

DATOS CIENTÍFICOS SOBRE LA OSTEOPATÍA CRANEAL

1.LAS LESIONES ÓSEAS. CAUSAS PRIMARIAS

- ✓ Lesiones intraóseas (causas prenatales y obstétricas).
- ✓ Traumatismo directo.

2.LAS LESIONES ÓSEAS CAUSAS SECUNDARIAS

- ✓ Disfunción en flexión / rotación externa o en extensión / rotación interna adaptativas a una lesión primaria.

3.ACCIONES DE UN ABORDAJE CRANEAL

Restablecer la función articular.

Suprimir las irritaciones en relación con los mecanorreceptores suturales o de las ATM.

Suprimir las tensiones de la duramadre que pueden afectar a:

- ✓ La inervación de las meninges.
- ✓ Los nervios craneales, ganglios neurovegetativos, elementos neuro-vasculares encefálicos.

Liberar el sistema venoso intracraneal, para suprimir los éstasis circulatorios.

Suprimir los angio-espasmos por estimulación anormal de los plexos vegetativos peri-arteriales.

Reequilibrar las tensiones endo y peri-linfáticas del oído interno .

Drenar la trompa de Eustaquio.

4.EVIDENCIA DE LA EFECTIVIDAD DE LA OSTEOPATÍA CRANEAL

Según la evidencia la osteopatía craneal es efectiva en el tratamiento de los siguientes cuadros clínicos:

- ✓ Migrañas, cefaleas
- ✓ Hipertensión intraocular
- ✓ Obstrucción del conducto lagrimal
- ✓ Vértigos
- ✓ Cervicalgia de origen craneal
- ✓ Otitis media
- ✓ Síndrome craneomandibular
- ✓ Síndromes viscerales

La posibilidad del tratamiento craneal se basa en la existencia de la movilidad del cráneo (MRP/CRI) y la posibilidad de palpárralo.

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Search

Advanced

Abstract

Send to: v

J Am Osteopath Assoc. 2006 Jun;106(6):337-41.

Recording the rate of the cranial rhythmic impulse.

Nelson KE¹, Serquell N, Glonek T.

Author information

Abstract

The rate of the cranial rhythmic impulse can be obtained by both palpation and instrumentation. However, the literature has reported higher rates obtained by instrumentation compared with palpation. The cranial rhythmic impulse has been demonstrated to be synchronous with the Traube-Hering oscillation, measured in blood flow velocity. The current study demonstrates that physicians tend to palpate the cranial rhythmic impulse and Traube-Hering oscillation in a 1:2 ratio. This finding provides an explanation for the difference between palpated and instrumentally recorded rates for the cranial rhythmic impulse.

PMID: 16790539 [PubMed - indexed for MEDLINE]

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Search

Advanced

Abstract

Send to: v

J Am Osteopath Assoc. 2006 Sep;106(9):493-502.

Intraobserver reliability of cranial strain patterns as evaluated by osteopathic physicians: a pilot study.

Halma KD¹, Degenhardt BF, Snider KT, Johnson JC, Flaim MS, Bradshaw D.

Author information

Abstract

CONTEXT: Few studies of inter- or intraobserver reliability have focused on evaluations of cranial strain patterns.

OBJECTIVE: To determine whether substantial intraobserver reliability can be achieved by osteopathic physicians (DOs) using common palpatory tests to diagnose cranial dysfunction.

METHODS: Forty-eight subjects were divided into three diagnostic groups, categorized as those with asthma, headaches, or neither asthma nor headaches (ie, healthy control group). Two blinded DO examiners separately evaluated approximately 8 subjects from each group (4 subjects per session), conducting diagnostic tests for cranial rhythmic impulse (CRI) rate, cranial strain patterns, and quadrants of restriction.

RESULTS: Overall, among the three diagnostic procedures, cranial strain patterns showed the highest intraobserver reliability (kappa=0.67). The highest intraobserver reliability was achieved in cranial strain patterns for the control group (kappa=0.82), followed by the headache (kappa=0.67) and asthma (kappa=0.52) groups. Diagnoses of the left anterior quadrant of restriction also showed substantial intraobserver reliability for the headache and control groups (kappa=0.60 and 0.61, respectively). Diagnoses of three quadrants of restriction showed moderate overall intraobserver reliability (kappa=0.44-0.52), while the left posterior quadrant had only fair overall intraobserver reliability (kappa=0.33).

CONCLUSION: Osteopathic physicians can obtain substantial intraobserver reliability when diagnosing cranial strain patterns in healthy subjects as well as those with asthma or headache. However, results are less promising for diagnoses of CRI and quadrants of restriction.

PMID: 18060778 [PubMed - indexed for MEDLINE]

En 1999, en la Escuela de Medicina Osteopática de Chicago, Nelson et al compararon las fluctuaciones intracraneal (CRI) y la onda de Traube Hering Mayer. Concluyeron que el mecanismo respiratorio primario (MRP) manifestado por el impulso rítmico craneal (CRI) y la oscilación de Traube

Hering-Meyer presentan una semejanza sorprendente. Las comparaciones estadísticas han demostrado que el CRI se palpa en concomitancia con las variaciones de baja frecuencia de la oscilación de Traube Hering.

- ✓ Nelson KE, Sergueef N, Lipinski CM, Chapman AR, Glonek T.
The cranial rhythmic impulse related to the Traube-Hering-Mayer oscillation : Comparing laser-Doppler flowmetry and palpation. J Amer Osteopath Assoc 2001 ; 101(3), pp 163-173.

A continuación referenciamos algunos de estos estudios que reflejan la evidencia científica en el tratamiento osteopático craneal:

NCBI Resources How To

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed Advanced Search

Abstract

J Am Osteopath Assoc. 2011 Dec;111(12):660-6.

Effect of cranial osteopathic manipulative medicine on cerebral tissue oxygenation.

Shi X¹, Behrer S, Pralagati P, Sholl ST, Gamber RG, Downey HE.

Author information

Abstract

CONTEXT: The use of cranial osteopathic manipulative medicine (OMM) to alter cerebral tissue oxygen saturation could play a role in the maintenance of cerebral homeostasis.

OBJECTIVE: To examine the effects of cranial OMM on cerebral tissue oxygen saturation (S(CT)O₂) and cardiac autonomic function in healthy adults.

METHODS: Cranial OMM augmentation and suppression techniques and sham therapy were randomly applied to healthy adults. During cranial OMM and sham therapy, S(CT)O₂ of the prefrontal cortex was determined bilaterally by using near-infrared spectroscopy. Heart rate, blood pressure, and systemic arterial blood oxygen saturation (SaO₂) were also measured. Power spectral analysis was applied to continuous 4-minute R-R intervals. Measurements were made during 2-minute baseline periods, during 4-minute applications of the techniques, and during 5-minute recovery periods.

RESULTS: Twenty-one adults (age range, 23-32 y) participated in the present study. Differences in mean baseline measurements for the augmentation technique, suppression technique, and sham therapy were not statistically significant for heart rate, blood pressure, SaO₂, left S(CT)O₂, or right S(CT)O₂. During the suppression technique, there was a statistically significant decrease in both left (slope [standard deviation]= -0.33 [0.08] %/min, R(2)=0.85, P=0.026) and right (slope [standard deviation]= -0.37 [0.06] %/min, R(2)=0.94, P=0.007) S(CT)O₂ with increased cranial OMM time. However, neither the augmentation technique nor the sham therapy had a statistically significant effect on S(CT)O₂. Decreases in normalized low-frequency power of R-R interval variability and enhancements of its high-frequency power were statistically significant (P=0.05) during cranial OMM and sham therapy, indicating a decrease in cardiac sympathetic influence and an enhanced parasympathetic modulation.

CONCLUSION: The cranial OMM suppression technique effectively and progressively reduced S(CT)O₂ in both prefrontal lobes with the treatment time.

PMID: 22182951 [PubMed - indexed for MEDLINE]

NCBI Resources How To

PubMed.gov US National Library of Medicine National Institutes of Health

PubMed Advanced Search

Abstract

Arch Pediatr Adolesc Med. 2003 Sep;157(9):881-6.

The use of osteopathic manipulative treatment as adjuvant therapy in children with recurrent acute otitis media.

Mills MV¹, Henley CE, Barnes LL, Carreiro JE, Deenhardt BF.

Author information

Abstract

OBJECTIVE: To study effects of osteopathic manipulative treatment as an adjuvant therapy to routine pediatric care in children with recurrent acute otitis media (AOM).

STUDY DESIGN: Patients 6 months to 6 years old with 3 episodes of AOM in the previous 6 months, or 4 in the previous year, who were not already surgical candidates were placed randomly into 2 groups: one receiving routine pediatric care, the other receiving routine care plus osteopathic manipulative treatment. Both groups received an equal number of study encounters to monitor behavior and obtain tympanograms. Clinical status was monitored with review of pediatric records. The pediatrician was blinded to patient group and study outcomes, and the osteopathic physician was blinded to patient clinical course.

MAIN OUTCOME MEASURES: We monitored frequency of episodes of AOM, antibiotic use, surgical interventions, various behaviors, and tympanometric and audiometric performance.

RESULTS: A total of 57 patients, 25 intervention patients and 32 control patients, met criteria and completed the study. Adjusting for the baseline frequency before study entry, intervention patients had fewer episodes of AOM (mean group difference per month, -0.14 [95% confidence interval, -0.27 to 0.00]; P=0.04), fewer surgical procedures (intervention patients, 1; control patients, 8; P=0.03), and more mean surgery-free months (intervention patients, 6.00; control patients, 5.25; P=0.01). Baseline and final tympanograms obtained by the audiologist showed an increased frequency of more normal tympanogram types in the intervention group, with an adjusted mean group difference of 0.55 (95% confidence interval, 0.08 to 1.02; P=0.02). No adverse reactions were reported.

CONCLUSIONS: The results of this study suggest a potential benefit of osteopathic manipulative treatment as adjuvant therapy in children with recurrent AOM; it may prevent or decrease surgical intervention or antibiotic overuse.

Comment in

Osteopathic manipulation to prevent otitis media—does it work? [Arch Pediatr Adolesc Med. 2003]