THE THERAPY CORNER

Inflammatory Statements

Over a decade ago [Therapy Corner #66[i]] I made the case that the common practice of advising people to drink at least 8 eight-ounce glasses of water each day was nothing more than a "medical urban legend." Still, it's a recommendation I come across every now and then.

As hard as it may be to drive a stake into this belief, I suspect another challenge to a widely held "conventional wisdom" will be even more difficult for many to accept.

Most people are aware that musculoskeletal injuries (joint sprains, muscle strains, tendinitis, etc.) typically result in an ***inflammatory response*** that usually causes swelling, warmth and redness of the injured area, and a fair amount of pain. As a result, this phenomenon – ***inflammation*** – is almost universally regarded as a bad thing, as something to be fought against and tamped down as aggressively as possible.

The two most commonly used weapons in this "battle" are **cryotherapy (cold application)** and **non-steroidal anti-inflammatory drugs [NSAIDs**]. There are many such drugs on the market, the most frequently used being Ibuprofen (Motrin), Naproxen (Aleve), and COX 2 inhibitors (Mobic, Celebrex). (FYI – Acetominophen [Tylenol] does not fall within this class of drugs.) Both of these traditional interventions are recommended not only for acute conditions, but very often for chronic injuries, especially ones affecting tendons, as well.

Recently, however, a growing number of physicians, physiologists, and other health experts have begun to question the wisdom of using either of these treatments when patients have sustained an injury that causes obvious inflammation. And they are even more skeptical when it comes to using them to treat chronic conditions. They reason that this response to traumatic or overuse injury (as opposed to insidious conditions such as joint arthritis) is a natural and necessary one to help the body heal as quickly and efficiently as possible.

As you can imagine, the initial response of the great majority of healthcare providers who deal with such injuries to this new line of thinking was a collective, *Whaaaaaaaaaat?*

Virtually every practitioner over the past 35+ years has worshipped at the altar of the acronym **RICE** – **R**est, **I**ce, **C**ompression, and **E**levation – when treating acute injuries. Moreover, physicians almost universally prescribe NSAIDs in such cases. How could it be possible that this may not be the best approach?

Well, it turns out that even the physician who coined that term back in 1978 in his best-seller Sportsmedicine Book, Dr. Gabe Mirkin, is now just one of many who cites current research that supports the view that icing an traumatic injury, such as an ankle sprain or acute tendinitis, may have limited, if any, benefit and, in fact, may be detrimental as it may actually impair the natural healing process. Other studies arrive at the same conclusion regarding the use of NSAIDs to treat such injuries.

Mirkin now says he believes it is time to eliminate the "R" and "I" components of his acronym in favor of graded, non-stressful movement, compression, and elevation. (He does support using very brief – 10 minutes – applications of cold immediately after an injury for pain control, since this will help the individual be more comfortable when gently moving the affected area, but says this need not be extended more than 6 hours after the injury occurs.)

Naturally, this viewpoint is quite controversial; old habits die hard. It is beyond the scope of this article to describe in detail the scientific evidence supporting these theories [you can go here[ii], here[iii], or here[iv] for good, non-technical summaries of this], but I will propose a simple, commonsense rationale similar to what I offered in that earlier article on drinking 8x8 glasses of water, which supported the believe that human evolution most likely did not endow us with a faulty thirst mechanism that we must override. Likewise, I'm inclined to believe that our species evolved to respond to injury by utilizing the inflammatory response to maximize the healing process. Short-circuiting this response via the use of ice or NSAIDs, may be doing the exact opposite of what we actually intend to do.

I say I'm *inclined* to believe this; I'll admit that I'm not yet 100% convinced, so for now, until there is more solid evidence to confirm these arguments, I offer this information solely as food for thought and will recommend that you follow the advice of your healthcare professional if you are injured.

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[i] http://www.syracusechargers.org/therapy/chapt66.htm
[ii] http://drmirkin.com/fitness/why-ice-delays-recovery.html?utm_content=bufferf64d1&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer
[iii] http://physicaltherapyweb.com/paradigm-shifts-use-ice-nsaids-post-acute-soft-tissue-injuries-part-1-2/
[iv] http://www.medscape.com/viewarticle/853216?nlid=90123_945&src=wnl_edit_medp_orth&spon=8