Alternative Arthritis Therapies: Cupping & Magnets

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DAVID MARKS, MD: Welcome to our webcast. I'm Dr. David Marks. Alternative or complementary medicine has become increasingly popular over the last few years, especially in the treatment of arthritis. What are these alternative therapies, and do they work?

Joining us to answer these questions is Dr. Allan Gibofsky. He is Professor of Medicine and Public Health at Cornell, and a Rheumatologist at the Hospital for Special Surgery. Welcome.

Next to him is Dr. Ifeoma Okoronkwo, or Dr. O., who is Clinical Instructor at NYU School of Medicine and is an attending physician at the Rusk Institute. Thanks for being here.

What are the different types of alternative therapy that we have to deal with?

IFEOMA OKORONKWO, MD: Well, there is really a broad spectrum of therapies and interventions. One could look at it as that there are mechanical interventions and there are non-mechanical interventions. Some of the more common mechanical interventions would be acupuncture, massage therapy, chiropractic. More esoteric ones would be healing touch, Reiki, etc.

Some of the non-mechanical interventions include some of the oral modalities and medicines, such as herbs. Glucosamine is a very common vitamin or supplement. And also magnets.

DAVID MARKS, MD: What about the glass jars that you have?

IFEOMA OKORONKWO, MD: Well, I brought these really to show that there are even esoteric methods. These are cups. We can use a method of cupping also in acupuncture. While this is not puncturing the skin, it is stimulating along the meridian. These are, again, used as all needling techniques, based on the Chinese medicine diagnosis.

I said that term a lot, but I go back to concept of imbalance. When we see a patient, we find out what their imbalance is, and based on that imbalance, we then proceed with our diagnosis and our intervention.

ALLAN GIBOFSKY, MD: The concept of cupping that we talked about earlier, is not some arcane Eastern philosophy. Cupping was practiced at the time of the American revolution here by such paragons of medicine as Benjamin Rush, one of the signers of the Declaration of Independence. We're just now beginning to reintroduce the kinds of techniques that we abandoned with laughter because we're now learning that they worked.

Many of my colleagues who are plastic surgeons have gone back to the use of leeches in patients who have had amputations to parts of their bodies. The leeches will eat away the bad flesh, allowing a better graft of the part that's been severed. So I think we need to be aware of more than just what we've learned, and to continue to learn from our patients, from our colleagues and
from others about the newer techniques or the newer applications of the older ones.

IFEOMA OKORONKWO, MD: Exactly. One such technique actually is the use of magnet therapy.

DAVID MARKS, MD: Does it work?

IFEOMA OKORONKWO, MD: Once again, I have to sort of agree with Allan that the trials are out there. They are not as stringent as perhaps we would like, but they are very promising.

Magnets do appear, in some cases and in one study in particular, to have relieved some pain associated with what we call neuropathy or nerve ending pain. Anecdotally, people use it for arthritic pain all the time. Patrick Ewing, I think, even used it in a basketball game to help with his elbow pain.

DAVID MARKS, MD: But some of these things may work for some people. The story is that we really need to study them further to see really which ones are more effective and which ones aren't.

ALLAN GIBOFSKY, MD: And when they do work, or when our patients think they work, as long as they are not harming the patient, we need to keep an open mind. I have patients who ask me, "Should I wear a copper bracelet." My response to them is "Absolutely wear a copper bracelet, and remember to put it on when you're reaching for the medication that I prescribed to you." If a medication is working, fine. But if an integrative therapy - and I really love that word. I'm going to begin using it more and more. If an integrative therapy does no harm - and that's the first rubric of our profession, above all do no harm - we really need to be more open-minded and to encourage our patients to make use of what works for them.

DAVID MARKS, MD: Well that's going to be the last word. Thank you both for joining us. And thank you for joining our webcast. I'm Dr. David Marks. Goodbye.