

# Health Tips

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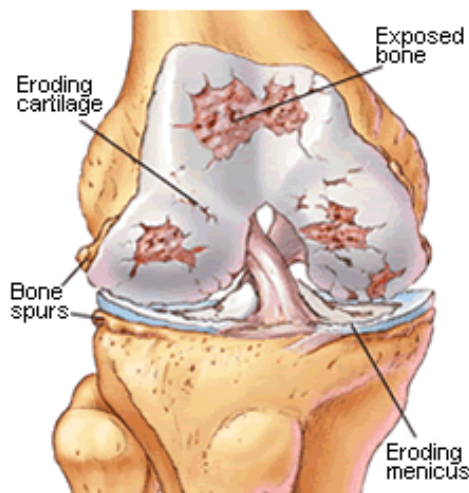
Dr. D


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## Health Tip: Glucosamine/Chondroitin for Osteoarthritis---Which or Both?



I first became aware of chondroitin years ago when an elderly gentleman with arthritis came to my clinic holding a bottle labeled "**Shark Cartilage**". Even though he was extolling its virtues, I must admit that I was highly skeptical of this product. It was several years later that I, like hundreds of other doctors, began recommending chondroitin and/or glucosamine to my patients with arthritis. This was particularly true of those patients who were unable or uninterested in taking prescription medications. Now, some 18 years following my introduction to this product,

a number of scientific studies have been conducted to evaluate their effectiveness in the treatment of arthritis, both alone and in combination. Let's look at the latest score card regarding these supplements.

**Glucosamine:** Osteoarthritis (OA) is the most common form of arthritis and can affect a variety of joints in the body including hands, hips, knees and shoulders. In OA, the cartilage that covers the ends of the bone forming joints breaks down which results in pain and swelling. Since glucosamine is known to be one of the building blocks of cartilage, many believe that taking glucosamine supplements allows the cartilage to repair itself with improvement in arthritis symptoms.

A recent Cochrane review looked at the results of twenty studies that evaluated the benefits of glucosamine in the treatment of osteoarthritis. In these studies, the effectiveness of glucosamine was compared to placebo or to a non-steroidal anti-inflammatory drug (NSAID), which has become the standard treatment for OA. The conclusions drawn from this analysis were that:

1. In the studies that were felt to be of higher quality, there was no difference in the level of pain that the OA patients felt, whether they were taking glucosamine or taking a placebo.
2. When all 20 studies (high and low quality) were reviewed, however, there did appear to be some benefit to taking glucosamine over placebo tablets

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in regard to OA-related pain.

3. One particular brand of glucosamine (Rotta Pharmaceuticals) was found to be superior to the other preparations (and to placebos) in the treatment of OA-related pain and functional impairment

**Chondroitin:** Chondroitin sulfate is manufactured from shark or bovine cartilage and is taken orally for the treatment of OA. The idea behind its use is that since chondroitin is a constituent in cartilage, taking it in supplement form will allow its incorporation into joint cartilage that has been damaged by arthritis. The concept of ingesting a large molecule that then becomes incorporated in its same form is intriguing, but has significant flaws from a physiologic standpoint. A similar meta-analysis (combining the results of a number of studies) was performed on 3 large, high quality studies that evaluated the effectiveness of chondroitin in the treatment of OA-related pain. The conclusion drawn by these authors was that "the symptomatic benefit of chondroitin is minimal or non-existent." This opinion is not universally accepted, however, with two, more recent studies demonstrating not only improvement in symptoms, but also a slowing of the rate of progression of arthritis-related joint destruction.



**Glucosamine & Chondroitin:** Because of the mixed results from many smaller or poorly performed studies, the National Institutes of Health conducted the Glucosamine/Chondroitin Intervention Trial. This was done in an attempt to resolve the issue of the effectiveness of these supplements in the treatment of OA. The results of this study published in 2006 showed that neither glucosamine alone, chondroitin alone, nor the combination of the two were any better than placebo in treating pain in most of those with OA. A small subgroup of study participants with moderate-to-severe pain, however, did receive significant pain relief with the combined supplements. In contrast, celecoxib (Celebrex), a non-steroidal anti-inflammatory drug, consistently provided improvement in

OA pain and impairment.

**Final Thoughts:** The best evidence to date seems to indicate that neither glucosamine, chondroitin, nor the combination of the two is highly effective in reducing joint pain in OA. This information is contradictory to the reports of patients such as mine that "shark cartilage" helped his knees. Whether the benefit in such individuals is due to the placebo effect or to some reparative property of these drugs is really not clear. An interesting observation made in the studies was that both glucosamine and chondroitin appeared to be relatively free of side effects. Considering the benign nature of these products, along with anecdotal improvement in OA symptoms, it seems reasonable for someone who has received benefit from one or both of these supplements to continue taking them. Perhaps the definitive study has yet to be performed.

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