

Clinical Observation on the Curative Effect of Jinxuan Zhike Xunxisan Combined with Traditional Chinese Medicine Hip Bath on the Treatment of Ischiorectal Spaceabscess

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Abstract: To study the therapeutic effect of Jinxuan Zhike Xunxisan combined with Chinese medicine hip bath in the treatment of patients with ischiorectal space abscess after operation. Methods 60 patients with ischiorectal space abscess after operation in the Affiliated hospital of Qingdao University were selected and randomly divided into observation group and control group. There were 30 patients in both groups. Both groups were operated under combined spinal and epidural anesthesia. Anti-inflammatory and anti-infective treatment, sterile treatment and disinfection dressing change were also given. In this contrast, the control group was treated with warm water with potassium permanganate, and the observation group was treated with Jinxuan Zhike Xunxisan and traditional Chinese medicine hip bath. The anal edema and anal pain were observed and counted on the first day, the third day and the seventh day after operation. At the same time, the time of urinary retention and wound healing were recorded, and the overall curative effect and patient satisfaction were compared between the two groups. Results On the third day and the seventh day after treatment, the degree of anal edema and pain in the observation group were lower than those in the control group, the time of urinary retention and wound healing in the observation group were shorter than those in the control group, and the difference was statistically significant ($P < 0.05$). The total effective rate of the observation group was 96.7%, and the total effective rate of the control group was 70.0%. The total effective rate of the observation group was higher than that of the control group, and the difference was statistically significant ($P < 0.05$). The total satisfaction of the observation group was 93.3%, and the total satisfaction of the control group was 63.3%. The total satisfaction of the observation group was higher than that of the control group, and the difference was statistically significant ($P < 0.05$). Conclusion Jinxuan Zhike Xunxisan combined with traditional Chinese medicine hip bath is effective. It can relieve pain and edema after operation, accelerate wound healing, and achieve clinical promotion, so as to benefit more patients after operation of ischiorectal space abscess.

Keywords: Jinxuan zhike xunxisan; Traditional Chinese medicine hip bath; Ischiorectal space abscess; Edema; pain

1. Introduction

The ischial rectal abscess is an abbreviation for anorectal abscess. It is a common disease in the anorectal clinic. It refers to the abscess caused by suppurative space and surrounding soft tissue purulent infection. It is difficult to heal itself. It should be diagnosed early and treated early. At present, surgery is still the most direct and effective means for clinical treatment of sciatic rectal abscess. However, during the postoperative recovery, due to surgical trauma, wound infection and other factors, it can cause wound edema, aggravate incision pain, and is not

conducive to wound healing^[1]. Based on the previous experience, we have developed a new treatment method and treatment concept based on Jinxuan.

Fumigation and Washing Powder combined with traditional Chinese medicine bath, and the clinical safety and practicability of the clinical drug have been confirmed. Clinical results confirm that the results can be met and expressed. The data and references from detailed clinical research procedures and clinical practice are summarized below.

2. Materials and Methods

2.1. Select clinical data

Sixty patients who underwent sciatic rectal abscess surgery after anastomosis of the anorectal department of the Affiliated Hospital of Qingdao University from 2018.10 to 2019.5 were selected as clinical observation subjects. They were randomly divided into observation group and control group, including 30 cases in each group. Among them, 18 males and 12 females in the observation group ranged from 18 to 55 years old with an average age of 34.93±11.60 years. The control group consisted of 16 males and 14 females with an age range of 20-49 years and an average age of 35.57±10.31 years old. There was no significant difference in the general data of age and sex between the two groups (P>0.05), which was comparable to the experiment. An informed notification form is required before treatment.

2.2. Treatment method

Both groups of patients underwent radical anesthesia for anesthetic perianal abscess, and there were no significant differences in surgical methods, operation time, and bleeding volume.

The control group was treated with potassium permanganate and warm water, and the treatment of the wound of the sciatic rectal abscess was performed, and the anti-inflammatory treatment was given. The knife edge is aseptically treated and disinfected, and the application is fixed. On the basis of this comparison, the observation group was simultaneously given Jin Xuan Xieke fumigation and washing bath and Chinese medicine anorectal lotion decoction bath treatment. Usage: Jinxuanxieke smoked and washed (Ma Yinglong Pharmaceutical Group Co., Ltd. production, 55g per bag, national medicine Zhuzizi Z20080020) 1 bag / time, with 3000mL boiling water after washing and fumigation bath 15-20min, daily In the morning and evening; Chinese medicine anorectal lotion (in-house self-formulation) ingredients include: windproof 10g, licorice 10g, pepper 10g, vinegar myrrh 10g, vinegar frankincense 20g, Chuanhuanngbai 20g, Sophora flavescens 10g, borneol 3g, Ai Ye 10g, wine rhubarb 10g, fry for half an hour with water, take 3000mL of liquid medicine, take a bath when the liquid is cool to 45 degrees Celsius, and give treatment for about 20 minutes each time in the morning and evening. Both groups of patients took 10 days as a course of

treatment and observed the therapeutic effect after three courses.

2.3. Postoperative care

Routine care is given after surgery. 6 hours after surgery, go to the pillow to lie flat, fasting to reduce the occurrence of complications such as postoperative headache and nausea; use small oil yarn drainage strips and other hemostatic drainage to accelerate the recovery of the knife edge. 6 hours after surgery, you can carry out small activities in the bed, normal drinking water, eating liquid, light food, avoid spicy stimulation, and give diclofenac sodium painkillers for pain treatment. The patient changed the medicine 24 hours after the operation, and the operation was slow to reduce the postoperative pain and reduce the stimulation; the patient was told not to squat for a long time to prevent bleeding, and the dressing should be cleaned in time to prevent wound contamination; Psychological care, divert the patient's attention, adjust the mood, relax the body and mind, do not be irritated, keep the body and mind comfortable. The patient should supplement the body nutrition when the knife edge is stable, strengthen the intake of meat and egg milk, strengthen the diet of vegetables and fruits, and combine the thickness and the fineness. Closely test the patient's postoperative condition, and test the patient's return to the ward to ensure a stable vital signs. On the first day after surgery, the patient began to wash and wash the lotion around the anus, and actively deal with the difficulty of defecation, speed up the recovery of local wounds, avoid constipation; maintain regular work and habits, quit smoking and alcohol; the time of defecation should be controlled at 3min. Avoid strenuous exercise.

2.4. Observation index

The anal edema and anal pain on the 1st, 3rd, and 7th day after operation were observed and analyzed. The urinary retention time and wound healing time of the two groups were recorded and the overall curative effect and patient satisfaction were compared.

2.5. Judgement standard

2.5.1. Symptom scoring criteria

The scoring criteria for anal edema are shown in Table 1.

Table 1. Anal edema scoring criteria

Score	Clinical situation
Zero marks	No edema
One marks	Edema from the surgical margin <0.5cm, higher than the skin <0.5cm
Two marks	Edema is 0.5-1.0cm from the surgical margin and higher than the skin <1.0cm
Three marks	Edema is less than 1.0cm from the surgical margin and 1.0cm above the skin

2.5.2. Degree of pain

The visual analogue scale (VAS) was used to evaluate the pain on the 3rd, 7th and 9th day after surgery. The VAS scale scored 0-10, 0 was painless, and 1-3 was mild pain. 4-6 is divided into moderate pain, and 7-10 is divided into severe pain.

2.5.3. Clinical efficacy

According to the Diagnostic Efficacy Standard of TCM Syndrome, the diagnostic criteria for anorectal diseases were evaluated according to the symptoms and wound recovery of patients after treatment. Cure: the clinical symptoms completely disappeared, the lesions were completely removed, the abscess was exhausted, the stool was smooth; improvement: the clinical symptoms were significantly improved, the lesions were basically cleared, the abscess was relieved, the stool was smoother; invalid: no significant improvement in clinical symptoms and signs.

2.5.4. Patient satisfaction

Patient satisfaction was divided into three criteria: satisfaction, basic satisfaction and dissatisfaction.

2.6. Statistical methods

Data were processed using SPSS 20.0 statistical method software. The measurement data was expressed as ($\pm s$), and the t test was used as the statistical method between the groups; the count data was expressed as the rate (%), and the test was used. $P < 0.05$ was considered statistically significant.

3. Result

3.1. Comparison of anal edema between the two groups

After statistical analysis, there was no significant difference in wound edema on the first day after operation ($P > 0.05$). On the 3rd and 5th day after operation, the wound edema of the observation group was significantly reduced compared with the control group ($P < 0.05$). There was no significant change in the degree of edema on the first day after operation. On the 3rd and 7th day after operation, the edema of the control group and the observation group was observed, and the anal edema was decreased to different degrees, but the edema score comparison observation group Significantly lower than the pair ($t_{0.05/2}, 58 = 2.002, P < 0.05$), see Table 2.

Table 2. Comparison of the degree of anal edema in the two groups ($\bar{x} \pm s$)

Group	Number of cases	Anal edema degree (score)		
		Day 1 Postoperatively	Day3 Postoperatively	Day 7 Postoperatively
Observation group	30	2.07 \pm 0.74	1.61 \pm 0.45	0.63 \pm 0.56
control group	30	2.17 \pm 0.75	1.97 \pm 0.56	1.41 \pm 0.62
t		0.52	2.74	5.11

3.2. Postoperative pain level

The degree of pain in the observation group and the control group on the first day after surgery was similar, and was relieved on the 3rd and 7th day after surgery. The

degree of pain relief in the observation group was better than that in the control group ($t_{0.05/2}, 58 = 2.002, P < 0.05$), see Table 3.

Table 3. Comparison of pain levels between the two groups ($\bar{x} \pm s$)

Group	Number of cases	Pain levels (score)		
		Day 1 Postoperatively	Day3 Postoperatively	Day7 Postoperatively
Observation group	30	4.97 \pm 2.19	3.27 \pm 1.62	1.37 \pm 1.07
control group	30	5.07 \pm 2.03	4.67 \pm 1.92	2.43 \pm 1.17
t		0.18	3.05	3.66

3.3. Urinary retention time and wound healing time

The urinary retention time and wound healing time were (3.4 \pm 1.2) days and (15.1 \pm 4.1) days in the observation group and (6.3 \pm 2.4) days and (24.5 \pm 6.7) days in the control group, respectively. The difference between the two groups was statistically significant ($P < 0.05$).

3.4. Overall efficacy of surgery

The total effective rate was 96.7% in the observation group and 70.0% in the control group. The observation group was higher than the control group, and the difference was statistically significant ($=5.88, P < 0.05$). See Table 4.

Table 4. Comparison of treatment effects between the two groups (number, %)

Group	Number	Invalid	Valid
Observation group/control group	30	1(3.3)	29(96.7)
	30	9(30.0)	21(70.0)

3.5. Treatment satisfaction

The total satisfaction rate of treatment was 93.3% in the observation group and 63.3% in the control group. The

difference between the two groups was statistically significant ($=7.95, P<0.05$). See Table 5.

Table 5. Comparison of treatment satisfaction between the two groups (number, %)

Group	Number	Not satisfied	Satisfied
Observation group/control group	30	2(6.7)	28(93.3)
	30	11(36.7)	19(63.3)

4. Discuss

The ischial rectal space abscess is the most common infectious disease in the anorectal department. It has the characteristics of easy recurrence. Delayed treatment may cause secondary damage to surrounding tissues. In severe cases, it may progress to complex anal fistula, which greatly reduces the quality of life of patients. Although the primary lesion can be well removed by surgery, many problems such as long wound healing period and post-operative complications also bring great pain to the patient^[2]. Therefore, postoperative complications such as perianal edema, bulging pain, and treatment options to accelerate wound healing are also particularly important. Traditional Chinese medicine believes that the ischial rectal space abscess accounts for 25% of the incidence of perianal abscess. It belongs to the category of "anal fistula" and "hip sputum". The pathogenesis and pathogenesis are mostly internal injuries, viscera damage, external sensation, and diet. Festival, heat and heat endogenous, heat poisoning agglomeration, bet anal, while meridian block, qi stagnation and blood stasis, blood stasis and meat rot, poly-formation, treatment to clear away heat and detoxification, promoting blood circulation, detoxification Main^[4]. The method of fumigation and washing is first recorded in the "Treatise on Febrile Diseases", which has a history of thousands of years and has rich clinical experience. The fumigation and washing bathing method is to first use the medicine and water to boil and atomize, and then use the medicine gas to fumigate and wash in the affected area, and then directly apply the medicine force to the treatment part of the lesion through the bath. The fumigation and washing bath is used to clean the anus and prevent wound infection, and at the same time, it can use the thermal effect to improve local blood circulation and lymphatic reflux, so that the active ingredient of the drug can be quickly absorbed through the skin to fully exert its therapeutic effect. At the same time, traditional Chinese medicine bath can also make

the local blood and blood clear to play the role of dissipating edema; Chinese medicine bath can also relax the anal sphincter and relieve the sphincter spasm to relieve pain^[4-5]. In this study, the treatment of the patients with sciatic rectal abscess was treated with Jinxuanxuan fumigation and washing combined with traditional Chinese medicine bath. The effect was particularly remarkable. Traditional Chinese medicine anorectal lotion in the form of wind and hurricane solution, soaking and relieving pain; licorice heat and detoxification to relieve pain; pepper to remove heat, warm and pain; vinegar, medicine, vinegar, milk, activating blood and pain; cork, dehumidification, heat removal, steam; Serum fever; borneol heat and poison; Ai leaves cold and relieve pain and promote blood circulation; wine rhubarb diarrhea and cool blood, phlegm and pain relief. Combined with Jin Xuan's family, it can clear away heat and detoxify, reduce swelling and relieve pain. The results of this study showed that the postoperative pain relief in the observation group was significantly higher than that in the control group ($P<0.05$), and the urinary retention time and wound healing time were also significantly shorter than the control group ($P<0.05$). The clinical efficacy and patient satisfaction observation group (96.7%, 93.3%) was also significantly higher than the control group (70.0%, 63.3%). In terms of safety, the safety factors of the two groups were very high, and no obvious adverse reactions occurred. The results showed that the effect of Jinxuanxue Fen Washing Powder combined with traditional Chinese medicine bath on the operation of sciatic rectal abscess was true and effective, and it was effective in relieving wound pain, wound edema and accelerating wound healing.

In summary, the treatment of patients with sciatic rectal abscess after surgery with Jinxuanxue fumigation and washing combined with traditional Chinese medicine bath, can significantly relieve the degree of postoperative pain and accelerate the speed of wound healing, it is worthy of clinical application.

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