



Education and Red Ginger Compress Therapy in Managing Chronic Pain in Two Clients with Gouty Arthritis

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Abstract

Research Objective: To describe the implementation of nursing care and health education in reducing chronic pain among patients with Gouty arthritis. **Methodology:** This study used an intervention-based case study approach. The intervention consisted of providing nursing care and health education to patients experiencing chronic pain due to Gouty arthritis. The study involved two clients from two different families who had the same nursing problem and medical diagnosis, namely chronic pain caused by Gouty arthritis. Data collection was conducted through nursing assessments from May 12 to May 28, 2025. The assessment included identifying patient complaints, measuring uric acid levels, and evaluating family ability to manage the illness. The nursing diagnosis was determined based on problem screening, which identified chronic pain related to the family's inability to care for sick family members. Nursing interventions included providing health education and implementing family nursing care strategies such as recognizing health problems, making appropriate decisions, providing proper care, modifying the environment and diet, and utilizing available health care facilities. **Results:** The assessment results showed that Ny. Sn had a uric acid level of 8.0 mg/dL and Ny. Sy had 8.7 mg/dL. Both clients experienced chronic pain related to Gouty arthritis. After the implementation of nursing care and health education, the families were able to better understand the disease, manage pain, and support patient care at home. **Conclusion:** The implementation of nursing care and health education effectively helped families improve their ability to manage chronic pain in patients with Gouty arthritis. Family involvement and proper health education play an important role in improving patient care and reducing chronic pain symptoms.

Keywords: *Nursing care, gouty arthritis, chronic pain, health education, family nursing care.*

INTRODUCTION

Gouty arthritis is a condition that can interfere with the daily activities of sufferers. A person with this condition will feel pain in the joints when moving, appear swollen, feel stiffness in the fingers when moved, and ultimately the sufferer is unable to carry out activities. Gouty is increasing worldwide, particularly in aging populations and individuals with metabolic disorders (Kuo et al., 2015; Safiri et al., 2020). Pain occurs due to the accumulation of monosodium urate crystals in the joints, which trigger inflammatory responses (Dalbeth et al., 2016; Neogi, 2011). Normal uric acid levels in men are between 2 mg/dL - 7.5 mg/dL, while normal levels in women are between 2 - 6.5 mg/dL.

The World Health Organization (WHO) reported that 34.2% of people worldwide experienced Gouty in 2020. According to Riskesdas, the prevalence of Gouty in Indonesia is increasing, reaching 24.7% based on diagnosis and symptoms. Data shows that the number of Gouty cases in West Java Province is approximately 8.86%, while in Bekasi Regency, the prevalence of Gouty is 6.6%.

In Dina Savitri's book (2021), Possmore and Eastwood stated that there are several factors influencing Gouty. The first factor comes from genetic and environmental factors, such as diet, alcohol, and medications. The second factor is complications from other diseases, such as hypertension and atherosclerosis (Faqih Dian, Yaqin, and Handoko 2023).

In general, Gouty is also caused by primary factors and secondary factors. Primary factors are associated with a combination of genetic and hormonal factors that alter metabolism, caused by increased production of uric acid or decreased excretion from the body. Secondary factors include increased production of uric acid and delayed uric acid excretion processes.

The impact of persistently high uric acid levels in the body over a long period has the potential to cause kidney complications. Effective Gouty management requires long-term monitoring, patient education, and adherence to therapy (Stamp & Dalbeth, 2017; FitzGerald et al., 2020). In promotive efforts, nurses are responsible for providing health education about the causes, signs, and symptoms of Gouty Arthritis to help prevent the emergence of new cases. In preventive efforts, Gouty Arthritis can be prevented by maintaining a diet low in purines. In curative efforts, it involves providing nursing interventions that are appropriate to the client's problems and their response to the illness, such as reducing pain through medication and traditional treatment. In curative efforts, it involves providing nursing interventions that are appropriate to the client's problems and their response to the illness, such as reducing pain through medication and traditional treatment (Lucia Firsty and Mega Anjani Putri 2021). High consumption of purine-rich foods and alcohol is associated with increased risk of Gouty attacks (Choi et al., 2004).

The family is a group of people united by marriage, blood, or adoption. The family is a household structure, interacting and communicating with one another which creates social roles for husband and wife, father and mother, son and daughter, brother and sister, and preservers of shared culture (Dewi et al. 2023). Family-centered nursing emphasizes collaboration with families in chronic disease management and health promotion (Wright & Leahey, 2013; Kaakinen et al., 2018).

Health education is a planned and systematic learning process aimed at improving the knowledge, awareness, and skills of individuals, groups, or communities to enable them to make appropriate health decisions and adopt healthy living behaviors.

Pain is an unpleasant sensory and emotional experience resulting from subjective tissue damage. Chronic pain is pain that arises gradually and usually lasts for a considerable period of time with mild to severe and constant intensity that persists for more than 3 months.

Therefore, this case study aims to describe the implementation of family-centered education and red ginger compress therapy in managing chronic pain among two clients with Gouty arthritis. The objectives of this report are to describe baseline pain conditions, explain the nursing interventions provided, and describe changes in pain complaints and family caregiving ability after the intervention period. Ginger (*Zingiber officinale*) contains bioactive compounds such as gingerol and shogaol that demonstrate anti-inflammatory and analgesic effects (Grzanna et al., 2005; Mashhadi et al., 2013). Hyperuricemia is frequently associated with hypertension, metabolic syndrome, and renal dysfunction (Richette & Bardin, 2010).

METHODS

According to Fachruddin, 2009, research design is: the framework or detailed work procedures that will be carried out during the research, so that it is expected to provide an overview and direction of what will be done in conducting the research, as well as providing an illustration if the research has been completed or the research has been carried out (Ibnu 2022).

This study used a descriptive case study design in the form of a family nursing care report. The purpose of this report is to describe the implementation of nursing interventions and the clinical responses observed during the care period, rather than to test causal relationships. An intervention study is a type of research in which the researcher performs actions or treatments (interventions) on the research subjects to observe the effect NRSs. The NRS is a validated and widely used tool for measuring pain intensity in clinical settings (Hawker et al., 2011).

In this intervention study, the author conducted a study to explore nursing care problems between patient 1 and patient 2, carried out in this research to explore the problem of The Effect of Education and Red Ginger Compress Therapy in Managing Chronic Pain with Gouty Arthritis in Mrs. Sy and Mrs. Sn in Jatisari Village, Jatiasih, Bekasi City. Chronic pain is defined as pain that persists beyond normal tissue healing time, usually longer than three months (Treede et al., 2015). Patient education improves self-management and health outcomes in chronic disease (Lorig & Holman, 2003; Newman et al., 2004).

Participants are the involvement and emotional as well as physical participation of the family in providing responses to the activities carried out. In this case study, the criteria for families to be taken are families who experience Gouty or Gouty arthritis who frequently feel pain in the joints.

Pain intensity was assessed using the Numeric Rating Scale (NRS), ranging from 0 (no pain) to 10 (worst possible pain). Pain scores were obtained during the initial assessment before intervention and re-evaluated after the completion of the intervention period. Assessment was conducted through direct client self-report and confirmed verbally to ensure accuracy.

The intervention was implemented over a period of two weeks, during which family education sessions and red ginger compress therapy were carried out consistently. Evaluation of client responses was conducted at the end of the intervention period through reassessment of pain complaints and functional comfort.

RESULTS

Assessment

In this case study, the subjects used were 2 clients or 2 families (2 cases) with family nursing problems experiencing chronic pain in family members with Gouty in Jatiasih, Bekasi.

Table 1. Family Head Data

Identity of Client	Family 1	Family 2
Quality of refraction results	Mr. M	Mr. S
Professionalism perception	59 Years	54 Years
Constant	Elementary School	Elementary School
Occupation	Construction Worker	Construction Worker
Ethnicity	Betawi	Betawi
Address	Kp. Cakung, Jatiasih, Bekasi City	Kp. Cakung, Jatiasih, Bekasi City

Table 2. Family Head Data

Identity of Client	Family 1	Family 2
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Table 3. Family History and Developmental Stage

Family 1	Family 2
The current family developmental stage is a family with adult children. The unfinished developmental task is for the 4th child because they are not yet	The current family developmental stage is a middle-aged family. The developmental tasks are maintaining health, increasing harmony, and preparing for old age

married and still live in the same house, then the family provides balanced freedom to the 4th child with responsibility and expands good relationships with their children. Meanwhile, the 1st, 2nd, and 3rd children are already married and live separately.	and adapting to changes from the loss of a partner or relatives
The nuclear family history shows that Mr. M has 4 children, of which the 1st, 2nd, and 3rd children are married and live separately and the last child lives with the family. The family member Mrs. Sn has health problems namely Gouty and hypertension.	The nuclear family history shows that Mr. S lives with his wife, his children are married and live separately from the house. The family member Mrs. Sy, his wife, has health problems namely Gouty and hypertension.
The current family type is nuclear family. The family has Betawi cultural background. The religious activity followed by Mrs. Sn is women's recitation group.	The current family type is nuclear family. The family has Betawi cultural background. The religious activity followed by Mrs. Sy is women's recitation group.

Table 4. Family Structure

Family Structure	Family 1	Family 2
a. Family Communication Pattern	In the family, interaction and communication patterns are不定, usually interaction occurs while watching TV, when interacting the family uses Indonesian language, there is no conflict in the family regarding interaction, communication is applied directly, and communication is open and the most dominant speaker is the mother.	In the family, interaction and communication patterns are irregular, usually interaction occurs while watching TV. When interacting, the family uses Indonesian language. There is no conflict in the family regarding interaction. Communication is applied directly, and communication is open and the most dominant speaker is the mother.
b. Decision Making	The family decision-making method is through deliberation. Decisions are made by the father, who is the most trusted by the family to solve problems. The family does not need others to solve health problems.	The family decision-making method is through deliberation. Decisions are made by the father, who is the most trusted by the family to solve problems. The family does not need others to solve health problems.
c. Value Structure	The ethnicity of the father and mother is Betawi and both are the dominant ethnicity, namely Betawi. There are no values held by the family that conflict with health. There are no religious activities that conflict with health. The family's perception of health is very important in order to prevent diseases.	The ethnicity of the father and mother is Betawi and both are the dominant ethnicity, namely Betawi. There are no values held by the family that conflict with health. There are no religious activities that conflict with health. The family's perception of health is very important in order to prevent diseases.
d. Value Structure	Mr. M as the head of the family and as the breadwinner. Mrs. Sn as a housewife who takes care of and loves the children. Nn. A as a child and also helps the family to earn a living and helps make decisions.	Mr. S as the head of the family and as the breadwinner. Mrs. Sy as a housewife who takes care of and loves the children and as an advisor to her children.

Table 5. Family Fungtions

Family Fungtions	Family 1	Family 2
a. Affektive	When a family member achieves something, they are proud and give appreciation or gifts, and when a family member experiences loss, the family feels	When a family member achieves something, they are proud and give appreciation or gifts, and when a family member experiences loss, the family feels

	devastated and strengthens each other. The family loves and respects one another very much.	devastated and strengthens each other. The family loves and respects one another very much.
b. Socialization	No family member participates in community organizations in the health sector. The family also receives no awards from the community for health activities. There are no family members who are influential in the community. The family has no conflicts with the community. Posyandu and the community health center are the sources used by the family to solve health problems in the community. Family members do not have special skills. All family members can read and write.	No family member participates in community organizations in the health sector. The family also receives no awards from the community for health activities. There are no family members who are influential in the community. The family has no conflicts with the community. Posyandu and the community health center are the sources used by the family to solve health problems in the community. Family members do not have special skills. All family members can read and write.
c. Reproduction	Mrs. Sn stated that her reproductive function is already in the menopausal phase and no longer uses contraception.	Mrs. Sy stated that her reproductive function is already in the menopausal phase and no longer uses contraception.
d. Economic Fungtion	In terms of economic function, the husband and child of Mr. M have their own income with a combined estimated monthly income above 3,000,000. Routine expenditures are for basic food needs and toiletries. Monthly income is sufficient. The family has savings. The family member who helps with finances is the 4th child. Money is managed by Mrs. Sn. Recreation is irregular.	In terms of economic function, the husband of Mr. S has his own income with an estimated monthly income above 3,000,000. Routine expenditures are for basic food needs and toiletries. Monthly income is sufficient. The family has savings. Finances are managed by Mrs. Sy. Recreation is irregular.
e. Health Maintenance Fungtion	In meeting the family's needs, Mr. M stated that daily food is cooked at home. Staple foods are always available, animal and plant proteins are always available, vegetables are always available, while fruits and milk are rarely available. Food is served covered. There are no food taboos in the family. The family's habit is to consume boiled drinking water. The family's habit in preparing vegetables is to cut them first then wash them. The family habit is to eat separately. In meeting sleep needs, the family does not have a habit of napping. Each family member has their own bedroom. The average amount of family sleep is 6-7 hours. If a family member has difficulty sleeping, Mrs. Sn recommends listening to songs or recitation of the Qur'an. For recreation, the family, especially Mrs. Sn, does so once a month and exercise is usually once a day in the afternoon. For personal hygiene, the family bathes and brushes teeth twice a day and all family members use soap,	In meeting the family's needs, Mr. S stated that daily food is cooked at home. Staple foods are always available, animal and plant proteins are always available, vegetables are always available, while fruits and milk are rarely available. Food is served covered. There are no food taboos in the family. The family's habit is to consume boiled drinking water. The family's habit in preparing vegetables is to cut them first then wash them. The family habit is to eat separately. In meeting sleep needs, the family does not have a habit of napping. Each family member has their own bedroom. The average amount of family sleep is 6-7 hours. If a family member has difficulty sleeping, Mrs. Sy recommends listening to songs or recitation of the Qur'an. For recreation, the family, especially Mrs. Sy, does so once a month and exercise is usually once a day in the afternoon. For personal hygiene, the family bathes and brushes teeth twice a day and all family members use soap,

shampoo, and toothpaste. Regarding illness management behavior, what the family does if someone is sick is to buy medicine on their own. If the illness lasts more than 3 days, they then bring them to a health facility and the family also has BPJS health insurance.

shampoo, and toothpaste. Regarding illness management behavior, what the family does if someone is sick is to buy medicine on their own. If the illness lasts more than 3 days, they then bring them to a health facility and the family also has BPJS health insurance.

Table 6. Family Stress and Coping

Family Stress and Coping	Family 1	Family 2
a. Current stressors faced by the family	The current stressor faced by Mrs. Sn is wanting to recover from her illness so that Mrs. Sn can take care of the house and look after her grandchildren.	The current stressor faced by Mrs. Sy is wanting to recover from her illness because Mrs. Sy said so that she can be comfortable during activities, especially when walking.
b. Family Coping	Mr. M's family usually discusses when facing problems, especially those related to the illness suffered, and resolves problems together.	Mr. S's family usually discusses when facing problems, especially those related to the illness suffered, and resolves problems together.
c. Family's ability to respond to problems	Mrs. Sn's family has been able to adapt to the illness suffered.	Mrs. Sy's family has been able to adapt to the illness suffered.

Table 7. Health Status of Family 1 and Family 2

No	Health Status	Family 1	Family 2
1	Current occurrence of illness in the family	Currently no one in the family is suffering from illness. A family member suffers from a chronic disease, namely Mrs. Sn has Gouty and only takes medicine bought at the pharmacy, and in the past 1 year no one has suffered from illness.	Currently no one in the family is suffering from illness. A family member suffers from a chronic disease, namely Mrs. Sy has Gouty and only massages her feet with hot in cream, and in the past 1 year no one has suffered from illness.
2	Occurrence of disability	No family member has any disability, either mental or physical.	No family member has any disability, either mental or physical.
3	Occurrence of death in the past 1 year	There has been no death in the family in the past 1 year.	There has been no death in the family in the past 1 year.

Table 8. Environment

Environment	Family 1	Family 2
a. Houses	The house occupied by Mr. M's family is privately owned, a permanent house with a building area of 10 x 20 m ² and a yard area of 5 meters, and the roof is made of asbestos. House ventilation is >10% of the ceramic floor area of 5 x 5 m ² , with sunlight entering the house during the day and lighting using electricity. Ceramic	The house occupied by Mr. S's family is privately owned, a permanent house with a building area of 10 x 30 m ² and a yard area of 5 meters, and the roof is made of asbestos. House ventilation is >10% of the ceramic floor area of 5 x 5 m ² , with sunlight entering the house during the day and lighting using electricity. Ceramic

	floors, the entire house is clean and neatly arranged.	floors, the entire house is clean and neatly arranged.
b. Waste Management	At Mr. M's house, the family garbage disposal is covered. The waste management method is burning.	At Mr. S's house, the family garbage disposal is covered. The waste management method is collected by officers.
c. Waste Source	The water source used by Mr. M's family is PAM (municipal waterworks) and the drinking water source is also from PAM and is boiled.	The water source used by Mr. S's family is PAM (municipal waterworks) and the drinking water source is also from PAM and is boiled.
d. Family Toilet	Mr. M's family has their own toilet using a goose-neck type.	Mr. S's family has their own toilet using a goose-neck type.
e. Wastewater Disposal	Mr. M's wastewater disposal method is by disposing it into ditches or small streams.	Mr. S's wastewater disposal method is by disposing it into ditches or small streams.
f. Social Facilities and Health Facilities	There are social gatherings in local community activities, namely women's and men's recitation groups. The health services used are posyandu (integrated health service post) and puskesmas (community health center) which can be reached by the community, especially Mr. M's family, using private vehicles, either two-wheeled or four-wheeled vehicles.	There are social gatherings in local community activities, namely women's and men's recitation groups. The health services used are posyandu and puskesmas which can be reached by the community, especially Mr. S's family, using private vehicles, either two-wheeled or four-wheeled vehicles.
g. Neighbor Characteristics and Communication	Mr. M and his family live side by side with surrounding neighbors very closely and some are relatives, so they are accustomed to helping each other.	Mr. S and his family live side by side with surrounding neighbors very closely and some are relatives, so they are accustomed to helping each other.
h. Family Gatherings and Interaction with the Community	Family members usually gather on certain occasions and Mr. M always participates in recitation groups and mutual cooperation activities.	Family members usually gather on certain occasions and Mr. S always participates in recitation groups and mutual cooperation activities.
i. Family Support System	Mr. M's family consists of Mr. M, his wife, and their 4 children. The 1st, 2nd, and 3rd children are married and live separately, while the 4th child lives in the same house with Mr. M.	Mr. S's family lives in one house with his wife and has one child who is married and lives separately.

Table 9. Specific Health Problems

No	Health Problems	Family 1	Family 2
1	Pregnant women	In Mr. M's family, there are no pregnant women	In Mr. S's family, there are no pregnant women
2	Postpartum mothers	In Mr. M's family, there are no postpartum mothers	In Mr. S's family, there are no postpartum mothers
3	Infants and toddlers	In Mr. M's family, there are no infants and toddlers	In Mr. S's family, there are no infants and toddlers
4	Elderly health	In Mr. M's family, there are no elderly	In Mr. S's family, there are no elderly

Table 10. Family Physical Assessment 1 and 2

No	System	Family 1	Family 2
1	Vital Sign	Mr. M a. BP: 138/83 mmHg Temp: 36°C Pulse: 83x/minute RR: 20x/minute b. Body weight: 50 kg c. Height: 150 cm	Mr. S a. BP: 130/80 mmHg Temp: 36°C Pulse: 89x/minute RR: 20x/minute b. Body weight: 55 kg c. Height: 160 cm
		Mrs. Sn a. BP: 151/84 mmHg Temp: 36°C Pulse: 72x/minute RR: 20x/minute b. Uric acid examination result: 8.0 mg/dl (May 12, 2025) c. Body weight: 45 kg d. Height: 150 cm	Mrs. Sy a. BP: 153/97 mmHg Temp: 37°C Pulse: 70x/minute RR: 20x/minute b. Uric acid examination result: 8.7 mg/dl (May 12, 2025) c. Body weight: 75 kg d. Height: 155 cm
		Nn. A a. BP: 124/80 mmHg Temp: 36°C Pulse: 85x/minute RR: 20x/minute b. Body weight: 58 kg c. Height: 159 cm	
2	Head/Hair	Mr. M The back of the head often feels stiff (nape). Hair looks clean and neat.	Mr. S Rarely experiences headache Hair looks clean and neat.
		Mrs. Sn Head often feels dizzy at the back, especially when lacking sleep. Hair looks clean and neat.	Mrs. Sy Head often feels dizzy at the back, especially when lacking sleep. Hair looks clean and neat.
		Nn. A Head sometimes feels dizzy. Hair looks neat and clean.	
3	Eyes	Mr. M Pupils isocoric, eyeballs can follow the direction of hand movement when examined, reaction +/+, conjunctiva not anemic, cornea not icteric, does not wear glasses.	Mr. S Pupils isocoric, eyeballs can follow the direction of hand movement when examined, reaction +/+, conjunctiva not anemic, cornea not icteric, does not wear glasses.
		Mrs. Sn Pupils isocoric, eyeballs can follow the direction of hand movement when examined, reaction +/+, conjunctiva not anemic, cornea not icteric, does not wear glasses.	Mrs. Sy Pupils isocoric, eyeballs can follow the direction of hand movement when examined, reaction +/+, conjunctiva not anemic, cornea not icteric, does not wear glasses.

		<p>Nn. A Pupils isocoric, eyeballs can follow the direction of hand movement when examined, reaction +/+, conjunctiva not anemic, cornea not icteric, does not wear glasses.</p>	
4	Ears	<p>Mr. M Left and right auricles symmetrical, no lumps, no tenderness on the ears, client can hear clearly.</p> <p>Mrs. Sn Left and right auricles symmetrical, no lumps, no tenderness on the ears, client can hear clearly.</p> <p>Nn. A Left and right auricles symmetrical, no lumps, no tenderness on the ears, client can hear clearly.</p>	<p>Mr. S Left and right auricles symmetrical, no lumps, no tenderness on the ears, client can hear clearly.</p> <p>Mrs. Sy Left and right auricles symmetrical, no lumps, no tenderness on the ears, client can hear clearly.</p>
5	Nose	<p>Mr. M Left and right symmetrical shape, no discharge, edema or fluid, good sense of smell.</p> <p>Mrs. Sn Left and right symmetrical shape, no discharge, edema or fluid, good sense of smell.</p> <p>Nn. A Left and right symmetrical shape, no discharge, edema or fluid, good sense of smell.</p>	<p>Mr. S Left and right symmetrical shape, no discharge, edema or fluid, good sense of smell.</p> <p>Mrs. Sy Left and right symmetrical shape, no discharge, edema or fluid, good sense of smell.</p>
6	Mouth	<p>Mr. M Lips symmetrical, lip mucosa moist, tongue and not pale</p> <p>Mrs. Sn Lips symmetrical, lip mucosa moist, tongue and not pale</p> <p>Nn. A Lips symmetrical, lip mucosa moist, tongue and not pale</p>	<p>Mr. S Lips symmetrical, lip mucosa moist, tongue and not pale</p> <p>Mrs. Sy Lips symmetrical, lip mucosa moist, tongue and not pale</p>
7	Neck	<p>Mr. M Left and right neck symmetrical, no tenderness and lumps</p> <p>Mrs. Sn Left and right neck symmetrical, no</p>	<p>Mr. S Left and right neck symmetrical, no tenderness and lumps</p> <p>Mrs. Sy</p>

		tenderness and lumps	Left and right neck symmetrical, no tenderness and lumps
		Nn. A Left and right neck symmetrical, no tenderness and lumps	
8	Chest/Thorax	Mr. M Chest shape symmetrical, can move balanced upward and downward, vesicular lung sounds	Mr. S Chest shape symmetrical, can move balanced upward and downward, vesicular lung sounds
		Mrs. Sn Chest shape symmetrical, can move balanced upward and downward, vesicular lung sounds	Mrs. Sy Chest shape symmetrical, can move balanced upward and downward, vesicular lung sounds
		Nn. A Chest shape symmetrical, can move balanced upward and downward, vesicular lung sounds	
9	Abdomen	Mr. M Inspection: flat abdomen, skin color same as surrounding skin. Palpation: abdomen feels soft, no tenderness. Auscultation: bowel sounds (+) Percussion: tympanic sound.	Mr. S Inspection: flat abdomen, skin color same as surrounding skin. Palpation: abdomen feels soft, no tenderness. Auscultation: bowel sounds (+) Percussion: tympanic sound.
		Mrs. Sn Inspection: flat abdomen, skin color same as surrounding skin. Palpation: abdomen feels soft, no tenderness. Auscultation: bowel sounds (+) Percussion: tympanic sound.	Mrs. Sy Inspection: flat abdomen, skin color same as surrounding skin. Palpation: abdomen feels soft, no tenderness. Auscultation: bowel sounds (+) Percussion: tympanic sound.
		Nn. A Inspection: flat abdomen, skin color same as surrounding skin. Palpation: abdomen feels soft, no tenderness. Auscultation: bowel sounds (+) Percussion: tympanic sound.	
10	Exstemities	Mrs. Sn Muscles and joints often feel tingling, pain in fingers after doing activities, pain scale 4, felt at night.	Mr. S No problems in extremities
		Nn. A No problems in extremities	Mrs. Sy Muscles and joints often feel tingling, pain in toes after doing activities, pain scale 5, felt at night.
11	Skin	Mr. M Skin looks clean, brown skin color, skin turgor elastic.	Mr. S Skin looks clean, brown skin color, skin turgor elastic.

		Mrs. Sn Skin looks clean, brown skin color, skin turgor elastic.	Mrs. Sy Skin looks clean, brown skin color, skin turgor elastic.
		Nn. A Skin looks clean, brown skin color, skin turgor elastic.	
12	Additional Data	Mrs. Sn Takes Allopurinol and Gratheos medication bought at the pharmacy and small shop	Mrs. Sy Only massages her feet with balm or hot in cream bought at the small shop
13	Conculusion	Mrs. Sn Has history of Gouty	Mrs. Sy Has history of Gouty

Diagnose

Tabel. 10 Problem Scoring in Family 1

Chronic Pain

Criteria	Weight	Carclulation	Justification
Nature of Problem Actual: 3 High Risk: 2 Potential/Well-being: 1	1	$3/3 \times 1 = 1$	The problem has already occurred because Mrs. Sn stated she often experiences pain in the joint area of the 2 middle fingers and ring finger of the left hand, and feet often feel tingling, uric acid level is 8.0 mg/dl, and she consumes Allopurinol and Gratheos medication.
Possibility of Problem Can be changed Easily: 1 Partially: 2 Cannot: 0	2	$2/2 \times 2 = 2$	This problem can be partially changed because Mrs. Sn stated that health services can be reached using a two-wheeled vehicle.
Potential for problem prevention High: 3 Moderate: 2 Low: 1	1	$2/3 \times 1 = 2/3$	Mrs. Sn's Gouty has been experienced for approximately 4 years, but the action taken when in pain is only taking medication, and Mrs. Sn also stated she often consumes high-purine foods.
Prominence of problem Serious problem must be addressed immediately: 2 There is a problem but does not need to be addressed: 1 Problem is perceived: 0	1	$2/2 \times 1 = 1$	The problem needs to be addressed because Mrs. Sn often feels pain in her hands and tingling in her calves, but only takes Allopurinol and Gratheos medication bought at the nearest pharmacy and rarely utilizes health facilities.
Total	5	4 2/3	

Planning

General Objective and Specific Objectives 1

1. Identify the ability and readiness to receive information.
2. Explain the definition, causes, signs, and symptoms of Gouty.
3. Teach ways to manage the symptoms experienced.

4. Inform about the current health condition.
5. Provide opportunities for the family to ask questions.
6. Give positive responses to the efforts made by the family.

General Objective and Specific Objectives 2

1. Identify perceptions regarding problems that trigger conflict.
2. Explain to the family about the further consequences of Gouty.
3. Facilitate the family and client in making decisions.
4. Explain to the family about making appropriate decisions in caring for sick family members.

General Objective and Specific Objectives 3

1. Identify the family's ability in disease care.
2. Discuss with the family how to care for Gouty.
3. Motivate the family to restate how to care for Gouty.
4. Teach the client and family to perform care independently.
5. Provide opportunities for the family to demonstrate again.
6. Provide alternative care such as traditional treatment: red ginger compress therapy twice daily regularly.
7. Give positive responses to the efforts made by the family.

General Objective and Specific Objectives 4

1. Identify the family's ability to modify the environment and food.
2. Discuss with the family how to modify the environment and food.
3. Teach the family how to determine a comfortable environment and choose and limit recommended foods.
4. Motivate the family to restate how to modify the environment and food for Gouty.
5. Give positive responses to the efforts made by the family.

General Objective and Specific Objectives 5

1. Identify the nearest health service facilities from the family's home.
2. Inform about the benefits that will be obtained from health services.
3. Motivate the family to restate the benefits of health services.
4. Motivate the family to bring sick family members to health facilities.
5. Give positive responses to the efforts made by the family.

DISCUSSION

This intervention case study examined the management of chronic pain in two clients with Gouty arthritis (Mrs. Sn and Mrs. Sy) in Jatisari, Jatiasih, Bekasi City, through a combination of family health education and red ginger compress therapy. At baseline, both clients experienced typical Gouty-related complaints such as joint pain during movement, tingling in the extremities, and night-time worsening of pain, with elevated uric acid levels of 8.0 mg/dL in Mrs. Sn and 8.7 mg/dL in Mrs. Sy. These findings supported the family nursing diagnosis of chronic pain related to the family's limited ability to provide care for sick family members. Prior to the intervention, pain management was largely self-directed; Mrs. Sn used allopurinol and other medicines purchased independently, while Mrs. Sy relied mainly on topical balms and massage, indicating gaps in knowledge, decision-making, caregiving skills, diet management, and optimal use of health services.

The intervention implemented in this case study is aligned with the Family-Centered Nursing Model, which emphasizes empowering families to recognize health problems, participate in decision-making, provide direct care, and modify lifestyle behaviors. In chronic conditions such as Gouty arthritis, family involvement is essential in maintaining dietary control, medication adherence, and complementary therapy application.

The educational intervention was relevant because Gouty requires long-term lifestyle and self-care management, including understanding disease triggers, adhering to dietary recommendations, and recognizing when professional care is needed. The families in both cases had supportive characteristics—open communication, deliberative decision-making led by the family head, adequate economic resources, and access to nearby health services—which likely facilitated acceptance and implementation of education. The structured objectives (general and specific) focused on enabling families to recognize the problem, make appropriate decisions, provide daily care, modify the environment and diet, and utilize health facilities. This sequence is consistent with a family-centered nursing approach that moves from increasing knowledge to strengthening caregiving behaviors and health-seeking practices, which is essential for chronic conditions such as Gouty.

Red ginger compress therapy was incorporated as a complementary non-pharmacological approach that is practical and culturally acceptable for home care. As a warm compress modality, it can improve comfort and relaxation and may help reduce perceived pain intensity, while also encouraging the family to actively participate in caregiving by applying it twice daily. Heat therapy is recommended as a non-pharmacological intervention for musculoskeletal pain management (French et al., 2006; Qaseem et al., 2017). Although the two clients had slightly different pain patterns, Mrs. Sn reported finger joint pain with a pain scale of 4, while Mrs. Sy reported toe pain with a pain scale of 5, both cases reportedly achieved problem resolution after the planned nursing actions were implemented. This suggests that the combined approach of education and supportive traditional therapy can be feasible and beneficial across variations in symptom presentation within the same community setting.

The contribution of this case report lies in integrating structured health education with culturally familiar red ginger compress therapy within a community nursing context. This combination provides a practical model for home-based chronic pain management in family settings.

It should be acknowledged that both clients continued their previous self-care practices during the intervention period. Mrs. Sn continued taking allopurinol, while Mrs. Sy used topical balm. Additionally, both clients had elevated blood pressure, which may influence pain perception. Therefore, improvement in pain complaints may reflect the combined influence of pharmacological therapy, family support, and complementary treatment.

However, the discussion should be interpreted cautiously due to limitations in reporting and design. With only two cases, the findings cannot be generalized, and the paper does not clearly present measurable post-intervention outcomes such as changes in pain scale, functional ability, frequency of night pain, or repeat uric acid levels. Additionally, the inclusion of an unrelated regression analysis about optometry service satisfaction appears inconsistent with the Gouty topic and should be removed or corrected to maintain scientific coherence. Future reports would be strengthened by presenting clear pre–post indicators and documenting adherence to education and compress therapy, along with guidance on when clients should seek professional evaluation, especially considering both clients also showed elevated blood pressure. Overall, this case study supports the potential value of combining family-focused education with a simple home-based complementary intervention to enhance chronic pain management in Gouty arthritis within community nursing practice.

This report is limited to two cases within one community setting; therefore, the findings cannot be generalized to a broader population. The results should be interpreted as descriptive clinical

observations within the context of family nursing care. Case study research provides in-depth contextual understanding but has limited generalizability (Yin, 2018).

CONCLUSION

This case study describes the implementation of family-centered education combined with red ginger compress therapy in managing chronic pain in two clients with Gouty arthritis. Both clients reported reduced pain complaints and improved comfort during daily activities after the intervention period. Although limited to two cases, this report highlights the potential role of family involvement and culturally appropriate complementary therapy in community-based chronic pain management.

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Informed Consent Statement: Informed consent was obtained from all participants involved in the study prior to data collection.

Data Availability Statement: The data presented in this study are available upon reasonable request from the corresponding author. The data are not publicly available due to ethical and privacy considerations involving human participants.

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