

## Complementary Acupuncture Therapy in a Case of Hyperhidrosis at the CD Bethesda Acupuncture Clinic Yogyakarta (A Case Study)

Kenan Nalendra Wedhasmara<sup>1\*</sup>, Puspo Wardoyo<sup>2</sup>, Leny Candra Kurniawan<sup>3</sup>, Amal Prihatono<sup>4</sup>

Institut Teknologi Sains dan Kesehatan RS dr. Soepraoen Malang

**Corresponding Author:** Kenan Nalendra Wedhasmara [kenan.acp@gmail.com](mailto:kenan.acp@gmail.com)

### ARTICLE INFO

*Keywords:* Acupuncture, Hyperhidrosis, Complementary, Case study

*Received :* 18 December

*Revised :* 20 January

*Accepted:* 23 February

©2026 Wedhasmara, Wardoyo, Kurniawan, Prihatono: This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



### ABSTRACT

**Background:** Hyperhidrosis is a disorder in which excessive sweat production exceeds the threshold of thermoregulation in humans in general that can appear in the armpits, palms, soles of the feet, head, and face. The feeling of discomfort and difficulty performing some activities caused by hyperhidrosis will greatly affect the patient's lifestyle. This condition can lead to psychosocial disorders, including anxiety, depression, and decreased productivity. Acupuncture Complementary Therapy is expected to help to speed up healing in patients with hyperhidrosis cases. **Methods:** This study used a qualitative approach with a single case study design. Data collection was carried out using four methods of acupuncture examination: observation (Wang), hearing and smell (Wen), interview (Wen), and palpation (Qie) which are summarized in the Client Data Sheet as the main instruments. The data will be used as a basis for establishing a Diagnosis of Diseases and Syndromes. **Results:** The results of this study show that after 6 Acupuncture Therapy is carried out, therapy can relieve excessive sweating in cases of hyperhidrosis. **Conclusion:** The results of this study can be used as a consideration and reference to determine the formulation of the use of acupuncture points in patients with hyperhidrosis cases

## **INTRODUCTION**

Hyperhidrosis is a disorder characterized by excessive sweat production exceeding the general threshold of human thermoregulation. This condition is marked by the secretion of sweat beyond the physiological requirements of the body to maintain normal body temperature. Excessive sweating can manifest in various anatomical areas, including the axillae, palms, soles, head, and face (Loureiro, 2018).

Although hyperhidrosis is not a life-threatening condition, its impact on patients' quality of life is substantial. This disorder not only affects physical aspects but also exerts a profound influence on personality development and psychosocial well-being. The discomfort and difficulty in performing various activities due to excessive sweating significantly affect patients' lifestyle patterns (Parashar, 2023). In the long term, this condition can lead to serious psychosocial disturbances, including anxiety, depression, and reduced productivity (Kristensen, 2020).

From an epidemiological perspective, the global prevalence of hyperhidrosis ranges between 0.6% and 1% of the world population. In the United States, the incidence rate is notably higher at 2.8% of the total population. Meanwhile, a study conducted on a university student population in Jakarta yielded remarkable findings, with 19.87% of students experiencing hyperhidrosis. Of this affected population, 42% were male students and 58% were female students (Tambunan, 2022). Based on preliminary observations at the CD Bethesda Acupuncture Clinic Yogyakarta from April to July 2025, data showed that 8 out of 78 patients presented with hyperhidrosis.

In the realm of Western medical treatment, hyperhidrosis management can be approached through various modalities. Available therapeutic options include anticholinergic medications, iontophoresis, botulinum toxin A (Botox) injections, and ETS (Endoscopic Thoracic Sympathectomy) surgery (Chudry, 2021). All these methods have demonstrated effectiveness in alleviating hyperhidrosis symptoms; however, they are not without adverse effects. Potential side effects include dry mouth, urinary retention, constipation, potential nerve damage, muscle weakness, and various other complications (Stuart, 2020). The limitations and risks associated with conventional therapy create opportunities for the development of complementary therapeutic approaches that are safer while maintaining efficacy.

In contrast to the Western medical approach, Traditional Chinese Medicine (TCM) examines hyperhidrosis from a more holistic perspective. According to TCM, sweat is a byproduct of body fluid metabolism involving the coordinated function of various organs. The Heart plays the most crucial role in sweat formation, with its vital substances and Blood serving as the primary raw materials in sweat production. The Liver ensures smooth Qi movement, thereby facilitating unobstructed body fluid distribution. The Spleen, together with the Stomach, participates in body fluid transformation, converting food and drink substances into Qi, Blood, and body fluids while facilitating their transportation throughout the body. The Lungs regulate the water passages in the body and

connect with the skin, including regulating sweat gland function. The Kidneys play an essential role in overall body fluid metabolism (Maciocia, 2015).

Pathologically, excessive sweating from a TCM perspective can occur through several mechanisms. Hyperhidrosis typically arises due to pathogenic heat or conditions of Qi, Yang, or Yin deficiency. Based on its characteristics and location, sweat can indicate specific pathological conditions. Sweat resembling oil droplets, particularly on the forehead, characterizes Yang collapse. Yellowish sweat indicates Damp-Heat pathogen in the Spleen and Stomach organs. Excessive sweating on the palms typically signals Qi or Yin deficiency of the Lung or Heart organs, or the presence of heat in both organs. Concurrent excessive sweating on both palms and soles typically indicates Kidney Yin deficiency (Maciocia, 2019).

Research conducted by Lee (2020) reveals an intriguing correlation between Western and Eastern medical perspectives on hyperhidrosis. Excessive sweating on the palms and soles can manifest during emotional stress situations. From a TCM perspective, this occurs due to Heart disturbance, whereas from a Western medical perspective, hyperhidrosis in these areas results from adrenergic sympathetic nerves closely associated with emotional stress. The study also revealed that excessive palm and sole sweating can be attributed to Stomach organ disorders, which in the Western medical perspective is associated with the role of the vagus nerve (parasympathetic nerve) located in the gastrointestinal tract.

Acupuncture represents one complementary therapy proven effective for managing hyperhidrosis. Acupuncture is a therapeutic method involving the insertion of fine filiform needles into specific acupuncture points on the patient's body. This therapy is recognized as a simple, safe, natural, affordable, and effective treatment modality for various health conditions, including hyperhidrosis. When performed correctly by competent practitioners, acupuncture does not produce harmful side effects (Welcome, 2020). Acupuncture's advantage lies in its holistic approach, targeting not only symptoms but also addressing root causes by restoring balance to disturbed organ functions.

Based on the aforementioned background, this study aims to investigate and understand the benefits of complementary acupuncture therapy in hyperhidrosis cases at the CD Bethesda Acupuncture Clinic Yogyakarta. The findings of this study are expected to contribute to the advancement of acupuncture knowledge, particularly in managing hyperhidrosis cases, and serve as a reference for acupuncture practitioners in determining appropriate acupuncture point formulations for patients with similar conditions.

## **THEORETICAL REVIEW**

### **Fundamental Concepts of Hyperhidrosis from a Conventional Western Medical Perspective**

Hyperhidrosis is a condition characterized by excessive sweat production exceeding the physiological requirements of the body to maintain normal body temperature. This condition differs from normal perspiration that occurs as a response to increased environmental temperature or physical activity. In

individuals with hyperhidrosis, the eccrine sweat glands produce sweat far beyond thermoregulatory needs, thereby causing disturbances in daily life (Kang, 2019).

Based on etiology, hyperhidrosis can be classified into two main categories: primary (essential) hyperhidrosis and secondary hyperhidrosis. Primary hyperhidrosis is an idiopathic condition not attributable to other medical conditions, typically symmetrical in presentation, and frequently involves specific anatomical areas such as the palms, soles, axillae, and face. Secondary hyperhidrosis results from underlying medical conditions or medication side effects, is typically generalized, and may manifest during sleep (Loureiro, 2018).

The prevalence of hyperhidrosis varies across different regions of the world. Epidemiological studies indicate that hyperhidrosis affects 0.6% to 1% of the global population. In the United States, prevalence is estimated to reach 2.8% of the total population. Research in Asia demonstrates variable rates, with a study in Jakarta finding a prevalence of 19.87% among medical student populations. Hyperhidrosis can manifest at any age but frequently begins during childhood or adolescence. No significant gender differences exist, although some studies suggest a slightly higher incidence in females (Tambunan, 2022; Kristensen, 2020).

The pathogenesis of primary hyperhidrosis remains incompletely understood; however, research implicates involvement of the sympathetic nervous system. Eccrine glands, distributed throughout the body with highest concentrations in the palms, soles, and axillae, are innervated by cholinergic sympathetic nerve fibers. In individuals with primary hyperhidrosis, sympathetic nervous system hyperactivity occurs without accompanying structural abnormalities of the eccrine glands. Emotional stimuli or stress may trigger excessive acetylcholine release at sympathetic nerve endings, thereby stimulating overproduction of sweat (Kang, 2019).

Genetic research suggests a possible hereditary component in primary hyperhidrosis. Approximately 30-50% of patients report family history of similar conditions, with an autosomal dominant inheritance pattern showing incomplete penetrance. Several studies have identified potentially associated gene mutations, although further research is required to confirm these findings (Parashar, 2023).

According to Stuart (2020), secondary hyperhidrosis results from underlying medical conditions or external factors. Several causes of secondary hyperhidrosis include:

- a. Endocrine Disorders: Hyperthyroidism, diabetes mellitus (particularly due to hypoglycemia), pheochromocytoma, acromegaly, and pituitary dysfunction may trigger excessive sweating. In hyperthyroidism, increased basal metabolic rate and thermoregulatory sensitivity lead to generalized hyperhidrosis.
- b. Neurological Disorders: Parkinson's disease, stroke, peripheral nerve injury, and autonomic neuropathy may disrupt temperature regulation and trigger

- excessive sweating. Lesions of the hypothalamus, the primary thermoregulatory center, may also cause hyperhidrosis.
- c. Psychological Disorders: Anxiety, panic disorders, and chronic stress may activate the sympathetic nervous system and precipitate sweating episodes. The bidirectional relationship between anxiety and hyperhidrosis often creates a cycle exacerbating both conditions.
  - d. Infections and Malignancies: Chronic infections such as tuberculosis, endocarditis, and HIV may cause night sweats. Several malignancies, including lymphoma and leukemia, frequently manifest with nocturnal hyperhidrosis.
  - e. Medication Side Effects: Antidepressants (SSRIs, tricyclics), antipyretics, insulin, cholinergic agents, and certain antihypertensive medications may induce hyperhidrosis as an adverse effect.

Diagnosis of hyperhidrosis is primarily established through medical history and physical examination. Several diagnostic criteria employed include: localized excessive sweating without identifiable cause, occurring at least once weekly, age of onset less than 25 years, positive family history, and absence during sleep (for primary hyperhidrosis). Loureiro (2018) states that hyperhidrosis severity can be measured using the Hyperhidrosis Disease Severity Scale (HDSS):

- a. Score 1: Sweating is never noticeable and never interferes with daily activities
- b. Score 2: Sweating is tolerable but sometimes interferes with daily activities
- c. Score 3: Sweating is barely tolerable and frequently interferes with daily activities
- d. Score 4: Sweating is intolerable and always interferes with daily activities

Hyperhidrosis exerts a significant impact on patients' quality of life. Research by Kristensen (2020) demonstrates that individuals with hyperhidrosis experience quality of life reduction equivalent to patients with severe psoriasis or severe atopic dermatitis. Psychosocial impacts include:

- a. Impaired Social Interaction: Embarrassment and anxiety when shaking hands, writing, or participating in social activities. Affected individuals tend to avoid situations that trigger sweating or interactions requiring physical contact.
- b. Reduced Work Productivity: Difficulty holding writing instruments, using computers, or handling paper documents. Certain professions such as hairdressers, electronics technicians, or musicians are particularly disrupted by this condition.
- c. Psychological Disturbances: Social anxiety, depression, and diminished self-confidence frequently accompany chronic hyperhidrosis. Studies demonstrate increased risk of anxiety and depressive disorders in this population.
- d. Limitations in Daily Activities: Difficulty selecting clothing, footwear, or participating in sports. Affected individuals frequently change clothes multiple times daily or carry towels wherever they go (Parashar, 2023).

### ***The Concept of Hyperhidrosis from a Traditional Chinese Medicine (TCM) Perspective***

Within the theoretical framework of Traditional Chinese Medicine (TCM), body fluids are known as Jin Ye, which constitute fundamental substances composing the body alongside Qi, Blood, and Essence. Jin refers to light, clear fluids that circulate at the body surface to moisten the skin and muscles. Ye refers to thicker, turbid fluids that circulate in the interior to lubricate the joints, brain, and marrow (Maciocia, 2015).

The production, distribution, and excretion of body fluids involve coordinated cooperation among various Zang Fu organs. Understanding the role of each organ is essential for analyzing sweat pathology:

a. Role of the Heart (Xin) in Fluid Metabolism

The Heart has the most direct relationship with sweat formation. The classical canon *Su Wen* states that "Sweat is the fluid of the Heart." This relationship is based on several considerations: First, Blood and sweat originate from the same source, namely the essence of food transformed by the Spleen and Stomach. Second, both the blood vessels that circulate Blood and the sweat glands are under the influence of the Heart. Third, in conditions of Blood deficiency, sweat may be discharged abnormally, and conversely, excessive sweating may damage the Blood and Heart Yin (Maciocia, 2019). Clinically, Heart disorders may manifest as sweat abnormalities. Heart Qi deficiency causes spontaneous sweating, particularly on the palms and chest. Heart Yin deficiency causes night sweating and heat sensation in the palms. Heart heat may cause excessive sweating with a sensation of heat.

b. Role of the Lungs (Fei) in Sweat Regulation

The Lungs regulate the skin and hair and control the opening and closing of pores. These functions are known as *xuan fa* (dispersion and release) and *su jiang* (descending and purifying). The Lungs disperse body fluids to the body surface, including to the skin and sweat glands. Lung Qi deficiency weakens the ability to control pores, causing spontaneous sweating and susceptibility to external pathogens. Heat in the Lungs may drive fluids out as excessive sweating, particularly in the chest and upper back area. Dryness in the Lungs disrupts fluid distribution and may cause impaired sweating or dry, scaly skin (Maciocia, 2015).

c. Role of the Spleen (Pi) in Fluid Transformation

The Spleen plays a central role in body fluid metabolism. Its primary function is *yun hua* (transportation and transformation), converting food and drink into Qi, Blood, and body fluids, then transporting them throughout the body. The Spleen is also responsible for keeping fluids in their proper pathways (preventing edema or abnormal fluid accumulation). Spleen Qi deficiency causes impaired fluid transformation, which may manifest as Damp accumulation. Stagnant Damp may combine with Heat to form Damp-Heat, which drives excessive sweating with sticky, greasy characteristics, often yellowish in color. Damp-Heat in the Spleen and Stomach frequently causes hyperhidrosis of the head and face (Maciocia, 2019).

d. Role of the Liver (Gan) in Facilitating Fluid Distribution

The Liver functions to ensure smooth Qi movement throughout the body. Smooth Qi flow facilitates unobstructed body fluid distribution. Liver Qi stagnation, frequently triggered by emotional stress, may disrupt fluid distribution and cause abnormal accumulation or excretion. Depression, frustration, and repressed anger frequently cause Liver Qi stagnation, which may transform into Heat. Liver Heat drives sweat outward, particularly during emotional stress. This relationship explains why hyperhidrosis frequently worsens when patients experience anxiety or stress (Lee, 2020).

e. Role of the Kidneys (Shen) in the Foundation of Fluid Metabolism

The Kidneys regulate fluid metabolism through two primary mechanisms. First, Kidney Qi participates in warming and vaporizing fluids in the lower body. Second, the Kidneys receive used fluids and separate the clear for recycling and the turbid for excretion. Kidney Yin deficiency causes Empty-Heat (xu re), which drives sweat outward, particularly at night (night sweats) and on the palms and soles. Kidney Yang deficiency causes failure to transform and transport fluids, potentially leading to edema or excessive sweating with a sensation of cold (Maciocia, 2015).

Pathologically, excessive sweating typically occurs due to pathogenic Heat or conditions of Qi, Yang, or Yin deficiency. Sweat resembling oil droplets, particularly on the forehead, characterizes Yang collapse. Yellowish sweat indicates Damp-Heat pathogen in the Spleen and Stomach organs, while uninterrupted generalized excessive sweating indicates Stomach-Heat in acute conditions or severe Yang deficiency in chronic conditions. According to location, sweating on the head indicates attack by Heat or Damp-Heat pathogen in the Stomach organ or Empty-Heat condition resulting from Kidney Yin deficiency. Sweating on the nose indicates Damp-Heat pathogen attack on the Lungs and/or Stomach organ. Sweating on the hands indicates Qi or Yin deficiency of the Lungs or Heart, or presence of Heat in the Lungs or Heart. Excessive sweating on both palms and soles typically indicates Kidney Yin deficiency. Sweating on the palms particularly relates to the Heart and Lung meridians and results from Qi or Yin deficiency in either of these organs (Maciocia, 2019).

Research conducted by Lee (2020) demonstrates that excessive sweating on the palms and soles may manifest during emotional stress situations. From a TCM perspective, this may occur due to Heart disturbance, whereas from a Western medical perspective, hyperhidrosis in these areas results from adrenergic sympathetic nerves associated with emotional stress. In this study, excessive palm and sole sweating may also be attributed to internal organs; in TCM, this may result from Stomach meridian disturbance, while the Western medical perspective indicates that 70% of parasympathetic nerves are vagus nerves located in internal organs (typically the gastrointestinal tract). Thus, the Stomach organ and parasympathetic nerves appear involved in the manifestation of palm and sole hyperhidrosis.

Although acupuncture research for hyperhidrosis remains limited, several case reports and small studies demonstrate promising results. Welcome and Dane (2020) reported a case of a young female with palmar hyperhidrosis who

received acupuncture therapy combined with foot reflexology. Following 10 treatment sessions, significant improvement occurred, with sweat frequency and severity reduced by up to 70%. No adverse effects were observed during therapy. Additional research indicates that acupuncture at points such as Hegu (LI-4), Houxi (SI-3), and Shenmen (HT-7) may reduce sympathetic activity and enhance parasympathetic activity, thereby balancing the autonomic response underlying stress-related hyperhidrosis. This autonomic regulatory effect is supported by neuroimaging studies demonstrating that acupuncture modulates activity in the hypothalamus, amygdala, and brainstem areas involved in temperature regulation and stress response.

## **METHODOLOGY**

This study employed a qualitative approach with a single case study design. The participant was selected based on specific criteria relevant to the focus of this case study. The participant in this research was one individual presenting with hyperhidrosis symptoms, aged 30-50 years, who attended the CD Bethesda Acupuncture Clinic Yogyakarta to undergo acupuncture therapy and voluntarily agreed to participate in this study.

Data collection was conducted using the Client Data Sheet as the primary instrument. The collected data were processed meticulously to establish an accurate diagnosis. This diagnosis served as the foundation for planning and implementing acupuncture therapy. Each acupuncture therapy session was analyzed comprehensively to generate a detailed case report. The data collection process commenced with identifying a subject meeting the criteria, obtaining informed consent, and performing the four acupuncture examination methods: inspection (Wang), listening and smelling (Wen), inquiry (Wen), and palpation (Qie). These examinations included visual assessment of the face and body features, analysis of tongue body and coating morphology and color, evaluation of respiratory sounds and other bodily sounds, assessment of body odor, structured interviews concerning disease symptoms and lifestyle, and pulse palpation.

The location of this case study research was the CD Bethesda Acupuncture Clinic Yogyakarta. Acupuncture therapy for the client was administered over six treatment sessions, scheduled twice weekly. Acupuncture point selection was determined based on the disease and syndrome identified in the participant through a comprehensive and in-depth acupuncture examination process.

## **RESULTS AND DISCUSSION**

The participant in this study was a single patient serving as the subject of this case study on complementary acupuncture therapy for hyperhidrosis at the CD Bethesda Clinic Yogyakarta. The patient agreed to participate as a research subject by signing an informed consent form, with the condition that personal details such as name, address, and contact number remain confidential. The patient was a 46-year-old male who presented to the CD Bethesda Clinic Yogyakarta with a primary complaint of excessive palmar sweating. Based on the four acupuncture examination methods, the patient's condition was assessed as follows: excessive palmar sweating, worsening during anxiety or stress,

palpitations, frequent insomnia, easy startling, halitosis, weakness in the legs, sluggish movements, easy fatigability, thin body build, anxious facial expression, a broad and pale-red tongue body with dental impressions on the lateral borders and a thin white tongue coating, and a slow, superficial pulse.

The complete findings from the patient's initial presentation were subsequently analyzed in depth using the Traditional Chinese Medicine approach. This analysis yielded a TCM diagnosis of hyperhidrosis of the palms resulting from Qi deficiency affecting the Heart organ. This diagnosis aligns with Maciocia's (2015) explanation of Heart Qi deficiency syndrome, which states that excessive sweating of the palms due to Heart Qi deficiency presents with several characteristic clinical manifestations, including: palpitations, shortness of breath on exertion, insomnia, pale complexion, spontaneous sweating, fatigue, mild depression, pale tongue, and slow pulse.

The therapeutic principle and method applied in this case aimed to strengthen the body's Qi comprehensively, particularly the Qi of the Heart organ. Therapy was administered using acupuncture techniques with tonification manipulation to strengthen Heart Qi. Needle insertion was performed at specific acupuncture points selected according to the diagnosis and patient's condition, namely: Tongli (HT-5), Neiguan (PC-6), Xinshu (BL-15), Shanzhong (CV-17), Qihai (CV-6), and Dazhui (GV-14). Tonification manipulation technique was employed at all points, with the addition of TDP heat lamp therapy at Xinshu (BL-15) and Dazhui (GV-14) to enhance therapeutic effect. Treatment was scheduled twice weekly for a total of six sessions. The patient was advised to avoid overexertion, maintain adequate rest, ensure sufficient food and fluid intake, avoid social media news to prevent anxiety, and always carry a handkerchief to dry the palms.

In this case study research, examination was conducted comprehensively using the four acupuncture diagnostic methods: inspection (Wang), listening and smelling (Wen), inquiry (Wen), and palpation (Qie). Each of these examination methods provided a holistic understanding of the patient's physical, psychological, and functional condition before, during, and after complementary acupuncture therapy.

Inspection (Wang) revealed that at the initial therapy session, the patient presented with the following characteristics: sweating palms, sluggish movements, anxious facial expression, and a broad, pale-red tongue body with dental impressions on the lateral borders. These signs indicated Qi deficiency and Shen disturbance resulting from the Heart organ lacking Qi. As therapy progressed, gradual improvement became evident. By the sixth therapy session, several positive changes were observed, including: the palms were no longer sweating, movements became more agile, the facial expression appeared calmer, the tongue began showing a pink color, and dental impressions were no longer visible. These observations indicate that Heart Qi had increased significantly.

Listening and Smelling (Wen) revealed that at the initial therapy session, the patient presented with halitosis; however, no sweat odor was detectable despite the patient's excessive palmar sweating. Halitosis, from a TCM perspective, is frequently associated with Stomach organ disorders. This aligns

with Lee's (2020) research indicating that excessive sweating of the palms and soles may also be attributable to the Stomach organ. It is possible that the patient experienced not merely a single syndrome but rather a complication of several syndromes. By the sixth therapy session, halitosis remained perceptible although diminished compared to the initial presentation.

Inquiry (Wen) revealed through this process that the patient's primary complaint was excessive palmar sweating, which exacerbated during anxious or stressful conditions. This condition had been experienced for several years. Additionally, the patient reported several accompanying symptoms including: palpitations, frequent insomnia, easy startling, weakness in the legs, and easy fatigability. According to Maciocia (2019), these symptoms point to Heart organ pathology. As therapy progressed, the patient perceived that palmar sweating gradually diminished and occurred less frequently; by the sixth therapy session, palmar hyperhidrosis was no longer apparent. Furthermore, the patient reported that palpitations had resolved, sleep had become more comfortable, and the body felt more energized.

Palpation (Qie) at the initial patient presentation revealed tenderness upon pressure at points Xinshu (BL-15), Jique (CV-14), and Shenmen (HT-7). The patient's general pulse was also palpated as slow. These palpation findings indicated Heart organ deficiency syndrome. By the sixth therapy session, pressure at Xinshu, Jique, and Shenmen elicited normal sensation, with neither tenderness nor pain upon pressure, and the pulse began to feel more rapid, trending toward normal. This indicates improvement in Heart organ function and that Qi had begun to strengthen once again.

The data presented above constitute a comparison of the patient's condition before therapy and following six therapy sessions. The results of this study demonstrate significant positive changes between the first and sixth therapy sessions. This improvement in condition aligns with Maciocia's (2015) theory that the Heart plays the most crucial role in sweat formation, with its vital substances and Heart Blood serving as the primary raw materials in sweat production. When Heart Qi is sufficient, body fluid distribution likewise normalizes.

Following six acupuncture therapy sessions, the patient no longer experienced palmar hyperhidrosis. This positive change occurred because complementary acupuncture therapy, combined with TDP heat lamp application at specific points, enhanced Qi in the Heart organ, thereby enabling Heart function to return to normal. The patient's recovery was logical and predictable, as the patient adhered to the scheduled therapy and complied with the therapist's advice and recommendations.

Complementary acupuncture therapy proved effective in this case of palmar hyperhidrosis resulting from Heart Qi deficiency. The patient demonstrated comprehensive improvement: palmar sweating resolved, daily activities proceeded smoothly with enhanced quality of life, and the patient experienced increased self-confidence, reduced anxiety, and improved sleep quality. No complications or adverse effects occurred during the six acupuncture therapy sessions. Adherence to the healthy lifestyle recommended by the

therapist played an important role in therapeutic success and prevention of recurrent hyperhidrosis symptoms.

## CONCLUSION AND RECOMMENDATIONS

Through this study, it can be concluded that complementary acupuncture therapy for hyperhidrosis at the CD Bethesda Acupuncture Clinic Yogyakarta provided benefits to the participant, including the following:

- a. The participant no longer experienced excessive sweating of the palms.
- b. The participant reported that feelings of anxiety rarely occurred.
- c. The participant was able to perform daily activities and work without disruption from excessive palmar sweating.
- d. The participant was able to sleep more peacefully.

## REFERENCES

- Chudry, H. (2021). The treatment of palmar hyperhidrosis: A systematic review. *International Journal of Dermatology*, \*61\*(10), 1303-1310.
- Georgiadis, K., & Kousoulis, P. (2025). Total remission of primary hyperhidrosis following ear acupuncture: a case report. *Acupuncture in Medicine: Journal of the British Medical Acupuncture Society*, \*43\*(4), 236-238. <https://doi.org/10.1177/09645284251365645>
- Kang, S., Amagai, M., Bruckner, A. L., Enk, A. H., Margolis, D. J., McMichael, A. J., & Orringer, J. S. (2019). *Fitzpatrick's dermatology* (9th ed.). McGraw-Hill Education.
- Kristensen, J. K., Vestergaard, D. G., Swartling, C., & Bygum, A. (2020). Quality of life in hyperhidrosis: A systematic review. *Acta Dermato-Venereologica*, \*100\*(12), Article adv00187. <https://doi.org/10.2340/00015555-3393>
- Lee, W. J., & Kim, B. S. (2020). Different pathology between general and palms-and-soles hyperhidrosis in Korean medicine and medicine. *Journal of Korean Medicine*, \*41\*(1), 11-20.
- Li, Y., & Chen, Z. (2025). Exploration on Neurological Mechanism of "Meridian-Viscera Correlation" Based on SPARC Program. *Shandong Journal of Traditional Chinese Medicine*, \*44\*(3), 249-254. <https://doi.org/10.16295/j.cnki.0257-358x.2025.03.001>
- Loureiro, M. P., Campos, J. R. M., Wolosker, N., & Kauffman, P. (2018). *Hyperhidrosis: A complete guide to diagnosis and management*. Springer.
- Maciocia, G. (2015). *The foundations of Chinese medicine: A comprehensive text* (3rd ed.). Elsevier.
- Maciocia, G. (2019). *Diagnosis in Chinese medicine: A comprehensive guide* (2nd ed.). Elsevier.
- Parashar, K., Adlam, T., & Potts, G. (2023). The impact of hyperhidrosis on quality of life: A review of the literature. *American Journal of Clinical Dermatology*, \*24\*, 187-198.
- Saad, A. A.-A., Elsaie, M. L., & El-Hawary, E. E. (2025). Impact of primary hyperhidrosis on patients' quality of life in Damietta

- governorates. *Archives of Dermatological Research*, \*317\*(1), 551. <https://doi.org/10.1007/s00403-025-04034-z>
- Shah, A., & Paller, A. S. (2025). Psychosocial Impact of Pediatric and Adolescent Hyperhidrosis: A Systematic Review and Call for Research. *Journal of Cosmetic Dermatology*, \*24\*(5), e70213. <https://doi.org/10.1111/jocd.70213>
- Stuart, M. E., Strite, S. A., & Gillard, K. K. (2020). A systematic evidence-based review of treatments for primary hyperhidrosis. *Journal of Drug Assessment*, \*10\*(1), 35-47. <https://doi.org/10.1080/21556660.2020.1857149>
- Tambunan, R. I. (2022). *Prevalensi dan faktor risiko hiperhidrosis pada mahasiswa Fakultas Kedokteran Universitas Kristen Indonesia Angkatan 2018* [Prevalence and risk factors of hyperhidrosis among medical students at the Faculty of Medicine, Christian University of Indonesia, Class of 2018] [Unpublished undergraduate thesis]. Universitas Kristen Indonesia.
- Tian, J.-H., Wang, M., Liu, W., & Jing, X.-H. (2025). [Acupuncture effects and neuro-immune regulation: a breakthrough in "treating diseases at the root"]. *Zhen Ci Yan Jiu = Acupuncture Research*, \*50\*(5), 538-552. <https://doi.org/10.13702/j.1000-0607.20250346>
- Welcome, M. O., & Dane, S. (2020). The effect of acupuncture and foot reflexotherapy on palmar hyperhidrosis in a young girl: A case report. *Journal of Research in Medical and Dental Science*, \*8\*(4), 130-135.