AMINO ACID HONEY BUNS

THERE IS STILL SOMETHING YOU CAN DO

A simple, evidence-informed guide to movement, food, conservative care, and hope rooted in Christ

Care, agency, and hope still have a place here.

Research reviewed through September 8, 2026 | Version 4.0

Sources are linked and clickable in the Study Links section.

Inside This Guide

> This guide offers a clear look at current research, what it may mean in real life, and where you still have choices. It holds practical options and honest limits together.

Start Here

You may have heard somebody say that diet and exercise "do not work" for lipedema. That sentence can leave a woman feeling powerless unless she can afford surgery or specialized treatment. I want to clear something up right away: useful care can improve real parts of life even while lipedema remains.

Lipedema is complicated, and researchers are still learning what causes it, why it affects women differently, and which treatments help which symptoms. No diet or exercise plan has been shown to cure lipedema, and some parts of the condition can be stubborn. Your strength, pain, mobility, fitness, swelling, body composition, and quality of life may still improve.

Current international guidance includes nutrition, exercise, compression, and other individualized strategies as part of conservative care. It also recognizes that each woman may need a different plan. [1] That gives us several honest places to begin.

My favorite question: Works for what?

Imagine asking whether glasses work. The answer depends on the job. Glasses may help you see, while a broken ankle needs a different tool. Naming the job gives us a fair way to judge whether a form of care is useful.

Lipedema care works the same way. If someone asks whether exercise "works," do they mean cures lipedema? Builds strength? Helps walking? Reduces pain? Improves fitness? Helps quality of life? Those are different questions, and they can have different answers.

A 2025 review found six exercise studies involving 115 women with lipedema. Exercise appeared to help pain and other symptoms, physical function, quality of life, and some limb measurements. [3] Nutrition research tells a similar story: real changes have been measured in real women. [5-9]

Hope with a name

Practical hope matters. Research can give us options, and useful tools can make daily life better. My deepest hope rests in Christ. My life has dignity today, and God is present with me today. Lipedema can bring real grief. God receives that grief and every unpolished response. I can ask for healing, pursue care, and trust Him in the unfinished middle.

> The science is still growing. Useful care can begin today.

Movement & Strength

If you have been told exercise "does not work" for lipedema, go back to my favorite question: works for what? Exercise can serve many valuable purposes beyond curing a disease.

The best recent review of exercise research found promising improvements in pain, function, quality of life, and some limb measurements. [3] A newer randomized study placed 22 women into an exercise group or a control group. The exercise group did supervised aerobic and strengthening work twice a week for six weeks and improved in pain, walking capacity, muscle strength, endurance, and lower-body function. The changes are worth paying attention to. [4]

Current international and German guidance both include movement and exercise as part of conservative lipedema care. [1,2] The research gives us a useful message: movement can matter, and we still have more to learn about how much, what kind, and for whom.

Stronger still counts

One of the easiest traps is believing exercise only counts if it changes the shape of your legs. That is an incredibly small definition of success. If you can stand up from a chair more easily, walk farther, carry groceries with less effort, climb stairs more comfortably, lift more weight, or simply feel more capable in your body, that counts. If you build muscle underneath tissue that does not visually change as much as you hoped, the muscle still exists.

I care about aesthetics too, and I still want my body to look different. I also want a wider scoreboard with room for strength, capability, consistency, and the life I can live in this body.

Strength as stewardship

Strength gives me more ways to live, serve, carry, work, play, and participate. God has already established my worth. Training becomes one way I care for what He entrusted to me, with room for adaptation, rest, and gradual progress.

Start where your body is today

There is no proven "perfect lipedema workout." For one woman, movement may begin with a short walk. For another, it may be seated movement, water exercise, a resistance band, bodyweight work, or light weights. Someone else may already be lifting heavy in a gym. Those women are not competing with one another.

Start where your body is today and build gradually from there. Another woman's Instagram starting point has no authority over yours. Comfort, recovery, and appropriate challenge all matter. Progress can be slow, steady, and boring. Boring is underrated.

Food & Nutrition

Food is one of the easiest places to get completely lost when you start reading about lipedema. One person says carbohydrates are the problem. Someone else says dairy is inflammatory. Another person has a list of foods that activate mast cells. Before long, you are standing in your kitchen wondering whether a tomato has declared war on your thighs.

The research is much less dramatic. Scientists have not found one diet that every woman with lipedema needs to follow. A 2025 systematic review found nine dietary studies involving 269 women. Weight and body-fat reductions were common, and some studies reported improvements in pain or quality of life, but the studies were generally small and used different approaches. [6]

Food still matters. A useful next question is what you want it to support: energy, weight management when needed, metabolic health, pain, food cravings, or simply feeling better day to day.

Low-carb has real research behind it

A 2024 randomized trial studied 70 women who had both lipedema and obesity. Everyone ate a calorie-reduced diet for eight weeks. Half ate lower carbohydrate, while the other half followed a comparison diet. The lower-carb group lost more weight and had a larger improvement in current pain. Both groups improved in several quality-of-life areas. [5]

The useful takeaway is specific: changing nutrition produced measurable improvements in this group of women, and lower-carb deserves more study. Individual needs and responses still guide personal decisions.

Researchers later looked at inflammation and fibrosis-related blood markers from the same trial. Some inflammatory markers improved within the low-carb group, but the researchers did not find a clear link between those changes and the improvement in pain. [10] Sometimes something helps before science can explain exactly why it helped. We do not need to invent the missing mechanism.

Can lower-body fat change?

Women with lipedema have often been told that lower-body fat simply cannot respond to weight loss. Newer human research is challenging how absolute that statement should be.

In a 2025 study, women with obesity and lipedema lost about 9% of their body weight through diet. Imaging showed fat loss from their legs and thighs as well as their abdominal area. Their characteristic lower-body fat distribution did not disappear, and the inflammation and fibrosis markers researchers measured did not improve. [7]

Then a 2026 case report followed one woman with lipedema whose BMI began in the normal range. After about 11% diet-induced weight loss, imaging again showed reductions in lower-body fat as well as upper-body fat. [8] One woman cannot tell us what will happen in every other woman, but the finding matters because it challenges the idea that affected lower-body fat is literally unable to change.

Think of a stubborn jar lid. It may be harder to open. That is different from being impossible to open. And opening one jar does not tell us how stubborn every other jar will be.

Your goal can be your own

Lipedema and obesity are not the same thing. A woman can have lipedema at a higher weight, a moderate weight, or a low weight. If excess body fat is affecting someone's health, weight management may be useful. But

a woman who is already lean may have completely different goals: maintaining enough nutrition, building muscle, managing symptoms, or becoming stronger without becoming smaller.

Women with lipedema deserve goals shaped by their own health, nourishment, symptoms, strength, and circumstances. Weight loss may serve some women, while maintenance or muscle growth may serve others.

What about mast cells, histamine, and food?

This claim shows up often enough online that it is worth understanding without turning it into another thing to fear. Mast cells are immune cells that can release histamine. A 2023 pilot study found higher histamine and related compounds in lipedema tissue than in control tissue, which is one reason researchers are interested in whether mast-cell activity may play a role in lipedema. [11]

What the study did **not** do was test food. It did not show that eating certain foods activated mast cells in lipedema tissue or caused fibrosis. Reviews of low-histamine diets also show that many foods labeled online as "histamine liberators" do not have strong human evidence behind that label. [12]

So if a food clearly and repeatedly makes *you* feel worse, that is useful information about your own body. You can pay attention to patterns without turning a theory into a universal rule. You do not need to panic-delete half your grocery list because an authoritative-looking graphic told you strawberries are plotting against you.

My experience with food

I eat a carnivore, very-low-carbohydrate diet. In my experience, changing the way I eat has made a major difference in the pain and swelling I associate with my lipedema. It has also helped me manage sugar cravings and food patterns that were difficult for me.

That is my experience. Research on lipedema includes lower-carbohydrate diets, but it has not tested carnivore as a lipedema treatment. I also cannot look at my legs and label exactly how much of a change came from ordinary body-fat loss, fluid, swelling, muscle, lipedema-associated tissue, or some mixture of all of them.

What I can say is simple: changing my food has helped me. I can share that experience honestly while leaving room for another woman to learn from her own body and circumstances.

Food, freedom, and faith

I want my food choices to support my health and remain in their proper place. Romans 14 calls believers to humility around food and leaves room for different convictions. Carnivore has served me well. Another woman can honor God faithfully through different choices. Curiosity, gratitude, and honesty belong at the table.

Compression & Conservative Care

It is easy to discover lipedema and suddenly feel like you need seventeen garments, three machines, weekly appointments, and possibly a small medical spa in your spare bedroom. You do not.

Current guidance supports individualized conservative care. That can include movement, nutrition, compression, and other physical therapies depending on a woman's symptoms and needs. [1,2,13] The goal is to identify the tools that genuinely help you.

Compression

Compression is one of the better-established conservative tools for lipedema symptoms. The 2024 German guideline strongly recommends it for reducing pain and other subjective symptoms. It is not meant to squeeze lipedema fat out of your legs. [2]

Think of compression like supportive shoes. Good shoes can make walking much more comfortable. Compression can also perform a valuable supportive job without changing the underlying tissue.

Lymphatic drainage, massage, and dry brushing

Manual lymphatic drainage is a gentle massage technique used in lymphedema care, and it also appears in lipedema guidance, usually as part of a broader plan. [1,13] Regular massage may also help some people with comfort or muscle tension.

Dry brushing gets mentioned often in lymphatic and wellness communities. It has not been well studied as a lipedema treatment, so I would treat it as an optional self-care practice rather than another requirement to add to your life.

What has helped me

This is simply the little group of things I have tried, kept, and found helpful in my own body.

Compression: I regularly use compression and notice a difference in how my legs feel. It is one of the simplest tools I keep coming back to.

Gentle walking: Walking helps me. I walk because my body feels better when I move and because walking supports the strength and fitness I care about.

Vibration plate: I use a vibration plate and find it helpful as part of my routine. Interestingly, the 2024 German guideline says a vibration plate may be used with the goal of increasing the pressure-pain threshold. [2] It remains an optional tool, and I enjoyed learning that my weird little platform has some company in the guidance.

Red-light therapy mat: I use my red-light mat because I like how I feel when I use it. Research specific to lipedema is extremely early; a 2025 study involved only three women and looked at short-term tissue changes. [17] I keep this in the "helps me, interesting research, stay curious" category.

Compression boots: I also use compression boots and like how my legs feel afterward. I am sharing my routine in case anyone is interested in what I use, not because I think you need to order what I own.

I have not personally tried manual lymphatic drainage or regular lymphatic massage yet, though I may experiment with some of those things in the future.

Choose the tools that serve you

One woman may love compression. Another may struggle to tolerate it. One may have access to a trained therapist. Someone else may have a pair of walking shoes and exactly zero dollars available for anything else. Those women are not competing with each other.

If something helps you, that matters. When a tool adds no value, you are free to set it aside even when another woman swears by it. A focused conservative-care plan can remain simple.

When Expensive Care Is Out of Reach

It is easy to learn about lipedema and come away believing the "real" treatments are the expensive ones: specialists, custom garments, repeated therapy visits, surgical consultations, and lipedema reduction surgery.

Some of those options can be genuinely helpful. Surgery in particular has a growing evidence base showing improvements in pain, swelling, mobility, and quality of life for many women, although much of the research is observational rather than large randomized trials. [16]

Access is a separate problem. U.S. and European studies describe long delays, treatment gaps, difficulty finding knowledgeable care, and heavy reliance on self-care. [14,15] If that is your situation, the options available today still deserve to be seen and used.

Your dignity is already secure

Every woman carries God-given dignity. That remains true with or without surgery, custom garments, specialists, equipment, or a perfectly informed care plan. Access changes the options in front of you. It has no power to reduce your worth.

Best option and only option are different things

Imagine the best way to repair a leaking roof is to hire a roofer. That may be completely true. If the roofer is out of reach today, a bucket can still protect your couch. A smaller tool can do meaningful work while the larger need remains.

Chronic-condition care can work the same way. Exercise may improve function. Compression may improve comfort. Nutrition may support health or symptoms. Each tool can perform a meaningful job while the larger condition remains.

You do not need to buy the entire internet

Once you start researching a chronic condition, the internet becomes remarkably efficient at informing you that you urgently need products you had never heard of twenty minutes ago. There is always another device, supplement, garment, course, protocol, or person who has apparently discovered the one missing thing your body forgot to order from Amazon.

Some tools may be useful now or later. Price provides no proof of value. Care can begin with the resources already available to you.

If surgery is something you want later, you can pursue it later. If you never want surgery, that is a different choice. Good information should help you understand your options; it should not bully every woman into the same one.

What Can I Do Today?

After reading about lipedema for a while, an entire treatment plan can feel urgent. Start smaller by choosing one useful place to begin.

1. Pick the problem you actually want to improve

What is bothering you most right now? Pain? Heaviness? Weakness? Walking? Swelling? Food feeling chaotic? Fear about the future? **Pick one or two things that matter to *your* life.** Different problems may need different tools.

2. Move in a way you can handle

If a gentle walk feels good, walk. If you are not ready for a long walk, make it shorter. If walking is difficult, movement can look different: seated movement, water exercise, resistance work, or another option that fits your body. Tailored exercise is part of current lipedema guidance. [1]

3. Build strength when you can

Strength is useful even if your legs never become somebody else's legs. Start with what is appropriate for you and gradually ask your muscles to do a little more. Bodyweight work, bands, machines, and weights are all simply tools.

4. Make food simpler

Choose a way of eating that supports your health, gives you enough nutrition, fits your budget, and is realistic enough to keep doing. Science has found no single perfect lipedema diet. I personally recommend learning about carnivore because it has helped me so much.

5. Use the tools you already know help

If compression helps and you own it, use it. If walking helps, walk. If another safe tool has earned a place in your routine, great. You do not need to buy something new just because it showed up in your feed.

6. Keep a tiny record

Pick a few things that matter to you: pain, walking distance, strength, swelling, how your clothes fit, or how your legs feel at the end of the day. You do not need seventeen measurements and a lengthy spreadsheet. Tracking is simply a way to ask, "Is this helping me?" If nothing changes, that is information too. A result is not a grade.

7. Change things slowly enough to learn

When we change diet, supplements, compression, exercise, massage, and five other new products at the same time, we create an experiment with nineteen variables and no clue which one did what. When you can, change things slowly enough to notice patterns.

For today, choose one useful thing and then go live your life. Let that be enough research for one afternoon.

How to Read Lipedema Claims Online Without Losing Your Mind

You do not need a research degree to ask better questions about health claims. You just need a few good habits.

Ask: Which study?

"Studies show" is not a citation. If a claim sounds important enough to change how you eat, exercise, spend money, or think about your future, it is reasonable to ask where it came from. A calm voice, medical-looking graphics, or a giant following can make a claim sound impressive, but **confidence is not a citation.**

Ask: Who was actually studied?

Was the research done in women with lipedema? People with obesity? People with lymphedema? Healthy volunteers? Mice? Cells in a dish? Research from another group can give scientists clues, but it does not automatically prove the same thing happens in women with lipedema.

Ask: How many people?

One case report can show that something happened once. A small study can show a promising pattern. A randomized controlled trial can compare approaches more directly. A systematic review pulls several studies together and asks what the whole group of evidence says. None of those are useless; they simply answer questions with different levels of confidence.

Ask: What did the study actually measure?

Did researchers measure pain? Leg volume? Body fat? Strength? Quality of life? A blood marker? A gene? Something under a microscope? If a study measured a blood marker, it did not automatically prove that somebody's legs got better. If women reported less pain, that does not automatically tell us which biological pathway caused it.

A biological mechanism is a clue about **how** something might work. A clinical outcome tells us what actually happened to people. Those are related, but they are not the same thing.

Ask: Is somebody selling the answer?

Selling something does not automatically make a person wrong. The useful question is whether the evidence still holds up when you separate it from the sales pitch. You do not have to become suspicious of everybody. Just keep your brain switched on.

> Promising ideas earn curiosity and proportion. Much of lipedema research still lives in that middle ground.

My Story and What It Has Shown Me

I started changing my life because I wanted to get healthier, change my relationship with food, reduce symptoms, and become stronger. I was learning in real time, without a perfect lipedema protocol.

Since changing the way I eat, walking, strength training, and using the conservative tools that help me, I have seen meaningful changes in my own body. My pain, swelling, and inflammation are gone. My measurements and body composition have changed. I am stronger, more capable, and I can see more muscle definition than I could before. My efforts have not been pointless.

I still want my body to change more. I want to see more lipedema fat reduction and more muscle definition. I just do not want to hate it until it does. That has become a much bigger part of this journey than finding the perfect diet, the perfect body, or the perfect treatment.

My goal now is to become stronger. I want to stay curious, pay attention to what helps me, and tell the truth about the research while science continues answering unfinished questions.

Most of all, I want every woman who hears "there is no cure" to know she still has reasons and ways to care for herself.

Where Christ meets my story

I spent my first 30 years as one of Jehovah's Witnesses in a high-control religious environment. After leaving, I tried to reach God on my own terms for years. At the end of 2022, lonely and overwhelmed in a small Texas town, I walked into a church expecting very little. I was loved, heard the gospel clearly, and came to Christ.

This journey is one place God is teaching me stewardship after control. I still care how my body looks, and I still hope it changes. Christ meets me while the story is unfinished. I gave my life to Him once, and I am learning surrender every day.

Where the Science Is Still Open

Lipedema research is moving, but there are still big unanswered questions. Researchers do not yet know the full cause of lipedema, why symptoms vary so much between women, the best exercise dose for different people, the best dietary approach, exactly how much affected fat can change, or what role inflammation, mast cells, hormones, lymphatic changes, and connective tissue each play.

Uncertainty can feel frustrating. We can work faithfully with the evidence available today, welcome better evidence tomorrow, try reasonable things, notice what helps, and give every new theory the proportion it has earned.

Hope while the body groans

Romans 8 gives language for creation groaning while we wait for redemption. Christian hope reaches beyond what research can settle and what my body does next. It gives grief, care, patience, and expectation room to live together.

There Is Still Something You Can Do

Maybe you cannot afford the treatment you wish you could try. Maybe you are waiting for a specialist. Maybe your body has not changed the way you hoped. Maybe you are only beginning to figure out what lipedema means for you.

You are still allowed to care for yourself today. You can move, build strength in the ways available to you, make food choices that support your health, use simple tools that help your symptoms, learn how your own body responds, ask better questions when somebody makes a big claim, and seek more care when it becomes available to you.

Lipedema can be hard, and grief belongs in an honest life with God. Christ has already established my worth. Caring for my body has become an act of stewardship: receiving what God entrusted to me with tenderness while I am still becoming.

THERE IS STILL SOMETHING YOU CAN DO

Care. Agency. Hope in Christ.

A one-page companion to the evidence-informed lipedema guide

WHAT THE EVIDENCE SUPPORTS

Movement & strength

Reviews and a 2026 trial report promising changes in pain, function, strength, walking capacity, quality of life, and some limb measures. [3,4]

Food & nutrition

Nine dietary studies found common changes in weight or body fat; several also reported improvements in pain or quality of life. [5-10]

Conservative care

Guidance includes movement, nutrition, compression, and other individualized strategies as part of conservative care. [1,2,13]

Care when access is limited

Surgery has growing evidence. Conservative tools may still do useful work for pain, function, comfort, and daily life while access remains limited. [14-16]

A GROUNDED PLACE TO BEGIN

1. Pick the problem you want to improve
2. Move in a way you can handle
3. Build strength when you can
4. Make food simpler
5. Use the tools you already know help
6. Keep a tiny record
7. Change things slowly enough to learn

SCIENCE IS STILL LEARNING

- The full cause of lipedema
- The best movement dose for different women
- Which dietary approach serves whom
- How much affected tissue can change

YOUR EFFORTS MATTER.

Your body is worth caring for and stewarding.

Your deepest hope is held in Christ.

There is still something you can do today.

Study Links

These are the studies and guidelines used in this guide. Every source title below is clickable in the digital version. I also included a second "Open study" link under each title so you do not have to hunt for the URL.

#	CLICKABLE SOURCE
1	Lipedema World Alliance Delphi Consensus-Based Position Paper on the Definition and Management of Lipedema (2026) Nature Communications | Open study
2	S2k Guideline: Lipedema (2024) Journal der Deutschen Dermatologischen Gesellschaft | Open study
3	Exercise Training in Women With Lipedema - A Systematic Review (2025) Vasa | Open study
4	Effects of Multimodal Exercise Program on Edema, Pain, Exercise Capacity, Lower Extremity Muscle Strength and Function in Patients With Lipedema (2026) Phlebology | Open study
5	Effect of a Low-Carbohydrate Diet on Pain and Quality of Life in Female Patients With Lipedema: A Randomized Controlled Trial (2024) Obesity | Open study
6	Clinical or Cultural? Dietary Interventions for Lipedema: A Systematic Review (2025) Maturitas | Open study
7	Adipose Tissue Biology and Effect of Weight Loss in Women With Lipedema (2025) Diabetes | Open study
8	Moderate Weight Loss Decreases Lipedema-Affected Body Fat Mass in a Woman Who Is Lean With Lipedema (2026) JCEM Case Reports | Open study
9	Current Evidence-Based Clinical Nutritional Approaches in Lipedema: A Scoping Review (2026) Nutrition Reviews | Open study
10	Changes in Cytokines and Fibrotic Growth Factors After Low-Carbohydrate or Low-Fat Low-Energy Diets in Females With Lipedema (2025) Current Developments in Nutrition | Open study
11	Targeting Mast Cells: Sodium Cromoglycate as a Possible Treatment of Lipedema (2023) La Clinica Terapeutica | Open study

#	CLICKABLE SOURCE
12	Low-Histamine Diets: Is the Exclusion of Foods Justified by Their Histamine Content? (2021) Nutrients | Open study
13	Standard of Care for Lipedema in the United States (2021) Phlebology | Open study
14	National Survey of Patient Symptoms and Therapies Among 707 Women With a Lipedema Phenotype in the United States (2023) Vascular Medicine | Open study
15	Dealing With Lipoedema: Women's Experiences of Healthcare, Self-Care, and Treatments - A Mixed-Methods Study (2025) BMC Women's Health | Open study
16	Efficacy and Safety of Surgical Intervention in Refractory Lipedema: A Systematic Review and Single-Arm Meta-Analysis (2026) Aesthetic Plastic Surgery | Open study
17	Photobiomodulation With IR and RED Light Acutely Applied to Lipedema Patients: Preliminary Study With 3 Cases (2025) Lasers in Medical Science | Open study

About This Resource

This guide helps women understand current research, find practical places to begin, and hold realistic clinical hope inside a larger hope in Christ.

Research reviewed through September 8, 2026.