Zheng)

Based on data analysis according to the theory of Traditional Chinese Medicine, the diagnosis of the syndrome in this patient is:

Bi syndrome (痹症) due to Cold-Wind Invasion (风寒湿痹) with a predominance of Qi and Xue Stagnation in the Tai Yang and Shao Yang meridians.

Basis for diagnosis enforcement:

**Table 2. TCM-Based Diagnostic Interpretation of Myalgia Patient**

| Parameter                | Findings   | TCM Interpretation  |
|--------------------------|--|---|
| <b>Causes</b>            | Office air conditioning exposure, long static position         | Invasion of external pathogens (Wind-Cold)  |
| <b>Nature of pain</b>    | Painful, heavy, like pulled                                    | Characteristics of Sluggish and Stagnant Qi   |
| <b>Location</b>          | Back neck, shoulders (Tai Yang and Shao Yang meridian stripes) | Gangguan pada meridian Tai Yang (Small Intestine, Bladder) dan Shao Yang (San Jiao, Gall Bladder) |
| <b>Weighting factors</b> | Fatigue, stress  | Qi Stagnation   |
| <b>Tongue</b>            | Pale pink, thin white membrane                                 | Mild Qi deficiency, no heat   |
| <b>Pulse</b>             | Floating, tight  | Presence of external pathogens (Wind), pain/stagnation  |

Source: Developed by the authors based on patient assessment and Traditional Chinese Medicine (TCM) diagnostic principles (Maciocia, 2015; Deadman et al., 2019)

## 5. Therapeutic Planning

Based on the diagnosis of the syndrome that has been established, the following therapy plan is prepared:

### a. Principle of Therapy:

- (1). Repel Wind-Cold pathogens (Drive away the wind and disperse the cold)
  - (2). Promotes Qi and Xue circulation in blocked meridians (Circulate qi and activate blood circulationNetwork)
  - (3). Reduces muscle pain and tension (Relieves pain and relaxes muscles)
  - (4). Strengthening Qi (Increase energy) to prevent recurrence
- b. Acupuncture Point Selection:

**Table 3. Acupuncture Point Selection Plan**

| Yes                         | Dot                 | Meridian           | Function  | Remarks   |
|-----------------------------|---------------------|--------------------|---|---|
| <b>Local Points</b>         |                     |                    |   |   |
| 1                           | GB 20<br>(Fengchi)  | Gall<br>Bladder    | Repel Wind, Smooth Meridians,<br>Overcome Neck Pain                                   | Important points for neck<br>pain and headaches |
| 2                           | GB 21<br>(Jianjing) | Gall<br>Bladder    | Launches Qi in the shoulders,<br>overcomes tension of the trapezius<br>muscles        | Local point of the shoulder<br>area             |
| 3                           | SI 11<br>(Tianzong) | Small<br>Intestine | Smoothing the Tai Yang meridians,<br>relieving shoulder and scapula pain              | Local spots in the scapula                      |
| 4                           | LI 15<br>(Jianyu)   | Large<br>Intestine | Boosts Qi in the shoulder joint   | Local points of the anterior<br>shoulder        |
| 5                           | Ashi Point          | -                  | Unleashing local Qi and Xue stagnation  | Pressure pain points on the<br>trapezius        |
| <b>Distal Point</b>         |                     |                    |   |   |
| 6                           | LI 4 (Fig.)         | Large<br>Intestine | Powerful analgesics, repel pathogens,<br>boost Qi                                     | Yuan-Source Point                               |
| 7                           | SJ 5<br>(Waiguan)   | San Jiao           | Driving the Wind, launching Shao<br>Yang's meridians, connection with<br>Yang Wei Mai | Luo point, point for neck<br>pain               |
| 8                           | SI 3<br>(Houxi)     | Small<br>Intestine | Launching the Tai Yang meridian, for<br>neck and back pain                            | Shu Stream point, Du Mai<br>connection          |
| <b>Reinforcement Points</b> |                     |                    |   |   |
| 9                           | ST 36<br>(Zusanli)  | Stomach            | Strengthens Qi and Xue, strengthens<br>immunity                                       | He-Sea point, tonification<br>point             |

Source: Developed by the authors based on patient assessment and Traditional Chinese Medicine (TCM) principles (2025)

- c. Manipulation Techniques:
- 1) Reducing technique (xie fa) on the points to repel pathogens: GB 20, LI 4, SJ 5 (medium-strong manipulation)
  - 2) Even movement technique (ping bu ping xie) at local points: GB 21, SI 11, LI 15, Ashi point
  - 3) Reinforcing technique (bu fa) on ST 36 for tonification (if required)
- d. Duration and Frequency of Therapy:
- 1) Needle retention: 25 minutes
  - 2) Frequency: 1 time per week
  - 3) Number of sessions: 8 visits in 2 months
- e. Education and Encouragement:
- 1) Education about ergonomic sitting positions at work
  - 2) It is recommended to do light stretching every 1-2 hours
  - 3) Warm compresses on areas that feel strained
  - 4) Avoid direct exposure to air conditioning on the neck and shoulders

5) Increase water consumption

## 6. Implementation of Therapy

The implementation of acupuncture therapy is carried out in accordance with the therapy plan that has been prepared. Here are the details of the implementation of therapy for each session:

**Table 4. Schedule and Implementation of Therapy**

| The 1st session | Date             | Points Used   | Manipulation Techniques  | Patient Response  |
|-----------------|------------------|---|--|---|
| I               | 9 November 2025  | GB 20, GB 21, LI 15, SI 11, Ashi (2), LI 4, SJ 5              | Reducing at GB 20, LI 4, SJ 5; Event movement at local points                    | Deqi is achieved at all points, the patient feels relaxed |
| II              | 16 November 2025 | GB 20, GB 21, LI 15, SI 11, Ashi (2), LI 4, SJ 5              | Same as session I  | Deqi is good, pain is reduced after therapy               |
| III             | 23 November 2025 | GB 20, GB 21, LI 15, SI 11, Ashi (1 titik), LI 4, SJ 5, ST 36 | Reducing at the distal point, even movement at the local, ST 36 with reinforcing | Patients report progress                                  |
| IV              | 30 November 2025 | GB 20, GB 21, SI 11, Ashi (1 point), LI 4, SJ 5, ST 36        | Same as session III  | Ashi's points are decreasing in number                    |
| V               | 7 December 2025  | GB 20, GB 21, LI 4, SJ 5, ST 36                               | Even movement, ST 36 reinforcing   | Minimal pain, improved ROM                                |
| VI              | 14 December 2025 | GB 20, GB 21, LI 4, SJ 5, ST 36                               | Same as session V  | The patient feels almost cured                            |
| VII             | 21 December 2025 | GB 20, GB 21, LI 4, ST 36                                     | Even movement ringan, reinforcing  | Stable, focus on strengthening                            |
| VIII            | 28 December 2025 | GB 20, ST 36  | Even movement, reinforcing   | Final evaluation, preventive education                    |

Source: Authors' documentation of acupuncture therapy sessions at Iryas Cisauk Clinic (2025)

### Procedure for the Implementation of Each Session:

- a. Preparation: Patients are welcome to enter the therapy room and are asked to take a prone position on the therapy table. The neck, shoulders, and upper back areas are exposed.
- b. Sterilization: The puncture area is cleaned with 70% alcohol cotton in a circular manner.
- c. Piercing:
  - 1) GB 20: punctured in the medial direction towards the nose, depth 1-1.5 cm.
  - 2) GB 21: punctured perpendicular or slightly obliquely back, 1-1.5 cm deep (carefully avoiding pulmonary apex).
  - 3) LI 15: pierced perpendicular or slightly obliquely downward, 1-2 cm deep.
  - 4) SI 11: pierced perpendicularly, depth 1-1.5 cm.
  - 5) LI 4: punctured perpendicularly, depth 1-1.5 cm.
  - 6) SJ 5: pierced perpendicularly, depth 1-1.5 cm.
  - 7) ST 36: punctured perpendicularly, depth 1.5-2 cm.
- d. Manipulation: Once the deqi is achieved, the needle is manipulated according to the planned technique.

- e. Retention: The needle is maintained for 25 minutes. In sessions I-IV, 1 re-manipulation was carried out in the middle of the session.
- f. Retraction: The needle is pulled out with fast movements, the puncture marks are pressed with a sterile cotton bud.
- g. Documentation: Patient responses are recorded in SOAP format.

**7. Evaluation**

Evaluation of the results of therapy is carried out every session (formative) and at the end of the therapy period (summative). The following are the results of the evaluation during 8 therapy sessions:

- a. Pain Scale Developmental Evaluation (NRS)

**Table 5. Pain Scale Development (NRS)**

| The 1st session | Date             | NRS Score (0-10)    | Remarks                                  |
|-----------------|------------------|---------------------|--|
| Pre-therapy     | 2 November 2025  | 6                   | Moderate pain, interfering with activity |
| I               | 9 November 2025  | 5 (post-therapy)    | Reduced after therapy                    |
| II              | 16 November 2025 | 5 (pre), 4 (post)   | Improvements start                       |
| III             | 23 November 2025 | 4 (pre), 3 (post)   | Consistent improvement                   |
| IV              | 30 November 2025 | 3 (pre), 2 (post)   | Mild pain                                |
| V               | 7 December 2025  | 2 (pre), 1 (post)   | Minimal pain                             |
| VI              | 14 December 2025 | 1 (pre), 1 (post)   | Stable                                   |
| VII             | 21 December 2025 | 1 (pre), 0-1 (post) | Almost no pain                           |
| VIII            | 28 December 2025 | 0-1                 | Pain disappears/does not bother          |

Source: Authors' calculation based on patient pain assessment using the Numerical Rating Scale (NRS) (2025)

- b. Evaluation of Range of Motion Development (ROM)

**Table 6. Neck ROM Development**

| Movement              | Pre-therapy     | End of Therapy (Session VIII) | Normal | Remarks                 |
|-----------------------|-----------------|-------------------------------|--------|-------------------------|
| Flexion               | 45°             | 45°                           | 45°    | Normal from the start   |
| Extensions            | 45° (mild pain) | 45° (painless)                | 45°    | Improve                 |
| Right lateral flexion | 30° (pain)      | 45° (painless)                | 45°    | Significant improvement |
| Lateral left flexion  | 40°             | 45°                           | 45°    | Improve                 |
| Right rotation        | 60° (pain)      | 80° (painless)                | 80°    | Significant improvement |
| Left rotation         | 75°             | 80°                           | 80°    | Improve                 |

Source: Authors' measurement based on clinical physical examination of patient (2025)

- c. Evaluation of Other Objective Sign Development

- 1) Ashi Points: At the beginning of therapy, 4 Ashi points of pressure pain were found (2 on the right, 1 on the left, 1 on the midline). By the end of therapy, Ashi's point is no longer painful when pressed.
- 2) Muscle tension: Palpation at the end of therapy shows that the trapezius muscle is already palpably more relaxed, there is no spasm.
- 3) Body posture: The patient begins to improve the sitting posture, the right shoulder is no longer elevated.

- d. Subjective Evaluation of Patients
  - 1) Session II: "It's a bit of fun, but it's still painful to be in front of the computer."
  - 2) Session IV: "Much better, can already turn your right head without pain."
  - 3) Session VI: "Now it's normal again, it's just that sometimes it hurts when you're tired."
  - 4) Session VIII: "It doesn't hurt at all. Thank you."
- e. Final Evaluation (Summative)

**Table 7. Comparison of Initial and Late Conditions**

| Parameter                 | Awal (Pre-test)        | End (Post-test)           | Changes          |
|---------------------------|------------------------|---------------------------|------------------|
| Pain Scale (NRS)          | 6 (moderate pain)      | 0-1 (minimal/absent pain) | ↓ 83-100%        |
| Right Flexion Lateral ROM | 30° (limited)          | 45° (normal)              | ↑ 50%            |
| Right rotation ROM        | 60° (limited)          | 80° (normal)              | ↑ 33%            |
| Number of Ashi points     | 4 points               | 0 dots                    | ↓ 100%           |
| Drug dependence           | Ibuprofen occasionally | No medication needed      | Greatly improved |
| Quality of sleep          | Waking up often        | Sleep well                | Improve          |
| Work activities           | Disturbed              | Back to normal            | Improve          |

Source: Authors' analysis based on pre- and post-therapy evaluation data (2025)

Evaluation Conclusion: Based on the indicators of therapy success, the results of acupuncture care in Mr. A were included in the GOOD category, with a reduction in the pain scale >50% (reaching 83-100%), the ROM returned to normal, and the patient was able to carry out normal activities without complaints.

### Examination Discussion

The examination process carried out on Mr. A's patients includes an in-depth anamnesis, physical examination, and PTT (pulsology and tongue diagnosis) diagnosis. This comprehensive approach is in line with the standard of acupuncture care that combines a biomedical perspective and Traditional Chinese Medicine (TCM).

The results of the anamnesis showed that muscle pain complaints in patients were closely related to the work factor, namely a static sitting position in front of the computer for a long time with a less ergonomic posture. This is in line with research that states that office workers have a high risk of experiencing neck and shoulder pain due to sedentary lifestyle and poor work posture (Cagnie et al., 2021). Another triggering factor revealed in the anamnesis is exposure to office air conditioning, which in the perspective of PTT is identified as a Cold (Han) external pathogenic factor that can inhibit the circulation of Qi and Xue.

Physical examination showed significant ROM limitations in lateral movement of right flexion and right rotation, indicating involvement of the trapezius muscles and suboccipital muscles. The findings of Ashi points on palpation show the presence of myofascial trigger points which are characteristic of Myofascial Pain Syndrome (Simons et al., 2019). In PTT, this Ashi point represents the location of the local Qi and Xue stagnation.

Tongue and pulse examinations provide important information for the diagnosis of the syndrome. A pale pink tongue with a thin white membrane indicates the absence of pathogenic heat, but there are indications of mild Qi deficiency. A floating pulse (浮, fu) indicates the

presence of a newly entered external pathogen (Wind), while a fast pulse (弦, xian) indicates pain and stagnation (Maciocia, 2015).

### **Discussion of Diagnosis**

Diagnosis enforcement is carried out at two levels: medical diagnosis and diagnosis of TCM syndrome. The medical diagnosis was established as Myalgia of the trapezius and shoulder muscles (M79.1). This diagnosis corresponds to the clinical criteria of myalgia which includes local muscle pain without being accompanied by signs of systemic inflammation or structural pathology (Treede et al., 2019).

In the TCM perspective, the diagnosis of the syndrome is established as Bi Syndrome (痹症) due to the Cold-Wind Invasion with the predominance of Qi and Xue Stagnation. Bi syndrome in the classic literature of TCM, as in Huang Di Nei Jing, is described as a condition of meridian obstruction by external pathogens (Wind, Cold, Humidity) that causes pain, numbness, and limited movement (Maciocia, 2015).

In this case, the Wind factor (风) is reflected in the nature of the pain that shifts and the sudden onset after exposure to air conditioning. The Cold Factor (寒) is reflected in the nature of the pain that improves with warm and heavy compresses if cold. The stagnation of Qi (气滞) and Xue (血瘀) is a consequence of prolonged obstruction, which manifests as sharp and tense pain (Bu Tong Ze Tong's principle - "influence then pain").

The location of pain involving the back neck and shoulders showed the involvement of the Tai Yang (Small Intestine and Bladder) and Shao Yang (San Jiao and Gall Bladder) meridians. The Tai Yang meridian is the body's outermost defense layer that is first attacked by external pathogens (Deadman et al., 2019).

### **Discussion of Therapeutic Planning**

Therapy planning is structured based on the principles of TCM: Bian Zheng Lun Zhi (辨证论治) or "providing therapy based on the syndrome pattern". The established therapeutic principles are to repel the Wind-Cold pathogen, launch Qi and Xue, and strengthen Qi to prevent recurrence.

The selection of acupuncture points follows the strategy of combining local, distal and special points:

1. Local points (GB 20, GB 21, SI 11, LI 15, Ashi points) are selected to work directly on the diseased area, facilitating local stagnation. GB 20 (Fengchi) is known as an important point for repelling Wind and dealing with neck pain (Deadman et al., 2019). GB 21 (Jianjing) is a key point for overcoming trapezius and shoulder muscle tension.
2. The distal points (LI 4, SJ 5, SI 3) are selected based on the meridian principle. LI 4 (Hegu) is a powerful analgesic point and is a Yuan-Source point capable of repel pathogens. SJ 5 (Waiguan) connects the meridians of Shao Yang with Yang Wei Mai, effective for neck pain and for repelling Wind. SI 3 (Houxi) is the Shu Stream point connected to Du Mai, effective for Tai Yang meridian pain.
3. A strengthening point (ST 36) is added in session III after the acute pain has subsided, aiming to strengthen Qi and prevent recurrence. ST 36 (Zusanli) is known as the main

tonification point that strengthens the spleen and stomach, the source of Qi and Xue production (Maciocia, 2015).

4. The manipulation technique is adapted to the principle of bu xie (tonification and sedation). The reducing technique is used to repel pathogens, while the even movement technique is used for harmonization at local points, and the reinforcing technique for toning.

### **Discussion of Therapy Implementation**

The implementation of therapy was carried out in 8 sessions for 8 weeks with a frequency of 1 time per week.

In sessions I-II, the focus of therapy was on the expulsion of pathogens and the reduction of acute pain. The use of distal points such as LI 4 and SJ 5 with reducing techniques provides a rapid analgesic effect through the release of endorphins and activation of the descending pain inhibitory pathway system (Zhao, 2008). The response of patients who felt relaxation after therapy showed the effectiveness of acupuncture in lowering sympathetic tone and increasing parasympathetic activity.

In sessions III-IV, ST 36 points began to be added to strengthen Qi. This is in line with the PTT strategy that balances between repelling pathogens (祛邪) and strengthening immunity (扶正) (Maciocia, 2015). The reduced number of Ashi points in session IV indicates that the stagnation of Qi and Xue is beginning to be resolved.

In sessions V-VIII, therapy is focused on the maintenance and prevention of recurrence. The reduction of the points used and the reduction in the intensity of manipulation reflect the patient's condition has improved. This approach is in accordance with the PTT principle that when the pathogen has been expelled, therapy should move on to strengthening (toning).

During the implementation of therapy, no significant side effects were found. This proves that acupuncture is a safe therapeutic modality if done with the correct technique and using disposable sterile needles (White, 2020).

### **Evaluation Discussion**

Evaluation of therapy outcomes showed significant improvement in all measured parameters. A decrease in the pain scale from NRS 6 to 0-1 (83-100% reduction) in 8 therapy sessions showed excellent acupuncture effectiveness for myalgia cases.

These results are in line with various previous studies. A meta-analysis by Vickers et al. (2018) involving 20,827 patients with chronic musculoskeletal pain concluded that acupuncture is significantly more effective than acupuncture sham and conventional treatments in reducing pain. Specifically for neck pain, a study by Yuan et al. (2020) reported that acupuncture was effective in reducing pain intensity and improving neck function in patients with chronic neck pain.

Significant improvements in range of motion (ROM), especially in right lateral flexion (from 30° to 45°) and right rotation (from 60° to 80%), suggest that acupuncture not only reduces pain but also improves function. This can be explained through acupuncture mechanisms in reducing muscle spasms, improving local circulation, and facilitating muscle relaxation (Zhang et al., 2021).

From the perspective of TCM, the success of this therapy proves the truth of the principle of Tong Ze Bu Tong ("smoothness does not hurt"). By releasing Qi and Xue in the blocked meridians through stimulation of acupuncture points, pain can be relieved and function can be restored.

Factors that support the success of therapy in this case include:

1. The duration of complaints is still classified as acute (2 weeks), so that the response to therapy is faster than in chronic cases.
2. Patient compliance in undergoing regular therapy schedule (8/8 sessions).
3. The patient's high motivation to recover and his willingness to follow the recommendations of lifestyle modifications.
4. The absence of comorbidities can aggravate the condition.
5. The inhibiting factor identified was the patient's work that still required him to sit in front of the computer for long periods of time. To overcome this, education about ergonomics and regular stretching is very important to prevent recurrence.

The success of the therapy in this case also suggests that acupuncture can be an effective alternative for patients who want to avoid the side effects of nonsteroidal anti-inflammatory drugs (NSAIDs). As is known, long-term use of OAINS is at risk of causing gastrointestinal, cardiovascular, and kidney disorders (Wongrakpanich et al., 2018).

Thus, the acupuncture care given to Mr. H was proven to be effective in overcoming myalgia, according to the hypothesis proposed in the previous chapter.

## CONCLUSION

Based on the findings, acupuncture management for a 48-year-old patient with shoulder and neck myalgia was conducted through a comprehensive assessment, including anamnesis, physical examination, and Traditional Chinese Medicine (TCM) diagnosis involving pulse and tongue evaluation. The patient's condition, associated with prolonged static posture and exposure to air conditioning, was diagnosed medically as trapezius and shoulder myalgia and, from a TCM perspective, as Bi Syndrome due to Cold-Wind invasion causing stagnation of Qi and Xue in the Tai Yang and Shao Yang meridians. The structured acupuncture intervention—combining local, distal, and tonification points with appropriate manipulation techniques—was implemented progressively according to clinical standard procedures, focusing initially on pain relief and subsequently on functional recovery and prevention. The outcomes demonstrated significant improvement, including reduced pain intensity, increased range of motion, decreased tender points, and enhanced sleep quality and daily functioning, indicating that acupuncture based on TCM syndrome differentiation is an effective and safe therapeutic option for myalgia. Future research is recommended to involve larger sample sizes, control groups, and longer follow-up periods to further validate efficacy, compare with other interventions, and strengthen the evidence base for acupuncture in musculoskeletal pain management.

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