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Clinical Nursing Observation on Treating Cough in Lung Cancer of Qi and Yin Deficiency Type with Traditional Chinese Medicine Acupoint Application

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Abstract: *Objective:* To analyze the effect of traditional Chinese medicine acupoint application in the care of patients with lung cancer and cough due to Qi and Yin deficiency. *Methods:* 68 patients with lung cancer and cough were selected for data analysis in our hospital from June 2024 to May 2025. They were divided into groups using the random number table method, each with 34 patients. The research group was treated with routine nursing + traditional Chinese medicine acupoint application, and the control group was treated with routine nursing. The data between the groups were compared. *Results:* Compared with the control group, the cough symptom score of the research group after nursing was significantly lower, the total nursing effectiveness was significantly higher, the sleep quality score after nursing was significantly lower, and the life quality score after nursing was significantly higher, $P < 0.05$; comparing the cough symptom score, sleep quality score, and life quality score before nursing between the two groups, $P > 0.05$. *Conclusion:* The therapeutic effect of traditional Chinese medicine acupoint application in the care of patients with lung cancer and cough due to Qi and Yin deficiency is ideal.

Keywords: TCM acupoint application treatment; Lung cancer; Cough; Clinical nursing

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1. Introduction

Common clinical malignant tumors, such as lung cancer, have high morbidity and mortality, seriously threatening patients' lives and health. Common symptoms of lung cancer patients include cough, which generally persists and exacerbates the patient's respiratory discomfort, inducing complications such as chest pain and dyspnea. The patient's sleep quality and quality of life are therefore significantly reduced. At the same time, long-term coughing will increase the patient's psychological stress [1], affect the patient's treatment compliance, and is not conducive to the patient's overall disease management. At present, routine nursing is generally used in clinical practice to intervene in lung cancer patients' cough. Although it can alleviate the patients' symptoms, the overall treatment effect is limited and cannot effectively meet the patients' clinical needs. Traditional Chinese medicine believes that coughing from lung cancer belongs to the category of "lung accumulation" and "cough." Deficiency of healthy qi, accumulation of phlegm and blood stasis, and lack of lung purification are the core pathogenesis. Acupoint application, an external treatment method of traditional Chinese medicine,

can apply drugs to specific acupoints [2], exerting the dual effects of drug penetration and meridian regulation, prompting patients to warm and dredge meridians, resolve phlegm and cough, strengthen the body, and eliminate evil. It is easy to operate, has good patient tolerance, has few side effects, and is consistent with the treatment needs of cancer patients. This study selected 68 patients to analyze the effect of using traditional Chinese medicine acupoint application in cough care for patients with lung cancer.

2. Materials and methods

2.1. Information

A total of 68 patients with lung cancer and cough who met the syndrome of Qi and Yin deficiency in our hospital from June 2024 to May 2025 were selected for data analysis. The diagnostic criteria for Qi and Yin deficiency syndrome refer to the *Guiding Principles for Clinical Research of New Traditional Chinese Medicines*: dry cough or coughing up a small amount of sticky phlegm, shortness of breath, low voice, mental fatigue, spontaneous sweating or night sweats, dry mouth and throat, red tongue with less coating, and thready and rapid pulse [3]. The patients were divided into groups by the random number table method, with 34 patients in each group. The research group included 20 men and 14 women, aged 44–79 (61.25 ± 5.28) years old, with a cough duration of 1–6 (3.3 ± 1.2) months, and the control group included 21 men and 13 women, aged 43–78 (61.24 ± 5.21) years old, with a cough duration of 1–6 (3.4 ± 1.1) months. Comparing the two sets of data, $P > 0.05$ was obtained.

Inclusion criteria: pathologically diagnosed lung cancer, accompanied by persistent cough, TCM syndrome diagnosis of Qi and Yin deficiency type cough; no use of other types of antitussive drugs or therapies in the past week; informed consent.

Exclusion criteria: allergic to drugs; skin damage at the application site; severe organ dysfunction; mental disorder.

2.2. Method

The control group applied routine care, observed the patient's condition, ensured that the patient's environment was comfortable, with appropriate temperature and humidity, and good ventilation. The patient was informed to eat digestible and light food, assisted in turning over and tapping on the back, provided with antitussive and expectorant drugs, observed the patient's medication response, paid attention to the patient's psychological condition, and provided psychological counseling for the patient. Carry out auricular acupuncture therapy for patients. Select auricular acupoints such as the lungs, trachea, throat, Shenmen, subcortical, and sympathetic. Use 75% alcohol to disinfect the patient's auricle. Apply Wangbuliuxing seeds on the acupoints and press them. As long as the patient feels soreness, numbness, swelling, and pain, 3–5 min/time, 3–4 times/d, alternate ears, treatment for 14 days.

The research group applied routine nursing + traditional Chinese medicine syndrome differentiation acupoint application treatment. According to the characteristics of Qi and Yin deficiency syndrome, the treatment was to replenish Qi and nourish Yin, moisten the lungs, and relieve cough. On the basis of the intervention in the control group, the following additions were made: use ginger juice to prepare equal portions of ground *Asarum*, white mustard seed, gansui, and *Corydalis* to obtain a medicinal cake with a diameter and thickness of 1 cm and 0.3 cm. Select acupuncture points such as Feishu, Gaoqing, Tanzhong, Taiyuan, and Zusanli as the main acupoints. Wind-cold coughs increase Fengmen and Lieqi, and wind-heat coughs increase Quchi and Dazhui. Use 75% alcohol to disinfect the patient's acupoint skin, apply medicinal cakes, and fix them well. Apply them for 4–6 hours each time, once a day, and treat for 14 days.

2.3. Observation indicators

(1) Compare the cough symptom scores of the two groups. Score 0–15, with high scores indicating severe symptoms.

(2) Compare the total nursing effectiveness of the two groups. After care, if the cough completely disappears and there is no recurrence of the disease, it is judged to be cured; if the symptoms are significantly improved, it is judged to be significantly effective; if the symptoms are improved, it is judged to be effective; in other cases, it is judged to be

ineffective. Total efficiency = 100% – inefficiency.

(3) Compare the sleep quality scores of the two groups. Measured using the Pittsburgh Sleep Quality Index (PSQI), the score ranges from 0 to 21, with higher scores indicating poor sleep quality.

(4) Compare the quality of life scores of the two groups. It is measured using the core scale of quality of life for cancer patients (QLQ-C30), with scores ranging from 0 to 100, with higher scores indicating higher quality of life.

2.4. Statistical analysis

Use SPSS 28.0 software, use mean ± standard deviation (SD) to describe measurement data, *t*-test; use rate (%) to describe count data, χ^2 test, $P < 0.05$, statistically significant.

3. Results

Compared with the control group, the cough symptom score of the research group after nursing was significantly lower, the total nursing effectiveness was significantly higher, the sleep quality score after nursing was significantly lower, and the life quality score after nursing was significantly higher, $P < 0.05$ (**Tables 1** to **4**); comparing the cough symptom score, sleep quality score, and life quality score before nursing between the two groups, $P > 0.05$.

Table 1. Comparison of cough symptom scores (points) between the two groups

Group	Before care	After care
Research group ($n = 34$)	10.22 ± 2.14	3.11 ± 1.04
Control group ($n = 34$)	10.36 ± 2.22	6.88 ± 1.55
t	0.2647	11.7770
P	> 0.05	< 0.05

Table 2. Comparison of the total effectiveness of nursing care between the two groups (%)

Group	Cured	Significantly effective	Effective	Ineffective	Effectiveness
Research group ($n = 34$)	12 (35.29)	15 (44.12)	5 (14.71)	2 (5.88)	94.12
Control group ($n = 34$)	5 (14.71)	10 (29.41)	9 (26.47)	10 (29.41)	70.59
χ^2	-	-	-	-	6.4762
P	-	-	-	-	< 0.05

Table 3. Comparison of sleep quality scores (points) between the two groups

Group	Sleep quality		Bedtime		Sleep time		Sleep efficiency		Sleep disorders		Hypnotic drugs		Day function	
	Before care	After care	Before care	After care	Before care	After care	Before care	After care	Before care	After care	Before care	After care	Before care	After care
Research group ($n = 34$)	2.11 ± 0.52	0.76 ± 0.31	2.27 ± 0.61	0.81 ± 0.33	2.06 ± 0.46	0.71 ± 0.26	2.22 ± 0.54	0.77 ± 0.33	2.37 ± 0.61	0.88 ± 0.36	1.81 ± 0.44	0.33 ± 0.21	2.21 ± 0.52	0.72 ± 0.28
Control group ($n = 34$)	2.12 ± 0.52	1.41 ± 0.42	2.28 ± 0.61	1.48 ± 0.44	2.07 ± 0.48	1.36 ± 0.37	2.23 ± 0.56	1.45 ± 0.41	2.38 ± 0.65	1.61 ± 0.46	1.82 ± 0.47	0.96 ± 0.32	2.22 ± 0.54	1.38 ± 0.38
t	0.0793	7.2606	0.0676	7.1032	0.0877	8.3812	0.0750	7.5337	0.0654	7.2872	0.0906	9.5976	0.0778	8.1532
P	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05

Table 4. Comparison of quality of life scores (points) between the two groups

Group	Physical function		Role function		Cognitive function		Emotional function		Social function	
	Before care	After care	Before care	After care	Before care	After care	Before care	After care	Before care	After care
Research group (n = 34)	49.84 ± 6.81	78.25 ± 8.27	48.33 ± 7.07	76.16 ± 8.11	52.05 ± 6.76	79.37 ± 8.38	49.52 ± 7.01	77.17 ± 8.22	51.01 ± 6.91	78.66 ± 8.36
Control group (n = 34)	50.01 ± 6.99	65.16 ± 7.91	48.28 ±7.22	63.01 ± 7.86	52.95 ± 6.88	66.44 ±8.01	50.01 ± 7.16	64.27 ± 7.88	51.21 ± 7.02	65.55 ± 8.08
t	0.1016	6.6697	0.0289	6.7893	0.5441	6.5037	0.2851	6.6057	0.1184	6.5749
P	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05	> 0.05	< 0.05

4. Discussion

Clinically refractory symptoms include cough caused by lung cancer, which is particularly common in patients with Qi and Yin deficiency, and is more common in patients at an advanced stage or after chemotherapy and radiotherapy. Its onset is related to tumors compressing and invading the airway, and radiotherapy and chemotherapy damaging the respiratory mucosa. Routine nursing for patients lacks syndrome differentiation and has limited nursing effects. Therefore, it is clinically proposed to add acupoint application of external TCM therapy for patients, which is characterized by safety and few side effects [4]. This study analyzes this topic. In this study, the effect of using TCM acupoint application in cough care for lung cancer patients with Qi and Yin deficiency was analyzed. The results showed that the cough symptom score and sleep quality score of the research group after care were lower than those of the control group, and the total nursing effectiveness and quality of life score were higher than those of the control group. The above results fully confirmed the high clinical application value of TCM acupoint application treatment.

Traditional Chinese medicine believes that deficiency of healthy qi, accumulation of phlegm and blood stasis, and lack of lung dispersion and purification are the core pathogenesis of cough patients with lung cancer [5]. Because lung qi is abnormally dispersed and descended, patients have phlegm and blood stasis blocking the airways, inducing cough. The patient is treated with acupoint application of traditional Chinese medicine. The drugs and acupoints work synergistically to relieve the patient's symptoms [6]. In this study, *Asarum*, white mustard seed, gansui, and *Corydalis chinensis* were ground into powder and mixed with ginger juice. The prepared medicinal cake is obtained. Among them, *Asarum* has the effect of warming the lungs, transforming fluids, and clearing lung qi. The clinical therapeutic effect of white mustard seed is to warm the lungs and expel phlegm. Using gansui can prompt patients to drink water and help expel phlegm [7]. Using *Corydalis* has the effect of promoting blood circulation and relieving pain, which can help patients relieve coughs and chest pains. Using ginger juice can enhance the warming and penetration effects of corresponding drugs on patients. In the selection of acupoints in this study, the main acupoints are Feishu, Tanzhong, Tiantu, and Gaoming. Feishu belongs to the backshu point of the lung, which can regulate the patient's lung function and promote the patient's lungs and cough. Tanzhong belongs to the Qi meeting point and can promote the patient's regulation of Qi, broaden the chest, and regulate qi. Tiantu point can have a direct effect on the patient's throat airway, quickly relieve the patient's cough discomfort, and cooperate with Zusanli to strengthen the spleen and replenish qi. The function of Gaoming point can replenish qi, which is consistent with the pathogenesis of the patient's deficiency of righteousness [8].

Analyzing from the perspective of effect correlation, the research group directly improved sleep quality because it significantly improved cough symptoms. For patients with lung cancer, coughing worsens at night and sleep rhythms are severely disrupted. Acupoint application can inhibit patients' cough and reduce sleep disruption at night, which is consistent with the results in **Table 3**, that the PSQI scores of each dimension in the research group were lower than those in the control group. The patient's sleep quality is significantly improved, and fatigue and anxiety are relieved, which is

beneficial to the patient's subsequent improvement in quality of life. In addition, using acupoint application for patients is easy to operate, non-invasive, and has no obvious side effects. It is well tolerated by patients, and nursing compliance and treatment confidence are significantly improved. Patients have significantly improved multi-dimensional quality of life such as body, role, and emotion. In this study, the QLQ-C30 scores of each dimension of the research group were higher than those of the control group, which is supported by the results.

5. Conclusion

In summary, the use of traditional Chinese medicine acupoint application in the treatment of cough in patients with lung cancer due to Qi and Yin deficiency has ideal effects. The cough symptom score after care is significantly lower, the sleep quality score after care is significantly lower, and the life quality score after care is significantly higher. It is worthy of clinical use and promotion.

About the author

Chen Feifei, born June 12, 1991, Han, female, Xinghua, undergraduate, supervisor nurse, mainly researching traditional Chinese medicine nursing for lung cancer cough.

Disclosure statement

The author declares no conflict of interest.

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