

# **Osteopathic Methods and Great Flu Pandemic of 1917-18**

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The great influenza pandemic of 1917-1918 has been legend in osteopathic lore. It killed almost 1.5 times as many people worldwide (10 million) in 6 months as did the entire World War I in more than 4 years (7.5 million). Some sources put the death toll of the pandemic at closer to 20 million. "The osteopathic medical community treated patients with influenza and its more potent sequela, pneumonia, with various forms of manipulative treatment, rest, and hydration. After the death sweep had abated, the leaders of the profession surveyed osteopathic practitioners nationwide regarding their experiences with treatment."

The results showed that patients treated by osteopathic physicians had a death rate of 0.5%, whereas medically treated patients had an average 6% death rate (up to 27% in Boston). "Patients with pneumonia under osteopathic care had a death rate of less than 10%, as opposed to 33% of medically treated cases." "It is apparent that osteopathic methods were highly effective in the epidemic." Patterson quotes a 1919 study indicating that "people receiving routine osteopathic care seemed to have contracted that influenza at a much lower rate than did the untreated population." He discusses a 1937 article that indicated that drugs used to treat influenza, pneumonia, and other diseases by the medical profession were actually harmful to those receiving them. [It is noteworthy that the same drugs and classes of drugs are being used today.] Lastly, he notes that "the best defense against disease and infection remains health. Optimal health is the result of the optimization of the function of each individual. Osteopathic care that includes intelligently applied manipulative treatment is an excellent preventative treatment."

Following this, the JAOA reprinted 4 articles from their archives: This first is an editorial by Dr. CP McConnell. It was originally printed October 1918. In this editorial, Dr. McConnell indicates that "osteopathic manipulative therapy is of great value" in the treatment of influenza, as long as it is not rough or prolonged treatment. In this editorial he describes a spinal manipulative technique for those suffering from influenza. He particularly believes that the ribs should be adjusted. He also advocates several varieties of the visceral manipulation, especially to the abdomen and kidneys. He states: "Ordinary cases of influenza, as a rule, are not difficult to handle. Two or three days will clear up most of them. Others will run a course of five or six days or a week. Temperature of around 102 degrees is a common maximum, though as high as 104 degrees or 105 degrees is not rare." "In my experience, the related spinal musculature and deep rigidity is an important osteopathic index. I do not think there is any question that osteopathic measures have proved their undoubted great value in preventing pneumonia as well as lessening severity of attack."

The second article is titled "Osteopathic success in the treatment of influenza and pneumonia, by George W. Riley. This was originally published in JAOA, August 1919. In this article doctor Riley notes: In the 1917 through 1918 influenza pneumonia pandemic, it is estimated that 10 million deaths resulted in a period of six to eight months. He

compares this to the 7,500,000 deaths resulting from World War I when he notes that: "The greatest minds of the world were devoting their whole time and efforts to the destruction of their fellow man. "He reviews the scientific data that warrants a "ultra conservative" estimate of 5% to 6% of fatalities from influenza in cases under medical management. He notes that the rate of influenza fatality in Boston while under medical management was 27 percent. He notes it is a conservative estimate of 33% of fatalities from pneumonia in cases under medical care, and that in some large centers it ran as high as 68 to 73%. He further notes that of the 110,122 cases of influenza that were documented to be treated by osteopaths, that only 257 deaths occurred, which is a mortality rate of one-quarter of 1%.

He also notes that during this time period osteopaths treated 6,258 cases of pneumonia with only 635 deaths. This is a pneumonia mortality rate of 10%. He also notes that some 50 of these deaths occurred within 24 hours after the osteopathic physician was called. "I do feel, however, that we are justified in taking a pardonable pride in what we have been able to do in these Pandemics in comparison with what the medical men of the country did, and especially so, in view of the bitter opposition waged by the American Medical Association against the passage by Congress of the bill making licensed osteopathic physicians eligible to take regular examination for commissions in the medical department of the army and navy." "If 330 or 340 out of every 1,000 pneumonia cases under medical care died and only 100 and out of every 1,000 cases under osteopathic care died, who is responsible for these additional 240 deaths in every 1000, the difference between the two records?" Also, many of the osteopathic physicians reported that practically none of their patients contracted these diseases, who just proceeding and at the time of the epidemic had been having more or less regular osteopathic treatments. "In their opinion, the resistance of such patients was up to such a level that they will able to withstand the infection of the epidemic." He notes that there is not an osteopathic physician who "cannot stand before his fellow man, before all the world, with chest out, head erect , eyes beaming, and a consciousness that not one in all that army of patients has become a drug addict through any professional act of his, while bringing them through those dreadful and anxious hours during the influenza or pneumonia illness." In this day the United States government and the State governments are organizing to stamp out the drug evil, while physicians with M.D. degrees include dope in one-fourth of their prescriptions, thus laying the foundation, especially in weak, nervous patients, of forming his drug habit. "If we as a profession had never accomplished anything else than what we did in these epidemics, that alone would be sufficient to make the name of doctor Still immortal." [Remember, Still is the person who started osteopathy in 1874.

3rd article Dr. R. Kendrick Smith: "One Hundred Thousand Cases of Influenza with a death Rate of One-Fourtieth of that Officially Reported Under Conventional Treatment"

It was originally printed January 1920. It was read at the Annual Convention of the American Association of Clinical Research, New York, Oct. 18, 1919. In the this article, Dr. Smith has a paragraph on Cyriax of London [this is the father of the great James Cyriax that we learn about in school], who notes: "All treatment must be directed towards removal of the cause of disease, especially that described as mobilization of the

spinal column." "I now venture to proceed from Cyriax's specific statement of vertebral malposition as a causative factor and adjustment as the cure to the subject of this essay: the report of 100,000 and more cases of influenza in the recent epidemic with a death rate of one 40th of that reported by health commissioners of the various states." The osteopathic mortality of one-quarter of 1% in the influenza epidemic shows that the medical death rate was 40 times higher as the osteopathic death rate. Also, three times as large a percent died from pneumonia under medical treatment than under osteopathic treatment. "Under osteopathic treatment, the duration of all acute diseases is materially shortened in almost every case." "Just as truly as all physiologic body activity is essentially mechanical, so is all pathological activity as fundamentally mechanical; hence mechanical readjustment is always indicated in mechanical disturbances of body function, which constitutes the condition which we name disease." "We always considered that the osteopathic physicians treat the patient instead of the disease."

4th and last article is by Dr. Edward Ward: "Influenza and Its Osteopathic Management." It was originally printed September 1937, and was delivered before the 17<sup>th</sup> Annual Convention of the Eastern Osteopathic Association in New York. Dr. Ward notes: Investigations have: "Reached the quite obvious conclusion that true epidemic influenza cannot be provoked in healthy persons by the causative bacillus."

Dr. Ward reviews the numbers seen in the previous studies, and adds: "A further illuminating feature of these reports reveal the fact that few persons contracted influenza who, just preceding and at that time of the epidemic, had been having more or less regular osteopathic manipulative treatment." Dr. Warren notes that typical medical management with antipyretic drugs, including aspirin and acetaminophen [precursors] is harmful to the patient with influenza. He notes that: "The use of antipyretics becomes not only illogical but definitely detrimental to the welfare of the patient." He bases this on the concept that anti-inflammatory protocol shifts the white blood cell profile to leukopenia, while a shift to leucocytosis is clinically desirable. "Since the epidemic of 1918-1919, when osteopathic treatment proved to be superior to drug therapy in this disease, thousands of cases have been taken care of by osteopathic physicians." "Our attention should be directed to the cervical and upper thoracic regions and especially the upper rib articulations. Increased ventilation to the lungs should besought by appropriate manipulation of the chest cage." [This sounds much like many of my neuro diplomate friends.] "The osteopathic care of influenza definitely diminishes the course of the disease in point of time and severity. Thus the mortality from uncomplicated cases almost reaches the vanishing point."