

Nursing Experience of Finger Acupressure Combined with Moxa Stick Moxibustion for a Patient with Intractable Hiccups

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Abstract

This article summarizes the nursing experience of treating a patient with intractable hiccups using characteristic Traditional Chinese Medicine techniques of finger acupoint pressure combined with moxa stick moxibustion. Based on integrated Chinese and Western medicine treatment and supplemented by external TCM therapeutic methods, this approach employed syndrome differentiation for both treatment and nursing care, selecting specific acupoints and applying specialized manipulations according to the patient's condition. It played a crucial role in the overall therapeutic process by regulating qi flow, relieving stagnation, harmonizing the stomach, and descending counterflow qi. The treatment demonstrated remarkable efficacy with complete resolution of the patient's hiccup symptoms, featuring minimal invasiveness, safety, and absence of side effects, thus providing a valuable reference for clinical practice.

Full Text

Nursing Experience in Treating a Patient with Intractable Hiccups Using Finger Acupoint Manipulation Combined with Moxa Stick Moxibustion

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Abstract

This article summarizes the nursing experience of treating a patient with intractable hiccups using the characteristic Traditional Chinese Medicine (TCM)

techniques of finger acupoint manipulation combined with moxa stick moxibustion. Based on integrated Chinese and Western medicine treatment, we supplemented with external TCM therapies. Through syndrome differentiation and treatment, and syndrome differentiation-based nursing care, we selected specific acupoints and employed special manipulation techniques according to the patient's condition. This approach played a crucial role in regulating qi flow, relieving depression, harmonizing the stomach, and descending counterflow in the overall treatment. The therapeutic effect was remarkable, with the patient's hiccup symptoms completely resolved. The treatment was minimally invasive, safe, and free of side effects, providing a valuable reference for clinical practice.

Keywords: intractable hiccups; moxa stick moxibustion; finger acupoint manipulation; syndrome differentiation analysis

Introduction

Intractable hiccups refer to continuous, involuntary diaphragmatic spasms that persist for more than 48 hours and cannot be self-controlled, severely impacting patients' daily lives. The onset of intractable hiccups significantly affects patients' physical and mental health, creating a substantial burden by interfering with eating, drinking, communication, breathing, and sleep; in severe cases, it can even cause death. Conventional medications for treating hiccups, such as baclofen and chlorpromazine, primarily act on the central nervous system and carry adverse reactions including drowsiness, bone marrow suppression, rash, and liver and kidney function damage, which impose considerable negative effects on patients. TCM characteristic nursing is an emerging nursing model in recent years that emphasizes holistic concepts and syndrome differentiation-based nursing care. Through syndrome differentiation and treatment, we selected external TCM therapies including finger acupoint manipulation and moxa stick moxibustion after nursing assessment. Finger acupoint manipulation employs various techniques such as tapping, pressing, and kneading to achieve meridian dredging and qi-blood harmonization. Combined with moxibustion at specific acupoints, this approach effectively descended counterflow and arrested hiccups with rapid onset. This article summarizes the case of a patient with qi stagnation-type intractable hiccups treated with finger acupoint manipulation combined with moxa stick moxibustion.

Case Report

1.1 General Information

The patient was a 49-year-old male who presented during the Major Snow solar term. Chief complaint: continuous hiccups for over one month. History of present illness: The patient developed continuous, uncontrolled hiccups with loud sound one month prior after emotional excitement following alcohol intoxication. He experienced halitosis, thirst with preference for cold drinks, poor appetite, reduced food intake, and sleep disturbance due to hiccups, prompting

his visit to our outpatient department. He was admitted to the Second Ward of the Acupuncture Department at 08:30 on December 24, 2013.

Past medical history: The patient was hospitalized in our ophthalmology department on November 28, 2022, with diagnoses of: mature senile cataract in the left eye; cortical senile cataract in the right eye; bilateral retinal arteriosclerosis; dry eye syndrome; and keratitis. He had a history of reflux esophagitis for over three years and was regularly taking rabeprazole sodium enteric-coated tablets 20mg qd for acid suppression. He denied any surgical or blood transfusion history, infectious diseases such as hepatitis or tuberculosis, and drug or food allergies.

Current symptoms at admission: Continuous hiccups with poor appetite, reduced food intake, and sleep disturbance. No aversion to cold or heat, no dizziness or headache, no chest tightness, palpitations, or shortness of breath. He reported dry mouth, bitter taste, halitosis, fatigue, and normal bowel and bladder function.

1.2 Four Diagnostic Methods of Traditional Chinese Medicine

Inspection: The patient exhibited normal spirit, moderate build, and no obvious macules, vesicles, or sores on the skin and mucous membranes.

Listening/Smelling: Clear voice, no special odors or abnormal sounds detected.

Inquiry: Epigastric and abdominal distension, preference for cold drinks, poor appetite, and reduced food intake.

Palpation: The apical impulse was palpable and not forceful; no tenderness or masses were detected; hands and feet were normally warm without swelling or pain.

Tongue and Pulse: Thin white tongue coating, wiry pulse.

1.3 Treatment Course

From the second day of admission, the patient presented with continuous hiccups, poor appetite, reduced food intake, sleep disturbance, fatigue, white greasy tongue coating, and wiry pulse. By discharge, the patient had no hiccups, normal appetite, no nausea or vomiting, no fatigue, yellowish urine, and normal bowel movements.

Pre-Operative Nursing Assessment

2.1 Hiccup Symptom and Side Effect Scale (TESS) Assessment

Hiccup symptoms were graded into four levels: normal, mild, moderate, and severe. The TESS total score ranges from 0-10 points, with lower scores indicating fewer side effects. The patient's intractable hiccups occurred more than 10

times per hour, accompanied by esophageal reflux and inability to eat, classified as severe (Grade 4).

2.2 Pittsburgh Sleep Quality Index (PSQI)

Each PSQI item is scored from 0-3 points, with a total score ranging from 0-21 points; higher scores indicate poorer sleep quality. Assessment revealed a score of 18, indicating poor sleep quality.

2.3 Hamilton Anxiety Scale (HAMA)

The patient's HAMA score was 22, indicating obvious anxiety.

2.4 Nutritional Risk Screening (NRS 2002)

The NRS 2002 score was 4, indicating the patient was at risk of malnutrition.

Intra-Operative Nursing Diagnosis

3.2 Anxiety: Related to Disturbed Self-Image

Nursing goal: Reduce HAMA score to help the patient feel relaxed and increase comfort.

3.3 Nutritional Imbalance: Less Than Body Requirements

Nursing goal: Provide sufficient energy to maintain normal bodily functions.

Nursing Process

4.1 Routine Nursing Care

We closely monitored the patient's vital signs, consciousness, limb sensation, and mobility, observing the timing, characteristics, and frequency of hiccup episodes to identify triggers. We watched for gastrointestinal bleeding, including nausea, vomiting, choking cough, and changes in urine and stool color and volume, documenting these observations carefully. The patient was advised to rest in bed, establish a regular daily routine, and maintain normal sleep-wake rhythms while developing good sleep hygiene habits.

4.2 Emotional Nursing Care

We taught the patient psychological self-regulation techniques to maintain an optimistic mood and avoid emotional fluctuations, promoting calmness and emotional expression to achieve smooth qi flow and hiccup cessation. During treatment, we helped the patient analyze his condition, enabling full understanding of his illness to eliminate concerns and build confidence in recovery.

4.3 Dietary Nursing Care

Dietary nursing was particularly crucial, as food that was too cold, hot, hard, or spicy could trigger hiccups. We provided health education, strictly prohibited alcohol and tobacco, and recommended a light diet. Foods with liver-soothing and qi-regulating effects, such as mung bean and lily soup and tangerine peel drink, were suggested. Given the patient's history of gastrointestinal disease, we paid special attention to oral medications. During gastrointestinal bleeding, the patient was placed on fasting or liquid diet, with attention to appropriate food temperature. We guided the patient to eat during hiccup-free intervals, ensuring adequate calorie and protein intake to improve nutrition and adjust dietary patterns.

4.4.1 Finger Acupoint Manipulation

Frequency: Once daily, 15 minutes per session, as prescribed.

Finger acupoint manipulation, guided by TCM meridian theory, stimulates relevant acupoints on the body surface through tapping, pressing, and kneading techniques to dredge meridians and harmonize qi and blood.

Procedure: 1. The patient assumed a supine position with the chest fully exposed. 2. The operator warmed their hands and maintained patient warmth and privacy throughout the procedure, avoiding performance immediately after full meals or when hungry. We selected Cuanzhu (BL2), Tanzhong (CV17), Zhongwan (CV12), and Neiguan (PC6) acupoints, using fingertips to tap and press from top to bottom with comfortable pressure. Since the patient's condition originated from substantial gastric gas accumulation with stomach qi counterflow disturbing the diaphragm and throat, acupoint pressure could dredge meridian qi, relieve spasms, and calm hiccups. 3. Using the thumb pad or index/middle finger pads, we applied moderate pressure from top to bottom on Cuanzhu, Tanzhong, Neiguan, and Zhongwan acupoints, using sufficient force to support body weight for sustained pressure. The intensity should cause mild pain while maintaining comfort. The operator's fingertip remained below the skin level at the acupoint, maintaining stable and vertical pressure for 1-3 seconds before releasing. During release, the finger maintained skin contact. One cycle consisted of one press and release, with 50-60 cycles per session, typically three sessions.

Acupoint Functions: - **Cuanzhu (BL2):** According to meridian pattern principles, this acupoint treats external contraction, mania, hiccups, lower back pain, and hemorrhoids. As the second point of the Bladder Meridian, it connects to the spleen, stomach, and diaphragm, making stimulation effective for antiemetic, counterflow-descending, and diaphragm-relaxing effects. Located in the depression at the medial end of the eyebrow at the supraorbital notch. During pressure application, patients can be trained to hold their breath. - **Tanzhong (CV17):** This Conception Vessel acupoint is where qi from the Spleen, Kidney, Small Intestine, and Triple Burner meridians converge. As the

front-mu point of the pericardium and the influential point of qi, it regulates overall qi flow and treats various qi disorders including deficiency, counterflow, and stagnation. Located at the midpoint of the line connecting the two nipples on the anterior midline. - **Zhongwan (CV12)**: As the front-mu point of the stomach and influential point of the fu organs, and the intersection point of the Lung, Triple Burner, Stomach, and Conception Vessel meridians, this acupoint treats all fu organ diseases (stomach, gallbladder, pericardium, brain, triple burner, pancreas, intestines), especially gastric disorders, with effects of smoothing middle-jiao qi flow, tonifying middle qi, and regulating central qi. Located on the anterior midline of the upper abdomen, 4 cun above the umbilicus. To locate, first find the depression formed by the sternal body and xiphoid process (xiphisternal junction); the midpoint between this junction and the navel is Zhongwan. - **Neiguan (PC6)**: This Pericardium Meridian acupoint originates in the chest, belongs to the pericardium, and descends to the diaphragm. Massage enables qi to follow the meridian to the diaphragm, producing chest-widening, qi-benefiting, diaphragm-regulating, pain-relieving, and antiemetic effects. Located on the palmar side of the forearm, 2 cun above the wrist crease. After locating the point, apply pressure with the thumb pad while having the patient briefly hold their breath. The pressure should be relatively strong, producing numbness and distension radiating to the middle finger or palm.

Precautions: Throughout the procedure, we inquired about patient discomfort and observed responses. We provided education about expected soreness and distension, and advised ten minutes of rest after treatment.

4.4.2 Moxa Stick Moxibustion

Frequency: Twice daily—Geshu (BL17) in the morning and Zusanli (ST36) in the afternoon, ten minutes per session.

Moxibustion is a conventional TCM therapy that utilizes thermal stimulation to activate meridian qi at specific acupoints, harmonizing qi-blood and dredging meridians. According to *Shenjiu Jinglun*: “Moxibustion warms the meridians, promotes qi-blood circulation, smooths counterflow, and removes stagnation.” *Yixue Rumen* states: “What medicine cannot treat and acupuncture cannot reach must be treated with moxibustion.” Moxibustion warms meridians, dispels cold, regulates qi, and dredges collaterals, relieving local diaphragmatic spasms while guiding qi downward to calm counterflow.

Acupoint Functions: - **Geshu (BL17)**: Located below Xinshu (BL15) and above Ganshu (BL18), this is the influential point of blood. As a Bladder Meridian point (yang meridian) and one of the back-shu points, it benefits the chest diaphragm and clears blood heat, with functions of regulating spleen-stomach, tonifying qi-blood, and descending counterflow to relieve asthma. - **Zusanli (ST36)**: Moxibustion at Zusanli primarily warms the middle-jiao, tonifies deficiency, and harmonizes the spleen-stomach. As a Stomach Meridian point, it

inherently harmonizes the spleen-stomach; combined with moxibustion's warming and meridian-dredging effects, this synergistically strengthens the functions of warming the middle and harmonizing the spleen-stomach.

Precautions: We provided health education before treatment, explaining moxibustion principles. Patients maintained the same supine position for ten minutes without moving, and were instructed to inform nurses immediately if feeling excessive heat or skin burns. We observed local skin conditions and provided proper skin care.

4.4.3 Acupoint Application

This involved applying a paste-form medication made from processed Chinese herbs to the Shenque (CV8) acupoint. Shenque is an important point on the Conception Vessel located at the navel. The Shenque patch contains herbal ingredients with effects of warming meridians, dispelling cold, relaxing tendons, dredging collaterals, activating blood, resolving stasis, tonifying qi, strengthening the spleen, and warming yang. It effectively treats gastrointestinal symptoms including abdominal distension, pain, diarrhea, constipation, nausea, vomiting, and acid reflux.

Precautions: Optimal application time was two hours. When removing, we used gentle technique to avoid skin injury. Patients were informed to report any itching or discomfort during application, and we monitored for adhesive allergies while maintaining skin cleanliness and observing local skin conditions.

Nursing Effect Evaluation

1. **TESS Score:** Improved from severe (Grade 4) to moderate level.
2. **PSQI Score:** Decreased from 18 to 10 points, indicating improved sleep quality.
3. **HAMA Score:** Decreased from 22 to 12 points, showing significant anxiety reduction.
4. **NRS 2002 Score:** Indicated no malnutrition risk.
5. **TCM Effect Evaluation Table:** Demonstrated significant symptom improvement after TCM application, with complete resolution of discomfort symptoms and an "A-level" rating for excellent effect.

Results and Follow-up

After active treatment and nursing care, the patient experienced complete resolution of hiccups and increased appetite. Both the patient and family accurately mastered and understood relevant knowledge and skills. The patient was admitted on December 24, 2013, at 08:30 and discharged in improved condition on January 3, 2023, at 10:00. We provided health education and conducted telephone follow-ups at one week and one month post-discharge, which revealed the

patient had increased appetite meeting daily nutritional requirements, improved sleep quality with 6 hours of sleep per night.

Discussion

Intractable hiccups can be triggered by multiple causes. Since the diaphragm is innervated by cranial and phrenic nerves, lesions in any of these areas may induce hiccups. Common factors include cold air inhalation, overeating, excessive alcohol consumption, and mental stimulation, most of which are mild and easily resolved. Peripheral reflex diseases such as esophageal, mediastinal, and diaphragmatic lesions can cause intractable hiccups; for example, herpetic esophagitis frequently induces intractable hiccups. Stimulation of the diaphragm, such as gastroesophageal reflux, may also trigger hiccups. Our patient had a history of gastrointestinal disease and developed hiccups after alcohol intoxication and emotional excitement. Through syndrome differentiation, we diagnosed qi stagnation and focused on smoothing qi, relieving depression, harmonizing the stomach, and descending counterflow. Based on nursing assessment, we selected finger acupoint manipulation and moxa stick moxibustion—simple, readily accepted techniques. Moxibustion uses specialized moxa sticks, representing one of China's oldest medical arts and an external TCM treatment. By igniting mugwort-based moxa sticks placed in a box around the affected area, it comprehensively warms and dredges meridians while tonifying original qi. Finger acupoint manipulation is a TCM treatment method employing various hand techniques (tapping, pressing, pinching, patting) to unblock meridians and smooth qi-blood flow for therapeutic or preventive purposes. During nursing procedures, we observed patient tolerance and provided emotional guidance to alleviate anxiety, maintaining holistic nursing concepts and maximizing the synergistic effects of external TCM therapies. However, patient education about TCM principles is essential to ensure understanding, cooperation, and awareness of precautions to avoid unnecessary anxiety. This case demonstrates that external TCM therapies play a significant role and show good efficacy in treating intractable hiccups, providing valuable clinical reference.

This study has limitations. First, regarding durability: although symptoms resolved during and for some time after treatment, long-term efficacy cannot be fully guaranteed. Second, with only a single case collected, conclusions lack persuasive power. To address these issues, we need to strengthen patient follow-up and collect more relevant cases for clinical research.

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

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