

THERAPIST: Roberta Cirocco, ARNP, LMT

rcirocco@yahoo.com

Certified Hand & Foot Reflexologist (graduate of the Academy of Ancient Reflexology)

www.academyofancientreflexology.com

Reflexology and Lymphedema

Introduction

Lymphedema is symptom of several disorders. It is characterized by accumulation of fluid in the interstitial spaces some of which might be lymph. The most widely recognized factor of this condition is the removal of lymph nodes surgically. However, in many instances lymphedema is insidious in its development. Elephantiasis, of which there are several potential causes, is a related disorder that has wide recognition and has a slow progression. Venous insufficiency and other insults to the lymphatic system may also begin the development of lymphedema.

Literature Review

New research in the past few years has altered scientific thought about the lymphatic system and its role in maintaining the homeostasis of the body. This in turn has affected the view on manual techniques involved in treatment. In the 1930's, E. Vodder, a massage therapist, noted that he could reduce the degree of edema by applying alternating pressure to swollen lymph nodes. Today, it has evolved to a treatment modality called Manual Lymphatic Drainage (MLD) which is a recognized treatment for disorders of the lymphatic system.

Objective

This study will explore the effects of focused hand and foot reflexology for an individual with lymphedema related to a history of venous insufficiency to determine the benefits.

Subject

Ms. A. S. is a Caucasian of sixty-eight years, who presents with a 20-year plus history of venous insufficiency. She has been medically evaluated in the past and treatment options have included medication, exercise regimen, compression stockings, and surgery. She states that she began a walking protocol, but has not been able to maintain it consistently. She reports that the medications were "water pills" and she stopped because they made her "feel weak". Compression stockings were tried but proved difficult to put on and were uncomfortable. Surgery was not an option due to the cost.

In the pre-session discussion, she stated her goal to have the aching in her legs reduced and to relax. Her current employment involves some walking and some sitting. Elevating her legs when seated for long periods is not always possible. About two years ago she fell and was unable to get up without assistance. This frightened her and altered how she thought about the condition of her lower legs.

For this protocol she has committed to twice weekly sessions and maintenance of a diary of her experience after each session.

Treatment Protocol

This protocol will involve 90-minute foot and hand reflexology sessions twice weekly for four weeks. The target system is the lymphatic system; therefore specific points will be addressed on the feet and the hands in each session. The points include: cervical, chest, axillary, inguinal and popliteal lymph reflexes along with the spleen, tonsils, thymus gland and the Cisterna Chyli. There is some reference in cited research to the appendix being part of the system, but it is not included as a specific point in this study. Techniques will include, but not limited to: opening assessing moves, flicking/breezing, milking, rotating on a point, thumb/finger walking, alternating pressure, compression, spreading and soothing moves at end of session. The moves will be rhythmic and firm. The session will commence with a check-in on subject's experience, current status, sleep, or pain.

Results

Week I

Session 1: Therapist noted edema ankles and feet, limited range of motion ankles and toes, skin pale to ruddy, texture sclerotic in areas. Client reported sleep sometimes a problem.

Session 2: Client noted discomfort increased when feet are swollen and that skin is itchy when certain fabric touches it. She reported that her feet did not swell as frequently; no discomfort this week.

Week II

Session 1: Therapist noted dense areas in zone one both feet. Relaxation occurs earlier in the session.

Session 2: Client noted that her legs were achy and heavy and felt better after sessions. Enjoys having hand reflexology.

Week III

Session 1: Therapist noted that the left ankle was easier to move through the range of motion moves. Right ankle remains more rigid.

Session 2: Client noted that after sessions she felt relaxed and that walking was easier. Sleep is still problematic. She says that her ankles seem looser.

Week IV

Session 1: Therapist note skin was softer than initially, still has some edema at ankles and feet. Dense areas in zone one are smaller.

Session 2: Client reported that gait was improved when legs are not heavy and that it is happening more often now.

Conclusion

The case study offers a hint at the potential of reflexology application of lymphedema. While the response in this study was small, it indicated that even in a late stage, there

can be a positive response. While it is speculative to state that reflexology would be a powerful adjunct to the current manual therapies now in use, the hint is there.

Reflexology offers rhythmic and firm strokes along with light stroking and alternating pressure and application to the digits, which are the terminal areas of the circulatory system. More research is needed to demonstrate reflexology's application and the results at various stages of this progressive disorder. Perhaps by initiating treatment at earlier stages, the progression will be slowed.

"The lymphatics are closely and universally connected with the spinal cord and all other nerves, long or short, universal or separate, and all drink from the waters of the brain." -

A. T. Still, 1899

Works Cited

NLN Medical Advisory Committee. "Position Statement of the National Lymphedema Network." <https://www.lymphnet.org>, Feb. 2011, www.lymphnet.org/pdfDocs/nIntreatment.pdf.

The history of Dr. Vodder and Evolution of Combined Decongestive Therapy
Wittkinger, H., Akademia, V.,
Lymph Link Vol 24, No. 2 April-June 2012

Reflexology and the Lymphatic System

<http://reflexologysuccess.com/tips/reflexology-the-lymphatic-system>

Chikly, MD, DO, B., & Chikly, A. (2016). Lymph in the Brain: New Scientific Paradigms About the Brain, Cerebrospinal Fluid Dynamics, Lymph, and Their Applications for Manual Therapy. *Massage & Bodywork*, 46-53.

Fredman, BSS, R., & Tenehaus, MD, M. (2012). Elephantiasis Nostras Verrucosa. *EPlasty - Open Access Journal of Plastic Surgery*, 12(14).

Luckman, W. (2016). A Global Approach to Lymphatic Drainage Massage. *International Journal of Therapeutic Massage & Bodywork: Research, Education, & Practice*, 64-71.

Carman, MD, T. L., & Ang, MB, Bch, BAO, S. K. (n.d.). Chronic Venous Insufficiency & Lymphedema | Current Diagnosis & Treatment: Geriatrics, 2e | AccessMedicine | McGraw-Hill Medical. Retrieved from <http://accessmedicine.mhmedical.com/content.aspx?bookid=953&ionid=53375657>