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Abstract

Objective: To summarize the phased integrated traditional Chinese and Western medicine nursing experience for one patient with abdominal distension of the damp-heat accumulation type. Methods: According to the evolution of the disease course, traditional Chinese medicine collapse-staining was applied in the acute phase, traditional Chinese medicine soaking and washing combined with suspended moxibustion were used in the remission phase, and dietary, exercise, and emotional nursing were implemented in the recovery phase, with risk management such as fall prevention and bleeding prevention throughout. Body weight, abdominal circumference, 24 h urine volume, and symptom changes were dynamically monitored. Results: After 18 days of treatment and nursing, the depth of ascites decreased from 5.6 cm to 3.0 cm, body weight and abdominal circumference decreased, and urine volume increased. The scores for abdominal distension and dyspnea decreased from 8 and 6 points to 0 points, respectively, and edema resolved from grade 2 to no edema. The traditional Chinese medicine syndrome score decreased from 18 points to 4 points, with an efficacy index of 77.8%. Conclusion: Phased integrated traditional Chinese and Western medicine nursing based on the evolution of pathogenesis can achieve syndrome-differentiated nursing and precise intervention, promote symptom improvement in patients with abdominal distension of the damp-heat accumulation type, and has clinical application value.

Full Text

A Nursing Report on Integrated Traditional Chinese and Western Medicine Care for 1 Patient with Tympanites Due to Dampness-Heat Accumulation

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Abstract Objective: To summarize the experience of staged integrated traditional Chinese and Western medicine nursing care for a patient with tympanites

due to dampness-heat accumulation. **Methods:** According to the evolution of the disease, Chinese herbal compresses were applied in the acute stage; in the remission stage, Chinese herbal foot soaking was combined with suspended moxibustion; in the recovery stage, diet, exercise, and emotional regulation were implemented, with risk management for fall prevention and bleeding prevention carried out throughout. Body weight, abdominal circumference, 24 h urine volume, and symptom changes were dynamically monitored. **Results:** After 18 days of treatment and nursing care, the depth of ascites decreased from 5.6 cm to 3.0 cm; body weight and abdominal circumference decreased, and urine output increased. Scores for abdominal distension and dyspnea decreased from 8 and 6, respectively, to 0; edema regressed from grade 2 to no edema; the TCM syndrome score decreased from 18 to 4, and the therapeutic efficacy index was 77.8%. **Conclusion:** Staged integrated traditional Chinese and Western medicine nursing based on the evolution of pathogenesis can enable syndrome differentiation–based nursing, precise intervention, and improvement of symptoms in patients with tympanites due to dampness-heat accumulation, and has clinical application value.
Keywords: tympanites; liver cirrhosis with ascites; Chinese herbal compress; suspended moxibustion; Chinese herbal foot soaking

Abstract

Objective: To summarize the experience of staged integrated traditional Chinese and Western medicine nursing care for a patient with tympanites due to dampness-heat accumulation.
Methods: According to the progression of the disease, herbal medicinal compress was applied during the acute stage; herbal foot soaking combined with suspended moxibustion was implemented during the remission stage; dietary and exercise guidance as well as emotional regulation were provided during the recovery stage. Risk management measures, including fall prevention and bleeding prevention, were applied throughout the nursing process. Body weight, abdominal circumference, 24-hour urine volume, and symptom changes were dynamically monitored.
Results: After 18 days of treatment and nursing care, the depth of ascites decreased from 5.6 cm to 3.0 cm, with reductions in body weight and abdominal circumference and an increase in urine output. Abdominal distension and dyspnea scores decreased from 8 and 6 to 0, respectively. Edema improved from grade 2 to complete resolution. The Traditional Chinese Medicine (TCM) syndrome score decreased from 18 to 4, with a therapeutic efficacy index of 77.8%.
Conclusion: Staged integrated traditional Chinese and Western medicine nursing based on the evolution of disease mechanisms enables individualized and precise nursing interventions, promotes symptom improvement in patients with dampness-heat accumulation-related tympanites, and demonstrates potential clinical application value.
Keywords: Tympanites; Liver cirrhosis with ascites; Herbal medicinal compress; Suspended moxibustion; Herbal foot soaking.

Tympanites is a disease mainly characterized by abdominal distension resembling a drum. It is often caused by long-standing liver disease, obstruction of the movement of qi and blood, and retention and accumulation of water-fluid in the···

Ascites belongs to one of the four major categories of "wind, consumptive disease, tympanites, and abdominal mass" in traditional Chinese medicine (TCM) [1]. Modern medicine generally considers most cases to correspond to cirrhotic ascites. It is a common and serious complication in the decompensated stage of cirrhosis; if not well controlled, it may lead to abdominal distension, dyspnea, and induce infection, electrolyte disturbance, hepatorenal syndrome, and other conditions, affecting the patient' s prognosis. Western medicine mainly adopts measures such as etiological treatment, diuresis, and abdominal paracentesis. Although these can relieve symptoms, long-term efficacy is limited. TCM therapies have certain advantages in improving ascites, alleviating symptoms, and reducing recurrence [2-3]. This article summarizes the experience of integrated Chinese and Western medical nursing for one patient with cirrhotic ascites. On the basis of routine nursing and risk prevention and control for bleeding and falls, TCM nursing measures were dynamically adjusted according to changes in the condition. The report is as follows:

1 Case Data

1.1 Timeline

Five years ago, the patient developed abdominal distension and an enlarged abdomen, and sought care at another hospital, where she was diagnosed with cirrhotic ascites and drug-induced liver injury. In recent years, she had been hospitalized many times because of abdominal distension and recurrent ascites, and had received symptomatic treatment at another hospital, including hepatoprotection, diuresis, and albumin supplementation. Ten days before admission, without obvious inducement, her abdominal distension worsened, accompanied by dyspnea, fatigue, edema of both lower limbs, decreased urine volume, and unsmooth defecation. She was admitted to our department for further systematic treatment.

1.2 General Information

The patient was female, 72 years old, and was admitted to hospital mainly because of "cirrhotic ascites discovered 5 years ago, aggravated with abdominal distension for 10 days." Symptoms on admission included abdominal distension, dyspnea, fatigue, coldness of the lower limbs, dry mouth without desire to drink, edema of both lower limbs, acceptable sleep, decreased urine volume, and unsmooth defecation. Past history: history of type 2 diabetes for more than 6 years, with fasting blood glucose about 8 mmol/L; lumbar spine surgery 3 years ago; appendectomy 40 years ago. Allergy history: denied any history of drug or food allergy. Family history: mother had a history of diabetes. She was usually

mild-tempered, liked sweet, rich, and greasy foods, and had no adverse habits.

1.3 Physical Examination

Specialist examination: temperature 36.6°C, pulse 94 beats/min, respiration 20 breaths/min, blood pressure 115/72 mmHg.

The four diagnostic methods combined:

Inspection: the patient was clear-minded, mentally alert, had a slightly pale complexion, and showed a liver-disease facial appearance. Palmar erythema was present bilaterally; the abdomen was distended; both lower limbs were edematous. The tongue was red, with a yellow, thick, greasy coating.

Auscultation and olfaction: speech was clear, breathing was steady, and there was no special odor.

Inquiry: abdominal distension, dyspnea, fatigue, dry mouth without desire to drink, coldness of the lower limbs, decreased urine volume, unsmooth defecation, and acceptable sleep.

Palpation: pulse slippery. The abdomen was soft, with positive shifting dullness.

1.4 Diagnosis

TCM diagnosis: tympanites disease (damp-heat accumulation syndrome). Basis for syndrome differentiation: the patient had long-standing liver disease, disharmony of the liver and spleen, and disturbance of water-fluid metabolism; in addition, she had a long-standing preference for sweet, rich, and greasy foods, leading to internal generation of damp-heat, binding and accumulating in the middle energizer, intermingling of the clear and turbid, stagnation of qi mechanism, internal retention of dampness and water. Combined with the red tongue, yellow thick coating, and slippery pulse, this was differentiated as "damp-heat accumulation syndrome."

Western medical diagnosis: decompensated cirrhosis, drug-induced liver injury, cholestatic hepatitis, type 2 diabetes mellitus, and type 2 diabetic peripheral neuropathy.

1.5 Therapeutic Intervention

An integrated Chinese and Western medical treatment approach was adopted. Western medicine provided symptomatic treatment including hepatoprotective and choleretic medication, diuresis, platelet elevation, correction of hypoalbuminemia, and blood glucose control. TCM treatment included oral Chinese herbal medicine to clear heat and promote urination, and to purge downward to drain water. According to changes in the patient' s symptoms, appropriate TCM techniques were additionally applied, including Chinese herbal fumigation, penetration of Chinese medicine through Fuyan massage, Chinese herbal foot

bathing, and moxibustion with suspension, to strengthen the spleen, promote urination, unblock the channels, and relieve distension. After 18 days of treatment, the patient' s symptoms and signs improved compared with before, and she was discharged.

2 Nursing

2.1 Nursing Assessment

2.1.1 General assessment: body weight, abdominal circumference, 24 h urine volume

2.1.2 Abdominal distension and wheezing

The NRS score is used to evaluate the severity of the patient' s subjective symptoms; 0 points indicates no abdominal distension/wheezing, and 10 points indicates severe abdominal distension/wheezing that is difficult to tolerate.

2.1.3 Edema grading

Refer to the pitting edema grading standard provided in the *Expert Consensus on Diagnosis, Treatment, and Management of Edema (2025)*[^4]. Grade 1: indentation depth ( )2 mm, recovery time ( )10 s; Grade 2: indentation depth 2–4 mm, recovery time 10–15 s; Grade 3: indentation depth 4–6 mm, recovery time >1 min; Grade 4: indentation depth ( )6 mm, recovery time >2–5 min.

2.1.4 Fatigue assessment

The Fatigue Severity Scale (FSS)[^5] is used. This scale contains 9 items; each item is scored from 1 to 7 points, with a total score of 9–63 points. A total score ( )36 indicates significant fatigue; the higher the score, the more severe the symptoms.

2.1.5 Evaluation of the therapeutic effect of traditional Chinese medicine symptoms[^1]

Therapeutic efficacy index = (pre-treatment score − post-treatment score) / pre-treatment score × 100%. All symptoms are graded into four levels: absent, mild, moderate, and severe. For primary symptoms, the scores are 0, 2, 4, and 6 points, respectively; for secondary symptoms, the scores are 0, 1, 2, and 3 points, respectively. Clinical cure: the main symptoms and signs disappear or basically disappear, and the therapeutic efficacy index is ( )95%; markedly effective: the main symptoms and signs are markedly improved, and 70% ≤ therapeutic efficacy index <95%; effective: the main symptoms and signs are clearly improved, and 30% ≤ therapeutic efficacy index <70%; ineffective: the main symptoms and signs show no obvious improvement, or even worsen, and the therapeutic efficacy index is <30%.

2.2 Nursing Diagnosis

Excess body fluid: related to elevated portal venous pressure and hypoalbuminemia.

Nutritional imbalance: lower than the body's requirements, related to decreased protein synthesis function caused by liver function decline.

Potential complications: bleeding, related to thrombocytopenia and abnormal coagulation function.

Risk of falls: related to advanced age, fatigue, and lower-limb edema.

2.3 Nursing Plan

Following the traditional Chinese medicine principle of "treating the manifestation in acute conditions and treating the root in chronic conditions," nursing measures are dynamically adjusted according to symptom evolution; safety measures such as fall prevention and bleeding prevention are implemented throughout the entire course of the disease.

2.3.1 Acute phase (treating the manifestation)

Use the traditional Chinese medicine phlegm-expelling and turbidity-draining therapy to improve water-dampness retention, reduce abdominal distension and wheezing, and improve overall comfort.

2.3.2 Remission phase (treating both manifestation and root)

Continue to use traditional Chinese medicine to remove turbidity and promote urination, add Chinese herbal soaking and washing to warm and unblock the meridians and collaterals, and combine with moxibustion and nutritional support to improve fatigue and promote qi-blood transformation.

2.3.3 Recovery phase (continued nursing, treating the root)

Tonify and consolidate the function of the zang-fu organs, prevent disease recurrence, and provide guidance on emotional regulation in traditional Chinese medicine as well as diet and exercise care.

2.4 Nursing Implementation

2.4.1 Risk prevention and control

Implemented throughout the entire course of the disease.

2.4.1 Bleeding prevention

Provide soft, easily digestible foods and prohibit hard and coarse foods; observe skin ecchymoses, gums, nose, stool blood, and urine color; dynamically moni-

tor coagulation and platelets; perform operations gently, reduce punctures and scratching; keep stools unobstructed and avoid forceful defecation; administer medication as prescribed for hemorrhoidal bleeding.

2.4.2 Fall prevention

Inform the patient and family members of the risk of falls; activities follow the "three-step sequence" (lie quietly after waking for 30 seconds → sit up for 30 seconds → stand for 30 seconds before walking); keep the environment clean and tidy, and place items within reach; provide assistance when getting out of bed, going to the toilet, and during examinations, and use assistive devices when necessary; pay attention to increased nocturia after diuresis, dizziness, and blood pressure fluctuations.

2.4.2 Routine nursing

2.4.2.1 Daily living care Provide a quiet and clean environment with regular ventilation; ensure bed rest and use a semi-recumbent position to reduce abdominal distension and wheezing; elevate the lower limbs to reduce edema; perform ankle-pump exercises to prevent thrombosis; ensure sleep and keep stools unobstructed; avoid severe coughing, vomiting, sneezing, forceful defecation, etc.; maintain a comfortable mood.

2.4.2.2 Dietary nursing Provide a light, easily digestible diet with little residue; avoid spicy, fatty, sweet, and rich foods; focus on carbohydrates, with an appropriate amount of protein (when blood ammonia is normal, provide 1–1.2 g/kg · d, mainly plant protein, with a small amount of white meat allowed); for hyponatremia, do not restrict salt excessively, and avoid over-restriction; avoid gas-producing foods, and eat small, frequent meals.

2.4.2.3 Medication nursing Take medication as prescribed, do not adjust the dose arbitrarily, and observe adverse reactions; record 24 h intake and output to assist in adjusting diuretic ···

diuretics.

2.4.2.4 Disease observation:

Monitor vital signs, abdominal circumference, body weight, urine volume, edema, and respiration; monitor edema, jaundice, and mental status, and remain alert for hepatic encephalopathy; observe nausea, vomiting, and the color and characteristics of stool, and report abnormalities promptly.

2.4.3 Traditional Chinese medicine characteristic nursing care

2.4.3.1 Acute phase (Days 1–10): clearing heat and promoting dampness, moving qi and promoting urination

Chinese herbal collapse stains: place a rectangular gauze pad in Chinese herbal medicine at 38°C–40°C to moisten it, warm it, and apply it around the Shenque acupoint. Treatment once daily, 20 min each time.

2.4.3.2 Remission phase (Days 11–18): strengthening the spleen and promoting dampness

At this stage, the patient newly developed lower-limb muscle spasm symptoms.

(1) Chinese herbal foot soaking: soak both feet in Chinese herbal medicine once daily before bedtime, 10 min each time, water temperature 38°C–40°C.

(2) Suspended moxibustion: select the Zusanli acupoint; once daily, 10 min each time.

(3) Syndrome-differentiated dietary therapy: foods that strengthen the spleen and promote urination should be taken, such as daylily, winter melon, carp, adzuki beans, gourds, and corn silk. Recommended recipes: adzuki bean and coix seed porridge, Chinese yam cakes, winter melon soup, corn silk tea, etc.

2.4.3.3 Recovery phase (extended care): supporting the healthy qi and consolidating the root

(1) Syndrome-differentiated dietary therapy: on the basis of the previous stage, appropriately add kidney-tonifying foods, such as chestnuts, goji berries, black beans, etc. Recommended recipes: chestnut braised chicken pieces, astragalus braised chicken, goji berry tea, black bean porridge, etc.

(2) Emotional guidance: guided music imagery was used for 30 min every day before bedtime, 40–60 dB, selecting the pieces "Forest Walk" and "Seaside Walk" compiled by Professor Huang Qiuping.

(3) Exercise guidance: guide the patient to practice the Eight-Section Brocade in a gradual sequence, at least 3 times per week, 20–30 min each time. The focus was on practicing "Holding the Hands High with Palms Up to Regulate the Triple Burner," "Raising One Arm to Regulate the Spleen and Stomach," "Looking Back to Prevent the Five Strains and Seven Impairments," and "Shaking the Head and Wagging the Tail to Eliminate Heart Fire."

Line chart titled "Body weight kg," showing body weight decreasing from about 71 kg on day 1 to 60 kg by days 13–18; the acute phase is labeled before day 10 and the remission phase after day 10.

Figure 1: Line chart titled "Body weight kg," showing body weight decreasing from about 71 kg on day 1 to 60 kg by days 13–18; the acute phase is labeled before day 10 and the remission phase after day 10.

2.5 Nursing evaluation

2.5.1 General condition:

The patient' s body weight and abdominal circumference decreased, 24-h urine volume increased, and the depth of ascites decreased from 5.6 cm to 3.0 cm. See Figures 1–3.

Figure 1 Changes in body weight

Figure 2 Changes in abdominal circumference

[Chart: Abdominal circumference (cm). The curve decreases from about 103 cm on day 1 to about 91 cm on day 18; the acute phase is before day 10 and the remission phase is after day 10.]

Figure 3 Changes in urine volume

[Chart: 24 h urine volume (ml). The curve rises from about 1000 ml on day 1 to about 2600 ml on day 7, then decreases to about 1300 ml on day 18; the acute phase is before day 10 and the remission phase is after day 10.]

2.5.2 Symptom changes: The patient' s abdominal distension, panting, edema, fatigue, and coldness of the lower limbs all improved compared with before treatment. The patient' s traditional Chinese medicine symptom score was 18 points on admission and 4 points at discharge; the efficacy index was 77.8%. Symptoms and signs improved markedly, indicating a marked effect. See Tables 1–2.

Table 1 Symptom changes

Item	Day 1	Day 10	Day 18
Abdominal distension score	8 points (severe abdominal distension)	4 points (moderate abdominal distension)	0 points (no abdominal distension)
Panting score	6 points (moderate panting)	2 points (mild panting)	0 points (no panting)
Edema grade	Grade 2	Grade 1	No edema

Item	Day 1	Day 10	Day 18
Fatigue score (FSS)	60 (marked fatigue)	55 (marked fatigue)	48 points (marked fatigue)

Figure 4. Fatigue Severity Scale (FSS)

Chart title: Changes in the Fatigue Severity Scale (FSS)

Legend: Day 1; Day 10; Day 18

1. During fatigue, I am less motivated
2. Exercise aggravates my fatigue
3. I am easily fatigued
4. Fatigue affects my physical functioning
5. Fatigue often causes me problems
6. Fatigue prevents sustained physical functioning
7. Fatigue interferes with my work
8. Fatigue is among my three most disabling symptoms
9. Fatigue interferes with my work, family, and social life

Table 2. TCM Syndrome Score Scale

Symptoms	0 points (none)	2 points (mild)	4 points (moderate)	6 points (severe)
Primary symptoms Abdominal distension and fullness	**0 points (none)** None (discharge)	**2 points (mild)** Epigastric and abdominal distension after meals, relieved spontaneously within half an hour	**4 points (moderate)** Epigastric and abdominal distension after meals, relieved spontaneously within 2 hours	**6 points (severe)** Persistent epigastric and abdominal distension (admission)

Symptoms	0 points (none)	2 points (mild)	4 points (moderate)	6 points (severe)
Thirst without desire to drink	None	Occasionally feels thirsty (discharge)	Sometimes feels thirsty, but has no desire to drink water	Marked thirst throughout the day, but has no desire to drink water (admission)
Tongue quality: red; coating: yellow and greasy	Normal (0 points)	Normal (0 points)	Abnormal (2 points). Note: at admission the patient' s tongue was red, with thick yellow greasy coating; at discharge the tongue was red, with thin white coating	Abnormal (2 points). Note: at admission the patient' s tongue was red, with thick yellow greasy coating; at discharge the tongue was red, with thin white coating

Symptoms	0 points (none)	1 point (mild)	2 points (moderate)	3 points (severe)
Secondary symptoms Loose stool, lack of relief after defecation	**0 points (none)** None (discharge)	**1 point (mild)** Unformed stool, 1–2 times per day; slight lack of relief after defecation (admission)	**2 points (moderate)** Loose stool, 3–4 times per day; lack of relief after defecation	**3 points (severe)** Watery diarrhea, 4 or more times per day; lack of relief after defecation

Symptoms	0 points (none)	1 point (mild)	2 points (moderate)	3 points (severe)
Abdominal bloating	None (discharge)	Occasional abdominal bloating	Abdominal bloating at times, each episode not exceeding 4 hours	Abdominal bloating lasting more than 4 hours per day, or persistent without reduction (admission)

2.5.2 Follow-up: One week after discharge, a telephone follow-up was conducted. The family member reported that the patient' s fatigue had improved compared with before, food intake had increased, and there was no abdominal distension, wheezing, or other discomfort; bowel movements were normal, and the patient was relatively satisfied with the therapeutic effect.

3 Discussion

The patient had a 5-year history of liver disease. She was an elderly female, taciturn and disinclined to speak, with a dull complexion and lingering illness, belonging to the pattern of root deficiency; abdominal distension,

abdominal distension, thick yellow tongue coating, slippery pulse, inhibited urination, and unsmooth defecation, indicating mixed deficiency and excess. If damp-heat is internally accumulated and damp-heat obstructs the intestinal tract, defecation is unsmooth; if body fluids are distributed abnormally, there is dry mouth without desire to drink; if damp-heat is externally manifested, the tongue is red, the coating is thick and yellow, and the pulse is slippery. If water-dampness stagnates in the abdomen, there is abdominal distension; if it overflows into the skin, there is edema of the lower limbs; if bladder qi transformation is unfavorable, urination is scanty; if water qi invades the heart and affects the lung, there is panting and shortness of breath; if static blood obstructs the collaterals, liver palms are seen. This patient belongs to a pattern of root deficiency with branch excess, with deficiency and excess intermingled.

3.1 In the acute stage, external therapies should reach the site of disease directly: The patient urgently needs to clear heat and promote dampness, and to drain downward and move water, so as to relieve branch-excess symptoms such as abdominal distension and panting. Chinese herbal medicinal collapse-staining acts locally through the thermal effect of the drugs, dilating blood vessels, promoting circulation, and exerting the effects of promoting urination and reducing swelling. The medicines used include *Tiexian Tougucao*, winter melon peel, poria, Polyporus, aconite slices, and Sichuan lovage rhizome;

the main purpose is to promote urination and reduce swelling, with activating blood and unblocking the collaterals as an auxiliary effect[6-7], combined with the characteristics of the Shenque point, namely thin skin and abundant blood supply[8], to promote drug absorption. Because the patient also had type 2 diabetes mellitus, the temperature (38°C–40°C) and time (20 min) were strictly controlled during the procedure, ensuring safety while guaranteeing therapeutic efficacy.

3.2 In the remission stage, treat both the branch and the root: The patient developed twitching of the lower-limb muscles; on the basis of local water-promoting therapy, Chinese herbal soaking and suspended moxibustion were added. The Chinese herbal soaking formula consisted of mugwort leaf, safflower, asarum, Zanthoxylum, cinnamon twig, Sichuan lovage rhizome, Spatholobus stem, Tougucao, and Lycopodii Herba, and had the effects of moving qi and activating blood, dispelling wind and dispersing cold, and warming the center to relieve pain[9-10]. Through stimulation of the foot meridians by heat and medicinal power, it improves circulation and relieves spasms and coldness of the lower limbs. Suspended moxibustion at Zusanli can warm the channels and disperse cold, strengthen the spleen and benefit qi[11], making qi and blood abundant and the sinews and vessels nourished. At this stage, the tongue appearance changed from thick yellow coating to a red tongue with scanty coating and visible fissures, suggesting damage to body fluids; therefore, the duration of both soaking and moxibustion was controlled at 10 min to avoid further consumption and injury of body fluids.

3.3 In the recovery stage, support the upright and consolidate the root: After discharge, emphasis is placed on self-management of diet, exercise, and emotions. In the acute and remission stages, products that strengthen the spleen and promote urination are given; in the recovery stage, kidney-tonifying foods are added to cultivate the root and consolidate the source. According to the patient' s activity capacity, the four-step and eight-section brocade exercise is selected to regulate the three burners, regulate the qi mechanism of the spleen and stomach, promote qi-blood distribution and metabolism, and support the upright and consolidate the root[12-14]. During the recovery stage, patients often develop anxiety and depression because they cannot obtain professional treatment after discharge. At this time, attention should be paid to soothing the liver and relieving depression, calming the heart and tranquilizing the spirit; guided musical imagery is used to induce emotional relaxation through relaxation of joints and muscles, transform words into psychological images, evoke pleasant experiences, and shift attention[15].

In summary, integrated traditional Chinese and Western medicine nursing can effectively assist in improving the symptoms of patients with cirrhotic ascites, achieving synergistic enhancement, treating both the branch and the root, and complementing respective advantages. Nursing based on traditional Chinese medicine syndrome differentiation fully leverages the distinctive advantages of traditional Chinese medicine techniques, demonstrating important value in

treatment, prevention, and nursing, and is worthy of clinical promotion and application.

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