A Nursing Case Report on Auricular Point Sticking Combined with Ear Apex Bloodletting in a Patient with Cough

Authors: Yuan Zheng, Ye Yun, Ye Yun

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Abstract

This article summarizes the nursing experience of applying auricular point plastering combined with ear apex bloodletting technique in a patient with cough, primarily encompassing the methodology and precautions of this combined technique, along with nursing measures such as lifestyle guidance, dietary care, and psychological intervention. Through syndrome differentiation and pattern classification, targeted auricular points were selected, effectively alleviating cough symptoms and improving the patient's daily living ability.

Full Text

Preamble

Auricular Point Pressing Combined with Ear Apex Bloodletting for Cough: A Nursing Case Report

Yuan Zheng, Ye Yun
Department of Geriatrics, Dongfang Hospital, Beijing University of Chinese Medicine, Beijing 100078

Abstract

This case report summarizes the nursing experience of applying auricular point pressing combined with ear apex bloodletting in a patient with cough. The report details the methodology and precautions of this combined technique, along with nursing interventions including lifestyle guidance, dietary care, and psychological support. Through syndrome differentiation and targeted auricular point selection, the treatment effectively alleviated cough symptoms and improved the patient's activities of daily living.

Keywords: cough, auricular point pressing, ear apex bloodletting, traditional Chinese medicine nursing

Cough is a common respiratory symptom [1] caused by inflammation, foreign bodies, or physical/chemical irritation of the tracheal or bronchial mucosa or pleura. The mechanism involves closure of the glottis, contraction of respiratory muscles, increased intrapulmonary pressure, followed by opening of the glottis and expulsion of air, typically accompanied by sound. Cough serves a protective function by clearing foreign bodies and secretions from the respiratory tract. It represents both a primary symptom of lung disease and an independent disease entity [2]. Clinically, cough is classified as either external or internal. External cough involves superficial pathological location and mild condition, making it readily curable with timely and proper treatment. Internal cough, conversely, results from delayed or improper treatment of external cough with recurrent attacks, progressing to involve other organs beyond the lung, leading to protracted courses and poor prognosis. We treated a cough patient with auricular point pressing combined with ear apex bloodletting, which functions to balance Yin-Yang, regulate viscera, unblock meridians, support healthy Qi, eliminate pathogenic factors, and activate blood to relieve pain [3].

1.1 Medical History

The patient was a 78-year-old male admitted from outpatient services with a chief complaint of "intermittent cough with sputum and dyspnea for over 11 months, worsening for three days." He had a 20-year history of hypertension with maximum blood pressure of 170/100 mmHg, right lower extremity venous thrombosis diagnosed in 2021 (both managed with medication), and a 20-year history of prostatic hyperplasia with unclear control status. In December 2022, the patient tested positive for SARS-CoV-2 and improved after anti-infective and cardiac load-reduction therapy before discharge. Three days prior to admission, his cough worsened again, prompting admission to our geriatrics department for further treatment. Presenting symptoms: conscious, alert, non-communicative, intermittent cough with white, viscous sputum, no chills or fever, no chest pain reported, slightly coarse breathing with intermittent wheezing and shortness of breath exacerbated by movement, chest tightness and oppression, receiving nasogastric feeding formula, no nausea or vomiting reported. Indwelling gastric tube and urinary catheter in place, yellow urine, bowel movements 2-3 times daily. Denied history of food or drug allergies. The patient was admitted on August 3, 2023. Western medical treatment included oxygen therapy, expectoration, nutritional support, and cardiac function improvement, with anti-inflammatory and mucolytic therapy. Traditional Chinese medicine treatment focused on resolving dampness and transforming phlegm, supplemented with auricular point pressing combined with ear apex bloodletting. After 20 days of treatment, the patient's condition improved.

1.2 Physical Examination

The patient was conscious, alert, non-communicative, with normal development, obese body habitus, and was wheeled into the ward. Upon admission, comprehensive physical examination revealed: temperature (T) 36.5°C, pulse (P) 80 beats/min, respiration (R) 20 breaths/min, blood pressure 125/68 mmHg. Cooperative with examination but not with questioning. No jaundice of skin or mucosa, no palpable lymphadenopathy. Symmetrical skull, obvious collapse of right eye, left pupil reactive to light, left sclera without jaundice or edema, tongue protrusion midline, no cyanosis of lips, pharynx not visualized, no abnormal secretions from ears or nose, no tonsillar enlargement, no neck resistance, no jugular venous distension or abnormal carotid pulsation, trachea midline, no thyroid enlargement. Symmetrical chest, barrel chest, symmetrical respiration, coarse breath sounds in both lungs, moist rales in left lower lung, no obvious wheezing. Irregular rhythm, no pathological cardiac murmurs. Abdomen distended, firm in consistency, bowel sounds 4 times/min, no tenderness at McBurney's point, liver and spleen not palpable below costal margins, no hepatic or splenic percussion tenderness, no renal percussion tenderness, no lower extremity edema, no abnormalities in upper extremities or spine. Neurological examination: physiological reflexes present, pathological reflexes absent. Tongue pale with red edges, white greasy coating, wiry and thready pulse.

1.3 Auxiliary Examinations

Imaging and laboratory findings: Ultrasound revealed fatty liver, multiple gallbladder nodules, right renal cyst, aortic sclerosis, mitral and tricuspid insufficiency, left ventricular diastolic dysfunction, and left calf intramuscular venous thrombosis. Laboratory results: red blood cell count 4.04$×10^{12}$/L, hemoglobin 114 g/L, urine leukocytes 3+, triglycerides 2.65 mmol/L.

1.4 Diagnosis

Traditional Chinese Medicine Diagnosis: Cough disease. **Syndrome Differentiation:** Phlegm-turbidity obstructing the lung syndrome. **Western Medicine Diagnosis:** Pneumonia.

Differential Diagnosis: In TCM, differentiation should be made from common cold syndrome, which presents primarily with nasal congestion and rhinorrhea, possibly accompanied by chills, fever, and head-body pain. Cough, by contrast, is dominated by coughing with expectoration. As this patient presented with cough as the main complaint, the two conditions could be distinguished.

1.5 Treatment

The patient received routine internal medicine nursing care, first-level nursing, and nasogastric feeding. Western medical treatment included adequate oxygen

therapy, expectoration, and nutritional support. Medications: ipratropium bromide solution nebulization three times daily; oral digoxin 0.125 mg once daily, furosemide 20 mg once daily, isosorbide mononitrate 20 mg twice daily, and bisoprolol fumarate 2.5 mg once daily. Traditional Chinese medicine treatment focused on resolving dampness and transforming phlegm. **Ear apex bloodletting:** Point: Ear apex. **Auricular point pressing:** Points: Lung, Spleen, Large Intestine, Trachea, Sympathetic, to regulate Qi, transform phlegm, and promote diuresis. Initial cough rating: Grade 4. Activities of Daily Living (ADL) scale score: 5 points. After 15 days of combined auricular therapy during hospitalization, cough rating improved to Grade 1, ADL scale score improved to 15 points.

2.1 Nursing Assessment

The patient was evaluated using the Cough Evaluation Scale [4] and the Activities of Daily Living Scale. Cough strength grading: Grade 0 = no cough on command; Grade 1 = audible airflow in trachea without cough sound; Grade 2 = very weak cough sound audible; Grade 3 = clear cough sound audible; Grade 4 = strong cough sound audible; Grade 5 = multiple strong coughs possible. ADL scale: 0 = independent living (100 points); 1 = mild dysfunction (61-99 points); 2 = moderate dysfunction (41-60 points); 3 = severe dysfunction ($ $40 points). This patient had Grade 4 cough (moderate-to-severe) and an ADL score of 5 points (severe dysfunction).

2.2 Nursing Diagnosis

Based on the patient's chief complaints and physical assessment, the patient was in the acute phase of cough with severely impacted quality of life. **Current nursing diagnoses:** (1) Cough: related to pulmonary infection; (2) Ineffective airway clearance: related to increased respiratory secretions; (3) Disturbed sleep pattern: related to cough; (4) Risk for impaired skin integrity: related to prolonged bed rest and inability to turn independently.

2.3 Nursing Goals

(1) Cough: reduce cough evaluation scale grade; (2) Ineffective airway clearance: assist with turning and back percussion every 2 hours, administer scheduled nebulization; (3) Disturbed sleep pattern: reduce cough evaluation scale grade; (4) Impaired skin integrity: assist with air mattress use and turning every 2 hours.

2.4.1 Auricular Point Pressing Combined with Ear Apex Bloodletting Technique

(1) Ear Apex Bloodletting: The operator wore sterile gloves. After routine disinfection, the ear apex (the highest point with ear rolled forward) on the

patient's left ear was quickly pricked once with a disposable sterile needle. The puncture site was squeezed to express blood, which was wiped with 75% alcohol cotton balls until the color changed from dark to light and consistency from viscous to thin. Appropriate bloodletting volume was 2-3 ml. Treatment was administered once weekly for a 14-day course [5].

(2) Auricular Point Pressing: Based on the patient's symptoms and syndrome differentiation (phlegm-turbidity obstructing the lung), acupoints were selected: Lung, Trachea, Spleen, Large Intestine, and Sympathetic. The patient was placed in a comfortable position. A probe was used to locate sensitive auricular points, asking the patient about sensations of heat, numbness, distension, or pain to determine placement sites. The auricular skin was disinfected with 75% alcohol from top to bottom, inside to outside, and front to back. Vaccaria seeds were grasped with hemostats and applied to selected auricular points, with appropriate pressure applied according to patient tolerance to elicit sensations of heat, numbness, distension, or pain. Unilateral points were used with alternating ears. Points were pressed 3-5 times daily for 1-2 minutes each time, with treatment five times weekly for a 14-day course [6].

Precautions: (1) Ear apex bloodletting: keep the puncture site clean for 24 hours; contraindicated in patients with constitutional weakness, pregnancy, lactation, blood disorders, or tension/fatigue states. (2) Auricular point pressing: contraindicated in auricular inflammation, frostbite, surface ulceration, or pregnant women with history of habitual abortion; use unilateral auricular points with bilateral alternation; retention time 1-3 days in summer (due to sweating) and 2-7 days in winter; monitor auricular skin condition, prevent tape detachment or contamination during retention; use hypoallergenic tape for those allergic to regular adhesive; apply moderate pressure during application, avoid rubbing to prevent skin damage and auricular infection [7].

2.4.2 Life Care

Patients with severe cough should rest in bed. Those with copious sputum should assume lateral recumbent position with frequent position changes to facilitate expectoration, with assisted turning and back percussion when necessary.

2.4.3 Dietary Care

Based on the patient's cough condition, nasogastric feeding (SP nutritional formula) was provided at 500 ml daily. The head of bed was elevated 30 degrees, with gastric residual checked every 4 hours to assess for gastric retention [8].

2.4.4 Psychological Care

Elderly patients experience significant psychological stress and low mood, lacking confidence in recovery, which hinders disease recovery and subsequent med-

ical management [9]. Research demonstrates that psychological care and health education reduce negative emotions, and encouraging family participation in disease management helps share the patient's burden.

2.4.5 Efficacy Observation

After two treatment courses, the patient's cough symptoms improved with significant therapeutic effect.

3.1 Pathogenesis of Cough Disease

In Traditional Chinese Medicine, cough primarily involves the lung and is closely related to the liver, spleen, and kidney. The fundamental pathogenesis involves pathogenic factors invading the lung, causing failure of lung Qi to descend and resulting in upward counterflow of lung Qi. The main pathological factors are phlegm and fire, with phlegm having cold-heat variations and fire having deficiency-excess patterns. Phlegm can transform into fire, and fire can scorch fluids into phlegm, creating mutual causality. External cough is predominantly excess pattern; if pathogenic factors cannot be expelled promptly, it may evolve through transformation, such as wind-cold transforming into heat over time, wind-heat consuming fluids and transforming into dryness, or lung heat steaming fluids into phlegm. Internal cough typically presents with mixed deficiency and excess patterns.

3.2 Characteristics of Combined Auricular Therapy

The combined auricular point pressing and ear apex bloodletting technique stimulates corresponding acupoints to achieve phlegm transformation, collateral unblocking, and lung Qi regulation. Ear apex bloodletting promotes blood circulation and removes blood stasis. Primary auricular points: Lung and Trachea (corresponding area selection) to regulate lung Qi and relieve cough, regulating lung function; adjunct points: Spleen ("the spleen is the source of phlegm production" and "the lung is the vessel for phlegm storage"—when spleen dampness fails to transform, phlegm-turbidity accumulates in the lung, hence Spleen point selection to resolve dampness and reduce inflammation), Large Intestine (the lung and large intestine are interior-exteriorly related, promoting bowel movement), and Sympathetic (relieving visceral smooth muscle spasm). Cough is often caused by wind-heat invading the lung, leading to failure of lung Qi to descend; treatment should clear lung heat, with Large Intestine point selected to resolve heat from Yin-Yang meridians, preventing lung Yin from being scorched and facilitating lung Qi descent.

Inheriting, innovating, and developing Traditional Chinese Medicine constitutes an important component of socialism with Chinese characteristics in the new era [10]. This article summarizes nursing experience with auricular point pressing combined with ear apex bloodletting in a cough patient, including bloodletting technique, point selection and pressing methods, precautions, lifestyle

guidance, dietary care, and coordinated nursing interventions. Syndrome-based point selection with targeted nursing interventions effectively alleviated cough symptoms.

Furthermore, this combined technique is simple to perform, inexpensive, and demonstrates no significant adverse reactions, warranting clinical promotion and application.

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