

Gay Lee's Private Practice

Applications of MLD

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- (A) List of indications for MLD w/healthy lymph system (LS)
- (B) Expert opinion on pathology applications for MLD (impaired LS)
- (C) Selected glossary of LE and related pathology terms.

Please see important warning and cautions after each list.

(A): List of indications for MLD for people with healthy lymph systems, using a currently certified Dr Vodder School International trained MLD therapist.

- Acne/eczema
- Burns
- Chronic fatigue
- Chronic pain
- Colds, congestion, post cold or flu congestion,
- Acute or chronic coughs
- Complex Regional Pain Syndrome (CRPS / RSD)
- Fibromyalgia
- Fractures/Dislocations
- General regeneration
- Mastitis (without infection), fibrocystic breasts, premenstrual swelling
- Migraines
- Neck pain/whiplash
- Noninfected inflammatory conditions (e.g. sprains and strains)
- Panniculosis (cellulite)
- Post-amputation
- Pre and post plastic surgery
- Pregnancy / maternal care: prevent leg edema / striae gravidarum (stretch marks)
- Preoperative before facial surgeries to prepare skin / lymph system
- Pre and post plastic surgery; pre and post elective surgery
- Pre and post hip replacements, bone fractures
- Reynaud's disease
- Rheumatoid Arthritis
- Scars / Keloids
- Shoulder/neck trauma
- Sinusitis
- Skin alterations or chronic injury
- Sprains/Strains
- Stress reduction
- Tear sacs, with proteinaceous edema or blocked tear ducts
- Tendinitis
- Thick legs, heavy legs, fatigued legs
- Venous insufficiency
- Tinnitus
- Weight loss combined with MLD will maintain skin tautness
- Wounds
- And more. . .

NOTE: The conditions listed above potentially benefit from MLD/CDT performed by a certified Dr Vodder MLD Therapist. In many tens of thousands of cases worldwide, the Dr. Vodder method of MLD has produced truly remarkable positive results, helping clients/patients to a better quality of life. Much documentation is available.

CAUTION: These lists may be misleading to a casual reader. Solely intended for massage or medical professionals who are trained to understand the proper context of entries. There are **absolute contraindications** and **relative contraindications** for MLD depending on the conditions presented by the client. **Lymphedema** patients are routinely asked for lymphologist/physician clearance or prescription for MLD prior to receiving MLD.

WARNING, CAUTION, and PUBLISHER'S LIMIT OF LIABILITY: These lists are a general reference only and do not contain details of the many possible complications of pathologies, or the contraindications for MLD. Always consult attending physician and medical sources before proceeding with MLD treatment, especially if patient has lymphedema (LE) or **any** known pathology. Reader is warned not place any reliance upon this list. Publisher and author are not responsible in any way for misapplication or misuse of this condensed

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(B): Applications including for people with impaired lymph systems and pathology, for CDT/MLD. Based on Prof. H Wittlinger et al. new book:

SOURCE: Adapted from and heavily edited with added definitions: **Dr Vodder's MLD: A Practical Guide** by Prof. Hildegard Wittlinger et al. Wittlinger Therapy Center, Walchsee, Austria. Thieme, New York 2010 Pg 38
Also see Gay Lee's new acclaimed Interactive Lymphedema Wellness Book – your personalized LE control handbook.

Reminder: MLD should only be performed by currently certified Vodder MLD or CLT-LANA (nationally recognized certified) practitioners, to ensure maximum effectiveness will occur and no harm will be done.

This **APPLICATIONS** list is included here to encourage patients who may benefit from CDT/MLD to receive it for the listed conditions. Additional conditions benefit from MLD such as Bell's Palsy, Parkinson's, and many more.

Applications of CDT / MLD together or alone: (per Wittlinger)

Manual lymph drainage or **combined decongestive therapy (CDT)** can be employed in these disorders:

- Lymphedema** [a condition of localized fluid retention and tissue swelling caused by a compromised lymphatic system]
- Phlebedema** [edema resulting from venous insufficiency.]
- Lipedema** [a disorder of adipose tissue distinguished by five characteristics: 1) can be inherited; 2) occurs almost exclusively in women; 3) can occur in women of all sizes; 4) it involves the excess deposit and expansion of fat cells; and 5) lipedemic fat cannot be lost through diet and exercise. Surgery is controversial, and can make the condition worse.]
- Traumatic edema** [injury, accident]
- Postsurgical edema** [temporary swelling due to effects of surgery]
- Arthropathy** [a disease or deterioration of a joint]
- Reflex sympathetic dystrophy** - [RSD, now called complex regional pain syndrome (CRPS) is a chronic progressive disease characterized by severe pain, swelling and changes in the skin.] **Sudeck atrophy** (post-traumatic osteoporosis) [Deossification with absolute decrease in bone tissue.]
- Rheumatic diseases** [any of several diseases {as rheumatic fever or fibrositis} characterized by inflammation and pain in muscles or joints.]

Applications of MLD: (per Wittlinger)

Manual lymph drainage may be employed in many other disorders.

- Cosmetic disorders:** Acne, rosacea, scars, striae gravidarum (stretch marks)
- Orthopedic/surgical/trauma-related disorders:** Whiplash, burns, keloids, arthropathies, surgery on large joints
- Gynecological disorders:** Mastodynia, lactation disorders
- Neurological disorders:** Stroke, multiple sclerosis, Down syndrome
- Autonomic retuning and as health spa treatment:** For burn-out syndrome/stress; after serious operations or severe illness in older people; for those on a fasting diet; in children with recurrent infections ("lymphatic children")

Note: Dr. and Mrs. Vodder legally designated Hildegard and Guenther Wittlinger to be their successors and authorized them to teach and to train teachers in the original Dr. Vodder Method of MLD. In 1971 the Wittlingers established the Dr. Vodder School and Clinic in Walchsee, Austria. It is an internationally recognized study center for this method. The Wittlingers have taught extensively in North America and established the Dr. Vodder method as the premier lymphatic drainage technique. The Dr. Vodder method of MLD was first taught in the USA by the Wittlingers in 1972 at a conference in New York and then in Canada in 1982 in Toronto.

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(C): Selected terminology with notes on MLD.

For additional definitions go to Gay Lee's searchable [Online MLD Glossary](#), or see Gay Lee for her acclaimed Secondary Lymphedema Wellness Book – your personalized LE management handbook,

TERM (Not alphabetical)	Short Definition	Notes
Combined lymphedema or mixed edema	Combination form means transport capacity reduced, lymphatic load high as a result of lymphedema and (usually) chronic venous insufficiency.	Consult a lymphologist physician prior to receiving any treatment.
Cellulite	This condition is always related to venous congestion and in many cases to lymph congestion. Fluid slowly collects in the interstitium of the fat tissue and pushes apart the fat cells. Some of the fat cells are destroyed so that fat mixes with the surrounding fluid. Indication for MLD. Alt. Panniculosis.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Congestive Heart Failure (CHF)	Right side heart insufficiency. Heart cannot take surplus fluid, pressure in venous system too high, mural insufficiency (walls leak) overflow of heart leaks fluid into lungs; may see bilateral ankle edema. Dynamic edema; increased filtration into the tissue is caused by a stasis of blood at the venous end of the capillaries. Alt Cardiac edema, heart edema.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Dynamic edema	Lymph system normal, functioning at maximum. Excess fluid, so lymph system overloaded.	MLD not usually effective. Low protein.
Edema	An abnormal excess accumulation of fluid in loose connective tissue.	Consult a lymphologist physician prior to receiving any treatment.
Lymphedema	Reduced transport capacity of the lymphatic system with normal volume of lymph-transported substances. Edema due to lymph system fault caused by a developmental or mechanical insufficiency.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Primary lymphedema	Lymphatic vessels are missing or impaired, which can affect from one to four limbs. Congenital and irreversible.	Consult a lymphologist physician prior to receiving any treatment.
Secondary Lymphedema	Acquired disorder caused by damage to lymphatic system from surgery, radiation, chemotherapy, traumas, etc. A true lymphedema and a high protein situation.	Indication for MLD. True lymphedema. High protein.
Lymphostatic lymphedema	Edema due to mechanical insufficiency of the lymph system due to surgery, radiation, trauma, developmental disorders. A true lymphedema and a high protein situation.	Indication for MLD. True lymphedema. High protein.
Organic lymphostatic lymphedema	Edema caused by organic (physiological) changes to the lymph system i.e., connective tissue and prelymphatic paths within it; changes due to developmental disorders, injury, surgery, radiation, etc. See lymphostatic edema.	Disfavored term. Consult a lymphologist physician prior to receiving any treatment.
Functional lymphostatic lymphedema	Temporary edema due to failure of the valves of the lymphangions to close, impairing drainage.	Disfavored term. See lymphedema Consult a lymphologist physician prior to receiving any treatment.
Lipedema and Lipo-lymphedema	A pathologically altered fatty tissue, not an accumulation of fat. The amount of fatty tissue is normal. The fibers in the vicinity of the fat cells have multiplied and thickened, which also causes a rise in the connective tissue pressure. Cutaneous nerves are irritated; blood vessels, lymph vessels, are pathologically affected with a disposition to edema. Does not affect hands or feet. Marked by pain and a tendency to hematomas. An indication for MLD. <u>Lipo-lymphedema</u> is lipedema with an impaired lymphatic system. Sometimes both are associated with chronic venous insufficiency.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Lymphostasis	A reduction or interruption (cessation) in the normal transport of lymph.	Lymphangions cease pumping.
Imminent lymphostasis	An impending blockage in the normal transport of lymph, leading to progressive stages of response to physiological abnormality.	Consult a lymphologist physician prior to receiving any treatment.
Myxedema	A special form of mucinoid dermatopathy caused by fluid accumulation related to increased formation of proteoglycans in the LCT. May be diffuse or local. Is a histopathological entity differentiated from other forms of cutaneous edema. May be associated with hypothyroidism.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.

Post ischaemic (post reconstructive) edema	When surgery is performed in a blood-free manner (e.g. after injuries to the extremities), an edema may develop when the area is resupplied with blood. The cause is usually capillary damage.	Consult a lymphologist physician prior to receiving any treatment.
Pulmonary edema	The accumulation of extravascular fluid in lung tissues and alveoli caused most commonly by Congestive Heart Failure.	See CHF
Phlebo-lymphedema	Venous-lymphatic insufficiency. Edema of the extremities caused by lymphatic lesion as a result of chronic venous insufficiency (CVI) generated by post thrombosis syndrome (PTS), primary caricosis, lack of valves, or angiodysplasia. ILVs and precollectors are obliterated in the affected area.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Protein fibrosis	Lymphedema is a protein-rich edema because the transport of protein out of the interstitium via the lymph vessels does not function adequately. Over time, protein is converted by connective tissue cells into connective tissue. This surplus connective tissue is called protein fibrosis.	Consult a trained lymphologist physician prior to receiving any treatment for most of these conditions. Do NOT self-diagnose.
Thrombosis (Deep Vein) (DVT)	This is an obstruction (blood clot) in the venous system that causes a backup of the circulatory system. A blood clot that moves to the lung is a pulmonary embolism.	Consult a trained lymphologist physician prior to receiving any treatment.
Venous insufficiency	Vein valve function curtailed or eliminated, increasing the BP of column, increases filtration.	Consult a lymphologist physician prior to receiving any treatment.
Venous edema	A dynamic edema caused by venous insufficiency. Vein valve function is impaired. The heart may function properly.	Consult a lymphologist physician prior to receiving any treatment.

NOTE: Some conditions listed in **Section (B)** may benefit from MLD/CDT performed by a certified Dr Vodder School International trained MLD Therapist. In many cases Dr Vodder MLD produces rapid outstanding positive results, and has helped tens of thousands of clients and LE patients throughout the world to a higher quality of life and reduced limb volume.

CAUTION: This list intended for medical professionals who are trained to understand the proper context of the entries. These lists may be misleading to a layperson. There are **absolute contraindications** and **relative contraindications** for MLD depending on the condition presented by the client/patient. Misapplication of certain techniques could cause serious injury or lead to death. **Lymphedema** patients are often asked to obtain qualified lymphologist/physician clearance and/or prescription for MLD prior to receiving MLD/CDT (Combined Decongestive Therapy).

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