

Joint Pain

Establish diagnosis

Rheumatoid arthritis

If any indication from history, physical exam, or diagnostic studies, that pain is due to a rheumatologic etiology, begin appropriate treatment with disease-modifying antirheumatic drugs and/or NSAIDs

Supplements

Omega-3 fatty acids: at least 2.7 g of EPA + DHA daily

Consider additional adjuvant therapy with other dietary supplements for pain, being aware of the potential for herb/supplement–drug interactions

- Cat's claw (*U. tomentosa*), 20 mg capsule tid
- Turmeric, dosed back on the curcumin content (1,200 mg/d)

Osteoarthritis

Supplements

The following supplements have varying amounts of evidence supporting their use in pain conditions, awaiting clarification in the medical literature. Consider their use in recalcitrant patient cases after assessing and weighing the risks/benefits while being aware of the potential for herb/supplement–drug interactions

Any joint:

- Devil's claw, 50-100 mg of harpagoside daily
- Omega-3 fatty acids: at least 2.7 g of EPA + DHA daily
- White willow standardized to 120-240 mg of salicin daily

Knee or hip:

- Avocado-soybean unsaponifiables (ASU), 300-600 mg/d of Piasclidine 300
- Ginger: varying dose (one used was 170 mg tid)

Knee:

- Baikal skullcap, 500 mg bid (flavocoxid)
- Boswellia, 100-1,000 mg/d
- Cat's claw, 100 mg/d of a freeze-dried preparation of *U. guianensis* bark
- Chondroitin sulfate, 1,200 mg/d
- Glucosamine sulfate, 1,500 mg/d
- MSM 6 g/d