

Collected Scientific Research Relating to the Use of Osteopathy with Multiple sclerosis patients

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:
3

Clinically and statistically significant results

Number
of studies:
3

Other controlled clinical trials

Number of studies: 2

Cordano C, Armezzani A, Veroni J, Pardini M, Sassos D, Infante MT, Tacchino A, Lapucci C, Cellerino M, Calabrò V, Ciullo L, Nourbakhsh B, 2018 **Osteopathic Manipulative Therapy and Multiple Sclerosis: A Proof-of-Concept Study** J Am Osteopath Assoc <http://jaoa.org/article.aspx?articleid=2695829>

Patients self-selected to receive osteopathic treatment, rather than being randomised

"Context: Research on the effect of osteopathic manipulative therapy (OMTh; manipulative care provided by foreign-trained osteopaths) on chronic symptoms of multiple sclerosis (MS) is lacking.

Objective: To evaluate the effect of OMTh on chronic symptoms of MS.

Methods: Patients with MS who were evaluated at the neurology clinic at Genoa University in Italy were recruited for this study. Participants received 5 forty-minute MS health education sessions (control group) or 5 OMTh sessions (OMTh group). All participants completed a questionnaire that assessed their level of clinical disability, fatigue, depression, anxiety, and quality of life before the first session, 1 week after the final session, and 6 months after the final session. The Extended Disability Status Scale, a modified Fatigue Impact Scale, the Beck Depression Inventory-II, the Beck Anxiety Inventory, and the 12-item Short Form Health Survey were used to assess clinical disability, fatigue, depression, anxiety, and quality of life, respectively.

Results: Twenty-two participants were included in the study (10 in the control group and 12 in the OMTh group). In the OMTh group, statistically significant improvements in fatigue and depression were found 1 week after the final session ($P=.002$ and $P<.001$, respectively). An increase in quality of life was also found in the OMTh group 1 week after the final session ($P=.36$).

Conclusion: Results demonstrate that OMTh should be considered in the treatment of patients with chronic symptoms of MS."

"Fatigue is the most common symptom in patients with MS. There is currently no satisfactory pharmacologic treatment option for patients with MS-related fatigue. Demonstration of the efficacy of an intervention in reducing fatigue can help clinicians to better manage this disabling symptom. We believe that the short-term improvement in symptoms observed in this study is a clinically important finding. The lack of statistical significance at 6 months suggests that the effect of the OMTh is temporary, and OMTh should be continued to stabilize the improvement in fatigue and depression. "

Raviv G, Shefi S, Nizani D, Achiron A 2009 **Effect of craniosacral therapy on lower urinary tract signs and symptoms in multiple sclerosis** Complementary Therapies in Clinical Practice 15; 72-75 <http://www.ncbi.nlm.nih.gov/pubmed/19341983>

This was a before-and-after comparison, with no control group.

"To examine whether craniosacral therapy improves lower urinary tract symptoms of multiple sclerosis (MS) patients. A prospective cohort study. Out-patient clinic of multiple sclerosis center in a referral medical center. Hands on craniosacral therapy (CST). Change in lower urinary tract symptoms, post voiding residual volume and quality of life. Patients from our multiple sclerosis clinic were assessed before and after craniosacral therapy. Evaluation included neurological examination, disability status determination, ultrasonographic post voiding residual volume estimation and questionnaires regarding lower urinary tract symptoms and quality of life. Twenty eight patients met eligibility criteria and were included in this study. Comparison of post voiding residual volume, lower urinary tract symptoms and quality of life before and after craniosacral therapy revealed a significant improvement ($0.001 > p > 0.0001$). CST was found to be an effective means for treating lower urinary tract symptoms and improving quality of life in MS patients."

Case controlled studies

Number of studies: 1

Yates HA, Vardy TC, Kuchera ML, Ripley BD, Johnson JC 2002 **Effects of osteopathic manipulative treatment and concentric and eccentric maximal-effort exercise on women with multiple sclerosis: a pilot study.** *J Am Osteopath Assoc* May;102(5):267-75 <http://www.ncbi.nlm.nih.gov/pubmed/12033756>

"The research objectives of this study were to evaluate the effects of osteopathic manipulative treatment (OMT) combined with maximal-effort exercise (MEE) on strength, coordination, endurance, and fatigue in female patients with multiple sclerosis (MS). Seven female subjects with MS participated in the 12-week study, which included intervention with OMT and MEE twice per week. Standardized tests for progression of MS and fatigue were used. Strength (maximal effort and impulse) was measured with the IsoPump exercise machine (IsoPump USA, Cleveland, Miss) during the three phases of the exercise protocol. Significant changes occurred in all but one measure of strength and on the 25-foot walk ($P < .05$), but not on the block-and-box test. The change in fatigue scores was not significantly different. Findings indicate that OMT combined with MEE significantly increases strength and ambulatory levels while not increasing fatigue in female patients with MS who have low to medium impairment. Qualitative data show that this intervention also produces beneficial effects in activities of daily living."