



Tokyo Physio

Happy new year one and all! We hope you had a great Christmas and New Year break. V & B had great weather, lots of outdoor sports and delicious food while in Australia recently. Mi has now returned to Australia (Melbourne and Perth) with her fiancée Brett to see some of the Australian Open Tennis, do some planning for their November wedding and have a well earned rest. She has been doing great work since joining the Tokyo Physio team, and her patients have been very happy with her professionalism and clinical skills.

This quarter's newsletter is on arthritis, and what can be done about it. Meaning literally "inflamed joints" arthritis by itself is not a very clear diagnosis. There are over 100 different types of arthritis currently known. The most common type is osteoarthritis. This is what people most commonly mean when they refer to "arthritis". In the business we usually call it OA. This differentiates it from the other condition often referred to as simply arthritis; rheumatoid arthritis (RA). RA is an auto-immune disorder resulting in red hot and swollen joints in a number of locations around the body. Other symptoms of RA include, fever, anemia, loss of energy and loss of appetite. This condition can occur in children (juvenile rheumatoid arthritis -JRA), but more commonly in adults. RA can be controlled to a certain extent through medication – but it often causes significant pain to sufferers. One could, if one was to be completely ridiculous, liken RA to a ranting drunk salaryman on a late night train – best avoided if at all possible. However if you do find yourself married to one - patience, strength of mind and regular correct dosages of the right medication will be essential tools to help you to deal with them.

OA is degeneration in the surfaces covering the joint – cartilage (which cushions the ends of bones at joints). Cartilage breakdown causes bones to rub against each other, which can cause pain and loss of movement. OA can range from very mild to very severe. It affects hands (especially physiotherapist's thumbs!) and weight-bearing joints such as knees, hips, feet and the spine. Obviously OA is more common in middle and older age groups, almost everyone over the age of 60 will have signs of OA on X-ray, and 1 in 3 will feel some associated symptoms, we don't necessarily have to have OA pain at any stage in life. Keeping the weight down (yeah right say the bankers), reducing excessive explosive twisting and weight bearing exercise on hard surfaces ("yeah right" say the tennis and squash players) and avoiding traumatic injuries ("yeah right" say the footballers....) should help protect you. As you can see OA and RA are completely different problems and we reckon it would save confusion if they had different names. Perhaps they could call RA "Drunk Salaryman Syndrome or DSS"perhaps not. Up until recently sufferers of OA have had little option on how to improve their condition.



Losing weight, improving the flexibility and strength of the surrounding muscles were about all that could be done. Operations (aside from joint replacement!) are rarely successful. Fortunately there have been two major findings recently which have offered more hope. The first is the proven success of Glucosamine and chondroitin sulfate. These are dietary supplements, not medications, with little side effects apart from faster growing nails. Glucosamine is a form of amino sugar that is believed to play a role in cartilage formation and repair it is derived from prawn and crab shells. Chondroitin sulfate is part of a large protein molecule (proteoglycan) that gives cartilage elasticity; it is derived from shark cartilage. Now here at Tokyo Physio we are quite skeptical when it comes to herbal supplements – it is hard to see the sense in eating anyone's Wort no matter if it's St John's, St Paul's or Jesus Christ's own. We always thought Echinacea was an Australian egg laying mammal that looks like a big porcupine, stuck in a phase of evolution.....similar our parent's fashion sense.

When it comes to herbal supplements we generally borrow from the catch cry from the little known JERRY MACGUIRE 2 Jerry goes to Harvard (Starring Judd Nelson) "Show me the Study"!! Well we were indeed shown the study; published in 2001 in the well respected Lancet Medical Journal. The study had sound methodology; randomized, double-blinded, placebo controlled, with good sample size (n = 212). Patients were all sufferers of OA of the knee, and 106 assigned 1500 mg of glucosamine Chondroitin complex daily, the other half were given placebo. Participants were followed up by x-ray and a questionnaire of their pain at 6 weeks, 3months, 1 year and 3 years. The treatment group had a slight increase in joint space and noticeable decrease in reported pain. The placebo group had increased pain and decreased joint space. So assuming we all continue to degenerate as we are programmed to, the crab shell and shark cartilage futures should continue to rise.

The second development in the pipeline is surgeons culturing cells of meniscus outside the body and then implanting the new meniscus into the knee. This is about 5 – 10 years away and some knee surgeons have so many patients on their books waiting for this procedure that once it is available they will stop accepting new patients for any other problems. If you are a candidate for this you may want to get in the Queue!

Until Cherry blossom season please take care of yourselves and your knees!

Physiotherapy for the English speaking population of greater Tokyo

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