

[IMAGE]

Gradual Change

If you've taken a geology course, you know that changes to the earth, such as the formation of mountains, take a very long time. Likewise, our bodies, while not as slow, sometimes take a considerable amount of time to regenerate certain tissues. *Glucosamine*, a dietary supplement, may help relieve arthritis symptoms and regenerate cartilage; this supplement appears to do its work gradually, however.

Knee osteoarthritis, caused by joint degeneration or "wear and tear" of cartilage, occurs primarily in people who have suffered severe cartilage injury; obesity and aging also add to degeneration. In this study, 50 volunteers with regular knee pain (most likely from cartilage damage or osteoarthritis) were divided into two groups to take either 2,000 milligrams per day of glucosamine or a daily placebo. Over 12 weeks, four clinical testing sessions recorded changes in knee pain and function.

On self-report evaluations over the 12-week period, 88% of those taking glucosamine reported some degree of pain improvement in their knees, compared to only 17% of those taking a placebo. Both groups had improved scores over time, indicating that even the placebo pills had some positive effect, yet quality of life scores were also significantly higher for the glucosamine group than those taking a placebo.

Glucosamine was slow-acting, though. At the dosage of glucosamine taken in this study, most improvements did not appear until after eight weeks of supplementation. The message here is to be patient if you're trying out glucosamine - it might not work at first, but eventually may come around. The authors of this study in the *British Journal of Sports Medicine* note that this may be the first study to evaluate the effects of glucosamine vs. placebo beyond eight weeks, so over time, supplementation may prove even more effective.

Reference:

Braham R, Dawson B, Goodman C. The effect of glucosamine supplementation on people experiencing regular knee pain. *British Journal of Sports Medicine* 2003;37, pp. 45-49.

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