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Research Progress on Chinese Herbal Enema for Malignant Bowel Obstruction

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Abstract: *Conservative treatment for malignant bowel obstruction (MBO) faces limitations such as the constraints of nasogastric tube drainage and short-term symptomatic relief from medications. Innovations in Chinese herbal enema techniques and optimized nursing care demonstrate significant advantages: the application of deep catheter insertion technology surpasses traditional depths, significantly prolonging drug retention time; nasoenteric obstruction catheters simultaneously achieve gastrointestinal decompression and deep targeted drug delivery. The procedure emphasizes constant-temperature herbal liquid, precise flow rate control, and improved posture management, effectively reducing complication risks; combination with external Chinese medicine therapies can produce synergistic effects, enhancing clinical efficacy. Current challenges primarily focus on insufficient operational standardization and vague syndrome differentiation. Future efforts require establishing standardized protocols and deepening mechanism research based on "disease-syndrome combination" to promote its precise application in palliative care.*

Keywords: *Malignant bowel obstruction; Traditional Chinese medicine enema; Nursing protocols; Combination therapy*

1. Introduction

Malignant Bowel Obstruction (MBO), as a terminal event in advanced solid tumors, is highly prevalent in gastrointestinal and gynecological cancers[1,2]. Patients endure multiple sufferings including persistent abdominal pain, intractable vomiting, and accelerated cachexia. Current conservative Western medical treatments exhibit significant limitations, a therapeutic dilemma that has prompted researchers to explore traditional medicine approaches. Among these, traditional Chinese medicine (TCM) enema therapy, leveraging its unique mechanisms of local high-concentration drug delivery and multi-target regulation of intestinal function, is gradually becoming an important component within the palliative care system. With the deepening of integrated Chinese and Western medicine research, enema technology has undergone multidimensional innovations: in terms of administration routes, the clinical introduction of naso-intestinal obstruction tubes has broken through the depth limitations of traditional rectal administration, allowing medicinals to reach lesion areas in the jejunum directly[3]. Regarding operational standards, evidence-based practice guidelines have significantly enhanced treatment safety. From the perspective of synergistic intervention, TCM enema forms a spatiotemporal complementary therapeutic network when combined with external therapies guided by meridian theory[4]. This paper systematically synthesizes these innovative findings, with a focused analysis on breakthroughs in technology and theory, the impact of standardized nursing care on clinical outcomes, and multimodal synergistic mechanisms. It further addresses prevailing challenges—such as the lack of operational standardization and the need for deeper mechanistic understanding—and proposes future directions aimed at advancing TCM enema from an empirical therapy toward a more precise, evidence-informed component of comprehensive palliative care for end-stage patients.

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2. Current Status of MBO Treatment

2.1. Current Western Medical Treatments and Limitations

MBO, a severe complication arising in the advanced stages of malignant tumors, is primarily caused by direct invasion of the intestinal wall by primary or metastatic tumors, external compression of the intestinal lumen, postoperative adhesions, fecal impaction, internal hernias, or electrolyte imbalances such as hypokalemia. Its incidence ranges from 5% to 43%[5] , and it is most commonly observed in ovarian, colorectal, and gastric cancers[6]. Clinically, it manifests as a tetrad of symptoms: abdominal pain, distension, nausea/vomiting, and reduced passage of stool and flatus, significantly diminishing quality of life, with a median survival often less than 4 months. Current clinical treatment strategies must be individualized based on the patient's performance status, site of obstruction, and tumor burden: For patients with surgical indications, surgical intervention can achieve symptom relief rates of 42%-85%, but it is associated with complication rates of 9%-90%, perioperative mortality rates of 9%-40%, and recurrence risks of 10%-50%[7-9]. For inoperable end-stage patients, conservative management becomes the mainstay. Among these options, gastrointestinal decompression via nasogastric tube suction can alleviate symptoms of proximal obstruction but has limited efficacy for distal obstructions; furthermore, long-term tube placement increases the risk of nasopharyngeal injury or aspiration. Pharmacological therapies, such as 5-HT3 receptor antagonists or digestive enzyme inhibitors, can only control vomiting or digestive secretion in the short term without addressing the underlying pathological obstruction, leading to symptom recurrence upon discontinuation[10]. Endoscopic stent placement achieves a relief rate exceeding 80% for colorectal obstructions, but carries high procedural risks for jejunal/duodenal obstructions, with perforation rates reaching 5%-10%[11]. Overall, existing Western medical interventions continue to face significant challenges in achieving durable symptom relief and improving quality of life.

2.2. Characteristics and Advantages of Traditional Chinese Medicine (TCM) Treatment

In response to the aforementioned challenges in Western medical treatment, TCM demonstrates its advantages through multi-pathway interventions: oral administration of Dachengqi Decoction and similar formulas to promote purgation and relieve internal stagnation, TCM enema for direct action on the lesion site, and external application of Mirabilite (Mangxiao) and Rhubarb (Dahuang) to enhance intestinal motility. These approaches regulate intestinal function through multiple targets and aid in repairing the mucosal barrier. TCM therapeutic methods avoid the high risks associated with surgery and address the limitations of purely passive symptom alleviation in conservative Western treatment. Evidence-based studies confirm that integrating TCM with conventional regimens can improve the obstruction relief rate by 20%–30% with superior safety, offering an effective palliative care option for end-stage patients[12, 13]. Among these, TCM enema has become a focus of clinical application and research due to its direct action and rapid onset of effect.

3. Research Advances in Traditional Chinese Medicine Enema Techniques

Traditional Chinese Medicine (TCM) enema has become a significant therapeutic approach for Malignant Bowel Obstruction (MBO) due to its operational simplicity, relatively rapid onset of clinical efficacy, and favorable safety profile. By delivering medicinal agents directly to the lesion site via the intestinal mucosa, this local administration method achieves a high topical drug concentration, which can significantly promote intestinal peristalsis, improve microcirculation, and modulate the local inflammatory environment[14-16]. In recent years, notable and multidimensional progress has been made in its technical system, primarily reflected in three interconnected areas: the refinement of active medicinal agents and formula selection based on classical principles and modern research; innovations in administration methods and delivery technologies that enhance depth and precision; and the increasingly nuanced application guided by TCM syndrome differentiation, aiming for personalized treatment strategies.

3.1. Active Medicinal Agents and Core Mechanisms

The selection of herbal formulas for TCM enema centers on the principle of "purging stagnation and promoting downward movement, promoting qi circulation and alleviating pain." Commonly used single herbs include Rhubarb (Dahuang, for removing accumulation and guiding stagnation), Mirabilite (Mangxiao, for softening hardness and dispersing nodules), and Immature Bitter Orange (Zhishi, for

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breaking qi and resolving stagnation). Clinically, high-frequency herb pair combinations are often employed, such as Rhubarb paired with Immature Bitter Orange or Magnolia Bark (Houpo) to enhance the power of moving qi and guiding stagnation, and Mirabilite paired with raw Astragalus Root (Sheng Huangqi) to achieve simultaneous purgation and tonification[17]. The application of compound formulas primarily relies on classic prescriptions, such as Dachengqi Decoction (for drastic purgation of heat accumulation), Dahuang Mudan Decoction (for purging heat and breaking blood stasis), and Jianpi Liqi Decoction (for fortifying the spleen, regulating qi, and promoting downward movement). These formulas work synergistically to restore intestinal function by modulating the intestinal inflammatory and immune microenvironment and reducing intestinal mucosal permeability through multi-component, multi-target mechanisms [18].

3.2. Innovation in Key Technologies and Standardization of Nursing Care

Technological innovation and the standardization of nursing procedures are key to enhancing the efficacy and safety of enema therapy. Catheter technology continues to be optimized: in terms of enema pathway selection, the traditional approach primarily involves inserting an anal tube to infuse the medicinal liquid into the rectum or colon, with an insertion length of approximately 15–20 cm[19]. Some studies have found that using other catheters (such as a 16-Fr silicone urinary catheter or suction tube) can increase the insertion depth to 25–30 cm, reaching the sigmoid colon, reducing rectal irritation and extending drug retention time from <30 minutes to >1 hour[20]. Concurrently, advances in interventional techniques have led to the development of the naso-intestinal obstruction tube. This catheter, about 300 cm in length, can pass through the pylorus to reach the distal ascending part of the duodenum. It combines two functions: gastrointestinal decompression and providing a new route for enema administration. It can rapidly achieve drainage of intestinal contents, reduce intraluminal pressure, thereby alleviating bowel obstruction symptoms and promoting intestinal wall blood circulation. Simultaneously, it allows the medicinal liquid to be delivered directly to the deeper diseased segments of the intestinal tract via the obstruction tube, resulting in higher local drug concentration and improved therapeutic effect[21-23]. Regarding the optimization of nursing procedures, the temperature of the medicinal liquid is strictly maintained at 38–40°C to avoid cold-induced intestinal spasms or thermal injury causing mucosal hyperemia[24-26]. An infusion set is used to control the flow rate (60–80 drops per minute), enabling low-pressure, steady-speed infusion to reduce the risk of intestinal irritation and injury[27]. The patient's position is modified to left lateral decubitus with the hips elevated by 10–15 cm, utilizing gravity to facilitate the flow of the liquid into the deeper colon and further prolong the duration of action[28-30].

3.3. Clinical Practice of Syndrome Differentiation and Treatment

Syndrome differentiation, the cornerstone of Traditional Chinese Medicine (TCM), provides a critical framework for precise medication in TCM enema for MBO. By tailoring herbal formulas to specific patient syndromes, this approach targets the underlying pathological patterns alongside the mechanical obstruction. Clinical evidence supports its efficacy: for MBO of the heat-toxin and stasis binding type, enema with Dachengqi Decoction significantly shortens the time to first defecation[31]. For the qi stagnation and toxin-stasis type, enema with Xingqi Xiayu Decoction achieves a total effective rate of 76.6%[32]. This demonstrates the individualized advantage of TCM enema within the "disease-syndrome combination" model, which integrates modern disease diagnosis with TCM pattern classification to optimize therapeutic outcomes.

4. Nursing Care for Traditional Chinese Medicine Enema

The nursing care for TCM enema has evolved into a comprehensive intervention model characterized by precision, comfort, and multimodal synergy. For transanal enema, the left lateral position combined with a high hip position is adopted as the standard posture. The depth of catheter insertion should be dynamically adjusted based on the obstruction site: 15–20 cm for sigmoid colon obstruction, 18–25 cm for descending colon obstruction, and deep insertion to 30 cm is required for malignant low intestinal obstruction to bypass the rectosigmoid junction, significantly extending medication retention time to over 1 hour[28-30]. During the procedure, it is essential to monitor the temperature and drip rate of the enema solution and closely observe patient tolerance, making timely adjustments[24-26]. The catheter must be adequately lubricated with paraffin oil and inserted using a rotating advancement technique to reduce the risk of mucosal bleeding. Concurrently, the nature of abdominal pain should be closely monitored; localized severe pain accompanied by abdominal muscle rigidity warrants vigilance for potential

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intestinal perforation[33, 34].For elderly and cachectic patients, gently massaging the anal sphincter post-enema and maintaining a flexed-knee lateral position for 30 minutes can reduce fluid leakage. Applying petroleum jelly around the anus helps prevent skin erosion[35, 36].For enema via an intestinal obstruction tube, catheter placement requires imaging guidance, with X-ray confirmation that the catheter tip has reached the proximal end of the obstruction[28]. This approach can significantly shorten the time to anal flatus and defecation (SMD −1.67, 95% CI −2.05 to −1.28) and reduce the conversion rate to surgery (RR 0.31, 95% CI 0.19 to 0.51) [37].The core of catheter maintenance involves preventing blockage and protecting the mucosa. Key measures include: pre-enema pulsed flushing with 10 ml of normal saline; filtering the medicinal solution through double-layer gauze to remove residue; performing clockwise circular abdominal massage from the right lower quadrant to the left lower quadrant during administration to promote fluid diffusion[38]; clamping the tube for 30 minutes post-enema before opening it for drainage, and instructing the patient to alternate between left lateral and knee-chest positions to enhance fluid contact [39].During indwelling catheterization, the external catheter wall should be lubricated with paraffin oil twice daily to prevent mucosal adhesion, while intra-abdominal pressure is monitored concurrently to prevent intestinal ischemia. The intestinal fluid collection bag should be changed daily, and the catheter skin entry site should be covered with iodophor gauze to prevent infection[40, 41].Furthermore, nursing care must encompass psychological and nutritional support. Positive suggestion combined with abdominal breathing (5 breaths per minute) can reduce anxiety scores by 40% in 76% of patients. Administering 50 ml of warm, hypotonic honey water orally 2 hours post-enema can moisten the intestines without aggravating the obstruction[35, 42].

5. Expansion of Combined Therapies

In recent years, the application of Traditional Chinese Medicine (TCM) enema in the nursing care of MBO has evolved from a single-modality treatment towards a deepened, multimodal combined approach. Its integration with external TCM therapies has become a focus of research.

5.1. TCM Enema Combined with Acupuncture Therapy

TCM enema combined with acupuncture therapy has been proven to synergistically alleviate obstruction symptoms and improve the patient's overall condition. The core mechanism lies in "external treatment with enema to unblock the fu organs, and acupuncture to regulate qi and aid transportation." Studies have shown that while administering enemas with formulations such as Dachengqi Decoction, Modified Xiaochengqi Decoction, or Xingqi Xiayu Decoction, acupuncture applied bilaterally at points including Zusanli (ST36), Shangjuxu (ST37), Tianshu (ST25), and Shenque (RN8) using an even reinforcing-reducing technique, with needles retained for 20 minutes after achieving deqi, can significantly enhance gastrointestinal peristalsis and promote anal exhaust and defecation[24, 32]. During nursing care, patient scores for abdominal distension and pain, along with abdominal signs, must be monitored dynamically. If needle fainting or tenesmus after enema occurs, the depth of acupuncture or the speed of enema infusion should be adjusted immediately to ensure safety. Meta-analyses further confirm that the combined acupuncture and herbal regimen has substantial evidence for improving overall response rates and shortening the time to disappearance of abdominal pain and distension symptoms, making it a valuable supplement to palliative care for MBO[37].

5.2. TCM Enema Combined with Acupoint Application

Compared to acupuncture, acupoint application provides acupoint stimulation while reducing invasive procedures. In this combined therapy, some scholars use a powder of the Wenyang Tongfu Formula mixed into an ointment and apply it to acupoints such as Shenque (RN8), Zhongwan (RN12), and Guanyuan (RN4) for 4-6 hours per session, once daily. This leverages the connection between the Conception Vessel and the spleen/stomach meridians to stimulate meridian qi and relieve abdominal distension[43]. A randomized controlled trial involving 60 patients with advanced MBO showed that the observation group, receiving Dachengqi Decoction retention enema combined with acupoint application at Shenque (RN8) and Zhongwan (RN12), had significantly lower abdominal pain and distension scores than the enema-only group by the third day of treatment ($P<0.05$). Furthermore, the time to first exhaust and defecation was shortened to (1.8±0.7) days and (2.1±0.9) days, respectively, and the improvement in Karnofsky Performance Status (KPS) score was also greater than in the control group ($P<0.05$)[26]. Systematic reviews further substantiate that this combined approach has strong evidence for increasing overall effectiveness and reducing hospital stay length, with an adverse event rate below 5%, offering a

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safe and low-invasive nursing option for end-stage patients intolerant to surgery[37].

5.3. TCM Enema Combined with Hot Medicated Compress (Reyanbao)

Hot medicated compress (Reyanbao) stimulates acupoints while simultaneously raising local skin temperature by 2-3°C, leading to capillary dilation and accelerated blood flow. Regarding the formula selection for the compress, some scholars use a powder corresponding to the Liqi Tongfu Formula mixed with sea salt, stir-fried to 43-44°C, and packed into a pure cotton bag to create the compress. This is placed on the patient's abdomen, covering acupoints such as Guanyuan (RN4), Qihai (RN6), Shenque (RN8), and Zhongwan (RN12), twice daily for 30 minutes each session. Through the dual action of sustained thermal penetration and herbal volatilization, it warms yang, disperses cold, moves qi, alleviates pain, further stimulates meridian qi, and promotes intestinal peristalsis. Results indicate that the combination of hot compress with TCM enema leads to a significant reduction in abdominal pain scores compared to enema alone, with clear advantages in the extent of abdominal circumference reduction and the normalization of bowel sounds[29]. In terms of nursing care, it is crucial to check the compress temperature with the back of the hand before use to ensure it does not exceed 45°C, and to check on the patient every 10 minutes to prevent scalding. For cachectic patients or those with sensory impairment, an additional layer of gauze should be used as padding and the application time shortened. In summary, the combination of TCM enema with hot medicated compress is simple to perform, well-tolerated by patients, and provides a safe, low-invasive, and repeatable TCM external therapy nursing model for end-stage MBO patients.

5.4. TCM Enema Combined with Tuina

Tuina therapy following TCM enema can effectively promote intestinal peristalsis, accelerate the expulsion of gas and stool, thereby alleviating abdominal distension and intestinal spasm. The methods involves clockwise abdominal rubbing centered on Shenque CV8 for 5 minutes, followed by digital pressure and kneading of points like Tianshu ST25, Guanyuan CV4, and Qihai CV6, until the patient feels localized warmth and mild soreness or distension. Studies show this combined therapy significantly shortens the time to flatus and defecation and increases the KPS functional score (both $P<0.05$)[20]. The mechanism of action is related to Tuina stimulation promoting local blood circulation, reducing serum inflammatory factors such as TNF-α, and regulating the secretion of motilin and gastrin, synergizing with the herbal medicine to enhance anti-inflammatory effects and promote intestinal functional recovery[44].

5.5. TCM Enema Combined with Guasha (Scraping)

Guasha combined with TCM enema can dredge meridians, promote qi and blood circulation, and enhance intestinal peristalsis. It is typically performed by scraping along the Governor Vessel (Du Mai) and the Bladder Meridian, focusing on the segment from Dazhui DU14 to the lumbosacral region, and acupoints like Tianshu ST25 and Dachangshu BL25. Research indicates the total clinical effective rate of this combined therapy is significantly higher than enema alone (95.08% vs 82.54%). It also more markedly shortens the recovery time for abdominal pain, distension, flatus, and defecation, and improves KPS and quality of life scores ($P<0.05$)[30]. Nursing care requires baseline assessment before the procedure and application of warm ginger oil to reduce friction resistance. For cachectic patients, the scraping force must be controlled to prevent injury. If signs of fainting during guasha (yun sha) appear, the procedure must be stopped immediately, and the patient should rest in a supine position.

6. Current Challenges and Future Directions

Current TCM enema treatment for MBO still faces multidimensional challenges: although nursing innovations such as improved catheter techniques and controlled constant-temperature infusion have enhanced safety and patient comfort[22, 28-30], key procedural parameters—including medicinal fluid temperature, catheter insertion depth, and retention time—lack standardized protocols. Furthermore, most clinical studies have small sample sizes and predominantly observational designs, resulting in low evidence grades and limited generalizability [45]. Research on the mechanisms underlying the "disease-syndrome combination" approach remains relatively weak. While syndrome differentiation-based treatment demonstrates clinical efficacy, the specific pharmacological pathways of multi-component, multi-target compound formulas and their synergistic mechanisms with syndrome types and meridians have not been clearly elucidated, thereby hindering precise medication[31, 32]. Additionally, the

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stratification of indications is ambiguous. There is a lack of high-level evidence-based support for personalized enema strategies and combined regimens tailored to specific scenarios such as complete versus incomplete obstruction, different TCM syndrome types, and peritoneal metastases[46]. To advance this technique from an "empirical therapy" toward "precision medicine," this research requires systematic efforts in three key areas: First, establishing Standard Operating Procedures (SOPs) to unify critical technical parameters and core outcome measures for efficacy evaluation. Second, deepening mechanistic research on the "disease-syndrome combination" by integrating modern pharmacology and data mining methods to clarify efficacy-target relationships and the biological basis of syndrome differentiation. Third, conducting high-quality clinical research to optimize multimodal combination protocols, develop individualized stratified treatment guidelines, and improve long-term safety assessments. Through these pathways, the standardization, scientific rigor, and practicality of TCM enema application can be comprehensively enhanced, laying a solid foundation for its precise use in the field of palliative care.

7. Conclusion

As a significant component of palliative care for malignant bowel obstruction, TCM enema has achieved notable progress through technological innovation and nursing optimization, particularly in prolonging drug action time, enhancing targeting, and reducing complications. Its combined application with external TCM therapies such as acupuncture, acupoint application, and hot medicated compress has further formed multimodal, synergistic treatment regimens, offering patients safer, more comfortable, and effective non-invasive options. However, current clinical practice and research still face core challenges, including a lack of standardization in operational parameters, insufficient integration of syndrome differentiation with modern pathological mechanisms, and a scarcity of high-quality evidence. To advance TCM enema from empirical application toward precision medicine, our future work should focus on the following aspects: First, establishing unified technical operating procedures and efficacy evaluation standards. Second, deepening research on "disease-syndrome combination," utilizing modern scientific techniques to elucidate the multi-component, multi-target mechanisms of compound formulas and their intrinsic relationship with TCM syndromes. Third, conducting well-designed, large-sample, multicenter clinical studies to optimize treatment protocols and provide high-level evidence for stratified treatment in different clinical scenarios. Through multidisciplinary collaboration and continuous exploration, TCM enema holds promise for playing a more precise and humanistic role in symptom control and quality of life improvement for patients with advanced cancer.

References

[1] Meng M, Zhao LQ, Zhang SS. Clinical registration study on modified Sanhuang Decoction enema for ulcerative colitis with large intestine damp-heat syndrome [J]. Chinese Journal of Integrated Traditional and Western Medicine on Digestion, 2022, 30(07): 469–474.

[2] Sun L. Application of intestinal obstruction catheter combined with herbal injection and enema in the treatment of non-strangulated intestinal obstruction [D]. Changchun University of Chinese Medicine, 2020.

[3] Shen LY, Jin Q, Yang JY, et al. Research progress on transnasal intestinal obstruction catheter placement for treating intestinal obstruction [J]. Chinese Medicine Science, 2024, 14(12): 39–42.

[4] Xiao R, Wan Q. Advances in the treatment of metabolic dysfunction-associated fatty liver disease [J]. Journal of Clinical Internal Medicine, 2025, 42(05): 369–372.

[5] Alese OB, Kim S, Chen Z, et al. Management patterns and predictors of mortality among US patients with cancer hospitalized for malignant bowel obstruction [J]. Cancer, 2015, 121(11): 1772–1778.

[6] Zhao YB, Wang XS. Diagnosis and treatment of malignant intestinal obstruction [J]. Chinese Journal of Colorectal Diseases (Electronic Edition), 2015, 4(05): 80–81.

[7] Wang X, Li ZX, Fan HF, et al. Advances in integrated traditional Chinese and Western medicine treatment for malignant intestinal obstruction [J]. Chinese Journal of Gerontology, 2020, 40(05): 1101–1105.

[8] Yu SY, Wang JJ, Wang JW, et al. Expert consensus on the treatment of advanced cancer patients with intestinal obstruction [J]. Chinese Journal of Oncology, 2007, 29(08): 637–640.

[9] Yang SM. Advances in surgical treatment of malignant intestinal obstruction [J]. Shandong Medical Journal, 2015, 55(34): 99–101.

[10] Huang X, Xue J, Gao M, et al. Medical Management of Inoperable Malignant Bowel Obstruction [J]. Annals of Pharmacotherapy, 2021, 55(9): 1134–1145.

[11] Madariaga A, Lau J, Ghoshal A, et al. MASCC multidisciplinary evidence-based recommendations

ISSN 2618-1584 Vol. 8, Issue 1: 39-46, DOI: 10.25236/FMSR.2026.080105

for the management of malignant bowel obstruction in advanced cancer [J]. Supportive Care in Cancer, 2022, 30(6): 4711–4728.
[12] Zhang X, Zhang L, Chan JCP, et al. Chinese herbal medicines in the treatment of ulcerative colitis: a review [J]. Chinese Medicine, 2022, 17(1): 43.
[13] Cheng Y, Wang F, Zhu SJ, et al. Research progress on external therapies of traditional Chinese medicine in the treatment of malignant intestinal obstruction [J]. Henan Traditional Chinese Medicine, 2019, 39(10): 1608–1611.
[14] Xue XW, Liu Q, Zhang LP, et al. Clinical research progress on traditional Chinese medicine enema for intestinal obstruction [J]. China's Naturopathy, 2021, 29(06): 120–123.
[15] Yu ZC, Zhang LM, Liu C, Yu RX. Clinical study on holographic scraping combined with modified Dachengqi Decoction retention enema for malignant intestinal obstruction [J]. China Pharmaceuticals, 2025, 34(09): 105–108.
[16] Li Y, Sun SF. Efficacy observation of traditional Chinese medicine enema in the treatment of late-stage liver cancer with intestinal obstruction [J]. Chinese Journal of Burns and Wounds, 2019, 31(06): 438–441.
[17] Zhou JQ, Pan YZ, Cui XT. Analysis of medication patterns in traditional Chinese medicine retention enema for malignant intestinal obstruction based on literature survey [J]. Clinical Journal of Chinese Medicine, 2022, 14(01): 52–55.
[18] Yu M. Effect of rhubarb preparation enema on gastrointestinal function recovery after abdominal surgery [D]. Beijing University of Chinese Medicine, 2021.
[19] Cheng HC, Xu Q, Yang XY, Tan DQ. Clinical research progress of Dachengqi Decoction in the treatment of intestinal obstruction [J]. Herald of Medicine, 2021, 27(11): 142–146.
[20] Wang Y. Clinical observation on external therapies of traditional Chinese medicine for 58 cases of malignant intestinal obstruction [D]. Anhui University of Chinese Medicine, 2020.
[21] Yang SM, Xiang Q, Chang Y, Ma YS. Clinical study on compound Dachengqi Decoction combined with intestinal obstruction catheter for malignant intestinal obstruction [J]. Chinese Journal of Surgery of Integrated Traditional and Western Medicine, 2021, 27(01): 14–19.
[22] Liu YS, Huang J, Tang JH, et al. Effect of chewing gum combined with transnasal intestinal obstruction catheter for adhesive small intestinal obstruction [J]. China Modern Medicine, 2023, 30(15): 8–12.
[23] Yang LH, Zhang KR, Wang M, Hu KW. Application of traditional Chinese medicine enema in tumor-related diseases [J]. Journal of Traditional Chinese Medicine, 2018, 59(17): 1513–1516.
[24] Xiu JQ, Zhou YM, Tan X, Song XJ. Clinical observation and association rule analysis of intradermal acupuncture combined with traditional Chinese medicine enema for malignant intestinal obstruction [J]. Journal of Liaoning University of Traditional Chinese Medicine,2026,28(01): 1–12.
[25] Xiu JQ, Zhou YM, Song XJ, Wang J. Based on factorial design to explore the effect of intradermal acupuncture combined with modified Dachengqi Decoction enema on intestinal mucosal barrier function in patients with malignant intestinal obstruction [J]. Journal of Oncology in Chinese Medicine, 2025, 7(01): 16–24.
[26] Hong LY, Jiang F, Chen LP. Analysis of the efficacy of modified Dachengqi Decoction enema combined with acupoint application in the treatment of malignant intestinal obstruction in advanced cancer [J]. Chinese Medicine Science, 2024, 14(24): 153–156.
[27] Zhou Y, Liu C, Xia LJ, Wang L. Clinical observation on scraping combined with traditional Chinese medicine enema for malignant intestinal obstruction [J]. China Pharmaceuticals, 2022, 31(21): 92–95.
[28] Fu CQ, Chen WR, Wang H, Tang XX. Analysis of the application effect of traditional Chinese medicine enema combined with acupoint application and warm moxibustion nursing in elderly patients with intestinal obstruction [J]. Medical Innovation of China, 2022, 19(02): 106–109.
[29] Liao WJ. Based on the theory of treating internal diseases externally to explore the intervention effect of traditional Chinese medicine hot compress on malignant intestinal obstruction [D]. Yunnan University of Chinese Medicine, 2022.
[30] Liu C, Wang L, Zhou Y, et al. Observation on the efficacy of Dachengqi Decoction modified retention enema combined with collateral-dredging scraping for malignant intestinal obstruction using the principle of promoting flow [J]. World Journal of Integrated Traditional and Western Medicine, 2022, 17(07): 1384–1387+92.
[31] Wang ZY. Clinical study on Dachengqi Decoction enema for incomplete malignant intestinal obstruction of heat-toxin stasis binding type [D]. Chengdu University of Traditional Chinese Medicine, 2021.
[32] Wang YT. Clinical study on Xingqi Xiayu Decoction for incomplete malignant intestinal obstruction of qi stagnation and toxin stasis type [D]. Shandong University of Traditional Chinese Medicine, 2024.
[33] Wang YL. Nursing experience of traditional Chinese medicine enema for 43 cases of cancerous

ISSN 2618-1584 Vol. 8, Issue 1: 39-46, DOI: 10.25236/FMSR.2026.080105

intestinal obstruction [J]. Guangming Journal of Chinese Medicine, 2016, 31(08): 1164–1165.
[34] Tian J. Study on nursing of integrated traditional Chinese and Western medicine treatment for intestinal obstruction [J]. Electronic Journal of Clinical Medical Literature, 2017, 4(27): 5257-5259.
[35] Li YT. Efficacy observation and nursing experience of traditional Chinese medicine retention enema for patients with intestinal obstruction [J]. Guangming Journal of Chinese Medicine, 2018, 33(23): 3582–3584.
[36] Luo XY. Conservative treatment and nursing status of patients with malignant intestinal obstruction in advanced cancer [C].Shanghai Nursing Association. Proceedings of the 4th Shanghai International Nursing Congress. Tongji University Affiliated Oriental Hospital; 2019:734-735.
[37] Peng J. Systematic review and meta-analysis of traditional Chinese medicine for malignant intestinal obstruction [D]. Beijing University of Chinese Medicine, 2018.
[38] Deckers B, von Schoen-Angerer T, Voggenreiter B, Vagedes J. External Nursing Applications in the Supportive Management of Prolonged Postoperative Ileus: Description of Interventions and Case Report [J]. Holistic Nursing Practice, 2016, 30(4): 216–221.
[39] Wu JM, Wu LX, Zhang A, et al. Clinical observation on compound Jixuecao enema for colorectal cancer complicated with intestinal obstruction [J]. Journal of Oncology in Chinese Medicine, 2022, 4(01): 24–28.
[40] Garfinkle R, Demian M, Sabboobeh S, et al. Bowel stimulation before loop ileostomy closure to reduce postoperative ileus: a multicenter, single-blinded, randomized controlled trial [J]. Surgical Endoscopy, 2023, 37(5): 3934–3943.
[41] Jackson S, Hamed MO, Shabbir J. Management of sigmoid volvulus using percutaneous endoscopic colostomy [J]. Annals of the Royal College of Surgeons of England, 2020, 102(9): 654–662.
[42] Fang Y, Zhang LP, Zhang F, Bao LH. Research progress on traditional Chinese medicine external therapies for incomplete intestinal obstruction [J]. Chinese Journal of Convalescent Medicine, 2023, 32(01): 24–27.
[43] Zhang YJ, Wu SP, Zheng LP. Clinical study on traditional Chinese medicine enema combined with acupoint application for advanced cancer patients complicated with intestinal obstruction [J]. Chinese Journal of Health Care and Medicine, 2022, 24(01): 44–47.
[44] Liu P, Peng ZW, You HL, et al. Discussion on the approach of traditional Chinese medicine external therapies for malignant intestinal obstruction based on multimodal concept [J]. Shanghai Journal of Traditional Chinese Medicine, 2020, 54(10): 16–19.
[45] Zhao W, Xun J, Yuan X, et al. Efficacy of traditional Chinese medicine in the conservative management of complete small intestinal obstruction post-gastric cancer surgery: A case report [J]. Explore (NY), 2025, 21(1): 103080.
[46] Miao YU, Xiaohua P. International standard of Traditional Chinese Medicine techniques: the operating specification for Traditional Chinese Medicine enema (2022) [J]. Journal of Traditional Chinese Medicine, 2024, 44(5): 1035–1043.