Manual Lactation Promotion for Early-Stage Painful Acute Mastitis: A Traditional Chinese Medicine Nursing Case Report

Authors: Zhong Shuang, Chen Hong

Date: 2025-04-08T09:09:20+00:00

Abstract

This report presents a traditional Chinese medicine (TCM) nursing case of a patient with early-stage mastitis pain treated with manual lactation-promoting TCM technique. The patient was a 28-year-old lactating female who presented with left breast pain, swelling, and fever, and was diagnosed with acute mastitis (early stage). Through manual lactation-promoting technique treatment, the patient' s milk drainage improved, pain was alleviated, and sleep quality enhanced. No adverse events occurred during treatment, and the patient expressed satisfaction with the therapeutic outcome. This case report demonstrates that manual lactation-promoting technique exhibits certain efficacy in treating mastitis and may serve as a reference for clinical nursing practice.

Full Text

Case Report of Traditional Chinese Nursing Care for Early-Stage Mastitis Pain Using Manual Breast Milk Drainage

Zhong Shuang, Chen Hong
Department of Breast Surgery, Dongfang Hospital, Beijing University of Chinese Medicine, Beijing, 100078
Corresponding author: Chen Hong, E-mail: chenhong9786@sina.com, Phone: 13811362317
Funding: Capital Health Development Research Project (First Issue 2022-2-4202)

Abstract

This article reports a case of traditional Chinese nursing care for a patient with early-stage mastitis pain treated using manual breast milk drainage. The patient

was a 28-year-old female who presented with left breast distension, pain, and fever during lactation and was diagnosed with acute mastitis (early stage). Following treatment with manual breast milk drainage, the patient demonstrated improved milk drainage, reduced pain, and enhanced sleep quality. No adverse events occurred during treatment, and the patient expressed satisfaction with the therapeutic outcomes. This case report demonstrates that manual breast milk drainage exhibits certain therapeutic efficacy in treating mastitis and can serve as a valuable reference for clinical nursing practice.

Keywords: Mastitis; Pain; Manual breast milk drainage; Traditional Chinese medicine nursing; Case report

Introduction

Mastitis, or acute mastitis, is a common breast infectious disease among lactating women, characterized by breast redness, swelling, heat, pain, and impaired milk drainage. In severe cases, it can lead to high fever and breast abscess formation [1]. Without timely and effective treatment, mastitis may progress to breast abscess requiring surgical incision and drainage, which not only increases patient suffering and economic burden but can also cause mother-infant separation due to abscess formation, affecting breastfeeding and maternal-infant bonding, thereby posing a serious threat to both maternal and infant health [2]. Current modern medical treatment for mastitis primarily relies on antibiotics and physical therapies such as hot compresses and breast pump-assisted drainage [3]. However, antibiotic therapy carries risks of drug resistance and offers limited improvement in milk drainage and mammary duct obstruction, while physical therapy, though partially effective in relieving symptoms, often proves inadequate for patients with severe ductal blockage or strong inflammatory responses [4]. Manual breast milk drainage, a traditional Chinese medicine technique, offers unique advantages by promoting milk expulsion, relieving mammary duct obstruction, and reducing inflammatory reactions. This non-invasive, safe approach does not affect breastfeeding and is characterized by simple operation, low cost, and high patient acceptance, making it particularly suitable for early-stage mastitis intervention. This article summarizes the traditional Chinese nursing experience in a patient with early-stage mastitis pain and reports as follows.

Case Report

1.1 Basic Information

The patient was a 28-year-old female who visited the breast clinic of our hospital on March 4, 2024, with a two-day history of left breast distension and pain accompanied by fever. The patient reported that two days prior, she developed left breast distension and pain without obvious precipitating factors, which gradually worsened and was accompanied by fever with a maximum temperature of 38.2°C. After self-administering antipyretic medication, her temperature tem-

porarily decreased but symptoms recurred. The patient had no previous medical history, no history of breast disease, no drug allergies, and no significant family history. Obstetric history: 1-0-0-1 (primiparous at age 28, one pregnancy, one delivery, vaginal birth). Menstrual history: regular cycles since menarche at age 16, with a 28-day cycle and 5-day duration.

On examination, temperature was 38.2°C, pulse 85 beats/min, respiration 20 breaths/min, and blood pressure 120/80 mmHg. The patient was conscious but in poor spirits. The left breast showed obvious distension and pain, skin redness, increased local temperature, and marked tenderness. A mass approximately 4 cm × 5 cm was palpable with indistinct boundaries, moderate consistency, and no obvious adhesion to surrounding tissue. The skin redness covered an area of about 5 cm × 6 cm with elevated temperature. The nipple showed no damage or inversion, and milk drainage was poor with only minimal milk expression upon compression. The right breast appeared normal. Cardiopulmonary auscultation revealed no abnormalities. The abdomen was soft without tenderness or rebound tenderness, and the liver and spleen were not palpable below the costal margins. No abnormalities were detected in the spine, extremities, or neurological examination.

1.2 Traditional Chinese Medicine Four Diagnostics

Inspection: The patient appeared slightly haggard with low spirits. The left breast skin was red with a prominent mass measuring approximately 4 cm × 5 cm, with redness covering about 5 cm × 6 cm and elevated local temperature. The breast appeared full and distended, with no nipple damage or inversion. The patient walked cautiously due to breast pain and showed a pained expression.

Auscultation and Olfaction: The patient occasionally sighed and reported unbearable breast distension and pain with mild groaning. No abnormal odors were detected.

Inquiry: The patient reported developing left breast distension and pain two days prior without obvious precipitating factors, gradually worsening and accompanied by fever reaching 38.2°C. After self-administering antipyretics, her temperature temporarily decreased but symptoms recurred. She was one month postpartum (day 40 of lactation) with poor milk drainage. She had no previous medical history, no breast disease history, and no drug allergies. No significant family history was reported. The patient stated that breast pain affected her sleep, making it difficult to fall asleep at night.

Palpation: The pulse was wiry and rapid, tongue body was red with a yellow greasy coating. On palpation, the left breast mass was of moderate consistency, with indistinct boundaries, uneven surface, no obvious adhesion to surrounding tissue, and marked tenderness.

1.3 Auxiliary Examinations

Breast Ultrasound: Both breasts showed lactation-related changes with heterogeneous internal echoes and extensive ductal dilation. The glandular thickness at the left breast mass measured approximately 1.83 cm with abundant blood flow signals. No definite fluid-filled dark areas were observed in either breast, and no enlarged lymph nodes were seen in both axillary regions.

Blood Routine: White blood cell count 6.58 × 10^9/L, red blood cell count 2.77 × 10^{12}/L, hemoglobin 46 g/L, platelet count 285 × 10^9/L.

1.4 Diagnosis and Treatment

Traditional Chinese Medicine Diagnosis: Mastitis (Qi Stagnation and Heat Congestion Pattern)
Western Medicine Diagnosis: Acute mastitis (early stage)
Treatment: Manual breast milk drainage, once daily for 20 minutes per session, for three consecutive days.

Nursing Assessment

2.1 Assessment Scales

2.1.1 Milk Drainage Assessment [5]: Normal milk drainage scored 0; slightly impaired drainage scored 3; impaired drainage scored 6; inability to drain milk or only droplets scored 9. The patient' s milk drainage score was 6.

2.1.2 Pain Assessment [6]: Visual Analogue Scale (VAS), where 0 indicates no pain, 1–3 indicates mild pain, 4–6 indicates moderate pain, and 7–10 indicates severe pain. The patient' s pain score was 6.

2.1.3 Skin Redness Assessment [7]: No redness scored 0; redness area <3 cm scored 3; redness area 3–6 cm scored 6; redness area >6 cm scored 9. The patient' s skin redness score was 6.

2.1.4 Mass Size Assessment [8]: No mass scored 0; maximum diameter <3 cm scored 3; maximum diameter 3–6 cm scored 6; maximum diameter >6 cm scored 9. The patient' s mass size score was 6.

2.1.5 Temperature Assessment [9]: Below 37.3°C scored 0; 37.3°C–39°C scored 2; above 39°C scored 4. The patient' s temperature score was 2.

2.1.6 Sleep Quality Assessment [10]: Pittsburgh Sleep Quality Index (PSQI) was used, comprising seven dimensions: subjective sleep quality, sleep latency, sleep efficiency, sleep duration, sleep disturbances, use of sleep medication, and daytime dysfunction. Each dimension scored 0–3 points, with total PSQI score ranging 0–21 (higher scores indicating poorer sleep quality). Scores of 0–5 indicated good sleep quality, 6–10 indicated fair, 11–15 indicated poor, and 16–21 indicated very poor sleep quality. The patient' s sleep quality score was 16.

2.1.7 Anxiety Assessment [11]: Self-Rating Anxiety Scale (SAS) was used to evaluate anxiety levels. This scale assesses subjective anxiety feelings using a 4-point frequency scale across 20 items (15 positively scored and 5 negatively scored). Positive items were scored 1–4, negative items 4–1. The sum of all items was multiplied by 1.25 and rounded to obtain the standard score. SAS total score <50 indicated normal, 50–60 indicated mild anxiety, 61–70 indicated moderate anxiety, and >70 indicated severe anxiety.

2.1.8 Comfort Assessment [12]: A visual analog scale was used, consisting of a 10 cm horizontal line on which patients marked their comfort level. The scale ranged 0–10 points, with 8–10 indicating high comfort, 5–7 moderate comfort, 1–4 mild comfort, and 0 extreme discomfort. Higher scores indicated greater comfort. The patient' s comfort score was 5.

Nursing Plan

2.3 Nursing Objectives

2.3.1 Improve Milk Drainage: Ensure smooth milk expulsion through manual breast milk drainage, proper breastfeeding position guidance, and breast pump assistance when necessary.

2.3.2 Alleviate Pain: Employ physical methods such as warm compresses and massage to relieve pain, with appropriate analgesics when necessary.

2.3.3 Prevent Skin Integrity Impairment: Avoid forceful breast compression, maintain breast cleanliness and dryness, and monitor skin changes.

2.3.4 Promote Mass Resolution: Facilitate mass reduction through manual breast milk drainage and warm compresses, with regular assessment of mass size and consistency.

2.3.5 Restore Normal Temperature: Monitor temperature regularly; report to physicians promptly and administer antipyretics or physical cooling if temperature exceeds 38.5°C.

2.3.6 Improve Sleep Quality: Provide a quiet and comfortable sleep environment, teach relaxation techniques, and use hypnotic medication when necessary.

2.3.7 Reduce Anxiety: Provide psychological support, explain disease-related knowledge, and guide five-element music therapy to alleviate anxiety.

2.3.8 Enhance Comfort: Implement comprehensive measures to relieve pain, reduce anxiety, and improve sleep to enhance overall patient comfort.

Nursing Implementation

2.4.1 Pattern-Based Nursing Care: Manual Breast Milk Drainage Technique

Manual breast milk drainage technique operational protocol [13]:

Breast Cleansing: Stabilize the breast with one hand and use a disposable treatment towel with the other hand to clean the entire breast. Use a cotton swab dipped in warm water to clean milk residue and desquamated epithelium from the nipple, ensuring breast cleanliness to create optimal conditions for subsequent procedures.

Breast Relaxation: Lubricate the breast with warm water or milk. Using the index, middle, and ring fingers of one hand, perform clockwise spiral massage from the breast base toward the nipple for 10 repetitions, increasing frequency as needed to relax the breast, relieve tension, and promote circulation.

Acupoint Massage: Apply pressure, pressing, and kneading techniques to acupoints including Jianjing (GB21), Danzhong (CV17), Ruzhong (ST17), Rugen (ST18), Qimen (LR14), Lingxu (KI24), Wuyi (ST15), and Neiguan (PC6) for approximately 3–5 minutes to open the chest, regulate qi, and unblock collaterals for pain relief by stimulating acupoints to regulate qi and blood flow and relieve mammary duct obstruction.

Areolar Compression and Counter-Pressure: Place the thumb and index finger on opposite sides of the areola in a "C" shape, with remaining fingers supporting the breast. First compress the breast toward the chest wall to a depth of 1–2 cm, then bring thumb and index finger together while applying counter-pressure. Repeat until milk is expressed, using the expressed milk to lubricate the breast continuously. If milk expression is difficult, use warm water for lubrication to promote drainage through physical compression.

Milk Stasis Expression: With both thumbs extended and remaining four fingers together, uniformly stroke from the breast base toward the nipple along mammary ducts to push milk to the areola, then repeat the "areolar compression and counter-pressure" step to express milk. This stroking action moves obstructed milk toward the nipple for smooth expulsion.

Throughout the procedure, observe patient responses, skin condition at the treatment site, and the color, quality, and quantity of expressed milk. Adjust pressure from light to heavy based on patient feedback to avoid mammary tissue damage. For areas with skin redness, adjust pressure appropriately to prevent local edema or skin breakdown. Treatment was administered once daily for 20 minutes per session for three consecutive days.

2.4.2 Pattern-Based Emotional Care: Five-Element Music Therapy

Patients were guided to listen to *Jiangnan Sizhu Music* once daily for approximately 30 minutes per session.

2.4.3 Pattern-Based Dietary Therapy: Honeysuckle and Mung Bean Soup

Ingredients: Honeysuckle 10–15 g, mung beans 50–100 g, rock sugar to taste (adjustable according to personal preference).

Preparation: Wash honeysuckle and mung beans separately; soak mung beans for 2–3 hours to facilitate cooking. Place soaked mung beans and honeysuckle in a pot with approximately 1000 ml of water. Bring to a boil over high heat, then simmer over low heat for 30–40 minutes until mung beans are thoroughly cooked. Add rock sugar according to taste, stir well, and serve.

2.4.4 Health Guidance

Patients were instructed on correct breastfeeding positions and techniques to prevent milk stasis, with breast pump assistance when necessary [14]. Patients were encouraged to increase water intake to maintain adequate hydration and promote heat dissipation.

Nursing Evaluation

2.5 Treatment Outcomes

After three sessions of manual breast milk drainage, the patient' s scores were: milk drainage 0, VAS 1, skin redness 3, mass size 3, temperature 0, PSQI 4, SAS 45, and comfort 10. Follow-up breast ultrasound showed glandular thickness of 1 cm at the previously marked mass site (see Table 1).

Table 1 Efficacy Assessment

Assessment Item	Day 1	Day 2	Day 3
Milk Drainage (score)			
VAS (score)			
Skin Redness (score)			
Mass Size (score)			
Temperature (score)			
PSQI (score)			
SAS (score)			
Comfort (score)			
Glandular Thickness at Mass Site (cm)			

Left breast mass comparison before and after treatment

Results and Follow-up

After three days of manual breast milk drainage treatment, the patient' s left breast redness and swelling subsided, pain decreased, mass size reduced, milk drainage became smooth, body temperature normalized, local skin remained intact, and no adverse events occurred. Telephone follow-ups conducted at 1, 2, and 4 weeks post-treatment revealed no reported pain, complete mass resolution, smooth milk flow, and good infant health status.

Discussion

Manual breast milk drainage, as a traditional Chinese nursing method, demonstrates significant advantages in mastitis treatment. Through once-daily manual breast milk drainage including breast cleansing, relaxation, acupoint massage, areolar compression with counter-pressure, and milk stasis expression, this technique effectively promotes milk expulsion and relieves mammary duct obstruction. Combined with five-element music therapy and Chinese medicinal dietary therapy, the five musical notes (Gong, Shang, Jue, Zhi, Yu) correspond to the five elements (Earth, Metal, Wood, Fire, Water) and five organs (Spleen, Lung, Liver, Heart, Kidney) in traditional Chinese medicine theory [15]. Applying Yin-Yang and Five-Element theory integrates these elements comprehensively, with five-element music therapy regulating internal organ function and emotional states. Jue-mode music depicts scenes of spring' s return, burgeoning life, and vitality, with gentle, fresh melodies possessing "Wood" characteristics that connect with the Liver, achieving the effects of soothing liver qi, relieving depression, and regulating qi flow. Honeysuckle and mung bean soup combines honeysuckle' s heat-clearing, detoxifying, and anti-inflammatory properties with mung bean' s heat-clearing, detoxifying, and diuretic effects. This combination clears heat, resolves toxins, and dispels dampness, making it suitable for lactating women with heat-toxin symptoms from breast inflammation [16].

In this case, the patient showed significantly improved milk drainage and reduced breast distension and pain after receiving manual breast milk drainage, demonstrating the technique' s favorable effects on improving milk expulsion and relieving pain. Furthermore, manual breast milk drainage is simple, non-invasive, safe, and highly acceptable to patients, making it a preferred method for early-stage mastitis treatment.

References

[1] Xu Jingjin. Construction of Operational Standards for Manual Breast Milk Drainage Technique in Mastitis (Acute Mastitis) [D]. Beijing University of Chinese Medicine, 2023. DOI:10.26973/d.cnki.gbjzu.2023.000991.

[2] Xing Xuanyu, Li Ye, Xu Jingjin, et al. Analysis of key issues in implementing manual breast milk drainage technique in traditional Chinese medicine nursing clinics [J]. Beijing Journal of Traditional Chinese Medicine, 2025, 44(02): 233-238. DOI:10.16025/j.1674-1307.2025.02.0

[3] Zhou Jie, Zhang Binbin, Yu Lili, et al. Effect of manual breast milk drainage combined with fire dragon cupping on pain and inflammatory response in lactating patients with acute mastitis [J]. Chinese Journal of General Practice, 2025, 23(02): 265-268. DOI: 10.16766/j.cnki.issn.1674-4152.003882.

[4] Zhang Binbin, Zheng Huiqin, Deng Lijun, et al. Clinical study on Si Huang San encircling therapy combined with meridian-based manual breast milk drainage for lactating acute mastitis [J]. New Chinese Medicine, 2024, 56(23):

73-78. DOI:10.13457/j.cnki.jncm.

[5] Zhang Li. Effect of acupoint massage for milk drainage on breast pain and inflammatory response levels in lactating patients with acute mastitis [J]. Journal of Shandong Medical College, 2024, 46(06): 31-33.

[6] Zheng Xiaoyu. Guidelines for Clinical Research of New Traditional Chinese Medicine Drugs [S]. Beijing: China Medical Science Press, 2002: 278-281.

[7] Pan Yajuan, Xue Ming, Wang Kena, et al. Comparison of four pain assessment scales in patients undergoing atrial fibrillation radiofrequency ablation [J]. Journal of Nursing Science, 2024, 39(04): 29-32.

[8] Department of Medical Administration, National Administration of Traditional Chinese Medicine. Traditional Chinese Medicine Diagnosis and Treatment Protocols for 92 Diseases Across 24 Specialties [M]. Beijing: China Medical Science Press, 2017: 215-220.

[9] Liu Zhixi, Shi Qianping, Yang Hongxia, et al. Reliability and validity evaluation of the Pittsburgh Sleep Quality Index in nursing population [J]. Journal of Shantou University Medical College, 2020, 33(03): 173-176.

[10] Zhang Fengxia. Study on mental health status and influencing factors of nurses in tertiary hospitals based on Self-Rating Anxiety Scale (SAS) [D]. Peking Union Medical College, 2023.

[11] Li Huan, Ma Congyi, Chen Guanfeng, et al. Effect of enhanced recovery after surgery nursing based on timeliness incentive theory on pain and comfort in thyroid cancer surgery patients [J]. Modern Clinical Nursing, 2023, 22(02): 40-45.

[12] Meng Xiangyue, Hong Wei. Observation on therapeutic effect of dandelion decoction combined with breast dredging for postpartum acute mastitis [J]. Chinese Journal of Modern Drug Application, 2025, 19(02): 135-138. DOI:10.14164/j.cnki.cn11-5581/r.

[13] China Association of Chinese Medicine. Technical Operation Specification for Manual Breast Milk Drainage in Traditional Chinese Medicine T/CACM 1603—2024 [S]. (2024-5-10)[2024-10-31]. https://www.ttbz.org.cn//StandardManage/Detail/112611/.

[14] Wang Yan, Zheng Minjuan. Application effect of pain nursing combined with psychological nursing in nursing care of patients with acute suppurative mastitis [J]. Women and Children' s Health Guide, 2024, 3(23): 161-165.

[15] Li Jianzhen, Zhang Chuanling. Effect of five-element music on anxiety during rapid frozen section period in patients undergoing breast mass biopsy under local anesthesia [J]. Guangming Journal of Chinese Medicine, 2021, 36(1): 1-3.

[16] Li Shizhen. Compendium of Materia Medica [M]. Beijing: People' s Medical Publishing House, 1975.