

Nursing Experience in the Treatment of Post-Stroke Limb Dysfunction with Traditional Chinese Medicine Ointment Massage and Wax Therapy: A Case Report

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Abstract

This article summarizes the nursing experience of treating one case of post-stroke limb dysfunction with combined Chinese herbal paste massage and wax therapy. Based on Traditional Chinese Medicine syndrome differentiation and nursing care, implementing this combined therapy—which possesses wind-dispelling, dampness-removing, blood-activating, and cold-dispersing properties—enables the medication to act more deeply and persistently at the lesion site. This approach can effectively improve patients' muscle strength grade, self-care capacity, and pain status, demonstrating positive significance in promoting rehabilitation. This method exhibits high operational safety without adverse reactions and is worthy of clinical promotion and application.

Full Text

Preamble

Nursing Experience of Treating Limb Dysfunction After Stroke with Traditional Chinese Medicine Ointment Massage Combined with Wax Therapy

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Abstract

This paper summarizes the nursing experience of treating a case of post-stroke limb dysfunction with a combination of traditional Chinese medicine (TCM)

ointment massage and wax therapy. Grounded in TCM syndrome differentiation and holistic nursing principles, this combined approach leverages wind-dispelling, dampness-removing, blood-activating, and cold-dispersing effects to enable deeper and more sustained therapeutic action at the lesion site. The treatment effectively improved the patient's muscle strength grade, self-care ability, and pain status, demonstrating significant positive implications for rehabilitation. This method exhibits high operational safety without adverse reactions and warrants clinical promotion and application.

Keywords: TCM ointment massage; wax therapy; stroke; limb dysfunction

Introduction

Stroke is a cerebrovascular disease characterized by sudden fainting, loss of consciousness, accompanied by secondary symptoms such as facial deviation, impaired speech and movement, and progressive severe hemiplegia. Due to its high incidence, mortality, disability, recurrence rates, and numerous complications, the medical community classifies it alongside coronary heart disease and cancer as one of the three major diseases threatening human health [1]. Stroke patients often suffer from varying degrees of functional impairment, with limb dysfunction being the most common [2-3]. TCM characteristic nursing, based on syndrome differentiation and treatment, aims to restore yin-yang balance, unblock meridians, and replenish qi and blood to promote limb functional recovery [4].

TCM ointment massage involves applying medicated ointments to the treatment area surface, followed by specific massage techniques. Wax therapy involves applying heated, melted wax molded into shapes to the affected area, using the molten wax as a heat conductor to warm local tissues, thereby activating blood circulation, warming meridians, and eliminating dampness and cold [5]. Both methods promote limb functional recovery. This paper reports the nursing experience of treating one case of post-stroke limb dysfunction with combined ointment massage and wax therapy.

1 Clinical Data

The patient was a 69-year-old male who was conscious and in fair spirits, presenting with bilateral lower limb weakness, unsteady gait, limited right upper limb mobility, right shoulder pain, slightly slurred speech, poor sleep, and normal bowel and urinary function. Medical history included hypertension for over 8 years (currently on regular medication) and type 2 diabetes mellitus for 2 years (regularly medicated). No food or drug allergies were reported.

TCM diagnosis: Ischemic stroke (wind-phlegm obstructing collaterals pattern). Western medicine diagnosis: Acute cerebral infarction. TCM treatment principles: Resolve phlegm, activate blood, unblock collaterals, and relieve pain.

Nursing intervention: TCM wax therapy to warm meridians, unblock collaterals, and activate blood circulation.

Initial assessment scores: Muscle strength grade IV in the right upper limb and III in the right lower limb; Activities of Daily Living (ADL) score of 50; Neuropathic Pain Scale (NPS) score of 4. After treatment with combined TCM ointment massage and wax therapy, the therapeutic effects were remarkable.

2 Assessment Methods

2.1.1 Muscle Strength Assessment

The six-grade assessment method [6] was employed: Grade 0 indicates no detectable muscle contraction; Grade I indicates palpable slight muscle contraction without joint movement; Grade II indicates joint movement through full range of motion without gravity; Grade III indicates movement through full range against gravity; Grade IV indicates movement through full range against moderate resistance; and Grade V indicates normal strength against full resistance. In this case, the patient's right upper limb muscle strength was Grade IV and right lower limb was Grade III.

2.1.2 Self-Care Ability Assessment

The Activities of Daily Living (ADL) scale [7] was used. Scoring criteria: <20 indicates extremely severe functional dependence requiring complete assistance; 20-40 indicates requiring substantial help; 40-60 indicates requiring assistance; >60 indicates basic self-sufficiency. This patient scored 50, indicating moderate functional impairment and moderate limitations in self-care ability due to right-sided limb dysfunction.

2.1.3 Pain Assessment

The Neuropathic Pain Scale (NPS) was applied: 0 = no pain; 1-3 = mild pain; 4-6 = moderate pain; 7-9 = severe pain; 10 = excruciating pain. The patient scored 4, indicating moderate right shoulder pain affecting sleep. Post-treatment pain relief was achieved with improved sleep quality.

2.2 Nursing Diagnosis

Based on physical assessment and patient reports, nursing diagnoses included: (1) impaired physical mobility related to stroke sequelae; (2) anxiety related to limb dysfunction; (3) disturbed sleep pattern related to persistent limb pain; and (4) pain related to stroke sequelae.

2.3 Nursing Plan

The nursing plan addressed identified factors: (1) Apply wax therapy and ointment massage to improve limb dysfunction and alleviate associated pain; (2)

Enhance emotional care through increased communication and psychological counseling to reduce anxiety; (3) Instruct the patient in active exercises, elevate affected limbs to promote venous return and prevent edema, perform regular limb massage to improve circulation, and prevent venous thrombosis [8].

2.4 Nursing Implementation

2.4.1 General Nursing Care

Environmental Care: Maintain a comfortable and safe living environment with bedside rails for protection. **Medication Management:** Instruct the patient to take decoctions warm, twice daily morning and evening. Emphasize that medications and dosages must not be altered without medical consultation. **Dietary Guidance:** Advise a low-sugar, low-salt diabetic diet rich in dietary fiber. Recommend adding buckwheat or wheat to rice, choosing buckwheat or corn noodles, consuming quality proteins such as eggs and fish, and eating fruits like grapefruit, kiwi, and oranges to maintain bowel regularity. **Sleep Hygiene:** Advise avoiding fluid intake before bedtime, emptying the bladder before sleep, playing relaxing music, completing all tasks beforehand to minimize nighttime awakenings, and ensuring a dark sleeping environment to avoid strong light stimulation.

2.4.2 TCM Characteristic Nursing

Primary Procedure: The patient was placed in supine position with the right upper limb fully exposed and kept warm. A specific TCM ointment was applied to acupoints including Tianfu (LU3), Quchi (LI11), and Waiguan (TE5). Pressing manipulation was performed on each acupoint for 30 seconds to activate meridian qi and improve local circulation. Pressure was adjusted to patient tolerance. After application, plaster was molded over the ointment for fixation, insulation, and astringent effects. Molten wax cooled to 55-60°C was then placed over the ointment massage site. Each session lasted 20 minutes, administered once daily.

2.4.4 Discharge Guidance

Post-discharge recommendations included: low-salt, low-fat diet with sodium restriction to reduce hypertension risk; increased dietary fiber and fresh produce intake; customized limb rehabilitation plans including affected limb massage or acupuncture; avoiding prolonged sitting or standing with regular movement; establishing healthy sleep habits; avoiding fatigue and mental stress while maintaining emotional well-being; strict medication adherence without self-adjustment; regular monitoring of blood pressure and lipids; maintaining physician communication; and ensuring a clean, well-ventilated living environment.

3 Efficacy Observation and Follow-up

Treatment aimed to relieve pain, unblock meridians, and activate blood circulation. Enhanced communication and psychological counseling helped regulate the patient's emotions. After 14 days of treatment, muscle strength improved from Grade III to V- (see Table 1), ADL score increased from 50 to 80 (see Table 2), and NPS score decreased from 4 to 1 (see Table 3), demonstrating remarkable efficacy. The patient's symptoms improved significantly. A telephone follow-up conducted 7 days post-treatment revealed continued improvement in the affected limb. The patient was advised to maintain appropriate activity, balanced diet, and adequate sleep. Treatment compliance was high with no adverse events reported.

Discussion

Stroke is a common chronic clinical condition that severely impacts patients' physical and mental health. TCM theory attributes stroke onset to constitutional yin-yang imbalance, qi deficiency with blood stasis, reversed qi flow, or phlegm-turbidity and blood stasis obstructing the brain vessels.

Clinical observation of this case demonstrates that combining ointment massage with wax therapy yields synergistic effects. The thermal properties of wax therapy, with excellent plasticity, dilate local capillaries, increase permeability, promote absorption of exudates, relieve muscle spasms, and enhance soft tissue extensibility. Combined with the wind-dispelling, dampness-removing, blood-activating, and cold-dispersing effects of ointment massage, this approach enables deeper and more sustained drug action at lesion sites, improving local qi and blood flow [9] and effectively enhancing limb mobility and rehabilitation confidence. This integrated therapy treats various clinical conditions through a rapid, simple, cost-effective, safe, and scientifically valid method with minimal side effects, combining medication, acupoint stimulation, thermal therapy, and transdermal herbal absorption [10].

Conclusion

The combination of TCM ointment massage and wax therapy highlights the characteristic TCM principle of treating internal diseases externally while integrating zang-fu organ theory, meridian theory, and herbal medicine. This reliable approach effectively reduces pain, improves muscle strength and self-care ability, promotes limb functional recovery, enhances quality of life, and demonstrates no significant adverse reactions. With strong safety, operability, and patient compliance, this method warrants clinical promotion and application.

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