

One Case of Diabetes Nephropathy Stage V, Combined Valvular Disease, Total Heart Failure with Diabetes Foot Gangrene

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Abstract

The patient was found to have 4+urine sugar by physical examination 14 years ago and was treated with oral hypoglycemic drugs. Insulin was injected intramuscularly nine years ago. Two and a half years ago, it was found that the color of the thumb, index and middle toe of the left foot became black. He went to a third-class hospital in Beijing and was diagnosed as “diabetes foot”. He was treated with “balloon dilation of lower limb blood vessels of diabetes foot”. Half a year ago, the third toe on the right side was broken and treated in the hospital again. “Popliteal artery stent implantation” was given for the diagnosis of “double kidney insufficiency, diabetes foot, left heart failure, combined heart valve disease”, “Hemofiltration therapy” and anti-inflammatory, amino acid supplementation, kidney function protection, anticoagulation, anemia correction and other treatments. Later, he went to our hospital and was diagnosed by the TCM diagnosis: category of consumptive disease, toe or finger gangrene (syndrome/pattern of qi and yin deficiency). Western medicine diagnosed: stage V of diabetes nephropathy, type II diabetes foot gangrene, combined with heart valve disease, hypoalbuminemia, double kidney cyst, moderate anemia, pleural effusion, hyperkalemia, pulmonary infection, and total heart failure. The patient was treated by the Qi-acupuncture therapy of TCM in combination with Chinese and Western medicine Medical treatment made the patient significantly better and discharged.

Keywords

Diabetic Nephropathy Stage V, Diabetic Foot Gangrene, Uremia, Combined Valvular Heart Disease, Total Heart Failure, The Qi-Acupuncture Therapy of the TCM

1. Introduction

After dialysis and treatment with traditional Chinese medicine and Western medicine, the patient's condition gradually worsened, and it was a miracle that the patient was significantly improved by the use of the Qi-acupuncture therapy of the TCM.

2. Case

The patient, a male, 74 years old, from Yangquan City, Shanxi Province, was admitted to the hospital on March 3, 2022. Mainly due to diabetes for more than 14 years, edema of both lower limbs with gangrene of feet, and an increase of serum creatinine for 1 month. The patient was given oral metformin tablets and Acarbose tablets after finding urine sugar 4+ in the local hospital 14 years ago. 9 years ago, due to poor control of fasting blood glucose, it was changed to intramuscular insulin (dosage form and dosage were ominous). Two and a half years ago, it was found that the color of the left foot's big toe, index toe and middle toe became black. After treatment in a top three hospital in Beijing, it was diagnosed as "type II diabetes foot gangrene", and was treated with "balloon dilatation of lower limb blood vessels of diabetes foot" and other treatment for improvement. Half a year ago, he was treated again in the above-mentioned Beijing hospital because of the ulceration of the middle toe of his right foot. Blood biochemistry: albumin 29.23 g/L, creatinine 526 $\mu\text{mol/L}$, urea 41.24 mmol/L, uric acid 458 $\mu\text{mol/L}$, total cholesterol 2.96 mmol/L, calcium 1.81 mmol/L; Sputum culture: find gram-negative cocci and bacilli 4+, gram-positive cocci and bacilli 4+. Blood routine test: WBC $11.27 \times 10^9/\text{L}$, L $0.76 \times 10^9/\text{L}$, N $10 \times 10^9/\text{L}$, RBC $2.97 \times 10^{12}/\text{L}$, HGB 86 g/L; Interleukin 6: 16.39 pg/mL; Urine routine: urine occult blood 3+, urine protein 2+, Glu 1+, WBC 45.2/UL, RBC 677.6/UL, WBC 8.13 HPF, RBC 121.87 HPF; B-type natriuretic peptide was more than 35000 pg/mL; ECG: 1. Sinus rhythm, 2. ST-T changes. Color ultrasound: bilateral renal cyst; Left ventricular dilation, left ventricular wall stage motion abnormality, aortic regurgitation (mild), mitral regurgitation (moderate to severe), tricuspid regurgitation (mild), left ventricular systolic and diastolic dysfunction, aortic sinus dilation. Chest film: bilateral pulmonary edema and infection, bilateral pleural effusion. He was diagnosed as "double kidney insufficiency, type II diabetes foot gangrene, left heart enlargement, combined alvular heart disease, cardiac insufficiency, multiple pulmonary nodules, double kidney cysts, hypoproteinemia, moderate anemia, bilateral pleural effusion", and was given "popliteal artery stent implantation", hemofiltration treatment, antibacterial and anti-inflammatory, amino acid supplementation, renal function protection, anticoagulation, anemia correction and other treatments. Continue to take levofloxacin tablets, sodium bicarbonate tablets, benzbromarone tablets and compound α Ketonic acid (Kaitong) tablets, mecobalamin tablets, Duqing granules (毒清颗粒), Miqu enzyme tablets, Qumei pudding tablets, folic acid tablets, furosemide tablets, aspirin tablets, hydrocopyrigrel tablets, etc. The renal function rebounded significantly; the

condition worsened and came to our hospital for treatment. The outpatient department was admitted to hospital with “diabetes nephropathy, foot gangrene”. Main symptoms: chest tightness, wheezing, shortness of breath, anorexia, cough, white sputum, moderate and mild finger concave edema in the lumbosacral region, severe edema in both lower limbs below the groin, half sitting position, aggravation at night, shallow and fast breathing. Since the onset of the disease, the patient has no disturbance of consciousness, can eat well, has normal stool, and has a urine volume of about 800 mL/24h. He has no history of hypertension, trauma or surgery. He was born in his native country, has lived in the local area for a long time, and has not been to pastoral areas or epidemic areas. He has no known history of COVID-19, viral hepatitis, typhoid, tuberculosis and other infectious diseases, nor any special medication history. For over 20 years, he smoked 20 cigarettes a day, but later he had already quit smoking. He has no long-term heavy drinking history, but one of his sisters has a history of diabetes. He also has a history of exposure to non toxic substances, due and radioactive substances. The spouse and 2 children are healthy with T36.1°C, P161 times/min, R18 times/min, BP97/61 mmHg. Cooperate in the physical examination, be clear and articulate, not in good spirits, pale and colorless, answer to the point, passive posture, and push into the ward. The mouth and lips are dark, the tongue is in the middle, the tongue is fat, the fur is white and greasy, and the pulse is heavy. The skin of the whole body is free of yellowing, bleeding spots and ecchymosis, liver palm and spider nevus are negative, and the superficial lymph nodes around the body are not touched and swollen. There is no edema on both sides of the eyelids, pale palpebral conjunctiva, no yellow staining on the sclera, no varicocele of the jugular vein, symmetry and deformity of the thorax, decreased respiratory activity of the right thorax, shallow and fast breathing, decreased right lung language fibrillation, and dullness in the lower lung field. The dullness boundary of the lung and liver is located in the fourth intercostal space of the right midline of the clavicle, small rales can be heard in both lungs, no protuberance in the precordial area, mass pulsation of the cardiac apex, heart rate 161 beats/minute, arrhythmia, and diastolic galloping rhythm can be heard in the apical area. The abdomen is flat and soft, there is no varicose veins in the abdominal wall, no tenderness and rebound pain, Murphy’s sign is negative, the liver and spleen are not reached under the ribs, the mobility dullness is negative, the bowel sounds are normal, the lumbosacral part is slightly edema, the lower extremities below the groin are severely concave edema, and the shoes and socks cannot be worn for a long time, and the self-made footpads are wrapped. After debridement of broken dorsum of foot due to loss of thumb, indication toe and middle toe of left foot; after debridement of gangrene of the right foot, the wounds of both feet were ulcerated and the pulsation of the dorsal artery was weakened. Blood routine test: RBC $2.01 \times 10^{12}/L$, Hb 59 g/L, hematocrit 19%, L $0.46 \times 10^9/L$, N 88.9%; Renal function: UREA 45.46 mmol/L, Cr 947.5 $\mu\text{mol}/L$, UA 570 $\mu\text{mol}/L$, cysC 3.96 mg/L; Electrolyte: K^+ 6.20 mmol/L, Na^+ 130.01

mmol/L, Cl 92.48 mmol/L, nCa 0.89 mmol/L, TCa 1.73 mmol/L, TCO₂ 20.28 mmol/L; Liver function: Tp 59 g/L, ALB 29.8 g/L, A/G 1, CHE 2.51 kU/L, CRP 41.7, PCT 0.34 ng/mL; ESR: 92 mm/h, Pi 2.47 mmol/L, CK 132 U/L; Blood type: Rh (D) blood type B is positive, irregular antibody negative; GHb 5.1%; GLU 8.91; Fasting C-peptide 14.703 ng/mL; Plasma lipids: TC 3.43 mmol/L, TG 2.73 mmol/L. ECG: 1) Sinus rhythm; 2) ST-T changes. Chest film: bilateral pulmonary edema and infection, bilateral pleural effusion. Chest CT; Thorax is symmetrical, multiple patchy high-density shadows can be seen in both lungs, large high-density shadows can be seen in the left upper lobe of the lung, uneven density, blurred edge, flocculent slightly high-density shadows can be seen in the left lower lobe and right upper lobe of the lung, local consolidation, large right hilar, atrophy of the inner segment of the right lower lobe of the lung, and gas-containing bronchial shadows can be seen inside; The heart shadow is enlarged, a small amount of watery density shadow is found in the pericardium, no swollen lymph nodes are found in the mediastinum, and watery density shadow is found in both sides of the chest, especially in the right side. Color Doppler ultrasound: 1) Bilateral pleural effusion (+), the anteroposterior diameter of the right pleural lamellar dark area is about 13.6 cm; 2) Fatty liver, widened portal vein and enlarged light spots in liver parenchyma; 3) Spleen enlargement; 4) Bilateral renal cysts, with enhanced echo in the collecting part of both kidneys; 5) The prostate volume increases; No abnormality is found in ureter and bladder; 6) Left atrium enlarged and left ventricular diastolic function decreased; 7) Mitral valve—moderate to severe insufficiency; 8) Moderate tricuspid insufficiency; 9) Mild aortic insufficiency; 10) Aortic sinus dilation; 11) A small amount of pericardial effusion.

Western medicine diagnosis: stage V of diabetes nephropathy, type II diabetes foot gangrene, combined heart valve disease (3-valve disease, moderate to severe), hypoproteinemia; Bilateral renal cyst, moderate anemia, massive pleural effusion, hyperkalemia, pulmonary infection, and heart failure. The TCM diagnosis: category of consumptive disease (虚劳病), toe or finger gangrene (脱疽病) (syndrome/pattern of qi and yin deficiency, 气阴两虚证). On the basis of integrated treatment of traditional Chinese medicine and western medicine, the treatment of the Qi-acupuncture therapy of the TCM (中医气针疗法) is added. Take a low-salt, high-quality and low-protein diet, record the 24-hour urine volume, and measure the weight every day. De-leucocyte suspension red blood cells (Hebei Provincial Blood Center) were given a static point, 2 units of treatment dose/time, two times in total; Three times of continuous intravenous hemodialysis; Give blood purification treatment for detoxification and drainage for 6 times intermittently; Thoracic drainage and drainage for 4 times drained 2363 ml of pleural fluid; Folic acid tablets (Tianjin Lisheng Pharmaceutical Co., Ltd.; GYZZ H12020215; 5 mg) 5 mg orally, 3 times/day; Recombinant human erythropoietin injection (North China Pharmaceutical Jintan Biotechnology Co., Ltd.; GYZZ S20133012; 5 mL: 5000 IU), 0.5 ml subcutaneous injection, twice a

week; Polysaccharide iron complex capsule (Shanghai Pharmaceutical Qingdao Guofeng Pharmaceutical Co., Ltd.; GYZZ H120030033; 0.15 mg [calculated by iron]) 0.15 g/time, oral, 1 time/day; Cefoperazone sulbactam sodium for injection (Pfizer Pharmaceutical Co., Ltd.; GYZZ H12020527; 1.5 g) 1.0 g static point, once/12 h; Jingdian Danhong Injection (Shandong Danhong Pharmaceutical Co., Ltd.; GYZZ H120026866; 20 mL/piece), 40 ml/time/day; Furosemide injection (Tianjin Jinyao Pharmaceutical Co., Ltd.; GYZZ H20020527; 2 mL: 20 mg), static point, 40 ml/time/day. “Reyan package (中药热奄包)” of the TCM (consisting of coix seed, rhubarb, salvia miltiorrhiza, etc., one pair per day) is applied externally. The Qi-acupuncture therapy of TCM is based on the acupoints of upper limbs and abdomen, and the acupoints of Hegu, Neiguan, Zhongwan, Jianli, lower wrist, water, and Tianshu are selected. After 4 times of treatment, the edema of both lower limbs disappeared below the knee joint, and gradually increased the number of Liangqiu, Xuehai, Zusanli, Shangjuxu, Fenglong, Sanyinjiao and other acupoints. There were 15 times of treatment before and after treatment, and the condition was significantly improved and discharged. T36.7°C, P74 times/min, R18 times/min, BP115/68 mmHg. With clear mind, clear language and good spirit, he walked out of the ward with fair complexion, pale red lips, pale tongue, white and greasy fur, and deep pulse. The respiratory activity of both lungs is consistent, the speech tremor is equal, and the respiratory sound of both lungs is clear. There is no protuberance in the precordial area, the heart rate is 74 beats per minute, and the rhythm is uniform. The abdomen is flat and soft, the liver and spleen are not reached under the ribs, and there is no edema in the lumbosacral region and both lower limbs. The thumb, index and middle toes of the left foot are missing, the five toes of the right foot are present, the skin of both feet is wrinkled, the edema is eliminated, and the wound has been healed. The pulsation of the dorsal arteries of both feet is normal. Blood routine test: RBC $2.44 \times 10^{12}/L$, Hb 72 g/L; Renal function: UREA 20.98 mmol/L, Cr 428.4 $\mu\text{mol}/L$, cysC 4.18 mg/L; Liver function: TP 61.1 g/L, A 30.5 g/L, CHE 4890 U/L; Four items of blood coagulation: fibrinogen 4.53 g/L. Bacteria and drug sensitivity test: no bacterial growth. Routine cytological examination of pleural fluid: proliferative mesothelial cells and inflammatory cells can be seen, but no cancer cells can be seen. Chest CT: no abnormality in both lungs and chest. On April 10, local chest CT re-examination showed no abnormality in both lungs and chest. There was no recurrence in the follow-up for nearly one year.

3. Discussion

Diabetes kidney disease (DKD) is also known as Diabetes Nephropathy (DN). It's one of the common microvascular complications of diabetes. Its clinical manifestations are fatigue, edema and other symptoms, characterized by proteinuria. On this basis, progressive renal function damage, hypertension, edema and severe renal failure occur in the late stage. According to the Chinese Guidelines for

the Prevention and Treatment of diabetes Nephropathy (2021) [1], DKD refers to chronic kidney disease caused by diabetes, mainly manifested as urinary albumin/creatinine ratio (UACR) ≥ 30 mg/g and/or estimated glomerular filtration rate (eGFR) < 60 ml·min⁻¹·(1.73 m²)⁻¹, which lasts for more than 3 months. Huang Shixiong *et al.* [2] believed that DKD is one of the most common chronic complications or complications in diabetes, and also the primary cause of end-stage renal disease, which seriously affects the quality of life of patients, has a poor prognosis, and is one of the main causes of death in diabetes patients. According to the GFR stage, chronic kidney disease is currently divided into 1 - 5 stages according to the guidelines formulated by the Kidney Disease Prognosis Quality Initiative (K/DOQI) [3]. DKD stage V is an end-stage renal disease, which is a progressive impairment of renal function. With the gradual decline of renal function, it eventually evolves into uremia. For advanced uremia, dialysis treatment or kidney transplantation is required. Patients with uremia are prone to severe infection due to low immune function and abnormal leukocyte function. The decrease of immunity may be related to uremic toxin, acidosis and malnutrition. Pulmonary infection is the most common. Dialysis patients may have arteriovenous fistula or peritoneal entrance infection, hepatitis virus (hepatitis B, hepatitis C) infection. Diabetes foot gangrene, also known as diabetes limb gangrene, is lower limb infection, ulcer formation and (or) destruction of deep tissue caused by diabetes combined with neuropathy and various degrees of lower limb vascular disease (lower limb artery occlusion and local ischemia). Wei Hanlin *et al.* [4] believed that diabetes foot gangrene is one of the serious complications of diabetes. It is common in clinical practice and has a poor prognosis, often leading to amputation, toe amputation, or even death. The symptoms include lower limb pain, sensory abnormalities, intermittent claudication, skin ulcer, limb gangrene, etc. The treatment methods of western medicine mainly include balloon expansion, stent implantation, bone removal, etc., and the curative effect is not ideal. Traditional Chinese medicine generally adopts the method of activating blood circulation and removing stasis to improve blood circulation and increase local blood supply, clearing heat and detoxification to remove systemic or local infection, and on the basis of strict disinfection and debridement, traditional Chinese medicine is used to remove pus and saprophytic muscle for wound treatment, which has a positive effect, a short course of treatment and avoids amputation. Renal cysts can be divided into simple renal cysts and complex renal cysts. Generally, it is unilateral, and it is rare that it occurs simultaneously on both sides. It is usually a benign disease, with smooth wall and transparent fluid. Simple renal cyst is the most common disease in human kidney diseases, and its incidence rate ranks first in cystic renal diseases. It is the manifestation of kidney aging, not heredity. The number of cysts may increase with age. Its etiology is still unclear. The patients generally have no symptoms, more than those found in the health examination or other diseases when they were examined by B-ultrasound and CT. The most common clinical manifestations are abdominal or back pain on the affected side, hematuria, ab-

dominal mass, elevated body temperature and general discomfort. It has little impact on renal function and little chance of malignant transformation. Complex cysts may be congenital, such as polycystic kidney is a genetic disease. This patient suffered from diabetes for a long time, consuming qi to hurt yin, damaging yin and yang, imbalance of qi and blood yin and yang, and damage to the five internal organs, of which the deficiency of kidney is the root cause, coupled with old and weak body, leading to deficiency of both qi and yin, coupled with local feeling of external evil, on this basis, the disease products such as water dampness, phlegm turbidity, blood stasis and other diseases occur, and cause and effect each other, forming the extremely critical and severe syndrome of deficiency and excess.

Combined valvular heart disease, also known as multi-valvular disease, refers to the simultaneous existence of two or more valvular diseases of the heart. The most common pathological change is a rheumatic disease, followed by degenerative disease. Infectious endocarditis and other causes are rare. When more than one valve is damaged, the overall hemodynamic abnormality is more serious than that of each valve alone. The valve damage with two lighter signs may have obvious symptoms. At the same time, the combined existence of valvular disease often makes the diagnosis difficult due to the change of typical signs of a single valvular disease. Zhang Baoren *et al.* [5] found that combined valvular disease accounted for about 15% of heart valvular disease, including 80% of combined aortic and mitral valve disease, about 20% of mitral and tricuspid valve disease or combined aortic valve disease, and rare aortic valve and tricuspid valve disease. In the same period, only one case of valve disease was reported. When mitral regurgitation combined with aortic regurgitation, the left heart's diastolic blood volume is greatly increased, the left heart is very easy to expand and fail, and the blood flow back into the left atrium during systole is increased, which is easy to cause the left atrium decompensation. Tricuspid valve insufficiency is often accompanied by pulmonary hypertension, which will cause the enlargement of the right atrium and right ventricle. The enlargement of the right atrium and right ventricle will lead to the symptoms of right heart failure. The symptoms of right heart failure mainly include swelling of the upper and lower extremities, varicosity of the jugular vein, enlargement of the liver and spleen, and in severe cases, pleural effusion and ascites. Both tricuspid valve diseases can cause total heart failure in the late stage. Combined valvular disease, total heart failure and other organic heart diseases have early diastolic galloping rhythm, which is not affected by body position. Most of them originate from the left ventricle. The clearest part of auscultation is at the apex of the heart. The causes of aortic sinus dilatation include arteritis, ascending aortic aneurysm and aortic valve stenosis. It can affect coronary artery and cardiac function, change the direction of aortic hemodynamics in diastole, affect the blood supply of coronary artery, and can be manifested as palpitation, shortness of breath, chest tightness and other symptoms. Medical treatment is mainly to prevent the deterioration of cardiac function and the occurrence of complications. Surgery is the main me-

thod of treatment. TCM treatment based on syndrome differentiation has a certain effect, but systematic studies of large cases are rare. In this case, 3 valvular diseases were combined with aortic sinus dilatation at the same time. No relevant report was found after consulting relevant data.

DKD is associated with hypoalbuminemia, uremia and other protein loss or reduced synthesis diseases, resulting in the decrease of plasma albumin, the decrease of plasma colloid osmotic pressure in the capillaries of the chest model, and the formation of pleural effusion; Cardiac valvular disease and total heart failure lead to increased hydrostatic pressure in the capillaries of the chest mold, resulting in leakage pleural effusion; Pulmonary infection leads to pleural inflammation, which increases the permeability of the capillaries of the chest model, and a large number of cells, proteins and liquids in the capillaries infiltrate into the peritoneal cavity. The protein content in the pleural fluid increases and the osmotic pressure of the pleural fluid colloid increases result in exudative pleural effusion. The respiratory amplitude caused by pulmonary infection, total heart failure and pleural effusion becomes shallow, usually accompanied by increased respiratory rate, and shallow and fast breathing is formed at this time. The gas stays in the alveolus for too short a time, and the gas is exhaled before it can exchange gas, resulting in hypoxia in the body and affecting the respiration of cells. The Chinese expert consensus on diagnosis and treatment of lung nodules [6] defines lung nodules as focal, quasi-circular, high-density solid or sub-solid lung shadows with diameter ≤ 3 cm, which can be solitary or multiple, without atelectasis, hilar lymph node enlargement and pleural effusion. This patient's hypoproteinemia, lung infection, and total heart failure are the causes of bilateral pleural effusion and pericardial effusion, so it is very important to improve immunity and resist infection.

The patient is an elderly man in his 70s, who has been suffering from thirst and has been ill for a long time, resulting in foot gangrene, chest tightness, shortness of breath, cough, cough, white sputum, and severe edema in the lower body, half sitting, and shallow and fast breathing. Clinically, there are more than a dozen syndromes at the same time, and any one of them is critical and serious, which will endanger life. Together, it is even more dangerous. This belongs to the categories of gangrene, chest pain, edema, clearance, suspended drinking and so on secondary to diabetes in traditional Chinese medicine, and is considered as asthenia and fatigue syndrome. Minimally invasive surgery, western medicine and hemodialysis, creatinine and urea continue to rise, and edema gradually worsens, entering the uremic stage. On the basis of Chinese and Western medicine treatment, the author added Chinese medicine Qi medicine therapy. Increase the oxygen carrying capacity of cells, continuous venous hemodialysis treatment to drain water and relieve the symptoms of heart failure; Give intermittent blood purification treatment for detoxification and drainage; Thoracic drainage to relieve dyspnea and improve myocardial blood supply; Blood transfusion improves anemia; Anti-infection with intravenous antibiotics; It can

promote water and reduce swelling. The Chinese medicine “Reyan package” is applied externally to tonifying replenishing the spleen and kidney (补益脾肾), activating blood and resolving stasis (活血化瘀); Director Xu Yubo [7] [8] [9] of the Chinese medicine Qi-acupuncture therapy, believes that the disease is based on deficiency of spleen and kidney, deficiency of both qi and yin, blood stasis blocking collaterals, and water dampness, dampness and turbidity, damp heat, and turbidity. The disease is located in the spleen, lung and kidney. The kidney is the key, involving the heart and liver. Treating the tip in acute disease (急则治标), the upper limbs and abdominal acupoints should be the main points. The large intestine of Hegu point in the prescription converges here through qi and blood. It has the effects of clearing the lung and water, regulating the water channel, clearing the collaterals and relieving pain, clearing the heat and relieving the exterior, opening the mind, invigorating the qi and strengthening the exterior, and promoting qi and activating blood. This point is good at treating fever caused by acute fever and exogenous diseases. It has a high prevention and treatment effect on patients with infectious inflammation, strengthens the body’s defense function, has a two-way adjustment effect on white blood cells, can significantly increase the platelet in the blood, can increase the content of globulin in the serum, can adjust the blood circulation function, and can reduce the content of cholesterol in the blood of hypertensive patients. Wu Yanying [10] *et al.* electroacupuncture at Zusanli and Hegu can reduce the sensitivity of intestinal pain in IBS rats and improve gastrointestinal motility. Neiguan acupoint can nourish qi and blood, calm the heart and calm the nerves, calm the stomach and reduce the adverse reactions, relieve arthralgia, relieve depression, broaden the chest and regulate qi, relieve asthma, relieve pain, regulate yin and yang qi and blood, dredge meridians, etc. It connects the upper, middle and lower triple energizers and can treat palpitation, chest pain and chest tightness of the upper energizer; Mid-focus stomach pain and vomiting; lower focus urinary system disease, etc. Zhongwan point is the intersection point of the small intestine meridian of the hand sun, the triple energizer meridian of the hand shaoyang, the stomach meridian of the foot yangming, and the ren meridian, the mu point of the stomach, and the fuhui point of the eight hui points. It can coordinate with the stomach to strengthen the spleen, reduce the adverse effects and promote water, dissipate food and guide stagnation, and calm the nerves. It is a necessary point for the treatment of digestive system diseases and an important point for the treatment of nervous system diseases. The lower wrist point is the intersection point of the Ren meridian and the foot Taiyin meridian, which can strengthen the spleen and stomach, promote qi and channel, and dredge water and dampness. With Neiguan, Tianshu and Shuishui acupoints, it can treat acute bacillary dysentery, acute diarrhea, severe afterweight, lung infection, etc. Xu Yubo [11] found that replenishing the Qi of the Ren meridian is what Zhang Jingyue said in the new square eight arrays, “seeking Yang from Yin”, replenishing the blood of the governor meridian is “seeking Yin from Yang”, and those who are

good at replenishing Yang must seek Yang from Yin, and then Yang will be assisted by Yin and become infinite; Those who are good at nourishing yin must seek yin in the yang, and then yin will get yang and the source will not be exhausted. The function of Tianshu point is to regulate qi and relieve pain, promote blood circulation and remove stasis, clear away dampness and heat, and mainly treat abdominal pain, abdominal distension, constipation, diarrhea and dysentery. Water acupoints regulate water channels, regulate qi to relieve pain, strengthen spleen and diuresis, and regulate the stomach and intestines, mainly treating edema, adverse urination and other disorders of fluid distribution, abdominal pain, diarrhea, nausea and vomiting and other gastrointestinal diseases. Treating the root in chronic disease (缓则治其本). After 4 days of treatment, the edema of the lower limb subsides below the knee joint, and gradually increases the lower limb acupoints. Liangqiu point dispels wind and dampness, invigorates collaterals and relieves pain. Hegu with Taichong, called Siguan acupoint, has the effect of calming the nerves, calming the liver and calming the wind, and is mainly used to treat mania, headache, dizziness, and hypertension. Zusanli belongs to the Stomach Meridian of Foot Yangming, which is an important point for strengthening and health care. It can generate stomach qi, dry the spleen and damp, replenish the qi, strengthen the spleen and stomach, regulate qi and reduce adverse reactions, and activate blood circulation. It is mainly used to treat gastrointestinal diseases, beriberi, psychosis, asthenia and fatigue syndrome, cough, asthma, palpitation, shortness of breath, edema, etc. Shangjuxu acupoint can regulate viscera Qi, relax muscles and activate collaterals, and mainly treat digestive system diseases and motor system diseases. Zhao Rong *et al.* [12] found that acupuncture can enhance the phagocytic function of macrophages (M) in immunosuppressed rats, while the level of serum LSZ does not necessarily increase with the phagocytic function of M. Fenglong acupoint can relieve cough and asthma, dissipate phlegm and open orifices, promote qi and blood circulation, strengthen the spleen and stomach, and is the main acupoint for strengthening the spleen and eliminating phlegm. It is commonly used to treat psychosis, hysteria, hypertension, waist and knee pain, chronic bronchitis, pleurisy, urinary retention, etc. In modern research, acupuncture at Fenglong and other acupoints can cause changes in the volume of blood vessels in the lower leg and cause vasoconstriction. Huang Zhenmei [13] and others massage Fenglong and Feishu points to help expectorate patients with lung distension, reduce the risk of falling pneumonia in hospitalized patients, and improve the quality of life of patients. Lin Jie [14] acupuncture at Fenglong point has the function of regulating blood sugar and blood lipid in patients with type 2 diabetes with stomach heat. Huang Wei [15] and others found that Shuxuetong combined with Fenglong point has a positive effect and good safety in improving arteriosclerosis obliterans of lower limbs. Sanyinjiao belongs to the spleen meridian of foot Taiyin, which has the effects of activating blood circulation, regulating menstruation, supplementing qi, strengthening spleen, and nourishing

liver and kidney. Under the effect of Chinese medicine Qi acupuncture, the combination of various acupoints can make the five viscera Qi and blood supply, activate blood circulation and remove stasis, and clear the collaterals, transform qi and water, clear heat and remove dampness, and the turbid poison can be dissolved and discharged from the body, so that the critical and severe cases can be solved.

4. Brief Summary

After dialysis and treatment with traditional Chinese and Western medicine, the condition of this case gradually worsened, and the addition of traditional Chinese medicine Qi acupuncture therapy made the patient significantly improve, which is a miracle. Traditional Chinese medicine Qi acupuncture therapy has a certain therapeutic effect on critical and severe cases.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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