

A Primer On Lymphedema

By Deborah G. Kelly. Prentice Hall, 2002 (One Lake St., Upper Saddle River, New Jersey 07458; 800-282-0693; [www.prenhall.com/healthprofessions]), paperback, 176 p., \$30.67. ISBN 0-13-022410-3.

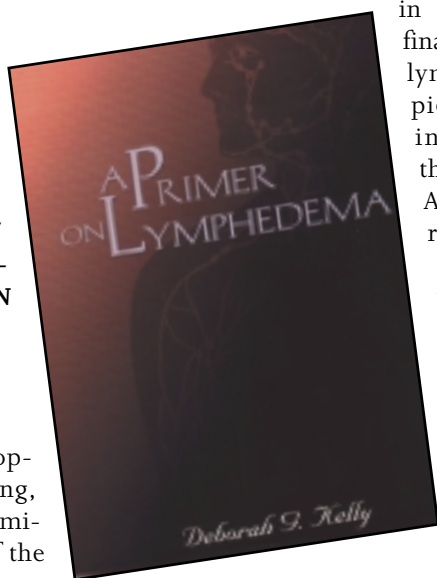
Reviewed by Lisa Mertz

Technological developments in medical imaging, for example, have illuminated the complexity of the components of the lymphatic system, allowing for a deeper understanding of the strategic distribution of lymphatic tissues, such as tonsils, and lymphatic organs, such as thymus, spleen and lymph nodes, throughout the body.

"As recently as 1989," Deborah Kelly states, "North American researchers were debating whether or not lymph vessels had the ability to participate in fluid and protein homeostasis. The investigation and confirmation of how lymph fluid moves from one place to another has been critical in determining which types of intervention are appropriate when the system fails" (p. 16).

In the first chapter, Kelly outlines the anatomy and physiology of the lymphatic system, providing clinical implications with relevance to massage therapy interventions. "Deep tissue treatment," for example, can "cause focal damage to the lymphatics—primarily the endothelial lining" (p. 20). Kelly describes treatments in Chapter 4 "that can work in harmony with cell physiology and support the function of the deeper lymphatic structure. Variations in total tissue pressure assist with the function of the superficial and deep lymphatic vessels" (p. 20).

In the 1890s, Dr. Winiwarter, a German surgeon, recommended treatments for lymphedema similar to those in use today. Dr. Vodder and his wife began developing manual techniques in the 1930s. Dr. Földi developed Complete Decongestive Therapy



in the 1970s. And finally, in the 1990s, lymphatic therapies really came into wide use throughout North America and the rest of the world.

As massage therapists treat more and more people with serious illnesses, they need to be cognizant of risks for lymphedema and necessary treatment modifications.

Kelly is a professor of physical therapy at the University of Kentucky. She has written an easy-to-read, concise, yet detailed, overview of the lymphatic system, its characteristics and potential abnormalities. Excellent anatomical illustrations enhance the text, along with color photos of actual patients, case studies, graphs, extensive reference lists and handouts that can be copied. While this thin volume cannot replace extensive training in lymphatic drainage techniques, it will serve as a valuable introduction to the subject, and a useful adjunct to further instruction.

Massage Therapy & Medications: General Treatment Principles

By Randal S. Persad. Curties-Overset Publications, Inc., 2001 (330 Dupont St., Suite 400, Toronto, Ontario, Canada M5R 1V9; 888-649-5411; [www.sutherland-chan.com/copi]), paperback, 234 p., \$24.95. ISBN 0-9685256-2-8.

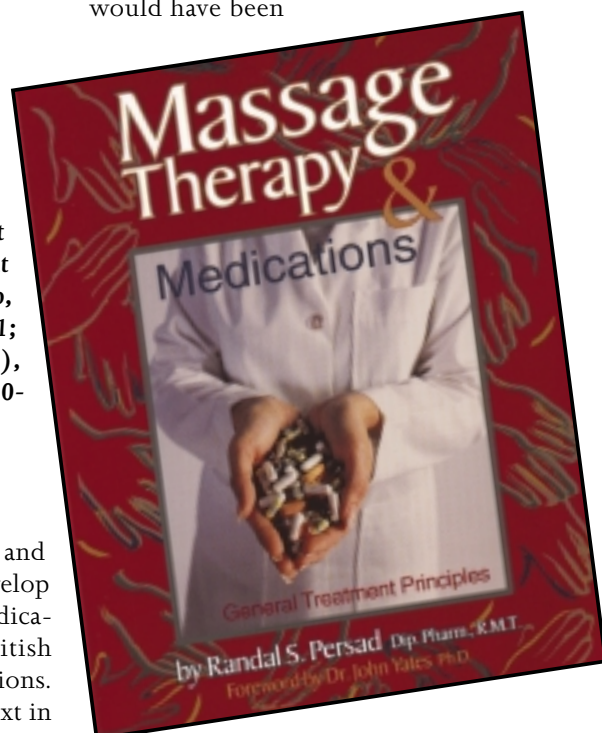
Reviewed by Lisa Mertz

Randal Persad is a pharmacist and massage therapist. He helped develop guidelines for massage and medications curriculum under British Columbia's 3,000 hour regulations. He presents his material in this text in

two parts. In Part One, "Basic Concepts and Guidelines," he describes in detail how medications are classified—by their therapeutic effects; their effects on specific body systems; and by their chemical structures. He discusses the ways medications are administered, and he explains how they are processed in the body. Finally, he includes recommendations for taking client histories and planning treatments.

Persad defines pharmacology as "the study of the action of chemicals on living organism to produce biological effects" (p. 11). Why do therapists need this knowledge? He presents the following scenario:

"A client with a sore shoulder is taking a pain-relieving drug, such as aspirin or ibuprofen, and also seeks out massage treatment. The client requests 'deep work' to get to the root of the problem, which is a combination of tendinitis and old scar tissue. The therapist complies and gives a rigorous deep treatment. The next day, the client is very bruised and in much worse pain. If the therapist had been aware that aspirin and ibuprofen have anticoagulant properties as well as reducing the [client's] ability to give accurate feedback about how painful the technique is, it would have been



clear that the 'deep work' approach was not indicated at that time" (p. 12-13).

In order not to do harm, massage therapists need to research medications, taking note of their actions as well as potential side effects, and keeping in mind that the more medications a client is taking, including herbal remedies, the greater the potential for idiosyncratic interactions (p. 74).

Part Two, "Commonly Prescribed Medications and Treatment Planning," presents explanations of the kinds of medications that are used to manage specific conditions (i.e., pain and inflammation; cardiovascular disease; diabetes mellitus; respiratory inflammation and congestion; mood and emotional disorders; cancer; and HIV/AIDS). Each chapter is divided into sections on the types of drugs used, their mechanisms of action, and their potential side effects, which are also presented in convenient tables for quick reference.

Each chapter concludes with "Massage Guidelines," including considerations for treatment decisions around applying hydrotherapy and recommending exercises. Persad also has created quick reference guides to take case histories for each of the conditions he covers.

I must say, I have been actively wishing for a book like this to be published. It makes a major contribution to the evolving literature on the effects of massage. All massage therapists need to become more familiar with interactions between massage and medications in order to modify their treatments for safety and efficacy. *Massage Therapy & Medications* is well organized, clearly written, and equally important to both novices and seasoned therapists.

Touch

By **Tiffany Field**. MIT Press, 2001 (5 Cambridge Center, Cambridge, MA 02142; 800-356-0343), cloth, 181 p., 27 illus., \$22.95. ISBN 0-262-06216-X.

Reviewed by Grant Jewell Rich

Tiffany Field's new book is a beautifully written, carefully packaged review of the scientific literature on touch. Field, who has a Ph.D. in psychology, also reviews literature in the areas of anthropology, sociology and biology. Unlike her other recent book, *Touch Therapy*, which focuses on massage therapy research, *Touch* is broader in scope. Comparisons to the classic volume *Touching* by the late anthropologist Ashley Montagu are certainly warranted. Both books take a multidisciplinary approach, and emphasize the need for healthy touch across the life span.

In the first chapter, Field describes touch taboos, as well as the biological and social need for touch. While noting the importance of preventing abuse, Field reviews evidence that schools and parents have created a climate in which fear of lawsuits has prevented adults from even comforting a crying student with a hug.

Elsewhere, Field examines cross-cultural studies of touch, including research findings that French mothers touch their preschoolers more than U.S. mothers. Field links early touch deprivation with later adult aggression, and notes studies indicating French teens are less aggressive than U.S. teens. Field also describes cross-cultural data on social greetings. Whereas in numerous cultures people greet each other with "nose rubbing, embracing, kissing, cheek-tweaking, hair-mussing, and even back-slapping," in the United States, people frequently greet each other with a simple handshake.

Field also discusses gender and age differences in touch communication. Evidence suggests that men touch women more than women touch men, and that older people tend to touch younger people rather than vice versa.

Field's interpretation of the data relies on social power differentials based upon gender and age—men and older people traditionally having more power in the United States than women and children. Field notes that frequently, elderly people, especially those living in nursing homes, are touch deprived.

Later, Field reviews classic and contemporary studies concerning touch and development, including the Harlows' work with monkeys and the Touch Research Institutes' studies of premature human infants. The chapter on touch deprivation is both fascinating and frightening. Clearly touch deprivation is correlated with a plethora of conditions, including sleep disturbances, suppressed immune function

and growth delay.

Another chapter offers brief descriptions of touch therapies, including acupressure, yoga, tai chi chuan, reflexology and massage therapy. Many therapists will be excited that Field reprints the precise massage therapy protocol used in her research.

The final chapters of this work review a number of studies of massage therapy for infants, children, adolescents and adults, for a wide diversity of conditions, ranging from post-traumatic stress disorder and fibromyalgia, to low-back pain and depression.

This book is one every massage therapist will want to own and to recommend to clients, friends and students. It is truly a definitive statement of the state of the field. ❧

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