

Experience in Traditional Chinese Medicine Nursing Care for a Patient with Posterior Circulation Ischemia

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Abstract

This article summarizes the traditional Chinese medicine nursing care for one case of posterior circulation ischemia. Based on syndrome differentiation analysis of the patient's condition, routine vertigo nursing care was employed to provide dietary guidance, emotional nursing care, and daily living nursing care, combined with the application of the characteristic traditional Chinese medicine technique of auricular point pressing for intervention. This approach improved the patient's vertigo symptoms, ameliorated adverse psychological emotions, and yielded a favorable prognosis.

Full Text

Nursing Experience of Traditional Chinese Medicine for a Patient with Posterior Circulation Ischemia

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Abstract

This article summarizes the traditional Chinese medicine (TCM) nursing care for a patient with posterior circulation ischemia. Based on syndrome differentiation and analysis of the patient's condition, conventional vertigo nursing protocols were employed for dietary guidance, emotional care, and daily living management, combined with the application of auricular acupressure as a characteristic TCM technique. This integrated approach effectively improved the patient's vertigo symptoms, ameliorated adverse psychological emotions, and resulted in a favorable prognosis.

Keywords: posterior circulation ischemia; auricular acupressure; traditional Chinese medicine nursing; vertigo

Introduction

Posterior circulation ischemia is a vertebrobasilar ischemic lesion caused by multiple factors, with vertigo as its primary clinical manifestation, often accompanied by headache, blurred vision, unsteady gait, palpitations, chest tightness, and other symptoms that can recur. During acute episodes, patients may suddenly fall, severely impacting daily life. In TCM, vertigo is characterized by dizziness and visual rotation as main clinical features. Mild cases involve transient dizziness that resolves with eye closure, while severe cases feel like being tossed on a boat, potentially leading to collapse. It may be accompanied by nausea, vomiting, nystagmus, hearing loss, tinnitus, pale complexion, and other symptoms. The condition primarily results from internal and external factors causing dysfunction of the liver, spleen, and kidney organs, leading to malnourishment of the brain orifices and insufficient brain marrow. In Western medicine, conditions such as inner ear vertigo, essential hypertension, cervical spondylosis, vertebrobasilar insufficiency, cerebral arteriosclerosis, and anemia that present with vertigo as the main symptom fall under this category. Previous conventional nursing care has been limited to health education and medication guidance, which no longer meets current clinical demands. This study investigates the application effects of auricular acupressure in patients with posterior circulation ischemic vertigo.

Case Presentation

Patient Information: An 82-year-old female retiree was admitted on May 25, 2024, with a chief complaint of “dizziness for 3 days.”

Present Illness: The patient experienced unexplained dizziness for three days, with paroxysmal episodes accompanied by visual rotation, nausea, and vomiting of gastric contents. Symptoms could be triggered by natural changes in body position. Since onset, the patient had fair spirit and appetite, normal sleep, acceptable mobility, normal bowel movements, normal urine output, and no weight changes.

Past Medical History: The patient had spontaneous recovery from perforated appendicitis over 30 years prior, chronic bronchitis, hypertension diagnosed in 2011, reflux esophagitis diagnosed in 2013, hyperlipidemia, and lacunar cerebral infarction. She denied family history of similar diseases, genetic disorders, or infectious diseases.

Physical Examination: Upon admission, vital signs were temperature 36.5°C, pulse 64 beats/minute, respiration 19 breaths/minute, and blood pressure 139/78 mmHg. Pain numeric rating score was 0. The patient appeared conscious with a ruddy complexion, good spirit, and normal posture. Voice and odor assessment revealed clear speech with no abnormal odors. Tongue presentation showed red tongue body with yellow coating, and pulse was wiry and slippery.

Specialized Examination: The patient was conscious with no hallucinations or delusions, basically normal orientation, decreased memory, normal comprehension and judgment, clear and fluent speech, normal articulation, no alexia or agraphia, and no agnosia or body image disturbance. Muscle strength was grade 5 in all four limbs.

Auxiliary Examinations: Emergency head CT on May 25, 2024, showed multiple lacunar infarctions with leukoencephalopathy and age-related brain changes. Blood routine examination showed normal white blood cells ($7.43 \times 10^9/L$), red blood cells ($4.26 \times 10^{12}/L$), and hemoglobin (134 g/L). Twelve-lead ECG showed sinus rhythm with ST-T changes. Brain MRI revealed multiple old infarcts in bilateral basal ganglia, white matter hyperintensities (Fazekas grade 3), age-related brain changes, bilateral maxillary sinus inflammation, and right maxillary sinus mucosal cyst. MR angiography (MRA) showed atherosclerotic changes of cerebral arteries. Transcranial Doppler ultrasound indicated increased blood flow velocity in the right middle cerebral artery, terminal internal carotid artery, and basilar artery, with high-resistance spectral changes. Abdominal ultrasound showed fatty liver. Bilateral carotid ultrasound showed intima-media thickening with plaque formation. Lower extremity vascular ultrasound showed bilateral arteriosclerosis with plaque formation and patent deep veins.

Diagnosis: TCM diagnosis: Vertigo, Liver Yang Hyperactivity Syndrome. Western medicine diagnosis: Posterior circulation ischemia, dizziness, hypertension.

Treatment: The patient received intravenous Kudiezi (Sow Thistle) and Ginkgo biloba extract to improve circulation, oral Betahistine, Difenidol, Flunarizine, and Qingnao Fushen to improve dizziness, with blood pressure monitoring and control. Auricular acupressure was applied to improve symptoms. For poor nighttime sleep, Guipi Mixture and Eszopiclone were added to assist sleep, resulting in significant improvement of dizziness and insomnia. The patient was discharged on June 5, 2024.

Nursing Care

1. Nursing Assessment Dizziness Assessment: The patient experienced unexplained dizziness for three days, with paroxysmal episodes accompanied by visual rotation, nausea, and vomiting of gastric contents, triggered by natural changes in body position. Nursing measures included advising rest in a quiet environment, close observation of vertigo onset time, severity, and accompanying symptoms, minimizing head-turning activities, making slow position changes, and restricting sudden movements.

Insomnia Assessment: The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate sleep quality, with a total score of 21 points. Scores of 0–5 indicate good sleep quality, 6–10 fairly good, 11–15 average, and 16–21 poor. The patient's PSQI score was 16.

Anxiety Assessment: The Hamilton Anxiety Scale (HAMA) was used to assess anxiety. The patient's score was 18.

Fall Risk Assessment: The Morse Fall Risk Assessment score was 85, indicating high risk.

2. Nursing Diagnosis Based on assessment, nursing diagnoses included: (1) Vertigo related to wind-phlegm obstructing collaterals; (2) Insomnia related to vertigo episodes; (3) Risk for falls related to dizziness and activity limitations; and (4) Deficient knowledge about the disease.

3. Nursing Goals The nursing goals were: (1) Alleviate or eliminate vertigo symptoms; (2) Alleviate or eliminate insomnia symptoms; (3) Reduce HAMA score to below 7; and (4) Decrease fall risk score to below 45.

4. Nursing Plan Following comprehensive assessment and syndrome differentiation, the therapeutic principle was determined as tonifying deficiency and draining excess, regulating yin and yang, nourishing liver and kidney, awakening brain and opening orifices, and dredging meridians. Auricular acupressure therapy was prescribed.

5. Nursing Implementation **Conventional Nursing:** 1. **Blood Pressure Care:** Closely monitor blood pressure, heart rate, and other vital signs. Instruct the patient in the “four fixed” method for blood pressure monitoring. Advise immediate bed rest if headache, dizziness, or palpitations occur. 2. **Dietary Care:** Establish healthy eating habits with low-salt, low-fat, low-cholesterol diet, small frequent meals, and balanced nutrition. Emphasize light, easily digestible, nutritious foods with reduced salt and fat. Encourage fresh fruits and vegetables. Ensure daily warm water intake of 1500–2000 mL. Avoid spicy and stimulating foods such as chili and alcohol. 3. **Emotional Care:** Employ doubt-resolving methods through disease education to answer questions and alleviate anxiety. Use attention-shifting techniques through conversation, soothing music, and recreational activities to distract the patient. Advise against mobile phone use before sleep to prevent mental excitement. Recommend listening to 30 minutes of Shang-mode and Gong-mode music such as “River Water” and “Autumn Moon over Han Palace” to soothe liver and relieve depression. 4. **Rehabilitation Guidance:** Instruct the patient to follow the three “30-second” rule when getting up: lie in bed for 30 seconds, sit on the bed edge for 30 seconds, then stand and walk. Teach proper daily pressing techniques for auricular acupressure, including direct pressure, point pressure, and counter-pressure methods. 5. **Medication Care:** Administer medications as prescribed. Chinese herbal decoctions should be taken warm 30 minutes after breakfast and dinner, separated from Western medications by 1 hour. Closely monitor blood pressure and sleep status.

TCM Characteristic Nursing (Auricular Acupressure): Auricular acupressure uses substances like Vaccaria seeds or radish seeds pressed on auricular acupoints or reactive points to dredge meridians, regulate organ qi and blood function, promote yin-yang balance, and achieve disease prevention and symptom improvement. This technique belongs to the auricular acupuncture category. Stimulation of auricular points through pressing, kneading, and pinching can regulate local microcirculation and improve cerebral blood flow velocity, thereby relieving dizziness.

1. **Point Selection:** The prescription included points based on corresponding areas, empirical points, TCM organ theory, and neurological theory to treat vertigo and insomnia: Shenmen (sedative, calming effect), Subcortex, Sympathetic, Blood Pressure Groove, Superior Triangular Fossa (blood pressure-lowering point, sedative and hypotensive effect), Temple (corresponding area), Occiput (essential point for stopping dizziness, sedative effect), Neurasthenia Point, Anterior Lobe (calming heart and tranquilizing mind), Ear Apex (bloodletting can lower blood pressure), Sanjiao (promoting qi and essence transportation), Heart, Liver, and Kidney (regulating imbalanced yin-yang in the body).
2. **Procedure:** Using an auricular probe, apply moderate pressure to locate sensitive points. After disinfection with 75% alcohol, apply Vaccaria seed auricular patches to selected points. Instruct the patient to press each point 3–5 times daily for 1 minute per point. Replace patches every 2 days, alternating between both ears. Seven sessions constitute one treatment course, with a total intervention period of 14 days.
3. **Precautions:** Instruct the patient to keep auricular patches dry, clean, and secure during retention. Observe frequently for any local skin allergic reactions.

6. Nursing Evaluation The patient reported significant improvement in vertigo symptoms, well-controlled blood pressure, no adverse events such as falls, improved insomnia, enhanced sleep quality, and expressed high satisfaction with nursing care.

Results and Follow-up

A telephone follow-up was conducted one week after discharge. The patient reported improved insomnia symptoms, no recurrence of dizziness, and adherence to medication regimen, with good emotional status and satisfaction with prognosis.

Discussion

Vertigo was first documented in the *Inner Canon*, which identified its primary relationship with the liver and associations with marrow sea insufficiency, blood deficiency, and pathogenic invasion. *Basic Questions: Comprehensive Discourse*

on the Essentials of the Ultimate Truth states: “All wind-induced shaking and dizziness belong to the liver,” indicating that vertigo originates from liver dysfunction caused by constitutional weakness, emotional injury, improper diet, and overexertion. Liver yang hyperactivity is the main syndrome type in hypertension, characterized by “excess above and deficiency below, yin deficiency and yang hyperactivity.” Insomnia belongs to the “sleeplessness” category in TCM. Current research suggests that yin-yang imbalance, liver-kidney yin deficiency, and heart-liver fire excess are the main pathomechanisms of hypertension complicated by insomnia.

Modern research indicates that posterior circulation ischemic vertigo is associated with hypercoagulable state and hyperlipidemia. Abnormal lipid metabolism leads to vascular stenosis, slow blood flow, vascular sclerosis, and metabolic accumulation, affecting blood supply to tissues and organs and causing ischemia and hypoxia symptoms. Therefore, clinical intervention should focus on activating blood and dredging collaterals, dispelling wind and awakening the brain. Auricular points are closely related to human meridians and organs, and many diseases manifest as abnormal reactions in corresponding auricular areas, making auricular acupressure effective. TCM perspectives such as “all diseases begin with qi” and “all wind-induced shaking and dizziness belong to the liver” demonstrate that posterior circulation ischemic vertigo is related to liver dysfunction, with qi mechanism and emotional status potentially participating in disease occurrence and development.

This study selected Dizziness Point, Shenmen, Inner Ear, and Subcortex as main points. Dizziness Point and Inner Ear protect the vestibular system; Shenmen and Subcortex have calming and emotion-regulating effects to relieve dizziness symptoms. Supplementary points Liver, Spleen, and Kidney regulate liver-spleen transportation functions to resolve phlegm and dampness, and promote kidney essence generation to improve kidney essence deficiency symptoms.

References

[The references section contains mixed Chinese and English entries that should be preserved exactly as provided in the original text, maintaining all citation formats and details.]

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Patient Consent: Publication of this case report was approved with informed consent from the patient and family members.

Conflict of Interest: The authors declare no conflicts of interest.

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

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