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Nursing Experience with Warm Moxibustion and Gua Sha Technique for Post-Stroke Shoulder-Hand Syndrome: A Case Report Postprint

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Abstract

This article summarizes the nursing experience of treating one case of shoulder-hand syndrome with warm moxibustion and gua sha therapy. Upon admission, nursing assessment was conducted to clarify nursing priorities and perform syndrome differentiation. The application of warm moxibustion and gua sha technique alleviated pain in the affected limb, improved limb motor function, and enhanced the patient's self-care ability.

Full Text

Nursing Experience in Treating Post-Stroke Shoulder-Hand Syndrome with Warm Moxibustion Scraping Therapy: A Case Report

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Abstract

This paper summarizes the nursing measures for a patient with shoulder-hand syndrome following stroke treated with warm moxibustion scraping therapy. Based on comprehensive nursing assessment and Traditional Chinese Medicine (TCM) syndrome differentiation, warm moxibustion scraping therapy was implemented to relieve pain in the affected limb, improve motor function, and enhance the patient's self-care ability in daily living.

Keywords: shoulder-hand syndrome; stroke; warm moxibustion scraping therapy; dizziness; anxiety

Introduction

Shoulder-hand syndrome, also known as complex regional pain syndrome, falls under the TCM categories of “hemiplegia,” “bi syndrome,” and “tendon bi syndrome.” It represents a common complication and disabling factor in hemiplegic stroke patients. Clinically, it manifests as edema, pain, and limited hand function in the affected upper extremity, often accompanied by vascular dysfunction, sensory abnormalities, and functional decline. The severe pain frequently leads to contracture, creating a significant barrier to rehabilitation. The primary pathogenesis involves deficiency of vital qi, with phlegm turbidity, blood stasis, and dampness obstructing the meridians, resulting in impaired joint mobility and pain. Treatment principles focus on dispelling stasis and unblocking collaterals, dispelling wind and eliminating dampness, and supplementing qi and nourishing blood. Warm moxibustion scraping therapy, guided by TCM meridian and acupoint theory, integrates the fundamental principles of both scraping and moxibustion to stimulate meridians, affected areas, or acupoints. This approach achieves the therapeutic effects of unblocking interstitial spaces, dispelling wind and cold, warming and unblocking meridians, supporting yang and consolidating the exterior, activating blood and resolving stasis, and harmonizing the viscera. As a commonly employed external treatment modality in clinical practice, this technique warrants systematic documentation of nursing experiences.

1. Clinical Data

The patient was a female, aged [missing] years, admitted on [date] with a chief complaint of dizziness and headache for [missing] days, with worsening dizziness accompanied by palpitations and generalized fatigue. Admission symptoms included dizziness, headache, generalized weakness, chest tightness, palpitations, weakness in opening and closing the right eyelid, poor appetite and sleep, frequent urination, constipation, poor self-care ability, and anxiety. Physical examination revealed a dispirited mental state with coherent responses, slow speech, normal development, and cooperative demeanor. Bilateral frontal wrinkles were symmetrical, with shallow right nasolabial fold and slight rightward deviation of the tongue. The thorax was symmetrical with clear moist rales in both lungs. Cardiac borders were not enlarged, heart rate was [missing] beats/min with regular rhythm, and no pathological murmurs were heard in any valvular auscultation area. The abdomen was soft without tenderness or rebound pain, and the liver and spleen were not palpable below the ribs. Right limb muscle strength was grade IV, left limb muscle strength was grade V, with decreased superficial sensation in the right limb and uncoordinated ataxia. Physiological reflexes were present without pathological reflexes. Tongue presentation showed red body with white greasy coating, and pulse was wiry and slippery. The patient had a history of cerebral infarction [missing] months prior, with current right upper limb dysfunction and shoulder pain, deviated mouth and tongue, and speech difficulties. No history of diabetes, tuberculosis, or COVID-19.

TCM Diagnosis: Stroke with dizziness (phlegm-stasis intermingling pattern)
Western Medicine Diagnosis: Hypertension (very high risk), post-stroke shoulder-hand syndrome, anxiety state

The patient was regularly administered irbesartan-hydrochlorothiazide tablets [dosage missing] mg + nifedipine controlled-release tablets [dosage missing] mg + metoprolol succinate [dosage missing] mg for blood pressure control twice daily, with good response and improved dizziness and headache symptoms. To enhance self-care ability and alleviate shoulder pain and upper limb dysfunction, warm moxibustion scraping therapy was administered, resulting in significant symptom improvement after two weeks.

2. Nursing Care

2.1 Pain and Dysfunction in the Right Upper Limb

The patient's right upper limb pain and weakness primarily stemmed from shoulder-hand syndrome. Nursing interventions included:

Environmental Management: Symptoms worsened with cold exposure, necessitating strict attention to cold protection and warmth preservation. Room temperature was maintained slightly elevated with adequate sunlight and fresh air, and appropriate clothing and bedding were ensured.

Physical Therapy: Alternating hot and cold water immersion therapy was implemented using 10°C cold water and 40°C warm water to improve hand vascular vasomotor function, relieve pain, and enhance therapeutic efficacy.

TCM External Treatment: Warm moxibustion scraping therapy was administered for 14 days, once daily in the morning, primarily using tonifying manipulation characterized by slow speed, light pressure, and extended duration (30 minutes per session). Specific procedures:

1. **Assessment:** Evaluate skin condition, pain tolerance, and cooperation level.
2. **Preparation:** Explain the procedure, cooperation requirements, and common issues during treatment to obtain informed consent.
3. **Positioning:** Instruct the patient to assume supine position, exposing acupoints including Jianyu (LI15), Binao (LI14), Jugu (LI16), Quchi (LI11), Shousanli (LI10), Yangxi (LI5), and Hegu (LI4).
4. **Therapy Administration:** Insert moxa sticks into the warm moxibustion scraping jar and ignite. After warming at Hegu for 2 minutes until the cup rim becomes heated, apply scraping oil along the Hand Yangming Large Intestine Meridian on the hemiplegic upper limb. Then perform moxibustion scraping at a 45° angle to the skin along the meridian trajectory. Protect patient privacy and maintain warmth throughout the procedure. Apply pressure gradually from light to heavy, maintaining consistent pressure with slow movements to achieve optimal sha (petechiae)

response. Continuously inquire about subjective sensations and psychological changes during treatment.

5. **Post-treatment Care:** Provide warm water after treatment and advise avoiding cold showers for 4 hours.

2.2 Dizziness

Dizziness was associated with elevated blood pressure. Nursing interventions included:

Vital Signs Monitoring: Blood pressure was measured precisely at scheduled intervals, with medication administered regularly according to physician orders.

Dietary Guidance: Educate patients and families on the benefits of low-fat, low-salt, high-protein diets to establish healthy eating patterns. Calculate daily caloric requirements based on activity level to formulate reasonable meal plans, strictly controlling caloric intake to prevent obesity-related hypertension while avoiding insufficient intake causing weight loss and malnutrition.

Emotional Support: Blood pressure control is a lengthy process during which patients easily develop anxiety and irritability. Nursing staff should actively communicate with patients, accurately understand their genuine concerns, and develop effective, scientifically sound, and efficient psychological care plans based on individual psychological status.

2.3 Anxiety

Anxiety was related to disease suffering and lack of symptom improvement. Nursing interventions included:

Education and Reassurance: Analyze disease etiology and precipitating factors, providing knowledge about hypertension and stroke to alleviate panic stemming from insufficient disease understanding.

Emotional Diversion: Based on cultural level and comprehension ability, provide positive guidance and emotional diversion methods to eliminate doubts and concerns.

Music Therapy: According to patient preferences, select soothing music such as “Spring River in the Moonlight,” “Moon Reflected in Second Spring,” and “Moonlight over the Lotus Pond” for music therapy to regulate emotions and promote mental tranquility.

Relaxation Training: Instruct patients in deep breathing exercises, sequentially relaxing the upper limbs, lower limbs, head, chest, and abdomen while simultaneously performing deep breathing exercises for 10 minutes per session.

3. Discussion

The pathogenesis of post-stroke shoulder-hand syndrome is closely related to qi and blood blockage and meridian obstruction. Traditional Chinese medicine considers that the pain and limb swelling manifestations highly resemble “bi syndrome,” with the primary mechanism being constitutional qi deficiency and blood stasis leading to meridian blockage. TCM nursing principles focus on supplementing qi and nourishing blood, activating blood and resolving stasis, and warming meridians and unblocking collaterals.

Warm moxibustion scraping therapy integrates four traditional TCM modalities—scraping, moxibustion, massage, and thermotherapy—combining warming and unblocking methods with tonifying and reducing techniques. Building upon scraping therapy, moxibustion applies thermal stimulation from burning mugwort to penetrate the epidermis, blood vessels, and connective tissue, thereby improving blood circulation, relaxing meridians, relieving pain, and regulating yin-yang balance. This therapy uses warmth for unblocking, mugwort for tonification, and scraping for dredging, combining scraping and moxibustion to achieve gentle tonification and drainage while avoiding excessive reduction from scraping alone. Scraping promotes local blood circulation to achieve “activating blood and resolving stasis, eliminating stasis and generating new blood,” while reflexively enhancing systemic circulation, increasing tissue blood flow, and promoting cardiac, vascular, microvascular, and lymphatic circulation to dissipate stasis and nodules. Moxibustion activates blood and resolves stasis through warming and unblocking vessels. The combination effectively improves pain and daily living abilities. In this case, warm moxibustion scraping therapy significantly alleviated limb pain, improved functional capacity, and enhanced motor function and activities of daily living, demonstrating remarkable positive significance.

Conflict of Interest Statement: The author declares no conflict of interest.

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