



■ letters to the editor

From Our Readers

Dear David,

I am a nurse in internal medicine in Falls Church, VA, and wanted to let you know that I think your artwork featured on the cover of *The Permanente Journal* (Spring 2003) is wonderful. I used to work in endoscopy. I can't tell you how many ERCPs I assisted with and then wanted to create something with the catheters and guidewires, but never did. Your form is simple, but the style speaks volumes.

Sincerely,
Lucy Buchness
Falls Church, VA

—Response

Thank you very much for your kind comments. You should grab some of that wire and just "do it."

David Bovill, MD
Orthopaedic Surgeon, TPMG

Dear Dr Felitti,

My name is Sima Gottesfeld; I am the Hebrew lecturer at the University of California at Davis. I am also a medicine and science reporter for a major Israeli daily newspaper, *Maariv*.

It so happened that, only recently, I saw your article about "Sleep Eating" (*The Permanente Journal* Spring 2001;5(2):31-4) and would love to write about it and the whole phenomenon in my newspaper. Would you be so kind and tell me whether there have been any new developments on the subject? I would greatly appreciate your answer.

Sincerely,
Sima Gottesfeld
University of California, Davis

—Response

Sleep Eating is a quite uncommon condition, Ms Gottesfeld. Even knowing about it, and seeing a lot of overweight patients, I see only about one case a year; perhaps a total of a dozen altogether. Of course, we don't actively seek it out so there may be many more unrecognized cases. It is an unusual variant of sleep-walking, and many would consider it a form of dissociation, where one's actions are temporarily separated from usual conscious intent.

All the cases I've seen have been temporally associated with major stresses; of course, obesity itself is a valid sign of this. Almost all the cases have had an association with an earlier sexual abuse history, typically incest. Should you write about this, you will undoubtedly get letters from readers who recognize the condition in people they know. It is different from "night eating" where people awaken and then consciously decide to get something to eat at 2 am, saying they are "hungry." One suspects that in these individuals, there are stressful episodes in non-remembered dream states that act as a trigger, and require soothing by eating. The concept is even built into the language: "Sit down and have something to eat; you'll feel better." Should you write about sleep eating, please send me a copy of your article.

I've not recently checked the world literature on this topic, but you easily could check PubMed. My notes indicate that on April 26, 1993, an NBC afternoon TV broadcast aired titled "People Who Eat in Their Sleep."

I'm impressed that you managed to find this article in The Permanente Journal. Tell me how.

Vincent J Felitti, MD, Editor

Dear Editor,

I was recently introduced to your journal and was very impressed with its style and content. It is refreshing to see a publication that addresses complementary and alternative medicine (CAM). It is becoming increasingly evident that patients are preferring CAM modalities instead of and in addition to traditional Western medicine.

I am writing to share my experiences with magnetic products in the treatment of musculoskeletal and joint discomfort. The article "How can we integrate alternative and mainstream medicine to treat chronic low back pain" by Lydia Segal, MD, in the Fall 2002 issue, touched on the use of magnets in low back pain.

I have personally used magnets on myself and my family to help to alleviate muscle and joint aches and migraines. Several of my patients with chronic low back pain have been helped with the use of magnets placed over the lumbar area. The benefit of using magnets is that there are no side effects.

I am aware of several small studies that show the benefits of magnetic therapy in patients with joint and musculoskeletal discomfort. In fact, a study¹ recently published by Michael Weintraub, MD, from the New York Medical College Department of Neurology demonstrated improvement of carpal tunnel symptoms with the use of a magnetic wrist wrap.

Dr Weintraub has also published a study² on the use of magnetic insoles in the treatment of diabetic neuropathy.

In addition, major universities throughout the country, including University of Virginia, Baylor College, and Vanderbilt University have researched the use of magnets for the treatment of fibromyalgia and depression. Others are actively researching the physiologic effects of magnets.

Although the basic science of why and how magnets work is still unknown, we should consider using magnetic technology in our arsenal of treatment for refractory conditions affecting the neck, shoulders, back, and knees. Patients should understand that only limited data show its benefit and mode of action. In an age when morbidity and mortality from prescription medications are climbing, magnets provide a noninvasive alternative that can potentially improve the quality of life for many patients.

As a final note, not all magnets are the same. In fact, magnets that are sold over the counter usually do not contain enough electromagnetic energy to benefit patients. I have used high-quality magnetic products with great success.

Thank you for your attention.
Rahel T Ruiz, MD
University of California, Davis

—Response

The evidence for use of magnets in low back pain is limited, which is why it was not included in the piece that I wrote. Most evidence is for nerve-related back pain, such as postpolio syndrome and diabetic neuropathy. There is little to no evidence supporting use of magnets for general mechanical back pain.

Additionally, I have found no evidence that one magnet, assuming it is of 1000 gauss strength, is any better than another. When my patients want to try magnets, I steer them away from the big-name brands. I often suggest they first ask to borrow one from a friend or neighbor before purchasing their own.

Lydia S Segal, MD, MPH
Regional Manager - Integrative Medicine
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References

1. Weintraub MI, Cole SP. Neuromagnetic treatment of pain in refractory carpal tunnel syndrome: an electrophysiological and placebo analysis. *Journal of Back and Musculoskeletal Rehabilitation* 2000;15(2/3):77-81.
2. Weintraub MI, Wolfe GI, Barohn RA, et al. Static magnetic field therapy for symptomatic diabetic neuropathy: a randomized, double-blind, placebo-controlled trial. *Arch Phys Med Rehabil* 2003 May;84(5):736-46.



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We encourage you to write, either to respond to an article published in the *Journal* or to address a clinical issue of importance to you. You may submit letters by mail, fax or e-mail.

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