Application of Traditional Chinese Medicine Nursing Therapy in Colorectal Cancer Patients

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Abstract

Colorectal cancer is a malignant tumor originating from the glandular epithelium of the large intestine, also known as colorectal carcinoma. It can occur in all segments of the large intestine, with 70% occurring on the left side, particularly in the sigmoid colon and rectum. As an important component of traditional Chinese medicine, TCM characteristic therapies are widely utilized in TCM nursing care due to their flexible methodologies, definitive efficacy, and simple and safe nature, and they provide assistance in symptom improvement and psychological rehabilitation for colorectal cancer patients. This article aims to elaborate on the modalities of TCM characteristic nursing therapy through the application of TCM characteristic therapies in colorectal cancer patients, providing a reference for clinical practice.

Full Text

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Abstract

Colorectal cancer is a malignant tumor originating from the epithelium of the large intestinal glands, also known as colorectal carcinoma. It can occur in all segments of the large intestine, with 70% of cases occurring on the left side, particularly in the sigmoid colon and rectum. As an important component of traditional Chinese medicine (TCM), TCM characteristic therapies are widely employed in nursing practice due to their flexible methods, precise efficacy, and

safety. These therapies play a valuable role in symptom improvement and mental rehabilitation for colorectal cancer patients. This article aims to elucidate the methods of TCM characteristic nursing therapies through their application in colorectal cancer patients, providing a reference for clinical practice.

Keywords: characteristic therapy; colorectal cancer; nursing

According to data from the World Health Organization' s International Agency for Research on Cancer, new colorectal cancer cases in China have increased from 388,000 in 2015 to 555,000 in 2020, rising at an annual rate of 7.4%. Additionally, lifestyle changes have led to a noticeable trend toward younger onset of colorectal cancer. As an important component of traditional Chinese medicine, characteristic therapies are extensively utilized in our hospital due to their flexible approaches, definitive effects, and simple, safe application. Moreover, these therapies significantly aid in symptom improvement and mental recovery for colorectal cancer patients. Techniques such as acupoint application and auricular point pressing can effectively reduce side effects from radiotherapy and chemotherapy, alleviate cancer pain, improve quality of life, and reduce patient suffering. This article introduces the application of commonly used traditional Chinese characteristic therapies in our department' s nursing practice, with the aim of promoting broader implementation of these effective methods in the clinical nursing care of colorectal cancer patients.

1. Etiology and Pathogenesis of Colorectal Cancer in Traditional Chinese Medicine

Although traditional Chinese medicine does not have a specific disease name for colorectal cancer, there are descriptions of symptoms, signs, and prognoses that correspond to this condition. The *Lingshu* states: "Intestinal polyps occur when cold qi lodges outside the intestines and struggles with defensive qi, preventing proper nourishment and causing binding that leads to the growth of evil qi and the formation of polypoid masses." The *Waike Dacheng* by Qi Kun of the Qing Dynasty describes "locked-anus hemorrhoids" as a condition where "the inside and outside of the anus are tightly locked like bamboo joints, shaped like a sea snail, causing tenesmus with thin, flat stools and foul-smelling water discharge, for which there is no cure." These descriptions closely match the clinical presentation of rectal cancer. The fundamental pathogenesis involves constitutional deficiency and weakened righteous qi, combined with emotional imbalance leading to liver qi stagnation and impaired dispersing function. This causes abnormal circulation of qi, blood, and body fluids, resulting in dysfunction of the zang-fu organs and accumulation of qi, blood, phlegm, stasis, and toxins that obstruct the large intestine, impair its transmission function, and eventually form masses. Deficiency of righteous qi is the root cause of this disease, with deficiency as the root and excess as the branch. The disease location is in the large intestine, involving the spleen, with the overall pathogenesis characterized by spleen deficiency and qi weakness with internal accumulation of cancer toxins. The pathological nature is root deficiency and branch excess,

with spleen deficiency as the root and cancer toxins as the branch.

2. Application of Traditional Chinese Medicine Characteristic Nursing Therapies

2.1 Acupoint Application Therapy

Acupoint application therapy has a long history. The earliest recorded instance appears in the *Fifty-two Prescriptions* unearthed from the Mawangdui Han tombs, which describes applying mashed white mustard seed to the Baihui acupoint to induce local skin redness for treating venomous snake bites. The *Huangdi Neijing* documents using cinnamon-soaked wine to warm cold bi syndrome and applying white wine mixed with cinnamon to treat wind affecting the blood vessels, marking the beginning of plaster therapy. Subsequent dynasties saw physicians continuously summarizing and supplementing this method. By the Qing Dynasty, Wu Shiji provided a systematic summary in his work *Li Yue Pian Wen*, which comprehensively elaborated external treatment theories integrating acupuncture and herbal medicine, with acupoint application as the main focus. The text describes various formulations including pastes, pills, powders, cakes, suppositories, and mud preparations, containing over 200 external application formulas for a wide range of diseases, and notes that "plaster medicine can cure diseases no differently than decoctions; when applied correctly, the response is immediate."

In modern times, theoretical research and clinical application of this therapy have developed comprehensively, with specialized works such as *Collection of Acupoint Application Prescriptions*, *Drug Application Therapy*, and *Umbilical Therapy* systematically organizing and elaborating the theory and clinical application scope of acupoint application. The theoretical foundation primarily derives from the TCM concepts of "holism" and "meridian and acupoint theory." Each Chinese herb possesses unique four qi, five flavors, ascending/descending/floating/sinking properties, and channel tropisms. When applied to specific acupoints, these herbs are absorbed through the skin into the circulatory system and distributed through meridian qi and blood to the zang-fu organs, limbs, and orifices, exerting their pharmacological effects. Simultaneously, this stimulates the meridian qi of the acupoints, harmonizing yin-yang, supporting righteous qi, dispelling pathogenic factors, and dredging meridians to achieve therapeutic goals [1].

For colorectal cancer patients, cancer pain is the most common clinical symptom. Numerous studies have investigated acupoint application for cancer pain. Research by Zuo Xiaona et al. [2] found that applying Wenyang Zhitong plaster at Ashi points (composed of Chuanwu 6g, Caowu 6g, Xixin 3g, Maqianzi 1g, Chuanjiao 6g, Rougui 3g, Jianghuang 9g, Ganjiang 9g, and Borneol 0.3g) combined with moxibustion could enhance the analgesic effect of three-step analgesic therapy, prolong pain relief duration, and reduce breakthrough pain episodes (4.07 vs. 3.55, $P < 0.05$) while also improving inflammatory factor lev-

els. Another study on three-step analgesics combined with "Tongluo Zhitong" formula acupoint application [3] demonstrated that the treatment group had significantly better vomiting and constipation grades than the control group ($P < 0.05$). A study on oxycodone hydrochloride sustained-release tablets combined with acupoint application [4] found that the combination therapy was more effective than analgesics alone (effective rate: 95.35% vs. 81.40%, $P = 0.044$). Numerous similar studies [5-8] have shown that adding acupoint application to conventional three-step analgesic therapy not only effectively relieves pain but also mitigates side effects such as vomiting and constipation. Furthermore, a study on fentanyl patches applied at non-acupoint versus Zusanli (ST36) locations [9] demonstrated that application at acupoints produced superior efficacy to non-acupoint application (average onset time: 23.97 min vs. 32.73 min; pain score difference before and after application: 17.93 vs. 25.27), with statistically significant differences ($P < 0.05$). This indicates that acupoint application not only delivers herbal efficacy but also stimulates meridian qi for synergistic therapeutic effects.

In our department, commonly used acupoints for relieving pain in colorectal cancer patients include Qihai (CV6), Guanyuan (CV4), Pishu (BL20), Shenshu (BL23), and Gaohuang (BL43), aiming to tonify qi and blood while strengthening patient constitution. Although centralized controlled studies have not been conducted, patient feedback indicates good efficacy in improving uncomfortable symptoms. Therefore, we should expand the application of acupoint therapy through different herbal formulas (such as Buzhong Yiqi or Huoxue Huayu formulas) and various acupoint combinations to achieve more profound and widespread clinical application.

2.2 Auricular Point Pressing

The *Huangdi Neijing · Lingshu* states: "Observe the ear' s condition to understand the constitution," meaning that observing the morphological features, color, rashes, and desquamation of the auricle can provide preliminary understanding of visceral functional status. Auricular point pressing is an external treatment that applies moderate kneading, pressing, pinching, and compression to produce stimulating sensations such as soreness, numbness, distension, and pain for therapeutic purposes, similar to acupuncture and massage. This therapy can calm the mind, relieve pain, dredge meridians, regulate patient mentality, and facilitate rehabilitation. In 1956, French physician P. Nogier proposed the "inverted fetus" distribution pattern of auricular points, where the arrangement of auricular points corresponds to an inverted fetus in the uterus, with the head downward, buttocks upward, and trunk in the middle. Therefore, stimulating specific regions can achieve therapeutic effects.

Chemotherapy is a common treatment for middle and advanced-stage colorectal cancer, with the most frequent adverse reactions being gastrointestinal symptoms such as nausea, vomiting, anorexia, weight loss, and malnutrition. Chemotherapy-induced nausea and vomiting (CINV) is classified as acute,

delayed, anticipatory, breakthrough, or refractory. Modern medicine primarily treats CINV with 5-hydroxytryptamine-3 (5-HT3) receptor antagonists, neurokinin-1 (NK-1) receptor antagonists, and glucocorticoids [10-11]. Internal Chinese medicine (herbal decoctions) also demonstrates good efficacy in relieving CINV. A controlled study adding Fuzheng Kang' ai decoction [12] to conventional antiemetic therapy for three months found that the herbal group significantly alleviated nausea and vomiting symptoms ($P < 0.05$). Another study showed that modified Liu Junzi decoction combined with tropisetron was more effective than tropisetron alone in preventing CINV in spleen-stomach qi deficiency patients [13].

Auricular point pressing is one of the most convenient and feasible methods in TCM external therapy, effectively relieving CINV. Research indicates that auricular point pressing at Shenmen, Stomach, Small Intestine, Cardia, and Endocrine points [14] combined with ondansetron significantly increased the antiemetic prevention rate (90% vs. 74%, $P < 0.05$). Several other studies have reported similar results [15-17]. Additionally, auricular point pressing demonstrates good efficacy in relieving various clinical pain conditions. Current mechanisms of auricular analgesia include neural theory, neurohumoral theory, embryology theory, biological holographic theory, biological cybernetics, and chronobiology theory [18], though whether these act through single or multiple pathways requires further clarification. Auricular point pressing has been applied to treat neuropathic pain such as migraine, with studies showing that stimulating Shenmen, Subcortex, Foot Sensory, Brain Point, and Sensitive points during migraine recovery can reduce migraine frequency [19], possibly related to increased plasma 5-hydroxytryptamine and decreased calcitonin gene-related peptide. Furthermore, auricular point pressing effectively relieves acute postoperative pain, with Li Ying et al. [20] finding that it can reduce Visual Analogue Scale (VAS) scores in lung resection patients, shorten pain duration, and decrease adverse reaction rates. Studies have also demonstrated significant advantages in treating sprains, contusions [21], and visceral pain [22].

Auricular point pressing has broad applications in other areas as well. For post-chemotherapy constipation, a study of 112 breast cancer patients [23] found that auricular point pressing combined with fire dragon cupping was effective (with significant differences in constipation characteristics and abdominal distension scores, $P < 0.05$). Thus, auricular point pressing, as a TCM external therapy, demonstrates good clinical efficacy in our department for managing gastrointestinal adverse reactions such as nausea, vomiting, and constipation caused by chemotherapy, as well as cancer pain. The nursing application is relatively simple and has received unanimous positive feedback from patients.

2.3 Herbal Fumigation and Washing Therapy

Herbal fumigation and washing therapy is an external treatment method guided by TCM theory, where herbal decoctions are used for steam fumigation, showering, or soaking of affected areas to treat internal diseases externally. This

therapy has a long history, referred to in ancient literature as "qi ironing," "ta zi,"or "shower washing."The earliest record appears in the *Jinkui Yaolue*: "For fox confusion disease···when it erodes the lower part causing dry throat, wash with Kushen decoction."This therapy utilizes both medicinal power and heat to act on the body through skin and mucous membranes, promoting pore opening, meridian harmony, and smooth qi-blood flow for disease prevention and treatment. The medicine acts directly on the lesion, offering functions such as promoting blood circulation, dredging collaterals, relieving pain, clearing heat and toxins, eliminating dampness and swelling, and improving peripheral circulation. This approach is particularly suitable for patients with poor gastrointestinal function from long-term injections and medication.

During radiochemotherapy for colorectal cancer, chemotherapy drugs often cause peripheral neuritis, manifested as hand-foot numbness, dull sensation in extremities, and even fine motor dysfunction from sensory abnormalities [24]. Current treatment primarily involves mecobalamin administration, which has some efficacy but can cause adverse reactions such as rash and drug fever with long-term use [25]. With deeper application of TCM external therapy, one study found that modified Jinhuang ointment combined with herbal fumigation and washing [26] significantly improved clinical efficacy in treating peripheral neuritis after chemotherapy, effectively relieving pain (NRS score comparison after 30 days: 1.17 vs. 2.48, $P < 0.05$) and reducing inflammatory mediators (TNF-α: 9.13 vs. 15.71; IL-1β: 6.83 vs. 1.45; both $P < 0.05$).

Hand-foot syndrome (HFS) is a characteristic cutaneous toxicity reaction in cancer patients receiving antineoplastic drugs, severely impacting quality of life and potentially causing drug intolerance or treatment discontinuation [27]. Current HFS treatment primarily involves oral COX-2 inhibitors and vitamins with limited efficacy [27]. Chinese medicine offers unique advantages in HFS prevention and treatment. A comparative study of herbal fumigation and washing versus topical urea ointment and oral mecobalamin [28] found that the Wenyang Huoluo formula (composed of Guizhi 10g, Aiye, Xixin, Chuanxiong, Honghua, Gancao 15g each, Ganjiang, Zicao, Taoren, Danggui, Baishao, Huangqi 20g each, Jixueteng, Chishao 30g each) achieved definite efficacy, with an effective rate of 52.8% and disease control rate of 83.9% in the observation group, significantly superior to the control group (27.4% and 59.7%).

Chemotherapy-induced peripheral neuropathy (CIPN) also significantly impacts patients' quality of life and subsequent treatment. Research suggests CIPN may correlate with serum Nerve Growth Factor (NGF) levels. A study on herbal fumigation and washing effects on NGF in malignant tumor patients with CIPN [29] showed that after four weeks of treatment, the control group had a total effective rate of 36.4% versus 82.6% in the treatment group ($P < 0.05$), with significant differences in NGF levels (6.82 pg/mL vs. 7.50 pg/mL, $P < 0.05$).

Similarly, limb edema is common during radiotherapy in cancer patients, often manifesting as painful, swollen upper limbs. A study on herbal fumigation and washing for limb edema after breast cancer radiotherapy [30] found that the

observation group had superior limb symptoms post-treatment, with a total effective rate of 97.22% compared to 83.33% in the control group ($P < 0.05$).

Thus, herbal fumigation and washing, as an important component of TCM external therapy, demonstrates significant efficacy in managing peripheral neuropathy and edema in cancer patients. Through herbal heat and pharmacological action on affected areas via skin and mucous membranes, it achieves effects of nourishing blood and qi, promoting blood circulation, and dredging meridians. During fumigation, heat stimulation causes local capillary dilation and skin congestion, improving local circulation, relieving muscle spasms, promoting absorption of inflammation and chemical mediators, and accelerating tissue repair. Meridian theory suggests that heat stimulation regulates the meridian system to support righteous qi, dispel pathogenic factors, and correct imbalances of yin-yang, qi, and blood. Modern medical mechanisms suggest that thermal effects stimulate cutaneous nerve receptors, disrupting original pathological reflex connections and establishing new reflexes through the nervous system to treat disease.

2.4 Intradermal Needling (Press Needle)

Intradermal needling, also known as press needle or subcutaneous needle retention, is a traditional TCM therapy using thumb-tack-shaped micro-needles (0.3-0.9mm in diameter) inserted into acupoints or auricular points for extended retention. It can be used alone or combined with other TCM therapies. This method is simple to operate, produces obvious therapeutic effects, and has broad indications, making it a safe, effective, and easily learned TCM treatment for common diseases, chronic conditions, neurological disorders, endocrine dysfunction, and various chronic illnesses.

Intradermal needling offers several advantages: (1) Safe and painless: It only reaches the subcutaneous layer without penetrating deeply, avoiding injury to viscera, nerve trunks, or major blood vessels, making it one of the safest needling methods. (2) Rapid onset: Particularly for painful conditions, it can produce immediate pain reduction. (3) Comfortable with broad indications: All indications suitable for regular acupuncture can be treated with intradermal needles without restricting patient movement. The microporous adhesive tape adapts to skin elasticity and moves with the skin, providing good breathability. (4) Convenient and long-lasting: Easy to carry and use, with prolonged needle retention providing continuous stimulation and enhanced therapeutic effects without affecting daily life.

Intradermal needling has broad applications in cancer patients. Severe adverse reactions such as post-chemotherapy vomiting, appetite loss, and constipation not only affect patients' emotions and quality of life but also increase psychological burden, trigger strong stress responses, and severely impact subsequent treatment. A study using midnight-noon ebb-flow method combined with intradermal needling for post-chemotherapy vomiting [31] found that the experimen-

tal group had lower vomiting incidence after nursing care ($P < 0.05$). Another study on intradermal needling for constipation in lung cancer patients after chemotherapy [32] showed the observation group achieved a total effective rate of 92.5% versus 72.5% in the control group. Similarly, intradermal needling demonstrates significant efficacy in treating hiccups of spleen-stomach yang deficiency type in cancer patients [33].

Intradermal needling also shows significant efficacy for insomnia in cancer patients, a common complication during surgical treatment [34] that reduces rest time, increases fatigue, and may even cause depression. In 100 breast tumor patients with postoperative insomnia [35], the control group received conventional nursing while the observation group added intradermal needling. Using Pittsburgh Sleep Quality Index (PSQI) scoring, the observation group showed a total effective rate of 78% versus 46% ($P < 0.05$), with significantly reduced PSQI dimension scores and total scores post-treatment ($P < 0.05$). Another study on advanced malignant tumor patients with anxiety-related insomnia [36] reported a total effective rate of 98.5% in the research group versus 88.1% in the control group ($P < 0.05$), with statistically significant differences in PSQI sleep onset time (0.76 vs. 1.32) and sleep quality scores (0.81 vs. 1.43) after treatment ($P < 0.05$). These findings demonstrate that intradermal needling stimulates acupoints, regulates bodily functions, promotes organ balance and coordination, improves psychological status, adjusts nervous system function, and relieves emotional, anxiety, and depressive symptoms.

Furthermore, intradermal needling can treat various pain conditions including low back pain, cervical spondylosis, periarthritis of shoulder, knee osteoarthritis, headache, and toothache, as well as neurological conditions such as peripheral neuritis, shingles, trigeminal neuralgia, dental neuralgia, facial neuritis (facial paralysis), intercostal neuralgia, and hemifacial spasm.

2.5 Herbal Hot Compress

Herbal hot compress is a type of external drug application therapy where heated herbal packs are placed on affected areas or specific body locations (such as acupoints). The hot steam expands local capillaries, accelerates blood circulation, and utilizes both medicinal effects and temperature to warm meridians, harmonize qi-blood, and dispel cold-dampness. Also known as herbal hot application, this traditional TCM therapy has over 2,000 years of history. The "ironing" method described in the *Huangdi Neijing* refers to hot compress therapy, which can be divided into dry and wet hot compress. Dry hot compress involves heating herbs by stir-frying or microwaving, while wet hot compress involves steaming or boiling herbal packs, such as in herbal soaking therapy. Hot compress packs contain herbal ingredients that, when heated, utilize warm power to transport medicinal properties from the exterior to the interior through skin and interstitial spaces, following meridians to reach zang-fu organs. This causes local vasodilation, improves circulation, enhances metabolism, promotes absorption and excretion of metabolic waste, and achieves effects of warming

and dredging meridians, relaxing muscles and tendons, harmonizing qi-blood, reducing swelling and pain, dispelling dampness and cold, and strengthening bones and muscles. It is suitable for various chronic, deficiency-cold conditions, osteoarthritis, sprains, cervical and lumbar diseases, stomach pain, and various painful conditions.

In colorectal cancer patients, hot compress is primarily used for gastrointestinal symptoms such as nausea and vomiting after chemotherapy. A study of 60 tumor chemotherapy patients with spleen deficiency and phlegm-dampness syndrome [37] found that the observation group had significantly better nausea and vomiting scores on days 2, 3, 4, and 5 of treatment ($P < 0.05$), with significantly higher nursing satisfaction ($P < 0.05$). Hot compress also demonstrates significant efficacy for sleep disorders. A study on hot compress combined with acupoint application for postoperative recovery, immune function, and PSQI scores in breast cancer patients [38] found that the observation group showed superior effects in elevating CD4+, NK cell, and LAK levels and reducing CD8+ levels compared to the control group ($P < 0.05$). Both groups showed significant reductions in PSQI dimension scores and total scores for sleep onset time, sleep quality, sleep duration, sleep efficiency, hypnotic medication, and sleep disorders ($P < 0.05$), with the observation group showing superior improvement ($P < 0.05$). Additionally, hot compress demonstrates clear efficacy for cancer bone pain. A study on herbal compress technique for cancer bone pain [39] randomly divided patients and evaluated pain scores using the QLQ-C30 quality of life assessment. The treatment group showed significantly decreased pain scores after herbal compress application compared to the control group ($P < 0.01$), with significant differences in some QLQ-C30 quality of life indicators ($P < 0.05$). These results indicate that herbal compress technique has definite synergistic analgesic effects and improves patients' quality of life.

Discussion

Due to the biological diversity of colorectal cancer, its diagnosis and treatment process is complex, with major complications including gastrointestinal reactions, cancer pain, postoperative gastrointestinal dysfunction, hand-foot syndrome, and incomplete intestinal obstruction [40]. TCM external therapies offer flexible methods, definitive effects, and simple, safe application in colorectal cancer treatment and nursing care. Consequently, research reports in this field have increased in recent years. However, most current studies focus on individual clinical practice and lack in-depth, rigorous mechanistic research. Multi-center, large-sample clinical studies are still needed to objectively evaluate the clinical efficacy of traditional Chinese therapies. This is particularly true in clinical nursing practice, where we must further explore TCM external therapies to alleviate suffering and improve quality of life for cancer patients.

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