

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

## 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

Marx S, Cimniak U, Beckert R, Schwerla F, Resch KL 2009 **Chronic prostatitis/ chronic pelvic pain syndrome. Influence of osteopathic treatment - a randomized controlled study.** Urologe (Ausg A) <https://www.ncbi.nlm.nih.gov/pubmed/19705093>

#### "BACKGROUND:

Prostatitis is the most common urological disease in males under [corrected] the age of 50 years old. As bacteria are detected in only <5% of cases the disease can mostly be classified as chronic nonbacterial prostatitis. The symptoms of this problem complex, often described as chronic prostatitis and chronic pelvic pain syndrome (CP-CPPS), seem to be multifactorial so that an improvement can only rarely be achieved with conventional forms of therapy.

#### MATERIALS AND METHODS:

The aim of this study was to investigate whether osteopathic treatment can influence the symptoms of CP-CPPS (randomized controlled study, 5 sessions, follow-up after 6 weeks and 1.5 years without treatment). The study was carried out in a practice for osteopathy. Patients were recruited by referral from urologists, newspaper articles and lectures on the topic. A total of 35 males with medically diagnosed CP-CPPS aged 29-70 years old took part in the study. Of the patients 20 were allocated to the treatment group and 15 to the placebo group whereby 2 patients had to retire from the study prematurely. Patients in the treatment group received 5 osteopathic treatment sessions separated by 1 week at the beginning and by up to 3 weeks at the end (total period 8 weeks). The osteopathic dysfunctions of the patients were treated according to the principles of osteopathy. The placebo treatment in the control group consisted of a training program with simple gymnastic and physiotherapeutic exercises. Improvements of the complaints by urination (LUTS), chronic pelvic pain (CPPS) and quality of life (QOL) were measured using the questionnaires for international prostate symptom score (IPSS), the National Institutes of Health chronic prostatitis symptom index (NIH-CPSI) and the quality of life index (QOL).

#### RESULTS:

Comparison of the results from the osteopathy and placebo groups revealed statistically significant differences in favor of the osteopathy group ( $p < 0.0005$ ). During the study period the average IPSS in the osteopathy group improved from 19.7 to 10.3 points (48%,  $p < 0.0005$ ), the NIH from 26.0 to 12.0 (54%;  $p < 0.0005$ ) and the QOL from 4.4 to 1.9 points (58%,  $p < 0.0005$ ). In contrast the corresponding values in the placebo group remained relatively constant. At the follow-up 6 weeks after the last session the improvements in the osteopathy group were found to be stable and remained so at least up to the second follow-up after 1.5 years.

#### CONCLUSIONS:

The positive results of this study indicate that osteopathic treatment can be considered a genuine alternative to the conventional treatment of CP-CPPS and a closer cooperation between urologists/internists and osteopaths would be desirable. Further studies with larger numbers of patients should be carried out to substantiate these results."