

'Thermal Reflex Therapy' A Danger for Diabetic Feet

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Key Words: 'Thermal Reflex Therapy', Diabetic ulcers, Alternative therapy

Editor,

'Thermal Reflex Therapy' has been claimed by its accompanying literature to be a treatment for many ailments. This therapy appears to be based on reflexology, and it is rendered by putting the part of the foot representing the diseased part of the patient's body onto a pre-heated 'stone' which is covered with a piece of cloth for a variable period to time. We were not able to find any published literature on thermal reflex therapy after performing a Medline search. We recently reported on 3 diabetic patients who sustained burns to their foot following the use of this therapy¹.

Moritz and Henriques² found that complete epidermal necrosis in humans occurred at 51°C after only 5 minutes contact. The higher the temperature, the lesser the exposure time needed to cause complete epidermal necrosis. The accompanying instructions for thermal reflex therapy recommended that the 'stone's be pre-heated for 3 to 4 minutes at low heat before treatment is commenced. It does not define what 'low heat' means. This means that the temperature at which these 'stones' are used can be very variable, as the amount of heating involved can be very variable, depending on the type of stove used to heat it and what the patient defined as low

heat. It further stated that there is no limit to the duration that the therapy could be rendered. Case 1 in the case reports, pre-heated the stones at low heat on her gas stove for only 2 minutes and used the therapy for 5 minutes and yet developed burns to her right foot¹. This therapy is said to be efficacious for many different illnesses and could be used by all patients with the exception of pregnant women. It does not warn patients with sensory neuropathy of potential thermal damage. Diabetic patients often suffer from peripheral neuropathy and have impaired pain and temperature sensation and hence are more likely to sustain injuries due to unrecognised trauma³. The implications of these instructions to a patient with a diabetic foot or any sensory neuropathy for that matter are obvious and grave. The case reports unfortunately only served to confirm this danger.

A certain sub-population of this country continues to have faith in alternative medicine and although it may have a role in the health care system of this country, it is also important that it is regulated. We have no experience on the use of thermal reflex therapy and cannot comment on their merits but we are concerned about the accompanying literature. We made enquiries to the Medicine Advertisement Board whether a permit

would be required for such a health product and its accompanying literature but did not receive a reply. We feel that to protect these patients, all 'health products' should be subjected to a careful assessment by a

statutory government body. Only when the claims have been verified and the safety aspects and the clarity of the instructions confirmed could a license be issued and the product marketed.

References

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