It is known that the skin is the largest organ of the human body, reaching 16% of the body weight that has multiple functions, among them thermoregulation, which occurs through blood vessels and sweat glands. Moreover, these glands carry out the excretion of various substances (KOSZELA, 2015).

In addition to this tissue, others also have important functions like thermoregulation. Adipose tissue is specialized in the production of heat (thermogenesis) and, therefore, actively participates in the regulation of body temperature (VALE, et al., 2010).

The pathophysiology of Gynoid Lipodystrophy is directly linked to an inflammatory element. In most cases localized fat binds to LDG, causing the adipocyte volume to press adjacent tissues, damaging the tissue vascularization and causing herniation to the dermis (SANT’ANA, 2010).

Faced with the structure of the skin and subcutaneous tissue, there are features that influence these and other functions, for example: massage. The massage has a local mechanical effect, this action is due to the direct action of the pressure exerted in this massaged segment (KOSZELA, 2015).

In addition, this manual resource exerts a reflexive, indirect action through the local release of vasoactive substances. The various techniques of massage can promote: Increase in malleability and tissue extensibility; Pain relief; local and general muscle relaxation; increased blood and lymphatic circulation; increased tissue nutrition; stimuli of visceral functions; removal of catabolic products; increased sebaceous secretion; increased joint mobility; displacement, targeting and removal of pulmonary secretions (KOSZELA, 2015).

It is known that LDG is classified according to its clinical variations, based on varying degrees. Several therapeutic modalities are used in the treatment of LDG and localized fat, among them, modeling massage (SANT’ANA, 2010).

The massage fulfills its role acting on dead cells, accelerating its elimination, also leading to the stimulation of the circulation, causing local hyperemia. It also acts in the elimination of fluid retention by also acting in the lymphatic system (KOSZELA, 2015).

In the modeling massage, the techniques used can increase blood and lymphatic circulation, increase tissue nutrition, aid in the penetration of active, stimuli of the visceral functions (PEREIRA et al., 2015). Besides this feature as therapy there are others in aesthetics, such as manual lymphatic drainage. Manual lymphatic drainage has to do with hydrology, referring to the meaning of evacuating a swamp from its excess water by means of canisters that flow into a well or a watercourse. It is reported that DLM has the function of mobilizing a fluid stream that is inside a lymphatic vessel at the superficial level, creating pressure differentials to promote the displacement of lymph and interstitial fluid, aiming at its replacement in the bloodstream (BATISTA, et al., 2017).

It can be said that DLM drains the excess liquid that bathes the cells bringing the water balance of the interstitial lymphatic vessels and circulation, causing local hyperemia. In addition, this manual resource exerts a reflexive, indirect action through the local release of vasoactive substances. The various techniques of massage can promote: Increase in malleability and tissue extensibility; Pain relief; local and general muscle relaxation; increased blood and lymphatic circulation; increased tissue nutrition; stimuli of visceral functions; removal of catabolic products; increased sebaceous secretion; increased joint mobility; displacement, targeting and removal of pulmonary secretions (KOSZELA, 2015).
environment, school and or college, cinema, church, vehicular direction, often all together in a single routine and many studies have been made feasible to verify its harmful effects. And these studies already show us that sitting posture, for a long period, is responsible for several noxious changes in the musculoskeletal structures of the spine, especially in the lower back. When the individual moves from the standing position to the sitting position, the internal pressure in the intervertebral disc nucleus increases by approximately 35%, and all structures, such as ligaments, small joints and nerves, that remain in the back are stretched (CARVALHO, LESSA, 2014). 

The sitting posture over a long period tends to reduce circulation to the lower limbs, which causes edema in the feet and ankles and the lower limb in general, in addition to back problems and discomforts of the neck and upper limbs (CARVALHO, LESSA, 2014). 

The modeling massage is a technique that uses rapid and intense movements on the skin, thus bringing various benefits to the body, such as oxygenation of tissues, breakage of the fat chair and improvement of muscle tone, in addition, modeling massage generates also local hyperemia due to stimulation of the blood circulation (KOSZELA, 2015).

Bringing enhancements to the skin and body contour, modeling massage stimulates visceral functions, decreases anxiety and stress. The similar maneuvers of classical aesthetic massage have centripetal sense, constant rhythm, approximately 5 seconds of frequency for each maneuver and moderate intensity and pressure (LION et al., 2017).

The maneuvers cause a thermogenic, detoxifying, enzymatic, lipolytic, orthomolecular, reorganizing, vasodilating and lymphokinetic effect; venous return and microcirculation also improve; there is a significant increase in ATP production; the transport of amino acids, production of proteins increasing muscle toning, circulation of vascular plexuses with increased uptake of local oxygen, are increased. The procedure promotes cell regeneration and helps in the normalization of metabolism (LEO et al., 2017).

The human body has systems that act together to ensure its functioning, one of these systems is the lymphatic system and to ensure its balance and optimize its functions, it is possible to use manual techniques, such as manual lymphatic drainage (DLM) (GODOY, GODOY, 2016).

In 1930, the Danish physiotherapist Emil Vodder observed that by gently manipulating and massaging the lymph nodes of people with flu and sinusitis, the overall health of these patients improved considerably (GODOY, GODOY, 2016).

From these observations Vodder created the technique of drainage used by him, which in the year 1936 was announced at an exhibition in Paris. In 1977, Albert and Oliver Leduc, physiotherapists, improved and adapted the Vodder method and according to Leduc the DLM aims to eliminate excess liquids, maintaining the fluid homeostasis of the cellular interstice and is characterized as a complex, applied technique with a series of specific maneuvers (BATISTA et al., 2017).

DLM maneuvers are indicated for muscle relaxation, improved circulation and improved appearance of hypertrophic scars, proving that lymphatic drainage is an efficient technique. From these studies, it is noted that DLM is performed through smooth, rhythmic maneuvers that obey the path of the superficial lymphatic system, has a function of balancing and removing body fluids, activation of the immune system and mainly, reduction of edema and lymphedema, and may increase the amount of fluid to be filtered and increase diuresis (BATISTA et al., 2017). As explained, the lymphatic system is responsible for the balance of body fluids and the kidney is responsible for maintaining the volume of the extracellular fluid. In patients under normal conditions, no glucose is observed in the urine. In patients with diabetes, LDL accelerates the renewal of extracellular fluids, facilitates the transport of metabolic waste to the organs of excretion, and stimulates the passage of nutrients (FREZ et al., 2012).

It is believed that DLM increases the filtration capacity of the lymphatic tubules, stimulating a greater passage of nutrients from the blood to the tissues and also a greater elimination of residues and excess glucose present in diabetics through the urinary system (FREZ et al., 2012).

METHODS

This is an experimental, quantitative and qualitative study. The research was carried out at the Anhembi Morumbi-Campus Mooca-SP-São Paulo-SP, which was authorized by the ethics committee, the TCLE. An imaging term was used for all volunteers (Annex II). Data were collected through the period of September 2018, in the morning shift, twice a week for two weeks.

The population consisted of women, who agreed to participate in the study for purposes of comparison between the reaction of their body to each of the techniques. The modeling massage technique was performed for two days in a period of one week. After a three-day break, so that there was no interference from one technique to another, we performed the manual lymphatic drainage technique on the same volunteer again in two days in a one-week period.

Inclusion criteria were: female volunteers aged between 25 and 45 years of age who work in a seated position for a period equal to or greater than four hours per day. The exclusion criteria were: pregnant women volunteers, with neoplasms and uncompensated blood pressure.

At the beginning and at the end of the treatment the perimeter was performed with tape measure of the region to be treated, in the case of lower limbs always with the same standardization. Standardizing measures is fundamental, as it will interfere in the results obtained as well as in the perception of the results achieved.

It was used as a measurement reference of: Proximal thigh, below the gluteal fold. Medial thigh at the midpoint between the inguinal line and the proximal border of the patella. Distal thigh, near the femoral epicondyles. Knee, at the middle level of the patella (CUOCHINSKI, 2013).

A total of 4 treatment sessions were performed in each of the volunteers, 2 of modeling massage and 2 of lymphatic drainage, by techniques with the same university standard. Leduc technique. The product used for both techniques was the sliding massage cream of the brand Natural Water Pimenta Negra. Following the equipment kindly made available by the company Terra Azul Technology, available on the website www.terrazul.com.br: BODY MAP and PHYSICAL TEST 8.0 made available by Terra Azul Technologies.

RESULTS and DISCUSSION

The results were computed from the MMII measurements of 4 volunteers and presented by the BODY MAP and PHYSICAL TEST 8.0 evaluation system provided by Terra Azul Technologies.

According to the research, sedentarism is considered the disease of the millennium, this is due to the daily behavior of the population.
hhabits arising from the comforts of modern life. The sitting posture over a long period tends to reduce circulation to the lower limbs, which causes edema in the feet and ankles and the entire lower limb in general, in addition to back problems and neck discomforts of the lower limbs (CARVALHO, LESSA, 2014).

Based on the literature studied, massage directly influences our skin, having a local mechanical effect, this action is due to the direct action of the pressure exerted in this massaged segment (KOSZELA, 2015).

It is noted that the DLM is performed through smooth, rhythmic maneuvers and that obey the path of the superficial lymphatic system, has the function of balancing and removing body fluids, activation of the immune system and mainly, reduction of edema and lymphedema, increase the volume of fluids to be filtered and increase diuresis. (BATISTA et al., 2017)

Also based on the literature presented in the work, modeling massage is a technique that uses rapid and intense movements on the skin, thus bringing various benefits to the body, such as tissue oxygenation, fat chair break and tone improvement muscle, in addition, modeling massage also generates local hyperemia due to the stimulation of the blood circulation. (KOSZELA, 2015)

Analyzing the results of the volunteers individually, we will start with R.P, volunteer 1. The volunteer one lost a larger amount of total centimeters during the two lymphatic drainage sessions, maintaining their body mass equally in the first and last session. The volunteer two, C.T had better results when we analyzed the lymphatic drainage sessions when analyzing measures.

In the case of volunteer 3, TV the most satisfactory result in terms of measurements was obtained in the sessions of manual lymphatic drainage. Finally the number four volunteer, J.C, had results similar to the two techniques, increasing some measurements in specific places in the modeling massage but decreasing more with manual lymphatic drainage, such as in the upper thigh.

FINAL CONSIDERATIONS

A limitation was observed in the study, since each volunteer may have had different habits during the period of this study that may have altered the final result. All the volunteers obtained better results with manual lymphatic drainage technique in the reduction of skin limbs volume. We oriented more practices of both techniques modeling massage with a greater number of evaluated ones.

In the comparison between practice of Modeling Massage and Manual Lymphatic Drainage in LLL, no statistically significant differences were found. However, it is possible to find responses of an observed trend towards the mean decrease of MLD in (MID = -0.7%) and (MIE = 0.5).

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