

Collected Scientific Research Relating to the Use of Osteopathy with Urinary tract 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.

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

Systematic reviews

Number of studies: 1

Franke Helge, Hoesle Klaus, 2013 **Osteopathic manipulative treatment (OMT) for lower urinary tract symptoms (LUTS) in women** Journal of Bodywork and Movement Therapies Vol 17 (1) pages 11-18 <http://www.sciencedirect.com/science/article/pii/S1360859212001283>

"The quantitative analysis shows a statistically significant and clinically relevant improvement when the osteopathic intervention was compared to an untreated group. Two studies which compare OMT with the pelvic floor muscle training as a reference treatment document almost the same therapeutic effect."

Randomised controlled trials

Number of studies: 1

Nemett D.R., Fivush B.A., Mathews R., Camirand N., Eldridge M.A., Finney K., Gerson A.C 2008 **A randomized controlled trial of the effectiveness of osteopathy-based manual physical therapy in treating pediatric dysfunctional voiding** J. Pediatr. Urol 4: pp. 100-106 <http://www.sciencedirect.com/science/article/pii/S1477513107004676>

"Pediatric dysfunctional voiding (DV) presents physical and emotional challenges as well as risk of progression to renal disease. Manual physical therapy and osteopathic treatment have been successfully used to treat DV in adult women; a pediatric trial of manual physical therapy based on an osteopathic approach (MPT-OA) has not been reported. The aim of this study was to determine whether MPT-OA added to standard treatment (ST) improves DV more effectively than ST alone."

"The treatment group exhibited greater improvement in DV symptoms than did the control group ($Z = -2.63$, $p = 0.008$, Mann-Whitney U-test). Improved or resolution of vesicoureteral reflux and elimination of post-void urine residuals were more prominent in the treatment group."

"Results suggest that MPT-OA treatment can improve short-term outcomes in children with DV, beyond improvements observed with standard treatments, and is well liked by children and parents."

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.

"Inclusion criteria were: (1) diagnosis of definitive MS; (2) LUTS [lower urinary tract symptoms] duration of at least 3 months; (3) failure of past antimuscarinic treatment for LUTS; and (4) OAB-V8 questionnaire score

"One hundred consecutive MS patients followed at the Sheba Medical Center MS Center were assessed for participation in this study. Twenty four MS females and four men met eligibility criteria and were included in this study. "

"Mean PVR decreased from 15 [post voiding residual] 0.9 ml before CST to 66.1 ml after CST ($p < 0.01$, t-test). Both voiding frequency and urinary urgency episodes were significantly reduced from 5.1

"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 [cranio sacral therapy] was found to be an effective means for treating lower urinary tract symptoms and improving quality of life in MS patients."