

**SECTION**

**I**

**OSTEOPATHIC PHILOSOPHY AND HISTORY**

# 1

## **OSTEOPATHIC PHILOSOPHY**

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### **KEY CONCEPTS**

Origin of osteopathic philosophy

Classic osteopathic philosophy

Historical development of osteopathic concepts

Evolution of the osteopathic philosophy from A.T. Still to present

Applications of osteopathic principles as guidelines to patient care

### **INTRODUCTION**

The osteopathic philosophy, deceptively simple in its presentation, forms the basis for

of ideas for the organization of scientific knowledge in relation to all phases of physical, mental,

emotional, and spiritual health, along with distinctive patient management principles. As such, its concepts form the foundation for practicing osteopathic medicine.

Viewpoints and attitudes arising from osteopathic principles give osteopathic practitioners an important template for clinical problem solving and patient education. In the 21st century, this viewpoint is particularly useful as practitioners from a wide variety of disciplines confront increasingly complex physical, psychosocial, and spiritual problems affecting individuals, families, and populations from a wide variety of cultures and back- grounds.

## **HOW IT ALL BEGAN**

Andrew Taylor Still (1828 1917) was an American frontier doctor who was convinced that 19th century patient care was severely inadequate. This resulted in an intense desire on his part to

others. Each, in his own way, criticized the inadequacies of existing medical practices, while

In addition, Still was deeply influenced by a

by a perfect God. If humans were the embodiment of perfection, then they were fundamentally made to be healthy. There should be no defect in their structures and functions.

those of

convinced that his mechanical corrections consistently achieved the same or better results without using medications.

It was at that point that Still philosophically divorced himself from the orthodox practices

unerring faith in the natural healing capabilities of the mechanically adjusted body formed the foundation for his new philosophy.

Unsure of what to call his new hands-on approach in the early years, Still at times

-set

pathine, to suffer. I reasoned that the b

As the name osteopathy implies, Still used the bony skeleton as his reference point for understanding clinical problems and their pathological processes. On the surface, he was most interested in anatomy. On the other hand, he taught that there is more to the skeleton than 206 bones attached together by ligaments and connective tissue. In his discourses, Still would describe the anatomy of the arterial supply to the femur, for example, trace it back to the heart and lungs, and relate it to all of the surrounding and interrelated nerves, soft tissues, and organs along the way. He would then demonstrate how the obstruction of arterial flow anywhere along

the pathway toward the femur would result in pathophysiologic changes in the bone, producing pain or dysfunction.

levers to relieve pressure on

structures pass between bones or through orifices (foramina) within a bone. These are places where they are most vulnerable to bony compression and disruption of their functions. In addition, fascia is a type of connective tissue that attaches to bones. Fascia also envelops all muscles, nerves, and vascular structures. When strained or twisted by overuse or trauma myofascial structures not only restrict bony mobility, but also compress neurovascular structures and disturb their functions. By using the bones as manual levers, bony or myofascial entrapments of nerves or vascular structures can be removed, thus restoring normal nervous and vascular functions.

## **The Philosophy Involves More Than Neuromusculoskeletal Diagnosis and Treatment**

Osteopathy is not only a neuromusculoskeletal-oriented diagnostic and treatment system, it is also a comprehensive and scientifically based school of medicine that embraces a philosophy. In

anatomy and physiology in the hands of a person of intelligence and skill, who can apply that knowledge to the use of man when sick or wounded by strains, shocks, falls, or mechanical

Furthermore, osteopathy had a greater calling. In what could be considered a mission

## **CLASSIC OSTEOPATHIC PHILOSOPHY OF HEALTH**

### **Health Is a Natural State of Harmony**

Still believed health to be the natural state of the human being (Table 1.1). In his own words:

line we have health. When they are not the effect is disease. When the parts are readjusted disease gives place to health. The work of the osteopath is to adjust the body from the abnormal to the normal, then the abnormal conditions give place to the normal and health is the result of the normal condition (3).

### **Mechanics and Health**

and mechanical integrity within the perspective of a comprehensive view of a human being within society:

When complete, he is a self-acting, individualized, separate personage, endowed with the power to move, and mind to direct in locomotion, with a care for comfort and a thought for his continued existence in the preparation and consumption of food to keep him in size and form to suit the duties he may have to perform (6).

Still believed that life exists as a unification of vital forces and matter. Since the body is controlled by the mind to exhibit purposeful motion in attaining the needs and goals of the

y ...

accepted that motion is an inherent quality of life itself, it was a small step to inquiring into what is moving and how it moves. Through his in-depth study of anatomy, he could see the interdependent relationships among different tissues and their component parts. He observed that



each part developed as the body was moving, growing, and developing from embryo to fetus to newborn and throughout life. Thus, each tissue, organ, and structure is designed

motion is the first and only evidence of life, by this thought we are conducted to the machinery

not moving?

a philosopher admonish him that life and matter can be united, and that that union cannot continue with any hindrance to free and absolute motion

(2).

### **Normal Nerve Activity and Flow of Body Fluids**

A machine cannot run without proper lubrication, fuel, and mechanisms to remove the by-

intricate mechanisms as he knew them. In the process, he discussed various forces that he reasoned create motion and maintain life. He explained how lubricating and nourishing fluids flow through the arteries, veins, lymphatics, and nerves. He also noted that they turn over by-

machine run by the unseen force called life, and that it may be run harmoniously it is necessary

(2).

ed the

brain as the dynamo, the electric battery that keeps the body moving and working:

The brain furnishes nerve-action and forces to suit each class of work to be done by that set of nerves which is to construct forms and to keep blood constantly in motion in the arteries and from all parts back to the heart through the veins that it may be purified, renewed, and re-enter circulation (6).

## **CLASSIC OSTEOPATHIC PHILOSOPHY OF DISEASE**

### **Disease Is an Effect of an Underlying Cause or Causes**

From the time of Hippocrates through the first half of the 20th century, diseases were identified primarily through simple and complex descriptions of symptoms and signs. Many afflictions were without clear etiology. In spite of our current greater levels of knowledge and understanding, this is still true in many cases.

Still taught that disease is the effect of an abnormal anatomic state with subsequent

(2). Additionally, Still was keenly aware of the deleterious effects of environmentally induced and therefore obstructing normal metabolic processes, body fluids, and nerve activity (3).

### **Mechanical Impediments to Flow of Body Fluids and Nerve Activity**

normal circulation of body fluids and nerve force to and from cells, tissues, and organs (3).

understood that it is the combination of free circulation of wholesome blood and motor, nutrient, and sensory nerve activity that creates tissues and organs, and facilitates their growth, maintenance, and repair. Through cadaver dissection studies he reasoned that strains, twists, or distortions in fascia, ligaments, or muscle fibers surrounding the small capillaries and nerve bundles could very well be the cause of ischemia and congestion by mechanical obstruction, interruption, or impediment to normal flow of vital fluids.

Still understood that the flow of body fluids was under the control of the nerves that innervated the blood vessel walls, adjusting the diameter of the vessels and thus controlling the

systems are dependent upon each other, it must be remembered that the bloodstream is under the control of the nervous system, not only indirectly through the heart, but directly through the vasoconstrictor and vasodilator nerve fibers, which regulate the caliber and rhythm of the blood

failure of the nerves to pro

lymphatics normal all the time or see confused Nature in the form of disease. We strike at the

pinal fluid is the highest known

individuals (10); so-called natural immunity, that is either inherited or acquired (11,12). Still believed that promoting free flow of arterial blood to

the innate self-

however, as it was incum

drugs commonly employed in the late 19th century, namely, calomel, digitalis, aloe, morphine, chloral hydrate, veratrine, pulsatilla, and sedatives (2). Still persuasively argued that a detailed physical examination, with focus on the neuromusculoskeletal system, followed by a well-designed, manipulative treatment, often removes impediments to motion and function. Where he differed from others was his view that manipulative treatment should always be used before deciding that the body has failed in its own efforts.

### ***Vaccinations***

Jenner introduced the smallpox vaccine in the 18th century, with considerable success. Still the philosophy of fighting one infection with another infectious substance that could hold the body immune by long and continuous possession is good

pointing out

## **The Mechanical Approach to Treating the Cause of Disease**

Still reasoned that the cause of most diseases was mechanical, therefore, treatment must follow the laws of mechanics. As a consequence, he used manipulative approaches designed to release bony and soft tissue barriers to nervous and circulatory functions in order to improve chances for healing (Fig. 1.1). He claimed that mobilization of these structures improved the outcomes of his patients (3). However, manipulation procedures were not only applied to relieve musculoskeletal strains and injuries, but to treat internal organ diseases as well. For example, he found characteristic paraspinous muscle rigidity and other abnormal myofascial tensions in patients with infectious diseases. He noted improvement in the health of these patients as well when the musculoskeletal and myofascial impediments to normal physiologic processes were alleviated. In mechanical aspects of dysfunction or disease were vitally important (3). Still thus proposed, that in all diseases, mobilization of all the spinal joints not in their proper positional and functional relationships was necessary to ensure proper nerve activity and blood and lymph flow throughout the body. This included everything from the occiput to the coccyx, and indicated adjustment of the pelvis, clavicles, scapulae, costal cage, and diaphragm.

## **Comprehensive Treatment**

While heavily committed to the use of palpatory diagnosis and manipulative treatment, Dr. Still continued many other aspects of patient care. He practiced surgery and midwifery (obstetrics), although little is documented about specific activities.

His patient education strategies highlighted moderation. He included advice for removing noxious or toxic substances from the diet and environment and behavioral adjustments such as

adding exercises and stopping smoking. He also admonished his patients for abusing alcohol, opium, and heroin.

Mental illness and stress-related problems were also important to Still (2,3). He wrote about the role the physician can take in providing emotional support and encouragement to patients with end-stage medical problems. He described the importance of giving hope to patients and, at the same time, providing them with a realistic approach to managing their clinical condition (3).

### **Individualized Treatment**

Each person is treated as a unique individual, not as a disease entity. Still taught that the history and physical evaluation of each person would turn up unhealthy self-care behaviors or circumstances and parts of the body not moving normally; the combination interfering with the

## **HISTORICAL DEVELOPMENT OF OSTEOPATHIC CONCEPTS**

Exactly how much influence previous or contemporary philosophies and practices had on Still is purely speculative, since he never discussed specific attachments for any particular philosopher or scientist. The writings of contemporary philosophers of science and biology, like Herbert Spencer (1820-1903) and Alfred Russel Wallace (1823-1913), resonated with those of Still (1). They promoted the theories of evolution and the interdependence of the environment and the organism in all biologic processes, including the origins of disease. They also promoted the concepts of the interdependence of structure and function, the importance of differentiating cause and effect, and emphasized the unity of the organism and interrelatedness of its parts. Throughout his life, however, Still maintained that his discoveries and thoughts were based on



personal observation, experimentation, applications of factual knowledge, and the power of reasoning. After nearly 50 years of developing his concepts, he stated:

I have explored by reading and inquiry much that has been written on kindred subjects, hoping to get something on this great law written by the ancient philosophers, but I come back as empty as I started (2).

A number of scholars and educators have attempted to trace both the historical development and evolution

Lomax (21), among many, document the use of manual treatments for millennia. Hippocrates

centuries many American and European practitioners acknowledged that there are relationships

nerves in relation to both

musculoskeletal and visceral disorders (23).

## **EVOLUTION OF OSTEOPATHIC PHILOSOPHY**

Irvin Korr, Ph.D., received his physiology degree from Princeton University. Most of his teaching and research career was spent at the Kirksville College of Osteopathic Medicine in Missouri, with later appointments at both Michigan State University College of Osteopathic Medicine and The Texas College of Osteopathic Medicine (University of North Texas). A multitalented individual, Korr was an accomplished violinist, sometimes playing chamber music with Albert Einstein, who was in residence at the time of his postgraduate training. He published extensively with several colleagues, including J.S. Denslow, A.D. Krems, Martin J. Goldstein, publication, with Denslow and Krems, focused on facilitation of neural impulses in motoneuron pools. Original research papers followed this on dermal autonomic activity, electrical skin lectured widely and published a number of important treatises tying osteopathic concepts together with proven physiologic models that emphasized the important roles played by the neuromusculoskeletal system. Whereas Still emphasized a focus on bones as the starting place from which he was to discern the cause of pathology, Korr expanded this concept to include the integrative activity of the spinal cord and its relationships with the musculoskeletal and the sympathetic nervous systems (28). Similar to Still, however, Korr often referred to the

## **The Definition of Osteopathy**

Osteopathic philosophy has been defined various ways over the years. To get a better sense of the evolution of the osteopathic philosophy since its inception, it is instructive to follow how it

Osteopathy is that science which consists of ... knowledge of the structure and functions of the human mechanism ... by which nature under the scientific treatment peculiar to osteopathic practice ... in harmonious accord with its own mechanical principles, ... may recover from displacements, disorganizations, derangements, and consequent disease and regain its normal equilibrium of form and function in health and strength. (2)

Besides Still, several other American osteopathic scholars wrote treatises on osteopathic

The osteopathic view of the cell ... is largely covered by the following statements:

Normal structure is essential to normal function.

Normal function is essential if normal structure is to be maintained.

Normal environment is essential to normal function and structure, though some degree of adaptation is possible for a time, even under abnormal conditions.

In the human body, with its diversified functions, we may add also,

philosophy and the science in the practice of osteopathic medicine and surgery in all its branches and specialties.

Health is based on the natural capacity of the human organism to resist and combat noxious influences in the environment and to compensate for their effects; to meet, with

functions ranging from the molecular to the behavioral level. When this integration breaks down, dysfunction and disease commonly follow. Infectious and metabolic diseases, as well as diseases of aging and genetics are frequent examples. Interdisciplinary fields of study have been developed to investigate and delineate the complex interactions of numerous coordinated body functions in health and disease. Psychoneuroimmunology, for example, provides substantial evidence li

Although Korr applies 20th century physiologic concepts in his explication of osteopathic

In order to represent an increasingly diverse group of osteopathic physicians, the American Osteopathic Association (AOA) adopted a general statement regarding osteopathic medicine. Since 1991, the official AOA definition of *osteopathic medicine* has been reviewed periodically. The latest rendition is available by consulting the AOA website at [www.aoa-](http://www.aoa-)



updated annually. The 2002 edition is included at the back of this text. The Glossary elaborates

## **OSTEOPATHIC PRINCIPLES AS PRACTICE GUIDELINES**

The contributions of A.T. Still and the osteopathic medical profession affect many aspects of general patient care. First, irrespective of diagnoses or practitioner, the patient is of central importance. Second, a competent differential diagnosis is essential. This includes all aspects of the person (body, mind, and spirit) (Table 1.2). Third, clinical activities integrate realistic expectations with measurable outcomes. Finally, and ideally, patient-oriented educational efforts pragmatically address both personal and family-related concerns. The patient is ultimately responsible for long-term self-health care. Emphasis is on health restoration and disease prevention.

An ad hoc interdisciplinary committee of osteopathic educators, philosophers, and researchers recently proposed osteopathic principles for patient care:

### **The Patient Is the Focus for Health Care**

All osteopathic physicians, irrespective of the specialty of the practitioner, are trained to focus on the individual patient. The relationship between clinician and patient is a partnership in which both parties are actively engaged. The osteopathic physician is an advocate for the patient, supporting his or her efforts to optimize the circumstances to maintain, improve, or restore health.

### **The Patient Has the Primary Responsibility for His or Her Health**

While the physician is the professional charged with the responsibility to assist a patient in being well, the physician can no more impart health to another person than he or she can impart charm, wisdom, wit or any other desirable trait. Although the patient physician relationship is a partnership, and the physician has significant obligations to the patient, ultimately the patient has primary responsibility for his or her health. The patient has inherent healing powers and must nurture these through diet and exercise, as well as adherence to appropriate advice in regard to stress, sleep, body weight, and avoidance of abuse.

## **An Effective Treatment Program for Patient Care**

An effective treatment program for patient care is founded on the above tenets and incorporates evidenced- addresses the primary cause of disease, and emphasizes health maintenance and disease prevention. The emphasis on the musculoskeletal system as an integral part of patient care is one

Osteopathically oriented problem-

Osteopathic philosophy is meant to guide osteopathic physicians in the best use of scientific knowledge to optimize health and diminish disease processes. Upon founding his

p

travel a few miles farther toward the fountain of this great source of knowledge and apply the results to the relief and comfort of the afflicted who come for c

intention of the authors to organize current medical knowledge and place it on a foundation of osteopathic philosophy. We do this in order to provide the osteopathic medical student with a

Remember that these

## **THE PERSON AS A WHOLE**

### **The Body**

The principle of the unity of the body, so central to osteopathic practice, states that every part of the body depends on other parts for maintenance of its optimal function and even of its integrity. This interdependence of body components is mediated by the communication systems of the body: exchange of substances via circulating blood and other body fluids and exchange of nerve impulses and neurotransmitters through the nervous system.

The circulatory and nervous systems also mediate the regulation and coordination of cellular, tissue, and organ functions and thus the maintenance of the integrity of the body as a whole. The organized and integrated collaboration of the body components is reflected in the concept of homeostasis, the maintenance of the relative constancy of the internal environment in which all the cells live and function.

In view of this interdependence and exchange of influences, it is inevitable that dysfunction or failure of a major body component will adversely affect the competence of other

René Descartes. It was his belief that body and mind are separate domains, one publicly visible and palpable, the other invisible, impalpable, and private. This dualistic concept is anachronistic because, while it is almost universally rejected as a concept, it is still acted out in much of clinical practice and in biomedical research.

Clinical and biomedical research (as well as everyday experience) has irrefutably shown that body and mind are so inseparable, so pervasive to each other, that they can be regarded -and treated -as a single entity. It is now widely recognized (whether or not it is demonstrated in practice) that what goes on (or goes wrong) in either body or mind has repercussions in the other. It is for reasons such as these that I prefer unity of the person to unity of the body, conveying totally integrated humanity and individuality.

### **The Person as Context**

Phenomena assigned to mind (consciousness, thought, feelings, beliefs, attitudes, etc.) have their physiological and behavioral counterparts; conversely, bodily and behavioral changes have psychological concomitants, such as altered feelings and perceptions. It must be noted, however, that it is the person who is feeling, perceiving, and responding not the body or the mind. It is you who feels well, ill, happy, or sad, and not your body or mind. What goes on in body and mind is conditioned by who the person is and their entire history.

In short, the person is far more than the union of body and mind, in the same sense that water is more than the union of hydrogen and oxygen. Nothing that we know about either oxygen or hydrogen accounts for the three states of water (liquid, solid, and gas), their respective properties, the boiling and freezing points, viscosity, and so forth. Water incorporates yet transcends oxygen and hydrogen. To understand water we must study water and not only its



components. In the same way, at an enormously more complex level, the person comprises yet transcends body and mind.

Moreover, once hydrogen and oxygen are joined to form water, they become subject to the laws that govern

health of the person. We examine now the basis for the osteopathic emphasis on the musculoskeletal system in total health care.

Human life is expressed in human behavior, in humans doing the things that humans do. And whatever humans do, they do with the musculoskeletal system. That system is the ultimate instrument for carrying out human action and behavior. It is the means through which we manifest our human qualities and our personal uniqueness -personality, intellect, imagination, creativity, perceptions, love, compassion, values, and philosophies. The most noble ethical, moral, or religious principle has value only insofar as it can be overtly expressed through behavior.

That expression is made possible by the coordinated contractions and relaxations of striated muscles, most of them acting upon bones and joints. The musculoskeletal system is the means through which we communicate with each other, whether it be by written, spoken, or

The high and varying metabolic requirements of the musculoskeletal system are met by the cardiovascular, respiratory, digestive, renal, and other visceral systems. Together, they supply the required fuels and nutrients, remove the products of metabolism, and control the composition and physical properties of the internal environment. In servicing the musculoskeletal system in this manner, these organ systems are at the same time servicing each other (and, of course, the nervous system).

The nervous system is also, to a great degree, occupied with the musculoskeletal system, that is, with behavior and motor control. Indeed, most of the fibers in the spinal nerves are those converging impulses to and from the muscles and other components of the musculoskeletal system. In addition, the nervous system, its autonomic components, and the circulatory system mediate communication and exchange of signals and substances between the soma and the viscera. In this way, visceral, metabolic, and endocrine activity is continually tuned to moment-to-moment requirements of the musculoskeletal system, that is, to what the person is doing from moment to moment.

### **Consequences of Visceral Dysfunction**

Impairment or failure of some visceral function or of communication between the musculoskeletal system and the viscera is reflected in the musculoskeletal system. When the resulting dysfunction is severe and diffuse, motor activity and even maintenance of posture are difficult or impossible and automatically imposed.

### **The Musculoskeletal System as Source of Adverse Influences on Other Systems**

In view of the rich afferent input of the musculoskeletal system into the central nervous system and its rich interchange of substances with other systems through the body fluids, it is inevitable

that structural and functional disturbances in the musculoskeletal system will have repercussions elsewhere in the body.

Such structural and functional disturbances may be of postural, traumatic, or behavioral origin (neglect, misuse, or abuse by the

treatment of the musculoskeletal dysfunction shields the patient by reducing the deleterious effects of the other factors. Such treatment, therefore, has preventive as well as therapeutic benefits.

Such treatment directed to the musculoskeletal system assumes even greater and often crucial significance when it is recognized that the other kinds of harmful factors, such as those enumerated above, are not readily subject to change and may even require social or governmental intervention. The musculoskeletal system, however, is readily accessible and responsive to osteopathic manipulative treatment. I view these considerations as the rationale for osteopathic manipulative treatment and its strategic role in total health care.

Finally, the osteopathic philosophy and the unity of the person concept enjoins the physician to treat the patient as a whole and not merely the affected parts. Hence, appropriate corrective attention should also be given to other significant risk factors that are subject to change by both patient and physician.

## **The Component System That Defends against Threats from Without**

This component includes, among others, immune mechanisms that defend us against the enormous variety and potency of foreign organisms that invade our bodies, wreaking damage and even bringing death. These same immune mechanisms guard us against those of our own cells that become foreign and malignant as the result of mutation. Included also are the mechanisms that defend against foreign and poisonous substances that we may take in with our food and drink or that enter through the skin and lungs, by disarming them, converting them to innocuous substances, and eliminating them from the body. They defend us (until overwhelmed) even against the toxic substances that we ourselves introduce into the atmosphere, soil, water, or more directly into our own bodies.

### ***Mechanisms That Defend against Changes in the Internal Environment***

We humans are exposed to, and adapt to, wide variations in physical and chemical properties of our environment (e.g., temperature, barometric pressure, oxygen, and carbon dioxide concentrations) and sustain ourselves with chemically diverse food and drink. But the cells of our body can function and survive only in the internal environment of interstitial fluids which



have contributed to the illness and that, appropriately modified, compensated, or eliminated, would favor recovery, prevent recurrence, and improve health in general.

The physician then selects that factor or combination of factors that are readily subject to change and that would be of sufficient impact to shift the balance toward recovery and enhancement of health. The possible factors include such categories as the biological (e.g., genetic, nutritional), psychological, behavioral (use, neglect, or abuse of body and mind; interpersonal relationships; habits; etc.), sociocultural, occupational, and environmental. Some of these factors, especially some of the biological, are responsive to appropriate clinical intervention, some are responsive only to social or governmental action, and still others require changes by patients themselves. Osteopathic whole-person care, therefore, is a collaborative relationship between patient and physician.

## **The Place of the Musculoskeletal System in Human Biology and Behavior:**

### **The Strategic Role of Osteopathic Manipulative Treatment**

It is obvious that some of the most deleterious factors are difficult or impossible for patient and physician to change or eliminate. These include (at least at present) genetic factors (although some inherited predispositions can be mitigated by lifestyle change). They include also such items as social convention, lifelong habits (e.g., dietary and behavioral), widely shared beliefs, prejudices, misconceptions and cultural doctrines, attitudes, and values. Others, such as the quality of the physical or socioeconomic environments, may require concerted community, national, and even international action.

Focus falls, therefore, upon those deleterious factors that are favorably modifiable by personal and professional action, and that, when appropriately modified or eliminated, mitigate



the health-impairing effects of the less changeable factors. Improvement of body mechanics by osteopathic manipulative treatment is a major consideration when dealing with these complex interactions.

## **OUR PERSONAL HEALTH CARE SYSTEMS**

## **Relevance to the Current and Future Health of the Nation**

The preventive strategy of health maintenance and health enhancement, intrinsic to the osteopathic philosophy, is urgently needed by our society today. One of the greatest burdens on chronic degenerative diseases, such as heart disease, cancer, stroke, and arthritis, which require long-term care.

The incidence of these diseases has increased and will continue to increase well into the next century as the average age of our population continues to increase. The widely accepted (but usually unspoken) assumption that guides current practice (and national policy) is that the

this great tragedy by bringing its basic strategy of whole-person, health-oriented care to bear on the problem and demonstrating its effectiveness in practice.

Having reviewed and enlarged on the principles of osteopathic medicine, their meaning, biological foundations, and clinical implications, it seems appropriate to propose a definition of osteopathic medicine. The author offers the following: Osteopathic medicine is a system of medicine that is based on the continually deepening and expanding understanding of (a) human nature; (b) those components of human biology that are centrally relevant to health, namely the inherent regulatory, protective, regenerative, and recuperative biological mechanisms, whose combined effect is consistently in the direction of the maintenance, enhancement, and recovery of health; and (c) the factors in and around the person that both favorably and unfavorably affect those mechanisms.

The practice of osteopathic medicine is, essentially, the potentiation of the intrinsic health-maintaining and health-restoring resources of the individual. The methods and agents employed are those that are effective in enhancing the favorable factors and diminishing or eliminating the unfavorable factors affecting each individual. Osteopathic medical practice necessarily includes the application of palliative and remedial measures, but always on the health-maintaining and health-restoring resources. This stipulation governing the choice of methods and agents is based on the effectiveness and are valueless without it and that health and the recovery of health come from within.

The art and science of osteopathic medicine are expressed in the identification and selection of those factors in each individual that are accessible and amenable to change and that, when changed, would most decisively potentiate the person on health-supporting resources.

Osteopathic physicians give special emphasis to factors originating in the musculoskeletal system, for the following reasons:

1. The vertical human framework (a) is highly vulnerable to compressive (gravitational), torsional, and shearing forces, and (b) encases the entire central nervous system.
2. Since the massive, energy-demanding system has rich two-way communication with all other body systems, it is, because of its vulnerability, a common and frequent source of impediments to the functions of other systems.

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**FIGURE 1.1.** Like many physicians before and after him, Dr. Still applied his new philosophy first to himself and then to his patients. In a famous early anecdote, he stopped a headache by suspending his neck across a low-lying rope swing. He later applied self-adjustments of spinal curing 17 children of the same affliction by adjusting their spinal joint dysfunctions, he realized he was onto something worthwhile. (From Still AT. *Autobiography of Andrew T. Still*. Rev ed. Kirksville, MO: Published by the author; 1908. Distributed, Indianapolis: American Academy of Osteopathy.)

**FIGURE 1.2.** Osteopathic philosophy of health displayed as the coordinated activity of five basic body functions, integrated by the musculoskeletal system, adapting to environmental stressors. Evaluation and treatment of the musculoskeletal system is performed in light of its



to adapt to internal and external stressors.

**TABLE 1.1. CLASSIC OSTEOPATHIC PHILOSOPHY**

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organized in terms of health, disease,

and patient care.

**Health**

1. Health is a natural state of harmony.
2. The human body is a perfect machine created for health and activity.
3. A healthy state exists as long as there is normal flow of body fluids and nerve activity.

**Disease**

4. Disease is an effect of underlying, often multifactorial causes.
5. Illness is often caused by mechanical impediments to normal flow of body fluids and nerve activity.
6. Environmental, social, mental, and behavioral factors contribute to the etiology of disease and illness.

**Patient Care**

7. The human body provides all the chemicals necessary for the needs of its tissues and organs.
8. Removal of mechanical impediments allows optimal body fluid flow, nerve fW\*n(nts )-152

**TABLE 1.2. OSTEOPATHIC PATIENT EDUCATION AND GUID-ANCE FOR SELF-CARE**

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While osteopathically oriented medical care emphasizes competent comprehensive patient management, it also places importance on restoration of well being appropriate for the

th potential. This includes addressing:

Physical, mental, and spiritual components

Personal safety, such as wearing seat belts

Sufficient rest and relaxation

Proper nutrition

Regular aerobic, stretching, and strengthening exercises

Maintaining rewarding social relationships

Avoidance of tobacco, and other abused substances

Eliminating or modifying abusive personal, interpersonal, family, and work-related