



## [ARTICLE ON CLINICAL INVESTIGATIONS OF MAGNET THERAPY](#)

### **[Magnet Therapy Reduces Pain in Post-Polio Patients](#)**

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HOUSTON - (Nov. 3, 1997) -- A small magnet strapped to post-polio patients' most sensitive sore spots reduced pain acutely in a study of 50 people at Baylor College of Medicine and The Institute for Rehabilitation and Research (TIRR) in Houston.

Results of the double-blind study were published in the November issue of the Archives of Physical Medicine and Rehabilitation.

"The majority of patients in the study who received treatment with a magnet reported a significant decrease in pain, and most of the patients who were given a placebo, or inactive magnet, reported very little or no improvement," said principle investigator Dr. Carlos Vallbona. He is a professor of family and community medicine and physical medicine and rehabilitation at Baylor and director of the Post-Polio Clinic at TIRR.

Vallbona evaluated the magnet therapy in adults diagnosed with post-polio syndrome who were experiencing arthritic pain in the joints or had identifiable points of pain in their muscles. Thirty-nine women and 11 men participated in the study. Most were in their 50s and had developed post-polio syndrome during their 40s.

All patients were asked to press on the "trigger point" where they felt the severest pain and rank that pain on a scale of one to 10, with 10 being the worst. The patients were then randomly given an active or inactive magnet to strap against their trigger point for 45 minutes. After the magnets were removed, patients rated the intensity of their pain again.

Twenty-nine participants received an active magnet. Their average score of pain was 9.6 before the treatment, and 4.4 after wearing the magnet. The placebo group had an average pain score of 9.5 before treatment, and 8.4 afterward.

The low-intensity magnets, less than a half-inch thick and slightly stronger than refrigerator magnets, were available in four formats to accommodate different areas of the body: a credit-card-size rectangle, a six-inch strip almost two inches wide, a disc the size of a silver dollar and a disc the size of a CD.

"Seventy-six percent of the patients who had the active magnet reported a decrease in pain, but only 19 percent of the patients treated with a placebo felt an improvement," Vallbona said. None of the patients reported any side effects from the treatment.

"We do not have a clear explanation for the significant and quick pain relief observed by the patients in our study," Vallbona said. "It's possible that the magnetic energy affects the pain receptors in the joints or muscles or lowers the sensation of pain in the brain."

The Baylor-TIRR study consisted of one treatment per patient and did not evaluate how long the reported pain relief lasted. Vallbona said more research is needed to determine whether magnet therapy should be recommended as an alternative to the standard treatments for pain in post-polio patients, such as physical therapy, support braces, muscle relaxants, anti-inflammatory drugs and other medication.

Vallbona's co-principal investigator for the study was Dr. Carlton F. Hazlewood, Baylor professor of molecular physiology and biophysics.