

A digital illustration of a rainy scene. In the foreground, a dark wooden bench sits on a wet stone path. Behind the bench, there is a dense garden of various green plants. The background shows a dark, cloudy sky with rain falling heavily, creating a sense of atmosphere. The entire scene is framed by a dark, rustic wooden structure, possibly a gazebo or a covered walkway.

Lymphatic OMT Update 2025

Mary Goldman, D.O.

Disclaimer:

- I am not a certified Perrin Technique provider
- This information is mainly from The Perrin Technique, 2nd Edition, by Raymond Perrin D.O., PhD, copyright 2021, with comments about my experiences with the technique. I plan to train and certify
- The number of patients requiring this type of intervention is very much on the rise

Raymond Perrin D.O., PhD

- 3 books on Amazon: 2nd edition for physicians and medicine savvy patients, Concise Version for patients who need basic reading, and Long COVID version (which has a similar etiology)
- Published by Hammersmith Hear Books, 414 A Bloomsbury Square, London, WC1A 2RP, U.K.
- Osteopathic Physician from Manchester, U.K.
- Began treating chronic fatigue over 30 years ago and has done extensive research
- Seminars available now in U.S. (search Perrin Technique seminar),
- Find a practitioner at <https://theperrintechnique.com/find-a-practitioner-2/>

Purchased Feb 2025

THE PERRIN TECHNIQUE



How to diagnose and treat chronic
fatigue syndrome/ME and fibromyalgia
via the lymphatic drainage of the brain

DR RAYMOND PERRIN

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- The Function of this discussion is to acquaint physicians with information about how to improve disease states that have previously been difficult to treat.

- **Chronic Fatigue Syndrome**
- **ME = Myalgic Encephalitis or BRAIN FOG**
- **Chronic Pain Syndrome**
- **Fibromyalgia**
- **Long COVID**

- Information provided will allow the physician to understand basic concepts but will in no way replace the extensive advice provided by Dr. Raymond Perrin in his book, The PERRIN Technique, Second Edition.

Previously viewed

THE CONCISE PERRIN TECHNIQUE

A handbook for patients



DR RAYMOND PERRIN

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USING THE PERRIN TECHNIQUE



How the symptoms of Long-Covid can be
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A.T. Still

A.T. Still writes on
lymphatics:

- “By the action of the nerves of the lymphatics, a union of qualities necessary to produce gall, sugar, acids, alkalies, bone, muscle and softer parts, is brought about so that elements can be changed, suspended, collected, and associated and produce any chemical compound necessary to sustain animal life, wash out, salt, sweeten, and preserve the being from decay and death by chemical, electric, atmospheric, or climatic conditions... and it behooves us to handle them with wisdom and tenderness, for by and from them a withered limb, organ, or any division of the body receives what we call a “reconstruction,” or is builded anew.

--pp. 66-67, The Philosophy and Mechanical Principles of Osteopathy (Forgotten Books)

Dr. Still understood...



We strike at the
source of life and
death when we go to
the lymphatics.”

--p. 68, The
Philosophy and
Mechanical
Principles of
Osteopathy, A.T. Still
(Forgotten Books),
published in 1902

Why Perrin Technique will be in increasing demand: increasing toxin exposure

Case Study: Jen's Story about her ME (myalgic encephalitis, which is brain fog)

I became ill when I was 12 and was forced to drop out of school. By 15, I had spent four months in hospital, and when I was released, it was because the doctors could do nothing else for me. I was unable to eat, speak, or move. I was completely bedbound, tube-fed, isolated, and in constant pain. My paediatrician had very little hope that I would ever recover and said that I was the sickest patient on his caseload. My future looked bleak.

My best friend, who also had ME, recommended Dr. Perrin's treatment after she had recovered under his care. I was almost 18 at the time and had spent three years in bed, so we were desperate for any kind of treatment. Prior to Dr. Perrin's treatment, I had been recovering, but progress was glacially slow. I was able to speak, eat and drink when I met him, but I was still bedbound, unable to turn myself over in bed, and taking a cocktail of medication, some of which were to counter the side effects of other medications to deal with pain and nausea.

Everything that he explained when he came made sense. I fitted all of the risk factors of people likely to get ME and all of the physical indicators. He was able to explain my symptoms before I told him them: right down to why I had stretch marks on my legs (which he hadn't seen). It was refreshing to listen to someone who understood my illness, believed in it, and knew how to treat it.

The treatment itself started off as somewhat scary. After my first treatment, my brother came to see me and said that I looked spaced. I was. All of a sudden, brain fog was worse than ever all over again, and I was slipping back to where I had been when I was at my worst. If my friend hadn't done the same treatment and come out of the other side, I would never have continued with it. I had muscle spasms, experienced every illness I'd ever had in reverse order, and I was back to not being able to speak. It was awful to lose what I had so painstakingly gained little by little over several years.

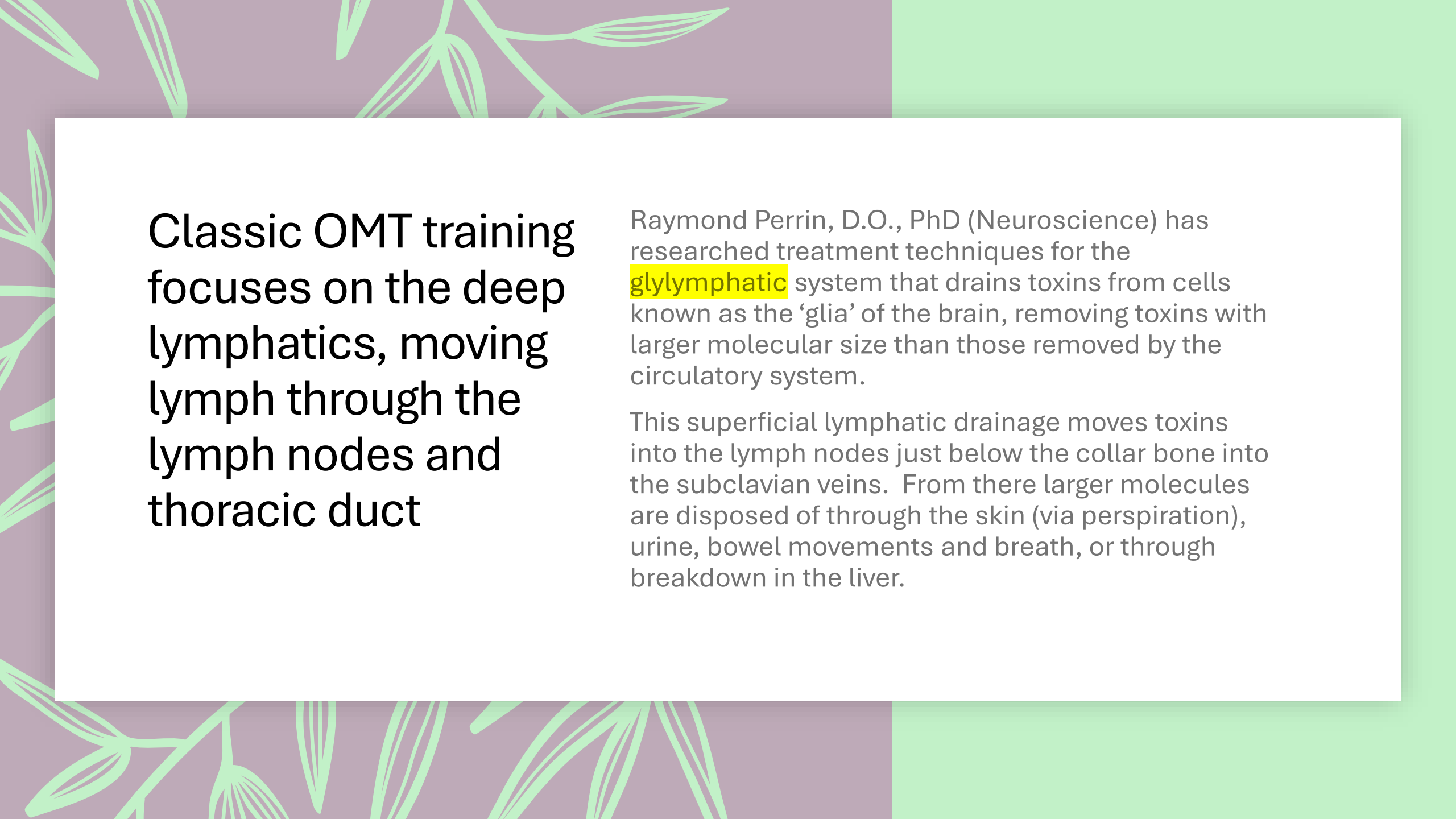
- But then, after about a month, I started getting better. Not at the previous glacial pace, but quickly. On my 18th birthday, just nine months after starting the treatment, and after over three years of being bedbound, I took my first steps. I was no longer taking medication for pain, and I was going from strength to strength.
- I've never looked back since starting the treatment. My improvement was constant and now, although I might have to be careful not to overdo it, nobody would ever guess I had been so ill. I would recommend this treatment to anyone with ME.

Points from this case:

- Disease of the lymphatics in the head are LIFELONG and require continued care and rest (care may be self care when stable)
- Feeling worse is a good sign early in the treatment (commonly occurring on the second day after treatment) – it signals the release of neurotoxins from the head
- People think that chronic fatigue and chronic pain patients are lazy, but in truth, most are very diligent people who do not get enough rest
- **Limiting exercise to half of what you think you can do on any given day is a lifelong directive!!! This includes limiting TV watching or reading limited to half of what you think you can do without getting sick**

Important points:

- Physicians will need to treat patients for chronic conditions using well researched methods in the future (or refer to a competent provider), because the toxicity of our environment is increasing
- Physicians can have certified Perrin Technique non-physician employees perform the well researched protocol, but an Osteopathic Physician is capable of providing OMT at a level above most other professionals
- If you wish to do a cash practice even after retiring from your specialty, limiting to OMT, it is likely that you will do well as this patient population is increasing in size



Classic OMT training focuses on the deep lymphatics, moving lymph through the lymph nodes and thoracic duct

Raymond Perrin, D.O., PhD (Neuroscience) has researched treatment techniques for the glymphatic system that drains toxins from cells known as the 'glia' of the brain, removing toxins with larger molecular size than those removed by the circulatory system.

This superficial lymphatic drainage moves toxins into the lymph nodes just below the collar bone into the subclavian veins. From there larger molecules are disposed of through the skin (via perspiration), urine, bowel movements and breath, or through breakdown in the liver.

Why this drainage of the brain is important:

- The thoracic duct pumping mechanism is controlled by the sympathetic nervous system, which when disturbed may pump lymph in the wrong direction.
- Anxiety is common in lymphatic back up

Stressors to the SNS that may affect the lymphatic drainage, even after years of malfunction:

- Postural strain
- Old injury
- Emotional stress (good or bad)
- Pollution: air/water/chemicals (including processed foods or other toxins in foods or environment),
- Temperature , blood pressure
- Disease/infection
- Allergy
- Poor sleep

What Goes Wrong with CSF Lymphatic system:

- CSF drains toxins through paravascular spaces next to blood vessels → enters into perivascular spaces (Virchow-Robin spaces) within the arterial walls → drain into cranial perforations → true lymphatic vessels in the outer layer of the meninges → thoracic duct and right lymphatic duct → blood → liver breakdown
- LARGEST amount of drainage is through the cribriform plate → lymphatic vessels in the tissue around the nasal sinuses (olfactory nerve) plus drain to channels next to blood vessels to other cranial nerves, esp. optic, auditory, and trigeminal nerves

Cribriform Plate Perforations



Stressors affect SNS limbic system

- The **hypothalamus** allows large molecules (such as hormones) to cross the blood brain barrier in order to be able to regulate the function of all endocrine glands. However, other large molecules can also cross at this junction. Note that neurotoxic substances in the blood stream can enter at this junction.
- Aging and disease states are the most common cause of weakened defense against neurotoxins, increasing further gaps in the Blood Brain Barrier. Proinflammatory cells then enter the brain more easily. “Jan 6, 2025—The findings indicated that about 15 million people, or 4.6% of the U.S. population, were diagnosed with at least one autoimmune disease ...”

CNS defense to toxins

1. CSF drains toxins along **paravascular** spaces (minute gaps next to blood vessels), which then drain into **perivascular** spaces, called Virchow-Robin spaces, within arterial walls. The lymph is then drained through perforations in the skull, as well as into true lymphatic vessels in the outer layer of meninges.
2. The largest drainage occurs through the cribriform plate located above the nose. The drainage goes into the lymphatic vessels in the nasal sinuses and also down channels next to cranial nerves: optic, auditory and trigeminal nerves, and also down the spinal cord to pockets of lymphatic vessels alongside of the spine.

SNS controls the central lymphatic vessels, as predicted by Dr. Still

More toxins backflow
into the tissues and
brain

More SNS dysfunction
occurs

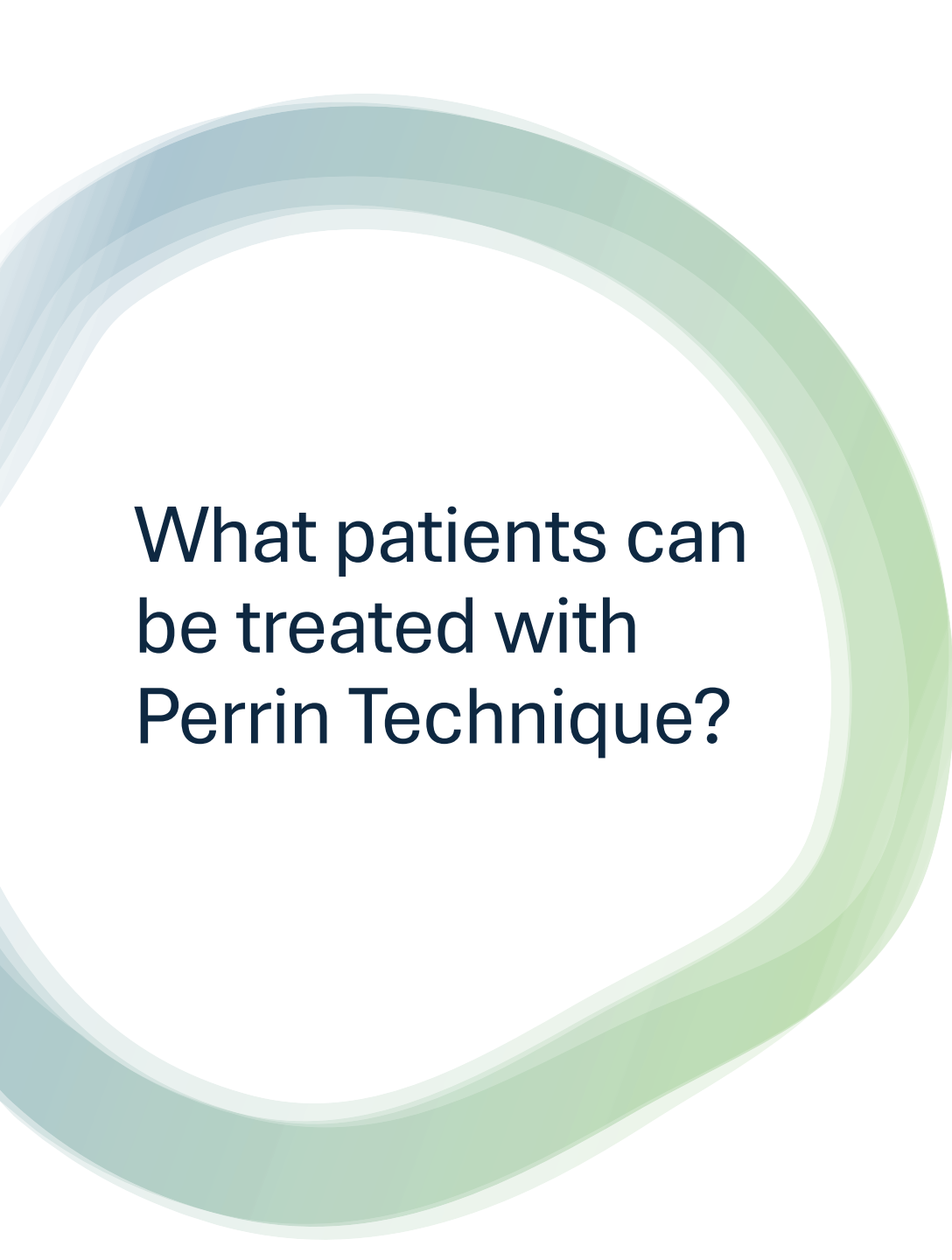
Retrograde lymphatic
flow increases

CNS (hypothalamic)
toxicity increases

Myalgic Encephalopathy
("ME") [better known to
us as Brain Fog]

- and Chronic Fatigue
Syndrome (CFS) occur

The cycle continues
from the top.



What patients can be treated with Perrin Technique?

- Myalgic Encephalopathy (ME) or Brain Fog
- Chronic Fatigue Syndrome (CFS), even if bedridden for years
- Combined ME and CFS (defined by post-exertion malaise)
- Chronic Pain Syndrome
- Fibromyalgia Syndrome (main feature is pain in all four quadrants of the body)
- Long COVID
- Other syndromes/disease states under study

Most neuro-lymphatic drainage occurs during restorative delta-wave deep sleep

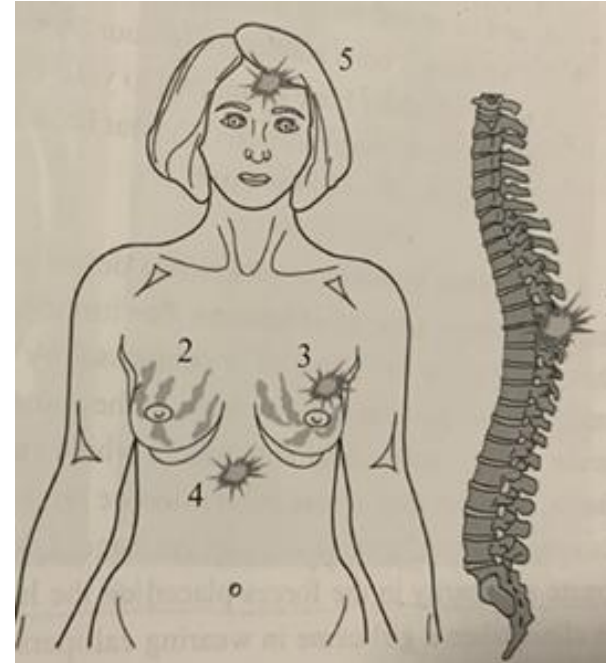
- ME and CFS patients have most of their delta waves during the day and it is not restorative, and daytime delta waves also make them feel ill. Delta waves occur during Stage 3 of sleep, with very slow delta-waves interspersed with smaller, faster waves.
- Side-lying helps neuro-lymphatic drainage (left side believed better due to more venous return to the heart and reduced gastric reflux and heartburn)

Tingling/non-dermatomal pain/burning/trickling (like running water just below the skin) /itching/creeping

- Come from Ephases, a cross fibre stimulation of parallel nerves, back and forth between a Sympathetic nerve and a sensory nerve
- Often occur where the bottom of sympathetic chains leave the spinal cord (lumbar region at about the waistline)
- Sustained muscular contraction may occur when internal organs are excited (“referred pain”)

Observed Physical Signs of ME/CFS

1. Longstanding thoracic spinal problems (often with flatness, redness, heat or pain in mid thoracic spine)
2. Varicose lymphatics
3. Perrin's Point
4. Coeliac plexus (solar plexus) tenderness
5. Abnormal cranio-rhythm (cranial rhythmic impulse)



Perrin's Point is an ephapses, a place where impulses cross over from the SNS to somatic sensory nerves and visa versa, located roughly 2 cm superior and lateral to the left nipple

All ME/CFS patients are different, just as the causes of ME/CFS are numerous

- Dr. Perrin summarizes commonly helpful supplements/advice, but states that patients are approached differently as responses vary
- Recommendations in general:
 - Drink around 2 liters of water a day
 - Avoid alcohol completely
 - Reduce stimulants completely (e.g. caffeine)
 - Reduce milk (dairy) products
 - Reduce yeast, and sugar (as it feeds yeast)
 - Eat regular meals with as many plant-based foods as possible and as much variety as possible
 - Occasionally “cheat” with a little treat so that the enzymes that break down foods being avoided are occasionally produced – but not if you are allergic!



Varicose
megalymphatics
(Right
subclavicular
area)

Lack bluish hue of
varicose veins

Every patient is different!!

Different neurotoxins!

Different heredity

Different age and sex

Different sleep schedule

Different exposures...

SO, WHILE most commonly effective treatments are listed in the book, do not continue to prescribe a recommended supplement for someone who has not done well on that supplement.





Need to avoid:

- All alcoholic ingestion (extra strain on liver)
- Sugars (which increase production of yeast, so keep consumption low)
- Keep gluten and milk consumption low (large molecules) in ME (myalgic encephalopathy), fibromyalgia and chronic fatigue syndrome
- Processed foods

Exercise

Avoid graded activity, which is the gentle increasing of activity to counterbalance physical de-conditioning

Avoid exercise that worsens symptoms, including fatigue

Malaise from exercise may occur as much as three days later

Early treatment effects of fatigue and malaise often signal faster clearing of neurotoxins and often occur two to three days later.

Use PACING: Do half the activity that you feel you can cope with, whether the activity is walking, talking, or watching TV

“PACING”

Self-care is taught on the
internet and speeds up
recovery greatly!
[theperrintechnique.com/
self-help-guide/](http://theperrintechnique.com/self-help-guide/)



OMT approach, my notes:

- The ten steps of the Perrin Technique:
 1. Effleurage to aid drainage in the breast tissue lymphatics
 2. Effleurage to aid drainage in the cervical lymphatic vessels
 3. Gentle articulation of the thoracic region and soft tissue with upward effleurage
 4. Effleurage to aid drainage in the cervical lymphatic vessels
 5. Soft tissue massage to relax muscles and encourage lymph drainage of the cervicothoracic region
 6. Further cervical effleurage towards the subclavian region
 7. Functional and inhibition techniques to the suboccipital region
 8. Further cervical effleurage towards the subclavian region
 9. Stimulation of the cranio-sacral rhythm by cranial and sacral techniques
 10. Final cervical effleurage towards the subclavian region

General tips: Be Gentle!

- Always move fluid towards the center of the manubrium in front and the first thoracic vertebra in back – most Osteopaths have been taught to drain cervical lymph with soft tissue upwards, so be careful to move lymph in the neck downwards when treating the glymphatic system of the head. Do not drain into nodes in axillae.
- Be very gentle in fibromyalgia and post-traumatic patients, but note that rhythmic and gentle stroking with back of bent fingers is preferred in all patients
- Use Sweet Almond Oil or Coconut Oil that is refined for massage, or perhaps a water-based lubricant (not as effective), but avoid additives.
- Support the head level with table and pillow between knees when patient is lying on side
- Massage periscapular and paravertebral muscles upwards while stretching ribs holding arm with one hand as massage rib angles, then pull arm upwards to stretch diaphragm and thorax, then massage up spine with cupped ulnar side of hand
- Neck massage ends with slow rhythmic kneading across the border of the SCM using plenty of oil
- Functional technique to suboccipital region involves locating restrictions of the spine during subtle thoracic spine motion and holding the back at the point of restriction until tension releases.



Thank you for attending!

- Please refer to The Perrin Technique, 2nd edition for a much more comprehensive coverage of this subject, as well as an extensive listing of research backing the techniques used. Discussion of supplements commonly helpful in these disease states is included also, but remember, each patient is different, so if it is not working, stop it.