Bedfordshire and Hertfordshire Priorities forum statement

Number: 12  
SUBJECT: Infrared A Induced Whole Body Hyperthermia  
Date of decision: December 2011  
Date of review: December 2013

Guidance

Infrared A induced whole body hyperthermia is being offered with the private sector. One local service offers this treatment for arterial hypertension, muscle tension, chronic back pain, fibromyalgia syndrome, neuralgia, migraine, chronic inflammatory disorders, chronic rhinitis, bronchial asthma, Seasonal Affective Disorder, rehabilitation in sports medicine, detoxification in people who have been exposed to pollutants and chronic viral illness. Concerns have been expressed over the recommendation of the use of hyperthermia to treat psoriasis and as a result of clinicians' concern a review of current research evidence was conducted to determine whether this is a safe and effective treatment.

The following contra-indications have been listed: arteriosclerosis leading to poor mental function and poor cerebral perfusion, late stages of cirrhosis of the liver, history of febrile convulsions, type I diabetes, congestive cardiac failure or arrhythmia, acute hepatitis, thyrotoxicosis, acute infection, acute severe inflammation, advanced chronic nephritis, prior use of photo-sensitisers, pregnancy, sunburn and burns and active pulmonary tuberculosis. Following this evidence review neurodegenerative diseases, such as multiple sclerosis, have been identified as a contra-indication (Haveman et. al., 1996). Type II diabetes should also be considered a contra-indication in the same way as type I diabetes.

Very little evidence was found to support the use of hyperthermia to treat those conditions. It is clear from the studies found that infrared A induced whole body hyperthermia is still at a very early stage of development. Phase two studies exist for its use to treat cancer patients, but its application to other diseases appears to be still in the phase one stage.

In conclusion, however, there is insufficient evidence to support the use of hyperthermia in the treatment of the diseases listed above. Long-term data on the health outcome of patients having received hyperthermia treatment is not available at present. Similarly, there were no long-term follow-up studies comparing people treated with conventional treatment only and those treated with hyperthermia.

Recommendations

It is the recommendation, therefore, of the Bedfordshire and Hertfordshire Priorities Forum that hyperthermia should not currently be used as a treatment for arterial hypertension, muscle tension, chronic back pain, fibromyalgia syndrome, neuralgia, migraine, chronic inflammatory disorders, chronic rhinitis, bronchial asthma, Seasonal Affective Disorder, rehabilitation in sports medicine, detoxification in people who have been exposed to pollutants and chronic viral illness, unless and until research evidence shows that hyperthermia is safe and effective.

Furthermore, this review has indicated that the use of infrared A induced hyperthermia to treat the list of diseases in the service provider’s protocol is in fact in the early stages of research and if a Clinician is aware that a patient is receiving this treatment it is the recommendation of the Bedfordshire and Hertfordshire Priorities Forum that they make the patient aware that this treatment method is still in the trial phase.
References Reviewed


THE ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY Clinical trials – developing new medicines

