

Community Healthcare System Improvement: On Framework Efficacy

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Abstract

Founded by Andrew Taylor Sill, the principle that the body has its own medicine chest adopts a holistic approach in which adequate supply to and from other body tissues is critical for the healing and health maintenance processes. Proper functioning of the nervous system is also a foundation of the principle, mechanism aids in proper coordination of actions in other systems and organs. Whereas the principle depicts that the body possesses all requirements for self-healing and health maintenance, osteopathic physicians help the body in utilizing the healing mechanisms. This is a point where physician practices such as counterstrain, the muscle energy technique, the thrust technique, and the lymphatic technique are applicable as they enable the body to utilize the available health maintenance and self-healing mechanisms towards proper functioning of structures. Indeed, the principle that the body has its own medicine chest is critical in informing community pharmacists on the need to provide patients with required forms of care towards optimal utilization of the available mechanisms.

Introduction

In the healthcare sector, osteopathy as a process achieves success by treating and strengthening musculoskeletal frameworks that include the spine, joints, and muscles. Therefore, the critical goal of osteopathy is to adopt a hands-on technique or manual approach to restore altered biomechanics and improve circulation, rather than use drugs (Chen, Lamer & Rho et al. 2004). Some of the principles on which osteopathy is based include: “the body is a unit”, “structure governs function”, the rule of ‘The artery is Supreme’ and “The body has its own medicine chest”. Whereas the principles are crucial foundations from which practices in osteopathy can be implemented, the rule, “The body is its own medicine chest” remains the most imperative in guiding medical services. Indeed, an application of the principle is likely to yield far-reaching and desirable consequences that involve desirable patient outcomes. This study focuses on the principle, “The body has its own medicine chest”, providing a historical foundation, reflection on the current medical practice, and applications in physiological, anatomical and neurological contexts. The motivation of the study is to unearth how the principles influence the quality of community pharmacy.

Methods

The proposed healthcare principle seeks to explain factors that prompt the body to react in a certain manner, when alterations to normal functioning occur. The principle indicates that all signs and symptoms expressed within the body consist of activities that seek to adapt to its function – towards survival (Kuchera & McPartland 2003). Additionally, the body’s concern is not to predict the future and care about longevity. Neither does it care on whether one could live to a ripe old age or not. Rather, the body cares about survival and adjustment to the immediate environment at the time. The principle indicates further that the body engages in a constant fight to compromise all other functions necessary to ensure that adaptations required to live at a particular moment are achieved. Therefore, signs and symptoms arising from alterations in normal body functioning are perceived to

depict the body's compromising function or adaptation towards creating an optimum state responsible for surviving in the environment to which it is exposed (Kuchera 2000).

Results

Developed by Andrew Taylor Still, the principle's history dates back to over 150 years ago. At the age of 10, Taylor developed a rope swing pillow from which he lied across as a cure for his headache. The increasing fascination in physiology and anatomy led to his understanding that the creation of a little moving traction to the neck could change or alter the nerve supply. Specifically, creations of little moving tractions to the neck were associated with improvements in circulation to the head, freeing one of a headache (Mense & Simons 2001). Later, the year 1864 saw Taylor's wife and children pass on. The condition responsible for Taylor's loss of his loved ones was meningitis. He later concluded that the medicine used at his time was sometimes harmful and frequently ineffective. Some of the frequent prescriptions included castor oil, opium and arsenic (Boal & Gillette 2004).

Failures of medicines at Taylor's time prompted him to conduct further analysis. The quest led to a 30-year medical study in which he focused on treatments that posed minimal side effects; including the relationship between the spirit, the body, and the mind, with the use of hands-on mechanisms in dominance (Pickar 2002). Given that the current miracle drugs were unavailable in the 1800's, necessity prompted Taylor to focus on the ability of nature to heal. The principle's osteopathic application arises when osteopaths perceive the body as being perfect, even when ill. The implication is that it is not wrong to feel pain or get ill. Rather, symptoms of illness or pain are a depiction of a faultlessly working body to treat itself (Giles & Muller 2003). Notably, the role of osteopathy is not to suppress or dampen the symptoms. Instead, the practice seeks to understand the cause and support the able body, which has its own medicine chest, in healing itself. One of Taylor's assumptions was that the achievement of a proper arrangement of body parts for sound structures supports automatic access to the 'medicine chest'. Upon accessing the 'chest', disease processes would be countered by innate healing systems through homeostatic balance and self-correction. According to Salamon, Zhu and Stefano (2004), a combination of the principle with the current medical therapeutics, investigative procedures, and diagnostic skills accounts for improved outcomes in the field of medicine.

The principle is reinforced further by an osteopathic perception that manipulation techniques focus on both the function and the structure. The components are interrelated in such a way that alterations in the structure (through musculoskeletal systems) lead to the occurrence of abnormalities in other body systems. Outcomes of such alterations include restrictions in the asymmetry (somatic dysfunction), tissue changes, tenderness and motion (Comeaux 2005). In accordance with the principle, osteopathic physicians engage in various manipulation procedures towards better medical outcomes. One of the mechanisms concerns hands-on contact. The concept supports the principle through the concept of placing hands on patients as a universally-acknowledged practice that enables health professionals to foster a patient-doctor relationship. Through the hands-on procedure, doctor-patient relationships are enhanced because of the desirable outcomes arising from the service recipient's well-being (Salamon, Zhu and Stefano 2004).

According to Chen, Lamer and Rho et al. (2004), patient examination through abdominal or spinal palpation and chest auscultation is enough to mark the onset of treatment. Another practical application of the principle concerns the use of a soft-tissue technique. The procedure, supported by the rule, applies to regions such as musculature surrounding spines. The process constitutes rhythmic stretching, tractions, and deep pressure. The critical role of this procedure (regarding the osteopathic rule) lies in the need to move excess tissue fluids. Outcomes include relaxations within myofascial (fibrous tissue) and hypertonic muscle layers. It is also worth noting that the soft-tissue technique coincides with the principle in addressing somatic dysfunction (Kuchera & McPartland 2003).

Another area that receives a practical application of the osteopathic principle is that which involves myofascial release. The practice focuses on a primary treatment of myofascial structures. Through direct myofascial release treatment (MRT), care providers engage restrictive barriers for myofascial tissues in such a way that the tissues are loaded with a constant release. In the end, release occurs. In situations where indirect MRT is involved, care providers guide dysfunctional tissues along paths of least resistance to achieve free movement (Kuchera 2000).

Cranial osteopathy forms another procedure through which the principle gains application. The approach is specific in the osteopathic concept bin such a way that it poses a significant influence on the fluid and structure surrounding one's central nervous system. Through cranial osteopathy, impacts are created on the total body. The outcome involves initiations of inherent capacity for healing within the body (Mense & Simons 2001). Given that fascial connections in the entire body are contiguous with the central nervous system's linings, cranial osteopathy practitioners adopt a manual technique in accomplishing the goals.

The principle is also applied in the lymphatic technique. According to Boal and Gillette (2004), the manual procedure's design seeks to promote lymphatic fluid circulation. As physicians use their hands to apply pressure to the upper anterior chest wall of supine patients, lymphatic fluid circulation is promoted. Upon applying the force to the chest, pressure reaches its maximum during expiration, followed by the physician's sudden removal of the hands. The eventuality is that negative pressure within the chest increases, assisting the respiratory mechanism of the patients' bodies to move lymphatic fluids. Therefore, the approach supports the principle that the body has its own medicine chest in such a way that it (the body) is only prepared through pressure application on the chest to aid in healing itself (through lymphatic fluid flow), rather than solely rely on medical therapeutics, investigative procedures and diagnostic skills.

The thrust technique is another process through which the principle applies. Through this manipulation practice, physicians apply low-amplitude or low-velocity thrust with the aim of restoring specific joint motion. Through this technique, joints rest neural reflexes and regain their normal ranges of motion (Pickar 2002). In a study by Giles and Muller (2003), it was documented that the thrust technique accounts for the reduction or complete nullification of physical signs that depict somatic dysfunction. Specific tissue dysfunctions that gain application of the thrust technique include tissue tenderness, motion, restriction, asymmetry, and changes. From the affirmations, the thrust technique operates on the principle indicating that the body has its own medicine chest.

Further application of the principle lies in the muscle energy technique. The manual technique is achieved by directing patients to the use of their muscles from precise positions and in specific directions against counter forces applied by physicians. The aim is to achieve motion restoration, reductions in tissue or muscle changes, and modify somatic dysfunction's asymmetry (Comeaux 2005). According to Salamon, Zhu and Stefano (2004), the principle that the body has its own medicine chest is further applied through counterstrain. This technique forms a manual process through which patients are moved away from restricted motion barriers on a passive basis. In turn, the patients are moved to the regions of greatest comfort. By moving patients to regions of greatest comfort, physicians induce passive asymptomatic strain.

Holistically, the principle that the body has its own medicine chest applies to the current field of medicine by emphasizing an interrelation among body systems. Therefore, adverse changes in one system or body part are likely to impair the functioning of other organs, as well as systems (Educational Council on Osteopathic Principles 2003). By treating the body as a whole, doctors of osteopathy (D.Os) provide special attention on musculoskeletal systems (combining muscles and bones) in a quest to understand the underlying causes of ailments. Therefore, the principle's emphasis lies in preventive medicine that encourages populations to eat healthy diets and maintain healthy lifestyles (Chen, Lamer & Rho et al. 2004). In community pharmacy, the principle that the body has its own medicine chest is critical in reducing neck and back pain. Other critical benefits arising from the application include speedy healing of minor injuries sustained during sports, improved airflow for patients with asthma, boosted immunity and the treatment of fibromyalgia (Kuchera & McPartland 2003).

Conclusion

Founded by Andrew Taylor Sill, the principle that the body has its own medicine chest indicates that the body exhibits inherent capability to heal itself and maintain its own health. The principle adopts a holistic approach in which adequate supply to and from other body tissues is critical for the healing and health maintenance processes. Proper functioning of the nervous system is also a foundation of the principle, mechanism aids in proper coordination of actions in other systems and organs. Whereas the principle depicts that the body possesses all requirements for self-healing and health maintenance, osteopathic physicians help the body in utilizing the healing mechanisms. This is a point where physician practices such as counterstrain, the muscle energy technique, the thrust technique, and the lymphatic technique are applicable as they enable the body to utilize the available health maintenance and self-healing mechanisms towards proper functioning of structures. Indeed, the principle that the body has its own medicine chest is critical in informing community pharmacists on the need to provide patients with required forms of care towards optimal utilization of the available mechanisms. The holistic approach that arises in the principle proves to be informative to pharmacy, especially in situations where it is combined with conventional health care practices such as medical therapeutics, investigative procedures, and diagnostic skills.

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