

Nursing Experience of Bian Stone Therapy Combined with Chinese Herbal Compress for One Case of Acute Mastitis during Lactation (Postprint)

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Abstract

This article summarizes the clinical outcomes and nursing experience of a lactating patient with acute mastitis treated with Bian stone therapy combined with Chinese herbal compress therapy. First, comprehensive nursing assessment of the patient should be completed, routine nursing care should be performed properly, and external treatment methods of Traditional Chinese Medicine should be implemented based on disease differentiation and syndrome differentiation. Bian stone therapy and Chinese herbal compress can improve local inflammation, effectively relieve patient pain, and reduce localized redness of the breast.

Full Text

Preamble

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Title: Nursing Experience of a Lactating Patient with Acute Mastitis Treated with Stone Needle Therapy Combined with Traditional Chinese Medicine Herbal Compress

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Abstract

This paper summarizes the clinical outcomes and nursing experience of a lactating patient with acute mastitis treated with stone needle therapy combined with Traditional Chinese Medicine (TCM) herbal compress. Comprehensive nursing assessment and routine care were first implemented, followed by TCM external treatment based on syndrome differentiation. Stone needle therapy combined with herbal compress effectively improved local inflammation and alleviated pain and erythema in the affected breast.

Keywords: acute mastitis; lactation; stone needle therapy; Traditional Chinese Medicine herbal compress; TCM nursing technology; breastfeeding

Introduction

Acute mastitis is an acute purulent infection of the breast that most commonly occurs in lactating women, particularly primiparous mothers, and can develop at any point during the lactation period. In Traditional Chinese Medicine, acute mastitis falls under the category of “ru yong” (mammary abscess) and represents the most common surgical condition among lactating women. The condition typically arises from milk stasis due to impaired drainage, which subsequently leads to bacterial infection. TCM theory attributes mammary abscess primarily to liver qi stagnation and stomach heat congestion, resulting in blocked collaterals, blood stasis, and milk accumulation, often compounded by external pathogenic factors. Patients present with breast masses, localized redness, swelling, heat, and pain, impaired milk flow, and accompanying systemic symptoms such as chills, fever, and headache. If left untreated, the condition can progress to abscess formation [1].

Western medicine treats acute mastitis primarily with antibiotics targeting bacterial infection; however, this approach may lead to organization of inflammatory tissue and residual cold stiffness [2]. Acute mastitis during lactation typically manifests as localized breast redness, swelling, heat, and pain, with palpable induration and exacerbated tenderness, accompanied by systemic symptoms including high fever, chills, and headache. Rapid disease progression or improper treatment may result in abscess formation, requiring weaning, debridement, and prolonged dressing changes. These outcomes cause significant physical and psychological distress to the mother and create inconvenience and financial burden for the family [3].

In TCM, lactation-related acute mastitis belongs to the “external blowing mammary abscess” category. Historical and contemporary practitioners have employed etiological and organ pattern differentiation to treat this condition [4]. TCM external therapies offer rich clinical experience with diverse methods, allowing selection of appropriate techniques based on the patient’s actual condition to achieve the therapeutic goals of unblocking stagnated qi, resolving accumulated masses, regulating qi, dispersing nodules, and unblocking mammary collaterals, thereby improving local skin redness and swelling and preventing suppuration [5]. This paper summarizes the clinical experience of treating one lactating patient with acute mastitis using stone needle therapy combined with TCM herbal compress, as reported below.

Clinical Case

The patient was a [age] year-old female who presented to our outpatient clinic 28 days postpartum with recurrent bilateral breast distension for over one week and right breast redness, swelling, and pain for three days. At presentation, the patient was conscious and alert, with bilateral breast fullness, marked redness, swelling, and pain in the right breast, thirst, and fever. She denied nasal congestion, rhinorrhea, cough, sputum production, or sore throat. Her appetite and sleep were fair; urine was yellow, and bowel movements were normal.

Physical Examination: The patient was conscious, with normal development and body habitus, and cooperative during examination. Both breasts were essentially symmetrical with lactating appearance. The left nipple showed no deformity, while the right nipple was red, swollen, and ulcerated. Both nipples exhibited significant edema with peau d’ orange sign. The right lower-inner quadrant showed erythema with elevated skin temperature; a firm, ill-defined mass approximately 5 cm × 4 cm was palpable beneath, without obvious fluctuation and mild tenderness. No enlarged lymph nodes were palpable in either axilla. The patient displayed a distressed facial expression with moderate body habitus. Tongue examination revealed a red body with yellow greasy coating; pulse was wiry and slippery. Breast ultrasound indicated lactating glandular changes in both breasts, with abnormal echogenicity and subcutaneous edema in the right breast, consistent with mastitis and milk stasis.

TCM Diagnosis: Mammary abscess (ru yong), pattern differentiation: stomach heat congestion pattern.

Western Medicine Diagnosis: Right acute mastitis.

Following admission, the patient received appropriate TCM nursing interventions. After implementing stone needle therapy combined with herbal compress, the patient reported significant symptom improvement. Examination revealed soft left breast with patent milk drainage, markedly reduced pain in the right breast, resolution of redness and swelling, decreased mass size, and normal skin temperature.

Nursing Care

Routine Nursing Care

Dietary Guidance: Patients were instructed to consume foods that soothe the liver, regulate qi, and unblock milk to reduce swelling, such as white radish and Chinese cabbage, while avoiding rich, greasy foods.

Psychological Support: Through enhanced communication, patients were helped to establish positive attitudes and accept their condition with proper perspective. Family members were encouraged to communicate with and accompany the patient, providing psychological support. Peer encouragement among patients was promoted, using successful cases to strengthen confidence in overcoming the disease.

Lactation Guidance: Patients were taught correct breastfeeding techniques and proper nursing habits to ensure smooth milk drainage and prevent stasis. Infant monitoring was intensified to prevent the baby from sleeping with the nipple in mouth. Patients were advised to maintain supine or healthy-side lateral sleeping positions to avoid pressure on the affected breast. Post-feeding nipple cleaning was emphasized; for cracked nipples, sesame oil or egg oil could be applied for breast care [6]. Patients were instructed to wear loose, soft, fine-textured clothing and use supportive bras to promote comfort and improve sleep quality.

Physical Condition: Vital signs were monitored. The patient had a temperature of 38.5°C, heart rate of 92 beats/min, and respiratory rate of 20 breaths/min. Temperature scoring: <37.3°C = 0 points, 37.3-38.5°C = 1 point, >38.5°C = 2 points; the patient scored 2 points.

TCM Pattern-Based Nursing

The disease location was in the breast, indicating mammary abscess. This condition is closely related to the liver and stomach. Liver qi stagnation and stomach heat congestion binding in the mammary collaterals [7] result in yellow urine, thirst, red tongue with yellow greasy coating, indicating a stomach heat congestion pattern.

Stone Needle Therapy

After verifying medical orders, the patient's bilateral breast skin condition and pain tolerance were assessed. The patient was informed about the purpose, method, and local sensations of stone needle therapy. The patient was assisted to a supine position with the upper body fully exposed. The nipples were cleaned with 75% alcohol. A semiconductor laser therapy device was applied to the affected area to unblock milk and reduce pain, positioned 20 cm from the treatment site. Stimulation of the Ruzhong (ST-17) acupoint promotes milk secretion; Rugen (ST-18) unblocks nodules, relieves pain, clears yang heat toxins,

and unblocks mammary collaterals and qi-blood; Danzhong (CV-17) moves qi, resolves depression, and unblocks mammary collaterals [8].

The patient was positioned supine and instructed to relax as much as possible while maintaining a comfortable room temperature. Acupoints including Yingchuang (ST-16), Ruzhong (ST-17), Rugen (ST-18), Danzhong (CV-17), and Qimen (LR-14) were pressed with moderate pressure, each for approximately 1 minute [9]. A small amount of lubricant was applied to the affected breast. The practitioner stood beside the patient, holding a fish-shaped small Bian stone plate at a 45° angle to the skin. Using the meridian-holographic scraping method with qi-regulating and purgation techniques, the breast was stroked from the periphery toward the nipple with uniform pressure, tolerable to the patient and producing slight skin redness and warmth. Slightly increased pressure was applied over mammary mass areas. If the affected skin showed marked redness and swelling, stroking force should not be excessive; instead, stroking around the periphery was performed to avoid skin damage and disease exacerbation. The right thumb and index finger gently pinched and pulled the affected areola and nipple to promote milk ejection. These manipulations were repeated to achieve comprehensive, layered “full-surrounding” unblocking of all breast quadrants, resulting in uniform softening of the entire breast.

Herbal Compress Technique

Herbal compress therapy alleviates pain and promotes inflammatory absorption [10]. **Procedure:** The patient was assisted to a comfortable position with the chest exposed, keeping warm and using a screen for privacy if needed. The local skin was cleaned. An appropriate amount of Lutong San (乳通散, 30 g) was placed in a treatment bowl, mixed with warm green tea water into a paste. Sterile gauze was fully saturated with the medicinal liquid, gently squeezed until not dripping, and applied to the affected area. The application range slightly exceeded the lesion with a thickness of 2-3 mm, covered with plastic film, and secured with bandages. The compress was applied for 30 minutes, once daily. After treatment, the gauze was removed, local skin was cleaned, and the patient was assisted with dressing and positioned comfortably.

Pain Assessment: Visual Analogue Scale (VAS) was used to evaluate pain severity. A 10 cm ruler quantified subjective pain intensity, with 0 representing no pain and 10 representing the most severe intolerable pain; higher scores indicated greater pain severity. This patient scored 8 points, indicating severe pain.

Breast Redness Area Assessment: 0 points = no redness; 1 point = maximum redness diameter < 5 cm; 2 points = maximum redness diameter 5-10 cm; 3 points = maximum redness diameter > 10 cm. Before treatment, the patient had bilateral breast fullness with erythema in the right lower-inner quadrant measuring 6 cm × 5 cm, scoring 2 points.

Breast Mass Size Assessment: 0 points = no mass; 1 point = maximum

mass diameter < 3 cm; 2 points = maximum mass diameter 3-5 cm; 3 points = maximum mass diameter > 5 cm. Before treatment, a 5 cm × 4 cm ill-defined mass was palpable in the right lower-inner quadrant, scoring 2 points.

Discussion

The key to treating acute mastitis in the stagnation stage is “unblocking” [11]. Both stone needle therapy and herbal compress are external treatments that effectively reduce adverse reactions from oral medications, embodying the characteristics of green TCM nursing techniques [12]. According to the *Shuowen Jiezi* dictionary, “Bian” means “to treat disease with stone.” Bian stone possesses properties of dispelling stasis, relieving pain, clearing heat, reducing swelling, improving metabolism, and nourishing tendons and vessels. It is a special type of stone with therapeutic energy that can enhance the body’s righteous qi. Bian stone demonstrates excellent therapeutic effects on inflammatory reactions characterized by redness, swelling, heat, and pain. Its heavy, sedimentary nature as a stone material produces calming and sedative effects when used externally. Stone needle therapy for unblocking milk belongs to the TCM scraping treatment category. During treatment, the Bian stone generates heat and has a fine, smooth texture that reduces skin irritation and facilitates milk flow. Clinical practice has demonstrated that Bian stone therapy yields excellent therapeutic outcomes for localized masses with pain, providing a valuable reference for treating similar conditions.

Herbal compress is a traditional TCM nursing technique based on TCM theory, holistic concepts, and pattern differentiation principles, with functions of unblocking meridians, promoting qi and blood circulation, and softening hard masses [13]. When the herbal compress is applied to the affected area, the medicine is absorbed through the epidermis, producing local and systemic effects from the exterior to the interior [14]. Our department uses self-prepared Lutong San for herbal compress therapy. The formula includes *Pyrrosiae Folium* (路路通) for dispelling wind, unblocking collaterals, and promoting water metabolism to unblock milk; *Taraxaci Herba* (蒲公英), bitter, sweet, and cold, for clearing heat, resolving toxins, reducing swelling, and unblocking painful urination; *Phellodendri Cortex* (黄柏) for clearing heat and drying dampness to relieve yellow urine; *Atractylodis Rhizoma* (苍术) for drying dampness, strengthening the spleen, and dispelling wind-cold; *Citri Reticulatae Pericarpium Viride* (青皮) for soothing the liver, breaking qi, and reducing accumulation; and *Glycyrrhizae Radix* (甘草) for supplementing qi, moderating urgency, and relieving pain. The medicine exerts its effects through transdermal absorption. The compress method is simple to operate and provides a comfortable experience, allowing patients to visually observe treatment effects, thereby establishing confidence in breastfeeding and alleviating anxiety.

Breastfeeding not only enhances infant immunity and promotes brain and vision development but also strengthens maternal-infant bonding and increases infant security [15]. It also reduces the risk of breast cancer, ovarian tumors, and

other diseases. Acute mastitis affects breastfeeding, and severe cases may require weaning or even surgical intervention. Although oral medication for acute mastitis produces obvious effects, most patients worry about potential effects on their infants, resulting in suboptimal medication compliance. TCM external therapies are safe, reliable, and have minimal adverse reactions, making them more acceptable to patients.

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

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