
AI translation · View original & related papers at
chinaxiv.org/items/chinaxiv-202405.00068

Nursing Case Report on Fire Dragon Cupping Combined Moxibustion for a Patient with Benign Prostatic Hyperplasia

Authors: LI Yajing, Xu Boyang, Chen Hong, Chen Hong

Date: 2024-05-10T00:00:00+00:00

Abstract

This article summarizes the observation of therapeutic effects and nursing experience in one case of benign prostatic hyperplasia treated with comprehensive fire dragon cupping moxibustion. Based on the theory of syndrome differentiation and nursing in Traditional Chinese Medicine, comprehensive fire dragon cupping moxibustion was administered in conjunction with routine nursing measures including dietary guidance, emotional nursing care, daily living care, and health education, resulting in significant alleviation of the patient's pain and anxiety symptoms, and this method exhibits advantages such as few adverse reactions and high safety, making it readily acceptable to patients.

Full Text

Nursing Case Report: Fire-Dragon Pot Comprehensive Moxibustion for a Patient with Prostatic Hyperplasia

LI Yajing, XU Boyang, CHEN Hong

Second Department of Breast Surgery, Dongfang Hospital, Beijing University of Chinese Medicine, Beijing 100078

Corresponding Author: CHEN Hong, E-mail: chenhong9786@sina.com

Abstract

This article summarizes the therapeutic outcomes and nursing experience of a patient with prostatic hyperplasia treated with fire-dragon pot comprehensive moxibustion. Guided by the theory of syndrome differentiation and nursing care in Traditional Chinese Medicine (TCM), we implemented fire-dragon pot moxibustion combined with routine nursing measures including dietary guidance, emotional care, daily living support, and health education. The patient's

pain and anxiety symptoms were significantly alleviated. This approach offers advantages of minimal adverse reactions and high safety, demonstrating good patient acceptability.

Keywords: Fire-dragon pot comprehensive moxibustion; Prostatic hyperplasia; Emotional nursing

Introduction

Prostatic hyperplasia is a common urinary system disease primarily affecting middle-aged and elderly men, with complex pathogenic factors including dietary habits, age, and smoking [1]. The condition causes lower urinary tract obstruction, manifested as difficulty in urination, increased nocturia, and frequent urination [2]. Male hormones play a crucial role in the growth and differentiation of prostate cells; hormonal imbalance may lead to excessive proliferation and aggregation of prostate cells, resulting in prostatic hyperplasia [3]. In TCM, prostatic hyperplasia falls under the category of “long bi” (urinary retention), a term first documented in the *Inner Canon* and subsequently referred to as long, bi-long, or lin-bi [4]. As China’s aging population increases, the prevalence of prostatic enlargement continues to rise. The pathogenesis involves dysfunction of the kidney, spleen, and lung systems, with kidney deficiency being the root cause [5].

Fire-dragon pot comprehensive moxibustion is a distinctive TCM nursing technique that integrates moxibustion, massage, and guasha (scraping therapy) [6]. Research indicates that this non-toxic therapy promotes qi and blood circulation, unblocks meridians, regulates organ qi dynamics, facilitates liver qi dispersal, enhances bodily functions, and alleviates pain [7]. This article reports the nursing experience of one patient with prostatic hyperplasia pain treated with fire-dragon pot comprehensive moxibustion.

1. Clinical Data

Case 1: Patient Zhang, male, 61 years old, married. Admitted to our hospital’s urology outpatient clinic at 9:30 on April 25, 2024, with chief complaints of “progressive difficulty in urination for 2 months, worsening for one week.” The patient reported that two months prior, he developed difficulty urinating without obvious precipitating factors, accompanied by hesitancy, straining, incomplete emptying sensation, thin and bifurcated urine stream, and prolonged voiding time sometimes reaching one hour. There was no dysuria, gross hematuria, fever, or lumbar pain. Symptoms worsened one week prior to presentation, with daytime urination exceeding 10 times and nocturia 4-5 times. Appetite was adequate, sleep was poor, and stools were loose. Tongue presentation was pale with white coating; pulse was thin and weak.

Physical examination revealed symmetrical bilateral lumbar curves. No masses or protrusions were present in either renal region, with negative tenderness (-) and percussion pain (-). Deep tenderness along bilateral ureteral courses was negative (-). The bladder region was negative (-) with dull percussion note. External genitalia showed normal male-pattern pubic hair distribution, normal penile development, and no abnormalities in bilateral scrotum. Digital rectal examination revealed a prostate approximately 5.0 cm × 5.0 cm in size, firm in consistency, with absent central sulcus, no tenderness, no nodular masses, no blood staining on the glove, and normal anal sphincter tone.

TCM Diagnosis: Jing-long (seminal congestion); Syndrome Differentiation: Spleen-kidney qi deficiency pattern. **Western Medicine Diagnosis:** Prostatic hyperplasia.

Past Medical History: Denied history of hypertension, diabetes, coronary artery disease, cerebrovascular disease, hepatitis, tuberculosis, trauma, or poisoning.

TCM Nursing Intervention: Fire-dragon pot comprehensive moxibustion was administered once daily for 40 minutes per session for five consecutive days. The patient left the hospital at 11:10 on April 25, 2024.

Treatment Progress: - **After the 1st treatment (April 25):** The patient reported reduced urination frequency: 7 times daytime and 3 times nocturnal. IPSS score decreased to 14. - **After the 3rd treatment (April 27):** The patient reported smoother urination compared to before, with significantly reduced incomplete emptying sensation. IPSS score decreased to 10. - **After the 5th treatment (April 29):** The patient reported voiding time shortened to 20 minutes, urination frequency reduced to 3 times daytime and once nocturnal, with no post-void residual sensation. IPSS score decreased to 5.

2. Nursing Assessment and Intervention

2.1 Assessment Tools

2.1.1 International Prostate Symptom Score (IPSS): This validated instrument assesses the severity of urinary symptoms and tracks treatment efficacy. The total IPSS score ranges from 0 to 35 points: 0-7 indicates mild symptoms; 8-19 moderate; and 20 or above severe. The patient's baseline IPSS score was 16 points.

2.1.2 Quality of Life (QOL) Score: This assessment asks patients: "If you were to spend the rest of your life with your current urinary condition, how would you feel?" Patients rate their quality of life on a scale from 0 (delighted) to 6 (terrible). The patient's baseline QOL score was 4 points.

2.1.3 Anxiety Assessment: Using a standardized anxiety scale (scores 50-60: mild anxiety; 61-70: moderate anxiety; >70: severe anxiety), the patient's

baseline anxiety score was 63 points, indicating moderate anxiety.

2.1.4 Sleep Status Assessment Scale (SPSS): This instrument evaluates sleep quality and sleep disorders, with total scores ranging from 0-200 points. For sleep quality: 90-100 indicates excellent quality with minimal issues; 70-89 good quality with occasional minor problems; 50-69 fair quality with some issues; 30-49 poor quality with frequent problems; and 0-29 very poor quality severely affecting daily life. The patient's baseline sleep quality score was 38 points. For sleep disorders: 90-100 indicates very mild severity; 70-89 mild; 50-69 moderate; 30-49 severe; and 0-29 very severe. The patient's baseline sleep disorder score was 43 points.

2.2 Nursing Diagnosis

Based on comprehensive assessment and patient reports, the patient's physical, mental, and spiritual quality of life was severely impacted by persistent, recurrent symptoms. The primary nursing diagnoses included: impaired urinary elimination related to prostatic obstruction; anxiety related to chronic symptoms and uncertainty; sleep disturbance related to nocturia and anxiety; and deficient knowledge regarding disease management and prevention.

2.3 Nursing Plan

To address these identified problems, we developed the following nursing plan: (1) Administer fire-dragon pot comprehensive moxibustion to alleviate urinary discomfort; (2) Enhance emotional care through increased communication and psychological support, monitoring urinary status to reduce anxiety and improve sleep quality; (3) Strengthen patient engagement to divert attention from the disease and reduce urinary frequency; and (4) Provide comprehensive health education about prostatic hyperplasia to improve prevention awareness and self-management capabilities.

2.4 Nursing Implementation

2.4.1 Fire-Dragon Pot Comprehensive Moxibustion Following physician orders, fire-dragon pot comprehensive moxibustion was administered. **Key acupoints** selected included Shuidao (ST28), Zhongji (CV3), Qugu (CV2), Qihai (CV6), Guanyuan (CV4), Ciliao (BL32), Shenshu (BL23), and Pangguangshu (BL28). **Procedure:** The patient was first placed in prone position, then supine. A medium-sized fire-dragon pot was selected, and moxa sticks inside were ignited. Once burning evenly, appropriate essential oil was applied to the shoulder and neck region. The practitioner operated the pot with both hands, contacting the skin first with the hypothenar eminence before placing the pot. Combining techniques of kneading, grinding, pushing, pressing, pointing, shaking, flashing, vibrating, and hot compressing, the pot was rotated clockwise and counterclockwise, rocked, and vibrated on the shoulder and neck skin and

muscle tissue, creating a tornado-like effect to expel pathogenic factors. **Precautions:** Continuous movement of the pot was maintained throughout the 40-minute treatment to avoid prolonged placement on one area. The practitioner constantly monitored skin temperature via the hypothenar eminence and adjusted heat intensity accordingly to prevent burns, ensuring the skin became mildly red and the patient felt comfortable warmth. Treatment was administered once daily for 40 minutes over five consecutive days.

2.4.2 Syndrome-Based Nursing Care Life Care: Patients were instructed to maintain perineal hygiene and dryness to prevent secondary infection, ensure adequate warmth, and avoid wind-cold exposure. They were advised against prolonged voiding attempts and taught induction techniques such as listening to running water or rinsing the perineum with warm water when experiencing difficulty. Patients were counseled to reduce fluid intake two hours before bedtime, empty the bladder before sleep without excessive time spent trying, minimize noise before sleep, and relax the mind to facilitate rest.

Dietary Care: Patients were guided to develop healthy eating habits, choosing light, easily digestible foods while avoiding spicy, stimulating, and cold foods, with appropriate control of water intake.

Emotional Care: Through comprehensive understanding and effective communication, patients were guided to control negative emotions. Psychological support was provided by establishing trust and serving as a supportive listener, eliminating doubts and anxiety, conveying care and compassion, and building patient confidence. Positive emotional states were emphasized as conducive to recovery.

Health Education: Comprehensive education about prostatic hyperplasia was provided through brochures, lectures, online sessions, and books to enhance disease knowledge and prevention awareness.

2.5 Nursing Evaluation

After five days of fire-dragon pot comprehensive moxibustion treatment, the patient's symptoms were significantly alleviated (see).

3. Efficacy Observation and Follow-Up

Following five sessions of fire-dragon pot comprehensive moxibustion, the patient's IPSS score was 5 points (mild category), QOL score was 1 point (satisfied), anxiety score was 30 points (normal range), sleep quality score was 75 points (good quality), and sleep disorder score was 83 points (mild severity). Seven days after treatment completion, telephone follow-up revealed the patient reported smooth urination, no residual urine sensation, shortened voiding time, and reduced urinary frequency. The patient was advised to maintain

appropriate exercise, balanced diet, and adequate sleep quality. The patient demonstrated high treatment compliance, and no adverse events occurred.

The prevalence of prostatic hyperplasia is 50-75% in men over 50 years old and reaches 80% in those over 70 [8]. Although not life-threatening, chronic prostatic hyperplasia can induce urinary retention and contribute to anxiety and depression [9]. The spleen and kidney are vital for metabolism and bladder qi transformation. As recorded in *Shengji Zonglu* (Comprehensive Record of Sacred Benevolence), “When kidney storage is insufficient, qi transformation is impaired, qi fails to transmit and transform, the bladder harbors heat, and water pathways are obstructed, thus causing urinary retention” [10], manifesting as frequent urination and nocturia. Prostatic enlargement is associated with “stasis,” and prostatic hyperplasia due to qi stagnation and blood stasis requires blood-activating and stasis-resolving treatment [11]. Therefore, the primary treatment principles involve activating blood and resolving stasis, warming and supplementing kidney yang, and unblocking water pathways.

The “Five Elements” theory underlying fire-dragon pot comprehensive moxibustion facilitates smooth qi flow, supports yang along the governor vessel, and unblocks obstructed meridians, playing an important role in balancing yin-yang and regulating qi dynamics [12]. This therapy can regulate qi and blood, promote circulation, and warm and supplement yang qi [13]. The selected acupoints include Shuidao to benefit the bladder, Zhongji to supplement kidney qi, Qugu (Conception Vessel) to warm kidney yang, Qihai to support kidney yang, Guanyuan to supplement original qi and unblock urine, Ciliao to treat difficult urination, Shenshu to supplement kidney qi, and Pangguangshu to treat difficult urination [14]. Through targeted treatment of these key acupoints with fire-dragon pot comprehensive moxibustion, patients showed significant disease recovery with minimal harm and highly effective therapeutic outcomes. Therefore, fire-dragon pot comprehensive moxibustion should be widely promoted to benefit more patients.

References

- [1] Wu Jinyan, Chen Lan, Wang Linmei, et al. Application of individualized quality nursing in the perioperative period of prostatic hyperplasia [J]. *Fujian Medical Journal*, 2023, 45(06): 169-171.
- [2] Ling Yanlin, Zou Dan, Liu Huali. Application effect of TCM characteristic nursing combined with perioperative comprehensive nursing in patients undergoing prostatic hyperplasia surgery [J]. *Integrated Chinese and Western Medicine Nursing*, 2023, 9(03): 49-52.
- [3] Luo Jun, Huang Jiaying, Li Dujian, et al. Prevention of prostatic hyperplasia [J]. *Everyone's Health*, 2023, (30).
- [4] Zhao Yani, Zhang Yan, An Junming. Clinical research progress of acupuncture treatment for prostatic hyperplasia [J]. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 2022, 31(03): 434-438.

- [5] Deng Ru, Zhou Feng, Jiao Junyang, et al. Research progress of acupuncture treatment for benign prostatic hyperplasia [J]. *Hebei Traditional Chinese Medicine*, 2020, 42(06): 957-960.
- [6] He Haixia, Chen Jing, Wen Xi, et al. Effect of fire-dragon pot comprehensive moxibustion on improving sleep disturbance of heart-spleen deficiency type in cervical cancer chemotherapy patients [J]. *Journal of Nursing*, 2022, 37(15): 46-48+76.
- [7] Lü Shaohua, Chen Hong. Nursing experience of fire-dragon pot comprehensive moxibustion in treating one case of ureteral calculi [DB/OL]. *Integrated Chinese and Western Medicine Clinical Case Database*, 2023.
- [8] Shen Jianwu, Wang Bin, Lin Sheng, et al. Clinical advantages of traditional Chinese medicine for benign prostatic hyperplasia [J]. *Chinese Journal of Experimental Traditional Medical Formulae*, 2022, 28(02): 220-226.
- [9] Lu Linjie, Xie Jianyun. Clinical research progress of traditional Chinese medicine in treating benign prostatic hyperplasia [J]. *Practical Journal of Traditional Chinese Medicine*, 2023, 39(09): 1916-1919.
- [10] Gong Yingjie, Yu Runze, Zhu Yuxin, et al. Treatment of benign prostatic hyperplasia based on “collateral disease theory” [J]. *Chinese Journal of Basic Medicine in Traditional Chinese Medicine*, 2024, 30(03): 541-544.
- [11] Huang Lingling. Integration of Chinese and Western medicine in prevention and treatment of benign prostatic hyperplasia has great potential [N]. *Physician’s News*, 2022-07-07 (B06).
- [12] He Fang, Wang Xiangrong, Sun Jing, et al. Observation on the effect of fire-dragon pot comprehensive moxibustion for patients with acute peripheral facial paralysis [J]. *Journal of Nursing*, 2023, 38(08): 40-43.
- [13] Wu Liuping, Wang Zhiwei, Zhao Kun, et al. Clinical observation of fire-dragon pot comprehensive moxibustion in treating 80 cases of lumbar disc herniation with cold-damp obstruction pattern [J]. *Clinical Journal of Chinese Medicine*, 2021, 13(01): 109-111.
- [14] Fu Yangyang, Sun Qing, Chen Jian, et al. Observation on therapeutic effect of warm acupuncture combined with Western medicine on benign prostatic hyperplasia of kidney-yang deficiency type [J]. *Chinese Journal of Traditional Chinese Medicine Science and Technology*, 2024, 31(01): 181-183.

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

Source: ChinaXiv – Machine translation. Verify with original.