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Introducing osteopathy

Mai Samih finds out how osteopathy was introduced into Egypt



Introducing osteopathy

**MAI SAMIH**
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Before the existence of modern medicine, people would often go to a *megabarati*, a traditional medical practitioner, to cure ailments such as back and neck pain. Later, there came chiropractors, healthcare professionals focused on the diagnosis and treatment of neuromuscular disorders, and orthopaedists, specialists in correcting deformities of the skeletal system.

Physiotherapists also help people with disabilities recover since they have special training in helping patients with exercise, physical rehabilitation, and therapeutic methods of treating the musculoskeletal system.

However, recently a new form of medical practice has been introduced into Egypt, although it is already well known abroad, in the shape of osteopathy. Egyptian osteopath Hesham Khalil gave more details about this modern approach to physical health and how he became acquainted with it.

"In the early 1990s I was living and working as a physiotherapist in the United States. Unfortunately, I had several car accidents after which I developed what is called a cluster headache, a severe headache causing severe pain in the head and neck and limiting the ability to see, hear, and move. I went through every possible medical diagnosis in the US, and all of them proved that I was fine and had no good reason to have this pain. But by that point I was on five types of medicine, and the headache was progressive and disabling," Khalil said.

"One of my friends then contacted me advising osteopathy. I did not know what it was, so I decided to visit an osteopath for treatment. After just three sessions I was finally cured after five years of suffering. Afterwards I was interested to study osteopathy, as I had to stop and think about how this could happen." It was this personal experience that caused Khalil to study and later practice osteopathy.

Osteopathy has many definitions depending on the function and the place it originated. In the US, it's a medical model in which a physician may use pharmacology, surgical procedures, and manipulative methods in treating patients. One of the differences between an American DO (doctor of osteopathic medicine) and MD (medical doctor) lies in the former's using manipulative medicine in addition to pharmacological and surgical procedures in treating patients, Khalil said.

"OMM or osteopathic manual treatment is a model of diagnosis and treatment where the physician analyses the forces or bio-mechanics of the body to come up with what is called an 'osteopathic diagnosis' — which in a very simple form means trying to figure out how to help a patient by correcting bio-mechanical issues or mechanical problems with the body," Khalil said.



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"God created us with the ability to self-heal, but because of mechanical dysfunctions the body has trouble regulating itself. In order to treat, you need to diagnose. That is one important part of osteopathy and it is also what makes it different," he said, adding that an osteopath uses manual techniques to help a patient's body balance and thus restore its ability to self-heal.

"According to the American medical model, you graduate with a very basic knowledge of osteopathy but you are fully aware of the philosophy. If people need to continue the osteopathic model, they have to go through another three years of internships. So it was about seven to eight years before I would graduate as a DO in America, and as a result I decided to do postgraduate studies in Canada where I could study osteopathy from day one. This model is designed for people who are often already physicians and physiotherapists and nurses," Khalil said.

"I have now been practising osteopathic medicine in therapy since 2002," he said, including in Egypt.



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OSTEOPATHY IN EGYPT: Khalil remembers that Ahmed Hassan, a former president of the Egyptian Physical Therapy Association, was visiting the US when he also became interested in osteopathy.

"He contacted me and asked me to bring the science of osteopathy to Egypt. He invited me to a conference in the summer of 2005. I came for a 15-minute lecture, and we came out with five students interested in osteopathy. Since then the demand has been increasing to the point that we now have a professional academic school in Cairo called OsteoEgypt which is a branch of the International Academy of Osteopathy in Belgium," Khalil said.

The academy has 27 branches throughout Europe and its degree is recognised in 47 European states. Khalil now has a team of 100 osteopaths working with him in Egypt.

"Why osteopathy works better than anything else, including chiropractic therapy, is because in osteopathy we have what is called somatic dysfunction diagnosis, which means, if we compare it to physiotherapy, doing more than simply looking at the anatomy of the body and if there is a problem correcting it. In osteopathy, the story is totally different. It is about connecting that part of the anatomy to the rest of the body in order to figure out where the problem comes from. The one major difference between osteopathy and any non-osteopathic model is to treat the cause," he said.

Khalil believes that what is unique about osteopathy is its focus on why this person is not healing well, or why this person has been having back pain even after trying all traditional models like physiotherapy, for example. "The question that usually comes to the mind of an osteopath is why this patient is having this pain at this time. So after analysing these issues, we come up with what is called a 'plan of care' or 'plan of treatment' in which we use mechanical methods, like manual skills, starting from touching the skin to manipulating the bones. It is a very wide range of modalities where we use our hands and gentle forces to correct mechanical dysfunctions with the purpose of restoring normal physiology and the normal functions of the body," he said.

Khalil refutes the long-held notion, sometimes heard, that osteopathy is not evidence-based and says that there has been research into osteopathy since 1920, even before standard physiotherapy.

"The bottom line is any patient who has tried a traditional model of medicine and still has problems can come to us, for example, somebody who has a chronic headache, or women who have weak muscles after a Caesarean section. Most of our patients are divided into structural, visceral and cranial patients," Khalil commented. "Somebody with lower back pain or post-surgical pain that is not understood by the physician who does not know why this patient is still in pain often comes to us. Another case could be if someone goes to the doctor and thinks they are quite well but has psychological or psycho-emotional pain. Such a person could come to us, as we have solutions for them," he added.

One patient who suffers from chronic lower back pain shared her experience. Sally Hesham, a Cairo resident, said that "I've been suffering from lower back pain after a wrong move, and I have tried a lot of treatments that didn't ease that pain, so I tried a centre that specialises in manual readjustments and the results were astonishing. After five sessions I felt the improvement. Of course I would try osteopathy if I had something like that again."

Another patient, Said Al-Sayed, said "I would be willing to try an alternative treatment such as osteopathy if it is licensed and had proved its competence in healing."

Khalil said that women, different physiologically from men, could particularly benefit from osteopathy. They need different attention to their bodies in pre-menopause, post-menopause, pre-labour and post-labour stages to restore their normal mechanical functions so they do not compromise their general health, he said.

"For example, we get a lot of women with back pain or cervical pain after surgery, and their pain may not be understood by the medical community. These women are our patients," Khalil said. The list includes patients who suffer from the outcomes of wrong posture during work, or a lack of exercise, and geriatric patients. There are, however, types of disease that osteopathy cannot cure, since they are not dysfunctions but are diseases like cancer or diabetes.



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TREATMENT PLANS: Osteopathy is a multi-disciplinary model tied to other specialties so osteopaths typically do not work by themselves.

"In the model I established in Egypt, we work with a team of medical professionals. While we are in hospital, we work with the department of gynaecology and the department of orthopaedic surgery, to name a few, for the benefit of the patient," Khalil said.

He has conducted a survey on his patients and found that 67 per cent of his Egyptian women patients have Vitamin D deficiency which can cause pain in their muscles and bones. "As soon as we send them to internal medicine for treatment and give them some osteopathic exercises they become 100 per cent cured. Otherwise, they would have suffered from pain for the rest of their lives," he said, adding that he works with patients of all age groups.

"The model we are promoting in the Middle East and North Africa is a little bit different to the American model, however. We decided to adapt the Australian model or what we call the European model where the osteopath is focused on osteopathic medicine from day one to the end of his degree," Khalil said.

He emphasises the fact that osteopathy sees patients as one functional unit where structure and function are interrelated. "What is different about osteopathy is that traditional medicine or western medicine usually focuses on the specialty and sub-specialty. For example, if somebody has lower back pain we usually tend to focus on the back area. But in reality back pain as we know in medicine is a 'refer' pain which can come from any visceral organ. For example, somebody may have a heart attack, but they don't feel it in the heart, but in the back, left shoulder or the neck," he said.

The challenge an osteopathic doctor faces is figuring out how he can track down the sources of pain and help a patient by normalising the biomechanics and physiology of his body. "This is the role of every medical field, but osteopathy gives us a model of thinking and philosophy and the practice to treat the cause, not the symptoms," he said.

Osteopathy started about 140 years ago in the United States when physician Andrew Taylor Still lost three of his children to typhoid fever. He reached a point in his work where he found that the human body's functions could be improved by other means besides medication like manipulative medicine or moving certain parts of the body. So he decided to pioneer a different model of thinking about the philosophy of treatment in which he would move parts of the body to improve its physiology and function to fight disease, said Khalil.

In 1900, Still founded the American Osteopathy Association, which has been serving patients ever since. In 1917, an outbreak of pandemic flu, killing about 10 million people, drew particular attention to medical provision in the US. It was found that the mortality rate at osteopathic hospitals was much less than that at regular hospitals, leading to a further take-up of the model. During the 1930s, osteopaths in the US became fully licensed physicians. Today there are more than 37 medical osteopathic schools in the US, and osteopathy has spread to many other countries.

The United States, Canada, European countries, and Australia all have osteopathy schools. There are more than 10 schools in Russia, more than 20 schools in France, five in Germany, and more than five in Australia. "I started promoting osteopathic thinking in 2005 and went to almost every Arab country to do so. Then I decided to establish a school in Egypt in 2011, graduating the first group of osteopaths this May," Khalil said.

"The model we promote in the Middle East is very safe, using licensed physicians and providing them with an osteopathic education as an add-on programme," he added. "But ignorance is still a barrier. People think osteopathy is here to replace the medical profession. But osteopathy as a profession does not replace any of the medical specialities like physiotherapy and internal medicine, because what osteopathy does nobody else does."

"We have been having good support from the medical community and the physiotherapy community in Egypt. As a matter of fact, most of our students are physical therapists. So there is a huge demand on the market for osteopathy, but some people resist the idea of anything new," Khalil said, adding that this was not a problem since the discipline would prove itself with the increasing number of patients being cured.

"Another barrier is that because there is no law to prohibit people from calling themselves osteopaths at the moment, anybody can do so which spells chaos and should end."

He puts the needs of osteopathy in a nutshell. "We need better logistics and the intervention of the Ministry of Health to create a separate model for osteopathy that should be respected with specific credentials. The government should create standards for who can practice osteopathy, setting out qualifications and credentials. Bringing osteopathy to the Middle East is my life's dream. I will keep fighting to see an osteopathic school in every Arab country."

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