Nursing Experience of Moxibustion Combined with Chinese Herbal Compress in the Treatment of Psoriasis Vulgaris: A Case Report

Authors: Wang Wenya, Cao Yayu

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Abstract

This article summarizes the nursing experience in treating one patient with psoriasis vulgaris using combined moxibustion and herbal compress therapy. Following admission, comprehensive nursing assessment and syndrome differentiation analysis were conducted. Based on fundamental Traditional Chinese Medicine theory, TCM nursing interventions were implemented, including emotional nursing care, dietary guidance, and the application of TCM techniques such as moxibustion and herbal compress therapy. Through enhanced integration of medical and nursing care, two weeks of treatment effectively reduced the severity of skin lesions, alleviated pruritus, improved sleep quality, and enhanced the patient's overall quality of life.

Full Text

Preamble

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Wang Wenya, Cao Yayu, Miao Xiufen (Corresponding Author)
Beijing Huairou District Traditional Chinese Medicine Hospital, Beijing Huairou 101400

Abstract

This article summarizes the nursing experience of treating one case of psoriasis vulgaris with moxibustion combined with herbal compress therapy. After admission, the patient underwent comprehensive nursing assessment and syndrome differentiation analysis. Based on fundamental traditional Chinese medicine (TCM) theory, we implemented psychological nursing care, dietary

guidance, and TCM techniques including moxibustion and herbal compress therapy, while strengthening integrated medical-nursing collaboration. After two weeks of treatment, the patient's skin lesions were effectively reduced, pruritus alleviated, sleep quality improved, and overall quality of life enhanced.

Keywords: psoriasis; moxibustion; herbal compress therapy; quality of life

Introduction

Psoriasis, commonly known as "niupixuan" (cowhide lichen) [**?**, **?**], is referred to as "baibi" (white crust) in traditional Chinese medicine. It is a common chronic skin disease characterized by papules and erythema of varying sizes, covered with silvery-white scales, with clear boundaries, commonly affecting the scalp, extensor surfaces of limbs, and back. The disease is clinically common but non-infectious. Although psoriasis does not directly affect life expectancy, it significantly impacts physical and mental health. Based on clinical features, psoriasis can be classified into vulgaris, arthropathic, pustular, and erythrodermic types, with the vulgaris type accounting for over 99% of cases; other types often develop from vulgaris psoriasis.

Psoriasis vulgaris initially presents as inflammatory red papules, approximately millet to mung bean-sized, which gradually enlarge or coalesce into brownish-red plaques with clear boundaries, surrounded by inflammatory halos, with obvious infiltration at the base, and covered with multiple layers of dry grayish-white or silvery-white scales. Gentle scraping of the surface scales gradually reveals a layer of light red, translucent film, known as the film phenomenon. Further scraping of this film results in small bleeding points, known as the punctate hemorrhage phenomenon. Etiological factors include genetics, infection, metabolic disorders, immune dysfunction, and other factors [**?**]. During flare-ups, patients suffer from unbearable pruritus, which not only affects appearance but also severely impacts sleep and quality of life [**?**]. On July 25, 2023, our ward admitted a patient with psoriasis vulgaris. Through holistic nursing care guided by syndrome differentiation, the patient recovered and was discharged on August 9, 2023. The diagnosis and nursing process are reported as follows.

1 Clinical Data

Patient Gong XX, male, 77 years old, was admitted to the emergency department on July 25, 2023, with a chief complaint of "dizziness for 1 year, exacerbated for 3 days, with extensive body lesions" and diagnosed with "vertigo." Admission symptoms included conscious awareness, dysarthric speech, dizziness, heaviness and clouded sensation. Multiple erythematous rashes and desquamation were present throughout the body, particularly prominent on the limbs, abdomen, and back, with obvious pruritus. The patient reported that this psoriasis flare-up occurred after consuming mutton at home, leading to multiple rashes, desquamation, and pruritus throughout the body, for which no treatment was given at home. Past medical history included cerebral infarction, Parkinson's

disease, cerebral atherosclerosis, coronary atherosclerotic heart disease, hyperlipidemia, type 2 diabetes mellitus, and psoriasis. Auxiliary examinations revealed: homocysteine (Hcy) 46.66 mol/L; procalcitonin (PCT) 0.17 ng/ml; glycated hemoglobin 6.5%; intracranial artery MRA: arteriosclerotic changes. TCM diagnosis: vertigo (wind-phlegm disturbing upward), baibi (blood-heat pattern); Western medicine diagnosis: posterior circulation ischemia, psoriasis vulgaris. Based on the patient's condition, individualized nursing support was provided, including psychological nursing care, dietary guidance, TCM techniques such as moxibustion and herbal compress therapy, and strengthened integrated medical-nursing collaboration. By the 5th day of admission, the patient's skin lesion severity and pruritus were alleviated, and sleep improved.

2 Nursing Care

2.1 Nursing Assessment

Upon admission, the comprehensive four-examination assessment details are shown in Table 1 . The Psoriasis Area and Severity Index (PASI) score [**?**] was 30.1 points, Body Surface Area (BSA) involvement was 51%, Visual Analogue Scale (VAS) for pruritus was 7 points, and Dermatology Life Quality Index (DLQI) [**?**] was 22 points.

2.2 TCM Interventions

2.2.1 Herbal Compress Therapy Herbal compress therapy was administered to clear heat, detoxify, cool blood, and relieve pruritus. The herbal formula consisted of: Rheum palmatum (Da Huang) 50g, Coptis chinensis (Huang Lian) 30g, Phellodendron amurense (Huang Bai) 20g, Kochia scoparia (Di Fu Zi) 30g, Dictamnus dasycarpus (Bai Xian Pi) 20g, Sophora flavescens (Ku Shen) 20g, and Portulaca oleracea (Ma Chi Xian) 15g. These herbs work synergistically: Rheum palmatum, Coptis chinensis, Phellodendron amurense, and Dictamnus dasycarpus clear heat, purge fire, cool blood, detoxify, remove blood stasis, and dispel wind-dampness; Kochia scoparia clears heat, promotes diuresis, dispels wind, and relieves pruritus; Sophora flavescens clears heat, dries dampness, and treats scabies and skin pruritus; Portulaca oleracea treats toxic-heat dysentery, carbuncles, and furuncles.

The specific operational procedure for herbal compress therapy in this case was as follows: Three layers of sterile gauze were soaked in herbal decoction cooled to 15-20°C. The gauze was wrung out until no longer dripping, then applied as a compress to the rash areas, treating the chest first followed by the back, once daily for 30 minutes per session. During application, the remaining decoction was continuously poured onto the gauze to maintain adequate moisture and skin contact. Following treatment, the skin was not rinsed with water; instead, petroleum jelly was applied for moisturization. After treatment, rashes throughout the body showed improvement compared with baseline.

2.2.2 Moxibustion Moxibustion was applied at Zhongwan (CV12) to regulate organ qi and blood. As stated in *Suwen · Jingmai Bielun* (Basic Questions: Discussion on the Divergent Meridians): "When water and grains enter the stomach, the essence qi overflows and ascends, transported to the spleen; the spleen qi disperses the essence, which ascends to the lung; the lung regulates the water passages, transporting downward to the bladder; the water essence is distributed throughout, and the five meridians run parallel." Water and grains enter the stomach, undergo reception and ripening by the stomach, and coordinate with the spleen's transformation function to complete digestion and absorption, generating qi and blood to nourish the five zang-organs, six fu-organs, four limbs, and hundred bones. Moxibustion was administered once daily, 20 minutes per session.

2.3 Supportive Nursing Care

2.3.1 Life Care Psoriasis vulgaris is often associated with infectious factors, and bacterial infection is significantly correlated with disease severity in psoriasis vulgaris patients [**?**]. Bed unit cleanliness was strengthened, with bedsheets and patient gowns changed daily to maintain a clean, dry bed environment. Nails were trimmed to avoid skin breakage from scratching due to pruritus, preventing infection. Daily whole-body skin inspections were conducted to promptly detect skin changes and identify any infectious foci.

2.3.2 Dietary Care The patient's diet should focus on "strengthening the spleen, promoting diuresis, and resolving stasis"—strengthening the spleen to tonify deficiency, promoting diuresis to transform turbidity. Examples include Chinese yam and lean meat porridge, tremella and lotus seed porridge, and other products that nourish the spleen and stomach. The patient was advised to abstain from alcohol, guided to eat in moderation, consume a low-fat, high-vitamin, high-protein diet, and increase intake of green leafy vegetables and fruits. The patient's current flare-up was related to consuming lamb offal; future dietary guidance should emphasize avoidance of such foods.

2.3.3 Psychological Nursing Care Due to the recurrent nature of psoriasis [**?**], this patient had experienced multiple flare-ups, leading to anxiety about potential lack of relief and concerns about clothing choices, social interactions, and leisure activities due to skin problems. Patients were guided on proper cosmetic concealment to alleviate appearance anxiety, such as wearing long-sleeved, soft, breathable clothing; family understanding and support were obtained to increase confidence in active treatment.

2.4 Nursing Effectiveness Evaluation

After treatment, the patient's PASI score, BSA score, VAS score, and DLQI score all decreased, as detailed in Table 2 . Trend charts of nursing effectiveness evaluation are shown in Figure 1 [Figure 1: see original paper], 2, and 3.

Discussion

Traditional Chinese medicine has a long history in treating psoriasis, primarily employing internal and external herbal medicine and traditional therapies to regulate the immune system, target genes, and provide antioxidant effects, with high safety and few adverse reactions [?]. Due to the high recurrence rate of psoriasis, most patients require chronic disease management and lifelong treatment. Traditional Chinese non-pharmacological therapies are welcomed by psoriasis patients due to their simplicity, convenience, efficacy, and affordability.

As stated in *Yixue Rumen · Zhenjiu* (Introduction to Medicine: Acupuncture and Moxibustion): "When medicine is insufficient and acupuncture cannot reach, moxibustion must be applied," highlighting the important clinical role of moxibustion. Traditional Chinese medicine believes that moxibustion has functions of warming meridians, dispelling cold, resolving stasis, dispersing nodules, and drawing heat outward. Modern research indicates that the warming and unblocking effects of moxibustion can exert multi-pathway, multi-target immune effects, promote organ function recovery, and regulate immunity [?]. *Waike Jingyi · Tazhi Chuangzhong Fa* (Essential Principles of External Medicine: Compress Method for Sores) records: "The method of compressing sores and swellings should facilitate surface circulation and disperse pathogenic qi, causing internal resolution of sores." Herbal compress therapy allows medication to act on the whole body through skin pores and interstitial spaces, enabling resolution of exterior pathogenic factors and achieving the effect of dispelling wind and relieving pruritus.

In this case, the patient's TCM treatment methods demonstrated noticeable effects, and the patient expressed high satisfaction with the treatment outcomes. This approach can serve as a reference for similar patients in future clinical practice.

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Note: Figure translations are in progress. See original paper for figures.