



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

OSTEOARTHRITIS KNEE- CONSERVATIVE APPROACH

Dr. Girish S. Benare¹, Dr. Shirish D. Chavan²

¹Associate Professor, Dept. of Orthopedics

²Associate Professor, Dept. of T.B. & Respiratory Medicine

Prakash Institute of Medical Sciences, Islampur. Tal- Walwa, Dist-Sangli. 415409

Corresponding Author's Mail ID: 58shirish@gmail.com

ABSTRACT:

Conservative management of medial compartment knee osteoarthritis (OA) is a misleading term used to describe the application of medical, orthotic, and/or rehabilitative therapies exclusive of surgical interventions.

Keywords: knee osteoarthritis

Medical treatment

1. Acetaminophen

Published guidelines and expert opinion were divided over the relative role of acetaminophen (also called paracetamol or Tylenol) and non-steroidal anti-inflammatory drugs (NSAIDs) as first-line pharmacologic therapy of OA.

2. Tramadol

Tramadol is increasingly used for the treatment of OA because, in contrast to NSAIDs, tramadol does not produce gastrointestinal bleeding or renal problems, and does not affect articular cartilage

3. Glucosamine

Towheed *et al.* reviewed all randomized controlled trials, evaluating the effectiveness and toxicity of glucosamine in OA. The Western Ontario and McMaster Universities Arthritis Index outcomes of pain, stiffness and function did not show a superiority of glucosamine over placebo. Glucosamine was as safe as placebo.

4. Doxycycline

Pre-clinical data suggested that doxycycline might act as a disease-modifying agent for the treatment of knee OA, with the potential to slow cartilage degeneration. Da Costa *et al.* have found that the benefit of doxycycline was minimal to non-existent.

5. Topical and oral herbal therapy

Regarding topical treatment with preparations from medical plants, Cameron *et al.* have reported that Amica gel and Comfrey gel seemed to improve pain. Concerning oral herbal therapy, Piascidine ad extracts of *Boswellia*

serrata had a short-term effect on OA symptoms.¹

Physical medicine and rehabilitation

Patients with knee OA can be treated with a brace or orthosis (shoe insole). The main purpose of these aids is to reduce pain. Duivenvoorden *et al.* have reported that the benefits of braces and orthoses for treating knee OA have not been shown.

Therapeutic ultrasound

Therapeutic ultrasound is one of several physical therapy modalities suggested for the management of pain and loss of function due to OA. Rutjes *et al.* compared therapeutic ultrasound with sham or no specific intervention in terms of effects on pain and function safety outcomes in patients with knee OA.

Intra-articular injections

Bellamy *et al.* assessed the effects of viscosupplementation in the treatment of knee OA. They found that viscosupplementation was an effective treatment for knee OA with beneficial effects: on pain, function and patient global assessment, and at different post injection periods but especially at the 5–13 week post injection period. Overall, the aforementioned report supported the use of the hyaluronic acid in the treatment of knee OA.

Currently recommended conservative treatments are weight loss, physical therapy/exercise, activity modification, drugs, braces/orthotics, and intra-articular injections. Each of these measures has proved helpful for some patients, but treatment should be individualized and based on the degree of arthritis and disability and on any comorbidities that the patient may have.

Activity modification

An initial treatment option for OA is activity modification. More often than not, patients are capable of pointing out specific activities that worsen their pain, such as climbing stairs, squatting and stooping, bending, sitting for long periods of time, heavy lifting, walking long distances, and high-impact exercises.

2. <https://www.clinicaladvisor.com/home/features/osteoarthritis-conservative-treatment-options/>

Weight loss

Obesity can be a predisposing factor for OA. Studies indicate that approximately 66% of individuals with a diagnosis of OA are overweight or obese. Although it is common to see obese patients with arthritic pain, many will state that their joint pain prevents them from exercising and losing weight. Weight loss is advantageous for one's overall health and has proved to be the most patient-controlled, cost-efficient long-term treatment measure that can be initiated without a provider's order; furthermore, it can be accomplished at one's own pace.²

CONCLUSION:

Conservative management of medial compartment knee osteoarthritis (OA) is a misleading term used to describe the application of medical, orthotic, and/or rehabilitative therapies exclusive of surgical interventions. The implication of this nomenclature is that these therapies offer satisfactory symptom relief, alter disease progression, and have limited side effects

ACKNOWLEDGEMENT:

We are grateful to Hon'ble Trustees of PIMS, Islampur, for supporting us. We are thankful to the departmental staff for cooperation in completion of our work.

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