

Nursing Experience of Traditional Chinese Medicine Enema Combined with Baduanjin Exercise in a Patient with Chronic Renal Insufficiency

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Abstract

This article summarizes the nursing care experience for one patient with chronic renal insufficiency treated with traditional Chinese medicine enema combined with Baduanjin exercise, encompassing patient assessment, nursing problem identification, routine nursing care, and specialized traditional Chinese medicine nursing and treatment. Through an integrated traditional Chinese and Western medicine treatment and nursing approach, therapeutic efficacy was enhanced and symptoms such as constipation and fatigue were alleviated.

Full Text

Preamble

Nursing Experience in a Case of Chronic Renal Insufficiency Treated with the Combination of Traditional Chinese Medicine Enema and Baduanjin Exercise

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Abstract

This paper summarizes the nursing experience in managing a patient with chronic renal insufficiency using a combination of traditional Chinese medicine (TCM) enema and Baduanjin exercise. The approach encompassed comprehensive patient assessment, identification of nursing problems, routine care, and specialized TCM interventions. Through this integrated Chinese-Western treatment and nursing protocol, therapeutic outcomes were enhanced, with significant improvement in the patient's symptoms of constipation and fatigue.

Keywords: chronic renal insufficiency; constipation; fatigue; traditional Chinese medicine enema; Baduanjin exercise

Chronic renal insufficiency refers to progressive renal function impairment caused by primary or secondary chronic kidney disease. According to relevant data, approximately 130,000 new cases of chronic renal insufficiency occur annually in China, representing a significant public health concern [1]. Currently, conventional Western medicine treatment alone yields suboptimal results, and long-term use of Western medications often induces various adverse reactions that negatively impact patient health. Integrated Chinese-Western medicine therapy demonstrates distinct advantages in managing chronic renal insufficiency. TCM nursing techniques constitute an essential component of traditional Chinese medicine, offering benefits of low cost and high safety [2]. This study applied TCM enema combined with Baduanjin exercise in one case of chronic renal insufficiency with remarkable results. The treatment and nursing process is reported below.

1. Clinical Data

The patient was a 70-year-old female who was admitted to our ward on April 22, 2020, for integrated Chinese-Western medical evaluation after her creatinine level was found to have risen to 620 $\mu\text{mol/L}$ during a follow-up examination at a local hospital one month prior. At admission, the patient presented with no obvious edema but reported fatigue, shortness of breath after exertion, epigastric fullness, poor appetite with food aversion, poor sleep, adequate urine output with nocturia twice nightly, and dry stools with no bowel movement for two days. She denied chest or back pain, chest tightness, or nausea and vomiting.

The patient's medical history included hypertension for 11 years (maximum blood pressure 160/90 mmHg), currently controlled with levamlodipine besylate 2.5 mg orally once daily. She also had histories of coronary heart disease, chronic heart failure, cerebral infarction, hypoproteinemia, renal anemia (treated intermittently with recombinant human erythropoietin injection 5000 IU subcutaneously twice weekly; recent hemoglobin 116 g/L), renal osteopathy, severe osteoporosis (treated with calcium acetate capsules 0.6 g orally once daily and alfacalcidol soft capsules 0.25 g orally twice daily), constipation, hyperkalemia, hypocalcemia, and hyperhomocysteinemia (treated intermittently with folic acid supplementation). She denied any history of coronary heart disease, asthma, rheumatic immune disease, other chronic conditions, hepatitis, tuberculosis, or surgical procedures. She reported allergies to sulfonamides and statins but denied food or other allergies.

Physical examination at admission revealed: temperature 36.0°C, pulse 78 beats/min, respiration 18 breaths/min, blood pressure 152/96 mmHg. Tongue and pulse presentation revealed a dark red tongue with white coating and a deep, wiry pulse.

The integrated Chinese-Western medical diagnosis was edema (qi stagnation and

blood stasis pattern) with chronic renal insufficiency. Following admission, the patient received integrated Chinese-Western treatment. The TCM approach focused on regulating qi and activating blood circulation, while Western medicine management prioritized blood pressure control, anemia correction, acidosis correction, and essential amino acid supplementation. TCM interventions included daily herbal enema to regulate qi, activate blood, and reduce turbidity; daily Baduanjin exercise to regulate organ function and strengthen the body; and acupoint massage 2-3 times daily to unblock meridians and activate collaterals. Western medications included levamlodipine besylate 2.5 mg orally once daily for hypertension; folic acid 5 mg orally three times daily, ferrous succinate 0.2 g orally twice daily, vitamin C 0.1 g orally three times daily, and recombinant human erythropoietin injection 4000 IU subcutaneously twice weekly for anemia correction; sodium bicarbonate 1 g orally three times daily for acidosis correction; and keto analogues 2.52 g orally three times daily for essential amino acid supplementation. After one treatment course, the patient's clinical symptoms showed significant improvement.

2.1 Nursing Assessment

The elderly patient presented with fatigue, shortness of breath after exertion, epigastric fullness, poor appetite, poor sleep, and dry stools. The Barthel Index for activities of daily living scored 90, indicating mild functional impairment and a risk for falls and injury. Based on the assessment, the following nursing problems were identified: (1) activity intolerance; (2) nutritional deficiency; (3) sleep pattern disturbance; (4) constipation; (5) risk for injury; and (6) knowledge deficit.

2.2.1 Daily Living Care

Maintain a quiet, clean ward environment with appropriate lighting, avoiding noise and strong light stimulation. Encourage regular daily routines, protection from wind-cold, and prevention of colds. Ensure cleanliness of the oral cavity, skin, and perineal area to prevent infection. Avoid factors that may worsen renal damage, such as performing tonsillectomy after inflammation control if tonsillar symptoms are prominent and recurrent. Use nephrotoxic drugs with caution. Create a safe environment with warning signs at the bedside, bed rails for protection, accompaniment during patient activities, strict handover procedures, and regular ward rounds. Instruct the patient to soak feet in warm water nightly before sleep to promote lower extremity blood circulation.

2.2.2 Dietary Guidance

Establish healthy eating habits with regular, measured meals. Ensure meals are appealing in color, aroma, and taste, with balanced combinations of coarse and fine grains and meat and vegetables for comprehensive nutrition. Maintain a positive mood, with appropriate light music during meals if necessary. Based on

pattern differentiation, recommend blood-activating foods such as black beans and black fungus, and qi-regulating foods such as radish and hawthorn. Avoid raw, cold, spicy, and irritating foods. Educate the patient on the importance of dietary regulation for constipation prevention and correction, guiding them to choose fiber-rich foods such as oatmeal and celery while avoiding greasy, rich foods.

2.2.3 Emotional Regulation

Due to the chronic and recurrent nature of this disease, patients are prone to depression, anxiety, and emotional instability. Nurses should communicate frequently with patients to understand their psychological status and actively guide them toward positive emotions. Encourage patients to practice self-relaxation techniques such as listening to music, and cultivate diverse interests and hobbies to provide spiritual fulfillment and relieve irritability and depression.

2.2.4 Health Education

Assess specific knowledge deficits and provide targeted explanations and guidance. Conduct thorough admission education and disease-related instruction. Document patient learning progress and provide positive reinforcement and encouragement for learning outcomes.

2.3.1 Traditional Chinese Medicine Enema

A herbal decoction composed of *Salvia miltiorrhiza* 30 g, *Concha Ostreae* (calcined) 30 g, *Periostracum Cicadae* 10 g, *Bombyx Batryticatus* 10 g, *Schizonepetae Herba Carbonisata* 15 g, *Sanguisorbae Radix Carbonisata* 15 g, *Sophorae Flos* 15 g, and *Codonopsis* 15 g was administered as a retention enema once daily, with each retention lasting one hour. Precautions included: (1) protecting patient privacy; (2) maintaining warmth and avoiding cold exposure; (3) performing insertion gently without rough manipulation; (4) monitoring infusion speed and temperature (39-41°C); and (5) inquiring about patient sensations during the procedure, explaining that urges to defecate or abdominal distension are normal phenomena.

2.3.2 Acupoint Massage

Acupoint massage was performed to produce local sensations of soreness, numbness, distension, and pain, thereby stimulating acupoints to unblock meridians, regulate qi and blood, and balance yin and yang. Based on the patient's condition, the following acupoints were selected: Shenshu (BL23), Tianshu (ST25), Guanyuan (CV4), Sanyinjiao (SP6), Zusanli (ST36), and Yongquan (KI1). Each acupoint was massaged for 2-3 minutes, 2-3 times daily. Precaution: massage pressure should progress from light to heavy.

2.3.3 Baduanjin Exercise

Educate the patient extensively on the purpose, significance, and importance of increased activity to promote active cooperation. Collaborate with the patient to develop specific activity plans, guiding daily Baduanjin exercise with gradual progression according to patient tolerance without causing fatigue. Monitor the patient's complexion, mental state, and overall condition during activity, discontinuing immediately if intolerance occurs and allowing rest in a comfortable position.

2.4 Discharge Education

Instruct the patient to maintain regular lifestyle patterns, a calm mental state, and appropriate work-rest balance. Encourage suitable physical exercise to enhance immunity. Recommend easily digestible, nutritious foods and maintenance of regular bowel movements. Emphasize compliance with follow-up appointments and prompt medical consultation for any discomfort.

2.5 Nursing Outcomes

Following our treatment and nursing care during hospitalization, the patient demonstrated significantly increased physical strength with no adverse events such as falls or injuries. Appetite improved markedly with balanced nutrition, sleep quality enhanced substantially, and daily routines became regular. Regular bowel movements were established, and creatinine levels decreased significantly from 683 mol/L to 582.3 mol/L. The patient essentially mastered disease-related knowledge, expressed understanding, and provided consent.

Chronic renal insufficiency results from various causes leading to progressive chronic renal parenchymal damage that eventually develops into uremia. With the exception of kidney transplantation, there is no specific curative treatment, and the condition represents irreversible damage. Compared with Western medicine alone, integrated Chinese-Western medical intervention can effectively improve treatment outcomes with fewer side effects.

Traditional Chinese medical literature does not contain specific records of chronic renal insufficiency. Based on its clinical manifestations such as edema, fatigue, oliguria or anuria, nausea, and vomiting, the condition can be classified under the categories of "edema," "consumptive disease," "urinary retention," or "guan ge" (obstruction and rejection). Tang Busheng et al. [3] proposed that chronic renal insufficiency is fundamentally characterized by spleen-kidney yang deficiency with turbid dampness accumulation as the branch manifestation, making herbal enema an appropriate treatment option.

Herbal enema plays an important role in treating chronic renal insufficiency with several advantages: (1) stimulating intestinal mucosa to promote defecation; (2) reducing production of microbial toxins in the intestine [4]; and (3) enabling

drug absorption through intestinal mucosa into the bloodstream for systemic effects.

Baduanjin is an independent and complete fitness exercise system originating in the Northern Song Dynasty that provides beneficial effects on respiratory, circulatory, digestive, and motor functions. Geng Tao [5] noted in research on Baduanjin that “when the kidney has pathogenic factors, its qi remains in both hip joints; when the spleen has pathogenic factors, its qi remains in both thighs.” Trunk movements can stimulate the Ren and Du meridians and the Mingmen (Gate of Life) to strengthen the kidneys and waist, while lower limb movements can stimulate the three yang and three yin meridians of the foot to regulate the spleen and stomach, soothe the liver and gallbladder, and strengthen the kidneys and waist.

In summary, the combination of herbal enema and Baduanjin exercise demonstrates definitive nursing efficacy in patients with chronic renal insufficiency, effectively improving clinical symptoms and warranting broader clinical application.

Conflict of Interest Statement: The authors declare no conflicts of interest regarding this article.

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

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