

Complementary Therapies for Rheumatoid Arthritis

People with rheumatoid arthritis (RA) often turn to therapies that are outside of the medical mainstream, especially when conventional medications offer insufficient relief of symptoms or cause troubling side effects. These nontraditional treatments are sometimes referred to as complementary or alternative therapies.

The problem is that few of these nontraditional treatments have been evaluated in well-designed clinical trials. For this reason, the American College of Rheumatology (ACR) does not recommend any complementary or alternative treatments for RA.

The ACR's recommendation, however, may change with time. Numerous trials of complementary therapies are being conducted, some with funding from the U.S.

Supplements

People should be skeptical about nutritional supplements that purport to be safe and effective treatments for arthritis. Most of them don't work, and some are dangerous, either on their own or when combined with conventional medications. Also, because supplements are not regulated by the U.S. Food and Drug Administration (FDA), these products might be contaminated with toxic materials or contain less than (or

none of) the listed amount of the active ingredients.

Some "miracle" formulas for arthritis contain corticosteroids, which is hazardous because people taking corticosteroids need to be monitored by their doctor for serious side effects. In June 2002, the "herbal" supplement RA-SPES was found to contain two prescription medications: indomethacin (Indocin), a powerful anti-inflammatory agent, and alprazolam (Xanax), an antianxiety medication.

government's National Institutes of Health through the National Center for Complementary and Alternative Medicine. If these trials produce compelling evidence of the benefits of a treatment that is now considered nontraditional, the treatment could become part of standard therapy.

In the meantime, people who wish to try complementary therapies should do so with caution. They should be sure to tell their doctor about any complementary therapies they are using or plan to use and should not discontinue their regular medication without discussing it with their doctor. They should also keep an eye on the bottom line: People with arthritis spend an estimated \$1 billion each year on unproven remedies.

The Arthritis Foundation warns against using arnica (*Arnica montana*); aconite (*Aconitum napellus*); adrenal, spleen, and thymus extracts; autumn crocus (*Colchicum autumnale*); 5-HTP (5-hydroxytryptophan); GHB (gamma-hydroxybutyrate); GBL (gamma-butyrolactone); L-tryptophan; chaparral; and kombucha tea. Also dangerous are megadoses of vitamins such as A and D, which become toxic at very high doses. This is by no means an exhaustive list

hyperuricemia never develop gout. In addition, it appears that a rapid drop—as well as a rapid rise—in blood uric acid levels can precipitate an attack of acute gout.

Uric acid kidney stones often result from the excessive excretion of uric acid in the urine, and deposition of urates in the kidneys can eventually lead to kidney damage and failure.

Pseudogout

Pseudogout is caused by acute inflammation due to the accumulation of crystals of calcium pyrophosphate (rather than uric acid) within a joint. (Blood uric acid levels are usually normal in individuals with pseudogout.) The disorder is often first suspected from x-rays that show calcification of the cartilage (chondrocalcinosis). Diagnosis is confirmed when microscopic examination of fluid taken from the affected joint reveals the typical calcium pyrophosphate crystals.

of unsafe supplements.

Chondroitin sulfate and glucosamine are two supplements that have shown promising results in people with osteoarthritis (OA). However, there is no evidence for their use in treating RA.

Supplements of gamma linolenic acid (GLA) and fish oil for RA have produced slightly more encouraging results, although there have been few studies and they have included only a small number of participants. The usual dosage of GLA, which is found in borage oil, evening primrose oil, and black currant oil, is about 1,800 mg a day. The active ingredients in fish oil are the omega-3 fatty acids eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA); the usual daily dosage is 3 g.

Both GLA and fish oil may cause bleeding in people who are taking warfarin (Coumadin) or nonsteroidal anti-inflammatory drugs. Evening primrose oil can lead to gastrointestinal symptoms such as indigestion, nausea, diarrhea, and abdominal pain. Fish oil can cause indigestion,

bad breath, and nosebleeds; nausea and diarrhea can occur at high doses.

As mentioned above, contamination and nonstandardization are potential problems in products that are not regulated by the FDA. For example, the fish used to manufacture fish oil supplements may be contaminated with mercury, dioxin, or PCBs. Fish oils also have a tendency to become rancid, which makes the oil foul smelling and, possibly, less effective. In addition, a recent review of 20 brands of fish oil supplements by ConsumerLab, an independent testing laboratory, found that only 14 contained the amount of omega-3 fatty acids stated on the label. Likewise, GLA supplements may contain little or no GLA. You can reduce these risks by buying supplements that meet U.S. Pharmacopeia standards (look for the "USP" symbol) or by checking results from ConsumerLab at www.consumerlab.com.

Mind-Body Therapies

Mind-body therapies such as biofeedback, meditation, and relax-

ation exercises are generally safe and may temporarily reduce pain by promoting relaxation. None of these therapies has been shown to have lasting effects on arthritis, however. Likewise, massage can be relaxing and feel good on sore muscles but has only temporary effects. If you do get a massage, make sure that the massage therapist is trained and licensed, knows that you have arthritis, and avoids pressure on damaged or inflamed joints.

Acupuncture

Acupuncture, in which fine needles are inserted into specific places in the body, appears to hold some promise as a treatment for OA. However, studies on acupuncture for RA have been disappointing.

Homeopathy

In homeopathy, an agent such as poison ivy or bee venom is greatly diluted and then administered as a remedy. A randomized, controlled trial of homeopathy found that it is no more effective than a placebo for treating RA.

The disorder can lead to recurrent attacks of acute arthritis, generally involving large joints such as the knee and wrist. It occurs most often in people over age 60, and symptoms are limited to the joints. Pseudogout is frequently associated with an underlying metabolic abnormality, such as diabetes, an underactive thyroid, an overactive parathyroid, excessive tissue deposits of iron (hemosiderosis) or copper (Wilson disease), and even true gout.

No known medication can prevent pseudogout by stopping the formation of joint crystals. Treatment is limited to easing the pain with aspirin or other NSAIDs. When swelling and pain persist, removal of fluid from the joint and steroid injection may provide relief.

SYMPTOMS OF GOUT

Acute attacks of gout usually occur without warning, often at night. Gouty arthritis of the big toe (podagra) is particularly common; the