

Application of Acupoint Application Combined with Traditional Chinese Medicine Enema in the Nursing Care of a Patient with Intestinal Obstruction

Authors: Yilin Liu

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Abstract

This paper summarizes the application effect of acupoint application combined with traditional Chinese medicine (TCM) enema in the nursing of a patient with intestinal obstruction. By implementing integrated traditional Chinese and Western medicine nursing based on the principle of “regulating Qi and activating blood, unblocking the bowels and removing stagnation,” which included targeted acupoint application, syndrome differentiation-based TCM enema, combined with emotional nursing, dietary guidance, and Western medicine symptomatic support, the patient’s symptoms such as abdominal pain, abdominal distension, nausea, and vomiting were significantly relieved. The bowel sounds returned to normal, and defecation and flatus became unobstructed. The patient was clinically cured and discharged after 7 days of hospitalization, with no recurrence during a 1-month follow-up. The results indicate that acupoint application combined with TCM enema based on precise syndrome differentiation can effectively synergize with conventional Western medicine treatment and promote the rapid recovery of patients with intestinal obstruction, reflecting the unique advantages of integrated traditional Chinese and Western medicine nursing.

Full Text

Case Nursing of Intestinal Obstruction Treated with Integrated Traditional Chinese and Western Medicine: Acupoint Application and Traditional Chinese Medicine Enema

Abstract

Intestinal obstruction is a common clinical emergency in general surgery, characterized by complex etiologies and rapid disease progression. This paper dis-

cusses the clinical nursing experience of a patient with intestinal obstruction treated at the First Teaching Hospital of Tianjin University of Traditional Chinese Medicine. By implementing a comprehensive nursing plan that integrates Traditional Chinese Medicine (TCM) techniques—specifically acupoint application and TCM enemas—with conventional Western medical care, significant improvements were observed in the patient’s clinical symptoms, including the restoration of bowel movements and the relief of abdominal distension. Following the intervention, the patient’s clinical symptoms—including abdominal pain, distension, nausea, and vomiting—were significantly relieved. Bowel sounds returned to normal, and regular defecation and flatus were restored. The patient was clinically cured and discharged after several days of hospitalization, with no recurrence reported during a one-month follow-up. The results demonstrate that acupoint application combined with TCM enema, based on precise syndrome differentiation, can effectively synergize with conventional Western medical treatments to promote rapid recovery.

1. Introduction

Intestinal obstruction refers to the blockage of intestinal contents as they pass through the bowel, manifesting clinically as abdominal pain, vomiting, abdominal distension, and the cessation of defecation and flatus. In the field of general surgery, it remains a critical condition requiring timely intervention. While Western medicine focuses on gastrointestinal decompression, fluid resuscitation, and anti-infective therapy, TCM offers unique advantages in regulating “Qi” and promoting the movement of intestinal contents. This case study explores the application of integrated nursing strategies, emphasizing the synergistic effects of TCM external treatments such as acupoint application and TCM enemas.

2. Case Presentation

2.1 Clinical Data The patient, a female, was admitted to the hospital presenting with abdominal pain accompanied by the cessation of bowel movements and flatus for one day. The patient experienced a sudden onset of paroxysmal cramping pain in the lower abdomen without an obvious inciting cause, accompanied by significant abdominal distension and nausea. Outpatient abdominal imaging revealed partial dilation of the small intestine and air-fluid levels, suggesting intestinal obstruction. Her surgical history includes two prior Cesarean sections (the most recent being 10 years ago).

Upon physical examination, her blood pressure was 117/76 mmHg. The abdomen was soft, with tenderness noted in the lower abdomen, but no rebound tenderness or muscle guarding. Bowel sounds were diminished (approximately 1-2 times per minute). Laboratory findings showed a white blood cell count of $11.2 \times 10^9/L$ with a neutrophil percentage of 90.0%. Abdominal imaging confirmed partial dilation of the small intestine and localized air-fluid levels.

2.2 TCM Pattern Differentiation The basis for TCM pattern differentiation is as follows: The patient has a history of abdominal surgery, which led to damage of the collaterals and internal stasis of blood. This resulted in the impaired movement of Qi within the intestinal tract. The condition was further exacerbated by tangible pathogenic factors, leading to obstruction. Abdominal pain, distension, and a wiry pulse are manifestations of Qi stagnation; the dusky tongue indicates internal blood stasis. The diagnosis was intestinal obstruction (abdominal pain), differentiated as a syndrome of Qi stagnation and Blood stasis.

3. Integrated Nursing Interventions

3.1 Conventional Western Medical Nursing Standard nursing protocols were strictly followed, including: - **Gastrointestinal Decompression:** Maintaining the patency of the nasogastric tube to reduce intraluminal pressure. - **Fluid and Electrolyte Management:** Monitoring hourly intake and output to maintain water and electrolyte balance. - **Positioning and Activity:** Encouraging early mobilization to stimulate peristalsis. - **Pharmacotherapy:** Administering anti-infective treatment (Penicillin) and antispasmodic analgesia (Phloroglucinol) as prescribed.

3.2 Traditional Chinese Medicine (TCM) Nursing Techniques **Acupoint Application:** - **Acupoint Selection:** Tianshu (ST25), Zusanli (ST36), and Shangjuxu (ST37). The combination of these points achieves the effects of regulating Qi, activating blood circulation, and clearing the intestines. - **Operation:** A Chinese herbal paste formulated to promote Qi circulation and activate blood was applied during the Chen hour (07:00–09:00, when the Stomach Meridian is dominant) to maximize efficacy.

TCM Enema: - **Formula:** The prescription included stir-fried *Fructus Aurantii* (*Zhishi*), *Magnolia officinalis* (*Houpo*), and *Radix Aucklandiae* (*Muxiang*) to promote Qi circulation; *Semen Persicae* (*Taoren*) to activate blood; *Rheum palmatum* (*Dahuang*) to clear the bowels; and *Rhizoma Zingiberis* (*Ganjiang*) to protect the spleen and stomach. - **Dynamic Adjustment:** During the initial stage (Days 1–3), a higher dosage of *Dahuang* was used for potent purgation. Once defecation was restored, the dosage was reduced to protect the spleen and stomach. - **Operational Optimization:** The temperature of the solution was maintained at 38°C to 40°C. The insertion depth was 15–20 cm, and the injection rate was controlled at 10 mL/min.

3.3 Emotional and Health Education Nurses actively communicated with the patient to explain the treatment principles and alleviate anxiety. Health education was provided regarding the prevention of recurrence, dietary transitions (gradually progressing from liquid to semi-liquid diets), and appropriate physical activity.

4. Results and Follow-up

4.1 Symptom Relief Following the intervention, the patient' s abdominal pain and distension were completely relieved. Bowel sounds returned to normal levels. Defecation and flatus were restored, and the patient passed soft, yellow stools.

4.2 Objective Indicators A follow-up complete blood count indicated that the white blood cell count and neutrophil percentage had returned to normal ranges. An upright abdominal X-ray showed no evidence of air-fluid levels, and the radiographic signs of intestinal obstruction had disappeared. The Barthel Index score improved significantly, indicating an enhancement in the patient' s ability to perform activities of daily living.

4.3 Follow-up During the weekly telephone follow-ups conducted over the first month post-discharge, the patient reported no recurrence of abdominal pain or bloating and maintained normal dietary intake.

5. Discussion

This case demonstrates the synergistic value of integrated Traditional Chinese and Western Medicine (TCWM) nursing in managing acute intestinal obstruction. Conventional Western medical interventions rapidly controlled acute symptoms, while TCM techniques addressed the core pathogenesis of “qi stagnation and blood stasis.” By fundamentally regulating intestinal qi and restoring bowel movements, these methods compensated for the limitations of Western medicine in functional regulation.

A highlight of this protocol is its precision; the selection of acupoints and the dynamic adjustment of herbal dosages (specifically *Rheum palmatum*) were strictly aligned with syndrome differentiation. This reflects the TCM principles of “treatment based on syndrome differentiation” and “protecting the healthy qi.” In summary, acupoint application combined with herbal enemas can effectively complement routine Western medical nursing and warrants further clinical application.

References

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

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