

Collected Scientific Research Relating to the Use of Osteopathy with Menopausal symptoms

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

Randomised controlled trials

Number of studies: 1

Cleary C, Fox JP 1994 **Menopausal symptoms: an osteopathic investigation** Complementary Therapies in Medicine Volume 2, Issue 4, October , Pages 181–186 <http://www.sciencedirect.com/science/article/pii/S0965229994900175>

"The aim of this placebo controlled osteopathic study was to investigate the effect of 'Fox's low-force' osteopathic techniques on 30 subjects with menopausal symptoms. The results showed a significant reduction of symptoms in the treated group. An unexpected finding was that testosterone levels were lowered ($p=0.028$) in the treated group whereas the control group levels were unaffected."

Other controlled clinical trials

Number of studies: 1

Sonberg M, Mullinger B, Rajendran D 2010 **Can osteopathy help women with a history of hypothyroidism and musculoskeletal complaints? Outcome of a preliminary, prospective, open investigation** International Journal of Osteopathic Medicine Vol 13 (1) pages 11-16 <http://www.sciencedirect.com/science/article/pii/S1746068909000510>

The study was a before-and-after study, with little or no external control.

"Post-menopausal women on medication for hypothyroidism, diagnosed at least 3 years previously, and suffering from musculoskeletal pain were recruited. Each received three identical osteopathic treatment sessions, approximately 1 week apart. Pain intensity and pain interference with aspects of daily living were assessed by subjects before each session and at follow-up (4–6 weeks later), using visual analogue scales."

"The 18 subjects (mean age 57 years) had suffered pain for an average of 17 years; pain was often generalised, with the shoulders/upper limb and head/neck being the sites of greatest pain. There were statistically significant improvements in 'Pain intensity' score from baseline to follow-up ($p \leq 0.001$; Wilcoxon test) and also in 'pain interference' score between baseline and all subsequent time points ($p \leq 0.001$)."

"This study provides preliminary evidence suggesting that osteopathic treatment may help alleviate musculoskeletal pain in post-menopausal women being pharmacologically treated for hypothyroidism."