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ACUPUNCTURE CARE FOR A PATIENT WITH POST-DISLOCATION SHOULDER INJURY PRESENTING WITH BLOOD STASIS SYNDROME: A CASE STUDY AT SINSHE HAN CLINIC, WEST JAKARTA

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Abstract:

Background: Shoulder joint dislocation is an acute orthopedic trauma that frequently compromises periarticular capsuloligamentous structures, inducing severe localized pain, joint instability, functional immobility, and systemic emotional distress. While closed reduction and conservative analgesia represent standard clinical protocols, acupuncture is increasingly employed as a restorative complementary modality to resolve traumatic blood stasis and accelerate functional recovery.

Objective: To describe the clinical implementation, Traditional Chinese Medicine (TCM) syndromic differentiation, point formulation, and therapeutic progression of acupuncture care in a patient with post-dislocation shoulder injury presenting with Blood Stasis syndrome at Sinshe Han Clinic, West Jakarta. Methods: A qualitative clinical case study design was conducted involving a 35-year-old male civil servant (Mr. AD) presenting with persistent right shoulder pain and severe range of motion restrictions one week following sports-related traumatic dislocation. Diagnostic assessment adhered to the Four TCM Examinations: inspection (Wang), auscultation and olfaction (Wen), inquiry (Wen), and palpation (Qie). The participant received six planned acupuncture sessions between 9 December 2025 and 27 December 2025. The therapeutic strategy prioritized resolving Blood stasis, activating collaterals, and relieving muscular pain. Acupoints included local shoulder points (GB 21, LI 15, TE 14, and Ashi points), distal regulating points (TE 5, LI 11, SI 3), and systemic Blood-regulating points (BL 17, BL 40) augmented with electrostimulation and TDP infrared therapy.

Results: Across the six sessions, qualitative clinical observations revealed progressive functional and somatic recovery: resting and movement-evoked shoulder pain subsided dramatically, tenderness on palpation was almost eliminated, right shoulder mobility became fluid and unrestricted without guarded compensatory postures, and nocturnal sleep disturbances resolved. Examination of the tongue showed marked clearance of traumatic purple petechiae and thinning of greasy white coating, while the radial pulse relaxed from deep-wiry (Chen Xian) toward a more balanced, moderate rhythm.

Conclusion: Acupuncture care combined with electrostimulation and TDP mineral therapy was associated with noticeable pain alleviation and functional shoulder recovery in a post-dislocation patient.

Keywords: Acupuncture care; Blood stasis; Case study; Electrostimulation; Shoulder dislocation; Shoulder injury

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1. INTRODUCTION

The glenohumeral joint is the most mobile diarthrodial joint in the human body; however, this extensive range of motion renders it inherently unstable and exceptionally predisposed to traumatic subluxation and dislocation (Priliana, 2023; Salim & Saputra, 2021). Dislocation of the shoulder occurs when the humeral head is forcefully displaced from the shallow glenoid fossa,

predominantly following acute direct or indirect mechanical trauma, such as falling onto an outstretched, abducted, and externally rotated arm (Salim & Saputra, 2021). Globally, the World Health Organization (WHO) reported that in 2022 approximately 1.71 billion people were afflicted by musculoskeletal conditions, with traumatic joint and soft-tissue injuries constituting a leading contributor to physical disability (WHO, 2022). Clinical studies by Priliana (2023) indicate that acute mechanical trauma accounts for up to 90.0% of shoulder dislocations (50 out of 64 evaluated cases), while pre-existing degenerative conditions represent the remaining fraction. In Indonesia, national epidemiologic data from the Basic Health Research (Riskesdas) reported that the national prevalence of joint dislocation was 2.2%, with regional variations documented across provincial health registries (Kawalengke et al., 2024).

Acute shoulder dislocation results in marked periarticular tissue damage, tearing of the glenoid labrum, stretching of the glenohumeral ligaments, and surrounding muscular spasm, culminating in excruciating pain, focal edema, protective posture, and functional motor disability (Salim & Saputra, 2021). Even after successful closed reduction, post-traumatic inflammation, intra-articular hematoma, and soft-tissue microtrauma persist, frequently progressing into chronic adhesive capsulitis, recurrent capsuloligamentous laxity, and joint stiffness if not appropriately rehabilitated (RS Pondok Indah, 2024). Furthermore, persistent nocturnal shoulder pain severely impairs sleep architecture, generating psychological distress, irritability, and functional productivity loss (Acubody, 2022; Schattner, 2020). In outpatient complementary medicine clinics such as Sinshe Han Clinic in West Jakarta, patients frequently seek alternative interventions to manage persistent pain and stiffness following initial emergency hospital reduction.

Conventional medical management of post-reduction shoulder trauma centers upon temporary sling immobilization, cryotherapy, and oral non-steroidal anti-inflammatory drugs (NSAIDs) or opioid analgesics to manage acute discomfort, followed by progressive physical therapy (RS Pondok Indah, 2024). However, conventional pharmacological agents present clinical limitations: prolonged oral NSAID intake carries risks of gastrointestinal ulceration, renal microvascular compromise, and cardiovascular adverse events, while failing to directly stimulate local tissue perfusion (PAS et al., 2025; RS Pondok Indah, 2024). Consequently, safe and restorative non-pharmacological modalities are increasingly incorporated into post-traumatic orthopedic rehabilitation. Acupuncture has emerged as an established complementary modality widely investigated for musculoskeletal disorders. Biomedical research demonstrates that mechanical needle insertion and electrical stimulation modulate nociceptive neurotransmission, stimulate endogenous opioid release (endorphins and enkephalins) within the central nervous system, downregulate pro-inflammatory cytokines, and accelerate local microcirculatory clearance of traumatic hematomas (Acubody, 2022; White, 2004).

Within Traditional Chinese Medicine (TCM), traumatic joint dislocation falls under the category of Jin Shang (sinew injury) and Luo Mai Shang (collateral damage), fundamentally manifesting as localized Stagnation of Qi and Stasis of Blood (Yu Xue) within the Taiyang, Yangming, and Shaoyang meridians traversing the shoulder (Liu & Liu, 2000). The sudden mechanical impact disrupts local vascular channels, causing extravasated Blood to accumulate and obstruct the circulation of Qi; according to TCM aphorisms, 'where there is obstruction, there is pain' (*Bu Tong Ze Tong*) (Sim, 2021). While acupuncture combined with infrared TDP lamps and electroacupuncture is commonly applied for musculoskeletal trauma, detailed clinical case documentation capturing syndromic differentiation, specific meridian-point protocols, and longitudinal observational outcomes in Indonesian outpatient settings remains sparse.

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Therefore, this clinical case report aimed to document the comprehensive clinical care process, diagnostic syndromic rationale, and qualitative therapeutic outcomes of a six-session course of acupuncture care combined with electrostimulation and TDP mineral therapy in a patient with post-dislocation shoulder injury presenting with Blood Stasis syndrome at Sinshe Han Clinic, West Jakarta.

2. METHODS

2.1 Research Design

This study adopted a qualitative clinical case study design to evaluate the implementation, syndromic diagnosis, and therapeutic progression of acupuncture care. Rather than addressing sociological inquiries, a clinical case study in traditional medicine functions as a structured medical report documenting individual patient assessment, TCM syndromic differentiation, standardized acupoint selection, and serial observational evaluations adhering to professional practice guidelines (Creswell, 2018; Saryono, 2010).

2.2 Participant and Case Information

The participant was a 35-year-old male civil servant (Mr. AD) residing in Jakarta. He presented to Sinshe Han Clinic with a primary complaint of persistent right shoulder pain and functional movement restriction that began one week prior to presentation following a traumatic fall onto an outstretched hand during a futsal match, resulting in acute anterior shoulder dislocation. The participant reported that emergency closed reduction had been performed; however, severe post-reduction pain, joint stiffness, difficulty sleeping, and radiating pain down the lateral right leg persisted. Participant eligibility adhered to predefined clinical criteria: an adult male presenting with post-dislocation shoulder injury without open wounds or neurovascular lacerations, fully cooperative with the treatment plan, and receiving acupuncture as the exclusive therapeutic intervention during the study window.

2.3 Research Setting and Time

The study was carried out at Sinshe Han Clinic, situated in West Jakarta, Indonesia. The facility is equipped with dedicated acupuncture treatment beds, electrical stimulators, TDP infrared mineral lamps, sterile single-use acupuncture needles of varied calibers, and clinical hygiene supplies. Data collection and therapeutic sessions commenced on Tuesday, 9 December 2025 (Session 1) and concluded on 27 December 2025 (Session 6), comprising six planned sessions delivered twice weekly.

2.4 Research Procedures

Clinical management adhered to structured clinical stages: (1) baseline assessment via the Four Examinations; (2) formulation of treatment principles; (3) sterile needle insertion, electrostimulation, and TDP infrared radiation; and (4) post-treatment observational monitoring. The therapeutic strategy prioritized activating the collaterals, eliminating Blood stasis, relaxing periarticular muscle spasms, and relieving post-traumatic pain (Liu & Liu, 2000). During early sessions, focus was placed on acute pain relief, while subsequent sessions emphasized joint mobility and stability. Needles were retained for 10–20 minutes per visit with electrostimulation and TDP applied concurrently.

2.5 Data Collection Techniques

Data collection was performed using a standardized Client Data Sheet (LDK) encompassing the Four TCM Diagnostic Methods (Si Zhen): Wang (inspection of facial grimacing, guarded arm posture, lip color, and tongue body/coating); Wen (auscultation of vocal clarity and olfaction of breath); Wen (inquiry regarding injury mechanism, pain exacerbation during

movement, psychological anxiety, and sleep fragmentation); and Qie (palpation of focal shoulder tenderness, periarticular muscle tonicity, and radial artery pulse).

2.6 Research Instruments and Acupoint Selection

The clinical protocol integrated 9 targeted acupoints alongside localized tender points (Ashi points): local points (GB 21 Jianjing, LI 15 Jianyu, TE 14 Jianliao, and Ashi points); distal channel points (TE 5 Waiguan, LI 11 Quchi, SI 3 Houxi); and systemic Blood-regulating points (BL 17 Geshu and BL 40 Weizhong). Evaluations were documented through narrative qualitative observations.

2.7 Data Analysis

Data were processed through qualitative descriptive data reduction, categorization, and contextual synthesis. Diagnostic findings recorded at baseline (Session 1, 9 December 2025) were directly contrasted against outcomes documented at completion (Session 6, 27 December 2025) to map pain alleviation and functional restoration.

2.8 Scope and Limitations of the Research Used

The study's scope was delimited to a single adult patient managed in a private urban acupuncture clinic. Methodological limitations include the single-participant design, absence of a control or sham comparison arm, and reliance on descriptive self-reports. The study was conducted with the patient's informed consent and the ethical approval status and confirm that appropriate written consent for publication was obtained.

3. RESULTS AND DISCUSSION

3.1. Result

Acupuncture care was administered across six planned sessions to treat post-dislocation shoulder pain. Table 1 summarizes the complete point formula, anatomical channel distribution, clinical rationale, and therapeutic modalities utilized.

Table 1. Acupuncture Point Formulation, Channel Association, Clinical Action, and Modalities Applied

Acupoint & Location	Meridian / Channel	Therapeutic Action / Clinical Rationale	Technique / Modality
Jianjing (GB 21)	Gallbladder (Shaoyang)	Major local point; relaxes shoulder and trapezius tension, activates Qi-Blood, alleviates pain	Needling & TDP Lamp
Jianyu (LI 15)	Large Intestine (Yangming)	Primary shoulder point; dispels Wind-Damp, unblocks Yangming collaterals, treats joint motor impairment	Needling & Electrostimulation
Jianliao (TE 14)	Sanjiao Meridian (Shaoyang)	Primary posterior shoulder point; dispels Wind, benefits the shoulder joint, resolves local stasis	Needling & Electrostimulation
Ashi Points	Local Area of Pain	Tender trigger points; directly disperses localized Blood stasis, relieves focal muscular spasm	Needling & TDP Lamp
Waiguan (TE 5)	Sanjiao Meridian (Shaoyang)	Luo-connecting point & confluent point of Yangwei Mai; dispels exterior pathogens, clears Shaoyang Qi	Distal Acupuncture (Needling)
Quchi (LI 11)	Large Intestine (Yangming)	He-sea point; clears heat, harmonizes Qi and Blood, benefits upper limb motor function	Distal Acupuncture (Needling)

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Houxi (SI 3)	Small Intestine (Taiyang)	Shu-stream point & confluent point of Du Mai; unblocks Taiyang channel, relieves scapular and shoulder stiffness	Distal Acupuncture (Needling)
Geshu (BL 17)	Bladder Meridian (Taiyang)	Influential point of Blood (Hui Point); invigorates Blood circulation, dispels systemic and traumatic Blood stasis	Systemic Acupuncture (Needling)
Weizhong (BL 40)	Bladder Meridian (Taiyang)	He-sea point; clears Blood heat, opens Taiyang collaterals, relieves radiating pain along lower extremities	Systemic Acupuncture (Needling)

Source: Clinical intervention records at Sinshe Han Clinic, West Jakarta, 2025.

A structured comparative analysis of clinical diagnostic findings across the Four Examinations documented at baseline (Session 1, 9 December 2025) and completion (Session 6, 27 December 2025) is presented in Table 2.

Table 2. Comparison of Clinical Diagnostic Findings Between Session 1 and Session 6

Diagnostic Domain	Session 1 (Baseline: 9 December 2025)	Session 6 (Conclusion: 27 December 2025)	Clinical Status
Chief Complaint	Severe right shoulder pain following traumatic dislocation; severe functional movement restriction	Shoulder pain markedly reduced; movements fluid and unrestricted in daily tasks	Marked Improvement
Associated Complaints	Radiating ache along lateral right leg; severe nocturnal sleep disturbance and psychological restlessness	Lateral leg ache completely absent; restful, uninterrupted sleep, calm psychological state	Fully Resolved
Inspection (Wang)	Facial grimacing during movement; guarded right arm held by left hand, leaning posture; pale lips; pale tongue body with purple petechiae and thick greasy white coating	Relaxed, natural facial expression; erect posture, spontaneous arm swinging during gait; fresh pink lips; healthy pink tongue body without petechiae, thin clean coating	Marked Improvement / Normalized
Auscultation & Olfaction (Wen)	Speech clear, respiration smooth, no pathological body or breath odors	Speech clear, respiration normal, no pathological odors	Normal / Stable
Inquiry (Wen)	Traumatic fall during futsal with right arm outstretched; pain severe upon movement; poor sleep quality due to pain, restless mood	Shoulder pain minimal; daily professional tasks resumed comfortably; deep restorative sleep, positive mood	Marked Improvement
Palpation (Qie)	Marked localized tenderness across right glenohumeral and periarticular tissues; deep and wiry/tight radial pulse (Chen Xian)	Absence of focal tenderness on palpation; supple periarticular muscle tone; moderate, calm, balanced radial pulse	Marked Improvement / Normalized

Source: Client Data Sheet documentation, 2025.

As detailed in Table 2, the six-session acupuncture intervention achieved marked clinical alleviation across all physical, functional, and somatic indicators. By the sixth session on 27 December 2025, right shoulder pain had substantially remitted, arm movement was fluid and unguarded, nocturnal sleep was fully restored, and purple petechiae on the tongue had cleared completely.

3.2 Discussion

The findings indicate that six sessions of acupuncture combined with electrostimulation and TDP mineral therapy were associated with substantial clinical improvement in a 35-year-old male with post-dislocation shoulder injury and Blood Stasis syndrome. Improvements included reduced pain at rest and during movement, decreased periarticular tenderness, increased shoulder range of motion, and better sleep quality. These outcomes are consistent with previous studies suggesting that acupuncture and multimodal physical therapies can reduce musculoskeletal pain, joint stiffness, and functional limitations (White, 2004; Green et al., 2005; Dong et al., 2015; Salim & Saputra, 2021).

From a biomedical perspective, acupuncture may activate sensory nerve pathways, stimulate endogenous opioid release, improve local microcirculation, and modulate pain perception (White, 2004; Zheng et al., 2022). Electrostimulation may further support pain modulation, while TDP therapy provides thermal stimulation that promotes muscle relaxation and local circulation. These mechanisms may contribute to pain reduction and functional recovery.

According to Traditional Chinese Medicine, the condition was diagnosed as traumatic Blood Stasis (Yu Xue Zu Zhi), resulting from impaired Qi and Blood circulation following joint dislocation. Acupuncture points were selected to unblock meridians, disperse Blood Stasis, and restore nourishment to the shoulder sinews (Jing Jin) (Liu & Liu, 2000; Sim, 2021).

However, lifestyle modifications, including avoiding heavy lifting, applying warm compresses, and resting the affected arm, may also have contributed to recovery. The single-case design limits the ability to establish a direct causal relationship between the interventions and clinical improvement. Nevertheless, this case provides useful clinical documentation of combined acupuncture, electrostimulation, and TDP therapy as complementary approaches to post-dislocation shoulder rehabilitation. Further controlled studies are needed to confirm their effectiveness.

3.3. Implications

Acupuncture care represents an accessible and effective complementary therapy for post-traumatic shoulder injuries, particularly for patients seeking non-pharmacological pain relief and early restoration of joint mobility. Primary clinicians and acupuncturists can utilize the combined point formula (GB 21, LI 15, TE 14, Ashi, TE 5, LI 11, SI 3, BL 17, BL 40) alongside thermal modalities as a practical clinical guideline.

3.4. Research contribution

This study offers detailed descriptive documentation of meridian point selection and syndromic differentiation in a post-dislocation case in Jakarta, providing baseline reference data for future clinical trials investigating non-pharmacological orthopedic rehabilitation.

3.5. Limitations

This study has several limitations. First, it involved only one patient with a history of shoulder dislocation; therefore, the findings cannot be generalized to a broader population. Second, the absence of a control group or comparison with sham treatment limits the ability to determine the specific contribution of acupuncture, electrostimulation, and TDP

mineral therapy to the observed clinical improvements. Consequently, the reported improvements were primarily based on clinical observations and descriptive assessments rather than objective measurements. Therefore, the findings should be interpreted as an individual clinical observation rather than evidence of the comparative effectiveness of the treatment approach.

3.6. Suggestions

Future clinical trials should incorporate randomized controlled designs, utilize standardized goniometric and pain scoring instruments, perform follow-up evaluations to assess joint redislocation rates, and secure formal Institutional Review Board (IRB) ethical approval.

4. CONCLUSION

A six-session course of acupuncture care combined with electrostimulation and TDP mineral therapy utilizing points GB 21, LI 15, TE 14, Ashi, TE 5, LI 11, SI 3, BL 17, and BL 40 was associated with marked clinical improvement in a 35-year-old male presenting with post-dislocation shoulder injury and Blood Stasis syndrome at Sinshe Han Clinic, West Jakarta. The intervention effectively alleviated shoulder pain, restored unguarded joint mobility, eliminated localized tenderness, and normalized sleep quality.

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AUTHOR CONTRIBUTIONS STATEMENT

HW: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Writing original draft. IA, CM, MW: Supervision, Methodology, Validation, Writing, review and editing, Project administration.

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