# Nursing Case Report of a Patient with Radicular Cervical Spondylosis Treated with Thunder-Fire Moxibustion

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## Abstract

This article summarizes the nursing experience of a patient with radicular cervical spondylosis treated with thunder-fire moxibustion. On the basis of routine nursing care, the implementation of thunder-fire moxibustion effectively alleviated the patient' s pain symptoms, reduced limb numbness, improved quality of life, and promoted recovery from the disease. This method is simple to perform, has few adverse reactions, and is characterized by high safety, making it readily acceptable to patients.

## Full Text

## Preamble

**Nursing Case Report on Thunder-Fire Moxibustion for a Patient with Cervical Spondylotic Radiculopathy**

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## Abstract

This article summarizes the nursing experience of administering thunder-fire moxibustion to a patient with cervical spondylotic radiculopathy. Building upon routine nursing care, the implementation of thunder-fire moxibustion effectively alleviated the patient' s pain symptoms, reduced limb numbness, improved quality of life, and promoted recovery. This method offers advantages including simple operation, minimal adverse reactions, and high safety, making it readily acceptable to patients.

**Keywords:** Thunder-fire moxibustion; Cervical spondylotic radiculopathy; Traditional Chinese medicine nursing

Cervical spondylotic radiculopathy (CSR) is a common and frequently occurring condition in orthopedic and rehabilitation departments, characterized clinically by neck and shoulder pain, radiating numbness in the upper limbs, and sensory and motor dysfunction [1]. It predominantly affects individuals who maintain prolonged bowed-head and desk-bound postures, with its incidence and trend toward younger age groups becoming increasingly prominent, significantly impairing patients' quality of life. While the vast majority of patients can achieve effective symptom relief through non-surgical conservative treatment, conventional Western nursing approaches have limitations in long-term efficacy and medication side effects. Traditional Chinese medicine (TCM) classifies CSR under the category of "neck bi syndrome," identifying its pathological core as blocked meridians and impeded qi and blood flow. In this context, thunder-fire moxibustion therapy, which integrates moxibustion with multiple Chinese medicinal herbs, has emerged as a promising TCM nursing specialty technique due to its strong heat penetration and ability to effectively warm and unblock meridians while promoting qi and blood circulation [2,3].

Recent studies have demonstrated that the thermal radiation and medicinal factors of thunder-fire moxibustion can synergistically improve local circulation, reduce inflammation and edema around nerve roots, and promote functional recovery, showcasing unique value in the clinical nursing management of CSR [3,4]. This article reports the nursing experience of one case of thunder-fire moxibustion treatment for cervical spondylotic radiculopathy.

### 1.1 General Information

The patient was a 35-year-old female who presented to our outpatient clinic on October 18, 2025, with the chief complaint of "neck and shoulder pain accompanied by right upper limb numbness for over one year, worsening for one week." Current symptoms included neck and shoulder pain, right upper limb numbness with limited mobility, normal appetite, poor sleep, normal bowel and urinary function, dark purple tongue with thin white coating, and wiry pulse. No allergy history was reported.

### 1.2 Diagnosis and Treatment

TCM diagnosis: Neck bi syndrome, blood stasis and qi stagnation pattern. Western medicine diagnosis: Cervical spondylotic radiculopathy. Based on routine nursing care, health education, and psychological counseling, the patient received thunder-fire moxibustion treatment once daily for 30 minutes per session over 10 consecutive days. The therapeutic principle was to activate blood circulation, resolve stasis, and promote qi movement to relieve pain.

#### 2.1.1 Pain Assessment

The Visual Analogue Scale (VAS) was used to assess pain intensity [5]. This method employs a 10 cm line divided into 10 equal segments, with one end marked 0 representing no pain and the other end marked 10 representing severe pain. Patients mark a cross on the line at the point that best reflects their pain level. Scores of 0 indicate no pain; 1-3 indicate mild pain that is tolerable; 4-6 indicate significant pain affecting sleep but still tolerable; and 7-10 indicate severe pain that is unbearable, affecting appetite and sleep. This patient' s initial pain score was 6.

#### 2.1.2 Anxiety Assessment

The Self-Rating Anxiety Scale (SAS) was administered [6], with the standard cutoff value of 50 points. Scores of 50-59 indicate mild anxiety, 60-69 indicate moderate anxiety, and 70 or above indicate severe anxiety. This patient' s SAS score was 55.

#### 2.1.3 Insomnia Severity Assessment

The Insomnia Severity Index (ISI) was used to evaluate sleep disturbance [7]. This scale assesses insomnia severity over the past week and consists of 7 items, each scored on a 5-point scale from 0 to 4, with total scores ranging from 0 to 28. Higher scores indicate more severe insomnia. Based on the total score, four levels are distinguished: no clinically significant insomnia (0-7), mild insomnia (8-14), moderate insomnia (15-21), and severe insomnia (>21). This patient' s pre-treatment score was 15, indicating moderate insomnia.

### 2.2 Nursing Diagnosis

Based on the assessment results, nursing diagnoses were established as follows: anxiety related to chronic pain, recurrent cervical spondylosis, and prognosis concerns leading to liver qi stagnation.

### 2.3 Nursing Plan

According to the patient' s relevant factors, the following nursing plan was formulated: implement routine nursing care and health education to enhance patient understanding of disease-related knowledge and improve prevention and health awareness.

#### 2.4.1 Thunder-Fire Moxibustion Treatment

The patient assumed a sitting position with her chest close to the chair back, optionally placing a pillow between them for increased comfort. Wearing her clothing reversed, the neck and shoulder skin was fully exposed while maintaining warmth for the lower back and back. A thunder-fire moxibustion stick measuring 3 cm × 10 cm and weighing 25 g (composed of mugwort leaf, aquilaria,

cinnamon twig, frankincense, myrrh, notopterygium, and pangolin scales) was selected. One end of the stick was ignited and allowed to burn fully until reaching a red-hot state. The operator held the stick approximately 10 cm above the patient' s body to test temperature and perform preliminary moxibustion, inquiring about thermal comfort. Formal moxibustion began once the moxa fire was stable and temperature appropriate.

Acupoints selected included Dazhui (GV14), cervical Jiaji points (affected segment and one segment above and below), Fengchi (GB20, bilateral), Jianjing (GB21, bilateral), and Ashi points [8]. The technique primarily combined mild moxibustion with circling moxibustion. For circling moxibustion, the burning end was aimed at the treatment area 2-3 cm from the skin, moving in small, clockwise circles at constant speed to cover the acupoint and surrounding painful regions. This method provides large-area warmth for unblocking local meridians. For mild moxibustion, the stick was held 2-3 cm above key acupoints (such as Ashi points and Dazhui) for fixed suspension moxibustion, maintaining local warmth and comfort without burning sensation. Each acupoint was treated for approximately 5 minutes [9-11]. The sequence followed the principle of top-to-bottom and center-to-sides: first Dazhui and upper cervical Jiaji points, then bilateral Fengchi and Jianjing points, and finally focusing on Ashi points. Treatment was administered once daily for 30 minutes per session until the skin became flushed and warmth penetrated deeply, for 10 consecutive days.

### 2.4.2 Routine Nursing Care

Patients were guided to consume foods that promote qi movement, blood circulation, and resolve stasis and toxins, such as hawthorn, white radish, and wood ear mushrooms. Dietary therapy included vinegar-soaked peanuts. Fried, fatty, and greasy foods were avoided, while fresh vegetables, fruits, and adequate water intake were encouraged to maintain bowel regularity. Patients were advised to avoid strong tea and coffee before bedtime, and instead drink warm milk or soak feet in warm water to promote sleep. Lifestyle adjustments were assisted to cultivate good habits with balanced work and rest. Warmth was emphasized to avoid cold exposure. Medication adherence was supervised with observation of therapeutic effects and adverse reactions.

### 2.4.3 Health Education

During the acute phase, patients were instructed to rest in bed with the head flexed, elevated with a pillow behind, avoiding the affected side-lying position, and maintaining upper limb elevation or head-hugging positions. Soft pads were placed under the shoulders and back when necessary, with gentle movements during treatment or position changes. During the remission phase, patients could ambulate while avoiding rapid head turning or shaking, maintaining neutral head position when lying down. During the recovery phase, patients could perform shoulder and upper limb activities, gradually increasing range without aggravating symptoms. In daily life and work, prolonged bowed-head labor was

avoided, with neck movements every 1-2 hours during desk work, such as looking up or gently turning the head against the chair back. During sleep, the head and neck were maintained in alignment without twisting, with pillows longer than shoulder width and at fist height to avoid neck suspension. Neck warmth was emphasized to prevent wind, cold, and dampness invasion. Recovery phase functional exercises were instructed, such as the "ten-ten" exercise and bilateral hand resistance training, guided according to individual patient conditions with slow movements, non-fatiguing intensity, and gradual progression. Daily health exercises such as Baduanjin and Tai Chi were also recommended.

### 2.4.4 Psychological Nursing

Patients were educated about the disease' s onset, progression, and prognosis to gain understanding and cooperation. Communication was maintained to understand psychosocial conditions and promptly eliminate negative emotions. Successful cases were introduced to build confidence in overcoming the disease. Family involvement was encouraged to establish emotional support and provide necessary daily assistance, fostering a good nurse-patient relationship.

## 3 Results and Follow-Up

After 10 days of thunder-fire moxibustion treatment combined with routine nursing, health education, and psychological intervention, the patient' s VAS score decreased from 6 to 2, SAS score decreased from 55 to 45, and ISI score decreased from 15 to 8. The patient demonstrated significant improvement in cervical function and sleep quality, with markedly enhanced quality of life. Outpatient treatment concluded on October 27, 2025. A telephone follow-up on November 4 revealed stable condition with well-maintained therapeutic efficacy.

TCM theory classifies CSR under the category of "neck bi syndrome," with its core pathogenesis attributed to liver-kidney deficiency and qi-blood insufficiency leading to malnourishment of tendons and bones, compounded by exposure to wind-cold-dampness pathogens or traumatic injury, resulting in blocked neck meridians and impeded qi-blood circulation—manifesting as "pain due to blockage and pain due to malnourishment" [3]. The patient' s prolonged desk work and sustained single posture led to impeded qi-blood circulation in neck tendons and bones. Qi stagnation hindered fluid and blood distribution, while blood stasis formed internally due to obstructed flow. The interplay of qi stagnation and blood stasis blocked the pathways of the neck' s Taiyang meridian, Governor Vessel, and Hand Yangming meridian, causing neck-shoulder pain and limb numbness. Therefore, the treatment principle focused on activating blood circulation, resolving stasis, and promoting qi movement to relieve pain.

Thunder-fire moxibustion possesses distinctive characteristics of "combined moxibustion and medicine" with "powerful warming penetration." Its far- and near-infrared thermal radiation can penetrate deep into subcutaneous tissue, effectively improving local blood circulation and promoting the resolution of inflam-

matory metabolic products, thereby alleviating ischemic and hypoxic conditions caused by nerve root compression. This corresponds to the modern medical concept of "improving microcirculation and eliminating aseptic inflammation" [4], which aligns closely with the TCM principle that "warmth promotes flow, and flow eliminates pain." Through thermal stimulation of acupoints such as Fengchi, Dazhui, cervical Jiaji, and Jianjing, the therapy directly activates the meridian qi of the Governor Vessel and Bladder meridian, achieving the effects of warming and unblocking meridians while dispelling cold and eliminating bi obstruction.

This nursing case demonstrates that thunder-fire moxibustion intervention not only effectively relieved the patient' s neck-shoulder pain and limb numbness but also improved cervical function and sleep quality, thereby significantly enhancing quality of life. As a traditional Chinese medical specialty technique, thunder-fire moxibustion offers advantages of simple operation, minimal adverse reactions, and high safety, with strong patient acceptance, warranting clinical promotion.

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