

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

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

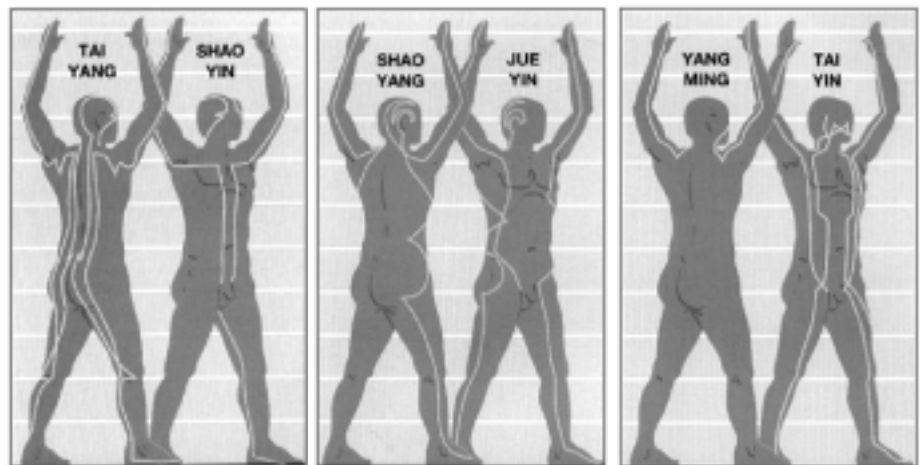


FIGURE 1. The acupuncture meridians form a series of channels through which Chi — life energy — flows. The acupuncture points are effective stimulation sites along these channels.

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

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.

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), 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 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” 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 acu-puncture and -pressure stimulation sites correlate with thinning or 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, psychological 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

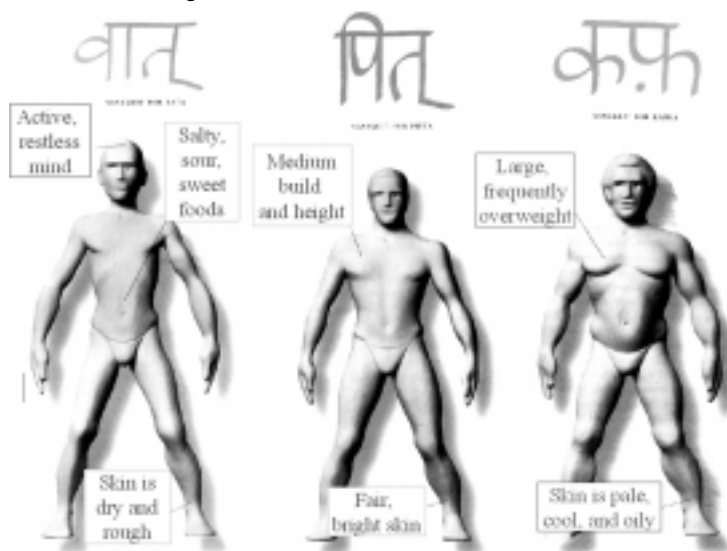


FIGURE 2. The Ayurvedic doshas—vata, pitta and kapha—describe the clustering of traits into structural, physiologic, and psychological profiles. The doshas influence each patient’s health vulnerabilities, treatment responsiveness and behavior traits.

therapy is to succeed. For example, 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** that follows, where special attention is paid to how lymphedema therapists can integrate selected techniques into their care.

PART TWO

Note from the author: Healing traditions abound beyond the confines of allopathic medicine that claim to promote healing by influencing the flow of essential life energy. Many of these traditions conceptualize illness as a result of blocked, excessive, or inadequate energy. Therapeutic interventions are designed to restore energy balance and flow, a requisite condition for health and homeostasis. Evidence beyond anecdotal reports is generally limited regarding the efficacy of these approaches in the alleviation of common pathological states. No published reports describe their efficacy in mitigating lymphedema. However, many energy-based traditions describe means of influencing the lymphatics and enhancing lymph transport.

This article will disregard the uncertainty and controversy surrounding the legitimacy of energy-based healing. Rather, it will describe three widely embraced traditions—acupuncture/pressure, Reiki and yoga—outlining their proposed methods of influencing the lymphatic system and how they may be integrated into Complete Decongestive Therapy (CDT). Patient interest, the absence of curative therapy and the general lack of adverse side effects warrant exploration of these modalities by lymphedema therapists. Given the controversial nature of energy-based medicine, it is essential that therapeutic goals (e.g.: volume reduction, enhanced comfort, greater functional autonomy) be carefully defined at the outset of treatment and objectively monitored during trials. Attempts have been made to integrate each of the traditions detailed in this article into allopathic medicine. Some have met with striking success. Each tradition has an extensive body of trained practitioners, formal instructional programs, and the availability of responsible, well-written texts. It must be emphasized that, similar to CDT, successful and safe practice of these energy-based methods requires formal training by an experienced practitioner/educator.

Acupuncture/pressure

Acupuncture and acupressure are both energy-based traditions in which specific points are stimulated to encourage energy flow and elicit therapeutic effects. Energy flow proceeds along defined channels or meridians. Acupuncture and acupressure points are effective stimulation sites along the meridians. There are six paired and two central meridians for a total of fourteen. Each meridian, with the exception of the unpaired central meridians, is designated either Yin or Yang and associated with two organs. Viscera with dense parenchyma such as the spleen, lung, liver and kidney are Yin organs. Yang organs are hollow viscera (e.g., stomach, large intestine, bladder). Yin and Yang are relative descriptors that can be applied to conditions as well as organs. Yin states generally reflect depletion of energy, while Yang states reflect excess.

Virtually all cancer patients whose energy has been diminished through anti-cancer therapies are Yin with respect to their pre-cancer baseline. Yang states often arise from acute trauma, musculoskeletal injury, or infection—“hot” conditions. The Yin or Yang status of the patient is highly relevant since it will influence both point selection and stimulation. To correct energy depletion (Yin conditions), needles are warmed through moxabustion, heat lamp exposure, or electrical stimulation. Treatment of Yang conditions involves the cooling of needles through exposure to room temperature or the application of alcohol. These distinctions are more relevant to acupuncture than acupressure.

As mentioned previously, the Spleen governs the circulation of fluid throughout the body including movement of lymph. The energy/organ Spleen, along with Lung, comprise the Tai Yin meridian or energy sub-circuit. Tai Yin is paired with the Yang Ming meridian to create a continuous circuit. The Yang Ming meridian is comprised of the Yang organs Stomach and Large Intestine. Since the meridians form a continuous energetic loop (Spleen/Lung/Large Intestine/

Stomach), stimulation of points on the Lung, Stomach, or Large Intestine meridians will influence magnitude of energy flow through the Spleen meridian.

In addition to regulating fluid circulation, Spleen energy is responsible for the fullness and warmth of the limbs, as well as their appearance (Helms, 1995). Deficient Spleen energy can produce edema irrespective of cardiac or lymphatic pathology. Therefore, in endeavoring to influence lymphedema, the Spleen meridian is the primary target.

TREATMENT – Any acupuncture/pressure treatment begins with point selection. Generally the points located at meridian termini or origins, generally located distally in the limbs, are the most effective at moving energy. Several of the most important points on the Tai Yin–Yang Ming circuit include Spleen (SP) 6, SP 9, Lung (LU) 7, Large Intestine (LI) 4, and Stomach (ST) 36. Both the Stomach and Spleen meridians course over the abdomen. During routine superficial or deep abdominal manual lymphatic drainage (MLD) the abdominal points will be stimulated. Points can be accessed through the application of gentle sustained pressure as well as through needle insertion. It is critical to note that the meridians are continuous allowing energy to flow in an unbroken loop. Stimulation or the creation of energetic disequilibrium at any point has the capacity to affect flow throughout the entire circuit. For this reason, the energy in a lymphedematous limb can be mobilized without inserting needles into the congested lymphotome. Acupressure stimulation of points on uninvolved extremities is also an effective means of moving energy.

PRECAUTIONS – Infection is the overarching concern for LE patients. The risk of introducing pathogens through acupressure is nonexistent. Patients should be alerted that overly vigorous pressure application might engender local inflammation with the capacity to increase lymph load and exacerbate lymphedema. Acupuncture is a source of legitimate concern since needle insertion may lead

to the introduction of harmful microbes in an area of lymphostasis. Patients must be alerted that the entire lymphotome (lymphatic drainage regions) drained by a compromised lymph node bed is at increased risk of cellulitis. Reliance on tactile stimulation (i.e. acupressure) of points within “at risk” territory can eliminate the risk of infection without significantly compromising therapeutic efficacy.

TIPS FOR THE LE THERAPIST –

Pressure can be applied easily to powerful meridian points during routine MLD treatment. Alternatively, small foam discs can be strategically incorporated into compressive bandaging to chronically stimulate the same points. The points mentioned previously (SP6, SP9, LU7, LI4 and ST36) are located distally and fall within the region conventionally bandaged in limb edema. Each patient’s comfort level and receptivity should be explored before adopting modifications with the intent of energy modulation.

Reiki

Reiki is an ancient therapeutic method for mobilizing energy and the body’s innate healing powers. Reiki is the Japanese word for Universal Life Energy Force. “Rei” means universal and “Ki” is the Japanese word for essential energy (Chi in Chinese and Prana in Yogic traditions). Reiki refines and enhances the capacity of an individual to marshal the energetic healing ability of another through touch. All human touch involves some degree of energy transfer. However, by cultivating energy awareness and control, Reiki attunements allow for deliberate, focused transfer of healing energy.

Rediscovered in the mid-1800s by Dr. Mikao Usui, a Japanese monk educator, Reiki’s origins are found in the Tibetan sutras, ancient records of cosmology and philosophy. Dr. Usui’s interest arose from queries regarding the mechanism underlying the spontaneous healings attributed both to Christ and the Buddha. As a devout Christian and Dean of a Christian seminary, Dr. Usui began his quest in the Christian theological seminary at the

University of Chicago. He continued his search in the Zen, Chinese and Tibetan Buddhist traditions. Eventually, after years of study, Dr. Usui reported experiencing a profound opening after an extended meditative fast. Based on subsequent success in healing a wide range of ailments, Dr. Usui codified his methods and developed a multi-tiered approach to the instruction and initiation of aspiring practitioners. This is available today on an international level.

Reiki instruction primarily involves a subtle opening within the practitioner rather than the assimilation of a knowledge base or manual skills. This opening permits energy to flow freely through the practitioner for therapeutic purpose. Reiki initiation involves up to three “degrees,” during which “attunements” or energy transfers are given. Reiki attunements elevate the student to a “higher vibratory level” of both the physical and energy bodies. This process is essential if the practitioner is to become an effective, neutral channel through which adequate healing energy can be made available to the patient. Attunements also involve opening of energy centers, or chakras, that permit the practitioner to willfully channel more concentrated Ki.

TREATMENT – The essential vehicle of Reiki is touch applied wherever and whenever appropriate. The laying on of hands directs the energy into the body of the receiver where it can marshal the body’s resources to heal. While certain hand positions are suggested, far more emphasis is placed on the internal experience of the practitioner for the optimal energy transfer. By accessing the wellspring of universal energy, the Reiki practitioner allows the patient to draw energy to whichever areas of the body are deficient. With experience, practitioners are encouraged to follow their intuition regarding the location and duration of hand placement. A conventional Reiki treatment begins with the head and addresses serial body parts using prescribed hand positions. These are reviewed in most of the Reiki texts cited in the Bibliography. Hand positions

are sustained for 3-5 minutes with very gentle pressure. Chakra balancing may also be integrated into the Reiki treatment. For LE the 4th and 6th chakras are potentially the most relevant. The 4th chakra regulates the circulatory system in addition to the heart and lungs, while the 6th chakra regulates the autonomic nervous system, which influences the activity of the lymphatic system.

A simple pattern of hand positions, which follow the endocrine system, has been suggested as a comprehensive, basic treatment. First the practitioner’s palms are placed over the patient’s eyes. This position should also cover the sinuses. The second through fourth positions cover the temples, then the ears, and then the occipital lobes at the base of the skull. For the fifth position, one hand is placed over both occipital lobes and the other over the forehead. The next position addresses the throat, which can be covered by placing each hand at either side of the neck (covering many of the lymph glands below the jaw on either side of the wind pipe). The seventh position covers the thyroid and thymus glands at the base of the neck, followed by the heart and solar plexus (adrenal glands). Next the hara or Chi point—three finger widths below the navel—is treated. Next, cover the ovaries for women (just above the pubic bone), or just above the lymph nodes at the top of each thigh for men. The knees are then treated, and finally, the treatment is completed with the front of the feet.

PRECAUTIONS – Reiki is a highly safe and well-tolerated approach to mobilizing energy. Caution must always be used while treating patients with open wounds, radiation burns, ostomies, or active cancer. Reiki is never contraindicated; however, patient distress should immediately trigger evaluation and modification of the therapeutic approach.

TIPS FOR THE LE THERAPIST – It becomes rapidly apparent that many Reiki hand positions (please refer to cited texts) are integral in the performance of MLD. Minimal alteration in technique is

therefore required to incorporate Reiki-based energy transfer into conventional CDT. The practitioner's hands are simply allowed to remain static for an extended interval. Suggested Reiki hand positions for stimulating the lymphatic system include Front Position One (one hand extending over both clavicles with palm resting in the sternal notch, fingers oriented toward the acromioclavicular joint, and second hand oriented perpendicularly overlying the sternum) and Front Position Four (hands parallel, one above and one below the navel). It is critical to note that while CDT therapists may transmit energy during therapy session, optimal channeling of Reiki requires structured initiation by an experienced Reiki practitioner or Master.

Yoga

Yoga means union, specifically referring to the union of the soul with the infinite. The holistic practice of yoga integrates the pragmatic and philosophical aspects of the human quest for transcendental experience. The western world has seized on the physical dimensions of yoga practice, specifically the asanas (postures) and pranayama (breathing techniques). These represent but two of the eight limbs of yoga described by the sage Patangali in the *Yoga Sutra*. The *Sutra*, written over 2,000 years ago, remains the unequivocal authoritative text on yoga. The asanas and pranayama, despite their ancient origins, remain an effective means of enhancing and unblocking the flow of life energy (prana).

Yoga has become increasingly popular as a means of enhancing fitness and flexibility, while reducing stress. These physical effects are highly desirable for LE patients, particularly those who are obese or have undergone cancer treatment. Yoga's popularity as a fitness technique has eclipsed its energetic benefits and healing potential. Like acupuncture/pressure and Reiki, Yoga has the capacity to unblock and augment energy flow for healing and homeostasis. The asanas and pranayama were originally integrated into Patangali's eight limb approach to

ensure adequate energy flow and health to support spiritual growth.

TREATMENT – Therapeutic yoga generally involves careful evaluation by a trained instructor to identify energetic and flexibility deficits. A tailored series of active and restorative asanas, combined with breath work, is then developed with consideration of each patient's unique requirements and pathology.

Pranayama (yogic breathing) has been described as one of the most effective means of generating a store of energy within the body. Pranayama involves breath control through inhalation, exhalation, and retention performed at various speeds, with deliberate expansion or constriction of body cavities/passages. Asanas complement pranayama by unblocking any barriers to the free flow of prana generated through breathing practices. Asanas can be subdivided into standing, sitting, supine, prone, twisting, inverted and balancing poses. Appropriately prescribed asanas are very effective at removing impediments to flexibility and energy flow. Fibrosis often is the crude substrate that corresponds to constricted energy flow. Defining the distribution of fibrosis allows the yoga therapist to prescribe individually appropriate postures. Asanas generally recommended for lymphatic congestion include Supta Baddha Konasana and Viparita Karani.

PRECAUTIONS – Care must be taken to avoid overload and fatigue of muscle groups within the territory affected by lymphedema. Many asanas require sustained isometric muscle contractions. This can lead to increased lymph load and progressive swelling. Muscle overload can be precluded through more limited holding of postures and by avoiding sequential performance of postures that stress the same muscle groups. Lymphedema is not a contraindication to any dimension of yoga practice.

TIPS FOR THE LE THERAPIST – Performance of potentially beneficial asanas can be incorporated into a phase

II CDP program as an extension of remedial exercises. Yoga asanas are highly effective at reversing and preventing contractures of the axilla and pelvic muscles. Pranayama represents a more structured approach to deep diaphragmatic breathing, an integral part of many CDP programs. Receptive patients can benefit from the energy sequestering effects of pranayama, as well as the stimulation afforded by diaphragmatic massage of the thoracic duct.

Conclusion

Energy-based approaches to healing, though still controversial, represent increasingly popular strategies for enhancing wellness and mitigating disease. Many energetic medical traditions have the theoretical potential to benefit LE patients. Energy stimulating and mobilizing techniques can be integrated easily into the delivery of CDT. However, it must be stressed that optimal results can be achieved only by formally trained practitioners who subsequently cultivate their expertise in energy-based medicine. As conventional western and non-allopathic traditions continue to integrate, it is hoped that a body of lymphedema-specific therapy can be formulated and refined. □

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Andrea Cheville, MD, is Director of Cancer Rehabilitation and Assistant Professor, Department Rehabilitation, University of Pennsylvania, Philadelphia, PA; Member of the NLN Medical Advisory Committee; and Board Member of LANA.