

A Nursing Case Report of Governor Vessel Moxibustion for Chronic Nonspecific Low Back Pain of Spleen-Kidney Yang Deficiency Type

Authors: Liu Fengwei

Date: 2024-06-29T00:00:00+00:00

Abstract

This article summarizes the experience of traditional Chinese medicine nursing care for a patient with chronic non-specific low back pain of spleen-kidney yang deficiency pattern. Based on the theory of syndrome differentiation and nursing care in traditional Chinese medicine, Du Meridian moxibustion nursing technique was applied. The Visual Analogue Scale (VAS) for pain, Pittsburgh Sleep Quality Index (PSQI), and Hamilton Anxiety Scale (HAMA) were employed to evaluate therapeutic efficacy. The intervention achieved the effects of alleviating the patient's low back pain, reducing anxiety, and improving sleep. The patient's symptoms were significantly improved, and the nursing care effect was remarkable.

Full Text

Preamble

A Nursing Case Report on Du Meridian Moxibustion for Chronic Non-Specific Low Back Pain of Spleen-Kidney Yang Deficiency Type

LIU Fengwei

(Department of Spleen and Stomach Diseases, Xuanwu Traditional Chinese Medicine Hospital, Beijing, 100050)

ABSTRACT: This article summarizes the experience of traditional Chinese medicine (TCM) nursing care for a patient with chronic non-specific low back pain of spleen-kidney yang deficiency type. Based on the theory of syndrome differentiation and nursing in TCM, Du meridian moxibustion was applied as a TCM nursing technique. The pain visual analog scale (VAS), Pittsburgh Sleep Quality Index (PSQI), and Hamilton Anxiety Scale (HAMA) were used to evaluate therapeutic efficacy. The intervention achieved significant effects in relieving

ing low back pain, reducing anxiety, and improving sleep quality. The patient's symptoms improved markedly, demonstrating remarkable nursing outcomes.

KEYWORDS: Chronic non-specific low back pain, Du meridian moxibustion, traditional Chinese medicine nursing

Introduction

Chronic non-specific low back pain (CNSLBP) is a clinical syndrome characterized primarily by unilateral or bilateral lumbar pain, where clinical examination and imaging studies have excluded specific spinal diseases and inflammatory nerve root lesions as causes, yet the etiology remains unclear, with a disease course exceeding 3 months[1]. Syndrome differentiation types include kidney deficiency, damp-heat, cold-damp, and blood stasis patterns. This condition causes lumbar pain and limited mobility, severely affecting sleep quality and daily life. Clinically, analgesic medications, rehabilitation training, and physical therapy are commonly used to alleviate symptoms, but the effects are limited. Some patients continue to experience lumbar pain with frequent recurrences, necessitating more effective interventions[2].

Du meridian moxibustion, also known as spreading moxibustion or long-snake moxibustion, is a novel characteristic external therapy of TCM developed in recent years based on the technique of ginger-separated moxibustion. This method integrates the effects of moxibustion, ginger, acupoints, and meridians, utilizing the characteristics of moxa heat and ginger to achieve qi-moving, pain-relieving, and meridian-warming effects. Its power in unblocking the governor vessel and warming yang is far superior to ordinary moxibustion[3]. This article summarizes the experience of applying Du meridian moxibustion as a TCM nursing technique in one case of chronic non-specific low back pain. According to TCM syndrome differentiation, the patient belonged to the spleen-kidney yang deficiency type, and the case is reported as follows.

Case Report

1.1 Clinical Data

The patient was a 50-year-old female who presented to the TCM nursing clinic on June 11, 2024, with a chief complaint of “intermittent lumbar pain for half a year, aggravated for 3 days.” The patient reported that the lumbar pain worsened after physical labor three days prior, causing difficulty falling asleep. She had no previous medical history and denied any food or drug allergies. Magnetic resonance imaging performed at an external hospital indicated chronic non-specific low back pain.

1.2 Diagnosis

Western medicine diagnosis: Chronic non-specific low back pain

TCM diagnosis: Lumbar pain

Syndrome differentiation: Spleen-kidney yang deficiency pattern

1.3 General Information

Since onset, the patient complained of lumbar pain. Physical examination revealed: clear consciousness, fair spirit, frequent urination, loose stools, enlarged tongue body with teeth marks, white greasy and dull coating, deep and thready pulse, cold extremities, aversion to cold, pale complexion, sore and weak lower back and knees, and lumbar pain. Vital signs: temperature 36.2°C, pulse 78 beats/min, respiration 20 breaths/min, blood pressure 118/76 mmHg.

1.3.1 Pittsburgh Sleep Quality Index (PSQI) The Pittsburgh Sleep Quality Index (PSQI) was developed by Dr. Buysse and colleagues at the University of Pittsburgh in 1989 and is one of the most widely used scales for assessing sleep disorders. It evaluates the subject's sleep quality over the past month and consists of 9 questions, with total scores ranging from 0-21. Higher scores indicate poorer sleep quality: 0-5 indicates good sleep quality, 6-10 indicates relatively good sleep quality, 11-15 indicates fair sleep quality, and 16-21 indicates poor sleep quality. This patient's PSQI score was 17, indicating poor sleep quality.

1.3.2 Hamilton Anxiety Scale (HAMA) The Hamilton Anxiety Scale (HAMA) is a commonly used tool for assessing the severity of anxiety symptoms, with total scores ranging from 0-56. Higher scores indicate more severe anxiety: 0-6 indicates no anxiety, 7-13 indicates possible anxiety, 14-20 indicates mild anxiety, 21-28 indicates moderate anxiety, and 29-56 indicates severe anxiety. This patient's HAMA score was 30, indicating severe anxiety.

1.3.4 Comprehensive Four Diagnostic Methods See Table 1. The patient presented with clear consciousness but mental fatigue, moderate body type, enlarged tongue body with teeth marks, and a white, greasy, dull coating. She spoke little and lacked energy, with normal body odor. She experienced difficulty falling asleep, frequent dreaming, easy awakening, and insomnia. She had poor appetite with small food intake, frequent urination, loose stools, lumbar pain, aversion to cold, and sore, weak lower back and knees.

2. Nursing Diagnosis

Altered comfort: related to lumbar pain.

3. Nursing Plan

Provide psychological counseling to alleviate anxiety.

4. Syndrome-Based Nursing Care

4.1 Du Meridian Moxibustion Treatment Assist the patient into a comfortable prone position with arms placed flat at both sides of the body, exposing the back area from Dazhui (GV14) to Baliao points. Place a separator pad on the three yang meridian areas of the back. Crush ginger paste (4 kg), squeeze out excess water, heat to 40°C, then spread it on the separator pad to a thickness of 4-5 cm. Form moxa wool (400 g) into cones approximately 4×6 cm in size, arrange them along the Du meridian, ignite the moxa cones with fire cotton, and repeat the moxibustion for 3 cones over approximately 90 minutes. After moxibustion, gently remove the moxa ash and ginger paste from both ends of the back, wipe the back with a small towel, observe slight skin redness without blisters, and note the patient's report of mild warmth on the back. Instruct the patient to avoid cold exposure, assist with dressing, and allow the patient to lie flat for a moment. Treatment frequency is once weekly, with 4 weeks constituting one course.

4.2 Dietary Nursing The patient exhibited yang deficiency of spleen and kidney with loss of body warmth, internal generation of yin cold, poor transformation and transportation of food and water, and insufficient nutritive qi, leading to impaired qi and blood circulation. The patient was advised to consume foods that warm and supplement spleen and kidney yang, such as mutton congee (prepared with fresh mutton, japonica rice, and scallions) and Chinese yam and cinnamon congee (prepared with fresh Chinese yam, cinnamon, and japonica rice). She was instructed to avoid cold and raw foods such as seafood, cold drinks, melons, and cold dishes, as well as sweet, greasy, and oily foods like fatty meats, fried foods, and dairy products.

4.4.1 Psychological Care Due to the long disease course with lingering symptoms that easily recur after lumbar exposure to cold or strain, the patient developed negative emotions such as anxiety and worry. The nursing approach involved showing concern and comforting the patient to stabilize her emotions.

4.4.2 Five-Element Music Therapy Five-element music therapy was applied to regulate the patient's emotions. Based on psychological theories and methods combined with traditional yin-yang and five-element theory and music medicine, this adjunctive therapy correlates the five musical tones (jue, zhi, gong, shang, yu) with the five viscera (liver, heart, spleen, lung, kidney) and five emotions (anger, joy, contemplation, sorrow, fear) through the yin-yang and five-element doctrine, as documented in the *Suwen* chapters "Great Treatise on Yin-Yang Correspondence" and "Treatise on the True Words of the Golden Cabinet." The five tones correspond to the five viscera. For spleen-kidney yang deficiency type, the primary affected organs are the spleen and kidney. The spleen belongs to earth, and the kidney belongs to water. According to the five-element generation and control principles, wood controls earth

(select jue tone), earth controls water (select yu tone), and yang deficiency indicates lack of fire (therefore select zhi tone). Music is used to harmonize yin-yang balance, reduce sympathetic excitability, and help maintain positive emotional and psychological states[4]. Jue-mode, zhi-mode, and yu-mode music were selected for intervention, such as “Liezi Riding the Wind” and “Night Mooring by the Autumn River.”

4.5 Exercise Nursing The patient was guided to practice Baduanjin exercises. For “Two Hands Hold the Feet to Strengthen the Kidneys and Waist,” perform the bending movement with feet shoulder-width apart, palms placed on both sides of the lower back, body relaxed. Press on the painful lumbar area, keep legs straight without bending, maintain an upright upper body, and slowly bend forward in a bowing motion until lumbar pain prevents further bending. Hold for several seconds, then return to upright position. Repeat 10 times daily. For “Seven Disorders and Eight Injuries Look Backwards,” stand with feet shoulder-width apart, palms on both sides of the lower back, body relaxed without bending forward. Slowly twist left and right to tolerance, then slowly return to center. Repeat 10 times daily.

Treatment Outcomes

After one course of treatment, the patient reported relief of lumbar pain symptoms. The Pittsburgh Sleep Quality Index (PSQI) score (0-21) was 6, the Hamilton Anxiety Scale (HAMA) score (0-56) was 6, and the pain visual analog scale (VAS) score (0-10) was 0. The patient reported disappearance of pain symptoms, improvement in insomnia, and reduction in anxiety symptoms. Both pre- and post-treatment assessments showed improvements in pain, sleep quality, and anxiety levels, as detailed in Table 2 .

6. Follow-up

A telephone follow-up was conducted one month after treatment to inquire about the patient’s lumbar pain. The patient reported no recurrence of pain, good recovery, and absence of insomnia or anxiety.

7. Discussion

Chronic non-specific low back pain (CNSLBP) can be categorized under the TCM concepts of “bi syndrome” and “lumbar pain” according to its symptom characteristics. The *Lingshu · Jingmai* states: “The Bladder Meridian of Foot-Taiyang... causes spinal pain, waist as if broken, and inability to flex the hip.” Zhang Xichun’s *Essays on the Integration of Chinese and Western Medicine* from the Qing Dynasty records: “All human lumbar pain occurs along the spine, which is governed by the Du meridian,” demonstrating the important role of the Du meridian and Bladder meridian in the pathogenesis of lumbar pain[5]. The Du meridian runs along the posterior midline as the “sea of yang

vessels,” commanding and supervising the yang qi of all body meridians. Clinically, lumbar pain is often classified into cold-damp, damp-heat, blood stasis, and kidney deficiency patterns according to different pathomechanisms[6], all related to malnourishment of qi and blood, invasion of external pathogens, and insufficiency of kidney yang.

The waist is the residence of the kidney, and lumbar disease should be treated by moxibustion at the kidney. The kidney is the congenital foundation, governing bones and generating marrow. Kidney yang, also known as the fire of the life gate, warms and nourishes the body. Kidney yang deficiency leads to failure of warming, internal collection of cold pathogen, contraction and stagnation, resulting in blocked meridians and inability to nourish tendons and vessels. The spleen is the acquired foundation, the source of qi and blood generation, transforming and transporting water and grain essences to nourish the entire body. Spleen yang deficiency leads to poor transformation of water and grains, impaired body generation, and muscle soreness and pain. Therefore, kidney yang deficiency with insufficient warming fails to activate spleen yang, resulting in spleen yang deficiency, blocked transformation of water and grain essences, weak qi and blood propulsion, and kidney yang losing the nourishment of the acquired foundation, forming a pattern of dual deficiency of spleen and kidney yang. The *Classic Treatise on Divine Moxibustion* records that moxibustion can “warm the meridians and promote qi and blood circulation”[7]. Moxibustion therapy utilizes the mild and persistent heat generated by burning aged mugwort, combined with mugwort’s pure yang nature that can unblock meridians and collaterals, to stimulate specific acupoints and meridians, thus achieving therapeutic effects—“using warmth as the substance and unblocking as the function.”

Du meridian moxibustion nursing technique demonstrates significant efficacy in treating patients with non-specific low back pain. However, its limitation lies in the lengthy treatment duration of approximately 90 minutes, which affects implementation in elderly patients and those with functional impairments who cannot lie prone for extended periods, and insufficient time may compromise treatment efficacy.

8. References

- [1] Yang Y, Wang X, Wang M, Bei B, Fang C, Zheng M. Nursing study on Du meridian moxibustion for cold-damp type chronic non-specific low back pain[J]. *General Nursing Practice*, 2024, 07:1262-1265.
- [2] Cheng J. Clinical observation of acupuncture combined with Du meridian moxibustion for chronic non-specific low back pain (cold-damp type)[D]. Wuhan: Hubei University of Chinese Medicine, 2020.
- [3] Wang M, Wei B, Cai S, et al. 41 cases of Tongmai Wenyang moxibustion combined with acupoint application for spleen-stomach deficiency-cold type stomachache[J]. *Journal of Jiangxi University of Chinese Medicine*, 2019, 31(1):56-58;

69.

[4] Wang L, Lu S. Clinical observation of yang-guiding-into-yin massage combined with five-element music therapy for perioperative insomnia[J]. Modern Distance Education of Chinese Medicine, 2017, 15(10):114-116.

[5] Liu J. Observation on the effect of balanced cupping combined with pain-point bloodletting therapy for lumbar disc herniation[J]. Medical Theory and Practice, 2023, 36(7):1148-1150.

[6] Wang X. Clinical observation of Du meridian moxibustion for mild cognitive impairment based on real-world evidence[D]. Hefei: Anhui University of Chinese Medicine, 2022.

[7] Yin X, Tang X, Zhao D. Application of bamboo ring ginger moxibustion combined with Chinese medicine hot compress in patients with chronic non-specific low back pain[J]. Nursing Research, 2024, 38(07):1308-1310.

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

Source: ChinaXiv — Machine translation. Verify with original.