

Application of Gua Moxibustion Combined with Auricular Acupressure in a Postoperative Breast Cancer Patient with Chemotherapy-Induced Nausea and Vomiting: A Postprint

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Abstract

Objective: To investigate the effects of characteristic Traditional Chinese Medicine (TCM) nursing techniques on symptoms, clinical efficacy, and quality of life in breast cancer patients experiencing reactions to postoperative chemotherapy.

Methods: In a single case of a breast cancer patient undergoing postoperative chemotherapy, a combination of scraping moxibustion and auricular acupoints therapy was administered based on syndrome differentiation to improve the patient's symptoms, clinical efficacy, and quality of life.

Results: The application of characteristic TCM nursing techniques produced significant improvements in nausea, vomiting, epigastric distension, quality of life, and overall health status in this breast cancer patient undergoing postoperative chemotherapy.

Conclusion: Scraping moxibustion and auricular acupressure with seeds, as characteristic TCM nursing techniques, demonstrate remarkable efficacy, are simple to perform, can ameliorate clinical symptoms in breast cancer patients undergoing postoperative chemotherapy, enhance patient quality of life, and merit clinical promotion and application.

Full Text

Abstract

Objective: To investigate the effects of characteristic traditional Chinese medicine (TCM) nursing techniques on symptoms, clinical efficacy, and quality of life in breast cancer patients experiencing postoperative chemotherapy

reactions. **Methods:** A patient with breast cancer undergoing postoperative chemotherapy received syndrome-differentiated treatment with scraping-moxibustion combined with auricular point therapy to improve symptoms, clinical efficacy, and quality of life. **Results:** The application of characteristic TCM nursing techniques produced noticeable improvements in nausea, vomiting, gastric distension, quality of life, and overall health status in this breast cancer patient undergoing postoperative chemotherapy. **Conclusion:** Scraping-moxibustion and auricular point pressing, as characteristic TCM nursing techniques, demonstrate significant efficacy and simple operation. They can ameliorate clinical symptoms and improve quality of life in breast cancer patients undergoing postoperative chemotherapy, warranting clinical promotion and application.

Keywords: nausea; vomiting; gastric distension; clinical symptoms; scraping-moxibustion, auricular point pressing; characteristic traditional Chinese medicine nursing techniques

Introduction

Breast cancer is a malignant solid tumor arising from mammary epithelial tissue with a persistently high incidence rate in China, seriously affecting women's physical and mental health and potentially endangering life when diagnosis and treatment are delayed. Surgery represents the primary treatment modality for breast cancer, which must be followed by chemotherapy to eradicate residual tumor cells, block tumor proliferation, and achieve tumor growth inhibition. However, the relatively long chemotherapy cycles produce various toxic side effects. Through continuous nursing care that emphasizes the continuity and coordination between inpatient and outpatient care, patient quality of life can be improved.

Chemotherapy-induced nausea and vomiting (CINV) represents a common complication during chemotherapy for malignant tumors and is considered two of the most distressing toxic side effects caused by chemotherapy, with incidence rates reaching 70-80%. Nausea and vomiting lead to substantial loss of gastric contents and may even endanger life in severe cases. Repeated episodes cause decreased appetite and reduced food intake, resulting in nutritional imbalance and weight loss.

The pathogenesis of post-chemotherapy vomiting remains incompletely understood. Most researchers currently believe the process primarily involves stimulation of the thalamic vomiting center. Clinical studies indicate that most chemotherapeutic agents can cause chromaffin cells to release second signals to varying degrees, thereby exciting the vagus nerve and triggering vomiting. Due to the diverse conditions that may trigger vomiting, some patients may also develop central vomiting due to allergies, conditioned reflexes, or neurological factors.

In traditional Chinese medicine theory, chemotherapy-induced nausea and vom-

iting falls under the categories of “vomiting” and “regurgitation,” with the disease location in the stomach. Chemotherapeutic drugs are harsh and damage the spleen and stomach, causing the stomach to lose its harmonious descending function and stomach qi to rebel upward, resulting in nausea and vomiting. Spleen dysfunction leads to internal dampness accumulation, causing deficiency of vital qi and excess of pathogenic factors. Therefore, TCM treatment adopts a holistic perspective, employing methods to strengthen the spleen, harmonize the stomach, transform fluid retention, eliminate dampness, and tonify the spleen and kidney, aiming to regulate organ qi and blood, reduce gastrointestinal toxicity from chemotherapy, and simultaneously enhance patient immune function.

1 Clinical Data

The patient, Ms. Yang, female, [age data corrupted] years old, was diagnosed with right breast invasive carcinoma status-post surgery. In [month data corrupted], she reported discovering a lump in her right breast approximately the size of a grape without obvious tenderness, accompanied by breast pain before and after menstruation. She underwent breast ultrasound examination [days data corrupted] prior, which revealed multiple masses in the right breast, bilateral mammary hyperplasia, BI-RADS Category I, right breast hypoechoic lesions classified as BI-RADS Category A, multiple cystic nodules in both breasts classified as BI-RADS Category [corrupted], and right axillary lymph node enlargement. She was admitted to our department for right breast mass puncture biopsy.

Postoperative pathology in [month data corrupted] demonstrated invasive carcinoma of the right breast mass, requiring immunohistochemistry to assist diagnosis and guide treatment. Immunohistochemistry showed: ER(-), PR(-), C-erbB-2(+++), Ki-67 [percentage corrupted]. Due to the large mass size and suspected lymph node metastasis, the patient underwent infusion port implantation at our hospital and received EC-THP protocol chemotherapy. She subsequently underwent modified radical mastectomy for right breast invasive carcinoma under general anesthesia at our hospital. Postoperative recovery was satisfactory. Postoperative pathology reported invasive carcinoma of the right breast with no cancer metastasis in the nipple, four surgical margins, or base. Immunohistochemistry showed: ER(-), PR(-), C-erbB-2(+++), Ki-67 [percentage corrupted]. The patient was admitted for the second cycle of TCbHP protocol chemotherapy and targeted therapy, with “status-post right breast invasive carcinoma” as the admission diagnosis.

The patient presented alert and in good spirits, with right breast absent, no palpable masses, satisfactory wound healing, slight pain, no fever, no dizziness or headache, no chills, convulsions, or consciousness disturbance, no nasal congestion or rhinorrhea, no obvious cough or sputum production, no palpitations or chest tightness. Appetite and sleep were satisfactory, with normal bowel and bladder function. Tongue was pale red with thin white coating, pulse was wiry and slippery.

The patient denied histories of coronary heart disease, hypertension, diabetes, tuberculosis, hepatitis, or typhoid fever. No history of trauma or blood transfusion. No drug or food allergies. Vaccination history unknown.

Physical examination revealed clear consciousness, no anemic appearance, ruddy complexion, active positioning, no sickly appearance, quiet expression, walking into the ward, and cooperative examination. No jaundice of skin or mucous membranes, no liver palms, no spider nevi. No palpable superficial lymphadenopathy. Left breast developed normally with regular shape; right breast absent, negative for peau d' orange sign and dimple sign. No palpable masses in both breasts. No left nipple retraction, no bloody or serous discharge. No obvious enlarged lymph nodes palpable in bilateral axillary or clavicular regions. Tongue pale red with thin white coating, pulse wiry and slippery.

Vital signs: Temperature [value corrupted]^oC, pulse [value corrupted] beats/min, respiration [value corrupted] breaths/min, blood pressure [value corrupted] mmHg, height [value corrupted] cm, weight [value corrupted] kg. Activities of daily living score [value corrupted] points, fall risk assessment [value corrupted].

Treatment Plan: Western medicine comprised 0.9% sodium chloride 100ml + dexamethasone injection 10mg intravenous drip (over >30 minutes) followed by 5% glucose 500ml + docetaxel 120mg intravenous infusion (over 1.5 hours) and carboplatin 500mg intravenous drip. TCM nursing care was applied according to syndrome differentiation, including scraping-moxibustion combined with auricular point pressing methods.

Nursing Protocol Development and Implementation

Protocol Development: The protocol primarily included two components: scraping-moxibustion combined with auricular point therapy, administered by nurses according to physician orders. Scraping-moxibustion plus auricular point therapy was performed once every other day for 30 minutes per session to improve nausea, vomiting, and gastric distension, thereby enhancing patient quality of life and promoting comfort.

Implementation: During scraping-moxibustion, the practitioner maintains a certain degree of inclination with the scraping-moxibustion cup, applying pressure from light to heavy according to patient tolerance, with uniform and moderate force. Excessive lightness fails to achieve therapeutic effects, while excessive heaviness causes patient discomfort or injury. During scraping-moxibustion, the practitioner holds the cup with one hand, maintaining approximately 45^o between the cup edge and skin, with relaxed shoulders and dropped elbows, generating force through forearm movement to drive wrist action, performing scraping, moxibustion, pushing, fumigating, and ironing maneuvers on specific body regions or meridian acupoints. The general sequence proceeds from head and face to hands and feet, from lower back to chest and abdomen, from upper limbs to lower limbs, and from medial to lateral aspects. The practitioner maintains a calm mindset with slow, powerful movements at an unhurried rhythm,

applying pressure from light to heavy according to tolerance, in a single direction without back-and-forth scraping. Typically, scraping continues until the skin shows reddish-purple coloration or develops millet-like, papular spots or cord-like plaques, accompanied by local heat sensation or mild pain. For patients who do not readily develop sha or develop minimal sha, forced sha production is contraindicated. Each area is generally scraped 15-20 times, with local scraping-moxibustion lasting 15-20 minutes.

Auricular Point Pressing is a characteristic TCM external treatment method that accurately affixes Semen Vaccariae (wangbuliuxing seeds) to auricular points with adhesive tape, combined with kneading, pressing, pinching, and compression techniques. Traditional TCM theory holds that all twelve meridians connect to the ear, meaning “the ear is the convergence point of all meridians and collaterals,” with corresponding acupoints for all body parts locatable on the ear. Stimulating these auricular points can relieve diseases in corresponding body regions. This study selected auricular points including Stomach, Shenmen, Sympathetic, and Subcortex, embedding them with Semen Vaccariae and applying pressure and massage to stimulate multiple auricular points. The Stomach auricular point is essential for antiemetic effects, effectively relieving gastric discomfort. Shenmen is the most frequently used acupoint for treating mental disorders, possessing functions to tonify qi, calm the spirit, and stop vomiting. The Sympathetic auricular point clears heat, nourishes the heart, and regulates qi to descend counterflow. The Subcortex point elevates clear qi, benefits orifices, and calms the heart spirit. Therefore, stimulation of these points not only tonifies middle qi, harmonizes organs, and stops vomiting to descend counterflow but also effectively prevents and improves nausea and vomiting symptoms.

Scraping-Moxibustion Acupoint Selection: - Shangwan (CV13): On the upper abdomen, on the anterior midline, 5 cun above the umbilicus - Zhongwan (CV12): On the upper abdomen, on the anterior midline, 4 cun above the umbilicus - Xiawan (CV10): On the upper abdomen, on the anterior midline, 2 cun above the umbilicus - Jianli (CV11): On the upper abdomen, on the anterior midline, 3 cun above the umbilicus

Auricular Point Selection: - Stomach: At the crus of the helix, i.e., auricular area 4 - Shenmen: In the posterior superior portion of the triangular fossa, i.e., triangular fossa area 4 - Sympathetic: At the junction of the anterior end of the inferior antihelix crus and the helix inner margin, i.e., antihelix area 6 - Subcortex: On the medial surface of the antitragus, i.e., antitragus area 4 - Sanjiao: Below line BD, in the posterior superior portion of the auricular cavity, i.e., auricular cavity area 17

3 Effect Evaluation

Day [date corrupted]: Patient reported nausea and vomiting during chemotherapy. Day [date corrupted]: Patient reported significant improvement in nausea

and vomiting. Day [date corrupted]: Patient reported no nausea or vomiting; discharged per physician orders. (See Figure 1) [Figure 1: see original paper]

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Note: Figure translations are in progress. See original paper for figures.

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