LYMPHEDEMA MANAGEMENT FREE PAPER

(cont.)

NUTRITHERAPY FOR LYMPHEDEMA by ARLETTE J. DINCLAUX

Time: 45 minutes

1. The Anti-Acid Diet

Right chemical balance should be made up of:

20 per cent acid-forming foods, and

80 per cent alkaline forming foods.

Examples of acid-forming foods.

Examples of aklaline-forming foods.

Medicinal benefits of common fruits and vegetables.

Examples.

2. The Herbal Food Therapy.

-Antiviral Compounds from Plants.
-Yang tonic Herbs.
Examples of herbs prescribed by Chinese physicians for treatment of deficiency syndromes.

3. The DO's and The DON'Ts.

Easy-to-follow guidelines on diet and nutrition.

4. Special Foods.

Sources, standard uses, dosage of
Vitamins A, B2, B6, B12, C, E, and
Minerals Zinc, Sclenium, Copper.
Use of rich Chlorine food as Lymph cleanser.
Sodium/Potassium balance as waste disolver.

5. Conclusion.

LPG Systems (R) in the treatment of lymphedema.

A. Leduc*, O. Leduc*. University of Brussels (Belgium).

"Founder President
and*"Secretary General of the European Lymphology
Group(GEL).

The physical treatment of lymphedema consists in an association of several and different therapeutic modalities in relation with the severity of the lymphatic disorders.

By untreated edema "edematous tissue" is progressively developing. In these cases we have introduced the LPG Systems^(R) device in order to obtain a so-called decrease of the fibrosis of the edema.

Several data were collected: thickness of the skin, local skin temperature and volume of the edema. The data were collected before, during and after treatment.

The first results suggest that the decrease of the skin thickness is directly in relation with an increase of the lymphtransport controlled by means of lymphoscintigraphy investigation.

This work is in progress and results will be proposed during the meeting.

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LYMPHEDEMA MEDICAL OR SURGICAL TREATMENT

MAYALL,A.C.D.G., MAYALL,R.C., MAYALL,J.C., H., GAMBOA, PJ.

Medical therapy with benzopyrones associated to the FOLDI CASLEY-SMITH, LEDUC, technics, it seems to be the best kind of treament for these patients. Surgery, with different tech nics are done on all world, and the question is which patient and what kind of surgery may be done. Today surgery is indicated in fruitless of medical therapy or to remove excess of thickness or hyperkeratosis or to by pass lympha tics obstruction or to diminushes loading of lymphatic sys tem. From 1988-1994,167 cases enter our service;8 of upper limb, and 159 of lower limbs.145 submited only medical the rapy, and 22 cases sent to surgery after medical treatment. We found 45,0% as excellent,38,3% as regular,15,7% as worse results after medical treatment; surgical results were 71,4 as excellent,19,04% as regular and 9,5% as worse respecti vely. About surgery, all patients must be studied with invasi ve(phlebography,old lymphograpy,arteriography)and non inva sive technics, that would indicate for us what is the best kind of technic or technics to be employed, associated or

Intra-arterial injection of lymphocytes during the treatment of lymphoedema $\,$

J.M. COGET - F. VILLARD - J.P. MILLIEN LILLE - FRANCE

The authors study the therapeutic effets of the method of kitamurra and his colleagues in the treatment of lymphoedema. They analyze the effectiveness of intraarterial injection of lymphocytes, linked to the permanent compression therapy in the lymphoedemas where a fibrosis invades the limb. The have series of 15 patients. It's a simple technique, ea sy to tolerate.

The clinical improvement is difficult to appreciate but functionnal improvement is systematic, what ever the etiology of the lymphoedema, might be no recurrence of erysipelas, and better tolerance of the compression therapy.

The results argue in favour of the method. It's probably due to the stimulation of the macrophages in the lymphatic vessels and the macromolecular proteins.

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