

## **What about Varicose Veins?**

By Kate Jordan, NCTMB

As I travel throughout the United States teaching pregnancy massage programs, I hear a myriad of conflicting opinions about the appropriate way to address varicose veins in our clients.

Some therapists have been taught to avoid the legs entirely in the presence of varicose veins; others to work "above" them, "below" them, or "once over lightly." Can we safely massage clients with varicose veins, and is there any benefit to them in doing so?

Varicose veins are quite common in the general population; in fact, they are estimated to affect as many as 50% of middle-aged adults living in the United States. You are far more likely to develop varicose veins if you are a woman, if you've been pregnant, and if your occupation requires constant standing (like massage therapy!) Other factors that can predispose an individual to varicose veins are heredity and structural weakness of vein walls, obesity, and a sedentary lifestyle. Still another contributor is our low-fiber diet -- varicose veins are rarely seen in parts of the world where high-fiber unrefined foods are eaten.

Besides the legs, varicose veins can be found in the perineum, rectum (hemorrhoids), vulva and esophagus. I'll be discussing the suitability of massage to the legs when varicose veins are present.

Varicose veins can develop in superficial or deep veins. Superficial varicose veins can be seen through the skin -- they are dilated, lengthened and tortuous or "ropy."

Why do such veins develop? We know that in normal vascular mechanics the muscles of the calves (especially the soleus) act as powerful auxiliary hearts to pump returning blood through the deep leg veins. This pressure is not transmitted to the superficial veins, because of valves in the communicating veins. If these deep vein walls become dilated (from mechanical stress, inherent weakness or hormonal influence), the valves stop functioning effectively. When these valves become incompetent, the pressure pushes the blood into superficial veins, causing them to dilate and lengthen. This condition progresses, further

lengthening and dilating the superficial veins. Continued constriction of upward blood flow caused by constant standing or sitting, or tight garments, causes blood to pool in the legs, further aggravating the varicose veins and contributing to poor health in the surrounding tissues. The veins gradually lose their elasticity and the condition worsens.

Some clients with varicose veins may consider them to be only a cosmetic issue. For others, there can be considerable pain, aching and fatigue in the legs, particularly when walking. Their calf muscles may cramp especially at night. The soleus/gastrocnemius complex may lose muscle strength, further decreasing pumping action and muscular support for the veins.

In severe cases, areas of a client's legs may become pigmented, hardened, or ulcerated. It is common to develop congestion and edema in the ankles as a result of the dilated veins and the abnormally high pressure in the capillaries, leading to increased exudation of lymph.

Blood clots are more likely to develop in varicose veins, and veins may rupture, leading to hemorrhage. One of my clients, a 50-year-old woman, experienced such a rupture one night as she stood in front of the developing tray in the lab of her photography class. In such severe situations, your clients may need to wear compression stockings at all times to increase venous flow to the heart.

Bodywork can be an effective supportive modality for clients with varicose veins, applied judiciously in relation to the severity of the condition. In addition to hands on work, clients will benefit from lifestyle changes, exercise, support stockings and nutritional and herbal remedies.

As a result of venous stasis, venous blood has a low level of oxygen and a high level of carbon dioxide, and other metabolic products, impairing the nutrition of venous tissue and the surrounding skin and subcutaneous tissue. If bruising or ulceration occur around the area, healing may be impeded. Massage techniques such as lymphatic drainage and circulatory massage that increase general circulation and improve tissue nutrition are especially beneficial in addressing varicose veins. Circulatory technique should include short (three-inch-long) effleurage strokes to move the blood from valve to valve in the vein, and longer strokes to increase flow throughout the length of the vein. Lymphatic drainage strokes are superficial strokes that effect lymphatic circulation by moving lymph from areas of pooling and congestion in the intercellular spaces into lymph vessels and eventually general circulation. These very light strokes are directed to the subdermal area and the superficial fascia. All massage techniques that address venous insufficiency should proceed toward the heart. Use gentle full-palm pressure or flat fingertip pressure when

massaging over varicose veins and avoid digital pressure, cross-fiber friction, stripping, wringing, and percussion movements. To aid in venous return, the legs can be optimally elevated to 45 degrees during the session. They may also be treated in sidelying position with the uppermost leg massaged.

Only the presence of broken skin, ulceration, or phlebitis precludes the therapist from stroking directly over varicose veins. In the case of ulceration, lymphatic drainage and circulatory strokes can be initiated proximal to the lesion. Myofascial release techniques applied at the margin of venous ulceration can help to soften and release areas of hardening, leading to free movement of the skin and underlying tissue.

Connective tissue massage (Bindegewebsmassage ) is utilized in Europe to increase peripheral circulation and speed healing of tissue affected by venous stasis. Bindegewebsmassage is especially suited for safe treatment of varicose veins because its application is focused primarily on the lower margins of the latissimus dorsi, pelvis, sacrum, greater trochanter and iliotibial tract, and not at the site of the varicose veins.

Since it is better to limit friction when massaging varicose veins, lubricants are essential. Oils rather than creams or lotions are recommended. I most often use a 50/50 mixture of heated olive oil and tincture of myrrh over varicose veins, as recommended in the Edgar Cayce readings. In sessions in which the client's varicose veins are not an area of primary concern, I use peanut oil. Cold witch hazel can be rubbed gently on the legs to relieve itching and irritation.

All clients who have developed varicose veins should be encouraged to move! Standing for long periods should be discouraged. If you're a massage therapist, consider using a footstool to shift your weight during a session from one leg to the other, and changing your position from standing to sitting throughout the session to minimize continued static stress on your legs. Clients who are sedentary should be encouraged to dorsiflex/plantar flex the ankles at least twenty times per hour in a seated or supine position, and, if able, to walk or ride an exercise bicycle 1-2 miles daily. Anyone with symptomatic varicose veins will benefit from resting for 15-20 minutes after work while elevating the ankles at least 45 degrees, and sleeping with the foot of the bed elevated 5-10 degrees. Moderate compression stockings are now available commercially and can contribute significantly to limiting the progression of varicose veins if worn regularly.

Many herbal remedies are recommended for varicose veins. Horse chestnut seed extract taken in a dosage of 100-150 mg daily appears in a number of double-blind studies to be among the most effective. This herbal treatment is contraindicated in pregnancy.

When we work on a client who has varicose veins, her legs should not be avoided, but addressed with appropriate techniques intended to support venous return to the heart, improve the condition of surrounding tissue, and reduce contributory restrictions in other parts of the body.

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