

Abstract

Dysmenorrhoe. Schulmedizinische Grundlagen sowie Wirksamkeit von osteopathischen und manuellen Behandlungsmöglichkeiten. Eine Literaturanalyse

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In dieser Literaturanalyse wurden nach einer definierten Literaturrecherche Studien und Dokumentationen, die auf klinischen Anwendungen beruhen und sich mit osteopathischen oder manuellen Behandlungen bei Dysmenorrhoe beschäftigen, eingeschlossen. Die Studien wurden im Hinblick auf Planung/Design, Durchführung, Auswertung und Ergebnisse detailliert dargestellt.

Ein Schwerpunkt der veröffentlichten Studien liegt im chiropraktischen Bereich mit dem Fokus auf spinalen Manipulationen. Ein zweiter Schwerpunkt sind Studien mit osteopathischen, meist individuell auf den Patienten abgestimmten, Behandlungen. Unabhängig vom Schwerpunkt ist in den meisten Studien bei Behandlung eine Reduktion menstrualer Schmerzen zu beobachten. Der am häufigsten untersuchte Wirksamkeitsparameter ist die Schmerzintensität, häufig erfasst in einem validierten Patientenfragebogen mit visueller oder numerischer Schmerzskala.

Erste Daten und Erfahrungsberichte deuten darauf hin, dass die Verringerung der Schmerzen nach der Behandlungssequenz anhält. In zukünftigen Studien mit einer mehrmonatigen Nachbeobachtungszeit sollte dies noch weiter untersucht werden.

Mehrere kleinere Studien ohne Kontrollgruppe zeigten positive Effekte einer osteopathischen Behandlung bei primärer Dysmenorrhoe. Eine randomisierte, kontrollierte Studie mit einer individuellen osteopathischen Behandlung über drei menstruale Zyklen ergab eine hochsignifikante Verbesserung von Schmerzintensität und Schmerzdauer nach Behandlung. Für eine abschließende Beurteilung sind weitere klinische Studien mit mehr Patientinnen, klaren Definitionen und einer guten Auswertung nötig.

Abstract

Dysmenorrhea. Medical background and effectiveness of osteopathic and manual therapeutic treatments – a literature study

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This critical literature-review is based on a defined search comprising studies and reports focused on clinical application of osteopathic and manual treatment of dysmenorrhea. Studies are illustrated with regard to study-plan, design, implementation of the study, assessment and results.

One part of the published studies focuses on spinal manipulation in the context of chiropractic application. Another cluster of studies focuses on individual, patient-specific osteopathic treatment. Independent of the type of treatment, most studies report a reduction in menstrual pain, whereby pain intensity turns to be the most frequently investigated efficacy parameter. The intensity of pain is mostly captured in a validated patient questionnaire containing a visual or numeric scale.

Initial data and reports suggest a persistent reduction of pain following the treatment. This should be confirmed by future studies with several months of follow-up.

Some smaller studies without control group showed a beneficial effect of an osteopathic treatment of primary dysmenorrhea. One randomized controlled study with individual osteopathic treatment over the course of three menstrual cycles resulted in a highly significant reduction of pain-intensity and pain-duration after treatment.

Further well-designed clinical studies with more study subjects will be beneficial to confirm the initial results and to come to a final conclusion.

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