

## Immediate Change in Self-Reported Complaint Severity After a Single Su Jok Therapy Session: A Community-Service Evaluation at FKMK

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### ABSTRACT

**Background:** Su Jok therapy is a complementary practice in which points on the hands or feet are stimulated according to proposed body correspondences. This evaluation assessed immediate change in self-reported complaint severity after a single Su Jok therapy session at FKMK UGM. **Methods:** Routinely collected community-service records from 21 August 2026 were retrospectively reviewed. Complaint severity was assessed on an 11-point numeric rating scale (0–10) immediately before and after the Su Jok therapy session. For participants reporting multiple complaints, individual ratings were averaged to yield a single paired severity score per participant. Complete pre–post pairs were summarized descriptively and compared using a two-sided Wilcoxon signed-rank test. **Results:** Twenty-one people took part in the Su Jok therapy session, and 19 of them had complete before-and-after severity ratings. On average, severity scores dropped from 4.99 (SD 2.17) before the session to 2.63 (SD 2.08) afterward—a mean decrease of 2.36 points. Seventeen participants felt better, two reported no change, and none got worse ( $W = 0$ ,  $p < 0.001$ ). **Conclusion:** Participants reported feeling less severe complaints right after the session. That said, because this was a small, uncontrolled pilot with no follow-up, the results only suggest a short-term link and shouldn't be read as proof that the treatment is effective.



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## INTRODUCTION

Traditional, complementary and integrative health practices continue to be used in health care in many places. The call for more stronger evidence, safety, adequate regulation, and responsible integration into health systems by the World Health Organization's Global Traditional Medicine Strategy 2025-2034 (Kuruvilla et al., 2025; World Health Organization., 2025). Community-based programs can contribute to this evidence base by clearly defining what was delivered, how outcomes were measured and the limitations of the conclusions that can be drawn.

Su Jok therapy is one form of complementary therapy. It is based on the idea that certain points on the hands and feet correspond to different parts of the body. These points can be stimulated in many ways, for instance by pressure, massage or the use of seeds, magnets and color. Su Jok therapy has already been used in studies, in community and clinical settings, for pain and other self-reported symptoms., including hypertension-related complaints, labor pain, heel-spur pain, migraine, and stroke rehabilitation (Carlos et al., n.d.; Destitu et al., 2023; Karya Kesehatan et al., n.d.; Molchanova & Drobyshev, 2021; Nurjannah & Hariyadi, 2021; Riset Media Keperawatan et al., 2022; Trilia & Suzanna, 2022) .

Controlled studies in specific populations have also reported improvements in pain or related symptoms after Su Jok therapy interventions, including studies of migraine, post-cesarean pain, dysmenorrhea, gastrointestinal cancer symptoms, and postoperative recovery (Bilgiç et al., 2026; Coban & Goktas, 2026; Güneş & Karabulutlu, 2025; Kahraman & Cevik Akyıl, 2022; Şimşek, 2025). However, findings from defined clinical populations cannot be assumed to apply to a brief community-service session involving participants with heterogeneous complaints. The present evaluation therefore examined whether self-reported complaint severity changed immediately after one Su Jok therapy session delivered during a community-service activity at FKMK UGM.

## **RESEARCH METHODS**

### **Design and setting**

This was a retrospective, one-group, pre-post evaluation using routinely collected community-service records. The session was named Penugasan G and took place on 21 August 2026 in the Skybridge area of the fourth floor of the Tahir Building, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada (FKMK UGM), Yogyakarta, Indonesia. The evaluation was designed to describe program delivery and immediate outcomes rather than to test efficacy in a randomized clinical trial.

### **Participants**

Participants attended the activity voluntarily, reported a health-related or psychological complaint, and received a Su Jok therapy session. The program dataset contained 22 rows associated with the activity. One observation-only row contained no recipient or intervention information and was excluded, leaving 21 treatment recipients. Two records lacked complete pre- and post-session scores; therefore, 19 participants were included in the paired outcome analysis.

### **Intervention**

The Su Jok therapy session was individualized to each participant's main complaint. Therapists used the basic correspondence system, Triorigin points, or a combination of the two. Recorded stimulation methods included massage or pressure, seed application, magnets, color, and electro-wave color therapy (EWCT); many participants received more than one method. Su Jok therapy was provided as a complementary community-service activity and was not intended to replace medical assessment or prescribed treatment.

### **Outcome and data handling**

The primary outcome was self-rated complaint severity on a 0-10 scale, where 0 represented no problem and 10 represented the most severe problem. Scores were recorded immediately before and after the session. When more than one complaint was scored for the same participant, the available ratings were averaged to produce one pre-session and one post-session value. Missing scores were retained as missing rather than imputed. Self-reported symptom intensity is often measured using numerical rating scales, but small changes should be interpreted in the light of measurement variability (Williams et al., 2025). The analytic dataset did not contain any personal identifiers (e.g., names, contact details).

### **Statistical analysis**

Participant characteristics and intervention methods were summarized using counts, percentages, means, standard deviations, medians, and ranges, as appropriate. The paired 0-10 scores were compared using a two-sided Wilcoxon signed-rank test because the sample was small and the outcome was measured on a bounded rating scale. Statistical significance was set at  $p < 0.05$ . The analysis was based on complete pre-post pairs, and no additional inferential tests were performed.

## **RESULTS AND DISCUSSION**

## Participant characteristics

In total 21 participants received Su Jok therapy. The mean age of the patients was 40.6 years (SD 12.0) ranging from 20 to 56 years. Fourteen participants (66.7%) were women and seven (33.3%) were men. Most had completed undergraduate education. Table 1 summarizes the available demographic characteristics.

**Table 1 Characteristics of Treatment Recipients (N = 21)**

| No | Characteristic             | Value       |
|----|----------------------------|-------------|
| 1  | Age, years, mean (SD)      | 40.6 (12.0) |
| 2  | Age, years, median (range) | 42 (20-56)  |
| 3  | Women, n (%)               | 14 (66.7)   |
| 4  | Men, n (%)                 | 7 (33.3)    |
| 5  | Senior high school, n (%)  | 2 (9.5)     |
| 6  | Diploma, n (%)             | 2 (9.5)     |
| 7  | Undergraduate, n (%)       | 16 (76.2)   |
| 8  | Master's degree, n (%)     | 1 (4.8)     |

## Therapy delivery

Seed application was the most frequently documented method, recorded in 16 of 21 sessions (76.2%). Massage or pressure was recorded in 11 sessions (52.4%), magnets in 8 (38.1%), color therapy in 6 (28.6%), and EWCT in 2 (9.5%). Because participants could receive more than one method, the percentages do not sum to 100%. Presenting complaints were heterogeneous and included neck, shoulder, back, limb, and joint discomfort; headache; abdominal symptoms; anxiety; fatigue; numbness; and respiratory discomfort.

## Immediate change in complaint severity

Complete pre- and post-session scores were available for 19 participants. Mean complaint severity decreased from 4.99 (SD 2.17) before the session to 2.63 (SD 2.08) immediately afterward, a mean within-participant change of -2.36 points (SD 1.34). The median score decreased from 5.0 to 2.0. Seventeen participants reported lower scores after the session, two reported no change, and none reported a higher score. The within-participant difference was statistically significant on the Wilcoxon signed-rank test ( $W = 0$ ,  $p < 0.001$ ). Detailed results are shown in Table 2.

**Table 2 Pre-Session and Post-Session Complaint Severity (n = 19 Participants)**

| Measure                            | Pre-session | Post-session | Change                |
|------------------------------------|-------------|--------------|-----------------------|
| Mean (SD)                          | 4.99 (2.17) | 2.63 (2.08)  | -2.36 (1.34)          |
| Median                             | 5.0         | 2.0          | -3.0                  |
| Range                              | 0.0 to 8.0  | 0.0 to 6.0   | -4.33 to 0.0          |
| Improved /<br>unchanged / worsened | -           | -            | 17 / 2 / 0            |
| Wilcoxon signed-rank<br>test       | -           | -            | $W = 0$ ; $p < 0.001$ |

Note. Change is calculated as post-session minus pre-session; negative values indicate lower complaint severity after the session.

## Discussion

In this community-service trial with complete paired data, most participants experienced immediate reduction in severity of complaints after one Su Jok therapy session. Average score was down 2.36 points. 17 of 19 people said they improved to some degree. This result is consistent with the results of other retrospective studies conducted in Indonesia which

showed a lower pain score after the provision of Su Jok therapy, as well as other studies conducted in Indonesian communities or services (Destitu et al., 2023; Nurjannah & Hariyadi, 2021; Suryana et al., 2024; Trilia & Suzanna, 2022). The application of Su Jok therapy interventions has also been reported to have resulted in pain relief or an improvement of the related symptoms in certain segments of the population. Bilgiç et al. have observed this phenomenon in controlled studies (Coban & Goktas, 2026; Güneş & Karabulutlu, 2025; Kahraman & Cevik Akyil, 2022; Şimşek, 2025).

The observed decrease should nevertheless be interpreted cautiously. Participants presented with different complaints, and therapists selected points and stimulation methods individually; therefore, the change cannot be attributed to a single Su Jok therapy technique. In addition, some participants had multiple complaint ratings that were averaged, so the 2.36-point mean change should not be treated as a standardized clinical effect across conditions. Immediate improvement may also reflect symptom fluctuation, therapist attention, expectation, relaxation, or other contextual effects. All controlled evidence is not good; In a placebo controlled study on dysmenorrhea, pain decreased in Su Jok and sham-point groups but there was no significant difference between groups (Şimşek, 2025).

Several limitations affect interpretation. The sample was small and based on convenience attendance, there was no control or comparison group, and outcomes were measured only immediately after the session. Neither participants nor therapists were blinded. Two records lacked complete paired scores, the intervention was not standardized, and the service form did not include a formal adverse-event field. The evaluation therefore cannot establish that Su Jok therapy caused the observed improvement, determine whether any change was clinically meaningful across the heterogeneous complaints, assess safety systematically, or show whether improvement persisted beyond the session.

Future community-service activities could strengthen the evidence with relatively simple changes to data collection. Recording one primary complaint and one score pair per participant would simplify analysis, while structured fields for the exact Su Jok therapy system, stimulation method, session duration, and adverse events would improve consistency and safety reporting. Repeating the same symptom score after 24 hours and again after seven days would help determine whether any change is sustained. A future controlled trial could compare Su Jok therapy with usual care, rest or a credible attention control. This corresponds to the worldwide focus on responsible use of traditional and complementary practices, safety and evidence (World Health Organization., 2025).

## CONCLUSION

Participants with complete paired data reported lower self-rated complaint severity immediately after one Su Jok therapy session in the FKMK UGM community-service program. The pre-post pattern indicates a short-term association, but the uncontrolled design, small convenience sample, heterogeneous complaints, and absence of follow-up prevent conclusions about treatment effectiveness or durability. Larger controlled studies with standardized procedures, systematic safety reporting, and follow-up are needed to determine whether the observed change is reproducible and sustained.

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