A HERBAL REMEDY, HYBEN VITAL®, REDUCES JOINT PAIN, STIFFNESS AND THE CONSUMPTION OF PARACETAMOL IN MIDDLEAGED WOMEN

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INTRODUCTION:

A dried powder made from husks and seeds of Rose-Hip (*rosa-canina*), trade name HybenVital®, was earlier reported to exert antioxidative properties, to inhibit chemotaxis of neutrophils and to lower C reactive protein (CRP)(1, 2). Some of the volunteers in these early studies reported that pain and stiffness resulting from osteoarthritis declined after a period of treatment with HybenVital®.

AIM:

1) To investigate if HybenVital® can reduce pain and stiffness in middle-aged women suffering from non-rheumatic joint pain.
2) To test if a reduction in pain and stiffness, if present, would affect the patients daily activities.
3) To test if patients evaluation of the severity of their disease was changed by treatment.
4) To investigate if a reduction in pain, if present, would change the consumption of "pain killers" such as Paracetamol.

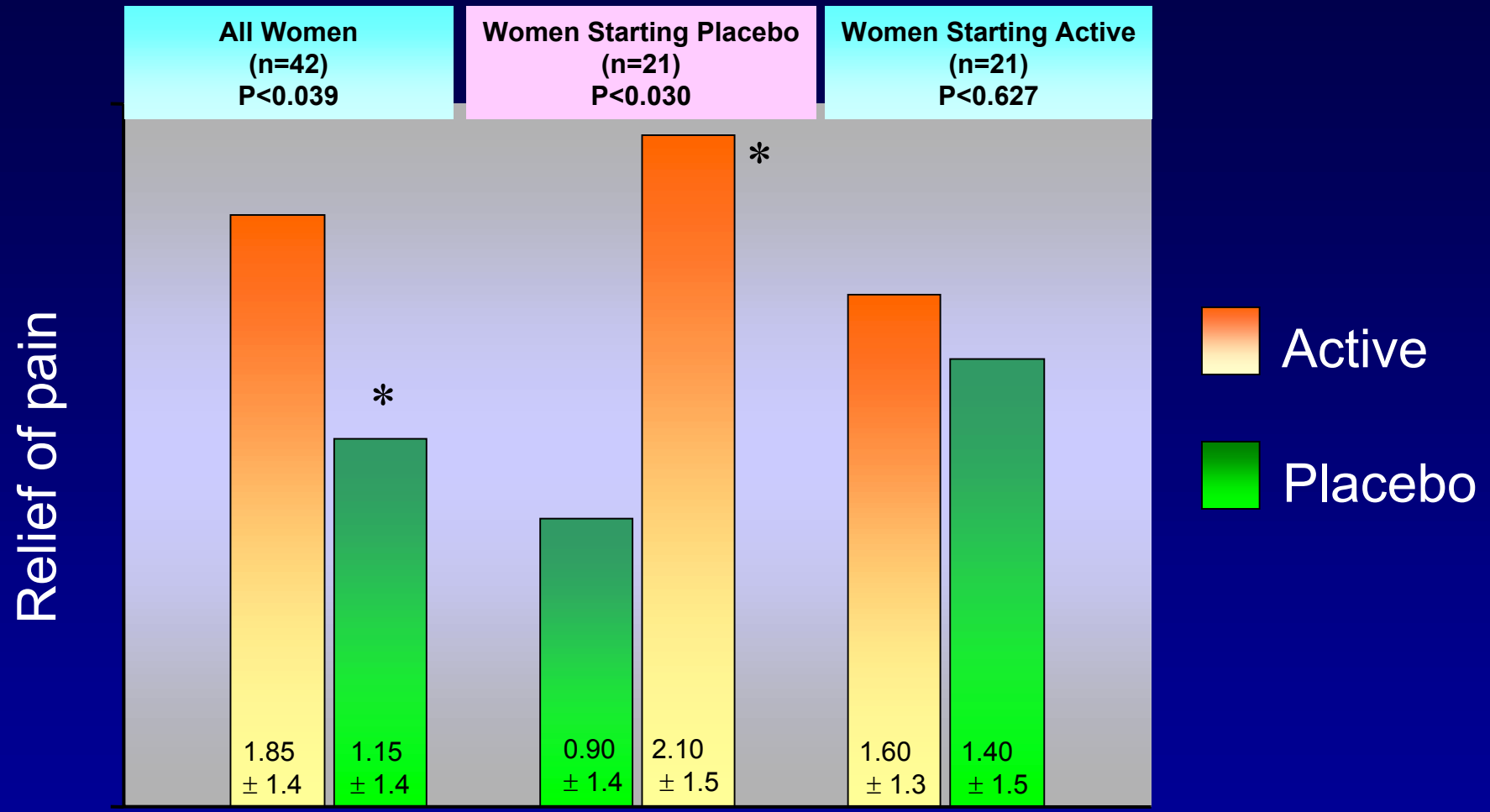
METHODS (1):

Included were 42 middle-aged women with non-rheumatic joint pain. Half of the patients received 5 g HybenVital® (5 capsules in the morning and 5 in the evening) or identical placebo capsules for three months. Then the group initially taking HybenVital® was changed to placebo or vice versa. Investigation was performed at the beginning and at the end of each of the two treatment periods.

METHODS (2):

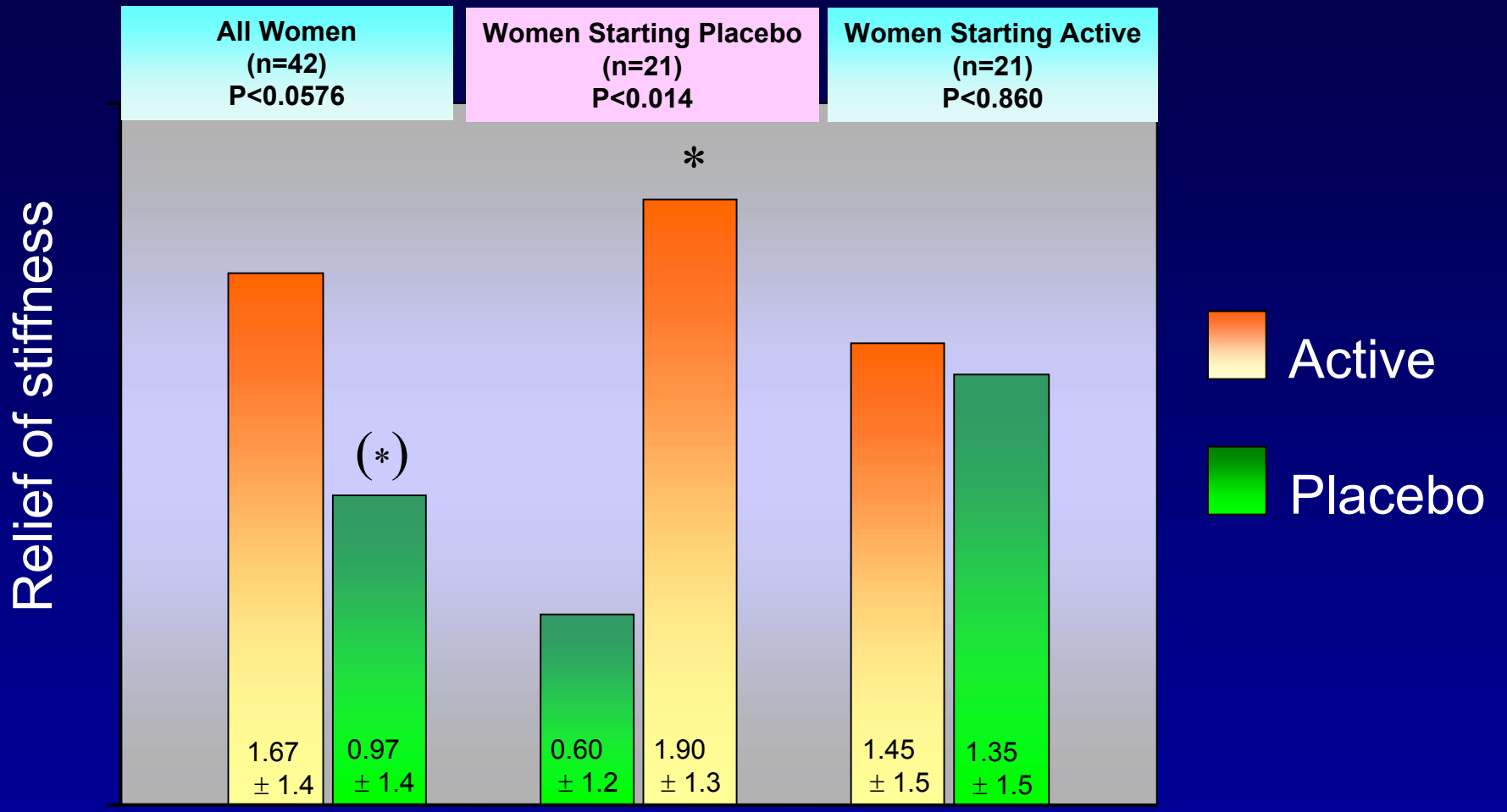
Pain and stiffness were each estimated on a categorical scale from 0 (no impact) to 4 (total relief of symptoms). Daily activity scores were measured using the mean score of 16 different activities each evaluated on a 100 mm visual analogue scale. VAS was also used to measure patients' global assessment of disease severity (PGADS). Paracetamol consumption was estimated as consumption during the first 2 weeks minus consumption during the last 2 weeks of each of the two treatment periods.

The impact of Hyben Vital® and placebo on pain, estimated on a scale from 0 (no reduction) to 4 (total relief of pain).



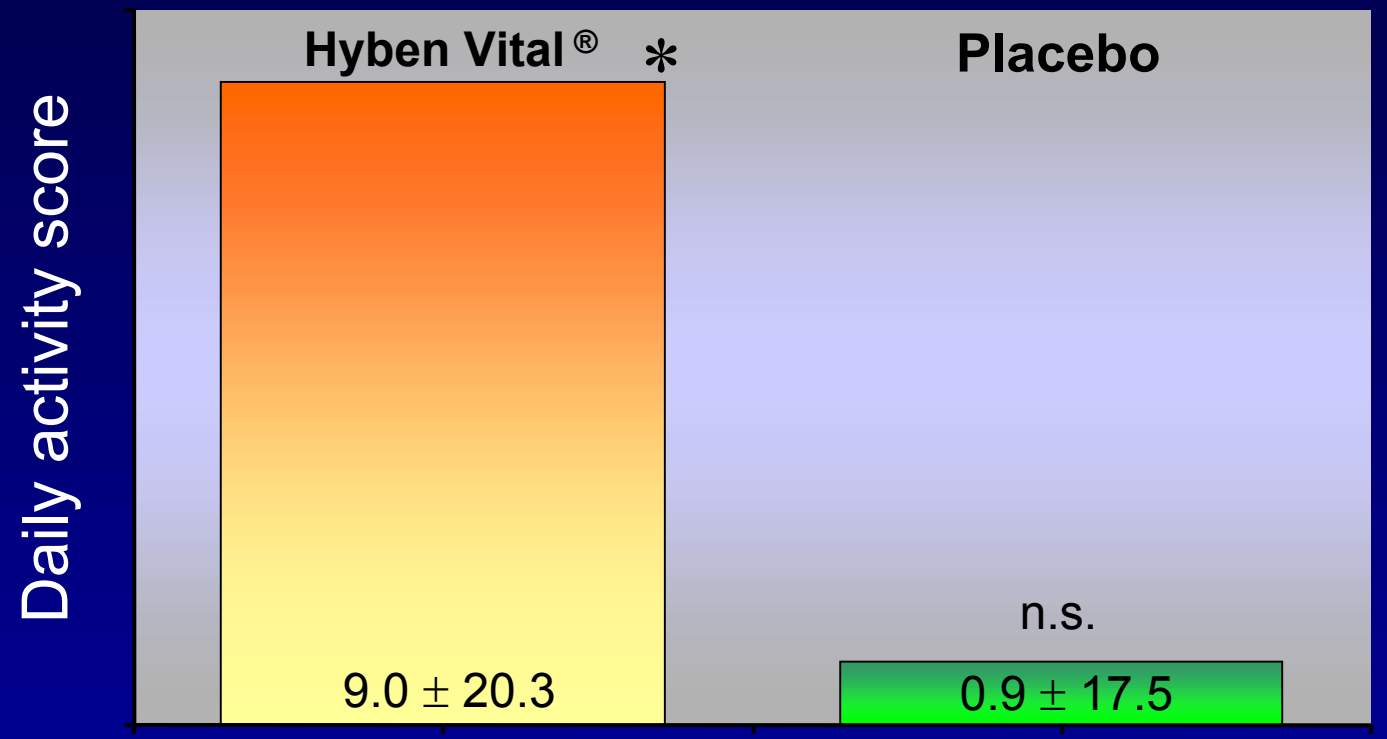
When pain was evaluated in the group as a whole there was a significant decline while on Hyben Vital® . This was even more pronounced when testing subgroups suggesting a carry-over effect.

The impact of Hyben Vital® and placebo on joint stiffness, estimated on a scale from 0 (no reduction) to 4 (total relief of stiffness).



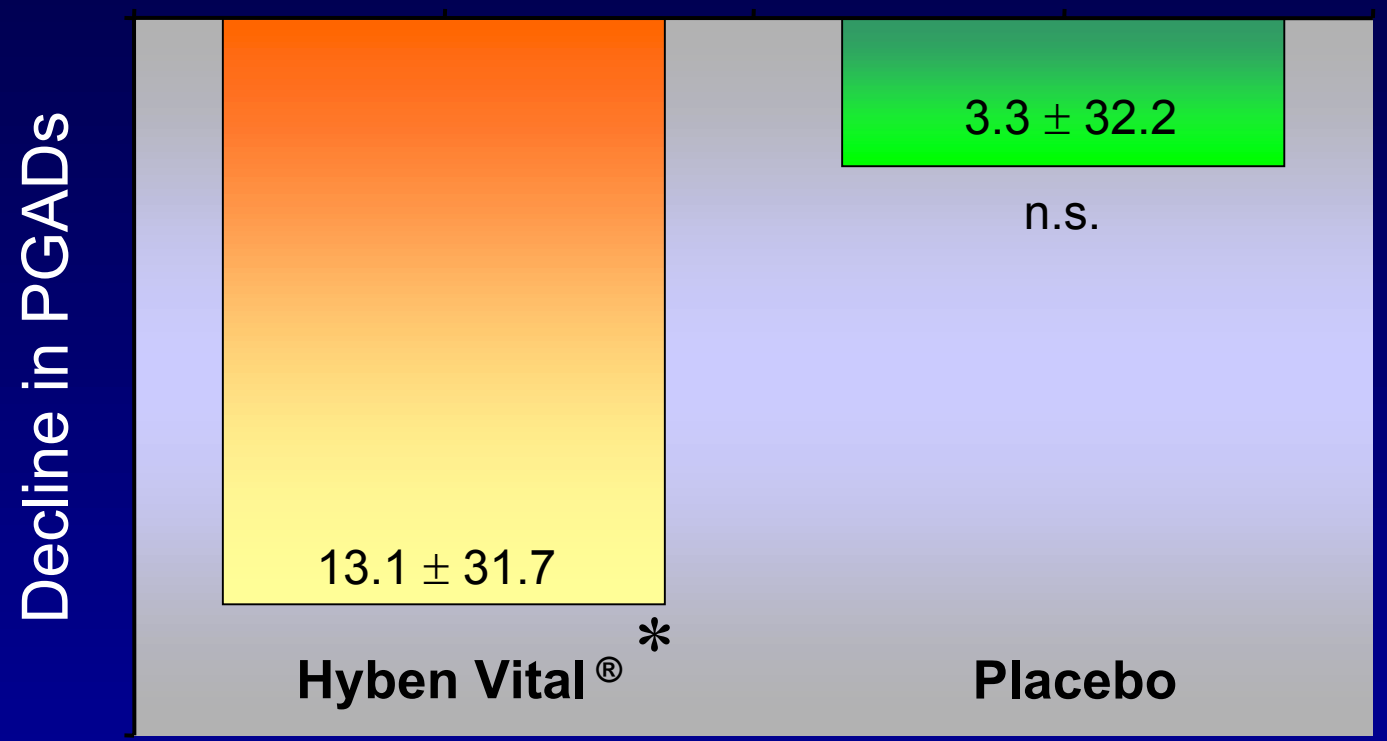
When stiffness was evaluated in the group as a whole, there was a borderline significant decline while on Hyben Vital® . Testing subgroups showed a higly significant reduction in stiffness in the group where Hyben Vital® was given after placebo.

Delta change in daily activity scores (WOMAC) in patients while on Hyben Vital® and while on Placebo.



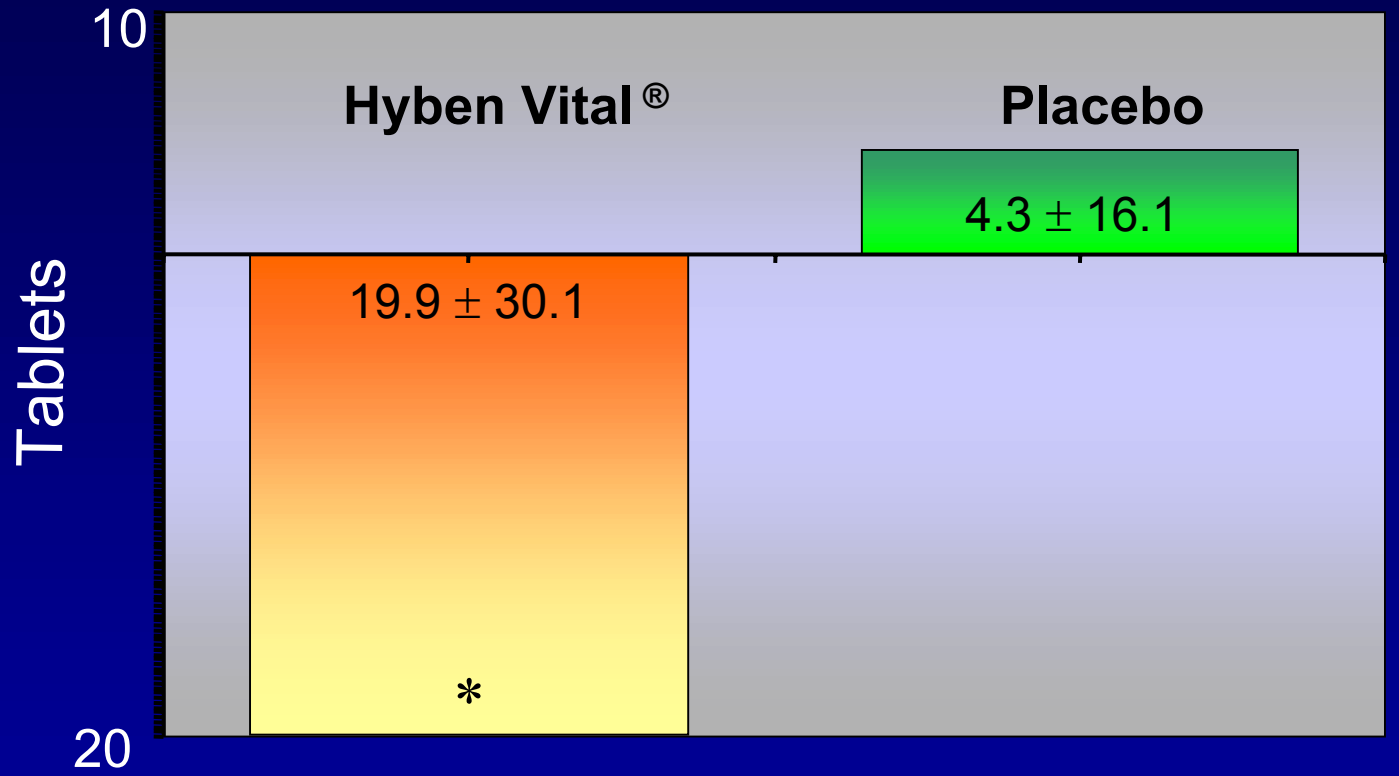
During treatment with Hyben Vital® daily activity scores significantly improved (*P<0.0428)
P<0.0697 when comparing groups.

Delta change in patients global assessment of disease severity (PGADs) during treatment with Hyben Vital® and Placebo.



During treatment with Hyben Vital® patients evaluated their disease less severe as compared to placebo (*P<0.0324) P<0.0068 comparing groups.

The mean delta decline in 14 days consumption of Paracetamol tablets (500 mg), per patient, comparing the total consumption of the first 14 days with that of the last 14 days of each of the two three months treatment periods.



During Hyben Vital® treatment there was a significant decline in the consumption of Paracetamol tablets ($p<0.0313$). On average each patients consumed 1.7 Paracetamol tablet less per day. During treatment with placebo there was an insignificant improvement in Paracetamol consumption ($p<0.0245$ when comparing groups).

RESULTS:

While on HybenVital® pain and stiffness and consumption of Paracetamol declined significantly by approximately 50%. When the 21 patients who were given placebo before HybenVital® were evaluated separately, the results were even more in favor of HybenVital®. This suggests a carry-ower effect. Patients global assessment of disease severity (PGADS) significantly declined. In accordance with these findings the patients reported improvement in various daily activities. The patients did not report any side effects.

CONCLUSION:

The present data suggest that middle-aged women with joint pain of a non-rheumatic origin can benefit from HybenVital®. As a certain carry-ower effect was present, a follow up study should be of a parallel design also including patients with rheumatic joint pain. It was encouraging to note that the present reduction in pain and stiffness was large enough to allow a significant reduction in the consumption of Paracetamol.