

ORIGINAL RESEARCH

The effect of traditional Chinese medicine fumigation and washing combined with Western medical care on resting pain in elderly males with lower extremity arterial occlusion

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Abstract

This study analyzes the effects of traditional Chinese medicine fumigation and washing combined with Western medical care on resting pain in elderly males with lower extremity arterial occlusion (LEAO). A total of 200 elderly males with resting pain from LEAO who were treated at our hospital between January 2021 and January 2023 were randomly assigned to an experimental group (n = 100) and a control group (n = 100) using a computer-generated number table. Both groups underwent percutaneous transluminal angioplasty after admission. Following surgery, the control group received Western medical nursing. In contrast, the experimental group received a combination of traditional Chinese medicine fumigation and washing with Western medicine nursing. Both nursing approaches were then compared regarding resting pain in patients. After surgery, the experimental group had a significantly shorter recovery time and hospital stay than the control group ($p < 0.05$). After intervention, the experimental group had a significantly higher Fugl-Meyer score and Ankle-brachial index (ABI) ($p < 0.05$). Moreover, significant increases in quality of life scores across all dimensions were achieved in the experimental group than in the control group after intervention ($p < 0.05$). A significant higher satisfaction rate for nursing care ($p < 0.05$) and a lower incidence of complications ($p < 0.05$) were found in the experimental group compared to the control group. A combination of traditional Chinese medicine fumigation and washing with Western medical care can improve blood flow in lower limbs, facilitate functional recovery, enhance quality of life, improve patient satisfaction with nursing care, and facilitate postoperative recovery, which is worth promoting clinically.

Keywords

Traditional Chinese medicine fumigation and washing; Western medical nursing; Lower extremity arterial occlusion

1. Introduction

Lower extremity arterial occlusion (LEAO) is prevalent among middle-aged and elderly individuals, causing ischemic alteration manifested by intermittent claudication, ulceration, necrosis and in severe cases, amputation [1]. With advancing age, LEAO in the elderly is a leading manifestation of systemic atherosclerosis in the lower extremities. It can lead to chronic ischemia, which impairs limb functionality and possibly results in ulcers or limb loss. Both surgical approaches (traditional surgery) and pharmacological interventions are part of contemporary management strategies. Traditional surgical surgeries compromise postoperative complications more than minimally invasive procedures. As interventional techniques have advanced, percutaneous transluminal angioplasty (PTA) has gained popularity due to its minimal invasiveness and rapid recovery [2, 3]. Postoperative nursing care is

essential for patients' recovery and life quality enhancement [4]. Traditional Chinese medicine (TCM) fumigation and washing constitute conventional external therapy, offering pharmacological and thermotherapeutic benefits for pain and rigidity relief in affected limbs [5, 6]. Incorporating TCM fumigation and washing into Western medical nursing may enhance nursing care and therapeutic outcomes after surgery [7]. However, there are few clinical reports regarding its use in nursing care after interventional surgery for LEAO. This study investigates the influence of TCM fumigation and washing combined with Western medical nursing on post-PTA recovery for elderly male patients with LEAO-induced resting pain.

2. Materials and methods

2.1 General data

This study included 200 elderly male patients suffering from resting pain attributed to LEAO treated at our hospital between January 2021 and January 2023. Participants were randomly assigned to two groups, each with 100 participants: the experimental group and the control group. Table 1 shows both groups' general information is shown in Table 1, with comparable data ($p > 0.05$).

Inclusion criteria: (1) Meet the Vascular Surgery Society's diagnostic criteria for LEAO [8]; (2) Age ≥ 60 years and undergoing interventional surgery; (3) Communicate normally and be willing to cooperate in all examinations; (4) Informed consent form signed.

Exclusion criteria: (1) Severe cardiovascular and pulmonary diseases; (2) Chronic diseases or other major organ diseases; (3) Cognitive impairments or communication barriers; (4) Non-interventional surgery patients.

2.2 Methods

Patients were routinely treated with antiplatelets (enteric-coated aspirin + clopidogrel) and lipid-lowering medications (atorvastatin calcium tablets) for approximately one week before surgery.

All patients underwent percutaneous transluminal angioplasty followed by daily vital signs monitoring. We administered intravenous anticoagulation, assessed coagulation function and replenished fluids. As part of the lifestyle recommendations, smoking cessation, alcohol avoidance and regular routines were suggested.

Patients with diabetes were given Humulin R subcutaneous injections 30 minutes before each meal and at bedtime. Doses were adjusted in 2–4U units based on glucose monitoring. During fasting periods before and after surgery, insulin injections were replaced with intravenous infusions of 5% glucose or 0.9% NaCl solution containing regular insulin until normal dietary intake resumed, allowing return to baseline insulin regimens. Patients with hypertension were prescribed amlodipine tablets, starting at 2.5 mg/day and not exceeding 10 mg/day. Patients with hyperlipidemia started on atorvastatin calcium at 10 mg/day, with dosages from 10–60 mg/day adjusted after 2–4 weeks of monitoring.

Postoperative nursing: The control group received conventional Western medical nursing: (1) Health education: Provision of information about pathology, treatment plans and prognosis of the disease to patients and their families by forms. To increase patients' confidence in treatment, nurses informed them in advance about intraoperative and postoperative adverse reactions. (2) Psychological care: Patients were com-

municated with face-to-face to combat anxiety, depression and other negative emotions. Offering targeted guidance and instructing patients to perform deep breath or relax muscles. (3) Pain intervention: One day after admission, the lower limbs were kept warm. To relieve pain sensations like cold-induced leg cramps, soft protectors and blankets were used. During leg pain, legs were naturally hung down to increase blood circulation and relieve pain. Acute pain episodes were relieved by sitting up in bed and leaning on a table. For surgical pain, morphine was used to provide pharmacological pain relief to prevent cardiovascular events triggered by pain. (4) Nutritional supplementation was recommended based on the patient's preferences and dietary habits, with a light diet, which contained high-quality proteins and vitamins, and avoiding spicy and greasy foods to prevent postoperative complications (itchy wounds, pain, incision infection, *etc.*). During the night, patients were given aromatherapy oils with sedative and sleep-inducing properties. (5) Walking program: At first, patients were encouraged to walk daily, for ≥ 30 minutes per session, 3–5 times per week, according to the principle of not feeling fatigued. Two weeks later, regular progressive walking training began. Brisk walking several times a day, for 30 minutes of intermittent walking, increasing by 5 minutes each time, until pain limits further walking. Training was aimed at 6–8 kilometers per day. Training was stopped immediately if discomfort occurred. Three months of progressive walking training are conducted for each patient, with claudication distances and total kilometers recorded each day. ABI, body mass index (BMI) and lipid profile indicators were administered at two months' follow-up.

The experimental group performed TCM fumigation therapy based on the control group. Si Miao Yong An Tang, composed of honeysuckle, Scrophularia, Chinese angelica and roasted licorice. For patients with heavy damp-heat syndrome may benefit from adding Phellodendron, Moutan Peony bark, achyranthes and sophora flavescens. Lycopodium clavatum is added for blood stasis syndrome. The method was as follows: one dose daily, with the prescription boiled in 3000 mL of water. Using steam for fumigation, the decoction was poured into a basin where a stool atop the liquid surface rested on patient's feet. A 20-minute session was provided on a daily basis when the decoction temperature dropped to approximately 40 °C, patients submerged their feet for a 20-minute session once per day. In a six-week period, five times per week were carried out. Post-discharge follow-up: Patients were communicated with weekly to monitor medication compliance and dietary habits. A biweekly telephone consultation focused on assessment of the lower extremities status. Further, monthly hospital visits were mandated for comprehensive evaluations of coagulation

TABLE 1. Comparison of General Information between both groups ($\bar{x} \pm s$).

Group	n	Age	Course of disease (yr)	History of hypertension	History of hyperlipidemia	History of diabetes
Experimental group	100	73.23 \pm 5.61	2.99 \pm 0.30	83	63	63
Control group	100	73.46 \pm 6.10	3.02 \pm 0.44	85	62	65
t/χ^2	-	0.362	0.666	0.149	0.021	0.087
p	-	0.717	0.505	0.700	0.884	0.768

and vascular health in the lower limbs, which helped refine nursing care.

2.3 Observation indicators

(1) Clinical outcomes: The recovery duration and length of hospital stay after surgery were compared between the groups. (2) Functional and circulatory assessments: Comparing Fugl-Meyer scores and Ankle-brachial index (ABI) values for both cohorts before and after nursing care. Lower limb motor function was assessed using the Fugl-Meyer scale [9], with a maximum score of 34 suggesting superior limb function. Lower limb circulation was determined by ABI [10], with a normal resting range of 0.9–1.3; scores below 0.8 indicate moderate impairment, below 0.5 indicate severe compromise, and values above 1.3 indicate extensive peripheral vascular disease. (3) Quality of life assessment: Short Form Health Survey (SF-36) [11] assesses physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional and mental health. High scores indicate better quality of life for each dimension out of 100 points. (4) Nursing satisfaction: Nursing satisfaction survey scale [12] was used, scoring 25 points out of 100 for nursing quality, attitude, professionalism and procedures, with <60 points dissatisfied, 60–80 points satisfied, and >80 points very satisfied. (5) Complications: Monitoring hematoma, infection, myocardial infarction and other complications during and following surgery.

2.4 Statistical methods

Statistical analysis was conducted using SPSS 22.0 statistical software (IBM, Armonk, NY, USA). Quantitative data were described as ($\bar{x} \pm s$), compared by *t*-test; Count data were described in percentage (%), compared by χ^2 tests, with $p < 0.05$ indicating statistically significant differences.

3. Results

3.1 Clinical indicators

Both patient groups achieved 100% procedural success. The experimental group had significantly shorter postoperative recovery times and hospital stays than the control group ($p < 0.05$) (Table 2). A patient in the experimental group and 5 patients in the control group did not recover. They received ongoing inpatient care and nursing interventions.

3.2 Fugl-Meyer scores and ABI

Both Fugl-Meyer scores and ABI increased after intervention in the experimental group compared to the control group ($p < 0.05$) (Table 3).

3.3 Quality of life assessment

Quality of life dimension scores in the experimental group were significantly higher than the control group ($p < 0.05$) (Table 4).

3.4 Nursing satisfaction

The experimental group's nursing satisfaction rate was significantly higher than the control group ($p < 0.05$) (Table 5).

3.5 Intraoperative and postoperative complications

The incidence rate of complications in the experimental group was significantly lower than the control group ($p < 0.05$) (Table 6).

4. Discussion

Management of LEAO is clinically challenging due to its high disability rate and poor prognosis. Patients' lifestyles and dietary habits play a significant role in this condition's incidence. As advancements technology advances, minimally invasive interventional surgeries have become common to treat LEAO [13, 14]. However, postoperative nursing is pivotal to recovery.

Older patients with cognitive impairments, surgical trauma and psychological stress are often overlooked in traditional nursing care. Despite routine procedures, conventional care fails to adequately address complex needs [15]. By contrast, integrative nursing, which incorporates herbal fumigation and washing into Western medical practices, provides more personalized care [16]. This method enhances clinical outcomes by constantly refining nursing practices, emphasizing patient experience, and elevating nursing quality [17]. In TCM nursing, it is essential to educate patients about their conditions during postoperative care, to promote self-awareness and proactive involvement in health outcomes [18]. Patients' compliance and confidence in treatment plans are bolstered when TCM principles address emotional well-being, facilitating speedy recovery [19]. In this study, compared to the control group, the experimental group with integrated care, had significantly shorter recovery duration and hospital stays. Experimental group Fugl-Meyer scores and ABI were higher after intervention than control group. "Si Miao Yong An Tang", a herbal remedy, reduces blood viscosity and inflammation markers Interleukin-1(IL-1) and IL-8 while exhibiting antioxidant effects and stabilizing plaques [20, 21]. Herbal fumigation and washing act locally, enhancing joint flexibility, muscle relaxation, circulation, and reducing complications

TABLE 2. Comparison of clinical indicators between both groups ($\bar{x} \pm s$).

Group	n	Rehabilitation time (mon)	hospital stay (d)
Experimental group	100	1.20 ± 0.40	11.20 ± 3.40
Control group	100	2.60 ± 0.75	17.30 ± 5.15
<i>t</i>	-	16.471	9.885
<i>p</i>	-	<0.001	<0.001

TABLE 3. Comparison of Fugl-Meyer scores and ABI between both groups ($\bar{x} \pm s$, score).

Group	n	Fugl-Meyer scores		ABI	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	100	15.02 \pm 3.62	29.61 \pm 2.29	0.84 \pm 0.07	1.04 \pm 0.05
Control group	100	14.32 \pm 3.77	23.02 \pm 2.87	0.81 \pm 0.14	0.95 \pm 0.07
<i>t</i>	-	1.339	17.948	1.917	10.462
<i>p</i>	-	0.182	<0.001	0.057	<0.001

ABI: Ankle-brachial index.

TABLE 4. Comparison of quality of life assessment between both groups ($\bar{x} \pm s$, points).

Group	n	Life function		Physiological function	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	100	56.34 \pm 5.21	72.35 \pm 6.25	56.30 \pm 5.23	69.38 \pm 6.05
Control group	100	55.89 \pm 5.61	65.10 \pm 6.10	56.12 \pm 5.73	63.20 \pm 4.34
<i>t</i>	-	0.588	8.302	0.232	8.300
<i>p</i>	-	0.557	<0.001	0.817	<0.001
Group	n	Body pain		Overall health	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	100	47.85 \pm 5.76	65.37 \pm 5.59	51.35 \pm 5.60	69.17 \pm 5.59
Control group	100	48.23 \pm 5.12	58.09 \pm 6.08	51.43 \pm 5.20	61.61 \pm 6.08
<i>t</i>	-	0.493	8.814	0.105	9.153
<i>p</i>	-	0.623	<0.001	0.917	<0.001
Group	n	Dynamism		Social functions	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	100	53.25 \pm 5.61	67.10 \pm 4.69	55.30 \pm 5.39	68.16 \pm 4.69
Control group	100	54.10 \pm 4.72	62.35 \pm 4.46	54.21 \pm 4.98	64.30 \pm 5.32
<i>t</i>	-	1.159	7.339	1.485	5.443
<i>p</i>	-	0.248	<0.001	0.139	<0.001
Group	n	Emotional function		Mental Health	
		Before intervention	After intervention	Before intervention	After intervention
Experimental group	100	51.30 \pm 4.68	67.25 \pm 5.84	57.46 \pm 4.35	70.24 \pm 6.75
Control group	100	51.24 \pm 4.26	61.36 \pm 6.91	56.65 \pm 4.20	61.39 \pm 5.26
<i>t</i>	-	0.095	6.510	1.340	10.342
<i>p</i>	-	0.925	<0.001	0.182	<0.001

TABLE 5. Nursing satisfaction (n (%)).

Group	n	Very satisfied	Satisfied	Dissatisfied	Degree of Satisfaction
Experimental group	100	60 (60.00)	38 (38.00)	2 (2.00)	98 (98.00)
Control group	100	50 (50.00)	35 (35.00)	35 (15.00)	85 (85.00)
χ^2					10.865
<i>p</i>					0.001

TABLE 6. Incidence of complications (n (%)).

Group	n	Hematoma	Infect	Myocardial infarction	Total
Experimental group	100	1 (1.00)	2 (2.00)	1 (1.00)	4 (4.00)
Control group	100	4 (4.00)	5 (5.00)	3 (3.00)	12 (12.00)
χ^2					4.348
<i>p</i>					0.037

such as fascial adhesions and muscle contractions. Therefore, patients treated with a combination of “Si Miao Yong An Tang” and Western medical interventions showed superior arterial patency and limb function post-surgery, improved clinical indicators, and reduced recovery durations. All dimensions of quality of life were significantly higher in the experimental group after intervention than in the control group. This suggests that integrative nursing care significantly improves patient quality of life. Blood viscosity and erythrocyte sedimentation rate are significantly reduced by “Si Miao Yong An Tang”, which may be explained by the synergistic actions of the herbs in the formulation. Honeysuckle (Jin Yin Hua) serves as the principal herb, clearing heat and detoxifying the body. Scrophularia (Xuan Shen) is the minister herb, cooling the blood and alleviating inflammation. Glycyrrhiza (Zhi Gan Cao) supports spleen health and boosts Qi, and Angelica (Dang Gui) enhances blood circulation and relieves pain. For patients with pronounced dampness, additional herbs are recommended. Phellodendron bark (Huang Bai) is used to clear heat, dispel dampness, eliminate lurking heat, purge fire and detoxify. Peony bark (Mu Dan Pi) helps to clear heat and cool the blood, activate blood circulation, resolve stasis, reduce inflammation and relieve pain. Achyranthes root (Niu Xi) disperses stasis, opens channels, strengthens the liver and kidneys, tendons and bones, promotes urination and passes gravel. Sophora root (Ku Shen) for asthma relief removes phlegm, calms the mind, stabilizes the will, and treats inflammation. By combining these medicines, dampness can be expelled, heat cleared, and detoxification can take place. Lycopodium clavatum (Lu Lu Tong) was introduced for cases with significant blood stasis, regulating fluid and unblocking meridians. The inclusion of health education and psychological support in comprehensive care enhances patients’ understanding of their condition. It mitigates negative emotions, and improves coping mechanisms, enhances self-care abilities, and speeds up the recovery process, relieves pain caused by the disease, and ultimately improves quality of life. By improving circulation, stimulating nerve repair, and relieving stress, postoperative pain relief and emotional support interventions can improve sleep quality and speed recovery. Herbal fumigation and washing treatments target local tissues, improving joint mobility and blood flow, enabling lower limb function restoration [22, 23]. Nursing’s multifaceted approach, coupled with educational programs, reduces fear and anxiety, enhances patient engagement, and optimizes therapeutic outcomes [24]. In this study, the experimental group enjoyed higher nursing satisfaction and experienced fewer complications than the control group, indicating the safety and effectiveness of herbal fumigation. Patients with resting pain from LEAO can benefit substantially from integrating traditional Chinese medicine and Western medicine nursing. However, this study is limited by its short follow-up period and small sample size. Therefore, future research should expand the sample and extend observation periods to overcome these constraints.

5. Conclusions

In conclusion, integrating herbal fumigation and washing with conventional Western nursing care expedites recovery and re-

duces hospital stays. Furthermore, it improves lower extremity functionality, patient quality of life, and nursing satisfaction. Clinical adoption of this holistic approach to postoperative care is warranted.

AVAILABILITY OF DATA AND MATERIALS

The authors declare that all data supporting the findings of this study are available within the paper and any raw data can be obtained from the corresponding author upon request.

AUTHOR CONTRIBUTIONS

MMW—designed the study and carried them out; MMW, HQY, AJP, LXF—supervised the data collection, analyzed the data, interpreted the data, prepared the manuscript for publication and reviewed the draft of the manuscript. All authors have read and approved the manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical approval was obtained from the Ethics Committee of the 2nd Affiliated Hospital and Yuying Children’s Hospital of WMU/The 2nd School of Medicine, WMU (2021-K-267-01). Written informed consent was obtained from a legally authorized representative for anonymized patient information to be published in this article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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