# Current Status of Mongolian Medicine Treatment for Breast Hyperplasia

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Abstract Through literature and clinical research, the current status of Mongolian medicine treatment for breast hyperplasia is discussed, such as oral administration of Mongolian medicine for treatment, oral administration of Mongolian medicine combined with external application for treatment, combination of Mongolian medicine acupuncture therapy and oral administration of Mongolian medicine for treatment, integrated treatment of Mongolian and Western medicine, and combination therapy of Mongolian and traditional Chinese medicine, providing new ideas and choices for clinical research.

Key words Breast hyperplasia, Mongolian medicine, Current treatment status

#### 1 Introduction

Breast hyperplasia<sup>[1]</sup> is a benign breast disease (BBD) caused by abnormal breast development and degeneration (ANDI). It is a common female disease with breast pain, nodules or lumps, nipple discharge as the main symptoms, and has a certain risk of breast cancer. Breast hyperplasia belongs to the category of "breast blood stasis syndrome" and "mastopathy" in Mongolian medicine based on its etiology and clinical symptoms. In recent years, research on breast hyperplasia in Mongolian medicine has been increasing, and good clinical results have been achieved.

## 2 Etiology and pathogenesis

The three basic substances that make up living organisms are the human body's Heyi, Xila, and Badagan. The relative balance of the three roots is the foundation of growth, development, and normal physiological function of breast, while the disorder of the three roots is the fundamental cause of disease occurrence. In the early stages of embryonic development, the yang veins nourish Xila, the yin veins nourish Badagan, and the zheng veins nourish Heyi. As a result, the three roots gradually develop and form, while reproductive related tissues and organs such as the uterus and breast are derived from the zheng veins<sup>[3]</sup>. Therefore, the fighting between Hevi and Oisu is most likely to damage the breast. During menstruation or postpartum period, improper diet, improper living, indiscriminate use of drugs and poor lactation make the blood Xila more abundant, and Heyi function disorder. Blood and yellow water that have not been eliminated from essence stagnate at the breast<sup>[4]</sup>, and there are clinical symptoms of breast hyperplasia such as pain and lumps.

# 3 Clinical symptoms and syndrome differentiation classification<sup>[5]</sup>

The main clinical symptom is periodic breast pain, with varying numbers and sizes and diverse shapes of lumps appearing on one or both breasts, which can be scattered throughout the entire breast and have no adhesion to the skin or deep tissues. Some patients may also have nipple discharge, and above symptoms are related to the menstrual cycle.

- **3.1** Badagan dominant type It is manifested as slow growth of breast lumps, heavy body, heavy and delayed pulse, thin and white tongue coating, clear urine color, and light odor.
- **3.2 Heyi dominant type** It is characterized by hard breast mass, good mobility, mild pain, irregular growth and decline, empty pulse, intolerance to pressing, red and dry tongue, clear urine color and more foam.
- **3.3 Blood Xila dominant type** It is manifested as a breast lump with obvious fever and stinging pain, rapid and stringy pulse, red tongue and yellow fur, red yellow urine, and strong odor.

#### 4 Current treatment status

Oral administration of Mongolian medicine for treat**ment** Mongolian medicine is often used to treat breast hyperplasia by regulating body hormones, improving the circulation of qi and blood, promoting clear and turbid decomposition, and resolving blood stasis. Commonly used Mongolian medicines include Wuliji-18 Pills, Pangbari-7 Powder, Sumumaodu-4 Decoction, Sugemule-7 Pills, Tonglaga-5 Pills, etc. Ao Guifang<sup>[6]</sup> selected 82 patients with breast hyperplasia as the research subjects, and randomly divided them into a control group and an observation group, with 41 cases in each group. The observation group was treated with oral Mongolian medicine: in the morning, 17 Narenmandula-11 Water Pills were taken; after lunch, 15 Wuliji-18 were taken orally with warm water; at night, 15 pills of Jizhaomudaoriji and 15 pills of Tonglaga-5 Water Pills were taken with boiling water. Mongolian medicines such as Sugemule-7, Xinggegegimandula, Chaganwurile, Zhamusa-4 Decoction, Xila Decoction, etc. were added or subtracted according to the symptoms. The research results found that the total effective rate of treatment in the observation group (95.12%, 39/41) was higher than that in the control group (82.93%, 34/41), with P < 0.05. After treatment, the score of Mongolian medical symptoms such as breast pain, large breast nodules, and texture of breast lumps decreased in the observation group, which was lower than that in the control group, with P < 0.05. The levels of hormones such as progesterone (P), estrogen (E<sub>2</sub>), and prolactin (PRL) in the observation group improved after treatment, which was better than the control group, with P < 0.05. Mongolian medicine can effectively improve clinical symptoms of breast hyperplasia, regulate serum hormone levels, and help to correct endocrine disorders and improve hormone levels in patients with breast hyperplasia.

Oral administration of Mongolian medicine combined with external application for treatment The combination of Mongolian medicine oral administration and external application is a commonly used clinical method. External application of Mongolian medicine is a traditional therapy that uses specially made Mongolian medicine to apply to diseased areas or related acupoints on the surface of the human body, and achieves the purpose of treating diseases by providing cold and hot stimulation or the action of drugs. It has functions such as regulating the three roots, improving gi and blood circulation, enhancing digestive function, promoting appetite, strengthening the body, enhancing facial functions, relieving pain and reducing swelling, etc<sup>[7]</sup>. Baisha Rula<sup>[8]</sup> randomly divided 122 patients with breast hyperplasia into an observation group and a control group. The observation group was given Mongolian medicines such as Tonglaga-5 Water Pills, Sumumaodu-4 Decoction, Wuliji-18, Yibuhaiyinwunisu-6, and Pangbari-7, and Mongolian medicines such as Sugemule-7, Zhaganwurile, Zhamusa-4 Decoction, and Qiqirigana-17 were added or reduced according to the symptoms. At the same time, they were treated with external application of Habudari-9 and Garudi-5. The control group was treated with the combination of oral administration of Toremifene Citrate Tablets and breast microwave therapy. The results showed that the total effective rate of the observation group was 98.49%, while the total effective rate of the control group was 87.50%. Xie Yanxia<sup>[9]</sup> used Mongolian medicine Tonglaga-5, Amuri-6, Wuliji-18, Guribanwuri-17, Gugulegarudi-15, Sugemule-7 Pills, Nidajindaga, Caomumaodu-7 Decoction for oral administration, and combined with Mongolian medicine Habudari-9 and Garudi-5 for external application treatment. During the external application, they were illuminated with an infrared lamp at an appropriate temperature for 10 d of treatment, with an average of 2 treatment courses. Among the 115 cases treated, 68 cases were cured, accounting for 59. 13%; 45 cases showed significant improvement, accounting for 39.13%; 2 cases were ineffective, accounting for 1.74%; the total effective rate reached 98.26%. There was no recurrence after 3 a of follow-up. From this, it can be seen that the combination of oral administration of Mongolian medicine and external application therapy has a stable therapeutic effect and low recurrence rate on breast hyperplasia, and is worthy of clinical promotion.

4.3 Combination of Mongolian medicine acupuncture therapy and Mongolian medicine oral administration for treatment At present, the combination of Mongolian medicine acupuncture

therapy and Mongolian medicine oral administration has become a new trend in the treatment of breast hyperplasia. Mongolian medicine acupuncture therapy is a traditional method of treating and preventing diseases by stimulating relevant parts or acupoints of the human body with specific needles<sup>[10]</sup>. Wu Shuangyu<sup>[11]</sup> selected 89 patients with breast hyperplasia as the research subjects, and they were administered oral Mongolian medicine Zhenbao Wan, Gagula-4 Ingredients Decoction, Wuleji-18 Pills, Sanzi Decoction, Gurigumu-13 Pills, Qiqirigana-17 Powder, Nidajinduge, and combined with acupuncture therapy. Acupuncture therapy: acupoint selection: the main acupoints are Baihui, Zhongfu, Danzhong, Ashi acupoint around the breast, Uterine acupoint, Yuji, Xuehai, Zusanli, and Sanyinjiao; acupoint matching: according to clinical symptoms, it can be classified into three types: liver stagnation and qi stagnation type with added Qimen and Taichong; phlegm stasis coagulation type with added Quchi and Fenglong; Chongren imbalance type with added Huangyu and Taixi. The total effective rate of treatment was 97.75%. The acupuncture therapy of Mongolian medicine has the function of regulating the three roots, improving the circulation of qi and blood, and unblocking Bai veins<sup>[12]</sup>. The combination of acupuncture therapy and oral medication can enhance the therapeutic effect, and shorten the course of the disease, which fully reflects the overall advantage of combining internal and external diagnosis and treatment, as well as the combination of movement and stillness in Mongolian medicine.

4.4 Integrated treatment of Mongolian and Western medi-At the same time, in order to achieve better treatment results, the combination of Mongolian and Western medicine has also become a new choice. Bao Lihong[13] randomly divided 100 patients with breast hyperplasia into a treatment group and a control group, with 50 cases in each group. The control group was treated with bromocriptin. The treatment group was given a combination of bromocriptin and Laxinamujila, with 15 capsules per dose, twice a day. 30 d is one course of treatment, with 3 courses of treatment. The total effective rate of the treatment group was 94%, while the total effective rate of the control group was 82%. The effect of the treatment group was significantly better than that of the control group, with P < 0.05. Endocrine drugs such as bromocriptin can easily cause hormonal imbalances in the body, leading to dysfunction of other organs. The safety and stability of Mongolian medicine can effectively reduce adverse reactions to Western medicine and significantly improve clinical efficacy.

**4.5** Combination therapy of Mongolian and traditional Chinese medicine In recent years, scholars have also made certain explorations in the combined treatment of Mongolian and traditional Chinese medicine for breast hyperplasia, and good results have been achieved. Traditional Chinese medicine believes that this disease belongs to the category of "milk obstruction", and is caused by qi and blood stasis due to liver qi stagnation, emotional stagnation, phlegm coagulation obstruction, kidney yin deficiency<sup>[14]</sup>. Xie Jinghua<sup>[15]</sup> randomly divided 70 patients with breast

hyperplasia into a control group and an observation group, with 35 cases in each group. The control group was treated with modified Shenshi Shaoyao Powder. The observation group was treated in combination with Mongolian medicine Dahuang Liuwei San on the basis of the control group. After treatment, the levels of estrogen (E<sub>2</sub>), luteinizing hormone (LH), follicle stimulating hormone (FSH) and other sex hormones in the observation group were lower than those in the control group, and the treatment effectiveness rate in the observation group was higher than that in the control group (P < 0.05). The results showed that the combination of Mongolian and traditional Chinese medicine in the treatment of breast hyperplasia can effectively improve clinical symptoms, promote the improvement of the condition, and have high clinical promotion value.

### 5 Conclusions

Under the guidance of a holistic approach, Mongolian medicine has combined internal and external factors to treat breast hyperplasia based on syndrome differentiation, achieving certain clinical efficacy and providing new ideas and treatment options for clinical research. However, looking at its current treatment status, there are still many problems and shortcomings. For example, the promotion and application of characteristic Mongolian medicine external treatment therapy are insufficient, and clinical research design is not standardized, with small scale and unreasonable criteria for determining efficacy. The reason for this is that there has not yet been an independent discipline of breast disease in Mongolian medicine, and it has been habitually included in Mongolian gynecology for treatment and research. Moreover, it is related to the incomplete diagnosis and treatment standards and expert consensus. Therefore, in-depth research in the field of breast disease in Mongolian medicine, standardized diagnosis and treatment, and screening of Mongolian medicine treatment plans with significant therapeutic effects are the key to future research.

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