Case Report

Management of Functional Constipation Using Specific Acupuncture Point LI 2 (Erjian): A Case Study

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ABSTRACT

Functional constipation is a prevalent gastrointestinal disorder characterized by difficult stool passage, infrequent bowel movements, and a persistent sensation of incomplete evacuation. Non-pharmacological interventions such as acupuncture are gaining attention for their potential role in symptom management. A 32-year-old male presented with a complaint of constipation for the past 2 years. Based on the Rome IV criteria, it was diagnosed as functional constipation. The patient underwent acupuncture treatment targeting bilateral LI2 (Large Intestine 2) identified as a water point in traditional Chinese medicine associated with regulating intestinal function. Sterile needles were retained for 30 minutes per session, administered on alternate days over a period of three months. Treatment outcomes were evaluated using the Bristol Stool Scale, bowel movement frequency per week, and the PAC-SYM Questionnaire before and after the intervention. Following the intervention, the patient demonstrated marked clinical improvement, including normalization of stool consistency, increased bowel frequency to daily evacuation, reduced straining, and resolution of incomplete evacuation. This case highlights the potential effectiveness of acupuncture at LI2 in managing functional constipation. These findings suggest that LI2 acupuncture may represent a targeted and effective non-pharmacological approach for functional constipation; however, further controlled studies are warranted to confirm its efficacy.

Key words: Acupuncture Therapy, Constipation, Acupuncture Points

Functional constipation is a prevalent disorder of gut–brain interaction characterized by persistent difficulty in defecation, including infrequent bowel movements, hard stool consistency, excessive straining, and a sensation of incomplete evacuation. The diagnosis is primarily clinical and is established using the Rome IV Criteria, which standardize symptom-based identification in the absence of structural abnormalities [1]. The condition has a reported global prevalence ranging from 10% to 20% with significant impact on physical comfort, psychological well-being, and overall quality of life [2,3].

The pathophysiology of functional constipation is multifactorial, involving altered colonic motility, pelvic floor dysfunction, dietary insufficiency, and dysregulation of the gut–brain axis [4]. Conventional treatment strategies include increased dietary fiber intake, fluid consumption, behavioral modifications, and pharmacological interventions such as bulk-forming agents, osmotic laxatives, and stimulant laxatives. Despite these approaches, many patients experience suboptimal relief, adverse effects, or dependence on long-term medication use [5,6]. This has led to growing interest in complementary and integrative therapies.

Access this article online

Received – 12th May 2026

Initial Review – 19th May 2026

Accepted – 26th May 2026

Quick response code

Acupuncture has been increasingly studied for its therapeutic potential in gastrointestinal disorders. It is proposed to exert beneficial effects by modulating the autonomic nervous system activity, enhancing intestinal peristalsis, and regulating neurotransmitters involved in gut motility [7,8]. Clinical studies have demonstrated that acupuncture can improve stool frequency, consistency, and symptom severity in patients with functional constipation [9]. Within the large intestine meridian, LI2 (Large Intestine 2) is classified as a water point and is traditionally indicated for promoting fluid balance and alleviating dryness in the intestinal tract. Stimulation of this point is believed to facilitate bowel movement by enhancing intestinal lubrication and regulating Qi Flow [10]. In this context, the present case report aims to evaluate the clinical effectiveness of LI2 acupuncture in the management of functional constipation using standardized outcome measures.

CASE PRESENTATION

A 32-year-old male presented to the outpatient department with complaints of chronic constipation for two years, with worsening of symptoms over the past six months. The patient

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reported infrequent bowel movements occurring two to three times per week, associated with excessive straining during defecation. The stools were described as having a hard pellet-like consistency, corresponding to Type 1–2 on the Bristol Stool Scale (BSS). Additionally, the patient experienced a persistent sensation of incomplete evacuation following defecation.

There was no history of abdominal pain, rectal bleeding, mucus in stools, unintentional weight loss, or any alarming gastrointestinal symptoms. The patient denied the use of laxatives or any other pharmacological agents for the management of constipation before seeking treatment. Dietary evaluation revealed an irregular meal pattern, low intake of dietary fiber with minimal consumption of fruits, vegetables, whole grains, and inadequate fluid intake. The patient reported a predominantly sedentary lifestyle with a lack of regular physical activity and a prolonged period of sitting.

The patient had no significant past medical or surgical history. There was no history suggestive of endocrine, neurological, or metabolic disorders. General physical examination was within normal limits. Abdominal examination revealed a soft, non-tender abdomen without distension or palpable masses and no evidence of organomegaly. Bowel sounds were normal. Digital rectal examination did not reveal any structural abnormalities, fissures, hemorrhoids, or evidence of pelvic floor dysfunction.

The patient met the Rome IV criteria for functional constipation, evidenced by fewer than three spontaneous bowel movements per week, excessive straining, hard stools, and a persistent feeling of incomplete evacuation. These symptoms had persisted for over six months, and were active in the last three months, and occurred without any identifiable structural or secondary causes.

INTERVENTION

The treatment protocol consisted of insertion of acupuncture needles at the bilateral LI 2, Erjian, located on the radial side of the index finger, distal to the second metacarpophalangeal joint. This point is traditionally categorized as a water point of the Large Intestine meridian and is indicated for clearing heat and promoting fluid balance. The selection of LI2 was based on traditional Chinese medicine diagnostic principles. The patient's clinical presentation was interpreted as a pattern of internal heat associated with relative deficiency of the water element, leading to intestinal dryness and impaired bowel function. As a water point, LI2 is traditionally indicated for restoring fluid balance and alleviating dryness by facilitating the proper flow of Qi within the Large Intestine meridian.

Sterile, single-use disposable acupuncture needles (0.25 mm × 25 mm) were inserted bilaterally at LI2 to a depth of approximately 0.3–0.5 cun. Needling was performed gently to achieve the *Deqi* sensation. Each session lasted 30 minutes, and treatment was administered on alternate days for a duration of three months. No additional acupuncture points or adjunctive therapies were used during the treatment period to specifically assess the isolated effect of LI 2 stimulation.

OUTCOME MEASURES

Clinical outcomes were evaluated using standardized and validated measures to assess changes in bowel function and symptom severity. Stool consistency was assessed using the BSS, which classifies stool form into seven distinct types, enabling objective evaluation of changes in stool quality. Bowel movement frequency was recorded as the number of spontaneous evacuations per week to determine improvements in regularity. Symptom severity was assessed using the Patient Assessment of Constipation Symptoms (PAC-SYM) questionnaire, a validated tool that evaluates constipation-related symptoms across three domains: stool, abdominal, and rectal symptoms [11]. All outcome measures were recorded at baseline prior to the initiation of treatment and reassessed at the end of the 12-week intervention period to determine clinical improvement.

RESULTS

Following the 12-week acupuncture intervention, the patient demonstrated marked clinical improvement across all assessed outcome measures. Stool consistency showed a significant change, improving from Type 1–2 to Type 4 on the BSS, indicating normalization of stool form. Bowel movement frequency increased from 2–3 times per week at baseline to once daily by the end of the intervention period, reflecting improved regularity.

Assessment using the PAC-SYM questionnaire revealed a substantial reduction in overall symptom severity, with improvements observed across stool, abdominal, and rectal symptom domains. There was a marked reduction in symptoms such as excessive straining and the sensation of incomplete evacuation, both fully resolved by the end of treatment. In addition to objective improvements, the patient reported significant subjective benefits, including enhanced digestion, increased comfort during defecation, and an overall improvement in quality of life. No adverse events or complications were reported throughout the treatment period.

Table 1: Clinical Outcome Measures Before and After Intervention

Parameter	Baseline	Post-intervention (12 weeks)
Bowel movement frequency (per week)	2–3	7/week (daily)
Stool consistency (BSS)	Type 1–2	Type 4
Straining during defecation	Present (severe)	Absent
Incomplete evacuation	Present	Resolved
PAC-SYM score	2.9	0.5

DISCUSSION

The result of this study demonstrated marked clinical improvement following acupuncture intervention at LI2 (*Erjian*), suggesting a potential therapeutic role of targeted acupuncture in restoring bowel function. The observed outcomes, including normalization of stool consistency, increased bowel frequency, and reduction in symptom severity, are consistent with previous findings in clinical studies evaluating acupuncture for constipation [12,13]. These findings are aligned with the present case, where the patient achieved sustained symptomatic relief without the use of laxatives or adjunctive interventions.

The therapeutic effects of acupuncture are mediated through the modulation of the autonomic nervous system. Acupuncture has been shown to enhance parasympathetic (vagal) activity while reducing sympathetic overactivity, thereby promoting coordinated gastrointestinal motility and facilitating bowel evacuation [14,15]. This autonomic regulation is critical in functional constipation, where dysautonomia contributes to delayed colonic transit and impaired defecatory reflexes.

In addition to autonomic modulation, acupuncture influences neurotransmitter pathways involved in gastrointestinal function. Serotonin (5-hydroxytryptamine, 5-HT) plays a central role in regulating intestinal motility and secretion. Evidence suggests that acupuncture may modulate serotonin signaling, thereby enhancing peristalsis and improving stool passage. Furthermore, acupuncture has been associated with the regulation of neuropeptides such as substance P and vasoactive intestinal peptide, which contribute to coordinated smooth muscle activity within the gastrointestinal tract [16,17].

Emerging evidence also suggests that acupuncture may exert modulatory effects on intestinal microbiota and low-grade inflammation. Alterations in gut microbiota composition have been implicated in the pathogenesis of functional constipation. Acupuncture may help restore microbial balance and improve the intestinal microenvironment, thereby enhancing bowel regularity. Additionally, its anti-inflammatory effects may reduce subclinical inflammation that can impair intestinal motility [18].

LI2 (*Erjian*), classified as a water point on the Large Intestine meridian, is traditionally indicated for clearing heat and generating fluids. Stimulation of this point is believed to restore internal balance, moisten the intestines, and promote the downward movement of Qi, thereby facilitating bowel evacuation [19]. This case report has several notable strengths. First, the use of single-point acupuncture intervention allows for a clearer attribution of therapeutic effects specifically to LI 2 stimulation, unlike multi-point protocols commonly used in clinical practice. Second, standardized and validated outcome measures, including the BSS and PAC-SYM questionnaire, were employed to objectively assess treatment outcomes, thereby enhancing the reliability and clinical relevance of the findings. Third, the intervention was administered over a sufficiently long duration (12 weeks), allowing for the observation of sustained therapeutic effects. Additionally, the absence of concurrent pharmacological or adjunctive therapies minimizes potential confounding factors, strengthening the internal validity of the case.

Despite the positive findings, several limitations should be acknowledged. As a single case report, the results cannot be generalized to a wider population, and causal relationships cannot be definitively established. The absence of a control group limits the ability to distinguish the specific effects of acupuncture from placebo responses or natural variations in disease course. Furthermore, although outcome measures were standardized, the lack of long-term follow-up restricts the assessment of the durability of treatment effects. Future research in the form of well-designed randomized controlled trials (RCTs) with larger sample sizes is necessary to validate these findings and to further elucidate the mechanisms underlying the therapeutic effects of LI2 stimulation.

CONCLUSION

This case study demonstrates that acupuncture at LI2 (Erjian) may serve as an effective and safe therapeutic intervention in the management of functional constipation. The observed clinical benefits may be attributed to both traditional Chinese medicine principles and the modulation of physiological mechanisms involved in gastrointestinal motility. The use of a single acupoint approach highlights the potential effectiveness of targeted, individualized acupuncture therapy. Acupuncture may be considered a promising complementary and integrative approach for patients with functional constipation, particularly for those seeking non-pharmacological management options.

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How to cite this article: Thangaraj S, Ramesh S, Tamilarasu T, Raghu A. Management of Functional Constipation Using Specific Acupuncture Point LI 2 (Erjian): A Case Study. Indian J Integr Med. 2026; 6(2):94-97.

Funding: None; *Conflicts of Interest: None Stated*