safety is viable medicine for women with rheumatoid arthritis (RA) and the “poker spine” condition known as ankylosing spondylitis, according to a report in Clinical Rheumatology.

SYMPTOMATIC DISEASE

Fingers, wrists, feet become hot and inflamed, movement almost impossible. The condition occurs with symmetry, right and left. Fatigue, appetite, fever accompany the onset, baking the full body. Pressure nodules turn up beneath the skin. Bone and cartilage are damaged. The entire body is inflamed.

DRUGS ACCOMPANY RA

Reducing joint pain, swelling, stiffness and stopping joint damage is the goal of all treatments. RA patients often take nonsteroidal anti-inflammatory drugs (NSAIDs) to help manage pain swelling. Prednisone is prescribed to reduce swelling. Disease modifying and anti-rheumatic drugs such as gold salts, methotrexate or leflunomide, can also be used. Finally, drugs that subdue the immune system are used.

TOTAL BODY HYPERHEMIA

Researchers wanted to find out if infrared sauna could alleviate some of this drug use and relieve pain, stiffness and swelling without the side effects that accompany patients who are bound to them. To study the effects of infrared sauna, a form of total-body hyperthermia, patients with RA and ankylosing spondylitis (AS) were treated for a 4-week period with a series of 8 sessions. 17 RA patients and 17 AS patients were studied. Besides being well tolerated, pain and stiffness decreased with statistically significant values. Fatigue also decreased. Infrared treatment has short-term effects that are clinically relevant “in RA and AS patients without enhancing disease activity.”

A second study in a Russian Journal assessed the effect of infrared sauna in 196 RA patients. Sauna “produced a positive effect” on locomotor system, psychoemotional status, alleviated pain. Clinical and biochemical immunological measurements showed that infrared sauna induced transient positive shifts in peripheral blood.

In 2005 a research team reported in Psychotherapy and Psychosomatics on 24 patients with chronic pain treated by a multidisciplinary approach including cognitive behavioral therapy, rehabilitation and exercise therapy, whereas group B patients were also given sauna therapy. A far-infrared ray dry sauna therapy and post-sauna warming were performed once a day for 4 weeks during the treatment period.

The visual analog pain score, number of pain behavior, self-rating depression scale, and anger score significantly decreased after treatment in both groups. After treatment the number of pain behavior was slightly smaller and anger score was significantly lower in the sauna group than those without. Two years after treatment, 17 patients (77%) in the sauna group returned to work compared with 12 patients (50%) without. “These results suggest that a combination of multidisciplinary treatment and repeated thermal therapy may be a promising method for treatment of chronic pain.”

REFERENCES

