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A study on the effects of manual lymph drainage on fibromyalgia

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Introduction

This study was initiated by three Vodder-certified Manual Lymph Drainage (MLD)[®] therapists in Saskatchewan to investigate the effect of MLD treatments on people who have been diagnosed with fibromyalgia (FM).

MLD, originated by Dr. Emil Vodder in 1936, is widely practised in Europe. To date, there are approximately 350 certified MLD Therapists in North America who have completed the extensive Vodder training.

Fibromyalgia, a chronic musculoskeletal condition causing fatigue and widespread pain throughout much of the body, affects a significant percentage of the population each year.¹ A person with FM will often say, "I hurt all over!" and be frustrated by the feeling that there is no cure and they'll "just have to live with it."¹

MLD is a gentle, soothing, rhythmic hands-on technique. MLD not only provides relief, but also encourages healing to take place in the connective tissue. This works on several levels: by normalizing the fluid balance, thereby removing toxins; by calming the sympathetic nervous system; and by reducing pain. Because of these effects, and by increasing

lymph flow, MLD may stimulate the body's defense system and help fight off infections.²

Because fibromyalgia alters the bodily functions on these same levels, MLD might decrease the discomfort caused by FM and increase the patient's quality of life.

The theory proposed by the three Vodder therapists was that if fibromyalgia was, at least in part, due to the stagnation of proteins in the tissues, then MLD might help return the interstitial fluid to a more normal balance. The analgesic effect of MLD might decrease the patient's level of pain, and allow more normal sleep patterns, organ functions and healing potential.

Study protocol

Each of the therapists selected three candidates from her local Fibromyalgia Support Group. All participants were female, ranging in age from 38 to 57. It is not surprising that all the participants in the study were women, since women are predominantly affected by FM.¹ The duration of the condition, after a formal medical diagnosis, ranged from six months to six years, although most had been suffering from symptoms for some

years prior. Symptoms affected the whole body.

A Pain and Function Index was created using a blend of the Vernon-Mior and the Revised Oswestry³ which would approximate the problems of people suffering from FM. Instead of a "lifting" category, "exercise" was chosen as more specific to the tasks of the study population.

The index is scored in the following way: In each section, scores of zero (statement one) to five (statement six) are possible. The score for each section is added up and then multiplied by two to give a percentage.

The researchers then rated the participants in the following way: A score of 0-10% = healthy, 10-20% = mild, 20-30% = moderate, 30-40% = fairly severe, 40-50% = severe, 50-60% = extremely severe. Participants varied from mild (1 participant), moderate (3 participants), fairly severe (4 participants), to severe (1 participant).

The treatment protocol was developed with the MLD knowledge base in mind. Because FM is a systemic condition, it was important to systematically clear the whole body initially, then concentrate on areas of remaining pain.

The therapists began treatment in the neck and upper body because the lymphatic pathways transport the waste products toward the venous arch where the jugular and subclavian veins join in the neck. Dr. Vodder called this the "terminus" because it is the point where the lymph flows into the venous system from the lymph vessel system.²

It is important to ensure that there is optimal drainage and no blockage close to the terminus before moving distally. This is similar to removing any dams in a river before allowing more water to flow through it. MLD actually produces a sucking effect on the lymphatics distal to the area of treatment.⁴

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The therapists began the treatment series with daily treatments because when clearing a sluggish lymphatic system, it is more beneficial to do repeated treatments close together and prevent the body's tendency to revert to the original state. As the system's functions improve, the treatments are then spaced further apart.⁵ The Vodder School teaches very specific sequences and repetitions for treating various body parts.⁶ All therapists used the same sequences on the same days.

The therapists were all certified in the Vodder advanced training program in the summer of 1993 and re-certified in 1995 and 1997. This ensured that all the study subjects received essentially the same treatment, regardless of therapist.

Each candidate received 14 MLD treatments of 45 minutes over a four-week period with specific guidelines regarding diet, rest and exercise (see Treatment Contract on page 10). Exercises consisted of gentle mobilization movements for the joints and spine.

To provide an optimum comparison, a Treatment Protocol (see page 11) was developed. Therapists administered the same technique sequences. Appointments were scheduled daily for the first week (Monday-Friday), four times the second week, three times in the third week, and twice in the fourth and final week. Participants had to maintain a daily diary, noting sleep quality and quantity, comfort levels, diet and exercise.

Client observations

The majority of participants felt MLD treatments had been beneficial. All participants completed questionnaires indexing their pre- and post-treatment pain and function levels (see Pain and Function Index on page 12-13). Improvement in client function as indicated by the questionnaire varied from zero to 27 per cent. The greatest improvements were found in the areas of pain reduction and sleep quality, which in turn contributed positively to the quality of life. Participants felt a new sense of control over their lives. They became optimistic about their future, realizing that something could be done to change the effects of fibromyalgia.

A summary question asked each participant to rate the benefit of MLD therapy on a scale of zero-10, with 10 being extremely beneficial. The average rating for the group was seven, with two participants indicating 10 and one participant indicating one.

It is interesting that the candidate's perception of benefit did not necessarily coincide

with the percentage change in the rating scale. One candidate rated zero-per-cent improvement and rated the benefit as six. Another showed five-per-cent improvement and rated the benefit as 10.

Therapist observations

Therapists noted improvements in tissue health. Areas in muscles that had previously felt fibrous started to soften, spongy tissue became firmer, and complexions became clearer.

The MLD therapists who initiated this project realize that to be recognized as a valid clinical study, a much larger participant base would be required. However, the positive results achieved indicate that MLD may indeed be a beneficial treatment for individuals dealing with fibromyalgia.

Participating Vodder MLD therapists:

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Treatment contract, treatment protocol and pain and function index follow on pages 10-13.

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Fibromyalgia/MLD[®] Program

Treatment Contract

I, _____, agree to adhere to the following requirements while participating in the case study of the effects of Manual Lymph Drainage in the treatment of fibromyalgia:

- To attend treatment sessions of approximately 45-60 minutes in length according to the following schedule:

Week 1: 5 days, Monday through Friday inclusive.

Week 2: 4 days, Mon., Tues., Thurs., Fri.

Week 3: 3 days, Mon., Wed., Fri.

Week 4: 2 days, Tues., Fri.

- To modify diet to include a minimum of 8 glasses of water daily and to moderate the intake of salt, sugar, caffeine, and alcohol.
- To participate in a daily light exercise program which includes 10-15 minutes of aerobic movement (i.e. walking) and a series of stretches designated by the Massage Therapist.
- To rest a minimum of 7-8 hours daily (i.e. sleep and/or relaxation).
- To maintain a diary. This does not need to be extensive but a brief description of how you are feeling, sleep quantity and quality, or any deviation from the program.
- A \$25 deposit will be paid at the first treatment session and is refundable on completion of the 14th and final treatment session if all appointments are attended.

Signature

Date

Fibromyalgia/MLD[®] Program

Treatment Protocol

Each therapist gave three participants 14 treatments of 45 minutes in a four-week period, with five treatments in week one, four in week two, three in week three and two in week four. Each therapist followed the protocol listed below. The approximate time allotted to each body area is in brackets.

WEEK 1

Monday: Neck (15 minutes), Axillary lymph nodes (5), Abdomen (15), Face (10)

Tuesday: Nape of neck (15), Back (20), Face (10).

Wednesday: Short neck (10), Modified chest (15), Arms (20).

Thursday: Nape of neck (10), Back (15), Buttocks (20).

Friday: Short neck (10), Abdomen (15), Legs (20).

WEEK 2

Monday: Neck (10), Abdomen (15), Face w/intraorals (20).

Tuesday: Short neck (10), Modified chest (15), Arms (20).

Thursday: Nape of neck (10), Back (15), Buttocks (20).

Friday: Short neck (10), Buttocks (20), Legs (15).

WEEK 3

Monday: Neck (10), Abdomen (15), Face w/intercostals (20).

Wednesday: Short neck (10), Modified chest (15), Arms (20).

Friday: Short neck (10), Buttocks (20), Legs (15).

WEEK 4

Tuesday &

Friday: Neck (10), areas of pain (35).

Fibromyalgia Pain and Function Index

Pre-MLD Treatment

Name: _____

This questionnaire has been designed to provide information as to how fibromyalgia has affected your ability to manage in everyday life. Please answer every section and mark in each section only the ONE box which applies to you. We realize that you may consider that two statements in any one section relate to you, but just mark the box which most closely describes your problem.

SECTION 1: PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 2: PERSONAL CARE (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3: EXERCISE

- I can exercise intensively without extra pain.
- I can exercise intensively but it gives extra pain.
- Pain prevents me from exercising intensively but I can manage moderate exercise.
- Pain prevents me from exercising intensively but I can manage light to medium movement.
- I can perform very light movement.
- I cannot exercise at all.

SECTION 4: EATING

- I can eat normally with no consideration to special diet.
- I can eat almost anything I wish as long as I do not overdo on certain items.
- I avoid certain foods as they tend to make me feel uncomfortable.
- I do not eat certain foods at all because they cause severe discomfort.
- I have to be careful as to what food combinations I eat.
- I must closely monitor exactly what foods I eat and in what combinations.

SECTION 5: HEADACHES

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all of the time.

SECTION 6: CONCENTRATION

- I can concentrate fully when I want with no difficulty.
- I can concentrate fully when I want with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want.
- I have a lot of difficulty in concentrating when I want.
- I have a great deal of difficulty in concentration when I want.
- I cannot concentrate at all.

SECTION 7: WORK

- I can do as much work as I want.
- I can do only my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

SECTION 8: SOCIAL LIFE

- My social life is normal and gives me no pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, (for example, dancing).
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of my symptoms.

SECTION 9: SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleeplessness).
- My sleep is mildly disturbed (1-2 hours sleeplessness).
- My sleep is moderately disturbed (2-3 hours sleeplessness).
- My sleep is greatly disturbed (3-5 hours sleeplessness).
- My sleep is completely disturbed (5-7 hours sleeplessness).

SECTION 10: CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates but over-all is definitely getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is getting neither better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

PAIN SEVERITY SCALE

Rate the severity of your pain by checking one box on the following scale.

No Pain	0	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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Note: The post-treatment form was the same as the pre-treatment form, but included the following scale at the bottom:

BENEFIT OF MLD THERAPY

No Benefit	0	1	2	3	4	5	6	7	8	9	10	Extremely Beneficial
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