

Observation and Nursing Analysis of the Curative Effect of Combining Chinese and Western Medicine on Children Nephrotic Syndrome with Hypercoagulability

Song Huali, Li Hongmei, Lv Yingxue, Li Nannan

The First Hospital of Jilin University, Changchun, Jilin, 130021, China

Keywords: Chinese and western combination therapy; Children nephrotic syndrome; High condensation

Abstract: Objective: To analyze the effect of integrated Chinese and western medicine in the treatment and nursing of children with nephrotic syndrome with hypercoagulability. **Methods:** With a time limit and chosen as the research object conditions from February 2017 to February 2018 in our hospital to participate in children with nephrotic syndrome with high coagulation state disease treatment of children as the research object, the data after randomization, control group (n = 71) children with conventional western medicine treatment method, the experimental group of children (n = 71) in combination with Chinese and western treatment, both leading nursing by predictive nursing intervention method, treatment and nursing after the contrast between the group with specific indicators. **Results:** Before participating in the treatment intervention, there was no statistical significance in the comparison of blood coagulation indicators between the two groups ($P > 0.05$). After participating in the treatment intervention, the levels of PT, aPPT and Fbg and d-d were increased in the two groups, and the comparison of study data between the two groups showed statistical difference ($P < 0.05$). Before the activities involved in treatment, two groups of patients with laboratory index level no statistical difference ($P > 0.05$), after treatment in the experimental group patients with blood total protein and serum albumin level is higher than control group, 24 h urine protein and blood cholesterol levels, lower than the control group patients compared two groups of research data shows that the statistical difference ($P < 0.05$); The incidence of adverse drug reactions in patients in different groups was not statistically significant ($P > 0.05$), and the incidence of complications in patients in the experimental group was lower than that in the control group. The comparison of study data between the two groups showed statistical difference ($P < 0.05$). **Conclusion:** Combine traditional Chinese and western medicine therapy dominated children with nephrotic syndrome with high coagulation state, disease treatment can effectively improve children with 24 h urine protein, serum albumin, blood cholesterol, blood coagulation, reduce the incidence of complications in children with, optimize the positive role of disease treatment effect, therefore is worth popularization in clinical diagnosis and treatment practice combine traditional Chinese and western medicine therapy.

1. Introduction

Pediatric nephrotic syndrome is a common chronic disease in pediatrics, the rate of hospitalization is high, causing family members panic and tension. The disease with edema, proteinuria, hypoalbuminemia, hyperlipidemia, characterized by many children fell ill with high coagulation state, if not timely treatment intervention to children with low blood volume and hyperlipidemia, easy to produce the series such as thromboembolic complications, a threat to children's life, so the disease in pediatric clinical also received our further attention. In order to provide effective treatment for children with nephrotic syndrome in our hospital, this study selected children admitted to our hospital from February 2017 to February 2018 to participate in the treatment of nephrotic syndrome with hypercoagulability as the study objects. After grouping and comparative study, the treatment results were analyzed based on the treatment data and the following conclusions were drawn:

2. Materials and Methods

2.1 General Materials

With a time limit and chosen as the research object conditions in February 2017 to February 2018 in our hospital to participate in treatment of children with nephrotic syndrome with high coagulation state disease as the research object, the data after randomization, control group (n = 71) children aged 1 to 10, the average (5.32 + 3.02) years of age, children with male and female children proportion for drought consumed, 1-15 months duration, average (9.88 + 4.65) months, disease types: 41 cases of pure, 30 cases of nephritis; The children in the experimental group (n=71) were 1-12 years old, with a mean age of (6.08±3.41) years old. The ratio of male children to female children was 42:29. The disease duration was 1-17 months, with a mean age of (10.02±4.33) months. In conclusion, the comparison results of age, gender, disease course and disease type between the two groups of children included in the study were not statistically significant ($P>0.05$), and the comparative study of data in this study was feasible.

2.2 Methods

2.2.1 Treatment

In the control group, the children were treated with conventional western medicine: prednisone 1mg/kg, heparin 100U/kg+ pensontin 10mg/kg intravenous infusion, once a day, a course of treatment lasted for 14d, and the treatment was generally completed after one course of treatment.

The experimental group took the western medicine treatment method of the patients in the reference group as the basis, integrated into the traditional Chinese medicine therapy, and added the traditional Chinese medicine yiqi huoxue decoction syndrome differentiation plus and minus treatment: astragalus astragalus, poria cocos, salvia miltiorrhiza, chuanxiong, peach kernel are the main medicinal materials of yiqi huoxue decoction. Spleen, kidney Yang deficiency plus dried ginger, epimedium, cinnamon, morinda officinalis; Spleen deficiency and dampness plus prevention, alisma, poria, atractylodes, dangshen; Take it after water decoction, one dose every day, and take it orally in the morning and evening. A course of treatment lasts for 14d.

2.2.2 Care

Two groups of children were adopted predictive nursing intervention model, specific nursing measures including observation, bleeding prevention, infection prevention, thrombosis prevention, health education, disease guidance. The key nursing measures should match the treatment plan. During the hospitalization, the ward should do a good job in ventilation, disinfection and cleaning, and maintain appropriate indoor temperature and humidity. Carry out skin care to avoid the spots and bruises caused by the anticoagulant state; Control the flow of blood, reduce blood viscosity, avoid the occurrence of venous thrombosis.

2.3 Observation Indexes

(1) taking 1 course of treatment as the observation cycle, the disease treatment effect was analyzed in combination with the blood coagulation indicators (PT, aPPT, Fbg, D-D, etc.), biochemical indicators (total blood protein, serum albumin, 24h urine protein and blood cholesterol), adverse drug reactions, and the incidence of complications of the children among the groups. The laboratory indexes were obtained by automatic biochemical analyzer and immunoturbidimetry, and the coagulation function indexes were obtained by blood analysis instrument in the laboratory. (2) compare 1 course of treatment after the two groups of children with adverse drug reactions and complications.

2.4 Statistical Methods

SPSS20.0 professional statistical software was selected to participate in the statistical processing. The counting data was expressed as (%), the measurement data as (\pm s), the group data comparison and test results were tested by X^2 and t values, when $P<0.05$ statistical comparison results have differences.

3. Results

3.1 comparison of hemagglutination indexes of patients in different groups

Before participating in the treatment intervention, there was no statistical significance in the comparison of blood coagulation indicators between different groups ($P>0.05$). After participating in the treatment intervention, the levels of PT, aPPT and Fbg and d-d were increased in the two groups, and the comparison of study data between the two groups showed statistical difference ($P<0.05$), as shown in table 1.

Table 1 comparison of hemagglutination indexes of patients in different groups

groups	time	Fbg (g/L)	PT (s)	aPPT (s)	D-D (mg/L)
the experimental group	Before nursing	4.88 ± 0.92	13.48 ± 2.98	27.80 ± 3.88	0.95 ± 0.20
	After nursing	2.97 ± 1.07	18.48 ± 2.90	35.30 ± 3.42	0.48 ± 0.21
the control group	Before nursing	4.96 ± 0.96	14.02 ± 3.35	28.29 ± 4.08	0.98 ± 0.25
	After nursing	3.74 ± 1.02	16.35 ± 3.15	32.28 ± 3.21	0.62 ± 0.18

3.2 biochemical indicators of patients in different groups

Before treatment activity participation, two groups of patients biochemical index level no statistical difference ($P > 0.05$), after treatment in the experimental group patients with blood total protein and serum albumin level is higher than control group, 24 h urine protein and blood cholesterol levels, lower than the control group patients were compared with two groups of research data shows that the statistical difference ($P < 0.05$), are shown in table 2.

Table 2 comparison of biochemical indicators of patients in different groups

groups	time	serum albumin (g/L)	24h-urinary proteins(mg/kg)	Blood total protein (g/L)	serum cholesterol(mom/L)
the experimental group	Before nursing	16.24 ± 5.07	151.70 ± 38.92	45.52 ± 7.11	11.80 ± 2.70
	After nursing	40.85 ± 6.17	36.88 ± 15.97	67.68 ± 10.10	5.49 ± 1.30
the control group	Before nursing	16.27 ± 6.18	156.21 ± 40.12	42.52 ± 7.14	12.06 ± 3.07
	After nursing	35.15 ± 6.16	54.66 ± 14.23	85.72 ± 11.12	7.15 ± 1.09

3.3 comparison of incidence of adverse drug reactions and complications among patients in different groups

The incidence of adverse drug reactions in patients in different groups was not statistically significant ($P>0.05$), and the incidence of complications in patients in the experimental group was higher than that in the control group. The comparison of study data between the two groups showed statistical difference ($P<0.05$), as shown in table 3.

Table 3 comparison of incidence of adverse drug reactions and complications in patients in different groups

groups	n	adverse reactions			complication				
		nausea and vomiting	headache and vertigo	incidence rate	edema	blood platelet disorder	bleeding	thrombus	incidence rate
the experimental group	71	2	3	5 (7.04%)	2	1	3	1	7 (9.86%)
the control group	71	2	2	4 (5.63%)	3	4	4	2	13(18.31%)
X ²	-	-	-	0.15	-	-	-	-	4.37
P	-	-	-	0.694	-	-	-	-	0.037

4. Discussion

Pediatric nephrotic syndrome belong to common chronic diseases in pediatrics, choose scientific disease treatment and intervention methods for children rehabilitation, the study was therefore to time limit and chosen as the research object conditions will be in February 2017 - February 2018 in our hospital to participate in children with nephrotic syndrome with high coagulation state disease treatment of children as the research object, the data after randomization, control group (n = 71) children with conventional western medicine therapy and routine nursing intervention, the experimental group (n = 71) in children with dominated by combination of Chinese and western treatment and intervention method, treatment and nursing after the contrast between the group with specific indicators. The results showed that before participating in the treatment intervention, there was no statistical significance in the comparison of the hemagglutlet indexes of patients in different groups ($P>0.05$). After participating in the treatment intervention, the levels of PT and aPPT indexes and Fbg and d-d indexes in the two groups increased, and the comparison of the study data of the two groups showed statistical difference ($P<0.05$). Before treatment activity participation, two groups of patients biochemical index level no statistical difference ($P > 0.05$), after treatment in the experimental group patients with blood total protein and serum albumin level is higher than control group, 24 h urine protein and blood cholesterol levels, lower than the control group patients were compared with two groups of research data shows that the statistical difference ($P < 0.05$); The incidence of adverse drug reactions in patients in different groups was not statistically significant ($P>0.05$), and the incidence of complications in patients in the experimental group was lower than that in the control group. The comparison of study data between the two groups showed statistical difference ($P<0.05$).

From the above results, the application of combining traditional Chinese and western medicine therapy dominated children with nephrotic syndrome with high coagulation state, disease treatment can effectively improve children 24 h urine protein, serum albumin, blood cholesterol, blood coagulation indexes, the complication rate of children, optimize the positive role of disease treatment effect, therefore is worthy of popularization and application in clinical diagnosis and treatment practice combine traditional Chinese and western medicine therapy.

References

- [1] Dan Gang, Liu Yuan, Jiang Zhongyong, et al. Laboratory observation on the treatment of hypercoagulability in patients with nephrotic syndrome with low molecular weight heparin [J]. *Chongqing Medical Science*, 2015, 44(14): 1912-193,1916-1917.
- [2] Du Yanbin, Yang Yue, Bai Yajun, et al. Effect of leflunomide and cyclophosphamide on coagulation mechanism in patients with refractory nephropathy [J]. *Thrombosis and Hemostasis*, 2016, 22(02):157-158,161-163.
- [3] Wang Li, Wang Linzhong, Ni Wenchang, et al. Effects of different doses of heparin on

- hypercoagulability in children with nephrotic syndrome [J]. *Pediatrics of Integrated Chinese and Western Medicine*, 2014,6(03):250-251,254-255.
- [4] Chen Manni, Huang Zhenxia, Hu Jiayi, et al. Treatment of children with nephrotic syndrome with hypercoagulability by combining Chinese and western methods [J]. *Journal of Thrombosis and Hemostasis*, 2017, 23(3):534-536.
- [5] Ma Ying, Ye Shuping, Chen Mingxia. Nursing experience of pediatric nephrotic syndrome [J]. *Journal of Practical Clinical Nursing*, 2017, 2(45).
- [6] Lin Sifeng. Clinical observation on the combined treatment of Chinese and western medicine in children with nephrotic syndrome [J]. *Modern Distance Education of Chinese Medicine*, 2017, 15(9):100-101.
- [7] Wu Cuixiang. Clinical nursing measures for children with nephrotic syndrome with high edema [J]. *Family Medicine*, 2018(10).
- [8] Wang Yi. Effects of family nursing intervention on children with nephrotic syndrome [J]. *Chinese Medical Guide*, 2017, 15(27):289-290.
- [9] Zhao Chunliang. Clinical observation on 30 cases of nephrotic syndrome in children treated with integrated Chinese and western medicine [J]. *World Latest Medical Information Abstract. Electronic Edition*, 2013(3):403-403.
- [10] Yang Meng, Zhai Wensheng, Ren Xianqing, et al. Clinical observation and follow-up of 126 cases of children with nephrotic syndrome treated by integrated Chinese and western medicine [J]. *Chinese Medicine Clinical Research*, 2015(22):12-14.