



International Journal of Pharmacology and Clinical Research (IJPCR)

IJPCR |Volume 3 | Issue 2 | July - Dec - 2019

www.ijpcr.net

Research article

Clinical research

ISSN: 2521-2206

ARTISOL –an effective chondroprotection formula

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ABSTRACT

Osteoarthritis is a chronic, inflammatory joint disease in the world. In India more than 20% of total population is suffering from arthritis, although the main cause of disease is unknown, morphological changes observed in OA include cartilage erosion as well as inflammation. Complex network of risk factors and biochemical parameters, including cytokines, proteolytic enzymes trigger the disease, by knowing the exact mechanism of progressive of disease, it may help in finding the new drug for reducing pain and curing of the joint disease. Conventional medicines do not prevent progression of osteoarthritis. Natural supplements like glucoamine and methyl sulfonyl methane (MSM) have gained importance as a better alternative for the prevention of osteoarthritis progression. Eating a Natural supplement like Artisol tablet can provide all the necessary nutrients and helps prevent progression of osteoarthritis. The present paper Reviews the Role of Artisol tablets developed by R&D cell of Lactonova Nutripharm Pvt Ltd. Hyderabad in prevention of osteoarthritis progression.

Keywords: OA, Morphological changes, Cytokines, Artisol tablet.

INTRODUCTION

Osteoarthritis (OA) is degenerative joint disease, which affects millions of people in the world. It is a complex disease whose pathogenesis, changes the tissue homeostasis of articular cartilage and subchondral bone, determine the predominance of destructive processes. A key role in the pathophysiology of articular cartilage is played by cell/extra-cellular matrix (ECM) interactions.

Signs and symptoms

Findings from studies indicate that age, gender, joint impairment, reduced range of motion (ROM), joint stiffness, and pain, contribute to increased disability [1, 2].

Pain

The most common symptom is a chronic pain, during development of knee joint inflammation the concentration of Excitatory amino acids (EAA) especially Glutamate is increased which is released from sensory neurons in the spinal cord contribute to hyperalgesia and pain in the affected area. Several studies have found that there is no correlation between radiological images and pain parameters, but the medial side of the knee showed most sensitization in patients with strong/severe knee OA, the degree of pain can be measured with temporal summation of pressure pain instrument [3-5].

Joint stiffness

The concept of joint stiffness in arthritis and related pathology diseases was introduced in the early 1960s [6, 7]. It is revealed that surface-active phospholipid (SAPL) (synovial surfactant) capable of reducing friction to the very low levels and provide lubricant in normal joint moreover, this lining is deficient in osteoarthritis and lead to stiffness of joint [8, 9].

Muscle weakness

Quadriceps muscle strengthening is an important protective function at knee joints. Cross-sectional studies suggest that strength is correlate with physical function and that increasing quadriceps strength reduces pain and improves function. Evidence suggests that thigh muscle strength may protect against knee joint damage and progression of existing OA [10, 11]. Arthrogenic muscle inhibition (AMI) is a presynaptic, constant reflex inhibition of musculature surrounding a joint after damage to joint as it restricts full muscle activity and prevent the quadriceps strengthening, weaker quadriceps have been associated with an increased rate of loading at the knee joint [12]. AMI is caused by activity in multiple inhibitory pathways, its severity may vary according to the degree of joint damage [13].

Bone enlargement and swelling

Due to pathological changes of articular cartilage in knee joint resulted from many causes leads to blockage and edema of soft tissues, disturbance of blood circulation, erosion and injury of chondrocyte, and even increase of bony density and formation of cystic changes, resulting in swelling and pain [14].

Risk factors of knee osteoarthritis

OA has a multifactorial etiology, can be considered the product of interaction between systemic and local factors.

SYSTEMIC RISK FACTORS FOR OA

Age

It is most important factor for development of osteoarthritis; with increasing age the tensile property of cartilage in articular cartilage is

decreased results in accumulation of glycation which causes mechanical failure [15].

Gender

Women have a higher level of pain and disability than men [16]. A hospital-based study revealed rates of osteoarthritis is as high as 68% in women and 58% of men aged 65 and older [17].

Genetics hormones

Classic study of monozygotic (MZ) twins aged 48 to 70 years, having identical genes showed 65% influence of genetic factors in developing of osteoarthritis [18]. Between 39% and 65% of osteoarthritis in the general population can be attributed to genetic factors, women after menopause are more susceptible to knee arthritis because of increasing level of osteocalcin and bone resorption [19]. Levels of osteocalcin, a marker of bone turnover, were lower in women with knee osteoarthritis [20].

Diet

Rapid changes in diet and lifestyle by consumption of unrefined carbohydrates and Junk foods increased the rate of chronic diseases [21].

Furthermore, chondrocytes are powerful sources of reactive oxygen species, which may damage cartilage collagen and synovial fluid hyaluronate, since micronutrient antioxidants provide defense against tissue injury, high dietary intake of these micronutrients could be helpful to protect against osteoarthritis.

LOCAL RISK FACTORS

Joint injury and trauma

Articular cartilage tolerates loading from daily physical activities, in joints injuries and trauma the cartilage loses its flexibility, kills the cells and decrease the loading of the subchondral bone [22].

Obesity

People with an elevated body mass index (BMI) as a measure of relative weight for obesity, has a positive association between obesity and knee OA results in substantial overloading and damage to the knee joint [23].

Occupation

The lifting of heavy loads was found mainly in farmers, fishermen, construction site workers, and general laborers. Walking up stairs was experienced mainly by general laborers; all of these stress activities causes the strong association between knee injury and osteoarthritis [24].

Physical activity/Sports

Men & women practicing gymnastic or kung fu (martial arts) regularly were at the risk of Knee injury [25]. Schematic diagram of risk factors in osteoarthritis is shown in Fig. 1.

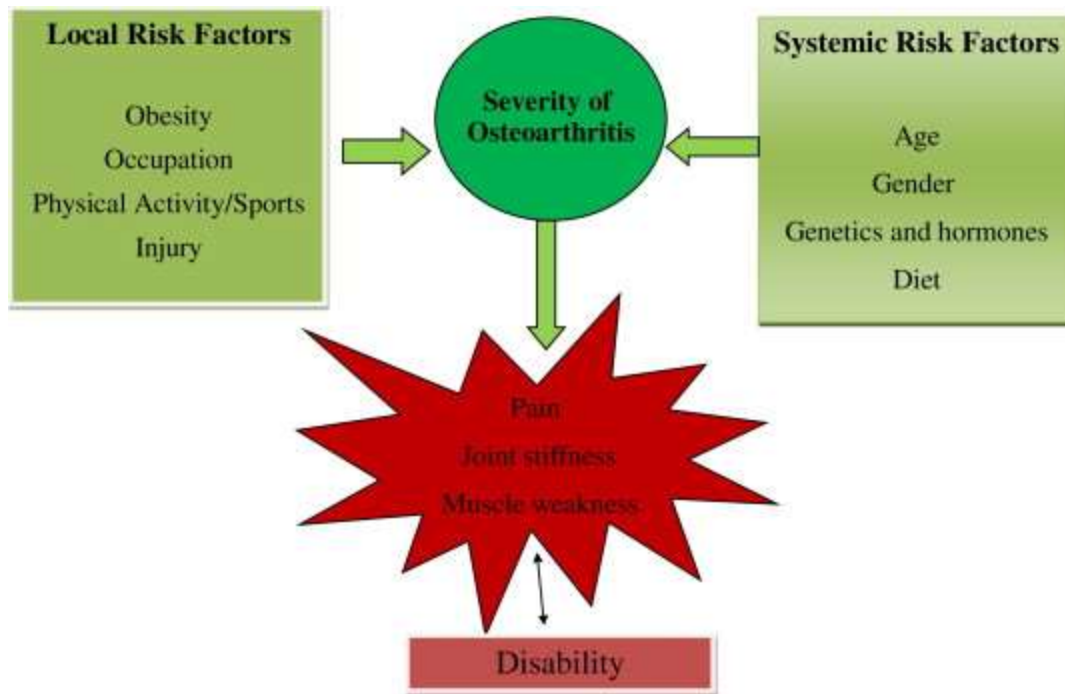


Fig. 1. Schematic diagram of risk factors for osteoarthritis

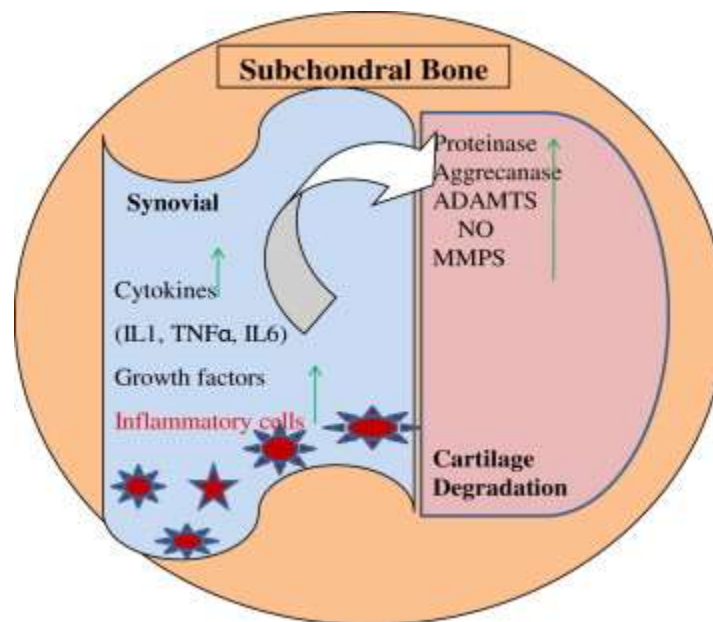


Fig. 2. Potential targets for development of osteoarthritis in knee joint

Osteoarthritis, or degenerative joint disease, is the most common form of arthritis. It mainly affects middle-aged and older people, involving the neck, lower back, knees, hips & fingers. Treatment aimed at control of pain using NSAIDs and physiotherapy. Conventional medicines do not prevent progression of osteoarthritis. Natural supplements like glucosamine and methyl sulfonyl methane (MSM) have gained importance as a better alternative for the prevention of osteoarthritis progression.

The main component of ligaments, tendons, cartilages and spinal discs is collagen. These are also rich in proteoglycans, which are 95% glycosaminoglycans (GAGs) and 5% protein. These GAGs act as a framework for collagen to model onto, and consequently are responsible along with collagen for continuously building and rebuilding

ligaments, tendons, cartilages and spinal discs. The major precursor in GAG production is glucosamine, which is the rate-limiting step and hence supplement, especially after tissue injury, helps the body to speed up synthesis of GAGs and consequently new connective tissue. Eating a Natural supplement like Artisol tablet can provide all the necessary nutrients and helps to prevent progression of osteoarthritis.

Composition of ARTISOL tablet

- Each filmcoated tablet contains:
- Glucosamine Sulphate 750mg
- Methyl Sulphonyl Methane 200mg
- Rutin 100mg
- Quercetin 100mg

PHARMACOLOGY



Glucosamine Sulphate: stimulates cartilage cells to synthesize glycosaminoglycans and proteoglycansore this essentially means that it has the potential to rebuild the cartilage lose in a joint due to injury or osteoarthritis.

MSM: is a natural occurring sulfur compound. It is an essential component in making collagen, a primary constitute of cartilage and connective tissue. It acts by increasing the cell wall permeability, enhances tissue pliability and encourages the repair of damaged skin also, acts as

an oxidant. Patients with arthritis report substantial and long-lasting relief with MSM supplements. Taken along with glucosamine, a key substance in the process of rebuilding cartilage, MSM ca relieve pain and help repair worn or damaged cartilage in joints, ligaments and tendons with healthy, flexible new cells.

Rutin: One of the many existing Flavonoids. Flavonoids are a class of water-soluble plant pigments. Flavonoids support health by strengthening capillaries and other connective

tissue, and some function as anti-inflammatory, antihistaminic, and antiviral agents. Rutin and several other flavonoids may also protect blood vessels. Rutin was shown to stimulate wound healing in rats and augment the tensile strength of scar tissue significantly

Quercetin: may have antioxidant, anti-inflammatory, antiviral, immunomodulatory, anticancer and gastroprotective activities. It may also have anti-allergy activity and activity in preventing secondary complications of diabetes.

Indications

Osteoarthritis, rheumatoid arthritis, tendonitis and bursitis, muscular soreness and athletic injuries, carpal tunnel syndrome post-traumatic inflammation and pain.

Contra-indications

Known contraindications to any ingredients of the supplement.

Dosage and directions for use

Take 1 tablet 1-2 times daily for up to three months. This intake may have to be adjusted for obese individuals including those taking diuretics, thereafter one tablet per day as a nutritional maintenance, as the arthritic condition improves.

It is taken preferably with meals and/or before and after workouts, or as directed by a physician, licensed nutritionist. or certified trainer

Safety

Glucosamine Sulphate has an excellent safety record in both animal & human investigations, should be considered as a supplement of choice for nutritional correction of rheumatic disorders, can be safely taken alongside orthodox pain controlling medications.

MSM is a non-toxic substance, with a toxicity profile similar to that of water. The body uses the MSM that it needs and eliminates any excess within 12 hours. MSM should not be confused with

sulfites or sulfa drugs. Allergies to these substances do not affect your ability to take MSM

Rutin bioflavonoid is generally regarded as safe when taken in the recommended doses; however, mild reactions can include gastrointestinal problems, such as nausea.

Oral quercetin is generally well tolerated. Because of lack of long-term safety data, quercetin should be avoided by pregnant women and nursing mothers.

Side-effects

Epigastric pain/tenderness, heartburn, diarrhea and nausea, flushing.

Special precautions

- Take MSM with or directly after meals to lessen the possibility of gastrointestinal upset.
- It should be avoided by pregnant women and nursing mothers.

Storage conditions

- Store in a cool & dry place, protected from light.
- Keep out of reach of children.

Storage life is 2 years

The preparation should not be used after the expiry date.

CONCLUSION

Treatment of osteoarthritis (OA) is mainly based on the pathophysiological events that alter the initiation and progression of OA. Understanding the mechanism and Modulation of cytokines and MMPs would be a main target for treatment and prevention of Osteoarthritis. Conventional medicines do not prevent progression of osteoarthritis. Natural supplements like Glucosamine Sulphate, Methyl Sulphonyl Methane (MSM), Rutin, Quercetin in Artisol tablets have gained importance as a better alternative for the prevention of osteoarthritis progression.

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