Research Article

General Use of Chinese Herbal Products among Female Patients with Mastitis in Taiwan

Shu-Huey Chou,1 Chun-Che Huang,2 Ching-Heng Lin,3,4,5,6 Kun-Chang Wu,7 and Pei-Jung Chiang1

1Department of Traditional Chinese Medicine, Taichung Veterans General Hospital, Taichung, Taiwan
2Department of Healthcare Administration, I-Shou University, Kaohsiung, Taiwan
3Department of Medical Research, Taichung Veterans General Hospital, Taichung, Taiwan
4Department of Public Health, Fu-Jen Catholic University, New Taipei, Taiwan
5Department of Health Care Management, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan
6Department of Industrial Engineering and Enterprise Information, Tunghai University, Taichung, Taiwan
7School of Pharmacy, College of Pharmacy, China Medical University, Taichung, Taiwan
8Graduate Institute of Chinese Medicine, School of Chinese Medicine, China Medical University, Taichung, Taiwan

Correspondence should be addressed to Pei-Jung Chiang; aerin.chiang@vghtc.gov.tw

Received 23 June 2021; Accepted 22 February 2022; Published 25 March 2022

Academic Editor: Eliana Rodrigues

Copyright © 2022 Shu-Huey Chou et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Objectives. Little information is available regarding the use of Chinese herbal medicine to treat mastitis. This study evaluated the prescription patterns of Chinese herbal medicine products in women with mastitis in Taiwan. Design. This is a population-based cross-sectional study. Setting. 8,531 women aged 20–49 years, who received a diagnosis of mastitis between 2004 and 2013, were identified from the Longitudinal Health Insurance Database in Taiwan. We collected data on demographic characteristics, including age, monthly insurance premium, and urbanization level. The ten most Chinese herbal medicines prescribed for mastitis were assessed, including frequency, percentage, average daily dose, and average duration of prescription. Main outcome measures. We analysed the ten most single Chinese herbs and Chinese herbal formulae prescribed for mastitis. Results. Overall, 437 (5.1%) women received Chinese herbal medicine to treat mastitis. Mai Men Dong (Ophiopogon japonicus (5%) Ker Gawl.; 22.3%), Pu Gong Yin (Taraxacum mongolicum Hand.-Mazz.; 7.8%), and Wang Bu Liu Xing (Vaccaria hispanica (Mill.) Rauschert; 3.5%) were three of the most commonly prescribed single Chinese herbs for mastitis. Xian-Fang-Huo-Ming-Yin (18.2%), Jia-Wei-Xiao-Yao-San (9.1%), and Chai-Hu-Shu-Gan-San (8.4%) were three of the most commonly prescribed Chinese herbal formulae. Conclusion. Xian-Fang-Huo-Ming-Yin can clear heat, detoxify body, alleviate swelling, activate blood, and relieve pain. It was the most frequently prescribed Chinese herbal formula in patients with mastitis.

1. Introduction

Mastitis is an inflammation of the breast, which may or may not involve an infection. It is usually related to lactation. The World Health Organization reported that incidence of mastitis in lactating women ranged from 3% to 33% [1]; it usually occurs in the first six weeks postpartum, and the incidence gradually declines thereafter [2]. The major causes of mastitis are milk stasis and infection [1]; other factors include genetic factors, immune factors, trauma, etc. However, women with nonlactational causes of mastitis are less common [3]. A previous study reported the frequency of nonlactational mastitis among biopsies for benign breast diseases to be 3% [4].

Mastitis diagnosis is usually based on clinical symptoms and signs, such as breast pain, heat, swelling, fever, and chills [2]. In 946 breastfeeding women, Foxman et al. [5] found that the most common mastitis symptoms were breast
tenderness (98%), malaise (87%), fever (82%), chills (78%), redness (78%), and a hot spot on the affected breast (62%). Mastitis should be treated immediately, as a delay in treatment or inappropriate management can lead to breast abscess, which occurs in 5 to 11% of mastitis cases [6]. The treatments for mastitis usually include effective milk removal, counselling, as well as antibiotic and symptomatic treatment. Other therapies include the use of cabbage leaves and herbal treatment [1]. Cabbage leaves, with both anti-biotic and anti-irritant properties, can reduce pain and increase breastfeeding duration [1, 7]. Gleditsiae Fructus extract has also been reported to be effective in treating mastitis [1]. Wu et al. [8] found that Taraxaci Herba, Glycyrrhizae Radix et Rhizoma, Paeoniae Radix Alba, and Citri Reticulatae Semen were the most commonly prescribed Chinese medicines for mastitis.

Mastitis and breast abscess are known as “Ru Yong” (breast carbuncle) in Chinese medicine. Ge Zhi Yu Lun, an ancient Chinese medical text, states that the breasts itself belong to the stomach meridian, and the nipples belong to the liver meridian. If a nursing mother is angry, depressed, or eats excessive amounts of greasy food, the Qi will stagnate and milk ducts will become blocked, causing milk stasis, which may transform into heat and possibly also an abscess. If the infant has interior heat, they might pass the heat to the mother through breastfeeding, which can cause breast lumps [9]. Chinese medicine is widely used in Taiwan. However, very few studies have investigated the application of Chinese herbal medicine (CHM) in the treatment of mastitis. Therefore, the aim of the study is to assess the patterns of CHM prescriptions to treat mastitis in women in Taiwan from the Longitudinal Health Insurance Database (LHID).

2. Materials and Methods

2.1. Data Source and Study Population. This retrospective, population-based, cross-sectional study used data from the Longitudinal Health Insurance Database (LHID), where one million beneficiaries were randomly selected from the National Health Insurance Research Database (NHIRD) in Taiwan. The LHID sample and all NHIRD enrollees had no differences in age, gender, or average insured payroll-related premiums. The LHID database contains information about outpatient visits, hospital admissions, prescriptions, disease status, and patient demographics. To protect confidentiality, all identification numbers of patients and medical institutions were encrypted and maintained by Taiwan’s National Health Research Institutes before extracting and analysing data. The diagnostic codes used in the LHID were according to the International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) coding. In addition, this study was approved by the Institutional Review Board of Taichung Veterans General Hospital (IRB No. CE15069A-3, Taiwan), and the requirement for informed consent was waived.

A sample of one million patients was randomly selected from the National Health Insurance Research Database (NHIRD). All patients without mastitis (ICD-9-CM code 611.0) were excluded (n = 989,359). A total of 10,641 women who received a diagnosis of mastitis (ICD-9-CM code 611.0) between 2004 and 2013 were identified. We excluded patients aged <20 or ≥50 years of age (n = 1,900) and those who were diagnosed with mastitis before 2004 (n = 210). The date of the initial mastitis diagnosis was defined as the index date. The final sample included 8,531 newly diagnosed patients with mastitis who were classified into those who did and did not use CHM to treat mastitis. Figure 1 shows a flow diagram of the study selection process.

2.2. Chinese Herbal Medicine Use. The primary variable of interest was whether patients received CHM treatment for mastitis (ICD-9-CM code 611.0). Chinese herbal medicine products are prescribed for outpatient treatment by traditional Chinese medicine (TCM) physicians according to Taiwan’s National Health Insurance program guidelines. Chinese herbal medicine use was defined as patients who had been prescribed CHM for treating mastitis at least once after the index date, whereas non-CHM use was defined as those who did not visit TCM physicians. The possible pharmacological effects of single Chinese herbs were searched from scientific literature published between July 2006 and January 2019, and the retrieval database is PubMed.

2.3. Variables. The demographic variables compared between the CHM and non-CHM groups were age at mastitis diagnosis, monthly insurance premium, and urbanization level.

Age was classified into groups of 20–29, 30–39, and 40–49. Individual monthly insurance premium was determined according to work salary, and premiums (in Taiwan dollars (TWD)) were classified into ≥45,801, 28,801–45,800, 15,841–28,800, <15,840, and dependent groups. The dependent group included students, stay-at-home parents, and family members without a fixed salary. The urbanization level was classified as urban, suburban, and rural.

2.4. Statistical Analyses. Distribution of the characteristics between patients with mastitis, with and without CHM, was examined using chi-square or Fisher’s exact tests for categorical variables and Student’s t-test for continuous variables. The prescription patterns of the 10 most prescribed single Chinese herbs and Chinese herbal formulae for mastitis treatment were analysed, including frequencies, percentages, average use duration (days/visit), and average daily dose (g). The threshold for statistical significance was set at p < 0.05. All analyses were conducted using SAS version 9.4 (SAS Institute Inc., Cary, NC, USA).

3. Results

We included 8,531 women who were newly diagnosed with mastitis between 2004 and 2013. Of these, 437 (5.1%) were CHM users and 8,094 (94.8%) were non-CHM users. The demographic characteristics of CHM users and nonusers are shown in Table 1. The mean age at diagnosis was 33.3 and
A one-million random sample of Longitudinal Health Insurance Database

Women with a diagnosis of mastitis during 2004–2013 (n = 10,641)

Excluded cases:
- 1,900 aged <20 or >49 years
- 210 diagnosed as mastitis before the year of 2004

Newly diagnosed mastitis patients during 2004–2013 (n = 8,531)

Mastitis diagnosis with CHM use (n = 437)

Mastitis diagnosis without CHM use (n = 8,094)

Figure 1: Flow diagram of sample selection. CHM, Chinese herbal medicine.

Table 1: Demographic characteristics of the patients with mastitis by Chinese herbal medicine use.

<table>
<thead>
<tr>
<th></th>
<th>CHM user (n = 437)</th>
<th>Non-CHM user (n = 8,094)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at diagnosed mastitis (years), mean (SD)</td>
<td>33.3 (5.7)</td>
<td>32.9 (6.8)</td>
<td>0.173</td>
</tr>
<tr>
<td>20–29</td>
<td>110 (25.2)</td>
<td>2,648 (32.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>30–39</td>
<td>267 (61.1)</td>
<td>4,011 (49.6)</td>
<td></td>
</tr>
<tr>
<td>40–49</td>
<td>60 (13.7)</td>
<td>1,435 (17.7)</td>
<td></td>
</tr>
<tr>
<td>Monthly insurance premium (TWD)</td>
<td></td>
<td></td>
<td>0.014</td>
</tr>
<tr>
<td>≥45,801</td>
<td>8 (1.8)</td>
<td>139 (1.7)</td>
<td></td>
</tr>
<tr>
<td>28,801–45,800</td>
<td>17 (3.9)</td>
<td>349 (4.3)</td>
<td></td>
</tr>
<tr>
<td>15,841–28,800</td>
<td>59 (13.5)</td>
<td>1,460 (18.0)</td>
<td></td>
</tr>
<tr>
<td>&lt;15,840</td>
<td>48 (11.0)</td>
<td>1,155 (14.3)</td>
<td></td>
</tr>
<tr>
<td>Dependent</td>
<td>305 (69.8)</td>
<td>4,991 (61.7)</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>276 (63.2)</td>
<td>4,896 (60.5)</td>
<td>0.257</td>
</tr>
<tr>
<td>Suburban</td>
<td>63 (14.4)</td>
<td>1,097 (13.5)</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>98 (22.4)</td>
<td>2,101 (26.0)</td>
<td></td>
</tr>
</tbody>
</table>

CHM, Chinese herbal medicine; TWD, Taiwan dollars.

32.9 years in CHM and non-CHM users, respectively. The monthly insurance premium results revealed that over 60% of participants belong to the dependent group, which included students, stay-at-home parents, and those without a fixed salary. There was no difference in the urbanization level between the two groups.

The prescription patterns of CHM and the 10 most prescribed single Chinese herbs and Chinese herbal formulae for mastitis are presented in Tables 2 and 3, respectively. Mai Men Dong (Ophiopogon japonicus (Thunb.) Ker Gawl.; 22.3%), Pu Gong Yin (Taraxacum mongolicum Hand.-Mazz.; 7.8%), and Wang Bu Liu Xing (Vaccaria hispanica (Mill.) Rauschert; 3.5%) were three of the most commonly prescribed single Chinese herbs for mastitis. The most commonly prescribed Chinese herbal formula was Xian-Fang-Huo-Ming-Yin (18.2%), followed by Jia-Wei-Xiao-Yao-San (9.1%) and Chai-Hu-Su-Gan-San (8.4%). Furthermore, Jin Yin Hua (Lonicera japonica Thunb.), Tian Hua Fen (Trichosanthes kirilowii Maxim.), Zhe Bei Mu (Fritillaria thunbergii Miq.), Xiang Fu (Cyperus rotundus L.), and Pu Gong Ying (Taraxacum mongolicum Hand.-Mazz.) were not only part of the ten most single Chinese herbs prescribed for mastitis but also part of the ingredients of the ten most formulae prescribed for mastitis. The Chinese herbal medicine effects are summarized in Tables 2 and 3; most of these Chinese herbs can clear heat, resolve toxin, reduce swelling, and relieve pain. The possible
pharmacological effects of the 10 most prescribed single Chinese herbs for mastitis are summarized in Table 2; most of these Chinese herbs have anti-inflammatory and analgesic effects. The average duration for prescription of single Chinese herbs and Chinese herbal formulae are between 5.0 and 8.2 days.

Table 2: Ten most prescribed single Chinese herbs for mastitis (total prescription numbers = 7,693).

<table>
<thead>
<tr>
<th>Chinese name</th>
<th>Scientific name</th>
<th>English name</th>
<th>Frequency</th>
<th>%</th>
<th>Average duration for prescription (days/visit)</th>
<th>Average daily dose (g)</th>
<th>CHM effects</th>
<th>Possible pharmacological effects</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mai Men Dong</td>
<td>Ophiopogon japonicus (Thunb.) Ker Gawl.</td>
<td>Dwarf lilyturf root</td>
<td>63</td>
<td>22.3</td>
<td>7.0</td>
<td>1.2</td>
<td>Nourishes vital essence, removes heat from the heart, and removes dryness from the lung</td>
<td>Anti-inflammatory</td>
<td>[10]</td>
</tr>
<tr>
<td>Wang Bu Liu Xing</td>
<td>Vaccaria hispanica (Mill.) Rauschert</td>
<td>Cowherb seed</td>
<td>10</td>
<td>3.5</td>
<td>6.3</td>
<td>1.0</td>
<td>Activates blood, promotes milk secretion, disperses swelling, and reduces sores</td>
<td>Anti-inflammatory, analgesic effects</td>
<td>[12]</td>
</tr>
<tr>
<td>Xiang Fu</td>
<td>Cyperus rotundus L.</td>
<td>Cyperus rhizome</td>
<td>9</td>
<td>3.2</td>
<td>6.7</td>
<td>1.1</td>
<td>Soothes the liver and rectifies Qi</td>
<td>Anti-inflammatory</td>
<td>[13]</td>
</tr>
<tr>
<td>Chuan Lian Zi</td>
<td>Melia azedarach L.</td>
<td>Sichuan chinaberry fruit</td>
<td>8</td>
<td>2.8</td>
<td>6.0</td>
<td>1.3</td>
<td>Dispels liver-heat</td>
<td>Anti-inflammatory, analgesic effects</td>
<td>[14]</td>
</tr>
<tr>
<td>Lu Lu Tong</td>
<td>Liquidambar formosana Hance</td>
<td>Beautiful sweetgum fruit</td>
<td>8</td>
<td>2.8</td>
<td>6.1</td>
<td>1.3</td>
<td>Promotes blood circulation for relieving pain, invigorates the flow of Qi for soothing depressed liver, and clears away heat in the blood and heart</td>
<td>Anti-inflammatory, analgesic effects</td>
<td>[15]</td>
</tr>
<tr>
<td>Yu Jin</td>
<td>Curcuma phaeocaulis Valeton</td>
<td>Curcuma root</td>
<td>7</td>
<td>2.5</td>
<td>6.9</td>
<td>1.0</td>
<td>Promotes blood circulation for relieving pain, invigorates the flow of Qi for soothing depressed liver, and clears away heat in the blood and heart</td>
<td>Anti-inflammatory, analgesic effects</td>
<td>[16]</td>
</tr>
<tr>
<td>Tian Hua Fen</td>
<td>Trichosanthes kirilowii Maxim.</td>
<td>Trichosanthes root</td>
<td>6</td>
<td>2.1</td>
<td>5.7</td>
<td>1.1</td>
<td>Resolves heat-phlegm</td>
<td>Anti-inflammatory</td>
<td>[17]</td>
</tr>
<tr>
<td>Zhe Bei Mu</td>
<td>Fritillaria thunbergii Miq.</td>
<td>Thunberg fritillary bulb</td>
<td>6</td>
<td>2.1</td>
<td>6.2</td>
<td>1.4</td>
<td>Inhibits IL-6, IL-8, TNF-alpha, and MAPK pathways</td>
<td>[18]</td>
<td></td>
</tr>
<tr>
<td>Jin Yin Hua</td>
<td>Lonicera japonica Thunb.</td>
<td>Honeysuckle flower bud</td>
<td>6</td>
<td>2.1</td>
<td>6.3</td>
<td>2.2</td>
<td>Anti-viral</td>
<td>[19]</td>
<td></td>
</tr>
</tbody>
</table>

CHM, Chinese herbal medicine.

4. Discussion

Mastitis is a common problem faced by breastfeeding women. However, this is the first study to investigate TCM prescription patterns among female patients with mastitis in Taiwan. For this, we used data from the LHID on
### Table 3: Ten most prescribed Chinese herbal formulae for mastitis (total prescription numbers = 7,693).

<table>
<thead>
<tr>
<th>Chinese herbal formulae name</th>
<th>Ingredients</th>
<th>Frequency</th>
<th>%</th>
<th>Average duration (days/visit)</th>
<th>Average daily dose (g)</th>
<th>Effects</th>
</tr>
</thead>
</table>
prescriptions made by registered TCM practitioners who had been trained by the Health Promotion Administration as breastfeeding instructors. Our results showed a higher proportion of CHM use for mastitis treatment in women aged 30–39 years. This may be partially due to an increasing proportion of mothers with advanced age at childbirth and they may suffer from mastitis during breastfeeding. According to the annual report of the Health Promotion Administration, Taiwanese women gave birth to their first child at an average age of 27.4 years in 2004 and 30.5 years in 2014. In addition, since 2009, more than half of the women giving birth in Taiwan have been aged between 30 and 40 years [20].

In TCM, “Ru Yong” is caused by liver Qi depression, stomach heat, infections, inadequate breastfeeding, or Qi counterflow during pregnancy, which can lead to milk accumulation. In the initial stage of treatment, the aim is to relieve symptoms, mainly by soothing the liver and regulating Qi, clearing stomach fire, dispersing nodules, and letting the milk flow. If mastitis progresses to an abscess, the aim is to expel pus and toxins.

The three most prescribed Chinese herbal formulae were Xian-Fang-Huo-Ming-Yin (18.2%), Jia-Wei-Xiao-Yao-San (9.1%), and Chai-Hu-Shu-Gan-San (8.4%). The three most prescribed Chinese herbs were Mai Men Dong (22.3%), Pu Gong Yin (7.8%), and Wang Bu Liu Xing (3.5%).

Xian-Fang-Huo-Ming-Yin is a well-known Chinese herbal formula that can clear heat, detoxify body, alleviate swelling, activate blood flow, and relieve pain. It has been widely applied to treat sores, carbuncles, and abscesses. Although it is commonly prescribed for mastitis, no research has yet documented the effect of Xian-Fang-Huo-Ming-Yin on mastitis. The formula is composed of 12 single Chinese herbs. Among them, Jin Yin Hua (Lonicera japonica Thunb.) has been reported to have an antiviral effect [19], and Tian Hua Fen (Trichosanthes kirilowii Maxim.) has been reported to have anti-inflammatory effects and the ability to clear heat, alleviate swelling, and expel pus [17, 21]. Zhe Bei Mu (Fritillaria thunbergii Miq.) is thought to inhibit interleukin-6, interleukin-8, tumour necrosis factor-α, and the mitogen-activated protein kinase pathway [18]; indeed, mastitis is characterized by increased interleukin-8 concentrations in milk [22]. It is worth noting that Xian-Fang-Huo-Ming-Yin does not contain Chuan Shan Jia (Manis pentadactyla Linnaeus) nowadays. Though it can stimulate lactation, disperse swelling, and expel pus, excessive hunting has led to becoming endangered. In 2000, the Department of Health in Taiwan banned the use of products obtained from protected species (e.g., pangolin, bear bile, musk, and Saiga antelope horn) from medical use [23]. The Committee on Chinese Medicine and Pharmacy revealed that Wang Bu Liu Xing could replace Chuan Shan Jia to help increase lactation [24]. The Dean of the American College of Traditional Chinese Medicine, Steve Given, mentioned that there are 125 alternatives for Chuan Shan Jia, depending on the diagnosis, since alternatives of TCM could be composed of various products instead of a one-to-one replacement. Moreover, what was reasonable a few decades ago may not be reasonable today [25].

Jia-Wei-Xiao-Yao-San is usually prescribed to treat insomnia, depressive disorder, anxiety disorder, and functional dyspepsia [26, 27]. It can decrease serotonin and interleukin-6 and has been reported to have an antidepressant-like effect [28, 29]. Chai-Hu-Shu-Gan-San can soothe the liver and regulate Qi and is also used to treat anxiety and depression, especially poststroke depression and postpartum depression, according to Yan Sun’s research [13, 30]. In addition, Chai Hu (Bupleurum chinense DC.), Xiang Fu (Cyperus rotundus L.), and Chuan Xiong (Ligusticum striatum DC.), which are part of the composition of Chai-Hu-Shu-Gan-San, also have anti-inflammatory effects [13]. Cooklin et al. [31] investigated the link between physical health, breastfeeding problems, and maternal mood and found that the presence of breastfeeding problems was associated with poorer maternal mood. Fallon et al. [32] reviewed the relationship between postpartum anxiety and infant-feeding outcomes, and their results indicated that postpartum anxiety increases breastfeeding difficulties. Webber and Benedict [33] investigated the relationship

Table 3: Continued.

<table>
<thead>
<tr>
<th>Chinese herbal formulae name</th>
<th>Ingredients</th>
<th>Frequency</th>
<th>%</th>
<th>Average duration for prescription (days/visit)</th>
<th>Average daily dose (g)</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xiao Chai Hu Tang</td>
<td><em>Citrus × aurantium</em> L., <em>Paeonia lactiflora</em> Pall., <em>Glycyrrhiza uralensis</em> Fisch.</td>
<td>3</td>
<td>2.0</td>
<td>5.0</td>
<td>6.0</td>
<td>Harmonizes and releases the lesser yang (shaoyang)</td>
</tr>
<tr>
<td>Si Ni San</td>
<td><em>Paeonia lactiflora</em> Pall., <em>Glycyrrhiza uralensis</em> Fisch. <em>Bupleurum chinense</em> DC., <em>Citrus × aurantium</em> L., <em>Paeonia lactiflora</em> Pall., <em>Glycyrrhiza uralensis</em> Fisch.</td>
<td>3</td>
<td>2.0</td>
<td>5.7</td>
<td>4.2</td>
<td>Soothes the liver and regulates the spleen</td>
</tr>
</tbody>
</table>
Evidence-Based Complementary and Alternative Medicine

between inflammation, breastfeeding, and postpartum depression and reported a negative correlation between postpartum depression and breastfeeding. Furthermore, stress can cause inflammation and increase the risk of depression. According to the Ge Zhi Yu Lun, the classics of stress can cause inflammation and increase the risk of depression and breastfeeding. Furthermore, reported a negative correlation between inflammation, breastfeeding, and postpartum depression. As a result, mastitis can be treated by soothing the liver and regulating Qi.

When it comes to the most prescribed Chinese herbs for mastitis, many of these prescription herbs are used to rectify Qi, clear heat, resolve toxins, disperse swelling, and relieve pain. The possible pharmacological effects of Chinese herbs are obtained from the scientific literature by PubMed and are listed in Table 2.

Mai Men Dong nourishes Yin and generates fluid and, therefore, is used as a typical treatment for Yin deficiency, dry mouth, fluid depletion, and constipation [34]. Women’s constitution transferred throughout the perinatal period. A previous study revealed that Yin-Xu constitution worsened during pregnancy and did not recover at six months postpartum [35]. The use of Mai Men Dong may also ameliorate some postpartum physical symptoms, such as sweating, thirst, and constipation [36, 37]. Furthermore, Yi Xue Qi Yuan, an ancient Chinese medical text, describes that Mai Men Dong is also used to treat lactation. In addition, Mai Men Dong had been proved to have anti-inflammation effects [10].

Pu Gong Ying can clear heat toxins and relieve swelling. It has anti-inflammatory and analgesic effects and has been used to treat upper respiratory tract infections, urinary tract infections, hepatitis, and dyspepsia [11]. Wang Bu Liu Xing is effective in activating blood circulation and reducing swelling, has analgesic and anti-inflammatory effects [12], and is used to treat female mammary gland diseases and promote lactation.

Chuan Lian Zi (Melia azedarach L.), Lu Lu Tong (Liquidambar formosana Hance), and Yu Jin (Curcuma phaeocaulis Valenton) have anti-inflammatory effects [14–16]. Chuan Lian Zi and Yu Jin have analgesic effects [14, 16].

In this study, we found that the mastitis rate in Taiwan was much lower compared with that reported by previous studies. This underestimation might be due to the use of health care services. In Taiwan, women with mastitis usually opt for Western medicine, breast massage, or consultation with international board-certified lactation consultants. Among these treatments, the National Health Insurance does not cover breast massage or international board-certified lactation consultants; therefore, these women were not included in the study.

This study was designed to explore the prescription of TCM for mastitis in Taiwan. We found that certain Chinese medicines have anti-inflammation and analgesic effects for treating mastitis, similar to Western medicine. Furthermore, Chinese medicine rarely causes stomach pain, diarrhoea, or indigestion and may be a possible alternative for treating mastitis.

5. Limitations

There are two limitations to this study. First, due to the feature of the LHID, we could not differentiate the aetiology of mastitis. Nevertheless, the 10 most prescribed CHM products were compliant with the clinical treatment of lactation mastitis. Second, mastitis is diagnosed by clinical symptoms and signs, and most patients had a good prognosis after receiving appropriate treatment, so it is hard to evaluate the efficacy of the treatment.

6. Future Perspectives and Priorities

This study discussed the prescription patterns of Chinese herbal medicine products in women with mastitis in Taiwan. However, a well-conducted, randomized controlled trial should be conducted to further evaluate the efficacy of TCM treatment for mastitis.

7. Conclusions

The present study provides preliminary clinical evidence supporting the prescription patterns of CHM products in women with mastitis. Approximately 5.1% of women with mastitis received CHM as complementary treatment. Xian-Fang-Huo-Ming-Yin is the most frequently prescribed Chinese herbal formula in these cases. Further well-designed, clinical trials could be developed to evaluate the effectiveness of TCM for mastitis.

Abbreviations

CHM: Chinese herbal medicine
ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification
LHID: Longitudinal Health Insurance Database
NHIRD: National Health Insurance Research Database
TCM: Traditional Chinese medicine
TWD: Taiwan dollars.

Data Availability

The data used to support the findings of this study are included within the article.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

Authors’ Contributions

SHC designed the study, and PJC supervised the project. CCH performed the data analysis. SHC drafted the manuscript. PJC, CCH, CHL, and KCW gave feedback on the manuscript.

Acknowledgments

This study is based in part on data from the National Health Insurance Research Database, provided by the National Health Research Institute.
References


