

## Clinical Impact of Abdominal Acupuncture as a Central Technique: A Case Series Study

*Clinical Impact of Abdominal Acupuncture as a Primary Technique: Case Series Study*

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### Summary

Abdominal acupuncture is a therapeutic microsystem based on the representation of the entire body in the abdomen, acting through the harmonization of the Zang-Fu organs, the modulation of Qi and Xue, and acting at the level of various body systems, which makes it especially relevant in the context of integrative medicine. This study aimed to analyze the immediate clinical effects of abdominal acupuncture in a series of clinical cases followed up in the context of a Traditional Chinese Medicine (TCM) clinical internship. Fourteen adult patients were included, with heterogeneous complaints, including musculoskeletal pain, anxiety, insomnia, digestive dysfunctions, menstrual irregularities, and sensory disturbances. All patients received individualized treatment, with abdominal acupuncture as the central technique. Clinical efficacy was assessed using the Numerical Pain Rating Scale (NRS) and the Patient's Global Perception of Improvement (PGIC) scale. The results demonstrated an average reduction of 84.3% in the NRS immediately after the session. All participants showed an improvement equal to or greater than 30%, and 92.9% recorded a reduction equal to or greater than 50%. The average PGIC score was 6, reflecting a high subjective perception of benefit. The ability of abdominal acupuncture to generate rapid clinical responses, with minimal invasiveness and a multisystemic effect on the body, reinforces its potential as a comprehensive and holistic intervention, consistent with the fundamental principles of traditional Chinese medicine. Despite the limitations inherent in a case series, these results support the clinical value of abdominal acupuncture and suggest the need for controlled studies to further explore its therapeutic impact.

**Keywords:** Abdominal acupuncture. Traditional Chinese medicine. Musculoskeletal pain. Clinical cases. Holistic health.

### Abstract

Abdominal acupuncture is a therapeutic microsystem based on the representation of the entire body in the abdomen, acting through the harmonization of the Zang-Fu organs, the modulation of Qi and Xue, and the action at the level of various body systems, which makes it especially relevant in the context of integrative medicine. This study aimed to analyze the immediate clinical effects of abdominal acupuncture in a series of clinical cases monitored in the context of a Traditional Chinese Medicine (TCM) clinical internship. Fourteen adult patients with heterogeneous complaints were included, including musculoskeletal pain, anxiety, insomnia, digestive disorders, menstrual changes, and sensory disturbances. All patients received individualized treatment, with abdominal acupuncture as the central technique. Clinical efficacy was assessed using the Numerical Rating Scale (NRS) and the Patient Global Impression of Change (PGIC) scale. The results showed an average reduction of 84.3% in the NRS immediately after the session. All participants showed an improvement of 30% or more, and 92.9% recorded a reduction of 50% or more. The average PGIC was 6, reflecting a high subjective perception of benefit. The ability of abdominal acupuncture to generate rapid clinical responses, with minimal invasiveness and multisystemic impact, reinforces its potential as a global and comprehensive intervention, consistent with the fundamental principles of medicine. Despite the limitations inherent in a series of cases, these results support the clinical value of abdominal acupuncture and suggest the need for controlled studies to further investigate its therapeutic impact.



**Keywords:** Abdominal acupuncture. Traditional chinese medicine. Musculoskeletal pain. Clinical cases. Holistic health.

## 1. Introduction

### 1.1 Abdominal Acupuncture: Concepts and Characteristics

The origin of abdominal acupuncture (Fu Zhen Liao Fa) is associated with Dr. Bo Zhi Yun. during the 1970s, although its institutional dissemination in Chinese territory only This may have happened in the 1990s, at which time the mentor received official validation from this This approach is rooted in Traditional Chinese Medicine. Its global reach, however, began... effectively in 2002. In this type of medicine, the therapeutic method is structured in three overlapping planes, in which each layer assumes specific responsibilities regarding the Different structures of the organism: Superficial Level – Sky (Prenatal System of Canals – represented by a hologram of the "Turtle"); Medium Level – Man (forms a link between the congenital and acquired abdominal system – uses the standard channel/meridian system); Deep Level – Earth (Organ and Viscera System – represented by the Ba Gua of the sky) posterior and the 8 trigrams) (Bo, 1999).

A thorough study of each specific acupuncture point on the abdomen can to favor the development of standardized intervention protocols, which would enable a A more solid incorporation of this practice into healthcare settings. Such progress They pave the way for personalized clinical approaches, grounded in needs. individual factors contribute to reducing evidence deficiencies, which involve the application and mechanisms of acupuncture (Guo *et al.*, 2020).

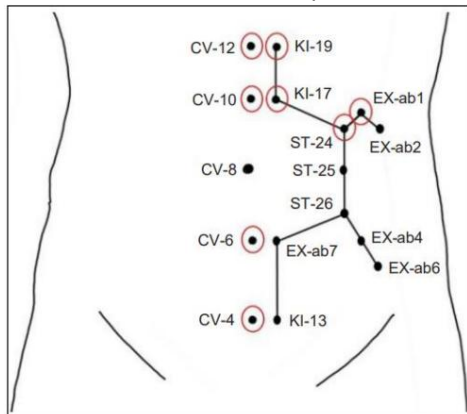
Although modern, abdominal acupuncture is based on classical principles, especially in the theory of "Qi distribution through the navel," according to which the navel (point Ren 8 or Shenque) acts as the body's regulatory center, starting from the embryonic stage. The technique It uses the abdomen as a holographic system, where each region reflects proportionally. the whole body, allowing for comprehensive and rapid response interventions (Bo, 1993).

The location of the points is based on the Ren Mai meridian as the central axis. using standardized measurements between the xiphoid process, the umbilicus, and the pubic symphysis to Map the epigastrium, hypogastrium, and lateral areas. These are the meridians most involved in the treatment. These are Ren Mai, stomach and kidney, whose abdominal pathways allow for the modulation of related functions. to the upper, middle and lower Jiao (Abdominal Acupuncture, electronic book).

**Dr. Bo's technique integrates 3 mapping models:**

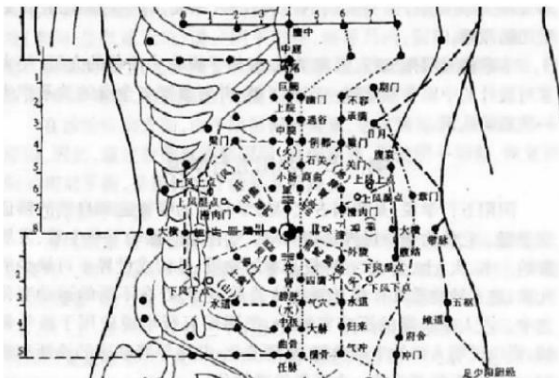
- a. Hologram/sacred turtle (figure 1 - representative diagram of the acupuncture system) abdominal muscles (developed by Bo), which distribute the head, spine, limbs, and joints into abdominal correspondence.
- b. Map of the abdominal meridians, which uses classic points of the Ren Mai and Kidney meridians and stomach, or others.
- c. Map of the Eight Kuo, based on the relationship between the Ba Gua, the eight trigrams (figure 2) and the functional areas of the abdomen, directing treatment according to energy patterns specific, and acting at the level of the internal Zang-Fu organs (Bo, 1999).

**Figure 1** - Diagram of Dr. Bo's abdominal acupuncture: the lines on the left hemiabdomen. They exhibit the "abdominal turtle pattern" according to Bo1 .



Source: Serritella, Galluccio and Di Paolo (2023, p. 57).

**Figure 2** - Ba Gua in the abdomen (Bo, 1999).



Source: Grandjean (2010, p. 198).

<sup>1</sup> The selected acupuncture points are circled in red: Ren-12 (4 cun above the navel); Ren-10 (2 cun above the navel); Ren 6 (1.5 cun below the navel); Ren 4 (3 cun below the navel); Ren 8 (Rim19). (0.5 cun lateral to Ren 12); Kidney17 (0.5 cun lateral to Ren10); Stomach 24 (2 cun lateral to Ren 9, located 1 cun above the navel) and Stomach 26.

The indications for this technique are varied in nature, ranging from physical disorders, emotional and psychological changes (Bo, 1999).

Contraindications include abdominal pain of unknown cause, peritonitis, suspicious masses, hepatomegaly, splenomegaly, peritonitis, pregnancy and conditions that increase the risk of injury during the puncture (Attilio; Eunkyung, 2005).

Thus, abdominal acupuncture presents itself as a safe, regulatory, and... comprehensive, integrating the classic principles of Traditional Chinese Medicine, with a correspondence model. modern and systematized body image.

Abdominal acupuncture is thus a relatively new microsystem, increasingly... Practiced in China and the West. It consists of the gentle and superficial insertion of needles into Specific acupuncture points on the abdomen are used, and it is indicated for cases of extreme pain. sensitivity to needles and/or generalized weakness (Lore, 2007).

A significant number of acupuncture microsystem configurations have emerged in specialized literature, following the publication of the auricular mapping carried out by Nogier in mid-20th century (Helling; Feldmeier, 1999). New methodologies began to include segments such as the skull, the facial region, the ocular structures, the nostrils, the nasal philtrum, the oral cavity, tongue, neck, spine, thorax, abdomen, hands, feet and wrist and ankle joints (Wang, 2008).

The theoretical foundation common to all these microsystems lies in recognition of an established correspondence between a defined body area, and specific functional zones of the organism, where some models exhibit representations Integrals of this, and others are restricted to partial projections. Systems with representation Complete somatotopic therapy allows for the treatment of the vast majority of clinical conditions. well-known methods, such as auricular acupuncture as developed by Nogier, and scalp acupuncture. hairy acupuncture introduced by Yamamoto (Feely, 2006), from hand acupuncture (Magovern, 1995) and of abdominal acupuncture (Bo, 1999).

Each microsystem employs a particular anatomical-functional criterion to define the specific areas of intervention, within their respective body regions, such as the ear (figure 3), the scalp or the hand, so that the treatment of the various pathologies is effected by stimulating precise points on a corresponding homunculus, using For this, metallic acupuncture needles, laser needles, moxibustion, manual pressure, or... cutaneous application of anesthetic substances (Weber; Fussgänger-May; Wolf, 2007).

Bo (1999) published his abdominal acupuncture microsystem (figure 3) in the year from 1991, being his first complete work, which fully detailed this

The microsystem and its applications in clinical practice was subsequently published in 1999. The characteristic graphic representation of this abdominal acupuncture traditionally assumes the turtle-shaped, at the level of the Sky (Figure 1), whose topographic positioning on the abdomen, It depends on the essential reference points.

**Figure 3** - Representations of the auricular (left) and abdominal acupuncture microsystems (right).



Source: Grandjean (2010, p. 198).

Bo (1999) describes an acupuncture microsystem positioned in the abdomen, which It holds considerable relevance for Traditional Chinese Medicine. The hara (abdomen) is the The origin of energetic anatomy and, within it, the origin of the meridians.

The primary difficulty observed in the clinical application of this microsystem lies in Correct marking of each acupuncture point on the skin surface. The effects More robust and reproducible therapeutics emerge exclusively when there is a Meticulous identification of the acupuncture point. In the classic anatomical model of acupuncture, The location of each point is derived from precise distances, calculated from structures. anatomical reference points. However, in numerous microsystems, the absence of landmarks The unambiguous anatomical features make it impossible to rigorously determine the acupuncture point, in their corresponding homunculi (Grandjean, 2010).

Even in the centuries before Christ, Nan Jing (400-200 BC) attributed great importance to abdomen, as the primary source of vital energies and the origin of the twelve meridians.

(Birch; Ida, 1998). Within Western medicine, osteopathic physicians have been practicing for over a century. They had already described the bidirectional interconnections between the brain and the abdominal region, in addition to abdominal brain principle (McMillin et al., 1999).

From an anatomical point of view, it is estimated that there are approximately one hundred million. of neurons distributed throughout the organs of the abdominal cavity. Approximately ninety percent of



Vagus nerve fibers are afferent sensory in nature, carrying information to regions of the paleocortical and limbic systems, which modulate the balance of the nervous system. This corroborates the clinical effectiveness observed in the abdominal acupuncture microsystem. (Gershon, 1999).

The theoretical basis of abdominal acupuncture as conceived by Bo (1999) constitutes a microsystem of integral somatotopic representation, which enables intervention in virtually any pathophysiological disorder. According to the author, the correct application of this The microsystem requires an assessment protocol for locating acupuncture points in the its corresponding region in the abdomen, a factor that limits its widespread adoption in daily practice. Nevertheless, abdominal acupuncture techniques produce responses. therapies with rapid onset and prolonged duration (Grandjean, 2010).

## 1.2 Use of Abdominal Acupuncture in Contemporary Clinical Practice

Abdominal acupuncture represents a therapeutic intervention approach. structured by Dr. Bo, whose purpose is to regulate the internal organs and their viscera (Zang-Fu), Qi, Xue (blood) and body meridians, through the insertion of Needles are inserted into specific areas of the abdomen. According to Professor Bo, this shows that... existence of a centralized regulatory mechanism at point Ren 8 (Shenque), which It is formed during the embryonic period, characterized as a highly hierarchical system. for the entire organism, and which is often neglected. Throughout life In utero, the fetus depends on the umbilical cord for its nutrition, but after birth, Although the form of nutrition changes, the function of distributing Qi and blood around the The umbilical region, which supplies blood to the internal organs, maintains its activity. In this way, the The Shenque system (located in the navel) maintains an intimate connection with the viscera, from the Fetal development, and its particular and specific constitution, reinforces the importance of acupuncture. abdominal for the treatment of diseases affecting internal organs.

Abdominal acupuncture allows for the treatment of local clinical conditions through... The application of needles to the abdomen, channeling Qi and Xue, and enabling regulation. of conditions on a broader scale, which promotes the overall rebalancing of the organism. This This technique can be used alone or in conjunction with other therapies, always following the guidelines. Principles of the holistic concept and syndrome differentiation in Traditional Medicine. Chinese. Due to its characteristics, such as the absence of adverse reactions, the low Despite its low pain level and satisfactory effectiveness, the practice has wide acceptance in



clinical context, and is used in the treatment of diseases involving multiple systems (Bo, 1993).

A study evaluated abdominal acupuncture in the treatment of postpartum depression, in They treated 68 women with Bo abdominal acupuncture, obtaining significant improvement. based on HAMD (Hamilton Depression Rating Scale) scores and symptoms of CTM, with an overall clinical efficacy rate of 92.6% (Yu, 2015).

Yuan and Yunxia (2015) used Dr. Bo's abdominal acupuncture technique, and They randomly assigned 60 patients with obesity and type 2 diabetes *mellitus* , where one One group received pharmacological treatment, and another underwent abdominal acupuncture, each One group consisted of 30 participants. Meanwhile, the first group predominantly used agents. Oral hypoglycemic agents were administered to the second patient, who received stimulation at specific acupuncture points. Abdomen, in a single treatment cycle. The effectiveness index in the acupuncture group. The abdominal circumference reached 93.3%, surpassing the medication group, which demonstrates that the Bo's abdominal acupuncture produces a more pronounced clinical effect in the treatment of Individuals with obesity and type 2 diabetes.

A study conducted by Chen (2012) demonstrated that Bo's abdominal acupuncture Combined with body acupuncture, it can significantly reduce scale scores. HAMD and SDS (Sheehan Disability Scale) in patients with moderate depression, and improve Most notably, depressive symptoms.

## 2. Material and Method

This study constitutes a descriptive observational study, structured in the form of a series of clinical cases, which were monitored in real time, during a clinical internship. Supervised by healthcare professionals in the field of traditional Chinese medicine.

The study took place at the facilities of the Chinarte school - a vocational school - located in Telheiras, Lisbon, in August 2025, involving teachers and students. finalists in the context of supervised practice.

The choice of a clinical case series design is justified because it allows for...

A detailed description of individual clinical responses allows for immediate observation after the Intervention in the patient allows for the identification of cross-sectional patterns among different patients, and to be suitable for therapeutic techniques whose mechanism involves a rapid response, as is the case with Abdominal acupuncture.

This study included 14 patients seen in a practice study setting.



clinical setting, representing a convenience sample. The participants constitute a group heterogeneous in terms of symptoms, with complaints ranging from musculoskeletal pain, digestive complaints, insomnia, anxiety, emotional patterns, menstrual changes, numbness, among other conditions, frequently observed in the clinical practice of traditional medicine Chinese.

**All patients were considered eligible for inclusion in the study.**

**that met the following requirements:**

- a. Age 18 or older
- b. Undergoing abdominal acupuncture treatment during the session.
- c. Complete record of essential clinical data, namely, symptoms and their respective intensity before the intervention, assessment after treatment and, when available, subsequent evaluation (24-72 hours).
- d. Ability to understand and respond to the clinical scales used.
- e. Informed consent for anonymous use of data.

In this study, all patients pre-registered in order to participate. of their own free will, and as such, all were considered to have fulfilled the essential requirements to participate in the study, there are no patients who meet the criteria for exclusion.

**Clinical procedures and intervention**

All patients were evaluated individually, following the methodology. used in traditional Chinese medicine, involving:

- a. Conducting a detailed medical history - chief complaint, temporal evolution, aggravating factors  
or mitigating circumstances.
- b. Language observation.
- c. Palpation and analysis of the pulse.
- d. Identification of the energy pattern (Zang-Fu, Ba Gang, Five Elements, San Bao)  
thus establishing a diagnosis and respective objectives and method of treatment.



**Based on this data, a personalized therapeutic plan was developed, making use of... following techniques:**

1. Abdominal acupuncture - a method that uses the abdomen as a microsystem, integrating Specific maps with particular objectives, such as the sacred turtle map, the map of... meridians and the deep ba gua.
2. Complementary techniques - in specific situations, moxibustion and massage were used. umbilical acupuncture, foot reflexology, auriculotherapy and, lastly, systemic acupuncture. according to clinical need.

### **Frequency and duration of sessions**

Most participants underwent a single treatment session (n=14), being that two of them held two sessions on consecutive days, for therapeutic reinforcement.

Each session lasted an average of 20 to 30 minutes, with the participants remaining in the room. needles were inserted during the therapeutic period. Each participant spent, on average, about 1 hour in contact with the needles. 1 hour and 30 minutes per session, in order to carry out a clinical history, pulse and tongue assessment, as complete as possible.

### **Assessment instruments**

**The effectiveness of the intervention was measured using two validated instruments, namely:**

#### **1. Numerical Pain Scale (NRS – 0 to 10)**

The numerical pain rating scale (Table 1) is one of the most widely used instruments. and validated for measuring pain intensity and other subjective symptoms in clinical settings. It consists of asking the patient to assign a value between 0 and 10, where 0 represents absence. Total pain, and 10 represents the worst pain imaginable. This scale is widely recommended by... its simplicity, speed of application and high sensitivity for detecting clinical variations, before and after therapeutic interventions.

Classic studies, such as that of Jensen *et al.* (1986), have demonstrated that this scale It exhibits excellent internal consistency and convergent validity with other methods of pain assessment and high responsiveness, making it suitable for both experimental studies, as well as for clinical practice. Its numerical nature facilitates the quantification of improvement, the Statistical analysis and the definition of clinical responders - often defined as

those who experience a reduction of at least 30% in pain intensity.

In the present study, the NRS was used as the primary instrument to assess the intensity of the target symptom allows for measuring the immediate response to the treatment performed and To objectively quantify the magnitude of the improvement perceived by the patient.

For the application of this scale, the patient was asked:

On a scale of 0 to 10, where 0 means no pain and 10 means the worst pain imaginable, What number represents your pain right now?

**Table 1 - NRS Pain Scale**

Value	Typical description
0	No pain
1-2	Very slight pain
3-4	Mild to moderate pain
5-6	Moderate pain
7-8	Intense pain
9-10	Very intense/unbearable pain

Source: prepared by the author

## 2. PGIC scale - patient global impression of change (1-7)

The PGIC scale (Hurst; Bolton, 2004) is a widely used subjective scale for To assess the patient's overall perception of improvement after a therapeutic intervention. This involves on a 7-point scale, ranging from 1 ("much worse") to 7 ("fully recovered"), which It seeks to capture, in an integrated way, the patient's own assessment of the changes in their general condition - including pain, well-being, sleep, mobility, energy and overall function.

The PGIC complements the objective measures with the NRS clinical scale, providing A holistic, patient-centered perspective; these are sensitive, clinically relevant measures. and strongly correlated with therapeutic satisfaction and the perception of effectiveness of treatment.

In this study, PGIC was used as a secondary outcome measure, allowing Assess the overall impression of change immediately after the clinical session.

To determine the scale value, the patient was asked:

"Compared to before treatment, how do you feel now about your condition?"  
general (pain, energy, sleep, well-being, among others)?"

**Table 2 - PGIC Scale**

Value	Patient response	Interpretation
1	worse slightly	sharp worsening
2	worse almost the	slight worsening
3	same slightly	without significant change
4	better moderately	slight improvement
5	better	clinically relevant improvement
6	much better	significant improvement
7	Fully recovered. <b>Source:</b>	complete improvement

prepared by the author.

### Variables analyzed

The variables studied were sociodemographic data (age and sex), TCM diagnosis (syndrome, energy pattern, predominant organ), clinical parameters (Pre-treatment and post-session NRS, and 24-72h NRS, when applicable, PGIC, tongue evolution and pulse). The type of technique applied, the number of sessions performed, the absolute reduction and percentage of symptoms, the proportion of clinical responders (greater than 30% and 50%) and the Recording any potential adverse effects was another factor to consider.

### Data processing and analysis

The data was organized into a structured spreadsheet, and subsequently... analyzed using descriptive statistics.

The absolute and percentage reduction in NRS values was calculated using the following methods. formulas:

The absolute reduction in pain was calculated as:

$$\bar{y} = \text{it is - the}$$

The following formula was used to calculate the percentage reduction:

$$\% \bar{y} = \frac{\text{it is - the}}{\text{and}} \cdot 100$$

A patient was considered a clinical responder if their reduction was equal to or greater than 30% (relevant clinical improvement), and if the reduction is equal to or greater than 50%, it is considered an excellent response.

This framework allows the study to be aligned with the international literature on Clinical efficacy in non-pharmacological interventions.

### **Ethical considerations**

All data analyzed is anonymous, with no personal identification involved.

The patients received an explanation about the academic use of the data and gave their consent. informed consent.

The study follows the ethical guidelines of the Declaration of Helsinki for research. non-interventional clinic.

### **3. Results**

#### **Sample characterization**

This study included 14 patients, followed up in an internship setting. Clinically supervised.

The sample was balanced in terms of sex, with 7 men and 7 women, and age. Average age of 53 years (minimum 25, maximum 75 years).

The main complaints were mostly of musculoskeletal origin (approximately (in 10 out of 14 cases), including lower back pain, sciatica, neck pain, shoulder and knee pain, pain bone/generalized pain and foot pain. The remaining cases mainly involved emotional complaints. and functional (anxiety, depression, insomnia, chest tightness, hyperhidrosis and alterations menstrual cramps), often associated with Qi/Yang deficiency patterns or Qi stagnation.

of the liver, according to the principles of Traditional Chinese Medicine (TCM).

#### **Characteristics of abdominal acupuncture treatment**

In 100% of cases, abdominal acupuncture was the central technique of the therapeutic plan. using the following sequence consistently:

“Calling Qi back to its origin” - with the combination of points on the Ren Mai meridian (Ren 12, Ren 10, Ren 6 and Ren 4) associated with the 4 gates of the stomach (E24 and E26) and points complementary points, such as E25, Ab points, abdominal ashi points, adjusting to the pattern.

The energy level of each patient.

In some cases, complementary TCM techniques were associated, but the

The intervention analyzed in this study has abdominal acupuncture as its therapeutic core.

Most patients (12/14) underwent only one session, while 2 patients

They completed 2 sessions on consecutive days, as part of a therapeutic reinforcement program.

The details of each treatment performed are described in Appendix A, which is located... attached.

Also attached, item B contains the description relating to pulse and tongue analysis, before and after each session, as well as some follow-up references after the session.

### Evolution of pain/symptom on the NRS and PGIC scales.

**Table 3 – Results of Clinical Cases**

CasoID	Sexo	Idade	Numero de sessoes	Queixa principal (síntoma avaliado)	Dor baseline	Dor pós término da sessão	Dor followup	PGIC	Redução dor absoluta	Redução dor percentual	Responder 30%
1	M	75	2	Visão embaçada + Dor associada + Depressão +	5	0	0	6	5	100	1
2	F	72	1	Opressão torácica	7	2		6	5	71	1
3	M	28	1	Dor cervical/torbar generalizada	8	0		7	8	100	1
4	M	47	1	Refluxo + ansiedade	5	1		6	4	80	1
5	M	70	1	Dor ciática posterior	6	0		6	6	100	1
6	M	49	1	Lombalgia crônica	8	1	0	6	7	88	1
7	F	44	1	Ansiedade + fadiga	4	1	0	6	3	75	1
8	F	25	1	Lombalgia direita	4	0		6	4	100	1
9	F	72	2	Insônia + ansiedade + dor difusa	2	0	0	7	2	100	1
10	M	70	1	Dor trapézio/ombros + dormência	7	0		6	7	100	1
11	F	33	1	Dor omoplata/ ombro direito	5	2		5	3	60	1
12	F	46	1	Ansiedade + obstipação + garganta	3	1		5	2	67	1
13	F	56	1	Lombalgia + anca esquerda	4	0		7	4	100	1
14	M	57	1	Hiperidrose + dor pé esquerdo	5	3		5	2	40	1

Source: Study data (2025).

The intensity of the target symptom, mostly pain, was assessed using a numerical scale. of NRS, which ranges from 0 = no pain, to 10 = very intense or unbearable pain, before and immediately after treatment.

The NRS baseline has an average of 5.21.

The post-session NRS averages 0.79.

The mean absolute reduction in pain was 4.43, which corresponds to a reduction average percentage of 84.3%.

In clinical practice, this means that most patients have moved beyond certain values. compatible with moderate or intense pain, for residual levels or absence of pain, immediately after the session.

### **Clinical responders**

Considering a patient as a clinical responder is one who shows an equal reduction or greater than 30%, on the NRS scale, it can be stated that 100% of the patients were responders of 30% or higher; of these, 93% of patients showed a reduction Equal to or greater than 50%, indicating a robust response.

Only one patient showed improvement between 30 and 50%, still maintaining the clinically relevant benefit.

### **PGIC Scale**

The subjective perception of progress assessed by the PGIC scale immediately after the The treatment has an average score of 6, with this scale ranging from 1 to 7 points.

Regarding the distribution of responses:

3 patients (21.4%) were classified as “moderately better” (PGIC = 5);

8 patients (57.1%) reported feeling “much better” (PGIC = 6);

3 patients (21.4%) reported feeling “fully recovered” (PGIC = 7)

There were no patients with a score of 4 or lower.

### **Short-term follow-up**

In 4 out of 14 cases, it was possible to obtain a reassessment between 24 and 72 hours after the session.

In these patients, the NRS value remained at zero, suggesting continued improvement.

Immediate clinical care is needed, at least in the short term. In the remaining cases, there was no formal follow-up. registered, which is recognized as a limitation of the study.

### **Adverse effects**

No relevant adverse effects associated with the treatment were recorded. in session.

Some patients reported transient sensations of warmth, deep relaxation, or Post-session drowsiness, interpreted as expected physiological responses, and not as side effects. adverse.

## **4. Discussion**

The results of this study show that abdominal acupuncture produced

Significant clinical improvements were observed in the 14 patients included, with an average reduction of 84.3% in... intensity of symptoms assessed by the NRS scale, with 100% of patients reaching at least 30% improvement. The patients' subjective perception, measured by the PGIC, reinforces this. This trend, with average scores above 6, indicates high satisfaction and impression. Globally positive. These results are consistent with existing literature, which describes the Abdominal acupuncture as a fast-response technique, effective in reducing pain and modulation of functional symptoms.

From an energetic point of view, abdominal acupuncture acts not only on the region. local, but about the entire organism through its microsystem, and it is possible to... To harmonize Qi and Xue, regulate the Zang-Fu organ system, and act on various levels. A systematic use of points Ren12, Ren10, Ren6 and Ren4, belonging to the Ren meridian. Mai, it constitutes a highly versatile method that facilitates the rapid restoration of circulation. energetic. The immediate response observed in most cases suggests the effectiveness of this. protocol for reducing Qi stagnation, tonifying the spleen/pancreas and kidney, and in liver modulation - organs that have been frequently involved in the syndromes findings in this study.

However, these results should be interpreted with caution, considering the Methodological limitations inherent in a series of clinical cases. Firstly, although the Although abdominal acupuncture was the central technique in this study, it was applied in several cases. Complementary techniques, including umbilical acupuncture, massage, or systemic acupuncture. From the perspective of Traditional Chinese Medicine (TCM), this approach is consistent with its holistic principle, since The treatment should be tailored to the specific energy needs of each patient. Thus, the combination of techniques results from an informed and necessary therapeutic decision. during the consultation. However, from a methodological point of view, this combination makes it difficult. attributing the results exclusively to abdominal acupuncture could introduce bias. Interpretive analysis regarding the magnitude of its isolated effect.

A second relevant limitation stems from the fact that the study was conducted in in the context of a supervised clinical internship, which implies that data collection - especially regarding observation of the tongue and palpation of the pulse - it has not been completely systematized. In some cases, the information was not recorded by due to the students' inexperience, or due to time constraints. Consequently, the The systemic interpretation of energy patterns suffers from some heterogeneity, not allowing for a more in-depth analysis of the correlations between diagnosis and response. therapy.

Furthermore, there are limitations inherent in uncontrolled studies, such as the absence of... comparison group, small sample size, or limited follow-up. Despite these limitations, the results are consistent, clinically relevant, and aligned with the existing literature, reinforcing the therapeutic potential of abdominal acupuncture as a central technique for treatment of pain, emotional disorders, and functional conditions.

In summary, this series of clinical cases contributed to the consolidation of the body of... Clinical evidence on abdominal acupuncture highlights its immediate effectiveness and high... patient satisfaction and the safety of the method. However, it also reinforces the need for controlled studies, with more robust methodologies and systematic evaluations, for better understanding its mechanisms, and to limit the isolated impact of this technique.

In this article, we have chosen to include photographs of the tongue in some cases, in order to show the differences before and after treatment; this aspect, although useful, functions as... This is an illustrative addition, but it also constitutes a limitation, since the representation of photographic images can distort color, texture, moisture, and volume, and are not a substitute for the original. Direct observation during consultation. Nevertheless, the decision was made to include some images due to... the visible changes after treatment, illustrating, even with this limitation, changes relevant to clinical practice.

## 5. Final Considerations

The results obtained in this series of 14 clinical cases demonstrated that abdominal acupuncture is a highly effective technique for the immediate improvement of symptoms. Abdominal surgery is a highly effective technique for the immediate improvement of symptoms. painful and functional, presenting a rapid, consistent therapeutic response and clinically significant.

An average reduction of 84.3% in symptom intensity, coupled with a 100% rate of clinical responders, with symptom improvement equal to or greater than 30%, and a value of a mean PGIC scale score of 6 indicates a robust therapeutic impact after a single application session.

These results reinforce the importance of abdominal acupuncture as an intervention. It is privileged in the practice of Traditional Chinese Medicine (TCM), particularly in cases of musculoskeletal pain, anxiety, insomnia, fatigue, or others.

The anatomical centrality of the abdomen and the use of strategic points of the Ren Mai meridian and the "stomach gates" appear to play a key role in the speed and scope of the therapeutic response.

However, despite the significant results, this study has limitations.

inherent to its design. The combination, in some cases, of other complementary techniques - although clinically justified by the holistic approach of TCM - it can hinder the The exclusive attribution of the effects to abdominal acupuncture. Additionally, data collection in the context of an internship, this implied some variability in the recording of pulse diagnosis and in Observation of the language, and the use of photographs, even if illustrative, do not replace the in-person clinical evaluation. Finally, the uncontrolled nature and small size of Sample size limits the generalizability of the results.

Despite these limitations, this study contributes to the growing body of evidence.

A clinic that supports abdominal acupuncture as a safe, minimally invasive technique. effective, capable of generating immediate and relevant improvements in the quality of life of patients.

It is suggested that future investigations be carried out with larger samples and protocols. standardized, prolonged follow-up, and ideally, controlled clinical trials that allow To isolate and quantify the specific impact of abdominal acupuncture in different conditions. clinics.

In summary, this case series reinforces the value of abdominal acupuncture as a central therapeutic tool in contemporary traditional Chinese medicine, demonstrating its potential in clinical practice and paving the way for studies with greater methodological rigor, that they may consider their role in integrative medicine.

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## Appendix A – Complete table of clinical cases

CasoID	Sexo	Idade	Queixa principal	Síndrome_MTC (se determinado)	Número de sessões	Acupuntura Abdominal (pontos)	Outras intervenções (ex: moxa, massagem)
1	M	75	Visão com névoa decorrente do diagnóstico de glaucoma		2	Qi à origem (Ren12, Ren10, Ren6, Ren4) + 4 portas E24, E26 + R12 + Ab5, Ab4+reforço dos pontos no joelho direito + AB2	Reflexologia podal e auriculoterapia, nos pontos em que o doente apresetava dor ao toque; efetuando tratamento com acupuntura abdominal. Pontos complementares para o glaucoma: Yamamoto+Taiyan+B2+yu you+E1
2	F	72	Depressão e opressão no tórax.	Deficiência de Qi do Baço com Deficiência de Yang do Rim. Emoção estagna Qi do Fígado e bloqueia o Ren17. Coração e Baço não nutrem o sangue (Yin consumido). Shen afetado.	1	Qi à origem (Ren12, Ren10, Ren6, Ren4) + 4 portas E24, E26 + Ren 12 + Ab1 (lado esquerdo) + Ren 4 + BP 15 + circundar o dragão no Ren 10 e Ren 9	Acupuntura sistêmica - Ren17 + 7C + 9 Pc + 9P. Método das 3 agulhas - 4 portas do espírito ou Sishenhen ponto extra; as 3 agulhas nas têmporas - 38VB Shuigu e 9VBTainchong.
3	M	28	Dores gerais nas costas, com predominância na lombar e cervical, com evolução de 2 semanas.	Estagnação de Qi do fígado e vazio de Yin do rim.	1	Ponto Ren 9, Ren 11, Ren 6 e Ren 4 + Ponto E 24, E 25, E 26 + Ponto R 18 e R 19 + Ponto AB1	Acupuntura umbilical
4	M	47	Estômago - refluxo - e ansiedade.	Estagnação do Qi do fígado com invasão ao estômago associada a deficiência do Qi do baço e agitação do Shen.	1	Ren 12, BP15, Ren 10, R19, Ren 6, R18, Ren 4, E24 e E25.	Acupuntura umbilical e massagem MTM
5	M	70	Dor posterior na perna direita, que erradia da zona lombar (evidenciando o trajeto do nervo ciático).	Deficiência de Qi/Yang do Rim e Baço com acumulação de humidade. Estase de Qi e Xue nos canais do baço (Coração/Pericárdio, Intestino grosso/TriploAquecedor) e da perna (Bexiga).	1	Qi à origem (Ren12, Ren10, Ren6, Ren4) + 4 portas E24, E26 + Ren 11 + R15 + E25+BP15+Ab3+Ab2	
6	M	49	Lombalgia frequente, desgaste na Sacro1-Sacro3 confirmado por meio auxiliar de diagnóstico (TAC).	Deficiência de Jíng/Yin do Rim → insônia + desgaste estrutural lombar. Deficiência de Qi do Baço → excesso de peso e obstipação intermitente. Calor vazio (Coração) por deficiência de Yin → insônia resistente.	1	Qi à origem com Ren12, Ren10, Ren6 e Ren4+R13 bilateralmente; as quatro portas (E24, E26); E25; BP15+ Ren11+ Ren13+ Du20.	Acupuntura sistêmica - DU24, Yintang, Taiyang, B2, IG20, PC6, C7, C3, IG4, E36, E40 e F3. Técnica das 3 agulhas - as 4 portas do espírito
7	F	44	Ciclos menstruais alterados; mente agitada e ansiedade; consumo excessivo de café; não descansa no sono.	Deficiência de Qi do baço (instabilidade digestiva e perda de sangue prolongada), deficiência de yin do rim, estagnação de Qi do fígado e calor vazio no coração (quadro de ansiedade).	1	Qi à origem (Ren12, Ren10, Ren6, Ren4+R13 bilateralmente) + Abertura das 4 portas E24, E26 + E25 + BP15 + BP6, BP10 + E36, E40 + Ren13, Ren17, Ren11+R18.	Acupuntura sistêmica - 4 pontos do espírito + Yintang + Taiyang + C3, C7 + PC6.
8	F	25	Dor região lombar, lado direito, tipo moinha, de evolução desde há oito meses, associando a uma altura em que existiu trabalho e muito stress laboral. Esta dor alivia com o calor. Queixas com evolução de 32 semanas.	Deficiência do Qi Baço/Estômago, Deficiência Yang do Rim, Desarmonia do Shen.	1	Qi à origem - Ren 12, Ren 10, Ren 6 e Ren 4 + 4 Portas: E24, E26 (Bilateral). Bagaia: área Baço/Pâncreas + pontos Ashi. E25 à esquerda (contra-lateral à dor) e pontos ashi em redor de E25 + E26; Ab4+Ab6 + R14, bilateral + Ren4+Ren3 + Yintang	
9	F	72	Dificuldade em adormecer, acorda a meio da noite, ansiedade e caibras.	Deficiência do Qi Baço/Estômago, Deficiência do Yang Rim, Desarmonia do Shen.	2	Chamar o Qi à origem: Ren 12, Ren 10, Ren 6 e Ren 4 + 4 Portas: E24, E26 (Bilateral). Bagaia: Baço/Pâncreas, nos pontos Ashi. Ponto Yintang (0,5cun acima Ren12) + R19 bilateral para reforçar Ren 12	Acupuntura umbilical - coração, rim, fígado e baço
10	M	70	Queixas a nível ósseo e muscular, principalmente na zona dos trapézios; não consegue especificar	Deficiência Qi do Pulmão (doença viral cíclica, dor nos braços no trajeto do meridiano do pulmão), Deficiência Baço/Estômago (língua fina,	1	Chamar o Qi à origem: Ren 12, Ren 10, Ren 6 e Ren 4 + 4 Portas: E24, E26 (Bilateral) + Ab1+ Ab2 (para os ombros com agulhas em redor de E24) + Ab4+ Ab6 (para o pescoço)	Acupuntura umbilical + 3 agulhas com moxa de bastão no ombro esquerdo
11	F	33	Dor na omoplata na zona do trapézio direito/ombro direito, associada a componente inflamatória, há cerca de 5 anos; a paciente associa a dor, ao trabalho de muitas horas ao computador (movimentos repetitivos). Queixas com evolução de há mais de um ano.	Estagnação crónica de Qi e Xue; deficiência de sangue no pós-parto	1	Chamada do Qi à origem: Ren 12 a Ren 6; R18; R17 e E 24; AB1; AB2; + Contralateral	Acupuntura umbilical sobre: estômago + fígado + coração + baço/pâncreas + pulmão
12	F	46	Paciente refere que sente ansiedade, irritabilidade, um quadro depressivo e refere ainda dores de garganta.	Deficiência de yin do rim e fígado; vazio de sangue e yin; estagnação de qi do fígado; calor e segura no intestino; fragilidade do pulmão/Wei-Qi com calor tóxico	1	Chamada do Qi à origem: Ren 12 a REN 6;	Acupuntura umbilical para: coração + pulmão + fígado + vesícula + rim + intestino grosso + baço/pâncreas
13	F	56	Dor lombar com irradiação para a anca esquerda, por vezes bilateral, ântero-posterior; a paciente refere que na sua opinião, estará relacionada com o uso de saltos altos; a dor alivia com saco de água quente. Queixas com evolução de cerca 52 semanas.	Deficiência Yang do rim; deficiência do Yin do estômago/rim; estagnação de Qi do fígado; Vazio de Yin e Xue	1	Qi à origem R12, R10, R6 e R4 // 4 portas E24, E26, E25 à esquerda + R17 bilateral + Ab7	Acupuntura Umbilical: vesícula biliar + estômago + rim + intestino grosso + pulmão
14	M	57	Hiper sudorese, principalmente na parte superior do corpo, após vacina COVID, e dor no pé esquerdo com evolução cerca de 2 anos.	Estagnação de Qi e Xue; Deficiência de Qi do pulmão e do baço; deficiência de yin do rim; fascite plantar	1	Chamada do Qi à origem + E21 a E26 + Ab 6 bilateral - para o pé (fascite plantar) + Ab1	Acupuntura umbilical para: Baço/Pâncreas + Pulmão + Intestino Grosso + Rim

Source: Table created by the author.

### Appendix B – Table of pulse and tongue analysis and follow-up after session.

Caso ID	Pulso_pre (descricao)	Lingua_pre (descricao)	Pulso_pos_imediato (descricao)	Lingua_pos_imediato (descricao)	Followup_apos_sessao
1	Direito - pulso forte e rápido. Esquerdo - lento, no geral.	Saburra amarela, calor, humidade tóxica, no fígado e intestino. Humidade com calor no intestino, estômago, baço e vesícula biliar. Baço com fissuras	Direito - mais calmo. Esquerdo - manteve-se	Calor estabilizou, mantendo a humidade, alívio do calor no coração e fígado	Na sessão seguinte, o paciente apresentava um enorme sentimento de felicidade. Visivelmente com visão mais limpa e clara.
2	Esquerdo: Coração: superficial; Fígado: médio; Rim: profundo. Direito: Pulmão: médio; Baço/Pâncreas: médio; Pericárdio: profundo.	Cor pálida/esbranquiçada, ligeiramente inchada, dentada, com capa branca, relativamente espessa em algumas áreas, com textura seca em algumas regiões, apresentando fissuras longitudinais, no centro.			
3	Apresentava-se superficial e lento, á exceção do baço e do coração, que se apresentavam profundos e lentos.	Pálida com saburra fina e marcas dentadas, e vermelha na ponta.			
4	Direito à P- Forte e Rápido; B- Fraco; PC - Fraco; Esquerdo à C- Fraco Rápido; F- Rápido; R- Rápido	Marcas de dentes e vermelha, na zona do fígado, e na zona do coração, vermelha, e geográfica na zona pulmão e baço/pâncreas.			
5	Profundo e Fraco	Inchada, esbranquiçada e com humidade.			
6	Sem informação	Sem informação			Paciente referiu que dormiu bem nas noites seguintes ao tratamento.
7	Rápido, profundo, fino, mais fraco no rim.	Sem informação			Nos dias seguintes, a paciente informou que se sentia mais equilibrada.
8	Pulso esquerdo - Coração - profundo, cheio, acelerado; Fígado - mediano, cheio, acelerado; Rim - mediano, cheio, acelerado. Pulso direito - Pulmão - mediano, cheio, regular; Baço/Pâncreas - mediano (mais superficial que o pulmão), cheio, arritmico; Triplo Aquecedor - mediano, cheio, arritmico.	Língua trémula, pálida, pouca saburra, dentada.	Pulso esquerdo - Coração - profundo, cheio, arritmico; Fígado - superficial, cheio, arritmico; Rim - superficial, cheio, arritmico. Pulso direito - Pulmão - superficial, cheio, arritmico; Baço/Pâncreas - superficial, cheio, arritmico; Triplo Aquecedor - profundo, cheio, arritmico.	Língua menos trémula, mais preenchida, menos retilínea, zonas dentadas mais salientes.	
9	Pulso Esquerdo - Coração - profundo, cheio, arritmico; Fígado - profundo, cheio, arritmico; Rim - profundo, cheio, arritmico. Pulso Direito - Pulmão - mediano, cheio, arritmico; Baço/Pâncreas - mediano, cheio, arritmico; Triplo Aquecedor - mediano, cheio, arritmico.	Língua rosada, com estagnação de sangue na área do coração/pericárdio e pulmão, com saburra branca seca, ponta da língua mais rosada (coração/pericárdio), raiz da língua com mais saburra amarelada.	Pulso Esquerdo - Coração - profundo, cheio, arritmico; Fígado - superficial, cheio, arritmico. Pulso Direito - Pulmão - superficial, cheio, arritmico; Baço/Pâncreas - superficial, cheio, arritmico; Triplo Aquecedor - profundo, cheio, arritmico.	Língua com menor estagnação de sangue, com menor cinturão e com menor zona de bifurcação da língua, mantém lateralização para a esquerda.	A paciente apresentava uma tez luminosa com um olhar brilhante, estava a sorrir e referiu que se sentia muito "re carregada"; apresentava vitalidade e gratidão, pois sentia-se muito bem.
10	Pulso esquerdo - Coração - superficial, cheio, tenso, regular; Fígado - superficial, tenso em corda, cheio; Rim - superficial, cheio, regular. Pulso direito - Pulmão - superficial, cheio, em corda; Baço/Pâncreas - superficial, cheio; Triplo Aquecedor - superficial, cheio.	Estagnação de sangue, lateralizada para a esquerda, com presença de bifurcação na área do coração/pericárdio, com zona de cinturão.	Pulso esquerdo - Coração - superficial, tenso e cheio; Fígado - superficial, tenso e cheio; Rim - mais profundo, cheio, regular. Pulso direito - Pulmão - cheio, regular e superficial; Baço/Pâncreas - cheio, regular e superficial; Triplo Aquecedor - cheio, regular e superficial.		
11	Pulso esquerdo: escorregadio e superficial; pulso direito: P9 - forte - evoluiu para mais forte, P8 - forte - sem evolução, P7 - forte - evoluiu para mais forte.	Marcada nos bordos, saburra fina, seca, rosada.			
12	Pulso Direito: superficial e fino em P9; Profundo e fino em P8 e P7; Pulso esquerdo: profundo e fino	Vermelha com pequenas fissuras na zona do elemento terra, inchada e vermelha na			
13	Direito: inexistente / superficial / fino / fundo; Esquerdo: lento / profundo.	Húmida, amarelada, saburra quase ausente, com fissura no meio.			
14	Sem informação	Sem informação			

Source: Table created by the author.

**Appendix C** – Photographs of the tongue (before and after session) and patient feedback after the session.

**Clinical case 2**



Figure 4 - Tongue before treatment.



Figure 5 - Tongue after treatment

**Language,**  
**treatment -**

**before**  
**Saburra**

Yellow, heat, toxic dampness, in the liver and intestines. Dampness with heat in the intestines. Stomach, spleen, and gallbladder. Spleen with fissures.

**Tongue, after treatment** - heat stabilized overall, maintaining moisture, relieving the heat. in the heart and liver.

*Patient feedback on the day, after the clinical session.*

*The patient reported feeling very happy due to the improvements he/she felt; he/she mentions who had a restful night like she hadn't had in a long time, with less dizziness.*

*Getting out of bed, you feel that your vision is clearer and more stable.*

**Clinical case 3**



Figure 6 - Tongue before treatment



Figure 7 - Tongue after treatment

**Tongue, before treatment** - Pale/whitish color, slightly swollen, jagged, with A white coating, relatively thick in some areas, with a dry texture in some regions. exhibiting longitudinal cracks in the center.

**Tongue after treatment** – A more harmonious tongue, less swollen, practically without a coating. white.

*Feedback, post-session - After the treatment ended, the patient presented an expression*

*Her facial features were much more animated and cheerful, and she mentioned that she was feeling calmer and lighter.*

*He even said he had more energy.*

*Upon palpation of point Ren 17, no pain was noted at the site; the thoracic region was found to be unblocked.*

#### **Clinical case 6**



Figure 8 - Tongue before treatment



Figure 9 - Tongue after treatment

**Tongue, before treatment** - swollen, whitish and moist.

**Tongue, after treatment** – more uniform, and less whitish.

*Patient feedback after session.*

*The patient, while still undergoing treatment, reported that the lower back pain that*

*It initially radiated to the leg, on the right side, then disappeared; the patient when it finished*

*The treatment was over, and upon getting up from the treatment table and putting on her shoes - she usually had pain in this area.*

*movement - he realized he was no longer in pain, saying his pain level was zero.*

*Regarding numbness in the fingers and lack of sensation, he also mentions that*

*They disappeared.*

#### **Clinical case 9**



Figure 10 - Tongue after treatment



Figure 11 - Tongue before treatment

**Tongue, before treatment** – Trembling, pale tongue, little coating, jagged.

**Tongue after treatment** – Less trembling, fuller, less straight, with more prominent serrated areas.

*Feedback after session: Patient reported zero pain in the lumbar and sacral regions.*

#### Clinical case 11



Figure 12 - Tongue, before  
Figure 13



treatment  
Tongue, after treatment

**Tongue, before treatment** - tongue with blood stagnation, turned to the left.

with bifurcation in the heart/pericardium area, with a belt-like zone.

**Tongue after treatment** – tongue with less blood stagnation, with a smaller band and

With a smaller bifurcation zone of the tongue, it maintains lateralization to the left.

*Post-session feedback - At the end of treatment, the patient reported that they had no pain in their shoulders.*

*and he stopped feeling the burning sensation on the outside of his left knee.*

*During treatment, it was also mentioned that the pain was easing, as well as...*

*a sensation of heat in the trapezius and shoulder area.*

*In the chest area, he reported sometimes feeling pains that would come and go.*