

## Helping patients through the minefield of complementary medicines

Is there any evidence that complementary medicines actually work for people with arthritis? A new guide takes a hard look at available scientific proof.

Forty-six per cent of the UK population use complementary medicines at some point in their lives, spending more than £450 million a year on non-conventional treatment.

Among people with arthritis the figure is even higher – 60 per cent of patients try such treatments as green-lipped mussels, homeopathy and rosehip – in a desperate bid to relieve their pain.

But despite the vast numbers of products available in health food shops and via the internet, it can be very difficult for people to know if what they are taking actually works – or whether they are simply wasting their money.

It was in response to this that the Arthritis Research Campaign decided to produce the first evidence-based report dedicated to complementary medicines in arthritis. The aim was to inform the public whether there is scientific evidence to support the clinical effectiveness and safety of a range of products for which claims have been made, but in many cases are unsubstantiated by hard evidence.

The report, **Complementary and alternative medicines for the treatment of rheumatoid arthritis, osteoarthritis and fibromyalgia** reveals considerable variation in the levels of scientific information available.

And despite the vast number of complementary and alternative medicines on the market, the report found that evidence from randomised controlled trials was available for only 40 of them.

Professor Alan Silman, the Arthritis Research Campaign's medical director, explained: "Complementary medicines are widely used by people with arthritis as they seek to avoid taking potentially harmful drugs, preferring natural products. However, natural does not mean they are either safe – or effective. Many people spend hundreds of pounds on these products and they need to know that there is a strong chance of benefit."

### Guidance is important

The report covers medicines taken by mouth or applied to the skin, rather than therapies such as acupuncture and chiropractic. It scores medicines according to their effectiveness



with 1 indicating that the available evidence suggests that the compound is not effective and 5 indicating that the compound is effective. It also grades the medicines according to safety, providing traffic light classifications for each.

Professor Gary Macfarlane, who led the research, said it was important that people with arthritis had some guidance on the complementary medicines available. "While over 60 per cent of people with arthritis or other aches and pains use some form of complementary and alternative medicine - and find different things work for them - it is useful to also have the scientific evidence available and just as important to know how safe we think they are to use," said Professor Macfarlane. "All of the evidence can now be accessed in this definitive report."

### Fish body oil scores highly for rheumatoid arthritis

The report throws up several surprises. For nearly two thirds of compounds used for rheumatoid arthritis, for example, the data in the report suggests they don't work, while the effectiveness of glucosamine sulphate, a supplement popular with people with osteoarthritis, is again called into question, scoring only three.

The two highest-scoring products in terms of reducing pain, movement or general well-being were fish body oil for rheumatoid arthritis and capsaicin cream for osteoarthritis.

Products for osteoarthritis scoring four were herbal extract phytodolor and nutritional supplement SAME, while fish liver oil only registered a one.



### Case study

Margaret Fiskin from Aberdeen was 40 when she was diagnosed with rheumatoid arthritis (RA). For five years she tried a large number of complementary medicines to try and relieve her increasingly deteriorating condition, spending around £200 in the process.

"The RA started in my feet and spread through my body within a few months," explains Margaret. "At that time I wasn't given any strong medication, and the disease took hold - the joints became quite deformed."

One of the first complementary medicines she tried was cider vinegar when she was first diagnosed on her 40<sup>th</sup> birthday.

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“Someone said to me: ‘I hear such and such works so you should try it,’ ” says Margaret. “However, I didn’t find that anything worked at all.”

Over the years Margaret tried the following products – without success:

Blackcurrant seed oil	Capsaicin gel	Chondroitin
Devil’s claw	Evening primrose oil	Feverfew
Fish oil	Ginger	Rosehip
Glucosamine	Homeopathy	Selenium
Vitamins (all)	Aloe vera	Cider vinegar
Echinacea	Garlic	Green tea
Ginseng	Zinc and copper	

What she found the most helpful have been conventional drugs, in particular the standard therapy for RA, methotrexate. “When the methotrexate kicked in, I didn’t feel I needed anything else so gave up trying the complementary medicines,” she says. “Standard drugs are the only medicine that has worked for me.”

“I was diagnosed in 1992 and between then and 1998 I was trying everything. I was virtually chair bound, and movement was so painful. On occasion, if going out I had to go around in a wheelchair and I couldn’t move without assistance. I was also in severe pain. Methotrexate revolutionised my life compared with how I was before. Within a few months of starting the medication I improved fairly dramatically, and it gives me a reasonable quality of life with just the odd blip.”

Margaret was a member of the expert panel convened by arc to assess products for the complementary medicines report.

She says she thinks arc’s report is long overdue and much needed, and is happy to have been involved. “There are many people looking to spend large amounts of money on all this stuff and people trying to sell it are hugely hyping it up, and yet until now no-one has been able to say with any authority if it works or not,” she adds.

## What does the report say?

### For rheumatoid arthritis (RA):

- Nearly two thirds (13 out of 21 complementary medicines [62 per cent]) were shown to have no or little effect based on the available evidence (scoring 1 out of 5 on the effectiveness scale)

- The 13 are: antler velvet; blackcurrant seed oil; collagen; eazmov herbal preparation; feverfew; flaxseed oil; green-lipped mussels; homeopathy; reumalex herbal mixture; selenium; Chinese herb tong luo kai bi; vitamins A,C and E anti-oxidant vitamins; and willow bark.
- By contrast fish body oil scored 5 out of 5 for people with RA, reducing joint pain and stiffness.

### For osteoarthritis (OA):

- Nearly one fifth (6 out of 27 medicines [22 per cent]) were shown to have little or no effect based on the available evidence
- Glucosamine one of the most widely taken products showed mixed results with glucosamine sulphate scoring 3 and glucosamine hydrochloride scoring 1
- Capsaicin gel, made from chilli peppers, proved most effective in relieving pain and joint tenderness, scoring the full 5.

### For fibromyalgia:

- Only four products were assessed
- None of them highly effective with three medicines scoring 2 out of 5, and the fourth an ineffective 1.

### Safety:

- One quarter of the compounds were given an “amber” safety classification indicating there were important side-effects which had been reported, although there is much less safety information available for complementary medicines in comparison to conventional medicines.
- Only one “red” safety classification was issued against thunder god vine for RA.

Copies of the full 80-page report, which is free of charge, are available on 01904 696994 or at [arc@bradshawsdirect.co.uk](mailto:arc@bradshawsdirect.co.uk). The report is also available on the arc website at <http://www.arc.org.uk/arthritis/documents/6300.pdf>

This article first appeared in Arthritis Today in spring 2009 and is reproduced courtesy of the Arthritis Research Campaign.

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# SUMMARY TABLE

		Effectiveness score	Safety classification
1 Anthocyanidins	F	1	Amber
2 Antler velvet	RA	1	Green
3 ArticulIn-F	OA	2	Green
4 Avocado-soybean unsaponifiables (ASU)	OA	3	Green
5 Biqi capsule	RA	2	Amber (no information)
6 Blackcurrant seed oil	RA	1	Green
7 Borage seed oil	RA	3	Green
8 Cannabis oral spray	RA	2	Amber
9 Capsaicin gel	OA F	5 2	Green
10 Cat's claw	RA	2	Amber
11 Cetylated fatty acids (CFAs)	OA	2	Green
12 Chondroitin	OA	3	Green
13 Collagen	OA RA	2 1	Green
14 Devil's claw	OA	3	Amber
15 Duhuo Jisheng Wan (DJW)	OA	2	Amber
16 Eazmov	OA RA	1	Green
17 Evening primrose oil (EPO)	RA	3	Green
18 Feverfew	RA	1	Green
19 Fish oil: Fish body oil Fish liver oil	RA OA	5 1	Green
20 Flaxseed oil	RA	1	Amber
21 Ginger	OA	3	Green
22 Gitadyl	OA	2	Green
23 Glucosamine: Glucosamine sulphate Glucosamine hydrochloride	OA	3 1	Green
24 Green-lipped mussel	OA RA	3 1	Green

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		Effectiveness score	Safety classification
25 Homeopathy	OA	1	Green
	RA	1	
	F	2	
26 Indian frankincense	OA	3	Green
27 MSM	OA	2	Green
28 Phytodolor	OA	4	Green
29 Pine bark extracts	OA	3	Green
30 Reumalex	OA	1	Green
	RA		
31 Rosehip	OA	3	Green
32 SAME	OA	4	Green
	F	2	
33 Selenium	RA	1	Green
34 SKI 306X	OA	3	Green
	RA	2	
35 Stinging nettle	OA	1	Green
36 Thunder god vine	RA	3	Red
37 Tong lu kai bi	RA	1	Amber (no information)
38 Vitamins A,C,E (anti-oxidant vitamins)	OA	2	Green
	RA	1	
39 Vitamins D & B complex (non-anti-oxidant vitamins)	OA	2	Green
40 Willow bark	OA	2	Amber
	RA	1	

**Traffic light at Green** Compounds with reported adverse effects which are mainly minor symptoms and infrequent. A classification of Green does not mean that the compound has no reported adverse effects and patients should check in the product information leaflet what these are.

**Traffic light at Amber** Compounds with adverse effects reported as common (even if they are mainly minor symptoms) or with more serious adverse effects.

**Traffic light at Red** Compounds with serious adverse effects reported. Patients should carefully consider these before deciding whether to take these medicines.

These classifications are based on the results of studies overall. In each study however there are people who seem to respond to treatment and those who do not. Therefore for medicines which we think are effective, this means that a greater proportion of people taking this medicine improved compared with, for example those taking placebo, or roughly the same proportion of people improved compared to another group taking a conventional drug which is known to be effective. It does not mean that everyone taking the medicine will improve. Similarly for medicines which we think are not effective this means, for example, that the proportion of people reporting improvement when taking these medicines was the same as people taking the placebo.

### How to interpret the data

The large letter(s) (RA, OA or F) refer(s) to the condition or conditions (RA = rheumatoid arthritis, OA = osteoarthritis or F = fibromyalgia) for which we have been able to find some research evidence to evaluate whether the compound works or not.