Indonesian Journal of Acupuncture
ISSN 3025-8405

Article

Acupuncture in the Integrative Management of Parkinson's Disease: A Bridge Between Western Medicine and Traditional Chinese Medicine

Michael Mamo[1], Puspo Wardoyo[2], Leny Candra Kurniawan[3]

[1-3]Acupuncture Program, ITSK Soepraoen University, Malang, Indonesia

SUBMISSION TRACK

Received: April 22, 2026
Final Revision: September 10, 2026
Available Online: October 18, 2026

KEYWORDS

Parkinson's disease; acupuncture; Traditional Chinese Medicine; integrative medicine; Chan Zheng

CORRESPONDENCE

Phone: +6285891108109

E-mail: michaelmamo2205@gmail.com

ABSTRACT

Parkinson's disease has no cure, and Western treatments only manage symptoms. Traditional Chinese Medicine views the condition as an internal imbalance rather than a dopamine shortage. This paper integrates both perspectives to guide clinical practice. A 76-year-old female patient with Parkinson's received six acupuncture sessions based on a TCM diagnosis of Spleen Qi Deficiency. Points included ST36, SP6, GV20, BL20, CV12, LI4, LI11, ST40, and additional points for breathing difficulties such as BL13, CV22, and LU9. Her muscle rigidity eased, memory sharpened, and leg strength improved. A chronic cough and wheezing disappeared entirely. Her tongue changed from swollen and red with a greasy yellow coating to thin pink with a moist white coating. Her pulse shifted from strong, rapid, and slippery to moderate and even. Acupuncture proved a useful addition to her regular care.

I. INTRODUCTION

Parkinson's disease (PD) is a progressive neurodegenerative disorder characterized by motor symptoms, including rigidity, bradykinesia, and tremor, as well as a range of non-motor manifestations[1,2]. Although conventional treatments, particularly dopaminergic medications, can improve symptoms, they do not currently provide a cure or reliably prevent disease progression. Acupuncture has been investigated as a complementary approach for managing PD symptoms, although the available evidence remains heterogeneous and further research is needed to establish its clinical benefits[3,4].

Traditional Chinese Medicine (TCM) approaches PD through pattern differentiation, which guides the selection of acupuncture points and treatment techniques according to the patient's presenting symptoms and examination findings. Integrating TCM assessment with conventional medical care may provide an additional perspective on symptom management in patients with complex clinical presentations.

This case report describes the clinical changes observed in an older woman with confirmed PD who received six acupuncture sessions. It presents the treatment approach based on TCM pattern differentiation and documents

Attribution-NonCommercial 4.0 International. Some rights reserved

changes in motor function, memory, respiratory symptoms, and TCM examination findings. The report aims to contribute to the clinical discussion of acupuncture as a complementary intervention rather than to establish its efficacy for Parkinson's disease .

II. METHODS

This single-case qualitative study involved a 76-year-old woman with confirmed Parkinson's disease and a recent history of aspiration pneumonia. Her initial complaints included whole-body stiffness, poor memory, weak legs, mild tremor, and very limited mobility requiring a wheelchair and nasogastric tube.

The study took place at Rumah Sehat "M" Mandiri from December 30, 2025, to January 14, 2026. She completed six acupuncture sessions (twice weekly). Data collection followed the four TCM examination methods (Si Zhen): inspection of facial complexion, eye brightness, and tongue appearance; listening to voice quality and breath sounds; questioning about symptoms, sleep, and appetite; and palpation of pulse and tender points.

The TCM pattern identified was Spleen Qi Deficiency with Phlegm-Dampness and Internal Wind. Points to strengthen Qi were ST36, SP6, GV20, BL20, and CV12. For Parkinson's symptoms, LI4, LI11, and ST40 were added. For respiratory problems, BL13, CV22, LU9, GV14, and LU11 were included. Needle technique combined tonification for deficiency and sedation for excess, using sterile filiform needles (0.18 x 13 mm and 0.25 x 40 mm).

Clinical changes were documented by comparing the patient's reported condition and examination findings before treatment and after the sixth session. The assessed domains included muscle rigidity, mobility, memory, respiratory symptoms, tongue appearance, pulse characteristics, facial complexion, and tenderness at selected acupuncture points. The findings were summarized descriptively without statistical analysis.

Informed consent and ethical approval were reported as having been obtained. The name of the approving ethics committee, approval number, and details of consent for publication should be provided in the final manuscript, where applicable.

III. RESULT

Following six acupuncture sessions, the patient showed reported improvements in several clinical domains. Generalized muscle rigidity decreased from severe to mild, and her functional mobility improved. Initially spending most of her time lying in bed, she was able to sit in her wheelchair for longer periods and, by the final session, reportedly walked short distances with assistance.

Memory also appeared to improve during the observation period. The patient, who initially had difficulty recalling recent information, was reported to have regained the ability to remember details, including the names of her jewelry.

Respiratory symptoms improved concurrently. The productive cough with yellow sputum and wheezing diminished substantially, with no sputum or wheezing reported at the final assessment. The patient also no longer exhibited the previously observed frequent need to take prolonged, deep breaths.

Changes were also noted in the patient's tongue appearance, pulse characteristics, facial complexion, and tenderness at selected acupuncture points. At baseline, the tongue was described as swollen and red, with a greasy, shiny yellow coating. By the final session, it was described as thinner and pink, with a thin, white, moist coating (Table 1).

The pulse, initially characterized as strong, rapid, and slippery, was subsequently described as moderate and even. The patient's facial complexion, initially pale and dull, appeared rosier and more vibrant. Tenderness at LU1, BL13, and

LU9 was no longer detected at the final assessment. No adverse effects were reported during the six-session treatment period.

Figure 1 illustrates the evaluation of severity scores (1 to 5) across six clinical parameters prior to and following the therapeutic intervention. Baseline assessments showed a uniform maximum severity score of 5.0 across all evaluated parameters. Following the treatment, a substantial reduction in symptom severity was observed across all clinical aspects. The most pronounced improvement was recorded in Cough & Sputum, which decreased from 5.0 to 1.0. Muscle Rigidity, Tongue Body, Tongue Coating, and Pulse Quality all showed marked reductions to a score of 2.0, while Memory scores decreased to 3.0. These findings indicate a comprehensive post-treatment clinical improvement among the subjects.

Table 1. Summary of Key Clinical Changes Across Six Acupuncture Sessions

Aspect Assessed	Session One (Baseline)	Session Six (Final)
Muscle rigidity	Severe, affecting the whole body	Mild; able to walk short distances
Memory	Poor; could not recall recent events	Improved; remembers names and details
Cough and sputum	Heavy cough with yellow sputum, wheezing	Little cough, No sputum, no wheezing
Tongue body	Swollen, red	Thin, pink
Tongue coating	Greasy, yellow	Thin, white, moist
Pulse quality	Strong, rapid, slippery	Moderate, even

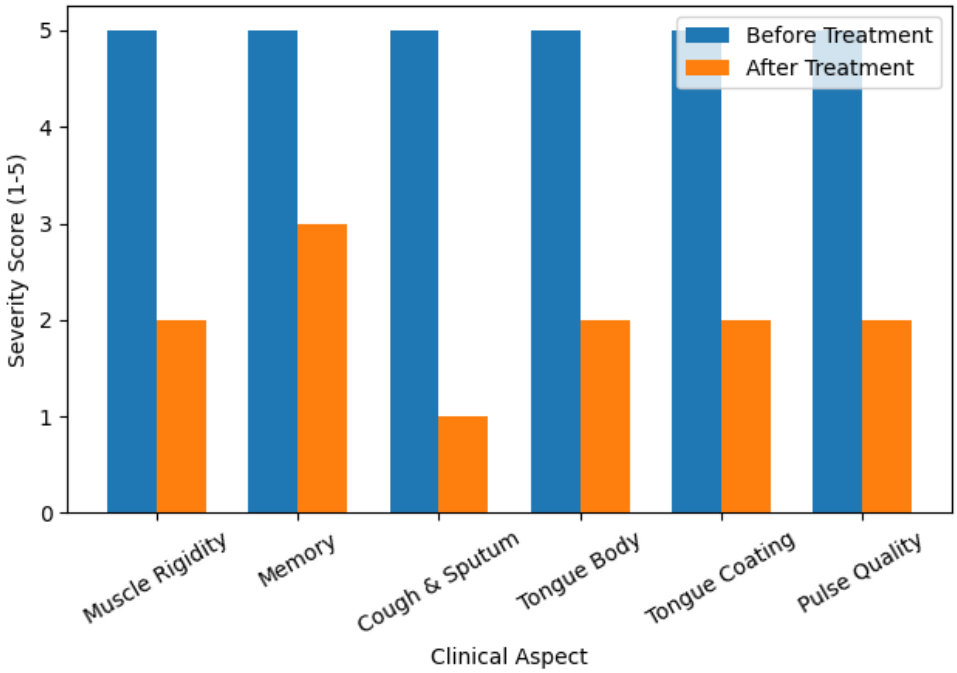

Figure 1. Severity scores across six clinical aspects before and after treatment

IV. DISCUSSION

This case describes clinical improvements observed following six acupuncture sessions in an older woman with PD, including reduced muscle rigidity, im-

proved mobility and memory, and alleviation of respiratory symptoms. Changes were also documented in tongue appearance, pulse characteristics, facial complexion, and tenderness at selected acupuncture points. Although these observations may inform clinical practice and generate hypotheses for further investigation, the uncontrolled design does not establish that acupuncture caused the observed changes.

From a TCM perspective, the treatment was guided by the pattern diagnosis of Spleen Qi Deficiency with Phlegm-Dampness and Internal Wind. The selection of points intended to support Qi and address the patient's motor and respiratory symptoms reflected this diagnostic framework. The observed changes in tongue appearance and pulse characteristics were interpreted by the practitioner as consistent with an improvement in the initial TCM pattern. However, these findings are qualitative and may be influenced by examiner judgment and the absence of standardized assessment procedures.

From a biomedical perspective, acupuncture has been investigated for its potential effects on PD-related symptoms. Proposed mechanisms include modulation of dopaminergic pathways, neuroinflammatory processes, and brain-derived neurotrophic factor (BDNF) signaling[3,4]. Nevertheless, these mechanisms were not directly assessed in this case. No biomarkers or neurophysiological measurements were obtained; therefore, they cannot be used to explain the patient's clinical changes. The reported improvements occurred without changes to the patient's regular medication, according to the case description, but this observation alone does not establish a specific treatment effect[5].

The concurrent improvement in respiratory symptoms is another notable observation. Given the patient's recent history of aspiration pneumonia, the resolution of productive cough and wheezing warrants cautious interpretation. The case does not establish whether these changes were related to acupuncture, recovery from the preceding respiratory illness, concurrent medical care, or other factors. Respiratory symptoms in patients with PD may require medical evaluation, particularly when aspiration is a concern. Acupuncture should not replace appropriate assessment and treatment of respiratory complications[6].

No adverse effects were reported during the six sessions. This observation provides limited information about tolerability in this individual patient, but it is insufficient to establish the safety of acupuncture in frail older adults with PD. Safety considerations are particularly important in patients with substantial mobility limitations and a recent history of respiratory complications[6].

Recent systematic reviews have investigated the potential benefits of acupuncture as a complementary intervention for Parkinson's disease. Although some studies have reported improvements in clinical symptoms, the overall evidence remains limited by methodological heterogeneity and variations in acupuncture protocols and outcome measures [7,8]. Therefore, the clinical improvements observed in the present case should be interpreted cautiously and cannot be attributed solely to acupuncture.

The findings of this case also highlight the importance of standardized clinical assessment in case reporting. The

CARE guidelines emphasize transparent documentation of patient characteristics, interventions, clinical outcomes, and follow-up to improve the completeness and interpretability of case reports[9]. In addition, future reports involving patients with Parkinson's disease should consider validated assessment instruments, such as the Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS), to systematically evaluate motor and non-motor symptoms[10].

Several limitations should be acknowledged. First, this was a single-case report without a control group, so the observed changes cannot be attributed solely to acupuncture. Second, the observation period was short, and no long-term follow-up was reported. Third, outcomes were assessed descriptively rather than with standardized instruments. For example, the Unified Parkinson's Disease Rating Scale (UPDRS) or Movement Disorder Society-sponsored revision (MDS-UPDRS) could provide a more structured assessment of motor and non-motor symptoms. Similarly, standardized cognitive and functional assessments would help substantiate the reported changes in memory and mobility. Finally, potentially relevant factors, including medication details, nutritional status, emotional state, home environment, and concurrent care, were not sufficiently characterized.

Future research should include larger controlled studies with standardized outcome measures and longer follow-up periods. Where appropriate, mechanistic studies could investigate biomarkers such as serum BDNF and inflammatory cytokines. These approaches would help clarify whether acupuncture provides additional benefits when used alongside conventional PD management.

V. CONCLUSION

This case adds to the evidence that acupuncture serves as a helpful complementary therapy for Parkinson's disease. Guided by careful TCM pattern diagnosis, six sessions led to meaningful improvements in rigidity, memory, mobility, and lingering respiratory symptoms. An integrative model respecting both Western medicine and TCM is more useful than relying on one approach alone. Conventional drugs like levodopa remain the mainstay for motor symptoms, while acupuncture has valuable contributions for non-motor symptoms, side effects, and overall well-being.

Future research should move beyond single cases. Larger studies with control groups, longer follow-up periods, and standardized measures like the Unified Parkinson's Disease Rating Scale would clarify acupuncture's benefits. Measuring biomarkers such as serum BDNF or inflammatory cytokines could also shed light on biological mechanisms. Until then, clinicians can confidently offer acupuncture as a safe, low-risk addition to standard care for Parkinson's patients.

REFERENCES

1. Kalia LV, Lang AE. Parkinson's disease. Lancet. 2015;386(9996):896-912.
2. World Health Organization. Parkinson disease: a public health approach. Technical brief. Geneva: WHO; 2022.
3. Huang Y, et al. Effectiveness of acupuncture for Parkinson's disease: A systematic review and meta-analysis. Front Neurol. 2019;10:633.

4. Li X, et al. Acupuncture for Parkinson's disease: a review of clinical, animal, and functional magnetic resonance imaging studies. J Tradit Chin Med. 2012;32(4):511-6.
5. Deadman P, Al-Khafaji M, Baker K. A manual of acupuncture. Journal of Chinese Medicine Publications; 2007.
6. Flaws B, Sionneau P. The treatment of modern Western medical diseases with Chinese medicine. Blue Poppy Press; 2001.
7. Yu P, Wang G, Tan S, Zhan M, Zheng Y, Zhou W, et al. Efficacy of various acupuncture modalities on alleviating symptoms in Parkinson's disease: a systematic review and meta-analysis of randomized controlled trials. Neurol Sci. 2025;46:4819-35. doi:10.1007/s10072-025-08333-1.
8. Cho SY, Shim SR, Rhee HY, Park HJ, Jung WS, Moon SK, et al. Effectiveness and safety of acupuncture in the treatment of Parkinson's disease: a systematic review and meta-analysis of randomized controlled trials. Complement Ther Med. 2017;34:86-103. doi:10.1016/j.ctim.2017.08.005.
9. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D, et al. The CARE guidelines: consensus-based clinical case reporting guideline development. J Clin Epidemiol. 2014;67(1):46-51. doi:10.1016/j.jclinepi.2013.08.003.
10. Goetz CG, Tilley BC, Shaftman SR, Stebbins GT, Fahn S, Martinez-Martin P, et al. Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS): scale presentation and clinimetric testing results. Mov Disord. 2008;23(15):2129-70. doi:10.1002/mds.22340.