

# Manual Lymph Drainage Therapy and Connective Tissue Massage Ease Fibromyalgia Symptoms

A recent study compared manual lymph drainage therapy (MLDT) to connective tissue massage (CTM) for the alleviation of symptoms associated with primary fibromyalgia. Results revealed both techniques brought benefits, but MLDT was slightly more effective among this study's subjects.

The research, "Comparison of Manual Lymph Drainage Therapy and Connective Tissue Massage in Women with Fibromyalgia: A Randomized Controlled Trial," involved 50 women with primary fibromyalgia. Twenty-five were randomly assigned to receive MLDT, while the other 25 were randomly assigned to receive CTM.

All subjects were at least 25 years old and presented with primary fibromyalgia. According to the study's authors, fibromyalgia is generally diagnosed when chronic pain becomes widespread and is reported as originating in the muscles. Subjects in both the MLDT and CTM groups each received hands-on sessions five days a week for three weeks.

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With MLDT, the lymph vessels are gently massaged to mobilize lymphatic fluid. This is reported to stimulate the lymphatic system, help regulate the immune system, clear blockages, eliminate metabolic waste and toxins from the body, as well as reduce excess fluid. These sessions lasted roughly 45 minutes.

With CTM, traction of the connective tissue takes place in order to induce a reflex response that is reported to cause overall relaxation, as well as reduced muscle spasm and connective tissue tenderness. These sessions lasted from about 5 to 20 minutes, depending on the area of the body being massaged.

Outcome measures in this study included pain intensity, pain pressure threshold (PPT) and two self-report questionnaires: the Nottingham Health Profile (NHP) and the Fibromyalgia Impact Questionnaire (FIQ). Using these tools, measurements were made before the start of the study and after the intervention period.


Pain intensity was evaluated on a visual analog scale (VAS), ranging from zero for "no pain" to 10 for "worst imaginable pain." PPT was determined with a hand-held algometry at the trapezius muscle, which is one of the tender points commonly used for fibromyalgia diagnosis.

NHP was used to measure health-related quality of life, with total scores ranging from zero for "no problems" to 100 for "maximum problems." FIQ assessed the impact of fibromyalgia specifically on each subject's daily life.

Results of the study showed that both MLDT and CTM resulted in "significant and progressive" improvements based on NHP, VAS, PPT and total FIQ scores at the end of intervention. However, the women in the MLDT group showed more significant improvements on several FIQ items, as compared to those who received CTM.

"Both methods used in this trial seemed to be useful, although a placebo effect cannot be ruled out," state the study's authors. "It can be concluded that the MLDT and CTM may be safe and valuable treatment methods for symptom relief in patients with [primary fibromyalgia]."

Authors: Gamze Ekici, Yesim Bakar, Turkan Akbayrak and Inci Yuksel.

Sources: School of Physical Therapy and Rehabilitation, Ahi Evran University, Kirsehir, Turkey; School of Physical Therapy and Rehabilitation, Abant Izzet Baysal University, Bolu, Turkey; Department of Physical Therapy and Rehabilitation, Hacettepe University, Ankara, Turkey. Originally published in the *Journal of Manipulative and Physiological Therapeutics* (February 2009). 

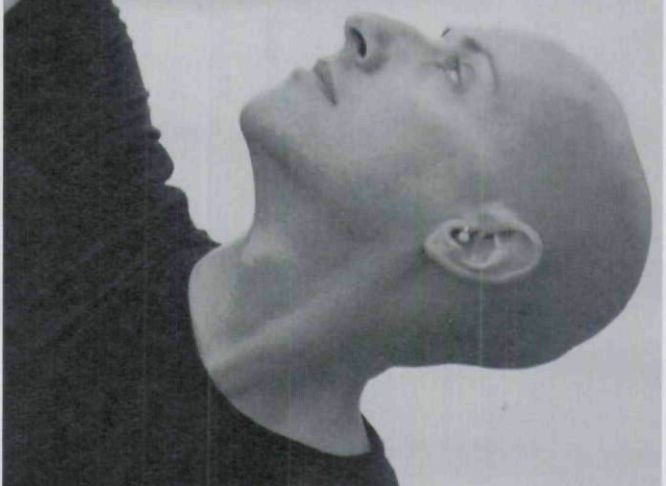


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