

Advanced Lymph Drainage Therapy and Renal Dysfunction

by Shoshana Pinto Ringel, DDS, MS Acupuncture

Sophia* came to my office with gastrointestinal symptoms. I was a bit concerned. A longtime patient about 50 years old, she never had such problems before. Yet in the previous two weeks of May she experienced three episodes of alternating diarrhea and constipation with severe flatulence.

During my clinical evaluation I found an area of stagnation in the renal pelvis. I also discovered a severe restriction on the right side of the abdomen in the area of the kidney/ascending colon that called for more investigation.

I have some experience with visceral problems and explained my findings to her. I also advised her to contact her internist and get a referral for a gastroenterologist. She followed through and scheduled an appointment for the following day.

During his examination, the gastroenterologist also found anomalies and prescribed ultrasound and X-rays. The X-rays showed a very large renal calculus (1 cm long) with sharp and pointy edges that was embedded in the walls of the inferior third of the left ureter. [See X-ray #TP1.] The calculus was transversal to the long axis of the ureter. The superior two-thirds of the ureter were extremely dilated by the urine reflux. [See X-ray #TP2.]

The gastroenterologist urged Sophia to remove the calculus surgically. He told her she had virtually no chance of passing it naturally since it was so embedded in the ureter walls. The problem was that with her kind of reflux, Sophia was also in danger of developing pyelonephritis and having her left kidney severely damaged. Surgery was scheduled to take place four days later.

Advanced LDT Techniques Address Structures Deep Within the Body

Twenty-four hours before her surgery, Sophia came to see me. She brought her diagnosis X-rays with her. I decided to try changing the long axis of the renal calculus and move the urine flow back to the urinary bladder.

I primarily used LDT [Lymph Drainage Therapy] procedures for microscopic structures that I learned in my Advanced LDT1 workshop. These particular techniques allow you to manually work on structures such as cells, organelles, molecules, atoms, particles.

While accessing such minute body parts can be challenging, using these techniques are like exercising a muscle — it requires training and practice. I've applied them with incredible results. Since they usually work deep within the field of a client, I first ask the body for permission to be there and wait until I feel invited. That's when a microscopic dance begins.

With Sophia, I dropped into my own heart and focused my intention on the left ureter while visualizing the renal calculus. After connecting with the calculus I started moving it axially until I perceived its alignment to the long axis of the ureter. Then I induced the urine trapped in the superior area of the ureter back to the urinary bladder.

After I felt the right movement I continued to support the system for a little while. Then I completed the treatment with basic LDT strokes to alleviate possible inflammation and spasm and prevent subsequent pain. Yet I never mentioned to Sophia exactly which techniques I had used.

The following morning Sophia checked in for surgery. As usual, they did an initial X-ray to locate the calculus. To everyone's amazement the calculus was gone! The reflux had also disappeared, and the ureter had resumed its normal diameter. [See X-ray #TP3.]

Sophia said she experienced no pain or discomfort when she passed the calculus. She was simply discharged without surgery.

How much pain and how many surgeries might be avoided with this type of approach? I am so grateful to Andrew T. Still, "the father of osteopathy," to Bruno Chikly, MD, DO (hon.), developer of Lymph Drainage Therapy, and to all the other teachers who brought these subtle and efficient manual therapy skills into the world to help those in need.

* Name changed to protect confidentiality.

Shoshana Pinto Ringel, DDS, MS Acupuncture, runs a thriving private practice in New York combining acupuncture with Lymph Drainage Therapy, Cranio-Sacral Therapy and Visceral Manipulation. She previously served as a CAM doctor at the Department of Complementary Medicine in Hadassah Medical Center in Jerusalem, Israel. In Jerusalem she also taught Advanced Medical Acupuncture, was vice-chairman for the Israeli Society of Medical Acupuncture, worked as a pediatric dentist for handicapped children in Jerusalem, and served as Director of the Dentistry Unit of the Department of Public Health.

Learn more about Advanced Lymph Drainage Therapy and how it can improve your patient outcomes. Call Educational Services toll-free: 1-800-311-9204, priority code N0205. You're also welcome to visit www.iabc.com.



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TP1

TP1: X-ray indicates large renal calculus embedded in walls of the inferior third of the left ureter. Notice the horizontal position of the calculus, which makes it difficult for it to move.



TP2

TP2: Superior two-thirds of the ureter were extremely dilated by urine reflux.



TP3

TP3: After Lymph Drainage Therapy the reflux had disappeared and the ureter had resumed its normal diameter.