

## Steroid Vs My Special Preparation for Osteoarthritis

Kiran Kumar Shah

Orthopaedic Consultant, St. Micheal Hospital, Shanghai, China

### \*Corresponding author

Dr. Kiran Kumar Shah, Orthopaedic Consultant, St. Micheal Hospital, Shanghai, China. E-mail: kiranshah122809@hotmail.com

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### Abstract

**Introduction:** In osteoarthritis most surgeons prefer steroid namely triamcinolone or methyl prednisolone for Intra-Articular injection but its efficacy is very limited, source can be proved from various article review.

But I prefer my special preparation which consists of combination of triamcinolone hexacetonide or hydrocortisone or methyl prednisolone plus vit.B1 plus vit.B12 plus lidocaine plus normal saline.

In my clinical practice as Orthopaedic Surgeon I have given IA for 15 cases of OA. Their follow-up was made at 2 weeks, then at 1 month for three consecutive months, then at 6 months, then finally at 2 months. After one single shot of my special preparation patient was pain free for over 1 year in which 15 days physiotherapy course was included in 1st 2 week after IA.

All 15 cases were known cases of DM-2 with HTN and age between 49 to 79

**Discussion:** Since all patients had comorbid conditions and already under lots of drugs for DM and HTN, so my special preparation for OA, does not include any oral meds just single shot of my preparation. This puts patients in favorable state and puts patients in no risk or harm from long term analgesic use.

**Conclusion:** My special preparation single shot is superior and cost effective in comparison to other steroid repetitive use. It use help avoid long term analgesic use and its complications in patients with DM and HTN as their renal function and Heart function are always at risk.

**Keywords:** OA, Intra- Articular injection, Steroid, Special Preparation

### Introduction

My first case was a sister (nurse) mother suffering from Grade 2 OA as per ahlback's classification

The **Ahlbäck classification system** estimates the severity of osteoarthritis of knee joint, in patients with chronic knee pain.

According to Ahlbäck system knee joint osteoarthritis is classified as:

- **grade 1:** joint space narrowing (less than 3 mm)
- **grade 2:** joint space obliteration
- **grade 3:** minor bone attrition (0-5 mm)
- **grade 4:** moderate bone attrition (5-10 mm)
- **grade 5:** severe bone attrition (more than 10 mm)

I explained her about the use of steroid and its complication and told her all other steroids use as intra- articular injection would only keep her mother knee pain free for maximum up to three months as per various articles study and by Marshall meta- analysis systemic review study. I told her about this special preparation and explained her about the effect of each components used in my preparation

Steroid- Potent anti- inflammatory

Lidocaine- analgesic effect

Vit B1 and B12- enhance cartilage and soft tissue healing.

Normal saline- use for Dilution

She agreed and with her consent under all aseptic and antiseptic precaution and through lateral approach which I prefer I gave the patient Intra- articular injection.

In osteoarthritis most surgeons prefer steroid namely triamcinolone or methyl prednisolone for Intra-Articular injection but its efficacy is very limited, source can be proved from various article review. But I prefer my special preparation which consists of combination of triamcinolone hexacetonide or hydrocortisone or methyl-prednisolone plus vit.B1 plus vit.B12 plus lidocaine plus normal saline.

In my clinical practice as Orthopaedic Surgeon I have given IA for 15 cases of OA. Their follow up was made at 2 weeks, then at 1 month for three consecutive months, then at 6 months, then finally at 2 months. After one single shot of my special preparation patient

was pain free for over 1 year in which 15 days physiotherapy course was included in 1<sup>st</sup> 2 week after IA.

All 15 cases were known cases of DM-2 with HTN and age between 49 to 79

### Clinical Application

All 15 cases were injected with my special preparation with their written consent and full explanation about what is being injected to their joint and what could be outcome after intra-articular injection.

All 15 cases were graded on the basis of ahlback classification and all injected cases were grade 2 to grade 4 and lateral approach for intra- articular procedure was performed under all aseptic and septic condition. All 15 cases were known case of DM-2 and HTN under medication.

### Discussion

In an article published by Marshall Godwin (Intra-articular steroid injections for painful knees) it states that intra-articular steroid injections are useful in reducing pain for up to 4 weeks only.

To the contrary my preparation is superior in context to the meta-analysis study provided by Marshall Godwin. My special preparation intra- articular injection provide pain relief for patient up to 1 year which is documented as under TCM IN CHINA it is widely used for O.A multiple orthopedic problems but I use here as for O.A with patient consent.

Since all patients had comorbid conditions and already under lots of drugs for DM and HTN, so my special preparation for OA, does not include any oral meds just single shot of my preparation. This puts patients in favorable state and puts patients in no risk or harm from long term analgesic use.

### Conclusion/ Summary

My special preparation single shot is superior and cost effective in comparison to other steroid repetitive use. Its use help avoid long term analgesic use and its complications in patients with DM and HTN as their renal function and Heart function are always at risk.

After my intra-articular injection patient were advised for physiotherapy for Quadriceps strengthening for 15 days, and were told to avoid cross- sitting and squatting activities. After follow up at first 2 weeks, patients were happy and expressed their happiness by stating they are pain free completely and their knee ROM are gradually improving and thorough physical examination was done and no tenderness was elicited. Next follow up was made at 1 month for three consecutive month , during this follow up also patient was pain free and ROM was full and pain free. Next follow up was made at 6 month (in total 9 month plus 2 week) during this follow up also patient were pain free and ROM was full and pain free. Last follow up were made after 2 months (9 in total 11 months plus 2 weeks) still till this time all patients were pain free and ROM full and pain free. All patients during this whole period has avoided cross- sitting and squatting activities as much as possible, regular follow up was on time and no one missed follow up. So I would like to conclude by stating that my special preparation for OA is suited to be efficient and cost effective in management of OA pain, single shot is enough to take away pain for 1 year and counting, no need for repetitive use of Intra- articular injection [1-20].

### Competing Interest

None author has any such competing interest, but I would like all renowned orthopaedic surgeons to know about my special preparation and use it for OA intra- articular injection and see the effect by themselves.

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