

# LYPOSSAGE:

### A Proven Modality for Cellulite Reduction and Inch Loss

by Melissa M. Montalvo

ong before the word 'cellulite' became a common term in the health, fitness, and beauty industries, women have struggled with the age-old curse of unsightly orange-peel dimples and hard to lose inches, particularly around cellulite's most prone areas (between the lower trunk and mid to upper thighs). The definition of cellulite and its physiological understanding has evolved since the 1920s, when it was first formally introduced in its medical context. Back then, French scientists claimed that cellulite was a complex, cellular dystrophy of tissue, caused by a disorder of water metabolism. Most recently, cellulite, also known as gynoid lipodystrophy, is widely considered to be caused by uneven patterns of connective tissue, where adipose (fatty) tissue is able to push into the skin, resulting in a lumpy surface and dimpling.

#### CELLULITE'S LANDSCAPE AND FORMATION

Researchers seem to agree that the integrity of connective tissue is governed by the presence of collagen, which is dependent on the hormone estrogen. This is one of the reasons why approximately 85 percent of women experience cellulite, but it is uncommon in most men. Adding to the female dilemma is the fact that women have a less structurally sound network of collagen fibers than men. One of estrogen's major functions is to break down collagen in the cervix, at the time of delivery, to allow the passage of a newborn. It is now understood that cellulite formation is a biological function of collagen breakdown. Estrogen stimulates fibroblasts to make collagenase (enzymes) that break down collagen fiber. Collagen fiber holds fat cells (adipocytes) in place. Without



collagen fibers, adipocytes escape out of compact-held groups and gravitate toward the skin's surface, resulting in hypertrophy, the enlargement of the cells to their full size. Hypertrophic fat cells then stimulate the development of pre-adipocytes to form new adipocytes. Thus, the more present fat, the more the ovaries are stimulated to produce estrogen, thereby repeating the cycle.

Skin thickness, heredity, the amount and distribution of body fat, and age can all influence the presence of cellulite, although it seems that the weight of an individual is not necessarily a deciding factor, as many thin people also have it. While there are many techniques and methods to address the appearance of cellulite (such as topical creams, radiofrequency, mesotherapy, and body wraps), it seems that due to the many factors involved in its causes, most medical doctors agree that, while there is no permanent cure for it, the most effective solution for reducing the appearance of cellulite (and inch loss) is to use a holistic approach. Allopathic medicine has realized that alternative modalities can offer a wide range of benefits for many of the body's most complex challenges. Much of that change in thought can be attributed to one of alternative health's pioneers in legitimizing alternative therapies, Charles W. Wiltsie III.

#### THE EVOLUTION OF LYPOSSAGE

What began as Wiltsie's goal to establish massage therapy as a legitimate health practice turned into the evolution of a modality that spread globally. Wiltsie is a Connecticut state licensed massage therapist, whose experience in the alternative health industry has established him as a sought-after educator of health professionals. Through his research, Wiltsie adapted complex physical therapy techniques to develop a body contouring practice on healthy women, known today as Lypossage. This health-oriented modality was created from a study that he conducted in 1998 on 100 healthy women who desired to

## Become a Part of DERMASCOPE Community Get Connected with Other Aesthetics Professionals





lose extra inches, while also decreasing the appearance of cellulite. Wiltsie knew that in the allopathic environment, complex physical therapy techniques and manual lymphatic drainage positively affected lymphedema (fluid retention that causes swelling). He set out to verify whether or not modified complex physical therapy techniques, coupled with bodywork's most common practices: effleurage, myofascial release, lymphatic drainage, deep tissue work, skin rolling, and tapotement, would deliver the results that women searched for in their ever-long battle with reducing inches and cellulite. At the time, the only research on inch loss and cellulite reduction that had been conducted involved a mechanical method of positive and negative pressures called Endermologie. While machines are known to reproduce similar results, where holistic health is governed, human touch is arguably a leading factor in the client's overall journey, satisfaction, and health. Therefore, it stands to reason that being able to offer both manual and mechanical options is of beneficial significance to the practitioner.

There are many bodywork modalities, including Swedish, deep tissue, sports, Shiatsu, Thai, trigger point therapy, craniosacral, et cetera. Wiltsie selectively chose a combination of massage techniques that were known to improve muscle tone, stimulate circulation, and positively affect the lymphatic system, thus a holistic modality was born. Despite recent claims by researchers that they were the first to study novel forms of treatment for dimension loss and cellulite reduction using variations of mechanical and manual lymphatic drainage techniques, Wiltsie was indeed the first to conduct a study involving adapted complex physical therapy techniques combined with massage therapy's greatest methods. His main goal, regardless of his study's outcome at the time, was to incite further independent research to propel massage therapy as a "legitimate, integrated part of the health services landscape." His research concluded that 95 percent of subjects lost significant dimension in five target areas between the naval and mid-thigh. These results did in fact motivate scientists to further investigate alternative therapies as authentic solutions to some of western medicine's most challenging questions.



### Aesthetics International Association

Finding what you've been searching for shouldn't be complicated!

### AIA is here for you providing:

- Aesthetics
- Association
- √ Benefits
- √ Certification
- √ Community
- √ Education
- √ Legends
- √ Networking
- √ Professionalism
- Resources



### We want to hear from you!

### Website Poll



Tips and Tricks

Share your thoughts by visiting the DERMASCOPE.com homepage.

How do you practice what you preach?

Share your thoughts by visiting DERMASCOPE.com/tipsandtricks.



### Why We Love

Why do you love selling retail?

Share your thoughts by visiting DERMASCOPE.com/whywelove.





There are additional positive effects of Lypossage, including a reduction in overall daily pain and improved posture through the release of tightly restricted fascia.

In 2006, researchers from Artevelde College and the University of Ghent in Belgium conducted independent studies on Lypossage. Their results showed lower levels of LDL-cholesterol, higher levels of HDL-cholesterol, and slightly elevated triglycerides. They also observed a reduction in body mass and cellulite. As a result of this research, Lypossage became an even stronger contender among noninvasive treatments for reducing dimension and the appearance of cellulite. In just over a decade, Lypossage has grown from more than a half dozen trainers and approximately 1,000 practitioners in the United States, Canada, and Australia, to over 3,000 practitioners across North and South America, Europe, Australia, and Asia.

#### THE LYPOSSAGE PROTOCOL

Interstitial fluid retention, or congestion, occurs as a result of cellulite formation. Since capillary blood flow slows down with the onset of cellulite, lymph flow also decreases. The lymphatic system does not possess any muscles with which to pump fluid; therefore, in conjunction with techniques that provide adequate blood circulation, manual lymphatic drainage is a necessary component of the Lypossage protocol.

Lypossage can only be performed by a certified Lypossage therapist. Treatment is comprised of a series of 18, 20-minute sessions, over a six to nine week period, with a minimum of two sessions per week.

During Lypossage treatment, there are three zones that should be covered:

- Zone 1 targets hips, thighs (inner, outer, front, and back), and the abdomen.
- Zone 2 targets the back, chest, and arms.
- Zone 3 targets the head, face, and neck.

Zones 1 and 2 focus on the same systems and theory, incorporating myofascial massage with an emphasis on the lymphatic system. Depending on the area of the concentration, techniques for Zone 1 include skin rolling, myofascial pull and wringing, tapotement, compression, visceral manipulation, twisting, and effleurage. Zone 2 uses a few of the same techniques as Zone 1, with added replacement, utilizing cross fiber compression, petrissage, chest compression, and foot pumping. Zone 3 incorporates deep tissue massage on the head and neck with particular emphasis on related muscles, including but not limited to, the digastric (under the mandible),



masseter, temporalis, frontalis, orbicularis oculi (around the eyes), and depressor anguli oris (around the mouth). There is also a comprehensive focus on the cervical node, submandibular node, and all lymph channels in the neck, throat, and face area.

#### BENEFITS AND DRAWBACKS

The final results of a Lypossage treatment are relevant to a person's goals and self-perception. Most healthy women who have extra inches and perceived flaws (dimples and orange-peel skin) respond very well to Lypos-

sage. Compared to other procedures, such as liposuction, subcision, and mesotherapy, Lypossage is non-invasive with no downtime or recovery involved. However, analogous to exercising, Lypossage does take time for the body to adapt.

Yasuko Kawamura, a nationally certified massage therapist and holistic health practitioner in Orange County, Calif., affirms that cellulite does not develop overnight; therefore, "it takes the body time to retrain and assimilate the changes just like exercising." For some individuals, the first few sessions may also be moderately painful and leave some bruising, but most adapt quite well and fairly quickly. Lypossage also requires other key elements to increase successful outcomes such as consistency, proper nutrition, sufficient water intake, and regular exercise. It is a modality that requires time and discipline for results to be visible. Many people may prefer a quick fix that requires very little time and effort.

There are additional positive effects of Lypossage, including a reduction in overall daily pain and improved posture through the release of tightly restricted fascia. Lypossage treatments have also been proven to stimulate a sense of well-being and a desire to incorporate other healthy habits and alternative modalities into a more holistic lifestyle. While most natural alternatives take time to bring forth much wanted results, the benefits to the whole mind and body far outshine the quick fixes in the long run.





In summary, it is best to approach dimension loss and cellulite from a holistic perspective, one that begins with a desire to improve health, vitality and longevity. In agreement with Wiltsie's view, the spa industry has an incredible ability to increase longevity and improve one's quality of life. Spa treatments should be researched and quantified for this purpose. Doing so gives credibility where it is due and offers legitimate alternatives to traditional allopathic treatments while embracing one's health from a holistic view.

#### References:

Bacci, P.A., et al. (2006). Cellulite: Pathophysiology and Treatment. New York: Taylor and Francis Group.

Chang, P., Ersek, R., Jacoby, T., Salisbury, et al. (1998). Noninvasive Mechanical Body Contouring: A One-year Clinical Outcome Study Update. Aesthetic Plastic Surgery, 22, 145-143. M Conrad Stöppler (2014). Cellulite

De Godoy, J.M.P., De Godoy, M.F.G. (2011). Treatment of cellulite based on the hypothesis of a novel pathophysiology. Clinical, Cosmetic and Investigational Dermatology, 4, 55-59.

De Godoy, J.M.P., De Godoy, M.F.G., Groggia, M.Y., & Laks, L.F. (2012). Intensive Treatment of Cellulite Based on Physiopathological Principles. Dermatology Research and Practice.

Ersek, R., Mann G.E. II, Salisbury, A.V., et al, (1997). Noninvasive Mechanical Body Contouring: A Preliminary Clinical Outcome Study. Aesthetic Plastic Surgery. 21, 61-67.

Kawamura, Y. (2013). What is Lypossage?

Sculpture and Contours: Body Contouring Massage [Editorial]. (2009). Healthy Aging, 4(7), 2. Tate, D. (2006). "Stay in Touch With ..." Lypossage. Massage Today. 6(4).

Tosti, A., & Hexsel, D. (2013). Cellulite. Update in Cosmetic Dermatology.

Tunay, V., et al. (2010). Effects of mechanical massage, manual lymphatic drainage, and connective tissue manipulation techniques on fat mass in women with cellulite. European Academy of Dermatology and Venereology.

Wiltsie III, C. (2014). Interview by Melissa Montalvo. Fort Lauderdale, FL.

Wiltsie III, C. (2003). The Evolution of Lypomassage. Massage and Bodywork, 18(3), 72.

Wiltsie III, C. (2008). The History of Lypossage. In Wiltsie, C. & Wiltsie, K., Lypossage Home Study Manual.

Wiltsie III, C. Wiltsie, K. (2012). Distance Learning and Classroom Manual.



Melissa Montalvo is a biomedical engineer, cofounder and director of research and development at Pink Horizons Botanical Skin Care, a Green America certified company that formulates toxin-free, highperformance products for health practitioners and the end-consumer. She and her team work closely with socially responsible organizations such as the

Environmental Working Group and Breast Cancer Action to educate the community on holistic living and sustainable business practices. www.pinkhorizons.com

