

# Alternative Approach as Meditation and Stretching for Cyclic Mastalgia – A Narrative Review

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## Abstract

Cyclic mastalgia—breast pain linked to the menstrual cycle—is an extremely common yet often under-discussed health issue for women. While usually benign, its emotional and physical effects can be significant. Many women search for non-drug methods to manage their symptoms, especially when medications cause side effects or fail to give full relief. Meditation and stretching, both low-cost and accessible strategies, may help women reduce pain, improve posture, and regulate stress responses. This narrative review takes a closer, more human-centered look at these alternative approaches, synthesizing scientific research with clinical understanding to explore why meditation and stretching may work, how they can be applied, and what women can realistically expect. The review highlights promising evidence but emphasizes the need for better-targeted research in mastalgia specifically.

## Keywords

Cyclic mastalgia, Meditation, Stretching, Exercises, Physiotherapy

## 1. Introduction

Breast pain is one of the most common breast-related complaints reported in clinical practice. Yet, many women feel uncomfortable or anxious discussing it openly, often fearing it could signal something serious. **Cyclic mastalgia**, however, is benign and directly related to hormonal patterns of the menstrual cycle.

Despite its benign nature, the pain can be sharp, heavy, or throbbing, sometimes spreading into the armpits or down the arms. For some women, it interferes with exercise, work, sleep, and intimacy. Others experience emotional distress, especially when pain triggers concern about breast cancer. Although conventional treatments exist, not all women benefit equally—and many prefer gentler, body-friendly methods they can practice at home. Meditation and stretching fit this need well. Meditation addresses stress and emotional tension, while stretching supports musculoskeletal balance, easing physical contributors to breast discomfort.

This review explores these approaches in depth, focusing on how they work, what evidence exists, and how they can support women on a practical level.

## 2. Understanding Cyclic Mastalgia in Real-Life Context

### 2.1 What Women Commonly Experience

Cyclic mastalgia typically:

- Begins 5–10 days before menstruation
- Peaks just before the period
- Eases once bleeding starts

Women describe sensations such as:

- Tightness or fullness in the breasts
- A dull ache or burning feeling
- Pain radiating to shoulders, upper back, or armpits
- Sensitivity to touch, movement, or even clothing

The discomfort may be mild and manageable, but for some women, it becomes disruptive or emotionally draining.

## 2.2 Why Does It Happen?

Its causes are complex and multifactorial:

- **Hormonal fluctuations**, especially estrogen and progesterone, influence breast tissue sensitivity.
- **Prolactin variations** may intensify symptoms.
- **Fluid retention** can cause breast swelling.
- **Stress** amplifies pain perception and may disrupt hormonal balance.
- **Postural strain**, particularly from modern sedentary lifestyles, contributes to chest wall tension that mimics or worsens breast pain.

These factors interact in a way that creates both physical and emotional discomfort.

## 2.3 Impact on Quality of Life

Although medically harmless, cyclic mastalgia carries psychological weight. Studies show many women worry their pain could indicate cancer, even when reassured otherwise. Pain can interfere with:

- Physical activity
- Clothing choices
- Sexual relationships
- Mood and emotional well-being

Hence, management must address not only physical discomfort but also emotional reassurance.

## 3. Why Consider Alternative Approaches?

Medication-based treatments like NSAIDs, hormonal therapy, or supplements (evening primrose oil, vitamin E) do help some women—but not all. Others dislike side effects or do not want long-term drug dependency.

Meditation and stretching offer:

- Safety
- Affordability
- Accessibility
- Empowerment through self-management

They complement clinical treatment and can be particularly helpful when stress, posture, or muscle tension contribute to pain.

## 4. Meditation as an Alternative Approach

### 4.1 How Meditation Works Beyond “Relaxation”

Meditation is not merely about sitting quietly; it actively influences the brain and hormonal responses. It can:

- Reduce cortisol and other stress hormones
- Lower sympathetic nervous system activity
- Improve emotional regulation
- Increase mindfulness and body awareness
- Modify pain-processing pathways in the brain

These changes help reduce both the intensity of pain and the emotional distress around it.

### 4.2 Types of Meditation Relevant to Mastalgia

- **Mindfulness Meditation:** Encourages observing sensations without judgment; shown to reduce chronic pain.
- **Breath-Focused Meditation:** Calms the autonomic nervous system.
- **Body Scan Meditation:** Helps recognise areas of tension around the chest, shoulders, and upper back.
- **Loving-Kindness Meditation:** Reduces emotional stress and self-criticism.

### 4.3 What Research Suggests

Direct research on mastalgia is limited, but studies on women's health show:

- Meditation reduces PMS-related pain and emotional instability (Chan et al., 2011).
- Mindfulness-based interventions reduce chronic pain intensity (Kabat-Zinn, 1985).
- Stress reduction programs lower mastalgia severity (Ader & South-Paul, 2001).

Taken together, meditation appears promising as a complementary tool.

## 5. Stretching as an Alternative Approach

### 5.1 Why Stretching Matters

Many women are unaware that poor posture significantly affects breast discomfort. Long hours at desks or screens lead to:

- Forward-head posture
- Tight pectoral muscles
- Rounded shoulders
- Stiff upper-back muscles

These changes compress the chest wall, contributing to or mimicking mastalgia. Stretching directly addresses these physical contributors.

### 5.2 Physiological Effects of Stretching

Stretching can:

- Improve mobility of chest and shoulder muscles
- Enhance blood flow and lymphatic drainage in the breast area
- Reduce muscular tension
- Promote better posture
- Decrease mechanical strain that aggravates breast pain

### 5.3 Evidence Supporting Stretching

Studies indicate that:

- Pectoral stretching reduces chest wall pain (Kietrys et al., 2013).
- Yoga stretches reduce menstrual symptoms and stress (Rakhshae, 2011).
- Exercise improves breast tissue comfort and reduces tenderness (Hadi, 1999).

While not mastalgia-specific, these findings are directly relevant due to shared physiological pathways.

## 6. Integrating Meditation and Stretching: A Holistic Perspective

Meditation and stretching work best **together** because they target different dimensions of mastalgia:

- **Meditation** relaxes the mind and regulates hormones.
- **Stretching** relieves musculoskeletal strain and supports physical comfort.

When combined, they create a powerful synergy:

- Deep breathing enhances stretching effectiveness
- Mindfulness increases awareness of posture
- Stress reduction lessens perception of pain
- This paired approach is gentle, adaptable, and supportive of women's overall well-being.

## 7. Discussion

The growing interest in natural and holistic approaches to cyclic mastalgia reflects a broader shift in women's health—one that values not only symptom relief but also empowerment, autonomy, and emotional well-being. Meditation and stretching offer a unique combination of physical and psychological support.

One of the biggest strengths of these approaches is that they address **two often overlooked contributors: stress and posture**.

Stress is known to amplify pain, influence hormonal patterns, and reduce pain tolerance. Many women with mastalgia also report a strong emotional overlay—fear of cancer, frustration, or anxiety. Meditation provides tools to manage these emotions and diminish the stress response that heightens pain perception.

At the same time, modern lifestyle factors cannot be ignored. Prolonged sitting, digital devices, and lack of upper-body movement all place abnormal strain on the pectoral and upper-back muscles. This strain can cause chest wall pain that feels very similar to, or worsens, breast pain. Stretching, therefore, offers a direct physical solution.

**However, it is important to acknowledge gaps in evidence.** Few studies measure meditation or stretching specifically for breast pain. Much of the current understanding is drawn from broader research relating to musculoskeletal pain, chronic pain, menstrual symptoms, or emotional wellness. Despite this limitation, there is no evidence suggesting these interventions are harmful. On the contrary, they improve general health and quality of life—making them ideal complementary options. What sets these techniques apart is that they place **women at the centre of their own healing process**. They require no prescriptions, no special equipment, no clinics, and no financial burden. They can be adapted to different lifestyles and preferences, making them especially empowering for women who feel unheard or dissatisfied with conventional treatment.

Moving forward, clinical trials dedicated specifically to cyclic mastalgia are needed. These studies should examine:

- Standardized meditation protocols
- Targeted stretching routines
- Frequency and duration
- Long-term outcomes
- Combination approaches

Such research would strengthen evidence-based recommendations and guide clinicians in integrating these interventions more confidently.

## 8. Limitations

- Limited research directly evaluating meditation/stretching for mastalgia.
- Most available evidence is indirect.
- Narrative reviews do not allow statistical analysis.
- Variability in meditation styles and stretching routines across studies.

## 9. Conclusion

Meditation and stretching are gentle, safe, and highly accessible strategies that show promise in helping women manage cyclic mastalgia. They address both the emotional and physical aspects of the condition, offering a holistic pathway to relief. While more direct research is needed, current evidence combined with clinical experience makes these approaches valuable tools for women seeking natural, self-empowering options.

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