



COMPLEMENTARY THERAPIES (BMHP5001)

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Introduction.

This supporting paper is about Osteopathy, it is going to provide a brief overview over its history, uses, efficacy and contraindications. Also, it is going to focusing on low back pain and comparing treatment of lower back pain with biomedicine and demonstrate on how osteopathy can enhance orthodox medicine.

Osteopathy is a complimentary medicine focused on physical contact (no medication or surgery) for diagnosing and treating body dysfunction. As opposed to biomedicine, it based on healing the whole body (soft tissue, skeleton, muscles, and joints) instead of a particular illness (Tramontano, 2020). It involves a comprehensive manual technique, include soft tissue stretching, joints manipulation, and massage, hence each of these techniques can be applied alone or in combination (Tamburella, 2019).

Andrew Taylor Still, American physician and surgeon, was the one who founded Osteopathy in the late 1800s. He believed that the body, when functioning effectively, have the natural ability to recover from ill health. He developed manual techniques, known as osteopathy, to manipulate body function to enabling to restore health. In 1892 he established the American School of Osteopathy in Kirksville, USA, to educate this methodology to others. In 1913, one of Still's early students, known as John Martin Littlejohn, introduced Osteopathy in Britain by establishing first school of osteopathic called the British School of Osteopathy in 1917 for the purpose of practicing a standard of osteopathic science and clinically demonstrating its efficiency. Since those early days' osteopathy has drastically developed and trained by experience and research to become one of globally practiced profession which accepted by the World Health Organisation and other international bodies (Moeckel and Mitha, 2008).

How Osteopathy Works, Efficacy, and Contraindication of Osteopathy

This paper is going to focus on low back pain (LBP) because it is great musculoskeletal health complications occurring in many adult people, especially health and social care professionals due to the nature of their work, and one of the main reasons for them taking time off work. (Nahin et al, 2016). The increase of symptoms is causing many people self-referral or sometimes they have got referral from their General Practitioners (GP) to osteopathy to manage their pain. The first appointment with osteopath can last about 45 minutes to an hour, and further treatments last about 30 minutes. However, the progression of treatment can differ according to the symptom. Therefore, the osteopath provides low back care through Osteopathic Manipulative Treatment (OMT) (Sharp et al, 2018).

Through OMT, the osteopaths will use their hands to find areas of tenderness, weakness, or strain by making a diagnosis based on taking patient case record and examination, along with examining X-rays, scans, and other tests. So, they can employ different manual remedies (depend on diagnosis, age, and overall fitness) by massaging the back's soft tissues and manipulating the back for joint relaxation until its clicks. Also, they will recommend on the stretching and having right posture which can help relieve pain. (Michael et al, 2017). However, in biomedicine for the low back pain treatment, doctor might order many tests, such as blood test, bone scan, and nerve studies, to determine condition that might be causing the pain (Mayo Clinic, 2020).

The OMT is useful in reducing pain in patient suffering from low back complication, compared Physiotherapy. This is because Physiotherapy treatment is focusing on mobilising the area of injury rather than the whole-body approach of osteopathy. So, they can mostly work in the area around the back muscles as well as giving some back exercises to carry out at home. However, osteopath is treating low back pain by manipulating muscles around neck, hip and back and give advice on how to improve the posture to relax the muscles around the back, release any tension in the ligaments, and increase the blood flow to the painful area which will increase ability of the body to heal. (CompletePhysio, 2021).

Osteopathy and traditional medical care have similar medical outcomes in low back pain's patients. However, consumption of medication is larger with traditional care. According to the National Council for Osteopathic Research, after the treatment 10-20% of people said their pain has been increased, mostly aching, muscle soreness, and headache, thus many patients have taken non-steroidal anti-inflammatory drugs (NSAIDs) to decrease the symptom. However, those pain normally have been settled within 24 hours after treatment (National Council for Osteopathic Research, 2021).

Also, osteopathy can be a cost-effective strategy, it has higher effect at lower costs at improving health and lowering expenses of care for the patients suffering from low back pain compared to GP, hospital doctors and surgeon's treatment. According to a cost-utility analysis, osteopathic treatment rose in net saving of €163, an average per patient, and gain an average quality-adjusted life of 0.06 compared to traditional care (Verhaeghe et al, 2018). This proved that OMT enhanced psychological and physical outcomes at small extra cost by making less referrals to other practitioners and admit a lower percentage of patients to hospitals compared to their counterpart. Also, osteopaths are less likely to order non-steroidal anti-inflammatory drugs, as traditional medicine do, instead they have considered for follow-up back care (Farraa et al, 2021).

Osteopathic techniques can be employed to a broad variety of patients, but cautious, should be used especially with patients with severe pain, because often their tissues can be extremely sensitive so they can react badly post treatment. So, the chance of a further acute condition must be taken even after the problem is seemingly a gentle Musculo-skeletal one. Therefore, if Osteopath get suspicious of patients having bone disease, they must terminate the treatment and observe the progress of the patient by calling for the X-ray examination before they are proceeding with the treatment. However, later date they can resume the treatment with different techniques. This mainly applied to the patient with metabolic disorders such as osteoporosis and secondary bone cancer or infection, that may cause deterioration of bone which can affect the pathological fracture (National Council for Osteopathic Research, 2021).

Overall effectiveness of Osteopathy, Recommendation, and Conclusion.

Therefore, the osteopathic treatment is using drug-free manual care which concentrates on manipulating the muscles. However, in biomedicine the GP, hospital doctors and surgeon may refer patient to physiotherapist or may provide painkiller for pain relief. Therefore, manipulation may enhance biomedicine because it may be able to reduce the use of pain medication, and people may not be subjective to potential side effect of painkiller. As it estimated 1 in 10 people who take (NSAIDs), such as Ibuprofen and celecoxib, every day may experience persistent headache, sleepy, and depression (National Council for Osteopathic Research, 2021).

Also, OMT may be useful for low back pain, but the osteopathy roles are not providing clear benefits of OMT. So, they still do not know if their benefit or effectiveness attributed by manipulative practises or they are connected to other features of OMT, such as range of motion or time spent interacting with patients, which may characterize placebo effects (Steelthe, 2018).

Moreover, osteopathy causes many challenges to researchers who examine the effectiveness of OMT because of their techniques. So, many of the techniques and treatments, are used by other health professionals such as physiotherapists. Also, even its precise manual techniques differ depending on the individual's needs and preferences. Therefore, many researchers end up suggesting that osteopathy is as effective as traditional medical care (Adams et al,2018).

Additionally, there are little idea about how osteopathy works among the researchers. As all the osteopathy treatment are related to pain, but none of theoretical frameworks has been decided about the process of pain in the body despite of being proposed to explain the physiological source of pain. So, unlike a drug study, where changes of body functioning can be traced through changes in blood or other bio markers, many musculoskeletal studies of treating pain are relying on the individual's experience of pain as the main measure of effect of the treatment. (Steel et al, 2016).

Furthermore, double-blind trial is not possible in osteopathy. Therefore, osteopaths cannot blind the treatment because they have been using their hand on touching the area of pain and patient would know their treatment by seeing and feeling how the osteopaths manipulating, stretching, and massaging their body. So, this is a quality of treatment is not possible in western medicine because patient can take the medicine such as painkiller for reducing back pain, but they do not know what inside of the medication (Vickers, 2015).

Most of osteopathy research are conducted in the US, thus impact the applicability of the results to other countries because US osteopathic practitioners first are trained as physicians before specializing in OMT. So, it is important to have potential convenient findings to the countries where osteopaths' practice associated with complementary therapists or health professionals. Also, despite some positive findings, there are no sufficient and quality data to inform policy and practice, so it is important to have appropriate osteopathic research which they can indicate the person-centred treatment by providing adequate and quality data which can guide decisions making policy within the healthcare system (Steel, 2017).

In general osteopathy is a complimentary medicine which concentrate on manipulation of the body's muscle, bones, and tissue which be able to enhance biomedicine by reducing the use of pain medication and helping people not to be subjective to potential side effect of those medicine. However, there is a limited evidence to support its efficacy for low back pain.

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