Preliminary Study: Osteopathic Approach to Scars

Dr. med. Johannes Mayer D.O.M., Ludwigstr. 3, 86316 Friedberg, Germany
dr_johannes_mayer@gmx.de

BACKGROUND: Patients having scars related to accidents, operations and radiation often develop chronic pain patterns in the area of the scar. In more severe cases, we find an impairment of multiple body functions, not only in the scar area. The reasons have to do with pathological connections within the fascial system deep in the body. To some extent, these scar tracks cross regular body compartments. There is no established osteopathic treatment plan for such scars with multiple associated chronic disorders.

APPROACH: We developed an osteopathic system of classification, dividing the dysfunctions into local, regional and complex, each with different diagnostic approaches and treatment strategies. Depending on the placement in this osteopathic classification schema, the treatment strategy is different. With local dysfunctions, we treat using various local myofascial methods. In regional dysfunctions, the possible SD somato-somatic, somato-visceral, viscerosomatic and viscero-visceral have to be checked and treated first. In complex dysfunctions, we first look at the complex myofascial chains, lymphatic congestion, visceral connections, cranio-sacral components, shock/trauma reactions and emotional fixations. If we do not address these connections first, the scar treatment will likely be unsuccessful. In the treating of scars, it is important to find a hierarchy of dysfunctions — this means localizing the most important strain in the body. The only way to improve the situation in cases of complex scarring is to treat complex patterns in the body and to bring fluids into the scar area, using the lymphatic congestion as a guide.

RESULTS: In a preliminary study from 2004 to 2007, we treated 40 patients with scars and chronic pain patterns: seven patients suffered accidents involving fractures, nine patients had had heart operations, eight patients underwent thyreoidectomy, and 16 patients had undergone a breast cancer operation and radiation treatment. All patients had, on average, a pain scale value of 7.8 (1 low to 10 high), an impairment of daily activities of 4.5 (0 none to 10 high) and in depression scale 5.5 (0 none to 10 high). All patients had been initially treated four times over a two week period, the duration of each treatment being 30 minutes, then one follow-up treatment after 12 weeks and on after six months. After these six treatments, patients improved in their pain ratings from 7.8 to 3.4 on average, in impairment of daily activities from 4.5 to 1.3, and depression fell from 5.5 to 2.8. Mobility of joints and spine function were generally improved, especially in the cases involving treatment with radiation. The follow-up with all patients demonstrated that the therapeutic improvements can be stabilized with one treatment every three to six months.

CONCLUSIONS: Osteopathic scar treatment seems to be effective in patients with chronic pain patterns and impaired mobility. Scars with associated complex dysfunctions are very limiting and are non-reactive to any kind of direct treatment. A complex treatment strategy with lymphatic techniques opens the door to the scar. If we are able to reduce the complex interactions in the body and bring fluids into the area of the scar, the scar tissue seems to become reactive. More work has to be done in order to
demonstrate the systematic effect of osteopathic scar treatment.

REFERENCES:
  1) Hazzard C, Some observations upon the reactions of muscles and nerves, The Journal of Osteopathy 1900; 7(2): 52-55
  2) Moore RD, Scar tissue and adhesions, the Osteopathic Profession 1938; 5/12)5,7