Castor Oil versus Diclofenac for osteoarthritis pain

Osteoarthritis is a complex, active degenerative and repair process of cartilage and subchondral bone associated with a synovial inflammation. Pain control is the main objective of treatment of osteoarthritis. Regeneration of cartilage by medical means is not yet possible. Medical therapy consists of lifestyle modification and use of paracetamol/tramadol or anti-inflammatory drugs. Adverse effects of nonsteroidal anti-inflammatory drugs have always been a cause of concern and search is on for finding an effective and safe drug for pain relief. A group of scientists at AIIMS, New Delhi and PGIMER, Chandigarh studied efficacy of castor oil in symptomatic cases of primary knee osteoarthritis (1). A randomized, double-blind, comparative clinical study was conducted to compare the safety and efficacy of castor oil with diclofenac sodium in patients with primary knee osteoarthritis. Symptomatic subjects of primary knee osteoarthritis were given a castor oil capsule 0.9 mL (n = 50 cases) thrice daily or a capsule of diclofenac sodium (n = 50 cases), 50 mg thrice daily (a high dose indeed, not commonly used in day-to-day practice) for 4 weeks. These subjects were evaluated by clinical, laboratory and radiographic assessment for symptomatic relief (viz. pain relief) and adverse effects. Both drugs were found to be significantly effective (p < 0.001) in relief of knee osteoarthritis pain at the end of 4 weeks. No adverse effects were found in castor oil group whereas diclofenac sodium group reported higher percentage of adverse effects. Castor oil can thus be used as an effective therapy for symptom control in primary knee osteoarthritis. Eranda is described as Vatahara, Shoolaghna and Sookshma-srotovishodhana. It is also described as an important drug for Aamvata (inflammatory arthritis) although references on its use in Sandhigata Vata (non inflammatory arthritis) are lacking.