

# Collected Scientific Research Relating to the Use of Osteopathy with Blocked tear duct (dacryostenosis)

## 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

### Case reports

Number of studies: 1

Apoznanski TE, Abu-Sbaih R, Terzella MJ, Yao S 2015 **Resolution of dacryostenosis after osteopathic manipulative treatment.** *J Am Osteopath Assoc* Feb;115(2):110-4 <http://www.ncbi.nlm.nih.gov/pubmed/25637617>

"Dacryostenosis is an obstruction of the nasolacrimal duct and is the most common cause of epiphora and ocular discharge in newborns. Whereas most cases resolve spontaneously, invasive treatment may become necessary if symptoms persist past age 6 to 12 months. In the present case, a 9-month-old boy with persistent dacryostenosis was scheduled for lacrimal duct probing after first-line treatments failed. After a single session of osteopathic manipulative treatment, the patient's epiphora and other symptoms resolved, and he no longer needed surgical probing. A review of the literature highlights key pathophysiologic processes, management options, and musculoskeletal aspects of dacryostenosis. Physicians should consider osteopathic manipulative treatment in the management of dacryostenosis."