

MEDICINA COMPLEMENTARIA

Experiencia en un Servicio de
Reumatología Pediátrica

MEDICINA COMPLEMENTARIA / ALTERNATIVA (MCA)

DEFINICION TRADICIONAL MCA

“Conjunto de sistemas – prácticas – productos médicos y atención de salud no consideradas como parte de la medicina convencional”

* **MEDICINA COMPLEMENTARIA**

Aquella que se usa conjuntamente con la medicina tradicional

* **MEDICINA ALTERNATIVA**

Aquella que se utiliza en reemplazo de la medicina convencional

* National Center for Complimentary and alternative Medicine.
What is CAM? <http://nccam.nih.gov/health/whatiscam>

Original Article

Usage of Complementary Therapies in Rheumatology: A Systematic Review

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The aim of this paper is to summarise the published data on CM use by patients with rheumatological disorders. Data on prevalence, patients' perceived effectiveness, adverse reactions and costs are reviewed in particular. In addition, doctors' attitudes towards CM are assessed.

Table 2. Doctors' attitudes towards complementary treatments in rheumatology

First author (year) [ref. no.]	Method	Sample	Origin	Attitude	Comment
Velimirovic (1990) [21]	Questionnaire	Convenience sample: (1) 217 medical students (2) 222 young doctors	Austria	(a) 50% and (b) 55% could imagine using CM for rheumatic conditions	In Austria the practice of CM by non-medically trained practitioners is illegal
Marshall (1990) [22]	Questionnaire	Random sample of 278 doctors	New Zealand	30% practised one or more forms of CM. Rheumatological conditions were the most frequent indication. Acupuncture was the most popular therapy	On a scale of 1–5 (where '5' = effective) acupuncture was perceived as most effective (3.3) followed by massage (2.8) and homeopathy (2.3)
Visser (1992) [16]	Questionnaire	All 101 Dutch rheumatologists	Holland	Overall attitude was negative	Manipulation was judged most positively followed by acupuncture and homeopathy

In conclusion, individuals with rheumatological diseases frequently seek help outside mainstream medicine. Patients' and doctors' perceptions of the efficacy of CM is often at variance. Published surveys provide few data on the risks and costs of CM. These issues as well as the efficacy of CM in rheumatological conditions should be investigated in a rigorous way in each case, applying the most appropriate methodology.



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RHEUMATIC
DISEASE CLINICS
OF NORTH AMERICA

Complementary Treatments in Rheumatic Diseases

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Some of the most popular complementary therapies

Name	Description
Acupuncture	Insertion of a needle into the skin and underlying tissues in special sites, known as points, for therapeutic or preventive purposes
Aromatherapy	The controlled use of plant essences for therapeutic purposes
Bach flower remedies	A therapeutic system that uses specially prepared plant infusions to balance physical and emotional disturbances
Biofeedback	The use of apparatus to monitor, amplify, and feed back information on physiologic responses so that a patient can learn to regulate these responses; it is a form of psychophysiological self-regulation
Chelation therapy	A method for removing toxins, minerals, and metabolic wastes from the bloodstream and vessel walls using intravenous ethylene diamine tetra-acetic acid infusions
Chiropractic	A system of health care based on the belief that the nervous system is the most important determinant of health and that most diseases are caused by spinal subluxations that respond to spinal manipulation
Craniosacral therapy	A proprietary form of therapeutic manipulation that is tissue-, fluid-, membrane-, and energy-orientated and more subtle than any other type of cranial work
Herbalism	The medical use of preparations that contain exclusively plant material
Homeopathy	A therapeutic method using preparations of substances whose effects when administered to healthy subjects correspond to the manifestations of the disorder (symptoms, clinical signs, and pathologic states) in the unwell patient
Hypnotherapy	The induction of a trance-like state to facilitate the relaxation of the conscious mind and make use of enhanced suggestibility to treat psychologic and medical conditions and effect behavioral changes
Massage	A method of manipulating the soft tissue of whole body areas using pressure and traction
Naturopathy	An eclectic system of health care that integrates elements of complementary and conventional medicine to support and enhance self-healing processes
Osteopathy	Form of manual therapy involving massage, mobilization, and spinal manipulation
Reflexology	A therapeutic method that uses manual pressure applied to specific areas, or zones, of the feet (and sometimes the hands or ears) believed to correspond to areas of the body; the method is meant to relieve stress and prevent and treat physical disorders
Relaxation therapy	Techniques for eliciting the "relaxation response" of the autonomic nervous system
Spiritual healing	The direct interaction between one individual (the healer) and a second (sick) individual with the intention of bringing about an improvement or cure of the illness
Yoga	A practice of gentle stretching, exercises for breath control, and meditation as a mind-body intervention

In this article, I address the question: Which complementary therapies are effective for reducing pain in which rheumatic conditions? As this is a vast field, I confine myself to treatments that are, according to the totality of the available trial data, likely to be effective. Also, I focus on just six conditions relevant to rheumatologists: back pain, fibromyalgia, myofascial pain, neck pain, osteoarthritis, and rheumatoid arthritis.

Back pain

Acupuncture/acupressure

Herbal medicine

Massage

Spinal manipulation

Myofascial pain

Acupuncture

Biofeedback

Neck pain

Acupuncture

Spinal manipulation

Fibromyalgia

Acupuncture

Biofeedback

Exercise

Osteoarthritis

Acupuncture

Herbal medicine

Supplements

Rheumatoid arthritis

Diet

Herbal medicine

Supplements

Tai chi

Patogenia en Enfermedades Reumatológicas . . .

Hay descripciones de asociaciones con disfunciones o disregulaciones

- emocionales
- neurofisiológicas
- endocrinológicas
- inmunomoduladoras

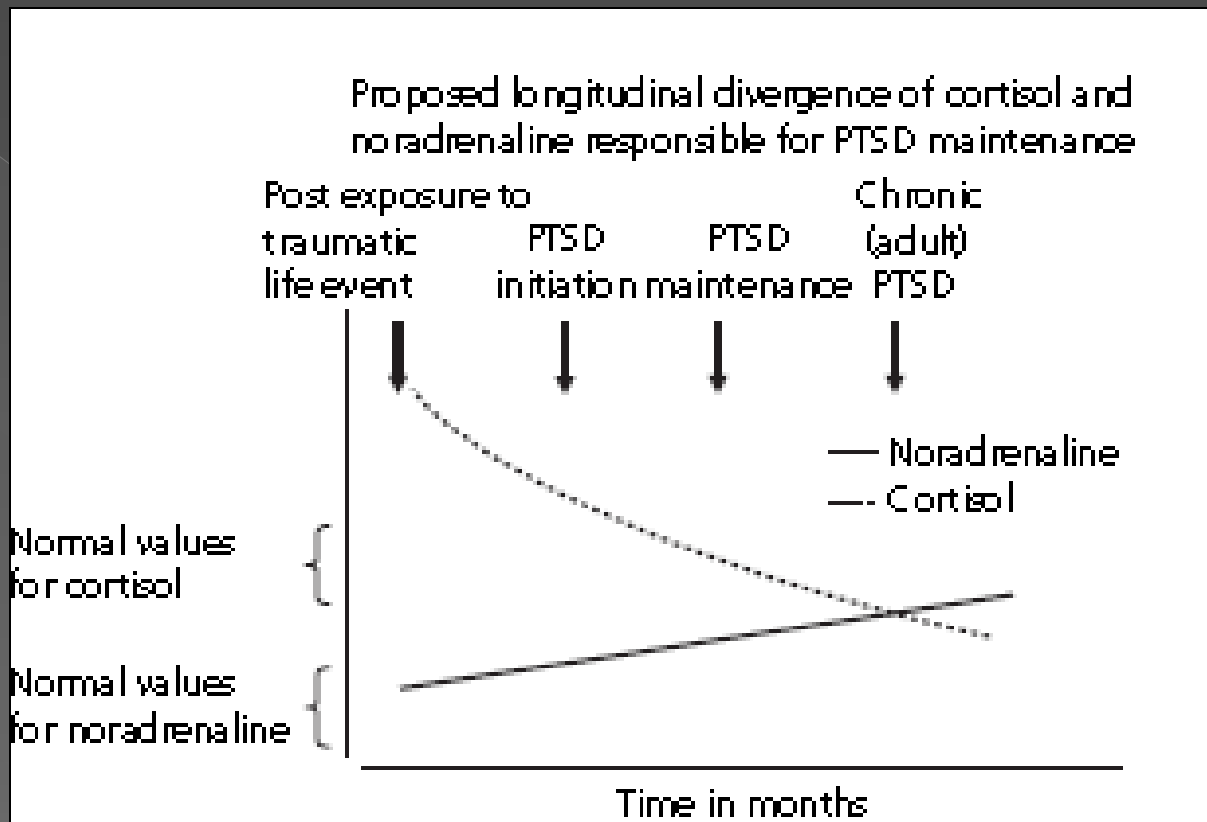


Fig. 1. A simplified schematic showing longitudinal neuroendocrine changes in paediatric patients with post-traumatic stress disorder (PTSD). Only the end-hormones of the hypothalamic-pituitary-adrenal axis and sympathetic nervous system (i.e. cortisol and noradrenaline, respectively) are shown. Early extreme stress, in the absence of previous trauma, results in immediate elevation of circulating cortisol and catecholamines. In those individuals that develop PTSD, elevated evening cortisol levels progressively decrease, whereas noradrenaline concentrations increase over time. Low cortisol and high noradrenaline is a common finding in chronic, adult PTSD and may represent the end stage in the natural history of the disorder, as well as comprises a biological risk factor for PTSD vulnerability in adulthood.

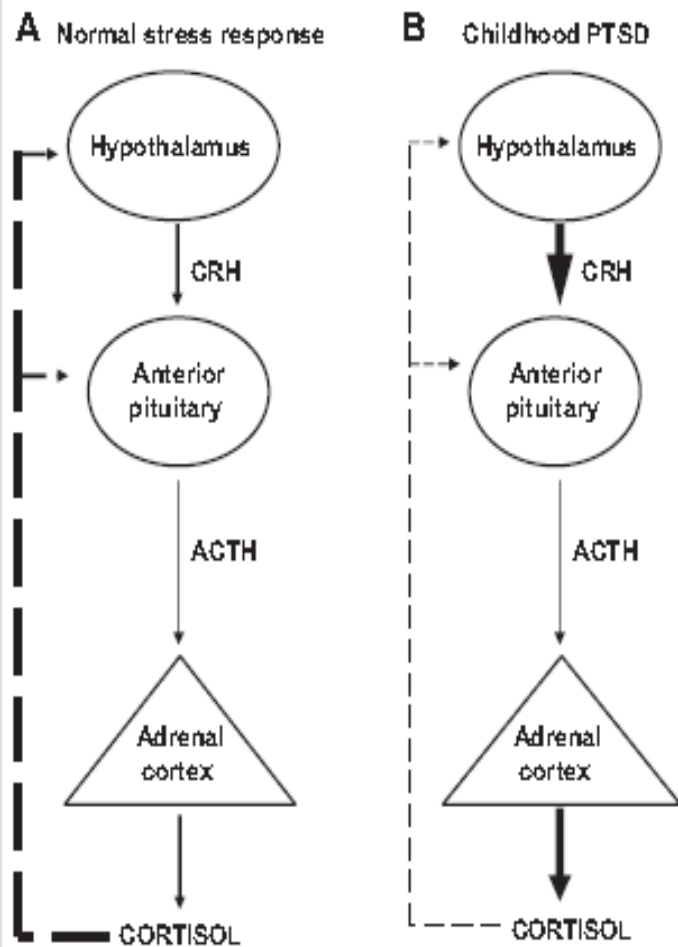


Fig. 1 Stress responses in normal individuals, pediatric patients with PTSD and adult patients with PTSD. The thickness of the arrows represents the magnitude of the response. **A.** In normal individuals, the acute stress reaction includes brief elevation of CRH and cortisol. **B.** In children with PTSD, elevated CRH and cortisol have been reported most often. Cortisol inhibits the release of CRH from the hypothalamus and ACTH from the pituitary. **C.** In

