

Indian Milking: an on-going debate

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In 2003 there was an article in the Connections newsletter advising members that it is best to avoid Indian Milking stroke. The article referred to some information, from more than one source, about the Indian Government 'banning' Indian Milking, as there was 'evidence that it caused premature varicose veins'. We tried very hard, at the time, to ascertain whether there was any truth in this, but to no avail; because most complementary and alternative therapies, including established massage therapy practice, are traditional and the 'evidence' is of an anecdotal nature, rather than based on concrete research findings (Harlen & William, 2001). However, we decided that this matter required deeper thought, so carefully considered the anatomy and physiology of the circulatory system. We decided that as Indian Milking asserted pressure in a downwards direction, working against venous flow and could potentially negatively impact on the valves of the veins, it was necessary to err on the side of caution and advocate against it.

At the time, there was little reproach or argument about our decision. However, this matter seems to have been reawakened recently and we have been asked to explain our policy in recent months. Many training providers and individuals who teach Indian Milking to parents are now trying to defend their position. The main arguments that have been put forward are based on:

1. It has been used for centuries.....
2. There does not appear to be any research to substantiate the fact that it causes premature varicose veins
3. It can help reduce 'physiological flexion'
4. A baby's circulatory system is not fully developed at birth and (because of physiological flexion) the extremities of the baby's body remain the coldest

I would like to address each of these arguments in turn:

1. Just because a practice has been commonplace for a long time, does not mean it is necessarily alright. Consider other practices that have been flipped 180 degrees because such practices were questioned and found wanting. For example, how many years was it common practice to put a baby to sleep on its front before the 'back to sleep' campaign commenced?
2. There does not appear to be any research based evidence to support the hypothesis that Indian Milking causes premature varicose veins (though Bedi (2009) states that 40% of women and 20% of men suffer with varicose veins in India), but – where did the idea come from and where is the research to say that it does not cause any form of valve incompetence, which could lead to venous reflux and subsequently the potential of venous hypertension?

What do we do as infant massage teachers? We encourage regular massage, over a sustained period of time. Whatever form of massage we are teaching, we ask the parents to continue with this practice until their baby is at least crawling, longer if they will allow. Surely, in light of the fact that (as quoted above) 'a baby's circulatory system is not fully

developed at birth', we must continue to err on the side of caution. Because '*the prime and central biomechanical factor of CVD is elevated venous pressure*' (Pascarella, 2007), we must be take heed so that we will not be encouraging a practice that may potentially create vein wall dilation, which could lead to valve leaflet failure and ultimately cause mechanical injury to the valve.

3. If a baby is free to move about, work their way through the developmental milestones, experience a range of movements (up, down, side-to-side etc) from being carried in their parents arms and, quite importantly, have to opportunity for 'tummy time' during their waking hours, they will have every chance to naturally reduce 'physiological flexion'.

For a healthy, full-term baby, 'Physiological extension' naturally occurs head down (Goddard-Blythe, 2005; Bainbridge-Cohen et al, 2008). A baby gains control of their head and is able to lift it upright, then they begin to strengthen their arms; and tummy time gives them the opportunity to push up on their elbows. They gain strength in their spine in a downwards direction as their arms become stronger, allowing them to push up, lifting their chest from the floor (Goddard-Blythe, 2005). As they have the opportunity to roll, their shoulders become stable and their hips extended. By six months old they are fully extended.

4. There is a general benefit for the circulatory system when massage is received regularly, as it encourages blood flow to the peripheries. We do not need to 'drag' it there with Indian Milking.

It is always important to make sure a room is warm enough for babies to be undressed during a massage session and that this information is passed on to parents. If a room is warm enough, a baby's peripheries will not suffer as a consequence of the massage. If the room is too cold, undressing a baby for massage would be inappropriate, regardless of the strokes applied.

As a final note, to highlight my argument, that caution is best when there is no research based evidence to support or refute an argument, I would like to take essential oils as an example. For some years we at the GICM advocated that it was unwise to use essential oils in an infant massage oil. There was **no** research to say that it did harm, but as we pointed out, there was no research to say that it was safe either. But more lately, as you may be aware, the Henley and Karach (2007) scientific study clearly indicated that there is the potential of endocrine disruption if lavender or tea tree oils are used on a regular bases, over a sustained period of time. Therefore, I would strongly advise all infant massage teachers to avoid this stroke, until there is clear evidence to support the use of Indian Milking.

References

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