SPECIAL COMMUNICATION

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Still's Osteopathy

Abstract

Osteopathy has existed and been practiced since the late 1800s. From its earliest days to the present there has been confusion and controversy about what osteopathy is, what are its unique foundational principles and how it might be practiced in its fullest form. To explore these questions we look to its origin – to the osteopathy of its founder, Andrew Taylor Still, MD, DO. Comparisons are made with the development of osteopathy in Britain.

Introduction

There are perhaps as many definitions or descriptions of osteopathy as there are osteopaths. In 2013, Stephen Paulus, DO, who researched extensively the writings of Andrew Taylor Still, MD, DO said "Since Still's death in 1917, few efforts have been made to condense his extensive and oblique teachings into a comprehensible and concise set of principles."[1] Paulus identified 10 osteopathic principles, but no overriding precept.

Jane Stark, DOMP divided the development of osteopathic principles into three periods: the original era to 1910 when no set of principles was agreed, the traditional era to 1950 when individuals attempted independently to identify principles, and finally the modern period when groups and committees tried to formulate principles.[2] These efforts appear to be influenced as much by what was already being practiced at the time and a desire to be consistent with established thinking, as by reflections on the foundation of osteopathy. No coherent or consensual set of osteopathic principles was established. More recently the American Association of Colleges of Osteopathic Medicine proposed five models of osteopathic medicine: biomechanical, neurological, respiratory-circulatory, metabolic and behavioral. Andrew Cotton, DO commented: "Modern osteopathic practitioners from all parts of the globe seem to be united in their differences" and "Nobody is in charge."[3]

Probably the most accurate definition of osteopathy was that offered in the 1970s by John Meffan, DO, the English osteopath from Surrey. "Osteopathy," he would say with his characteristic wry smile, "Osteopathy is that which was in the mind of Still when he coined the term." (Oral communication)

So what was "in the mind of Still?"

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We know that osteopathy is the health discipline founded by the American physician Andrew Taylor Still, MD, DO in 1874 and that he coined the term osteopathy. It is his term. He opened a school in Kirksville, Missouri to teach his ideas in 1892. Still did not teach techniques or procedures. "Osteopathy is not a system of movements" he said, "Its application to the patient must be given by reason and not by rule."[4] Still expected those who were learning to be osteopaths to think and to reason, based on his teaching.

However, his teachings and writings are not clear. Still was a deep and insightful thinker, but not a skilled instructor. Emmons R. Booth, DO, Still's first biographer, said in 1905:

> Still's ideas generally outran his expression. His deepest thoughts often come to his mind with such rapidity and are uttered in such quick succession, that the hearer may become dazed, in attempting to follow him."[5]

Washington J. Connor, DO, who was in the 1896 class, wrote in 1925: "Day after day he talked to us, but much that he said usually went so high over my head that I heard only the sound."[6]

Earnest E. Tucker, DO, in the 1903 class, wrote in 1952:

> His language is quite unique; a bit quaint; with over-tones of the Scriptures; a bit laborious at times. [Some might consider that to be a masterly understatement.] If Still's books are read on the background of modern scientific knowledge, they are painful reading; but they are a measure of a mind doing battle all alone against a world saturated with drugs and soaked in superstition. There were no laboratories in those days, no billion-dollar endowments for research. The germ theory was unknown or only suspected.[7]

Given that Still's manner of teaching was a challenge to understand, we are still left with the question: what was in the mind of Still? In modern times it is commonly stated that osteopathy is grounded in the following principles:

1 The body is a unit
II The body contains self-regulatory mechanisms
III Structure and function are reciprocally related
IV Rational treatment is based on the above

That may be right, but Still did not say it. These four "principles" are what is known as The Kirksville Consensus, a tentative formulation of a teaching guide, compiled by a committee chaired by R. McFarlaine Tilley, presented to the board of trustees of the Kirksville College of Osteopathic Medicine (KCOM) on 8th October 1953, as "An Interpretation of the Osteopathic Concept." Its purpose was to integrate the undergraduate teaching throughout the various departments at KCOM. It was an interpretation intended as a guide for more effective teaching at KCOM, specifically not as an osteopathic credo or dogma, and was formulated some 36 years after Still's death.

In Britain after the war, it was argued, with some justification, that there were too few osteopaths in the country to be able to cope with the demand for osteopathy practiced at its full extent; it was enough to concentrate on mechanical treatment for the common mechanical conditions such as aches and strains, low back ache and neck pain. A great deal of good was done but it is clear that Still treated more than spinal pain. The promotion of this version of osteopathy in Britain reflected what was practiced at the time.

The first registration body in Britain, the General Council and Register of Osteopaths (GCRO), founded in 1936, described osteopathy as a "treatment which places the main emphasis in its application upon the diagnosis and removal of mechanical derangements that occur within the framework of the body's musculo-skeletal system."[8]

J. Guymer Burton DO, from Huddersfield, UK, defined osteopathy in 1947 as "that system of healing which places chief emphasis on the structural integrity of the body mechanism as the most important single factor in the maintenance of health." Osteopathy is, he said "a system of adjustment of the structural derangements of the body mechanism which produce or maintain disorder or disease."[9]

Dr. Allan Stoddard studied at the British School of Osteopathy and went on to study medicine and became a Consultant in physical medicine at the Brook Hospital, London. He wrote in 1969:

> Osteopathy is concerned with the study of structural and mechanical faults in the body, and with the manner in which these faults influence physiological processes. In practice it is concerned with the diagnosis of mechanical derangements together with the methods by which these faults can be corrected mechanically.[10]

It was common in those days to run an "acute practice" where the objective was to get the patient symptom-free in as few treatments as possible. The objective was more

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the relief of symptoms than the promotion of wellness. It was what was practiced at the time.

In 1984 Jon H. Thompson DO, joint editor of the British Osteopathic Journal, wrote that the status of osteopathy was "a historical remnant," "a specialism within the theoretical framework of convention." "Osteopathy," he said, "should cease to be involved in primary health care, and should be seen instead as the treatment of choice in certain conditions."[11] It was a reflection of his practice at the time.

Osteopathy is not defined in the UK Osteopaths Act 1993; the first Chairman of the General Osteopathic Council, (GOsC) said in 2003 that osteopaths should be "practitioners of choice for a wide range of neuro-musculoskeletal conditions."[12]

Currently, the GOsC promotes evidence-based procedures and restricts any reference to osteopathic care for anything other than treatment for mechanical medical conditions for which there is research evidence. It prohibits British osteopaths from even mentioning some of the conditions which were acceptable to the original GCRO. The GOsC employs the description "manual therapy." Undergraduate schools tend to limit their descriptions to that which is relevant to their student market.

What was in the mind of Still? To extricate ourselves from this minefield we would do well to look at the question differently. Experience shows that we cannot easily extract 21st century meaning from Still's convoluted 19th century rhetoric. Let us therefore take example from science. Quantum physicists formulate a theory first, then see whether it matches the evidence. Let us formulate a theory, and see whether it matches the evidence. The following is the development of a theory of that which might have been in the mind of Still.

Osteopaths are concerned with the healthcare of living people: a living organism. This may be defined as follows: a living organism is a system which constantly renews, regenerates and reforms itself in order to maintain itself, in life and health. The operative word is "constantly." A more succinct definition is: living systems counter entropy. In the wider context living systems do obey the second law of thermodynamics in that they have to consume food to be able to exist to renew, regenerate and reform, but within themselves living systems create order from disorder.

Clinically, this definition deserves a second look; it has profound implications.

The living organism renews, regenerates and reforms constantly because it is alive, for no other reason. It does not renew, regenerate and reform as a result of injury, disease or infirmity. Living systems respond to injury, disease and infirmity but do not renew, regenerate and reform ***because*** of injury, disease or infirmity. They renew, regenerate and reform themselves constantly for no other reason than the fact that they are alive. It is what living systems do. Even in perfect health the system does not stop renewing, regenerating and reforming, as if waiting for damage to occur. It renews, regenerates and reforms constantly, until it dies, at which point the body degenerates.

Therefore if the living organism constantly renews, regenerates and reforms itself in order to maintain itself should the clinical inquiry in disease focus on what is wrong, or should the clinical inquiry focus on finding out why this self-renewing, regenerating and reforming system has been unable at this time to renew, regenerate and reform itself sufficiently on its own? What has prevented this self-maintaining system from being able to maintain itself naturally? What is preventing the system from dealing with its health on its own?

How does this translate into clinical practice? What it means is that when faced with a patient, whether a new patient or a returning patient, the osteopath's inquiry should not be focused on what is wrong. The osteopath's line of inquiry considers the whole person and asks what it is in this case in this individual at this time which is preventing this living organism from dealing with its health itself? The answer might involve exploring the patient's history, exploring why this living organism might be predisposed or vulnerable to this event and why it is unable to resolve the issue naturally on its own. Identifying a disease, what has gone wrong, is not enough.

This highlights the proposed theory of Still's osteopathy and its relationship to conventional healthcare.

Conventional healthcare seeks to establish what is wrong. Osteopathic healthcare seeks to establish why it isn't right.

What could compromise the living system's ability to renew, regenerate and reform? This could include a variety of what we might call events or stresses of life, for example:

- Infections: e.g. viruses, bacteria, parasites, yeasts,

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fungi. They could be acute or chronic, local or general such as in the 1918 & 2020/21 pandemics.
- Physical and mechanical issues, such as injuries, falls and strains.
- Psychological and emotional issues: these are important; mental health is closely associated with wellbeing.
- Dietary issues: one can be obese yet malnourished.
- Social issues, involving relationships and lifestyle.
- Financial worries.
- Environmental issues, occupational issues and so on.

Any or all of these events of life could have a bearing on the health of an individual. If the sum total of these events at any one time exceeds the living system's ability to renew, regenerate and reform, symptoms could result. Symptoms can be classified into diseases or conditions, but the site and character of symptoms are not a reliable indicator alone of the cause of the organism's inability to self-maintain.

Clinically any combination of these or other events of life could be relevant to a case, particularly if long-standing or classified as chronic. Some events of life the practitioner can affect, some not. One cannot change a patient's genetic inheritance for example but this does not prevent the practitioner from resolving issues which can be improved in order to achieve the optimal level of health attainable for that individual.

While osteopathy and the restoration of health involve so much more than mechanical issues, mechanical issues alone can have profound effects. The physiologist Irwin Korr from KCOM described the body framework as the primary machinery of life. Human life, he said, is acted out by the activity of our skeletal muscles. Even high philosophical thought is sterile unless it can be acted out in some way. The skeletal muscles are the largest user of energy in the body and the largest producer of waste products. The visceral system, the body organs, Korr described as the secondary machinery of life, providing the internal environment to service the primary machinery. Disturbances and disruption to the primary machinery can create huge demands, which the whole organism has to service.[13] Notwithstanding the powerful or even overwhelming effect that mechanical dysfunction can have on a living organism's overall physiological function, mechanical care alone might not be enough. All events of life will have some bearing on how the system manages challenges and insults.

How does the osteopath identify how the living system is unable adequately to renew, regenerate and reform and what can be done about it? The extra key, in addition to the history, clinical examination, tests and investigations, is palpation, the osteopaths' unique sense of touch, initiated at the outset of osteopathic training and developed over the decades. It is listening to the body with the sense of touch. The osteopath's palpation does not just guide safe and sympathetic treatment but opens an entirely new vista of clinical understanding which is difficult to describe, as though trying to describe color to someone who is blind. Through osteopathic touch the patient's tissues can talk. To palpation body tissues can feel sad or happy, they can feel weary or bright, exhausted, frightened or shocked.

They can be energetic or they can be overwhelmed. They can be irritable or clogged. They can feel fiery and raw, rigid, shaken, weak or flaccid. They can feel warm and fulfilled and, yes, content and in harmony. They can tell the skilled practitioner how they feel, where they feel bad and importantly what they would like to be able to do to renew and regenerate but at that moment are too stuck, weary or overwhelmed to be able to achieve that on their own. Every osteopath can put their own interpretation on what they experience but if the sympathetic practitioner can listen with their sense of touch to whatever that system is telling them even the sickest organism while it is alive can make a degree of change it wishes to make towards health, and can do it itself, on its own, if only it could be afforded the necessary support to be able to do so.

Bonnie Gintis, DO, FCA, in her Cranial Academy Sutherland Memorial Lecture of 2014 "I Promise to Listen," said:

> The longer I observe and listen to the body, and to the context in which it lives, the more I am in awe of all aspects of life...I say, "being an osteopath", not "practicing Osteopathy" because I believe it is not simply something we do; it is a way of life, a world view, … a way of existing in relationship to everything, including our own bodies.

I recommend reading her full lecture.

An osteopathic encounter, whether consultation or treatment, is the relationship between the patient & the practitioner, or more specifically the direct relationship between one living organism and another living organism. Patients bring their unique genetic inheritance, their life history, their worries, concerns & symptoms. The practitioner brings his or her own genetic inheritance, his

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or her training, study, experience, skills, preferences & choices, building that unique relationship between one living system and another. Every encounter is unique.

Let us now compare this to the evidence. How does this theory of that which was in the mind of Still match the available evidence?

Still said: “To find health should be the object of the doctor. Anyone can find disease.”[14] What was in his mind? “The best doctor is the one who can help Nature cure itself.” [15]

Hugh H. Gravett, DO was in Still’s 3rd class at the American School of Osteopathy (ASO) in 1896. He kept a record of Still’s inaugural talk to the class in January 1896; it could be the closest we have to Still’s original teaching. According to Gravett, Still said to the class:

“The first step in osteopathy is a belief in our own bodies.” What did he mean?

Then he urged his students to take a second look, as we have just done:

“The next step is to advance that belief to an intelligent understanding.”

Then he enlarged:

> The body is self-creative, self-developing, self-sustaining, self-repairing, self-recuperating, self-propelling, self-adjusting, and is doing all these things on its own power.[16]

Is this perhaps a 19th century definition of a living organism?

C.M.T. “Turner” Hulett, DO was Still’s nephew by marriage (he was Still’s wife’s nephew). Hulett graduated from the 1897 class and became the first Dean of Still’s school. Hulett was obviously close to Still so was well placed to understand what was in Still’s mind. He was remarkably clear. He said,

> “[if the effect of treatment] is to modify the vital processes, it is medical. If its effect is to remove conditions which are interfering with those processes, it is osteopathic.” [17]

J.M. Littlejohn, DO, who was in Still’s 1898 class, wrote in 1934:

> Osteopathy is that system of healing which emphasises the diagnosis of the causes of the disease in connection with the interferences with the forces of the organism; ... the operating physician uses and applies the inherent resources of the organism to overcome disease and establish health by removing mechanical disorders and permitting nature to recuperate the diseased part.”[18]

Littlejohn appeared to limit himself in the prospectus to mechanical disorders. It could reflect what was practiced at the time.

Still himself left us a definition of osteopathy: “Osteopathy is that science of the structure and functions of the human mechanism by which nature may recover from disease.” It is worth noting that Still did not say: structure and functions of the human body, but the human mechanism. He did not restrict himself to physical function. Still tended to use words loosely, so at different times he might exchange the words health and nature.

In addition, the reader may notice that this definition is uncharacteristically succinct and clear for Still. Correct. These 20 words have been abridged from Still’s full definition of 107 words. They can be found on the very last page (p403) of his Autobiography. It can also be found in Still’s own handwriting held at the Museum of Osteopathic Medicine in Kirksville.[19]

It is proposed that the evidence suggests that the philosophy of healthcare in the mind of Still in the 1870s was to look not at the symptoms but rather the whole person and remove the hindrances to health to allow that living system to restore itself to health.

Paulus touches on this in his paper: “If we can remove the obstructions that cause disease,” he said, “Nature’s... remedies can restore the equilibrium.” If we “remove obstructions…Nature performs the repair. Nature is the true doctor.”[20]

From the above, a succinct summary of Still’s philosophy may now be attempted: Osteopathy is the philosophy of healthcare concerned with that which has compromised health.

As said earlier, osteopathic healthcare seeks to establish why it isn’t right.

William G. Sutherland, DO, who was in the 1900 class, developed Still’s teaching. Still advocated that the physician should look for hindrances to the re-establishment of health and decide how to remove them, but Sutherland proposed that the physician should respect that the body already knows what it needs, so should not decide what to do but listen to the body with trained palpation and provide the support that the organism needs in order for it to make the changes it wants to make itself. The key to Sutherland’s approach is not to decide, but to allow the system to make the changes it wants to make itself, from within. While the organism is alive, changes

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it makes of itself will be towards health – the best health it can achieve at that time.

So what was in the mind of Still when he coined the term? This author contends that what was in Still's mind was that Osteopathy is the philosophy of healthcare concerned with that which has compromised health. But his mind, which tended to outrun his expression, doing battle all alone against a world saturated with drugs and superstition, had no science to back it up, certainly no laws of thermodynamics and he found it difficult to put it clearly into words. Few even of his own students seemed to grasp fully what was in his mind.

Subsequently, whatever is being practiced at the time has tended to come to the fore. Principles of osteopathy commonly quoted such as the interrelationship of structure and function, the rule of the artery, find it fix it & leave it alone, etc. are all useful clinically but are not Still's philosophy. The principles of osteopathy are not the same as the philosophy of osteopathy. The philosophy of osteopathy is the foundation from which the principles derive. The principles guide how osteopathy may be acted out in practice, but are not the overarching philosophy which was in the mind of Still. Principles are valuable clinical guides but alone, without the philosophy, can be rudderless and could lead to dissension and vulnerability from external sources.

In this author's opinion we should try to understand what was in the mind of Still, not, emphatically not, to follow slavishly or even necessarily to agree, but to question whether we have missed something important in what was he was trying to say. Has a valuable insight been lost? Does the osteopathic model of healthcare have advantages over the medical model? If we find even that later concepts of healthcare are better than Still's, should they be called osteopathy? "Osteopathy" is Still's term. If there is a better philosophy of healthcare perhaps another name for it might be more honest. Osteopathy is that which was in the mind of Still when he coined the term.

What is the future of osteopathy in the UK? It is in the hands of the next generation. Will osteopathy in the UK become synonymous with manual therapy, constrained by "evidence" and eventually morphed to physical therapy and absorbed into physiotherapy as a treatment for "certain conditions"? Or does the visionary philosophy of osteopathy first formed in the mind of Still in 1874, have ongoing value in future healthcare?

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