



Osteopathic Psychiatry
OMM and Mood Disorders

Teodor Huzij DO, FACN

Disclaimer

- No Industry Financial Relationships
- AOBNP board member

Pre-Test Questions

What is the proposed definition of osteopathic psychiatry?

- A. The field of psychiatry as approached through the lens of the osteopathic philosophy
- B. Providing standard of care psychiatric care with the addition of osteopathic manipulation
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- E. This is no longer possible as touch is contraindicated in the care of psychiatric patients

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How is transparency defined regarding health in the body?

- A. Ability to see through a structure clearly and palpate through it with no significant friction or drag
- B. Ability to see through a structure but palpate some friction or drag
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- D. Inability to find tissue texture changes, asymmetry, restricted range of motion or tenderness
- E. Inability to overcome anatomic barriers with direct or indirect motion testing

Osteopathic Psychiatry: A Primer



Osteopathic Psychiatry: A Brief History

- Still: New Paradigm
- Littlejohn: 1st MH Lectures



SHOS

- Still-Hildreth
Osteopathic Sanatorium:
1914-1965
- Nutrition, Exercise,
Light, OMM
- L. VanHorn Gerdine
MD, DO



American College of Neuropsychiatrists

- AOA Recognition: 1936
- Set standards: neurology and psychiatry
- Designate Fellows- FACN
- Charter Fellows: J.T. Fuller DO, L. VanHorn Gerdine MD DO, Edward Merrill DO, Richard Still DO, Charlotte Weaver DO



Lost Generation & “An Awakening”



- Reductionism Prevails
- Touch is Taboo
- New Osteopathic Medical Schools
- New Generation of Osteopathic Psychiatrists



Proposed Definition

- Osteopathic Psychiatry
- The field of psychiatry as approached through the lens of the osteopathic philosophy.



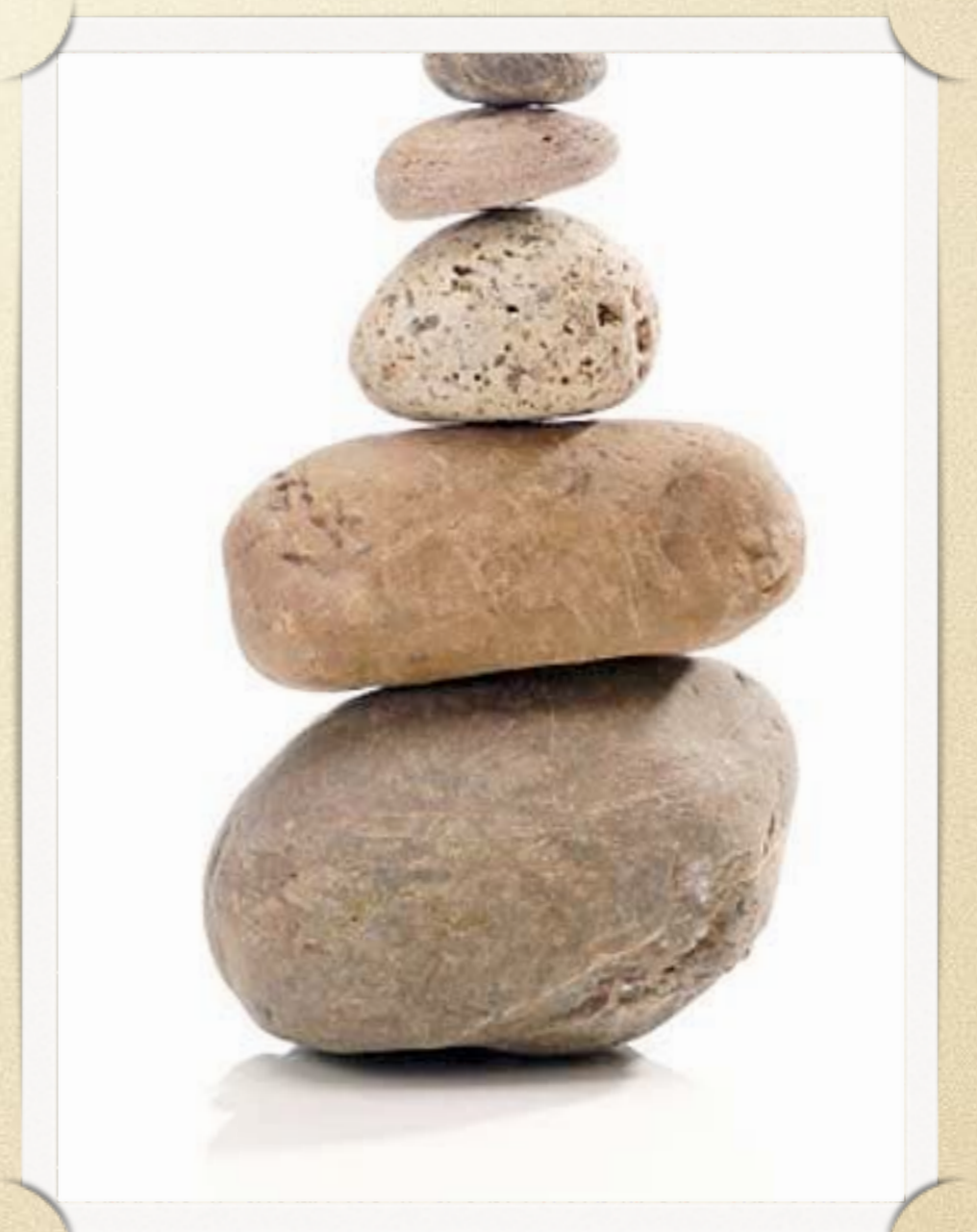
Body Unity

The human being is a dynamic unit of function.

The person is a unit of body, mind and spirit.

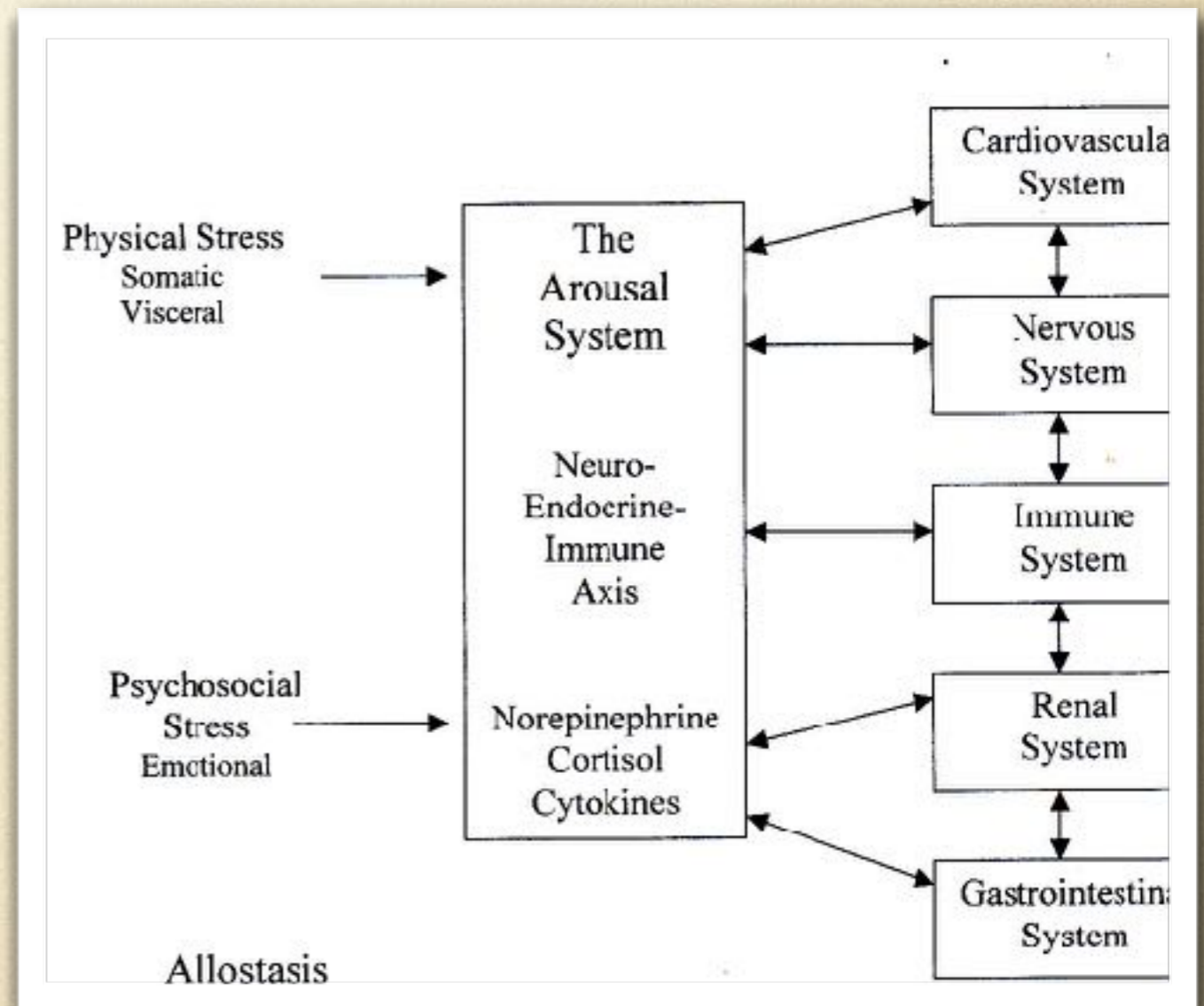
Elements

- Body: Anatomy & Physiology
- Mind: Interface
- Spirit: Animation
- Reciprocally interrelated
- Whole greater than sum of its parts- Synergy



Body Unity in Psychiatry

- Psychoneuroimmunology
 - Allostasis
 - SNS & HPA
 - Somatic, Visceral & Emotional sequelae



Body Unity in Psychiatry

- Post MI patients develop depression
- Exercise and nutrition improve depression
- Emotions effecting disease course
- Placebo effect
- Meditation improving mood and immune system functioning
- Religiousness reducing suicide attempts

Mallik. Intern Med. 2006 Apr 24;166:876-83. Mather. Br J Psychiatry. 2002 May; 180:411-5. Simpson. BMJ. 2006 Jul 1;333:15-9. Hedges. J Mind Behav. 2005;26(3):161-79. Sitcher. West J Med. 1998 Dec;169:356-363. Mohr. AJPsycho. 2006 Nov;163:1952-59.



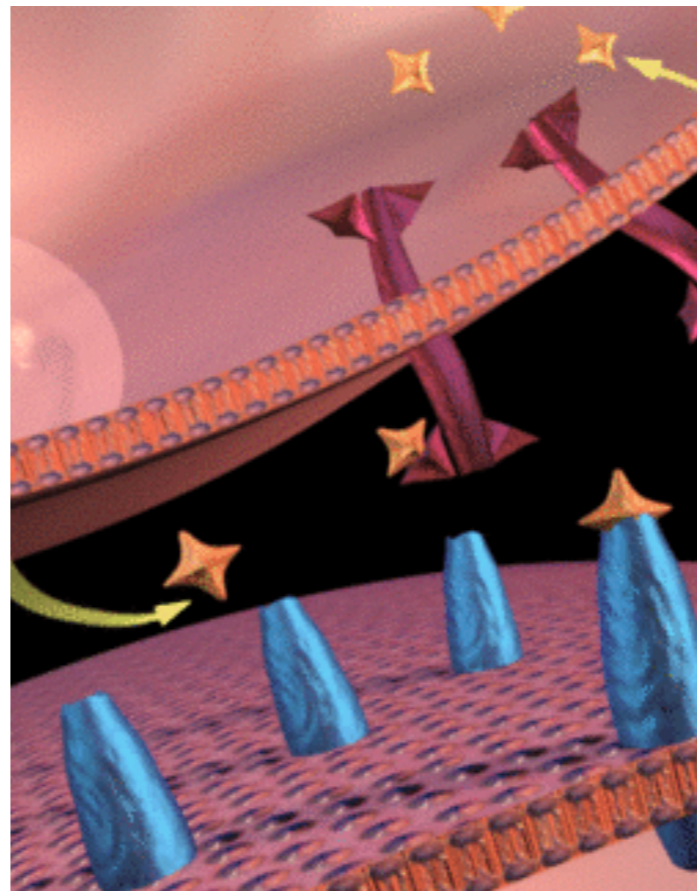
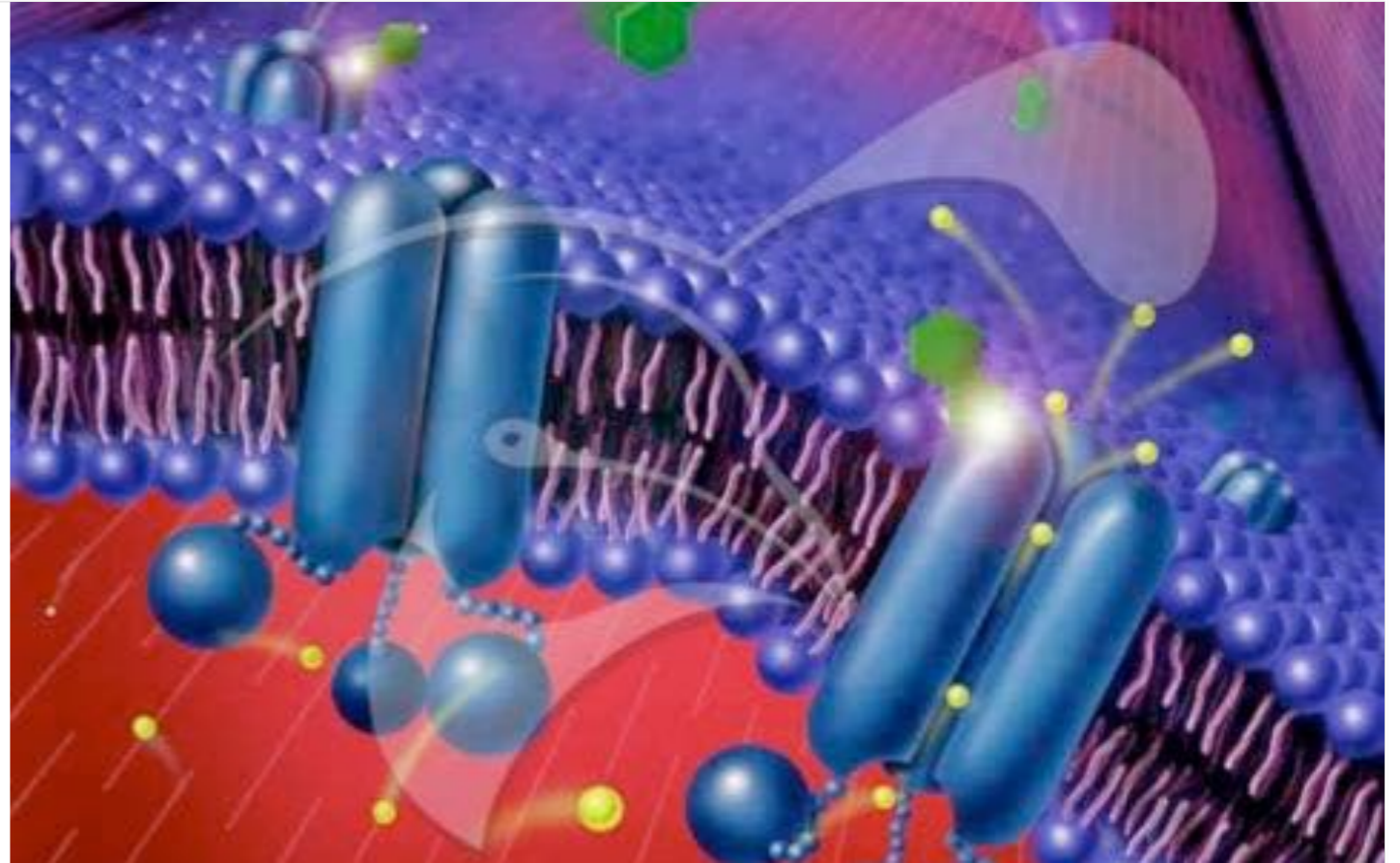
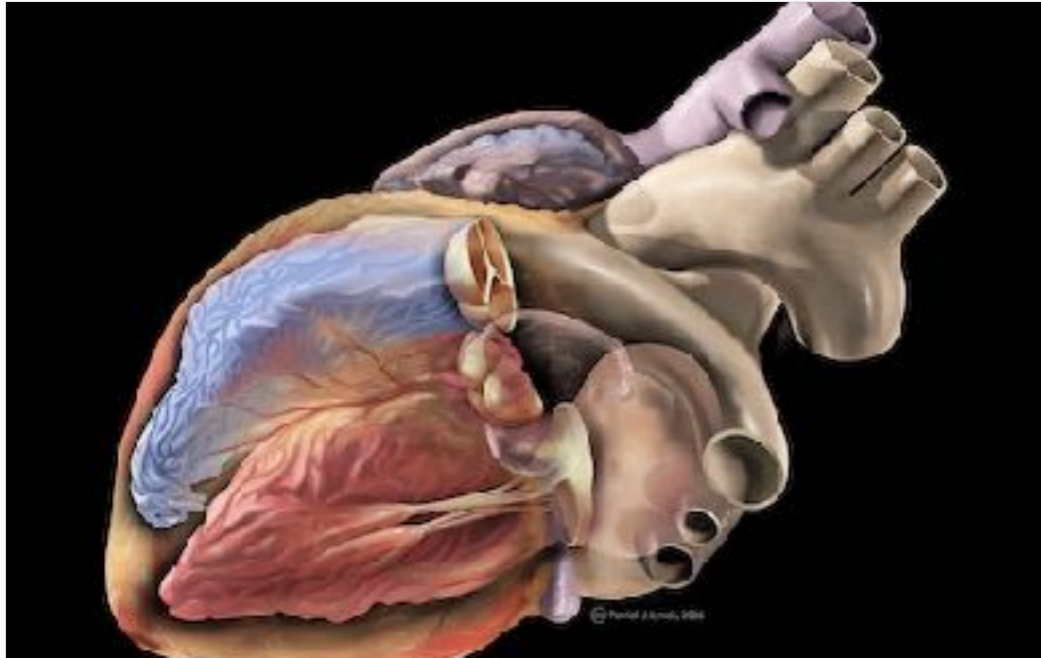
Structure & Function

Interrelated at ALL levels

Elements

- Structure: Anatomy
- Function: Physiology
- Interrelated





Structure

and
Function

Disordered S & F

Structure changes Function

- Down regulation of serotonin receptors leads to decreased serotonergic transmission
- Genotype determining phenotype in Down's Syndrome or Huntington's Disease

Function changes Structure

- Purging via vomiting results in dental & esophageal erosions
- Negative thinking predisposes depression and subsequent changes in neurobiology

Foundations 2nd edition p 568.

Abramson. Jrn Cog Psyth. 1999; 13(1):21-40.

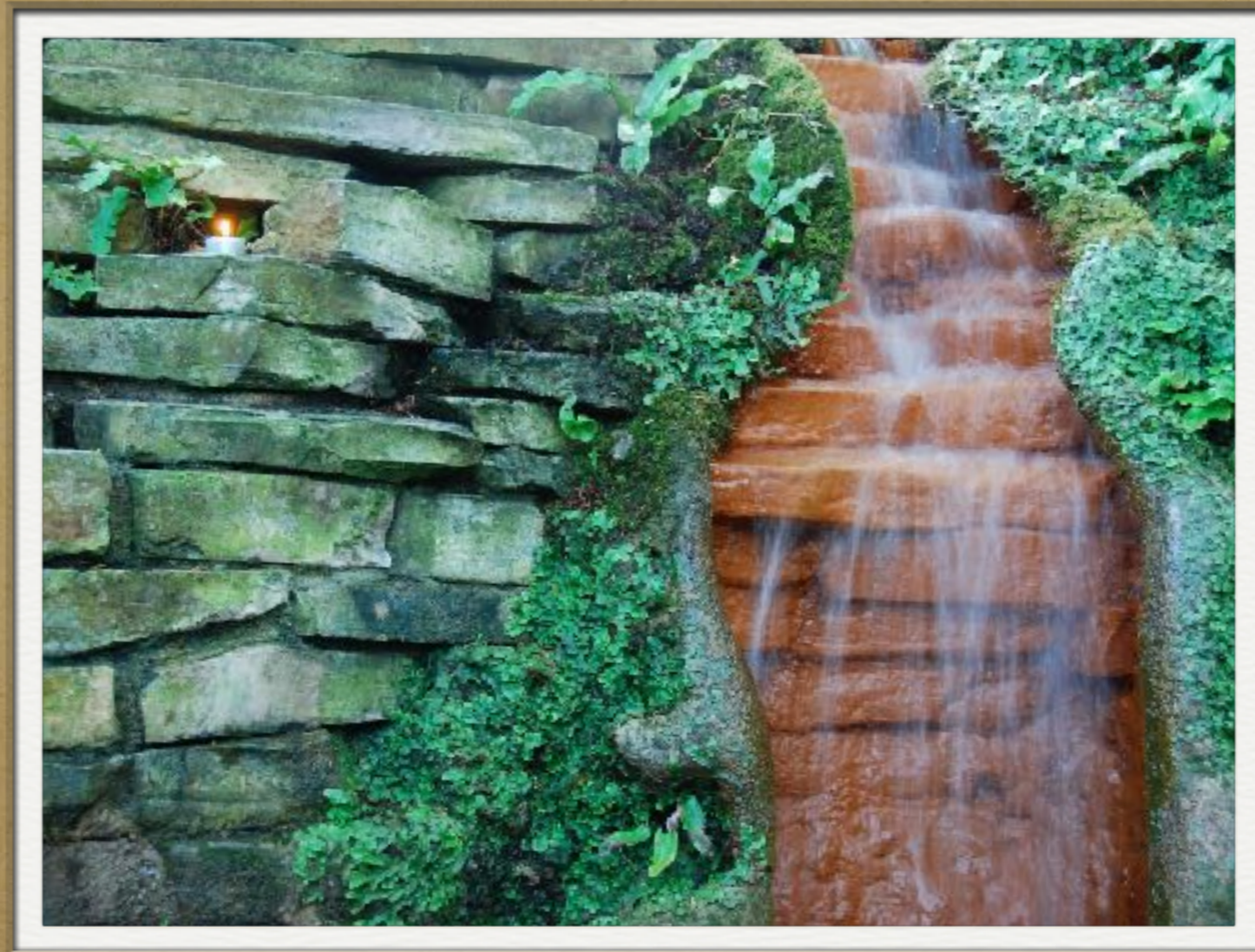
Vaidya. Br Med Buln.2001;57: 61-79

Landen. Gen PsyPhrm Buln.2006; 39(1): 147- 166.

S & F of Treatment Modalities in Psychiatry

- Psychotherapy & Pharmacotherapy induced neurobiology changes
- Pharmacology
 - Pharmacodynamics
 - Pharmacokinetics





Self-Healing Self-Regulating

Health and healing come from within. It is the patient who gets well not the physician or treatment that makes them well.

Self-Healing in Psychiatry

- Neuro-protective antioxidants and macrophages
- Neuron regeneration
- Altering cognitions to cope with stressors and reconcile past experiences

Parkinsonism Relat Disord. 2009 Jan. Altern Med Rev. 2009 Mar;14(1):14-35.

Burns. The Feeling Good Handbook. 1990

Self-Regulating in Psychiatry

- Receptor $\uparrow \downarrow$ regulation in response to synaptic cleft neurotransmitter concentration levels
- Emotions serve as signals for internal states in response to external stimuli
- Cortisol Inhibits ACTH release in stress

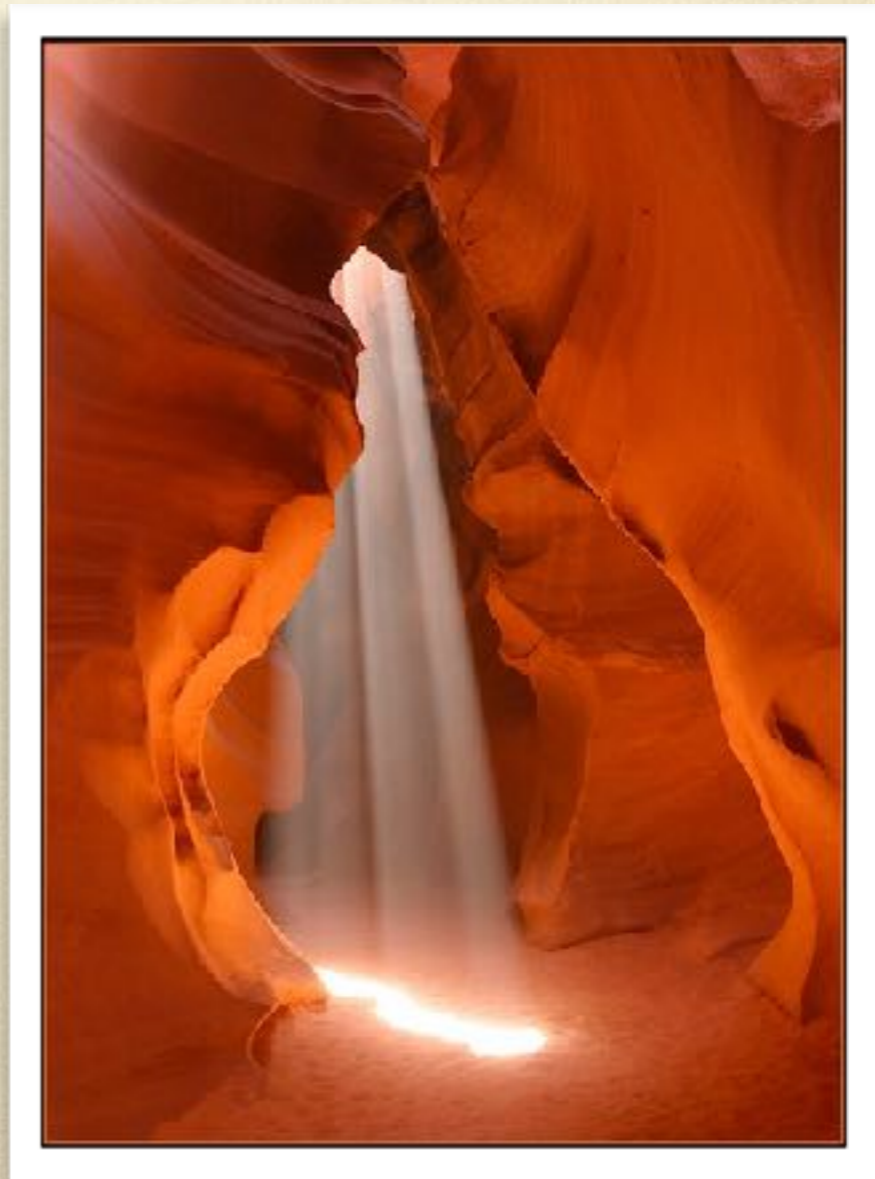


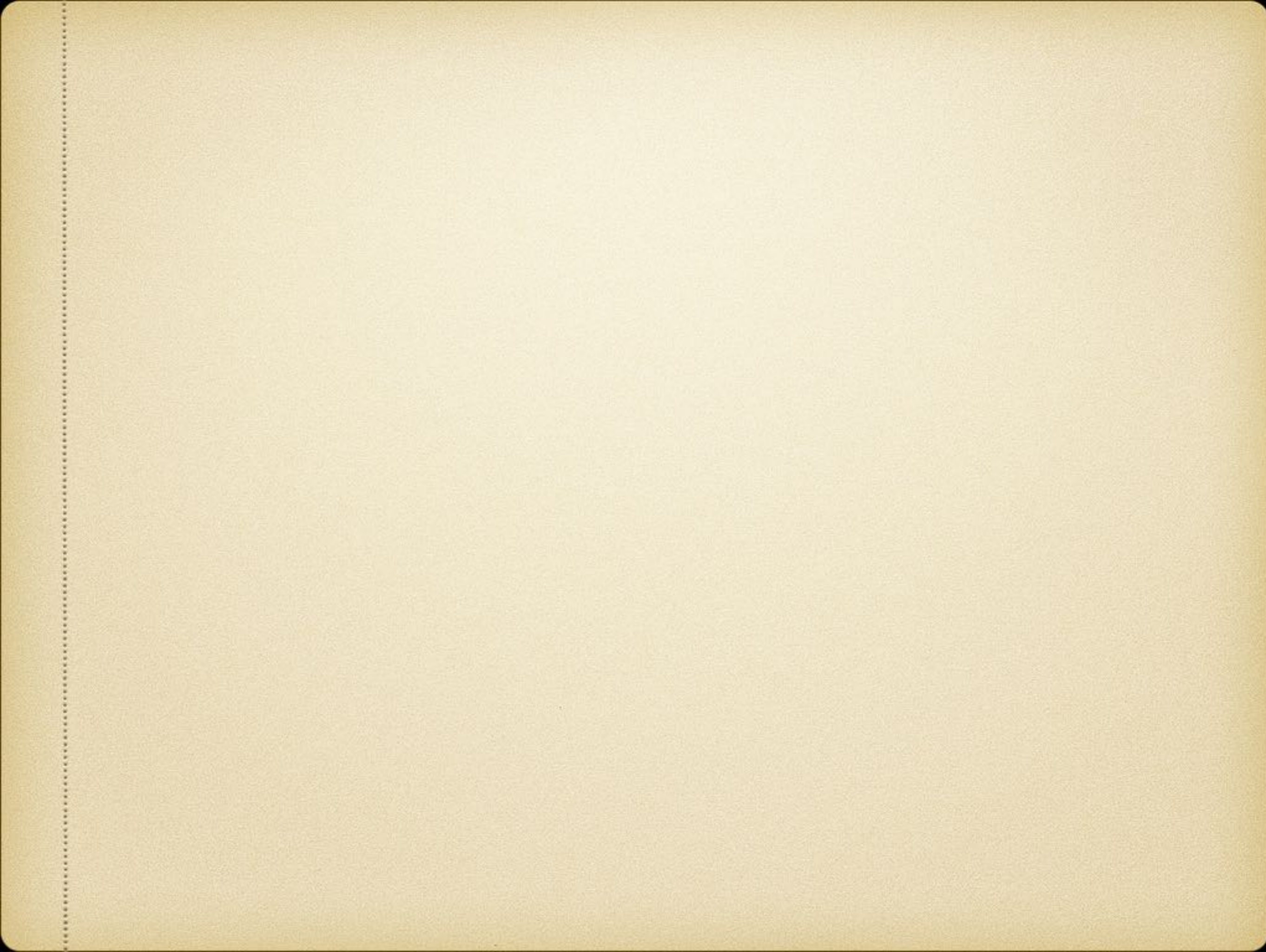
Rational Treatment

Incorporating EACH of the principles into the care of
EACH patient.

Rational Treatment

- Tenets applied
- Consultant to the patient
- Patient owns their health
- Body Unity Breakdown







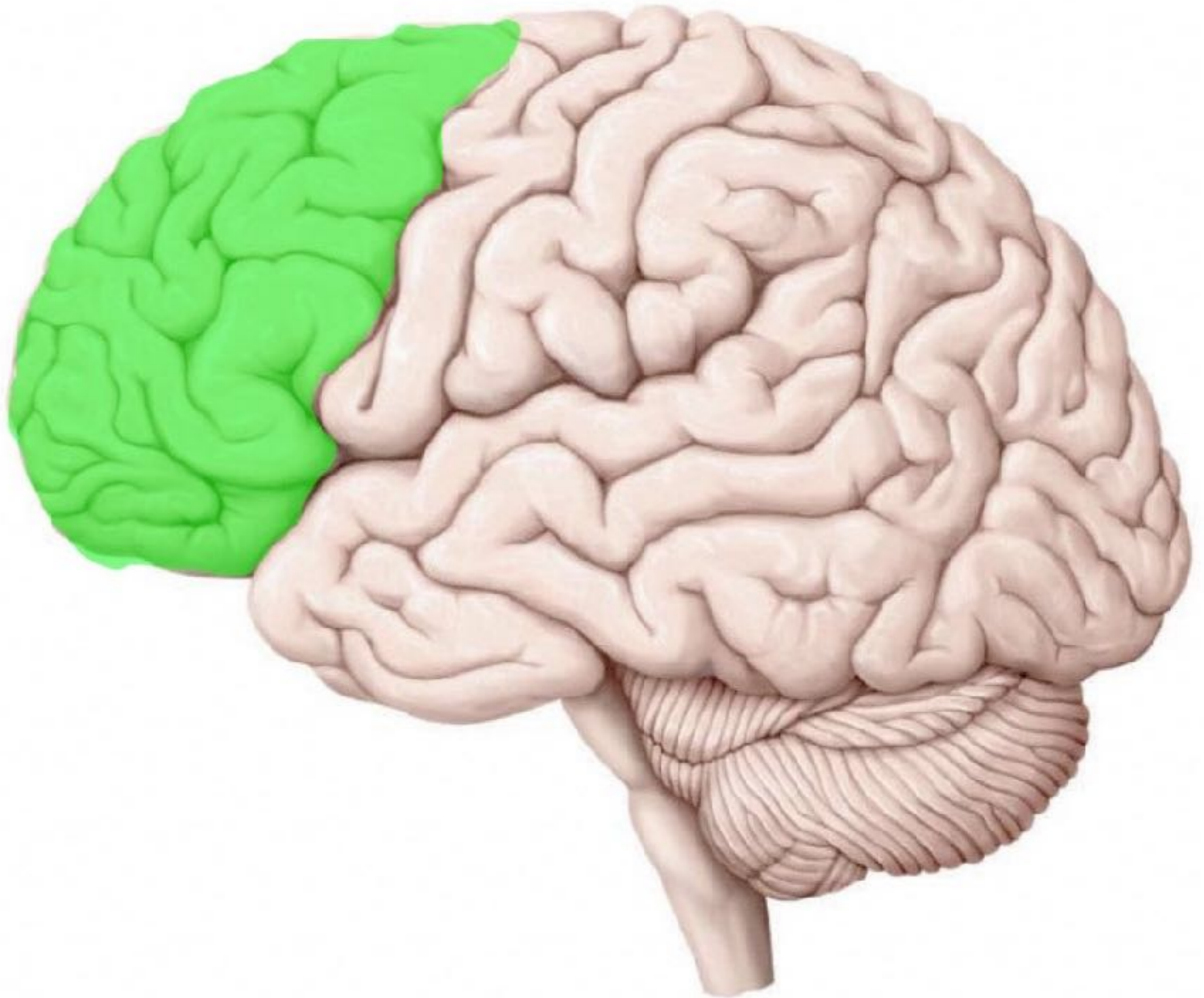
Neuroanatomic &
Neurophysiologic Associations
With Mood Disorders

MDD: Findings Vary

- Reduced Frontal Lobe volume
- Reduced Caudate
- Reduced Putamen
- Reduced CBF Anterior Cingulate Gyrus
- Increased CBF Medial Orbital Cortex
- Increased CBF Left Amygdala & Medial Thalamus
- Increased CBF Cerebellar Vermis
- Amygdala-Medial-Thalamus-Ventral-Prefrontal Cortex
- Limbic-Striatal-Pallidal-Thalamic

MDD: Most Evidence

- Hypoperfusion Dorsolateral /Dorsomedial Prefrontal Cortex
- Hypoperfusion of Anterior Cingulate Gyrus
- Increased CBF Medial Thalamus
- Reduced Frontal Lobe volume



Bipolar: Findings Vary

- Bilateral anterior frontal
- Anterior cingulate gyrus
- Left superior temporal
- Bilateral anterior insular
- Third ventricle
- Cerebellar vermis
- Inferior prefrontal
- Amygdala
- Striatum
- Hippocampus

Bipolar: Most Evidence

- Decreased CBF and Decreased Left Superior Temporal Cortex Volume
- Reduced Right Anterior Cingulate Gyrus Volume
- Reduced Insular Cortex Volume
- Increased Striatum Volume
- Reduced Cerebellar Vermis Volume



A General Osteopathic Approach

Be Advised

- Reductionism Tendency
- Any OMT modality will do

Before You Begin

- Patient Selection
 - Presence of a mood disorder
 - Candidate for manual medicine in general
 - Obtain consent

Relative Contraindications

- Recent cerebral vascular event (6wks)
- Acute paranoia or other delusions
- Technique Specific (HVLA)



Absolute Contraindications

- Patient's refusal to be touched or receive manual medicine



Whole Body Assessment

- Area of greatest restriction screening
- Identify key lesion
- Reclaim resources

Autonomics

- Sympathetic
 - T1-4: Head and Neck
 - T1-6: Heart and Lungs
 - T5-L2: GI tract (Celiac, Sup Mes, Inf Mes)
 - T5-9: Liver
 - T10-11: Kidney

Autonomics

- Parasympathetic
 - Brain: Intrinsic by brain parenchyma
 - Left Vagus: Stomach (Gr Curve), Duodenum
 - Right Vagus: Stomach (Less Curve), Duodenum, Sm Int, Lrg Int, Colon, Liver, Kidneys
 - Sacral: Distal Colon, Rectum

Lymphatics

- Minimum open the Thoracic Inlet Bilaterally
- Right Duct: Right side of head, Heart and Lungs (except Left upper lobe)
- Left Duct: The rest of the body

Diaphragms

- Re-dome Thoracoabdominal diaphragm
- Related Structures: Ribs, Sternum, Lumbar
- Pelvic diaphragm (Counsel Patient)

Cranial Bones & Dura

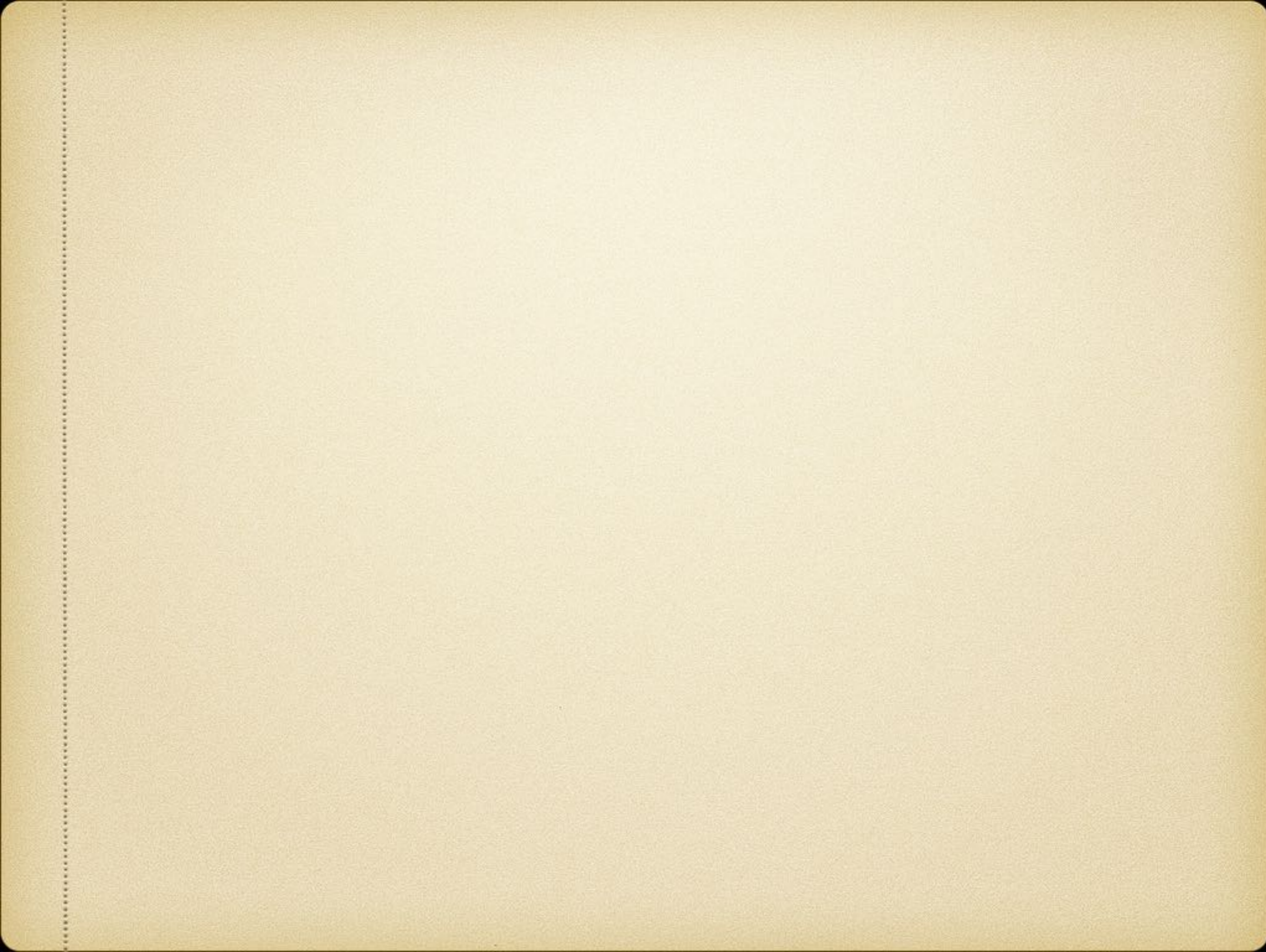
- Articular restrictions, Interosseous, Intraosseous
- Dural strains
- Fluid Dynamics

Visceral

- Liver: Most psychiatric medications cleared
- Kidney: lithium, stimulants, gabapentin and acamprosate
- Stomach-Anus: Absorption, Excretion, Diarrhea, Constipation
- Pancreas: Valproic acid

Summary

- General Approach Applicable in All Psychiatric Patients



Treatment of Brain Parenchyma



Palpatory Experience

- Health ~ Transparency
- When observing a structure in the mind's eye through intentional localized palpation, one can see through the structure completely and palpate through the structure with no significant friction or drag.





Palpatory Experience

- Assess Somatic Dysfunction with TART
- Tension (restriction, resistance, friction, drag)
- Laxity (flaccid, void, drain, hollow)
- Volume Change (increased or decreased)
- Activity Change (increased, decreased, static, inactivity)

Palpatory Experience

- Cortical (Frontal Lobe)

- ↑ Myelin, ↑ Fluid

- Synthetic Sponge



- Subcortical (Thalamus)

- ↓ Myelin, ↓ Fluid

- Natural Sponge



Guiding Principles

- Biomechanic
 - Structural Continuum / Functional Interrelatedness
- Cranial / Balanced Membranous Tension
 - Neutral, Fulcrum
- Biodynamic
 - Homogeneity, Divided Attention, Yield to Innate Intelligence
- Energetic / Fulford
 - Energy sink

Cautions

Contraindications

- Caution
 - Poorly controlled HTN
 - Hx of Aneurysm
 - Current Anticoagulation
- Contraindications
 - Hemorrhagic Cerebral Event (<6wks)



Brain Parenchyma Treatment

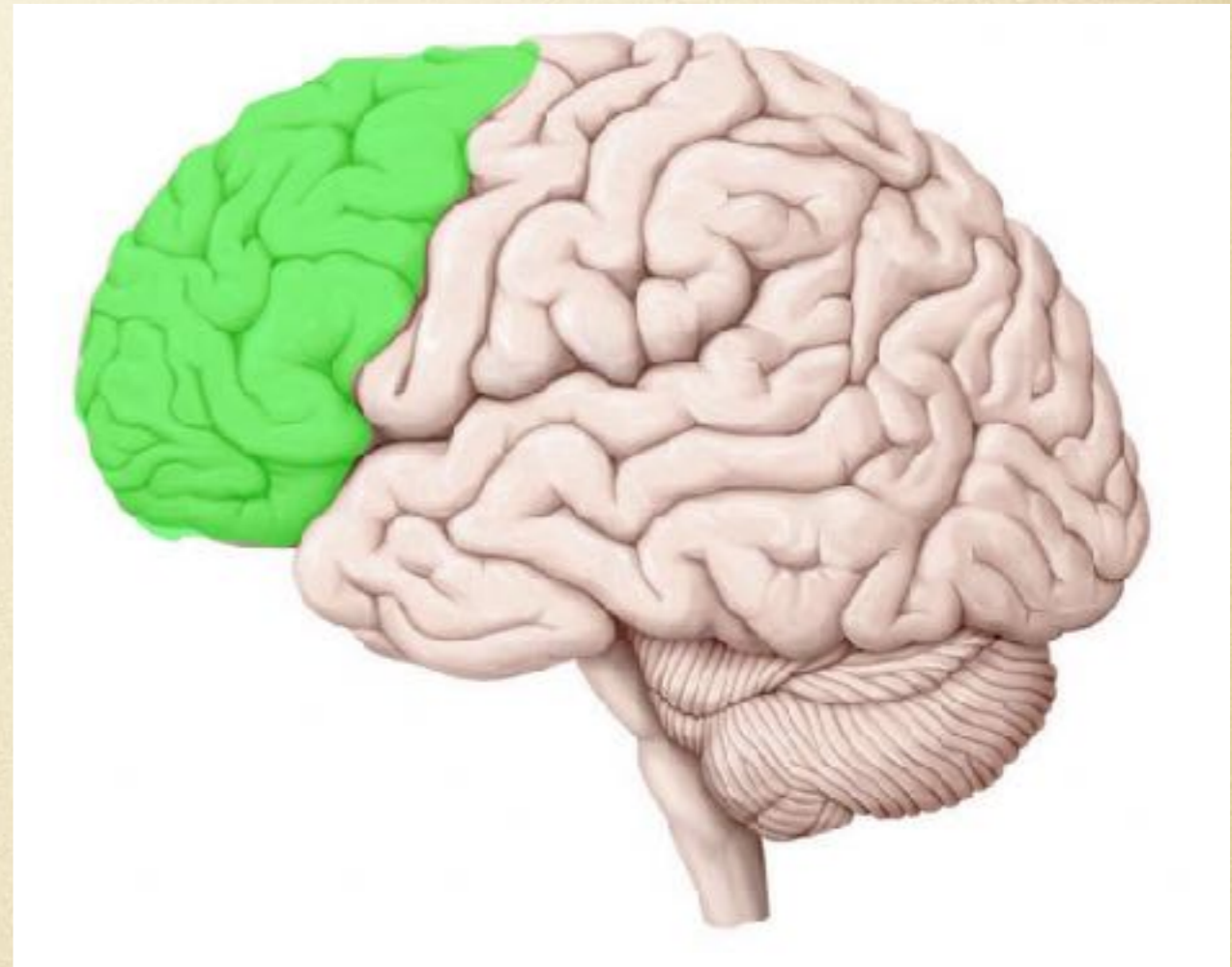
- Find Health Reference 1st (Transparency)
- Divided Attention (Health and Dysfunction)
- Neutral is established automatically
- Change is rapid (1-3 sec)
- End point: Change stops, Transparency develops
- Reassess

MDD Related
Anatomy &
Physiology:
Treatment



MDD: Frontal Lobe

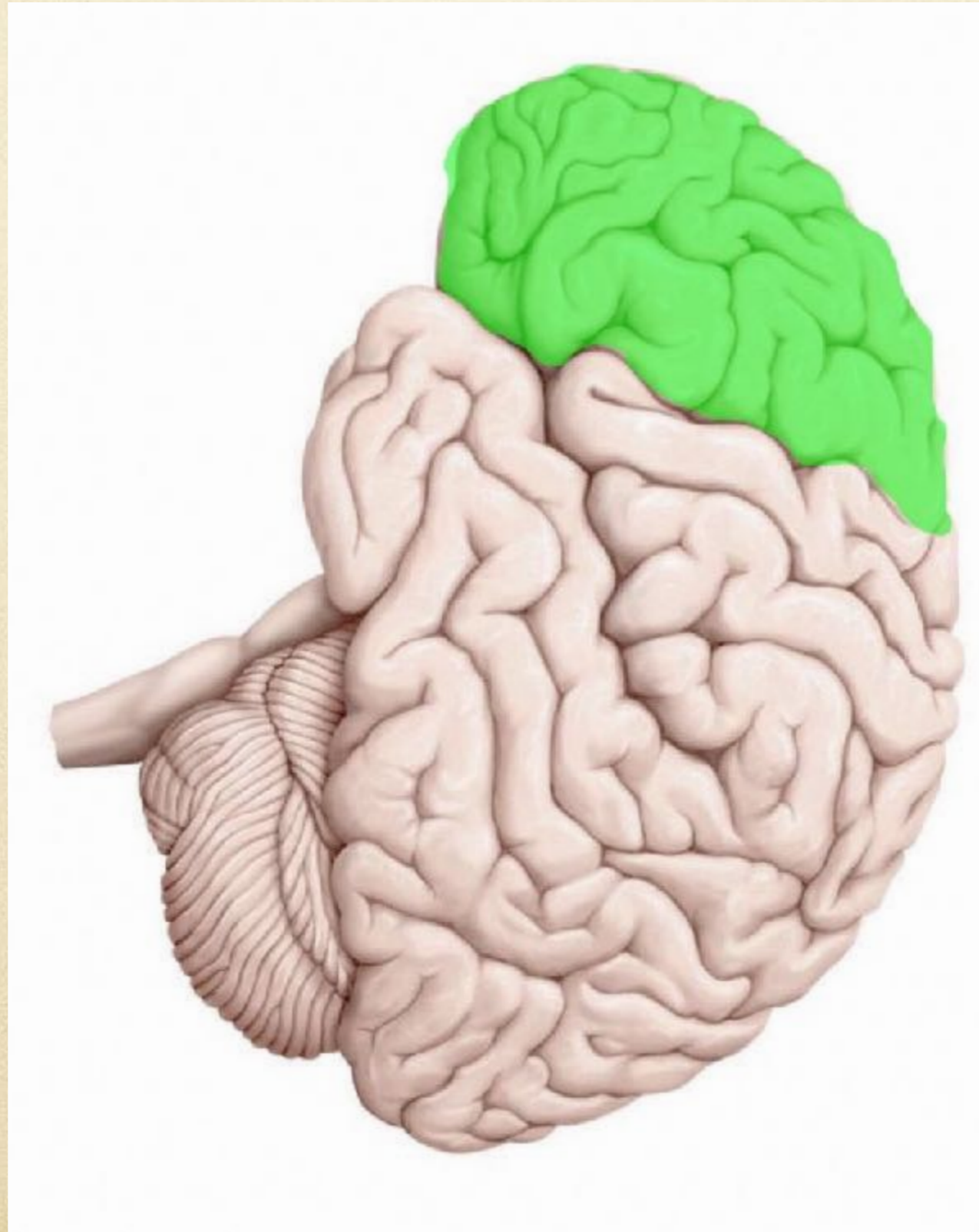
- ↓ Volume
- Anterior and Middle Cerebral Arteries



Frontal Lobe



Frontal Lobe



Frontal Lobe



Frontal Lobe



Summary



Summary

- Osteopathic psychiatry has a long standing history within the osteopathic profession and may stand as the first genuine specialty in osteopathy.
- The proposed definition of osteopathic psychiatry is the field of psychiatry as approached through the lens of the osteopathic philosophy.
- When psychiatry is approach through the osteopathic tenets or principles then a distinctive clinical experience occurs.

Summary

- Certain brain parenchymal foci have been associated with MDD and Bipolar I Disorder.
- A unique OMM approach to assessing and addressing somatic dysfunction of the associated brain parenchymal foci and their vascular supply may benefit patients with mood disorders.
- Health within the brain parenchyma is experienced in palpation as Transparency.

Summary

- A general approach to the body unit will benefit all patients including those with mood disorders.
- Brain parenchyma somatic dysfunction resolves very quickly with OMM.

Post-Test Questions

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Questions?

Thank You

God Bless You on Your Journey