

Somatic Hygiene: Osteopathic Manipulative Medicine as Preventive Treatment

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Before the later part of the 20th century, patients rarely came to a physician's door unless they were feeling unwell. Lucky for all of us, we live in an age when people are more aware of the importance of keeping themselves healthy and when insurance companies and the government will reimburse routine visits to promote the maintenance of health. These entities are also looking for ways to reimburse physicians on the basis of how healthy their patients are instead of how sick.

As osteopathic physicians, we have a decided advantage over our allopathic counterparts because of the osteopathic principles and practice training we have received. Our added skill set allows us the opportunity to notice subtle anatomic variations that may be dysfunctional and to correct them. This restoration of proper structure then allows the body to function as intended and to be better able to maintain equilibrium and avoid disease.

Osteopathic manipulative medicine can be both a curative treatment and a maintenance treatment. As maintenance, it is usually employed for a condition (multiple sclerosis, failed back syndrome, etc) that has already manifested and is causing a patient substantial grief. What if, however, the maintenance phase had been implemented earlier, before onset of symptoms?

Andrew Taylor Still, MD, DO, taught us that such intervention would make a world of difference. In fact, he staked his entire career on this belief, devoting his life to the following principles: the body is an integrated unit composed of mind, body, and spirit; the body possesses self-regulatory mechanisms, having the inherent capacity to defend, repair, and remodel itself; structure and function are reciprocally interrelated; and rational treatment should be based on these principles.¹ He also instructed us to manage disease from its cause, not its symptoms—the cause being in many cases either a result of or exacerbation by a patient's somatic dysfunction. Does it then seem rational that we should allow somatic dysfunction to persist until symptoms appear, or should we find it and fix it before it has a chance to harm a patient?

What I suggest may seem a Sisyphean task, but I believe it is worth the effort. Physical examinations and preventive checkups provide excellent opportunities to address patients' somatic hygiene on a regular basis. By addressing somatic dysfunction at the outset, osteopathic physicians can help athletes become less susceptible to sports injuries than if the dysfunction had been allowed to persist. Athletes may even see their performance improve. Yes, they will most likely present at their next physical examination with additional somatic dysfunction. Nevertheless, managing new dysfunctions on a regular basis will decrease the accumulation of somatic dysfunction over the years and decrease the potential for injury. The results may not be as immediately gratifying as providing relief to a patient who is already suffering symptoms from somatic dysfunction. Yet, it is better for the patient to have his or her asymptomatic inverted ankle treated rather than to have to deal with the sprain that could occur because of it. In the long run, the impact of preventive treatment on the patient's overall well-being is as great, if not greater, than the impact of curative treatment.

We hold in our hands, hearts, and minds a unique manner in which to “prevent disease, to prolong life and to increase the comfort of life.”² These things, according to J. Martin Littlejohn, MD, DO, PhD, LLD,² are the aims of our profession. It is my hope that in this new era of prevention-focused health care, we as osteopathic physicians will integrate our unique training into the best care for patients, whether they are seeking prevention from or management of illness.

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