

# Analysis of the Clinical Chinese Medicine Nursing Countermeasures of Cervical Spondylosis

Aiqiong Peng\*

Hospital of Traditional Chinese Medicine of Shuangfeng County, Loudi, Hunan 417700, China

**ABSTRACT Objective:** To explore the countermeasures and effects of the clinical Chinese medicine nursing of the cervical spondylosis. **Method:** The cervical spondylosis patients of arthralgia type as based on syndrome differentiation of Chinese medicine science are divided into two groups. The first group, which is the control group, is made up of 42 patients who are given routine nursing. Meanwhile, the second group which is the research group, is made up of 40 patients and are given integrated nursing. On the basis of the nursing as given to the control group, the research group is also given massage, fomentation, emotional nursing, diet nursing and functional exercise. The VDS scoring of the headache, neck pain and the tingling of the upper limbs of the two groups are compared after nursing. **Result:** The result of the research groups' VDS scoring of the headache, neck pain and the tingling of the upper limbs of after nursing are obviously lower than those of the control group. After making the comparison between both groups, the data is proven to be statistically significant ( $p < 0.01$ ). The integrated nursing given to 40 patients of the research group turns out to be effective and 3 patients of the research group recover with the total effective rate being 95%, which is much higher than that of the control group (76.2%) ( $p < 0.05$ ). In addition, 38 of the patients of the research group feel satisfied with the nursing with the satisfaction rate being 95%, which is higher than that of the control group (61.9%) ( $p < 0.05$ ). **Conclusion:** Integrating all kinds of nursing **Methods** with emotional nursing and physiological nursing helps to cure cervical spondylosis and promotes recovery.

## KEYWORDS

Cervical spondylosis  
Chinese medicine nursing  
Emotional nursing  
Syndrome differentiation

## 1. Introduction

Cervical spondylosis is also known as "cervical syndrome" in traditional Chinese medicine, which includes proliferative cervical spondylosis, osteoarthritis of the cervical spine, herniation of the cervical disc, cervical nerve root syndrome, and it is a clinical degenerative disease that tends to occur among the middle-aged and elderly people [1]. Chinese medicine nursing inherits the profound traditional Chinese culture and has a variety of methods such

as massage, physiotherapy, traction, and fomentation. It is closely tied up with treatment and it aims to "strengthen the body resistance and eliminate pathogenic factors, address both symptoms and root causes and suit treatment measures to various times, places and individuals" [2]. This paper discusses the countermeasures and effects of the clinical Chinese medicine nursing hoping that this research can provide a theoretical basis for the traditional Chinese medicine treatment.

## 2. Data and Methods

### 2.1. General data

From January 2013 to June 2014, the Chinese Medicine Rehabilitation Department of our hospital has treated 82 cervical syndrome patients with the number of male patients being 52 and the number of female patients being 30. Their ages vary from 28 to 58 years and their average age is ( $42.6 \pm 5.2$ ) years. They have clinical manifestations such as dizziness, headache, neck stiffness, neck pain, tinnitus, dim eyesight and many more. According to the clinical

Copyright © 2016 Aiqiong Peng

doi: 10.18686/jn.v5i4.14

Received: June 29, 2016; Accepted: August 12, 2016; Published online: August 27, 2016

This is an open-access article distributed under the terms of the Creative Commons Attribution Unported License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

\*Corresponding author: Hospital of Traditional Chinese Medicine of Shuangfeng County, Loudi, Hunan 417700, China. E-mail: pengy888@sina.com

nursing solutions chosen by the patients at their own will, patients are divided into two groups. The research group is made up of 40 patients and the control group is made up of 42 patients. The differences between the two groups in terms of composition, age and gender are not statistically significant ( $p > 0.05$ ), thus the two groups are comparable.

## **2.2. Inclusion criteria**

(1) Patients are proven to have cervical spondylosis through CT or MRI diagnosis; (2) Their diseases belong to arthralgia type as constructed by Chinese medicine syndrome differentiation; (3) they have agreed and are willing to participate in related diagnosis, treatment and nursing; (4) they have agreed to fully comply with the instructions and be not absent from the treatment and nursing.

## **2.3. Exclusion criteria**

(1) Patients have severe diseases of heart, brain, liver, kidney and other organs; (2) patients also have serious illnesses of the hematopoietic system and the endocrine system; (3) patients who have cancer, tuberculosis and those who are in the pregnancy period and lactation period; (4) patients who have fracture and dislocation of the cervical spine as well as acute herniation of the cervical disc; (5) patients who have mental disorders and cannot understand and follow the doctors' instructions correctly.

## **2.4. Methods**

The symptoms and illness conditions of all patients are confirmed by the Chinese medicine methods of looking, smelling, questioning and feeling the pulse. Patients of both groups are treated with the same Chinese medicine solutions. The control group is given routine nursing including traction, illness condition observation, basic nursing and life nursing. On the other hand, the research group is given integrated nursing by supplementing the routine nursing with massage, fomentation, emotional nursing, diet nursing and functional exercise.

### **2.4.1. Traction**

The traction's weight is 3–5 kg. The traction is done once a day and it lasts for 30 minute for the treatment to relieve the neck and head pressure of the patients. During traction, changes in the patients' breathing pulse and other vital signs should be observed. Their opinions should be taken for consideration when adjusting the angle and intensity of the traction and it should be done in a timely manner.

### **2.4.2. Basic nursing**

In clinical practice, it is necessary to observe the patients in order to find out if there is nausea, dizziness and other bad feelings. This is especially important during the course of treatment and nursing. If the patients feel worse, nursing should be stopped immediately and the causes should

be analyzed so that appropriate nursing can be offered. Patients will be asked to have a good rest and to lie in bed. They should be informed of the drugs' dosage, the drug use time and precautions, and other medical procedures when nursing. This is so that any adverse drug reactions can be observed at any time.

### **2.4.3. Massage**

Massage the cervical spine and major sore spots with gentle, slow and correct manipulating techniques for 30 minutes every day. In the course of the massage, the nursing staff may ask the patients to calm down, to breathe evenly and to relax their body. By talking to the patients, it can help to reduce their nervousness and muscle tension as this can get them distracted and ultimately gain their cooperation.

### **2.4.4. Fomentation**

The cervical parts should be fomented with hot towels or hot water bags every day for about 20 minutes each time and there should be an interval of 2 hours between two fomentations. The fomentation can be done by patients themselves and also their families. In the case of severe pain, the duration of the fomentation can be extended to improve blood circulation, to subside the swelling and to dispel the coldness.

### **2.4.5. Life nursing**

The patients' wards should be kept warm, sunny and sheltered. The indoor temperature and humidity should be adjusted accordingly to ensure the wards are comfortable enough for the patients' recovery. The neck should be kept warm and when the weather or temperature changes, clothes should be changed in a timely manner to keep warm. When the patients rest or sleep, they are advised to wear collared shirts to protect the neck from the wind. Plaster can also be applied to the neck during daily life.

### **2.4.6. Emotional nursing**

Nursing staff must be able to assess the mental state of the patients. Nursing staff should guide the patients to get rid of the unhealthy mentality and alleviate the patients' depression, tension, worry and other psychological stress by helping them to stabilize their moods. This shall improve their self-confidence and enhance the patients' cooperation in recovery treatment [3].

### **2.4.7. Diet nursing**

According to traditional Chinese medicine syndrome differentiation, nursing staff must be able to advise the patients to eat more food that can warm the meridians and dispel cold. The food should also be capable in removing dampness and regulate the meridians such as dog meat, jujube, longan, angelica, ginger, kudzu vine root and other warm-nature food.

### 2.4.8. Functional exercise

Guidance should be given to patients about functional exercise methods. Patients should autonomously adopt relevant methods to strengthen the exercise of the cervical part in their daily as this can help not only to promote blood circulation and remove meridian obstruction but also to strengthen sinews and bones. This can eventually increase the power of the partial muscle. Functional exercise includes using overlapping hands to rub the nape from left to right, rotating two shoulders backwards alternately, neck-head tug of war and so on.

### 2.5. Observation indexes

Verbal Description Scale is used to evaluate the headache, neck pain and tingling of the upper limbs of the patients after nursing. The scale score starts from 0-4 where zero means painless, one score means light pain, two scores means medium pain, three scores means severe pain and four scores means unbearable pain [4].

### 2.6. Effectiveness standards

Effective: Clinical symptoms like pain and difficulty in movement are disappeared. The lab indexes are normal which means that the patients are getting better. Ineffective: Clinical symptoms like pain and difficulty in movement are decreased and part of the lab indexes remained abnormal. Invalid: No obvious changes of the symptoms or the patients' conditions get worse.

### 2.7. Statistical processing

The collected data were analyzed with SPSS 18.0 software. The data showed normal distribution by one-factor analysis of variance and the results were statistically significant. LSD method is used to conduct one-to-one comparison and  $p < 0.05$ , which implies that there are significant statistically differences between the two sets of data.

### 3. Result

In this study, the nursing of 35 patients in the research group is effective with 3 patients of this group are getting better, thus the total effective rate is 95%. This result is obviously higher than that of the control group (76.2%) ( $p < 0.05$ ). In addition, 38 patients of the research group feel satisfied with the integrated nursing and the satisfaction rate is 95%, which is higher than that of the control group (61.9%) ( $p < 0.05$ ) (Table 1).

As shown in Table 2 below, when the headache, neck

pain and tingling of the upper limbs after nursing are rated with VDS, the patients of the research group obviously get lower scores than the control group and the collected data turns out to be statistically significant through comparison ( $p < 0.01$ ).

**Table 2.** VDS rating of two patient groups in terms of headache, neck pain & upper limbs tingling after nursing care (scores).

Group	Number of cases	Headache	Neck pain	Tingling of upper limbs
Research group	40	0.5 ± 0.2	0.7 ± 0.5	0.5 ± 0.3
Control group	42	0.9 ± 0.5	1.3 ± 0.7	0.8 ± 0.6
<i>t</i>	/	4.712	4.446	2.841
<i>p</i>	/	<0.01	<0.01	<0.01

### 4. Discussion

Cervical spondylosis affects the life quality of patients. When this disease is getting worse, it may cause paralysis. Chinese medicine treatment and nursing stress the unity and integrity of the human body by following the laws of nature and respect the relationship between man and nature. Besides, Chinese medicine practice has always been based on individual work since the ancient times. Through the integration of the doctor role and nurse role, the treatment and nursing are uniform and coordinated. The clinical nursing is often doctor's responsibility. Chinese medicine nursing has two main characteristics [5]: first, it emphasizes treatment based on syndrome differentiation, where when the disease types are first distinguished, then symptomatic treatment is adopted. Second, it attaches importance to integrity, in which a variety of methods are combined to achieve a comprehensive physical and mental nursing effect. Therefore, in the nursing of the cervical spondylosis patients, emotional nursing should be actively combined with the comprehensive interior and exterior nursing in order to obtain better results.

The pathogenesis of the arthralgia-type cervical spondylosis is the physique cold, deficiency of vital energy and blood, dampness inside the body and deficiency of the visceral energy. In clinical practice, focus should be laid on dispelling cold and removing dampness as well as regulating the meridians [6]. Massage can effectively relieve the tension and spasticity of the painful muscle groups, restore

**Table 1.** Effectiveness comparison of the two patient groups.

Group	Number of patients	Effective	Better	Ineffective	Total effective rate (%)	Satisfaction rate (%)
Research group	40	35 (87.5)	3 (7.5)	2 (5)	38 (95)	38 (95)
Control group	42	27 (64.3)	9 (21.4)	6 (14.3)	32 (76.2)	26 (61.9)
$\chi^2$	/	/	/	/	12.31	4.39
<i>p</i>	/	/	/	/	<0.05	<0.05

the mobility of the cervical spine and promote the soft tissues and nerve roots to relax. Hydropathic compress, on the other hand, helps to promote the blood circulation and alleviate the pain as well as subsiding the swelling. Diet nursing aims to achieve the effect of dispelling dampness, removing the meridian obstruction and invigorating the qi and blood circulation. Meanwhile, functional exercise aims to improve the flexibility and mobility of the cervical spine. Emotional nursing helps to reduce the psychological pressure of the patients to achieve the “unity of the body and soul”, to bring about the physiological changes through the influence of the psychological state and to further mitigate the muscle spasms, tension and other states and thereby improve the nursing effect [7]. In this study, the nursing of 35 patients in the research group is effective with 3 patients are getting better and the total effective rate being 95%, which is significantly higher than that of the control group (76.2%) ( $p < 0.05$ ). 38 patients of the research group are satisfied with the integrated nursing and the satisfaction rate is 95%, which is higher than that of the control group (61.9%) ( $p < 0.05$ ).

In conclusion, the patients of the research group who were given the integrated nursing have made improvements in terms of headache, neck pain and tingling of the upper limbs after nursing and their VDS rating is significantly lower than that of the control group. This suggests that by combining a variety of nursing methods with emotional and physical nursing helps in curing the cervical disease and promotes rehabilitation. It is always vital to pay attention on the prevention measures to avoid cervi-

cal spondylosis. Patients should be advised to keep warm in their daily life, to stay away from the wind, to have good rest, to choose the right sleeping position, to avoid neck fatigue and to strengthen their nutrition so that the nursing effect can be achieved and the disease can be prevented from reoccurring [8].

## References

1. Zheng X, Lin X. TCM nursing of cervical spondylosis. *Clin J Chin Med*. 2010;2(22):117-118.
2. Wei H, Li Min, Chen H, et al. Application of TCM nursing intervention in the rehabilitation of the community patients with cervical spondylotic radiculopathy. *Chin Nurs Res*. 2009;23(9):2439-2440.
3. Ouyang L. Status of TCM nursing of the vertical spondylosis. *Chin J Nurs*. 2010;20(2):88-90.
4. Wang X. Brief discussion on rehabilitation nursing of cervical spondylosis. *Chin Med Mod Distance Educ China*. 2010;8(5):138-140.
5. Yin Q, Lin L. 112 cases of cervical spondylosis treatment with meridian balancing apparatus combined with TCM nursing. *Chin Med Mod Distance Educ China*. 2011;9(17):104-106.
6. Wang W. TCM nursing of cervical spondylosis. *Chin J Tradit West Med*. 2008;6(2):120-122.
7. Li H, He X. 175 cases of cervical spondylosis TCM nursing and health education experience. *Yunnan J Tradit Chin Med Mater Med*. 2014;(5):99-100.
8. Cai L. Effect observation of application of TCM nursing intervention to cervical spondylosis patients. *Mod J Integr Tradit Chin West Med*. 2013;14(28):3179-3180.