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## Traditional Chinese Medicine Ointment Massage Combined with Acupoint Application for Gastroparesis Following Gastric Cancer Surgery: A Nursing Case Report Postprint

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**Date:** 2022-08-17T00:00:00+00:00

### Abstract

**Abstract Objective:** To observe the therapeutic efficacy of Chinese herbal ointment massage combined with acupoint application in treating postoperative gastroparesis syndrome in gastrointestinal tumor patients.

**Methods:** Once daily, abdominal Chinese herbal ointment massage was administered. The procedure consisted of: 1 minute of clockwise abdominal massage, 1 minute of scraping along the abdominal pathway of the Stomach Meridian of Foot-Yangming using the index finger and thumb from top to bottom, 1 minute each of point-pressing and kneading the Zhongwan (CV12) and Tianshu (ST25) acupoints, and finally another 1 minute of clockwise abdominal massage. This constituted one cycle, and a total of 4 cycles were performed (20 minutes total duration). Subsequently, acupoint application was applied to Zhongwan (CV12) and Shenque (CV8) once daily, with each application lasting 4 hours.

**Results:** The patient's gastrointestinal function was restored, gastroparesis syndrome resolved, and normal eating was possible.

**Conclusion:** Chinese herbal ointment massage combined with acupoint application can effectively alleviate symptoms of post-gastrectomy gastroparesis and improve patient quality of life.

## Full Text

# Nursing Report on a Patient with Postsurgical Gastroparesis Treated with Traditional Chinese Medicine Plaster Massage Combined with Acupoint Application

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## Abstract

**Objective:** To observe the therapeutic effect of traditional Chinese medicine (TCM) plaster massage combined with acupoint application on postsurgical gastroparesis syndrome in digestive tract tumor patients. **Methods:** The patient received abdominal TCM plaster massage once daily, consisting of clockwise abdominal massage for minutes, followed by unidirectional scraping of the Stomach Meridian of Foot-Yangming along the abdomen using the index finger and thumb for minutes. The Zhongwan (CV12) and Tianshu (ST25) acupoints were then pressed and kneaded for minutes each. Finally, another minute of clockwise abdominal massage was performed, completing one cycle. This cycle was repeated four times, with a total duration of minutes. Subsequently, acupoint application was administered once daily at Zhongwan and Shenque (CV8) points, with each application retained for minutes. **Results:** The patient recovered gastrointestinal function, gastroparesis syndrome resolved, and normal eating was resumed. **Conclusion:** TCM plaster massage combined with acupoint application can effectively relieve symptoms of gastroparesis following gastric cancer surgery and improve patients' quality of life.

**Keywords:** gastric cancer; gastroparesis syndrome; TCM plaster massage; acupoint application

## Introduction

Malignant tumors have become a major chronic disease affecting public health in China. Gastric cancer, in particular, ranks second in incidence ( cases per 10,000) and third in mortality ( cases per 10,000) among all cancers, representing a significant health burden after lung cancer. Surgical resection remains the primary treatment for early- and mid-stage gastric cancer; however, it frequently leads to postsurgical gastroparesis syndrome (PGS), with incidence rates reaching % in domestic populations and % internationally, showing a 逐年上升的趋势 [1-3].

PGS is a common early postoperative complication in digestive tract tumor surgery, characterized by functional gastric motility disorder with gastric outlet non-mechanical obstruction as the main manifestation, primarily involving delayed gastric emptying. Clinical symptoms include nausea, vomiting, pre- and

post-prandial fullness, and upper abdominal distension and pain [4]. Postoperative inability to eat not only impairs physical recovery and quality of life but also prolongs hospitalization, increasing patients' economic and psychological burdens. While conventional Western medicine treatment includes fluid supplementation, continuous gastrointestinal decompression, parenteral nutrition, and prokinetic agents, the recovery process is slow with extended hospital stays. TCM external therapies, particularly plaster massage and acupoint application, offer distinct advantages due to their simple operation, rapid onset through transdermal absorption, and high patient acceptance.

### Case Report

**Patient Information:** Mr. Li, male, aged years, was admitted to our department three weeks after undergoing laparoscopic distal gastrectomy under general anesthesia at the Chinese Academy of Medical Sciences. The patient presented with inability to eat, nasogastric tube and jejunostomy feeding tube placement, postprandial vomiting, gastric discomfort, bitter taste, and acid reflux.

**Physical Examination:** Abdomen was flat and soft with well-healed surgical wounds, no tenderness or rebound pain. Bowel sounds were weak. Shifting dullness (-), Murphy's sign (-).

**Auxiliary Examination:** Abdominal X-ray showed no intestinal obstruction.

**TCM Diagnosis:** Accumulation disease (gastric cancer); Pattern differentiation: spleen-stomach disharmony, phlegm-stasis intermingling.

**Western Medicine Diagnosis:** Postoperative gastric malignant tumor; gastroparesis syndrome.

**Treatment Principle:** Strengthen spleen and harmonize stomach, soften hardness and disperse masses. Western medical management included fluid resuscitation, continuous gastrointestinal decompression, and parenteral nutritional support. TCM treatment comprised TCM plaster massage and application of the department's empirical formula "Weitan Waifu Fang" (gastroparesis external application formula) at Zhongwan and Shenque points once daily. Nursing instructions included dietary regulation, avoidance of wind-cold, emotional support, and careful daily routines.

### Treatment Methods

#### 1. TCM Plaster Massage for Strengthening Spleen, Harmonizing Stomach, and Promoting Qi Flow

**Materials Prepared:** Disposable gauze, disposable gloves, therapeutic bowl, medicinal spoon, plaster (prepared by mixing Weitan Waifu Fang formula granules with water and Vaseline at a ratio of , heated to temperature before use).

**Procedure:** - Assist patient to expose abdomen while maintaining warmth. - Evenly apply plaster to abdomen. - Perform clockwise circular rubbing (mo fa)

for minutes to promote gastrointestinal motility. - Using index finger and thumb, perform unidirectional scraping along the Stomach Meridian on the abdomen from top to bottom to descend stomach qi. Avoid back-and-forth scraping to prevent counterflow of stomach qi. Duration: minutes. - Press, knead, and massage Zhongwan (front-mu point of stomach) and Tianshu (front-mu point of large intestine, also an important stomach meridian point). Apply pressure gradually from light to heavy according to patient tolerance. Duration: minutes each. - Conclude with final clockwise abdominal massage. This constitutes one cycle. - Repeat for four cycles, total duration: minutes.

**Plaster Formula Granules:** Aucklandia root (Mu Xiang) , processed Cyperus (Xiang Fu) , etc.

**2. Acupoint Application at Zhongwan and Shenque Points Materials Prepared:** Formula granules, non-woven dressing, gauze, medicinal spoon, mortar, honey, rice wine, sesame oil.

**Preparation:** - Place formula granules in mortar, sequentially add rice wine, honey, and sesame oil in proportion to form paste. - Place gauze in cross pattern, put paste in center using spoon, fold edges to create medicinal cake, and place on non-woven dressing.

**Procedure:** - Heat medication to temperature . - Bring materials to bedside, expose abdomen, apply medicated cake to Zhongwan and Shenque points. - Retain for minutes while closely monitoring patient for discomfort.

**Weitan Waifu Fang Formula Granules:** Aucklandia root (Mu Xiang) , processed Cyperus (Xiang Fu) , etc.

## Results

**Treatment Day 1:** Patient experienced moderate nausea and vomiting. Consumed ml rice soup (without rice grains) and ml water. Mild upper abdominal fullness. Passed flatus ml. Received ml nasogastric nutritional fluid. Hourly drainage volume: ml.

**Treatment Day 2:** Mild nausea. Consumed ml rice soup (without rice grains, divided into three meals) and ml water. Mild upper abdominal fullness. Passed flatus ml. Received ml nasojejunal nutritional fluid. Hourly drainage volume: ml.

**Treatment Day 3:** Occasional nausea. Consumed ml rice soup (with rice grains, divided into three meals) and ml water. Upper abdominal fullness. Passed flatus times, bowel movement once (approximately ml). No further nasojejunal feeding required.

**Treatment Day 4:** No nausea or vomiting. Consumed ml rice porridge (divided into three meals) and ml water. No abdominal fullness. Passed flatus

ml. No drainage fluid. Nasogastric and jejunostomy tubes were removed on treatment day .

**Treatment Day 5:** No nausea or vomiting. Consumed normal diet with occasional fullness. Passed flatus ml. Bowel movement once. No drainage fluid.

**Treatment Day 6:** No nausea or vomiting. Normal diet without restrictions. No abdominal fullness. Passed flatus ml. Bowel movement once (approximately ml). No drainage fluid.

**Treatment Day 7:** No nausea or vomiting. Normal diet without restrictions. No abdominal fullness. Passed flatus ml. Bowel movement once. No drainage fluid.

**Efficacy Assessment:** Currently, no unified efficacy criteria exist for gastroparesis syndrome. This study evaluated symptoms including nausea, vomiting, abdominal distension, pain, and constipation using a 5-level Likert scale (asymptomatic, mild, moderate, severe, extremely severe), while monitoring drainage volume and dietary recovery.

## Discussion

PGS is a common early postoperative complication following gastric cancer surgery [5]. Conventional Western treatment primarily involves fasting, gastrointestinal decompression, fluid balance maintenance, nutritional support, and prokinetic agents, but with lengthy courses and slow recovery [6]. In recent years, continuous development of TCM has demonstrated efficacy in treating postoperative gastroparesis, particularly TCM external therapies showing remarkable effects [7].

TCM lacks a specific disease name for gastroparesis syndrome; based on symptoms, it falls under categories of “wei pi” (gastric fullness), “fan wei” (regurgitation), “tu suan” (acid regurgitation), and “ou tu” (vomiting) [8]. The *Qian Jin Yi Fang* records: “Food not digesting, qi fullness upon eating, frequent urination, this is stomach impediment.” The *Shang Han Za Bing Lun* states: “Fullness without pain, this is pi (fullness).” Regarding post-gastrectomy gastroparesis, modern TCM practitioners believe the etiology and pathogenesis involve internal deficiency of righteous qi, damaged collaterals, qi stagnation and blood stasis, ultimately leading to spleen-stomach ascending-descending dysfunction [9]. Some physicians consider surgical trauma consumes righteous qi and damages spleen-stomach collaterals, preventing normal spleen-stomach function and causing ascending-descending dysfunction [10]. Additionally, prolonged abdominal exposure and irrigation during surgery allow cold evil to invade the stomach, water retention transforming into fluid, causing stomach disharmony and descent failure [11]. This disease presents as root deficiency with branch excess, mixed deficiency and excess. Malignant tumor patients already have yang qi deficiency due to tumor consumption; surgery further damages qi and blood, leading to more severe spleen-stomach yang deficiency, abnormal transformation

and transportation, and local fullness causing gastroparesis. Post-gastrectomy patients mostly exhibit yang deficiency, preferring warmth and pressure, requiring treatment primarily focused on warming yang, dispelling cold, moving qi, and resolving stasis [12].

Both acupoint application and TCM plaster massage offer unique advantages as TCM external therapies for postoperative gastroparesis. Since patients cannot take oral medication, reducing therapeutic efficacy, acupoint application only requires application at specific points for transdermal absorption through pores, offering rapid onset, convenience, and low cost—an excellent TCM external treatment method.

Acupoint application, guided by meridian theory, uses different excipients to adjust medications into paste form, utilizing transdermal drug absorption enhanced by aromatic herbs to accelerate absorption. The renowned Qing dynasty physician Xu Lingtai stated: “Decoctions cannot fully treat diseases...using medicated plasters blocks qi, allowing medicinal components to enter through pores into the interstitial spaces, unblocking meridians and collaterals, either drawing out or dispersing pathogens, more powerful than oral medication.” Modern research has confirmed that TCM components can loosen stratum corneum lipid arrangement, improve cellular permeability, elevate skin temperature, increase blood flow, and relax stratum corneum binding force [13]. This study used our department’s empirical formula Weitan Waifu Fang [14], leveraging TCM properties to warm the middle, dispel cold, support spleen earth, unblock middle-jiao qi mechanism, and restore spleen-stomach ascending-descending function.

TCM plaster massage involves applying prepared plaster to required acupoints or areas, combined with point kneading and massage techniques to promote drug penetration, warm and unblock meridians, regulate viscera and qi-blood, improve organ function, support righteous qi, and expel pathogenic factors. Plaster massage combines manual therapy with medication, exerting dual effects of tuina massage and external medication application [15]. The *Sheng Ji Zong Lu* states: “Gao (plaster) refers to medication for massage and application; pressing without rubbing, rubbing without pressing, pressing with hands, rubbing may include medication, called pressing or rubbing according to need. The special method of rubbing must combine with medication, intending to carry medication into skin and interstitial spaces for rapid effect.” Techniques include mo fa (circular rubbing), ca fa (scrubbing), tui fa (pushing), and mo fa (stroking), with the principle of generating heat penetration. The *Sheng Ji Zong Lu* records: “Rub until heat penetrates,” “warm hand massage,” or “massage with hot hands.” Using manual therapy to generate heat achieves the purpose of warming meridians and unblocking collaterals [16]. Research by Wang Yulong et al. [17] demonstrates that massage can increase local skin temperature, thereby dilating blood vessels and promoting drug absorption. For postoperative gastroparesis, our department’s Weitan Waifu Fang granules were mixed with Vaseline and water into plaster, applied to the abdomen, with manual techniques accelerating drug absorption to ultimately warm the middle, strengthen the spleen,

regulate middle-jiao qi mechanism, and restore spleen-stomach function.

The combination of acupoint application and TCM plaster massage demonstrated significant efficacy in treating this case of postoperative gastroparesis syndrome, warranting clinical reference. However, as this is only a case report, larger sample, multicenter, randomized controlled trials are needed to provide stronger clinical evidence.

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