

Collected Scientific Research Relating to the Use of Osteopathy with Period pain (dysmenorrhoea), including endometriosis

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: 4

Clinically and statistically significant results

Number of studies: 4

Randomised controlled trials

Number of studies: 2

Schwerla F, Wirthwein P, Rütz M, Resch K-L 2014 **Osteopathic treatment in patients with primary dysmenorrhoea: A randomised controlled trial** International Journal of Osteopathic Medicine 17 (4), pp. 222-231 [http://www.journalofosteopathicmedicine.com/article/S1746-0689\(14\)00028-5/fulltext](http://www.journalofosteopathicmedicine.com/article/S1746-0689(14)00028-5/fulltext)

"Design and settings: Multi-centered randomised controlled trial with an osteopathic intervention group and an untreated ("waiting list") control group. Subjects: Women aged 14 years and older with a regular menstrual cycle, diagnosed with primary dysmenorrhoea. Intervention: Six osteopathic treatments over a period of three menstrual cycles or no osteopathic treatment. At each treatment session, dysfunctional structures were tested and treated based on osteopathic principles. In both groups, pain medication on demand was allowed, but was documented. Outcome measures: Primary outcome measures were average pain intensity (API) during menstruation, assessed by the Numeric Rating Scale (NRS), and days of dysmenorrhoeal pain exceeding 50% of NRS maximum (DDP). Main secondary outcome measure was health-related quality of life. Results: A total of 60 individuals (average age 33 years) were randomised, seven patients dropped out. API decreased in the intervention group from 4.6 to 1.9 (95%CI=-1.9 to -3.5), and from 4.3 to 4.2 in controls (95%CI=-0.7 to 0.5); between group difference of means (BGDoM): 2.6, 95%CI=1.7 to 3.6; p<0.005. DDP decreased from 2.2 to 0.2 days in the intervention group (95%CI=-2.5 to -1.3), and from 2.3 to 1.9 in controls (95%CI=-1.0 to 0.2); BGDoM 1.5; 95%CI=0.6 to 2.3; p=0.002. A positive impact on quality of life (physical component score) could be observed in the osteopathic treatment group only. Conclusions: A series of osteopathic treatments might be beneficial for women suffering from primary dysmenorrhoea." "The most frequent osteopathic dysfunctions were observed in the area of the pelvic floor (100% of patients) and respiratory diaphragm (92% of patients) as well as within the lumbar spine (80% of patients) and the association of the bones of the head (76% of patients)."

Boesler D, Warner M, Alpers A, Finnerty EP, Kilmore MA. 1993 **Efficacy of high-velocity low-amplitude manipulative technique in subjects with low-back pain during menstrual cramping.** J Am Osteopath Assoc Feb;93(2):203-8, 213-4 <http://www.ncbi.nlm.nih.gov/pubmed/8432669>

"Previous studies have shown that dysmenorrhea produces low-back pain and an electromyographic (EMG) pattern typical of trauma-induced low-back pain. To determine the effects of high-velocity low-amplitude osteopathic manipulative treatment (OMT) on this type of low-back pain, 12 dysmenorrhoeic subjects were assigned to a group receiving OMT or to a group not receiving OMT (or both). Eight subjects participated in both groups, the other four being equally distributed between groups. Osteopathic manipulative treatment significantly decreased EMG activity during extension of the lumbar spinae erector muscles and abolished the spontaneous EMG activity. These EMG changes coincided with the patient's report of

Other controlled clinical trials

Number of studies: 1

Daraï C, Deboute O, Zacharopoulou C, Laas E, Canlorbe G, Belghiti J, Zilberman S, Ballester M, Daraï E 2015 **Impact of osteopathic manipulative therapy on quality of life of patients with deep infiltrating endometriosis with colorectal involvement: results of a pilot study** European Journal of Obstetrics & Gynecology and Reproductive Biology Volume 188, May, Pages 70–73 <http://www.sciencedirect.com/science/article/pii/S030121151500072X>

"After a mean period of 24 days (15–53), a significant improvement in PCS [physical component summary] ($p = 0.03$) and MCS [mental component summary] ($p = 0.0009$) compared to pre-OMT [osteopathic manipulative therapy] values was observed giving a success rate of 80% and 60% in intention-to-treat, respectively."

"Our results support that OMT can improve QOL [quality of life] of patients with DIE [deep infiltrating endometriosis] and colorectal involvement."

Case reports

Number of studies: 1

Goyal K, Goyal M, Narkeesh K, Samuel AJ, Sharma S, Arumugam N 2016 **The effectiveness of osteopathic manipulative treatment in an abnormal uterine bleeding related pain and health related quality of life (HR-QoL) - A case report** Journal of Bodywork and Movement Therapies <http://dx.doi.org/10.1016/j.jbmt.2016.08.010> [http://www.bodyworkmovementtherapies.com/article/S1360-8592\(16\)30180-2/fulltext?rss=yes](http://www.bodyworkmovementtherapies.com/article/S1360-8592(16)30180-2/fulltext?rss=yes)

"Abnormal uterine bleeding is characterized by painful and/or excessive menorrhagia, chronic pelvic pain due to the endometriosis (Em). Osteopathic treatment is commonly used in the gynecological dysfunctions. The aim of the present case study was to explore the effect of osteopathic treatment (OT) for a woman with abnormal uterine bleeding related pain and quality of life (QoL). We reported a case of 29 year old female who presented with chief complaints of increased flow during periods, lower abdominal pain, leukorrhoea, lower back pain and with occasional constipation for the last 3 years. Patient is a mother of 6 years old male child born with normal delivery. On diagnostic ultrasonography the uterus was found bulky with insignificant endometriosis and no other abnormality was detected. She did not have any relevant past medical and surgical history. The pre and post osteopathic treatment measurements were measured using Visual Analog Scale (VAS) and the health related quality of life (HR-QoL) questionnaire called short form Endometriosis Health Profile Questionnaire (EHP) – 5. In the present case the pain due to the endometriosis was treated with the osteopathic treatment consists of all the major diaphragms' release (release of pelvic diaphragm, abdominal diaphragm, thoracic outlet release and hyoid diaphragm) during the first session and in the second session gastro-esophageal (GE) junction release, sigmoid colon release, cranial therapy to the occiput, sacral release and dural tube rocking. Following that improvement of pain from VAS 8.3/10 to 3.9/10 and QoL improvement from EHP-5, 72/100 to 26/100 was noted. Osteopathic manipulative approach (OMA) in the patient with Em might improve the abnormal uterine bleeding related pain and health related quality of life (HR-QoL)."