

Postprint: Nursing Care of a Case of Acute Mastitis with Abscess Formation Treated with Bian Stone Therapy Combined with Blood-letting Puncture

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Abstract

This article summarizes the observation of therapeutic effects and nursing measures for a case of lactational acute mastitis with abscess formation treated with Bian stone therapy combined with collateral pricking and bloodletting. Guided by the theory of syndrome differentiation and nursing care in Traditional Chinese Medicine, the combined treatment of Bian stone therapy and collateral pricking with bloodletting can effectively relieve pain and improve clinical symptoms in patients with lactational acute mastitis.

Full Text

Nursing of a Patient with Acute Mastitis and Breast Abscess Treated by Bian Stone Therapy Combined with Pricking and Blood-letting Therapy

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Abstract

This paper summarizes the effect observation and nursing management of a lactating patient with acute mastitis and breast abscess treated by Bian stone therapy combined with pricking and blood-letting therapy. Under the guidance of Traditional Chinese Medicine (TCM) syndrome differentiation and nursing theory, Bian stone therapy combined with pricking and blood-letting therapy effectively alleviated pain and improved clinical symptoms in the lactating patient with acute mastitis.

Keywords: acute mastitis; Bian stone therapy; pricking and blood-letting therapy; Traditional Chinese Medicine nursing

Introduction

Acute mastitis is an acute inflammatory condition of breast tissue that belongs to the TCM category of “breast abscess” (乳痈). It is an acute purulent infection of the breast. According to TCM theory, this disease primarily results from postpartum milk stasis that transforms into heat and forms pus, or from liver depression and stomach heat causing qi stagnation and blood congestion. The main symptoms include swelling and pain in the affected breast at onset, local tenderness, red skin surface, fever, and in severe cases, high fever with chills and elevated white blood cell counts. Acute mastitis commonly occurs in postpartum lactating women, accounting for a significant proportion of breast infectious diseases. Superficial abscesses may rupture spontaneously outward, while deep abscesses can slowly rupture externally or infiltrate deeper to form retro-mammary abscesses. Improper treatment may lead to chronic persistent mastitis with long-lasting masses or even milk fistulas that are difficult to heal.

Western medicine treats acute mastitis primarily with antibiotics for bacterial infection, but this can easily lead to organization of inflammatory tissue, forming a “stiff mass” that neither resolves nor suppurates [1], thereby affecting maternal and infant health. In recent years, due to various complex factors, the incidence of this disease has not decreased, impacting both maternal recovery and breastfeeding. TCM treatment commonly employs heat-clearing and milk-unblocking methods, which can be divided into the milk stasis stage, pus formation stage, and pus rupture stage according to disease progression. This article reports the effect observation and nursing measures of a lactating patient with acute mastitis and abscess formation treated with Bian stone therapy combined with pricking and blood-letting therapy.

Clinical Case

The patient was a female who presented with a painful mass in the right breast for over one month, accompanied by skin redness, swelling, and pain. The mass appeared in the lower outer quadrant of the right breast days ago, approximately the size of an egg. Days prior, the patient hired a lactation consultant for massage, after which symptoms worsened: the mass enlarged, local skin became red and swollen, and pain intensified. The patient sought further treatment and visited the breast surgery outpatient clinic.

Physical Assessment: Vital signs were measured: temperature (T) °C, heart rate (P) beats/min. The patient experienced increased pain.

Specialist Examination: The right breast lower outer quadrant showed bright red skin color with slightly elevated local temperature. A firm mass measuring approximately cm in size and cm in range was palpable, with poorly defined borders, limited mobility, and tenderness (+). Ultrasound examination revealed lactating breast changes bilaterally, with a cm hypoechoic area in the right breast outer region containing septations.

TCM Examination: The patient presented with a red tongue and yellow greasy coating, and a wiry and slippery pulse. The patient reported anxiety, poor appetite and sleep, yellow urine, and normal bowel movements. Temperature was °C, and COVID-19 was excluded.

Diagnosis: TCM diagnosis: Breast abscess (乳痈), syndrome differentiation: Exuberant stomach heat pattern. Western medicine diagnosis: Right breast acute mastitis with abscess formation. The patient was prescribed Bian stone therapy combined with pricking and blood-letting therapy.

Treatment Methods

Bian Stone Therapy The Bian stone therapy procedure included: (1) Exposing both breasts and shoulders, applying appropriate lubricant to relevant areas; (2) Using warm Bian stone on Dazhui (GV14) and Jianjing (GB21) acupoints with sensation, pressure, rolling, pricking, rubbing, scratching, vibrating, and scraping techniques; (3) Stimulating acupoints including Tanzhong (CV17) with sensation, pressure, vibration, rotation, and scraping; Qimen (LR14), Kufang (ST14), and Wuyi (ST15) with twisting, rotation, vibration, and pulling techniques to promote meridian circulation; (4) Cleaning the nipple with 75% medical alcohol cotton swab to remove milk residue; (5) Stimulating the nipple and areola area by pinching and pulling to promote milk ejection reflex and intrinsic lactation channel motility; (6) Applying lubricant (patient's own milk) and performing quadrant-by-quadrant gentle massage to unblock milk ducts and expel accumulated milk; (7) Flexibly using Bian stone with sensation, rubbing, vibration, and pressure techniques to assist milk expulsion from each quadrant; (8) Treating the healthy side first, then the affected side, repeating 2-3 times

with organically combined techniques, gradually increasing pressure within patient tolerance; (9) After treatment, assisting the patient to dry milk from the skin and dress.

Pricking and Blood-letting Therapy Pricking and blood-letting therapy can rapidly achieve heat-clearing and pain-relieving effects for optimal treatment outcomes. Before operation, the patient's ear skin was assessed and disinfected with 75% alcohol. The ear auricle was massaged to mobilize qi and blood. Key areas related to breast were massaged. Selected points for blood-letting included ear apex, breast corresponding area, and additional points, with the breast area being the specific effective site for this disease. After site selection, the ear was disinfected with 75% alcohol. Disposable sterile needles were used to quickly puncture 1-2 mm into the selected points. After puncturing, gentle squeezing released a small amount of blood (approximately 5-10 drops). After bleeding stopped, dry cotton ball was applied for pressure hemostasis, achieving effects of reducing swelling and pain, opening orifices to drain heat, and unblocking meridians.

Routine Nursing Care Patients were advised to consume light, easily digestible diets, avoiding spicy and irritating foods, encouraged to drink warm water, and eat warm-natured vegetables and fruits. Family members were encouraged to communicate more with the patient and provide understanding. Attention was diverted through walking, listening to music, and reading to alleviate anxiety. Proper breastfeeding habits were established: using a breast pump or manual expression to empty milk after breastfeeding to avoid milk stasis; strengthening infant monitoring to prevent sleeping with nipple in mouth; emphasizing sleep position management to avoid pressure on the affected breast; mastering correct latching position to ensure adequate milk removal while protecting the nipple; cleaning nipples promptly after breastfeeding; for nipple fissures, applying sesame oil, egg yolk oil, or olive oil for breast care. Additionally, patients with obvious pain were advised to use loose brassieres for support.

Evaluation and Results

The evaluation included the following aspects:

Pain Assessment: Visual Analogue Scale (VAS) was used, a 10 cm scale quantifying subjective pain where '0 cm' represents no pain and '10 cm' represents unbearable severe pain. Higher scores indicate greater pain severity. Before treatment, the patient's VAS score was points (severe pain). On day of treatment, VAS score decreased to points.

Redness and Swelling Range Assessment: No skin redness scored 0 points; redness and swelling range scoring criteria were applied. The patient had local skin redness and swelling with temperature elevated above normal. Using the

same medical measuring ruler, the redness range measured cm before treatment, scoring points. On day of treatment, redness and swelling area decreased to cm.

Mass Size Assessment: No mass scored 0 points; mass size scoring criteria were applied. Before treatment, a cm mass was palpable in the right upper outer quadrant, scoring points. On day of treatment, the mass measured cm with clear borders.

Psychological Status Assessment: Self-Rating Anxiety Scale (SAS) was used to evaluate anxiety levels. Total anxiety score below 50 points is normal; 50-59 points is mild anxiety; 60-69 points is moderate anxiety; 70+ points is severe anxiety. Before treatment, the patient scored points (moderate anxiety). On day of treatment, SAS score decreased to points.

Physical Condition Score: Before treatment, the patient's temperature score was points. On day of treatment, temperature score decreased to points.

The quantitative assessment results are shown in Table 1 .

Discussion

Acute mastitis is a purulent infection of the breast caused by bacteria entering through the nipple on the basis of milk stasis, belonging to the TCM category of "breast abscess" (乳痈). This disease commonly occurs in postpartum lactating women, especially first-time mothers [2]. According to disease course development, acute mastitis can be divided into mass stage and abscess stage; if not treated promptly, it can progress to abscess stage, seriously affecting maternal and infant health [3]. Western medicine primarily uses antibiotics for acute mastitis, with abscess formation stage requiring puncture and drainage or even surgical incision, all of which require suspension of breastfeeding [4]. TCM advocates syndrome differentiation and treatment, improving milk stasis and pain symptoms through single or combined internal/external methods while allowing continued breastfeeding.

This case used Bian stone therapy combined with pricking and blood-letting therapy. Bian stone is warm, smooth, and fine-textured with large force-bearing area, which can better promote milk expulsion, reduce patient pain, and is more easily accepted by patients. Ruan Liyuan et al. [11] found that TDP heat therapy combined with Bian stone milk-unblocking and internal/external Chinese medicine significantly improved clinical efficacy for early acute mastitis. Liu Ying et al. [12] treated patients with acute mastitis caused by milk stasis using fish-shaped Bian stone scraping plates combined with internal administration of Gua Pu Tong Ru formula, achieving good clinical results with convenient operation.

Pricking and blood-letting therapy for acute mastitis patients with exuberant stomach heat pattern has heat-clearing and pain-relieving effects. Chen Peng-

dian et al. [10] used massage and acupoint pressure combined with pricking and blood-letting therapy for postpartum acute mastitis with definite effects, effectively improving clinical symptom scores and breast mass size, enhancing patient quality of life, and outperforming massage and acupoint pressure alone. Zhang Jihong et al. [13] showed that acupuncture plus pricking and blood-letting therapy could clear heat, disperse nodules, and unblock collaterals. Zhong Zhiluan et al. [14] used blood-letting therapy combined with local massage to treat acute mastitis with definite efficacy, significantly improving main symptoms and signs such as breast pain, lactation, breast mass, and redness area, and restoring elevated white blood cell and neutrophil counts, possibly related to downregulating IL-6 and TNF- α levels and upregulating IFN- γ levels.

In summary, under the guidance of TCM syndrome differentiation and nursing theory, Bian stone therapy combined with pricking and blood-letting therapy can effectively relieve pain and improve clinical symptoms in lactating patients with acute mastitis, warranting clinical promotion.

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

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