How and Why I Apply the Osteopathic Principles In Practice

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Editor's note: This article from the archives has been formatted to comply with *The AAO Journal*'s style guidelines, but original language, spelling and punctuation has been retained per its original publication in the 1969 AAO Yearbook.

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Original editor's note: Dr. Hoover, the exponent of functional osteopathic technic, wrote this paper for presentation before the Puget Sound Academy of Applied Osteopathy at which time there was a forum participated in by Drs. Lee Moore, Paul Noffsinger, Larry Hoover, William E. Merrill and H. V. Hoover. The material on functional technic is not new, but the expression of an idea as to whether any remedial treatment is alterative or simply palliative makes this article well worth the reading time.

Hippocrates wrote "The physician must.....have two special objects in view with regard to diseases, namely, to do good and to do no harm. The art consists of three things, the disease, the patient and the physician. The physician is the servant of the art (or, of nature, as it is found in some manuscripts according to Galen), and the patient must combat the disease along with the physician."[1]

On this subject a footnote states[2] "Galen, in his commentary remarks that the first time he read it" (this classical passage) "he thought it unworthy of Hippocrates to lay it down as a rule of practice……but that after having seen a good deal of practice of other physicians and observed how often they were justly exposed to censure for having bled, or applied a bath or given medicines or wine unseasonably he came to recognize the propriety and importance of the rule……".

It seems that the practice of medicine today does not differ basically from that practiced in the ages represented by these two great physicians and although Galen pointed at others it seems that each physician should look first at his own practices. A physician should do good and no harm. Of course, since there are no absolutes of "good" and "harm" it must be recognized that any treatment which can change the reaction of a patient may be either potentially beneficial or potentially harmful, depending upon how the patient reacts. In general, effective treatment then becomes an idiomatic process, adapted to the existing peculiarities and idiosyncrasies of the particular patient under consideration. A specific treatment cannot benefit all patients if given routinely, and, indeed, it is apt to harm some. Therefore, although trite, the statement that a treatment must be specifically adapted to the needs of the patient at the time of its application is the first and most important rule for a physician to follow.

Moreover, if there are several possible avenues of approach to a patient's complaint, it seems obvious that differences in effects good and/or bad on a given patient may be postulated. These probable effects call for a choice in treatment so that the paient may derive the most benefit. Also, since any treatment may be potentially harmful, the choice must involve the second part of Hippocrates' rule, i.e., "do no harm", to the extent that harm be minimimal if it cannot be avoided entirely. In other words, the treatment selected should be the one which secures the desired results in a reasonable time with a minimum of bad side effects. This is the second rule.

In order to make these general rules effective, the physician must make a choice as to what type of treatment to use. For example, in a low back pain he must, if it is found that the pain is not reflex or referred, choose between a surgical or a medical approach. If surgical, what operation or other procedure is indicated? If medical, shall the patient be hospitalized or not. Shall he receive osteopathic manipulation, drugs, physical therapy or other as psychoanalysis. If one of these is chosen, what kind and how? When and how much? And if several may be indicated, how may they best be combined if at all. In all this complexity of choosing the beneficial treatment, the possibilities of harming the patient are too often forgotten in practice today. The immediate effect, while possibly satisfactory, does not compensate for secondary or ultimate damage. In choos-

(continued on page 20)

(continued from page 19)

ing therapy the forewarnings of Hippocrates and Galen should be remembered.

Choice of therapy by a given physician will depend upon his training, experience, ability and judgement. If poorly trained in one field, such as manipulation in which he may have had little experience, or which he applies ineptly, the physician will not choose that type of treatment. If skilled in orthopedic surgery only, he will think first of surgery and be more apt to operate than other physicians will; if trained in symptomatic approach he will think primarily of drugs and physical therapy; if he is a psychiatrist his approach will be on that basis. If he is trained and skillful in manipulation, the patient will be given manipulation. Any physician, however, while justifiably confining his efforts to fields in which he is trained and skillful, should give the patient the best treatment available. This requires consultation and referral to supplement the physician's own efforts.

There is, however, a considerable difference in making a choice of therapeutic measures as compared to manipulation. Osteopathic manipulation to be really effective requires the development of a skill and understanding comparable to any art such as piano playing or sculpture. The use of medicines and physical therapy can be much more easily grasped and their use requires no long periods of practice to develop proficiency. The approach to the patient other than that of manipulation can be standarized to a workable degree. It can frequently be read out of a book and immediately applied, by those who have a good basic medical training. Not so osteopathic manipulation. Because of difficulty in learning and developing it the application of osteopathic manipulation may vary in quality through an extremely wide range. It is sometimes mere imitation or a crude or inept process and it certainly seems that its intelligent application is beyond the comprehension of those who have not been well-trained in the semantics and the thinking of osteopathy. Therefore, even when specifically indicated, osteopathic manipulation is less apt to be chose in therapy than the easier applied and understood approaches which often seem to do better judging from a symptomatic evaluation, than the poor manipulation available.

Yet, the benefit of manipulation as applied by generations of osteopathic physicians to thousands of patients cannot be denied. Nor can it be successfully maintained that all of these benefits could have been secured by any other methods. It cannot be claimed that those patients which could have been handled successfully by other means should have been so treated to the exclusion of the manipulative therapy. For example, the advent of antibiotics certainly should not supercede completely the regimen based on manipulation which was so effective in treating pneumonia for many years before the advent of antibiotics and modern chemotherapy. On the other hand, lifesaving antibiotics should be administered if indicated by the need of the patient in spite of potential harmful side effects. However, to the physician who has seen many patients recover quickly and uneventfully from pneumonia on a therapy consisting only of manipulation and good nursing, it does not seem reasonable to risk the possible side effects of antibiotics and drugs unless the condition and reaction of the patient is precarious and unsatisfactory and these may be specifically indicated. To those who do not know how to manipulate a patient with pneumonia, antibiotics and drugs are the only recourse. Because this is the usual state of affairs does not make the latter procedure fulfill the requirements for a regimen of doing the most good with the least harm. In practice, variation in the experience and ability of physicians makes a wide variation in the therapy used. But it is certain that the physician who knows how to manipulate well can help his patient a great deal more in a wide variety of conditions than if he does not have this ability.

To help decide the relatively most safe and effective treatment available at the time, the osteopathic physician is guided by the biologic principles basic to osteopathic theory and practice. Treatment, it seems, should be consonant with both the principle that the more perfect the body the better it functions and the principle which complements it that the body has the functions of defense, healing and/or repair if it can survive. The more perfect the body, the more effective are these functions.

Therapy should be directed first toward survival, second, toward achieving a state permitting the optimum use of those inherent abilities and faculties which improve function and tend to restore and maintain health.

Symptomatic therapy per se is not a part of osteopathic medicine, though the control of symptoms such as pain, fever and sleeplessness may be a part of the program of putting the patient into a state in which he may react optimumly. The value of this control of symptoms should in all cases be weighed against effects of therapy which may be more detrimental than the untreated symptoms.

Therapy dictated by etiology may be osteopathic if the process of control or destruction of the noxious influence does not do more harm than good and other treatment cannot be found which may be as effective as treating the etiological factor. This latter is pointed out by Hippocrates when he indicated that the patient is part of healing "art" and "the patient must combat the disease along with the physician". The approach to tuberculosis and many other conditions must be chiefly on the basis of making the patient more able to survive and improve through his own resources.

(continued on page 21)

(continued from page 20)

The ability of the osteopathic physician to transform the principle of improving the ability of the patient to achieve and maintain health into effective action, and his emphasis on this principle in determining treatment, is the chief difference between his therapy and that of most physicians. He is trained to emphasize the reaction of the patient in and to his environment and to himself as one of the most important factors in health and disease. This ecological approach by the osteopathic physician is activated to a considerable degree by his ability to improve the reactions of the patient by manipulative procedures although other therapy is frequently valuable when applied in the light of osteopathic principles. The ecological approach recognizes and copes with the noxious (to the patient) influences within and outside the patient but considers them as they affect the patient; not as an entity to be combated without considering the reactions of the patient. Treatment is not directed primarily at a named disease, and in fact it is frequently used effectively before a name is given to the condition to alter his response so that he can better adapt his responses to make a more comfortable and efficient recovery and prolong his life in the environment he must live in.

Diagnosis, among other things, should provide a clear idea of the reason for treating a certain patient so that the therapy may be the best possible under the circumstances. Is therapy to be palliative, prophylactic, orthopedic, curative, or emergency, or a combination of these objectives?

Emergency treatment, whether it be for example the removal of an appendix which endangers life, a blood transfusion to save life, or digitalis to strengthen a failing heart, permits survival and sustains life until the resources of the patient can take over. If and when the need ceases or is eradicated, further emergency treatment is needless, and indeed contraindicated.

If therapy is to be alterative or curative as is the intent of many drugs, much osteopathic manipulation, some physical therapy, diet and most psychotherapy, the object is to change the ability of the patient so that he can carry on normal, for him, activity in his environment. When this eventuates, further treatment becomes meddlesome and is contraindicated. In this connection it is interesting to note that Dr. A. T. Still scolded his students when they treated patients with osteopathic manipulation after the need ceased, stating that this made them ill. Many patients do not feel well because of the prolonged use of treatment which may have been indicated and useful originally but which now does harm.

If therapy is to be orthopedic as is much surgery, much osteopathic manipulation and physical therapy the object is to make the patient physically better able to use his resources in maintaining a healthful existence in his environment. This therapy can be overdone in a desire to reach an ideal structural rather than a good functional result.

(continued on page 22)

(continued from page 21)

If therapy is to be prophylactic as in vaccination and other immunization, diet and hygiene and some osteopathic manipulation, the object is to better the defense. Etiological medicine on the public health level then becomes a part of ecological medicine and is important. Prophylactic medicine by manipulation, the value of which has been demonstrated through the years, is too little practiced today. Also, patients are not apt to be educated as to their part in the "art" and consequently they are prone to pay little attention to the essentials of maintaining a high level of reserve which can cope with the environment. Public health education seems to be failing to get over the point that the individual is responsible to a large degree for his own well being. So the physician, just as Hippocrates, did, must use valuable time to educate the patient in his responsibility.

If therapy is to be palliative or symptomatic, as most medicines, some osteopathic manipulation and some psychotherapy, the object seems to be to give time for the organization of the resources of the body. Otherwise, except in hopeless cases, palliation is meddlesome, often harmful as is obvious in the irresponsible use of such drugs as the barbituates and the tranquilizers, the misuse of psychotherapy and as previously noted the misuse of manipulation.

To the osteopathic physician, who has developed unusual skill and experience in the use of manipulation in all of these categories of treatment as well as having used and/or observed the use of the common drugs, biologicals, surgical procedures and psythotherapeutic methods, manipulation seems to be applicable in treatment except in a few unusual conditions and emergencies. In many instances it would seem to be the method of choice and in others it can be a strong supportive factor potentiating as it usually does other therapy chosen and minimizing its side effects. In many cases it is the sole approach used other than the general hygienic and dietary advice. The case is rare which cannot be materially benefited by judicious manipulation and there are many cases which cannot be helped materially without it. Osteopathic manipulation to the skilled operator seems most often the treatment which is effective and least harmful. However, it must be noted that the time and strength of the physician requires that he limit under present conditions the use of manipulation to those who need it most and who will not be harmed much by other therapy which may bring the desired benefits. This lack of time and manpower is one of the most serious obstacles in the use of manipulation. This problem arises; should the physician give better treatment which is often solely manipulation to a fewer number or treat a greater number by other means with the probability of less benefit and more harm? Each physician who can manipulate well must answer this question. Those who cannot manipulate do not know this particular dilemma, which becomes more pressing as the ability to manipulate effectively increases.

I. M. Korr gives the theoretical basis which substantiates these practical observations in his articles which have appeared in the Journal of the American Osteopathic Association and have been reprinted in the Yearbook of the Academy of Applied Osteopathy.[3] In these it seems he points out that treatment and expecially manipulation directed toward breaking the reflex cycle related to disease processes by altering the somatic component seems to be the basis for the only known truly scientific theory of treatment. So on a practical and on a scientific basis the use of manipulation by a competent osteopathic physician seems not only justified but it seems imperative for adequate and complete treatment of most patients.

This concludes the presentation on the requested topic but so much has been said in this discussion about manipulative therapy which may seem to be confusing and controversial that it seems necessary to say something more to clarify what is meant by manipulation in this paper.

To illustrate the problem, the following incident is reported. A physician read a paper in which the surgical treatment of eleven cases of bronchiectasis was discussed and evaluated. During the discussion it was stated that all of these cases had received osteopathic manipulation and other conservative treatment before being subjected to the surgery which was necessary because of failure of previous treatment. After hearing this a certain physician in the audience said to another, "I do not understand how even in the patients of the whole hospital staff (it was a small hospital) in a year or two there could be found so many patients with bronchietasis so severe they required surgery because manipulation failed. I have seen only a few such cases in my 20 years of practice." The reply was "whose manipulation?" These doctors were evidently not on the same level of proficiency in manipulation. One, according to his statement, rarely in his 20 years of practice had found a case too severe to handle successfully by conservative measures featuring manipulation, and the other, the surgeon, had found in a very few years a considerable number of cases he could not handle conservatively. Even differences in diagnostic ability and criteria of what constituted a good result from conservative therapy would not seem to account for all of this difference. The factor of variability in ability to administer an effective osteopathic manipulative treatment seems to account for the difference to an important degree.

Manipulative therapy is not subject to standardization as is surgery, drug therapy and other therapies (except psychotherapy). It has been difficult to teach and when learned has required a great deal

(continued on page 23)

(continued from page 22)

of practice and concerted thought to develop it into an effective and dependable therapeutic agent. Many physicians therefore, even though they have the D. O. degree, do not seem to understand the nature of osteopathic manipulation and how it can be used, judging from their practice. Many physicians seem to regard manipulation as an orthopedic procedure only. Others consider it primarily palliative. Its use in the alterative field is unjustifiably waning.

As to the method of application of manipulation there are a variety of opinions. Some seem to think that osteopathic manipulation must be a "corrective" thrust, moving bones and "setting" joints. Others think the thrust barbarous and use only non-thrust types of treatment. Between these two extremes are many variations and combinations of manipulative technics. It seems that in all of these variations the semantics and therefore the thinking is on a structural basis. "Technic" as usually taught neglects the functional approach to treatment.[4,5,6,7,8] Man, by most physicians who use manipulation, is considered to be a structure and it is forgotten that he is also a function; actually a structure-function.

Function in this sense is meant the obverse of structure and not psychic or psycho-somatic as disease is sometimes classified into functional and organic. Function as meant here may be defined as a structure in action at a given time and is a phase of the process which may be named structure-function. It is unfortunate that the education and training of physicians in manipulation is entirely structural in its semantics so that functional thinking and technic becomes as difficult to understand and use as a foreign language. The more educated and more able to manipulate structure, the harder it becomes for the physician to use the semantics of function and to think and act on a functional level. But is has been demonstrated that some of those without professional training, freshmen in an osteopathic college or lay persons because they have no preconceived notions can learn the elements of functional technic quickly and easily if properly taught although of course they do not know when and why they should use it. This fact is overlooked by our educators.

It is also certain that functional technic is an extremely effective manipulative therapy usable in many cases which do not seem amenable to the structural approach. It is also remarkably accurate and specific since the changes of the patient's tissues indicates during the process what to do in the continuing execution of the treatment as well as indicating when to cease. Functional technic is practically non traumatic, being more pleasant to give and to receive than much structural technic. Its learnability, its usability, scientific accuracy and its effective and certain alteration of the reaction of the patient could well change the attitude of many who think the learning and development of skills in the technic of manipulation difficult and not worth the effort.

Technical ability therefore varies not only within the range permitted by semantics of structure but also the variation can be extended greatly by the use of the functional approach. The wide variability in the results achieved by manipulation by different doctors often makes it hard for them to carry on intelligent communication on the subject. This is because the word manipulation actually can mean an infinite variety of actions whereas too often it means to a physician certain definite action which he assumes to be what all understand the word to mean. This assumption of a common meaning for a familiar word can lead to confusion and misunderstanding. Therefore, this brief exposition on manipulation is presented in the hope that the meaning of this paper will be clearer.

In summary, it has been pointed out that: (1) osteopathic manipulation is a variable and when one says he has used it another has no way of knowing exactly what was done to the patient; also, many D.O.'s do not fully appreciate and use manipulation because they lack ability and experience in its use; (2) osteopathic manipulation can be scientific in principle and application, especially if the functional technic is used; (3) few therapeutic regimens are adequate without it; (4) most patients are best handled with manipulative therapy as a principle part of the regimen and some should be handled almost entirely by manipulation; (5) therapy based on (3) and (4) conform more closely than any other to the precepts quoted from Hippocrates and Galen as "Musts" of practice which hold true today as they have for thousands of years.

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