TA Times

The Treating Autism Members Newsletter December 2016

Merry Christmas

Hands-on approach

Dr Bramati is an experienced osteopath and the only known specialist with a doctorate on clinical osteopathy in autistic children suffering from gastrointestinal dysfunction. Dr Bramati was awarded a PhD and recently published her research on the effects of visceral osteopathy in autistic children. She is committed to helping improve the quality of life and wellbeing of children on the spectrum using a non-invasive form of therapy – Visceral Osteopathy. www.ibccare.co.uk

About Dr Bramati

Dr Bramati initially became involved in the field of autism back in Brazil in 1992 while studying Psychology and working as a volunteer within a well-known Paediatric Psychiatric Clinic.

During her volunteer placement, she observed the lack of treatment protocol for the children diagnosed as autistic. This anecdotal experience back in 1992 led her to develop her first pilot study back in 2001 while doing her BSc in Osteopathic Medicine(Bramati-Castellarin and Janossa, 2002). She then further developed the protocol and successfully engaged in a PhD project at Westminster University London in collaboration with King's College London, endorsed by the National Autistic Society (NAS) and financially supported by the British Naturopathic Osteopathic Association (BNOA) via the British College of Osteopathic Medicine (BCOM) grant.

The research has recently been published by the Journal of Bodywork and Movement Therapies: **http://tinyurl.com/j87wl6a**

Since her BSc Osteopathic graduation in 2001 she has been running a thriving Osteopathic practice, IBC Care, a clinic just off Harley Street. Dr Bramati thinks there is a lot more to be developed in the field of Autism and Osteopathy and she is very keen to continue her research and to raise the awareness of the benefits of osteopathy in patients diagnosed as autistic.

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Some words from the author

After over 15 years in practice, I have successfully completed my research on the effects of Visceral Osteopathic Techniques (VOT) on the gastrointestinal (GI) and behavioural symptoms in autistic children (Bramati-Castellarin et al., 2016).

My study, aimed to address the lack of low-invasive treatments available to autistic children suffering from GI and behavioural signs and symptoms (Bramati-Castellarin et al., 2016). The study was designed to investigate the use of visceral osteopathic techniques* (abdominal massage) on the gut (Gastro-Intestinal system – GI system) function of children, aged between 3 ½ and 8 years, who have been diagnosed autistic. We investigated a possible link between challenging behavioural symptoms and the GI system as suggested by Buie et al. (2010), Horvath and Perman (2002), D'Eufemia et al. (1996) and many others. We reported some promising positive results for specific behavioural and GI symptoms of autistic children, following Visceral Osteopathic Techniques – VOT. The data analysis of the 'vomiting', 'poor appetite' and 'lack of eye contact' parameters demonstrated statistically significant improvements, suggesting that the use of VOTs may be of benefit to children with autism. This information, has not been identified until now and leads the way to a whole new lease of life within the field of osteopathy. The results indicate that this low-invasive form of treatment has a significant and important impact on the quality of life and wellbeing of autistic children.

We don't know the mechanism of this improvement; however, the hypothesis was that visceral osteopathic techniques may possibly have increased circulation, detoxification (biochemical turnover), peristalsis and gut emptying, in addition to aiding neuro-regulatory responses via the enteric nervous system. This mechanism of responses may have positively influenced the GI and behavioural function of the children treated.

How do the sessions work?

Generally, all the patients had to spend some time

getting acquainted with the osteopath. This was done by giving them the time to explore the room and to become comfortable with the environment. Normally the osteopath used some toys and verbal communication to be able to approach the child. Once the verbal contact was made and a little interaction between the subject/osteopath occurred, the osteopath started the treatment.

Usually an osteopathic session was undertaken on a plinth, however, that was seen as a big imposition on the subjects. Therefore, the subjects were shown to the plinth or to a floor mat (option from the plinth), allowing them to decide where they felt most comfortable to lie down. The VOT sessions were patient centred and it was the osteopath who had to adapt the treatment position to be able to treat the subjects. This means that the treatment may have occurred with some variation, with the child sitting on a chair or standing in the corner of the room facing the wall.

Usually, after the first or second session, some children displayed a clear understanding of the treatment. This was demonstrated by running to the treatment room and lying on the plinth or on the floor mat. They did not appear to be fazed or worried that they were about to be treated. More often than not, the subjects would place their hands on their abdominal area and would lift their top in an attempt to indicate that they were about to be treated or, apparently, that they wanted to be treated. More than one subject would place their hands on the osteopath's hand in an attempt to help with the techniques or to indicate they were content to be treated.

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Study cases – Anecdotal findings:

An interesting case was of a boy that displayed signs of faecal impaction on the lower quadrant of the abdomen and was constipated for 2 weeks prior to the initiation of the VOTs. The response that the subject had was remarkable; during the session, he stood up and ran to the toilet (next door to the treatment room) and was able to pass a motion. This occurred at every VOT session he had during the study period. These observations may possibly imply that the treatment perhaps influenced the peristaltic motion.

There were definitely some difficulties when treating the children due the nature of the behaviour that some

were displaying. Some were screaming and pushing, punching, spitting and hair pulling. However, the remarkable observation was that not a single child of the 49 treated had to be excluded due to not being able to cope with the session. Usually, the difficult behaviour faded in less than 10 minutes into the session, which in itself is a remarkable response.

The Future

There is no doubt in my mind that osteopathic treatment can have a significant and important impact on the quality of life and wellbeing of the children with autism. However, visceral osteopathy is a field that needs more investigation.

Clinical research in osteopathy and other complementary therapies and alternative medicines is a challenge, due to the broad holistic practical approach in managing the conditions. It is a complex task to isolate specific outcomes. However, as challenging as any research can be, it is essential that the industry of complementary and alternative medicine formulate more research protocols and enhance the basis for more qualitative and quantitative research in this field. This attitude will bring more confidence and credibility to CAM therapies. This may then enable practitioners to reach a point in which we may confidently be able to narrow down the effects of certain well know techniques, such as visceral osteopathy, therefore positively enhancing the rationale for future studies.

Osteopathic treatment can have a significant and important impact on the quality of life and wellbeing of the children with autism.

To me it is paramount to merge the knowledge from academic, clinical and day to day experience in order to solve or manage symptoms of patients. This view shapes the way I approach the treatment of my patients and any training that I give.

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