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CASE REPORT OPEN ACCESS

Implementation of Combination of Benson Relaxation Therapy and Ki 3 Acupressure Intervention in Elderly People with Joint Pain

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ABSTRACT

Gout is a condition in which uric acid accumulates excessively in the body, caused by increased uric acid production or the consumption of foods high in purines, leading to joint pain and other symptoms. Complementary therapies that can be done include Benson relaxation therapy, which adds an element of word pronunciation according to the beliefs adhered to, and acupressure therapy, which emphasizes several points on the body's surface as centers of energy circulation. The purpose of this study is to describe the application of a combination of Benson relaxation therapy and Ki3 acupressure among elderly individuals with joint pain at UPT PSTW Pasuruan. The research used a case study design with 1 elderly person aged 73 years who had gout and had been experiencing joint pain for the past 6 months. The research instrument used was the Numeric Rating Scale (NRS) pain scale instrument. The intervention was carried out over 3 days, with 3 meetings, and was accompanied by measurement of the pain scale and uric acid levels before and after the intervention. The data collection technique uses interviews and observations, and the data are presented in a gerontic nursing care report format. The results showed a decrease in pain scale after receiving a combination of Benson relaxation therapy and Ki3 acupressure for 3 consecutive days, from 5 to 2. These results show that Benson relaxation and Ki3 acupressure can be an effective, simple non-pharmacological therapy that can be recommended to reduce joint pain in the elderly.

KEYWORDS

Elderly; Joint pain; Benson relaxation; Ki3 (Taixi) acupressure

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1 | Background

Elderly, as defined by Law of the Republic of Indonesia Number 13 of 1998, as well as Government Regulation of the Republic of Indonesia Number 43 of 2004, is a person who has reached the age of 60 years or older and undergoes a process called aging. Aging is an unavoidable life process and a phase of diminished tissue potential to recover, replace, or maintain optimal performance according to their function (Siregar, 2023). The aging process will continue in old age, causing a decrease in physical ability to walk as the body's functions and metabolism decline. One of the metabolic disorders that often afflicts the elderly is gout arthritis (Agustin et al., 2024).

Gout arthritis is a disease caused by excessive accumulation of uric acid in the body, the cause can be due to increased production of uric acid levels in the body, decreased excretion through the kidneys, or increased consumption of foods high in purines, where the symptoms can be in the form of arthritis or acute arthritis due to uric acid crystals that accumulate in the joints (Amanah et al., 2024). The pain is often in the joints, from the wrists to the fingers, or in the ankles to the toes (Fahri et al., 2022). Based on data from the World Health Organization (WHO), the prevalence of gout arthritis will increase to 33.3% (1370 cases) by

2024. The United States recorded the highest percentage of cases globally, at 26.3% of the total population. The incidence of gout in Indonesia is 35%, and most cases occur in men over 45 years old (Agustin et al., 2024).

Gout arthritis can affect the onset of various diseases, such as rheumatism, muscle atrophy, impaired kidney function, and the presence of kidney stones (Fahri et al., 2022). In addition to the disease, other symptoms that can arise in the elderly with gout arthritis include severe pain and limited physical activity, which can affect the quality of life (Prastiyo et al., 2023). Efforts to manage gout arthritis with joint pain in the elderly include using preferred pharmacological, non-pharmacological, or complementary therapies to address health problems using traditional techniques (Yasa et al., 2025).

One simple complementary therapy you can do on your own is Benson relaxation therapy, which combines relaxation with elements of speech and words according to the beliefs you hold. This therapy can reduce pain complaints experienced because the way this therapy works is to provide a sense of relaxation to the muscles of the body until a feeling of calm, safety, and comfort arises by blocking the work of sympathetic nerves so that the body's need for oxygen can be lowered (Andari et al., 2021). Another complementary therapy that can be given as pain management in the elderly who suffer from gout arthritis is acupressure therapy. Acupressure therapy can be implemented by placing direct emphasis on several points on the body's surface that serve as centers of energy circulation and balance to relieve pain symptoms. Acupressure therapy is a non-invasive, safe, effective, and easy-to-practice therapy that can have a positive impact on patients (Mahmudi et al., 2024).

Although previous studies have reported the benefits of Benson relaxation therapy and Ki3 acupressure separately in reducing pain, evidence regarding their combined implementation in elderly patients with gout arthritis remains limited. Most existing literature focuses on single interventions or short-term outcomes without integrating holistic components such as spiritual relaxation and energy-based stimulation simultaneously (Abdul Mukid, 2025). Furthermore, few reports document their application within institutional elderly care settings, where residents often experience reduced physical activity, psychological stress, and dependence on caregivers. This case study provides novel insight by demonstrating the practical feasibility and potential synergistic effect of combining Benson relaxation therapy with Ki3 acupressure in an elderly patient living in a social nursing home (UPT PSTW). In addition, this report provides clinically relevant evidence by monitoring daily pain intensity and uric acid levels before and after intervention sessions, offering a more comprehensive evaluation of symptom changes beyond subjective pain relief alone.

Based on an interview conducted with Mrs. S at Panti Sosial Tresna Werdha Pasuruan, she has been suffering from gout for 5 years, and the symptoms of gout that have appeared in Mrs. S are joint pain and stiffness, which have been felt for the past 6 months. Based on the answers given, Mrs. S has not taken any action regarding her joint pain complaints, and she is reluctant to engage in too much movement or activity because of the pain she feels.

2 | Case Presentation

The case study was carried out following an assessment on August 14, 2025, at UPT PSTW Pasuruan, for an elderly client, Mrs. S, aged 73, who lived in Wisma Kemuning UPT PSTW Pasuruan with her husband for 11 years and 6 months. Previously, the client worked as a private employee. However, she and her husband became victims of fraud, and they eventually exhausted all their possessions, finally deciding to enter UPT PSTW Pasuruan. Currently, the main complaint felt by Mrs. S is chronic joint pain and stiffness located primarily in both knee joints and finger joints. The client reported that the pain had been present for approximately six months. The pain was described as aching and throbbing, accompanied by stiffness, particularly during movement and weight-bearing activities such as walking or standing. The client stated that the pain intensity was moderate, and it often worsened in the morning and when performing daily activities.

3 | Methods

3.1 Assessment

Aggravating factors included prolonged walking, standing, bending the knees, and repetitive hand movements. Relieving factors included resting, reducing movement, and sitting or lying down. The client reported that she often limited physical

activity because she feared the pain would worsen. The pain significantly affected functional ability, as the client required assistance from her husband for several activities of daily living (ADLs), such as washing clothes, washing dishes, sweeping the room, and collecting food from the kitchen. The client has been suffering from gout for five years and often requests medication at the UPT PSTW Pasuruan polyclinic. However, based on the client's confession, she rarely takes medication because she does not want to be dependent on drugs. The client also has a history of hypertension and is often prescribed antihypertensive drugs by doctors who visit the nursing home once a month. During the musculoskeletal assessment, the client complained of joint pain and stiffness, resulting in an altered gait pattern. The client walked slowly and carefully due to pain in both knees. Vital signs showed blood pressure of 130/90 mmHg, pulse rate of 98x/min, body temperature of 36.5°C, and respiratory rate of 20x/min. Physical examination revealed no other major complaints aside from joint pain and stiffness. Sleep quality assessment using the PSQI instrument showed a score of 4, indicating good sleep quality. ADL assessment using the Barthel Index showed a score of 75, indicating moderate dependence. The risk of falling assessment using the Timed Up and Go Test yielded a score of 27 seconds, indicating a high risk of falls.

3.2 Nursing Diagnosis

Based on the assessment results, the nursing diagnoses that emerged were chronic pain and physical mobility disorders. The researcher then assessed the nursing problems that became priorities. In this scientific paper, the results and discussion are focused on chronic pain nursing problems as a priority for nursing problems caused by high uric acid levels of clients, so that pain complaints that clients have experienced for the past 6 months arise.

3.3 Nursing Intervention

Based on the results of the assessment and enforcement of the diagnosis carried out, prepare an action plan in accordance with the objectives after the nursing intervention, for 3-4 meetings. It is hoped that the pain complaints experienced by the client will decrease, the feelings of grimacing and anxiety will decrease, and the client's ability to complete activities will increase. This nursing intervention is based on the Indonesian Nursing Intervention Standard (SIKI) book, which involves pain management. Then, the client is given additional therapy based on evidence-based practice in the form of Benson relaxation therapy and Ki 3 acupressure, which are combined and applied to the client for 3 meetings over 3 consecutive days, each lasting about 20-30 minutes.

3.4 Nursing Implementation

Nursing implementation was carried out for 3 days, from August 18 to 20, 2025, with 3 meetings. The intervention was delivered by the researcher (a nursing student) under the supervision of a clinical nursing instructor. Prior to implementation, the researcher received training and guidance on the standard operating procedure (SOP) for Benson relaxation therapy and the Ki3 (Taixi) acupressure technique, including the identification of the correct acupressure point, appropriate pressure intensity, and stimulation duration. The researcher also performed a supervised practice session to ensure accuracy and consistency of the procedure. To maintain intervention fidelity, the same provider conducted all intervention sessions, using the same sequence and procedure durations.

On the first day, August 18, 2025, the evaluation included assessing the client's pain level (5) and measuring the client's uric acid level (7.1 mg/dL). The researcher asked the client about their availability to perform Benson relaxation therapy and Ki3 acupressure. The researcher explained the procedure, its objectives, and its benefits to the client before therapy. The researcher then began the therapy procedure for 15 minutes. After completion, the researcher again measured the client's uric acid level to evaluate the uric acid value after being given the therapy (6.9 mg/dL) with a pain scale of 4. On the second day, on August 19, 2025, the researcher again evaluated the complaints felt by the client and measured the client's uric acid level before being given therapy (7.8 mg/dL) with a pain scale of 4. The researcher asked the client for their willingness to return to therapy. After being given therapy, the researcher remeasured the client's uric acid value (7.6 mg/dL) with a pain scale of 3. On the third day of implementation, on August 20, 2025, the researcher again evaluated the client's

complaints and measured the client's uric acid level before therapy (7.3 mg/dL), with a pain scale of 3. The researcher asked the client about their willingness to return to therapy. After being given therapy, the researcher remeasured the client's uric acid value (7.0 mg/dL) with a pain scale of 2.

3.5 Nursing Evaluation

The subjective response shown at the time of evaluation is that the client says the pain felt before has begun to decrease. However, to carry out daily activities, the client expressed reluctance to do many tasks and still relied on her husband for help. The client also said that she felt a little calmer after being given Benson relaxation therapy, because the words she chose were the sentence "istighfar". Clients also said they wanted to try to apply therapy if the pain came back. The client said that so far she still rarely takes the drugs given by the clinic, and still cannot maintain his food intake. The objective response during the evaluation is that the client appears more relaxed and can move even when walking slowly. The client appeared relaxed when speaking with the researcher, and there was no grimacing or restlessness on the client's face. The client's uric acid value after being given the intervention for 3 consecutive days showed a decrease, but in small numbers. The client said she had never taken the prescribed medication for 3 days, and still could not maintain the intake of the food consumed.

4 | Discussion

The results of this case study demonstrated that the combination of Benson relaxation therapy and Ki3 (Taixi) acupressure was effective in reducing joint pain in an elderly patient with gout arthritis. After three consecutive days of intervention, the client's pain scale decreased from 5 (moderate pain) to 2 (mild pain). Subjectively, the client reported feeling more relaxed and calmer, and experiencing less discomfort during movement. Objectively, the client appeared more comfortable, showed reduced facial expressions of pain, and moved more freely, although walking remained slow.

The reduction in pain can be explained by the physiological effects of Benson relaxation therapy, which promotes parasympathetic nervous system activation and suppresses sympathetic activity. This mechanism leads to decreased muscle tension, reduced oxygen consumption, and increased feelings of calm and comfort, thereby lowering pain perception (Andari et al., 2021; Simangunsong et al., 2025). The inclusion of spiritual or belief-based verbal repetition in Benson relaxation also enhances emotional regulation and coping, which contributes to pain reduction in elderly patients. In addition, Ki3 acupressure plays a complementary role in pain management by stimulating energy circulation and neuroendocrine responses. Pressure applied to the Ki3 (Taixi) point is known to stimulate the hypothalamic–pituitary axis, increasing endorphin release and inhibiting pain signal transmission to the central nervous system (Mahmudi et al., 2024; Budiani et al., 2025). This mechanism not only alleviates pain but also promotes muscle relaxation and improves local blood circulation, which is particularly beneficial in gout-related joint pain. Although a slight fluctuation in uric acid levels was observed during the intervention period, this may be influenced by the client's non-adherence to dietary recommendations and prescribed medication. Previous studies emphasize that dietary control and medication adherence are essential factors in maintaining stable uric acid levels and preventing recurrent gout symptoms (Nizar & Zuniawati, 2023).

Nevertheless, the consistent decrease in pain intensity indicates that the combined non-pharmacological intervention had a meaningful clinical effect on symptom relief. Overall, these findings support the use of Benson relaxation therapy combined with Ki3 acupressure as a safe, simple, and effective complementary nursing intervention to reduce joint pain in elderly patients with gout arthritis. This approach aligns with holistic nursing care by addressing physical, psychological, and spiritual aspects of pain management.

From a practical perspective, implementing these therapies in institutional elderly care settings, such as nursing homes or social service facilities (e.g., UPT PSTW), is feasible because they require minimal equipment, are non-invasive, and can be integrated into routine nursing care. Benson relaxation therapy requires only a quiet environment, a comfortable sitting or lying position, and guidance from nurses (Cahyono & Irawaty, 2022), while Ki3 acupressure requires only basic hygiene supplies (hand sanitizer or gloves) and knowledge of correct point location

and pressure technique (Wayan et al., 2025). Therefore, these interventions are suitable for facilities with limited resources. However, successful implementation depends on staff training and competency to ensure intervention fidelity and patient safety. Institutional nurses should receive structured training through workshops or competency-based certification, particularly for acupressure point identification and standardized pressure duration (Zaitoun et al., 2023). Training modules may include anatomy of acupressure points, contraindications (e.g., skin injury, edema, severe neuropathy, fractures), and appropriate communication strategies for elderly clients. The use of a written Standard Operating Procedure (SOP) and checklist is recommended to ensure reproducibility, consistent duration, and uniform technique across staff members (Dimitrova, 2017). Time allocation is another important consideration in institutional settings where nurses often manage high workloads. In this case, the intervention lasted approximately 20–30 minutes per session, which may be challenging if applied to many residents simultaneously. Therefore, facilities may consider scheduling the therapy as part of daily relaxation programs, integrating it into morning or evening routines, or assigning trained nursing assistants to assist under nurse supervision. Group-based Benson relaxation sessions could also be implemented to reduce time burden, followed by individualized acupressure sessions for residents with persistent pain. In terms of resources, implementation may require designated quiet spaces within the institution to reduce distractions and enhance relaxation outcomes. Simple modifications, such as reducing noise, providing chairs or mats, and ensuring privacy, can enhance therapy effectiveness. Institutional support from facility management is essential to incorporate these therapies into standard geriatric care programs, including the provision of educational materials and routine documentation forms (English et al., 2022).

Documentation and monitoring should also be emphasized in clinical practice. Nurses should routinely assess pain using standardized tools such as the Numeric Rating Scale (NRS) before and after each session, and document subjective responses, physical mobility, and any adverse effects (Saleh, 2023). In facilities where uric acid monitoring is available, periodic evaluation may provide additional clinical insight; however, pain reduction remains the primary nursing outcome target. Consistent monitoring enables nurses to evaluate therapy effectiveness and identify residents who require further medical referral. Another important consideration is sustainability and patient empowerment (Molina-Mula & Gallo-Estrada, 2020). In institutional settings, elderly residents often experience dependency and limited self-care capacity. Benson relaxation therapy may be easier to teach and encourage as a self-practice, especially because it can be tailored to the patient's spiritual preferences. Meanwhile, acupressure may require caregiver assistance; thus, involving family members or caregivers during visiting times could enhance long-term continuity. Providing simple educational leaflets or demonstrations may help residents and caregivers maintain the therapy outside formal sessions (Bhattad & Pacifico, 2022).

The implications of nursing for this study are very important in strengthening nurses' roles in designing additional interventions to reduce pain intensity in elderly patients, thereby preventing deterioration in quality of life. This combined intervention supports holistic nursing care by incorporating bio-psycho-social-spiritual dimensions. Therefore, empowerment of the nursing profession in complementary therapy practice is necessary, including training programs to improve skills in acupressure techniques and relaxation guidance, ensuring safe and effective delivery for elderly populations.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the case study design with a single participant limits the generalizability of the results to a broader elderly population with gout arthritis. Second, the short duration of the intervention (three consecutive days) does not allow for the evaluation of long-term effects or the sustainability of pain reduction. Third, fluctuations in uric acid levels may have been influenced by uncontrolled factors such as dietary intake and medication adherence, which were not strictly monitored. Additionally, pain assessment relied on self-reported measures, which are subjective and may be affected by individual perception and response bias. Therefore, further studies with larger samples, longer follow-up periods, and controlled variables are needed to confirm these findings.

5 | Conclusions

This study has several conclusions, namely that the client's pain scale before the intervention was 5 (moderate pain) and after the intervention was 2 (mild pain). After 3 days of the intervention, pain scores decreased in the elderly. The client's subjective evaluation indicated that the pain had decreased and the body had become more relaxed. In contrast, the objective evaluation showed the client was free to move but still walked slowly.

6 | References

Abdul Mukid, M. E. (2025). The Effectiveness of Benson Relaxation on Reducing Anxiety and Depression Levels in Patients with Chronic Illness: A Scoping Review. Indonesian Journal of Global Health Research, 7(1), 805–814. https://doi.org/10.37287/ijghr.v7i1.5276

Agustin, W., Eka, N., & Maryatun, M. (2024). Penerapan Kompres Hangat Pada Lansia Pada Penurunan Nyeri Gout Arthithis di Puskesmas Sukoharjo. Jurnal Kesehatan Dan Kedokteran, 1(4), 65–76. https://doi.org/10.62383/vimed.v1i4.781

Amanah, K. N., Susanti, I. H., & Siwi, A. S. (2024). Edukasi Senam Ergonomik Pada Lansia Penderita Gout Arthritis. Jurnal Penelitian Perawat Profesional, 6(5), 2405–2418. https://doi.org/10.37287/jppp.v6i5.4199

Andari, F. N., Santri, R. A., & Nurhayati. (2021). Terapi Benson Untuk Penurunan Nyeri Rheumatoid Arthritis Lansia. Jurnal Vokasi Keperawatan (JVK), 4(2), 345–356. https://doi.org/10.33369/jvk.v4i2.19103

Bhattad, P. B., & Pacifico, L. (2022). Empowering Patients : Promoting Patient Education and Health Literacy. Cureus, 14(7). https://doi.org/10.7759/cureus.27336

Budiani, K., Suta, I. B. P., & Wiryanatha, I. B. (2025). Efektivitas Terapi Akupresur dalam Reduksi Nyeri Arthritis Gout: Studi Kualitatif di Kota Denpasar. Widya Kesehatan: Journal of Health Science, 7(1), 15–21. https://doi.org/10.32795/s9gb9v66

Cahyono, H. D., & Irawaty, D. (2022). The effect of Benson relaxation application (‘ Bens app ’) on reducing fatigue in patients with breast cancer undergoing chemotherapy: A quasi-experimental study. Belitung Nursing Journal, 8(4), 304–310. https://doi.org/10.33546/bnj.1843

Dimitrova, A. (2017). Introducing a Standardized Acupuncture Protocol for Peripheral Neuropathy : A Case Series. Medical Acupuncture, 29(6). https://doi.org/10.1089/acu.2017.1242

English, M., Nzinga, J., Oliwa, J., Maina, M., Oluoch, D., Barasa, E., Irimu, G., Muinga, N., Vincent, C., & Mcknight, J. (2022). Improving facility- - based care : eliciting tacit knowledge to advance intervention design. BMJ Global Health, 1–9. https://doi.org/10.1136/bmjgh-2022-009410

Fahri, A., Iriani, R., & Natalia, F. (2022). Pelayanan Kesehatan Lansia Untuk Tingkat Nyeri Dengan Gout Arthritis. Prosiding Semnas Hilirasi Hasil Penelitian Dan Pengabdian Masyarakat, 46–51.

Mahmudi, M., Safitri, D. N. R. P., & Mubin, M. F. (2024). Penurunan nyeri dan kadar asam urat pada penderita Gout Arthritis dengan terapi akupresur pada titik Taixi (KI 3). Holistic Nursing Care Approach, 4(1), 1. https://doi.org/10.26714/hnca.v4i1.12873

Molina-mula, J., & Gallo-estrada, J. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. International Journal of Environmental Research and Public Health, 17(3). https://doi.org/10.3390/ijerph17030835

Nizar, A. M., & Zuniawati, D. (2023). Determinan Faktor Yang Mempengaruhi Kadar Asam Urat Pada Lansia Yang Menderita Asam Urat Di Kabupaten Tulungagung. Jurnal Penelitian Sekolah Tinggi Ilmu Kesehatan Nahdlatul Ulama Tuban, 5(2), 74–83. https://doi.org/10.47710/jp.v5i2.267

Prastiyo, M. D., Rakhmawati, R., Amalia, S. D., & Qurana, Z. A. (2023). Pemberdayaan Cegah Gout Artritis Pada Lansia Dusun Bakalan Krajan Kota Malang. Abdimasku, 6(3), 813–821.

Saleh, A. M. (2023). Heliyon Nurses ’ assessment and management practices of pain among intensive care patients in King Khalid Hospital , Kharj, Riyadh. Heliyon, 9(9), e19986. https://doi.org/10.1016/j.heliyon.2023.e19986

Simangunsong, Y. S., Hutagaol, T. A., Laia, N., Manihuru, J. J., Butar-Butar, E. M. L., & Silalahi, K. L. (2025). Pengaruh Penerapan Teknik Relaksasi Benson Untuk Mengurangi Nyeri Sendi Pada Pasien Arthritis Reumatoid. Journal of Language and Health, 6(1), 73–80. https://doi.org/10.37287/jlh.v6i1.5951

Siregar, R. R. (2023). Edukasi Proses Penuaan dan Perubahan Pada Lansia. Health Community

Service, 1(1), 18–21. https://doi.org/10.47709/hcs.v1i1.3137

Yasa, D. G. P. P., Surasta, I. W., & Verdhiarsini, N. K. (2025). Pengaruh Terapi Akupresur Dan Kompres Bawang Merah Terhadap Penurunan Nyeri Gout Arthritis. Jurnal Penelitian Perawat Profesional, 7(2), 963–970. https://doi.org/https://doi.org/10.37287/jppp.v7i2.6466

Wayan, N., Purnamasari, S., Komang, N., Gandhari, M., Luh, N., Dian, P., & Sari, Y. (2025). The Effect of Acupressure on the KI 3 On Pain Scale in Gout Arthritis Patients at UPTD Puskesmas I Health Office of Denpasar Selatan Subdistrict. Jurnal Kesehatan, 14, 13–16. https://doi.org/10.63323/jkes.v14i02.235

Zaitoun, R. A., Said, N. B., & Tantillo, L. De. (2023). Clinical nurse competence and its effect on patient safety culture : a systematic review. BMC Nursing, 22(173), 1–10. https://doi.org/10.1186/s12912-023-01305-w

Author Contributions

SFA: conducted the case study, collected and analyzed the data, and drafted the initial manuscript. **STO:** supervised the research process, contributed to the study design, provided critical revisions, and reviewed the manuscript for intellectual content. **RNV:** contributed to data interpretation, clinical nursing perspectives, and manuscript refinement. All authors read and approved the final version of the manuscript.

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Ethics Statement

This case report was conducted in accordance with ethical standards and the principles of the Declaration of Helsinki. Written informed consent was obtained from the patient prior to data collection and for the publication of this case report. The patient was informed about the purpose, procedures, potential benefits, and confidentiality of the study. No identifying personal information is disclosed in this report.

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this case report.

Data Availability Statement

All data generated or analysed during this study are included within this published article. Further details are available from the corresponding author upon reasonable request, subject to patient confidentiality considerations.