

NLN

NATIONAL LYMPHEDEMA NETWORK

## LYMPH Link

Vol.15, No. 2 April-June 2003

ISSN 1065-9951

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### The NLN Mission Statement

The mission of the NLN is to create awareness of lymphedema through education and to promote and support the availability of quality medical treatment for all individuals at risk for or affected by lymphedema.

The NLN is dedicated to:

- ◆ promoting research into the causes, prevention and treatment of lymphedema;
- ◆ securing adequate insurance coverage for medically necessary, safe and effective treatment;
- ◆ expanding the number and geographical distribution of lymphedema treatment facilities and certified therapists.

To achieve these goals, the NLN disseminates information about lymphedema to health care professionals so they can appropriately counsel their patients on its avoidance, and prescribe safe, effective treatment for those affected by this condition. The NLN also provides this information to the general public.

## Non-Western Medicine: Its Role In Lymphedema Management

By Andrea Cheville, MD

### PART ONE

*Note from the author: In order to avoid confusion, this article will consistently use the term "non-western medicine" to refer to a body of therapeutic approaches that have also been referred to as complementary, alternative, new age and integrative medicine.*

### Overview

Non-western medicine has enjoyed ever-increasing popularity over recent decades, and many lymphedema patients reasonably ask what therapeutic benefit it may hold for them. Lymphologists and lymphedema therapists routinely confront this question with little clinical and no empirically derived data. The frequency and urgency of our patients' inquiries can be expected to increase as popular awareness of non-western medicine grows. Recent *Newsweek* and *Time* magazine cover stories highlighted growing public consumption of non-western medicine. Media notable Bill Moyers felt the field warranted sufficient attention to devote his television mini-series, "Healing and the Mind," to describing its increasing relevance and popularity. These examples of media attention reflect a general groundswell of interest. Writers have speculated that the growing popularity of non-western approaches stems, in part, from dissatisfaction with the often financially driven and body-oriented approaches of allopathic practice. Frustrated with an approach thought to inadequately acknowledge the holism of body, mind, and spirit, patients are seeking beyond conventional therapeutic choices. In addition, many patients are attracted by non-western systems that propose to preserve wellness, in contrast to responding reactively once pathology has developed. As an expanding global clinical force, non-western medicine warrants the interest and attention of the lymphedema community.

Media acclaim and public demand have led mainstream academic medicine to evaluate its relationship with non-western medicine. A significant shift in interest followed the publication of David Eisenberg's seminal article quantifying public utilization of "alternative therapies" (Eisenberg, 1993). This article was published

in the *New England Journal of Medicine* in 1993. It reported the results of telephone interviews with a national sample of 1539 adults (response rate, 67 percent) in 1990. One in three respondents (34 percent) described using at least one unconventional therapy in the past year, and a third of these saw providers for unconventional therapy. The latter group had made an average of 19 visits to such providers during the preceding year, with an average charge per visit of \$27.60. These statistics spurred the western medical establishment to acknowledge that use of non-western therapies was widely prevalent and worthy of its attention. A second epidemiological study found an interval increase in non-western therapy utilization when a similar study was conducted in 1997 (Eisenberg, 1998). Use of alternative therapies during the preceding year increased from 33.8% in 1990 to 42.1% in 1997. The probability of users visiting an alternative medicine practitioner increased from 36.3% to 46.3%. In both the 1990 and 1997 surveys, alternative therapies were used most frequently for chronic conditions, including back problems, anxiety, depression and headaches. Extrapolations to the U.S. population suggest a 47.3% increase in total visits to alternative medicine practitioners, from 427 million in 1990 to 629 million in 1997, thereby exceeding total visits to all U.S. primary care physicians.

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## Non-Western Medicine...

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Federal and private funding sources also have been influenced by increased public demand. The National Institutes of Health (NIH), recognizing increasing consumer utilization of non-western therapies despite the absence of substantive research, created the Center for Complementary and Alternative Medicine. To date, this Center has allocated millions of dollars to support research investigating the efficacy of yoga, meditation and acupuncture, among many other therapeutic modalities. The fruits of this effort are beginning to appear in clinical journals. It can be reasonably hoped that clinicians will be able to take greater recourse to the medical literature for assistance in recommending and prescribing non-western medicine. More and more allopathic physicians have appreciated that safe and effective medical care cannot be delivered without an understanding of non-western therapies. Clinical education has made an effort to expose medical, nursing and physical/occupational therapy students to non-western therapies (Wetzel, 2003). Several institutions have made non-western therapies an integral part of their curricula. Collectively, greater attention in clinical journals, grant funding and education reflects a trend towards the co-existence of non-western and allopathic therapies.

### Non-Western Medicine and the Lymphedema Patient

Lymphedema patients quickly discover that conventional therapy is time-consuming, chronic and labor intensive. In the current climate of pharmaceutical-oriented therapies, there is often dismay that no medical cure exists for lymphedema. This knowledge drives many patients to question and explore "alternative" or non-western treatment options. This search can be hazardous and wasteful of both time and money. Myriad vitamin supplements promise "lymphatic cleansing" or "stimulation." All have yet to undergo rigorous testing and scientific scrutiny. The internet abounds with information and products that range from the fraudulent and harmful to the truly beneficial. Patients seldom are provided meaningful guidance from healthcare professionals as to how to negotiate this vast

and confusing maze. This is unfortunate since patients are neither directed toward therapies that might prove beneficial, nor steered away from those that pose the threat of harm.

### Therapeutic Mechanisms

Uncertainty regarding the mechanisms by which non-western medicine exert their therapeutic effects is the source of ongoing controversy. For many therapies, benefits can be explained partially through conventional western models of anatomy and physiology. Yoga, for example, involves deep breathing, gentle progressive stretching, and repeated muscle contraction and relaxation as postures are held and relinquished. Each of these activities stimulates lymphatic function by facilitating the intrinsic pumping activity of the lymphangions. Remedial exercise and abdominal breathing, routine components of Complete Decongestive Therapy (CDT),

educated in the unique vulnerability of lymphedema patients. Through aggressive, soft-tissue manipulation or vigorous and sustained muscle recruitment, lymphedema patients may be unwittingly harmed. Nonetheless, non-western therapies that fall within accepted explanatory models usually do not meet with opposition. Uncertainty and clinical concern arise when putative mechanisms of action deviate from established paradigms. Many non-western therapies account for their clinical effects through their capacity to influence the body's energy flow. Vocabulary varies across different systems (Prana – Ayurveda/ Yoga, Chi – Chinese medicine, Ki – Japanese medicine), however, all energy-based, non-western traditions refer to a unifying, all-pervasive, life giving and sustaining energy which is essential for health. In addition to ancient, non-western medical systems, new "energy medicine"



FIGURE 1. The acupuncture meridians form a series of channels through which Chi — life energy — flows. The acupuncture points are effective stimulation sites along these channels.

influence the lymphatic system through similar mechanisms (Olszewski, 1988). Conventional Swedish massage also has well-characterized, physiological benefits. These include regulation of muscle tone, counterirritant effects, arteriole dilation, enhancement of flexibility, loosening of scar tissue or connective tissue bands and intensification of lymph movement (Goates, 1994). Recognizing that certain non-western therapies can augment the physiologic stimulation achieved through CDT and other forms of conventional lymphedema therapy, many therapists regularly employ or endorse them. Such integration holds promise for lymphedema patients, provided patients and non-western practitioners are

movements have developed such as the Barbara Brennan School (<http://www.barbarabrennan.com>) and Dolores Krieger's Therapeutic Touch (<http://www.therapeutic-touch.org>). Whether new or old, proposed patterns of energy flow do not follow any known anatomical substrate. Energy meridians (Figure 1) or channels do not conform to the course of nerves, veins, arteries, or lymphatics. It has been suggested that changes in tissue resistance may dictate the course of energy flow. These can be found at the juncture of fascial planes among other sites in the body. This remains speculative, yet many acupuncture and -pressure stimulation sites correlate with thinning or

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## Non-Western Medicine...

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merging of fascial planes. The inability to anatomically define or objectively measure energy flow has led to widespread skepticism regarding its existence and the validity of therapies that propose to influence it.

Further academic discord has arisen from the fact that some non-western medical systems agree with the allopathic model in their awareness of discrete organs with separate functions, yet diverge markedly in the explanation and nature of those functions. Traditional Chinese Medicine (TCM) is perhaps the most salient in this regard. Organs, after which the meridians are named, conform to allopathic vocabulary, e.g., lung, heart, kidney, etc. However, TCM conceptualizes these organs very differently. Rather than the discrete, solid organ responsible for filtering blood and eliminating waste products that most western clinicians conceptualize when referring to "kidney," TCM practitioners use "kidney" to describe an extensive array of related physiologic, psychologic and energetic functions. These occur throughout the entire body but are regulated through the governing properties of the kidney (Helms, 1995). Some functions are vague or metaphoric. For example, the kidney is entrusted with maintenance of the body's vitality and storage of "life essence." It functions as an energy reservoir from which all other organs are nourished. In addition, the kidney is responsible for moistening and cooling the body. It regulates the bones, blood, marrow, teeth, ears and brain. Pathology in any of these structures is interpreted as a deficiency or excess of kidney energy.

The organ-function unity that exists in TCM may be experienced as alien and even naïve by allopathic clinicians. This does a disservice to a complex tradition that relies heavily on metaphor and poetic language to link the microcosm of the body to the macrocosm of the earth. An appreciation of the TCM conception of organ is important in the discussion of acupuncture and lymphedema that will

follow. The spleen is responsible for transporting nourishment and fluid throughout the body, and thus governs the lymphatics. Spleen points are therefore the therapeutic focus of acupuncture and acupressure lymphedema treatment.

The desire to manipulate the body's energy arises from the belief that blocked or stagnant flow gives rise to pathology. Striking parallels exist between many non-western medical systems in their adherence to this idea. Both TCM and Ayurvedic Medicine evolved similar means of describing, accessing and stimulating energy flow, despite significant geographic separation. Most traditions adhere to the belief that free, unconstrained energy flow is required for normal homeostasis of all the body's systems. Therapeutic techniques are commonly provided to healthy individuals in order to preserve energy flow and, thereby maintain well-being. A tenet of many non-western schools is that each individual has unique energetic characteristics, which must be honored if therapy is to succeed. For example,

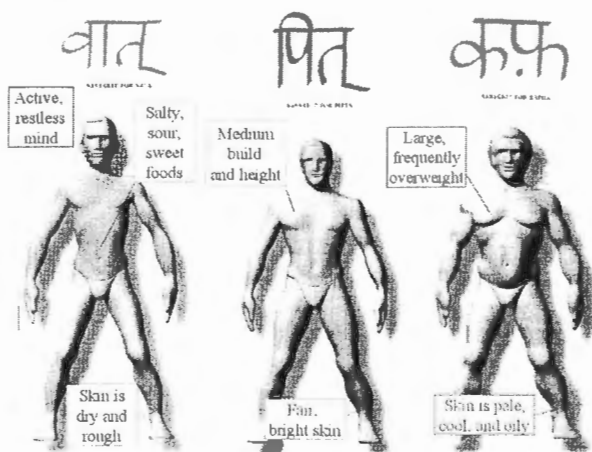


FIGURE 2. The Ayurvedic doshas—vata, pitta and kapha—describe the clustering of traits into structural, physiologic, and psychological profiles. The doshas influence each patient's health vulnerabilities, treatment responsiveness and behavior traits.

Chinese medical treatments require the identification of each patient's dominant element (wood, fire, earth, metal, or water) or meridian for the prescription of appropriate therapy. Ayurvedic medical treatments are based on patients' doshas (Figure 2), or energetic and structural profiles (vata, pitta and kapha).

Many different strategies and combinations thereof are utilized to establish and preserve healthy energy flow. Some of the more common and the traditions that apply them are listed below:

1. Breathing techniques—Chi Gong, Yoga

2. Bodily postures and movements—Yoga, Tai Chi
3. Strategic application of focal pressure—Shiatsu
4. Transdermal insertion of conductive materials (i.e. needles)—Acupuncture, Tibetan medicine
5. Dietary modification—Ayurveda, TCM
6. Ingestion of herbs or energetically empowered preparations—Ayurveda, TCM, Tibetan medicine, Homeopathy
7. Application of topical oils—Ayurveda, Aromatherapy

A few of these techniques have been subjected to controlled clinical trials and found to be effective. It is important to note that the success of these trials speaks to much more than the efficacy of a single modality such as acupuncture. Rather it validates an energy-based approach to the treatment of illness and the maintenance of health. In a field such as lymphedema where therapeutic options are limited, the treatment arduous, and the condition chronic, exploration of non-western modalities seems particularly warranted. To date, no trials have been conducted, nor have case series been published on the use of non-western medical approaches to treat lymphedema. Patients should be informed that, at this time, all treatments are experimental, no matter how strong the theoretical argument in their favor. It also is critical that they be educated in how to prevent any lasting harm from non-western practitioners unversed in lymphedema. Patients should be encouraged to measure their affected limbs during treatment to ensure that their condition is not progressing.

Once these concerns have been addressed, a cautious exploration of non-western therapies can begin. Comprehensive coverage of therapies proposed to influence lymphedema is beyond the scope of this article. Therefore, three common modalities, acu-pressure/puncture, reiki and yoga, will be described in **Part Two** of this article, which will appear in next quarter's *LymphLink* (July-Sept 2003). In Part Two, special attention will be paid to how lymphedema therapists can integrate selected techniques into their care. □

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