Clinical Responses from Auricular Point Acupressure to Nursing Diagnosis of Chronic Pain: A Case Report

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Abstract

Introduction: Chronic pain has become an important limiting factor for the quality of life and work of different people and a serious public health problem worldwide. Understood as a human response on which nurses intervene is susceptible to different types of pharmacological and non-pharmacological intervention such as auriculotherapy (AT).

Objective: To report the case of an adult woman with a nursing diagnosis (ND) of chronic pain in the lumbar region treated with AT.

Methods: Clinical case study, a method that deals with the description and detailed analysis to understand the specific situation whose participant is a user of the Integrated Research-Care Program/Federal University of Rio de Janeiro/Anna Nery School of Nursing. Five nursing consultations were performed using AT based on the Chinese School as a therapeutic intervention for the ND of chronic pain in the lumbar spine.

Results: Pain score has reduced from 8 to three by the Visual Analog Pain Scale (VAS) after being intervened the interventions performed in the nursing consultations. The reduction of the pain score helped to improve the activities of daily living and the participant’s work practice.

Conclusion: The case of an adult woman with chronic pain ND, treated with five sessions of AT during nursing consultations, demonstrated clinical efficacy, converting the score 8 to three in the application of VAS.

Keywords: Chronic Pain; Auriculotherapy; Nursing Diagnosis; Therapeutic

Introduction

Low back pain can affect 60 to 80% of the world’s population throughout their lives of which 20% may progress to chronic pain. We are talking about 1.5 million people suffering from constant or intermittent pain for more than three months. It is converted, then, into a burden on society and health systems [1] given the serious functional limitations that generate a high rate of absenteeism in schools and at work as well as decreases in productivity [2]. Chronic low back pain is the most common self-reported pain condition, with a prevalence of 23% in the United States [3,4] and 13.5% in Brazil [5].

The present clinical situation aims to report the case of an adult woman with a ND of chronic pain in the lumbar region treated with AT.

Types

Pain can be classified as to the element duration time in acute, when they last up to four weeks; subacute, extending into the twelfth week; and beyond this period it becomes chronic, considered, then, a pathology in itself and a serious public health problem [4].

The presence or absence of root symptoms may serve as a classification basis for pain. Insidious, root lumbar pain results in pain in the lower extremity, paresthesia and/or weakness and is of nerve root impact [4]. However, 90 to 95% of individuals with low back pain do not obtain a specific diagnosis about the possible causes being among non-specific chronic pain, these being the most incidents in primary care in Brazil [5].

Chronic pain is also characterized as a ND, that is in human responses evidenced from a clinical judgment of nurses about current or potential responses and experiences of the individual [6].

Treatment

The options of possible pharmacological therapies for the treatment of chronic pain are associated with numerous and serious adverse effects, attributing patients a long, costly and complex path [7].

Noninvasive therapies are highly recommended for the treatment of acute or subacute and chronic spinal pain and may be associated or not with drug therapy [4]. AT is a technique of integrative complementary medicine originated from acupuncture which uses the ear pavilion to make the diagnosis and treatment of physical and mental diseases [2]. Several authors have pointed to AT as a promising safe and effective technique used for the treatment of spinal pain [1,2,8,9].

AT in addition to a technique, when inserted in the context of consultation based on the precepts of Traditional Chinese Medicine (TCM), enables the therapist to act as an element that participates in the process of reorganizing the individual, a conception that aligns with the theoretical and philosophical perspectives of nursing science and therapy. Considering that this Tradition does not focus its role on the cure of diseases but rather on the restoration of a dynamic energetic balance between elements present in the environment, culture and body of the individual. This intervention promotes, then, the restoration of psychic, spiritual and physiological functions of the whole organism [10,11].

Case Report

A 38-year-old woman, a hygiene professional, with ND of chronic pain in the lumbar region of the spine, self-reported pain, with a score of 8 by the VAS. Pain onset 5 months ago, overweight, sedentary, without comorbidities. A laboratory of clinical practices and studies that employ integrative and complementary care resources was assisted in the Integrated Research-Care Program of the Anna Nery School of Nursing/Federal University of Rio de Janeiro (PIPA/EEAN/UFRJ). This extension project started in March 2013.

Method

Five nursing consultations (NC) were performed and the ND of chronic pain was established at the first visit. The intervention with AT began in the first NC, being repeated in the following four. The treatment protocol implemented was established based on the precepts of the Chinese school, using the Shenmen, Kidney and Sympathetic points which are used for restoring the energy balance corresponding to an organ and a viscera that make up the cybernetic triad; Spleen and Liver points in addition to the point referring to the region of the affected spine lumbar. After inspection of the ear pavilion the auricular massage was performed in all sessions, lasting 2 minutes and the grip of each point for 10 seconds. The VAS was used to record pain, with a variation between 0 - 10 having been applied during the
first and last NC. The right ear pavilion was used as standard, where mustard seed was applied and fixed with micropore adhesive which remained fixed there for six days when they are removed by the patient herself. It remains without the seeds for 24 hours for rest of the auricular pavilion, and on the seventh day a new intervention is performed during the NC.

Results and Discussion

The responses of AT to the ND indicators of chronic pain observed in this case study, through the reduction of the pain score, confer with that of other studies already conducted. Initially, the patient reported a pain score of 8, represented by VAS. After five NC with AT application, the reported pain became score three.

This reduction contributed positively to the improvement of the performance of activities of daily living (ADL). Once with lower level of ADL pain, such as sweeping the floor and going up and down stairs, they began to be performed with greater disposition. There was less absence from work in the same period.

AT based on the precepts of TCM is the subject of randomized clinical trials (RCTs) that have been conducted by researchers in Brazil and worldwide with significant results, both in pain intensity and associated factors [1,2,4]. Evaluating and treating chronic pain is a great challenge, as it is a subjective phenomenon, and the result of this report corroborates the need to conduct more studies on the subject.

The production of significant therapeutic responses has been observed in different studies [1-3], demonstrating the potentiality of the use of this technique as a possibility of intervention to different ND [6].

Implications for nursing

AT is a care technology that can be used by nurses to intervene in clinical judgments, expanding the clinical approach and therapeutic options. Depending on the expected results, it can be applied as the first therapeutic option or complementary to pharmacological treatment, or associated with other integrative practices, such as zen shiatsu and exercises according to the RCTs already performed [12,13].

Conclusion

The case of an adult woman with chronic pain ND, treated with 05 sessions of AT during nursing consultations, demonstrated clinical efficacy converting the score 8 to three in the application of VAS.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Ethics Committee Register

Number: 3.633.659.

Bibliography


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