Osteopathic Medical History and Philosophy

H. James Jones, DO
Associate Professor of Neurology/OMM
Diplomate of the American Board of Psychiatry and Neurology
College of Osteopathic Medicine of the Pacific/Western University of Health Sciences
The Challenge of Innovation

- About 133 years ago, Andrew Taylor Still, MD (1828-1917) struggled with the medical armamentarium of his day as he observed helplessly while conventional medicine of his era failed to cure his children stricken with cerebrospinal meningitis.

- Dr. Still, who practiced for many years as an orthodox physician, came to the conclusion that the contemporary orthodox medical treatment of his day, was unscientifically based and was largely ineffective, or at times outright harmful.
The Challenge of Innovation

- Still practiced as an orthodox physician since at least 1849. He attended the Kansas City School of Physicians and Surgeons immediately after the Civil War, but left before receiving his formal degree.

- He received his medical training in a manner similar to most American physicians of the time, via a process of apprenticeship, scholarly reading and observation and treating of patients.
Dr. Still’s Medical License

State of Missouri. County of Macon. This is to certify that H. F. Still is registered on the Roll of Physicians & Surgeons of Macon County Missouri on Page Three Line Number Two. Dated Aug. 29, 1874, under an act passed by the Legislature of Missouri approved March 27, 1874.

In Testimony whereof I have hereunto set my hand and affixed the Seal of the Macon County Court this 1st day of May 1874.

J. D. Goodding
County Clerk
by R. E. Goodding, D.C.

No. 11

State of Missouri. County of Adair. This is to certify that J. F. Still is registered on the Roll of Physicians & Surgeons of Macon County Missouri on Page Three Line Number Two. Dated Aug. 29, 1874, under an act passed by the Legislature of Missouri approved March 27, 1874.

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Andrew Taylor Still, MD (1828-1917)
The Challenge of Innovation

- Still sought a different approach to understanding disease that would permit an alternative to the common remedies of his day that included blood letting (the medical practice of opening a vein and bleeding the patient for “therapeutic” purposes; and the use of lead or mercury [“Calomel”] based purgatives to induce bowel movements). This medical approach of the day, espoused by Benjamin Rush of the University of Pennsylvania was known as “heroic medicine”

- Still explored many types of medical philosophies of his day, but again found them wanting. The central issue of medicine, he would later maintain was not which drug to use, but whether drugging the patient in and of itself was always an appropriate form of therapy.
Bleeding Bowl
Bloodletting Knife

Above: a bleeding knife with three blades, circa 1790. Blood-letting continued to be a favoured form of treatment during the eighteenth century.
The Challenge of Innovation

- Still felt that the body possessed an efficient “chemical laboratory”, capable in health, of creating all of the substances that it needed.
- Thus in sickness, the answer would not by his reasoning, be found necessarily in administering more drugs (remember in his era, most of the so-called “medicines”, were arguably mostly poisons of unproven efficacy).
- Still felt the solution to disease was to find out what was creating the bodily disturbance and remove that interference so that the body could return to its normal state of healthful homeostasis.
Caduceus Vs. Rod (Staff) of Aesculapius
DO and the Rod of Aesculapius
Guinea Worm Dracunculus medinesis) Removal
The Four Principles of Osteopathic Medicine

- The human being is a dynamic unit of function.
- The body possesses self-regulatory mechanisms, with inherent self-healing properties.
- Structure and function are inter-related at all levels.
- Rational therapy is then based upon this understanding of body unity, self-regulatory mechanisms and the inter-relatedness of structure and function.
Mark Twain: “The Educated Physician will Himself be an Osteopath”
The Challenge of Innovation

- Still’s philosophical beliefs led him to investigate drugless forms of healing, including “bone-setting”.
- His experiences with many patients demonstrated that a variety of ailments that had not been relieved by orthodox ministrations of the day, were receiving considerable benefits from his manual manipulations.
- “Seek Health In Your Patients, Anyone Can Find Disease”.

The Challenge of Innovation

- Still would argue that the effects of disease were due to obstruction or imbalances of the fluids of the body, principally the blood (denoted by the metaphor: “the Artery Rules Supreme”). He believed that these physiological disturbances were caused by misalignment of the musculoskeletal system. This concept was later expanded to other vascular systems of the body including the venous, arterial and lymphatic systems.

- In 1874 he announced his medical philosophy of “osteopathy”. Dr. Still attempted to incorporate this medical doctrine at Baker University in Baldwin Kansas, but the university was not accepting of his ideas. In 1892 Still established the first school of Osteopathy in Kirksville, Missouri to train others in this philosophy.
Baker University in 1858.
The Challenge of Innovation

- Still’s first faculty at the Kirksville school (American School of Osteopathy=ASO), incorporated the knowledge of more orthodox medical traditions into the philosophy of Osteopathy.

- They argued that the “germ theory” of disease which was controversial for its day (Still did not initially endorse the “germ theory”), while bacteria or viruses might be the causative agent of infectious disease, musculoskeletal dysfunctions may predispose towards physiologic derangement that would place the person in a state of lowered resistance, permitting infection to gain a foothold in the body and expressing itself as manifest disease (host control of illness and susceptibility).
American School of Osteopathy (ASO)
Medical Infirmary at ASO
The Challenge of Innovation

- By correcting the musculoskeletal derangements, the body’s natural defenses (e.g. the immune system in the case of an infectious disease process) would then be more effectively expended to address whatever process was affecting it.

- The musculoskeletal system is primary to how humans express their interaction within a given environment. Without it, we would be unable to move or interact with this environment (metaphor for “mind, matter and motion”).
The Challenge of Institutionalization

- As a social movement, osteopathy was off to a successful beginning.
- By 1898, more than 700 students were enrolled in ASO.
- The American Osteopathic Association (AOA) established itself in 1901.
- Osteopathy, much to the surprise of early detractors, would not prove to be a transitory fad or fashion, but rather an ongoing phenomenon.
First Graduating Class of ASO (Dr. Still is centered in the picture with his teaching skeleton, “Columbus”)
Anatomy Class at ASO
The Challenge of the Scope of Practice

- A few years after Still established ASO, he announced that he wished his graduates to be general practitioners, caring for patients with a wide variety of medical complaints, able to perform surgery, and deliver babies. He also sanctioned the use of some types of drugs: anesthetics, antidotes, and antiseptics which he believed had been demonstrated to be effective.
Dr. Still’s Surgical Instruments
The Challenge of the Scope of Practice

- However many of Still’s followers believed that a more wide-based materia medica (pharmacopeias), including vaccines, serums, and other agents should be employed.

- Many of the DO’s of the era argued that if a drug had practical value, then it should be integrated into osteopathic methods.
The Challenge of the Scope of Practice

- During the great pandemic (worldwide) influenza of 1918-1919 (which killed millions of people world-wide), the DO profession gained much success in treating patients with a considerably lower mortality rate than their MD counterparts.

- In 1929, the AOA gave its permission for the schools to integrate a complete course in materia medica and pharmacology.
The Challenge to the Scope of Practice

- Osteopathy ("Osteopathic Medicine") is not limited to the mere adjustment of bones.
- Osteopathy is a knowledge of anatomy applied to the healing of diseases.....
The Challenge of Amalgamation

- During the 1930’s and 1940’s, the osteopathic and allopathic (MD) professions (a term coined by Samuel Hanneman, MD to mean “allo”=other, “pathos”=disease, a system of therapeutics in which diseases are treated by producing a condition incompatible to the medical condition to be cured) and standards of practice grew closer together.

- Some DO’s questioned whether they should maintain their separateness.
The Challenge of Amalgamation

- In 1962, the California Osteopathic Association and the California Medical Association, with the blessing of the AMA, some 2000 of the then existing 2500 state DO’s agreed to accept a new MD degree.
- The College of Physicians and Surgeons (COP & S) ceased to exist and was transformed into the California College of Medicine and was affiliated with the University of California at Irvine. Licensure of new DO’s in the State was prohibited by referendum (Proposition 22).
The Challenge of Amalgamation

- The debacle in California galvanized much of the osteopathic profession. Much to the consternation and surprise of many, osteopathic medicine successfully resisted further state mergers and grew academically and organizationally stronger.
- In 1968, the US postal service created a stamp to honor the osteopathic profession.
- In 1974, the California Medical Association was challenged in the state supreme court and Proposition 22 was declared unconstitutional.
Osteopathic Stamp
The Profession Today

- Currently there are about 61,000 DO’s practicing medicine in the United States (comparable or more to the number of podiatrists, chiropractors, optometrists, and veterinarians).
- DO’s are represented in all medical branches, with equivalent practice rights to MD’s. They have practiced as physicians in the military since 1967.
- Internationally, US trained DO’s have recently gained full practice rights in the United Kingdom (2005), and Germany (1993), and have full practice rights in several of the provinces of Canada (Ontario, New Brunswick, Nova Scotia, Northwest Territories, Manitoba, British Columbia*, Alberta). A complete list of foreign countries that grant medical practice rights to US trained DO’s can be viewed in the accompanying PDF file.
- Thus there are DO family physicians, internists, obstetricians, surgeons, pediatricians, neurologists, psychiatrists, radiologists, etc.
- Currently there are 23 colleges of Osteopathic Medicine in the United States in 26 locations. There are many “satellite” COM’s.

* one pathway for full practice rights, the other only for manipulation
Colleges of Osteopathic Medicine
Principles of Treatment

- Restore physiologic motion where it is appropriate ("lengthen those structures that are pathologically short and strengthen those structures that are weak")
- Enhance or maintain optimal fluid flow via the arterial, venous and lymphatic systems as appropriate (as previously stated, implied in the metaphor: "the artery rules supreme").
Models of Systemic Function & Dysfunction

- Biomechanical-Neuromusculoskeletal
  - Alterations in the mechanics of the bones-joint relationships, muscles and fascial elements that may compromise neurologic, and circulatory functions.

- Neurologic
  - Nervous system reflexes (somatovisceral, somatosomatic, viscerosomatic and viscerovisceral), and the autonomic nervous system may have inappropriate set-points or imbalances that may predispose to pathologic conditions and pain.

- Respiratory-Circulatory
  - Dysfunctions of the respiratory system (including the thoracic diaphragm), in conjunction with other circulatory impediments, may result in a lack of proper oxygenation and nutrient distribution and impaired immune function and the removal of toxic metabolites.
Models of Systemic Function & Dysfunction

- **Nutritional**
  - Dietary and nutritional factors as dietary indiscretions contributing to hypercholesteremia, alcoholism, etc.

- **Behavioral**
  - Inability to cope with emotional stress, such as poor lifestyle choices such as tobacco abuse and inadequate exercise in relation to caloric consumption.