

Effectiveness of Su Jok therapy as a complementary approach in postoperative symptom management in surgical nursing: review

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ABSTRACT

Postoperative symptom management is a key responsibility in surgical nursing. In addition to pharmacological methods, complementary and alternative therapies have emerged as effective approaches to support recovery. Su Jok therapy, based on Korean hand and foot microsystems, is a non-invasive complementary method aligned with holistic nursing philosophy. This systematic review aims to examine the effects of Su Jok therapy on postoperative symptom management within the context of surgical nursing. A comprehensive literature search was conducted in seven databases between January 2010 and December 2025 using the keywords “Su Jok therapy,” “surgical nursing,” “postoperative care,” and “complementary and alternative therapies.” A total of 41 records were identified. After applying the inclusion criteria, 20 studies were included, four of which were randomized controlled trials. The findings indicate that Su Jok therapy may be effective in reducing postoperative symptoms such as pain, nausea-vomiting, anxiety, fatigue, and sleep disturbances. Its safety, low cost, and ease of application support its potential integration into nursing care. However, most existing evidence is based on small sample sizes. Therefore, large-scale, multicenter randomized controlled trials are needed to evaluate its effectiveness and support the development of clinical guidelines.

Keywords: Su Jok therapy, surgical nursing, postoperative care, complementary and alternative therapies

INTRODUCTION

Surgical science continues to evolve due to technological advances and ongoing research innovations. In recent years, minimally invasive and robotic surgical procedures have increasingly replaced traditional open techniques, contributing to an increase in the number of operations performed. However, these rapid developments in surgical practice also require new approaches to patient care and bring various health-related challenges to the forefront (Gül et al., 2022). It is estimated that more than 300 million major surgical procedures are performed worldwide each year. Postoperative complication rates vary between 5 percent and 30 percent depending on the type of surgery and patient characteristics. Symptoms such as pain, nausea, sleep disturbances, and difficulties in mobilization are particularly common during the first 72 hours following surgery (World Health Organization [WHO], 2023).

The type of anesthesia administered, the nature of the surgical procedure, and individual patient characteristics are associated with the development of postoperative complications. During this period, patients may experience pain, nausea-vomiting, delayed bowel movements, hypothermia, circulatory and respiratory problems, urinary retention, loss of appetite, wound infections, fatigue, sleep disorders, anxiety, and

depression. These complications can prolong hospital stays, increase readmission rates, reduce quality of life, and decrease patient satisfaction, thereby creating significant health burdens (Bölükbaş & Irmak, 2020).

A primary responsibility of surgical nursing is the early identification and prevention of postoperative complications, as well as the delivery of effective care for emerging symptoms. Today, this responsibility extends beyond physical care to include psychological support and complementary interventions that facilitate recovery. Although pharmacological treatments remain fundamental in postoperative management, complementary and alternative approaches have gained increasing recognition in recent years. These non-pharmacological interventions are intended to support medical treatment, reduce medication-related side effects, enhance immune function, regulate sleep, alleviate stress and anxiety, improve quality of life, and preserve the biopsychosocial integrity of the individual (Ay, 2018).

Over the past decade, numerous studies have suggested potential benefits of acupuncture, aromatherapy, yoga, music therapy, and reflexology in alleviating postoperative symptoms. Among these approaches, Su Jok therapy, which

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aligns with holistic nursing philosophy, has gained particular attention. Holistic nursing views individuals as integrated beings consisting of physiological, psychological, and social dimensions. From this perspective, illness is believed to arise from disruptions in energy balance, and true healing is thought to occur through the restoration of this balance (Korkut Bayındır & Biçer, 2019).

In the literature, Su Jok therapy is reported to be well accepted by nurses in symptom management because it is easy to administer, non-invasive, and has no known adverse effects. Recent randomized controlled studies and doctoral-level research have provided evidence suggesting its effectiveness in reducing postoperative pain, anxiety, nausea, fatigue, and sleep disturbances (Gür et al., 2025; Çoban & Göktaş, 2025; Elmali Şimşek et al., 2022). Its alignment with holistic nursing philosophy and its reported benefits in symptom management enhance its potential for integration into clinical practice in surgical nursing.

The aim of this systematic review is to examine the literature on Su Jok therapy as a complementary and alternative method in surgical nursing and to summarize its mechanisms of action, areas of application, and use in postoperative symptom management.

Su Jok Therapy

In Korean, “Su” means hand and “Jok” means foot. Su Jok therapy was developed in the mid-1980s by Korean researcher Park Jae Woo and is based on the principle that the hands and feet represent microsystems reflecting the entire human body (Park, 1991). During the late 1980s, therapy was further expanded through the integration of additional modalities such as seed therapy, color therapy, and magnetic stimulation. These developments were later reflected in clinical practice, with therapeutic benefits reported particularly in peri-arthritis and other musculoskeletal pain conditions (Park, 1991; Torés et al., 2011).

During the 1990s, Su Jok therapy gained widespread use, particularly in countries such as Russia, India, and several Eastern European nations. After the 2000s, Su Jok therapy was incorporated into various training and certification programs, primarily in India and Russia. These developments contributed to the international recognition of Su Jok therapy and to the expansion of its areas of application (Park, 1991). Since 2010, academic interest in acupressure and Su Jok therapy has increased, with early clinical studies appearing in international databases such as PubMed and Scopus (Cruz et al., 2018; Huber et al., 2016; Oliva et al., 2017; Torés et al., 2011). In the 2020s, an increasing number of clinical studies have been published, particularly in the fields of oncology, palliative care, and surgical nursing (Çoban & Göktaş, 2025; Elmali Şimşek et al., 2022; Güneş & Yılmaz Karabulutlu, 2025).

Theoretical Framework and Proposed Mechanism of Action of Su Jok Therapy

Su Jok therapy is based on several core concepts, including the correspondence system, microsystem theory, the flow of energy (Qi) through meridians, and various stimulation modalities. These modalities include manual pressure, seed therapy, color therapy, magnetic stimulation, heat stimulation, and micro-

needles. Within this theoretical framework, the hands and feet are conceptualized as miniature representations of the human body, with specific organs, systems, and anatomical regions corresponding to defined points on these surfaces. Stimulation of these points is proposed to influence the flow of energy and to contribute to the regulation of functional imbalances in the corresponding organs or physiological systems. According to Su Jok theory, disturbances in the body's energy flow may manifest in related hand or foot areas as pain, tenderness, or changes in skin characteristics. The application of different forms of stimulation, such as manual pressure, seeds, magnets, color, heat, or needles, is theorized to support energetic regulation, with each modality contributing through distinct pathways (Park, 1991).

The mechanisms proposed for Su Jok therapy resemble those underlying acupuncture, acupressure, and reflexology. Stimulation of microsystem points is believed to influence both peripheral and central nervous system activity, potentially suppressing pain transmission and modulating neurophysiological responses.

In addition, Su Jok therapy and related complementary modalities have been suggested to influence autonomic nervous system regulation, particularly by supporting parasympathetic activity. Such modulation may contribute to improvements in gastrointestinal function and may help alleviate symptoms such as nausea and vomiting, while also being associated with reductions in anxiety levels and enhanced overall comfort (Güneş & Yılmaz Karabulutlu, 2025; Gür et al., 2025; Kaur & Singh, 2015; Mehta et al., 2016; Whatley et al., 2022).

The literature consistently reports that Su Jok therapy, when administered appropriately, is considered safe and is not associated with serious adverse effects (Park, 1991; Cruz et al., 2018). Although no strict contraindications specific to Su Jok therapy have been formally established, evidence derived from acupressure and reflexology research suggests that caution should be exercised in certain situations. Clinical judgment is recommended when applying the therapy in individuals who are pregnant, immunosuppressed, have active infections, open wounds, bleeding disorders, or severe psychiatric conditions. In such circumstances, consultation with appropriate healthcare professionals is advised prior to application (Larki et al., 2025; Whatley et al., 2022).

Application Process of Su Jok Therapy

1. Identifying the treatment point through assessment:

The first step is to evaluate the patient's current symptoms and determine the corresponding reflection area based on the hand or foot map. These points are typically identified through palpation using a diagnostic probe. Sensitive points may present as tenderness or pain and are identified through palpation using a diagnostic probe (Park, 1987; Park, 1991).

2. Frequency and duration of application:

Park Jae Woo states that Su Jok therapy does not have a standardized duration or a fixed number of sessions, and that its application may vary depending on the patient's condition and whether the symptoms are acute or chronic. In acute conditions, short and more frequent stimulation of sensitive points is recommended, whereas longer and more continuous applications may be preferred in chronic conditions. In Su Jok

seed therapy, the duration of application may vary according to individual needs but is generally limited to several hours. It is recommended that seeds be kept on the corresponding reflection area for approximately 3–8 hours, and that new seeds with germination potential be used for each daily application (Park, 1987).

Clinical studies in the literature suggest that Su Jok therapy may be beneficial in the management of acute postoperative pain using various application durations. In women undergoing cesarean delivery, a single 30-minute session combining Su Jok therapy with aromatherapy was reported to result in a significant reduction in pain within a short period of time (Elmalı Şimşek et al., 2022). Similarly, in patients undergoing lumbar disc herniation surgery, Su Jok therapy applied on postoperative days 1, 2, and 3 was found to significantly reduce pain following each 30-minute session (Çoban & Göktaş, 2025).

These findings indicate that the frequency and duration of Su Jok therapy can be flexibly adapted according to clinical conditions and that short, repeated applications may be particularly effective in the management of acute postoperative pain.

3. Application techniques: The application techniques used in Su Jok therapy consist of various methods aimed at stimulating the selected correspondence point. In acute conditions, stimulation is typically achieved through short-duration manual pressure, whereas in chronic problems, longer and more continuous forms of stimulation may be preferred. In this context, seeds or magnetic sticks can be fixed to the selected area with adhesive tape to provide mild and continuous stimulation throughout the day. In the seed therapy method described by Park Jae Woo, light pressure is recommended to be applied to the seeds using a probe at intervals during the day in order to support the therapeutic process. To further support the intervention, additional complementary techniques such as moxibustion (heat application), color therapy, miniature needles, or magnetic sticks may be selectively used by trained practitioners according to the patient's symptoms (Park, 1987; Park, 1991).

Clinical Applications of Su Jok Therapy

In his early writings, Park Jae Woo emphasized pain management as the primary application area of Su Jok therapy. He developed simple, short-duration techniques based on stimulating reflection areas on the hands and feet, particularly for acute and chronic pain. These applications were reported to provide rapid relief for common complaints such as headaches, dental pain, low back and neck pain, rheumatic pain, and muscle tension. These early clinical observations later formed the foundation for subsequent experimental and clinical studies (Park, 1991).

The literature suggests that the potential benefits of Su Jok therapy are not limited to a narrow range of pain conditions but have been explored across a broad spectrum. Various studies have reported analgesic outcomes in conditions such as carpal tunnel syndrome, peri-arthritis, herpes zoster, heel spur, hydrosalpinx, cervical pain, knee pain, tension-type headache, cancer-related pain, low back pain, posture-related pain, and postoperative pain (Albert, 2018; Cruz et al., 2018; Huber et al., 2016; Oliva et al., 2017; Rodríguez et al., 2018;

Torés et al., 2011; Yagil, 2019). Collectively, these findings indicate that Su Jok therapy may represent a safe, non-invasive complementary approach to pharmacological analgesic methods.

Beyond pain management, Su Jok therapy has been explored in a variety of other clinical contexts. The available literature suggests that Su Jok applications may offer potential benefits not only for physical symptoms but also for psychological and functional complaints. Favorable outcomes have been reported in conditions such as diabetes, gastrointestinal symptoms (including nausea and vomiting), fatigue, insomnia, anxiety, and stress. Recent studies suggest that Su Jok therapy may contribute to the alleviation of both physiological and psychological symptoms, potentially through mechanisms such as modulation of autonomic nervous system activity and the promotion of endogenous opioid release (Çoban & Göktaş, 2025; Güneş & Yılmaz Karabulutlu, 2025; Gür et al., 2025; Yagil, 2019; Yagil & Pathak, 2021).

METHODS

This study was conducted using a systematic review methodology and reported in accordance with the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Page et al., 2021).

Databases and Search Strategy

A comprehensive literature search was carried out between January 2010 and December 2025 in the following databases: PubMed, Scopus, Web of Science, CINAHL, Cochrane Library, Google Scholar, ULAKBİM. Boolean operators (AND, OR) were used to combine the following keywords: "Su Jok therapy", "surgical nursing" OR "perioperative nursing", "postoperative care", "complementary and alternative medicine", and "non-pharmacological interventions." Medical Subject Headings (MeSH) terms and their Turkish equivalents were also included in the search strategy.

Inclusion and Exclusion Criteria

Inclusion criteria

- Published between 2010 and 2025
- Written in English or Turkish
- Examining the use of Su Jok therapy within the context of surgical nursing or postoperative care
- Designed as randomized controlled trials, quasi-experimental studies, retrospective clinical studies, or observational research

Exclusion criteria

- Case reports, editorials, or articles of a purely theoretical/philosophical nature
- Laboratory-based experimental studies
- Publications for which the full text could not be accessed

A total of 41 records were identified through database searches. After removing 7 duplicate entries, 34 unique studies were screened. Following the title and abstract review, 4 studies were excluded for not meeting the inclusion criteria. Subsequently, 30 full-text articles were assessed for eligibility. Of these, 10 were excluded because they met the exclusion

criteria (case reports, theoretical book chapters or reviews, and protocol-only studies). The remaining 20 studies were included in the final synthesis of this systematic review. Most of the included studies were conducted in non-surgical patient populations. Because only a limited number of randomized controlled trials specifically investigated the effects of Su Jok therapy in postoperative patients, the detailed analysis was based on the 4 RCTs that met these criteria. The remaining publications were classified as supportive, observational, or non-surgical studies (Table).

Table. PRISMA 2020 flow diagram of the literature selection process

Stage	Description	Number of records (n)
Identification	Records identified through database searching (PubMed, Scopus, CINAHL, Web of Science, Cochrane Library, Google Scholar, ULAKBİM)	41
	Duplicate records removed	7
Screening	Records screened by title and abstract	34
	Records excluded after title and abstract review (not relevant or not eligible)	4
Eligibility	Full-text articles assessed for eligibility	30
	Full-text articles excluded with reasons (case reports, theoretical papers, protocols)	10
Included	Studies included in the systematic review	20
	Of which randomized controlled trials (RCTs)	4

RESULTS

Su Jok Therapy in Surgical Nursing

In the 2020s, an increase has been observed in the number of randomized controlled trials as well as other clinical and experimental studies conducted in the fields of surgical nursing, oncology, and palliative care. In surgical patients, Su Jok therapy has predominantly been administered using plant seeds. Findings from studies published during this period suggest that Su Jok therapy, as a complementary and alternative method, may be effective in the management of common postoperative symptoms, including pain, nausea and vomiting, sleep disturbances, and anxiety (Çoban & Göktaş, 2025; Elmali Şimşek et al., 2022; Güneş & Yılmaz Karabulutlu, 2025; Gür et al., 2025).

1. Su Jok therapy in postoperative pain management:

Postoperative pain is one of the most common complications following surgical procedures and significantly affects both recovery and quality of life. Inadequate pain control can delay healing, prolong hospitalization, and reduce patient satisfaction. Although pharmacological methods such as opioids and nonsteroidal anti-inflammatory drugs are widely used in postoperative pain management, their use is often limited due to adverse effects including nausea, constipation, and respiratory depression. Consequently, interest in non-pharmacological and complementary interventions has increased. In this context, Su Jok therapy has emerged as a holistic complementary approach that has been increasingly explored for postoperative pain management. Recent studies suggest that Su Jok therapy may be beneficial in reducing postoperative pain. Elmali Şimşek et al. (2022) reported that a combined intervention of Su Jok therapy and aromatherapy was associated with improved pain control after cesarean

delivery, reduced analgesic requirements, and enhanced patient comfort. Similarly, in patients undergoing lumbar disc herniation surgery, Su Jok therapy was associated with significant reductions in pain and anxiety, along with improvements in overall recovery quality (Çoban & Göktaş, 2025).

Collectively, these findings suggest that Su Jok therapy may represent a safe, economical, and non-invasive complementary approach to postoperative pain management. Its ease of application and non-invasive nature support its potential integration into nursing care, with possible benefits for patient comfort, recovery, and satisfaction when used alongside pharmacological interventions. When considered together, the available evidence indicates that Su Jok therapy may contribute to reductions in postoperative pain, improvements in comfort, and enhanced overall recovery quality. As a cost-effective and easily administered technique, it may serve as a supportive adjunct to pharmacological analgesia and aligns well with holistic, patient-centered nursing care. Accordingly, Su Jok therapy may be incorporated into multimodal pain management strategies to support improved postoperative outcomes.

2. Su Jok therapy in the management of postoperative nausea and vomiting:

Postoperative nausea and vomiting (PONV) are among the most common complications following surgical procedures and significantly affect patient comfort. These symptoms not only reduce patient satisfaction but may also delay early mobilization, hinder oral intake, and prolong hospital stay, thereby increasing healthcare costs (Bölükbaş & Irmak, 2020). Although pharmacological antiemetics such as ondansetron and metoclopramide are widely used in clinical practice, their effectiveness may be limited in some patients and they may be associated with adverse effects. This highlights the importance of complementary and non-pharmacological approaches. In this context, Su Jok therapy is regarded as a complementary method that is compatible with holistic nursing care, easy to administer, and cost-effective. Findings from a single clinical study suggest that Su Jok therapy may be beneficial in the management of postoperative nausea and vomiting. In a study conducted among patients undergoing thyroidectomy, Su Jok-based Korean hand acupressure applied during the early postoperative period was associated with lower levels of nausea, vomiting, and retching, as well as a reduced need for antiemetic medication (Gür et al., 2025). When considered together, these findings indicate that Su Jok therapy may represent a safe, non-invasive, and low-cost complementary approach for the management of postoperative nausea and vomiting. Its ease of application supports its potential integration into nursing care as an intervention that may enhance patient comfort and reduce reliance on pharmacological antiemetics.

3. Su Jok therapy in the management of anxiety:

Preoperative anxiety is a common psychological problem among surgical patients and can significantly affect postoperative outcomes. Elevated anxiety levels increase sympathetic nervous system activity, lower the pain threshold, increase analgesic requirements, and negatively influence the recovery process. For this reason, anxiety management is a fundamental component of surgical nursing care. As a complementary and non-pharmacological intervention, Su Jok therapy

has attracted increasing interest due to its regulatory and calming effects on the nervous system. Findings from a randomized controlled trial suggest that Su Jok therapy may be effective in reducing anxiety. In a randomized controlled trial conducted by Çoban and Göktaş (2025) among patients undergoing lumbar disc herniation surgery, anxiety scores in the Su Jok group were found to be significantly lower after the intervention compared with the control group, demonstrating that Su Jok therapy significantly reduced anxiety levels. These findings suggest that stimulation of specific points located on the hand and foot microsystems may exert a balancing effect on the autonomic nervous system, thereby supporting both physiological and psychological relaxation. Integrating Su Jok therapy into surgical nursing practice may contribute to reducing anxiety, enhancing patient satisfaction, and supporting the recovery process. Its safety, affordability, and ease of application make Su Jok therapy a valuable complementary tool within holistic nursing care, supporting both the physical and psychological dimensions of patient care.

4. Functional recovery (quality of recovery, mobilization, fatigue, and sleep quality): Postoperative recovery involves not only physical healing but also the restoration of comfort, mobility, energy levels, and sleep quality. In the early postoperative period, surgical patients frequently experience pain, fatigue, and sleep disturbances, which may delay mobilization and prolong the overall recovery process. Therefore, complementary non-pharmacological interventions play an important role in supporting rehabilitation, enhancing patient comfort, and improving recovery quality. Su Jok therapy is one such method that has gained attention for its potential to promote functional recovery during the postoperative period.

Recent research suggests that Su Jok therapy may contribute to functional recovery by alleviating multiple symptoms simultaneously. In a randomized controlled trial conducted by Çoban and Göktaş (2025) among patients undergoing lumbar disc herniation surgery, Su Jok therapy was associated with reductions in postoperative pain and anxiety, along with improvements in overall quality of recovery. These findings indicate that Su Jok therapy may support both physical and psychological healing in the postoperative period, contributing positively to patients' general well-being. In addition to studies focusing on surgical patients, evidence from non-surgical oncology populations further supports the potential contribution of Su Jok therapy to functional recovery. In a randomized controlled study conducted by Güneş and Yılmaz Karabulutlu (2025) among patients diagnosed with gastrointestinal system cancer, Su Jok therapy was associated with significant reductions in pain, fatigue, and insomnia. Although this study did not involve a surgical intervention, improvements in energy levels, sleep quality, and overall comfort suggest that Su Jok therapy may enhance functional recovery. These findings indicate that Su Jok therapy may hold similar potential for postoperative patients who experience comparable symptoms.

Based on these findings, the integration of Su Jok therapy into nursing care protocols may support the postoperative recovery process and contribute to increased functional capacity and improved patient satisfaction.

CONCLUSION

The findings of this systematic review indicate that Su Jok therapy is an effective and promising complementary approach within surgical nursing practice. Evidence demonstrates that therapy plays a significant role in managing postoperative pain and anxiety, while also providing beneficial effects in reducing nausea, vomiting, fatigue, and sleep disturbances. Thanks to its non-invasive, safe, low-cost, and easy-to-apply nature, Su Jok therapy offers a practical option that can be integrated into holistic nursing care. By supporting pharmacological treatments, it contributes to multimodal and patient-centered care, thereby increasing patient comfort, accelerating recovery, and enhancing overall satisfaction. However, most existing studies are limited by small sample sizes, single-center designs, and short follow-up periods. The absence of standardized intervention protocols and insufficient investigation of long-term outcomes further reduce the generalizability of the current evidence.

Methodological heterogeneity across studies also limits the comparability and strength of the findings.

- In line with these considerations, the following recommendations are proposed:
- Development of Su Jok therapy training programs for surgical nurses,
- Establishment of standardized clinical guidelines to facilitate safe and consistent integration of Su Jok therapy into nursing care
- Conducting large-scale, multicenter randomized controlled trials to evaluate the effectiveness, standardization, and long-term outcomes of Su Jok therapy in postoperative care.

ETHICAL DECLARATIONS

Peer Review Process

This review was externally peer-reviewed.

Conflict of Interest

The authors declare no conflicts of interest.

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