

Effectiveness of TCM Treatment for Intractable Chronic Diseases: Case Report

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ABSTRACT

Introduction: Traditional Chinese Medicine (TCM) is a complementary and alternative medical system which has been included in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11). Ample evidence shows TCM is effective for the treatment of various intractable and chronic diseases.

Objective: To share experiences in the use of TCM in the treatment for intractable and chronic diseases.

Methodology: This is a case series report of four intractable chronic diseases successfully treated with acupuncture and food therapy based on TCM diagnosis.

Results: Case 1 is a 26-year-old female with chronic intractable constipation. TCM diagnosis was dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Treatment by acupuncture and TCM food therapy relieved the constipation in one month. Case 2 is a 60-year-old male with progressive diabetic nephropathy. TCM diagnosis was dampness-heat encumbering the spleen system pattern (ICD-11: SF78). Treatment by acupuncture and TCM food therapy decreased the blood glycosylated haemoglobin and creatinine concentrations. Case 3 is a 38-year-old male with chronic intractable hemorrhoids. TCM diagnosis was spleen Qi sinking pattern (ICD-11: SF71). Treatment by TCM food therapy relieved the hemorrhoids in two months. Case 4 is a female with progressive dyspnea after recovering from COVID-19 a year prior. One session of TEAS effectively relieved severe dyspnea. No adverse effects were reported by all the patients.

Conclusion: TCM is a safe, simple, and effective treatment for various intractable chronic diseases.

Keywords: Traditional Chinese medicine (TCM); Chronic refractory constipation; Hemorrhoids; Diabetic nephropathy; Long COVID

INTRODUCTION

Traditional Chinese Medicine (TCM) is a well-established medical system with a long history. It has survived scrutiny by modern medical experts shown by adoption of TCM practice and education in more than 183 countries or regions around the world, including the United States, United Kingdom, Canada, and Australia [1]. Recently, TCM has also been recognized by World Health Organization (WHO) and is adopted in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) [2,3]. There are many reasons prompting the gradual

inclusion of TCM into the mainstream healthcare system. The main reason seems to be TCM's rationality and compatibility towards the conventional medicine. Abundance evidence has shown that TCM is effective against chronic and intractable diseases [3-5]. Albeit different from the conventional therapy of "one disease-one target-one drug" dogma, TCM with a "multi-component, multi-target, multi-pathway" paradigm has shown satisfactory clinical results in complex diseases [6]. In this report we share several cases of chronic intractable diseases successfully treated with acupuncture and herbal medicine based on TCM diagnosis.

CASE DESCRIPTIONS

Cases 1: Chronic intractable constipation

A 26-year-old female suffered from constipation since eight years ago. The problem had deteriorated in the last 3 months. She was otherwise healthy except for the defecation problem. Her frequency of defecation was usually once in two weeks. Besides, she felt powerless and very hard to expel the feces. Sometimes it could take her one hour in the toilet to finish the defecation. She felt no pain and observed no bleeding during defecation, the feces was soft in consistency and brown in color. She had visited doctors several times and got laxatives with insignificant results. She had also tried eating abundant papaya but her constipation failed to improve. TCM clinical examination revealed her heart system was deficient, as indicated by her tongue's color was pale with its tip flabby, and the left Cun pulse very weak and deep. So the diagnosis was dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Based on the diagnosis, after obtaining informed consent, she was treated with acupuncture and food therapy to strengthen the weak heart system. The following acupoints were selected for treatment: Shenmen (HT7), Daling (PC7), Yinlingquan (SP9) dan Dadun (LR1). For food therapy she was prescribed to consume one serving of cassava leaf daily to increase her heart's Qi. After seven sessions of treatment during one month period, she reported defecation had become normal, once every day and could do it smoothly in about 10 to 15 minutes. Her tongue and pulse showed improvement too. The tongue's color became pinkish and its tip less flabby. While the Cun pulse had increased in strength. Her constipation did not recur at 3 months follow up. The case is summarized as follows.

Case 1	TCM diagnosis & treatment	Results
Diagnosis: Chronic intractable constipation. Prior treatment: Laxatives, papaya.	TCM diagnosis: Dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Treatment: Acupuncture (HT7, PC7, SP9, LR1), and TCM food therapy (cassava leaf).	After 7 sessions of TCM treatment in one month period, the frequency of defecation from once in two weeks to once daily; the duration from up to one hour to about 10-15 minutes. It did not recur at 3 months follow up.

Case 2: Chronic intractable diabetic nephropathy

A 60-year-old male businessman, with body mass index of 24,80, had been suffering from diabetes mellitus for 30 years, hypertension for 5 years. Since two years ago, he had suffered from diabetic nephropathy. His renal function had shown progressive decline as indicated by a rising blood creatinine concentration, although he had been treated by internist and nutritionist in a well-known hospital. His medical specialist

had told him to avoid eating meats, green vegetables, nuts, tea, and he was advised to get hemodialysis. So he came to consult for alternative treatment with TCM. At the first consultation (July 2020) his blood creatinine level was 7,2 mg/dL, hemoglobin level 9,7 g/dL, blood pressure within normal limit. His outstanding complaint was fatigue, feeling heaviness of the body when doing activities, and sometimes feeling coldness of the body. TCM clinical examination revealed he was compos mentis with a normal appearance. The outstanding findings were at the tongue and pulse. His tongue was pale in color, with dry and thick coating. His pulse was slippery and fast. TCM diagnosis was dampness-heat encumbering the spleen system pattern (ICD-11: SF78). After obtaining informed consent, he was told to avoid eating greasy and fried foods. Besides, he was instructed to consume one to two servings of sweet potato and bitter melon every day. Acupuncture and moxibustion therapy was done once in a week to relieve his symptoms. After one month of therapy, his blood creatinine level had dropped to 6,5 mg/dL and hemoglobin level increased to 10,2 g/dL. At the seventh session of treatment in February 2021, his creatinine level had decreased further to 5,2 mg/dL, while his glycosylated hemoglobin level dropped from 7,4% to 6,5%. With such improvement, his specialist doctor no longer asked him for hemodialysis, instead told him to go on his treatment. The case is summarized as follows.

Case 2	TCM diagnosis & treatment	Results
Diagnosis: Chronic intractable diabetic nephropathy. Prior treatment: Conventional diabetic therapy and recommended for hemodialysis.	TCM diagnosis: Dampness-heat encumbering the spleen system pattern (ICD-11: SF78). Treatment: Acupuncture, moxibustion, and TCM food therapy (sweet potato, bitter melon).	During 7 months of integrative conventional and TCM treatment, the blood creatinine level dropped from 7,2 mg/dL to 6,5 mg/dL, then to 5,2 mg/dL, and the glycosylated hemoglobin level dropped from 7,4% to 6,5%.

Case 3: Chronic intractable hemorrhoids

A 38-year-old male, with body mass index of 20,3, had suffered from hemorrhoids for ten years. During defecation, the hemorrhoids frequently, i.e. more than two weeks in a month, caused bleeding and sometimes with pain, but did not bulge out. He had consulted conventional doctor and got suppositories but the problem unresolved. TCM clinical examination revealed his heart pulse was tense, spleen pulse was weak. His tongue was edematous and pale in color, with white and thick coating. Anamnesis revealed he had the habit of biting ice cubes, drinking fruit juices, and eating banana.

Besides, he frequently suffered from nausea, vomiting, and expulsion of shapeless stool. The diagnosis was grade I-II internal hemorrhoids, with chronic hemorrhage, tense heart, caused by Spleen Qi sinking pattern (ICD-11: SF71). The treatment was aimed at upholding the spleen Qi. After obtaining informed consent, the patient was instructed to consume 3 spoonful servings of papaya leaf every day, avoiding cold foodstuffs like ice cubes, fruit juices, banana, and too spicy and hot foodstuffs. He was also told to consume one serving of sweet potato every day to recover his spleen's normal function and relieve the problems of frequent nausea, vomiting, and shapeless stool. After one month of treatment, the frequency of hemorrhage during defecation had declined significantly from more than two weeks in a month to just several days in a month. In the second month of treatment, the hemorrhage during defecation had stopped altogether. The hemorrhage did not recur at 3 months follow up. The case is summarized as follows.

Case 3	TCM diagnosis & treatment	Results
Diagnosis: Chronic intractable hemorrhoids. Prior treatment: Conventional medical treatment with suppositories.	TCM diagnosis: Spleen Qi sinking pattern (ICD-11: SF71). Treatment: TCM food therapy consuming papaya leaf and sweet potato every day, avoiding cold, too spicy and hot foodstuffs.	After one month of TCM treatment, the hemorrhoids was relieved, no further bleeding after defecation. It did not recur at 3 months follow up.

Case 4: Long Covid severe dyspnea

A 42-year-old female, with a body mass index of 21.4, was diagnosed with COVID-19 and treated as an inpatient for 15 days in a hospital in November 2021. In May 2022 she began to feel breathlessness, especially when performing physical activities. Chest radiograph revealed bilateral perihilar and right paracardial interstitial infiltrates. The patient did not take any medication. In April 2023, she experienced severe breathlessness (VAS: 9-10), which compelled her to seek treatment. Clinical examination revealed that the patient was compos mentis, with a blood pressure of 100/70 mmHg, a respiratory rate of 18 breaths/min, and a body temperature of 37.0°C. No other outstanding findings were observed except for complaint of severe breathlessness, so she was diagnosed with post-COVID severe dyspnea. She was informed about the TEAS treatment. After obtaining her consent, TEAS was performed at acupoints LU1 (Zhongfu) and BL13 (Feishu), for 30 minutes. After the first treatment session, the dyspnea was relieved immediately to VAS: 1-2. The treatment was repeated one month later in the same manner. No adverse effects were reported. Chest radiograph, performed in May

2023, revealed normal lungs without infiltrates. Dyspnea did not recur at the 6 months follow up. The case is summarized as follows.

Case 4	TCM diagnosis & treatment	Results
Diagnosis: Long COVID severe dyspnea. Prior treatment: Conventional medical treatment.	TCM diagnosis: Dyspnea disorder (ICD-11:SA80). Treatment: Transcutaneous Electric Acupoints Stimulation (TEAS).	After two sessions of treatment, the dyspnea was relieved, VAS 9-10 decreased to VAS 1-2. It did not recur at 6 months follow up.

DISCUSSION

Case 1 is about chronic refractory constipation. It fulfills the Rome IV criteria of chronic constipation, i.e., frequency of defecation less than 2 times per week which has been experienced for more than 6 months [7]. Besides, it has been treated unsuccessfully with conventional medicine laxatives and fiber-rich foodstuff papaya. With TCM diagnosis, the problem is at the heart system, i.e., dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Then combined treatment with acupuncture and foodstuffs strengthening the heart's Qi and blood has successfully resolved the constipation.

According to TCM, pathophysiology of constipation encompasses at least four patterns or syndromes, i.e., heat accumulation in stomach and intestines, Qi stagnation and depression, blood and Yin deficiency, and cold coagulation due to Yang deficiency. The different patterns have different treatment strategy accordingly. For heat accumulation, the right treatment is to clear the heat, for qi stagnation is to promote qi flow to overcome stagnation and depression, for blood and Yin deficiency is to tonify the blood and Yin, for cold coagulation due to Yang deficiency is to warm and tonify the Yang [8]. So in the case 1 with diagnosis of dual deficiency of heart Qi and blood (ICD-11: SF62), the right treatment is to tonify the heart Qi and blood. The treatment method used in that case is by acupuncture and food therapy. The food for strengthening the heart is with bitter taste [9], in this case cassava leaf has been prescribed. It is interesting that modern research has cast possible relationship between bitter compounds with cardiovascular health [10]. While the acupoints selected in the treatment are directed to calming the heart (HT7 or Shenmen, PC7 or Daling), strengthening the spleen (SP9 or Yinlingquan), and soothing the flow of Qi (LR1 or Dadun). The concerted treatment with the right acupuncture and food has successfully relieve the chronic refractory constipation.

Case 2 is about diabetic nephropathy. In TCM, diabetes is identified as "Xiaoke" or "consumptive thirst" (ICD-11:

SD71). Xiaoke is usually divided into three patterns, i.e., upper consumptive thirst or lung heat consuming fluid, middle consumptive thirst, and lower consumptive thirst. The first pattern has prominent clinical manifestation of polydipsia, dry tongue with red tip, rapid pulse; the second pattern has prominent manifestation of polyphagia, polyuria, emaciation, tongue with yellow or dry coating, slippery or weak pulse; the third pattern has prominent manifestation of profuse and frequent urination with cloudy or pasty urine, soreness and weakness of waist and knees, red or pale tongue, thready rapid or deep weak pulse. Treatment is directed toward the clinical pattern, hence there will be different treatment strategies for the three patterns [11]. Case 2 described above besides manifesting the dampness-heat encumbering the spleen system pattern (ICD-11: SF78) as indicated by the dry and thick tongue coating and slippery rapid pulse, there are also signs of kidney Yin and Yang deficiency pattern (ICD-11:SF94) as indicated by the fatigue, weak and cold sensation, a pale tongue with dry coating. The treatment prescribed consists of sweet potato and bitter melon. The sweet potato is prescribed to strengthen the spleen energy, while the bitter melon is to strengthen the heart as described for case 1 above. In the five element theory of TCM, the heart or the fire element will generate energy for the spleen or the earth element, i.e., “replenishing fire to nourish earth” [9]. So, the treatment was effective in overcoming not only the symptoms of kidney Yin and Yang deficiency, but also the patient’s glucose tolerance and kidney function, as indicated by the decline in the blood glycosylated hemoglobin and creatinine concentration. This finding supports the reports by others that TCM herbs have renal protective effect [12] and that combination of western medicine and TCM brings about better results than western medicine alone for the treatment of diabetic nephropathy [13-15].

Case 3 is about chronic refractory hemorrhoids which have failed with conventional conservative treatment. The TCM diagnosis was Spleen Qi sinking pattern (ICD-11: SF71). The treatment was aimed at upholding the spleen Qi. In this case, the prescription of papaya leaves which taste bitter is aimed at “replenishing fire to nourish earth (spleen)” according to the theory of five elements in TCM. Ingestion of sweet potato is aimed at nourishing the earth element spleen directly [9]. While avoiding cold foodstuffs like ice cubes, fruit juices, banana, and too spicy and hot foodstuffs is to reduce their negative impacts to the spleen. TCM has a specific theory and treatment for hemorrhoids since a long time ago. And recently TCM mechanism of action has been proven effective to treat hemorrhoids by strengthening the supportive elastic fibers and inhibiting the destruction of anal cushion tissues [16].

Case 4 is about post or long Covid severe dyspnea. Currently, its pathogenesis remains unclear, and its treatment is principally symptomatic and multidisciplinary [17]. Based on the duration of the post-Covid symptoms, it has been classified as potential infection-related symptoms (up to 4-5 weeks), acute post-COVID symptoms (from week 5 to week 12), long post-COVID symptoms (from week 12 to week 24), and persistent post-COVID symptoms (lasting more than 24 weeks) [18]. Hence, the case reported here is a persistent post-COVID case with varying degrees of breathlessness that experiences acute exacerbation. This case is treated solely by transcutaneous electric acupoint stimulation (TEAS) based on TCM diagnosis of post-COVID severe dyspnea (ICD-11:SA80, dyspnea disorder). TEAS was performed on the bilateral acupoints LU1 and BL13 which are all specific acupoints affecting the function of the lungs [19]. Many studies have revealed a broad spectrum of therapeutic and prophylactic uses of TEAS in clinical practice, including enhancement of the body’s anti-inflammatory and metabolic ability, improving immune function, protecting organ function, reducing high blood pressure, increasing patients’ degree of overall comfort, effective in relieving pain, nausea, and vomiting [20-22]. This case has confirmed previous reports that one session of acupuncture treatment could dramatically relieve post-COVID syndrome [23,24].

All the four cases are clinical observations. While the case outcomes are promising, the absence of control comparisons or long-term follow-up beyond 3-6 months limits the generalizability of findings.

CONCLUSION

The above four cases show that traditional Chinese medicine, either used alone or concomitantly with conventional medicine, is safe and effective for the treatment of various intractable chronic diseases. None the less, as placebo effects have not been duly excluded, it is recommended to substantiate those preliminary observations with larger and controlled studies.

REFERENCES

1. Fan AY, Wei H, Tian H, Huang J, Alemi SF (2020) Universities of Chinese Medicine Enter the Global Stage of Best Universities Rankings in 2020. *Med Acupunct* 32:136-142.
2. Lam WC, Lyu A, Bian Z (2019) ICD-11: Impact on Traditional Chinese Medicine and World Healthcare Systems. *Pharmaceutical medicine* 33: 373-377.
3. Reddy B, Fan AY (2022) Incorporation of complementary and traditional medicine in ICD-11. *BMC Med Inform Decis Mak* 21: 381.

4. Wang Z, Wang D, Liu W, Wang Z (2023) Traditional Chinese medicine diagnosis and treatment based on systematics. *iLIVER* 2: 181-187.
5. WHO (2022) WHO Expert Meeting on Evaluation of Traditional Chinese Medicine in the Treatment of COVID-19.
6. Xiang L, Ziqi L, Jie L, Qian C, Xiaoyan L, et al. (2023) Network pharmacology approaches for research of Traditional Chinese Medicines. *Chinese Journal of Natural Medicines* 21: 323-332.
7. Sobrado C, Neto IJFC, Pinto R (2018) Diagnosis and treatment of constipation: A clinical update based on the Rome IV criteria. *J Coloproctol (Rio J)* 38:137-144.
8. Xu W (2016) Section 7 Constipation. In: *Textbook of Traditional Chinese Medicine* (Wang Xinhua, ed.). Science Publisher. Beijing; 2016; 330-333.
9. Xia X (2016) Section 3 Five-element Theory. In: *Textbook of Traditional Chinese Medicine* (Wang Xinhua, ed.). Science Publisher. Beijing; 2016; 25-31.
10. Bloxham CJ, Foster SR, Thomas WG (2020) A Bitter Taste in Your Heart. *Front Physiol* 11: 431.
11. Gui DK (2016) Section 15 Consumptive Thirst. In: *Textbook of Traditional Chinese Medicine* (Wang Xinhua, ed.). Science Publisher. Beijing; 2016; 355-357.
12. Sun GD, Li CY, Cui WP, Guo QY, Dong CG, et al. (2016) Review of herbal TCM for the treatment of diabetic nephropathy. *J Diabetes Res* 2016: 5749857.
13. Lu Q, Li CL, Chen WW, Shi ZF, Zhan RT, et al. (2018) Clinical Efficacy of Jinshuibao Capsules Combined with Angiotensin Receptor Blockers in Patients with Early Diabetic Nephropathy: A Meta-Analysis of Randomized Controlled Trials. *Evid Based Complement Alternat Med* 2018: 6806943.
14. Ye C, Gu L, Feng YL, Zhou FQ, She W (2021) Therapeutic effects of Yiqi Huoxue prescription on diabetic nephropathy: A meta-analysis and systematic review. *Ann Palliat Med* 10: 6617-6629.
15. Zhang XX, Wu MZ, Zhou J, Luo Q, et al. (2021) Meta-analysis-based systematic review of effect of traditional Chinese medicine intervention in treatment of diabetic nephropathy on thyroid function. *Ann Palliat Med* 10: 6736-6752.
16. Zhou M, Jin W, Li P, Wang R, Guo X (2023) Traditional Chinese Medicine in the treatment of hemorrhoids-a review of preparations used and their mechanism of action. *Front Pharmacol* 14:1270339.
17. WHO (2023) Coronavirus disease (COVID-19): Post COVID-19 condition.
18. Fernández-de-Las-Peñas C, Palacios-Ceña D, Gómez-Mayordomo V (2021) Defining Post-COVID Symptoms (Post-Acute COVID, Long COVID, Persistent Post-COVID): An Integrative Classification. *Int J Environ Res Public Health* 18: 2621.
19. Xia Q (2016) Section 3 Fourteen Meridians. In: *Textbook of Traditional Chinese Medicine* (Wang Xinhua, ed.). Science Publisher. Beijing; 2016; 244-245, 256.
20. Szmít M, Agrawal S, Goździk W, Kubler A, Agarwal A, et al. (2021) Transcutaneous Electrical Acupoint Stimulation Reduces Postoperative Analgesic Requirement in Patients Undergoing Inguinal Hernia Repair: A Randomized, Placebo-Controlled Study. *Journal of clinical medicine* 10: 146.
21. Szmít M, Krajewski R, Rudnicki J, et al. (2023) Application and efficacy of transcutaneous electrical acupoint stimulation (TEAS) in clinical practice: A systematic review. *Advances in clinical and experimental medicine : official organ Wrocław Medical University* 32: 1063-1074.
22. Wang D, Shi H, Yang Z, et al. (2022) Efficacy and Safety of Transcutaneous Electrical Acupoint Stimulation for Postoperative Pain: A Meta-Analysis of Randomized Controlled Trials. *Pain research & management* 2022: 7570533.
23. Trager RJ, Brewka EC, Kaiser CM, Patterson AJ, Dusek JA, et al. (2022) Acupuncture in Multidisciplinary Treatment for Post-COVID-19 Syndrome. *Med Acupunct* 34: 177-183.
24. Dirwanto L, Ali D, Japaries W, Agussalim WS (2025) Effectiveness of transcutaneous electrical acupoint stimulation in the treatment of post-COVID severe dyspnea: A case report. *Med Acupunct*.