

# Application of Syndrome Differentiation–Based Nursing in Patients with Lung Distension

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**Abstract:** Lung distension (Fei Zhang) is a common syndrome in Traditional Chinese Medicine (TCM). This paper systematically elaborates the TCM syndrome differentiation of lung distension, including phlegm-turbidity obstructing the lung, phlegm-heat stagnating in the lung, yang deficiency with water retention, and deficiency of lung and kidney qi, as well as their core pathogenesis. The fundamental principles of syndrome differentiation–based nursing are introduced, such as the holistic concept and treatment based on syndrome differentiation. Corresponding nursing interventions for different syndrome types are proposed, along with key nursing considerations. Through scientific and targeted nursing care, patients' symptoms can be effectively alleviated, thereby promoting recovery.

**Keywords:** lung distension; syndrome differentiation; core pathogenesis; syndrome differentiation–based nursing; nursing interventions

## Introduction

In clinical practice of Traditional Chinese Medicine (TCM), lung distension is a common yet complex disorder characterized by a prolonged course and recurrent episodes, which severely affect patients' quality of daily life. TCM has accumulated extensive experience in the treatment and nursing of lung distension over centuries. Among these, syndrome differentiation–based nursing represents a distinctive feature of TCM nursing. By formulating individualized nursing plans according to different syndrome types, it has demonstrated significant effectiveness in symptom improvement and relapse prevention. Therefore, in-depth exploration of the application of syndrome differentiation–based nursing in patients with lung

distension is of great significance for enhancing clinical nursing quality and promoting patient rehabilitation.

## 1. TCM Syndrome Differentiation and Core Pathogenesis of Pulmonary Distension

### 1.1 Common TCM Syndrome Types of Pulmonary Distension

#### 1.1.1 Phlegm-Turbidity Obstructing the Lung Pattern

This pattern is commonly seen in the early stage of the disease or after repeated invasion by external pathogens, with internal accumulation of phlegm-dampness as the main pathological feature. Patients often experience a sensation of chest oppression as if blocked, cough with copious white and sticky sputum,



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increased sputum production in the morning or with changes in body position, accompanied by shortness of breath and dyspnea that worsen with exertion <sup>[1]</sup>. Due to phlegm-dampness obstructing the movement of qi, symptoms such as epigastric and abdominal fullness, poor appetite, and reduced food intake may occur. If phlegm-dampness persists and transforms into heat, it may be accompanied by sticky and bitter taste in the mouth and sticky stools. The tongue is enlarged with teeth marks on the margins, with a white-greasy or yellow-greasy coating, and the pulse is slippery or wiry-slippery. Treatment should focus on resolving phlegm, descending qi, strengthening the spleen, and drying dampness, so as to restore the ascending and descending functions of qi and promote normalization of fluid metabolism.

### **1.1.2 Phlegm-Heat Constraining the Lung Pattern**

In the course of disease progression, phlegm-dampness may stagnate and transform into heat, or external invasion of wind-heat may trigger internal phlegm, leading to an interlocking of phlegm and heat. Patients present with cough and dyspnea, rapid breathing, yellow and thick sputum that is difficult to expectorate, accompanied by chest and hypochondriac distension, flushed face, red eyes, and thirst with desire for fluids. In severe cases, blood-streaked sputum or fever with sweating may be observed. The tongue is red with a yellow-greasy coating, and the pulse is slippery, rapid, and forceful. The key pathogenesis of this pattern lies in phlegm-heat obstructing the airways, resulting in impaired dispersing and descending functions of lung qi. Treatment should aim to clear heat, resolve phlegm, and disseminate the lung to relieve dyspnea; once heat is cleared and phlegm is resolved, qi movement will be restored.

### **1.1.3 Yang Deficiency with Water Overflowing Pattern**

In patients with a prolonged disease course, constitutional deficiency, or advanced age, insufficiency of yang qi may lead to dysfunction of fluid metabolism. In addition to dyspnea and shortness of breath, patients often present with facial edema and edema of the lower limbs, with pitting on pressure, accompanied by aversion to cold, cold extremities, palpitations, and soreness and weakness of the lumbar region and knees. The tongue is pale and enlarged with a white and

slippery coating, and the pulse is deep and thready or intermittent. The essential pathogenesis of this pattern is yang deficiency failing to transform qi and move water, resulting in accumulation of retained fluids in the chest, abdomen, and limbs. Treatment should focus on warming yang, transforming qi, and promoting diuresis to reduce edema, thereby restoring balance in fluid metabolism through revitalization of yang qi.

### **1.1.4 Lung–Kidney Qi Deficiency Pattern**

In the later stage of the disease or in patients with a weak constitution, deficiency of qi in both the lung and kidney often leads to failure of qi grasping. Patients experience chronic dyspnea, with prolonged expiration and difficulty in inspiration, symptoms aggravated by physical activity, accompanied by weak voice, shortness of breath, soreness and weakness of the lumbar region and knees, spontaneous sweating, and susceptibility to external pathogens. The tongue is pale with a white coating, and the pulse is deep and weak; in severe cases, pale nails and a dull complexion may be observed. The core pathogenesis of this pattern lies in lung–kidney qi deficiency resulting in insufficient generation of zong qi. Treatment should emphasize tonifying the lung and kidney, assisting qi grasping, and relieving dyspnea, so as to improve the ascending, descending, and in-and-out movements of qi by strengthening visceral functions.

## **1.2 Elucidation of the Core Pathogenesis Corresponding to Each Syndrome Type**

The core pathogenesis of the phlegm-turbidity obstructing the lung pattern lies in failure of the spleen in transportation and transformation, resulting in internal retention of water-dampness. Factors such as improper diet impair spleen and stomach function, leading to disordered fluid metabolism. Accumulated water-dampness condenses into phlegm, which ascends and invades specific sites, obstructing the movement of qi. Consequently, qi flow becomes impaired, giving rise to symptoms such as cough with sputum, chest oppression, and shortness of breath. The phlegm-heat constraining the lung pattern arises when externally contracted heat pathogens are not fully resolved, or when internal damp-heat accumulation and dietary irregularities generate phlegm internally, which stagnates and transforms into heat. Phlegm and heat bind together and obstruct specific sites, disrupting

the normal movement of qi and impairing the lung's dispersing and descending functions. This leads to manifestations such as severe coughing and yellow, thick sputum that is difficult to expectorate. The yang deficiency with water overflowing pattern is primarily attributed to insufficiency of spleen and kidney yang, resulting in weakened qi transformation. Without adequate qi transformation, fluid metabolism loses its normal energy, causing internal retention of water-dampness, which overflows upward to specific sites. As a result, symptoms such as dyspnea with inability to lie flat and edema of the lower limbs occur. The lung–kidney qi deficiency pattern is mostly caused by prolonged coughing and wheezing, which gradually deplete lung qi and subsequently affect kidney qi. The lung governs qi, while the kidney governs the grasping of qi; deficiency of both lung and kidney qi leads to dysfunction of qi intake and retention. Clinically, this manifests as weak coughing, shortness of breath, and dyspnea.

## **2. Basic Principles of Syndrome-Differentiated Nursing Care for Patients with Pulmonary Distension**

### **2.1 Principle of Holistic Concept Guidance**

TCM emphasizes that the human body is an organic whole, in which all parts are interrelated and mutually influential. In the nursing care of patients with pulmonary distension, applying the holistic concept as a guiding principle is of critical importance. Nursing practice should not be limited to the management of local symptoms alone, but should comprehensively consider multiple factors, including the patient's overall physical condition, living environment, and emotional state. For instance, changes in the external environment—such as seasonal transitions and sudden temperature fluctuations—may significantly affect the course of pulmonary distension. During nursing care, the temperature and humidity of the patient's living environment should be adjusted according to seasonal characteristics: attention should be paid to protection against wind and cold in spring, avoidance of excessive cooling in summer, prevention of dryness through appropriate moistening measures in autumn, and reinforcement of warmth-preserving strategies in winter. Meanwhile, emotional fluctuations can also influence disease progression. Negative emotions

such as anxiety and depression may lead to impaired qi movement, thereby aggravating clinical symptoms. Therefore, nursing personnel should pay close attention to patients' psychological status and provide appropriate psychological support and counseling to help patients maintain emotional balance and a calm mindset, thus promoting physical recovery.

### **2.2 Principle of Prioritizing Syndrome Differentiation for Precise Nursing Care**

Syndrome differentiation constitutes the core of TCM nursing, and accurate identification of syndromes is the prerequisite for implementing effective nursing interventions<sup>[2]</sup>. Pulmonary distension is characterized by complex and variable clinical conditions; symptom manifestations differ among patients, and even in the same patient, symptoms may vary across different stages of the disease. Nursing staff should carefully observe patients' symptoms and signs, and integrate information obtained from tongue and pulse examinations to accurately determine the corresponding syndrome pattern. Based on different syndrome types, individualized nursing care plans should be developed. For example, in patients with the phlegm-turbidity obstructing the lung pattern, nursing care should focus on drying dampness, resolving phlegm, regulating qi, and harmonizing the middle jiao; whereas in patients with the phlegm-heat constraining the lung pattern, emphasis should be placed on clearing heat, resolving phlegm, disseminating the lung, and relieving dyspnea. Only through precise syndrome differentiation can nursing interventions be appropriately targeted, thereby enhancing nursing effectiveness.

### **2.3 Principle of Addressing Both Root and Manifestation in Nursing Care**

Pulmonary distension involves a distinction between root (ben) and manifestation (biao). The manifestation mainly refers to the overt clinical symptoms, such as coughing and dyspnea, whereas the root concerns the fundamental causes of the disease, including deficiency of vital qi and internal obstruction by phlegm and blood stasis. In nursing practice, both the root and the manifestation should be addressed simultaneously. During the acute exacerbation stage, when symptoms are prominent, priority should be given to alleviating the manifestations by promptly controlling cough, dyspnea, and other distressing symptoms, thereby

relieving patient discomfort. In the remission stage, nursing care should focus on regulating the root by strengthening the patient's constitution, enhancing disease resistance, and preventing recurrence. Through nursing interventions that attend to both root and manifestation, the goals of supporting vital qi, eliminating pathogenic factors, and achieving comprehensive treatment can be realized.

#### **2.4 Principle of Coordinating Reinforcement of Vital Qi and Elimination of Pathogenic Factors**

Reinforcing vital qi (fuzheng) and eliminating pathogenic factors (quxie) are two fundamental principles of TCM treatment and nursing, and they are complementary in the nursing care of patients with pulmonary distension. Reinforcing vital qi refers to strengthening the patient's healthy qi and improving overall resistance, which can be achieved through measures such as a balanced diet, appropriate physical activity, and regular daily routines. Eliminating pathogenic factors focuses on removing disease-causing influences and alleviating symptoms, with corresponding nursing interventions—such as clearing heat, resolving phlegm, and promoting blood circulation—implemented according to different syndrome patterns. In nursing practice, the relative emphasis on reinforcing vital qi and eliminating pathogenic factors should be flexibly adjusted based on the severity and urgency of the patient's condition, allowing both approaches to function synergistically and thereby promoting early recovery.

### **3. Syndrome-Differentiated Nursing Interventions for Patients with Different Types of Pulmonary Distension**

#### **3.1 Nursing Care for Patients with the Phlegm-Turbidity Obstructing the Lung Pattern**

In terms of daily living care, indoor air should be kept fresh and well ventilated, with appropriate temperature and humidity, so as to avoid aggravation of symptoms caused by damp and cold environments<sup>[3]</sup>. Patients should ensure adequate rest and reduce unnecessary activities to lessen physical burden. With regard to dietary regulation, light and easily digestible foods should be emphasized. Foods with the function of strengthening the spleen and resolving phlegm, such as Chinese yam (*Dioscorea opposita*), coix seed (*Coix lacryma-jobi*), and white hyacinth bean (*Lablab*

*purpureus*), are recommended. Food intake should be appropriately controlled to avoid overeating, which may further impair spleen transportation and transformation. In emotional care, nursing staff should patiently listen to patients' concerns, provide care and reassurance, and help them maintain a calm and balanced emotional state. Emotional fluctuations should be minimized, as they may disrupt qi movement and exacerbate the condition. Regarding the application of TCM nursing techniques, massage may be performed on specific acupoints, such as Fenglong (ST40), which is effective in drying dampness and resolving phlegm. Moxibustion can also be applied at points such as Zhongwan (CV12) and Zusanli (ST36) to warm and unblock the meridians and enhance spleen and stomach function.

#### **3.2 Nursing Care for Patients with the Phlegm-Heat Constraining the Lung Pattern**

For daily living care, the ward should be kept quiet, clean, and orderly, with the room temperature not excessively high to prevent aggravation of internal heat. Patients should remain in bed as much as possible and reduce physical activity to conserve energy. In dietary regulation, foods that clear heat and resolve phlegm should be provided, such as pear, winter melon, and bitter melon. Spicy, greasy, and hot-natured foods should be avoided to prevent further exacerbation of phlegm-heat symptoms. In emotional care, patients should be encouraged to maintain an optimistic attitude and avoid irritability and anxiety. Relaxation methods, such as listening to soothing music, may be used to alleviate mental stress and promote emotional stability. With respect to TCM nursing techniques, gua sha therapy may be applied along the Bladder Meridian on the back to clear heat and purge fire. In addition, nebulized inhalation of Chinese herbal medicine with heat-clearing and phlegm-resolving properties may be administered, allowing the medicinal effects to act directly on the affected sites and thereby relieve clinical symptoms.

#### **3.3 Nursing Care for Patients with the Yang Deficiency with Water Overflowing Pattern**

In daily living care, the ward should be kept warm and dry to prevent exposure to cold. Patients are advised to adopt a semi-recumbent position to alleviate respiratory distress. Regarding dietary regulation, foods that warm

yang and promote diuresis should be encouraged, such as crucian carp soup and winter melon peel decoction. Sodium intake should be restricted to avoid aggravation of edema. In emotional care, psychological support should be provided to strengthen patients' confidence in overcoming the disease and to prevent fear and anxiety resulting from the severity of the condition. With respect to TCM nursing techniques, moxibustion may be applied at acupoints such as Guanyuan (CV4) and Qihai (CV6) to warm and tonify kidney yang. In addition, external application of heated herbal compresses to the abdominal region may be used to promote fluid metabolism.

### **3.4 Nursing Care for Patients with the Lung–Kidney Qi Deficiency Pattern**

For daily living care, attention should be paid to keeping patients warm and avoiding overexertion. Adequate sleep should be ensured, and appropriate midday rest may be recommended. In dietary regulation, foods that tonify the kidney, assist qi grasping, and strengthen qi and the spleen should be selected, such as walnuts, black sesame seeds, and goji berries. The diet should be soft, finely prepared, and easy to digest.

In emotional care, nursing staff should attend to patients' psychological well-being, guide them to maintain a positive mindset, and prevent excessive worry or overthinking that may further deplete vital qi. Regarding the application of TCM nursing techniques, traditional exercises such as Tai Chi and Baduanjin may be encouraged to enhance physical strength and improve disease resistance. Massage of acupoints such as Shenshu (BL23) and Feishu (BL13) may also be performed to regulate visceral functions.

## **4. Precautions in Syndrome-Differentiated Nursing Care for Patients with Pulmonary Distension**

### **4.1 Key Points for Dynamic Adjustment Based on Syndrome Differentiation**

The clinical course of pulmonary distension is characterized by continuous change and fluctuation, which requires syndrome-differentiated nursing care to be dynamically adjusted in close accordance with disease progression<sup>[4]</sup>. During the nursing process, nursing staff should conduct meticulous and ongoing observation of patients' symptoms and signs, as

well as subtle changes in tongue appearance and pulse condition. For example, in a patient initially diagnosed with the phlegm-turbidity obstructing the lung pattern, if the sputum gradually changes from thin and white to thick and yellow, accompanied by fever and thirst—manifestations of heat—this may indicate a transformation of the disease pattern from cold to heat. Accordingly, nursing interventions should be promptly adjusted from warming and resolving cold phlegm to clearing heat and resolving phlegm, so as to align with the evolving condition. Similarly, in patients with the yang deficiency with water overflowing pattern, if edema is alleviated and aversion to cold improves, but symptoms such as shortness of breath and fatigue become more pronounced, this may suggest progressive depletion of vital qi. In such cases, on the basis of warming yang and promoting diuresis, greater emphasis should be placed on nursing measures that tonify qi and support vital energy. Only through timely and flexible adjustment of syndrome-differentiated nursing strategies can interventions remain appropriate and effective.

### **4.2 Standardization Requirements for Nursing Procedures**

The degree of standardization in nursing procedures constitutes the foundation of nursing quality and safety. Every nursing intervention must strictly adhere to established protocols and operational standards, leaving no room for negligence. When performing acupoint massage, nursing staff should accurately locate the acupoints, while appropriately controlling the intensity and frequency of manipulation, in order to prevent skin injury or other adverse reactions caused by excessive force or improper technique. During moxibustion, particular attention should be paid to maintaining an appropriate distance between the moxa stick and the skin, as well as to precise control of treatment duration, so that the warming effect can effectively unblock the meridians and harmonize qi and blood without causing burns. When administering nebulized inhalation of Chinese herbal medicine, the concentration of the medicinal solution should be carefully prepared, and the duration and frequency of inhalation strictly regulated, to ensure that the medication acts accurately and effectively on the target sites and achieves optimal therapeutic outcomes.

### 4.3 Key Points of Health Education for Patients and Their Families

Providing comprehensive and detailed health education to patients and their families is an essential component in enhancing patients' self-management abilities and promoting the rehabilitation process. Patients should be guided to develop healthy lifestyle habits, maintain a regular daily routine, and ensure sufficient and high-quality sleep, thereby providing a solid foundation for physical recovery. Patients should be encouraged to engage in appropriate physical activity, such as walking or practicing Tai Chi, which are gentle forms of exercise that help strengthen physical fitness and improve immune function. At the same time, patients should be clearly informed of dietary recommendations and restrictions, with individualized dietary plans tailored to different syndrome patterns. In addition, it is crucial to educate family members on basic nursing knowledge and skills, such as assisting patients with repositioning in bed and performing back percussion to facilitate sputum expectoration. Through such guidance, family members can become effective partners in daily patient care, thereby improving overall nursing outcomes.

### 4.4 Requirements for the Professional Competence of Nursing Personnel

As the direct practitioners of syndrome-differentiated nursing care, nursing personnel are required to possess a solid foundation in TCM theory and extensive clinical experience, enabling them to accurately apply syndrome differentiation and formulate scientific and rational nursing plans. Keen observational skills are also essential, allowing nurses to identify subtle changes in patients' conditions and adjust nursing strategies in a timely manner. Moreover, effective communication skills are indispensable. Nursing personnel should establish a relationship of trust with patients and their families, engage in effective communication, patiently address questions, and provide psychological support and encouragement. In addition, nurses should maintain enthusiasm for continuous learning, actively acquire new knowledge

and master new skills, and continuously improve their professional competence, so as to better meet the diverse needs of patients with pulmonary distension receiving syndrome-differentiated nursing care.

### Conclusion

Syndrome-differentiated nursing care for patients with pulmonary distension is a systematic and meticulous process. It should adhere to principles such as the holistic concept and prioritization of syndrome differentiation, with precise nursing interventions implemented according to different syndrome patterns. At the same time, attention should be paid to dynamic adjustment of syndrome differentiation, standardization of nursing procedures, effective health education for patients and their families, and enhancement of the professional competence of nursing personnel. Comprehensive implementation of these measures can effectively alleviate clinical symptoms, improve quality of life, and support patients on their path toward recovery.

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