



# View from the Pyramids: A Brave New World

AAOJ Editor-in-Chief Janice Upton Blumer, DO, FAAO

## EDITORIAL

As I sit in my front yard garden 'remote office' during this time of Coronavirus social distancing, my thoughts go out to those on the frontlines of this pandemic. In the hardest hit areas, personal protective equipment is scarce, leading to reuse and potential for worsening the epidemic. So many of these frontline workers are facing a brave new world of medicine. In this brave new world, contact becomes the enemy instead of a source of comfort. In this brave new world, the more that can be done remotely the better. Robotics are rapidly evolving to help limit contact and spread by doing some of the more mundane tasks. For those of you using

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OMT on the frontlines, you remain rock stars in my book. It has been shown that OMT can help with reducing inflammatory cytokines, or the 'storm' that leads to ventilator use in some patients.<sup>1</sup>

In the last month, the Academy has partnered with the American Osteopathic Association (AOA) to offer two new online learning CME activities focused on treating COVID-19 patients. The first offering reviews applicable OMM techniques for optimizing pulmonary function in COVID-19 or suspected COVID-19 patients. The second offering provides first-hand accounts from the frontlines on using OMT to treat COVID-19 patients. I encourage you to visit the Academy's website to enroll in these free courses.

In reflecting on this pandemic, we often compare it to the 1918 Flu Pandemic. It had similar impact and contagion, and osteopathic physicians of the time who used OMT had improved mortality rates overall.<sup>2</sup> At a time when antibiotics were not yet developed, OMT offered a positive impact.

But what about now, when 'non-essential' health care workers have been benched as mandates divert resources to the frontlines. Many

practices have gone to telehealth with varying results, and often low volume of patients. Some choose to wait out the storm rather than do telehealth visits. Other practices have shut their doors during this time to assist with the state orders for social distance. We as osteopathic physicians have a conundrum in that we know OMT can help, but we cannot get to the population that needs it most due to isolation, state orders, or worry for contracting the virus ourselves.

I cannot help but think that osteopathic physicians in the 1918 epidemic had similar concerns, for themselves and for their families. How to safely deliver OMT to the highest risk populations while protecting themselves, their families and their loved ones? At the same time, they had to navigate containment of the contagion while providing care to the most affected. I don't know how they managed that dichotomy, but I do know many sent their families away to safer havens while still seeing patients.

Maybe the answer for this pandemic is different because it has to be. Most of us do not have the luxury of sending families to harbor safely elsewhere, especially in large cities. Maybe the answer for this pandemic during social isolation is to rethink how to deliver OMT, whether it is prudent, and what else we may do to assist during the pandemic. Maybe we need to rethink what it really means to be an osteopathic physician who practices OMT and how we can best assist our patients during this 'hands off' period of time.

In this brave new world, practices are having to reinvent how they will deliver health care, what is considered essential, and how they protect themselves and their staff. In this brave new world, we are going to have to go back to our roots and find the health of the patient in spite of the disease. Focusing on environmental health



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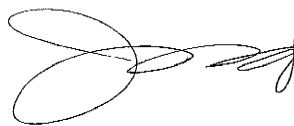
through good nutrition, regular exercise and reducing the burden of stress are just a few of the avenues we can choose.

While delivering osteopathic care in the time of social distancing is a challenge, it is not insurmountable. I am drawn to the new field of psychoneuroimmunology to help our patients at a time when we can't see them face to face. In short, 'psychoneuroimmunology' is the interface between a patient's *psychological processes* through coping and beliefs, their *nervous system* through pain and receptivity, and their *immune function*, or their ability to fend off disease.<sup>3</sup> In other words, the *structure* of the immune system is dependent on the *function* of a healthy nervous system and psyche. What better time than during a pandemic to support our patient's immune systems through this interface? Perhaps we can support the health of the patient by partnering with them to work on the things that have been put on hold for so long in the ever-growing chaos of our day to day lives. I'm talking stress here.

In this brave new world, where we may not be able to interface with our hands to address pain, there is still another way we can improve structure and function by helping patients understand how their psyche and nervous system can impact their health and healing. Working with mindfulness-based stress reduction, optimism, and coping... all things that can be done remotely. Teaching self-care OMT for those who are motivated is another option. Adding cooking and nutrition classes, and coaching towards anti-inflammatory eating can also assist with immune function. There

is *so much* we can do, and have the knowledge to do in times of a pandemic to assist our patients, even if our hands are grounded so to speak. But the most important thing during this time is *to not give up*. You have so much to offer and patients are hungry for more. I'm interested in hearing what your practices are doing to continue to 'keep on digging'...

In Gratitude –



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## References

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