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Postprint: Nursing Experience of Bian Stone Therapy Combined with Auricular Intradermal Needling for Insufficient Milk Secretion During Lactation: A Case Report

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Abstract

This article summarizes the nursing experience of one lactating patient with insufficient milk secretion treated with Bian stone therapy combined with auricular intradermal needle therapy, including nursing assessment, Bian stone treatment methodology and precautions, intradermal needle operation technique, Traditional Chinese Medicine dietary and emotional nursing care, among others. On the basis of comprehensive nursing assessment and routine nursing care, implementing Bian stone therapy combined with auricular intradermal needle therapy can effectively alleviate patient pain and insufficient milk secretion, with relatively high treatment safety and good patient acceptance.

Full Text

Nursing Experience in Treating One Case of Inadequate Lactation with Stone Needle Therapy Combined with Intradermal Needle at Auricular Acupoints

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Abstract

This paper summarizes the nursing experience of a postpartum patient with insufficient breast milk secretion treated with stone needle therapy combined with intradermal needle at auricular acupoints. The nursing approach encompassed comprehensive assessment, stone needle therapy methods and precautions, intradermal needle operation techniques, and Traditional Chinese Medicine (TCM) dietary and emotional care. Based on thorough nursing evaluation and routine care, the combined intervention effectively alleviated the patient's pain and improved milk secretion with high safety and good patient acceptance.

Keywords: inadequate breast milk production; stone needle; intradermal needle; Traditional Chinese Medicine nursing; breastfeeding

Introduction

Breast milk contains all essential nutrients required for infants within six months of age, and breastfeeding promotes maternal physical recovery and enhances mother-infant bonding. However, clinical reports indicate that breastfeeding rates have declined annually in recent years, with high incidence of postpartum hypogalactia being a major contributing factor. Insufficient milk secretion not only affects maternal health and quality of life but also compromises infant nutrition. Western medicine primarily uses pharmacological agents to increase milk production, but these require suspension of breastfeeding and may negatively impact the nursing process. TCM offers diverse treatment modalities that do not interfere with normal breastfeeding, cause minimal bodily harm, and are readily accepted by patients. Both Western and Chinese medicine emphasize the importance of emptying breast milk, which benefits maternal health and lactation. TCM treatment follows the principle of “promoting flow as the foundation and dispersing stagnation as the priority,” addressing root causes through syndrome differentiation. This study summarizes the nursing experience of one case of lactation insufficiency treated with combined stone needle and intradermal needle therapy.

1. Clinical Data

The patient was a female who presented to the Breast Surgery Clinic of Dongfang Hospital, Beijing University of Chinese Medicine on [date], with chief complaints of breast pain and postpartum milk insufficiency. She reported inadequate milk secretion prior to admission that failed to meet her infant's needs. The patient was in a weakened postpartum state with milk supply-demand imbalance. Ultrasound examination revealed lactation-period manifestations in both breasts, with mild redness in the left breast, poor mammary gland development, and insufficient ductal secretion. TCM syndrome differentiation diagnosed mammary

abscess (qi and blood deficiency type). The patient received specialized TCM nursing interventions for breast conditions in the manual therapy room of the breast surgery clinic.

The patient was a primipara who reported difficult labor. She had no history of smoking or alcohol consumption but preferred sweet foods. After cyclical treatment, the patient reported increased milk secretion with improved accompanying symptoms and gradually ameliorated emotional state and pain reduction.

2. Nursing Assessment

Pain Assessment: Pain was evaluated using the Visual Analogue Scale (VAS), a 10-cm linear scale quantifying subjective pain intensity with “0” representing no pain and “10” representing the worst imaginable pain. Higher scores indicate greater pain severity. This patient’s VAS score was 3, indicating mild pain.

Physical Condition: Inspection revealed a thin white tongue coating with dark red tongue body. Palpation showed a wiry and slippery pulse. The patient complained of fatigue, poor appetite, and insomnia.

Lump Size Assessment: The grading standard for breast lumps was: 0 points for no lump; 1 point for maximum transverse diameter < 3 cm; 2 points for diameter 3-5 cm; 3 points for diameter > 5 cm. Visual examination identified a small milk stasis-induced lump in the left breast. Medical measurement showed the longest transverse diameter was 2 cm, yielding a score of 1.

Breastfeeding Assessment: The breastfeeding classification standard was: exclusive breastfeeding (breast milk only) = 6 points; almost exclusive breastfeeding (< 1 bottle of non-breast milk weekly) = 5 points; high breastfeeding (< 1 bottle non-breast milk daily) = 4 points; partial breastfeeding (1-2 bottles non-breast milk daily) = 3 points; token breastfeeding (minimal nutritional contribution, primarily for infant comfort) = 2 points; bottled feeding (no breast milk) = 1 point. Assessment revealed the patient was in the token breastfeeding stage, scoring 2 points.

3. Nursing Interventions

3.1 Conventional Nursing Care We closely monitored the patient’s condition changes and emotional fluctuations, emphasizing dietary and daily living care. The patient was instructed to increase water intake to prevent milk from becoming too thick and to ensure bowel regularity. Adequate rest and sleep were encouraged. While receiving cyclical treatment, breastfeeding frequency should be appropriately increased to promote milk secretion. The nursing staff guided the patient to consume white radish soup to reduce swelling and relieve

pain. As this patient presented with excess syndrome, a light diet was recommended, avoiding spicy and irritating foods, seafood, and greasy soups such as desserts, fish, shrimp, and fatty meat. Throughout treatment, nurses communicated frequently with the patient, taught correct breastfeeding techniques, helped her relax, and reduce anxiety and tension. The patient was advised to avoid catching cold in daily life.

3.2 TCM Characteristic Nursing Syndrome Differentiation Analysis:

The lesion was located in the breast. According to TCM theory, insufficient milk production results from multiple factors including inadequate qi and blood production, liver qi imbalance, qi stagnation, malnutrition after birth, and poor qi and blood circulation. The nipple belongs to the liver meridian while the breast belongs to the stomach meridian. Milk originates from water and grain essence transformed by the spleen and stomach, sharing the same source as qi and blood, and is transported through milk vessels to be secreted from the nipple. Therefore, milk secretion is closely related to the spleen, stomach, liver, and qi-blood status. TCM treatment follows the principle of syndrome differentiation, addressing deficiency by tonifying and excess by dispersing.

Stone Needle Therapy: Stone needle therapy involves applying a stone needle to the breast area and surrounding acupoints, combined with techniques of sensing, pressing, rolling, rubbing, pricking, scratching, tapping, scraping, twisting, rotating, vibrating, pulling, warming, and cooling. It effectively treats various breast diseases including lactation-period milk stasis, mastitis, mammary hyperplasia, and breast pain syndrome. Stone needle therapy demonstrates excellent therapeutic and health-promoting effects for multiple conditions, reflecting TCM's distinctive advantages, and can be used to treat postpartum hypogalactia.

Operation Method: The patient assumed a supine position and was instructed to relax. The manual therapy room temperature and humidity were maintained appropriately. First, the nipple was cleaned with 75% alcohol cotton swabs to remove surface milk residue. The nipple was then pinched and lifted to stimulate the milk ejection reflex and promote intrinsic milk duct motility. Lubricant was evenly applied to the breast. A warmed stone needle was applied to the Dazhui (GV14) and Jianjing (GB21) regions, using sensing, pressing, rolling, rubbing, pricking, scratching, vibrating, and scraping techniques to initially stimulate the breast. The breast root and Danzhong (CV17) acupoints were then massaged with sensing, pressing, vibrating, rotating, and scraping techniques. Finally, at Qimen (LR14), Kufang (ST14), and Wuyi (ST15) acupoints, twisting, rotating, vibrating, and pulling techniques were applied with acupressure stimulation around the breast to promote meridian patency and increase milk secretion. During operation, the overall breast condition was observed, including nipple fissures and breast redness or swelling. Treatment time for a single breast was < 20 minutes, with each acupoint pressed for 3-5 minutes. Massage techniques should be applied with appropriate pressure and gradual progression, avoiding

excessive haste to prevent unnecessary injury.

Intradermal Needle Therapy: Intradermal needle therapy, also called needle-embedding technique, can treat postpartum milk insufficiency. The operation method involved disinfecting the ear with 75% alcohol, using flat-headed tweezers to apply intradermal needles to acupoints including mammary gland, endocrine, thalamus, subcortex of nervous system, liver, stomach, and emotional points. The needles were pressed vertically into the subcutaneous tissue with fingertips until the patient felt slight pricking sensation, avoiding forceful rubbing. After operation, the patient's sensations were promptly inquired about, and the skin at the operation site was observed for bleeding, redness, swelling, or discomfort. Intradermal needles could stimulate mammary glands to increase milk secretion and improve mammary gland dysplasia and insufficient ductal secretion. The combined application of both therapies complements and synergizes with each other, helping mothers regain breastfeeding confidence and ensuring maternal-infant health.

Breast Massage Guidance: Patients were instructed to apply a 40-45°C hot towel to the breast for 5 minutes before breastfeeding, followed by breast massage. Massage began from the breast periphery gradually moving toward the nipple, then gently squeezing the nipple. The nipple was twisted and pulled several times with index finger and thumb to soften the nipple and areola periphery to facilitate milk flow. The thumb and index finger were placed 2 cm from the nipple root for compression. Massage was performed for 15 minutes per session, twice daily. After massage, the nipple and breast could be washed with warm water.

4. Discussion

Breastfeeding helps improve infant immunity, reduces the risk of childhood obesity and sudden infant death syndrome, and decreases the incidence of allergic diseases. Infants can be breastfed immediately after birth, which facilitates subsequent successful breastfeeding. Liu et al. found through clinical controlled experiments that stone needle therapy combined with Chinese medicine showed good clinical efficacy in treating acute mastitis during the milk stasis phase, being convenient and worthy of promotion. Huo et al. applied seven-step stone needle milk-dredging method for postpartum hypogalactia, concluding it is a significantly effective external TCM manipulation without serious adverse reactions, worthy of clinical application and promotion.

Intradermal needle therapy originates from the *Huangdi Neijing* (Inner Canon of the Yellow Emperor), also called “needle-embedding method,” representing the combined application of cutaneous region theory and acupoint theory. Intradermal needle stimulation at acupoints can excite nerve endings and, through segmental neural conduction, reach the central nervous system to activate neural regulation. The needle tip retained in subcutaneous tissue can trigger hypersen-

sitivity reactions and immune responses, thereby activating immune regulation. Intradermal needles feature rapid onset, safety, painlessness, no toxic side effects, and simple operation, applicable for various pain syndromes and chronic diseases. As a special needle instrument, shallow insertion beneath the skin with retention for a certain period can treat diseases. With accelerated modern lifestyles, intradermal needles have gained increasing attention due to their convenience and effectiveness, with significant improvements in technique and expanded clinical application.

Postpartum milk insufficiency can be effectively treated with combined stone needle and intradermal needle therapy. Stone needle therapy can improve local breast redness and, through massage of corresponding acupoints, stimulate milk production. The combination of both methods offers a safe, effective approach to increase milk yield.

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

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