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## Nursing Experience of Integrated Traditional Chinese and Western Medicine for a Patient with Liver-Kidney Deficiency Pattern Posterior Circulation Ischemia

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### Abstract

This article summarizes the clinical nursing experience of a patient with posterior circulation ischemia of liver-kidney deficiency type. Through nursing assessment and TCM syndrome differentiation, and based on daily care, dietary nursing, emotional nursing, and health guidance, combined with two characteristic TCM nursing techniques—head gua sha and wheat-grain moxibustion—integrated Chinese and Western medicine syndrome differentiation-based nursing care was implemented, thereby effectively improving the patient's clinical symptoms such as dizziness and poor sleep quality, enhancing patient comfort, and improving quality of daily life.

### Full Text

## Integrated Chinese and Western Nursing Care for a Patient with Liver-Kidney Deficiency-Type Posterior Circulation Ischemia: A Case Report

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### Abstract

This paper summarizes the clinical nursing experience of integrating Chinese and Western medicine for a patient with liver-kidney deficiency-type posterior circulation ischemia. Through comprehensive nursing assessment and TCM syndrome differentiation, we implemented integrated Chinese-Western nursing care

based on routine nursing, dietary guidance, emotional care, and health education, combined with two characteristic TCM nursing techniques: head gua sha and wheat-grain moxibustion. This approach effectively improved the patient's clinical symptoms of dizziness and poor sleep, enhanced patient comfort, and improved quality of daily life.

**Keywords:** liver and kidney deficiency; posterior circulation ischemia; head gua sha; wheat-grain moxibustion; integrated Chinese-Western nursing care

## Introduction

Posterior circulation ischemia (PCI) is a common cerebrovascular disease in clinical practice, primarily encompassing posterior circulation transient ischemic attacks and brainstem/cerebellar strokes, accounting for approximately 20% of ischemic cerebrovascular patients [?]. Posterior circulation ischemic vertigo represents its most typical symptom, occurring in over 60% of vertigo patients [?]. Characterized by recurrent episodes and chronic persistence, posterior circulation ischemic vertigo currently lacks specific clinical treatment approaches [?].

The etiology of PCI is complex, and while treatment methods are diverse, long-term pharmacotherapy often produces side effects, and surgical interventions carry certain risks. Traditional Chinese Medicine (TCM) boasts a long history in treating vertigo with varied therapeutic modalities [?]. This paper summarizes the integrated Chinese-Western clinical treatment and nursing experience for one case of liver-kidney deficiency-type posterior circulation ischemia, reported as follows.

## 1 Clinical Data

The patient was a 57-year-old female who experienced sudden vertigo episodes three years prior without obvious precipitating factors, accompanied by rotational vision and falling to a sitting position, with symptoms resolving after 1-2 minutes. One month before admission, her dizziness recurred with a sensation of head tightness, neck rigidity, and exacerbation when lowering her head. Seeking systematic integrated Chinese-Western treatment, she was admitted to our ward on June 5, 2024.

At admission, the patient presented with dizziness, head tightness, neck rigidity exacerbated by head lowering, poor sleep with frequent dreams, and normal bowel and bladder function. Her medical history included posterior circulation ischemia for over three years, cervical spondylosis for over three years, hyperlipidemia for over three years, and hyperuricemia for over three years. She had no history of hypertension, type 2 diabetes, hepatitis, tuberculosis, surgery, trauma, poisoning, blood transfusion, drug or food allergies, or family genetic diseases.

Admission vital signs were: temperature 36.4°C, pulse 72 beats/min, respiration

18 breaths/min, blood pressure 127/60 mmHg. Auxiliary examinations revealed: cerebral CT showing ischemic foci; cervical CT showing narrowing at the C4-5 vertebral canal level; carotid ultrasound showing left carotid atherosclerosis with plaque formation; and laboratory tests showing triglycerides at 2.41 mmol/L.

Comprehensive TCM four-diagnosis examination showed: inspection—clear consciousness, dull complexion, moderate build, pale red tongue with white greasy coating; auscultation and olfaction—clear speech, even breathing, no oral odor; inquiry—preference for warmth, night sweats, dizziness, preference for warm foods; palpation—deep and wiry pulse. The TCM diagnosis was vertigo (liver-kidney deficiency syndrome), and the Western medicine diagnosis was posterior circulation ischemia.

After admission, integrated Chinese-Western treatment was administered according to the patient's condition. TCM treatment focused on nourishing liver and kidney, calming liver and extinguishing wind, combined with head gua sha therapy (once daily) and wheat-grain moxibustion (once daily). Western medicine treatment included atorvastatin calcium tablets 10 mg QN orally for lipid regulation and plaque stabilization, and 0.9% sodium chloride injection 250 ml + gastrodin injection 6 ml Qd intravenously for circulation improvement. After 14 days of integrated intervention, the patient's dizziness and poor sleep symptoms improved significantly, demonstrating notable clinical efficacy.

## 2 Nursing Care

### 2.1 Nursing Assessment

The patient's primary symptoms included dizziness, head tightness, neck rigidity exacerbated by head lowering, poor sleep with frequent dreams, and anxiety. The Vertigo Comprehensive Rating Scale score was 4 points (moderate vertigo, quite uncomfortable but still able to walk). The Barthel Index for activities of daily living was 100 points (independent). The fall risk score was 2 points. The Pittsburgh Sleep Quality Index (PSQI) was 14 points. The Self-Rating Anxiety Scale (SAS) score was 65 points (moderate anxiety). Based on these assessments, identified nursing problems included: vertigo; sleep pattern disturbance; risk of injury; anxiety; altered comfort; and knowledge deficit.

### 2.2 Nursing Interventions

**2.2.1 Daily Nursing Care** We maintained a quiet and comfortable environment with adequate rest, advising slow movements during activities to avoid overexertion. During dizziness episodes, the patient was instructed to rest in bed and could massage acupoints such as Yintang (EX-HN3), Taiyang (EX-HN5), and Fengchi (GB20) for relief. Blood pressure was monitored regularly. The patient was advised to quit smoking and limit alcohol consumption while controlling lipid intake.

**2.2.2 Dietary Nursing Care** The dietary plan emphasized light, high-vitamin, high-calcium, low-fat, low-cholesterol, and low-salt foods. Energy intake was controlled, with complex carbohydrates such as starch and corn recommended. Foods nourishing liver and kidney were provided, including a therapeutic recipe of black rice and longan porridge—black rice being neutral and sweet, with effects of nourishing yin, tonifying kidney, and invigorating qi and blood, while longan effectively treats blood deficiency insomnia caused by liver-kidney deficiency. Additionally, a medicinal tea substitute was prepared with licorice, floating wheat, jujube, and goji berries, boiled in water after cleaning.

**2.2.3 Emotional Nursing Care** Through frequent communication and interaction, we employed the method of shifting emotions and transforming temperament to divert attention and help the patient maintain mental happiness, avoiding negative emotional stimuli such as worry and anger. Five-element music therapy was implemented—since liver corresponds to wood and its sound is “jue,” while kidney corresponds to water and its sound is “yu,” and considering the patient’s deficiency syndrome, selected musical pieces included “Lush Green Grass,” “Green Leaves in Wind,” “Zhaojun’s Resentment,” and “Frontier Melody.” These were played daily between 21:00-23:00 (Hai period, when the Triple Burner meridian is active) in a 30-minute cycle. Any discomfort during the session would prompt immediate discontinuation.

**2.2.4 Health Education** We assessed the patient’s understanding of disease-related knowledge and developed tailored education plans accordingly, documenting learning progress with weekly feedback. Based on learning outcomes, evaluation and positive reinforcement were provided.

## 2.3 TCM Characteristic Nursing Techniques

**2.3.1 Head Gua Sha Therapy** Head gua sha was administered once daily as prescribed. The method involved: scraping both sides of the head from Taiyang (EX-HN5) to Fengchi (GB20), passing through Touwei (ST8), Hanyan (GB4), Xuanlu (GB5), Xuanli (GB6), Shuaigu (GB8), and Naokong (GB19); scraping the anterior head from Baihui (DU20) to the anterior hairline, passing through Qianding (DU21), Tongtian (BL7), Xinhui (DU22), Shangxing (DU23), Shenting (DU24), Chengguang (BL6), Wuchu (BL5), Qucha (BL4), and Toulinqi (GB15); scraping the posterior head from Baihui (DU20) to the posterior hairline, passing through Houding (DU19), Luoque (BL8), Qiangjian (DU18), Naohu (DU17), Yuzhen (BL9), Naokong (GB19), Fengfu (DU16), Yamen (DU15), and Tianzhu (BL10); and scraping the entire head radially from Baihui (DU20) as the center, covering all head acupoints and motor, sensory, speech, vertigo-auditory, visual, gastric, thoracic, and reproductive zones.

Precautions included: no medium needed for head gua sha; avoid performing when excessively hungry, full, or tense; use the even reinforcing-reducing tech-

nique; scrape each area until the scalp feels warm, with local soreness, numbness, distension, or pain being normal; maintain warmth and avoid cold exposure; limit sessions to 25 minutes; rest in bed for 10-20 minutes post-treatment with appropriate warm water, hot drinks, or ginger juice; and avoid hair washing for 4 hours after treatment.

**2.3.2 Wheat-Grain Moxibustion** Wheat-grain moxibustion was administered once daily as prescribed. The method involved placing wheat-grain-sized moxa cones directly on the skin and igniting them sequentially from top to bottom at Baihui (DU20) for regulating qi-blood, improving circulation, and harmonizing yin-yang [?]; Fengchi (GB20) for dispelling wind-evil and regulating qi-blood [?]; Dazhui (DU14) for activating blood, resolving stasis, and tonifying [?]; Jianjing (GB21) for unblocking vessels and promoting qi-blood circulation [?]; Quchi (LI11) for warming meridians, regulating qi-blood, and improving blood pressure [?]; Jianshi (PC5) for improving cardiac blood supply [?]; and Zusanli (ST36) for improving transient ischemic attacks in posterior circulation [?]. Zusanli received five moxa cones, while the other six acupoints received three cones each.

Precautions included: ensuring relaxed muscles and natural positioning; promptly removing the cone when the patient felt excessive heat before continuing; and maintaining warmth with no bathing for 4 hours post-treatment.

## 2.4 Discharge Guidance

At discharge, patients were instructed to take medication regularly without arbitrary changes, maintain reasonable diet and rest, avoid overexertion and cold exposure, and maintain emotional well-being. Regular follow-up examinations were recommended, with prompt medical attention for any discomfort.

## 2.5 Effect Evaluation

At discharge, the patient's dizziness, head tightness, neck rigidity, and poor sleep with frequent dreams had significantly improved, with no anxiety. The Vertigo Comprehensive Rating Scale score was 0 points (asymptomatic). The Barthel Index remained at 100 points (independent). The fall risk score was 0 points. The PSQI score was 6 points. The SAS score was <50 points (no anxiety). During hospitalization, no fall injuries occurred, and the patient mastered disease-related knowledge.

## 2.6 Follow-Up

A telephone follow-up one week post-discharge revealed that the patient's dizziness had markedly alleviated with no recurrence of anxiety or negative emotions. The patient expressed high recognition and praise for our department's integrated Chinese-Western treatment, nursing care, and characteristic TCM nursing techniques.

## Discussion

Posterior circulation ischemia (PCI) refers to a category of diseases caused by vertebrobasilar system ischemia leading to cerebral tissue hypoperfusion. In TCM, PCI falls under the category of “vertigo,” with the disease location in the brain and pathological relationships to the liver and kidneys. Vertigo arises when kidney deficiency fails to nourish the liver, causing liver yin-yang imbalance and resulting in dizziness [?]. This patient was a middle-aged female at the stage where “yin qi naturally halves,” presenting with liver-kidney deficiency, inability of yin to restrain yang, and hyperactive liver yang manifesting as vertigo. Therefore, TCM treatment focused on nourishing liver and kidney, calming liver and extinguishing wind, employing Chinese herbal decoctions, medicinal tea substitutes, dietary therapy, and emotional care based on syndrome differentiation, combined with head gua sha and wheat-grain moxibustion as appropriate TCM techniques.

According to TCM theory, “the head is the meeting point of all yang meridians,” with eight meridians traversing the head including the Conception Vessel, Governing Vessel, Stomach Meridian of Foot-Yangming, Gallbladder Meridian of Foot-Shaoyang, Large Intestine Meridian of Hand-Yangming, Triple Burner Meridian of Hand-Shaoyang, Small Intestine Meridian of Hand-Taiyang, and Bladder Meridian of Foot-Taiyang. Additionally, numerous acupoints on the head connect with these meridians to circulate qi-blood, activate blood and resolve stasis, warm meridians, and balance yin-yang [?]. In this case, head gua sha therapy achieved liver qi regulation [?], blood activation and stasis resolution [?], improved cervical blood supply, relieved dizziness, and enhanced sleep quality [?].

Wheat-grain moxibustion, as a form of moxibustion therapy, features precise localization, strong heat penetration, and short treatment duration [?]. Research indicates [?] that wheat-grain moxibustion combines dual effects of acupuncture and moxibustion. In this patient, the treatment achieved smooth qi flow, meridian qi activation, qi-blood regulation, and visceral yin-yang balance adjustment.

In summary, implementing head gua sha and wheat-grain moxibustion combined with TCM syndrome differentiation nursing for PCI patients can enhance nursing efficacy, improve patient satisfaction, and increase comfort levels. Conventional nursing models typically adopt systematic interventions lacking comprehensive, in-depth targeted care. In contrast, characteristic TCM nursing with personalized interventions, based on syndrome differentiation concepts, provides patients with tailored exercise, dietary, and emotional plans that promote positive nurse-patient relationships, treat symptoms according to pattern differentiation, alleviate symptoms, and facilitate physical recovery. This approach positively impacts quality of life improvement and complication prevention, warranting clinical promotion.

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