

## **Massage Therapists and Breast Care: Easing the Controversy**

By Bruno Chikly, MD, DO (hon.)

Breast massage is often the subject of ardent controversy, due to the legal, ethical and physical problems associated with it. Because of this, many practitioners are reserved when it comes to working on this area of the body.

It is my hope that the information and guidelines provided in this article will ease the debate. I have taught and provided therapeutic breast care for many years using techniques that work through the lymphatic system. While I understand the reason for the controversy, I know that respectful, nonstimulating and effective techniques for breast care do exist. However, these must be practiced in a specific and controlled environment by qualified therapists who clearly understand the boundaries. Within this context and scope of practice, breast care can be safely and efficiently applied to alleviate numerous breast pathologies.

### **Guidelines for Therapeutic Breast Care**

Through my experience, I have developed some general guidelines for application that should help to eliminate most of the controversy surrounding this treatment:

1. Therapists should know the rules and/or laws regarding breast massage that govern their licensure in the city/state/country in which they practice.
2. Contraindications and precautions must be respected related to the specific pathology and technique being used.
3. Heavy pressure should not be applied to the breast tissue. All that prevents breast tissue from sagging (mastoptosis) are some minute elastic fibers of the superficial skin and a few suspensory ligaments (Cooper's ligament), which are actually comprised more of irregular layers of connective tissue fibers than of real organized ligaments.<sup>1</sup> Petrissage (kneading) may hurt or destroy the few existing local suspensory ligaments and elastic fibers. Women with breast implants present another area of caution,

as too much pressure may cause leaking.

4. There are a number of techniques that are gentle, noninvasive and nonstimulating. Efficient work can be accomplished without ever using stimulating touch. Remember, breasts are created to nurture and support the growth of a newborn; they need to be touched in a respectful and gentle manner. I also suggest that therapists speak gently during a breast treatment.
5. Prior to any session, therapists should clearly explain what the session will entail, along with its objectives and intentions. Have the client sign a release form consenting to the treatment. This form should explain why and how this technique is applied. The form should state that a client has the right to stop the massage at any time whatsoever.
6. Therapists should remain aware of the trust clients have placed in them to provide breast care. Proper draping should be used at all times to provide the client maximum comfort and security.
7. I recommend self-application techniques (self-lymphatic breast care) to clients as a way to enhance the effects of the session. The protocol is also an excellent option for clients who may not feel comfortable having the technique applied by a practitioner.

### **Lymph Drainage Therapy for Breast Health: Lymphatic Breast Care**

Study of the body's lymphatic system shows that breast tissue contains an abundance of lymph vessels. Unlike other areas of the body, however, the breast lacks sources of external compression, such as muscles or strong overlying fascia that promote natural lymphatic drainage. As a result, fluid has a tendency to stagnate, which may lead to breast pathologies (mastopathy). This is where gentle, nonstimulating techniques can be applied to aid fluid recirculation. Of the many modalities I have studied and practiced throughout my career, lymphatic work is always the first approach I turn to in treating the breast.

Lymph drainage therapy (LDT) is a gentle, nonstimulating technique with few contraindications. It teaches practitioners how to attune to the precise rhythm, direction, depth and quality of the lymph flow. LDT is particularly effective for treating breast tissue because it involves extremely light pressure - generally no more than the equivalent weight of a dime or nickel. I am amazed at the applications and efficiency of lymph drainage therapy in treating most breast pathologies. Numerous mastopathies respond well to lymphatic breast care.

These include:

- Menstruation-related problems: breast pain (mastodynia, mastalgia or mammalgia) and swollen breasts. Edema and lymphedema are two of the major applications of LDT.
- Pregnancy and breast-feeding problems: engorgement (essentially constituting massive breast edema); sore nipples (transient or chronic); inflammation/infection (mastadenitis, mastitis, yeast infections, infected Montgomery's glands); milk stasis (plugged ducts, filled ducts, plugged nipple pores); wounds (nipples, areola, breast); fissures; ulceration; bruises; hemorrhage; dermatitis (eczema); and stretch marks.
- Chronic nonmalignant lumps: commonly alleviated using a few specific strokes. Breast implant complications: acute or subacute phase; chronic phase.
- Cosmetic concerns: mastoptosis, surgery and trauma recovery; scarring. Breast care is an important area of health that is often neglected, due to the stigmas surrounding the treatment of this part of the body.

The multiple applications and benefits of LDT for mastopathies are simply too important, however, not to be implemented. Manual lymph therapies are established medical procedures used nationwide in clinics and hospitals, and are reimbursed by Medicare, primarily for their efficiency in alleviating edema and lymphedema.

It is time for gentle and efficient breast care to be brought into the realm of accepted practice. Armed with knowledge and a clear understanding of boundaries, we can eliminate the controversy surrounding this legitimate, necessary therapeutic application.

#### *Reference*

1. Chikly B. Dissection of the Human Lymphatic System, Video 2. (*Editor's note:* This video is available through the International Alliance of Healthcare Educators (IAHE) at [www.iahe.com](http://www.iahe.com).)

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