

## **CAN OSTEOPATHY HELP WITH POST TRAUMATIC STRESS DISORDER?**

It is a question I had to ask myself during my osteopathic training and which led me to enquire towards a small sample of osteopaths. One osteopath who was interviewed thought that Osteopathy could help with the physical and psychological symptoms when all the others thought that Osteopathy could help with the physical symptoms as long as the psychological aspect of the problem was managed by a specialist (counsellor, psychotherapist, psychiatrist....) it is not a scientifically valid study but it gave me an idea of what a sample of osteopaths would consider when facing a patient with Post Traumatic Stress Disorder (PTSD).

What is PTSD?

It is a condition which follows an important psychological trauma (usually near death experience). It is important to understand that there are two parts to your nervous system: one you can control when you decide to do a movement such as lifting your arm up to drink a cup of tea and one you can't control which keeps your lungs functioning, keeps your heart beating and which is linked to your emotions and stress levels. This system which you can't control is divided into two systems: one which slows your body down and repairs it and one which speeds it up. It's the one which speeds the nervous system up called the sympathetic nervous system that we are interested in. During high stress or a sudden trauma the sympathetic nervous system becomes hyperactive to help you cope with the situation (your heart beats faster to provide more blood to the muscles, your breathing gets faster to provide more oxygen) it is the alert mode of your body, a survival reaction. Normally after the threat has passed, your body will release a hormone bringing everything back to normal. Sometimes this alert reaction persists for a few days or weeks this is what we call post traumatic stress. When the hormone is not released or not sufficiently and the alert reaction persists more than a month we consider Post Traumatic Stress Disorder which is a more severe condition.

The alert reaction symptoms include: nightmares, flash backs of the incident bringing physical reactions, repeatedly remembering the event, losing interest in life, feeling separated from others, not experiencing many feelings, being on alert all the time, trouble sleeping, feeling guilty, trouble remembering things, beginning to avoid your life, reacting to things that resemble your trauma, feeling sad about what happened, telling the same incident over and over, troubles with intimacy or relationships, developing an eating disorder, drinking or chemical abuse disorder, trying to control other people, trying to control the events in your life, not leaving your house.

To illustrate it I will now talk about one of my patients who I chose because she reflects perfectly the picture of PTSD even though she has not been medically diagnosed with it.

I will call this patient Mrs M:

Mrs M consulted me early January 2005. She was coming back from the Maldives where she hurt her coccyx in a fall escaping from the Boxing Day 2004 Tsunami. She had been told that it was only a coccyx fracture and that she would be fine after six weeks. She soon started to be worried as the pain was not only in her coccyx and low back but her whole body was aching. She was suffering from nightmares and flashbacks, she was finding it very difficult to leave the house and had lost taste for things she used to like doing like dressing up to go out, going out, seeing friends. She felt very isolated as she didn't want to annoy her friends with her problems. She found it extremely difficult to face water especially the sea or swimming pools as she was feeling the pain in her body increasing with the sight of water. She was very strong psychologically and could not understand why she was so weak when her husband was absolutely fine and therefore was feeling useless. She had never been the kind of person who would consult anyone when she was in pain, she would just cope with it. At that time she couldn't and that was making her feel very low psychologically.

She only consulted me for her muscular and coccyx pain and during the first two treatments she kept crying while I was asking her questions (related or not to the event). All her muscles were very tight and I could easily see that her body was reacting strongly as a whole to a threat. During the third treatment as I was using deep tissue massage she just started to open and explained to me everything in small details. There is a considerable amount of psychology literature which supports the theory of muscular techniques bringing the flashbacks and helping with a psychological treatment. The muscles generally improved after that treatment. I carried on treating her with muscular techniques but also with techniques that osteopaths consider having an influence on the sympathetic nervous system (mentioned above), I also used techniques which can help with stress related issues. I considered I was not trained to help her with the psychological side of her problem and therefore asked her to consult her GP to be referred for counselling.

After eight treatments she thought she was absolutely fine and we decided to end the treatments. In April 2005 she decided it was time to face her fears and booked in a holiday abroad. She could manage with everything except staying for long periods of time next to the swimming pool or the sea and had to have a room at the ground floor. I personally thought it was already amazing that she could do so much after just four months. She unfortunately came back to see me exactly a year after the last treatment complaining of pain in the elbow. This pain could have been unrelated but as it started to disappear she started to have pain in one leg, then the other arm with no clear explanation. As we talked we both realised that even though she now had a normal life the psychological symptoms of PTSD were still present even if at a very low grade compares to what they were. We then decided to start a new treatment plan and I wrote a letter to her GP who referred her to a counsellor.

She gave up treatment soon after she started seeing the counsellor. The main reason was that at this point the pain wasn't having an impact on her life important enough to justify the amount of money spent in treatment.

With this patient I witnessed osteopathic treatment being of great help to a certain degree but then even if I was convinced she could have had more improvement the improvement was a lot more subtle and was taking longer. I think that in cases like hers it is very important for the patient to be informed of the different options and decide if the amount of improvement they might get is worth the money they will spend.

I was since consulted by a few other patients with medically diagnosed PTSD or suspected PTSD and had similar kind of responses with early cases. I am currently seeing one patient who is treated with Cranial and Structural Osteopathy, Cognitive Behavioural Therapy and Counselling who is making amazing progress.

To the question Can Osteopathy help with PTSD? I don't have any scientific proof and wished there was more research done on manual therapies and PTSD. From what I have been experiencing I would agree with most of the Osteopaths I interviewed and would answer yes especially when the patient can also benefit from other treatments like Cognitive Behavioural Therapy and Counselling. I personally think that a psychological support by a professional is necessary as any work on the body can bring back emotions which can be very difficult to deal with and that if the trauma is linked to being touch a manual therapy might not be indicated as it could be very traumatic.

Anne-Tiphaine BRAUD  
Registered Osteopath  
BSc (Hons) Ost.

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