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Nursing Experience of Traditional Chinese Medicine Fumigation and Washing Technique Applied to One Case of Wangbi: Postprint

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Abstract

Based on clinical observations, the application of traditional Chinese medicine (TCM) fumigation and washing therapy for Wangbi rheumatoid arthritis (rheumatoidarthritis, RA) has demonstrated favorable efficacy. This study selected one case of Wangbi patient for nursing assessment, employing the Activities of Daily Living score (Barthel Index) to observe clinical therapeutic outcomes. Following treatment, the patient's Barthel Index score increased. This therapy can effectively alleviate symptoms such as mild joint swelling and pain, improve mobility at painful joint sites, significantly enhance the overall quality of daily life and work for rheumatoid arthritis patients, ameliorate their condition, and constitutes an effective therapeutic solution.

Full Text

Nursing Experience with Chinese Herbal Fumigation and Washing Technique in a Patient with Wang Bi (Rheumatoid Arthritis)

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Abstract

Based on clinical observation, Chinese herbal fumigation and washing technique demonstrates favorable efficacy in treating rheumatoid arthritis (RA). This article reports the nursing assessment and care of a patient with Wang Bi (RA)

using the Barthel Index for Activities of Daily Living to evaluate clinical outcomes. Following treatment, the patient's Barthel score increased significantly, effectively alleviating mild joint swelling and pain, improving mobility in affected joints, and substantially enhancing overall quality of daily life and work. This approach represents an effective therapeutic intervention for RA patients.

Keywords: Chinese herbal fumigation and washing technique; Wang Bi; traditional Chinese medicine nursing; psychological nursing

1. Clinical Data

The patient was a female admitted to the rheumatology department with a chief complaint of "repeated swelling and pain in multiple joints for over one year." In late 2018, she developed swelling and pain in small joints of both hands and feet without obvious precipitating factors. Elevated rheumatoid factor led to a diagnosis of rheumatoid arthritis at an external hospital. The patient was discharged on regular medication. Two months prior to admission, rheumatoid nodules on her first metatarsophalangeal joint ulcerated due to friction, forming non-healing ulcers. She was hospitalized once in the rheumatology department for local injection of 5 mL betamethasone sodium phosphate, with symptom improvement after discharge. The patient was now admitted for further diagnosis and treatment.

Upon admission, the patient was conscious and cooperative, with normal posture. Vital signs: temperature 36.5°C, pulse 78 beats/min, respiration 18 breaths/min, blood pressure 120/80 mmHg. Physical examination revealed multiple rheumatoid nodules with mild tenderness in small joints of the extremities, without obvious redness or swelling. Both wrists had limited mobility, hands could not make tight fists, and lower limbs could not squat, with significant pain upon weight-bearing. The patient was alert, in good spirits, with moderate build and limited mobility. Speech was clear and voice strong, with stable breathing and no abnormal odors detected.

Tongue and pulse presentation: dull tongue with white greasy coating, deep and thready pulse. On the day of admission, the Barthel Index assessment indicated mild dependency, requiring assistance for some activities.

After three weeks of treatment and nursing care, the patient's Barthel score increased to 85, with significant pain reduction, decreased limitation in multiple joint activities, and improved ability to perform daily living activities.

2. Nursing Care

2.1 Chinese Herbal Fumigation and Washing Technique

Chinese herbal fumigation and washing applies heated medicinal solutions directly to affected skin areas. Through the synergistic coordination of herbal medicine and heat, this therapy achieves the therapeutic purposes of regulating menstruation, activating blood circulation, unblocking collaterals, regulating qi, resolving stasis, reducing inflammation and swelling, relieving spasms, and alleviating pain.

The herbal formula consisted of: stir-fried gardenia fruit, sanguisorba charcoal, Xinjiang arnebia, violet, safflower, forsythia, and gleditsia thorn (exact dosages not specified in original), plus schizonepeta, angelica dahurica, and bletilla (each 10 g). The herbs were prepared as granules, fully dissolved in boiling water, then diluted to 2000 mL with water heated to 40°C. During the procedure, the patient assumed a sitting position. In this case, acupoints Yongquan (KI1) and Taichong (LR3) on both feet were targeted.

Before treatment, nurses provided psychological adjustment for patients undergoing herbal fumigation and washing, explaining in detail the specific pharmacological effects and treatment methods to obtain active participation and cooperation. The treatment environment should be quiet and comfortable with moderate room temperature, free from direct drafts, accompanied by soft lighting and background music to help patients relax mentally and physically. An insulated foot basin capable of immersing the ankles was selected, preferably with electric heat preservation and massage functions, to provide better warmth and privacy protection. Before washing, dirt on the treatment area should be cleaned. During washing, the affected area should be fully exposed, with the medicinal solution covering both ankles. Nurses should carefully observe the patient's limbs and overall condition throughout the procedure, particularly mental status, facial complexion, and perspiration, avoiding profuse sweating. If the patient develops local skin rashes, itching, palpitations, dizziness, or other abnormal symptoms, treatment should be stopped immediately and the physician notified for management. After washing, gently pat the skin dry with a soft, light-colored cloth or towel, ensuring thorough drying between toes, and wear warm clothing to prevent catching cold.

The thermal effects of Chinese medicine make local skin more porous, significantly increasing drug concentration in the superficial layer, which then enters local meridians through skin and acupoints, spreading throughout the body to enhance therapeutic efficacy. Modern medical research demonstrates that the combined effects of herbal medicine and skin heat promote effective drug absorption through the skin, improve blood and lymphatic circulation, relax spasmodic muscles, modify tissue pH, reduce stimulation of nerve endings by weak acids, promote absorption of aseptic inflammation, reduce tissue adhesion, and facilitate recovery and healing, thereby achieving anti-inflammatory, swelling-reducing, softening, and pain-relieving effects.

2.2 Precautions

Patients with thick toenails should trim them promptly. Fumigation and washing should not be performed on an empty stomach or within one hour after meals. During washing, foot blood vessels dilate, significantly increasing blood volume to the extremities and reducing blood flow to gastrointestinal organs and internal viscera, affecting normal digestive and secretory functions. Pre-meal washing may inhibit normal secretion of intestinal and gastric fluids, while post-meal washing may reduce visceral blood volume and affect normal gastrointestinal function.

2.3 Psychological Nursing Care

Most RA patients experience various fears, mental tension, and depression. Nurses should actively express concern and consideration, establish good nurse-patient relationships, gain patients' trust, eliminate psychological fears, and enhance positive mental attitudes and self-confidence. Due to high disability rates, RA often causes mild joint swelling, pain, stiffness, and functional impairment, significantly impacting patients' psychological, physiological, social, and work activities, potentially causing serious psychological disorders, most commonly depression. Research indicates that 40% of RA patients have depression or severe depressive symptoms, and over 60% experience depressive emotions.

For patients with anxiety and depression, nurses should provide corresponding psychological support through enhanced communication and counseling, utilize family visits and support systems to provide appropriate family care, and administer anti-depressant medication when necessary. Patients with severe depressive symptoms may require comprehensive psychological intervention by psychotherapists.

2.4 Rehabilitation Nursing Care

Maintain joints in functional positions. Under medical guidance, perform rehabilitation exercises with gradually increasing activity levels, avoiding sudden strenuous exercise. During stable periods, patients may use simple equipment for joint function training, such as walnut squeezing, grip strengtheners, and finger joint exercises, gradually progressing to Tai Chi, Baduanjin, and Qigong.

2.5 Personalized Nursing Care

From initial admission through the entire hospitalization period, nursing staff should continuously solicit specific patient needs and implement personalized nursing service measures based on actual conditions, including admission education, intravenous infusion, medication guidance, and physiotherapy rehabilitation nursing, providing tangible services to hospitalized patients.

3. Discussion

RA is an inflammatory autoimmune disease primarily involving peripheral joints, more common in women, with a global prevalence of approximately 0.5-1%. Main clinical manifestations include chronic joint pain, morning stiffness, and symmetrical swelling of small joints. Rapid disease progression may lead to varying degrees of chronic joint damage and functional impairment, severely affecting patients' work and daily life. Traditional clinical treatment in China has emphasized joint immobilization and bed rest.

Chinese herbal fumigation and washing delivers medication through local skin and mucous membranes, directly affecting local joint soft tissues. Through chemical pharmacological effects and plant thermal effects, medicinal properties enter through pores, penetrate meridians, and reach muscles and bones, achieving therapeutic mechanisms similar to internal administration. This rapidly and effectively relieves local joint pain, eliminates swelling, and achieves therapeutic goals. Chinese herbal fumigation and washing is inexpensive, avoids numerous adverse reactions associated with oral medications, reduces pain and swelling, and improves quality of life. As RA is a refractory autoimmune disease, combining traditional Chinese and Western medicine with external herbal fumigation and washing represents an optimized treatment approach.

References

- [1] Dong Hongsheng, Chen Jing, Wang Yuming, et al. Observation and evaluation of therapeutic effect of Chinese herbal fumigation and washing on active rheumatoid arthritis[J]. Chinese Journal of Basic Medicine in Traditional Chinese Medicine, 2015.
- [2] Liu Xinying, Guo Jing, Zhang Xinhong, et al. Traditional Chinese medicine nursing care for rheumatoid arthritis with damp-heat obstruction syndrome[J]. Integrated Traditional Chinese and Western Medicine Nursing, 2017.
- [3] Wang Jiejing. Clinical evaluation of external application of Chinese medicine in treating active rheumatoid arthritis[D]. Beijing: Beijing University of Chinese Medicine, 2016.
- [4] Liu Chujuan, Deng Jinggui, Tao Xi, et al. Rehabilitation effect of sling exercise training on lower limb dysfunction in hemiplegic stroke patients[J]. Chinese Physician Journal, 2016.
- [5] Yin Jing, Zhang Qing, Wang Zhuo, et al. Randomized controlled study of Chinese herbal fumigation and washing in treating lateral epicondylitis of humerus with wind-cold obstruction[J]. Journal of Liaoning University of Traditional Chinese Medicine, 2015.
- [6] Li Zan. Nursing care for relieving oxaliplatin neurotoxicity with Chinese herbal fumigation and washing[J]. Contemporary Nurse (Mid-Month Issue),

2015.

[7] Wang Jinghong. Clinical experience of implementing the trial traditional Chinese medicine nursing protocol for Wang Bi[J]. Guangming Chinese Medicine, 2016.

[8] Shi Meiyong, Xie Jingqin, Zhu Xiaolin, et al. Nursing experience of “one disease, one quality” for rheumatoid arthritis[J]. Rheumatism and Arthritis, 2015.

[9] Yuan Kai. Mechanism study of triptolide and celastrol in treating rheumatoid arthritis by regulating neutrophil activity[D]. Beijing: Beijing University of Chinese Medicine, 2016.

[10] Xie Hongming. Observation of therapeutic effect of Chinese herbal fumigation and washing on active rheumatoid arthritis (cold-damp obstruction syndrome)[J]. Clinical Journal of Chinese Medicine, 2015.

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