

Collected Scientific Research Relating to the Use of Osteopathy with Venous insufficiency

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:
4

Clinically and statistically significant results

Number
of studies:
4

Randomised controlled trials

Number of studies: 3

Dos Santos Crisóstomo RS, Candeias MS, Ribeiro AM, da Luz Belo Martins C, Armada-da-Silva PA. 2014 **Manual lymphatic drainage in chronic venous disease: a duplex ultrasound study**. *Phlebology* Dec;29(10):667-76 <http://www.ncbi.nlm.nih.gov/pubmed/23989970>

"Manual lymphatic drainage increases the venous blood flow in the lower extremity with a magnitude that is independent from the specific maneuver employed or the presence of chronic venous disease."

Molski P, Kruczyński J, Molski A, Molski S. 2013 **Manual lymphatic drainage improves the quality of life in patients with chronic venous disease: a randomized controlled trial**. *Arch Med Sci Jun* 20;9(3):452-8 <http://www.ncbi.nlm.nih.gov/pubmed/23847666>

"The MLD [manual lymphatic drainage] alone significantly reduced FV [fluid volume] in patients with CVD [chronic vascular disease], also improving their QoL [quality of life]. The MLD applied in CVD patients at the preoperative stage results in better surgical outcome, which is demonstrated by reduced disease progression, FV reduction and improvement in the QoL."

Molski P, Ossowski R, Hagner W, Molski S. 2009 **Patients with venous disease benefit from manual lymphatic drainage**. *Int Angiol Apr*;28(2):151-5. <http://www.ncbi.nlm.nih.gov/pubmed/19367246>

"After surgery, the MLD [manual lymphatic drainage] group had significantly better results than the control group in CEAP score ($P < 0.05$) and had comparable results for QoL [quality of life]. MLD improved ($P < 0.05$) VRI, CEAP score, anxiety and depression states. MLD [manual lymphatic drainage] can be an alternative or a supplementary procedure for patients surgically treated."

Crisóstomo RS, Candeias MS, Armada-da-Silva PA. 2017 **Venous flow during manual lymphatic drainage applied to different regions of the lower extremity in people with and without chronic venous insufficiency: a cross-sectional study.** *Physiotherapy* Mar;103(1):81-89 <https://www.ncbi.nlm.nih.gov/pubmed/27083323>

"To evaluate the effect of manual lymphatic drainage (MLD) on venous flow when applied to the medial and lateral aspects of the thigh and leg in patients with chronic venous insufficiency (CVI) and healthy subjects.

DESIGN:

Cross-sectional study.

SETTING:

Participants were assessed in a school-based health community attendant service.

PARTICIPANTS:

Fifty-seven subjects participated in this study {mean age: 43 [standard deviation (SD) 14] years, 38 women and 19 men}. Of these, 28 subjects had CVI [mean age 47 (SD 12) years] and 29 subjects did not have CVI [mean age 39 (14) years].

INTERVENTION:

MLD was applied by a certificated physical therapist to the medial and lateral aspects of the thigh and leg.

MAIN OUTCOME MEASUREMENTS:

Cross-sectional area; blood flow velocities in the femoral vein, great saphenous vein, popliteal vein and small saphenous vein at baseline and during MLD, measured by duplex ultrasound.

RESULTS:

Flow volume in the femoral vein increased from baseline [5.19 (SD 3.25)cm³/second] when MLD was applied to the medial [7.03 (SD 3.65)cm³/second; P≤0.001; mean difference -1.69; 95% confidence interval (CI) -2.42 to -0.97] and lateral [6.16 (SD 3.35)cm³/second; P≤0.001; mean difference -1.04; 95% CI -1.70 to -0.39] aspects of the thigh. Venous flow augmentation in the femoral vein and great saphenous vein was higher when MLD was applied to the medial aspect of the thigh (P<0.001), while MLD had a similar effect on venous blood flow regardless of whether it was applied to the medial or the lateral aspect of the leg (P=0.731).

CONCLUSIONS:

MLD increases blood flow in deep and superficial veins. MLD should be applied along the route of the venous vessels for improved venous return."