

“PERSONAL METHODS” OF THE PHYSICAL TREATMENT OF LYMPHEDEMA AND “EVIDENCE BASED MEDICINE”

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Cheville et al. ⁽¹⁾ rightly state, that “combined manual therapy, often referred as Complex Decongestive Physiotherapy (CDT) has emerged as the standard in the treatment of lymphedema”. One of the four constituents of the tetrad of this technique is “Manual lymph drainage” (MLD) which has been devised by the Vodder’s in 1932, however by no means for the treatment of lymphedema. In a “Guide for postgraduate education” entitled “On the track of the lymph vessels” the author Rösler ⁽²⁾ narrates: “The Vodder’s worked in the French Riviera. They had contact with many English people, who, due to the wet and cold climate of their country, have suffered from chronic common cold. Many had swollen cervical lymph nodes... The Vodder’s started to treat them. The result was astounding. By means of careful, turning pumping movements the signs of common cold have vanished forever”. Obviously the Vodder’s can’t be blamed for being, in 1932, unaware of the fact, that the common cold has nothing to do with the climate of the British isles, the author of the post-graduate article, on the other hand should know, that it is a mild, self-limited viral infection.

The first physician, Asdonk who has tried to treat lymphedema by the massage technique derived by the Vodders, which is highly effective in increasing the lymphangiomotoric activity of healthy lymphatics has observed, that it was inadequate in the treatment of fibrosclerotic - not to mention of elephantastic - lymphedemas, has therefore added what he called “edema-grips”.

As a consequence, a vehement “grips dispute” has broken out between the Vodder’s and Asdonk; henceforth the latter designated the combination of the four grips of the Vodder’s with his “edema grips” as “Vodder-Asdonk-Method”. This term is still used by his pupils. Later on both the heirs of the Vodder’s and

Asdonk have complemented MLD by adding compression, remedial exercises and treatment of the skin, employed in the therapy of lymphedema already in the 19th. century. Up to now, the two groups advertise their courses they offer to train lymphedema therapists in CDT by designating them “The original technique of Vodder” and “The Method Vodder-Asdonk”. Although not a single study exists which would aim at comparing the efficacy of the two methods according to the principles of “evidence based medicine”, the author of the Guide declared, that Asdonk has “subtilized” Vodder’s technique. One has to admit, that it is easy to perform a study according to the principles of “evidence based medicine” in connection with drugs, but extremely difficult concerning lymphedema and CDT: not only the patients in the trial should form a homogenous group, but the lymphedema therapists, too! Unfortunately, the Casley-Smiths stated, in 1993 at the 14th International Congress of Lymphology held in Washington, that a “Földi-Method” exists, which they have, in the light of their own findings, “somewhat modified and upgraded” ⁽³⁾. I emphasize that we did not develop a “Foldi-Method of CDT”. In our “Textbook of Lymphology” ⁽⁴⁾ I have declared:

“I stress that we did not develop any personal method of CDT. This means that there is no Földi method of CDT. What we do in our clinic is to integrate CDT with the broad field of physical medicine and with comprehensive, individualized treatment of the patient.” What concerns the contended “modification and upgrading” of the non-existing “Foldi-Method” attention has to be called to the fact, that neither in their lecture given in Washington, nor in their booklet entitled: “Lymphedema: A guide for therapists and patients” ⁽⁵⁾ did the Casley-Smith’s explain, in which respect they have “modified and upgraded” the “Foldi-Method” which Judith Casley-Smith had the chance to

have a look at in our Clinic in the course of a morning. In addition, they have omitted to perform a prospective - randomised study aiming to compare the method which they designated as “the Földi’s” with that they henceforth designated as the “Caslev-Smith-method”.

It is a nonsense to train lymphedema therapists by limiting oneself to the technique, to the work to be done by hand; an exhaustive medical knowledge has to be imparted, too. (A conductor has to understand music, it is not enough, if he knows how to slickly fidget with a baton!). In the native country of CDT, in Germany, a law has been passed which has authorized the federation of the statutory sick-funds to prescribe the members of which occupational groups are allowed to be trained in CDT.

The federation has specified the requirements the physicians who give lessons have to fulfil and how the training of lymphedema therapists who work as instructors has to be accomplished. The duration (170 forty-five-minute lessons), the curriculum and the order of the exams are also specified. Unfortunately, the subjects of the medical curriculum are specified, but not the messages to be imparted. As a consequence, unfortunately at times nonsensical matters are taught.

For example there is a passage in the paper of Rösler, entitled “The impression test as an indicator”. Rosier has been informed by Lymphedema therapists working as instructors in one of the accredited CDT-colleges, that there is a correlation between the protein concentration of the edema fluid on the one hand and the pe-

riod of time it takes for the impression, caused by the pressure of the thumb into the edematous area to disappear on the other. According to them, the test gives consequences concerning treatment: the higher the protein concentration, the more delayed the therapeutic result! As a consequence, “both therapists and patients have to muster much patience!” The lymphologist-instructor of the same CDT-college has published a book which contains serious professional mistakes. Although it is textbook knowledge, that the essence of chronic venous insufficiency (CVI) in the leg is ambulatory venous hypertension, according to this author venous pressure in CVI is elevated while standing and sitting! He regards MLD to be indicated in cases of cardiac edemas refractory to treatment. There is not a single textbook of Medicine or Cardiology which shares this opinion! In reality, cardiac edema represents an absolute contraindication for MLD, because, by the elevated myocardial lymphatic preload and afterload the left chamber is also effected: the increase of the blood volume brought about by the uptake of edema fluid into the circulation could trigger a congestive left heart failure.

Taking the fact into consideration, that even the reputed “Cecil Textbook of Medicine”⁽⁶⁾ contains serious mistakes where it deals with questions of Lymphology [for example the nonsense, that “chronic lymphedemas may be caused by... renal or cardiac failure” (!)], one should strike for an international consensus concerning the subject matter and the relevant message which has to be imparted to students of CDT.

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