



<https://thedo.osteopathic.org/wp-content/uploads/2015/02/2015-01-students.jpg>

PROJECT

MENTAL HEALTH AND MANUAL MEDICINE OSTEOPATHIC PSYCHIATRY: HISTORY & PROPOSAL

DATE

11 JUL 19

CLIENT

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Objectives

- * Review of the history of touch in psychiatry
- * Human need for touch
- * Boundaries and the law
- * History of osteopathic psychiatry
- * Role of OMT in psychiatry

HISTORY OF TOUCH IN PSYCHIATRY

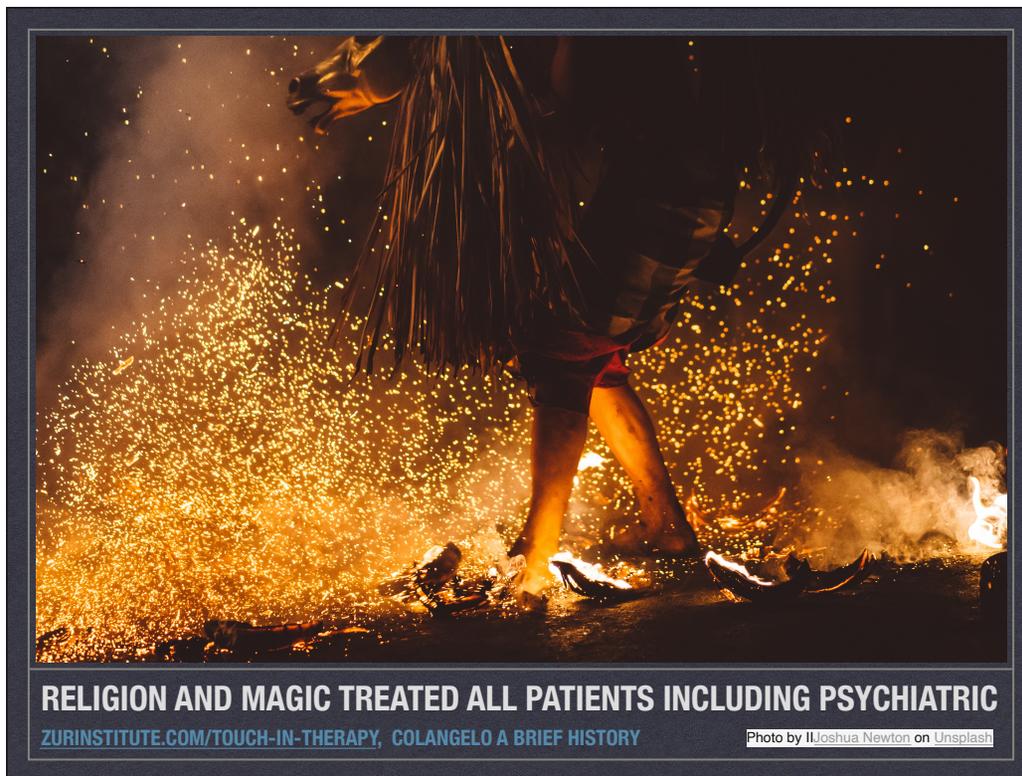


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There is a preponderance of data supporting the importance of touch for human development, communication and effectiveness in healing.

Why has the field of psychotherapy generally ignored touch?

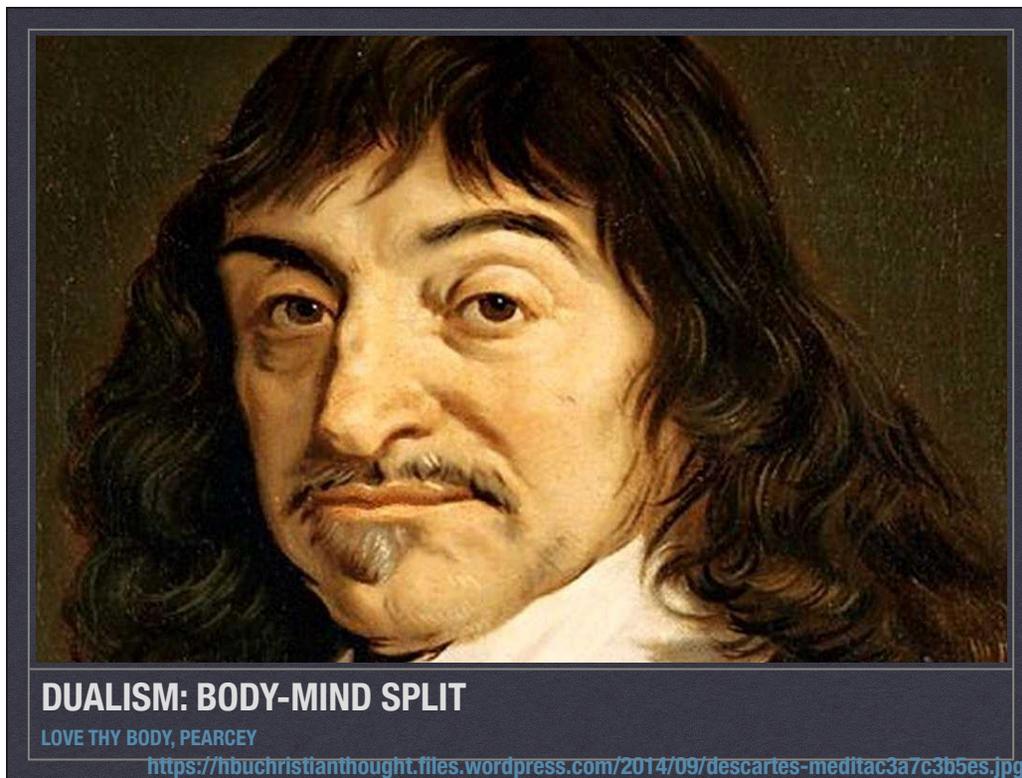


RELIGION AND MAGIC TREATED ALL PATIENTS INCLUDING PSYCHIATRIC

[ZURINSTITUTE.COM/TOUCH-IN-THERAPY](https://zurinstitute.com/touch-in-therapy), COLANGELO A BRIEF HISTORY

Photo by Joshua Newton on Unsplash

Mental illness was not seen as a medical condition historically and fell to the religious or magicians to address. In ancient Greece, physicians did not see a difference between medical and mental illness, in fact many patients had primary medical conditions like epilepsy.



A philosophical tradition, exemplified by DeCartes, proposed and reinforced the concept of dualism. This divided the unified existential experience of being a human and gave permission to exclude the body from relevance.

This influence serves as the foundation of biological reductionism in medicine today, as well as many current social movements denigrating the body and artificially delineating it from personhood.



The concern for touch in psychoanalysis has been evident since its inception. Freud was known to have significant apprehension facing patients directly. In an effort to cope with his discomfort he put the patient on a couch and sat behind them so he could attend to what they were saying.

Freud famously scolded Ferenczi for allowing his patients to kiss him out of fear of escalation to “pawing”, peeping and sexual enactments.

It was from this concern that psychoanalysis developed an ideology prohibiting touch to prevent contamination of the analytic container.

What I find interesting is that the field of psychiatry continues to identify with this psychoanalytic concept while wholeheartedly leaving in and even rejecting psychoanalysis as a viable approach.

Presently, American Psychoanalytic Association, has around 3109 members, of which a total of 50 are MD's. Interestingly no DO's are listed as members. The Denver Psychoanalytic Institute lists 16 MD's as members, with no DO's listed.



Many valid challenges to dualism were presented in philosophy and healthcare. Existentialism vigorously validated the unique human experience of a whole body, mind and soul and affirmed any reductionistic focus of a portion of these as dehumanizing. Medard Boss MD was a prominent existential psychiatrist, having trained with both Freud and Heidegger. Likewise several body psychotherapists were developed, utilizing intentional non-sexual affirming touch as a valuable portion of the treatment approach. These included Reichian and were also utilized by Gestalt and Humanistic therapists like Perls' and Rogers, not to mention other disparate theorists like Balint, Winnicott, Little and even Fromm-Reichman.

HUMAN NEED FOR TOUCH



Photo by [Rod Long](#) on [Unsplash](#)

Touch Vital to Life

- * Orphanage Studies
- * Harlow's Monkeys
- * Montague- Touch and Behavior
- * Van Der Kolk- Losing your body



BOWLBY 1951, HARLOW 1958, MONTAGUE 1986, VAN DER KOLK 2015

Photo by Hoshino Ai on Unsplash

US and UK infant mortality rates in orphanages averaged around 90%. Moldavian (now Moldova) orphanages had a single woman who would come in and simply hold the infants. Mortality rate dropped from 80% to <15%.

Harlow studied Reese's monkeys and found that without touch the babies died.

Montague published extensively in the 80's regarding correlations between lack of touch and aberrant development as well as abnormal behavior subsequently .

Van Der Kolk in his trauma focused book, *The Body Keeps the Score*, underscores the need for those who have been traumatized to experience appropriate touch to retrain the self sensing system and facilitate befriending their own body.

BOUNDARIES AND THE LAW



Photo by [Raphael Mittendorfer](#) on [Unsplash](#)

N.J. psychiatrist's license suspended over alleged sexual relationship with patient

Updated Oct 14, 2015; Posted Oct 14, 2015

Comment



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By [S.P. Sullivan](#) | [NJ Advance Media for NJ.com](#)

Acting N.J. Attorney General John Hoffman

"There is no place in the medical profession for doctors who do harm to their patients," said Acting Attorney General John J. Hoffman. "And there is no doubt that a doctor engaging in sexual misconduct with a patient, particularly one who is bi-polar and being prescribed

WHAT NOT TO DO WITH TOUCH IN PSYCHIATRY

[HTTPS://WWW.NJ.COM/NEWS/2015/10/NJ_PSYCHIATRISTS_LICENSE_SUSPENDED_OVER_ALLEGED_SE.HTML](https://www.nj.com/news/2015/10/nj_psychiatrists_license_suspended_over_alleged_sex.html)

I believe we can all agree that examples like this are not what we want to see come of touch in psychiatry. What is interesting is that despite the aphysical psychoanalytic mandate adopted by the mainstream profession, inappropriate sexual relationships continue to rank as a top reason for malpractice litigations.

CO Revised Statute Title 12

- * (r) Engaging in a **sexual act** with a patient during the course of patient care or within six months immediately following the termination of the licensee's professional relationship with the patient. "Sexual act", as used in this paragraph (r), means **sexual contact, sexual intrusion, or sexual penetration** as defined in section 18-3-401, C.R.S.

<https://drive.google.com/file/d/0B-K5DhxXxJZbZGZUdIINbUFvdDg/view>

There are no federal or national organizational mandates (such as from the APA) prohibiting touch in psychiatry. Colorado state statute does not prohibit touch and clearly outlines inappropriate touch as sexual acts, indicated here.

CO Medical Board

- * SEXUAL MISCONDUCT. Sexual contact with a patient is sexual misconduct and is a violation of Section 12-36-117(1)(r), C.R.S.
- * A. Sexual Misconduct does not include verbal or physical behavior that is **required for medically recognized diagnostic or treatment purposes** when such behavior is accomplished in a manner that meets the standard of care **appropriate** to the diagnostic or treatment **situation**.

<https://drive.google.com/file/d/0BzKoVwvexVATMGFNdW9SX0lyLTA/view>

The Colorado state medical board is even clarifying what does not meet for sexual misconduct, specifying a medically recognized verbal or physical behavior for diagnostic or treatment purposes. Osteopathic Manipulative Medicine has been established as a medically recognized physical diagnostic and treatment approach for well over 100 years.

What Is Appropriate Touch?

- * Non-sexual, Affirming, Consented, Physical Contact
- * Medically recognized
- * This is the nature of OMT



Photo by [Nine Köpfer](#) on [Unsplash](#)

Appropriate touch in psychiatry then would be any non-sexual, affirming, consented physical contact.

As indicated previously OMT is a medically recognized tool that can play an appropriate role in psychiatry.

HISTORY OF OSTEOPATHIC PSYCHIATRY

HOW DID WE GET HERE



<https://thedo.osteopathic.org/wp-content/uploads/2015/02/2015-01-students.jpg>

A New Paradigm

- * A.T. Still MD
- * Dissatisfied With Current Model
- * Returned to Anatomy and Physiology
- * Proposed Rational Model
- * 1st Osteopathic School: 1892



<http://www.acornseminars.com/images/ATStill.png>

Dr Andrew Taylor Still, an MD, served as a general practitioner on the frontier of his day, the 1860's, in Kansas and Missouri. He grew disenchanted with the medical paradigm of his day (purgatives, diuretics, mercury and the like). He returned to anatomy and physiology to better understand the 'machine upon which he had been called to work'. He developed principles of medicine that were founded upon structure and function of the human body, self-healing systems and the ability of the physician to restore healthy structure and function to support those self-healing systems.

Osteopathic Principles

- * The human being is a dynamic unit of function
- * The body possesses self-regulatory mechanisms that are self-healing in nature
- * Structure and function are interrelated at all levels
- * Rational treatment is based on these principles

The osteopathic medical profession has professed the following guiding principles or tenets of the osteopathic philosophy. First, the human being is a dynamic unit of function, which previously was described as a body unit- comprised of a body, mind and soul

Second, there are self-regulatory and self-healing systems active within the body.

Third, structure and function are interrelated at all levels. This can be understood as the anatomy and physiology and that the interrelated nature is reciprocal and exists from the micro to macroscopic levels.

Finally, rational treatment is based on applying these prior 3 principles in the care of each patient.

Philosophy Focus

- * Philosophy/Principles
- * Perspective
- * Vision
- * Lens

A philosophy is a set of principles framing a particular perspective. When thinking of perspective it alludes to how one “sees” something. Well then a philosophy could be seen as a lens through which we see or perceive something.

This is helpful in trying to describe Osteopathic psychiatry.

Proposed Definition

- * Osteopathic Psychiatry
 - * The field of psychiatry as approached through the lens of the osteopathic philosophy.

Osteopathic Psychiatry: Origins

- * Still Hildreth Sanitorium
- * 1914-1965
- * OMT used amongst other treatments



<https://i0.wp.com/www.tuttosteopatia.it/wp-content/uploads/ospedale21.jpg>

The roots of osteopathic psychiatry arise from AT Still himself who treated all maladies of his day, including psychiatric conditions, with what he coined 'osteopathy'.

The 1st osteopathic psychiatric facility opened in 1914 in Macon, MO, called the Still Hildreth Sanitorium. Initially, treatments were radical for the day and included hygiene, nutrition, exercise, occupational therapy and OMT. As further developments in treatment arose they were implemented along with these original treatments. Throughout this venerable institutions existence, OMT was routinely provided for all psychiatric patients.

Osteopathic Manipulative Medicine in Psychiatry

- * ↓ Psychotic Inpatient days
- * Paxil + Adjunct OMT
- * Cannabimimetic effects
- * ↓ anxiety and depression



Cantieri. *Am Acad Ost J*. 1997. Plotkin. *JAOA*. 2001; 101:517-521. McPartland. *JAOA*. 2005; 105:283-291. Pomykala. *JAOA*. 2008; 108:665-668. Williams. *CTM*. 2007; 15:271-283.

Hospitals that offer an osteopathic manipulative medicine consult services have been studied. Those patients with psychosis on inpatient psychiatric units that have received OMT had fewer days of psychosis and fewer inpatient days. This equates to dollars saved and should be replicated on a larger scale for further study.

In a pilot study female patients with depression were treated with Paxil and psychotherapy in a control group, while the intervention group had adjunctive OMT. While small numbers in this study, the intervention group had 100 % remission, compared to 30% in the control group.

Physiologic studies have found that OMT can have cannabimimetic effects, while other studies have found patients report less anxiety and depression following OMT.

ROLE OF OMM IN PSYCHIATRY



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Supply And Demand

- * Finite physical resources within the body
- * All disease tasks the body and requires resources, including mental illness
- * Physical illness, resulting in distorted structure and dysfunction, increase the resources needed in order to attempt to maintain some functioning of the body
- * Restoring optimizing structure and function reduces required resources for the body to function

You just can't bend the laws of physics, some say. The body only has so much resource available to it at any time. Disease states task the body by restricting normal structure and function, resulting in the body's need to compensate to maintain some degree of function. This is exemplified by homeostasis and allostasis.

If any specific disease state can be resolved and health structure and function returned to that aspect of the body, then that frees up more resources to be available to address any other remaining disease states within the body, including mental illness. This is an example of how the osteopathic philosophy's principles, I stated earlier, can guide treatment.

Body Unity In Psychiatry

- * Post MI patients develop depression
- * Exercise and nutrition improve depression
- * Emotions effecting disease course
- * Placebo effect
- * Meditation improving mood and immune system functioning
- * Religiousness reducing suicide attempts

Mallik. Intern Med. 2006 Apr 24;166:876-83. Mather. Br J Psychiatry. 2002 May;180:411-5. Simpson. BMJ. 2006 Jul 1;333:15-9. Hedges. J Mind Behav. 2005;26(3):161-79. Sitcher. West J Med. 1998 Dec;169:356-363. Mohr. AJPsych. 2006 Nov;163:1952-59.

The concept of body unit elements being interrelated can be illustrated through several examples.

When I was in residency it was quite popular to start all post-MI patients on sertraline in light of the incidence of major depressive disorder subsequent to 1st MI. This could be an example of body affecting mind.

It is well documented that exercise and nutrition can improve depression conditions-another example of body affecting mind.

A patient's emotional state and perspective can effect disease course in conditions like cancer. This is an example of mind affecting body.

The well documented placebo effect is often disregarded as worthless, but what an example of the effect of mind on the body. Meditation has been found to improve mood and immune system functioning. This could be an example of mind or even spirit affecting mind and body.

A study in Canada found an association between schizophrenic patients active in a formal faith system and reduced suicide attempts. Is this an example of spirit affecting mind and body?

Structure And Function

- * Psychotherapy & Pharmacotherapy induced neurobiology changes
- * Pharmacology
 - * Pharmacodynamics
 - * Pharmacokinetics

J Psychother Pract Res. 1999 Apr;8:103-114. Foundations 2nd edition p 191-2

The structure and function are evident in psychiatric treatment modalities. The structure of cognitive behavioral therapy encourages healthier thought patterns or functioning. Psychotherapy or medication induced changes in cerebral structures are associated with improved functioning.

The unique chemical structure of a medication determines its function specifically MOA and side effects (pharmacodynamics), as well as what the body does to that medication (pharmacokinetics).

Self-Regulating In Psychiatry

- * Receptor $\uparrow\downarrow$ regulation in response to synaptic cleft neurotransmitter concentration levels
- * Emotions as signals for internal states in response to external stimuli
- * Cortisol Inhibits CRH release
- * PTSD
- * Allostasis, Treat Cause Not Symptoms

Psyphrm Bul. 2006;39(1):147-66. Krystal. PsyAn St Ch. 1978;33,81-116. Foundations 2nd edition p 186

Self-regulation is evident through processes like the up and down regulation of receptors in response to neurotransmitter levels in the synaptic cleft. Think about how one's emotions serve as signals for internal states in response to external stimuli. This is a manifestation of ongoing self-regulation processes.

Cortisol serves as the break pedal ultimately on the very pathway for its own production. Corticotropin releasing hormone (CRH) from the hypothalamus circulates to the pituitary stimulating the production and release of Adrenocorticotrophic Hormone (ACTH), which in turn stimulates the adrenals to produce and release Glucocorticoids including Cortisol. Ultimately, one role of cortisol is to provide negative feedback to the hippocampus and hypothalamus to decrease CRH production.

PTSD has been found to be associated with prolonged elevated cortisol levels and subsequent hippocampal volume loss. This can be seen as either a failure of self-regulation, and therefore would be targeted with allopathic or "against the disease" treatments. However, osteopathically, the philosophy would suggest we need to look for cause, as the body has very capable self-regulating systems and why in this case have these been overridden and negative sequelae permitted". Has the body suddenly become "stupid". On the other hand, has the body chosen to systemically preserve these elevated levels for some short term benefit despite a long term harm, allostasis. This begs the question "what is the cause for this state and will often change the focus of treatment from simply trying to reduce cortisol levels and instead seek out the dysfunction that may exist which requires the body to compensate through allostasis. This provides a more nuanced and individualized assessment and treatment that does not adhere to the common algorithmic protocols governing most of medicine today, including psychiatry.

Self-Healing In Psychiatry

- * Neuro-protective antioxidants and macrophages
- * Neuron regeneration
- * Altering cognitions to cope with stressors and reconcile past experiences

Parkinsonism Relat Disord. 2009 Jan. Altern Med Rev. 2009 Mar;14(1):14-35. Burns. The Feeling Good Handbook. 1990

The neuroprotective effect of antioxidants and macrophages within the CNS serve an inherently self-healing role. When I went to med school more than 25 yrs ago, I was told that nerves do not regenerate after injury. However, I see articles every year that show another type of neuron or nerve that has been show to regenerate, illustrating the powerful processes of self-healing within the body.

Think about how our brains will spontaneously alter our cognitions to cope with stressors and reconcile past experiences, whether that be that be “forgetting about it” or “ignoring” it or even seeing the negative experiences as having positive component like post-traumatic growth. These are further illustrations of self-healing with the mind.

Benefit Of OMM In Psychiatric Patients

- * Body Unit Health
 - * Address somatic issues, free resources for mental health issues
- * Optimize Structure and Function
 - * Augment ongoing treatments
- * Support Self-Regulating and Self-Healing
 - * Address medication metabolism and side effects

Fundamentally, OMM can address somatic issues that may be directly or indirectly related to the patient's mental illness. Patients with fibromyalgia have a 60-80% comorbid anxiety and/or depressive disorder. If OMM can reduce this patient's physical discomfort and increase physical function like exercise, there will be more finite resources available through out the body, mind and soul to address remaining mental illness like depression or anxiety, if not resolve these conditions entirely. This same concept can be applied to many medical issues including headaches, low back pain, chronic pain conditions, autoimmune conditions, inflammatory bowel diseases, irritable bowel disease, post-amputee, to name a few.

Secondly, OMM can help to optimize the structure and function of the body which allows greater physical activity like fitness, but also greater systemic accommodation to physical, emotional and spiritual challenges to the system, essentially resiliency. This augments the standard psychiatric treatment modalities and can improve the patient's health overall.

Finally, OMM can help to address the common issues of side effects from psychiatric treatments. These could include muscle rigidity from antipsychotics or constipation from antidepressants. In addition, the optimal consistent absorption and metabolism of a medication ensures a more predictable treatment effect. This becomes variable when liver, kidney or gastrointestinal organs are taxed or experience side effects of the medication. OMM can help support structure and function of these essential organ systems, to ultimately support a more predictable treatment effect.

Specific Examples

- * Headaches, Back Pain
 - * OMM decreases pain, HA/Back Pain frequency, improves function locally and systemically
 - * Patient can then participate to a greater degree in psychotherapy and medication adherence
 - * Patient has greater overall health

Now I am going to go through some specific examples to trace out some benefits of using OMM in patients with psychiatric conditions.

First, let's look at a very concrete somatic example like headaches or back pain. OMM can address the structure and function of related body areas like the cervical through lumbar spine and beyond. This can reduce pain severity and frequency, depending on the causes. With less pain interfering with their life, patients can then have increased function in the form of exercise, activities of daily living and life activities. This improved function can translate to greater participation in psychotherapy and motivation for medication adherence as the patient sees the benefits of the entire treatment plan. This can lead to a greater state of health overall for the patient, which may allow future reductions and eliminations of medications or other treatments.

Specific Examples

- * Healthy touch experience
 - * Physical trauma patients have unhealthy touch experiences
 - * OMM reinforces the existence of healthy touch
 - * Reintegration of the body into a health self-image

In the case of patients who have had physical trauma, a schism can occur between themselves and their own bodies. Often this leads to a total avoidance of all physical encounters with their own body as well as with others out of fear and self-preservation. This is a survival mode. However, it is not a living mode and comes at a cost physically, mentally and even spiritually. OMM, in addressing identified somatic issues, can provide examples of healthy touch. This would allow the patient to integrate their body into their whole self, and begin to integrate healthy touch of their body into a healthier living and not just surviving.

Specific Examples

- * Torticollis, Rigidity, Spasm
 - * Direct medication side effects may not be tolerated
 - * OMM can improve and/or relieve these allowing patient to stay on effective medication
 - * Affirms the physician's concern, acknowledgement and treatment of the patient's experience including side effects
 - * Improves treatment adherence

Looking at our medications, side effects are not infrequent and often lead to medication non-adherence and subsequent decompensation of the psychiatric condition in patients. Antipsychotics, can lead to muscle hypertonicity in the form of torticollis, rigidity and spasm. OMM can directly address these side effects. With improvement or resolution of these side effects, the patient would be more likely to remain on an effective medication. In addition, the psychiatrist could be seen in the patient's eyes as being more concerned, caring and active in managing the patient's entire experience as it relates to their mental illness. This can improve a patient's adherence to the entire treatment regimen.

Specific Examples

- * Constipation/Urinary Retention
 - * OMM has been shown to resolve constipation even in medication induced cases
 - * Patient can then participate to a greater degree in psychotherapy and medication adherence
 - * Patient has greater overall health

Other common side effects of many psychiatric medications include constipation or urinary retention. By addressing the somatic structure, particularly regions of the body that correlate with autonomic nervous system supply to the gastrointestinal tract and the bladder, constipation and urinary retention can be improved or resolved. With less discomfort patients can then have increased function in the form of exercise, activities of daily living and life activities. This improved function can translate to greater participation in psychotherapy and motivation for medication adherence as the patient sees the benefits of the entire treatment plan. This can lead to a greater state of health overall for the patient, which may allow future reductions and eliminations of medications or other treatments.

Specific Examples

- * Liver/Kidney/Gastrointestinal functioning
 - * OMM can support these organ systems functioning
 - * More consistent absorption, distribution and metabolism of medications leads to more consistent treatment effect
 - * Less patient side effects, Greater consistent treatment response
 - * Patient can then participate to a greater degree in psychotherapy and medication adherence
 - * Patient has greater overall health

By addressing the somatic structure, particularly regions of the body that correlate with autonomic nervous system supply to the gastrointestinal tract, the organs involved in absorption, distribution and metabolism of medications will be able to function more optimally. This leads to a more consistent treatment effect, less side effects and possibly a greater treatment response. This allows the patient to have optimal participation in psychotherapy and motivation for medication adherence as the patient sees the benefits of the entire treatment plan. This can lead to a greater state of health overall for the patient, which may allow future reductions and eliminations of medications or other treatments.

Hopefully, you can see this approach utilizing OMM is ultimately rather simple but can have immediate as well as far reaching benefits for the patients with psychiatric conditions.

Summary

- * Long standing history of OMM in Psychiatry, within the Osteopathic Medicine profession
- * Philosophy driven paradigm
- * OMM is the most visible manifestation of the Osteopathic Philosophy
- * Specific and Broad Benefits for Patients with Psychiatric Conditions and OMM

In summary, I have harkened us to the long standing history of OMM in psychiatry as practiced by osteopathic physicians. This practice is driven and framed by the principles of the osteopathic philosophy. OMM is not the only manifestation of the osteopathic philosophy, but it happens to be the most visible and tangible one. The use of OMM in patients with psychiatric conditions can have specific and broad benefits including treatment adherence and overall health.

QUESTIONS