

Traumatic Lymphatic & Venous Insufficiency

This patient had a very hard fall onto pavement on the 24th of December, 2010. She was admitted to emergency a day later with intense pain and immobility of her entire right upper extremity. She was diagnosed with a mild fracture of the head of the humerus and was given a sling, pain medication and anti-inflammatory's and sent home to recover.

She presented in my office on the 4th of January. She was visibly trembling, in obvious severe pain and somewhat apprehensive about what I was about to do. Given the circumstances, I could not do a complete evaluation, as she could not move her arm or allow much in the way of manipulation of her upper extremity without severe exacerbation of her pain. And I should point out that I was unable to view her arm because she had it in a sling, under her sweatshirt. I was able to see her hand which stuck out from the lower edge of her clothing and it was completely black, with yellowish green streaks. Probably the nastiest thing I have seen in my office to date.

She also exposed the top of her shoulder so I could see the bruising there, but I was unable to view any other part of her arm. Since I would be unable to move her significantly, I chose to treat the lymphatics of her trunk and shoulder, and then switched to treating the arterial fascia (Tunica Adventitia) of the upper extremity.

The following dysfunctions were treated with Strain and Counterstrain for the Lymphatics (-N) and Arterials (-A). Right Lymphatic Duct (DUC-N), Right Internal Jugular Nodes (IJ-N), Medial Transverse Cervical Nodes (MTC-N), Lateral Transverse Cervical Nodes (LTC-N), Posterior Axillary Nodes (PAX-N), Anterior Axillary Nodes (AAX-N), Cubital Nodes (CUB-N), Distal Radial Nodes (DRAD-N), Supra Scapular Artery (SUPRA-A), Thyrocervical Trunk (TCT-A), Axillary Artery - Pectoral Branch (AXPEC-A), Brachial Artery (BRA-A), Radial Recurrent Artery (RADR-A), Radial Artery (RAD-A) and Ulnar Artery (ULN-A). No other interventions were used.

The pictures below were sent to me by the patient a few days after I saw her. Her husband took the first picture the day before she came in, on the 3rd of January, 2011. The second picture was taken the day after she was treated with Strain Counterstrain on the 5th of January, 2011. The results are simply amazing. Have a look below.

I should explain a little bit about what I believe to have happened in this case and why I chose to call it lymphatic/venous insufficiency. Obviously there was significant trauma, a fracture, a severe contusion and hematoma on her right posterior lateral forearm and at some point perhaps a vascular rupture. The subsequent spasm in the arterio-fascia, which is anchored to all of the surrounding fascial structures, muscles, bone, etc, created a myo-fascial spasm that is capable of partial or even complete obstruction or occlusion of the return vessels.

This of course causes fluid retention or swelling. It is not so much the tissue damage that causes this swelling as it is the spasm that blocks the return vessels from draining the area. The fact that the bruising never made it to the main thoracic duct on the left side of the body, as evidenced in the pictures, indicates to me the trauma only affected the water shed drained by the right lymphatic duct. Fascinating!

Arterial fascial spasm often invokes an equal and opposite spasm in the lymphatics. Thus you get a general myofascial disturbance locally wherever the tunica adventitia is in spasm, a lymphatic dysfunction that is partially rooted in the trauma and secondarily in the fact that the veins are at a severe disadvantage when the adventitia is in spasm. And so the lymphatics are simply overrun and can't keep up with the fluid that is being pumped in at high pressure. If you look closely, you can see a marked difference in the size of the upper extremity pre and post treatment.

© 2010 - Timothy Hodges, LMP, JSCC, CPT



Taken 1/3/2011 the day before treatment with strain counterstrain for the lymphatic and arterial systems.



Taken 1/5/2011 the day after treatment with strain counterstrain for the lymphatic and arterial systems.