Lymph Drainage Therapy (LDT)

Bruno Chikly, MD, DO
Alaya Chikly, LMT

Andrew Taylor Still (1828-1917):
First specific manual techniques addressing the lymph system

- “We strike at the source of life and death when we go to the lymphatics.”
- “No atom can leave the lymphatics in an imperfect state and get a union with any part of the body.”


Emil Vodder (1896-1986): MLD

Bruno Chikly, MD, DO: LDT

1. SPECIFIC RHYTHM
2. SPECIFIC DIRECTION
3. SPECIFIC DEPTH
4. ASSESS QUALITY OF LYMPH FLOW

Lymph Circulation: Anatomy & Physiology


Superficial (Epifascial) Lymph Flow

No connection with heart, breathing rate. Freq. about 0.1 Hz.

Study done with the Institute of Heartmath, Boulder Creek, CA.

Main Applications of LDT

1. ACTIVATE FLUID CIRCULATION
   Activation of most body fluids: lymph, blood capillaries, veins, interstitial liquids, cerebrospinal and synovial fluid, etc.
   Helps to “reroute” stagnant fluid (edema, primary and secondary lymphedema) in skin, mucosa, muscles, viscera, joints, cranial sutures, periosteum, chambers of the eyes, cochlea, etc.

2. DRAIN
   Toxins, macromolecules (proteins in edema), fat.

3. STIMULATE THE IMMUNE SYSTEM
   Help in prevention or with chronic or subacute inflammatory processes.

4. STIMULATE THE PARASYMPATHETIC SYSTEM

5. REDUCE PAIN
   LD alleviates tissue fluid stagnation and may inhibits nociceptors (Földi, Alois).

6. REDUCE MUSCLE SPASM (voluntary and involuntary)

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Manual Lymphatic Mapping (MLM)
(Taught in LDT2)

- Assessing lymphatic conditions before/after treatment
- In case of pathology: i.e. lymphedema/patient, MLM gives specific information for areas of stagnation and fibrotic areas, rerouting, self-drainage, exercises under bandaging (muscles involved follow MLM), taping, follow up, etc...

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Lympho-Fascia Release (LFR):
Release the fascia and send the lymph
Release obstructions of the lymph + the fascia in one gentle, non-invasive, powerful stroke.

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BRAIN TISSUE, NUCLEI, FLUID & AUTONOMIC NERVOUS SYSTEM

Bruno Chikly MD, DO
Scottsdale, AZ, USA

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BRAIN 1: TISSUE TRAUMA “CELLULAR FEAR”

These challenging areas (trauma areas) need to be addressed before trying to release mechanical dysfunction.

SOURCES OF TRAUMA:
Any physical trauma, fall, blow, hit, strike, punch, including surgery, anesthesia, etc.
A BIMODAL TRAUMA RESPONSE: NOT ONLY “FIGHT OR FLIGHT”

Two primary response patterns have been described in responses to threat: Hyperarousal and Hypoarousal/Dissociation.

- Most individuals use various combinations of these two distinct response patterns during any given traumatic event. Each one represents a unique pathway to stress-related psychopathology.
- Hypoarousal may predominate in traumatized children.

Ventricular System: Fluid Dynamics

- Lateral ventricles
- Interventricular foramen of Monro
- Third ventricle
- Central Aqueduct of Sylvius
- Fourth ventricle
- Foramen of Magendie
- Foramen of Luschka
- Central canal of the spinal cord.

BRAIN NUCLEI
Systematic Examination: Some Examples

- Corpus Callosum: “Callus body”
- Septum Pellucidum: “Transparent wall”
- Fornix: “Arched” structure
- Caudate Nucleus: “Tailed Nucleus”
- Putamen: “The Shell”
- Thalamus: “Anti-Chamber/Bridal Chamber”
- Pituitary
- Hypothalamus
- Pineal... etc.

Brain 1: Brain & Spinal Cord Release

This technique can probably help most of your patients, but it will specifically help any brain and spinal related pathologies including closed head injury, whiplash, motor vehicle accident (MVI), concussion, soldiers bomb blast, somatic origin headaches, birth trauma, cerebral palsy, feeding difficulties, dyslexia, cognitive behavioral dysfunctions, learning disabilities, post-meningitis syndrome, etc.

Brain Curriculum