Arthritis encompasses more than 100 diseases and conditions that affect the joints and surrounding tissue, as well as other connective tissues. According to the Arthritis Foundation, nearly 1 in 5 adults in the U.S. has arthritis, with an estimated 67 million people being affected by arthritis by 2030. Osteoarthritis (OA) is the most common form of arthritis and the second most common cause of long-term disability among middle-aged and older adults in the United States. Also known as degenerative joint disease, OA is a chronic disease characterized by the slow degradation of joint cartilage, especially in the hips, knees and spine, causing pain and increasing disability. A recent landmark study suggests that 46% or nearly one out of every two people will develop knee OA in their lifetime, with the highest risk among the obese.1-5

The preferred conventional medical treatment for arthritis and particularly OA has been nonsteroidal anti-inflammatory drugs (NSAIDs), which include over-the-counter medications such as aspirin, acetaminophen, ibuprofen and naproxen, as well as prescription drugs like celecoxib (Celebrex), oxaprozin (Daypro) and rofecoxib (Vioxx). NSAIDs are used to reduce pain associated with osteoarthritis; however, like most pharmaceutical treatments, they do not address the underlying causes. Furthermore, NSAIDs have a history of significant side effects varying from gastrointestinal irritation to stomach bleeding, ulcers, and even kidney and liver failure. Gastrointestinal complications caused by NSAIDs result in more than 100,000 hospitalizations, with at least 16,500 deaths occurring each year among arthritis patients alone.6-11

EverFlex with Hyaluronic Acid is a nutritional supplement designed to support and nourish healthy joints and connective tissues. EverFlex with Hyaluronic Acid contains a powerful blend of important nutrients that have been shown to help reduce joint pain and inflammation, as well as improve joint mobility and function. Each tablet of EverFlex with Hyaluronic Acid contains:

Glucosamine is naturally produced in the body as a key component of cartilage production and maintenance. Studies show that glucosamine improves joint mobility and helps relieve pain, swelling and other symptoms of arthritis, even up to several weeks after discontinuing use. In addition, research suggests that glucosamine may actually slow the progression of OA by improving the degenerative condition of the joint—glucosamine helps improve the integrity of connective tissue and joint space lubricant, which promotes healing and regeneration of the affected joint. Studies have shown that glucosamine produces similar to significantly greater improvement in joint pain scores and arthritic symptoms compared to ibuprofen and piroxicam (a prescription NSAID) in patients with OA, and is better tolerated than either, particularly in terms of gastrointestinal disturbances. In addition, beneficial effects of long-term glucosamine intake in preventing joint space narrowing and improving symptoms have been confirmed in two 3-year placebo-controlled trials involving over 400 patients with OA. Furthermore, a recent study of glucosamine hydrochloride in patients with degenerative OA of the knee found that clinical symptoms disappeared completely in 51% of participants, with an additional 45% experiencing a subsiding of symptoms. It is important to note that a recent randomized, controlled clinical trial has shown that glucosamine hydrochloride is as effective as glucosamine sulfate for the treatment of OA.12-17

Methylsulfonylmethane (MSM), a naturally-occurring source of organic sulfur, is found in every cell in the body, with the highest concentrations in the joints, nails, hair and skin. MSM is utilized in the production of connective tissue, including cartilage, and has been shown to be an effective analgesic and anti-inflammatory agent. A preliminary double-blind study involving 16 patients with degenerative arthritis showed that those who took MSM daily for 6 weeks experienced an 80% reduction in pain, while patients given a placebo reported only minimal pain reduction. Additional research indicates that MSM provides significant improvement in pain and is superior to placebo in the treatment of mild to moderate OA of the knee. Furthermore, a randomized, double-blind, placebo-controlled study of glucosamine and MSM for the treatment of mild to moderate OA found that the combination therapy provided a more rapid onset and greater efficacy of analgesic and anti-inflammatory activity, as well as greater efficacy in improving joint function, than either agent alone.18-21

Devil’s claw has been shown to be an effective anti-inflammatory agent in chronic arthritis, including both OA and rheumatoid arthritis. Clinical trials show devil’s claw reduces pain and improves movement and range of motion with anti-inflammatory and analgesic effects comparable to most NSAIDs, but with fewer adverse effects. For example, a 2-month study confirmed that devil’s claw is an effective and well-tolerated treatment option for mild to moderate degenerative rheumatic disorders. Study results showed statistically significant improvements in pain, stiffness and function, as well as quality of life, among the 259 patients. There were also statistically significant reductions in mean pain scores for hand, wrist, elbow, shoulder, hip, knee and back pain, with 60% of patients either reducing or
discontinuing concomitant pain medication. Following its introduction to Europe in the early 20th century, devil’s claw has since become a popular alternative to anti-inflammatory and analgesic drugs, used both as a supportive or adjuvant treatment of degenerative joint diseases, as well as backache, headache, tendonitis and menstrual pain. Devil’s claw may also be useful as an anti-inflammatory for treating fibromyalgia. The German Commission E has approved devil’s claw for degenerative disorders of the locomotor system—this includes painful conditions of the musculature, tendons and joints. Individuals with gallstones, stomach inflammation, or duodenal or gastric ulcers should avoid using devil’s claw, due to the herb’s ability to stimulate stomach acid production.10,22-33

**Chondroitin sulfate**, a major component of joint cartilage, draws and maintains fluids within the cartilage. These fluids provide "shock absorption" for surrounding bones and supply essential nutrients that not only protect cartilage from being destroyed by certain enzymes, but also support healthy cartilage regeneration and growth. Chondroitin also improves joint function and mobility and reduces pain and inflammation. In fact, chondroitin is widely used in Europe as a "ground therapy" treatment for OA, in order to reduce the use of NSAIDs, thereby limiting the significant risks of adverse drug effects (i.e. upper GI tract erosion, ulcers, etc.). Numerous clinical studies have confirmed that chondroitin is an effective treatment for knee and finger OA and may also be beneficial for hip OA. Furthermore, the analgesic effects of chondroitin have been shown to be equal to those of anti-inflammatory drugs. Studies have also found that chondroitin can slow the progression of OA, indicating that it may actually protect joints from damage.5,34-42

**Hyaluronic acid** is a naturally occurring substance found in almost all biological fluids and tissues, with high concentrations in the synovial fluid, cartilage and joints. Hyaluronic acid is responsible for the viscoelasticity (thick, fluid-like yet elastic quality) and lubricating properties of synovial fluid, thereby maintaining normal joint function and cushioning joints. However, when cellular production of hyaluronic acid decreases or when inflammatory processes degrade hyaluronic acid, joint pain and myofascial (skeletal muscles and the fibrous tissue that surrounds them) rigidity can result—research has shown that hyaluronic acid levels in synovial fluid from osteoarthritic knee joints are lower than those found in synovial fluid from healthy knee joints. A recent 8-week randomized, double-blind placebo-controlled trial involving patients with OA of the knee found that an oral hyaluronic acid supplement was more effective than placebo in providing pain relief and improving quality of life.5,43-46

References:

21Brien, S., et. al. "Systematic review of the nutritional supplements dimethyl sulfoxide (DMSO) and methylsulfonylmethane (MSM)