Treatment of Acute Mastitis with Tuina

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Abstract Objective: To observe the clinical effect of treating acute mastitis with tuina manipulation.
Method: Tuina manipulation was applied to treat 32 cases in the observation group, while external Jinhuang san was applied to treat 16 cases in the control group. Result: The total effective rate in the observation group was 96.8% and the total effective rate in the control group was 87.4%. The therapeutic effect of the two groups had significant difference (P<0.01) and the treatment period and times between the two groups had significant difference as well (P<0.01). Conclusion: Tuina manipulation had better effect for acute mastitis.
Key Words Tuina; Massage; Acute Mastitis

Clinical Data

1. Diagnostic criteria
The early-stage acute mastitis cases all conformed to the Diagnosis and Effect Criteria of TCM Diseases[1] with the early manifestations including: Red and swollen in the local area, unsmooth secretion, fever, chills, and cracked nipple. Inappropriate or delayed treatment may cause abscess with pus. Auxiliary test includes: WBC count can be obviously increased, especially the ratio value of neutrophilic granulocytes.
Ultrasound examination helps to locate the property and size of the abscess. The initial manifestation includes obvious increase in the volume of mammary gland and echo and a localized dark area of fluid with the formation of abscess.

2. Exclusion criteria
Complication of cardio-cerebral vascular diseases, liver and blood system problems; mental diseases and
cannot cooperate for the treatment; purple swollen causing pain and pus (sensation of fluctuation with local examination), high fever with serious bacterial infection.

3. General material

All the cases were outpatients. Forty-eight cases were randomized into Tuina group and control group. Among 32 cases in Tuina group, the youngest: 22 years; the oldest: 34 years; the shortest disease course: 1 day; the longest course: 7 day; the average course: 3.2 ± 1.2 days; the first attack: 25 cases; the second attack: 6 cases; the third attack: 1 case; attack on both-side breasts simultaneously: 10 cases; Among 16 cases in the control group, the youngest: 23 years old; the oldest: 32 years old; the shortest course: 1 day; the longest course: 7 days, the average course: 3.4 ± 0.9 days; the first attack: 10 cases; the second attack: 4 cases; the third attack 2 cases; attack on both-side breasts simultaneously: 4 cases. Statistic management on age and course of the two groups had no significant difference (P>0.05).

Therapeutic Method

1. Tuina group

Treatment principle: To dredge the collaterals of the local area, regulate qi and stop pain.

Points and manipulations: One-thumb pushing manipulation was applied to Danzhong (CV 17), Wuyi (ST 15) and Yingchuang (ST 16), kneading Rugen (ST 18), nipple and the local area around the swollen part, finger-nail pressing Shaoze (SI 1), grasping Hegu (LI 4) and Jianjing (GB 21) and Kneading Liangqiu (ST 34), Taichong (LR 3) and Zusanli (ST 36).

Operation: The practitioner sat opposite with the patient with the affected breast fully exposed; the practitioner sterilized one's hands and the affected breast with alcoholic cotton bali before the treatment and emptied the milk with milk-sucking apparatus. Then the practitioner covered the affected breast with a piece of sterilized gauze, grasped the tendon or the abdominal part of the greater pectoral muscle of the forearm in the affected side for 10 times, followed by holding the affected breast with one hand and direct pushing from the swollen part to mammary areola for about 5 min, and kneading manipulation can be applied to the swollen part for about 3 min from light to heavy stimulation. However, it is not advisable to press the swollen part with too much force. Then slight kneading and pulling nipple 10 times with even force of the both hands to promote the excretion of stagnated milk.

The patient took the supine position and the practitioner sat on the right side and applied one-thumb pushing manipulation on Danzhong (CV 17), Wuyi (ST 15) and Yingchuang (ST 16) for about 1 min, pushing Danzhong (CV 17) for about 20 times, kneading Neiting (ST 44), Taichong (LR 3) and Zusanli (ST 36) for about 10 times respectively.

The patient took the sitting position and the practitioner stood and applied finger-nail pressing on Shaoze (SI 1), grasping Hegu (LI 4) and Jianjing (GB 21) for 5 times respectively to conclude the treatment.

The manipulation was performed once every day and 20-30 min one time.

2. Control group

The self-made Jinhuang Powder was applied to the affected area for the red, swollen and painful breast without crack or fistula.

Methods: Wash the affected area with warm water and apply slight rubbing on the affected breast for 10 min and then attach the mixture of Jinhuang Powder (10g/pack) and 75% alcohol to the tenderness or masses (not on the nipple) and fixed with adhesive tape, once every day and 4-7 times a treatment course.

Therapeutic Effect

1. Criteria of therapeutic effect

Recovery: The red, swollen and pain disappeared, no general symptoms, normal color and taste of the milk, clear passage of mammary gland and normal lactation.

Marked effect: Red, swollen and pain obviously alleviated, no general symptoms, clear passage of mammary gland and obvious reduction of milk with abnormal taste.

No effect: Both manipulation and external application had no obvious effect and the symptoms remained unchanged.

2. Clinical effect

The clinical effect of the two groups can be seen from table 1.