

WARMTE-TERAPIE BY RUMATOÏEDE ARTRITIS

(Translated by Ben. Goedhart, University of Stellenbosch/Vertaal deur Ben. Goedhart, Universiteit van Stellenbosch.)

Omdat baie fisioterapeute nogal lief is om kortgolfdiatermie vir rumatiese gewrigte toe te pas, mag dit van nut wees om 'n vertaling te gee van 'n artikel onder bogenoemde titel in die "Nederlands tijdschrift voor fysiotherapie", November 1974, deur J. K. van der Korst.

Alhoewel by R. A. in die eerste instansie die sinovia ontsteek is, is die blywende beskadiging van die gewrig meestal die gevolg van sekondêre kraakbeenletsels. Die gewrigskraakbeen word eintlik aangetas deur die ontsteekte sinovia waarby elastiese kraakbeentussenstof vervang word deur voortwoekerende granulasieweefsel (pannus).

Die oplos van kollageenvesels kom amper seker langs ensimatiiese weg tot stand. Dit het dan ook min verbasings gewek dat rumatoïede sinovia, in teenstelling tot normale sinovia, 'n spesifieke kollagenase bevat wat in staat is om onoplosbare kollageen af te breek. (Evanson, Jeffrey en Krane 1968; Lazarus e.a. 1968). As eksperimentele substraat is hierby gebruik gemaak van kollageen uit ander weefsels as kraakbeen, omdat suiwering van kollageen uit kraakbeen toe nog nie moontlik was nie.

Onmiddels het geblyk dat kraakbeenkollageen 'n afwykende spesifieke samestelling het, o.a. gekenmerk deur 'n baie hoë hidrosilisien-gehalte (Miller, Van der Korst en Sokoloff 1969), en 'n ongebruiklike struktuur, nl. uitsluitend α_1 (II) ketens pleks van 'n kombinasie van α_1 (I)- en α_2 -ketens (Miller en Lunden 1973).

Hierdie spesifieke struktuur gaan saam met 'n hoë mate van kruisskakeling en 'n opvallende weerstand teen kollagenase (Robertson en Miller 1972). Dit het nou geblyk dat hierdie kollagenase-resistensie afhanklik van temperatuur is (Harris en McCroskery 1974). Terwyl by normale gewrigstemperatuur (31°C) die effek van kollagenase uit rumatoïede sinovia op die kraakbeen verwaarloos kan word, word 'n duidelike kollagenolise aangetoon by 36°C, 'n intra-artikulêre temperatuur wat ons by artritis kan vind. Verhoging van die temperatuur tot 39°C, wat in vivo bereik kan word deur intensiewe diepe warmtebehandeling, bv. deur middel van diatermie of ononderbroke ultraklank, laat die ensimatiiese kollageendestruksie nog eens met 'n faktor drie toeneem.

Die al lank geldende waarskuwing, wat op kliniese ondervinding berus het, teen diepe warmtebehandeling van R.A., kry hiermee 'n rasonale basis. Dit blyk baie meer sinvol om yspakkings toe te pas. Teen oppervlakkige warmtebehandeling soos infrarooi en was-behandeling, as dit nie te lank (bv. nie langer as 10 minute nie) toegepas word nie, bestaan daar geen beswaar omdat ons hierby aanneem dat deur sirkulatoriese newe-meganismes die intra-artikulêre temperatuur daal. "Verkoel die gewrig en spaar die kraakbeen" (Hollander 1974).

Literatuur

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Letter to the Editor

P.O. Box 3703,
Birnam Park, 2015.

The Editor,
South African Journal of Physiotherapy.

I regret having to embark on a letter of this nature, but the irregular actions of those involved in the publication of an unauthorised letter appearing over my name in the December '74 issue of the Journal make it imperative. This is especially relevant in the light of my resignation from the Executive Committee of the Obstetric Association, and my subsequent circularisation of all O.A. members, for it could be construed that I am guilty of double standards.

A draft letter, written by an O.A. committee member, and apparently approved by the other members was, in my view, wholly unacceptable as it constituted the use of the Journal as a political platform for unrepresentative views on a controversial issue. However, in recognition that a minor confusion concerning registers for those practising ante- and post-natal physiotherapy could arise, I submitted a counter draft letter giving simple and factual guidance to members concerning the official registers of the SASP, and which approximated the first paragraph of the published letter both in length and in content.

Unfortunately action was taken without my knowledge and yet another letter was submitted to the Journal for publication, circumscribing conventional procedures relating to the signatories of official correspondence.

Perhaps this incident regarding the unauthorised use of a name may have the merit of serving to demonstrate the need for the utmost vigilance and integrity of those who hold the stewardship of our prescribed standards and ethics.

Yours faithfully,
Rosemary Harte

EDITOR'S NOTE

The Journal Committee regret that a letter alleged to have been signed by Miss Harte as Chairman of the Obstetrics Association of the S.A. Society of Physiotherapy, was published in the December 1974 Journal.

The Journal Committee understand that the letter was inserted by the Executive Committee of the S.A.S.P. Obstetric Association of which Miss Harte was the Chairman at the time, and does not necessarily reflect the personal views of Miss Harte.