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Nursing Experience of Bian Stone Herbal Paste Massage Combined with Herbal Enema for Abdominal Distension in an Elderly Patient with Refractory Constipation

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Abstract

This article summarizes the nursing experience of integrated Chinese and Western medicine treatment for abdominal distension in an elderly patient with intractable constipation. Based on the theory of TCM disease differentiation and syndrome differentiation, Bian-stone herbal ointment massage was implemented to promote intestinal peristalsis, retention enema with Chinese herbal medicine was administered to soften fecaliths, combined with symptomatic treatment, while dietary nursing and emotional nursing interventions were provided to the patient. The approach was safe and effective, resulting in improvement of the patient's constipation and abdominal distension. This provides a reference for nursing care of elderly patients with constipation and abdominal distension, and is of great significance for promoting disease recovery.

Full Text

Nursing Experience in Treating Abdominal Distension in an Elderly Patient with Refractory Constipation Using Bianshi Herbal Ointment Massage Combined with Herbal Retention Enema

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Abstract

This article summarizes the integrated treatment and nursing experience of combining traditional Chinese and Western medicine for abdominal distension

in an elderly patient with refractory constipation. Based on traditional Chinese medicine (TCM) disease and syndrome differentiation theory, the patient received Bianshi herbal ointment massage to promote intestinal peristalsis, herbal retention enema to soften fecal impaction, and combined symptomatic treatment. Concurrent dietary and emotional nursing interventions were provided. The approach proved safe and effective, resulting in improved constipation and abdominal distension. This case provides a valuable reference for nursing care of elderly patients with constipation and abdominal distension and holds significant importance for promoting disease recovery.

Keywords: refractory constipation; advanced age; herbal ointment massage; herbal enema; nursing care

Refractory constipation, a chronic functional constipation that responds poorly to conventional pharmacological treatment, seriously impairs patients' physical and mental health and quality of life [?]. The prevalence of functional constipation in China ranges from 8% to 13%, with an increasing number of patients and a trend toward younger onset [?]. Research indicates that 20% to 40% of constipation patients have refractory conditions that are difficult to cure [?], with symptoms progressively worsening over time and with advancing age. Constipation not only causes abdominal discomfort and poor appetite but can also induce or exacerbate hemorrhoids, anal fissures, colon cancer, and other organic diseases, potentially triggering cardiovascular and cerebrovascular emergencies that endanger elderly patients' lives. The diagnosis, treatment, and nursing care of constipation in older adults have become urgent clinical challenges.

Our department admitted an 84-year-old patient with refractory constipation for over eight years who recently developed significant abdominal distension. While most TCM external treatments for constipation focus on acupuncture and acupoint application, exploring more rapidly effective external therapies warrants attention. This case report describes the use of abdominal herbal ointment massage combined with herbal retention enema to relieve constipation symptoms in an elderly patient with refractory constipation.

Case Report

Patient Information: The patient was an 84-year-old female who presented on October 7, 2024 (the Cold Dew solar term) with a chief complaint of “refractory constipation for over eight years accompanied by abdominal distension for over one week.” Eight years prior, the patient began experiencing difficult defecation with hard stools occurring every 3-4 days. One week before admission, she developed abdominal distension and poor appetite without obvious precipitating factors. She could consume liquids orally and experienced intermittent nausea without vomiting, acid reflux, or abdominal pain, with a weight loss of 1-2 kg. Treatment with glycerin suppositories and lactulose proved ineffective. Current symptoms included abdominal fullness and no bowel movement for three days. Past medical history included hypertension for over 20 years, with no food or

drug allergies.

Physical Examination: The patient was conscious and appeared emaciated. Vital signs: temperature 36.6°C, pulse 58 beats/min, respiration 18 breaths/min, blood pressure 150/78 mmHg.

Laboratory and Imaging Findings: 1. Key abnormal laboratory values: white blood cells 6.3×10^9 /L, hemoglobin 123 g/L, glycosylated hemoglobin 7.2%, creatinine 134 mol/L, sodium 132.4 mmol/L, albumin 38 g/L. 2. Abdominal X-ray (supine and erect): revealed abundant intestinal contents and partial bowel gas accumulation, without significant bowel dilation.

TCM Assessment and Syndrome Differentiation: 1. Inspection: emaciated physique, dark tongue with thick yellow coating. 2. Auscultation/Olfaction: no obvious abnormal odor. 3. Inquiry: abdominal distension, poor appetite, constipation. 4. Palpation: thin and rapid pulse.

Diagnoses: - Western medicine: constipation; poor appetite; malnutrition; possible partial intestinal obstruction? Hypertension. - Traditional Chinese medicine: constipation; qi and yin deficiency with dryness and binding in the intestines and stomach.

Treatment Course: After admission, routine examinations were completed. The patient received guidance on diet, exercise, and defecation habits. Medications included mosapride citrate tablets 3 times daily before meals and polyethylene glycol electrolyte powder twice daily. Concurrently, Bianshi herbal ointment massage was administered once daily for one week as a treatment course. Herbal retention enema (200 mL) was given twice daily for one week as a treatment course. Following comprehensive nutritional support, the patient's vital signs stabilized, energy and physical strength improved, and appetite increased. As parenteral nutrition gradually transitioned to enteral nutrition, oral intake met nutritional requirements, with daily spontaneous bowel movements and resolution of abdominal distension. The patient was discharged on October 22, 2024, following medical orders.

Nursing Assessment

2.1.1 Constipation Symptom Assessment Using the Constipation Symptom Scoring Scale: 1. Bowel interval: <1 day = 0 points; 1-2 days = 2 points; 2-3 days = 4 points; >3 days = 6 points. 2. Defecation duration: <5 min = 0 points; 5-10 min = 2 points; 10-30 min = 4 points; >30 min = 6 points. 3. Stool consistency: long, smooth, soft (sausage-like) = 0 points; sausage-like with cracks = 2 points; sausage-like, hard, lumpy = 4 points; separate hard lumps, difficult to pass (sheep-dropping-like) = 6 points. 4. Urgency: strong = 0 points; slight = 2 points; weak = 4 points; none = 6 points.

On October 7, 2024, the patient's total constipation symptom score was 24 points.

2.1.2 Abdominal Distension Assessment Using the 2002 *Guiding Principles for Clinical Research of New Chinese Medicines*, abdominal distension was assessed as: Grade 0 (no distension, 0 points); Grade I (mild distension, self-resolving, no impact on work/rest, 1 point); Grade II (severe distension, tolerable, frequent episodes affecting work/rest, 2 points); Grade III (severe distension, intolerable, persistent, requiring medication, 3 points). This patient scored 3 points, indicating severe abdominal distension.

Nursing Process

2.2 Nursing Goals

1. Improve constipation symptoms with daily spontaneous bowel movements.
2. Alleviate abdominal distension with daily flatus.

2.3 Nursing Diagnoses

1. Constipation related to qi and blood stagnation causing intestinal dysfunction.
2. Abdominal distension related to intestinal dryness and fecal binding.

2.4 Nursing Plan

1. Utilize appropriate TCM techniques to leverage their distinctive advantages in reducing abdominal distension and relieving constipation.
2. Provide emotional nursing care: increase communication frequency to improve the patient's mental state.
3. Conduct health education: teach knowledge about intestinal obstruction to enhance disease prevention awareness.
4. Strengthen nutritional support: ensure adequate dietary fiber intake and 适当增加 fluid consumption.

2.5 Nursing Interventions 2.5.1 Constipation Care

Conventional Care: 1. Help establish regular bowel habits, encouraging defecation upon waking or after breakfast. Provide a private environment, protect patient privacy, and allow adequate time. When using a toilet seat, place a small stool under the feet to maximize gravity and abdominal pressure. Instruct the patient not to strain to avoid increasing cardiac burden and triggering heart failure or cardiovascular accidents. Elderly patients must have constant accompaniment; going to the bathroom alone is strictly prohibited to prevent falls. 2. Avoid prolonged sitting or lying down. Walk slowly for half an hour each morning and evening, and perform clockwise abdominal massage approximately 20 times to promote intestinal motility. Guide patients in practicing seated and standing Baduanjin qigong to restore visceral function. 3. Daily record bowel movement frequency, timing, form, and amount. Monitor for tarry or bright red stools as indicators of gastrointestinal bleeding. If flatus and bowel movements

cease with abdominal distension and vomiting, suspect intestinal obstruction and notify physicians immediately.

TCM-Specific Care: 1. **Herbal Retention Enema:** Prepare herbal decoction in advance. Composition: Rhubarb (*Dahuang*), Atractylodes (*Baizhu*), Rehmannia (*Shengdi*), Ophiopogon (*Maidong*), Scrophularia (*Xuanshen*). Procedure: Pour external decoction into a container and measure temperature (39-41°C). Expel air from the enema bag and lubricate the rectal tube tip with paraffin oil. Expose the anus and instruct the patient to breathe through the mouth to relax the sphincter for easier insertion. Insert the tube 15-20 cm deep and regulate drip rate to 40 drops/min for slow instillation into the rectum and colon. Monitor patient complaints during the procedure; do not administer too rapidly to prevent adverse events. Adjust infusion speed or terminate if discomfort or urgency occurs. After completion, instruct the patient to retain the enema for at least 30 minutes to fully soften fecal impaction. Advise against straining to prevent cardiovascular accidents. Dosage: 200 mL twice daily for one week as a treatment course.

2. **Bianshi Herbal Ointment Massage:** Composition: Ginger-processed Magnolia bark (*Jiang Houpo*) 30 g, Rhubarb (*Dahuang*) 12 g, Pseudostellaria root (*Taizishen*) 15 g, Clove (*Dingxiang*) 30 g, Aucklandia root (*Muxiang*) 30 g, Bran-fried Bitter orange (*Chao Zhike*) 30 g, Immature bitter orange (*Zhishi*) 20 g, Cinnamon bark (*Rougui*) 20 g, Cinnamon twig (*Guizhi*) 30 g, Amomum fruit (*Sharen*) 12 g, Dried ginger (*Ganjiang*) 15 g. Grind herbs into powder and mix with honey and glycerin (3:1 ratio) to create an ointment. Procedure: Apply appropriate amount of ointment to a Bianshi Taiji ball and preheat for 15 seconds. Select Zhongwan (CV12), Guanyuan (CV4), and Tianshu (ST25) acupoints. Apply the ointment to the abdomen, centering on Shenque (CV8) (approximately 15 cm diameter). Use the Bianshi ball to first perform clockwise flat-pushing along the abdomen with tight pushing and slow movement for about 1 minute. Perform clockwise circular massage for 15-20 cycles at a slow speed with moderate pressure until local skin feels warm (approximately 2 minutes). Push along the Conception Vessel and Spleen Meridian of the abdomen (approximately 2 minutes). Then sequentially press Zhongwan, Tianshu, and Guanyuan points, 3 minutes each. This constitutes one cycle; perform 3 cycles total with moderate pressure. Monitor ball temperature during operation, adjusting between 60-80°C based on patient comfort to prevent burns. Pay attention to patient feedback throughout. Frequency: once daily for continuous treatment. Post-treatment skin redness is normal; reassure patients.

2.5.2 Emotional Nursing Care Constipation patients often experience anxiety, unease, and distress. Provide full understanding and concern, listen to their feelings and needs, and fulfill reasonable requests. Inform patients that constipation is a common symptom that can be relieved through treatment. Encourage positive attitudes toward disease and strengthen treatment confidence

and patience.

2.5.3 Health Education Encourage regular meals, chewing each bite 30 times before swallowing, and eating until 70% full. Recommend high-fiber foods. Encourage post-meal walking and clockwise abdominal massage to promote gastrointestinal motility. Guide patients to maintain a pleasant mood, listen to soft music, and relax.

2.5.4 Nutritional Support *Enteral Nutrition:* Encourage oral intake and dietary education. Recommend foods rich in cellulose and B vitamins. Avoid irritating foods such as leeks, garlic, and chili. Limit rich, greasy foods. Ensure at least 1500 mL of daily water intake to moisten intestines and soften stools. Avoid stimulating beverages like strong tea and coffee.

Parenteral Nutrition: Use pharmacy-prepared solutions, freshly compounded before use. Administer via deep vein infusion to avoid peripheral phlebitis from high-concentration fluids. Use infusion pumps to control rate at 120-150 mL/h for elderly patients. Administer human albumin as prescribed and monitor nutritional indicators including hemoglobin, albumin, and weight.

Nursing Evaluation

After treatment, the patient had no abdominal distension, with daily spontaneous bowel movements of formed brown stool, scoring 0 points. The constipation symptom score decreased from 24 points before treatment to 10 points after treatment, indicating significant clinical improvement. No adverse events such as unplanned extubation, hypoglycemia, or falls occurred. Two weeks post-discharge, the patient maintained regular diet and fluid intake, appropriate exercise, and good bowel habits, with spontaneous bowel movements once daily or every other day.

Results and Follow-up

Nurses provided discharge education to the patient and family regarding disease-related precautions. Continuity nursing interventions were implemented through telephone follow-up one week post-discharge to inquire about bowel movement frequency, consistency, and color. The patient reported formed bowel movements every 1-2 days without abdominal distension or constipation, and received further health education on daily living and dietary considerations.

Discussion

Refractory functional constipation refers to functional constipation that remains unresponsive to conventional treatment for over three months, clinically manifested as reduced bowel frequency, persistent difficulty or incomplete evacuation with a sense of residual stool. The condition is characterized by a prolonged

course and tendency for recurrence [?, ?]. Treatments using laxatives, prokinetic agents, or even surgery often yield poor results with significant side effects.

In TCM, this condition falls under the categories of “constipation” and “spleen constraint.” The *Suwen · Zhi Zhen Yao Da Lun* states: “When Taiyin governs heaven and dampness prevails, there will be heavy yin spreading, rain transforming dryness... and difficult bowel movements.” Constipation is closely related to spleen-stomach dysfunction and dampness obstruction. Constipation represents a global health challenge, with China’s aging population making its increasing prevalence particularly prominent. TCM has a long history of treating constipation, implementing syndrome-based treatment according to pathogenesis. In addition to oral herbal medicine, TCM external therapies are gaining increasing recognition. Herbal ointment massage is a TCM external therapy that combines herbal ointments with massage manipulation on the treatment area to achieve comprehensive therapeutic effects through the integration of manual technique and medicinal action [?].

Building upon traditional ointment massage and incorporating current research progress and departmental expertise, three additional components were added: finger acupressure, medicinal application, and heat therapy. Clockwise abdominal massage can stimulate the original qi of the Stomach Meridian of Foot-Yangming and Large Intestine Meridian of Hand-Yangming, regulating qi-blood and unblocking meridians. The ointment applied to acupoints through massage and rubbing functions similarly to a medicinal plaster, promoting transdermal absorption to reach the disease site and restore gastrointestinal function [?]. Applying acupressure techniques such as pointing, pressing, and pushing on meridians and acupoints achieves the effects of unblocking meridians and bowels, tonifying spleen-stomach, and promoting bowel movement to eliminate stagnation. Tianshu (ST25), located on the Stomach Meridian of Foot-Yangming, is the mu point of the Large Intestine Meridian that regulates qi-blood and improves intestinal transportation. Since the stomach and spleen are interior-exteriorly related, pressing this point can regulate both organs. Guanyuan (CV4) is the mu point of the Small Intestine, and pressing it can strengthen the original qi and tonify the lower jiao. Tianshu serves as the mu point of the Large Intestine where its channel qi deeply accumulates in the abdomen, acting as a pivot for ascending clear and descending turbid substances. It primarily functions to regulate the intestines, promote qi movement, and relieve stagnation. Stimulating Tianshu can achieve bowel regulation and enhanced intestinal motility. Zhongwan (CV12) is the mu point of the stomach with local therapeutic effects on epigastric disorders, possessing functions of tonifying qi and strengthening the spleen, harmonizing stomach qi, regulating the middle jiao, and adjusting ascending-descending functions. Selecting these acupoints for finger acupressure can regulate qi-blood, relax tense intestines and stomach, and accelerate gastrointestinal peristalsis while avoiding the fear associated with acupuncture. The herbal formula used in this ointment massage includes Rhubarb to drain heat, unblock stagnation, and promote bowel movement, and Magnolia bark and bitter orange to move qi, disperse masses, and relieve distension. These herbs

fully integrate with glycerin and honey to reduce skin friction while enhancing transdermal absorption and medicinal efficacy. The medicinal application and heating components effectively combine herbs with thermal therapy to accelerate drug absorption [?].

Chinese nursing practice for elderly constipation is rich in content, with extensive application of TCM nursing techniques such as dietary regulation, emotional care, moxibustion, auricular point pressing, herbal retention enema, and plaster therapy. These have become important intervention methods. TCM nursing techniques are not only simple, convenient, and inexpensive but also reduce polypharmacy in elderly patients, making them suitable for combined implementation in elderly patients with multiple coexisting conditions.

Herbal retention enema is widely used in digestive diseases, and direct intestinal absorption of herbal decoctions promotes fecal softening. The enema formula includes Rhubarb for detoxifying, cooling blood, and purgative effects; Atractylodes for promoting diuresis, drying dampness, and tonifying spleen qi; and Rehmannia, Ophiopogon, and Scrophularia for generating fluids and nourishing the stomach. Additionally, the enema allows the medicinal liquid to exert effects directly in the intestines, promoting intestinal peristalsis and accelerating stool softening to relieve constipation [?]. Herbal enema technology delivers medicine directly into the rectum, reducing gastrointestinal stimulation from oral administration. This method improves tolerability for patients unable to take or tolerate oral herbs, allowing effective components to be directly absorbed through intestinal mucosa to reach the disease site while reducing first-pass hepatic metabolism and improving drug utilization [?].

The acupoints selected for herbal ointment massage collectively achieve spleen-strengthening, stomach-harmonizing, qi-moving, and bowel-regulating effects. Combined with herbal retention enema, which delivers medicine directly through intestinal mucosal absorption to reduce gastrointestinal stimulation while exerting therapeutic effects, both therapies offer non-invasive, safe, and relatively adverse-effect-free advantages that are particularly acceptable to elderly patients.

For this elderly patient with refractory constipation, an individualized nursing plan was developed and implemented by leveraging the complementary strengths of both Chinese and Western medicine based on syndrome differentiation. Through combined application of TCM nursing techniques, the patient's constipation symptoms were significantly relieved and quality of life improved. We will continue to uphold and develop the distinctive advantages of TCM to enable more effective application of TCM nursing manipulation techniques.

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

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

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