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Nursing Experience of Holographic Triple Sequential Auricular Therapy for One Case of Liver-Fire Hyperactivity Type Essential Hypertension

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Date: 2023-09-26T00:00:00+00:00

Abstract

This article summarizes the nursing experience of treating one patient with liver-fire hyperactivity type primary hypertension using holographic triple sequential ear therapy, which comprises ear holographic copper bian gua sha, ear apex bloodletting, and ear acupoint plastering. Through syndrome differentiation and point selection, implementing targeted interventions can effectively alleviate the uncomfortable symptoms associated with liver-fire hyperactivity type primary hypertension.

Full Text

Nursing Experience of Holographic Triple Sequential Ear Therapy in Treating One Patient with Primary Hypertension of Liver Fire Hyperactivity Type

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Abstract

This article summarizes the nursing experience of applying holographic triple sequential ear therapy to treat one patient with primary hypertension of the liver fire hyperactivity type. This therapy comprises three components: ear holographic copper gua sha, ear tip bloodletting, and ear point compression.

Through syndrome differentiation and targeted acupoint selection, this intervention can effectively alleviate the uncomfortable symptoms associated with liver fire hyperactivity type primary hypertension.

Keywords: primary hypertension; liver fire hyperactivity; ear holographic copper gua sha; ear tip bloodletting; ear point compression

Introduction

Hypertension is one of the most common cardiovascular diseases in China and represents the primary risk factor for acute coronary events and acute hemorrhagic or ischemic stroke incidents [1-2]. Currently, the number of hypertensive patients in China has reached 270 million, with an overall increasing trend in prevalence [3]. Clinical research indicates that among the more than 40 syndrome types of primary hypertension, the liver fire hyperactivity type accounts for the largest proportion [4]. At present, hypertension treatment still relies primarily on Western medications, including angiotensin-converting enzyme inhibitors (such as valsartan), diuretics, β -blockers, calcium channel blockers, and angiotensin II receptor blockers [5], which produce numerous adverse effects with long-term use. Exploring a safe and effective method for blood pressure reduction holds significant importance for decreasing the incidence and mortality of cardiovascular and cerebrovascular diseases and improving patients' quality of life. With the advancement of the Healthy China initiative, the distinctive advantages of traditional Chinese medicine (TCM) have become increasingly prominent, and appropriate TCM techniques have been widely applied in clinical practice with favorable outcomes. This article summarizes the nursing experience of applying a novel technique—holographic triple sequential ear therapy—in treating one patient with liver yang hyperactivity type primary hypertension, as reported below.

Clinical Data

The patient was a 56-year-old male admitted to the pain department of our hospital on July 11, 2023, with a 10-year history of primary hypertension accompanied by recurrent knee pain and worsening headache and dizziness for the past two weeks. The patient's maximum blood pressure reached 200/120 mmHg, and despite continuous use of valsartan capsules, his blood pressure remained around 170/110 mmHg.

TCM nursing assessment using the four diagnostic methods (inspection, auscultation and olfaction, inquiry, and palpation) revealed: clear consciousness, adequate spirit, flushed face and eyes, dry mouth, bitter taste, irritability, headache and dizziness, peri-knee pain, bilateral knee joint swelling with limited flexion and extension, insomnia, constipation, dark yellow urine, red tongue with thin yellow coating, and a wiry, forceful pulse. Admission vital signs were: temperature 36.1°C, pulse 100 beats/min, respiration 21 breaths/min, and blood

pressure 180/115 mmHg. Pain score (NRS) was 4, Self-Rating Anxiety Scale (SAS) score was 63, and Pittsburgh Sleep Quality Index (PSQI) was 19.

Western medicine diagnosis: (1) Grade 3 hypertension (very high risk); (2) bilateral knee osteoarthritis. TCM diagnosis: (1) vertigo (liver fire hyperactivity type); (2) knee bi syndrome. Based on the patient's condition, medical staff employed the department's novel technique—holographic triple sequential ear therapy—in addition to oral antihypertensive medication. After two treatment courses, the therapeutic evaluation showed significant effects, with symptom relief (see Table 1) and hypertension reduced from Grade 3 to Grade 1 (dynamic blood pressure monitoring shown in Table 2).

Treatment Methods

2.1 Ear Holographic Copper Gua Sha

2.1.1 Pre-treatment Preparation: Ear Massage Before the procedure, assess the patient's overall condition, examine the ear skin, perform inspection and palpation, and determine the ear holographic copper gua sha treatment plan. Apply medium and perform circular massage to open the small and large heavenly circuits of the ear auricle (see Figure 1 [FIGURE:1]), promoting qi and blood circulation throughout the body. Massaging these circulatory pathways not only regulates and improves musculoskeletal system disorders but also balances cranial nerve function.

2.1.2 Ear Holographic Copper Gua Sha Procedure Operation

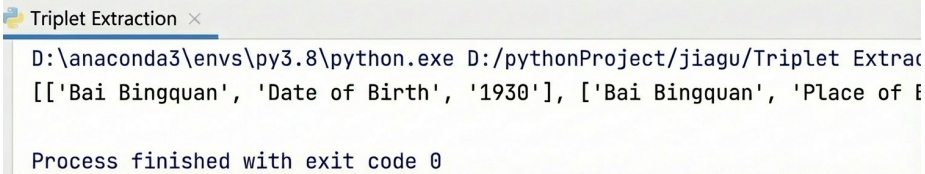
Principles: The basic operational principles of auricular gua sha therapy are bottom-to-top and outside-to-inside, combining basic gua sha with syndrome-differentiated acupoint selection for focused treatment. The gua sha protocol for primary hypertension includes: basic ear copper gua sha, with syndrome-differentiated selection of key points including Shenmen, Liver, Spleen, Kidney, Blood Pressure Groove, Heart, Subcortex, and Sympathetic, with focused scraping on each key area for 30 seconds.

Operation Method: After massage is completed, use a copper gua sha board to perform ear gua sha. The scraping sequence follows the basic ear holographic copper gua sha order described by Liu Fengxuan et al. [6], including both anterior and posterior auricular regions, with a total treatment time of 20 minutes. After gua sha, use an appropriate amount of medical cotton balls to wipe away excess essential oil from the patient's ears. The treatment is performed every other day, alternating between ears, with 7 days constituting one course and two consecutive courses administered.

2.2 Ear Tip Bloodletting

Bilateral ear tip bloodletting operation method (see Figure 2

```
import jiagu
text = 'Bai Bingquan, born in Xi'an, Shaanxi Province in 1930'
words = jiagu.cut(text)
# print(words)
knowledge = jiagu.knowledge(text)
print(knowledge)
```



```
Triplet Extraction x
D:\anaconda3\envs\py3.8\python.exe D:/pythonProject/jiagu/Triplet Extrac
[['Bai Bingquan', 'Date of Birth', '1930'], ['Bai Bingquan', 'Place of B
Process finished with exit code 0
```

Figure 1: Figure 2

): The patient assumes a sitting position, with a disposable sterile surgical cap covering the hair. The operator performs hand disinfection using the six-step handwashing technique and wears disposable sterile gloves. After ear gua sha, ear tip bloodletting is performed according to medical orders. Locate the bilateral ear tip acupoints, positioned at the highest point of the auricle when folding the ear forward. Disinfect the auricle with 75% alcohol cotton balls. Use a size 4.5 sterile injection needle, with the left hand fixing the bloodletting site on the auricle and the right hand holding the disinfected needle, stabilizing the needle body and rapidly puncturing deeply at the acupoint. While massaging the bloodletting site with both hands, use dry cotton balls to wipe the bleeding area. When massaging the bloodletting site, move from distal to proximal, from the ear root toward the ear tip to facilitate blood flow. The bloodletting volume is considered adequate when bleeding stops upon compression. After bloodletting, disinfect the puncture site with alcohol and press with a sterile cotton swab for a moment. Throughout the procedure, observe and inquire whether the patient experiences adverse reactions such as needle fainting. During the first course, perform once daily for 7 days as one course, rest for 3 days, then in the second course perform bilateral ear tip bloodletting once every other day.

2.3 Ear Point Compression

2.3.1 Acupoint Selection and Location Acupoint selection and location are performed with reference to *Auricular Point Diagnosis and Therapeutics* [7] and the National Standard of the People's Republic of China GB/T13734-2008 *Nomenclature and Location of Auricular Points* [8]. Primary points selected include Blood Pressure Point, Blood Pressure Groove, Heart, Forehead, Subcortex, Liver, and Sympathetic. Adjunct points are selected according to syndrome presentation, including Occiput, Dizziness Area, and Kidney, with empirical points being Shenmen, Anterior Ear Lobe, and reactive points after gua sha.

Acupoint locations are shown in Figure 3 [FIGURE:3].

2.3.2 Operation Method The patient assumes a proper sitting position. The operator gently pulls the patient's auricle with one hand while using a probe to lightly palpate the corresponding ear points with the other hand, locating tender and sensitive points and pressing to mark them. Strictly disinfect twice with cotton swabs soaked in 75% alcohol. Use tweezers to apply Vaccaria seed ear patches to the marked areas, then press with the thumb and index finger on both sides of the patch to produce a local distending pain sensation. Apply patches to one ear at a time, every other day, alternating between ears, with one week constituting one course and a total of two treatment courses administered.

2.4 Nursing Care

2.4.1 Lifestyle Management Keep the ward quiet, comfortable, well-ventilated, and with appropriate lighting (not overly bright). Patients with mild dizziness may rest appropriately and should avoid excessive fatigue. During acute dizziness episodes, patients should remain in bed, close their eyes to conserve spirit, minimize head movement, and avoid shaking the bed frame. They may ambulate only after symptom relief, with slow movements to prevent falls. To avoid strong light stimulation, patients should wear photochromic glasses when going outdoors and should not engage in high-altitude work. Instruct patients in self-monitoring blood pressure and maintaining accurate records for clinical reference. Guide patients to quit smoking and limit alcohol consumption.

2.4.2 Dietary Guidance Guide patients to properly select a light diet rich in vitamins and calcium, with low fat, low cholesterol, and low salt. For this patient with liver fire hyperactivity syndrome, the diet should be primarily light, suitable foods include hawthorn, mussels, seaweed, and celery, while spicy, greasy, and overly salty foods should be prohibited.

2.4.3 Emotional Regulation Maintain frequent communication with patients to understand their psychological status and provide effective targeted guidance. For patients with liver yang hyperactivity who are prone to emotional excitement, explain the adverse effects of emotional agitation on the disease and guide patients in learning self-emotional control. For patients with severe dizziness, irritability, and anxiety, reduce visiting crowds, provide a quiet recuperative space, and encourage listening to soothing music to distract from anxiety. Provide patients with knowledge about the disease and successful treatment experiences to enhance their confidence and encourage positive disease coping.

2.4.4 Functional Exercise Nursing According to the patient's condition, under physician guidance, patients may appropriately select functional exercises such as tongue exercises and blood pressure reduction exercises. During

the dizziness remission period, patients may perform dizziness rehabilitation exercises under physician guidance.

Discussion

Epidemiological surveys [9-10] have shown that the prevalence of hypertension among Chinese adults is 27.9%, gradually increasing with age and reaching as high as 56.7% in populations over 65 years old. Hypertensive patients often suffer from organic damage to the cardiovascular system, cerebrovascular system, and renal function, representing a significant risk factor for inducing cardiovascular and cerebrovascular diseases that seriously threaten patient health.

The etiology of hypertension is not yet fully understood but is generally considered to include genetic factors, lifestyle habits (such as excessive sodium intake, long-term smoking, and alcohol consumption), psychological factors (such as chronic mental tension, irritability, and anxiety), environmental factors (such as long-term noise exposure), age factors (significantly increased prevalence in elderly populations), medication factors (such as contraceptives, glucocorticoids, and anti-inflammatory analgesics), silent information regulators (such as nicotinamide adenine dinucleotide), and other factors (such as obesity, endocrine disorders, diabetes, malignant tumors, and renal artery stenosis) [11-12].

In traditional Chinese medicine, hypertension falls under the categories of “vertigo,” “headache,” and “liver wind,” with liver fire hyperactivity being the most common type, accounting for approximately 34.2% of cases [13]. The liver governs free flow of qi; when liver function becomes constrained, qi movement is obstructed, leading to emotional depression that transforms into fire over time. Ascendant fire disturbs the mind, resulting in “vertigo.” Internal fire harassment scorches yin fluids, causing organ restlessness, while impaired liver function and excessive qi counterflow lead to “headache.”

Holographic triple sequential ear therapy is a characteristic TCM treatment innovatively proposed based on multiple theoretical foundations, including fundamental TCM theory, holographic biology, neurology, the embryonic inverted reflection distribution theory of auricular points, and Li’s tiger talisman copper gua sha. This therapy combines three techniques: ear holographic copper gua sha, ear tip bloodletting, and ear point compression.

The ear holographic copper gua sha employed in this study is an external TCM treatment based on ear holographic theory and tiger talisman copper gua sha [6]. Ear holographic theory integrates Professor Zhang Yingqing’s biological holographic law [14-15] and French medical doctor Nogier’s theory of auricular distribution resembling an embryonic inverted reflection. Simply put, “holographic” means that a part can reflect the characteristics of the whole, restoring the overall image features, with each part serving as a microcosm of the whole. Ear holographic copper gua sha therapy, founded on ear holographic theory and Li’s tiger talisman copper gua sha, stimulates corresponding body surface acupoints to produce meridian conduction, thereby exerting effects of dredging

tendons and vessels, regulating qi and blood, as well as resolving the exterior and dispelling pathogenic factors, activating blood and resolving stasis, eliminating toxins, treating both root and branch, and tonifying deficiency while relieving fatigue.

Ear tip bloodletting therapy treats disease by dispelling pathogenic heat, resolving stasis and dredging collaterals, opening orifices and unblocking closures, detoxifying, and relieving pain, thereby eliminating pathogenic factors and restoring healthy qi.

Ear point compression therapy regulates the body's meridians, thereby balancing yin and yang, regulating organ function, and promoting qi and blood circulation.

The advantage of holographic triple sequential ear therapy lies in using copper instead of traditional bian stones for gua sha. Copper possesses strong thermal conductivity and sterilization effects, and the "slow and harmonious" manipulation technique during gua sha enables the body to achieve optimal resonance frequency, thereby further enhancing therapeutic efficacy [17-18]. Ear tip bloodletting stimulates increased nitric oxide (NO) concentration in blood, promoting vascular smooth muscle relaxation and regulating vascular caliber to achieve blood pressure reduction [19]. Ear point compression treatment primarily uses organ syndrome differentiation supplemented by meridian differentiation. The ear serves as a bridge connecting the organs and various meridians, maintaining contact with the entire body through organs and meridians [20]. Applying ear point compression to stimulate the auricle through meridians and pressing corresponding acupoints produces effects of tonifying qi and activating blood, dredging meridians, and regulating organs. Acupoint selection follows principles of clearing the brain and calming the spirit, calming the liver and subduing yang, and nourishing yin and subduing yang. Among the selected points, the Blood Pressure Point has blood pressure-lowering and sedative effects; the Heart governs blood vessels while the Liver stores blood, providing effects of regulating blood volume, calming the spirit, and subduing liver yang; the Forehead point clears the brain and calms the spirit; Sympathetic and Cardiovascular Subcortex regulate vascular constriction and dilation functions and relieve vascular spasm; the Kidney point nourishes yin and subdues yang; Shenmen has sedative and blood pressure-lowering effects; and Occiput and Dizziness Area are essential points for stopping dizziness [21-22].

In summary, the continuously escalating therapeutic techniques of holographic triple sequential ear therapy produce more pronounced effects while addressing issues such as medication difficulties, post-medication vomiting, fear of injections, and poor compliance. This approach offers advantages of simplicity, convenience, efficacy, cost-effectiveness, and minimal side effects, thus possessing broad application prospects and demand. This article summarizes the nursing experience of treating one patient with liver fire hyperactivity type primary hypertension using holographic triple sequential ear therapy. However, due to various factors including manpower and material resources, large-sample ran-

domized controlled studies could not be conducted, and the investigation was limited to symptom observation without deeper exploration. Further research is needed to provide additional theoretical support for clinical application.

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