

OMM and TCM: Comparisons of Manipulative Treatment

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Background: With the exception of acupuncture, little literature is available that compares osteopathic manipulative treatment (OMT) to traditional Chinese medicine (TCM). In a search of comparative research of OMT and TCM, we found most to be introductory. Thus, we sought to further our understanding of OMT and TCM while participating in Touro University's Global Health Program (GHP) at Chang-Gung Memorial Hospital (CGMH) in Taiwan. OMT aims to facilitate the body's ability to heal itself by targeting somatic dysfunction through techniques that manipulate soft tissue and bone. In TCM, there is a modality of treatment that also utilizes the hands: the 4000-year-old practice of Tui-Na, which means “push” and “grab.” TCM emphasizes Qi-flow and balance.

Hypothesis: We hypothesize that the practices of OMT and TCM share similarities in their respective techniques.

Methods: Through the GHP, we shadowed physicians of various sub-specialties in TCM at GCMH for 1 week followed by extensive literature review. In the acupuncture and orthopedic outpatient departments, we observed several Tui-Na techniques being applied to a mostly elderly population and to an experimental pediatric asthma clinic. The selection criteria in our review of the literature was broad. Results of searches for “osteopathy” and “chinese medicine” from PubMed and Google Scholar were included. We evaluated treatments on lower back pain, clavicle fracture, and asthma. For lower back pain, we observed a technique in which the backs of the hands are utilized in a rolling fashion along the muscles from medial to lateral. For clavicle fracture, the treatment included grasping of the patient's arm while palpating the clavicle and performing a winding motion with the arm, loose packing the joint, abducting/adducting and internally rotating the arm, and giving a strong traction tug. For asthma, pinching along the paravertebral muscles was used.

Results: We found that TCM Tui-Na and OMT share similar techniques, and differences lay in their specific clinical applications. For example, OMT uses lymphatic pump, diaphragmatic re-doming, and rib raising, while TCM utilizes acupuncture, paravertebral stretching, and inhibition to treat asthma. Through this GHP clerkship, we introduced OMT to physicians and gained knowledge about TCM. We hope this stimulates interest in future research that compares the 2 practices and enables osteopathic physicians to integrate concepts in approaching patient care.