



Osteoarthritis

Osteoarthritis (OA) is a non-inflammatory form of arthritis principally affecting the joints of the hands, knees and hips. It involves the degeneration or destruction of cartilage, after which the joint hardens and the cartilage is replaced by large bone spurs, called calcified osteophytes, in the spaces between the joints.

The cause is not really understood, but it may include endocrine, mechanical, metabolic, chemical, or genetic factors.

Despite the fact that OA is non-inflammatory, orthodox medicine routinely prescribes non-steroidal anti-inflammatory drugs (NSAIDs) for this condition, which usually just serve to make the problem worse (*Lancet*, 1985; ii: 11-3; *Am J Med*, 1987; 83: Suppl 5A: 29-34).

Nevertheless, there are a number of natural alternatives that have proved to be effective in the treatment of OA.

Osteopathic manipulative therapy

More than 35 years ago, the first osteopathic study was published (*Br J Clin Pract*, 1969, 23: 3-8) and since then several favourable studies and reports have been gathered together in a literature review (*J Manip Physiol Therapies*, 1997, 20: 400-14).

The Foundations for Osteopathic Medicine (R C Ward, et al. (eds), Philadelphia, PA: Lippincott, Williams & Wilkins, 1997, pp 465-6) urges the early use of physical measures for the treatment of OA. This ought to be coupled with more traditional naturopathic therapy (e.g., dietary manipulation, homeopathics, medicinal herbs, nutritional supplements, some hydrotherapy, acupunctures, etc).

The specific osteopathic manipulative techniques used will depend on the patient's age, presence of osteoporosis and/or vertebral fractures, the extent of the arthritis, and the presence, or absence, of complicating systemic features.

Therapeutic touch

This form of healing showed greater effectiveness in reducing OA pain in 82 elderly subjects than progressive muscle relaxation (which is normally used in self-hypnosis) and was more effective at reducing attending distress (*J Holistic Nurs*, 1997, 15: 176-198).

Acupuncture

Acupuncture is extensively employed for treating the pain of OA. A rigorous comparison with standard care in 73 patients showed acupuncture to produce overall superior beneficial symptomatic improvement, which was still significant four weeks after the treatment (*Rheumatology*, 1999, 38:346-354).

Naturopathic medicine

At least three therapeutic approaches have been subjected to randomized controlled trials (RCTs):

- ◆ Avocado-soyabean unsaponifiables (ASU) capsules, as nutritional supplements, were compared with a placebo in a 6-month RCT involving matched groups of patients with

OA of the hip or knee. The ASU preparation was significantly superior in both pain and functional measures (*Arthritis Rheum*, 1998, 41: 81-91).

In another double-blind RCT involving 164 patients, the effect of ASU on reducing the use of standard non-steroidal anti-inflammatory drugs was compared with placebo and found to have produced a statistically significant benefit (*Revue du Rhumatisme*, 1997, 64: 825-43).

- ◆ Bee venom captured the popular imagination at one time in the fairly distant past (and still lingers in the popular psyche), but it has not been found to be effective in a controlled trial in chronic arthritis (*Am J Med Sci*, 1941, 201: 796-801).
- ◆ Significant numbers of patients noted a symptomatic improvement with copper bracelets compared with aluminium bracelets in a controlled trial (*Agents' Actions*, 1978, 8: 85-90).

Homeopathy

Four RCTs of a very high standard have been published involving 406 people suffering from OA. The results of two were positive, one was favourable but statistically inconclusive, and the fourth showed that a homeopathic gel produced as good an effect as an orthodox non-steroidal anti-inflammatory gel, without producing any adverse effects (*Br Hom J*, 2001, 90: 37-43).

Herbal medicine

A trial involving 35 people published on a proprietary combination remedy (known as 'Gitadyl'), containing *Tanacetum parthenium* (feverfew), *Populus tremuloides* (white poplar), and *Achillea millefolium* (yarrow), showed that the analgesic effect was as good as that of non-steroidal anti-inflammatory drugs, but it caused fewer and much less severe unwanted gastrointestinal symptoms (*Ugeskrift for Laeger*, 1991, 153: 2298-9). A different mixture of extracts of *Withania somnifera* (winter cherry), *Boswellia serrata* (frankincense) and *Curcuma longa* (turmeric) was shown to be superior to placebo in another crossover RCT involving three months' treatment, as measured by 'pain severity and disability' score (*J Ethnopharmacol*, 1991, 33: 91-95).

Yoga

Perhaps surprisingly for some sceptics, yoga has produced very sound evidence of improving hand pain during activity. Tenderness and pain of the small joints in the fingers, and in the inter-carpal spaces of the hands, was significantly reduced in a randomized controlled trial (*J Rheumatol*, 1994, 21:2341-2343).

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