

Acupoint Application for Relieving Abdominal Distension and Pain in a Pancreatic Cancer Patient: A Case Report and Nursing Reflection

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Abstract

This study observed the effects of acupoint plaster therapy in relieving abdominal distension and pain in a pancreatic cancer patient and summarized the nursing experience. Under the guidance of Traditional Chinese Medicine (TCM) syndrome differentiation and nursing theory, Chinese medicine granules were applied to the Shenque (CV8) acupoint for acupoint plaster therapy, while simultaneously implementing comprehensive dietary nursing, emotional nursing, and daily life nursing. Acupoint plaster therapy is safe and effective for treating abdominal distension and pain in cancer patients. Guided by fundamental TCM theory and meridian theory, it stimulates relevant local acupoints to achieve the therapeutic effect of treating internal diseases through external approaches.

Full Text

Acupoint Application for Relieving Abdominal Distension and Pain in a Pancreatic Cancer Patient: A Nursing Case Study

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Abstract

This paper reports the effect of acupoint application in relieving abdominal pain and distension in a pancreatic cancer patient and summarizes related nursing measures. Under the guidance of Traditional Chinese Medicine (TCM) nursing by syndrome differentiation, Chinese herbal medicine granules were applied externally at Shenque acupoint (CV8). Comprehensive interventions including

dietary nursing, emotional care, and life support care were implemented concurrently. Guided by TCM meridian theory, acupoint application represents an effective external therapy for treating internal illness through stimulation of relevant acupoints.

Keywords: acupoint application; pancreatic cancer; abdominal distension; abdominal pain; emotional care; Traditional Chinese Medicine nursing

Introduction

Pancreatic cancer is a highly malignant gastrointestinal tumor characterized by abdominal distension and pain, poor appetite, weight loss, and jaundice. Its clinical manifestations are insidious and atypical, making diagnosis and treatment exceptionally challenging. Over 90% of pancreatic cancers are ductal adenocarcinomas originating from ductal epithelium, severely impacting patients' quality of life and survival. Although medical technology has improved cure rates, cancer pain remains a significant nursing problem that affects symptom recovery and social adaptation. Compared with Western analgesics that frequently cause adverse effects and poor drug resistance, acupoint application technology demonstrates clear efficacy in clinical nursing practice.

Clinical Data

Patient Information The patient was male, admitted due to “abdominal distension for over one month, pancreatic mass discovered for 7 days.” At admission, the patient presented with abdominal distension, poor appetite with postprandial exacerbation, worsening abdominal pain, occasional acid reflux, mild fatigue, reduced food intake, and dry stools with 1-2 bowel movements daily. The patient had no history of hypertension, diabetes, or coronary artery disease. Sleep was poor. Tongue appearance was dark with yellow greasy coating; pulse was wiry and slippery. TCM syndrome differentiation identified spleen qi deficiency pattern. Western medicine diagnosis: pancreatic space-occupying lesion.

Treatment Method Acupoint application therapy was administered as prescribed. The formula consisted of: Aucklandia (Muxiang) 10g, bran-fried Aurantium (Zhiqiao) 10g, vinegar-processed Corydalis (Yanhusuo) 10g, Cinnamon (Guizhi) 10g, Plantago (Cheqianzi) 10g, and processed Hirudo (Shuizhi) 10g. The department prepared Chinese medicine granules, which were mixed with warm water into a paste to create acupoint patches. Each treatment lasted 30 minutes, administered once daily for 7 days as one course. The procedure involved selecting the Shenque acupoint (CV8), positioning the patient appropriately, and ensuring stable application of the medicinal paste. After proper placement, the patch was secured directly with adhesive tape or by covering with gauze or oil paper before fixation. The department currently uses specially designed acupoint application dressings. For patch changes, any medication ad-

hering to the skin was gently removed with a sterile cotton ball moistened with warm water or liquid paraffin before applying new medication.

Nursing Measures Dietary Nursing: Patients were instructed to maintain regular meals following principles of low-salt, low-fat, light, easily digestible, non-irritating, low-residue foods. Spicy, greasy, raw, cold, fried, and coarse foods were prohibited. Patients could consume appropriate amounts of lotus root starch and radish soup, gradually transitioning to semi-liquid diets to promote intestinal peristalsis and accelerate gas expulsion. Milk, soy milk, soybeans, and starchy foods that easily produce gas were avoided to prevent exacerbating distension. Daily intake of fresh vegetables and fruits with high fiber content was recommended. Additionally, abdominal massage in a clockwise direction could promote bowel movements and gas expulsion.

Emotional Care: Frequent communication with the patient helped understand psychological status and conduct psychological assessment, establishing a trusting and equal nurse-patient relationship to relieve psychological barriers. Patients were guided in self-adjustment methods such as distraction therapy, music therapy, and emotional release to control their emotions and focus attention on pleasant experiences. Various activities including newspaper reading, television watching, radio listening, Qigong practice, and recreational activities such as chess playing, reading, and communication with family and friends were encouraged.

Life Care: Patients and families were instructed to master methods for measuring abdominal circumference, 24-hour fluid intake/output, and body weight. Oral hygiene was emphasized to prevent skin infection, bowel regularity was maintained, and patients were advised not to strain during defecation while developing good hygiene habits.

Precautions

1. When using solvents to mix medicinal substances, prepare and apply immediately to prevent evaporation.
2. For patches requiring warming, temperature must be controlled to avoid burns or poor adhesion.
3. Patients allergic to adhesive tape may use triamcinolone neomycin paste (Fujining) or bandage fixation.
4. For highly irritating or toxic drugs, avoid excessive application sites, large areas, or prolonged duration to prevent excessive blistering or drug poisoning.
5. For elderly, frail, or severely ill patients with cardiac or hepatic disease, drug dosage should be moderate, application time should not be excessive, and condition changes must be closely monitored.
6. Pregnant women and young children should avoid highly irritating or toxic drugs.

7. Residual ointment on skin surfaces should not be removed with irritating solvents.
8. Patient comfort should be continuously assessed during treatment, with immediate discontinuation if discomfort occurs.
9. For re-application, wait until local skin returns to normal condition.

Evaluation Criteria and Results Abdominal distension was graded as: mild (occasional distension or postprandial bloating), moderate (significant distension reaching 6-10 times daily), or severe (whole-day distension or drum-like abdomen). Pain was evaluated using the Verbal Rating Scale (VRS) consisting of five levels: “1” mild pain, “2” moderate pain, “3” severe pain, “4” intense pain, and “5” unbearable pain, with higher scores indicating greater severity.

Before treatment, the patient had moderate abdominal distension with a VRS score of 4. After 7 days of treatment, distension decreased to mild with a VRS score of 2, and the patient reported symptomatic relief. See Table 1.

Discussion

Pancreatic cancer patients often experience dull or moderate upper abdominal pain accompanied by distension, poor appetite, vomiting, and weight loss. TCM pattern differentiation identifies spleen deficiency with qi stagnation and turbid qi accumulation. Therefore, treatment should follow principles of supplementing qi, strengthening the spleen, and regulating qi movement to promote blood circulation and improve organ function. Conventional Western medication has limitations including poor drug resistance and numerous adverse effects. TCM external therapies primarily treat through external stimulation of meridians, organs, and local lesions, thereby improving physical function. Commonly used external therapies for improving gastrointestinal function include acupoint application and auricular point pressing.

This case demonstrates the effect of acupoint application in relieving abdominal distension and pain in a pancreatic cancer patient. The formula components include: Aucklandia for promoting qi movement, relieving pain, and strengthening the spleen; bran-fried Aurantium for regulating qi and relieving distension; vinegar-processed Corydalis for activating blood, promoting qi, and relieving pain; Cinnamomum for warming meridians and dispersing cold; Plantago for clearing heat, promoting diuresis, relieving dampness, improving vision, expelling phlegm, and relieving joint tension; and processed Hirudo for relieving distension and pain while preventing edema.

Acupoint application stimulates acupoints to activate meridian qi, achieving effects of unblocking collaterals, clearing heat, activating blood, resolving stasis, reducing swelling and pain, promoting qi, and strengthening the body. This TCM external therapy based on meridian theory regulates meridians and balances yin-yang, producing effects consistent with internal medication while avoiding gastrointestinal discomfort from oral administration and demonstrat-

ing favorable clinical efficacy. Acupoint application is safe and effective for tumor patients' abdominal distension and pain, offering simplicity, convenience, efficacy, and cost-effectiveness worthy of clinical reference.

Conflict of Interest Statement: The authors declare no conflict of interest.

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

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