

Abstract #47654

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Tendonitis Is the Major Cause of PAIN in Osteoarthritis Knee Joint

Program Book Publication:

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Abstract Supplement and Online Publication:

These authors will be published in a supplement of the *Arthritis & Rheumatology* journal as well as the abstracts section of the annual meeting website (www.ACRannualmeeting.org). **Syed Zahid Hussain Bokhari**, Pain & Plegia centre

Abstract Text

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Background/Purpose: The technique of unmasking and treating the underlying problem developed in year 2000 and first published in the year 2006 revealed that pain knee in OA is a referred pain and originates in lesions proximal to the knee joint. In the initial studies therapeutic technique of Acupuncture was used to relieve pain knee in OA. Palpation around the joint to find the cause of recurrence of pain led to the identification of two lesions proximal to the knee upon Adductor Tubercle and upon the origin of Lateral Head of Gastrocnemius. This study was carried out to treat the pain knee in OA by treating these two lesions escaping the process of relieving the pain knee by acupuncture and to establish its efficacy.

Methods: Clinical work making the base of this research was carried out at Pain and Plegia Centre, Dabgari Gardens Peshawar from 2010 to 2012. Patients reporting with knee pain were palpated deep around the knee joint and major tender spots identified upon Adductor tubercle on medial aspect and origin of Gastrocnemius (lateral head) on lateral aspect proximal to the knee. These lesions were injected each with 20 mg of Triamcinolone Acetonide diluted in 2 ml of Xylocaine 2%

Results:

The lesions responded favourably to the simple treatment and patients of pain knee joint of various durations were completely pain free. On their first follow-up after 48 hours they felt confident and expressed positive hopes about the success of treatment. Ten days were required for optimal healing and patients exhibited 80–90% relief at the end of this time. Deep palpation was carried out at the follow-up to identify any point of appreciable tenderness. It was essentially around the same major sites, the reason being that the lesion would have involved certain area around the major trigger spots. Patients remained relieved of pain for months and their joint functions were restored. Subsequently they did not require any analgesics.

Conclusion: Osteoarthritic changes inside the knee joint are not be the cause of pain knee in OA, rather it is a referred pain. Two lesions one upon the Adductor tubercle on medical side and another upon origin of lateral head of Gastrocnemius on the lateral side proximal to the knee joint are identified to attribute to this pain. These lesions are tendonitis and ethenitis upon these sites. Highly tender to palpation these are very much amenable to the simple treatment indicated. These findings establish the concept that pain knee in OA is neither because of reduction in joint space nor due to reduction in surface cartilage nor due to drying of synovial fluid. These lesions not recorded in any

book of medicine or surgery thus it is a new discovery and may even change the shape of this part of rheumatology.

Disclosure: S. Z. Hussain Bokhari, None;

Topic Selection:

Osteoarthritis - Clinical Aspects

Submitter's E-mail Address:

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Preferred Presentation Format:

No Preference

Study Sponsors:

- Pain and Plegia centre: The clinical work in Pain management is being conducted in the centre since 1995

Keywords:

Knee, acupuncture, clinical research, osteoarthritis and tendonitis/bursitis

Additional Information:

Research Method:

Clinical

Trial Type:

Treatment

This abstract reports the results of a clinical trial not yet approved by a regulatory agency.

Trial Phase:

Phase III

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