World’s largest FREE health Education library for people.

We help patients to become better patients! We can help you understand your health and medical problems better so you can get better care in partnership with your Doctor.

OUR VISION

We think patients are the largest untapped healthcare resource and that Information therapy is the most Powerful Medicine!

OUR GOALS

1. Encouraging health insurance companies to invest in patient education.
2. Advocating information therapy.
3. Setting up a national network of patient education centers.
4. Developing patient educational materials in Indian Languages for the web.

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Premenstrual swelling and tenderness of both breasts occurs during the second half of the menstrual cycle.

**Considerations**

Symptoms of premenstrual breast tenderness may range from mild to severe. Symptoms typically peak just before each menstrual period and improve immediately after or during the menstrual period. Breast tissue may have dense, rough, "cobblestone" feel to the fingers -- usually more marked in the outer areas. There may also be an intermittent or persistent sense of breast fullness with dull, heavy pain, and tenderness.

During the menstrual cycle, estrogen production increases and peaks just prior to mid cycle. This causes enlargement of the breast ducts. Premenstrual, progesterone peaks near the 21st day (in a 28-day cycle) and causes growth of the breast lobules (milk glands).

Premenstrual swelling and tenderness of the breasts is commonly associated with premenstrual syndrome (PMS) and fibrocystic breast disease (benign breast changes). The cause of fibrocystic breast disease is not completely understood, but is believed to be associated with ovarian hormones since the condition usually gets better with menopause.

Premenstrual breast tenderness and swelling probably occur to some degree in nearly all women. Symptoms severe enough to cause concern or limit function may occur in as many as 60% to 70% of women during their childbearing years. The incidence may be lower in women taking oral contraceptives (birth control pills). Risk factors may include family history and diet (excessive dietary fat or caffeine intake).

**Causes**

- Menstrual cycle
- Estrogen medications
- Adolescent pregnancy
- First-trimester pregnancy

**Symptoms**

- Breast lump
- Breast enlargement on one side only
- Swelling, tenderness, redness, and warmth in breast tissue
- Nipple discharge (may contain pus)
- Nipple sensation changes
- Itching
- Tender or enlarged lymph nodes
  - in armpit on the same side
- Fever

**Exams and Tests**

In women who are not breast-feeding, testing may include mammography or breast biopsy. Otherwise, tests are usually not necessary.

**Treatment**

Self-care may include applying moist heat to the infected breast tissue for 15 to 20 minutes four times a day.

Antibiotic medications are usually very effective in treating a breast infection. You are encouraged to continue to breast-feed or to pump to relieve breast engorgement (from milk production) while receiving treatment...