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Editorial

Does alternative therapy have a place in the RBO? Cabe terapia alternativa na RBO?

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It may be very annoying when patients come up with questions or statements about alternative therapy during medical consultations:

- Doctor, is sucupira tea good for arthrosis?
- A friend of mine did Reiki sessions and got better from a disc hernia.
- I didn't get better with the medications, but with the floral remedies.
- I don't like ordinary medications, I only use homeopathy.

Suggestions of all kinds appear, because these are simpler ways for patients to understand the mechanism of action of treatments. These remedies are easier to obtain because examinations and medical assessments are not required, and they are cheaper than treatment guided by a doctor. However, they are harmful because they prolong the evolution of the disease without bringing any benefit.

The locomotor system can contain a placebo effect of up to 20% and thus, a significant percentage of such patients may present illusory improvements in symptoms over prolonged periods. In this manner, institution of appropriate treatment is impeded.

There is not much that we can do about this, given that even in countries with better cultural and educational levels than in Brazil, alternative medicine exists and may be very strong. We have seen classic advertising for arthrosis cures with such medicine, with radiographs before and after the treatment, shown in the inflight magazine of an important American airline, which was absurd.

We need to patiently seek to educate the public and fight against people, sometimes our colleagues, who live off this

ignorance among the public in relation to medicine, and we need to be alert with regard to all forms of alternative therapy because interesting therapeutic paths may arise from them.

We should constantly pay attention to new procedures that have positive therapeutic effects, because any resource that alleviates symptoms honestly and efficiently should be added to our therapeutic arsenal. However, exaggeration of the effects, which is very common among those who deal with new therapies, leads to discrediting of methods that might be efficient within the limits of their use.

Some of these therapies that used to be considered to be alternative can already be included as auxiliary methods and, in some cases, as principal methods.

One example of these is acupuncture. Today, it is known that this brings real benefits in treating osteoarticular pain, without aggressiveness and with good efficiency. We can use it as coadjuvant therapy in treating tendinitis, for example, with very interesting results. Use of acupuncture diminishes pain and this makes it possible for us to guide patients towards muscle strength improvement and stretching exercises that will cure them. Acupuncture is also very efficient for treating acute pain and enables parallel treatment of the cause of the pain, for example in cases of acute muscle injuries.

Other therapies for pain that today are used in physiatry are very useful for treating chronic pain. In arthrosis, the pain arises as the cartilage wears out and as a result of numerous other factors such as muscle contraction, synovitis and tendinitis, and therefore correction of the cartilage disease alone is sometimes insufficient for immediate relief of the symptoms.

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In following up patients after arthroplasty, it is common for them to present pain, even if their surgery proceeded perfectly. Use of blocking, acupuncture and other physical methods provides relief for these symptoms (RBO 2011;46(1):14-7).

In this issue, we present two interesting studies on the use of chondroprotectors. In our opinion, used in conjunction with viscosupplementation, these should in our opinion be included in the initial therapeutic arsenal against arthrosis or even as a means of preventing evolution of arthrosis.

There is sufficient evidence to state that in the initial phases of knee arthrosis, therapy using chondroprotectors and viscosupplementation is efficient for delaying the evolution of the disease. On the other hand, this must not be exaggerated. It is believed that this therapeutic method will be efficient for treating arthrosis that has already become established, with axial displacement and joint pinching.

In the past, chondroprotectors that failed to provide any action were used, but research on substances that improve cartilage texture has led to some more efficient products and should continue, because it is certain that treatments for degenerative disease will be clinical, whereas arthroplasty marks the end of therapy that failed.

The positive results from the therapeutic action of current medications have taught us to start treatment early on, for patients who may have arthrosis, and from this, better results will certainly be obtained.

Therefore, we will always be alert and open to analyzing and disseminating new therapies, which may cease to be alternatives and become treatments of choice.

In this manner, in relation to the question posed in the title, the answer is yes, because who knows whether there might be something in sucupira tea that would make it a chondroprotector?