Academy of PHYSICAL MEDICINE

Broadcast Summary

Visceral Osteopathy

With Kelston Chorley

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Kelston Chorley

- Previously head of Professional Development at BOA, for 7½ years
- Also involved in other areas, such as risk, ASA compliance
- MS in Respiratory Osteopathy from ESO
- Founded the Osteopathic Pelvic Respiratory and Abdominal Association (OPRAA)
  - Due to fears that GOsC might clamp down on scope of practice, unless practitioners were suitably represented/supported
  - Intended to provide a structured training framework
  - Provides public with a resource to find suitable osteopaths

Visceral Osteopathy

- Probably introduced to Europe by an Indian practitioner- termed "bloodless surgery". Taken on by Stanley Lief
- "Visceral osteopathy" conjures a misleading impression of what practitioners are doing (there's no direct manipulation of viscera)
- Actual mechanism not known
  - improving circulation and drainage
  - It's about freeing structures
  - Eg ovarian cysts may reduce the mobility of surrounding organs, making them "stickier", resulting in slower drainage
  - Not dealing with adhesions – too strong to be removed by manual techniques
  - Some patients very prone to adhesions and leading cause of death post-abdominal surgery, therefore have to be careful not to "annoy" tissues in deep visceral work
- Preferable title: consider segmentally - respiratory, pelvic and abdominal osteopathy
- Jean-Pierre Barral's work may have greater relationship with cranial, but this is not generally the case. Barral coined expression "motility" (listening to an organ and sensing its movement).
- Physios probably use a similar technique (there are specialist groups)
- Chiros possibly more likely to consider spinal adjustment as a route to alter visceral function

Attitude of conventional world

- Most GPs find visceral difficult to accept
- But Kelston has treated a senior research medic, after she approached him, with good results:

- She is involved in trial to treat infertility
- Theory is that infertility may be the result of poor circulation (very osteopathic)
- Hypothesis is that local perfusion may be improved by use of aspirin

- Easier to conduct conventional research (aspirin is cheap)
- Numbers in clinic too small to be a meaningful trial
- Greater acceptance of importance of circulation, pumping, drainage

Evidence for visceral

- Abysmal
- Note that much of conventional medicine is not evidence based either!
- Attempts to gain some evidence for role of manual therapy in improving respiratory function
- Theory is that balancing muscles and freeing structural restrictions may ease the problem. For example, treatment of the liver relates to mobilisation of surrounding structures and improving drainage.

New Research:

- Colleges have to more involved.
- Graduates need assistance.
- Money is available to be accessed - but colleges are not traditionally good at fundraising.

Getting patients

- Cannot advertise visceral as a treatment for specific conditions. ASA guidelines prevent this wjhere there is a lack of evidence
- Patient testimonials are permissible, as long as it is their words and not used as part of a campaign to treat a specific condition viscerally
- Word of mouth is, as always, very effective
- The indication for visceral treatment often arises as part of treatment for other conditions

Common Areas of Treatment

- Gynae tends to be about 70% of business
  - Infertility (70% success). Patients usually come after 2+ years of trying to conceive, may be contemplating IVF or already undergone IVF unsuccessfully
  - Heavy periods, painful menstruation – generally easy to treat
  - Source of patients is generally word of mouth
- Remainder mostly recurrent ear/throat infections/abdominal
  - Swallowing problems – sense of feeling something stuck in throat
  - no pathology suspected or detected, usually a functional problem
  - Usually muscular and responds to soft tissue work around the neck
- Less abdominal work
- Post surgical issues (neck/throat) – NHS does not manage these well
- Voice problems (actors, singers)
  - Not high volume
  - Treatment has always proved beneficial
- Post Partum

- Physios talk about weak pelvic floor muscles – usually these are not flabby and incapable, rather they are hypertonic and not doing their job
- Pelvic floor weakness is often a throwaway diagnosis
- Visceral treatment often very effective
- It's all about muscles

- Prostates
  - Results less clear
  - Difficult area to work
  - Difficult area to learn about

- Asthma
  - Evidence unavailable for effectiveness
  - Manual therapy very labour intensive in this regard
  - Less attractive an area for research – asthma in children was the subject of Kelston's MSc research:
    - Could rib manipulation and treatment to soft tissues of neck and diaphragm increase respiratory intake and reduce use of inhalers
    - Techniques directly related to structures around the lungs

Informed consent

- Essential, especially where intimate areas may be treated
- Discuss nature of problem
- Explain how visceral may help
- Emphasise the experimental aspect of visceral treatment
- Usually direct muscle technique – can be painful
- Make clear expectations (some change after 2-3 treatments, usually)

Intimate areas:

- Care in treatment and explanation is vital
- Clarity of explanation
- Good use of covers/towel technique
- Standard procedures for consent (breast area OK on same day, internal areas/pelvic floor always rescheduled)
- Treating Internally
  - Rare that this is required
  - Usually only for infertility
  - Coccygeal need not be treated internally

Causes of Visceral Problems

- Poor diet
- Activity (or lack thereof)
- Trauma
- Surgery – will always cause some adhesions
- Obesity

- Infection
- Stress/tension (often unconscious tension eg when driving – holding breath or tensing muscles, thus altering the respiratory mechanism)

Other Indications for Treatment

- Post surgery – great area for manual therapists. Cannot remove adhesions, but can modify body's adaptation
- Functional disorders – following GP assessment/US scan
- IBS – success rate not as good as specialist hypnotherapy (possibly due to stress component)

Contraindications

- Men over 50 – AAA – can be detected manually in som cases
- Biggest area is psychological – an unusual area for treatment – can have later effects. Eg patient in whom it brought out memories of childhood abuse.

What training is required?

- Holisitic intuition is no longer sufficient
- Best reference works are anatomy text books
- Transition from structural to visceral is straightforward
- Model of thinking is the same – new palpatory skills required, slightly different techniques aimed at improving symmetry of muscle tension
- New series of courses through The College of Osteopaths over 5 days:
  - Open not just to osteos
  - Content:
  - One day on consent – practitioners have to be confident in this
  - One on history, background
  - One day each for Respiratory, Pelvic, Abdominal
  - Will become one-year MSc (research or project based)
  - Syllabus to be determined

ASA Constraints

- ASA rules are not usually a hindrance
- GOsC and iO do keep a watchful eye on how osteopaths advertise
- Not uncommon for other practitioners to report colleagues

Spinal reflexes (and the "Vitalistic Theory")

- Adjustment of specific segments will affect specific organs
- No evidence for the existence of spinal reflexes. Irvin K Korr did a lot of work on this theory, but it has been shown not to be the case
- However, tense musculature can mimic visceral pathologies. Eg heart conditions – the most common of these, with very well-known referral patterns.

Myofascial Practitioners

- The number may be increasing
- Reflects a historical connection of work on soft tissues to resolve functional problems