

The Role of the Chondroprotective Preparation

FOLREX

in the Cases of Osteoarthritis

Latvia

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CATALYSIS, S.L.

FOLREX in Osteoarthritis

Osteoarthritis is a degenerative disease of the articulations that causes inflammations, microtraumas, physical load and a deficiency of the cartilage tissues originated by ageing or metabolic alterations.

- Decreases after the age of 60.
- Highest frequency in men by the age of 45.
- Highest frequency in women after the age of 50.
- Al disminuir la síntesis del sulfato de condroitina, se destruyen las fibras del colágeno y de su fluido alterando la matriz del cartílago.
- Linimentos con antiinflamatorios no esteroides son aplicados localmente. Se recomiendan también antiinflamatorios no esteroides de administración oral, que cuando son tomados continuamente, producen efectos secundarios como úlceras y enfermedades gastrointestinales.
- Ha sido probado el papel de la glucosamina y la condroitina en la terapia de la osteoartritis con efectos terapéuticos positivos.
- En periodos graves se utilizan corticosteroides para el tratamiento.

Uno de los últimos preparados para la terapia de la osteoartritis en Letonia es **FOLREX**, fabricado por CATALYSIS, S.L.

Este preparado es un conjunto de compuestos para lograr la recuperación del cartílago.

Su componente básico es un hidrolizado de quitina, que es un polímero de N-acetil-glucosamina. La arginina es también necesaria por sus propiedades antioxidantes si está unida a los tejidos cartilagosos para la formación del colágeno. La arginina contiene también propiedades inmunomoduladoras estimulantes de la formación de linfocitos. La L-cisteína previene la formación de radicales libres en los procesos inflamatorios. El ácido fólico es necesario como antiinflamatorio, anestésico y hemopoiético.

Estos componentes de **FOLREX** han sido **activados**, incrementando la actividad y reactividad biológica de todos ellos.

Clinical Data

Duration of therapy: 2 months

Number of Patients: 162 (both sexes)

Ages: from 32 to 70 years

Dose:	<u>Group 1</u>	50 patients	1 sachet (2.5 g) twice daily
	<u>Group 2</u>	49 patients	(first month) 1 sachet (2.5 g) twice daily (second month) 1 sachet (2.5 g) once daily
	<u>Group 3</u>	63 patients	1 sachet (2.5 g) once daily

At the beginning of the therapy, 30% of the patients were taking non-steroidal anti-inflammatories in various doses, and at the end of the therapy, the need for them decreased significantly.

Results

- In 15 - 30% of the patients of all the groups, pain disappeared completely.
- In 80 - 90% of the patients, there was a significant improvement of the quality of life, an abatement of pain and an increase of the range of movements.
- In 5 - 7% of the patients with a dose of 2.5 g of **FOLREX** daily, the therapeutic effect was not achieved.
- 5% of the patients did not like the taste of the preparation and some of them stopped taking it.
- The following side effects were observed:
 - In 3% of the patients, there was minor dyspepsia.
 - In one type 2 diabetic woman, there was a slight intensification of glycemia. (In 7 other patients with diabetes mellitus, no fluctuations of glycemia were observed.)
- Better results were reported in patients with pain syndrome of knee and shoulder joints.
- The therapeutic effect was not convincing in the patients suffering from spinal spondylosis.
- Of the 50 patients with a dose of 2.5g of **FOLREX** twice daily, 20 patients had, at the beginning of the therapy, slightly increased titre of antistreptolysin and C-reactive protein in serum. After 20 days of therapy with **FOLREX**, all the parameters normalized.

Conclusions

- The optimal duration of treatment is two months by courses, but it can be adjusted individually.
- CATALYSIS, S.L. recommends a dose of 2.5 g (1 sachet) twice daily, dissolved in water, milk or fruit juice.
- From the clinical study made in Latvia, we can conclude that the reduction of the dose to one sachet daily is possible.
- It is recommended to take **FOLREX** with verjuice to minimize the sweet taste.
- Strict control of glycemia is required for diabetic patients.

Bibliography

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