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## **Title: Chinese Herbal Retention Enema for the Treatment of Ulcerative Colitis**

### **Authors and Affiliations:**

**Yang Yang<sup>\*</sup>, Yan Zhang<sup>\*</sup>, Junling Tang, Yinglun Zheng, Defeng Chen, Peimin Feng**

Department of Gastroenterology, Hospital of Chengdu University of Traditional Chinese Medicine

\* These authors contributed equally

### **Corresponding Authors:**

Defeng Chen [c94664@stu.cdutcm.edu.cn](mailto:c94664@stu.cdutcm.edu.cn)

Peimin Feng [fpmmed@cdutcm.edu.cn](mailto:fpmmed@cdutcm.edu.cn)

### **Email Addresses for All Authors:**

Yang Yang [yangyang2023@stu.cdutcm.edu.cn](mailto:yangyang2023@stu.cdutcm.edu.cn)

Yan Zhang [zhangshiyun@stu.cdutcm.edu.cn](mailto:zhangshiyun@stu.cdutcm.edu.cn)

Junling Tang [junlingtang@stu.cdutcm.edu.cn](mailto:junlingtang@stu.cdutcm.edu.cn)

Yinglun Zheng [zhengyinglun2022@stu.cdutcm.edu.cn](mailto:zhengyinglun2022@stu.cdutcm.edu.cn)

Defeng Chen [c94664@stu.cdutcm.edu.cn](mailto:c94664@stu.cdutcm.edu.cn)

Peimin Feng [fpmmed@cdutcm.edu.cn](mailto:fpmmed@cdutcm.edu.cn)

## **Author Questionnaire**

- 1. Microscopy:** Does your protocol require the use of a dissecting or stereomicroscope for performing a complex dissection, microinjection technique, or something similar? **No**
- 2. Software:** Does the part of your protocol being filmed include step-by-step descriptions of software usage? **No**
- 3. Filming location:** Will the filming need to take place in multiple locations? **No**

### **Current Protocol Length**

Number of Steps: 18

Number of Shots: 40

## Introduction

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***Videographer: Obtain headshots for all authors available at the filming location.***

- 1.1. **Yang Yang:** My research focuses on treating ulcerative colitis and aims to explore how Chinese herbal retention enemas can be used effectively for this purpose [1].

1.1.1. INTERVIEW: Named talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B-roll: 2.4.1*

What advantage does your protocol offer compared to other techniques?

- 1.2. **Yang Yang:** Chinese herbal retention enema offers better efficacy and greater safety compared to conventional treatments for ulcerative colitis [1].

1.2.1. INTERVIEW: Named talent says the statement above in an interview-style shot, looking slightly off-camera.

What research questions will your laboratory focus on in the future?

- 1.3. **Yang Yang:** We plan to conduct multi-center randomized trials and in vivo/in vitro experiments to further validate the efficacy and explore the mechanisms of Chinese herbal retention enema [1].

1.3.1. INTERVIEW: Named talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B-roll: 3.1.1*

***Videographer: Obtain headshots for all authors available at the filming location.***

**Ethics Title Card**

This research has been approved by the Ethics Committee at the Hospital of Chengdu University of Traditional Chinese Medicine

# Protocol

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## 2. Treatment Procedure for Control and Enema Groups

**Demonstrator:** Yan Zhang

- 2.1. To begin, administer conventional treatment to the control group with oral mesalazine enteric-coated tablets at a dose of 4 grams per day [1]. Provide the enema group with an additional daily Chinese herbal retention enema [2].
  - 2.1.1. WIDE: Talent handing over the prescribed oral mesalazine tablets and a written prescription to a patient.
  - 2.1.2. Talent explaining and handing over the Chinese herbal enema kit to another simulated patient in the enema group.
- 2.2. To prepare for the procedure, close the room's doors and windows [1]. Adjust the room temperature to approximately 22 to 28 degrees Celsius [2] and use a privacy screen to protect the patient's privacy [3].
  - 2.2.1. Talent closing the door and window of the treatment room.
  - 2.2.2. Talent adjusting the thermostat on the wall and checking a digital display.
  - 2.2.3. Talent closing screen beside the patient's bed.
- 2.3. Wash hands thoroughly and don gloves and a face mask [1]. Inspect the perianal area for any lesions or contraindications [2].
  - 2.3.1. Talent washing hands under running water and putting on gloves and a mask.
  - 2.3.2. Talent bending near the patient's lower body, conducting a visual and palpation inspection of the perianal area.
- 2.4. Inspect the skin for signs of redness, swelling, irritation, warmth, tenderness, or discharge [1].
  - 2.4.1. Close-up of the talent pointing to the perianal skin under bright examination light.
- 2.5. Palpate and visually inspect for hemorrhoids such as swelling, prolapse, or bleeding [1] and check for all possible abnormalities [2].

- 2.5.1. Talent carefully palpating around the anus while explaining symptoms to camera.
- 2.5.2. TEXT ON PLAIN BACKGROUND:
  - Fissures or ulcers
  - Cracks, tears, or open sores
  - Abscesses or infections
  - Lumps, swelling, redness, pus, or fluctuance.
- 2.6. Clean the perianal area thoroughly to remove fecal residue or debris [1].
  - 2.6.1. Talent using sterile wipes or gauze to clean the perianal region.
- 2.7. Report any contraindications such as recent surgery or infections to the physician immediately [1].
  - 2.7.1. Talent speaking to the patient while pointing to the patient chart.
- 2.8. Position the patient in the left lateral decubitus position with knees flexed [1]. Loosen the clothing to fully expose the anal area [2]. Place a medical drape under the buttocks [3] and elevate the hips by 10 centimeters using a cushion [4]. Place a fenestrated drape over the patient's hips [5]. NOTE: VO is added for the added shot.
  - 2.8.1. Talent assisting the patient into the left lateral position on the examination bed.
  - 2.8.2. Talent adjusting the patient's clothing.
  - 2.8.3. Talent placing a drape on the patient.
  - 2.8.4. Talent positioning a cushion under the buttocks to elevate hips.
  - Added shot: 2.8.5. Talent placing a fenestrated drape over the patient's hips, exposing only the anus. Author's NOTE: This shot ensures patient privacy protection.
- 2.9. Adjust the patient's position based on lesion location: use the left lateral position for rectal and sigmoid colon lesions and use the right lateral position for ileocecal lesions [1].
  - 2.9.1. Talent switching the patient's position.
- 2.10. Measure the herbal decoction temperature to ensure it is between 39 to 41 degrees Celsius using a water thermometer [1]. Close the enema bag tube clamp to prevent

leakage [2] and fill the disposable enema bag with no more than 200 milliliters of the decoction [3]. Hang the enema bag, ensuring the liquid level is no more than 30 centimeters above the anus [4].

2.10.1. Talent placing a thermometer in the liquid taken in a beaker.

2.10.2. Talent clamping the enema bag tube.

2.10.3. Talent pouring the herbal decoction into a labeled enema bag.

2.10.4. Talent hanging the enema bag from a stand and measuring the height from the patient's hip.

2.11. Lubricate the rectal tube tip with paraffin oil [1]. Instruct the patient to perform deep oral breathing [2] and gently insert the rectal tube 15 to 25 centimeters into the rectum [3].

2.11.1. Talent applying paraffin oil on the tube using a sterile swab.

2.11.2. Talent giving breathing instructions to the patient with calming gestures.

2.11.3. Talent carefully inserting the lubricated tube into the patient's rectum.

2.12. Adjust the rectal tube insertion depth according to lesion location [1-TXT].

2.12.1. Talent adjusting insertion depth. **TXT: Rectum and sigmoid colon: Insert 15 - 20 cm; Sigmoid or descending colon: Insert 18 - 25 cm**

2.13. Open the enema bag tube clamp and begin dripping the herbal decoction slowly [1]. Adjust the infusion rate based on the patient's condition and tolerance [2]. Maintain the infusion over 15 to 20 minutes while continuously observing the patient and asking about their tolerance throughout the process [3]. If the patient experiences discomfort or an urge to defecate, reduce the rate or stop the procedure [4].

2.13.1. Talent **opening the roller clamp** ~~unclamping the tube~~ and observing the liquid begin to drip into the tube. **NOTE: Shot slightly modified, but VO does not need modification.**

2.13.2. Talent adjusting the roller clamp on the enema tubing to regulate flow rate.

2.13.3. Talent checking patient's expression and asking about tolerance.

2.13.4. Talent pausing infusion.

2.14. Stop the enema immediately if the patient shows signs such as rapid pulse, pale complexion, cold sweats, severe abdominal pain, or palpitations [1].

- 2.14.1. Talent stopping the procedure and noting the symptoms.
- 2.15. Clamp the enema tube once the infusion is complete [1]. Slowly remove the tube while instructing the patient to contract the anal sphincters [2]. Use gauze to cleanse the perianal area thoroughly [3].
  - 2.15.1. Talent clamping the tubing with steady hands.
  - 2.15.2. Talent gently withdrawing the tube.
  - 2.15.3. Talent using gauze to clean the anal region.
- 2.16. Instruct the patient to remain in a supine position with hips elevated for 60 minutes [1]. Provide a bedpan to assist with controlled evacuation after the retention period [2].
  - 2.16.1. Talent positioning the patient on their back with a cushion under.
  - 2.16.2. Talent placing a bedpan beside the patient's bed.
- 2.17. For patients with poor retention of less than 30 minutes, add 2 to 3 milliliters of 1 percent lidocaine to the herbal decoction after obtaining physician approval [1].
  - 2.17.1. Talent drawing lidocaine into a syringe and injecting it into the decoction.
- 2.18. Dispose of all biohazardous waste in designated containers [1]. Disinfect all reusable equipment according to the Technical Specification for Disinfection in Healthcare Facilities [2]. Document the details of the procedure and the patient's response [3].
  - 2.18.1. Talent placing used materials into yellow biohazard containers.
  - 2.18.2. Talent wiping and spraying disinfectant on reusable tools per guidelines.
  - 2.18.3. Talent working at a computer station.



# Results

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## 3. Results

- 3.1. The study included 22 UC patients from the Department of Gastroenterology. After treatment, the control group showed significant improvement in diarrhea, mucopurulent bloody stools, and abdominal pain scores [1], but not in tenesmus [2].
  - 3.1.1. LAB MEDIA: Table 1. *Video editor: Highlight the column "after treatment" for "diarrhea, mucopurulent bloody stools, abdominal pain" in the row "CONTROL"*
  - 3.1.2. LAB MEDIA: Table 1. *Video editor: Highlight the column "after treatment" for "tenesmus" in the row "CONTROL"*
- 3.2. The enema group showed significant improvement in all symptom scores, including diarrhea, mucopurulent bloody stools, abdominal pain, and tenesmus after treatment [1].
  - 3.2.1. LAB MEDIA: Table 1. *Video editor: Highlight the column "after treatment" for "diarrhea, mucopurulent bloody stools, abdominal pain, tenesmus" in the row "ENEMA"*
- 3.3. After treatment, the control group showed significant improvements in bowel symptoms, systemic symptoms, emotional function, and total score [1], but not in social function [2].
  - 3.3.1. LAB MEDIA: Table 2. *Video editor: Highlight the column "after treatment" for "bowel symptoms, systemic symptoms, emotional function" in the row "CONTROL"*
  - 3.3.2. LAB MEDIA: Table 2. *Video editor: Highlight the column "after treatment" for "after treatment" for "social function" in the row "CONTROL"*
- 3.4. The enema group showed significant improvement in all domains of the IBD-Q, including bowel symptoms, systemic symptoms, emotional function, social function, and total score after treatment [1].
  - 3.4.1. LAB MEDIA: Table 2. *Video editor: Highlight the column "after treatment" for "bowel symptoms, systemic symptoms, emotional function, "social function, total score" in the row "ENEMA"*