THE OSTEOPATHIC TREATMENT OF ASTHMA

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The Osteopathic treatment of Asthma is divided into two phases. First what the patient does for himself, and second what the Osteopathic Physician does for the patient. Each of the above divisions are subdivided in the following manner:

1. **The patient's responsibility entails**

A. Rest
B. Upper thoracic friction
C. Diet
D. Breathing exercises
E. Elimination
F. Avoidance of air laden irritants

2. **The Osteopathic Physician's responsibility entails**

A. Alignment of upper thoracic vertebrae
B. Freeing of the 4th and 5th ribs both right and left
C. Ventral technique to free diaphragm
D. Alignment of the occiput
E. Cranial flexion
F. Inhibition between the 4th and 5th thoracic transverse process

I (a), we must realize that asthmatics are apt to be excitable above the average individuals. The paroxysms of Asthma are very exhausting, and **rest is more essential to asthmatics than to the ordinary individual**. These people as a rule don't want to rest, especially between attacks, so we must be very definite about this and see to it that he takes adequate rest. The minimum time that should be spent in the horizontal position is nine hours out of each twenty-four. This need not be taken all at 'one time, but should not be, skipped. I would rather an asthmatic take ten hours a day in the horizontal position than eight. Make sure he gets rest enough!

I(b), The patient should take a bath towel, or friction brush, and **use friction much as he would in drying between the shoulders**. The idea was given me by Dr. C. S. Edmiston whom I would like to quote as follows:
"In Asthma the conditions are somewhat different. The skin in an asthmatic case may have a normal amplitude of reaction but it is a thin skin, its vessels are rarely ever full, and it possesses an acute degree of sensibility, this special quality makes it susceptible to affection from any wandering stimulus.

This whole complex affair is caused by a lazy skin, a thin skin, a poor skin. The treatment is to try and restore a normal skin function which can be done in many ways. Friction alone will do it, **loosening up the shoulder 'girdle** and **stimulating the skin nerves** along the spine manually will do it. And any treatment designed to cure the condition must take the condition of the skin into account."
I have found this to be helpful. One husband applied the friction so vigorously to his wife that he created a blister as large 'as the palm of the hand. That patient has not had an attack in five years.

I(c), It has seemed to me that whether or not the skin allergy test registers negative to **wheat**, **it is a good thing to eliminate this item from the diet**. For many years I have used rye-krisp or hard tack in place of bread for asthmatics, and asked them to eliminate wheat in every form. I am convinced that it has helped to modify the severity of the Asthma. Few patients will completely cooperate in this, and one must be constantly checking to see that the orders are being carried out. An **elimination diet** consisting of **Pluto water** and **nothing but fruit for three days** is sometimes used. Following this add one item at a time until a food causes asthma. This may be more accurate than the usual scratch tests.

I (d), Some asthmatics use practically no diaphragmatic breathing. These persons should be taught to **place the hands akimbo on the lower ribs and move these ribs laterally and medially as far as possible, particularly medially**. This should be done as an exercise morning and night and depending upon the reaction can start with six inhalations and six exhalations. Each time, gradually, the number may be increased until each period of exercise consists of twenty five.

I (e), **Free elimination from the bowels should be encouraged**. Not by cathartics but by enemas, either an oil retention enema or plain water. Copious water drinking will often help a sluggish bowel. **Hot fruit juice drinks are another good way to normalize bowel activity**. Cathartics should be avoided, and I am sure there are few people who cannot control their bowel elimination by drinking plenty of water. Keep this item in mind when treating asthmatics.

I (f), Air laden irritants are certainly factors in certain asthmatics. Horses, cats, dogs and even canary birds have been found to be the specific allergy that starts an attack. Plant life also comes in for its share as an exciting cause of attacks. House dust, mattress dust and pillow dust should be carefully checked. If we have an air conditioned room available one can readily place the patient where air laden irritants may be eliminated. It has been my experience that with proper Osteopathic and hygienic regime instituted, the air laden irritants become less of a factor.

II(a), The alignment of the upper thoracic vertebrae may be done in any one of a number of ways. Nearly all of these cases present a segmental break at the fourth thoracic vertebrae. The upper four vertebrae side bend to the left as a segment with the spine of the fourth rotated towards the right and the body of the fourth side slipt to the right on the fifth The first, second, third and fourth thoracic vertebrae seem to move as a unit as their spinous processes are in alignment while the spinous processes of the fifth, sixth, seventh and eighth are also aligned but at a different angle. It has been my custom to place the patient on the table face down, but up on his elbows and the forearms parallel to the 171 table lying out in front of him. The points of the elbows should be far enough forward so that the upper arms are at a right angle to the table, or slightly front of a right angle. This position suspends the spine in a hammock of muscles, and cannot hurt the breasts or sternum. I stand on the side of the table so that I face his left side. I place my right hand on the spine in such a way that the knuckle of the middle finger is on the right transverse process of the fifth thoracic vertebra and the heel of my thumb on the left transverse process of the fourth thoracic vertebrae. My left hand in on the top of the patient's head, which is in easy flexion. Do not place the left hand in a position near the back or crown of the head because it is not desirable to get forced flexion of the neck. My body is equally placed between my two hands and I lean down so as to get my shoulders in a mechanically easy position to approximate my two hands. I turn the patient's face slightly to the right and side bend the neck and upper four thoracic vertebrae slightly to the right. In this position I am ready to use a quick light thrust approximating the two hands. I may at times just use a strong slow effort to approximate the hands. The pressure on the transverse process of the fifth drops it from under the fourth permitting the fourth to side bend to the right. The pressure on the transverse process of the fourth helps to drive it upward and aids in realigning the segment. If I am not adept enough I may adjust this area in the following manner: The patient stays in the same position. I place the pad of my right index finger over the left transverse process of the fifth thoracic vertebra, and the pad of my right middle finger over the left transverse process of the same vertebra. I then place my left forearm (close to the elbow) over these fingers and I use a quick thrust with my left arm in any forty-five degree angle towards the table and towards the head.

II(b), With the patient in the same position, I draw the angle of the fourth right rib down and push the angle of the fifth right rib up. I reach around front with my left hand and find the front end of the fourth right rib so that I can raise it as I lower the angle. I reverse this process for the fourth and fifth left ribs, separating them at the angles in- u m Dr. Sutherland feels that all Asthstead of approximating them as shown for matics have the cranium fixed in extension. the right side. Either in this position That is both greater wings of the sphenoid or with the patient sitting up, I make are up and the occiput is up. In thinking sure the front ends of the ribs are per- of these movements one must of course fectly spaced. think in terms of infinitesimal strains.

II(c), Ventral technique in Asthma When one gets used to the feel of a craniis designed mostly to increase the flexi- urn that is locked, and one that is not, it bility Of the diaphragm and lower

ribs is not too difficult to tell which condi- Often these cases may have a big barrel tion exists. To this day, however, there shape chest but the lower ribs are drawn are many cases that I cannot be positive in and there is very little expansible about. ability. In adjusting that area I have the I try to bridge the fronto-paripatient lie on his back and I place my eta1 suture line to have my left thumb on thumbs low on the sides of the ensiform the right greater wing of the sphenoid and cartilage, with my fingers resting over my ring finger or middle finger on the left the lower ribs. On deep expiration I sink greater wing of the sphenoid. My right my thumbs into the muscles of the abdomen hand cradles the occiput from right to left as if I were helping to push the diaphragm with the occipital protuberance cupped in cephalward. At the same time my fingers my palm near the little finger border. I over the lower ribs press medial. On in- hold the cranium thus in easy flexion usspiration my hands remain in the same posi- ing traction downward towards the feet on tion, but my pressures are transferred to the occipital protuberance, and holding the the palms and heel of my hands as I help greater wings of the sphenoid downward to the ribs flare laterally and raise a bit. wards the chest, not towards the table. Care must be used in these techniques be- The patient is then asked to breathe (deeply cause a slip of the thumbs on expiration, either in sniffs or one continuous breath or the hands on inspiration, may cause a and to hold as long as he reasonably can. skid over the cartilages resulting in a Usually just as he starts to let his 'breath painful bruise or possibly a costo-chondral out, one can feel an infinitesimal give. separation. I have had one or two acci- There is, of course, not as much motion as dents of this nature, but none where the in a sacro-iliac as it lets go, but there tenderness lasted over three to four weeks. is a sense of relaxation and if the suboc-

II(d), You all have your own methods **occipital muscles are palpated before and of adjusting the occiput**. I have usually after, one can tell whether or not the. found the position of this bone one of ex- cranium has unlocked for these muscles will tension on the atlas on the right. This is feel more normal in texture. usually spoken of as an anterior occiput

II(e), Cranial flexion--cranial pressure on the fingers and thumbs for technique is so difficult and complicated about two minutes. This pressure alone in that it is usually wise to take a course an acute attack is often effective specially designed for cranial work, but if I like to treat asthmatics once a you depend upon respiration rather than ap- week for one to two years. It may be displied force for the adjustment there is no couraging

II(f), I like to sit the patient (Rt.). I use many different methods to up at the end of the above manipulations lift the occiput, and draw it back on the and place my fingers over the first ribs right. The movie, "Anterior Occiput", and my thumbs between the transverse proavailable from the A.O.A. goes into detail cesses of the fourth and fifth thoracic on my usual procedure. vertebrae. In this position I use deep