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Nursing Experience of Jinhuang San Combined with Chinese Herbal Fumigation in Treating One Case of Knee Bi Syndrome with Qi Stagnation and Blood Stasis Pattern

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Abstract

This article summarizes the nursing experience of treating one patient with knee bi syndrome of qi stagnation and blood stasis pattern using Jinhuang San combined with herbal fumigation in clinical practice. Based on Traditional Chinese Medicine theory, and according to the patient's specific condition for syndrome differentiation and corresponding treatment, nursing measures including dietary guidance and lifestyle guidance were provided, combined with Jinhuang San and herbal fumigation therapy, which effectively alleviated the patient's knee joint swelling and pain. The aforementioned method demonstrates significant efficacy, minimal side effects, and is readily accepted by patients.

Full Text

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Case Report of Integrative Medicine**

Nursing Experience of Jinhuang Powder Combined with Traditional Chinese Medicine Fumigation in Treating a Patient with Knee Arthralgia of Qi Stagnation and Blood Stasis Pattern

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Abstract

This article summarizes the nursing experience of using Jinhuang Powder combined with Traditional Chinese Medicine (TCM) fumigation to treat a patient with knee arthralgia of qi stagnation and blood stasis pattern. Based on TCM theory and symptomatic pattern differentiation, nursing interventions including dietary guidance and lifestyle counseling were implemented alongside Jinhuang Powder combined with TCM fumigation therapy, which effectively alleviated the patient's knee joint swelling and pain. This approach demonstrated significant therapeutic effects with minimal side effects and was well-accepted by the patient.

Keywords: Jinhuang powder; Chinese medicine fumigation; knee arthralgia; nursing

Knee arthralgia, also known as knee osteoarthritis, is a chronic, degenerative joint disease characterized by knee cartilage degeneration, bone sclerosis, and hyperplasia. Clinically, it presents with progressively worsening knee pain and limited mobility. Its pathogenesis involves impaired qi flow, blocked meridians, deficient vital qi, empty interstitial spaces, and loss of nourishment to sinews and joints. The disease primarily affects individuals over 50 years old, particularly obese women, and can lead to motor impairment and chronic disability, severely impacting patients' quality of life. After onset, patients experience knee swelling, significant pain, and limited lower limb mobility, which not only reduces quality of life but also predisposes them to psychological issues. Therefore, timely treatment is clinically crucial. Since most patients are middle-aged or elderly and often choose conservative treatment with unsatisfactory outcomes and poor long-term efficacy, studies have shown that TCM characteristic nursing interventions can effectively enhance treatment outcomes for knee arthralgia, improve knee function, produce minimal side effects, and provide lasting therapeutic effects. This article reports the nursing experience of one patient with knee arthralgia of qi stagnation and blood stasis pattern treated with Jinhuang Powder combined with TCM fumigation.

1 Clinical Data

The patient was a 70-year-old female who was admitted on August 5, 2023, with a chief complaint of "right knee pain with limited mobility for 5 years, worsened for 1 month." At admission, she presented with right knee pain, limited mobility, slight swelling of the right knee, mild tenderness along the medial tibial border, and obvious tenderness in the joint space. Observation, listening, and palpation examination revealed: fair mental status, normal facial features, pale complexion, poor gait, clear articulation, no special sounds or odors, dark red tongue with thin white coating, and wiry pulse. Past medical history included a left hip injury from a fall 7 years prior.

TCM Diagnosis: Knee arthralgia; Pattern Differentiation: Qi stagnation and blood stasis pattern.

Western Medicine Diagnosis: Right knee osteoarthritis.

The initial treatment plan included TCM fumigation, thunder-fire moxibustion (on both knees and feet), acupoint application therapy (on Dubi [ST35], Zusanli [ST36], Yinlingquan [SP9], Liangqiu [ST34], and Xuehai [SP10] of both knees) to activate blood and unblock collaterals, oral Heng Teng Huang Jian Gu Pian to unblock collaterals, and Etoricoxib for analgesia with supportive treatment. On the fourth day of hospitalization, Etoricoxib was discontinued and replaced with Paracetamol and Dihydrocodeine tablets for analgesia, while continuing oral Teng Huang Jian Gu Pian and topical Diclofenac Diethylamine Emulgel for pain relief. By the seventh day, the patient's symptoms had improved, and the current treatment plan was deemed effective and continued.

The TCM treatment principle was “transforming stasis and activating blood, unblocking collaterals and relieving pain.” The formula selected was “Huayu Tongbi Decoction” with modifications. The composition included: peach kernel (10.0 g), safflower (10.0 g), Lycopodii Herba (10.0 g), Impatiens Balsaminae Herba (15.0 g), Salviae Miltiorrhizae Radix (10.0 g), Spatholobi Caulis (10.0 g), leech (5.0 g), Corydalis Rhizoma (vinegar-processed, 10.0 g), Codonopsis Radix (3.0 g), frankincense (vinegar-processed, 5.0 g), and myrrh (vinegar-processed, 5.0 g). The decoction was taken warm in small amounts multiple times after meals, twice daily.

On the fourteenth day of treatment, the patient was in good spirits with no right knee pain or swelling, demonstrating remarkable therapeutic effects. The patient was satisfied with the outcome.

2 Nursing Care

2.1 Nursing Assessment

Pain was assessed using the commonly employed Changhai Pain Scale, which is divided into 10 equal parts where 0 represents no pain and 10 represents the most severe pain. Scores of 1-3 indicate mild pain, 4-6 moderate pain, and 7-10 severe pain. This patient scored 4 points at admission, indicating moderate pain.

2.2 Nursing Diagnosis

1. **Pain:** Related to impaired qi-blood circulation and blocked meridians.
2. **Impaired Physical Mobility:** Related to impaired qi-blood circulation and blocked meridians.

2.3 Nursing Plan

Based on the patient's symptoms, the following nursing plan was formulated: (1) Utilize TCM characteristic technical advantages to achieve a pain-free, swelling-free knee joint; (2) Provide emotional care and rehabilitation guidance to enhance the patient's confidence in treatment.

2.4 Nursing Measures

2.4.1 Lifestyle Guidance Patients were instructed to reduce joint burden: (1) Change unhealthy dietary habits to prevent osteoporosis; (2) Avoid or minimize pain-triggering activities such as climbing stairs, mountain climbing, running, prolonged walking, and vigorous exercise; (3) Keep the knee warm to maintain normal blood circulation and prevent pain, such as using medicated knee guards.

2.4.2 TCM Dietary Guidance Based on the patient's pattern differentiation, corresponding dietary guidance was provided. As this patient had knee arthralgia of qi stagnation and blood stasis pattern, the diet should activate blood and unblock collaterals, warm and strengthen yang. Recommended foods included porridge cooked with astragalus, angelica root, and ginseng; black chicken with Rehmannia root soup; Panax notoginseng lean meat porridge; and peach kernel porridge. Spicy and cold foods such as crab should be avoided.

2.4.3 TCM Characteristic Nursing 2.4.3.1 Oral TCM Administration

Treatment principle: Activate blood and transform stasis, unblock collaterals and relieve pain. Formula: Huayu Tongbi Decoction with modifications. Composition: peach kernel (10.0 g), safflower (10.0 g), Lycopodium Herba (10.0 g), Impatiens Balsaminae Herba (15.0 g), Salviae Miltiorrhizae Radix (10.0 g), Spatholobi Caulis (10.0 g), leech (5.0 g), Corydalis Rhizoma (vinegar-processed, 10.0 g), Codonopsis Radix (3.0 g), frankincense (vinegar-processed, 5.0 g), and myrrh (vinegar-processed, 5.0 g). Administration: Take warm in small amounts multiple times after meals, twice daily.

2.4.3.2 Jinhuang Powder External Application

The TCM principle was "transforming stasis and activating blood, unblocking collaterals and relieving pain." The formula selected was Sanhuang Xiaozhong Zhitong Ointment (original name of Jinhuang Ointment, an empirical formula from our hospital): turmeric (50 g), rhubarb (50 g), Phellodendri Cortex (50 g), Atractylodis Rhizoma (20 g), Magnoliae Officinalis Cortex (20 g), Citri Reticulatae Pericarpium (20 g), Glycyrrhizae Radix (20 g), Arisaematis Rhizoma (processed, 20 g), and Angelicae Dahuricae Radix (50 g). The herbs were ground into powder and mixed with appropriate amounts of honey or Vaseline for external application to the affected area. Applied once every morning, one dose daily, with ten doses constituting one treatment course.

2.4.3.3 TCM Fumigation Therapy

External application of Songjin Powder (original name of External Wash Formula No. 1, an empirical formula from our hospital): Angelicae Sinensis Radix (15 g), Lycopodium Herba (15 g), Clematidis Radix (15 g), Artemisiae Anomalae Herba (15 g), Pini Nodi Lignum (20 g), Cinnamomi Ramulus (15 g), Sappan Lignum (10 g), Schizonepetae Herba (10 g), Asari Radix (5 g), Foeniculi Fructus (10 g), Angelicae Pubescentis Radix (10 g), Carthami Flos (10 g), Acanthopanax Cortex (10 g), Vaccariae Semen (10 g), Trachelospermi Caulis (10 g), and Piperis Kadsurae Caulis (10 g). The herbs were placed in a TCM fumigation machine with 500-600 ml of water, boiled for 20-30 minutes. The affected limb was positioned about 30 cm above the machine opening, covered with a blanket, and fumigated for 15-30 minutes (taking care to prevent burns). When the liquid temperature reached approximately 40-43°C, the affected knee was immersed in the basin for washing while massaging the knee joint and performing active flexion-extension exercises until the liquid cooled. Applied once every morning, one dose daily, with seven doses constituting one treatment course.

Precautions: (1) The concentration of the washing solution should not be too high, and the temperature should be warm and comfortable without burning the skin; (2) Keep warm during treatment, avoid wind-cold exposure, and dry the local area after washing; (3) Frequently check the temperature of the fumigation materials and the patient's skin for burns or abrasions, and inquire about adverse symptoms such as headache, dizziness, nausea, palpitations, or anxiety—if any adverse reactions occur, stop treatment immediately; (4) Contraindicated for fresh wounds and infected areas; use with caution in patients with allergic constitution.

2.5 Nursing Effect Evaluation

According to the evaluation criteria for nursing symptom grading and quantification effects: **Cured:** Knee pain and swelling completely disappeared with no discomfort when walking or climbing stairs; **Markedly Effective (symptoms decreased by two grades):** No knee pain at rest, no swelling, occasional pain during activity, no pain when walking, and no impact on work or life; **Effective (symptoms decreased by one grade):** Intermittent knee pain, mild pain when walking, slight inconvenience when climbing stairs, and slightly limited joint movement; **Ineffective (no change or worsening of symptoms):** No significant improvement or worsening of knee pain, swelling, or activity-related pain.

Before treatment, the patient's pain score was 4 points (moderate pain). After TCM intervention, the pain score was 0 points (no pain). Before treatment, the knee swelling score was 2 points (mild swelling); after treatment, the swelling score was 0 points (no swelling). The nursing intervention demonstrated remarkable therapeutic effects (see Table 1), and the patient expressed satisfaction with the treatment outcome.

3 Results and Follow-up

Following treatment, the patient recovered normal daily activities. Conservative treatment was successful, and no further surgical intervention was required. A telephone follow-up on the third day after discharge revealed unrestricted mobility in both legs with no pain. A second follow-up one week later confirmed that the patient could perform daily activities such as grocery shopping with ease and expressed satisfaction with the treatment outcome.

4 Discussion

Knee arthralgia is a common condition whose main clinical symptoms—knee pain, swelling, and stiffness—severely impact patients’ daily activities and may lead to loss of knee function if not properly addressed. Epidemiological surveys indicate that the prevalence of knee osteoarthritis increases with age. The disease has a long course, and pain intensifies as the condition progresses, necessitating early diagnosis and treatment.

In TCM, knee arthralgia belongs to the categories of “bone Bi” and “Bi syndrome.” The pathogenesis is believed to involve deficiency of qi and blood as well as liver-kidney depletion in the elderly population, leading to loss of nourishment to sinews and vessels. This is compounded by invasion of wind-cold-damp evils that obstruct qi-blood circulation, resulting in poor mobility of sinews and joints and causing pain due to blockage. Therefore, nursing and treatment focus on activating blood, transforming stasis, and unblocking collaterals.

Knee arthralgia represents an advantageous disease category for TCM treatment, with a long clinical history and substantial valuable experience. TCM fumigation is a characteristic nursing technique that involves boiling Chinese medicinal herbs and utilizing steam heat to improve local blood circulation and accelerate deep tissue penetration of medicinal effects. This regulates local metabolism in the knee joint and promotes resolution of swelling and pain. Application of TCM fumigation in knee osteoarthritis treatment can enhance clinical efficacy, improve quality of life and knee function, and reduce pain, demonstrating clinical promotional value.

Jinhuang Powder consists of *Trichosanthis Radix*, *Phellodendri Cortex*, *Rhei Radix*, *Angelicae Dahuricae Radix*, *Curcumae Longae Rhizoma*, *Arisaematis Rhizoma*, *Citri Reticulatae Pericarpium*, *Magnoliae Officinalis Cortex*, *Atractylodis Rhizoma*, and *Glycyrrhizae Radix*. It is indicated for initial-stage sores, carbuncles, swelling, redness, heat, and pain, with effects of clearing heat, detoxifying, reducing swelling, and relieving pain. Jinhuang Powder acupoint application can dredge meridians and relax sinews and bones. Application at the medial and lateral eye of the knee can unblock meridians, dispel wind-cold, and regulate qi to relieve pain; Liangqiu (ST34) can reduce joint pain; Hedong (EX-LE2) can activate collaterals and relieve pain, dispel wind and dampness; and Yinlingquan (SP9) can promote qi-blood circulation. Jinhuang Powder promotes blood circulation, unblocks collaterals, reduces swelling, and dissipates nodules, producing

comprehensive effects synergistic with corresponding acupoints to improve local knee circulation. Modern clinical applications of Ruyi Jinhuang Powder have expanded, with clinical trials demonstrating good efficacy. Its limitation is the potential for local skin adverse reactions, which warrants clinical attention. In clinical nursing practice, TCM pattern differentiation and treatment should be applied cautiously, with timely observation for allergic reactions to minimize injury.

In summary, the application of Jinhuang Powder combined with TCM fumigation in treating knee arthralgia patients with qi stagnation and blood stasis pattern demonstrates significant effects, can markedly relieve symptoms, and produces reliable efficacy, warranting clinical promotion and application.

Patient Informed Consent: Publication of this case report was approved with informed consent from the patient and family members.

Conflict of Interest Statement: The authors declare no conflicts of interest regarding this article.

Declaration: This case report has undergone peer review by this platform. The full text is open access under the Creative Commons (CC 4.0 BY-NC-ND) license, and authors may republish it in other media.

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