

Study on the improvement of pain and quality of life in patients with cancer by meridional fluid injection and acupoint selection

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Abstract: Objective It is expected that acupuncture at the Earth meridian ebb - flowing rule relieve pain and improve quality of life in patients with cancerous pain. The Methods to Select the from May 2016 to May 2017 in Our hospital for treatment of various types of malignant solid tumors in 98 patients as a research object, the use of the random number table method were randomly means into two groups, The two groups of patients were routine Cancer pain relief method and the Earth meridian ebb-flowing rule method, Evaluation of two groups of patients before and after treatment of solid tumor efficacy, NRS cancer pain scores, quality of life scores, Anxiety and 'scores. The Results of The patients were completely relieved, partially relieved, And stable in proportion in the Earth meridian ebb - flowing rule group to those in the but remission group, While the proportion of diseases progression was lower than that in the but remission group, The score of NRS pain in patients in The Earth meridian ebb - flowing rule group was significantly lower than that in The but remission group and before treatment. The score in The field of psychology, physiology, environment, social relations, SAS score and SDS score after treatment in the Earth meridian ebb - flowing rule group were significantly who those in the but remission group and before treatment. The Conclusion of Earth The meridian ebb-flowing rule method can significantly improve the solid cancer patients with cancer pain, and can significantly improve the quality of life, anxiety and depression of patients.

Keywords: Cancerous pain. Earth meridian ebb - flowing rule; Quality of Life.

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Cancer has become one of the diseases threatening human life and health, and the cancer pain in the treatment process not only affects the patient's psychology, but also affects the patient's survival and quality of life.^{[1][2,3]} Some studies believe that the relief of cancer pain is helpful to improve patients' compliance to treatment and treatment effect, and has important clinical significance for the treatment of cancer patients.^[4,5] And for relief of cancerous pain of traditional Chinese medicine has a unique effect, so this study observed in May 2016 to May 2017 in our hospital by the method of radial lingers find out all kinds of entities of cancerous pain relief in patients with malignant tumor, as well as to improve patients quality of life, in order to improve all kinds of cancerous pain in patients with malignant solid tumors and provide scientific methods and the research foundation, the quality of life now report as follows.^[6]

1 materials and methods

1.1 general information

From May 2016 to May 2017, 98 cases of patients receiving treatment for various malignant solid tumors in our hospital were selected for the study, including 43 male patients and 55 female patients, all of whom were 25-75 years old, with an average age of 51.58±4.43 years old. All the patients were in the stage of chemotherapy after radical resection of tumor tissue. All patients and their families agreed to participate in the study and signed the informed consent. The study was approved by the ethics committee of our hospital.

1.1.1 Included in the standard

Ages 25-75;Patients with solid tumors;Without mental illness;Patients survived for more than three months.

1.1.2 Exclusion criteria

Patients and their families do not agree to participate in this study;Patients with leukemia;Patients with other serious diseases; Failed to complete the study or died in the process.

1.1.3 Grouping

The 98 patients who met the inclusion criteria were randomly divided into two groups by the random number table method, with 49 patients in each group. The second group was meridional fluid injection group, and the patients were treated with meridional fluid injection and acupoint selection method for relief of cancer pain. There were no statistically significant differences in gender, age, body weight, tumor type and other basic conditions between the two groups ($p>.05$), and the detailed results were shown in table 1.

Table 1. basic data of patients in the two groups

project	Conventional relief group	Meridional stream group	$\chi^2/t2$	P
The number of cases	49	49		
gender	men	21	0.04	0.841
	women	27		
age	51.24 +/- 4.21	51.79 +/- 4.65	0.614	0.541
weight	53.83 +/- 5.61	54.37 +/- 6.15	0.454	0.651
Tumor types	Lung cancer	9	0.07	0.791
	Cancer of the stomach	8	0.07	0.791
	Cancer of the liver	11	0.06	0.806
	Colorectal cancer	10	0.07	0.791
	Cervical cancer	6	0.10	0.752
	Ovarian cancer	5	0.10	0.752

1.2 methods

1.2.1 treatment methods

Intramuscular injection of buguizine (100 mg/ time) was used to relieve pain in patients with mild pain in the conventional relief group. Patients with moderate and severe pain were given hypodermic injection of morphine (5 mg/ time) for pain relief. All patients were treated with regular supportive care.

On the basis of the conventional remission group, patients in the meridional fluid injection group were treated with the meridional fluid injection acupoint selection method for the relief of cancer pain. The patients were selected as renying, fenglong, quchi, taichong and zusanli, all of which were bilateral acupoint selection. According to xu feng's master of acupuncture and moxibustion in the Ming dynasty, "meridional fluid daily fixed point songs on time", acupoints were selected, and low-frequency pulse acupoints were added or subdivided when the acupoints were closed. Low-frequency pulse acupoints were selected every day for 30 min, 4-6 acupoints each time. The treatment lasted for 2 weeks for 1 course

of treatment, and the efficacy was determined after 3 courses of treatment [7].

1.2.2 efficacy evaluation

Clinical efficacy of the two groups of patients was evaluated using solid tumor efficacy rating 1.1 (RECIST), including complete response (CR), partial response (PR), stable disease (SD) and disease progression (PD). [5] Disease control rate (DCR) = (CR+PR+SD) /n×100%.

1.2.3 pain evaluation

According to the international standard of NRS cancer pain score, the patients were rated for cancer pain before treatment and after 3 administration cycles of treatment: 0-10 indicates the degree of pain felt by the patients. [8] Zero is pain free; 1-3 mild pain; Moderate pain is classified as 4-6; 7 to 9 are classified as severe pain; 10 to feel intense pain. A reduction of 3 or more points in the pain score after treatment is assessed as pain relief.

1.2.4 quality of life evaluation

The WHO quality of life scale (whoqol-bref) was used to evaluate the quality of life of patients before

treatment and 6 months after treatment, including scores in psychological field, physiological field, environmental field and social relations field. Scores in each field were 0-100 points, with 100 as the best quality of life and 0 as the worst quality of life.

Anxiety and depression symptoms before and after nursing were evaluated by self - rating anxiety scale (SAS) and self - rating depression scale (SDS).

1.3 statistical processing

SPSS 20.0 software was used for statistical analysis. Measurement data were expressed as mean \pm standard deviation (\pm), t test was used for inter-group comparison, and test was used for counting data comparison. $P < 0.05$ was considered to be statistically

significant. $\bar{x} \pm s$

2 the results

2.1 efficacy evaluation of patients

On two groups of patients with solid tumor curative effect evaluation of statistics, the results show that the meridian lingers group of patients with complete response, partial response, the proportion of stable condition were higher than conventional group, and the proportion of disease progression is lower than normal group, among which the proportion of patients with disease progression and meridian lingers disease control rates compared with the conventional relief group differences were statistically significant ($p < 0.05$), the results are shown in table 2 in detail.

Table 2. efficacy of the two groups [n (%)]

project	Conventional remission group (n=49)	Meridional flow group (n=49)	χ^2	P
CR	4 (8.16)	6 (12.24)	0.45	0.502
PR	7 (14.29)	10 (20.41)	0.64	0.424
SD	16 (32.65)	22 (44.90)	1.55	0.213
PD.	22 (44.90)	11 (22.45)	5.53	0.019
DCR	55.10	77.55	5.53	0.019

2.2 pain evaluation of patients

Take statistics NRS pain score of two groups of patients, the results show that the two groups of patients before treatment NRS pain scores compared differences were not statistically significant ($p > 0.05$), the two groups after treatment in patients with NRS pain scores compared with before treatment differences were

statistically significant ($p < 0.05$), and the meridian lingers group after treatment in patients with NRS pain score significantly lower than the conventional group and before treatment, meridian lingers NRS pain score after treatment group patients compared with the conventional relief group differences statistically significant ($p < 0.05$), the results are shown in table 3 in detail.

Table 3. pain scores of patients in the two groups (\pm) $\bar{x} \pm s$

project	Conventional remission group (n=49)	Meridional flow group (n=49)	t	P
Before the treatment	6.47 + / - 0.85	6.54 + / - 0.72	0.440	0.661
After treatment	5.58 + / - 0.71	4.14 + / - 0.69	10.181	0.000
t	5.625	16.846	-	-
P	0.000	0.000	-	-

2.3 evaluation of patients' quality of life

Of patients before and 6 months after treatment the WHO quality of life score of statistics, the results showed that the two groups before treatment in patients with mental, physical, environmental, and social relations in the field of score compared differences were not statistically significant ($p > 0.05$), meridional lingers group after treatment in patients with mental, physical, environmental, and social relations in the

field of alleviate score significantly higher than the normal group and before treatment, meridian lingers group after treatment in patients with mental, physical, environmental, and social relations in the field of score were higher than normal group, After treatment, the scores of patients in meridial fluid group in psychological field, physiological field, environmental field and social relationship field were significantly different from those in the conventional remission

group ($p < 0.05$), and the detailed results were shown in table 4.

Table 4. quality of life score of patients in the two groups (\pm) \bar{x} s

	project	Conventional remission group (n=49)	Meridional flow group (n=49)	t	P
Before the treatment	Psychological field	69.17 + / - 2.54	68.24 + / - 2.27	1.592	0.116
	Physical field	65.62 + / - 2.06	66.03 + / - 2.14	0.805	0.424
	The environment	67.76 + / - 1.93	67.26 + / - 2.03	1.041	0.302
	Field of social relations	62.43 + / - 2.59	61.89 + / - 2.21	0.925	0.358
After treatment	Psychological field	80.31 + / - 2.28	94.31 + / - 3.14	21.037	0.000
	Physical field	77.74 + / - 2.52	93.74 + / - 3.15	23.127	0.000
	The environment	74.29 + / - 2.32	92.29 + / - 2.93	28.084	0.000
	Field of social relations	78.84 + / - 2.46	94.84 + / - 3.02	23.952	0.000

2.4 anxiety and depression scores of the patients after treatment

On two groups of patients with anxiety, depression score after treatment, the results show that the two groups before treatment in patients with SAS scores and SDS scores compared differences were not statistically significant ($p > 0.05$), the two groups after treatment in patients with SAS scores and SDS scores compared

with before treatment differences were statistically significant ($p < 0.05$), meridional lingers group after treatment in patients with SAS scores and SDS scores were higher than conventional group, meridian lingers group after treatment in patients with SAS scores and SDS scores compared with conventional relief group differences were statistically significant ($p < 0.05$), the detailed results are shown in table 5.

Table 5. anxiety and depression scores of patients in the two groups (\pm) \bar{x} s

	Treatment effect	Conventional remission group (n=49)	Meridional flow group (n=49)	t	P
SAS score	Before the treatment	61.45 + / - 4.57	60.89 + / - 5.07	0.574	0.567
	After treatment	72.59 + / - 5.26	88.59 + / - 6.43	13.482	0.000
	t	11.191	23680	-	-
	P	0.000	0.000	-	-
SDS score	Before the treatment	63.08 + / - 4.87	62.96 + / - 4.65	0.125	0.901
	After treatment	74.58 + / - 5.77	90.52 + / - 6.42	12.926	0.000
	t	10.662	24.337	-	-
	P	0.000	0.000	-	-

3 discuss

The earliest understanding of pain in traditional Chinese medicine is in the huangdi neijing, which refers to the pain caused by cancer as cancer tumor pain. The pathogenic factor is the pain caused by cancer tumor invading the meridian or by tumor block blocking the meridian.^[9]Pain pain, points out that Chinese traditional medicine in the healing factors are mainly caused by phlegm, sputum think along with the rise and fall of qi activity, affect blood running, phlegm adhesion into pieces, can lead to poor blood, blocking the vein, the resulting pain, at the same time, the factors of disease cause patient injury by consumed blood, LianYe is phlegmy, causing blood running hampered is aggravating, form a vicious circle, this also is the root

cause of the pain caused.^[10,11]In the treatment of cancer pain, modern Chinese medicine through the summary and analysis of various points of view, from the sputum syndrome differentiation of cancer pain, the use of phlegm-resolving drugs for treatment, achieving good results. Traditional Chinese medicine treatment methods pay attention to both symptoms and root causes and effectively improve the adverse reactions caused by western medicine treatment.^[12,13]

Modern traditional Chinese medicine theory puts forward the important thought of demonstrating the treatment of cancer pain from the heart, which holds that the heart is the main blood vessel, internal filling of the five internal organs and the six internal organs, external embellish of the limbs, skin and flesh through the tendon, qi and blood can not run anywhere. Once

the blockage of qi and blood, can't run smoothly, it could cause a variety of diseases, so the blood can cause pain, on the basis of syndrome differentiation of traditional Chinese medicine, to treat the mainline and breakthrough point identified as: psychological, physiological and pathological pain viscus meridian, can effectively improve the patient's clinical symptoms, achieve the goal of improving pain.^[14,15]

Meridian lingers open hole method is a kind of ancient acupuncture method in our country, mainly according to the change of nature, and the impact of the human body, which is the theory of "heaven corresponding", studies the human body blood and venous daily operation, and acupuncture treatment, at the time of open hole, qi and blood is the most exuberant, acupuncture open hole can effectively realize the dredge bullishness, invigorate the circulation of pain, so as to achieve the aim of centralizer and resistance to evil.^[16] Meridional fluid can effectively treat cancer pain, improve the body immunity, but also to improve the effect of treatment with only the same drugs, effectively alleviate adverse drug reactions, and western medicine treatment complementary, effective use of modern treatment methods, can significantly improve the treatment effect, solve the problem of clinical treatment.^[17]

Zhang jiewen used meridional fluid injection method to apply zhibing pain reliever ointment to liver cancer patients on time, showing that it can effectively relieve the pain symptoms of patients.^[18] Sun yunting's study showed that meridional fluid injection and acupoint acupuncture had a good effect on the clinical efficacy and depression of stroke patients.^[19] In this study, meridional fluid injection and point selection method can improve the efficacy of solid tumors, significantly relieve patients' cancer pain, and significantly improve their quality of life, anxiety and depression. We believe that meridional fluid injection and point selection method can be incorporated into the comprehensive treatment of solid tumor patients, so as to reduce patients' cancer pain and improve their quality of life. We believe that meridional fluid injection and point selection method can be popularized and applied in clinical practice.

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