

Ginger Compress and Warm Lemongrass Compress Therapy for Pain Reduction among Elderly with Rheumatoid Arthritis: A Case Study

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Abstract

Background: Rheumatoid Arthritis (RA) is a chronic autoimmune inflammatory disorder in which a person's immune system can be compromised and lowered, which destroys the joints and lining of the synovial membrane, especially in the hands, feet, and knees. **Objective:** The study aimed to examine the effect of ginger compresses, and warm lemongrass compresses on pain reduction among elderly with rheumatoid arthritis. **Method:** A case study was conducted from January 25, 2022, to January 27, 2022, at the "Dewanata" Elderly Social Service Institution in Cilacap with a patient population of 1 respondent. Pain quality was tested with the effectiveness of ginger compress, and warm lemongrass compresses for 2 days of implementation. **Result:** The effectiveness of ginger compress and warm lemongrass compresses therapy was different before compressing pain scale 4 and after compressing pain scale 2. **Conclusion:** the effectiveness of ginger compress and warm lemongrass compresses treatment can reduce pain in rheumatoid arthritis patients. It is hoped that this research in the development of nursing can add to the breadth of knowledge for the process of nursing care with Rheumatoid Arthritis and can be used as a comparison material in carrying out nursing care in cases of Rheumatoid Arthritis in the elderly.

Keywords: ginger compress, lemongrass compress, pain scale, rheumatoid arthritis, elderly.



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INTRODUCTION

With the rapid progress of science and technological development, especially in the field of gerontic nursing, humans who enter the elderly, of course, have a lot of life experience but have little opportunity to take care of themselves and the diseases caused by the aging process⁽¹⁻²⁾.

In the world, rheumatoid arthritis is increasing in the elderly, especially women. Research from the Mayo Clinic in the United States showed that between 1995-2005, women with rheumatoid arthritis reached 54,000-100,000 people, while men were only 29,000 out of 100,000⁽³⁾.

Rheumatoid Arthritis (RA) is a chronic autoimmune inflammatory disorder in which a person's immune system can be compromised and decreased. This destroys the joint organs and synovial lining, especially in the hands, feet, and knees⁽⁴⁻⁵⁾. Most Indonesian people underestimate rheumatic diseases because they do not seem to cause death, even though the pain caused is challenging for a person to carry out their daily activities⁽⁶⁾. We often hear about rheumatic diseases in the community, but the correct understanding of rheumatism in the family has not been satisfactory⁽⁷⁾.

As reported by WHO, the incidence of rheumatoid arthritis in 2016 is 20% of the world's population, 5-10% are those aged 5-20 years, and 20% are those aged 55 years⁽⁸⁻⁹⁾.

According to basic health research (2018), Indonesia's population with rheumatoid arthritis reaches 7.30%. As the number of people with rheumatoid arthritis in Indonesia increases, the awareness and misunderstanding about this disease are relatively high. This situation explains the lack of knowledge of the Indonesian people, especially sufferers, to know more about rheumatoid arthritis. Furthermore, the prevalence that occurred in Central Java amounted to (6.78%). The majority based on the doctor's diagnosis was highest in Aceh (13.3%). The majority of being diagnosed by doctors was higher for women (8.5%) compared to 6.1% for men⁽¹⁰⁾. The prevalence of the number of diseases in Central Java is 25.5%⁽⁶⁾. The prevalence of rheumatic diseases based on the diagnosis of health workers or symptoms in Magelang City is 28.9%, while in Magelang District is 11.7%⁽¹¹⁾. Many people think of rheumatoid arthritis as joint arthritis, so

they are late for treatment⁽²⁾. One of the factors that influence behavior regarding the management of rheumatoid arthritis is knowledge and information. Knowledge results from knowing what occurs after the individual has sensed a specific object. From experience and research, it is proven that behavior based on knowledge will last longer than behavior not based on knowledge⁽¹²⁾.

The onset of pain makes sufferers often afraid to move, which interferes with daily activities and can reduce productivity⁽¹³⁾. Besides that, experiencing pain is enough to make the patient frustrated in living his everyday life. It can interfere with the patient's comfort. Therefore the primary therapy directed is to treat this pain⁽¹⁴⁾. The impact of this condition can be life-threatening for the sufferer or only cause discomfort and problems caused by rheumatic diseases. It was not only in the form of apparent limitations on mobility that the most feared thing occurred, namely causing disability such as paralysis and disruption of activities of daily living⁽¹⁵⁾. Pain management in rheumatism can be done by two methods, namely pharmacological and non-pharmacological⁽¹⁶⁾. The elderly in the aging process experience pharmacodynamics, pharmacokinetics, and drug metabolism in the elderly body, so it is very risky for the elderly. In addition, the effects that can arise in the long term can result in bleeding in the gastrointestinal tract, peptic ulcers, perforation, and kidney disorders⁽¹⁷⁾.

OBJECTIVE

The study aimed to examine the effect of ginger compresses, and warm lemongrass compresses on pain reduction among elderly with rheumatoid arthritis.

METHODS

Design

A case study was applied in this study to describe the nursing care approach that includes assessment, determination of diagnosis, determination of nursing interventions, and implementation of the evaluation.

Intervention

Primary data was obtained from the data collection results filled in by respondents using

the provided observation sheets and interviews. Meanwhile, secondary data were obtained from the results of a study that took place at the "Dewanata" Elderly Social Service Institution in Cilacap. Researchers conducted research by giving respondents lemongrass and ginger compresses for two days of implementation using warm water. However, before squeezing, the researcher measured the respondent's pain scale, and after the compress, measured the back pain scale.

Data Analysis

Researchers collected data using observation, identification, interviews, and filling out observation sheets. In collecting data, case studies must be careful, intensive, and comprehensive to obtain accurate data. The presentation of the data is adjusted to the selected descriptive research design. The information is presented in a textual/narrative way for case study research. It can be accompanied by a snippet of verbal expressions from the research subjects, which are the supporting data.

Ethical considerations

In conducting research, it is necessary to obtain recommendations from the institution or other parties by applying for permission to the institution or institution where the research is conducted. After receiving approval, then conducting research by pressing ethical issues, which include:⁽¹⁸⁾ Understanding Basic Human Rights where humans have the freedom to determine themselves. So that the analysis to be carried out truly upholds human freedom.

RESULTS AND DISCUSSION

This study's results indicate a gap between theory and real cases

in patients with an impaired sense of comfort and pain in rheumatoid arthritis patients. To facilitate the discussion, the researcher used a nursing care process approach.

Assessment

The assessment is carried out directly on Mrs. W with the interview results. It is known that Mrs. W is 76 years old, Muslim has an elementary education, and no longer works. During the assessment process, the main

complaint felt by Mrs. W was a feeling of pain in the joints of the left and right legs on a pain scale of 4, as in the prickling pain that comes and goes. The objective data shows Mrs. W wincing in pain when walking and looking easy Tired when walking. The pain has been since two years ago and comes and goes. The results of the physical examination (head to toe), Katz Independence Index, and Social Examination with Spiritual Mrs. W showed no other complaints or problems in other body parts.

Diagnosis

Nursing diagnoses in this case study are The first diagnosis, acute pain associated with metabolic disorders based on the subjective data. Mrs. W complained of pain in the joints of the left and right legs accompanied by a pain scale of 4. The results of the objective data of Mrs. W looked grimace and got tired quickly when walking. The second diagnosis, impaired physical mobility, was associated with decreased muscle strength. Mrs. W said it was difficult to move his legs and objective data on muscle strength and ROM range of motion declined with physical weakness. The third diagnosis is the risk of falling associated with the age of 65 years. Mrs. W said his knee hurts when taken for a long walk, and the objective data is that the client walks by holding on to objects around, the client's walking ability is weak, and the Morse scale score is 55.

Interventions

Acute pain related to metabolic disorders: Pain management by observing includes identification of location, characteristics, duration, frequency, quality, and intensity of pain. Then, identify the pain scale and identify non-verbal pain responses. Furthermore, treatment includes non-pharmacological techniques to reduce pain (warm compresses), an environmental control that exacerbates pain, and facilitating rest and sleep. After that, provide education by teaching non-pharmacological techniques to reduce pain.

Physical mobility is associated with decreased muscle strength: Physical mobilization by observing includes identification of pain or other physical complaints and identification of physical tolerance for movement. Furthermore,

treatment includes involving the family to assist the patient in increasing activity. After that, provide education by explaining the purpose and procedure of mobilization, recommending early mobilization, and teaching simple mobilizations that must be done (for example sitting in bed, sitting on the side of the bed, moving from bed to chair).

Fall risk related to age 65: Monitoring the risk of falling by observing includes identifying the patient's cognitive or physical deficits that can increase the potential for falls in specific environments. Identifying environmental characteristics can increase the potential for falls, such as slippery floors, and identifying a history of falls.

Implementation

In carrying out nursing care to patients, there are no obstacles/obstacles specified in the intervention so that it can be implemented in the practice area. Applying nursing care to Mrs. W can be implemented during the research: Implementation on the first day, doing warm compresses with boiled water lemongrass and ginger. The subjective data results obtained by patients said the pain has gotten a little better with a scale of 2, and the legs feel lighter. Then, the results of the objective data raised by the patient did not wince and were able to express their feelings of satisfaction.

On the second day of implementation, they identified non-verbal pain responses with the results of Mrs. W complaining of pain and aches in the legs. Then the results of the objective data presented by the patient appeared to be holding their knees and grimacing in pain. In the next implementation, doing warm compresses with boiled water of lemongrass and ginger with the results of subjective data. The patient said the pain was reduced and supported by the results of objective data. The patient did not wince and could express a feeling of comfort after being compressed. In the next implementation, identifying non-verbal pain responses with subjective data results, the patient said the pain had gotten a little better on a scale of 2, and the legs felt lighter and supported by the results of the objective data. The patient did not wince and was able to express his feelings of satisfaction.

Evaluation

Based on the evaluation, the implementation of acute pain nursing given to Mrs. W experienced a decrease in pain intensity from a pain scale of 4 to a pain scale of 2, indicating the pain level problem was partially resolved. Further planning was given to Mrs. W, namely, continuing the intervention for non-pharmacological therapy of warm compresses with boiled water of lemongrass and ginger.

CONCLUSION

Based on the nursing care process that has been carried out on Mrs. W with a medical diagnosis of Rheumatoid Arthritis at Panti Dewanata Cilacap. Researchers can conclude that the results of the study found pain in the knee joints of Mrs. W with a pain scale of 4, such as stabbing and intermittent pain. The diagnosis that emerged in the case of Mrs. W is acute pain related to metabolic disorders and impaired physical mobility related to decreased muscle strength.

Nursing interventions used in non-pharmacological therapy with ginger compress therapy and warm lemongrass compresses to reduce rheumatoid arthritis pain in the elderly. The implementation of nursing actions is adjusted to the active intervention plan that has been prepared, namely pain management. The final evaluation of the nursing actions taken is that the problem is partially resolved. Hence, it needs to be continued to carry out nursing actions according to the intervention plan.

It is hoped that this research in the development of nursing can add to the breadth of knowledge for the process of nursing care with Rheumatoid Arthritis and can be used as a comparison material in carrying out nursing care in cases of Rheumatoid Arthritis in the elderly.

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