

# Collected Scientific Research Relating to the Use of Osteopathy with Malocclusion

## 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: 1

### Case reports

Number of studies: 1

Baker EG 1971 **Alteration in width of maxillary arch and its relation to sutural movement of cranial bones** J Am Osteopath Assoc no.6 (February) p. 559/70-564/75

"A case is reported in which cooperation between a dentist and an osteopathic physician schooled in cranial osteopathy improved the treatment of a patient with severe traumatic malocclusion. The patient appeared with a severe headache. Although there had been no recent trauma, the patient had sustained fractures in the foot in a parachute jump several years before. The osteopathic physician found that the parachute jump had compressed the patient's left side into various lesions. He also noted malocclusion to the left at the midline of the mandible. The dentist confirmed the presence of severe malocclusion, with open bite and deviation of the median line to the left during retraction to hinge centric jaw relation. Treatment by occlusal equilibration and osteopathic adjustment for six months brought relief of pain and established centric jaw relation. Serial measurements of models of maxillary teeth showed the maximum lateral dimensional change between permanent maxillary second molars was 0.0276 inch, which is about nine times the possible error in measurement. The patient's head bones moved along their sutures."

## Mixed results (significant for some outcomes, not others)

Number of studies: 1

### Systematic reviews

Number of studies: 1

Andresena T, Bahrb C, Ciranna-Raabb C, 2013 **Efficacy of osteopathy and other manual treatment approaches for malocclusion – A systematic review of evidence** International Journal of Osteopathic Medicine Volume 16, Issue 2, June , Pages 99–113 <http://www.sciencedirect.com/science/article/pii/S174606891200051X>

"This review focused on the remaining 17 studies: 12 case series, three case–control studies, one systematic review of case–control studies, and one methodologically weak randomized controlled trial."

"A few studies reported some changes in malocclusion associated with osteopathy and other manual treatment approaches. As such, there is a need for high-quality research in this area."