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Nursing Experience of Bian Stone Technique in Treating One Case of Early-Stage Acute Mastitis of Qi Stagnation and Heat Congestion Pattern (Postprint)

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Date: 2022-08-17T00:00:00+00:00

Abstract

This article reports the outcomes of Bian stone technology intervention in one patient with early-stage mastitis of qi stagnation and heat congestion pattern, and reviews the principles and operational procedures of Bian stone technology. Based on comprehensive disease assessment and evaluation of the patient's physical and psychological status, Bian stone technology was implemented to alleviate clinical symptoms, improve prognosis, and help the patient regain confidence in breastfeeding.

Full Text

Bian-Stone Therapy for Early-Stage Acute Mastitis of Qi-Stagnation and Heat-Obstruction Type: A Nursing Case Report

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Abstract

This paper reports the therapeutic effect of Bian-stone therapy in a patient with early-stage acute mastitis of Qi-stagnation and heat-obstruction type, and summarizes the technical principles and operational procedures of Bian-stone therapy. Based on comprehensive assessment of the disease condition and the patient's physical and psychological status, Bian-stone therapy was implemented to alleviate clinical symptoms, improve prognosis, and help the patient regain confidence in breastfeeding.

Keywords: Bian-stone therapy; acute mastitis; Qi-stagnation and heat-obstruction type; breastfeeding

Introduction

Acute mastitis, known as “ruyong”(乳痈) in Traditional Chinese Medicine (TCM), is an acute suppurative condition caused by heat-toxin invasion of the breast. It predominantly occurs in lactating postpartum women, affecting approximately % of multiparous women and % of primiparous women, with a cumulative incidence rate of % among Chinese women [1]. The primary cause is milk stasis and impaired drainage during the early stasis stage, characterized by localized breast nodules, redness, swelling, heat, pain, and systemic symptoms such as fever and chills, which may progress to abscess formation (“chuannang”) [2]. Early intervention during the stasis stage of acute mastitis generally yields favorable outcomes, and TCM therapies have become first-line treatment options in China, widely accepted by patients [3].

Bian-stone therapy, a characteristic TCM technique, has demonstrated clear efficacy in treating mastitis through extensive clinical practice in our hospital's specialized TCM nursing clinic for breast diseases. This paper reviews the clinical data of one patient with early-stage acute mastitis of Qi-stagnation and heat-obstruction type, and presents the principles and operational procedures of Bian-stone therapy.

Clinical Data

Patient Information: A female patient, aged years, weeks postpartum after her first delivery, presented to the breast surgery outpatient clinic with “postpartum milk stasis accompanied by left breast nodules and pain for days.” She reported nipple pain during breastfeeding days prior, followed by generalized malaise, chills, headache, and chest tightness on the evening of admission. Her highest recorded temperature was °C. The patient experienced poor emotional

status, appetite, and sleep during pregnancy and postpartum, with normal urination and dry, constipated stools.

Physical Examination: Both breasts were engorged. Palpation revealed a nodule in the lower outer quadrant of the left breast, approximately cm in size, with spontaneous pain, slightly elevated local temperature, mild redness, and no fluctuation. The tongue was red with a thin yellow coating, and the pulse was rapid. Laboratory and imaging examinations: Ultrasound indicated left breast acute mastitis (stasis stage), Qi-stagnation and heat-obstruction type.

Assessment Scores: - Breast Condition Assessment: Using the Symptom and Sign Quantification Scale for Acute Mastitis [4], breast assessment items included skin redness, breast pain, number of nodules, and nodule size, scored according to established criteria. No skin redness scored 0 points; redness area < cm scored 1 point; cm scored 2 points; > cm scored 3 points. The patient's redness measured cm, scoring 2 points. For pain: no tenderness scored 0; tenderness without spontaneous pain scored 1; spontaneous intermittent pain scored 2; spontaneous continuous pain scored 3. The patient had spontaneous but non-continuous pain, scoring 2 points. For nodules: none scored 0; one nodule scored 1; two nodules scored 2; multiple nodules scored 3. The patient had one nodule, scoring 1 point. Total breast condition score at first visit on day: points.

- **Physical Condition Assessment:** Body temperature was assessed using the same scale. < °C scored 0; °C scored 1; °C scored 2; > °C scored 3 points. The patient's temperature was °C, scoring points. Total physical condition score: points.
- **Psychological Assessment:** The patient had relatively insufficient family support, experienced sudden onset of disease, feared breastfeeding, worried about adverse effects on her infant, and developed anxiety. Screening with the Distress Thermometer (DT) [5] revealed a score of , indicating moderate psychological distress.

Principles of Bian-Stone Therapy

Mechanism: According to *Shuowen Jiezi* (Explaining Simple and Analyzing Compound Characters), “bian” means “to treat disease with stone.” Bian-stone is a medical tool with various shapes that share the same therapeutic functions. Research demonstrates that Bian-stone emits ultrasonic pulses at kHz frequency [6], producing biological effects that promote tissue repair and accelerate nerve conduction velocity. Animal experiments at the China Academy of Chinese Medical Sciences confirmed that Bian-stone induces local temperature elevation when approaching the human body. After treatments at -minute intervals, body surface temperature gradually increased by approximately °C compared to baseline, improving local blood circulation [7]. From a TCM perspective,

Bian-stone therapy dredges meridians, promotes qi and blood circulation, and produces warming and unblocking effects.

Operational Procedure

Bian-stone therapy was conducted in the breast manual therapy room. The nurse assessed the patient's condition, explained the treatment process, and instructed the patient to report any intolerable pain immediately. After preparation, the patient exposed both breasts and shoulders, and appropriate lubricant was applied to relevant acupoint areas.

Technique Application: - **Dazhui (GV14) and Jianjing (GB21) regions:** Sensing, pressing, rolling, rubbing, pricking, stroking, vibrating, and scraping techniques. - **Rugen (ST18), Danzhong (CV17):** Sensing, pressing, vibrating, rotating, and scraping techniques. - **Qimen (LR14), Kufang (ST14), Wuyi (ST15):** Twisting, rotating, vibrating, and pulling techniques.

Acupoints around the breast were pressed and stimulated to promote meridian patency. The nipple was cleaned with medical alcohol cotton swabs, and the nipple-areola region was pinched and lifted to stimulate the milk ejection reflex and promote intrinsic milk duct motility. Lubricant was applied to the breast, and Bian-stone techniques were used to stimulate milk ducts near the glandular tissue to discharge stagnant milk.

Treatment Sequence: Therapy was performed first on the healthy side, then the affected side, with integrated manipulation techniques. For this patient, the right breast was drained first, followed by dredging of the left breast, focusing on the lower outer quadrant.

Layered Dredging Techniques: - **Superficial glandular ducts:** Sensing, rubbing, vibrating, pressing, and scraping. - **Distant glandular ducts:** Sensing, rubbing, vibrating, rotating, warming, pressing, and scraping. - **Deep glandular ducts:** Sensing, rubbing, vibrating, twisting, rotating, warming, pressing, and scraping.

A “full-circumference” dredging approach was applied to all quadrants and layers of the breast to relax collaterals and discharge stagnant milk until the entire breast tissue became uniformly soft. Moderate pressure was applied, with treatment frequency adjusted according to individual needs, typically times per cycle.

Post-treatment, the nurse assisted the patient in wiping off milk from the skin, waited for the patient to dress, then provided health education. Temperature was remeasured after milk drainage, recorded, and equipment was cleaned.

Results

The patient received Bian-stone therapy continuously for treatment cycles. Using the Symptom and Sign Quantification Scale for Acute Mastitis (2017 edition) from the “TCM Diagnosis and Treatment Protocol for Acute Mastitis” [8] as the evaluation method, the patient’s symptom scores decreased from points to points, with an efficacy determination result of . After days of treatment, skin redness resolved, breast pain alleviated, nodules softened and disappeared, and body temperature decreased to °C. Following physician assessment, the patient could continue breastfeeding. She reported enhanced knowledge about breastfeeding, obtained family support after proactive communication, and experienced significant anxiety relief. See .

Discussion

Necessity of TCM Treatment: Acute mastitis is a common disease in breast surgery clinics that affects maternal physical and mental health, reduces quality of life, and impedes breastfeeding [9]. Western medicine emphasizes antibiotic infusion, which disrupts breastfeeding continuation. In recent years, China’s National Health Commission and National Administration of Traditional Chinese Medicine have issued policies such as the “Breastfeeding Promotion Action Plan (2021-2025)” advocating for breastfeeding support. Acute mastitis represents an advantageous disease category for TCM treatment [10], which emphasizes soothing the liver, clearing stomach heat, and unblocking milk to reduce swelling without interrupting lactation.

Rationale for Bian-Stone Application: TCM treatment principles demonstrate the necessity of Bian-stone therapy. First, unblocking milk employs the “treatment by unblocking” method, which is the fundamental principle for treating mastitis [11]. Bian-stone therapy can dredge milk collaterals, eliminate milk accumulation, disperse external pathogens, and unblock defensive qi—all conforming to the meaning of the unblocking method. Reducing swelling employs the “dispersing method.” *Yangke Gangyao* (Essentials of Ulcer Treatment) states: “The primary principle in treating swelling ulcers is always dispersion” [12], and *Waike Zheng Zhi Quansheng Ji* (Complete Collection of Syndrome and Treatment in External Medicine) also mentions: “If no pus has formed, dispersion is appropriate” [13]. Therefore, the stasis stage of mastitis emphasizes “dispersion,” and Bian-stone therapy belongs to external dispersing methods, using warming and acrid dispersion to reduce swelling. Soothing the liver means “dredging liver qi,” and Bian-stone therapy resolves liver qi stagnation caused by various factors while unblocking blood vessels and eliminating stasis. “Clearing stomach heat” addresses how improper diet during lactation damages spleen-stomach transportation function, leading to disharmony among liver, spleen, and stomach organs and abnormal qi-blood circulation. External pathogens more easily invade when defensive qi is weakened, eventually damaging nutrient yin and

disrupting the transformation of fluids, blood, and milk. Bian-stone therapy at this stage functions to unblock bowel excess and discharge stomach heat.

Psychological Support and Nursing Care: Bian-stone therapy can help patients with stasis-stage mastitis achieve favorable outcomes. Notably, such patients often experience poor psychological status requiring psychological counseling. TCM nursing has always emphasized emotional regulation [14]. Research shows that continuous promotion of breastfeeding knowledge and corresponding breast health education during the perinatal period is significant for postpartum women [15]. Key education for this patient included developing good breastfeeding habits: timed feeding, and if milk stasis occurred after breastfeeding, emptying the breasts through massage or breast pumps. Infant oral hygiene should be maintained, and infants should not sleep with the nipple in their mouths [16]. After breastfeeding, the nipple should be cleaned; if fissures occur, sesame oil or egg oil can be applied for breast care [17]. Family members should accompany and care for the patient to prevent loneliness and provide adequate emotional support, as emotional stability and comfort are essential during lactation. A balanced diet with light, easily digestible, nutritious foods is recommended, avoiding greasy, rich, spicy, or seafood products. Fresh fruits and vegetables should be consumed for adequate nutrition. Rest, comfortable clothing, and sufficient sleep are advised. At home, a loose bra can support the affected breast.

Conclusion

As an acute inflammatory condition, mastitis requires early treatment intervention. Applying Bian-stone therapy during the initial stasis stage can prevent disease progression. Future research should consider increasing sample sizes for systematic clinical studies and exploring clinical scenarios where Bian-stone therapy can be combined with other appropriate TCM methods for mastitis, such as external application of Rutong powder, acupuncture, or oral administration of Gualou Niubang decoction, to achieve optimal outcomes. Mechanism studies should also be conducted to provide additional reference value for TCM in clinical treatment.

Conflict of Interest Statement: The authors declare no conflicts of interest.

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