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## Nursing Experience in Treating Abdominal Cold Pain in One Case of Cold-Dampness and Blood Stasis Type Chronic Pelvic Inflammatory Disease with Traditional Chinese Medicine Hot Compress (Postprint)

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### Abstract

This article summarizes the nursing experience of a case of chronic pelvic inflammatory disease with abdominal cold pain of cold-dampness and blood stasis pattern treated with traditional Chinese medicine hot compress. Based on traditional Chinese medicine syndrome differentiation to determine the patient's pattern, the implementation of traditional Chinese medicine hot compress therapy combined with comprehensive nursing interventions including dietary care, lifestyle care, and psychological care helps alleviate the patient's abdominal cold pain and accelerate recovery.

### Full Text

#### Preamble

**Title:** Nursing Experience with Chinese Herbal Hot Pack Therapy for Abdominal Cold Pain in a Case of Cold-Dampness Stasis Type Chronic Pelvic Inflammatory Disease

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#### Abstract

This paper summarizes the nursing experience of managing a patient with cold-dampness stasis type chronic pelvic inflammatory disease (PID) presenting with

abdominal cold pain, treated with Chinese herbal hot pack therapy. Based on Traditional Chinese Medicine (TCM) syndrome differentiation to identify the patient's pattern, we administered herbal hot pack therapy combined with comprehensive nursing interventions including dietary care, lifestyle modifications, and psychological support. This integrated approach effectively alleviated the patient's abdominal cold pain and accelerated recovery.

**Keywords:** sequelae of pelvic inflammatory disease; abdominal cold pain; Chinese herbal hot pack; syndrome differentiation; dietary guidance

## Introduction

Sequelae of pelvic inflammatory disease (SPID) represents the residual pathology following acute pelvic inflammation, with primary clinical manifestations including recurrent chronic pelvic pain, infertility, or ectopic pregnancy, which significantly impact reproductive health, psychosocial wellbeing, and quality of life in women of childbearing age. Conventional Western medicine primarily employs anti-infective therapy, but long-term antibiotic use often leads to drug resistance and suboptimal outcomes, resulting in disease recurrence. In TCM theory, chronic PID involves a complex, prolonged course with mixed deficiency and excess patterns, combining multiple pathogenic mechanisms including stasis, deficiency, heat, dampness, and cold, necessitating individualized treatment based on syndrome differentiation.

In this case, the patient was diagnosed with cold-dampness stasis type SPID. The pathogenesis involves invasion of cold-dampness pathogenic qi into the Chong and Ren meridians and uterus, where it combines with blood, causing blood congelation and impaired flow that obstructs the Chong-Ren meridians and uterine vessels, resulting in abdominal cold pain. Chinese herbal hot pack therapy, guided by fundamental TCM theory, is an external treatment that warms the meridians, unblocks collaterals, activates blood circulation, removes stasis, and dispels cold-dampness. This report details our nursing experience with this approach.

## Clinical Data

The patient was a female office worker who presented to our outpatient clinic. She reported intermittent lower abdominal cold pain for over one year, which had recently worsened. Her menstrual cycles were regular, but she experienced dysmenorrhea with clots requiring oral analgesics. The last menstrual period occurred days prior, lasting days with scanty, dark-red flow containing clots.

Over the preceding six months, the patient developed lower abdominal cold pain without obvious precipitating factors, exacerbated by fatigue, sexual activity, and around menstruation. She received no specific treatment initially. Three days prior to presentation, her abdominal cold pain intensified, accompanied by aversion to cold, cold limbs, copious leukorrhea that was white and thin in

consistency. Self-administered analgesics provided only slight relief.

**Physical Examination:** Tenderness was evident in the uterus and bilateral adnexal regions without rebound tenderness. Current symptoms included marked lower abdominal cold pain, aversion to cold, cold extremities, absence of nausea/vomiting, palpitations, dizziness, or vaginal bleeding. Leukorrhea was copious, white, and thin. Appetite was fair, sleep was poor, urination was normal, and stools were loose. Tongue appearance was pale and dark with a white greasy coating; pulse was deep and slow.

**Auxiliary Examinations:** Transvaginal gynecological ultrasound showed a retroverted uterus ( cm) with minimal pelvic fluid. Blood routine + CRP, urinalysis, rapid liver/kidney function tests, and chest X-ray showed no significant abnormalities.

**Diagnosis:** TCM diagnosis: Abdominal pain in women (cold-dampness stasis type). Western medicine diagnosis: SPID.

## Treatment Method

The herbal hot pack formulation consisted of mugwort leaf (*Aiye*), *Yanhusuo* (corydalis rhizome), *Baizhu* (white atractylodes rhizome), *Wuzhuyu* (evodia fruit), and coarse salt.

**Procedure:** The herbal hot pack was heated to °C, wrapped in a dry towel, and applied to the abdomen while maintaining patient warmth. Treatment duration was minutes per session, administered once daily (avoiding menstrual periods) for days as one treatment course, with a total of courses.

**Precautions:** The hot pack temperature should not exceed °C (not exceeding °C for elderly patients). Patients should be protected from drafts and cold, advised against vigorous activity, and instructed to avoid overexertion. Cold water handwashing or bathing should be avoided for 30 minutes post-treatment. Patients should consume warm, light foods, drink warm water after hot pack application, and avoid cold beverages to facilitate toxin elimination.

## Nursing Care

### Comprehensive Assessment

**TCM Syndrome Differentiation:** Diagnostic criteria for cold-dampness stasis type chronic PID include: - **Primary symptoms:** Lower abdominal cold pain with distension and discomfort; lumbosacral cold pain; copious, thin, white leukorrhea - **Secondary symptoms (\$ \$2 required):** Delayed menstruation; dark menses or clots; fatigue; cold intolerance of limbs; scanty menstruation; pre-menstrual pain exacerbation; clear urine; loose stools - **Tongue and pulse:** Pale dark tongue with white greasy coating; deep slow or deep choppy pulse

The patient met all primary symptoms plus multiple secondary symptoms, confirming the cold-dampness stasis diagnosis.

**Pain Assessment:** Pain was evaluated using the Numeric Rating Scale (NRS), an 11-point scale where 0=no pain and 10=worst pain. Scores of 1-3 indicate mild pain, 4-6 moderate pain, and 7-10 severe pain. The patient self-reported a score of 7, indicating severe pain.

**Cold Intolerance Assessment:** Based on TCM criteria for “cold intolerance of limbs,” the patient scored points, indicating frequent aversion to cold.

### Integrated Nursing Interventions

**Dietary Care:** Patients received guidance on nutritious, warm foods. Prohibited items included raw onion, garlic, chili, alcohol, cold beverages, raw/cold fruits, seafood, and sweet/greasy foods like candy, cream cakes, lard, and egg yolk. For this cold-dampness stasis case, we recommended warming foods such as lychee, longan, and mutton.

**Lifestyle Care:** The patient’s room was maintained for comfort and rest. Semi-reclining position was encouraged to facilitate localization of inflammatory exudate in the rectouterine pouch. Warmth was emphasized, including warm foot baths before sleep to improve sleep quality and alleviate cold pain. Perineal hygiene was stressed: keep clean and dry, change underwear frequently, wash external genitalia with clean water only (no intravaginal washing), and avoid hot water or soap. Moderate exercise was encouraged to enhance resistance.

**Psychological Care:** Healthcare providers communicated with the patient to assess her mental state, listened patiently to her concerns, and provided targeted psychological support. We educated her about pelvic anatomy, female-specific menstrual physiology, and disease characteristics to enhance treatment compliance. Successful case examples were shared to alleviate negative emotions. Attention-diversion methods such as music and relaxation therapy were offered based on patient preference.

### Outcomes

After admission, the patient received TCM treatment and routine nursing care. Following treatment courses, pain improved significantly. The NRS score decreased from 7 at admission to after courses. Cold intolerance score improved from to points (occasional aversion to cold). During the fourth course, menstruation occurred with increased flow (dark-red with small clots) and mild abdominal pain. Detailed recovery data are presented in .

### Discussion

Chronic PID often results from inadequate or delayed treatment of acute gynecological inflammation, characterized by pelvic tissue congestion, edema, and

inflammatory stimulation leading to adhesions, scarring, and occasionally inflammatory masses. Western medicine commonly uses antibiotics, but long-term use readily induces drug resistance with unsatisfactory outcomes and recurrent disease.

In TCM, chronic PID falls under “leukorrhea disease” and “abdominal pain in women,” caused by wind-cold-dampness-heat evils accumulating in the uterus, damaging qi and blood through repeated progression, creating a persistent condition. Cold-dampness internal binding requires treatment focusing on expelling cold-dampness and resolving stasis to relieve pain. TCM offers unique advantages, particularly for long-duration cases with cold-dampness stasis patterns, where warming the meridians, dispelling dampness, regulating qi, and resolving stasis address both root and branch, enhancing resistance and notably reducing suffering.

Our herbal formula’s mechanism: *Wuzhuyu* dispels cold and relieves pain; *Baizhu* dries dampness and strengthens the spleen; *Aiye* warms the meridians and dispels cold; *Yanhusuo* activates blood, moves qi, and alleviates pain. The abdomen concentrates organ meridian qi. Applying the herbal pack to the lower abdomen stimulates meridians through medicinal dispersion, achieving warming, unblocking, cold-dispelling, and stasis-resolving effects that promote qi-blood circulation, accelerate inflammatory absorption, resolve pelvic adhesions, and relieve pain. The Shenque (CV8) acupoint’s unique structure allows temperature elevation at the umbilicus to enhance drug absorption, achieving qi-moving, blood-activating, and stasis-resolving effects that improve symptoms, boost immunity against bacterial infection, prevent recurrence, and significantly alleviate abdominal cold pain.

In conclusion, Chinese herbal hot pack therapy is safe, convenient, and notably effective for relieving abdominal pain in cold-dampness stasis type chronic PID. Combined with dietary guidance, psychological intervention, and lifestyle nursing, this approach accelerates recovery and warrants broader clinical application.

**Conflict of Interest Statement:** The authors declare no conflicts of interest.

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