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Nursing Experience in Treating a Case of Damp-Heat and Blood Stasis Pattern Chronic Pelvic Inflammatory Disease with Combined Herbal Fomentation and Retention Enema

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Abstract

This article summarizes the nursing experience of treating one patient with damp-heat and blood stasis syndrome chronic pelvic inflammatory disease using traditional Chinese medicine poultice combined with traditional Chinese medicine enema. Through nursing assessment, nursing measures including characteristic traditional Chinese medicine nursing, pain nursing, emotional nursing, and syndrome differentiation-based nursing were implemented for the patient, resulting in improved clinical symptoms and enhanced quality of life. Summary analysis demonstrates that the application of traditional Chinese medicine poultice combined with traditional Chinese medicine enema in treating patients with damp-heat and blood stasis syndrome chronic pelvic inflammatory disease produces significant effects, can improve treatment effectiveness, alleviate related symptoms, and possesses relatively high treatment safety, thus warranting promotion.

Full Text

Preamble

Nursing Experience in Treating One Patient with Chronic Pelvic Inflammatory Disease of Damp-Heat Stasis Type Using Traditional Chinese Medicine Fomentation Combined with Retention Enema

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Abstract

This article summarizes the nursing experience in treating a patient with chronic pelvic inflammatory disease (CPID) of damp-heat stasis type using traditional Chinese medicine (TCM) fomentation combined with retention enema. Through comprehensive nursing assessment, we implemented TCM characteristic nursing, pain management, emotional care, and dialectical nursing interventions, which significantly improved the patient's clinical symptoms and quality of life. Our analysis demonstrates that this combined TCM approach yields notable therapeutic effects for damp-heat stasis type CPID, enhancing treatment efficacy, alleviating symptoms, and maintaining high safety profiles, thus warranting broader clinical application.

Keywords: Traditional Chinese medicine fomentation; Traditional Chinese medicine retention enema; Damp-heat stasis type pelvic inflammatory disease; Traditional Chinese medicine nursing

Pelvic inflammatory disease (PID) is a common gynecological condition characterized by inflammation of the female upper genital tract and surrounding tissues, including endometritis and tubo-ovarian abscess. The disease can be classified as acute or chronic [1]. Inadequate treatment during the acute phase may lead to chronic progression, resulting in chronic pelvic pain, ectopic pregnancy, and potentially infertility, significantly compromising women's health [2] and imposing substantial burdens on families and society. Clinical manifestations vary depending on inflammation severity and extent, ranging from asymptomatic to mild presentations. Common symptoms include lower abdominal pain and increased vaginal discharge, with pain typically persistent and exacerbated by physical activity or fatigue.

Current Western medical treatment for chronic PID primarily involves antibiotics and physical therapy, yet outcomes remain suboptimal. Prolonged antibiotic use can disrupt normal flora and compromise immune function. In Traditional Chinese Medicine (TCM), PID falls under categories such as "women's abdominal pain," "leukorrhea diseases," "masses," "dysmenorrhea," and "infertility." The condition primarily arises from invasion of damp-heat pathogenic toxins into the pelvic cavity, causing blood stasis and qi stagnation, with damp-heat stasis type being the most common pattern. The therapeutic principle focuses on clearing heat and eliminating dampness while activating blood circulation to relieve pain [3]. In recent years, TCM has demonstrated favorable efficacy in treating chronic PID, emerging as a viable treatment option. This study summarizes the nursing experience of treating one patient with damp-heat stasis type chronic PID using TCM fomentation combined with retention enema, aiming to provide clinical insights for the management of similar cases.

1. Clinical Data

The patient was a 60-year-old female office worker admitted on June 30, 2023, with a provisional diagnosis of pelvic inflammatory disease based on a six-year

history of lower abdominal pain that had worsened over the preceding two weeks. Upon admission, she reported dull abdominal pain, occasional nausea without vomiting, no fever, poor appetite, and disturbed sleep, though bowel and bladder functions were normal.

Diagnostic Impressions:

- TCM Diagnosis: Abdominal pain due to damp-heat stasis syndrome
- Western Medical Diagnoses: (1) Chronic female pelvic inflammatory disease, (2) Hypertension, (3) Human papillomavirus infection

The patient received second-level nursing care with a low-salt, low-fat diet and underwent comprehensive examinations. Nursing assessments revealed a Numeric Rating Scale (NRS) pain score of 6, indicating moderate pain, and a Hospital Anxiety and Depression Scale (HADS) score of 12, suggesting anxiety symptoms. After discussing treatment options, the patient consented to integrated Chinese-Western therapy, comprising anti-infection treatment per Western medicine and heat-clearing, dampness-eliminating, qi-moving, and pain-relieving therapy per TCM principles.

Four Diagnostic Methods:

- **Inspection:** Conscious and alert, average mental status, dark-red tongue with petechiae and a thick yellow coating, normal development, and free mobility.
- **Auscultation and Olfaction:** No foul breath odor.
- **Inquiry:** Generally fair health status with a six-year history of chronic PID and 12-year history of hypertension currently controlled with irbesartan/hydrochlorothiazide (150mg/12.5mg) once daily. Elevated blood glucose was noted for six months without hypoglycemic medication.
- **Palpation:** Wiry and slippery pulse.

Auxiliary Examinations: Gynecological ultrasound showed uterine atrophy, inadequate bladder filling, poorly visualized bilateral adnexa, and minimal pelvic fluid collection. Pathology results indicated HPV16 positivity, while ThinPrep cytology test (TCT) showed no intraepithelial lesions or malignant changes.

2.1 Nursing Assessment

Nursing assessment comprised two validated instruments. First, pain intensity was evaluated using the Numeric Rating Scale (NRS), a 10-point scale where patients rate their pain from 0 (no pain) to 10 (unbearable pain). Scores of 1-3 indicate mild pain, 4-6 moderate pain, 7-9 severe pain, and 10 excruciating pain, with higher scores reflecting greater pain severity. Second, anxiety levels were measured using the Hospital Anxiety and Depression Scale (HADS), where scores of 0-7 indicate no symptoms, 8-10 suggest suspicious symptom presence, and 11-21 confirm definite symptom presence.

2.2 Nursing Diagnosis

Two primary nursing diagnoses were identified: (1) Abdominal pain resulting from damp-heat pathogenic toxins invading the pelvic cavity and causing blood stasis and qi stagnation; and (2) Anxiety related to pain discomfort, disease recurrence, poor appetite and sleep, and insufficient disease knowledge with concerns about prognosis.

2.3.1 Traditional Chinese Medicine Characteristic Nursing

Traditional Chinese Medicine Fomentation. The specific method involved placing a herbal pack heated in a constant-temperature box on the patient's lower abdomen below the umbilicus, twice daily (morning and afternoon) for 30 minutes each session. The heat generated from the pack dilated local capillaries, accelerated blood circulation, and achieved the therapeutic goals of warming meridians, harmonizing qi and blood, and eliminating dampness and cold. The herbal pack contained powdered *Angelica sinensis* (Danggui), *Persicae Semen* (Taoren), *Carthami Flos* (Honghua), and *Linderae Radix* (Wuyao) in a cloth bag. Several precautions were essential: maintaining pack temperature below 50°C while ensuring patient warmth; continuously monitoring patient temperature tolerance and skin color, immediately discontinuing treatment if blisters or burns occurred; and cleaning and disinfecting used herbal bags for future use.

Traditional Chinese Medicine Retention Enema. This method involved decocting prepared herbal medicine in water to produce 150ml of solution at 39-41°C, administered as a retention enema nightly, with instructions to retain the medication for at least one hour post-administration. The enema formula included *Lonicerae Japonicae Flos* (Jinyinhua) and *Forsythiae Fructus* (Lianqiao) for heat-clearing and detoxification; *Spatholobi Caulis* (Daxueteng), *Olibanum* (Ruxiang), *Myrrha* (Moyao), and *Corydalis Rhizoma* (Yanhusuo) for promoting qi movement, activating blood circulation, and relieving pain; *Violae Herba* (Zihuadiding), *Patriniae Herba* (Baijiangcao), *Moutan Cortex* (Mudanpi), and *Speranskiae Tuberculatae Herba* (Tougucao) for clearing heat, dispersing nodules, and reducing swelling; and *Gleditsiae Spina* (Zaojiaoci) for clearing heat and promoting pus discharge. The comprehensive formula achieved the therapeutic effects of clearing heat, eliminating dampness, activating blood circulation, and relieving pain. Key precautions included instructing patients to defecate before enema to facilitate absorption; ensuring proper positioning (lateral decubitus), insertion depth of 15-20cm, low pressure, and slow administration; and closely monitoring for adverse reactions such as rapid pulse, pallor, cold sweats, severe abdominal pain, or palpitations, immediately discontinuing and notifying physicians if such symptoms occurred.

2.3.2 Conventional Nursing

Four key nursing interventions were implemented. First, **pain management** involved educating the patient on pain etiology and patterns to reduce anxi-

ety and improve pain tolerance. We maintained a quiet, comfortable environment and employed TCM five-element music therapy and breathing exercises for pain distraction, applying heat compresses for severe pain. Second, **emotional care** included comprehensive psychological assessments and humanistic care through enhanced communication with appropriate eye contact, body language, and tone. We promptly addressed negative emotions by educating the patient about pelvic encapsulated effusion to improve disease awareness, using casual conversations and soothing music to divert attention and promote relaxation. Third, **dialectical dietary therapy** focused on foods that clear heat, eliminate dampness, and resolve stasis to relieve pain, given the patient's qi stagnation and blood stasis pattern. The diet emphasized light, easily digestible, high-protein nutritious foods such as lean meat, poultry, and eggs to strengthen constitution, while prohibiting cold, raw, greasy, spicy, and seafood products. A recommended dietary formula was winter melon and red bean soup. Fourth, **dialectical medication management** involved monitoring for adverse drug reactions and allergies. Patients were instructed to take herbal decoctions warm after meals with at least 30-minute separation from other medications to avoid compatibility issues. During medication periods, cold, greasy foods, seafood, scallions, garlic, chives, and substances like tobacco, alcohol, and tea were contraindicated, with patients advised to report any nausea, vomiting, diarrhea, or abdominal pain promptly.

2.4 Nursing Evaluation

Following integrated Chinese-Western medical treatment and nursing care, the patient demonstrated good compliance and expressed satisfaction with all therapeutic and nursing interventions. Post-intervention outcomes showed the NRS pain score decreasing from 6 to 1, and the anxiety score dropping from 12 to 2 (indicating no anxiety symptoms). The patient's appetite and sleep quality improved significantly, and she reported mastery of knowledge regarding PID prevention, dietary management, and rehabilitation.

2.5 Outcomes and Follow-up

One week post-discharge, telephone follow-up revealed a pain score of 0 and an anxiety score of 1. Outpatient gynecological ultrasound showed no pelvic effusion. The patient's dietary intake and sleep patterns had returned to normal.

3. Discussion

Pelvic inflammatory disease belongs to the category of gynecological disorders [4] and can be classified as acute or chronic. Some chronic cases result from inadequate treatment of acute PID or constitutional weakness. Patients typically present with lower abdominal distension or pain, lumbosacral soreness, increased leukorrhea, and menstrual irregularities. Conventional antibiotic therapy, while commonly used to control infection and inflammation, has become increasingly

problematic due to rising antimicrobial resistance, diminished therapeutic efficacy, and compromised immune function. Furthermore, because lesions are located deep within pelvic tissues, oral antibiotics cannot achieve effective local concentrations.

From a TCM perspective, PID primarily develops during menstruation or postpartum when the uterine orifice remains open and vital qi is weakened, allowing invasion of wind-cold, damp-heat, or toxic pathogens that interact with Chong and Ren meridian qi and blood, accumulating in the uterus. This process, characterized by repeated progression and regression, gradually consumes qi and blood, creating a complex pattern of excess and deficiency [5-6]. Clinically, damp-heat stasis, qi stagnation with blood stasis, cold-damp congelation, and qi deficiency with blood stasis patterns are common, with damp-heat stasis being the most prevalent. TCM treatment for chronic PID has gained widespread recognition for its significant short-term effects, durable long-term efficacy, absence of drug resistance, minimal toxicity, and low cost. The therapeutic principle focuses on clearing heat and eliminating dampness, warming meridians to disperse cold and relieve pain, and promoting qi movement to activate blood circulation and resolve stasis. External TCM therapies constitute an essential component of traditional Chinese medicine, complementing internal therapies to form a complete treatment system that continues to evolve. As defined in the *Dictionary of Traditional Chinese Medicine*, external treatment refers to therapeutic methods applied to the body surface or administered from outside the body, excluding oral medications.

TCM fomentation employs herbs such as *Angelica sinensis*, *Persicae Semen*, *Carthami Flos*, and *Linderae Radix* to activate blood circulation, resolve stasis, and relieve pain. Through heated application to the local area, this method dilates capillaries in affected tissues, enhances blood circulation, and achieves the therapeutic effects of warming meridians, unblocking collaterals, and resolving stasis to alleviate pain. This approach can accelerate drug absorption and reduce medical costs [7].

TCM retention enema represents a commonly used technique for gynecological disorders [8]. For damp-heat stasis type PID, treatment emphasizes clearing heat and eliminating dampness while activating blood circulation and relieving pain. The formula includes *Lonicerae Japonicae Flos* and *Forsythiae Fructus* for heat-clearing and detoxification; *Spatholobi Caulis*, *Olibanum*, *Myrrha*, and *Corydalis Rhizoma* for promoting qi movement, activating blood, and relieving pain; *Violae Herba*, *Patriniae Herba*, *Moutan Cortex*, and *Speranskiae Tuberculatae Herba* for clearing heat, dispersing nodules, and reducing swelling; and *Gleditsiae Spina* for clearing heat and promoting pus discharge. The combined formula achieves the therapeutic effects of clearing heat, eliminating dampness, activating blood circulation, and relieving pain. The mechanism of action leverages the proximity of the rectal wall to the pelvic cavity and the abundant pelvic venous network, allowing medications administered via retention enema to penetrate rectal mucosa and intestinal walls, directly reaching the pelvic cavity

through communicating lymphatic vessels and capillaries. This route enhances local drug concentration and achieves the therapeutic goals of clearing heat, eliminating dampness, and relieving pain.

In summary, the combination of TCM fomentation and retention enema demonstrates synergistic effects that effectively improve clinical symptoms, suppress inflammatory responses, enhance immunity, and reduce recurrence rates, thereby alleviating burdens on families and society. This approach offers advantages of being economical, practical, simple to operate, and well-accepted by patients. Additionally, implementing TCM characteristic nursing, pain management, emotional regulation, and dialectical dietary therapy based on TCM pattern differentiation leverages the strengths of TCM nursing techniques, reduces patient suffering, and provides a valuable reference and practical case foundation for integrated Chinese-Western treatment and nursing of similar patients.

References

- [1] Chen Jing. Clinical observation on treating damp-heat stasis type chronic pelvic inflammatory disease with oral Chinese medicine combined with retention enema[J]. *Practical Journal of Traditional Chinese Medicine*, 2022, 38(5): 727-729.
- [2] Yuan Lei, Wang Cuicui, Su Kaikai. Effect of modified Longdan Xiegan Decoction on damp-heat accumulation type chronic pelvic inflammatory disease and its influence on inflammatory response factors[J]. *World Chinese Medicine*, 2018, 13(9): 2155-2158.
- [3] Lin Xuewei. Clinical efficacy observation of Qingre Qushi Sanyu Decoction in treating damp-heat stasis type chronic pelvic inflammatory disease[J]. *Chinese Journal of Traditional Chinese Medicine Science and Technology*, 2021, 28(6): 1006-1008.
- [4] Xu Zhirui. Efficacy observation of Fuke Zhidai Capsule combined with metronidazole in treating chronic pelvic inflammatory disease[J]. *Modern Drugs & Clinical*, 2018, 33(3): 633-636.
- [5] Huang Lijuan. Clinical study of Kangfuyan Capsule combined with azithromycin in treating chronic pelvic inflammatory disease[J]. *Modern Drugs & Clinical*, 2018, 33(5): 1154-1158.
- [6] Zhu Cuiping, Zhao Yan. Clinical study of targeted Chinese medicine penetration combined with Hongteng Formula in treating chronic pelvic inflammatory disease[J]. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 2020, 29(14): 1538-1541.
- [7] Li Xinju, Sun Bo, Zhai Junying. Clinical study of Kunfukang Tablets combined with sparfloxacin in treating chronic pelvic inflammatory disease[J]. *Modern Drugs & Clinical*, 2020, 35(2): 318-321.

[8] Wang Dongli. Clinical efficacy observation of Chinese medicine retention enema combined with Chinese medicine fomentation pack in treating pelvic inflammatory disease[J]. Health World, 2021(24): 199.

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