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FILE: ■ Arnica (*Arnica montana*)
■ Osteoarthritis
■ Ibuprofen

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RE: Arnica Gel as Effective as Ibuprofen Gel in Osteoarthritis of the Hands

Widrig R, Suter A, Saller R, Melzer J. Choosing between NSAID and arnica for topical treatment of hand osteoarthritis in a randomised, double-blind study. *Rheumatol Int.* 2007; 27:585-591.

Osteoarthritis is a common joint disorder but current treatments only help the symptoms and do not reverse or halt its progression. Analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs, e.g. ibuprofen) are typical treatments. Topical and oral treatments are used. Topical treatments have the advantage of preventing systemic side effects. Extracts of arnica (*Arnica montana*) are also used topically to treat symptoms associated with osteoarthritis. The purpose of this randomized, double-blind study was to compare the efficacy of an arnica gel with a NSAID gel.

Patients (n=204) from 20 clinics in Switzerland, diagnosed with radiologically confirmed and symptomatically active osteoarthritis of interphalangeal joints (fingers) of the hands participated. Patients received either ibuprofen gel 5% (Optifen Gel, Spirig Pharma Ltd; Egerkingen, Switzerland) or arnica gel (A. Vogel Arnica Gel; *Arnica montana* fresh herbal tincture 50 g/100g gel; drug-to-extract ratio of the tincture 1:20, Bioforce AG; Roggwil, Switzerland). This arnica preparation was chosen because (1) it has published evidence from preclinical studies of some anti-inflammatory action, (2) the preparation has published evidence of skin penetration and, (3) it is available as a gel that is similar to the ibuprofen gel, so it could promote blindness during the study. Patients were instructed to rub in a 4 cm strip of gel to the affected joints 3 times daily for 3 weeks. They were told not to wash their hands for 1 hour after applying the treatment. Patients were dispensed a preset number of 500 mg paracetamol tablets (acetaminophen, Tylenol) as "escape treatment" (not allowed within 24 h prior to the final evaluation) and asked to return any unused tablets at the end of the treatment course. Pain and functional capacity were assessed.

The results demonstrate that the arnica gel was similar to ibuprofen gel in terms of hand functional capacity, pain intensity, number of painful joints, duration and severity of morning

stiffness, or paracetamol consumption. When blinded to treatment, neither patients nor doctors could distinguish between the effects of the two treatments. Both treatments were well tolerated. Adverse events were reported by six patients (6.1%) on ibuprofen and by five patients (4.8%) on arnica.

The authors conclude that short-term use (up to three weeks), of arnica gel improves pain and function in osteoarthritis of the hand and that the effects were indistinguishable from those of ibuprofen gel. According to the data of this well-designed study, the arnica gel preparation used in the study can be used as an alternative to ibuprofen gel when treating osteoarthritis of the hand joints. These findings may not be extended to other arnica products, which may contain a different extract and concentration. Likewise, similar benefits may not be obtained if the product evaluated in this study is not used as studied.

—*Heather S. Oliff, PhD*

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