

Nursing Experience of Auricular Massage Combined with Auricular Acupressure for Post-Stroke Insomnia: A Case Report

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Abstract

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Full Text

Preamble

Nursing Experience of Auricular Massage Combined with Auricular Acupressure in Treating One Case of Post-Stroke Insomnia

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Abstract

This paper summarizes the nursing observation of one case of post-stroke insomnia treated with auricular massage combined with auricular acupressure. Through the implementation of this combined therapy, the patient's post-stroke insomnia symptoms were significantly improved, sleep quality was enhanced, and both physical and mental recovery were benefited. The treatment is economical, convenient, free of adverse reactions, and readily accepted by patients.

Keywords: auricular massage, auricular acupressure, stroke, insomnia

Stroke (中风病) is a condition caused by deficiency of vital qi, internal injury from improper diet, emotional disturbances, or overexertion, leading to reversal

and disorder of qi and blood, generating wind, fire, phlegm, and stasis, resulting in blocked cerebral vessels or extravasation of blood outside cerebral vessels as the basic pathogenesis. Its main clinical manifestations include sudden fainting, hemiplegia, deviated mouth and tongue, slurred speech or aphasia, and numbness of one side of the body. Depending on the degree of brain-marrow-spirit mechanism damage, it is classified as affecting the meridians or the viscera, with corresponding clinical presentations. This disease is more common in middle-aged and elderly people and can occur in all seasons, though most frequently in winter and spring.

Post-stroke sleep disorders are common complications of stroke, with insomnia being the most prevalent, seriously affecting patients' mood, functional exercise, and quality of life. Long-term sleep deprivation can also impair immune function and cause a series of adverse events [1]. Insomnia, known in ancient times as “inability to sleep” or “inability to lie down,” falls under the category of “sleeplessness” (不寐) in Traditional Chinese Medicine (TCM). Although insomnia has many causes, its pathological changes generally belong to yang excess and yin deficiency, with imbalance of yin and yang interaction—either yin deficiency failing to receive yang, or yang excess preventing entry into yin. Clinically, hypnotic medications are commonly used to improve sleep, but most have tolerance and dependence issues and are not suitable for long-term use. In recent years, the role of TCM therapies in post-stroke rehabilitation has received increasing attention. Auricular massage is a common treatment modality based on meridian and acupoint theory, characterized by simple operation and economic convenience [2]. Auricular acupressure is also an important TCM therapy that stimulates auricular points through plaster application to adjust bodily balance, calm the mind, and treat disease. This article summarizes the nursing experience of one case of post-stroke insomnia treated with auricular massage combined with auricular acupressure, as reported below.

1 Clinical Data

The patient was an 85-year-old male admitted to the EICU of Beijing University of Chinese Medicine Emergency Department on June 25, 2023, with chief complaints of limb weakness aggravated for two days accompanied by fever. TCM diagnosis: Stroke disease; Syndrome differentiation: Wind-phlegm obstructing collaterals pattern. Western medicine diagnosis: Acute cerebral infarction. Present symptoms: limb weakness, frequent urination, low-grade fever, cough with sputum, slow response, nausea and vomiting, normal appetite, poor sleep, normal bowel movements. Tongue: thin white coating, scanty fur; Pulse: floating and rapid. Past medical history: Type 2 diabetes for over 10 years, hypertension for over 5 years; diagnosed with coronary heart disease and cardiac insufficiency in 2012 at another hospital; diagnosed with rectal cancer in 2012 at another hospital, underwent surgical treatment without chemotherapy or radiotherapy; chronic bronchitis and bronchiectasis for approximately 10 years; hyperlipidemia and atherosclerosis for many years; chronic constipation with

intermittent use of suppositories; denied history of drug or food allergies.

Specialized examination: (2022-09-23 at our hospital): Cranial CT scan showed cerebral infarction in the left cerebellum, occipital lobe, bilateral basal ganglia, and corona radiata, with some softening foci, no significant change compared with CT from 2022-09-13; ischemic demyelination changes; brain atrophy. Pittsburgh Sleep Quality Index (PSQI) score was 18 points, Hamilton Anxiety Scale (HAMA) score was 16 points. Following medical orders, the patient received auricular massage combined with auricular acupressure therapy. After 9 days of intervention, the patient's sleep quality improved significantly, with PSQI score decreasing to 14 points and HAMA score decreasing to 9 points.

2.1 Insomnia Disorder Assessment

Assessment of sleeplessness symptoms: Difficulty falling asleep with sleep latency exceeding 30 minutes; Decreased sleep quality and sleep maintenance disorder, with \$ \$2 awakenings during the night, early morning awakening, and reduced sleep quality; Reduced total sleep time, usually less than 6 hours [3]. Pittsburgh Sleep Quality Index (PSQI) score was 18 points, Hamilton Anxiety Scale (HAMA) score was 16 points.

2.2.1 Traditional Chinese Medicine Characteristic Nursing: Auricular Massage Combined with Auricular Acupressure

This treatment includes two components: auricular massage and auricular acupressure.

(1) Auricular massage: Rubbing ear roots: Use index and middle fingers to rub the front and back of the ear roots for 1 minute until warmth is felt. Pinching ears: Simultaneously pinch and knead both ear helixes and lobules with thumb and index finger from ear apex to lobule for 1 minute until both ears feel warm. Pressing ears: Press both palms against ears with palms aligned to ear canals and four fingers against the occipital region, performing slow deep pressure then slow release, repeating this action three times. Beating the heavenly drum: Cover ears with both hands, place index fingers on top of middle fingers, and use the index fingers to flick the two occipital bones behind the brain to create a sound. Perform 30 times. Pressing and kneading periauricular acupoints: Use both index fingers to press and knead bilateral Ear Gate (耳门), Auditory Palace (听宫), Auditory Meeting (听会), and Yifeng (翳风) points, with pressure sufficient to produce a sore, distended sensation. Point selection: Shenmen (神门), Kidney (肾), Liver (肝), Spleen (脾), Heart (心), Subcortex (皮质下) (all bilaterally). Operation method: Use thumb and index finger to press and knead each main point for 5-10 minutes with gentle, slow, and soft technique. Auricular massage was performed once daily, 10 minutes each session, with every 3 days constituting one treatment course. Before massage, assess the patient's skin condition and psychological status; during massage, observe and inquire

about the patient's responses, adjusting technique and pressure promptly if discomfort occurs.

(2) Auricular acupressure: Point selection: Endocrine (内分泌), Shenmen (神门), Heart (心), Liver (肝), Kidney (肾), Spleen (脾), Subcortex (皮质下), Sympathetic (交感). Operation method: Perform routine auricular disinfection. The operator fixes the auricle with one hand and applies 0.6cm × 0.6cm adhesive tape attached to cowherb seeds (王不留行籽) to the selected points with the other hand. When stimulating points, apply pressure vertically at the point until a “qi arrival” sensation of soreness, numbness, distension, or pain is achieved. Instruct the patient to press each point 3-5 times daily, 30-60 seconds per point each time, replacing every 3 days, alternating between both ears. Reinforce pressure before bedtime. Every 3 days constituted one treatment course.

Referring to the efficacy criteria for insomnia in the “Guidelines for Clinical Research of New Chinese Medicines” [4]: Cured: Sleep time returns to normal or nocturnal sleep time exceeds 6 hours, with deep sleep and refreshed spirit upon awakening; Markedly effective: Sleep markedly improved, sleep time increased by more than 3 hours, with increased sleep depth; Effective: Symptoms alleviated, sleep time increased by less than 3 hours; Ineffective: No significant improvement in insomnia after treatment or condition worsened [5]. The patient in this case showed markedly effective results after intervention, with sleep time increased by more than 3 hours. PSQI score decreased to 14 points, and HAMA score decreased to 9 points.

2.2.2 Emotional Nursing Intervention

Nursing staff actively communicated with the patient, guiding correct attitudes toward disease and improving mood. Attention was diverted through chatting, telling jokes, and listening to soothing music. Patients were encouraged to communicate more with family and friends to maintain a pleasant mood. Patients were instructed to keep the environment clean, tidy, and comfortable before sleep with appropriate lighting.

2.2.3 Dietary Nursing Intervention

Instruct patients to maintain good lifestyle habits, consuming a low-salt, low-fat, low-cholesterol, easily digestible diet, eating more fresh vegetables and fruits rich in vitamins and calcium, and avoiding greasy, stimulating foods. Control water intake before bedtime.

Sleep is an extremely important physiological process for maintaining health. Sleep disorders refer to disturbances in sleep quantity, quality, and timing. Sleep disorders are one of the common complications after stroke, manifesting as nocturnal wakefulness, daytime sleepiness, or abnormal wake-sleep rhythms with psychiatric symptoms, including insomnia, arousal disorders, sleep movement disorders, and parasomnias. Insomnia is a common post-stroke sleep disorder.

Western medicine typically uses pharmacological treatment, but long-term medication use can lead to drug dependence or increased tolerance, affecting treatment efficacy. Insomnia belongs to the category of sleeplessness (不寐) in TCM. Traditional Chinese medicine believes that sleeplessness is related to improper diet and emotional abnormalities, with the pathogenesis being yang excess and yin deficiency and imbalance of yin-yang interaction [6-7]. The disease location is in the heart, closely related to the spleen, liver, and kidney. Therefore, treatment should focus on tonifying deficiency and purging excess while adjusting yin-yang balance and calming the mind [8].

The Yellow Emperor's Inner Classic states: "The ear is the gathering place of ancestral vessels." All the five viscera, six bowels, four limbs, and skeleton have corresponding acupoints and regions on the auricle. When organ and viscera functions are disordered, corresponding reflections appear on auricular points as abnormal reaction points. Proper stimulation of auricular points can adjust yin-yang balance, regulate qi and blood, and calm the mind. Auricular massage is a common TCM nursing method that stimulates auricular points or reaction points through massage to dredge meridians, smooth qi and blood, and adjust viscera function, while regulating the thalamic system and sympathetic/parasympathetic nerves to enhance body resistance and prevent disease [9]. TCM believes that the heart stores spirit and governs blood, the spleen governs thinking and controls blood, and the kidney can nourish the brain and benefit heart spirit. Shenmen has the function of regulating vasoconstriction and dilation. Therefore, stimulating the auricular Heart, Spleen, Kidney, and Shenmen points can calm the mind, harmonize qi and blood, strengthen the spleen and boost qi, soothe the liver and tonify the kidney, thereby achieving sedation, calming, and hypnotic effects.

Auricular acupressure combined with auricular massage can harmonize yin-yang and regulate viscera, leading to yin balance and yang secrecy with harmonious viscera. It can also help patients gradually fall asleep during the massage process, effectively reducing adverse reactions from large doses of sleep medications [10].

The results of this study show that auricular massage combined with auricular acupressure has obvious therapeutic effects on post-stroke insomnia, improving sleep quality and physical function. No adverse events occurred during treatment. Both auricular massage and auricular acupressure are non-invasive therapies with high patient acceptability. Patients or their families can perform the pressing themselves without location or time restrictions, and the operation is simple. This approach is worthy of clinical promotion.

However, this paper only reports nursing observation of a single case, lacking nursing observation experience in patients of different age groups and with different syndrome types, which presents limitations and shortcomings. More patient data can be collected to increase sample size, further exploring the economic burden reduction from using auricular massage combined with auricular acupressure for post-stroke insomnia instead of Western medicine. More importantly,

it can effectively prevent the side effects of long-term sedative-hypnotic drug use.

TCM nursing has two outstanding advantages: holistic view and syndrome differentiation nursing. Since 2005, across three five-year plans, improving TCM nursing techniques, leveraging TCM nursing characteristics and advantages, and emphasizing the role of TCM techniques in nursing work have been important connotations for the comprehensive development of nursing in China. Nursing inherits the same origin as traditional Chinese medicine in theory and practice. With the development of nursing science itself and increasing clinical nursing demands, the specialization of TCM nursing has become a necessary trend. Therefore, how to extract TCM nursing theory from the TCM theoretical system to form its own professional characteristic theory is the direction we need to actively explore at present [11].

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