

## The Role of Manual Lymphatic Drainage in Fibromyalgia

Fibromyalgia, also known as fibromyalgia syndrome, fibromyositis and fibrositis, is one of the most common chronic pain conditions, affecting millions of individuals in the United States and worldwide. While numbers on the prevalence of fibromyalgia in the literature vary considerably, the American College of Rheumatology (2008) estimates the number of individuals affected in the U.S. to be 5 million<sup>1</sup>. The National Fibromyalgia Association (NFA) estimates the number to be 10 million in the U.S., and 3-6% of the world population<sup>2</sup>.

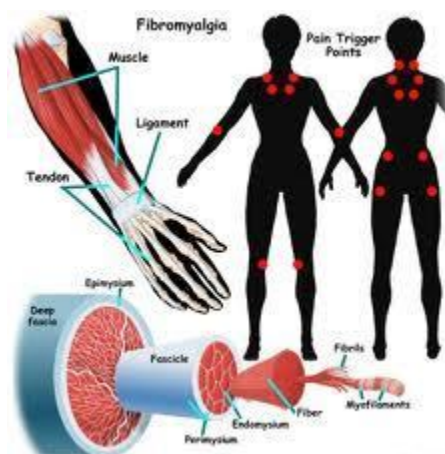
While fibromyalgia can occur in women and men of all ethnic groups and ages, the condition is more common in middle-aged women (80%) and those women who have a family member affected by fibromyalgia are more likely to develop the condition themselves (American College of Rheumatology, 2004).

These numbers clearly indicate that fibromyalgia is a common condition; it is a syndrome rather than a disease, which includes a number of signs, symptoms, and medical problems that tend to occur together but are not related to a specific, identifiable cause.

The most prevalent symptom is chronic widespread pain and tenderness (sensitivity to touch), in muscles, joints and soft tissue, fatigue and sleep disturbances.

These main symptoms of fibromyalgia are identical with those of many other conditions, explaining why fibromyalgia is difficult to diagnose. Physicians often have to rule out other potential causes of these symptoms before making the diagnosis of fibromyalgia. The absence of diagnostic laboratory tests and no generally accepted, objective test for fibromyalgia present additional stepping stones in making the correct diagnosis.

Some physicians unfortunately may not be able to properly diagnose this condition and tell the patient there is little that can be done.



Specific causes for fibromyalgia are unknown, but it is thought that a number of factors may be involved that could trigger fibromyalgia, which may include

- Physical or emotional trauma

- Abnormal pain response, i.e. problems with how the central nervous system (brain and spinal cord) processes pain - areas in the brain that are responsible for pain may react differently in fibromyalgia patients
- Infection, such as a virus – however, none has yet been identified

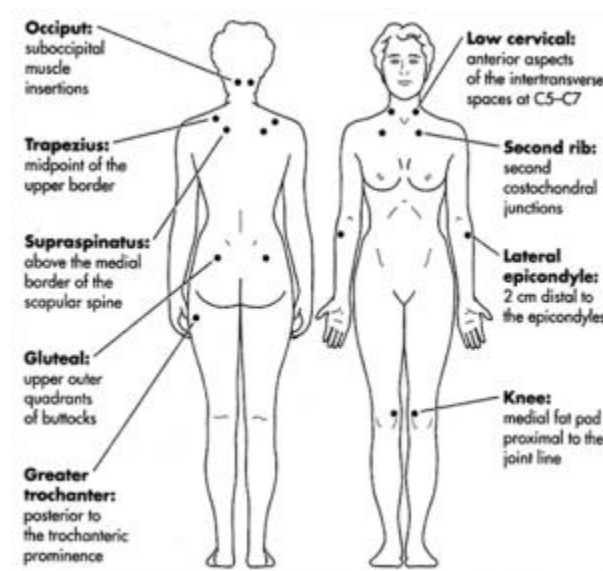
### Diagnosis of Fibromyalgia

Physicians have to rely on the patient's self-reported symptoms, the history and a physical examination, which includes checking of specific manual tender points.

This examination is based on criteria set by the American College of Rheumatology (ACR) for the diagnosis and classification of fibromyalgia<sup>3</sup>.

To receive a diagnosis of fibromyalgia, the patient must meet the following diagnostic criteria:

- Widespread pain in all four quadrants of the body for a minimum duration of three months. The four quadrants include both sides of the body, above and below the waist line
- Tenderness or pain in at least 11 of the 18 specified tender points when pressure is applied (see illustration)



Fibromyalgia tender points

Individuals affected by fibromyalgia may feel pain at other sites as well, however, those 18 standard possible sites on the body are the criteria used for classification.

## Treatment

Due to the difficult nature of fibromyalgia, treatment requires a team approach including the patient, physicians familiar with the condition (rheumatologists, internists), physical-, massage- and occupational therapists, and other health care professionals.

The main goal is the relief of pain and other symptoms associated with fibromyalgia and helping the affected individual to cope with the condition.

Treatment may include physical therapy, stress-relief methods, including light massage and manual lymph drainage, and medication for pain and sleep management.

More information on these various treatment approaches is available on various online resources<sup>4,5</sup>.

## Manual Lymph Drainage

Several studies on the effectiveness of manual lymph drainage (MLD) in the treatment of fibromyalgia indicate that MLD yields positive results in terms of pain relief, stiffness, sleep and general health status<sup>6,7,8</sup>.

The result of a randomized controlled trial comparing manual lymph drainage with connective tissue massage in the treatment of women affected by fibromyalgia suggests MLD to be more effective in the treatment of fibromyalgia than massage<sup>6</sup>.

## The Difference between MLD and Massage

As readers of this blog know, massage and manual lymph drainage are two very different manual treatment modalities. It is unfortunate that the term *massage* is often wrongly used to describe MLD. The origin of the word *massage* is derived from the Greek *massain* (to knead) and is used to describe such techniques as effleurage, petrissage, vibration, etc.

Compared to traditional massage, the pressure applied with manual lymph drainage is much lower in intensity. The goal of these techniques is to manipulate the lymphatic structures located in the subcutaneous tissues. In order to achieve the desired effect, the pressure should be sufficient enough to stretch the subcutaneous tissues against the fascia (a structure separating the skin from the muscle layer) located underneath, but not to manipulate the underlying muscle tissue. The amount of pressure needed in MLD is sometimes described as the pressure applied stroking a newborn's head.

More information on MLD is available here:

[The Science Behind Manual Lymph Drainage](#)

[The Role of Manual Lymph Drainage in the Treatment of Lymphedema](#)

References:

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8. Systematic Review of Efficacy for Manual Lymphatic Drainage Techniques in Sports Medicine and Rehabilitation: An Evidence-Based Practice Approach: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2755111/>

#### FurtherReading

<http://www.approvedarticles.com/Article/Manual-Lymphatic-Drainage--the-Autonomic-Nervous-System--CFS-and-Fibromyalgia--Part-1/749>