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Research Progress on Traditional Chinese Medicine Nursing for Chest Bi-syndrome and Heart Pain Disease: Postprint

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Abstract

Chest bi heart pain is caused by pathogenic obstruction of the heart collaterals and impaired flow of qi and blood, manifesting primarily as chest oppression and pain, in severe cases with chest pain radiating to the back, shortness of breath, and orthopnea due to wheezing. The disease is located in the heart, and clinically presents as a condition characterized by episodic oppression and pain in the danzhong region or left chest, with an extremely high incidence rate. In modern medicine, conditions such as coronary atherosclerotic heart disease, angina pectoris, and myocardial infarction may fall under the scope of this syndrome. The incidence of chest bi heart pain disease is increasing year by year, posing a serious threat to human physical and mental health. TCM nursing, centered on holistic care, establishes nursing principles under syndrome differentiation guidance to implement targeted TCM nursing interventions for patients, thereby enhancing clinical treatment efficacy, physical and mental health status, and quality of life, and playing a significant role in the prevention and treatment of chest bi heart pain disease. This article analyzes the current application status of TCM nursing for chest bi heart pain disease, summarizes existing problems, and explores future research progress.

Full Text

Preamble

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Research Progress on Traditional Chinese Medicine Nursing for Chest Bi Heart Pain Disease

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Abstract

Chest bi heart pain disease arises when pathogenic factors obstruct the heart collaterals, causing impeded flow of qi and blood. It manifests clinically as chest oppression and pain, which may radiate to the back, accompanied by shortness of breath and orthopnea. The disease location is the heart, with episodic tightness and pain in the chest or left precordial region as primary manifestations. This condition has an extremely high clinical incidence. Coronary atherosclerotic heart disease, angina pectoris, and myocardial infarction in modern medicine fall within this disease category. The morbidity of chest bi heart pain disease has been increasing year by year, seriously endangering human physical and mental health. TCM nursing, centered on holistic care, determines nursing principles under syndrome differentiation guidance to implement targeted TCM nursing interventions, thereby improving clinical treatment effectiveness, physical and mental health levels, and quality of life, playing a significant role in prevention and treatment. This article analyzes the current application status of TCM nursing for chest bi heart pain disease, summarizes existing problems, and explores future research directions.

Keywords: chest bi heart pain disease; Traditional Chinese medicine nursing; research progress

Introduction

Chest bi heart pain is a heart vessel disease caused by pathogenic obstruction of heart collaterals and impeded qi and blood flow, characterized by chest oppression and pain, severe cases presenting with pain penetrating to the back, shortness of breath, and inability to lie flat due to wheezing [1]. Mild cases may only experience chest oppression and slight breathing discomfort, while severe cases manifest chest pain, and in critical conditions, the pain penetrates from chest to back and vice versa [2]. This condition belongs to the TCM categories of chest pain, heart pain, true heart pain, and jue heart pain. TCM chest bi heart pain disease corresponds to coronary heart disease and angina in Western medicine. Modern medicine indicates that this disease primarily results from insufficient coronary blood supply causing myocardial ischemia and hypoxia, with patients experiencing chest oppression, pain, palpitations, and shortness

of breath, which in severe cases may lead to myocardial infarction or sudden death, endangering patient safety [3]. In recent years, with improving living standards in China, the morbidity and mortality of chest bi have increased annually, with a trend toward younger patients [4]. Clinical treatment primarily relies on Western medicine and nursing, which can effectively control disease progression and improve quality of life, yet still has numerous shortcomings [5]. However, TCM has rich experience in diagnosing, treating, and nursing chest bi heart pain disease. Following principles of treatment and nursing according to individual, local, and seasonal conditions based on syndrome differentiation can achieve favorable clinical effects, with its advantages and characteristics receiving considerable attention [3]. To maintain and develop the distinctive advantages of TCM nursing and improve its effectiveness, this article reviews TCM nursing work for chest bi heart pain disease, aiming to provide references for preserving TCM nursing characteristics, improving nursing effectiveness, and enhancing work quality.

1. Current Status of TCM Nursing for Chest Bi Heart Pain Disease

1.1 General Nursing

As stated in *Suwen: Shengqi Tongtian Lun*, “If daily life is erratic, the spirit qi will float.” Therefore, creating a quiet and comfortable environment for patients is crucial [2]. The environment should be quiet with fresh air, appropriate temperature and humidity, sufficient sunlight, and good ventilation. Patients should maintain regular routines, rest in bed during heart pain episodes, and avoid triggers such as fatigue, overeating, emotional excitement, cold, constipation, and infection. Bedside items should be minimal but include emergency equipment and medications. Nursing staff must refrain from loud noise and control visiting hours, prohibiting visits during the acute phase to ensure normal rest and sleep. Patients with mild conditions may engage in light ambulation, while severe cases require absolute bed rest. Those with shortness of breath and orthopnea should assume semi-reclining position to improve respiratory function, with all daily activities assisted by medical staff. Nurses should closely observe the timing, nature, severity, and location of chest bi heart pain episodes, monitor heart rate and rhythm, and immediately report abnormalities to physicians. Blood pressure, pulse, and temperature changes should be monitored, with regular measurements and documentation when necessary. Since this disease often attacks at night, night ward rounds should be intensified to detect condition changes promptly and provide emergency management [4].

2.1 Blood Stasis Obstructing the Heart Type

Blood stasis obstructing the heart type chest bi heart pain primarily results from long-term qi stagnation causing internal blood stasis and obstructed collaterals, manifesting as stabbing chest pain. Blood coagulation causes fixed pain location. Since blood and night both belong to yin, pain worsens at night. Blood stasis obstruction prevents the heart from receiving nourishment, causing palpitations. Purple-dark tongue and deep choppy pulse are signs of internal blood stasis [4]. These patients should engage in appropriate activity to promote qi and blood circulation and control disease episodes, avoiding extreme joy or sorrow and emotional fluctuations that may trigger attacks. Diet should be light and easily digestible, with more fruits and vegetables to maintain bowel regularity. Avoid fatty, sweet, thick-flavored, and spicy stimulating foods [6].

TCM Nursing Principles: Activate blood, resolve stasis, unblock collaterals, and relieve pain.

1. Keep the patient room warm, administer decoctions hot, and provide hot water bags to warm limbs when necessary.
2. Emphasize warm foods, avoid raw, cold, and greasy foods. Increase blood-activating foods like hawthorn and black tea.
3. Closely monitor emotional changes, help resolve negative emotions promptly, maintain emotional comfort, prevent mental tension, and facilitate smooth qi flow.
4. Perform daily acupressure massage on Xinshu (BL15) and Danzhong (CV17) acupoints. For back pain patients, apply cupping therapy on Xinshu (BL15) and Feishu (BL13) [5].
5. Provide acupuncture therapy on acupoints such as Shenmen (HT7) and Neiguan (PC6).
6. Appropriately implement fitness exercises like Tai Chi, Ba Duan Jin, and Wu Qin Xi according to condition to cultivate original qi, unblock meridians, and harmonize qi and blood [3].
7. During attack periods, enforce absolute bed rest in a quiet room environment with restricted visits.
8. Observe the nature, severity, frequency, duration of chest pain, and monitor complexion, sweating, and limb temperature. If severe pain, palpitations, shortness of breath, purple lips, and cold hands/feet occur, be alert for critical conditions of true heart pain. Immediately administer oxygen and notify physicians for emergency preparation.

2.2 Qi Stagnation in the Chest Type

Qi stagnation in the chest type chest bi heart pain primarily results from qi mechanism stagnation, liver failure to discharge, and disharmony of heart vessels. Manifestations include chest fullness and oppression, intermittent dull pain without fixed location, frequent sighing, triggered or exacerbated by emotional

distress, relief with flatulence, thin or thin-greasy coating, and thin-weak pulse [7]. These patients require emphasis on emotional nursing and dietary guidance for easily digestible, light foods.

TCM Nursing Principles: Soothe the liver, regulate qi, activate blood, and unblock collaterals.

1. Maintain soft lighting and cool, moist conditions in the patient room.
2. Diet should be light and easily digestible with small, frequent meals. Dinner should not be excessive. Guide patients to consume Xiebai (*Allii Macrostemi Bulbus*) congee cooked with Xiebai, scallion white, and rice to promote qi movement and relieve stagnation [8]. Diet may also include qi-moving herbs like Chenpi (*Citri Reticulatae Pericarpium*) and Qingpi (*Citri Reticulatae Pericarpium Viride*) [9].
3. Since disease onset and exacerbation are closely related to emotional changes, emotional nursing is essential. Monitor emotional changes, provide psychological counseling, understanding, and comfort, show adequate care, and actively assist in resolving negative emotions. Analyze potential adverse effects of negative emotions to help patients maintain emotional comfort and smooth qi-blood flow. Maintain happiness, avoid depression, grief, or excessive emotional fluctuations, while avoiding adverse stimuli that may cause emotional extremes and worsen the condition. Also avoid excessive fatigue and tension [10].
4. Administer Chinese medicine hot to facilitate blood activation, stasis resolution, and yang qi warming, using small, frequent doses.
5. Use Chaihu Shugan San or Xiaoyao San to soothe liver qi, regulate qi, and activate blood. Common herbs include Chaihu (*Bupleuri Radix*) and Yujin (*Curcumae Radix*). Patent medicines include Xin Ke Shu tablets and Xin Nao Ning capsules [11].
6. Zhang Jing et al. [12] found that acupoint plastering combined with medication applied to Xinshu (BL15), Danzhong (CV17), and bilateral Neiguan (PC6) could improve TCM symptom scores, reduce angina severity and frequency, inhibit coronary inflammation, and improve clinical outcomes in coronary heart disease patients.

2.3 Phlegm Turbidity Obstructing the Chest Type

Phlegm turbidity obstructing the chest type chest bi heart pain primarily results from qi mechanism obstruction, phlegm turbidity accumulation, and chest yang failure to expand. Manifestations include chest oppression with heart pain or pain penetrating to the back, palpitations, shortness of breath, heavy limbs, obesity, fatigue, poor appetite, loose stools, abdominal bloating with reduced food intake, sticky mouth with nausea, expectoration of phlegm and saliva, enlarged tongue body with teeth marks, turbid-greasy coating, thin-slippery pulse, and severe attacks during rainy weather. These patients require emphasis on diet and respiratory tract nursing.

TCM Nursing Principles: Unblock yang, discharge turbidity, eliminate phlegm, and open bi obstruction.

1. Maintain quiet patient rooms with appropriate temperature and humidity, and good ventilation. Ensure adequate rest.
2. Diet should be light, following the principle of unblocking yang and discharging turbidity. Avoid fatty, sweet, thick-flavored, and spicy stimulating foods to reduce phlegm turbidity generation. Guide patients to regularly consume foods like radish to regulate qi, and fruits/vegetables like citrus, radish, bamboo shoots, and loquat to resolve phlegm and aid digestion. Consume foods that promote bowel movement, such as high-fiber vegetables. Advise against excessive sweets, strictly prohibit greasy foods, and reduce tea consumption. Sea cucumber decoction may replace tea. Obese patients should strictly control food intake to reduce gastrointestinal burden [13].
3. Maintain respiratory tract patency. Encourage correct sputum expectoration after deep breathing. For patients with copious phlegm, turn and clap back regularly to facilitate sputum discharge. When phlegm is thick and difficult to expectorate, advise increased water intake.
4. Patients with palpitations and shortness of breath should have absolute bed rest with low-flow oxygen therapy. For severe shortness of breath, acupuncture may be applied to stimulate Qihai (CV6).
5. Use Gualou Xiebai Banxia Tang with modifications, taken hot after decoction to widen chest, disperse masses, unblock yang, and eliminate bi.
6. For acupoint plastering, key acupoints include Xinshu (BL15), Danzhong (CV17), and Neiguan (PC6) as essential points for moving qi and activating blood, plus Fenglong (ST40) as a key phlegm-resolving point. Medicinal formula includes: Danggui (*Angelicae Sinensis Radix*) 20g, Chuanxiong (*Chuanxiong Rhizoma*) 20g, Danshen (*Salviae Miltiorrhizae Radix*) 20g, Taoren (*Persicae Semen*) 20g, Guizhi (*Cinnamomi Ramulus*) 10g, and Xixin (*Asari Radix*) 5g to unblock qi and blood, activate blood, resolve stasis, reduce swelling, and relieve pain, while regulating whole-body yin-yang [14].
7. Strengthen emotional nursing for depressed patients to achieve smooth qi and eliminated phlegm.
8. For constipation, soak appropriate amounts of Fanxieye (*Sennae Folium*) in water to relieve symptoms [5].
9. For edematous patients, record 24-hour urine output.

2.4 Qi and Yin Deficiency Type

Qi and yin deficiency type chest bi heart pain primarily results from long-standing heart vessel bi obstruction gradually causing qi deficiency. Manifestations include chest oppression with dull pain that comes and goes, palpitations, shortness of breath, fatigue, lassitude, reluctance to speak, dull complexion, dizziness, worsening with exertion, red tongue, and thin-weak or intermittent pulse [4]. These patients require emphasis on rest, adequate daily sleep, and

emotional control.

TCM Nursing Principles: Boost qi, nourish yin, activate blood, and unblock collaterals.

1. Ensure room ventilation and quiet, elegant living environment.
2. Since these patients have deficient healthy qi and worsening with exertion, ensure adequate rest and sleep, reduce visitors, avoid overexertion, and engage in appropriate activity when physically permissible without inducing heart pain. Avoid fatigue.
3. Diet should be light and easily digestible. Guide patients to consume qi-boosting, yin-nourishing, and blood-activating foods such as Chinese yam, lily bulb, Huangqi (Astragali Radix), jujube, honey, mulberry, goji berry, black plum, American ginseng, lotus heart, lean meat, milk, eggs, fish, and soft-shelled turtle. Increase warming foods like ginger and mutton. Avoid spicy, stimulating, and excessively hot foods that easily damage yin.
4. Daily American ginseng 1g decoction as tea substitute, or Taizhishen (Pseudostellariae Radix), Maidong (Ophiopogonis Radix), and Wuweizi (Schisandrae Fructus) 10g each as decoction. Appropriately combine with qi-boosting, yin-nourishing herbs like Chinese yam, Huangqi, and lily bulb cooked as congee for regulation [15].
5. Administer Chinese decoctions warm. Use jujube 20g, Huangqi 15g, and American ginseng 10g decoction to boost qi, regulate blood, and tonify yang [16].
6. These patients are often chronic cases with anxiety and depression. Nursing should avoid overexertion, maintain emotional comfort to prevent emotional frustration from consuming qi and yin, show more care and consideration, be good at persuasion, relieve worries and fear, communicate more with patients to maintain emotional stability [17], and exert dual effects of emotional regulation and medication, strictly preventing fright and eliminating all noise.
7. If dizziness occurs, patients should rest in bed, rise slowly without sudden movements, and avoid bending or rotating actions. Severe dizziness requires dedicated nursing and comprehensive life care [5].
8. For severe yin deficiency with yang hyperactivity, monitor blood pressure changes to prevent yang rising and wind movement causing stroke.
9. For excessive spontaneous or night sweating, promptly dry and change clothes to avoid catching cold from sweat [4].
10. Acupuncture may be applied to Neiguan (PC6) and Shenmen (HT7). For severe chest pain, swallow Sanqi (Notoginseng Radix) powder 1.5g and Chenxiang (Aquilariae Lignum) powder 1g [17]. For insomnia, perform auricular seed pressing on subcortex, Shenmen, and heart points per physician orders.
11. Engage in slow physical exercise regularly: walking, jogging, gymnastics to improve blood circulation, or practice Tai Chi, Wu Qin Xi, and Ba Duan Jin [10].

3. Emotional Nursing

The main pathogenesis of chest bi heart pain is heart vessel bi obstruction, with emotional imbalance as one etiology causing intermingled qi, blood, phlegm, and stasis obstructing heart vessels. TCM emotional nursing belongs to psychological therapy, involving targeted formulation and implementation of emotional nursing measures to help patients effectively relieve worries and psychological problems, establish confidence in overcoming disease, and accept treatment with optimal mindset [18].

3.1 Emotion Diversion

During TCM emotional nursing, nursing staff comprehensively understand patients' education level, interests, emotions, and condition to “cater to their preferences” and achieve emotion diversion [19]. Guide patients to shift attention through watching TV, listening to radio/drama/music, participating in appropriate social activities, allowing them to choose preferred activities to change emotions, avoid excessive disease focus, thereby reducing depression and tension, maintaining happiness, adjusting disordered qi mechanism, unblocking qi and blood, and alleviating disease [20].

3.2 Emotion Nurturing

After admission, actively communicate with patients, show consideration, maintain gentle attitude, and accompany patients more. Help patients understand chest bi heart pain knowledge comprehensively to eliminate worries, establish confidence in overcoming disease, and better cooperate with treatment. Simultaneously, provide health education to family members, helping them recognize the significance of emotional nursing for patient recovery, encouraging them to show more care, consideration, and encouragement during accompaniment, infecting patients with positive enthusiasm, maintaining pleasant mood and optimistic attitude, guiding more communication and mutual support to achieve worry elimination and stable mindset.

3.3 Emotion Restraining

From traditional medicine perspective, this applies the seven emotions (joy, anger, contemplation, worry, fear, sadness, fright) mutual overcoming principle. From modern medicine perspective, adjusting psychological state to maintain positive, optimistic, relaxed, and happy mood can effectively regulate endocrine, using spirit-nourishing and heart-nourishing methods to regulate nerve centers and immune system functions, promote metabolism, enhance immunity, and facilitate recovery [21]. Nursing staff should show sufficient care and concern, narrate cases of successful cure through active cooperation, help establish treatment confidence, convey care from relatives and friends to give hope for the future, encourage active cooperation during treatment and nursing, thereby regulating body functions and indirectly promoting recovery speed [19].

4. TCM Characteristic Nursing Techniques

4.1 Acupoint Plastering

Acupoint plastering is a commonly used external treatment method in TCM and a frequent TCM physiotherapy approach. Based on TCM syndrome differentiation and treatment principles and guided by fundamental TCM theory, medicated plasters applied to skin directly act on corresponding acupoints, allowing medication to penetrate skin directly into blood circulation and disease location, exerting combined effects of medication and acupoints. During absorption, medication bypasses the gastrointestinal tract and liver, allowing more active ingredients to be absorbed for better disease control. Multiple TCM texts state that acupoint plastering “can parallel internal treatment and compensate for its inadequacies” [22].

For chest bi heart pain patients, acupoint plastering should select acrid-warm aromatic, qi-moving, and blood-activating medicinals. Moyao (Myrrha) and Danshen (*Salviae Miltiorrhizae Radix*) are commonly used qi-moving and blood-activating medicinals; Rougui (*Cinnamomi Cortex*) and Fuzi (*Aconiti Radix Lateralis*) have strong warming-yang and cold-dispersing effects. Neiguan (PC6) and Xinshu (BL15) are commonly used acupoints for heart system diseases, with functions of warming and nourishing heart vessels, moving qi, activating blood, and resolving stasis. Acupoint selection can be based on different symptom presentations: for chest oppression and pain, select Shenshu (BL23), Xinshu (BL15), Pishu (BL20), and Geshu (BL17); for palpitations and shortness of breath, select Danzhong (CV17), Qihai (CV6), Guanyuan (CV4), and Zusanli (ST36); for constipation, use Wu Zhuyu (*Evodiae Fructus*) as plaster formula on Shenque (CV8); for deficiency-cold constipation, select Shangjuxu (ST37) and Tianshu (ST25); for excess-heat constipation, select Shangliao (BL31), Ciliao (BL32), Zhigou (TE6), and Zusanli (ST36) [5]. Explain the effects and precautions of acupoint plastering, advise patients to massage more to activate meridian qi, change medication regularly, and maintain skin cleanliness. If local redness, itching, or blisters occur after application, promptly discontinue medication and inform physicians for coordinated management. Multiple studies show acupoint plastering has effects of unblocking meridians, activating blood, resolving stasis, and dispersing cold, compensating for internal treatment inadequacies. Combined with quality TCM nursing, it can effectively improve clinical symptoms in chest bi heart pain patients during attack periods, reduce recurrence rates, accelerate recovery, shorten hospitalization time, with notable nursing effects [23].

4.2 Auricular Seed Pressing

The TCM classic *Lingshu* states: “The ear is where all vessels converge.” The ear is where all ancestral vessels gather, with each organ having correspond-

ing representative areas on the auricle. When organ dysfunction occurs, corresponding auricular areas manifest abnormalities through meridian conduction [24]. Organ qi can converge to the ear through meridians, reflecting pathophysiological conditions and serving as stimulation points for disease treatment [25]. Auricular seed pressing, based on meridian-organ theory, utilizes the close relationship between ears and meridians to reflect organ functional states. By stimulating acupoints, it regulates the vagus nerve and autonomic nervous system, adjusts organs, balances yin-yang, unblocks meridians, tonifies deficiency and drains excess, and inhibits disease attacks [26]. According to syndrome differentiation, acupoint selection for chest bi heart pain patients should be based on symptom presentation. For chest oppression and pain, select Shenmen, sympathetic, heart, kidney, and endocrine points; for palpitations and shortness of breath, select subcortex, Shenmen, heart, lung, and kidney. Heart and chest points on the auricle are effective for heart disease, with functions of strengthening heart, calming spirit, activating blood, nourishing blood, and regulating qi to relieve pain. Endocrine point is the reflection area of endocrine system, with functions of unblocking collaterals, dispelling pathogenic factors, cultivating essence, activating blood, regulating dampness and qi, regulating endocrine, and enhancing immunity. Sympathetic point is essential for activating blood and relieving pain, effectively alleviating organ pain and improving blood circulation [12,13]. Shenmen point can improve angina, forgetfulness, insomnia, neurasthenia, schizophrenia, and lower blood pressure. Heart point can strengthen heart, clear fire, lower blood pressure, calm spirit, eliminate irritability, and activate blood. Liver point can regulate qi and activate blood. Kidney point can tonify kidney yang and benefit essence. Sympathetic point can relieve pain, activate blood, relax tendons, and calm spirit. Subcortex point can activate blood, relieve pain, awaken brain, regulate cerebral cortex function, calm spirit, and improve sleep. Combined use of these points regulates qi and blood, harmonizes yin-yang, and adjusts organs [24]. Before application, disinfect the pressing area with 75% ethanol, apply small adhesive patches precisely on acupoints, then gently knead with pressure until patients feel distention and heat ("needle sensation") as optimal intensity. Massage each point for 1-2 minutes, 3-5 times daily, replacing every other day. During auricular seed pressing, nursing staff should closely observe local skin conditions, instruct patients to keep pressing areas dry, avoid rubbing techniques during pressing to prevent skin damage and auricular infection that may worsen condition, and provide dietary guidance for high-protein, easily digestible foods [5].

4.3 Acupoint Massage

Acupoint massage is a characteristic TCM nursing technique that applies gentle, soft pressure to selected acupoints to regulate whole-body meridians, harmonize organs, unblock vessels, and regulate qi and blood for disease treatment. For chest bi heart pain patients, massage acupoints may include Xinshu (BL15), Shenmen (HT7), Geshu (BL17), Neiguan (PC6), Danzhong (CV17), and Sanyinjiao (SP6) to relieve heart pain and chest oppression [20]. Massage techniques

include pressing, kneading, pointing, and pinching, with intensity causing soreness, numbness, heat, and distention as appropriate. Before operation, nursing staff should rub hands to increase temperature and apply massage cream or talcum powder to avoid skin abrasion [5].

4.4 Traditional Chinese Medicine Foot Soak

Yizong Jinjian states: “Use moisture to open orifices; when dry, medicinal qi cannot enter.” TCM foot soaks allow medicinal properties to reach organs directly through skin and meridians for therapeutic effects. Formula: Honghua (Carthami Flos) 30g, Sanqi (Notoginseng Radix) 30g, Jinyinhua (Lonicerae Flos) 30g, Xuanshen (Scrophulariae Radix) 30g, Danggui (Angelicae Sinensis Radix) 30g, and Shenggancao (Glycyrrhizae Radix) 15g. Decoct to obtain approximately 500ml medicinal liquid, pour into foot basin, add hot water to make about 2000ml mixture, maintain temperature at 39-43°C. Immerse both feet with water depth exceeding ankle joint by 5cm, maintain for 30 minutes, 1-2 times daily with 3-7 hour intervals. The chest bi heart pain foot soak formula has blood-activating and pain-relieving effects, tonifies qi and benefits heart, improves cardiac and blood circulation function, relieves fatigue, and promotes sleep. This technique is deeply favored by patients, especially before bedtime, with significant sleep improvement effects [27].

5. Dietary Nursing

Suwen: Jingmai Bie lun states: “When food qi enters the stomach, turbid qi returns to the heart and flows into vessels.” TCM believes that habitual overconsumption of rich, fatty foods easily damages the spleen and stomach. Spleen-stomach dysfunction readily generates phlegm turbidity that obstructs meridians. When “vessels are obstructed and qi cannot flow,” normal qi movement is affected, causing chest bi heart pain [2]. Therefore, patients should be guided to maintain reasonable diet structure as an important means to stabilize condition and assist drug therapy. Daily diet should primarily consist of light, easily digestible, low-salt, low-fat, low-sugar, low-calorie, low-cholesterol, vitamin-rich foods. Avoid high-salt, fatty, sweet, thick-flavored, spicy stimulating, overly cold, overly hot, and gas-producing foods like scallions and garlic. Prefer lean meat, vegetables, fruits, and fiber-rich foods to maintain bowel regularity. Eat small, frequent meals at regular times with light appropriateness, never overeating, especially avoid excessive dinner, control weight, and correct bad habits like smoking and alcohol. Develop medicinal diet recipes according to different syndrome differentiation and pathogenesis: for hypertension patients, emphasize salt restriction; for diabetes patients, small frequent meals; advise against alcohol, and regularly soak chrysanthemum, Juemingzi (Cassiae Semen), and Gouqizi (Lycii Fructus) for drinking. For qi deficiency and blood stasis type: consume qi-boosting and blood-activating congee (Zhi Huangqi, Danggui, Dangshen, Hongzao, Taoren decocted first, then add Yimi to cook congee). For blood

stasis obstruction type: consume Shan Zha (Hawthorn) and Taoren dew (fresh hawthorn or hawthorn slices, Taoren, honey decocted, 1 spoon each time, twice daily, 3 months per course). For qi stagnation type: consume Xiebai congee (Xiebai, rice with 3 scallion whites cooked as congee). For chronic chest bi heart pain with qi-yin deficiency: consume Shen Mai congee (Danshen, Dangshen, Maidong decocted for juice, then add Hongzao and rice to cook congee). For yang deficiency: prefer Chinese chives, fennel, scallion, mustard, and ginger. For yin deficiency: prefer wood ear, jujube, kelp, black plum, and turtle meat. For constitutional qi deficiency: prefer Chinese yam, walnut, lotus seed, mushroom, and hyacinth bean. For obese phlegm-dominant patients: prefer celery, winter melon, coix seed, and red bean [28].

Current Problems in Application

TCM is an important medical achievement inherited over thousands of years in China, gradually forming and developing through long-term medical practice. Its uniqueness lies in the holistic view of “unity of heaven and man” and “correspondence between man and nature,” and treatment based on syndrome differentiation. It has ideal therapeutic effects in disease diagnosis and treatment, with many TCM nursing protocols such as syndrome-based nursing, emotional nursing, daily living care, acupoint plastering, and dietary nursing. TCM characteristic nursing methods have achieved remarkable efficacy in treating chest bi heart pain patients, yet some problems remain requiring attention and improvement.

1. Clinical guidelines and standards for TCM nursing of chest bi heart pain disease are currently lacking, and related nursing theories need systematization [5].
2. Research methods for TCM nursing techniques have limitations, preventing some effective TCM characteristic nursing techniques from being validated through clinical studies.
3. Since Western medicine can control conditions in shorter time, chest bi heart pain disease treatment and nursing remain primarily Western medicine-based, with TCM approaches relatively time-consuming in certain aspects.
4. There is overemphasis on bed rest, failing to fully consider patient comfort, causing discomfort or even rebellious psychology, reducing treatment compliance and affecting therapeutic effects.
5. Sleep nursing is inadequately provided, causing decreased sleep quality in some patients, deteriorating mental state, further reducing overall physical condition, and negatively affecting disease prognosis.

6. Discharge guidance and post-discharge extended nursing receive insufficient attention.
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Improvement Measures

1. Future research on TCM nursing for chest bi heart pain disease should establish corresponding nursing guidelines and standards, gradually perfecting theoretical systems for systematization [5].
2. Emphasize promotion of TCM characteristic nursing techniques, optimize and improve related research methods to better advance TCM characteristic nursing techniques and enable more clinical applications.
3. Encourage researchers to deeply explore TCM characteristic nursing techniques, investigate how to control patient conditions in shorter time, promote clinical treatment processes, better control disease, improve symptoms, enhance physical and mental health levels, improve quality of life, and enhance prognosis.
4. Different syndrome types require different treatment measures and dietary requirements. Therefore, corresponding dietary guidance should be formulated according to patients' TCM treatment plans. Controlling improper dietary habits in chest bi heart pain patients is important for improving prognosis.
5. Different chest bi heart pain syndrome types should adopt different bed rest measures: qi stagnation-blood stasis and emotional frustration types may assume semi-reclining position with gradually increased activity; qi deficiency-dampness and phlegm turbidity obstruction types should primarily rest quietly, with nursing staff coordinating daily living and assisting with appropriate bed activities. All patients may receive acupoint massage nursing.
6. Peaceful mind nourishes spirit, and calm spirit consolidates original qi. Provide quiet, comfortable ward environment through health education, bulletin boards, and brochures to help patients and families understand the importance of environment for disease, reduce speaking volume, maintain quiet ward environment, control appropriate temperature and humidity for comfort, and regulate suitable light intensity. Use health pillows like chrysanthemum pillows according to TCM principle of "treating disease with fragrance" to ensure sleep quality [29].
7. Formulate discharge guidance suitable for patients' TCM syndrome types and implement extended nursing after discharge. Establish multi-level extended nursing service models with diversified community health service institutions and trained community professional nursing staff to help improve patient compliance and quality of life.

Conclusion

TCM believes chest bi heart pain is closely related to chronic cough and long-term anger, causing serious impact and threat to patients during clinical treatment. Application of TCM theory and concepts can promote patient recovery and enhance treatment effects. TCM nursing management, characterized by syndrome-based nursing and holistic view, embodies the “three appropriate considerations” (individual, local, seasonal) concept, providing targeted and quality nursing services from the perspective of patient condition, effectively improving chest pain and oppression symptoms, playing important roles in disease recovery and promoting rehabilitation. Currently, Western nursing remains primary for chest bi heart pain disease clinically. The significance of TCM characteristic nursing intervention for chest bi heart pain patients should be emphasized, and suitable TCM characteristic nursing and integrated Chinese-Western nursing methods should be actively researched to better promote clinical treatment processes. The goal is to achieve Chinese-Western medicine integration with complementary advantages, improve treatment efficiency, maximize disease recovery speed and long-term quality of life. Medical workers need to innovate while inheriting, and inherit and develop while innovating.

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