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## **Integrated Traditional Chinese and Western Medicine Treatment and Nursing Care for an Elderly Patient with Adhesive Intestinal Obstruction: A Case Report**

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### **Abstract**

This article summarizes the therapeutic and nursing experience in managing an elderly patient with adhesive intestinal obstruction using integrated traditional Chinese and Western medicine approaches. Based on syndrome differentiation, characteristic traditional Chinese medicine therapies and nursing interventions were administered, including oral herbal decoction, moxibustion, acupoint plaster therapy, external application of mirabilite, auricular point acupressure, and retention enema with traditional Chinese medicine. These were combined concurrently with Western medical treatments such as gastrointestinal decompression, anti-infection therapy, fluid resuscitation, infrared therapy, and conventional nursing care. The synergistic advantages of both medical systems effectively improved gastrointestinal function and resolved the obstruction. Furthermore, targeted dietary education and health instruction should be implemented to facilitate patient recovery and prevent disease recurrence.

### **Full Text**

## **Integrated Traditional Chinese and Western Medicine Treatment and Nursing Care for an Elderly Patient with Adhesive Intestinal Obstruction: A Case Report**

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## Abstract

This article summarizes the treatment and nursing experience of an elderly patient with adhesive intestinal obstruction using integrated traditional Chinese and Western medicine. Based on syndrome differentiation, characteristic traditional Chinese medicine (TCM) treatments and nursing interventions were implemented, including oral herbal decoction, moxibustion, acupoint application, external mirabilite application, auricular point pressing, and herbal retention enema. These were combined with gastrointestinal decompression, anti-infection therapy, fluid replacement, infrared therapy, and conventional nursing care. The complementary advantages of Chinese and Western medicine effectively improved gastrointestinal function and relieved the obstruction. Additionally, targeted dietary education and health guidance helped promote patient recovery and prevent disease recurrence.

**Keywords:** intestinal obstruction; external treatment of traditional Chinese medicine; integrated nursing of traditional Chinese and Western medicine

## Introduction

Intestinal obstruction is a common clinical condition characterized by the inability of intestinal contents to pass normally through the bowel, manifesting as abdominal pain, distension, nausea, vomiting, and cessation of flatus and stool [?]. Conventional treatments primarily include fasting, gastrointestinal decompression, fluid replacement, infection control, and nutritional support, with surgery performed when necessary. Guidelines show general consensus on medication selection during the conservative management phase, such as maintaining water-electrolyte balance and inhibiting intestinal secretion [?]. With the development and refinement of traditional Chinese medicine, integrated Chinese-Western medicine therapy has gained increasing attention from clinicians and acceptance among patients for intestinal obstruction treatment [?].

In traditional Chinese medicine, the small and large intestines are considered “fu organs of transmission and transformation” whose function is “to discharge rather than store,” operating properly when unblocked. Pathogenic factors such as the six exogenous evils, emotional disturbances, and improper diet can cause obstruction of fu qi, blockage of yin-yang, or depletion of fluids, leading to accumulation of waste and intestinal blockage, resulting in constipation and disease. Chinese and Western treatments exhibit strong complementarity: Western medicine compensates for TCM’s limitations in anti-infection and correction of water-electrolyte disorders, while TCM addresses Western medicine’s deficiencies in preventing toxin absorption and improving intestinal microcirculation [?]. This article reviews the clinical data of an elderly patient with adhesive intestinal obstruction admitted to our department. Based on TCM syndrome differentiation, we implemented characteristic TCM treatments and nursing interventions—including oral herbal decoction, moxibustion, acupoint application, external mirabilite application, auricular point pressing, and herbal retention en-

ema—on the foundation of conventional Western medical treatment and nursing, resulting in significant symptom improvement and satisfactory outcomes.

## Case Presentation

### 1.1 Present Illness

The patient developed periumbilical pain 20 hours after consuming cold foods. The pain was distending and persistent, with intermittent colicky episodes, non-radiating, accompanied by nausea and frequent vomiting. The patient experienced cessation of bowel movements and reduced flatus, with no significant relief after local massage and hot compresses. Subsequently, flatus ceased completely, abdominal pain intensified and spread to the entire abdomen, and nausea and vomiting persisted.

### 1.2 Past Medical History

The patient had three previous episodes of similar symptoms, all resolving with conservative treatment. Medical history included lymphoma for 7 years with previous chemotherapy, gallstones for over 10 years, and abdominal surgery for cyst removal 12 years prior.

### 1.3 Physical Examination

The abdomen was distended with a longitudinal surgical scar visible in the lower midline. Abdominal tension was slightly increased without palpable masses. Periumbilical tenderness was positive, rebound tenderness negative, and gallbladder tenderness sign negative.

### 1.4 TCM Diagnostic Observation

**Spirit and Appearance:** Conscious, weak spirit, dull complexion, sitting upright, self-positioning.

**Voice and Breathing:** Clear voice, normal speech, shortness of breath.

**Tongue and Pulse:** Red tongue with dry yellow coating, wiry and slippery pulse.

### 1.5 Auxiliary Examinations

Abdominal plain film (Emergency, 2023-05-27): Showed dilated bowel loops with gas and multiple air-fluid levels, consistent with intestinal obstruction. Abdominal ultrasound: Revealed rough, thickened gallbladder wall with multiple mobile echogenic foci.

### 1.6 Admission Diagnosis

**TCM Diagnosis:** Intestinal blockage with blood stasis and qi stagnation pattern

**Western Medicine Diagnosis:** Acute complete intestinal obstruction; chronic cholecystitis with gallstones; post-chemotherapy for lymphoma; adhesive intestinal obstruction

Upon admission, routine laboratory tests and examinations were completed. Abdominal symptoms and signs were monitored, with antispasmodic and analgesic treatments administered as needed. The patient received fasting and fluid restriction, gastrointestinal decompression, fluid replacement, and maintenance of water-electrolyte balance. Systemic antibiotics were administered, along with acid suppression and gastrointestinal mucosal protection. Concurrently, external mirabilite application was prescribed to relieve abdominal distension and pain, supplemented by moxibustion, intradermal needling, acupoint application, auricular point pressing, herbal retention enema, and oral herbal decoction. After obstruction relief, dietary hygiene education was provided with gradual diet resumption (liquid → semi-liquid → soft diet). The patient recovered and was discharged after 2 weeks, with good condition at 3-month follow-up.

## Nursing Care

### 3.1 Nursing Assessment

**Vital signs at admission:** Temperature 36.0°C, pulse 98 beats/min, respiration 18 breaths/min, blood pressure 109/73 mmHg. The patient presented with a dull complexion and pale skin, abdominal distension, a longitudinal lower midline surgical scar, and marked periumbilical tenderness. Tongue was red with dry yellow coating, pulse wiry and slippery. With a history of abdominal surgery and three previous similar episodes, adhesive intestinal obstruction was considered. The patient arrived in a wheelchair, could walk with assistance or a single crutch, and had an ADL admission score of 65, requiring assistance with daily activities.

### 3.2 Nursing Diagnoses

- Impaired spleen-stomach function: Abdominal pain and distension related to improper diet and spleen dysfunction
- Impaired spleen-stomach function: Nausea and vomiting related to dampness obstructing the middle jiao causing qi stagnation
- Yin deficiency: Related to heat-toxin injuring fluids and intestinal dryness-heat
- Electrolyte imbalance: Related to fasting and gastrointestinal decompression
- Phlegm-fluid retention in intestines: Risk of inadequate intake and effective circulation after obstruction
- Fall risk: Related to advanced age, mobility impairment, and physical discomfort

### 3.3 Nursing Plan

- Strengthen spleen and harmonize stomach, regulate spleen-stomach function: relieve symptoms within 3 days, eliminate abdominal pain and distension within 1 week
- Relieve nausea and vomiting within 3 days, eliminate within 5 days
- Prevent electrolyte imbalance
- Select appropriate vessels for IV access, ensure smooth fluid replacement, maintain effective circulating blood volume
- Prevent falls and bed falls

### 3.4 Nursing Interventions

The patient received close monitoring of vital signs and abdominal condition, with implementation of fasting and fluid restriction, gastrointestinal decompression, IV fluid replacement for electrolyte correction and energy supplementation, anti-infection therapy, nutritional support, and characteristic TCM interventions including oral herbal decoction, moxibustion, acupoint application, external mirabilite application, auricular point pressing, and herbal retention enema to unblock fu and promote qi flow.

#### Treatment Duration and Frequency Overview

Herbal retention enema: once daily for 7 days

Infrared local irradiation: [Frequency not specified in original text]

**3.4.1 Herbal Retention Enema (Rhubarb Decoction)** Rhubarb purges and unblocks bowels, clearing accumulations, and is used for constipation, dysentery with stagnation, tenesmus, and unsatisfactory bowel movements. Due to its bitter-cold heat-clearing properties and ability to cleanse accumulated stagnation from the gastrointestinal tract, it is effective for heat-type constipation and high fever with clouded consciousness caused by excessive heat accumulation.

**3.4.2 Mirabilite Application Around Umbilicus** External mirabilite application has anti-inflammatory and analgesic effects, prevents infection, absorbs peritoneal exudate, promotes absorption, improves local microcirculation, stimulates intestinal peristalsis, reduces intestinal paralysis, and promotes recovery of digestive function.

**3.4.3 Auricular Point Pressing** **Selected points:** Rectum, Large Intestine, Spleen, Stomach, Subcortex

#### Functions and indications:

**Rectum:** Located on the helix anterior to the helix crus. Indicated for constipation.

**Large Intestine:** Located at the anterior 1/3 of the line between the helix crus and part of the helix and AB line. Indicated for diarrhea, constipation, cough, and acne.

Spleen: Located below the Liver point, lateral superior aspect of the auricular cavity. Indicated for indigestion, abdominal distension, chronic diarrhea.

Stomach: Located where the helix crus disappears. Indicated for stomach pain, vomiting, hiccups, indigestion.

Subcortex: Located on the medial aspect of the antitragus. Indicated for neurasthenia, insomnia, poor memory, neurogenic headache, physical weakness.

**3.4.4 Moxibustion Functions and indications:** Moxibustion warms the middle, disperses cold, stops counterflow and vomiting, relieves pain, and tonifies spleen-stomach.

**Point selection:**

- For abdominal pain and distension: Zhongwan, Zusanli, Tianshu
- For nausea and vomiting: Zusanli, Zhongwan, Pishu, Weishu
- For constipation: Qihai, Sanyinjiao, Zusanli

**3.4.5 Acupoint Application Application formula:** Rhubarb, Magnolia bark, Green tangerine peel

**Application points:** Zhongwan, Shenque, Dachangshu, Zusanli

As recorded in *Li Yue Pian Wen*: “The principle of external treatment is the same as internal treatment; the medicine for external treatment is the same as internal treatment, only the method differs.” Medicinals are prepared into paste and applied directly to the umbilicus and other points to activate channel qi, unblock blood, and regulate viscera. Acupoint application provides both point stimulation and pharmacological effects through skin absorption of active ingredients, creating dual therapeutic action. Transdermally absorbed drugs rarely pass through the liver or digestive tract, avoiding degradation by hepatic enzymes and digestive fluids, thus preserving active components for better therapeutic effect while preventing gastrointestinal irritation and adverse reactions.

**3.4.6 Oral Herbal Decoction** The herbal decoction should be taken warm, one dose twice daily after meals. The prescription followed the principle of clearing heat, unblocking fu, and promoting qi flow to relieve pain, using a modified *Da Cheng Qi Tang*:

- Raw rhubarb 15g (added later)
- Aurantium fruit 10g
- Magnolia bark 10g
- Mirabilite 10g (dissolved in prepared decoction)
- Peach kernel 10g
- Red peony 10g
- Fried radish seed 10g
- Safflower 6g

In this formula, rhubarb purges heat, unblocks bowels, and cleanses the gastrointestinal tract as the sovereign medicinal. Mirabilite assists rhubarb in clearing heat and unblocking bowels while softening hardness and moistening dryness as

the ministerial medicinal; combined, they powerfully purge heat accumulation. When stagnation obstructs, fu qi fails to flow, hence magnolia bark and aurantium fruit promote qi, disperse masses, reduce distension and fullness, and assist mirabilite and rhubarb in accelerating expulsion of heat accumulation. Fried radish seed, peach kernel, red peony, and safflower enhance the formula's ability to move qi, remove stagnation, and activate blood to dispel stasis.

**3.4.7 Infrared Local Irradiation** Infrared irradiation of the abdomen penetrates clothing and skin to reach muscles and subcutaneous tissue, producing thermal effects that achieve anti-inflammatory action, improve blood circulation, relieve pain, and promote wound healing.

### 3.5 Nursing Evaluation

Following all treatments, the patient resumed spontaneous flatus and bowel movements. Abdominal pain and distension improved on day 2 and resolved by day 5. Nausea and vomiting improved on day 2 and resolved by day 4. Blood electrolyte disturbances were corrected by day 7, and imaging showed resolution of gas and fluid accumulation with obstruction relief. At discharge, the patient was eating normally without abdominal tenderness or residual complaints.

## Discussion

In recent years, national support for TCM development has gradually increased, clarifying the direction for promoting TCM revitalization. As frontline clinical nursing staff, we should respond to the “Healthy China” initiative by actively inheriting and exploring TCM treasures and promoting traditional Chinese medical culture. With the arrival of an aging society, elderly patients are increasing. Age-related decline in kidney function and deficiency of qi and blood lead to gastrointestinal qi stagnation, intestinal dryness, and constipation [?]. Reports show that for elderly intestinal obstruction patients, comprehensive nursing intervention based on non-surgical treatment can improve overall treatment efficacy and promote better recovery [?]. Integrated Chinese-Western medicine treatment and nursing demonstrate clear advantages over conventional Western treatment alone in improving symptoms of senile intestinal obstruction and patient satisfaction, increasing cure rates, enhancing health, improving patient comfort [?], reducing hospitalization days, and lowering medical costs [?], while also helping alleviate pain and negative psychological stress reactions to promote recovery [?]. However, clinical consistency remains low due to individual experience and varying conditions across regions and institutions [?]. Literature review indicates that the utilization rate of applicable TCM nursing techniques for intestinal obstruction patients in general hospitals is reportedly not high, with some institutions still using hot water bags [?]. Therefore, we should leverage TCM advantages to deeply explore external treatment methods for adhesive intestinal obstruction, design more standardized large-sample, multicenter studies for efficient experience accumulation, provide the most effective approaches

for clinical treatment of adhesive intestinal obstruction, select the safest and most economical methods for patients, especially provide evidence-based support for integrated Chinese-Western medicine treatment of elderly intestinal obstruction patients in poor general condition, and offer theoretical support for clinical promotion of TCM nursing [?].

**Patient Informed Consent:** Written informed consent for publication of this case report was obtained from the patient and family members.

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

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