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Fire Dragon Cupping Combined Moxibustion for Postpartum Urinary Retention: A Nursing Case Report

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Abstract

This paper primarily analyzes and summarizes the therapeutic efficacy and nursing experience of fire dragon cupping comprehensive moxibustion in the treatment of one case of postpartum urinary retention. Initially, nursing personnel must conduct a comprehensive nursing assessment of the patient's condition and pathogenesis to understand nursing risks and highlight key nursing priorities. Subsequently, fire dragon cupping comprehensive moxibustion therapy is provided on the basis of conventional nursing care. The case treatment results demonstrate that fire dragon cupping comprehensive moxibustion can significantly improve patient symptoms and relieve pain and discomfort.

Full Text

Nursing Care of a Postpartum Urinary Retention Patient Treated with Fire Dragon Cupping Combined Moxibustion: A Case Report

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Abstract

This article analyzes and summarizes the therapeutic effects and nursing experience of a case of postpartum urinary retention treated with fire dragon cupping combined moxibustion. Initially, nursing staff conducted a comprehensive assessment of the patient's condition and etiology to identify nursing risks and prioritize care interventions. Based on routine nursing care, fire dragon

cupping combined moxibustion therapy was administered. The treatment outcomes demonstrated that this approach significantly improved the patient's symptoms and alleviated pain and discomfort.

Keywords: Fire dragon cupping combined moxibustion; Postpartum urinary retention; Nursing care

Postpartum urinary retention is a common condition following childbirth, primarily caused by compression of the bladder and pelvic nerve plexus during delivery, resulting in bladder muscle paralysis and subsequent symptoms. The main clinical manifestation is qi deficiency leading to loss of urinary control, requiring treatment to tonify qi and promote urination. From a Traditional Chinese Medicine (TCM) perspective, postpartum urinary retention falls under the categories of “postpartum urinary blockage” or “postpartum frequent urination and incontinence.” The fundamental pathogenesis involves dysfunction of bladder qi transformation, which can result from various factors including qi deficiency, kidney deficiency, liver stagnation, and blood stasis. Treatment must adhere to syndrome differentiation and vary according to the underlying etiology. For instance, cases caused by qi deficiency should be treated by augmenting qi and clearing obstruction to transform qi and promote water metabolism. Postpartum urinary retention not only affects maternal recovery and reduces quality of life but may also impact psychological well-being, leading to complications such as postpartum depression. Therefore, clinical attention to its treatment is essential. Currently, TCM techniques demonstrate promising therapeutic effects, particularly external treatment methods, which have extensive clinical application experience with mostly favorable outcomes. Treatment selection should be based on the patient's specific condition [1]. This study selected fire dragon cupping combined moxibustion to evaluate its therapeutic effect in a case of postpartum urinary retention.

1 Clinical Data

The patient was a 26-year-old female who presented to our hospital on December 8, 2023, with “postpartum day 8, difficulty self-urinating for 3 days.” She had delivered a full-term female infant weighing 3400g on May 1 via episiotomy with labor analgesia at our institution. On postpartum day 5, she experienced abdominal distension and difficulty urinating, producing only a few drops each time without forming a stream, accompanied by lower abdominal pain. She did not seek treatment initially, but as abdominal distension progressively worsened and she became unable to urinate spontaneously, she presented for care. Her tongue was pale with a thin white coating, and her pulse was weak and slow. Outpatient ultrasound examination indicated bladder overdistension. After catheterization drained 2100mL of urine, residual urine volume measured approximately 1200mL by ultrasound. TCM diagnosis: Urinary retention (qi deficiency type). Western medicine diagnosis: Postpartum urinary retention. At

admission, the patient' s pain score was 6 on the Visual Analogue Scale (VAS). Physical examination revealed a palpable bladder two fingerbreadths below the umbilicus. Continuous catheterization was maintained with drainage every 2 hours, along with bladder physiotherapy, but the patient remained unable to urinate spontaneously. Fire dragon cupping combined moxibustion was then administered. After 3 days of treatment, the catheter was removed and the patient could urinate spontaneously with a thin stream, though still experiencing residual urgency after voiding. Ultrasound-measured residual urine volume was 150mL. Treatment continued for an additional 4 days, after which ultrasound monitoring showed residual urine volume <50mL, urine flow formed a normal stream, and no post-void urgency remained. Pain score (VAS) was 0. The patient was discharged on December 20, 2023.

2 Nursing Care

2.1 Nursing Assessment

Pain was evaluated using the Visual Analogue Scale (VAS), scored from 0-10, ranging from no pain to unbearable severe pain, with increasing scores indicating escalating pain intensity. This patient' s VAS score was 6, indicating moderate pain. Pre-treatment bladder residual urine volume was measured and compared to assess urinary function.

2.2 Nursing Diagnosis

Based on physical examination and patient reports, the following problems were identified: postpartum difficulty urinating, inability to self-void, poor response to continuous catheterization, and significant impediments to physical and psychological well-being. Nursing diagnoses were: (1) Pain related to difficulty urinating; (2) Anxiety related to illness impact and postpartum status; (3) Sleep disturbance related to poor urination and bladder overdistension; (4) Knowledge deficit related to lack of understanding about postpartum urinary retention.

2.3 Nursing Plan

A nursing plan was developed targeting the patient' s condition: (1) Strengthen health education to enhance the patient' s knowledge and understanding of postpartum urinary retention and establish preventive awareness; (2) Emphasize emotional care through active communication to alleviate negative emotions and improve anxiety; (3) Leverage the role of characteristic TCM nursing techniques to help improve symptoms, reduce pain, and accelerate recovery.

2.4.1 TCM Nursing Intervention

Fire dragon cupping combined moxibustion was administered with key acupoints including Zhongji (CV3), Shuidao (ST28), Guilai (ST29), and Guanyuan (CV4). Before treatment, the patient' s overall condition was assessed to ensure

appropriate room temperature. The patient was assisted into a comfortable position, clothing removed to expose the abdomen, and essential oil applied. A medium-sized fire dragon cup was selected, with a moxa stick inserted and ignited. Once the moxa was burning sufficiently, the practitioner held the cup with both hands, maintaining a 15° angle between the petal-shaped cup rim and skin. The cup was moved along the skin and meridians from top to bottom while simultaneously performing pushing and kneading maneuvers. The petal-shaped rim was then applied perpendicularly to corresponding acupoints for point pressure, followed by a 30° angle for rotational scraping or pushing to release fascia. A pulling technique was applied to slowly stretch muscles, followed by penetrating heat moxibustion—continuously fanning like shaking dice to accelerate moxa combustion, increase heat, and enhance moxibustion sensation until the local skin became flushed. Finally, with one hand holding the cup rim flat against the skin and the other supporting the affected limb, the practitioner, patient's limb, and fire dragon cup were simultaneously rotated clockwise, counterclockwise, and oscillated in vibration to achieve resonance, with the endpoint being patient comfort, flushed skin, and mild sweating. After treatment, the local skin was cleaned and the patient assisted with dressing and positioned comfortably. Treatment was administered once daily for 7 consecutive days.

2.4.2 Syndrome-Based Nursing Care

Due to difficulty urinating and severe pain, the patient experienced physiological and psychological stress reactions that could produce significant negative emotions. Therefore, comprehensive nursing care was provided, including psychological, dietary, and exercise guidance to accelerate recovery. Specific measures included: **Psychological care:** Postpartum women in the puerperal period experience substantial emotional changes, and urinary retention exacerbates these changes, potentially leading to anxiety, depression, and other adverse emotions. Psychological support was provided through enhanced communication, family encouragement, and relaxation therapy, music therapy, and mindfulness therapy to divert attention, discharge negative emotions, reduce psychological pressure, and foster an optimistic attitude toward recovery and the puerperal period.

Dietary care: A light, nutritious diet rich in high protein, vitamins, and iron was recommended, initially focusing on warm soups and porridge. **Exercise care:** Patients with postpartum urinary retention should avoid strenuous activity during treatment. After discharge, they should balance rest and activity, gradually increasing exercise volume, and receive guidance on bladder function training specifically targeting bladder and sphincter muscles to accelerate physical recovery, improve bladder muscle capacity, and enhance urinary function.

3 Results and Follow-Up

After 7 days of treatment, the patient had the catheter removed and could urinate spontaneously. Ultrasound monitoring showed residual urine volume <50mL, urine formed a normal stream, and no post-void urgency remained. VAS

score decreased from 6 to 0, sleep improved, anxiety symptoms significantly alleviated, and no serious complications occurred. The patient was discharged after evaluation. At 7-day follow-up, the patient demonstrated good compliance, reported no difficulty urinating, and was advised to continue dietary adjustments, moderate exercise, and ensure adequate sleep. At 1-month follow-up, the patient reported essentially normal life, no bladder distension or pain, normal urination, adequate sleep, and disappearance of anxiety symptoms.

Postpartum urinary retention has a relatively high incidence, causing restlessness, abdominal distension, and discomfort that severely reduces quality of life. Moreover, bladder overdistension affects uterine involution and increases risks of urinary tract infection and postpartum hemorrhage [2-3]. Patients primarily present with absence of urinary urge after delivery, difficulty expelling urine, or lower abdominal distension and discomfort [4]. TCM theory analysis indicates that the pathogenesis involves insufficient lung qi, consumption of qi and blood, and physical weakness leading to inadequate bladder muscle strength and resulting urinary retention. Syndrome differentiation reveals that this condition is closely related to the lungs, qi-blood, and constitution. Insufficient bladder muscle activity prevents smooth urination, thus causing urinary retention.

Appropriate TCM interventions can effectively improve clinical symptoms and vital signs. Fire dragon cupping combined moxibustion is a commonly employed TCM nursing technique in major hospitals, earning unanimous praise from patients and physicians for its innovative rehabilitation applications [5]. This therapy differs from traditional cupping techniques in several aspects: the cups are crafted from black rock and purple clay, with the rim and inner wall electroplated with gold, silver, and copper metals, and pure Qiai mugwort floss is ignited inside as the therapeutic foundation [6-7]. This method integrates multiple techniques including moving cupping, moxibustion, tuina massage, guasha scraping, topical application, and acupressure. It employs diverse manipulations such as ironing, pressing, pushing, scraping, point stimulation, shaking, flashing, and vibrating, achieving balance between firmness and gentleness while combining regulating and tonifying effects. The therapy aims to promote blood circulation, dilate microvessels, accelerate sweating, improve blood flow, reduce inflammation, activate blood, resolve stasis, and unblock meridians [8-9]. The treatment combines the thermal effects and nourishing properties of moxibustion to help balance bladder qi transformation and restore natural urinary function.

In summary, fire dragon cupping combined moxibustion helps relax local muscles of the bladder and urethra, enhances excitability of the external urethral sphincter, and improves urinary retention symptoms. Combined with psychological care and health education, it can reduce psychological stress, improve correct understanding of the therapy, and enhance patient trust, thereby amplifying therapeutic effects. Following treatment, fire dragon cupping combined moxibustion produces specific actions including warming meridians to dispel cold, promoting qi flow to unblock collaterals, supporting yang to prevent collapse, lifting yang to address prolapse, and drawing out toxins to dissipate heat.

It not only significantly improves urinary retention symptoms and accelerates recovery but also prevents other diseases and promotes health maintenance, demonstrating notable overall efficacy [10].

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