

## Case Nursing Care of Lumbar Disc Herniation Syndrome Treated with Chinese Herbal Ointment Massage: A Case Report

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### Abstract

This article retrospectively reviews the clinical nursing care of one case of lumbar disc herniation syndrome treated with traditional Chinese medicine ointment massage, summarizing nursing experience. Through precise nursing assessment and clarification of nursing objectives, and on the basis of routine nursing care and health education, implementation of traditional Chinese medicine ointment massage technique can effectively improve patient symptoms of pain and lower limb weakness. Traditional Chinese medicine ointment massage therapy for lumbar disc herniation syndrome demonstrates significant clinical efficacy, with minimal adverse reactions and high patient acceptance.

### Full Text

## Case Nursing Care of Lumbar Disc Herniation Syndrome Treated with Chinese Herbal Ointment Massage: A Case Report

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### Abstract

This case report describes the clinical nursing care of a patient with lumbar disc herniation syndrome treated with Chinese herbal ointment massage. Through comprehensive nursing assessment and goal-setting, the integration of herbal ointment massage with routine care and health education effectively alleviated

pain and lower limb weakness. This approach demonstrates significant clinical efficacy with minimal adverse effects and high patient acceptability.

**Keywords:** Traditional Chinese medicine nursing; Chinese herbal ointment massage; Lumbar disc herniation; Pain

## Introduction

Lumbar disc herniation syndrome is a common orthopedic condition characterized by pain and lower limb weakness. The lumbar intervertebral disc, composed of the nucleus pulposus, annulus fibrosus, and cartilage endplate, plays a crucial role in maintaining spinal stability and cushioning vibrations [1]. Chronic strain and degeneration, combined with external force impact, can cause pathological changes in the disc's fibrous structure, resulting in complex symptoms including lumbosacral pain, sciatica, limb weakness, and cauda equina syndrome. This condition, known as lumbar disc herniation syndrome, can impair both nerve root and cauda equina function while causing severe disc damage [2]. The syndrome occurs more frequently and with greater severity in the L4-5 and L5-S1 regions, making these cases particularly challenging to treat [3,4]. In Traditional Chinese Medicine (TCM), lumbar disc herniation syndrome falls under the category of "lumbar bi syndrome," a type of bi syndrome caused by external invasion of wind, cold, dampness, and heat evils that block meridians and impede qi and blood circulation [5]. This case report summarizes our nursing experience to provide a reference for improving care quality in lumbar disc herniation syndrome.

## Case Report

The patient was a 59-year-old female who presented to our outpatient clinic on April 15, 2022, with a chief complaint of "low back pain for over one month, worsening for one week." One month prior, she developed low back pain with right lower limb weakness after overexertion. While rest provided slight relief and topical medicated plasters showed no effect, her pain intensified in the past week, impairing her mobility. Bed rest failed to alleviate symptoms, prompting her visit.

Current symptoms included significant low back pain with tenderness, right lower limb weakness, limited mobility, poor sleep with difficulty falling asleep, normal appetite, normal bowel and urinary function, dark lips, tender tongue with petechiae, and a wiry, choppy pulse. Past medical history was negative for hypertension, diabetes, coronary artery disease, or cerebrovascular disease. She denied drug or seafood allergies and reported no family genetic history.

Physical examination revealed temperature 36.3°C, pulse 78 beats/min, respiration 20 breaths/min, and blood pressure 126/78 mmHg. The patient presented with dark lips, tender tongue with petechiae, and a wiry, choppy pulse. Assessment scores included VAS pain score of 7, muscle strength grade of 3, and self-care ability score of 80. Specialized examination showed the patient

wheelchair-bound with rigid waist, significantly limited flexion, extension, and rotation, and straightened lumbar curvature. The lumbar skin was intact with normal temperature and color. Positive tenderness and percussion pain were present at L4-S1 paravertebral and spinous processes. Right straight leg raising test was positive at 30°, and the strengthening test was positive. Lumbar MRI demonstrated straightened lumbar curvature, L4-5 disc herniation, and L5-S1 disc bulge.

TCM diagnosis was lumbar bi syndrome with qi stagnation and blood stasis pattern. Western medicine diagnosis was lumbar disc herniation syndrome. Based on this diagnosis, Chinese herbal ointment massage was initiated alongside routine nursing care and health education.

Follow-up on April 22, 2022, revealed pain reduction with VAS score of 5, muscle strength grade of 3, and ADL score of 90. By April 29, 2022, VAS score had decreased to 2, muscle strength grade improved to 4, and ADL score reached 96.

### **Treatment Protocol**

**Herbal Ointment Massage Technique** The technique comprises two components: medication selection and manual therapy.

**Medication Selection:** The formula included red peony root (Chishao), sapan wood (Sumu), clove (Dingxiang), and Chinese angelica root (Danggui), prepared as a labor-strain ointment massage granule. With the patient in prone position and the affected area exposed, the prepared herbal medicine was applied to the painful lumbar region (approximately 15 cm × 15 cm) to cover the painful area comprehensively.

**Manual Therapy:** This involved kneading, pressing, and acupressure techniques to relax lumbar muscles. The pushing-spreading method first evenly distributed the herbal medicine. Acupoints selected included Ashi points, Jiaji points, and Yaoyangguan (GV3). Acupressure was performed along the Bladder Meridian from superior to inferior. Following the method described by Xing Haiying et al. [6], the thumb and index finger were gently placed on each acupoint, pressure was slowly increased to an appropriate level, maintained for 30 seconds, then slowly decreased. Total treatment duration was 5 minutes. Technique intensity remained moderate and patient-centered. Continuous communication allowed pressure adjustment based on feedback to optimize therapeutic effect. Treatment was administered once daily, with 7 days constituting one course.

**Routine Nursing Care** Patients received lifestyle modification guidance, including developing healthy habits, maintaining warmth, and avoiding cold exposure. Dietary recommendations emphasized light, easily digestible foods while avoiding fried and cold items. Patients were encouraged to balance activity

and rest while maintaining a positive, optimistic attitude to build confidence in long-term treatment and promote recovery through active cooperation.

**Health Education** Education covered mattress selection, proper sleeping posture, and activity modification. The correct sleeping position should resemble standing posture, maintaining normal cervical, thoracic, and lumbosacral curvature. Patients were advised to avoid prolonged bending, sitting, or standing, and to rest in bed during acute pain episodes. Functional exercises such as Baduanjin were also recommended [7].

### **Effect Evaluation and Discussion**

Patients with lumbar disc herniation syndrome typically experience severe low back and leg pain, decreased lower limb muscle strength, sensory disturbances, limited daily activities, and reduced quality of life. We assessed pain using VAS, muscle strength through grading tests, and daily functioning via ADL scales.

On April 22, the patient's VAS score decreased from 7 to 5, and ADL score increased from 80 to 90. By April 29, VAS score further decreased to 2, muscle strength grade improved to 4, and ADL score reached 96.

Western medical research indicates that lumbar disc herniation syndrome results from disc degeneration and destruction, with herniation compressing nerve roots and cauda equina nerves. This compression causes lumbosacral pain, nerve root swelling, abnormal limb sensation, muscle atrophy, lower limb weakness, and urinary dysfunction [2,8]. In TCM, lumbar degenerative conditions belong to “bi syndrome” or “lumbocrural pain” categories. Lumbar bi syndrome often stems from kidney deficiency, invasion of wind-cold-damp evils into muscles and meridians, or trauma causing internal blood stasis, meridian blockage, and impeded qi-blood flow. Common patterns include qi stagnation-blood stasis, cold-damp bi obstruction, qi-blood deficiency, kidney yang deficiency, and kidney yin deficiency [5].

This patient exhibited qi stagnation-blood stasis pattern lumbar bi syndrome, manifested as tender pain, tongue petechiae, and choppy pulse. The plaster formula containing clove, Chinese angelica, red peony root, and sappan wood was selected accordingly. Clove is aromatic, moves qi to relieve pain, warms and unblocks cold, and tonifies kidney yang. Chinese angelica nourishes blood, regulates menstruation, and disperses cold to relieve pain. Red peony root nourishes blood, regulates menstruation, and invigorates blood to remove stasis. Sappan wood moves qi to break stasis, invigorates blood to heal injuries, and reduces swelling to relieve pain [9]. This combination moves qi, relieves pain, invigorates blood, and removes stasis. Combined with manual therapy, it promotes drug absorption. When qi moves, blood flows, resolving the “pain due to blockage” root cause [10].

According to meridian theory, Jiaji points and Yaoyangguan are overlapping functional zones where the Governor Vessel and Bladder Meridian intersect [11],

serving as connecting pivots. Manual manipulation improves circulation in these meridian-governed areas, promotes edema absorption, relieves muscle spasm, and alleviates pain [12]. Yaoyangguan, a crucial Governor Vessel point, regulates yang meridian qi when pressed [13]. The *Huangdi Neijing* states: “Treat with heated needle and rapid pricking, using awareness as the measure and pain as the transport point,” describing the origin of Ashi points—using painful or tender spots as treatment points [14]. Sun Simiao’ s *Qianjin Yaofang* first named and defined Ashi points: “When a person has pain, pinch the area. If it hits the right spot, regardless of the acupoint, immediate relief or pain is felt. This is Ashi. Both moxibustion and needling are effective” [15].

Modern scholars identify Ashi points as “pain points” or “tender nodes” described by Professor Xue Ligong in *Chinese Tendon Channel Studies*, belonging to the same category as modern medicine’ s “trigger points” [14]. Modern medicine considers trigger point inactivation key to treating soft tissue pain [16]. Xue Ligong’ s *Tendon Channel Theory and Clinical Pain Diagnosis and Treatment* describes needle-knife release of “tendon nodes” [17] as a method for trigger point inactivation. In this patient, physical examination revealed palpable cord-like structures with pressure-induced pain exacerbation, indicating “tendon nodes” or trigger points.

Using kneading and pressing for overall lumbar muscle relaxation, plus targeted acupressure on Jiaji points, Yaoyangguan, and Ashi points, the finger acupressure technique bridges tuina manipulation and acupuncture. Using fingers instead of needles, this non-invasive approach achieves superior results to ordinary massage by mobilizing qi and blood, inactivating trigger points, and thereby moving qi, invigorating blood, unblocking collaterals, and relieving pain [16,18-21].

Moreover, professionally trained nurses with over three years of experience performed the herbal ointment massage. Emphasizing nurse-patient communication and psychological care, this approach leveraged nursing strengths to achieve excellent intervention outcomes.

## Conclusion

This case report summarizes Chinese herbal ointment massage treatment for lumbar disc herniation syndrome. Herbal ointment massage promotes qi and blood circulation, improves symptoms, and produces minimal side effects. By fully leveraging traditional Chinese medicine and therapeutic techniques, this approach delivers tangible benefits and warrants integration into clinical practice.

## References

- [1] Chow D H K, Yuen E M K, Xiao L, et al. Mechanical effects of traction on lumbar intervertebral discs: a magnetic resonance imaging study[J]. *Musculoskeletal Science and Practice*, 2017, 29: 78-83.

- [2] Zhang AS, Xu A, Ansari K, et al. Lumbar Disc Herniation: Diagnosis and Management[J]. *Am J Med*, 2023: 645-651.
- [3] Wang Y, Xiang H, Hai Y, et al. Guidelines for diagnosis and treatment of lumbar disc herniation in the elderly[J]. *Chinese Journal of Geriatric Orthopedics and Rehabilitation*, 2021, 7(3): 132-139.
- [4] Zhang R, Mo Z, Tang S. Research progress of manual therapy for lumbar disc herniation[J]. *Journal of Shandong University of Traditional Chinese Medicine*, 2018, 42(1): 86-89.
- [5] Wang Y, Yan S. Practical Traditional Chinese Medicine Internal Medicine: Traditional Chinese Medicine Internal Medicine[M]. Shanghai Scientific and Technical Publishers, 2009.
- [6] Xing H, Hou R. Clinical experience of acupressure manipulation for lumbar disc herniation[J]. *Inner Mongolia Journal of Traditional Chinese Medicine*, 2013, 32(27): 67.
- [7] Strömqvist F, Strömqvist B, Jönsson B, et al. The outcome of lumbar disc herniation surgery is worse in old adults than in young adults: A study of 14,090 individuals in the Swedish Spine Surgery Register (SweSpine)[J]. *Acta Orthopaedica*, 2016, 87(5): 516-521.
- [8] Bednar D A. Cauda equina syndrome from lumbar disc herniation[J]. *Canadian Medical Association Journal*, 2016, 188(4): 284-284.
- [9] Zhong G, Yang B. Chinese Materia Medica[M]. China Press of Traditional Chinese Medicine, 2021.
- [10] Li C, Fang Z. Traditional Chinese Medicine Diagnostics[M]. China Press of Traditional Chinese Medicine, 2021.
- [11] Li C, Guo J. Study on the application effect of Chinese herbal ointment massage technique in patients with spleen-stomach deficiency cold type abdominal distension[J]. *Journal of Changchun University of Traditional Chinese Medicine*, 2019, 35(3): 549-552.
- [12] Zhang H, Qin X, Luo M. Research progress on clinical application of Huatuo Jiaji points[J]. *Acta Chinese Medicine and Pharmacology*, 2020, 48(1): 67-71.
- [13] Yue N, Zhao Y, Zhao X, et al. Analysis of acupoint selection rules in acupuncture treatment of blood stasis type lumbar disc herniation[J]. *Journal of Practical Traditional Chinese Internal Medicine*, 2022, 36(5): 23-25.
- [14] Chen D, Yang G, Wang F, et al. Discussion on the relationship between Ashi points, tender points and trigger points[J]. *Chinese Acupuncture & Moxibustion*, 2017, 37(2): 212-214.
- [15] Jiang S, Zhao J. The original meaning of “Ashi” and the origin of “Ashi points” [J]. *Chinese Acupuncture & Moxibustion*, 2016, 36(2):
- [16] Gerwin RD. A New Unified Theory of Trigger Point Formation: Failure of Pre- and Post-Synaptic Feedback Control Mechanisms[J]. *Int J Mol Sci*, 2023, 24(9):8142.
- [17] Xue L, Zhang H. Tendon Channel Theory and Clinical Pain Diagnosis and Treatment[M]. Beijing: China Press of Traditional Chinese Medicine
- [18] Lin F, He Z, Ji J, et al. Analysis of skin temperature changes at related meridian points in patients with different pattern types of lumbar disc herniation based on infrared thermal imaging technology[J]. *Chinese Journal of Traditional*

Chinese Medicine Orthopedics and Traumatology, 2022, 30(6):

[19] Liu X, Tao X, Ma T. A randomized parallel controlled study of pattern differentiation acupuncture combined with electroacupuncture and tuina integrated with comprehensive rehabilitation therapy for sciatica caused by lumbar disc herniation[J]. Journal of Practical Traditional Chinese Internal Medicine, 2015, 29(4): 23-26.

[20] Zhao J, Li W, Zhu H, et al. Clinical research progress of manual therapy for lumbar disc herniation[J]. Acta Chinese Medicine and Pharmacology, 2022, 50(4): 103-108.

[21] Chen J, Liu J, Zhang P, et al. Traditional Chinese Medicine ointment massage therapy and nursing care for a patient with lumbar disc herniation[J]. Chinese Journal of Integrative Nursing, 2022, 8(9): 113-116.

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