

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

## 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:  
1

## Clinically and statistically significant results

Number  
of studies:  
1

### Randomised controlled trials

Number of studies: 1

Radjeski JM, Lumley MA, Cantieri MS. 1998 **Effect of osteopathic manipulative treatment of length of stay for pancreatitis: a randomized pilot study.** J Am Osteopath Assoc May;98 (5):264-72 <http://www.ncbi.nlm.nih.gov/pubmed/9615558>

"In this outcomes research study, the authors randomly assigned patients with pancreatitis to receive standard care plus daily OMT [osteopathic manipulative treatment] for the duration of their hospitalization (n = 6) or to receive only standard care (n = 8). Osteopathic manipulative treatment involved 10 to 20 minutes daily of a standardized protocol, using myofascial release, soft tissue, and strain-counterstrain techniques. Attending physicians were blinded as to group assignment. Results indicated that patients who received OMT averaged significantly fewer days in the hospital before discharge (mean reduction, 3.5 days) than control subjects, although there were no significant differences in time to food intake or in use of pain medications. These findings suggest the possible benefit of OMT in reducing length of stay for patients with pancreatitis."