

Case #1014: A Case Study Evaluating the Effects of a Nutritional Supplement Containing a Proprietary Blend of RIAA, Rosemary Extract, and Oleanolic Acid in a Patient with Osteoarthritis

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PURPOSE

This study was designed to assess the effectiveness of a nutritional supplement featuring a proprietary blend of reduced iso-alpha-acids (RIAA), rosemary extract, and oleanolic acid in a patient with osteoarthritis.

PATIENT'S PRESENTATION AND HISTORY

A 60-year-old Caucasian female presented with inflammatory osteoarthritis (OA) of the hands, as well as joint pain in her shoulders, hips, and knees. The pain had begun 3 years prior to presentation. The patient reported that nutritional support and dietary changes had helped her hip, knee, and shoulder pain; however, the pain in her hands remained unresolved. Physical therapy had not helped her OA, and the various natural approaches she tried only provided modest benefit. Ibuprofen provided some improvement, but she was reluctant to take it long-term. She noted increasing difficulty performing housework, gardening, and various day-to-day activities. She had undergone bilateral carpal tunnel surgery, as well as bilateral thumb, index, and middle trigger finger release.

The patient's history included a duodenal ulcer with residual gastritis, as well as hypertension and hypothyroidism—which were controlled by medicine. She also reported seasonal allergies and intolerance to gluten and dairy. She had a maternal family history of diabetes and OA along with a paternal history of cardiovascular disease, hypertension, hyperlipidemia, and hypothyroidism.

Patient's Objective Information

- BMI[†] was 28.2
- BP 130/80
- Compromised physical functioning as indicated by clinical questionnaires
- Medications and supplements included: natural thyroid hormone (2 gr, qd), atenolol (50 mg, qd), ibuprofen (600 mg, prn), calcium (2000 mg, qd), magnesium (200 mg, qd), vitamin E and selenium (400 IU/50 µg, qd), vitamin C (1000 mg, qd), glucosamine/chondroitin supplement (1500 mg/1200 mg, 2 tid), and herbal supplement for minor pain relief (2 tid).

PLAN AND RESULTS

The patient was instructed to:

- Begin taking a nutritional supplement containing a proprietary blend of RIAA, rosemary extract, and oleanolic acid, 1 tid
- Continue taking other medications and supplements

2 and 5 Week Results

After 2 weeks, the patient reported little improvement and was instructed to increase the dose of the RIAA, rosemary extract, and oleanolic acid supplement to 2 bid. At 5 weeks, the patient reported much improvement. On a scale of 0-10 (10 signifying the most pain), the patient indicated that her pain had decreased to 2 from an initial rating of 7 or 8. The patient was instructed to continue RIAA, rosemary extract, and oleanolic acid supplement and begin decreasing the other herbal supplement she was taking for relief of minor pain. All clinical questionnaires indicated that the patient was experiencing better health status.

8 Week Results

The patient continued to do well after 8 weeks. She had successfully decreased the herbal supplement dose by half and was pleased by the result. The patient commented, "I didn't think it was possible, and was about to give up." She was instructed to continue on the RIAA, rosemary extract, and oleanolic acid supplement and discontinue the herbal supplement she was taking for relief of minor pain.

12 and 18 Week Results

At 12 weeks, the patient continued to do well. She reported being pleased that she was able to garden with little pain. She also noted having good control for 12 hours after taking the RIAA, rosemary extract, and oleanolic acid supplement, but noticed the difference when she skipped a dose. Overall, she had little restriction on hand function.

Figure 1. After 12 weeks, the patient's Pain Scale* score increased from 41 to 84 (reference range: 73 or above = healthy function). The result suggests a substantial reduction in minor pain with use of the RIAA, rosemary extract, and oleanolic acid supplement.

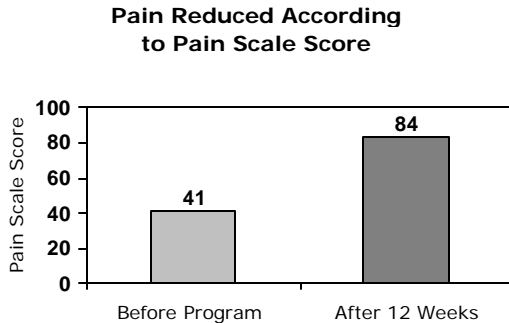


Figure 2. After 12 weeks, the patient's score on the Clinical Arthritis Functioning Questionnaire[§] increased from 16 to 23 (reference range: 5 - 25; higher score indicates better functioning). The final score suggests that the patient went from compromised functioning (16 out of 25 points) to healthy functioning (23 out of 25 points) with use of the RIAA, rosemary extract, and oleanolic acid supplement.

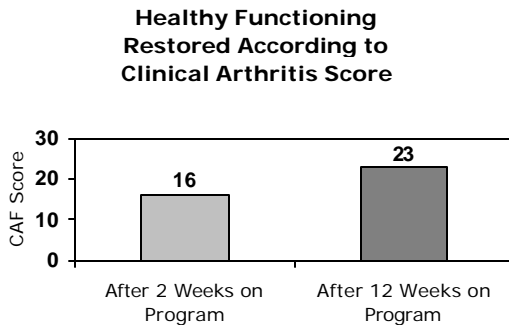
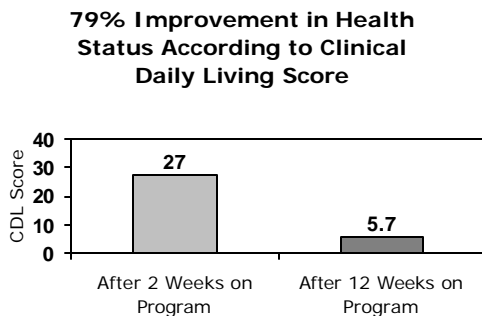


Figure 3. At 12 weeks, the patient's score on the Clinical Daily Living Questionnaire[‡] decreased from 27 to 5.7 (reference range: 0 - 50; lower score indicates better health status). This result suggests a noteworthy improvement in the patient's health status with use of the RIAA, rosemary extract, and oleanolic acid supplement.



SUMMARY

This case study suggests that a nutritional supplement featuring a proprietary blend of RIAA, rosemary extract, and oleanolic acid may relieve minor pain, as well as improve daily functioning and health status in some patients with OA.

NOTE

The information provided in this case study describes the results of one patient under the care of a licensed healthcare practitioner and may not be a typical response.

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[†]BMI is the Body Mass Index and can be computed by the weight (kg) divided by the square of the height (m).

*The Pain Scale is a subset of questions from the standardized MOS SF-36 Questionnaire that scores bodily pain.

[§]The Clinical Arthritis Functioning Questionnaire is a subset of questions from the AIMS-2 questionnaire—a standardized evaluation tool for individuals with rheumatic disease. A low score indicates lower functioning and a high score indicates better function.

[‡]The Clinical Daily Living Questionnaire is a subset of questions from the AIMS-2 Questionnaire—a standardized evaluation tool to assess quality of life in individuals with rheumatic disease. A low score value indicates better health status, while a high score value indicates poor health status.

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