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Research Article

ACUPUNCTURE CARE FOR A PATIENT WITH HERNIATED NUCLEUS PULPOSUS (HNP) AT HARMONI MEDIKA HEALTHY HOUSE, MEDAN

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Abstract:

Background: Lumbar herniated nucleus pulposus (HNP) may be associated with low back pain, buttock pain, sensory symptoms, and limitations in daily activities. Acupuncture may be considered as a complementary approach to symptom management; however, a single case cannot establish treatment efficacy.

Objective: To describe the clinical assessment, acupuncture care, and changes reported and observed over six acupuncture sessions in one patient with HNP at Rumah Sehat Harmoni Medan.

Methods: A qualitative case-study approach was used involving one 40-year-old male participant who reported low back pain for approximately two months. Clinical information was collected using a Client Data Sheet and the four traditional Chinese medicine (TCM) examination methods: Wang (observation), Wen (listening and smelling), Wen (inquiry), and Qie (palpation). Six acupuncture sessions were delivered, using BL23, BL24, BL25, BL26, BL40, LI4, and KI3, based on the TCM pattern diagnosis recorded by the practitioner as Qi and blood stagnation in the Bladder meridian. Changes were assessed descriptively through the participant's reports and clinical observations.

Results: By the sixth session, the participant reported substantially reduced low back pain, less frequent buttock soreness, disappearance of the burning sensation in the soles of the feet, improved movement, and more comfortable sleep. Clinical observations included a more relaxed facial expression, a pinker tongue body, less prominent purplish sublingual veins, reduced tenderness at BL23, and a pulse described as less rapid.

Conclusion: Symptomatic and observational improvement was documented during the six-session care period. Because this is a single case without a control group or standardized outcome measurements, the changes cannot be attributed to acupuncture alone. Acupuncture may be considered only as a complementary intervention following appropriate medical assessment.

Keywords: acupuncture; herniated nucleus pulposus; low back pain; case study

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1. INTRODUCTION

Herniated nucleus pulposus (HNP) refers to displacement of intervertebral disc material beyond the normal limits of the disc. In the lumbar region, disc herniation may be associated with local low back pain and, when a nerve root is irritated or compressed, radiating pain or sensory and motor symptoms in the lower limb. The clinical presentation varies according to the level and extent of the herniation and whether nerve-root involvement is present. Low back pain

following lifting or trauma should not, by itself, be regarded as confirmation of HNP; diagnosis requires appropriate clinical assessment and, when indicated, imaging or specialist evaluation.

Management of lumbar HNP depends on symptom severity, neurological findings, and the presence of warning signs. Conservative care may include medical assessment, medication when indicated, and physical rehabilitation. Surgical evaluation may be required in selected cases, particularly when serious or progressive neurological deficits occur. Acupuncture is discussed in the literature as a complementary approach for pain management, but it should not replace diagnostic evaluation, indicated medical treatment, or urgent referral.

Previous work cited by the authors discusses acupuncture for low back pain and the use of local and distal acupuncture points. However, the clinical contribution of this report is not to establish efficacy. Rather, it documents the TCM assessment, the rationale for the recorded point combination, and the symptom progression described during six treatment sessions in one patient presenting with an HNP diagnosis. The objective of this case study was to describe the clinical assessment, acupuncture intervention, and changes reported and observed over six sessions in one patient with HNP at Rumah Sehat Harmoni Medan.

2. METHODS

2.1. Study design and setting

This report used a qualitative case-study design and was conducted at Rumah Sehat Harmoni Medan. The care period consisted of six acupuncture sessions, beginning on 5 January 2026.

2.2. Participant and clinical history

The participant was a 40-year-old man who reported low back pain for approximately two months. According to his history, symptoms began after lifting a sack of rice at work in an improper position. He also reported a previous fall in which he landed in a seated position. Pain was described as severe during certain movements and worsened after walking long distances or standing for prolonged periods. Buttock soreness and intermittent burning sensations in the soles of the feet were also reported.

The source manuscript does not specify whether the HNP diagnosis was confirmed by a physician, whether MRI or other imaging was available, or whether medical records were reviewed. It also does not report neurological examination findings, including lower-limb muscle strength, dermatomal sensation, reflexes, straight-leg-raise testing, or the side and distribution of radiating symptoms. These items must be clarified by the authors; the reported history alone is insufficient to independently confirm HNP or nerve-root compression.

2.3. Clinical and TCM assessment

Clinical information was recorded using a Client Data Sheet (CDS). The TCM assessment included four examination methods: Wang (observation of facial appearance, body and tongue), Wen (listening to the voice and smelling bodily odours), Wen (inquiry about identity, main complaint, medical history, lifestyle and associated symptoms), and Qie (palpation of the symptomatic area, selected points and pulse). The two methods transliterated as Wen should be distinguished in the final journal style as listening/smelling and inquiry, respectively.

At the first session, Wang findings included a reddish facial appearance, a reddish tongue body, a thin white tongue coating, and purplish sublingual veins. The participant's voice was described as loud, clear, and coherent. Inquiry identified low back pain, recent

buttock soreness, occasional heat or burning in the soles, limited water intake before the illness, frequent coffee consumption, smoking, preserved appetite, and sleep disturbance related to pain. Qie examination identified tenderness around BL23 and a deep, rapid pulse. These findings were interpreted within the TCM framework as Qi and blood stagnation involving the Bladder meridian. This TCM pattern diagnosis is distinct from, and does not confirm, the biomedical diagnosis of HNP.

2.4. Acupuncture intervention

Six acupuncture sessions were provided. The points reported in the manuscript were Shenshu (BL23), Qihaishu (BL24), Dachangshu (BL25), Guanyuanshu (BL26), Weizhong (BL40), Hegu (LI4), and Taixi (KI3). The stated treatment principles were to promote Qi and blood circulation, reduce stagnation in the meridians, relieve pain, and support the Kidney and lumbar region. The manuscript indicates that the same points were maintained from sessions two to six because the participant showed a favourable response.

2.5. Outcome assessment and data analysis

Changes were described by comparing the participant's reported symptoms and the practitioner's observations at the first and sixth sessions. No Numeric Rating Scale (NRS), Oswestry Disability Index, sleep questionnaire, or other standardized outcome instrument is reported in the source manuscript. Accordingly, the results are presented as patient-reported and observational changes rather than quantified treatment effects.

2.6. Safety and ethical considerations

The source manuscript does not document screening for red-flag symptoms, including progressive motor weakness, saddle sensory loss, or bowel and bladder dysfunction, nor does it report adverse-event monitoring during treatment.

3. RESULTS

3.1. Participant characteristics and initial presentation

The participant was a 40-year-old man with approximately two months of low back pain. Symptoms reportedly began after lifting a sack of rice at work and were aggravated by prolonged standing, walking long distances, fatigue, and certain movements. Additional complaints included buttock soreness, intermittent burning sensations in the soles of the feet, restricted movement, and sleep disturbance when pain intensified. The source manuscript does not report a baseline pain score, BMI, detailed occupational exposure, previous medical treatment, relevant medical history, laterality, or a dermatomal distribution.

3.2. Treatment course

The manuscript documents the first and sixth sessions in detail and states that the same acupuncture points were used from sessions two through six because the participant responded favourably.

3.3. Biomedical and TCM interpretation

From a biomedical perspective, lumbar HNP may be associated with local pain and, in cases involving nerve-root irritation or compression, radiating pain and sensory or motor changes. However, the present report does not provide imaging findings or a detailed neurological examination. Therefore, the participant's reported symptoms cannot be used to infer the level, severity, or resolution of disc herniation or nerve compression. Within the TCM framework, the recorded pattern was Qi and blood stagnation in the Bladder meridian. The severe low back pain, buttock soreness, tenderness around BL23, purplish sublingual

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veins, and deep, rapid pulse were interpreted by the practitioner as findings consistent with stagnation. The reddish tongue body was also recorded as part of the overall pattern assessment. These TCM findings are used for traditional pattern differentiation and should not be interpreted as biomedical evidence of disc pathology.

Table 1. Comparison of Clinical Assessment Findings Between the First and Sixth Acupuncture Sessions

Assessment domain	First session	Sixth session
Low back pain	Severe pain for approximately two months; interfered with activity and worsened with certain movements, fatigue, prolonged walking or standing.	Pain had substantially decreased; reported as mild and occasional, particularly after fatigue or prolonged standing.
Buttock symptoms	Recent buttock soreness was reported.	Soreness was reported to occur much less frequently.
Sensation in the feet	Intermittent burning or heat sensation in the soles was reported.	The participant reported that the burning sensation had disappeared.
Mobility and daily activities	Movement was limited and pain interfered with activity.	Movement was reported to be more flexible and daily activities more comfortable.
Sleep	Sleep was disturbed when pain intensified or movement triggered pain.	Sleep was reported to be more comfortable, with fewer awakenings due to pain.
Wang-observation	Face appeared reddish and less fresh; facial expression showed pain. Tongue body was reddish, coating thin and white, and sublingual veins purplish.	Face appeared more relaxed and fresher; tongue body was pink, coating remained thin and white, and sublingual veins appeared less purplish.
Wen-listening/smelling	Voice was loud, clear, and coherent.	Voice was clear and calm, without an apparent expression of pain.
Qie-palpation	Tenderness was reported around BL23; pulse was deep and rapid.	Tenderness around BL23 was substantially reduced; pulse was described as less rapid.

The treatment combined local lumbar points and distal points. BL23 (Shenshu) was selected as the Kidney Back-Shu point and was located in the region of the participant's lumbar complaint. BL24 (Qihaishu), BL25 (Dachangshu), and BL26 (Guanyuanshu) were included as additional lumbar Back-Shu points to address the lower back region within the TCM treatment framework. BL40 (Weizhong) was selected as a distal point traditionally used for back and lumbar complaints. LI4 (Hegu) was included as a distal point for regulating Qi and supporting pain management, while KI3 (Taixi) was selected in relation to the Kidney system and the treatment principle of supporting the Kidney and lumbar region. These explanations describe the TCM rationale reported for the point combination; the case did not test the independent contribution of any individual point.

The reduction in reported pain and associated symptoms during the treatment period may be compatible with a beneficial response, but several alternative explanations must be considered. Symptoms may fluctuate naturally, and improvement may also be associated with changes in activity, rest, hydration, reduced coffee consumption, other lifestyle

changes, concurrent medication or rehabilitation, or other care received during the same period.

3.4. Research Contribution

This case study contributes to the clinical understanding of acupuncture as a complementary approach to symptom management in patients with lumbar herniated nucleus pulposus (HNP). It provides a descriptive account of clinical assessment, TCM-based treatment, and reported symptomatic changes over six acupuncture sessions, offering preliminary insights for clinical practice and future research.

3.5. Suggestions

Future studies are recommended to include peer-reviewed clinical trials and systematic reviews specifically investigating the effectiveness of acupuncture for lumbar disc herniation and radicular pain. Researchers should distinguish evidence related to these conditions from studies focusing on nonspecific low back pain to ensure the relevance and accuracy of the scientific references. Furthermore, future research should employ more rigorous methodological designs, involve larger sample sizes, and include standardized outcome measures and long-term follow-up to provide stronger evidence regarding the clinical effectiveness and safety of acupuncture.

3.6. Safety and clinical implications

In patients with suspected lumbar nerve involvement, appropriate medical assessment and screening for urgent warning signs remain essential. Acupuncture should be positioned as a complementary intervention and should not delay referral or replace indicated medical treatment, particularly where progressive neurological deficits or bowel and bladder symptoms are present.

3.7. Limitations

This report has several limitations. It describes only one participant and has no control group; therefore, causal conclusions cannot be drawn. Pain and functional changes were not assessed using standardized instruments. Detailed data from sessions two to five are unavailable in the manuscript. The diagnostic basis for HNP, including physician confirmation and imaging, is not described, and neurological findings are not reported. The acupuncture protocol lacks technical details needed for replication, and concurrent treatments and adverse events are not documented. These limitations should be considered when interpreting the observed changes.

4. CONCLUSION

During six acupuncture sessions, one 40-year-old male participant with a reported diagnosis of HNP experienced patient-reported reductions in low back pain and buttock soreness, disappearance of burning sensations in the soles of the feet, improved mobility, and more comfortable sleep. Changes were also recorded in the practitioner's observations of facial appearance, tongue, tenderness at BL23, and pulse characteristics. These findings describe improvement observed during the treatment period but do not establish that acupuncture alone caused the changes or demonstrate efficacy for HNP. Acupuncture may be considered as a complementary intervention after appropriate clinical assessment and should not replace medical evaluation or indicated treatment. Patients should be advised on safe lifting techniques, activity modification, and consultation with qualified healthcare professionals if symptoms persist or worsen.

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AUTHOR CONTRIBUTIONS

All authors contributed to the conception and design of the case report, data collection, data analysis and interpretation, and manuscript preparation. All authors critically reviewed the manuscript, approved the final version, and agreed to be accountable for the integrity and accuracy of the work.

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