PROGRESS IN ORTHOPEDIC SCIENCE, 2021
VOL 7, NO. 1, PAGE 1 – 2
DOI: doi.org/10.47363/POS/2021(7)144

REVIEW ARTICLE

Open Access

A New Treatment Method for Chronic Knee Pain for the Elderly: Treating Inflammatory Immune Membranes as A New Medical Hypothesis

Ahed J Alkhatib[1,2] *

[1]Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science & Technology, Jordan

[2]International Mariinskaya Academy, department of medicine and critical care, department of philosophy, Academician secretary of department of Sociology, Jordan

ABSTRACT

As age increases, people experience a wide scope of chronic diseases including chronic knee pain. The objective of this study was to introduce our new therapeutic approach for chronic knee pain. A ground powder of Urtica pilulifera was mixed with Vaseline to make a cream. Another part of the same powder was mixed with honey. For patients with knee pain, they applied Urtica pilulifera cream before sleeping and to wrapped it with the enveloping plastic over-night. This was applied for up to 10 days. The second part, Urtica pilulifera powder mixed with honey, was taken daily as a spoon in the morning and another spoon at the evening. This therapeutic approach was applied by 4 males (age range 70-84 years old), and 2 females (age range 72-80 years). All of them had chronic knee pain and movement limitations. After applying this new therapeutic approach, within 7 days, they restored better quality of life in terms getting rid of pain, and movement without pains. Taken together, our new therapeutic strategy for chronic knee pain was effective. We think that treating inflammatory immune membranes was the reason beyond the success of this treatment.

ARTICLE HISTORY

Received Mar 23, 2021
Accepted Mar 26, 2021
Published Mar 29,2021

KEYWORDS

Chronic Knee Pain, Urtica Pilulifera, Vaseline, Honey, Age

Introduction

Knee pain affects people of all ages and is a common complaint. An injury to the knee, such as a ruptured ligament or broken cartilage, may cause pain. Knee pain can also be caused by medical conditions such as arthritis, gout, and infections. Self-care interventions work well with many cases of mild knee pain. Knee braces and physical therapy can also help alleviate knee pain. However, in some situations, surgical options are required [1].

Musculoskeletal problems account for 20 percent to 30 percent of all primary care office visits; the most common musculoskeletal symptoms are pain in the knee, shoulder, and back. A typical presentation and explanation for a patient to see a health care provider is pain or dysfunction in the front part of the knee [2].

Chronic knee pain is highly common [3]. Despite the fact that evidence-based recommendations suggest exercise, education, and treatment, palliative medication is widely used to treat chronic knee pain, despite the risks and costs, Only patients with severe, debilitating pain are referred for complete knee replacement, and only those with severe, disabling pain are referred for physiotherapy [4-7].

Anterior knee pain (AKP) is a common presenting complaint among children and young athletes, according to pediatricians and orthopaedic surgeons. AKP is a multifactorial disorder with a wide variety of potential diagnoses. The difficulty of AKP diagnosis and treatment is compounded by growth changes, biomechanics, and anatomy around the knee. Osgood-disease, Schlatter's patellar tendinitis, and patellofemoral instability are all common causes of AKP. It's important to rule out severe and morbid causes of pain, such as infection and tumor, when diagnosing AKP. A comprehensive history and physical examination, as well as adequate imaging studies, are important. In general, nonoperative interventions aimed at correcting neuromuscular regulation and kinetic chain dysfunction can benefit the majority of patients [8].

Non-Surgical Management of Knee Pain

As recent research supports nonsurgical management for many patients, the role of the family physician in treating knee pain is expanding. The etiology of knee pain defines the most appropriate treatment. To treat the most common causes of chronic knee pain, oral analgesics—most often nonsteroidal anti-inflammatory medications and acetaminophen—are first used in conjunction with physical therapy. For osteoarthritis, the American Academy of Orthopaedic Surgeons warns against

Contact Ahed J Alkhatib ✉ ajalkhatib@just.edu.jo; drahedalkatib@yahoo.com; ahed.alkhatib64@yahoo.com Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science & Technology, Jordan.

glucosamine/chondroitin supplementation. Opioid analgesics can only be used in patients that are not surgical candidates if conservative pharmacotherapy has failed. The basis for treating knee osteoarthritis and patellofemoral pain syndrome is exercise-based therapy. All patients with osteoarthritis and a BMI greater than 25 kg per m2 should be advised to lose weight. Apart from stabilizing traumatic knee ligament and tendon tears, the efficacy of knee braces for chronic knee pain is unknown, and braces should not be used instead of physical therapy. Anterior knee pain may benefit from foot orthoses. In patients with osteoarthritis, corticosteroid injections are useful for short-term pain relief. The benefit of hyaluronic acid injections is debatable, and opinions differ; recent systematic studies have concluded that there is no clinically meaningful benefit. Patients with chronic knee tendinopathies and osteoarthritis can benefit from regenerative injections [9].

Conducted a study to assess the efficacy of a definitive randomized controlled trial (RCT)of nettle sting for chronic knee pain, including the research's acceptability by GPs and patients, as well as the best recruitment and outcome assessment approaches. The results showed that patients and doctors agree that nettle sting study was appropriate, and patients reported that the medication was just a mild irritant [10].

Our New Therapeutic Treatment

We prepared the Urtica pilulifera in two forms. A total of 500 gram of dried Urtica pilulifera were brought from the local market, and then they were ground using home blender. After becoming fine powder, impurities were removed, and the final product were divided into two parts. The first part was mixed with Vaseline till becoming a homogenous cream, and kept in a container. The second part of Urtica pilulifera powder was mixed with honey and kept in another container. For patients with knee pain, they have to apply Urtica pilulifera cream before sleeping and to wrap it with enveloping plastic over night. This is applied for up to 10 days. The second part, Urtica pilulifera powder mixed with honey, was taken daily as a spoon in the morning and another spoon at the evening.

Results

This therapeutic approach was 4 males (age range 70-84 years old), and 2 females (age range 72-80 years). All of them had chronic knee pain and movement limitations. They used to use analgesics, such as voltaren (Diclofenac). These people searched for other therapeutic alternatives to obtain better quality of life including self-dependence. After applying this new therapeutic approach, within 7 days, they restored better quality of life in terms getting ride of pain, freely movement.

Two patients were diabetic, and recommended to take Urtica pilulifera powder without being mixed with honey.

Conclusion

The results of the present study showed that our new therapeutic strategy for chronic knee pain was effective. We think that treating inflammatory immune membranes is the reason beyond the success of this treatment.

References

[1] https://www.mayoclinic.org/diseases-conditions/knee-pain/symptoms-causes/syc

[2] Hong E, Kraft MC (2014) Evaluating anterior knee pain. Med Clin North Am, 98(4): 697-717.

[3] Jinks C, Jordan K, Ong BN, Croft P (2004) A brief screening tool for knee pain in primary care (KNEST). 2. Results from a survey in the general population aged 50 and over. Rheumatology 43: 55-61.

[4] Jordan KM, Arden NK, Doherty M, Bannwarth B, Bijlsma JW et al (2003). EULAR Recommendations 2003: an evidence based approach to the management of knee osteoarthritis: report of a Task Force of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCISIT). Ann Rheum Dis 62: 1145-1155.

[5] Singh D (2004) Merck withdraws arthritis drug worldwide. BMJ 329:816.

[6] Jordan KM, Sawyer S, Coakley P, Smith HE, Cooper C et al (2004). The use of conventional and complementary treatments for knee osteoarthritis in the community. Rheumatology 43: 381-384.

[7] Helene L Mitchell, Michael V Hurley (2008) Management of chronic knee pain: A survey of patient preferences and treatment received. BMC Musculoskeletal Disorders 9:123.

[8] Slotkin S, Thome A, Ricketts C, Georgiadis A, Cruz AI Jr et al (2018). Anterior Knee Pain in Children and Adolescents: Overview and Management. J Knee Surg 31(5): 392-398.

[9] Jones BQ, Covey CJ, Sineath MH Jr (2015) Nonsurgical Management of Knee Pain in Adults. Am Fam Physician 92(10): 875-83.

[10] Randall C, Dickens A, White A, Sanders H, Fox M et al (2008). Nettle sting for chronic knee pain: a randomised controlled pilot study. Complement Ther Med 16(2): 66-72.