

CASE #1144: Natural Anti-Inflammatory Support for a Patient with Knee, Hand, Wrist, and Ankle Pain

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PURPOSE

The purpose of this study was show how a combination of reduced iso-alpha acids (RIAA) from hops, rosemary extract, and oleanolic acid may be useful in patients with knee, hand, wrist, and ankle pain associated with osteoarthritis (OA).

PATIENT'S PRESENTATION AND HISTORY

A 63-year-old male presented with knee, hand, wrist, and ankle pain; crepitus with motion; and morning stiffness lasting about 30 minutes. Two months before presentation he was diagnosed with OA (by X-ray) and received cortisone shots in his knees that provided some relief. His pain symptoms had started approximately 10 years prior and had worsened progressively with time. He had been treated with prescriptive medications, but discontinued them after developing severe stomach pain. A subsequent endoscopy revealed stomach ulcers. He was currently taking naproxen and wanted to discontinue its use.

The patient's health history included hypertension (controlled with medication), a negative colonoscopy the previous year, and an appendectomy and tonsillectomy in his 20s. His paternal history included stroke.

Initial Clinical Information

- Height was 69 inches, weight was 280 pounds, BMI * was 43, and blood pressure was 132/82
- Medications: lisinopril, 10 mg daily; naproxen, 2 in A.M.

PLAN

- Begin a supplement of RIAA, rosemary extract, and oleanolic acid, 1 tablet (440 mg) three times daily
- Continue other medications and supplements

RESULTS

3 and 6 Weeks after Starting the Plan

After 3 weeks, the patient reported marginal improvement and he had stopped taking naproxen. He was instructed to increase the RIAA, rosemary extract, oleanolic acid supplement to 2 tablets (880 mg) twice daily.

After 6 weeks, the patient reported an overall reduction in hand, ankle, and knee pain, as well as a 30% to 40% improvement in stiffness. He rated his pain at 3 to 4 (on scale of 1 to 10).

10 and 14 Weeks after Starting the Plan

At both the 10- and 14-week visits, the patient said he was about 45% improved. He was instructed to discontinue the supplement in order to assess its effect and resume dosing if pain returned.

18 and 24 Weeks after Starting the Plan

The patient said he had discontinued the supplement for 2 weeks. On the first week there was no pain increase, but on the second week the pain returned. He restarted the supplement and began to feel better after about 1 week.

After 24 weeks, the patient continued on 2 tablets (880 mg) twice daily with sustained improvement and said he felt about 70% better (Figures 1 through 3).

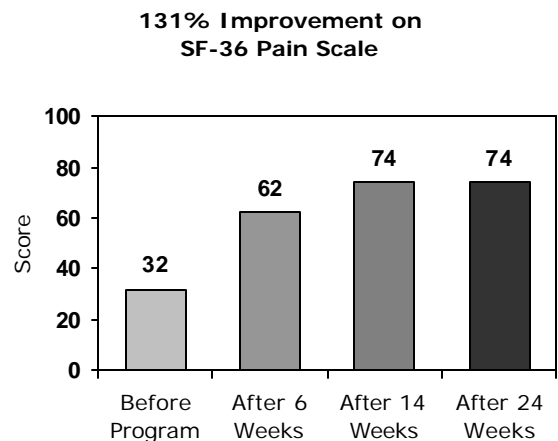


Figure 1. After 24 weeks on the RIAA, rosemary extract, oleanolic acid supplement, the patient's score on the SF-36 Pain Scale[†] improved from 32 to 74. This result suggests a substantial reduction in bodily pain.

50% Higher Score on the Clinical Arthritis Functioning Questionnaire

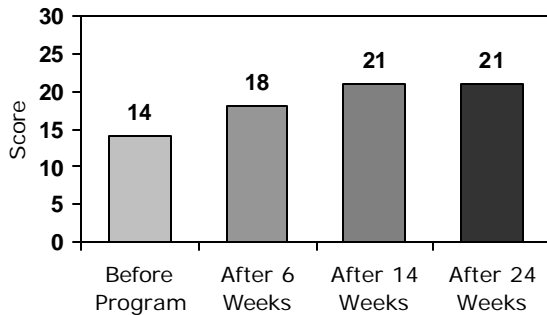


Figure 2. After 24 weeks, the patient's score on the Clinical Arthritis Functioning Questionnaire[‡] increased from 14 to 21. This result indicates a noteworthy improvement in function with use of the RIAA, rosemary extract, and oleanolic acid supplement.

72% Lower Score on the Clinical Daily Living Questionnaire

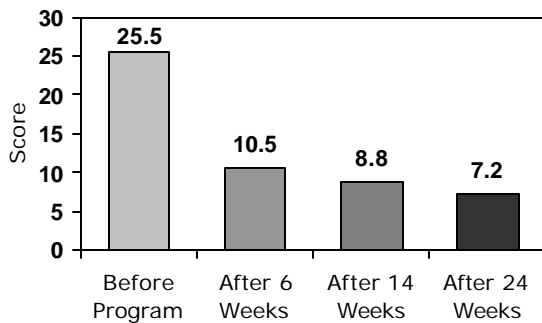


Figure 3. After 24 weeks on the supplement, the patient's quality of life and perceived health status markedly improved, from 25.5 to 7.2, as assessed by the Clinical Daily Living Questionnaire.[§]

SUMMARY

The patient was followed for another 4 months, during which time the supplement dose was decreased to 1 tablet (440 mg) twice daily. The patient reported this dose was helpful (pain at 4 to 5 on scale of 1 to 10), but thought the higher dose was more effective—although he said the weather may have caused a need for the higher dose during this timeframe.

This case suggests that the combination of RIAA, rosemary extract, and oleanolic acid—at a dose between 440 mg and 880 mg (1 to 2 tablets) twice daily—may be beneficial as a nutritional intervention for patients with knee, hand, wrist, or ankle pain associated 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 mean (\pm sd) for the US population is 75 (\pm 24). A higher score indicates less pain with 75 or above translating to healthy function.

[‡]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 for quality of life for individuals with rheumatic disease. A low score value indicates a high health status while a high score value indicates poor health status.