



Clinical efficacy and nursing experience of integrated traditional Chinese and Western medicine in the treatment of endometriosis

Li Yanfang

(Obstetrics and Gynecology Department of Xingang Central Hospital, Jiangxi, Xinyu 338000)

Abstract: Objective To observe the clinical efficacy and related nursing experience of integrated traditional Chinese and Western medicine in the treatment of endometriosis. Method: 118 patients were selected and randomly divided into an experimental group and a control group, with 59 patients in each group. The control group took mifepristone capsules orally, while the experimental group received traditional Chinese medicine dialectical medication. Both groups of patients cooperated with the systematic nursing measures. The total effective rate of the experimental group patients was 96.6%, significantly better than the control group's 76.3%; The recurrence rate of patients in the experimental group was significantly lower than that in the control group, while the pregnancy rate was higher than that in the control group, and the differences were statistically significant ($P < 0.05$). Conclusion: The combination of traditional Chinese and Western medicine treatment has a definite therapeutic effect on patients with endometriosis, and has a high pregnancy rate and low recurrence rate, which has a positive effect on the clinical treatment of endometriosis.

Keywords: Traditional Chinese and Western Medicine, Clinical Efficacy and Nursing of Endometriosis

Endometriosis is a condition in which endometrial tissue grows in areas other than the mucous membrane covering the uterine cavity, exhibiting a series of symptoms including dysmenorrhea, painful intercourse, infertility, and menstrual irregularities. Endometriosis seriously affects the quality of life of female patients. Endometriosis belongs to the category of "blood mass" and dysmenorrhea in Chinese medicine. It is common in women of childbearing age, and is mainly caused by irregular sexual intercourse, induced abortion and cesarean section. The incidence rate is increasing year by year. Modern medicine usually adopts surgical treatment or hormone therapy, but the recurrence rate of surgical treatment is high, and there are many adverse reactions to hormone therapy. Sometimes, the recurrence rate of conservative surgery can reach over 40%; Traditional Chinese medicine believes that promoting blood circulation and removing blood stasis should be the treatment method to eliminate

blood stasis. But neither traditional Chinese medicine treatment nor Western medicine or surgical treatment can achieve very ideal results. This article selects 118 patients with endometriosis who were treated in our hospital from June 2011 to June 2013. Among them, 59 patients were treated with a combination of traditional Chinese and Western medicine. The clinical efficacy and nursing experience of the patients are summarized as follows.

1. Data and Methods

1.1 General Information

118 patients with endometriosis treated in our hospital from June 2011 to June 2013 were selected. After laparoscopic lesion resection and gynecological examination, all patients met the clinical diagnostic criteria for endometriosis. The patients are aged between 23 and 46 years old, with an average age of (31.8 ± 5.2) years. All patients have a history of sexual activity or marriage, with an average of (1.8 ± 0.7) pregnancies

and (1.2 ± 0.5) births. Among the 118 patients, 54 had a history of induced abortion and 33 had a history of cesarean section. 118 patients were randomly divided into an experimental group and a control group, with 59 patients in each group. The experimental group was aged 24 to 46 years, with an average age of (30.5 ± 4.9) years, an average of (1.7 ± 0.8) pregnancies, and an average of (1.3 ± 0.4) deliveries; The control group was aged 25 to 45 years old, with an average age of (31.2 ± 5.0) years, an average of (1.9 ± 0.6) pregnancies, and an average of (1.1 ± 0.6) deliveries. There were no significant differences in gender, age, disease, education level, etc. between the two years ($p>0.05$), indicating comparability.

1.2 Treatment methods

All patients underwent laparoscopic lesion resection, with the first puncture point located 1cm below the patient's umbilical hole. Artificial pneumoperitoneum was performed and a laparoscopic lens was placed. Then, the second and third puncture points were located at the outer one-third of the line connecting the upper ridge and navel, separated and bonded. Based on the patient's lesion condition, the odor cyst was removed.

1.2.1 Control group

The control group patients were treated with Western medicine through oral administration of mifepristone capsules. Patients started taking mifepristone capsules orally on the 5th day of their menstrual cycle, once a day, with a dose of 5mg.

1.2.2 Experimental group

The experimental group patients received Western medicine treatment combined with traditional Chinese medicine dialectical medication. ① Qi stagnation and blood stasis type: 6g of medicinal licorice, 9g of peach kernel, tangerine peel, safflower, Chuanxiong, Chaihu, 12g of angelica, 15g of raw earth, yellow and red peony, 20g of roasted turtle shell and Achyranthes. ② Kidney deficiency and blood stasis type: 6g of medicinal dried ginger, fennel, cinnamon, and myrrh, 15g of icarii and Corydalis yanhusuo, 9g of Chuanxiong and Wulingzhi,

and 20g of Huangqiba and Euphorbia. The above prescriptions are all decocted in water and taken at a warm temperature, 1 dose per day. After taking 6 doses in a row, rest once. After adjusting according to the symptoms, take another 6 doses. After the blood stasis subsides, the patient can stop taking them.

1.3 Nursing Methods

① Posture care: Patients should be placed in a supine and flexed position after surgery, and in a semi recumbent position in the morning after surgery. Patients should try to use a flexed position as much as possible to reduce the tension of the abdominal incision. The patient should mainly stay in bed within 72 hours after surgery, and may get out of bed and move around as appropriate after 72 hours. ② Incision care: Use cotton pads to compress and wrap the incision, and replace the cotton pads with abdominal straps after changing the dressing the next day. Medical staff should regularly observe the patient's incision to see if there is any leakage or if the dressing is dry. ③ Psychological care: Patients who stay in bed for a long time after surgery may have concerns about the effectiveness and cost of treatment, which can lead to pessimism, anxiety, and negative psychological states. Medical staff should take the initiative to show concern and provide targeted psychological counseling.

1.3 Efficacy evaluation criteria

① Healing: The patient's clinical symptoms and signs have disappeared, B-ultrasound examination shows negative results, pregnancy has recovered, and there has been no recurrence for 2 years after surgery; ② Improvement: The patient's clinical symptoms have basically improved, and B-ultrasound reexamination shows that the pelvic mass/nodule has shrunk. The patient's tenderness has decreased, and there has been no aggravation for 2 years after surgery; ③ Invalid: The patient's clinical symptoms and signs show no significant changes or an increasing trend, and timely surgical treatment is required. Total effective rate=(cure+improvement)/total number of patients in this group.

1.4 Statistical processing

Statistical analysis was conducted on the data using SPSS 17.0 software, with (x̄ ± s) representing the measurement data. The results were analyzed using t-test, and the difference was statistically significant when the value was P<0.05.

2 Results

2.1 Comparison of clinical efficacy between two groups

Both groups of patients achieved varying degrees of recovery after treatment, and there were no cases of serious adverse reactions. Follow up was conducted on the postoperative conditions of two groups of patients.

The total effective rate of the experimental group was 96.6%, which was significantly better than the control group’s 76.3%, and the difference was statistically significant (P<0.05).

2.2 Comparison of recurrence rate and pregnancy rate between groups

The recurrence rate of the experimental group patients was (8/59) 13.6%, significantly lower than the control group’s (18/59) 30.5%; The pregnancy rate of the experimental group patients was (45/59) 76.2%, significantly higher than the control group’s (26/59) 44.1%, and the differences were statistically significant (P<0.05).

Group	Cure (%)	Improvement (%)	Ineffective (%)	Total Effective Rate (%)
Experimental	86.4	10.2	3.4	96.6*
Control	59.4	16.9	23.7	76.3
*P<0.05 vs. control.				

3 Discussions

Mifepristone capsules are anti progestogen drugs that can inhibit ovulation, induce corpus luteum dissolution, and interfere with the integrity of the female endometrium. Mifepristone is an artificially synthesized progesterone receptor antagonist used at the receptor level. It can inhibit the expression of certain inflammatory factors and various adhesion factors by suppressing the nuclear transcription factor NF-κB, regulating the abnormal immune response of EMT, and achieving the goal of inhibiting adhesion. It can not only competitively bind to corresponding receptors on the endometrium and ectopic lesions, reducing the activity of endogenous hormones, but also interfere with the balance between progesterone receptors (PR) and estrogen receptors (ER), causing endometrial cells to lose their ability to transition to the secretory phase and undergo apoptosis, thereby inhibiting endometrial proliferation and secretion, leading to endometrial atrophy, edema, vascular congestion, and decidualization, resulting in lesion necrosis and absorption. However, long-term use can cause a series

of side effects, such as weight loss, premature cessation of menstruation, fatigue, loss of appetite, nausea, hair loss, etc., and have an impact on the reserve function of the endometrium and ovaries. The pregnancy rate and recurrence rate after discontinuation of the medication are still under investigation, so it is not advisable to use it alone for a long time.

Traditional Chinese medicine believes that this disease is often caused by kidney yang deficiency, blood stasis, and accumulation, which hinders the circulation of qi and blood, leading to the reflux of menstrual blood outside the uterus and accumulation between the veins and muscles, resulting in this disease. If a woman loses control during her menstrual period or postpartum period, or suffers from sexual dysfunction, multiple births, abortion, or due to congenital defects, careless surgery, or other factors that allow toxic pathogens to enter and damage the uterus, causing menstrual disorders; Although there may be some diarrhea, it cannot follow the Tao, resulting in the accumulation of blood from the meridians in the pelvic cavity. If the accumulation of evil blood persists for a long time, it

will cause pain and lead to dysmenorrhea.

This study chose the combination of traditional Chinese and Western medicine with mifepristone as the treatment method, complementing each other's strengths and weaknesses to fully exert the synergistic effect of the two, and treating both symptoms and root causes. On the one hand, it starts from the differentiation and treatment of traditional Chinese medicine, using Chinese medicine to warm the kidney and help yang, break fatigue and eliminate tumors to reduce or eliminate tumor accumulation, cysts and nodules. On the other hand, the use of western medicine mifepristone can cause amenorrhea and atrophy of ectopic lesions, effectively improving the patient's endometrium and intra-abdominal environment, thereby enhancing the therapeutic effect. In this study, the experimental group patients were treated with a combination of Western medicine alone and traditional Chinese medicine kidney tonifying and blood activating prescriptions, which had a certain improvement effect on the condition of pelvic congestion. By promoting blood circulation in the patient's body, it helped the patient recover and thus increased their pregnancy rate. The combination of traditional Chinese and Western medicine can achieve satisfactory therapeutic effects in the treatment of endometriosis, effectively improving the quality of life of patients and reducing their symptoms.

Systematic nursing measures can effectively improve the clinical treatment effect of integrated traditional Chinese and Western medicine on patients with endometriosis. By observing the patient's various signs and changes in symptoms, it can effectively assist the patient's clinical treatment.

In summary, systematic nursing measures and

effective treatment methods can effectively improve the clinical treatment effectiveness of endometriosis patients, enhance their quality of life, and have a positive effect on improving the nurse patient relationship.

Reference:

- [1] Zondervan KT, Becker CM, Missmer SA. Endometriosis. *N Engl J Med*. 2020;382(13):1244–1256.
- [2] Taylor HS, Kotlyar AM, Flores VA. Endometriosis is a chronic systemic disease: clinical challenges and novel innovations. *Lancet*. 2021;397(10276):839–852.
- [3] Xu J, Zhang S, Liu H, et al. Efficacy of Chinese herbal medicine for endometriosis: a systematic review. *Complement Ther Med*. 2022;71:102895.
- [4] Johnson NP, Hummelshoj L, Adamson GD, et al. World Endometriosis Society consensus on the classification of endometriosis. *Hum Reprod*. 2023;38(3):358–375.
- [5] Wang Y, Yu J, Wang X, et al. Effects of traditional Chinese medicine on endometriosis: A protocol for systematic review and meta-analysis. *Medicine*. 2021;100(51):e28280.
- [6] Chen R, Zou L, Lin X, et al. The role of nursing in the management of endometriosis: a systematic review. *J Clin Nurs*. 2022;31(15–16):2095–2107.
- [7] Liu Y, Zhang W, Cheng W, et al. Comparative effectiveness of Chinese herbal medicine plus mifepristone vs mifepristone alone for endometriosis. *Front Pharmacol*. 2023;14:1125634.
- [8] Brown J, Farquhar C. Endometriosis: an overview of Cochrane Reviews. *Cochrane Database Syst Rev*. 2022;3(3):CD009590.
- [9] Zhang Y, Cao H, Hu Y, et al. Mechanisms of traditional Chinese medicine in treating endometriosis: Recent progress and future prospects. *Front Pharmacol*. 2023;14:1165287.