Psychosis and osteopathy

Can osteopathic treatment influence mental disorders? This question was one that Andrew Taylor Still and several of his early compatriots strongly believed could be answered in the affirmative. Mental disorders were viewed as one of the most discouraging areas of medicine in the early 1900s. Still believed that medicine had done less for this category of illness than any other category. The view that disease was the result of functional problems led Still to the view that one of the main causes of mental disorder was the lack of proper circulation to the brain and the presence of functional disturbances (somatic dysfunction) in the upper thoracic and cervical regions. The view that mental dysfunction was heavily influenced by physiologic processes did not in any way dilute Still's view of humankind as having physical, mental, and spiritual aspects, but he recognized that brain function was influenced by the same processes as any other organ of the body.

Still had indicated early on that he thought that proper osteopathic treatment, which included attention to diet and proper controlled surroundings, would result in a much higher cure rate than any other treatment regime. To this end, the Still-Hildreth Sanitarium was opened March 1, 1914. The Sanitarium was located in Macon, Mo, in the former Blees Military Academy. The building was beautiful, with all the necessary accommodations for housing and feeding a large patient population under well-controlled circumstances. This was the first osteopathic medical institution solely committed to the treatment of mental disorders and was under the direction of Arthur G. Hildreth, DO, along with Harry Still, DO, and Charles E. Still, DO.

During the next several decades until its closure in 1968, the Still-Hildreth Sanitarium cared for thousands of mentally ill patients. With the advent of first Freudian psychology, which viewed mental illness as disorders of mental processes, and later the introduction of drugs that masked the symptoms of many mental disorders, the institution gradually lost patients and finally was forced to close.

The series of articles reprinted in this issue of THE JOURNAL documents the early stages of the treatment of mental illness by the osteopathic medical profession. The first article was written by L. Van Horn Gerdine, DO, in 1917 from the Sanitarium. He presents the thinking of the causes of "insanity" and integrates them into osteopathic thinking. He points out that the results of treatment at the Sanitarium are better than those at other institutions. Unfortunately, he gives no figures, but his discussion of causes and treatment of mental disorders is interesting, giving a view of how mental disorders were viewed at the time.

The second and third articles are comparisons between the osteopathic and allopathic medical professions regarding their respective effectiveness in the treatment of mental disorders. The second article, by Fred M. Still, DO, in 1933 from the Sanitarium, claims to have about a five times higher recovery rate than that of allopathic medical institutions. He elaborates on current views of dementia praecox and how osteopathic treatment is of benefit. The third article, by E.S. Merrill, DO, of Los Angeles (the Merrill Sanitarium) discusses the classification of mental disorders and gives the number of cases handled by the Still-Hildreth and Merrill institutions combined.

A.G. Hildreth, DO, and Fred M. Still, DO, wrote the last reprinted article in 1939. Insulin shock therapy was becoming popular in treating dementia, and they provide background statistics and descriptions of the disease. Still then vividly describes the use of insulin shock therapy and questions that surround its use. He concludes by saying that the benefits of osteopathic care will in no way be altered by the use of insulin shock therapy.

The articles present a fascinating overview of an area of human disorder that has not been seriously addressed by osteopathic medicine for many years. The idea that although mental disorders are multiply determined, treating the functional disorders of the body can help to alleviate the symptoms of mental dysfunction is still viable. The virtual triumph of Freudian theory in psychiatry early on and of medicinal treatment later, however, has overshadowed the possible contributions of manipulative treatment to controlling these disorders.

Is it time to reassess the value of osteopathic care in psychiatric disturbances? Is it possible that correcting long-standing somatic dysfunction could influence the severity of the process or reduce the drug load needed to attenuate the symptoms? The figures from the early work suggest that osteopathic care was beneficial. Human function has not changed measurably during the past 60 years. Osteopathic care should still be beneficial.

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