

# Fundamental Differences between Allopathic and Osteopathic Education

Cain JG\*

Department of Medicine and Health Sciences, Universiti Sultan Zainal Abidin, Malaysia

## Abstract

The structure of a body part governs its function, and thus abnormal structure manifests as dysfunction. Function also governs structure. In addition, if the body's overall structure is suboptimal, its functioning and capacity for self-healing will be inhibited as well. Rational treatment is based on an understanding of these three aforementioned principles. These basic osteopathic tenets permeate all aspects of health maintenance and disease prevention and treatment.

**Keywords:** Medical practices; Osteopathic profession; Medical doctors; Empirical pharmacology; Drugless modalities; Spinal meningitis

## Introduction

The osteopathic physician examines, diagnoses, and treats patients according to these principles. While Osteopathic Medicine was conceived fairly recently, its history is rich and thought-provoking. The history of the osteopathic profession is central toward understanding the current state of osteopathic medicine and is thus taught as part of the osteopathic medical school curriculum. In fact, osteopathic medical students are often tested on the history and philosophy of osteopathic medicine, and are encouraged to integrate osteopathic teachings into their approach as clinicians [1]. The rest of this chapter offers a concise history of osteopathic medicine. Much of the information we present here is derived from and elaborated on in much greater detail in Norman Gevitz's book, *Osteopathic Medicine in America*, a must-read for anyone interested in learning more about the osteopathic profession. Dr. Andrew Taylor Still was the founder of osteopathic medicine. Osteopathic medicine was born in a time when many different approaches to medicine existed, some of them more rational than others [2]. Indeed, common medical practices during this era included bloodletting and pharmacological use of toxic chemicals such as mercury and arsenic.

## Discussion

Most of the drugs that are widely available today either had not been discovered or were not commonly recognized in Dr. Still's day. For example, Bayer did not patent aspirin until 1899, and it was not until 1935 that the first antibiotics became widely available. Thus, it was only natural that other schools of medical thought sought to challenge orthodox practice. Homeopathy, one of the largest of these alternative schools, rejected common medical practice and instead based its remedies on empirical pharmacology and the concept of like cures like, which stated that a drug whose physiological effects were most aligned with those of a particular disease could then be used to treat said disease. As much as 15 percent of the total U.S. physician population at this time adopted unorthodox approaches such as homeopathy. Perhaps also surprising is the fact that medical doctors during this time did not receive four years of schooling at an established medical school like they do today. Usually they were trained first through apprenticeship under a licensed physician. Some would then elect to study in a medical college where they received brief schooling. Still first began studying medicine as an apprentice under the direction of his father, who was a physician as well as a preacher and missionary [3]. During his apprenticeship, he treated Native American patients in the Kansas Territory. He then served in the Civil War as a surgeon. Later, he attended medical school

at the College of Physicians and Surgeons in Kansas City, Missouri, but only completed his first year of schooling due to his frustration with the redundancy of medical education at the time. In 1864, Dr. Still lost three children to spinal meningitis, and from that point forward, he began to seriously question the efficacy of orthodox medicine and to search for a novel approach to medical practice. Dr. Still's approach, which he termed osteopathy, a combination of the Greek word *osteon*, meaning bone, and *pathology*, the study of disease, was but one of many emerging alternatives to allopathic thought at the time [4]. In order to counter the suspect nature of the drugs utilized by orthodox medical doctors, many drugless modalities were established. These included hydrotherapy, the practice of drinking and immersing oneself in the purest water available, and magnetic healing, the use of magnets to restore bodily balance in terms of an invisible magnetic fluid. The latter, besides being drugless, also involved a philosophy of the body as a unit and the use of manual spinal manipulations [5]. All three of these characteristics struck a chord with Dr. Still. Through his study of anatomy, Dr. Still appreciated the interdependence in structure and function that existed between different tissues. Instead of proposing that a magnetic fluid gave balance to the body, however, he posited that obstruction of blood flow was the origin of disease. He also combined aspects of magnetic healing with the established trade of bone-setting or joint manipulation [6]. He believed that the misplacement of spinal segments, for example, could interfere with nerve and/or blood supply, thus manifesting as disease. In the early 1870s, Still began to apply these principles to clinical practice and found that he could successfully treat a number of diverse ailments, including asthma, headache, sciatica, and paralysis, by diagnosing and manually adjusting vertebral segments and other bony structures without using drugs. Thus, in his practice, he rejected most of allopathic medicine's pharmacological agents except for a select few treatments, such as certain drugs in surgery and antidotes for poisonings. His rationale for minimizing the use of drugs was based on his distrust of medications with unknown mechanisms of action and those used simply as remedial agents to mask symptoms. On June 22nd,

\*Corresponding author: Cain JG, Department of Medicine and Health Sciences, Universiti Sultan Zainal Abidin, Malaysia, Tel: 016658239, E-mail: cain123@gmail.com

**Received:** 28-Mar-2023, Manuscript No. JPAR-23-95846; **Editor assigned:** 30-Mar-2023, PreQC No. JPAR-23-95846(PQ); **Reviewed:** 13-Apr-2022, QC No. JPAR-23-95846; **Revised:** 18-Apr-2023, Manuscript No. JPAR-23-95846 (R); **Published:** 25-Apr-2023, DOI: 10.4172/2167-0846.1000497

**Citation:** Cain JG (2023) Fundamental Differences between Allopathic and Osteopathic Education. *J Pain Relief* 12: 497.

**Copyright:** © 2023 Cain JG. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1874, I flung to the breeze the banner of Osteopathy, wrote Dr. Still. For many years, despite Dr. Still's successes in practice, his philosophy was rejected by many of his friends, relatives and colleagues. Even when he attempted to present his ideas at Baker University in Baldwin, Kansas, a school that he and his family had helped to found, he was denied. He eventually settled in Kirksville, Missouri, a small town with a population of 1,800 [7]. However, because the patient population of Kirksville was limited, Dr. Still took his practice all around the state in order to make ends meet and support his wife and children. Through seemingly miraculous treatment of diseases via osteopathy, Dr. Still began to gain a reputation as the so-called lightning bone-setter, and people began to travel many miles hoping to be cured of various ailments. It was becoming obvious that Still needed to establish a permanent place of practice. In 1889, Dr. Still opened an infirmary in Kirksville, and in 1892, he founded the American School of Osteopathy in order to share his osteopathic manipulative treatments with others. In addition to learning to perform osteopathic manipulations, the first students were intensively trained in anatomy, which was central to Dr. Still's philosophy [8]. The ASO was revolutionary not only with respect to its status as the first school of osteopathic medicine, but also in its anti-discrimination policy. Dr. Still's family was firmly abolitionist during the Civil War, and Dr. Still wanted to ensure that all qualified individuals, regardless of their race or sex, were given the opportunity to become physicians. Indeed, the ASO's inaugural class of 21 students contained six women, which was very progressive for a time in which fewer than 5 percent of all U.S. medical students were women. Most female medical students attended women's medical colleges. The ASO was among only a few U.S. medical schools to admit women, and began doing so even before Johns Hopkins University, which began the practice the following year in 1893. During these years, the practice of osteopathic medicine became much more widely known. More patients began to visit Kirksville seeking treatment, while journalists from all around the Midwest wrote articles proclaiming the efficacy of osteopathic medicine and citing patient testimonials as evidence [9]. Still compiled these articles and published them in a *Journal of Osteopathy*, whose readership increased from a few hundred in 1894 to more than 18,000 within two years. However, the osteopathic profession's early success was not without opposition. Numerous efforts were made to halt Dr. Still's practices, which were viewed as conflicting with the traditional medical establishment. For instance, the Missouri State Medical Association and other medical societies, including the homeopathic and eclectic societies, attempted to take legal action to limit the reach of osteopathic medicine. In response to pressures from the state legislature and its refusal to grant licensure to DOs, Dr. Still expanded his curriculum to four terms, totally 20 months of study, in subjects that included anatomy, physiology, surgery and obstetrics. The curriculum was later further expanded to include classes such as histology, pathology and chemistry. In light of these changes, DOs were

granted the right to practice in the state of Missouri in 1897. Rapid growth followed this legislation, and the student population of the ASO rose from 21 in its inaugural class to around 700 students by the turn of the century [10]. During this time, Dr. Still also welcomed several new faculties, all of whom had personal experience with osteopathic medicine and many of whom held PhD and MD degrees.

## Conclusion

As Dr. Still's school grew, so did the osteopathic profession. In 1897, the American Osteopathic Association was founded to set educational standards across all osteopathic colleges and maintain a committee on osteopathic education. The *Journal of the American Osteopathic Association* was first published in 1901. All the while, osteopathic medicine remained as pure in its philosophy as it was when it was first conceived.

## Acknowledgement

None

## Conflict of Interest

None

## References

- Mello RD, Dickenson AH (2008) Spinal cord mechanisms of pain. *BJA US* 101:8-16.
- Bliddal H, Rosetzky A, Schlichting P, Weidner MS, Andersen LA, et al. (2000) A randomized, placebo-controlled, cross-over study of ginger extracts and ibuprofen in osteoarthritis. *Osteoarthr Cartil EU* 8:9-12.
- Maroon JC, Bost JW, Borden MK, Lorenz KM, Ross NA, et al. (2006) Natural anti-inflammatory agents for pain relief in athletes. *Neurosurg Focus US* 21:1-13.
- Birnesser H, Oberbaum M, Klein P, Weiser M (2004) The Homeopathic Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment Of Epicondylitis. *J Musculoskelet Res EU* 8:119-128.
- Ozgoli G, Goli M, Moattar F (2009) Comparison of effects of ginger, mefenamic acid, and ibuprofen on pain in women with primary dysmenorrhea. *J Altern Complement Med US* 15:129-132.
- Raeder J, Dahl V (2009) Clinical application of glucocorticoids, antineuropathics, and other analgesic adjuvants for acute pain management. *CUP UK* 398-731.
- Świeboda P, Filip R, Prystupa A, Drozd M (2013) Assessment of pain: types, mechanism and treatment. *Ann Agric Environ Med EU* 1:2-7.
- Nadler SF, Weingand K, Kruse RJ (2004) The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. *Pain Physician US* 7:395-399.
- Trout KK (2004) The neuromatrix theory of pain: implications for selected non-pharmacologic methods of pain relief for labor. *J Midwifery Wom Heal US* 49:482-488.
- Cohen SP, Mao J (2014) Neuropathic pain: mechanisms and their clinical implications. *BMJ UK* 348:1-6.