

Effectiveness of The Luo Yuan Technique in Patients with Hyperuricemia, Case Report

Laura Patricia Nava González^{1,*}, Michelle Christlieb Rivera Ortiz¹, Rebeca Alejandra Avendaño Espina¹

¹Bachelor's Degree in Human Rehabilitative Acupuncture, Toluca Valley State University, Ocoyoacac, State of Mexico, Mexico

Abstract

Significance

This case report describes the alternative management of hyperuricemia through acupuncture using the **Luo Yuan** technique.

Case presentation

A 53-year-old Mexican man was diagnosed with secondary hyperuricemia. The patient began to experience arthralgia in the metatarsophalangeal joint of the first toe on his left foot after consuming a high amount of purine-rich foods, with a 10-year history. The symptoms were sporadically controlled with the use of colchicine and indarzone. In a six-element blood chemistry test, serum uric acid was **8.7 mg/dL** before acupuncture treatment and **8.3 mg/dL** at the end of treatment, without applying dietary restrictions on purine consumption.

Conclusions and relevance

This report demonstrates the potential efficacy of acupuncture at the Luo and Yuan points of the Spleen and Stomach meridians in reducing elevated blood uric acid levels. This suggests its potential as an alternative treatment for patients with hyperuricemia and other metabolic disorders.

Introduction

Uric acid is a compound that is produced as a waste product of purine metabolism. This process causes the development of various conditions in many parts of the body, frequently the ureters and joints; it also causes metabolic alterations that affect other organs.

Physiologically, it can be classified as primary or secondary.

Primary

This refers to the genetic nature or the failure to identify the cause of the increase in serum urate concentration. Overexpression of phosphoribosylpyrophosphate synthetase, hypoxanthine-guanine phosphoribosyltransferase deficiency, Kelley Seegmiller syndrome, and Lesch-Nyhan syndrome.

Secondary

Caused by alterations in purine metabolism, occurring in the context of another condition capable of causing an increase in uric acid levels. Purine-rich diet,

Case Report

Open Access &

Peer-Reviewed Article

DOI:

10.14302/issn.3070-3360.ijco-25-5740

Corresponding author:

Laura Patricia Nava González, Bachelor's Degree in Human Rehabilitative Acupuncture, Toluca Valley State University, Ocoyoacac, State of Mexico, Mexico

Keywords:

Hyperuricemia, Luo Yuan Technique, Acupuncture, Spleen and Stomach Meridians, Serum Uric Acid Reduction

Received: September 10, 2025

Accepted: October 09, 2025

Published: October 18, 2025

Academic Editor:

Ian James Martins, Principal Research Fellow, Edith Cowan University

Citation:

Laura Patricia Nava González, Michelle Christlieb Rivera Ortiz, Rebeca Alejandra Avendaño Espina (2025) Effectiveness of The Luo Yuan Technique in Patients with Hyperuricemia, Case Report. International Journal of Complementary Medicine - 1 (1):24-28. <https://doi.org/10.14302/issn.3070-3360.ijco-25-5740>

increased ATP catabolism, cytotoxic chemotherapy, glucose- 6-phosphate dehydrogenase deficiency, psoriasis, Page's disease of bone, hematological diseases, decreased renal excretion of uric acid, chronic kidney disease, and dehydration.

Patients with hyperuricemia are clinically classified into two groups:²

Asymptomatic

Asymptomatic patients are at risk for diseases such as metabolic syndrome, cardiovascular disease, hypertension, and diabetes mellitus.²

Symptomatic

This phase usually initiates attacks of gouty arthritis or uric acid kidney stones.²

In blood chemistry, uric acid results show slightly different ranges between genders, with the range for men being higher blood concentrations above 7 mg/dL in men and 6 mg/mg in women.³

Pharmacologically, approaches to the treatment of hyperuricemia are based on uricosurics (probenecid or benzbromarone) and xanthine oxidase inhibitors to inhibit the generation of uric acid (allopurinol and, more recently, febuxostat).⁴

Hyperuricemia in Traditional Chinese Medicine is diagnosed according to the differentiation of zang and fu, mainly in the spleen, lung, and kidneys.⁵

Earth yang deficiency is the main cause of phlegm formation. When Spleen-Earth does not properly transform and transport fluids, they tend to accumulate and mutate into phlegm

Dysfunction in the dispersion and descent of fluids causes them to accumulate and tend to form phlegm.⁵ When the transformation and excretion of fluids by the Kidney-Water is impaired, fluids tend to accumulate and form phlegm.⁵

The Luo points constitute the consolidation system of the circulation of the 12 main meridians at the level of the extremities. Therefore, they play an important role in the therapeutic objective of mobilizing blood, as well as regulating the coupled meridians, serving as a link to transfer excess energy from one meridian to its coupled meridian.⁶

This technique is used to treat the fullness or emptiness of the main meridians, for example, the yuan point of the empty meridian and the Luo point of the full meridian.⁶

Yuan Point, B3 (TAI BAI) Located (Fig. 1B).



A



B

Figure 1. Puncture of points (A) Luo E40 FENG LONG and (B) Yuan B3 TAI-BAI, own elaboration based on the clinical file of case study 2025.

on the medial side of the foot, in the depression at the junction of the red skin and white skin, inferior and proximal to the metatarsophalangeal joint of the big toe.⁷

Luo Point E40 (FENG LONG) Located (Fig. 1A) in the anterolateral region of the leg, 8 cun above the lateral malleolus and 2 cun lateral to the tibial crest.⁷

Case Presentation

53-year-old male patient, originally from Jajalpa, State of Mexico, Mexico, merchant, lives with his wife and children. Direct interview conducted. Previous diagnosis of type 1 diabetes mellitus and secondary hyperuricemia.

Current condition

A 53-year-old male patient comes to the consultation, mentions that he is asymptomatic, however, he reports sporadic metabolic arthritis after consuming red meat or alcoholic beverages, mitigated with anti-uremic drugs for 10 years, for which he is seeking an alternative technique to prevent complications. Physical examination without pathological data and laboratory tests.

Ten treatment sessions were carried out in the same manner, twice a week for 40 minutes, with manual

Table 1. Biochemical blood analysis of six elements performed before, during, and at the end of treatment with the Luo Yuan technique. Prepared by the author based on data collected from the clinical record of case study 2025.

QUÍMICA SANGUÍNEA DE 6 ELEMENTOS			
ELEMENTO	VALORES INICIO DE TRATAMIENTO mg/dL	VALORES A MITAD DE TRATAMIENTO mg/dL	VALORES FINAL DE TRATAMIENTO mg/dL
GLUCOSA SÉRICA	130	131	130
UREA SÉRICA	46.8	51.1	48.9
NITRÓGENO UREICO	22	24.02	23
CREATININA SÉRICA	1.0	1.0	1.1
ÁCIDO ÚRICO SÉRICO	8.7	8.6	8.3
COLESTEROL TOTAL EN SUERO	220	225	205
TRIGLICÉRIDOS SÉRICOS	304	251	230

stimulation halfway through the treatment. First, single-use acupuncture needles (size: 0.25 × 30 mm, Zhongyantaihe) were placed bilaterally at points located in the lower limbs. The patient had no dietary restrictions, consuming red meat, spinach, and alcoholic beverages occasionally during treatment.

Discussion

Ji Hye Hwang, Kwang Ho Lee, Dong Woo Nam, and Ho Sueb Song mention in the article Acupuncture for treating asymptomatic hyperuricemia that conventional treatments for hyperuricemia have various side effects and limitations, so more attention should be paid to complementary and alternative medicine. In this regard, various types of acupuncture have been used to treat hyperuricemia for a long time, but there is a lack of evidence, such as systematic reviews.⁹ The present study observed that puncturing the Luo and Yuan points of the Spleen meridian can contribute to a decrease in serum uric acid levels in patients with secondary hyperuricemia, even in those who continue to consume foods rich in purines. Likewise, more significant changes were observed in the reduction of cholesterol and triglycerides in the blood.

From the perspective of Traditional Chinese Medicine (TCM), the spleen plays a fundamental role in regulating the transport and distribution of nutrients and bodily fluids. Dysfunction of this organ is associated with nutritional imbalances and metabolic disorders. Therefore, the joint regulation of the functions of the spleen and stomach enhances the transport and transformation of nutrients, promoting the maintenance of normal serum uric acid levels. The drug febuxostat is another first-line option, but it is considerably more expensive. Colchicine, at doses of 0.6–1.2 mg/day, is used to prevent flare-ups, while probenecid—a second-line uricosuric agent—increases urinary excretion of uric acid, although it has multiple drug interactions. Guidelines recommend continuing drug treatment for at least 3 months after reaching the target uric acid level in patients without tophi, and for 6 months in those with a history of tophi.⁸

Conclusion

In the present case, acupuncture treatment using the Luo Yuan technique reduced uric acid from 8.7 mg/dL to 8.3 mg/dL after 10 sessions (two per week), without dietary restrictions—including occasional consumption of red meat and alcohol—suggesting its potential as a non-pharmacological treatment to lower uric acid levels and reduce associated complications. This approach could be used as an alternative or complement to pharmacological therapies, especially if integrated with appropriate nutritional monitoring.

From a neuroanatomical point of view, the Luo and Yuan points stimulate the medial dorsal cutaneous nerve of the foot, the lateral crural cutaneous nerve, and the deep and superficial peroneal nerves. This stimulation reaches segments of the sciatic nerve (L1–L5), which provide neurovascular innervation to the renal plexus. This plexus receives fibers from the thoracic and lumbar splanchnic nerves, as well as from the celiac plexus. Therefore, stimulation through acupuncture could regulate the afferent and efferent functions of the organs involved in uric acid

Ethics Statement

In accordance with the Research Ethics Committee of the State University of Toluca Valley

Conflict of Interest

The authors declare that they have no conflict of interest.

References

1. Síndrome de Hiperuricemia: Una Perspectiva Fisiopatológica IntegradaVíctor Adolfo Ríos-Barrera, César Francisco PachecoTena, Alfredo NevárezRascón and Martina Nevárez-Rascón MedPub Journals Vol. 16 No. 2:8 May 27, 2020
2. Actualizaciones en El Manejo de la Hiperuricemia en el Primer Nivel De Atención Jeniffer Victoria Albán Pinzón Revista Científica de Salud y Desarrollo Humano Abril-Junio, Vol.5, No.2, 2024
3. Alicia Morocho, Cristóbal Espinoza, Zoila del Cisne Espinoza, Carlos Tinitana, María del Carmen Yaguachi, Maribel Vallejo, et al. Hiperuricemia: ¿nuevo factor de riesgo cardiovascular?. 19 de abril de 2023;.
4. Garcia Rueda, Jhon Gil, Jean Tenorio, AdrianaGarcía, Andrés Manejo actual de la hiperuricemia, ¿Todo es gota? CHAP 2021/04/01198 -204
5. Jose Aguado Martinez, 2012 El Diagnóstico de la Mtc, Mandala, Ultzama
6. Maciocia, G. (2015). The Foundations of Chinese Medicine: A Comprehensive Text (3rd ed.). Elsevier.
7. Enrique Varela Donoso,Cindy Méndez Pendavis,Atlas de Acupuntura,2009 2da edición. Barcelona España, Elsevier
8. MSc. María Cristina Ludeña Suárez René Eduardo Marín Ferrín Edwin Fernando Anchundia Cunalata3 Diagnóstico, tratamiento y prevención de la gotaCorreo Científico Médico (CCM) 2020; 24(1)