

Distinctions between osteopathic, allopathic medicine create competition that drives advancements

RHETT PAPA, OMS III

This essay won first place in the AOA Bureau of Osteopathic History and Identity's 2006 essay competition.

The bureau encourages all contestants in its annual competition to submit their entries to the AOA for consideration by *JAOA—The Journal of the American Osteopathic Association* and *The DO*. Before accepting this essay for publication in *The DO*, AOA Editor in Chief Gilbert E. D'Alonzo Jr, DO, requested that author Rhett Papa, OMS III, make a number of revisions to it.

To further the learning objectives the Bureau of Osteopathic History and Identity envisioned for the essay contestants, this essay was subjected to editing to bring it into adherence with *The DO's* guidelines, and the author reviewed and commented on the edited version of the essay before it was published.

For more information on the history bureau's essay competition, see the article beginning on Page 46.

To read the third-place essay from the history bureau's 2006 competition, see Pages 40-44 of *The DO's* March 2007 issue. Titled "From Pulp Paper to Laptop Computer: A Reflection on Fundamental Osteopathic Principles," that essay can be accessed on DO-Online, located at www.do-online.org. From DO-Online's home page, click on the "Publications" link under the "Advocacy" tab. Then on the "Publications" page, click *The DO's* link on the left-hand navigation bar.

ABSTRACT

Many within and outside the medical profession believe that there is no longer a significant difference between osteopathic and allopathic medicine and that the distinction between the two professions and their philosophies should be abandoned. Evidence from the history of osteopathic medicine suggests that such an abandonment would prove detrimental for the future advancement of medicine.

The distinctive nature of osteopathic medicine created an environment of competition and innovation within and across both systems and drove modern medicine to become what it is today.

In the future, this competition, combined with mutual cooperation between osteopathic and allopathic medicine, is likely to continue to drive a system of medicine that offers the most effective treatment options possible.



Minutes after accepting first prize in the AOA's 2006 history essay competition, Rhett Papa, OMS III (center), joins the Oklahoma delegation for the Oct 15, 2006, session of the Student Osteopathic Medical Association's House of Delegates.

Sitting with Papa are fellow Oklahoma students Brooke White, OMS III, and Dustin Colegrove, OMS IV. Colegrove took second-place honors in the 2006 essay competition. (Photo by Michael Fitzgerald)

“Hero MD” read the tag line on the cover of the March 20, 2006, issue of *Newsweek*. The newsmagazine’s cover story detailed the heroic actions of Cmdr Richard H. Jadick, MC, USN, who saved dozens of lives in Iraq during combat in Fallujah.¹ *Newsweek* made one significant error: Dr Jadick is a DO, not an MD.

As the *Newsweek* article suggests, many people outside the osteopathic medical profession are not aware of the profession or its distinctive features.

The blurring of the distinctions between osteopathic and allopathic medicine seems to be spreading within osteopathic medicine itself. In a major report on osteopathic medical education that the American Association of Colleges of Osteopathic Medicine and the AOA completed in 2005, the report’s author, Howard S. Teitelbaum, DO, PhD, MPH, observed, “There is not a great deal of difference in the way [second-year osteopathic] residents perceived allopathic and osteopathic physicians insofar as how they taught, dealt with patients, or supervised the residents’ performance.”²

With the treatment methods of osteopathic and allopathic physicians becoming ever more similar, those within and outside the medical profession are asking the following question: Is there really a difference in today’s osteopathic and allopathic medical systems that is worth preserving?

The distinctive nature of osteopathic medicine when it was founded created an environment that allowed competition and innovation within and across both systems that served to improve medical practice. By maintaining two independent systems of medicine in the future, each will challenge the other to provide the best medical care, and this competition will continue to drive modern medicine toward excellence.

Foundations of distinctiveness

In the 18th century through the early 20th century in the United States, conventional medicine focused pri-

marily on using drugs for the treatment of disease. Among the most popular drugs was calomel—a mercury preparation for the treatment of influenza and other inflammatory disorders.³ Also popular were morphine, opium and cinchona bark for alleviating pain and treating fevers, as well as vaccinations for smallpox.⁴ While some of the drugs prescribed back then were effective, a large portion of them were not, and many were even toxic.⁴

The foundation for much drug use was not scientific but traditional. Because many of the popular treatment methods had been established by charismatic and influential citizens, few physicians of any medical philosophy had the courage to dispute them or propose alternatives. Unchallenged, early

conventional medicine in the United States resisted advancement.⁵

Frustrated by the inefficacy of the popular medications of the time, Andrew Taylor Still, MD, DO, began professing the tenets of osteopathic medicine in 1874, driven by the need he saw for more scientific, rational and outcomes-based medical treatments.^{4,5} Dr Still determined that the body contained all of the drugs necessary to heal itself, and as a result, he abandoned the use of drugs.

Dr Still postulated that if the regular flow of bodily fluids, especially blood, could be restored, the human body would restore itself to a healthy state. He determined that the irregular flow of bodily fluids during disease was caused by misalignment of bones, especially the spinal column. Combining these theories, Dr Still developed a number of manipulative treatments to use as the preferred modalities for treating patients for many diseases.⁶

Early challenges

Dr Still introduced a system that challenged conventional medicine. This attitude that medicine should be based on logic instead of tradition opened the door for advancements in both osteopathic and allopathic medicine.

The superiority of osteopathic medicine’s unconventional treatments in saving lives during the influenza pandemic of 1917-18 shook the medical community and powerfully showcased the usefulness of osteopathic medicine in treating patients.

In the United States, osteopathic and allopathic physicians attacked the pandemic with starkly different techniques.

Osteopathic physicians provided patients with osteopathic manipulative treatment to correct misalignment of

“The distinctive nature of osteopathic medicine created an environment that allowed competition and innovation within and across both systems.” —Papa

their spinal columns; facilitate the function of their glands; improve the mobility of their chest walls; and optimize the function of their arteries, veins, lymphatic system and nerves.

Allopathic physicians used traditional drug therapies to upset the gastrointestinal system, with the intent of purging the body of disease agents. These drugs induced severe vomiting, diarrhea and sweating, usually bringing no relief to patients and likely further weakening patients.

The difference in the success rates of the respective medical systems is astonishing. Data collected from 148 health commissioners indicated that pandemic victims treated by allopathic physicians had a 5% to 6% fatality rate.⁷ Data obtained from 2,445 osteopathic physicians indicated that their patients had a 0.25% fatality rate for influenza—at least 20 times below that of allopathic physicians’ patients.⁷

It is important to recognize that the

calculation of success rates did not take into consideration that a higher percentage of osteopathic physicians practiced in rural areas than did allopathic physicians. Consequently, the lower fatality rate for osteopathic physicians may not be completely explained by DOs' unique methods of treatment, as rural physicians encountered fewer severe infections than did their urban colleagues.

I believe, however, that the difference in success rates of osteopathic and allopathic physicians during the 1917-18 influenza pandemic is substantial, even taking into consideration the demographic differences. By adhering to a scientific, rational system of medicine and defying convention, osteopathic physicians achieved the ultimate medical success—saving the maximum number of patients.

Parallel advances

In the second half of the 19th century, allopathic medicine also began to put science before tradition. Using drugs to treat patients for disease began to be heavily influenced by several scientific discoveries.

In 1859, Louis Pasteur suggested that microorganisms caused many human and animal diseases. In 1865, Claude Bernard called for more use of the experimental method in medicine. In 1890, Emil von Behring and Shibasaburo Kitasato developed a diphtheria antitoxin.⁸

These were among a series of scientific advancements that suggested to

conventional physicians that more evidence-based methods were superior to their traditional methods.

“The attitude that medicine should be based on logic instead of tradition opened the door for advancements.”

—Papa

Many allopathic physicians resisted abandoning traditional drug therapies—as evidenced by the frequent use of calomel as late as 1937.³ But eventually, the social forces that had driven medicinal drug use for centuries in the United States surrendered to the scientific discoveries that abounded in the late 19th and early 20th centuries.

OMT evolved parallel to the emergence of scientific medical evidence. As A.T. Still's techniques proved useful in treating patients and became more popular, many physicians and basic scientists were attracted to osteopathic medicine and made significant contributions to it.

Among the greatest of these was Irvin M. Korr, PhD. An accomplished physiologist, Dr Korr integrated osteo-

pathic concepts with proven physiological models to explore the influence of the neuromusculoskeletal system on disease.⁹ Dr Korr's contributions to osteopathic medicine represent some of the first major adjustments to A.T. Still's strict philosophies, and

they opened the door for further evolution that led to the more complete osteopathic medical treatment of today.

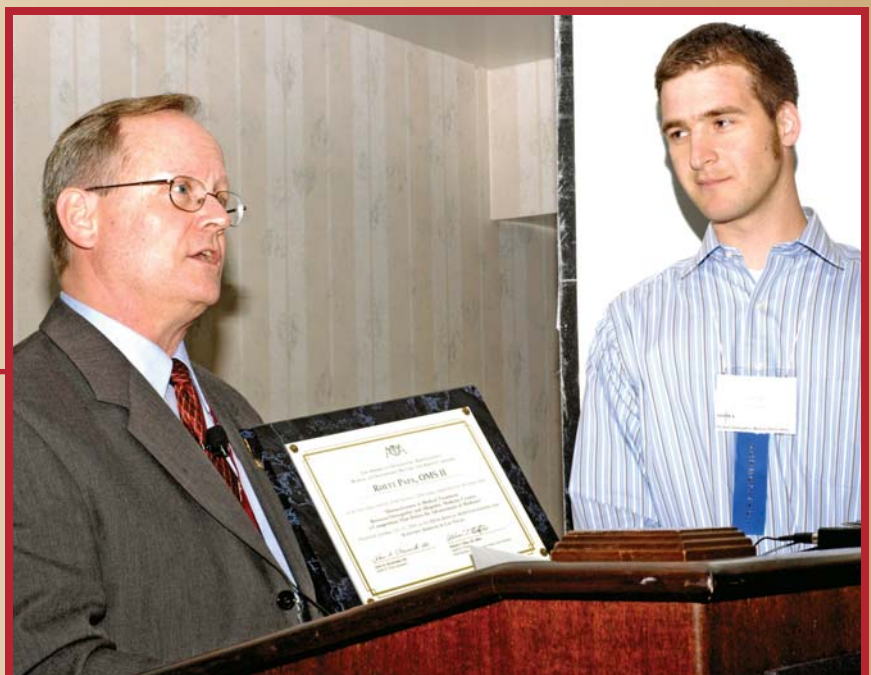
On the other hand, osteopathic physicians could not deny the usefulness of the safer drugs that were introduced in the early 1900s. As a result, in 1929 the AOA gave osteopathic medical colleges permission to teach pharmacology and internal medicine.⁶ This evolution of osteopathic medicine from a profession that relied strictly on OMT to one that integrated manipulative medicine with proven drug therapies was crucial to the development of the current approach to osteopathic medicine.

These kinds of developments showed both osteopathic and allopathic physicians that both disciplines could benefit from the strengths of the other.

In front of the Student Osteopathic Medical Association's House of Delegates, William T. Betz, DO (left), awards first prize in the AOA's 2006 history essay competition to Rhett Papa, OMS III, on Oct 15, 2006.

Dr Betz chairs the AOA Bureau of Osteopathic History and Identity.

(Photo by Michael Fitzgerald)



The greatness of osteopathic and allopathic medicine in the future lies in our ability to adopt the best the other has to offer. Consequently, it will be crucial that the two disciplines remain distinct so that competition between the two will continue to produce innovation and scientific discovery.

Growing body of evidence

When K. Kendrick Smith, MD, DO, reported at the American Association of Clinical Research's 1919 convention that osteopathic medicine's approach was 20 times more effective than drug therapy during the influenza pandemic of 1917-18, the allopathic medical community received its first evidence that osteopathic medicine had something to offer that could not be found in conventional medicine.⁷

Similar evidence is reported every year as studies scrutinizing the efficacy of OMT are published. For instance, in the June 2005 issue of *JAOA—The Journal of the American Osteopathic Association*, Frederick J. Goldstein, PhD, and colleagues reported that OMT can be a therapeutic adjunct in providing pain management to patients who have undergone total abdominal hysterectomies.¹⁰ In this study, Dr Goldstein and his co-authors found that the combination of drug therapy and OMT yielded the best results for postoperative pain management.¹⁰

In the January 2006 issue of the *American Journal of Health-System Pharmacy*, Roxane R. Carr, PharmD, and Milap C. Nahata, PharmD, found that “osteopathic manipulation decreased episodes of acute otitis media and the need for tympanostomy tube insertion in children with recurrent acute otitis media.”¹¹ Dr Carr and Dr Nahata provided further evidence that OMT can be used to decrease pain associated with disease, and they suggested that OMT can reduce the need for invasive procedures.

Both of these studies addressed medical conditions for which present-day allopathic medicine falls short of pro-

References

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viding optimal patient care. These studies also showed that progress in osteopathic medicine involves using proven drug therapies.

Looking toward the future

Collaboration and cooperation between osteopathic and allopathic physicians will continue to result in improved care for every patient.

Just as the absence of resistance to traditional methods created a stagnant environment for conventional medicine in the 18th and 19th centuries, merging osteopathic and allopathic medicine would destroy the competition and interplay that has spurred the advancement of each discipline.

The earliest differences in practice and philosophy between the two professions created a competition within the medical world that has done much

to drive each philosophy toward excellence. In the future, this competition, combined with mutual cooperation, is likely to continue to drive a system of medicine that offers the most effective treatment options possible.

Osteopathic medical students and osteopathic physicians should be proud of the values that separate them from their allopathic colleagues. These values have contributed not only to the success of the osteopathic medical profession but also to the success of the allopathic medical profession. AOA

The author is a third-year student at the Oklahoma State University College of Osteopathic Medicine in Tulsa.

Correspondence may be sent to rhett.papa@okstate.edu or to Rhett Papa, OMS III, 4927 S Quaker Ave, Tulsa, OK 74105-4767.