

# Collected Scientific Research Relating to the Use of Osteopathy with HIV (people with)

## 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.

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: 2

## Clinically and statistically significant results

Number of studies: 2

### Randomised controlled trials

Number of studies: 2

Shor-Posner G, Miguez M, Hernandez-Reif M, Perez-Then E, Fletcher MA 2004 **Massage treatment in HIV-1 infected Dominican children: a preliminary report on the efficacy of massage therapy to preserve the immune system in children without antiretroviral medication** *Journal of Alternative & Complementary Medicine* Dec;10(6):1093-1095 <https://www.ncbi.nlm.nih.gov/pubmed/15674006>

"Objectives: More than 1.4 million children are living with HIV and global access to antiretrovirals is not yet readily available. Massage therapy, which has been shown to improve immune function in HIV+ adults and adolescents, may provide an important complementary treatment to boost immune status in young children living with HIV disease, especially those without access to antiretroviral medications. No studies have been conducted, however, that specifically target massage therapy to enhance immune function in HIV+ children.

Design: Clinical trial with eligible, consented HIV+ children randomized to receive either massage therapy or a friendly visit (controls).

Settings/Location: CENISMI/Robert Reid Cabral Hospital, Santo Domingo, Dominican Republic.

Subjects: HIV+ children ages 2–8 years.

Intervention: Massage therapy sessions (20 minutes, twice weekly, for 12 weeks), conducted by trained nurses, following a structured protocol of moderate pressure stroking and kneading of muscles, using a nonscented oil. The friendly visit control group, (reading, talking, playing quiet games), met with the nurse twice weekly for 12 weeks.

Outcome Measures: At the initial evaluation, and following the 12-week intervention, blood was drawn to determine absolute helper (CD4/T4) and suppressor (CD8/T8) counts.

Results: Children in the control arm had a greater relative risk of CD4 count decline (>20%) than massagetreated children (RR = 5.7, p = 0.03). Lymphocyte loss was also more extensive in the controls (p < 0.02), and more of the control group than the massage group lost >50 CD8 lymphocytes (p = 0.03).

Conclusions: The efficacy of massage therapy in maintaining immunocompetence may offer a viable alternative to the thousands of children worldwide without antiretroviral access."

Poland RE, Gertsik L, Favreau JT, Smith SI, Mirocha JM, Rao U, Daar ES. 2013 **Open-label, randomized, parallel-group controlled clinical trial of massage for treatment of depression in HIV-infected subjects.** *The Journal of Alternative and Complementary Medicine* Apr;19(4):334

"The study objectives were to determine whether massage therapy reduces symptoms of depression in subjects with human immunodeficiency virus (HIV) disease."

"Study inclusion required being at least 16 years of age, HIV-seropositive, with a diagnosis of major depressive disorder. "

"Swedish massage and touch subjects visited the massage therapist for 1 hour twice per week. The touch group had a massage therapist place both hands on the subject with slight pressure, but no massage, in a uniform distribution in the same pattern used for the massage subjects."

"For both the ITT and completers analyses, massage significantly reduced the severity of depression beginning at week 4 ( $p \leq 0.04$ ) and continuing at weeks 6 ( $p \leq 0.03$ ) and 8 ( $p \leq 0.005$ ) compared to no intervention and/or touch."

"The results indicate that massage therapy can reduce symptoms of depression in subjects with HIV disease. The durability of the response, optimal "dose" of massage, and mechanisms by which massage exerts its antidepressant effects remain to be determined."