Nursing Experience in Clinical Care of a Xiao-Ke Disease Patient with Intermingled Phlegm and Blood Stasis

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Abstract

Diabetes mellitus is a common and frequently-occurring disease. Currently, the global prevalence and incidence of diabetes are rising sharply, severely impacting patients' quality of life. This paper primarily describes the determination of patient nursing protocols through syndrome differentiation and classification. Following treatment, this approach can effectively improve patients' clinical symptoms and enhance their quality of life. It provides a new approach for diabetes nursing care, fully embodying the characteristic nursing of integrated Chinese and Western medicine. The therapeutic effects are remarkable and warrant clinical promotion.

Full Text

Nursing Experience in Clinical Care for a Case of Xiaodike (Diabetes) with Phlegm and Blood Stasis Interlocking

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Abstract

Diabetes mellitus is a common and frequently occurring disease whose global prevalence and incidence are rising sharply, seriously affecting patients' quality of life. This paper presents a nursing plan developed through syndrome differentiation and classification that effectively improved clinical symptoms and enhanced the patient' s quality of life. This approach provides a new framework for diabetes nursing care, fully embodies the distinctive characteristics

of integrated Chinese and Western medicine nursing, demonstrates remarkable therapeutic effects, and warrants clinical promotion.

Keywords: diabetes; integrated Chinese and Western medicine nursing; syndrome differentiation-based nursing care

Xiaodike corresponds to diabetes mellitus (DM), a metabolic disease caused by insulin resistance or insufficient insulin secretion. As a chronic metabolic disorder, diabetes often leads to multiple complications as the disease progresses, profoundly impacting patients' lives [1]. Based on etiology, diabetes is classified into four main types: Type 1 diabetes (T1DM), Type 2 diabetes (T2DM), gestational diabetes (GDM), and special types of diabetes [2]. Clinically, the most common forms are Type 1, Type 2, and gestational diabetes. Type 1 diabetes, influenced by immune system defects or genetic factors, involves absolute insulin deficiency and typically occurs in children and adolescents under 30 years old, presenting with obvious "three polys and one less" symptoms (polyuria, polydipsia, polyphagia, and weight loss). These patients require lifelong insulin injection, with renal complications being most common. Type 2 diabetes, caused by insulin resistance or relative insulin deficiency, frequently occurs in obese individuals over 40 years old. Its classic "three polys and one less" symptoms are often less pronounced, and the disease course is gradual, frequently accompanied by various complications over time [3].

In China, changes in dietary patterns and lifestyle among urban and rural residents have led to a significant increase in obesity and overweight prevalence. Type 2 diabetes patients now account for over 90% of all diabetes cases, making diabetes the third major chronic non-communicable disease after cardiovascular diseases and cancer [4]. Poor long-term glycemic control can trigger multiple complications affecting the heart, brain, eyes, kidneys, and feet. These unpredictable complications represent a major cause of diabetes-related mortality and disability. Western medicine has certain limitations in treating diabetes and its complications. While hypoglycemic drugs act quickly to lower blood glucose, long-term use leads to reduced drug sensitivity and increased dependency. Moreover, Western medicine still lacks targeted, highly effective protocols for preventing and treating diabetic complications [5]. Traditional Chinese medicine (TCM), with its holistic concepts and syndrome differentiation-based treatment principles, offers unique advantages. In preventing and treating diabetes and its complications, TCM focuses not only on glucose reduction but also on regulating the internal environment of the heart, blood vessels, kidneys, and other systems. This approach plays a significant role in preventing diabetic complications, improving patients' quality of life, and providing more treatment options. This report describes how clinical syndrome-based nursing care effectively alleviated the patient' s discomfort symptoms and achieved favorable therapeutic outcomes.

1 Clinical Data

The patient was a 78-year-old female admitted on December 8, 2023, with a chief complaint of "dry mouth and excessive thirst for over 5 years, worsening with intermittent numbness, coldness, and pain in both feet." Admission symptoms included: dry mouth with polydipsia, blurred vision, numbness and cold pain in both feet, generalized fatigue, normal appetite, poor sleep, nocturia, normal bowel movements, dark dull tongue with yellow greasy coating, and wiry slippery pulse. Past medical history included hypertension for 7 years and hyperlipidemia for 10 years, both managed with regular medication. No food or drug allergies were reported.

Admission physical examination: Temperature 36.4°C, Pulse 78 beats/min, Respiration 20 breaths/min, Blood Pressure 148/88 mmHg. Specialized examination: Random blood glucose 11.2 mmol/L, low skin temperature in both feet, diminished dorsalis pedis pulse, reduced temperature sensation, and diminished vibration sense with tuning fork.

Diagnosis: TCM: Xiaodike (diabetes); Western Medicine: Type 2 diabetes mellitus, diabetic peripheral neuropathy, Hypertension Grade 2 (very high risk), hyperlipidemia. Syndrome differentiation: Qi and yin deficiency with phlegm and blood stasis interlocking. TCM treatment: Oral herbal medicine to tonify qi and nourish yin, resolve phlegm and unblock collaterals. TCM nursing characteristic: Clinical syndrome-based nursing care to improve discomfort symptoms. Pre-treatment lower limb pain was assessed using the Visual Analogue Scale (VAS) with a score of 7.

After two weeks of treatment (January 22, 2024), the patient' s dry mouth and polydipsia improved, blurred vision significantly reduced, numbness and cold pain in both feet markedly improved, occasional generalized fatigue remained, appetite and sleep normalized, bowel and bladder function regulated, and VAS score decreased.

2 Nursing Care

2.1 Assessment Indicators

2.1.1 Pain Assessment The Visual Analogue Scale (VAS) [6] was used for pain assessment and clinical efficacy evaluation. VAS scoring: 0 = no pain; 1-3 = mild pain tolerable to patients; 4-6 = moderate pain intolerable to patients affecting sleep; 7-10 = severe pain intolerable to patients affecting appetite and sleep. Efficacy evaluation: Cured = complete disappearance of lower limb pain and cramping; Markedly effective = occasional lower limb pain and cramping, 接近正常; Effective = improvement in lower limb pain and cramping but still some distance from normal recovery; Ineffective = no improvement in symptoms. The patient' s pre-treatment VAS score was 6, indicating moderate pain affecting sleep.

2.1.2 Psychological Status The Self-Rating Anxiety Scale (SAS) [7] was used to assess anxiety symptoms. SAS employs a 4-point scoring system across 20 items; the sum of all items multiplied by 1.25 and rounded yields the standard score. Standard scores: <50 = normal; 50-59 = mild anxiety; 60-69 = moderate anxiety; $ $70 = severe anxiety. This patient presented with irritability and anger, with adverse emotions caused by pain, insomnia, and other discomfort symptoms. SAS score was 68, indicating moderate anxiety.

2.1.3 Activities of Daily Living Assessment The Barthel Index was used to assess activities of daily living, including feeding, bathing, grooming, dressing, bowel and bladder control, toileting, bed-chair transfer, ambulation, and stair climbing. Maximum score is 100, with higher scores indicating better self-care ability. This patient' s Barthel score was 90, rated as Level 1, indicating mild functional impairment.

2.2 Nursing Diagnoses

The patient' s nursing diagnoses were: (1) Pain, related to limb pain caused by diabetic peripheral neuropathy; (2) Anxiety, related to discomfort from lower limb pain and cramping; (3) Sleep pattern disturbance, related to lower limb pain and cramping; (4) Urination impairment, related to frequent urination caused by diabetes; (5) Activity intolerance, related to fatigue.

2.3 Nursing Plan

Based on the patient' s actual condition, the nursing plan was formulated as follows: (1) Integrate TCM characteristic techniques to alleviate pain; (2) Strengthen emotional care, increase communication frequency, and provide psychological counseling; (3) Guide proper sleep positioning to reduce pain and improve sleep quality; (4) Improve nocturia symptoms to enhance sleep quality; (5) Provide appropriate exercise guidance according to activity tolerance, progressing gradually to enhance physical strength while avoiding overexertion and ensuring safety.

2.4 Nursing Implementation

2.4.1 Syndrome-Based Nursing Care **(1) Nocturia:** Monitor frequency, volume, and color of urination; advise limited fluid intake before bedtime. Guide appropriate consumption of kidney-tonifying foods such as Euryale ferox seeds (qianshi) and goji berries. Dietary therapy: Euryale ferox seed and lean meat soup.

(2) Dry mouth and polydipsia: Maintain appropriate air temperature and humidity; monitor dry mouth symptoms and daily water intake. Consume more fluid-generating and dryness-moistening foods such as lily bulb and zucchini. Options include fresh reed root decoction as tea, mouth-holding of dark plum, and consumption of chrysanthemum-yuzhu tea or bitter tea to relieve thirst.

Dietary therapies: cold cucumber salad, blueberry yam, and kudzu fish soup. Administer auricular point pressing at points including endocrine, subcortex, diabetes point, spleen, pancreas, and triple burner as per medical order.

(3) Fatigue: Maintain regular daily routines and avoid overexertion. Consume qi-supplementing foods such as Chinese yam, fish, and mushrooms. Dietary therapies: black chicken soup, mushroom and black fungus soup, and Chinese yam stewed with ribs. Engage in moderate exercise with gradual progression when condition stabilizes. Administer TCM hot compress package at Shenque (CV8) acupoint as per medical order, containing: mugwort leaf 15g, Evodia rutaecarpa 50g, Corydalis yanhusuo 10g, Atractylodes macrocephala 10g, plus 250g coarse salt in a cloth bag. The thermal stimulation regulates organ qi-blood function to achieve qi-supplementing effects.

(4) Blurred vision: Monitor vision changes, conduct regular fundus examinations, reduce eye strain, and rest eyes when possible. Consume chrysanthemum tea or silver goji eye-brightening soup. Massage Jingming (BL1), Sibai (ST2), Sizhukong (TE23) acupoints to assist in unblocking collaterals and brightening eyes. Assess fall risk factors and implement preventive measures. Administer pearl eye drops as per medical order.

(5) Cold feet: Guide consumption of blood-activating and stasis-resolving foods such as eel and black fungus. Dietary therapy: braised eel with onion. Administer TCM soaking and compress therapy to dispel wind and unblock collaterals, activate blood and unblock vessels. For TCM ointment massage therapy, use oil-based medium prepared from 10g Lithospermum erythrorhizon, 15g Carthamus tinctorius, 10g Ligusticum chuanxiong, and 10g Spatholobus suberectus in vegetable oil. This warm-natured oil has qi-supplementing, blood-activating, and collateral-unblocking effects. Apply acupoint plaster at Yongquan (KI1) before sleep. Auricular point pressing may select endocrine, subcortex, diabetes point, spleen, foot, and lumbar points. Guide lower limb acupoint massage at Yongquan (KI1), Sanyinjiao (SP6), Zusanli (ST36), and Yanglingquan (GB34).

(6) Poor sleep: Administer TCM pillow as per medical order, containing chrysanthemum, cassia seeds, buckwheat husk, mung bean husk, kudzu fragments, and Atractylodes. The dispersing action of these medicinals achieves liver-clearing, eye-brightening, and sleep-assisting effects.

2.4.2 Emotional Care Maintain frequent communication with the patient, encourage expression of inner feelings, and enhance confidence in overcoming disease. Listen to soothing music to distract from illness, encourage optimistic emotions, and promote active cooperation with treatment to facilitate recovery.

2.4.3 Dietary Care Guide proper dietary habits, avoid raw, cold, spicy, and irritating foods. Advise increased consumption of high-quality protein, vitamins, and dietary fiber, while reducing high-sugar and spicy foods. Through balanced

diet combined with exercise and medication, maintain blood glucose within ideal range to achieve comprehensive metabolic control, improve overall health status, meet general and special physiological needs, and effectively prevent various acute and chronic diabetic complications.

2.4.4 Exercise Care When permitted, guide exercise according to the patient' s condition. Appropriate aerobic exercises include walking, swimming, Tai Chi, Baduanjin, blood-activating collateral exercise, and seasonal health exercise. Exercise duration should be maintained at 0.5-1 hour. Advise maintaining good lifestyle habits with balanced work and rest, avoiding overexertion.

2.4.5 Foot Care Teach patients and families to emphasize foot self-examination and protection. Select loose, properly fitting shoes and socks that are lightweight with thick, soft soles and good ventilation.

2.4.6 Daily Living Adapt clothing to seasonal changes, maintain regular daily routines, avoid wind-cold exposure, keep warm, and abstain from smoking and alcohol.

2.4.7 Self-Monitoring Teach self-monitoring methods for blood glucose, blood pressure, weight, and waist-hip ratio, and maintain good recording habits. Measure glycated hemoglobin and ECG every 3 months; check liver/kidney function, blood lipids, and urinary microalbumin every 6 months; and screen fundus, peripheral vessels, and peripheral neuropathy at least annually.

3 Results and Follow-Up

Based on TCM syndrome differentiation nursing theory, the patient received syndrome-based nursing care combined with dietary guidance, emotional care, daily living care, and health education. After two weeks of treatment and nursing, the patient' s VAS score decreased to 0, SAS score decreased to 46, and Barthel score increased to 100. Additionally, the patient reported relief of dry mouth and polydipsia, occasional blurred vision, significant reduction in numbness and cold pain of both feet, alleviation of generalized fatigue, normalized appetite and sleep, and regulated bowel and bladder function. The tongue coating changed to pale red tongue with thin white coating. Post-discharge telephone follow-up revealed no recurrence of discomfort symptoms. The patient was guided to continue medication as prescribed and maintain a lifestyle balancing work and rest with regular daily routines. The patient demonstrated high compliance, experienced no adverse events, and expressed high satisfaction with treatment outcomes.

Diabetes, as a chronic metabolic disease, often leads to multiple complications as the disease progresses, profoundly affecting patients'lives [8]. Since no specific cure has been developed, current treatment focuses on prevention with lifelong medication required after onset [9]. Traditional Chinese medicine represents a

treasure of ancient Chinese science, forming a systematic and holistic medical knowledge system integrating humanities and life sciences, enriching Chinese cultural connotations and demonstrating distinct TCM cultural characteristics [10]. TCM treatment of diabetes and its complications possesses unique advantages and broad application prospects, and TCM nursing will undoubtedly provide new approaches and effective pathways for diabetes prevention and treatment. This elderly patient, over seventy years old, corresponds to the classical TCM principle that "after age forty, yin qi naturally halves," leading to yin deficiency. Yin deficiency causes insufficient body fluids, and yin deficiency with dryness-heat manifests as Xiaodike. The fundamental pathogenesis of Xiaodike is yin deficiency as the root and dryness-heat as the branch. The lung governs qi and is the upper source of water, distributing body fluids. When the lung is damaged by dryness-heat, fluids cannot ascend, causing dry mouth and polydipsia. Auricular point pressing unblocks collaterals, promotes qi and blood circulation, improves insufficient insulin secretion, and relieves thirst. Lung dryness injuring fluids leads to abnormal fluid distribution, inability to nourish spleen and stomach, and impaired qi-blood circulation, causing collaterals obstruction and loss of limb nourishment, resulting in lower limb fatigue and numb, cold, painful feet. Internal consumption of yin-blood diminishes foot pulse. TCM soaking, ointment massage, acupoint massage, and acupoint plaster all have qi-supplementing, blood-activating, and collateral-unblocking effects. The liver opens to the eyes, and liver yin deficiency causes blurred vision. Eye acupoint massage and medicinal tea have collaterals-unblocking and vision-brightening effects. Dark dull tongue with yellow greasy coating and wiry slippery pulse all indicate qi-yin deficiency with phlegm and blood stasis interlocking. Integrating symptoms, tongue, and pulse, the disease location involves lung, spleen, and kidney, with a nature of root deficiency and branch excess, differentiated as qi-yin deficiency with phlegm and blood stasis interlocking. Therefore, the treatment principle focuses on supplementing qi and nourishing yin, resolving phlegm and activating blood.

This case demonstrates that through syndrome differentiation, symptom analysis, and formulation of nursing protocols combining emotional care, dietary care, exercise care, foot care, daily living care, self-monitoring, and characteristic TCM nursing, patient discomfort was alleviated. In recent years, natural and green therapies have gained increasing popularity and attention. This case analysis highlights the advantages of TCM nursing techniques, demonstrating characteristics of direct action, no adverse reactions, relatively simple operation, low cost, high patient tolerance, and obvious therapeutic benefits—key factors promoting patient recovery that are increasingly favored by patients.

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