

Summery: This unique medical approach, Osteopathy, combines conventional Allopathic Medicine and more holistic hands-on treatment.

The Osteopathy Alternative

AS I LIE ON THE TABLE, the strains of Handel's "Messiah" emanate from a speaker in the corner of the room. The light is low. Four outstretched fingers, tips positioned around my left eye like a crouching spider, push very gently in and out, palpating my skin almost imperceptibly. Just a typical visit to my local osteopath.

This physician is fully licensed to treat my sinus problem—congestion, headache, blurry vision—using conventional medicine. He can prescribe decongestants and painkillers. But he doesn't.

Eight months pregnant and suffering from Bell's palsy, Paula DeMasi of Ridge, New York, also consulted an osteopath. A few weeks before, a neurologist had told her that because she was pregnant she wouldn't be able to take the usual medication; until it subsided, which could take several months, she'd have to bear with the painful condition that left half her face paralyzed and contorted. The osteopath, on the other hand, gently manipulated the bones and tissues in her head and neck, and within nine days, after three treatments, she could move her mouth freely without pain. Less than a month later she wasn't embarrassed to have her picture taken with her newborn son.

Like many patients, DeMasi and I hadn't heard of osteopathic medicine until we began to search for an alternative to conventional treatment. And like many, we found relief in the century-old tradition of osteopathy. Doctors of Osteopathy, commonly called D.O.'s, hold a degree equivalent to that of an M.D. They share the same privileges and may perform the same range of professional services as provided by M.D.'s, including diagnosing illness, prescribing drugs, and performing surgery. Like M.D.'s, osteopaths must complete a one-year residency and pass comparable state licensure requirements. But they are also trained in manipulative treatment and diagnosis by palpation.

Most of the country's D.O.'s follow the conventional allopathic approach. Many enter the standard specialties such as pediatrics and neurology. The initials D.O. may follow their names, but they function very much like M.D.'s. Others function more as holistic family physicians, however, treating everything from backaches to sore throats and gynecological problems, integrating preventive (emphasizing nutrition and fitness), allopathic (giving prescriptions), and osteopathic (using manipulation) approaches.

A smaller group, with members such as Anthony D. Capobianco, DeMasi's doctor in Glen Cove, New York, practice a more esoteric form of osteopathy, what they term "pure" or "classical" osteopathy. These D.O.'s will turn to allopathic modes only in an emergency.

Many patients, when first introduced to osteopathy, wonder which conditions it treats best. Most who go to osteopaths do so at first for relief of back and neck pain, headaches, or other musculoskeletal traumas—like those received from a car accident or sports injury. Others use osteopaths as general practitioners and receive treatment for a wide variety of ailments. With varying degrees of success, osteopathic manipulative treatments (O.M.T.), D.O.'s say, can treat such diverse problems as asthma, bronchitis, stomach problems, angina pain, sciatica, ear infections, and menstrual problems.

Whatever their reasons for turning to an osteopath, patients often find that their overall

health improves. Capobianco says. "A lot of people associate [osteopathy] with problems like lower back pain, and that's OK, because during a treatment other parts of their body respond. The next time a patient comes in, they'll say, "By the way, my hay fever is better." They begin to understand that osteopathy is available to them for virtually anything."

Osteopathic philosophy was developed by nineteenth-century American frontier physician and surgeon Andrew Taylor Still, who believed that the body has the innate ability to heal itself. He emphasized unobstructed movement, in such aspects of the body as fluids, tissues, and joints. Still felt that in both health and sickness the neuro-musculoskeletal system interacts with the rest of the body including the organs. Like the chain reaction of dominoes, when part of the structure is altered, abnormalities in other systems—the circulatory, lymph, and nervous—can occur, causing disease. Capobianco describes that innate ability as "an inner wisdom which can be called upon to provide the cure. The body is trying to heal itself, but it may need the presence of a catalyst to put that wisdom into contact with the diseased and disharmonious part."

The techniques D.O.'s use to restore harmony range from subtle palpations that promote movement of bodily fluids (blood, lymph, cerebrospinal) to more assertive manipulations that move muscles, joints, and connective tissue. Quite often a combination of techniques is used.

While examining DeMasi. Capobianco says he felt restricted motion in cranial bones and the vertebrae of the neck. Tissues in the area were retaining fluid. Through gentle manipulation on both temporomandibular joints (where the jaw connects to the ear bone), the base of the head, her temples, and the area of her neck where he felt tissue abnormalities, he worked to decrease fluid buildup and reestablish motion. "Most of it was very relaxing." notes DeMasi, describing a technique which she says feels as if the doctor is rhythmically pressing on the area at the base of the skull. Slightly uncomfortable, she adds, was when he "pulled up on the bottom of my jaw." Some 29,000 osteopathic-physicians provide health care to about 25 million Americans, according to the American Osteopathic Association in Chicago, yet few people have any concept of what an osteopathic physician does.

"Osteopathy—is that a disease?" That comment from a receptionist at the American Medical Association reveals the prevailing ignorance. The AMA has no policy statement on osteopathy, but, according to the American Osteopathic Association, it recognizes D.O.'s as full-practice physicians. And although most medical doctors still don't actively promote it, osteopathic manipulative care has found acceptance in conventional medical publications.

A study presented in 1975 in a National Institutes of Health publication showed that osteopathic manipulative treatment may increase the lung capacities of patients with chronic obstructive lung disorders. A recent article in *Patient Care: The Practical Journal for Primary Care Physicians* affirmed that O.M.T. is "appropriate and useful."

For example, manipulation may be used to treat a patient with angina pain. Barbara Briner, a D.O. in Okemos, Michigan, who combines O.M.T. with conventional techniques, says. "You are not taking away the organic problems. If [the patient has] a blockage in one of the coronary vessels, you're not changing that. but you're changing the somatic [the body's total physical condition] component." She explains that the problem in the blood vessel affects the sympathetic nervous system and leads to muscle tightness. By breaking into that cycle with manipulation, "you decrease the frequency and severity of the angina."

Those with a more esoteric understanding say that osteopathy goes beyond merely

affecting the musculoskeletal components of disease. "Pure osteopathy," says Capobianco, "goes back to the original idea of using manipulation for every organic, visceral, and structural problem, be it schizophrenia, asthma, colitis, or whatever." These doctors are a part of the growing group, estimated at 5 to 10 percent of the nation's total, who treat their patients only with the osteopathic manipulative treatments developed by Still and later expanded by his student William Garner Sutherland, D.O.

No matter what a D.O.'s particular orientation, all learn that there is no invisible force field separating one body system from another. "We're trained to sense the origins of disease in altered tissue or motion caused by trauma, be it physical, emotional, gross, or microscopic," says Capobianco. In effect, that lower back pain you've had for the last few years might have originated with the bump on your head you got when the training wheels came off your first bicycle. And according to some patients and osteopathic physicians, if a bump was ever there, a D.O. will find it.

East West Health Advisory Board member Christiane Northrup, an M.D. and co-president of the American Holistic Medical Association, in Raleigh, North Carolina, says that the first time an osteopathic physician examined her he found a head injury that had occurred when she fell out of a jeep at age eleven. "Then he got down to my right knee and asked, 'What happened here?' My body was still trying to compensate for this injury that happened in college when I fell while jogging." She remembers thinking, "If that's all still in my body and he can feel it, I'm signing up." Although the treatments they offer have been compared to massage, chiropractic and other body works, many D.O.'s bristle at the suggestion that there are similarities. Most important, they point out, D.O.'s possess the educational background—medical and surgical training and a year-long hospital residency—that allows them to practice medicine. "Even before the first osteopathic treatment, the doctor has handled cardiac

codes, delivered babies, and has assisted in major surgery. Unless you study medicine and surgery, there will be important and dangerous limitations." says Capobianco.

According to Dr. Charles Steiner of the New Jersey School of Osteopathic Medicine in Stratford, even though some chiropractic techniques may be similar, chiropractors focus on the spine while D.O.'s study "soft tissue, muscles, ligaments, and tendons, and not just vertebral movement."

Patricia Ausman, D.O., from Hempstead, New York, who refers patients back and forth with Richard Statler, Huntington, New York, chiropractor says that the difference in some techniques may be subtle. In describing one instance where they compared maneuvers, Ausman says, "My counterstrain technique is just me positioning a limb and holding it. He puts movement into it, which makes it different."

Traditionally, chiropractic is oriented more toward manipulating specific vertebrae. Briner says, "I think D.O.'s have many more techniques available to them. There are some very good chiropractors.

But I think that, by and large, osteopathic physicians are trained to look at the whole person. So someone may come in with a headache, and we may end up treating a short leg problem as well as perhaps a flat foot. We're looking at the whole person, whether the malady is some distance away from the primary problem or is an organic problem."

Explaining his understanding of the differences between osteopath chiropractic, Capobianco emphasizes what some other osteopaths would say only off the record—that chiropractors sometimes use too much force. "The spine is not to be hammered into an x-ray, picture-perfect,

normal position, because we're all unique."

Statler, who has added other disciplines, including nutrition and exercise, to his adjustments, disagrees with these criticisms, noting that he also stresses the concepts that the body has the innate ability to heal itself, and a therapist should look at a patient holistically, not just concentrating on the area of complaint.

"Chiropractors who are philosophically based," he says, "recognize that you get in there, you mobilize the segments that aren't working like they should, and you let the body find what's right for it. The way you do that is, rather than looking for normal alignment, you try to normalize joint play at each of the segmental levels. When the bone can move where it is best suited to move, it's going to seek out that natural balance. It may not be textbook perfect."

Observing an osteopath and a chiropractor at work may reveal the biggest differences. Whereas manipulative osteopaths use their hands, chiropractors may be more technologically oriented. In addition to spinal manipulations, they may use ultrasound, motorized traction machines, and heating pads. Manipulative osteopaths spend at least a half hour to forty minutes with each patient. A chiropractor may see a patient initially for that long, but often subsequent maintenance visits can last but five or ten minutes.

Osteopaths may be limited in the number of patients they see in one day, because they treat one at a time. A chiropractor may have two or three patients in examining rooms at once: while one is being treated, another might be on a traction machine.

The biggest dissimilarity exists among chiropractors and those osteopaths who practice "cranial osteopathy." because fully sanctioned cranial study is not open to chiropractors or other practitioners without a medical degree.

At the core of pure osteopathy is this "cranial concept," the ability, according to Capobianco, "to sense the cranial rhythmic impulse." Developed by Sutherland, it stresses the importance of movement within the twenty-nine bones of the skull; the rhythmic movement of spinal fluid through the brain, central nervous system, and body tissues; and the ability of the sacrum, between the pelvic bones, to move in sync with everything else. Use of the technique is not limited to "pure" osteopaths: some D.O.'s who integrate allopathic and osteopathic modes also use it. Some who use the method say that it goes beyond treating the musculoskeletal components of diseases and can be used for hypoglycemia, pneumonia, heart disease, and other maladies.

During a treatment it may not be obvious to an onlooker that the doctor using cranial manipulation is doing anything. The patient often is supine on the examination table, the doctor apparently only holding the patient's head. Some patients report a feeling of fluid motion within their bodies and a feeling of the doctor's fingertips as having melted into them. Patients often report feelings of emotional release and serenity. Osteopathy in the cranial field, as the Sutherland method is called, is subtle, says John H. Harakal, D.O. As long as the osteopath "is working with the tissues, you won't feel it," he says. "If he works against the tissues, you become much more aware of what he is doing." Harakal goes on, "He's monitoring and cooperating and using a directive effort. Sometimes you are directing the bones of the skull or pelvis, sometimes you are directing the fluid. But the bottom line is, the fluids are making the changes."

Among D.O.'s who use the cranial method is Viola Frymann of La Jolla, California's Osteopathic Center for Children. (She and Capobianco were among eight D.O.'s invited to the Soviet Union last year to demonstrate osteopathy.) Frymann says, "We get children with recurrent ear infections that started when they were six months old and have gone on for

years. Parents are sick of the merry-go-round of antibiotics and ear infections. When we begin to address the structural problem, which may have originated at birth, the ear infections become progressively less frequent." Last year, DeMasi took her baby, Paul, for treatment of ear infections that had recurred twice a month for a year. "After three treatments, his ears were OK," she reports. "He hasn't had an ear infection since. We're very happy and kind of amazed, too."

The cranial method is Capobianco's primary mode of treatment. He believes that it goes beyond making changes on the structural level to making deeper emotional and possibly even spiritual changes. "Pure osteopathy is setting the stage for transformation," he says. "It's allowing motion to manifest. In pure osteopathy, pushing is blasphemy. But most people have a problem 'getting' osteopathy. It's much easier to say, 'We push here and stimulate this to happen, and therefore the pressure is off the artery. "That's all true, but there's a possibility of listening to the innate wisdom present in all patients."

That process of listening feels great to patients of cranial method practitioners—"like magic," as Northrup puts it. "Afterwards I can hardly get off the table." she says. "He changes the way the cerebrospinal fluid flows, that's definite." Northrup visits a Maine osteopath four times a year for "tuneups."

Within the field of osteopathy there is some discord over how much allopathic medicine should be incorporated. To different degrees, D.O.'s see the ability to integrate manipulation with other modes as an advantage. "A complete osteopath will use everything known, but address it from an anatomic and physiological as opposed to a biochemical basis which is what most allopathic medicine does," says Harakal. Briner, a board trustee of the American Academy of Osteopathy, says that sometimes a short-term pharmacological approach "seems necessary to facilitate a treatment or response." Steiner adds that "[treatment] is integrated in the sense that the manipulative procedures are used whenever they are appropriate, just as penicillin is used where it's appropriate."

That kind of integration doesn't always jibe with the beliefs of some more classical osteopaths. And some argue that in their fight to be recognized by the conventional medical establishment, too much of the art of osteopathy has been lost. They view osteopathy not so much as a profession, but as a calling with a philosophical and even spiritual orientation that A. T. Still would be proud of.

To those with the more esoteric viewpoint, osteopathy is an art and a science passed like a torch from one generation to another through mentors. In his 1950 self-published *Doctor A. T. Still in the Living*, Robert E. Truhlar, D.O., wrote that many of the older successful osteopaths had a "spiritual concept." The book is a collection of philosophical, religious, and scientific adages culled from Still's writings, and in its preface Truhlar says, "These capsules of wisdom and knowledge must be preserved for those who come after us. They are the guideposts of the osteopathic way of life."

Within the holistic medical community, pure osteopathy is in general highly regarded, although there is not widespread awareness of it. The American Association of Naturopathic Physicians in Seattle tends to recommend its own physicians, but president Cathy Rogers says that because of osteopathy's roots in looking at health in a nonallopathic manner, the association regards pure osteopathy as an acceptable form of treatment.

Probably the biggest controversy in the relationship between osteopaths and the holistic medical community is the use of osteopathic cranial techniques by bodyworkers not trained in Sutherland's methods. The Sutherland Cranial Teaching Foundation and the Cranial

Academy, postgraduate nonprofit institutions, will teach the method only to osteopaths, medical doctors, and dentists. But around the nation, similar cranial-sacral methods are being taught by a few D.O.'s., M.D.'s, nurses, and other bodyworkers for a fee to laypeople and health care professionals without medical degrees. "We do not approve of this," says Harakal. "Their training is incomplete on an anatomical or physiological basis or has been modified. We have concerns not only about the qualifications of those taking [such instruction] but also about those who are instructors." Adds Capobianco, "Osteopathy in the cranial field is not a separate therapy as many are deceived to believe. It's an expansion of the osteopathic concept. Full medical, surgical, and clinical experience is needed to administer it properly."

Controversies may also exist in the examination room. Without a basic understanding and the experience of osteopathy, a patient may not believe that the osteopath can feel what other practitioners need an x-ray to tell them. Also, osteopathic manipulative treatment means a commitment of time, both for the treatment itself, which can last from half an hour to more than an hour, and for the curative process, which can take longer than the response time for prescription medications. "This isn't Burger King. You don't just drive up, get your hamburger, and drive away," says Capobianco.

But in the long run, as little Paul DeMasi's parents point out, patients save both time and money. "Between the constant trips to the pediatrician and the antibiotics, it was costing me a fortune," says Paul's father, Bernard. According to Paula DeMasi, there is one commodity that can't be measured in dollars; sleep.

D.O.'s say that their practices grow by "word of mouth," not through advertising. "It's not the kind of thing you discuss around the water cooler at work," says a patient. "If I go to my doctor for pneumonia, people expect me to come back saying he gave me antibiotics, not that he set the stage for my body's innate wisdom to heal itself. But I do plant the seed. I drop hints. That's how I ended up going, and it's important to pass it on."

"Osteopathy to me is a very sacred science," Still wrote. "It is sacred because it is a healing power through all Nature." Classical osteopaths, following the original precepts set down by Still, believe that we have the power within to heal ourselves. That belief, passed down for more than a century through the hands of osteopaths, gives us the option to step off the beaten path of conventional medicine and onto a road where our own innate wisdom is waiting for us.

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