

Collected Scientific Research Relating to the Use of Osteopathy with Chest pain

Important:

1) Osteopathy involves helping people's own self-healing abilities to work better, rather than focussing primarily on particular conditions.

2) Each person is different, and osteopathy treats them differently.

Therefore people respond to osteopathic treatment in different ways. Treatments that work for one person cannot be guaranteed to work for another person in the same way. The fact that there is scientific research supporting a treatment in a group of people does not mean that it will always work in the same way (which is probably true of all research).

A number of things make research into osteopathy challenging. These include the two aspects of osteopathy mentioned above, and also the lack of major commercial interests to provide funding in expectation of financial returns. At the same time, there is an emerging body of research demonstrating the usefulness of osteopathic treatment.

More research is being done all of the time. I am not aware of any research which shows that osteopathic treatment, delivered by a qualified osteopath, is ineffective in relation to this area. If you are aware of any studies that show that, please bring them to my attention.

Please note: there is room for debate about the classifications used for these studies. Please let John Smartt know if you believe that any of these classifications are incorrect.

These studies are from peer-reviewed journals

Number of studies: 1

Clinically and statistically significant results

Number of studies: 1

Case reports

Number of studies: 1

Berkowitz MR 2012 **Application of osteopathic manipulative treatment to a patient with unremitting chest pain and shortness of breath undergoing “Rule-Out Myocardial Infarction” protocol for one week** International Journal of Osteopathic Medicine June, Issue 2, pp 73-77 [http://www.journalofosteopathicmedicine.com/article/S1746-0689\(11\)00126-X/abstract](http://www.journalofosteopathicmedicine.com/article/S1746-0689(11)00126-X/abstract)

"Chest pain and shortness of breath are both common complaints of patients presenting to an emergency room (ER) or urgent care facility. A 67-year-old married white female was seen in the ER complaining of chest pain and shortness of breath. Our education and training has us admit these patients where they may be monitored and assessed according to protocols developed to rule-out serious etiologies. Accordingly, the patient was admitted to the cardiac care unit and placed on the “Rule-Out Myocardial Infarction” protocol. The patient’s symptoms persisted despite adherence to rigorous diagnostic and therapeutic regimens and which stymied attempts to arrive at a definitive diagnosis and provide care. The case presented here demonstrates how an osteopathic approach can enable us to provide appropriate care and resolve some problems that appear to be otherwise unremitting. There is potential for savings in terms of actual costs and utilization of resources. The use of an osteopathic structural exam identified an abnormality that could be easily treated with Osteopathic Manipulative Treatment (OMT), which completely resolved the patient’s presenting complaints. Had this been done earlier in the course of managing this patient, preferably as part of the admission work-up, the patient’s confinement would have been drastically reduced, and repeated expensive tests would not have had to have been performed. The application of OMT to reducing patient morbidity is instructive of the efficacy of the osteopathic approach in this case and suggests that further research is warranted."