

Collected Scientific Research Relating to the Use of Osteopathy with Hiccups (singultus)

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:
2

Clinically and statistically significant results

Number
of studies:
2

Case reports

Number of studies: 2

Petree K, Bruner J 2015 **Postoperative singultus: an osteopathic approach.** J Am Osteopath Assoc Mar;115(3):166-8 <http://www.ncbi.nlm.nih.gov/pubmed/25722363>

"Singultus, or hiccups, is a common medical condition. Despite exponential leaps in medicine, the pathophysiologic cause remains poorly defined. Persistent singultus has been associated with conditions such as pulmonary embolism and myocardial infarction. Singultus is also a well-known postoperative complication. The criterion standard of care for patients with singultus involves ruling out lethal pathologic causes, attempting physical stimulation with Valsava maneuvers or drinking water, and, if no relief has been achieved, administering drugs to ease the symptoms. The authors report a case of a man whose postoperative singultus was successfully managed with osteopathic manipulative treatment. This approach addresses many of the possible underlying neuromechanical causes of the aberrant reflex with minimal potential for adverse effects. Physicians should consider osteopathic manipulative treatment in the care of patients with singultus."

Seidel B, Desipio GB 2014 **Use of osteopathic manipulative treatment to manage recurrent bouts of singultus.** J Am Osteopath Assoc Aug;114(8):660-4 <http://www.ncbi.nlm.nih.gov/pubmed/25082974>

"A 32-year-old woman with stiff person syndrome and concurrent aminoacidopathy in the setting of acute inpatient rehabilitation was experiencing daily bouts of singultus, ranging from 20-minute to 5-hour durations. Osteopathic manipulative treatment at the onset of spasm resulted in immediate cessation of and further suppression of singultus for approximately 12 to 24 hours. Overall, there was a noted reduction in singultus frequency, duration, and intensity, as well as better tolerance of physical and occupational therapy. The authors theorize that OMT could be a useful adjunct to, or replacement of, pharmacologic interventions for singultus, especially when pharmacologic therapies have failed."