

A Preliminary Study on Improving Patients' Shallow Sleep through Integrated Traditional Chinese Medicine Emotional Care and Physical Therapy

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Abstract: *Objective:* To explore the effects of integrated traditional-Chinese-medicine (TCM) emotional care and physical therapy on sleep quality, negative emotions, and nursing satisfaction of clinical insomnia patients. *Methods:* A total of 86 insomnia patients admitted to our hospital from January 2024 to January 2025 were selected as research subjects. They were divided into two groups by the random-number-table method: the control group (receiving routine nursing care) and the experimental group (receiving TCM emotional care plus physical therapy), with 43 cases in each group. The Pittsburgh Sleep Quality Index (PSQI) scores, Self-Rating Anxiety Scale (SAS) scores, Self-Rating Depression Scale (SDS) scores, and total clinical nursing satisfaction were compared between groups under different intervention measures. *Results:* After nursing intervention, PSQI, SAS, and SDS scores decreased to a certain extent in both groups. The three scores of the experimental group were significantly lower than those of the control group, with statistically significant differences ($p < 0.05$). *Conclusion:* The intervention combining TCM emotional care and physical therapy for insomnia patients can relieve patients' adverse emotions such as anxiety and depression, significantly improve patients' sleep structure, and enhance patients' sleep quality and clinical nursing satisfaction. It is worthy of promotion and application in clinical nursing practice.

Keywords: Traditional Chinese Medicine emotional care; Physical therapy; Auricular point pressing; Acupoint massage; Sleep quality

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1. Introduction

Insomnia is a common clinical disorder usually caused by environmental, psychological, physiological, and other factors, manifested as difficulty in falling asleep, difficulty in re-sleeping after waking up, or poor sleep quality. Meanwhile, routine nursing measures lack pertinence for insomnia patients and produce unsatisfactory nursing effects ^[1]. At present, traditional Chinese medicine is increasingly applied in the

treatment of insomnia patients and has achieved certain effects in improving patients' negative emotions and sleep quality. According to TCM theories, insomnia is commonly caused by yin-yang imbalance, disharmony of Qi and blood, deficiency of healthy Qi, and restlessness of the heart-spirit. It is emphasized that nursing should follow the principle of balancing yin and yang, regulate the internal environment of the human body, and help maintain stable physical conditions. TCM emotional care and physical therapy constitute important parts of traditional Chinese therapeutic approaches, featuring non-invasiveness, painlessness, diverse therapies, and simple operation ^[2]. This study adopts combined TCM emotional care and physical therapy. Emotional care regulates patients' Qi movement and Zang-fu organs. Main approaches include verbal persuasion, five-element music therapy, and mindfulness breathing, which can soothe the heart and calm the spirit and have shown favorable effects in intervening insomnia among numerous clinical patients ^[3-5]. Common TCM physical therapies include auricular point pressing and acupoint massage. Corresponding acupoints are distributed over various parts of the human body, and acupoints may produce different reactions when the body suffers from diseases. By stimulating specific acupoints, auricular point pressing and acupoint massage can regulate Zang-fu organ functions, activate blood circulation, promote Qi movement, balance yin and yang, and effectively improve patients' sleep quality ^[6]. Accordingly, 86 insomnia patients were enrolled in this study to explore the clinical application effect of combined TCM emotional care and physical therapy. Relevant reports are presented as follows.

2. Materials and methods

2.1. General data

Clinical data of 86 insomnia patients admitted from January 2024 to January 2025 were collected. Patients receiving routine nursing and combined TCM emotional care plus physical therapy were assigned to the control group and experimental group by the random-number-table method, with 43 cases in each group. As shown in **Table 1**, there was no statistically significant difference in general data between the two groups ($p > 0.05$), indicating comparability.

Table 1. General data of the two groups

Item	Control group (n = 43)	Experimental group (n = 43)
Gender (Male/Female)	19/24	18/25
Age (years)	23-71 (46.82 ± 5.37)	22-73 (47.15 ± 5.42)
Course of insomnia	3 months-6 years (2.74 ± 0.61 years)	4 months-7 years (2.81 ± 0.58 years)

2.2. Inclusion and exclusion criteria

2.2.1. Inclusion criteria

- (1) Meeting insomnia diagnostic criteria specified in *Chinese Guidelines for the Diagnosis and Treatment of Insomnia Disorders*.
- (2) PSQI score ≥ 7 points.
- (3) Clear consciousness, good compliance, capable of cooperating with daily nursing and physical-therapy operations.
- (4) Patients and their families are informed of research contents and voluntarily sign informed-consent forms.

2.2.2. Exclusion criteria

- (1) Complicated by severe organic lesions of the heart, liver, or kidney.
- (2) Patients with primary mental diseases such as schizophrenia and severe anxiety-depression.
- (3) Ear skin damage or inflammation, making auricular-point-pressing operation impossible.
- (4) Taking psychotropic drugs within one week before enrollment or sedative-hypnotic drugs within one month before enrollment.
- (5) Secondary insomnia induced by severe diseases such as stroke and malignant tumor.

2.3. Methods

The control group received routine nursing interventions. Major measures included health education: adopting collective and individual explanation to inform patients of the importance of regular sleep-wake schedule and hazards of insomnia; sleep-environment intervention: instructing patients to turn off lights on time, avoid mobile-phone use half an hour before bedtime, and use earplugs and eye-shades for sleep assistance; daily intervention: implementing basic symptomatic nursing in accordance with medical orders, instructing patients to eat and sleep regularly and maintain a relaxed state of mind ^[7,8].

On the basis of routine nursing for the control group, the experimental group received combined TCM emotional care and physical therapy. Specific intervention schemes are described below.

2.3.1. Traditional Chinese Medicine emotional care

Combined with TCM emotional theories, nurses analyzed subjects' sleep-disorder conditions, emotional states, and emotional factors affecting sleep, and formulated TCM emotional-care schemes targeting patients' psychology and mood states.

(1) Emotional persuasion

Deliver health knowledge related to insomnia through verbal persuasion. Communicate with patients while observing their conditions every day to understand their inner thoughts. Persuade patients with patient, amiable attitudes and gentle tones; create a warm and pleasant ward environment to bring a favorable physical and mental experience and help regulate emotional states ^[9].

(2) Five-element music therapy

According to correspondence between five Zang-fu organs and five elements, understand patients' syndromes and preferences, and select suitable music from repertoires recommended by the Chinese Medical Association, such as *Spring River Flower-Moon Night*, *Purple Bamboo Melody*, *Fisherman's Song at Dusk*, *Spring Snow*. At the initial stage, recommend soft and beautiful music for physical-and-mental relaxation; after mood relief, recommend light, bright, and uplifting music, once a day, 30 minutes each time.

(3) Spirit-calming guidance

Instruct patients to perform mindfulness-breathing training before bedtime. Sit quietly or lie flat, focus attention on breathing, clench fists on inhalation and relax fists on exhalation.

(4) Emotional diversion

Encourage patients to engage in favorite activities such as chess-playing, reading, and movie-watching. Encourage family members to accompany patients in chatting. Guide patients to perform breathing-relaxation or other favorite activities immediately when negative emotions occur, so as to divert attention and maintain sound mental states ^[10].

2.3.2. Auricular-point-pressing physical therapy

- (1) Patients sit in a seated position. Nurses select auricular points including Shenmen, Heart, Occiput, Liver, Kidney and Spleen. Disinfect pressing sites with alcohol. Stick Vaccaria seeds (small granules for auricular-point therapy) on auricular points with small adhesive plasters, then knead and press with appropriate force until patients feel soreness, numbness, and distending pain ^[11].
- (2) Adjust auricular-point selection rationally according to patients' syndrome differentiation. Add hypnosis points for patients with frequent dreams; add deep-sleep hypnosis points for early-waking patients. For patients with light sleep and frequent early waking, usually related to disharmony between heart and kidney or deficiency of both heart and spleen, add Spleen and Kidney as matching points.
- (3) Instruct patients to press seed-plastered acupoints with gradually-increasing force, three times per day, 1–2 minutes each time.
- (4) Notes: Plasters may remain in place for three days without water exposure. Resume pressing after a one-day interval. The whole intervention lasts four weeks ^[12].

2.3.3. Acupoint-massage physical therapy

- (1) Inquire about skin damage or other discomfort before massage. Select massage acupoints based on syndrome differentiation according to patients' conditions.
- (2) Apply essential oil on patients' feet before massage, then moderately massage Taichong and Zusanli acupoints. Additional acupoints can be selected according to patients' conditions ^[13].
- (3) Massage lasts no less than 10 minutes and no more than 30 minutes. Perform an overall relaxing massage on patients' feet after acupoint massage.

2.4. Observation indicators

2.4.1. Sleep quality

The Pittsburgh Sleep Quality Index (PSQI) scale was adopted for scoring before intervention and four-week post-intervention, respectively. The total score ranges from 0–21; higher scores indicate worse sleep conditions.

2.4.2. Negative emotions

The SAS and SDS scales (full score 100 for both) were used before and after the intervention to assess anxiety and depression levels. Higher scores represent more severe anxiety and depression.

2.4.3. Nursing satisfaction

A self-designed satisfaction questionnaire was prepared covering nursing methods, nursing experience, and post-intervention sleep feelings. Scores: 90–100 points = very satisfied; 70–89 points = satisfied; below 70 points = dissatisfied. Total satisfaction = (very-satisfied cases + satisfied cases) / total cases × 100 %.

2.5. Statistical methods

All data were imported into SPSS 22.0 for statistical analysis. Measurement data were described as mean ± standard deviation ($\bar{x} \pm s$) and analyzed by *t*-test. Enumeration data were expressed as [n(%)] and analyzed by χ^2 -test. *p* < 0.05 was regarded as the threshold for statistically significant inter-group differences.

3. Results

3.1. PSQI scores

There was no statistically significant difference in baseline sleep-quality PSQI scores between the two groups before intervention. After intervention, PSQI scores of the experimental group were obviously lower than those of the control group, with statistically significant inter-group differences (see **Table 2**).

Table 2. Comparison of PSQI sleep-quality scores between two groups

Group	Number of cases	Before intervention	After 4week intervention
Control group	43	13.64 ± 2.15	9.72 ± 1.68
Experimental group	43	13.58 ± 2.21	6.13 ± 1.24
<i>t</i> -value	-	0.129	11.216
<i>p</i> -value	-	> 0.05	< 0.05

3.2. Negative-emotion scores

No statistically-significant differences in SAS and SDS scores existed between groups before intervention. Four weeks after intervention, anxiety and-depression scores declined in both groups. The experimental group showed a more prominent reduction and significantly lower scores than the control group (see **Table 3**).

Table 3. Comparison of SAS and SDS negative-emotion scores between two groups

Group	Number of cases	SAS score		SDS score	
		Before intervention	After intervention	Before intervention	After intervention
Control group	43	56.74 ± 4.26	48.36 ± 3.92	55.91 ± 4.33	47.25 ± 3.86
Experimental group	43	56.81 ± 4.19	40.15 ± 3.47	55.87 ± 4.28	39.62 ± 3.51
<i>t</i> -value	-	0.077	10.314	0.043	9.662
<i>p</i> -value	-	> 0.05	< 0.05	> 0.05	< 0.05

3.3. Comparison of nursing satisfaction between two groups

Comparison of nursing-satisfaction rates shows that total satisfaction of the experimental group was far higher than that of the control group, with statistically-significant inter-group differences (see **Table 4**).

Table 4. Comparison of nursing satisfaction between two groups

Group	Number of cases	Very satisfied	Satisfied	Dissatisfied	Total satisfaction rate
Control group	43	16 (37.21)	18 (41.86)	9 (20.93)	34 (79.07)
Experimental group	43	25 (58.14)	16 (37.21)	2 (4.65)	41 (95.35)
χ^2 -value	-	-	-	-	5.1008
<i>p</i> value	-	-	-	-	< 0.05

4. Discussion and conclusion

Insomnia is termed “Bu-meì” (sleeplessness) in traditional Chinese medicine. Its occurrence relates to failure of yin to meet yang, liver-Qi stagnation transforming into fire, phlegm-heat disturbance, and yin-deficiency fire effulgence. These cause patients to toss and turn, fail to enter deep sleep, or wake frequently at midnight and cannot fall asleep again after waking ^[14]. Long-term insomnia not only impairs patients’ daytime

functions and normal physical performance, but also aggravates emotional disturbance, nervousness, irritability, anxiety, and other adverse symptoms, and may even trigger depression, which severely affects therapeutic effects and quality of life ^[15]. Therefore, clinical nursing for insomnia patients requires both emotional regulation and physical conditioning to realize simultaneous physical-and-mental intervention.

This study confirms that the combined scheme of TCM emotional care and physical therapy exerts remarkable effects on improving patients' sleep quality. Psychologically, emotional persuasion, five-element music therapy, and emotional diversion can effectively relieve adverse emotions such as anxiety and reduce negative psychological impacts on sleep quality. Physically, auricular-point pressing and acupoint-massage promote systemic blood circulation, smooth Qi-blood flow, and restore yin-yang balance. These measures improve cerebral oxygen supply, relieve physical fatigue, and strengthen overall Zang-fu-organ functions. Practical comparison results show that post-intervention sleep quality of the experimental group surpassed that of the control group, and its nursing-satisfaction rate (95.35 %) was much higher than the control-group rate (79.07 %). It can be seen that this nursing scheme organically integrates internal regulation through emotional care and external treatment through physical therapy. The two approaches jointly regulate patients' psychological and physiological states, bring physical and mental comfort, and produce favorable curative effects in relieving negative emotions and improving sleep quality.

In conclusion, the application of integrated TCM emotional care and physical therapy can improve patients' sleep quality and nursing satisfaction, and is worthy of clinical promotion and application.

Disclosure statement

The author declares no conflict of interest.

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