

Applying Massage to Aesthetic Medicine and Plastic Surgery

By Piotr Szczotka

As part of an educational program at the Bodywork School of Massage in Poznań, Poland, Massage Therapist Piotr Szczotka worked to develop a treatment co-operation between physicians of aesthetic medicine and plastic surgery, and therapists such as qualified massage therapists, physiotherapists and beauty consultants. In this article Piotr discusses some of his findings.

The notion of aesthetic medicine was created at the end of the seventies, although many attempts of medical intervention for aesthetic purposes can be traced far earlier, even to ancient times.

The quick development of aesthetic medicine as a new trend is possibly due to the progress in clinical research, the production of special pharmaceuticals, and also new technologies enabling the creation of more precise devices used in diagnostics and medical therapy. The most important decisions on starting adequate medical actions, however, remain with the physicians who, apart from professional practice and theoretical preparation, have to show the so called 'sense of aesthetics' and the abilities to predict favourable visual, aesthetic effects of medical measures.

As a result of this, the notion of aesthetic medicine has emerged from medicine. Aesthetic medicine deals with the 'quality of life,' which is influenced by many factors that depend on the patients themselves as well as typical medical actions like diagnostics, detail interview and, above all, prophylaxis and therapeutic actions.

While the most essential decisions and the way of running the therapy in aesthetic

medicine belongs to the physician, qualified massage therapists, physiotherapists, and nurses as well as properly trained qualified beauty consultants co-operating with doctors have a significant contribution in beauty care, health prophylaxis and aesthetic medicine itself. Qualified Massage therapists and physiotherapists, contributing directly to clinical, therapeutic programs, work in clinics of aesthetic medicine.

Massage in aesthetic medicine

Specialist massage is one of the basic physical interventions belonging to aesthetic medicine. Long before the contemporary notion of aesthetic medicine was created, massages were efficiently applied in health resorts, sanatoriums and fitness centres. In the modern history the first remarks about the use of massage in overweight treatment go back to the 1920s. Actually, until recently, many societies regarded general classic massage as the basis for stimulating the tissues and circulatory system during overweight treatment therapy.

At the end of the seventies, manual lymphatic drainage was used to diminish face swellings and other aesthetic problems.

In the mid-eighties, when Massage therapists began to comment on the worsening visible condition of clients' skin, including even thin clients, many medical circles didn't treat the remarks seriously. A few years later, however, the new sinister terms: cellulite (PEFS) and cellulitis appeared medical journals and popular magazines (in Poland and other countries).

Nowadays we know that lymphatic drainage is a basic – but not the only – physical intervention in the therapy of cellulite, particularly efficient in the first stages of the disease.

Applying massage to cosmetic and aesthetic medicine

Although we understand the use of massage in cosmetic therapy (beauty salons) very well, specialist massage in aesthetic medicine is applied in very few clinics.

Massages in aesthetic medicine are used as:

- one of the diagnostic methods which allows to define the condition of the skin on bigger surfaces, its elasticity, temperature and oiling, and the degree to which we can move it towards more deeply located tissues
- a preparatory method before some interventions – massage can relax tissues, or decrease a disharmony of symmetry e.g. in face tension
- a revitalization method after medical interventions to maintain the effects of the aesthetic medicine, mainly by stimulating circulatory and hormonal systems.

Properly selected massage techniques in aesthetic medicine are applied during the following treatments or methods:

- peelings (in few examples massage application as diagnostic method)
- botulinum toxin injection (in properly time – few days after injection)
- fillers (massage stimulating circulatory system also as a diagnostic method).

Massages are also used during figure shaping and aesthetic prophylaxis among others, after pregnancy. Massage application for health and aesthetic purposes during the childbirth period include:

- striae distensae prophylaxis
- massage after Caesarean section
- prophylactic-cosmetic massage of breasts after breast feeding.

The role of a massage in plastic surgery

Massage can play a role in diagnostic, preparatory and revitalizing in procedures such as:

- muscle and body shaping such as abdominoplasty, liposuction
- breast correction (lift and augmentation)
- face lifts
- surgical scar corrections and burn treatments.

Here again the manual lymphatic drainage plays the main role, but not the only one.

The manual lymphatic drainage (according to the Emil Vodder method) is widely used, among others, following general surgery, plastic surgery and aesthetic medicine.

In many countries health security funds cover the costs of massages in oncology, phlebological diseases and during complicated, multi-stage surgical operations, e.g. during transplantations.

Due to a serious aesthetic defect resulting from vessel changes, massage can play an important role in the prophylaxis of phlebological diseases. Massage is also recommended during some reconstruction interventions and during skin transplants performed in stages e.g. resulting from burns.

Applying massage to diagnostics

Here are some examples of the role of a massage in the diagnostics of soft tissues:

- a) Diagnostic techniques for the whole body:
- skin fold rolling technique from segmental massage
 - raising of skin with a whole palm
 - palpation thermal examination/the difference in skin temperature,
 - layer/plane moving of skin
 - skin elasticity around breast.

- b) Diagnostic techniques in the area of face and head:
- the technique of moving a fold of skin from angulus oris to temples
 - diagnostic techniques of muscle symmetry and skin tension in the area of forehead horizontally and vertically
 - the technique of moving of skin and muscles (convergent and divergent triangle)
 - the technique of moving bigger surfaces of a face with a palm/test of emotional and pain tension (migraine and conditions after inflammation of facial and trigeminal nerve.

The palpation from precise performance of the above techniques can give a therapist a lot of information. In some cases these techniques cannot be replaced by any diagnostic equipment.

Despite the great number of performed activities in cosmetics and SPA, restorative centres which are not run by physicians show the need of co-operation, not only because of the common purposes, but from the professional medical point of view. As many doctors have found out, co-operation results not only in the prolonged effects of the performed medical activities but makes the assistant staff (i.e. massage therapist) conscious of safe limits of their activities.

The assistant staff also know what kind of restorative and cosmetic activities they can perform which will not be in opposition to the interventions conducted by the physicians of aesthetic medicine.

Another application of a massage, indirectly connected with body aesthetics, is the technique of working with a body from the so called group 'body work' in order to increase such a subtle notion as the 'grace of a body,' but this is quite a different story ...

I hope to get in touch and co-operate with other therapists and physicians with like experiences. www.bodywork.com.pl
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