Collected Scientific Research Relating to the Use of Osteopathy with Post-surgical ileus (lack of bowel function)

Important:

1) Osteopathy involves helping people's own self-healing abilities to work better, rather that 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

Cohort studies

Number of studies: 1

Baltazar GA, Betler MP, Akella K, Khatri R, Asaro R, Chendrasekhar A. 2013 **Effect of osteopathic manipulative treatment on incidence of postoperative ileus and hospital length of stay in general surgical patients.** J Am Osteopath Assoc Mar;113(3):204-9 *http://www.ncbi.nlm.nih.gov/pubmed/23485980*

> "Of the 55 patients who met the study criteria, 17 had received postoperative OMT and 38 had not. The mean age was 60.3 years in the OMT group and 62.1 years in the non-OMT group (P=.70). The 2 groups were similar in terms of American Society of Anesthesiologists class, number of comorbid conditions and of postoperative complications, presence of electrolyte abnormalities, and narcotic use. The time to bowel movement and to clear liquid diet did not differ significantly between the groups. The mean (standard deviation [SD]) time to flatus was 4.7 (0.4) days in the non-OMT group and 3.1 (0.6) days in the OMT group (P=.035). The mean (SD) postoperative hospital LOS was also reduced significantly with OMT, from 11.5 (1.0) days in the non-OMT group to 6.1 (1.7) days in the OMT group (P=.006)."
> "Osteopathic manipulative treatment applied after a major gastrointestinal operation is associated with decreased time to flatus and decreased postoperative hospital LOS [length of stay]"