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HAND REFLEXOLOGY'S EFFECTS ON LOWER EXTREMITY LYMPHEDEMA

Lymphedema is the term used to describe swelling that can occur anywhere in the body, but most commonly affects the limbs. Lymphedema can be classified as primary or secondary, depending on the cause.

Primary lymphedema may be present at birth, develop at puberty or in midlife, and relates to abnormal functioning of the lymphatic system. Secondary lymphedema may occur following treatment for cancer, surgery, radiation therapy, recurrent infections or trauma. If lymphedema is left untreated, there is a risk it may worsen over time.

According to the British Lymphology Society, "Lymphedema is not curable, but there are ways to control and manage symptoms that can also help improve quality of life."ⁱ

A previous study of women with secondary lymphedema due to after effects of radiation treatment due to breast cancer showed a statistically significant reduction in limb volume circumference from baseline to follow-up. Qualitative data collected from participants indicated an increase in a sense of wellbeing.ⁱⁱ

SUBJECT:

Subject is a female, 52, former cosmetologist and manager at a convenience store. She retired after diagnosis with lymphedema in all extremities at age 48. Prior to diagnosis she claims to have been someone who "threw herself into working". She states that lymphedema changed her life, no longer allowing her to do the simple tasks she used to enjoy, such as driving a car.

Medicare covers 10 manual lymphatic drainage massage sessions per year. She takes potassium, pain pills when needed, and diuretic pills to ease the feeling of her legs bursting.

Currently, her main complaint is her lower extremities. She suffers from random pain on the bottom of her heel, and she says that, "When it hits, it hits hard." When she feels the urge to urinate, subject states that she has 60 seconds or less to get to a bathroom or she will urinate on herself. She sleeps sitting up on the sofa in fear of the fluid building up to her face. When she stands for even less

than 30 minutes, her whole body starts shaking. Subject reports that riding in a car produces the sensation that her legs will burst. Subject believes her issues are caused by lack of care when she was younger. "I was living to work, not working to live."

TREATMENT PLAN:

Because Subject was unable to be comfortable in any position to receive touch in her lower extremity, the study became one of hand reflexology, with focus on the lymphatic system. Sessions began on the right hand, then the left, 25 minutes on each. Sessions occurred every Tuesday at 2pm for six consecutive weeks. Subject reveals that she has never received reflexology before.

Reflexes to be worked:

All, with a focus on the lymphatic system and liver reflexes

Techniques Used:

For relaxation: Compression, Flicking/breezing, Knuckle roll, Spreading.

Primary: Thumb and finger-walking, Milking (cervical lymph nodes), Rotating-on-a-point (groin lymph nodes).

Rationale for choosing the above protocol

- Lymphatic system cleanses tissues and balance fluids.
- The liver detoxifies chemicals and metabolizes drugs.

Subject filled out a daily diary, including pain level, stress level, sleep quality and patterns, and any changes in daily activities. Subject used a scale 1-5, 1 being the least severe and 5 being the most severe. Using a tape measure therapist measured Subject's legs proximal and distal before and after every session.

Session 1, 11/25/2014

Pre-session interview: Subject reported a pain level of 3, and says she didn't sleep well the night before.

On the right hand, congestion was noted in the following reflexes: lymphatic duct, groin and axillary lymph nodes, abdominal and chest lymph vessels, thymus. On the left hand: thoracic duct, groin lymph nodes, abdominal and chest lymph vessels.

In both hands reflexes to all cervical lymph nodes and cisterna chilli were sensitive to Subject.

After session, Subject explained feeling a cooling sensation almost like "tiny snowflakes falling on her body". She also reported that she could actually feel her body pulsating as if she had completed a work out.

Session 2, 12/2/2014

Pre-session interview: Subject reported pain level 0. Diary indicated subject had diarrhea and was evacuating every 45 minutes. Also Subject noticed she was urinating more than usual.

On the right hand, congestion was noted at reflexes to abdominal lymph vessels, groin lymph nodes, lymphatic duct, axillary lymph nodes, and the liver. On the left hand: thoracic duct, tonsils, abdominal lymph vessels, groin lymph nodes, and thymus. Subject reported sensitivity on both hands at reflexes to all cervical lymph nodes and cisterna chili.

After session subject stated she felt energized.

Session 3, 12/9/2012

Pre-session interview: Subject reports feeling pretty good; pain level 0. Diary stated she was sleeping well. She said she went grocery shopping and felt good riding in the car.

On the right hand, congestion was noted at reflexes to abdominal and chest lymph vessels, groin lymph nodes, lymphatic duct, axillary and cervical lymph nodes, and liver. Subject reported sensitivity on the left hand cervical lymph nodes, cisterna chili, abdominal and chest lymph vessels, groin lymph nodes, spleen and thoracic duct reflexes.

After session subject said she felt great.

Session 4, 12/16/2014

Pre-session interview: Subjects diary stated pain level to be a 3. She says that she ate foods that make her swell up the night before, and that she didn't sleep very well.

On the right hand, congestion was noted at axillary and groin lymph nodes, abdominal and chest lymph vessels, cisterna chili, lymphatic duct and all cervical lymph nodes. On the left hand: thoracic duct, abdominal and chest lymph vessels, groin and cervical lymph nodes, cisterna chili, and spleen. Subject reported sensitivity in all points noted with congestion.

After session client said she felt good and that her pain level was reduced to 0.

Session 5, 12/23/2014

Subject reported feeling really good, had a good week of cooking, cleaning and hanging up decorations for Christmas. Diary stated pain level 0, and sleep quality improved.

On the right hand, congestion was noted at axillary and groin lymph nodes, abdominal and chest lymph vessels, cisterna chili, lymphatic duct and liver reflexes. On the left hand: thoracic duct, abdominal and chest lymph vessels, groin and cervical lymph nodes, and cisterna chili. Subject reported all cervical lymph nodes were sensitive.

After session Subject says she feels energetic and excited for shopping for Christmas dinner.

Session 6, 12/30/2014

Subject reported pain level of 1, due to pain in her heel. Diary reported cooking and cleaning for hours last week. Also her sleep habits have improved. The measurements of her legs do not accurately depict how she feels.

On the right hand congestion was noted at axillary and groin lymph nodes, abdominal and chest lymph vessels, cisterna chili and lymphatic duct reflexes. On the left hand: thoracic duct, abdominal and chest lymph vessels, groin and cervical lymph nodes, cisterna chili, and spleen. Subject reported all cervical lymph nodes were sensitive.

After session Subject reported feeling great.

Follow-up:

Diary stated pain level at a steady 0 and sleep habits improved.

Summary:

Lower Extremity Measurements – Before and After				
Session/Before/After	Right Proximal	Right Distal	Left Proximal	Left Distal
Session 1 –Before	36 in.	20 in.	50 ½ in.	25 in.
Session 1 – After	34 in.	19 ½ in.	48 in.	25 in.
Session 2 – Before	35 in.	19 in.	48 in.	25 in.
Session 2 – After	35 in.	19 in.	47 ½ in.	25 in.
Session 3 – Before	34 in.	19 ½ in.	48 in.	25 in.
Session 3 – After	34 in.	20 in.	46 in.	25 in.
Session 4 – Before	34 in.	19 in.	46 in.	25 in.
Session 4 – After	34 in.	19 in.	46 in.	25 in.
Session 5 – Before	34 in.	19 in.	43 in.	25 in.
Session 5 – After	30 in.	19 in.	42 in.	25 in.
Session 6 – Before	32 ½ in.	19 in.	44 in.	25 in.
Session 6 – After	32 ½ in.	19 in.	43 in.	25 in.

Subject stated that she loved the reflexology sessions and thought it helped with the pressure from excess fluid in her lower extremities. She reports having more energy to cook and clean during the day and believed it helped improve her sleep quality at night.

On the right leg, Subject lost 3 ½ inches proximal and distal 1 inch. On the left leg, Subject lost 7 ½ inches proximal and distal 0.

CONCLUSION:

Hand reflexology did help my subject with symptoms from lymphedema in the lower extremities and helped her to engage more in the activities of her daily life. Although one case study is not enough research to claim that all people suffering with lymphedema would benefit from reflexology, further study would seem warranted.

REFERENCES

i www.thebls.com

ii <http://www.reflexologylymphdrainage.co.uk/research.html>