



Effects of Galbanum Oil on Patients with Knee Osteoarthritis: A Randomized Controlled Clinical Trial

Seyede Zahra Emami-Razavi¹, Majid Khamessi², Bijan Forough², Mehrdad Karimi³,
Korosh Mansoori², Simin Sajadi², Mohadeseh Azadvari¹

¹ Department of Physical Medicine and Rehabilitation, Imam Khomeini Hospital, Tehran University of Medical Sciences, Tehran, Iran

² Department of Physical Medicine and Rehabilitation, Firoozgar Hospital, Iran University of Medical Sciences, Tehran, Iran

³ Department of Traditional Medicine, School of Traditional Medicine, Tehran University of Medical Sciences, Tehran, Iran

Received: 7 Dec 2015

Revised: 7 Jan 2016

Accepted: 1 Feb 2016

Abstract

Knee osteoarthritis is considered as a major public health issue causing chronic disability worldwide with the increasing number of aging people. Many sufferers with knee osteoarthritis are using complementary and alternative medicine including herbal drug, herbal patch, etc. This research aimed to compare the efficacy of galbanum oil in the management of knee osteoarthritis with diclofenac gel using parallel randomized controlled design. In this randomized controlled trial (RCT), 32 patients with chronic knee pain due to osteoarthritis were randomly allocated into two equal groups. The intervention group received topical galbanum oil and control group received topical diclofenac gel. The drugs were given for 1 month, 3 times per day. Outcomes were assessed using Persian version of Western Ontario McMaster University Osteoarthritis Index (WOMAC) and visual analog scale (VAS). No statistically significant difference was observed between the topical galbanum oil and topical diclofenac gel regarding knee pain, morning stiffness and physical function over the 1- and 2-months follow-up period. It seems that using topical galbanum oil is clinically effective for patients suffering from knee osteoarthritis in order to decrease their pain, morning stiffness and limited function; its effect is comparable with topical diclofenac gel. Considering lesser side effects of galbanum and its herbal base, it may be a better choice compared to topical diclofenac in management of the pain of knee osteoarthritis at least in short term.

Keywords: Ferula gummosa; Galbanum oil; Knee osteoarthritis; Pain; Morning stiffness

Citation: Emami-Razavi SZ, Khamessi M, Forough B, Karimi M, Mansoori K, Sajadi S, et al. **Effects of Galbanum Oil on Patients with Knee Osteoarthritis: A Randomized Controlled Clinical Trial.** Trad Integr Med 2016; 1(3): 101-7.

Corresponding Author: Mehrdad Karimi
Email: mehrdadkarimi@yahoo.com

1. INTRODUCTION

Osteoarthritis (OA), the most common form of arthritis, is a chronic, degenerative, joint disease that affects mostly middle-aged and older adults. Osteoarthritis is characterized by a series of pathological changes in the whole joint, including cartilage loss, bone remodeling, excess synovial fluid secretion, capsular swelling, inflammation in the synovium (synovitis), bone marrow lesions, muscle weakness, and atrophy resulting in bone thickening and formation of bone growths or spurs that interfere with joint movement [1], [2].

The symptoms of the knee osteoarthritis are pain, morning stiffness and knee limited motion [3]. In the past few years, there is not much progress in treating the disease and it is limited to some analgesic anti-inflammatory drugs [4], [5]. There are various curing methods including oral medicines, topical drugs, intra-joint injection, complementary drugs and surgery [6], [7], [8], [9]. Nonsteroidal anti-inflammatory drugs (NSAID) such as aspirin or ibuprofen are extensively used for treatment [4], [8]. Based on the current and predicted estimates of knee osteoarthritis rates, an increase in the number of people suffering side effects of analgesics and NSAIDs will also occur. Consequently, with the frequency and severity of side effects of NSAIDs and analgesics, suggestions for less toxic treatment of osteoarthritis are warranted [10].

Evidence gathered from a systematic review show that herbal medicines, which appear relatively safe, may offer a much-needed alternative, and merit further attention [11]. Natural remedies, because of their relative safety, may reduce the dependency on NSAIDs and analgesics and could have important role in the treatment of osteoarthritis, even if they are only moderately effective [10]. These drugs are very prevalent and popular in some countries [12].

Ferula gummosa Boiss (Persian name, "Baridje") is one of the most well-known medicinal plants in Iran [13]. Its root has

glandular tissues rich in oleo-gum-resin (commercially known as galbanum) [14], [15]. Among the traditionally reported medicinal uses of *Ferula* species in Iran are treating convulsion, neurological disorders, diabetes, joint pain and inflammation [16], [17], [18], [19], [20], [21], [22], [23], [24], [25].

The present study aimed to investigate the analgesic effects of galbanum oil as a topical medicine compared to topical diclofenac gel in patients with knee osteoarthritis.

2. METHODS

Patients aged more than 18 years with knee osteoarthritis were included in the study and excluded if they had active infectious disease, skin lesion in knee, renal failure, history of knee surgery during 2 months before, alcohol or opioid abuse, pregnancy or breastfeeding, and allergy to galbanum oil.

The study protocol was approved by the local ethics committee at Iran University of Medical Sciences. The intervention was explained to the patients and written informed consent was signed by all patients before participation in the study.

The trial was registered at the Iranian Registry of Clinical Trials (IRCT) with the reference ID of IRCT2014102719699N1.

In view of the significant level of 0.05 and power of 0.8, at least 10 score difference between the two groups, and in regard to standard deviation (SD) of 8, the sample size was calculated 15 people for each group.

This single-blind randomized controlled trial investigated the efficacy of galbanum oil to treat knee osteoarthritis. Patients were allocated into galbanum or diclofenac treatment groups using a block randomization method. Participants and rater were both blinded to the treatment. Patients were told that they may receive topical galbanum or diclofenac (Figure 1). Study was done at Firoozgar hospital, Iran University of Medical Sciences, Iran, in 2014.

Essential oil of *Ferula gummosa* was prepared from the Barij Essence Co. (Iran). A hundred gram of solid paraffin (Farabi Co.,

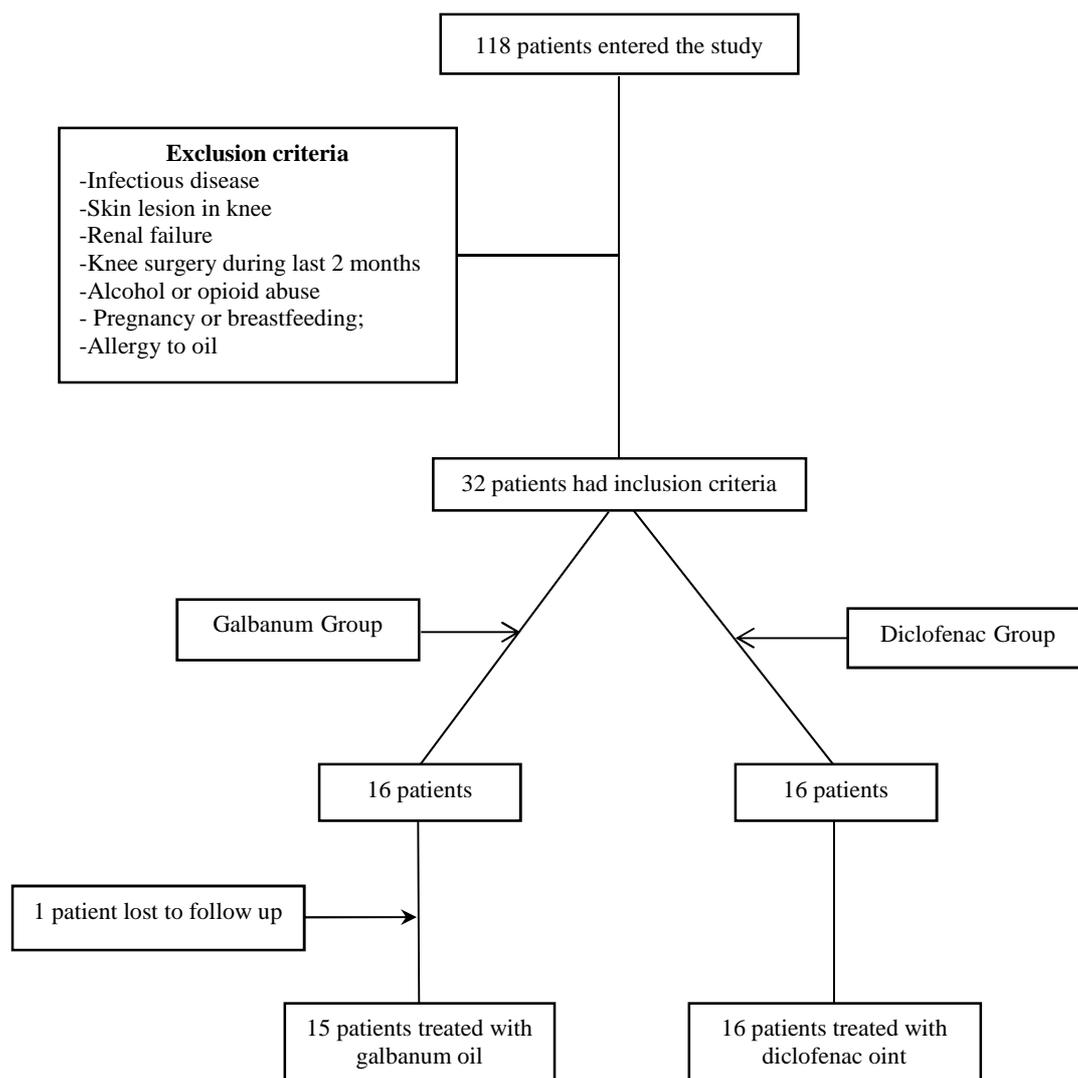


Figure 1. Study flowchart

Iran) was dissolved and five ml of essential oil was added to paraffin. Then, the mixture was interlarded by the mixer. Each gram contained 8.5 mg of 1, 8-cineole.

Sixteen patients were assigned to galbanum oil and 16 to diclofenac gel group. Patients took a knuckle of topical ointment three times per day and massaged it over the knee for one minute for four weeks. Patients were instructed to strengthen quadriceps muscles three times per day. If needed, patients were allowed to take oral acetaminophen and should inform the physician of the dose. In galbanum group, sixty grams of galbanum ointment and in diclofenac group, sixty grams of diclofenac gel were given to each patient. Each gram of

diclofenac gel contained 1 mg diclofenac sodium and created by Razak Co. (Iran).

Pain severity was rated using a 10-point visual analogue scale (VAS), where 0 was no pain and 10 was pain as severe as possible.

The Persian version of Western Ontario McMaster University Osteoarthritis Index (WOMAC) was used to evaluate the pain, morning stiffness and limited physical activity of the patients before initiation of treatment, and 1 and 2 months after it. The WOMAC score has 24 questions and 3 domain including pain, morning stiffness, and limited physical activity. Each domain is rated from 0 to 4; the higher rate in WOMAC score indicates the worse condition of patients.

Data were analyzed using SPSS statistical

software (SPSS Inc., Chicago, IL). The level of significance was set at $P < 0.05$. Distributional data characteristics were assessed; primary and secondary continuous variables were normally distributed. Descriptive statistics were used to describe baseline characteristics and outcomes measures at each time point; Separate confounding analyses were conducted for participant age, gender, body mass index (BMI), and radiographic grading.

The units of analysis in the VAS and WOMAC scores were the participants. Percent improvement in VAS and WOMAC score was calculated as the percentage change in total outcome measures from baseline to one- and two-months follow-up time. Data from outcomes were analyzed against baseline utilizing repeated-measure ANOVA test. For inter-group participants' analysis, repeated measure ANOVA test compared the change in outcome measures from baseline to one- and two-months follow-up.

3. RESULTS

Thirty-eight patients with knee osteoarthritis (6 males and 32 females) were recruited in this study with a mean age of 58.79 ranging from 38 to 79 years. Six patients discontinued participation in the study, two patients in galbanum group due to worsening of pain and four patients in diclofenac group because of

physiotherapy and acupuncture. Thirty two patients completed the study, mainly were female ($n = 26$, 81.2%). In this study, the written radiography reports of the patients' knee consisted of grade 1 ($n = 6$), grade 2 ($n = 15$), and grade 3 ($n = 11$).

Comparison of patients' baseline clinical and demographic characteristics revealed no statistically significant difference between the two groups at the time of enrollment. Patients' pain characteristics and demographics are summarized in table 1.

One month after the treatment, there were no significant difference between the groups in patients' pain score in all subcategories. These results repeated in patients follow-up, two months after intervention. In patients follow-up with VAS score and WOMAC questionnaire, there were no significant differences between the groups two months after intervention (Table 2).

One month after the treatment, in galbanum group, there was significant difference in patients' VAS and WOMAC scores, in all categories; and in diclofenac group, significant differences were seen in patients' VAS and WOMAC scores. Two months after the intervention, in patients' follow-up, no significant differences were seen in any of the groups regarding VAS and WOMAC scores (Table 2).

Table 1. Patients' pain characteristic and demographics in two groups

Variable	Group	Galbanum oil	Diclofenac	P value
Sex [n(%)]				> 0.999
Men		3(18.8)	3(18.8)	
Women		13(81.2)	13(81.2)	
Age (Year)		60.89 ± 11.29	56.69 ± 11.01	0.297
BMI (kg/m ²)		27.18 ± 3.83	29.48 ± 4.74	0.142
Education [n(%)]				0.209
Under diploma		5(31.3)	3(18.8)	
Diploma		6(37.5)	10(62.5)	
Associate degree		1(6.3)	0(0)	
Bachelor		2(12.5)	3(18.8)	
Master		2(12.5)	0(0)	
Radiology grade [n(%)]				0.924
Grade 1		3(18.8)	3(18.8)	
Grade 2		7(43.8)	8(50)	
Grade 3		6(31.5)	5(31.3)	

BMI: Body mass index

Table 2. Comparison of galbanum oil and diclophenac in different outcomes of knee osteoarthritis

Variable	Galbanum group	Diclophenac group
VAS		
Changes a month after the intervention	-0.56	-1.18
Changes two month after the intervention	+0.19	-0.56
Pain		
Changes a month after the intervention	-3.13	-1.69
Changes two month after the intervention	-0.82	+0.18
Joint stiffness		
Changes a month after the intervention	-0.57	-0.32
Changes two month after the intervention	-0.25	+0.12
Physical Function		
Changes a month after the intervention	-2.44	-6.37
Changes two month after the intervention	+1.13	-1.37
WOMAC		
Changes a month after the intervention	-6.12	-9
Changes two month after the intervention	+0.26	-1.06

VAS: Visual analog scale; WOMAC: Western Ontario McMaster University Osteoarthritis Index

No adverse effect was seen during the treatment.

4. DISCUSSION

Presently, there is no effective treatment for osteoarthritis, much less a cure. The use of ethnomedical information has contributed to health care worldwide, even though efforts to use it have been sporadic [26]. A large number of herbal medicines have been traditionally used for the management of osteoarthritis such as *Achillea millefolium*, *Acorus calamus*, *Allium sativum*, and *Althaea officinalis*. These medicinal plants potentially alleviate inflammation and synovitis via suppression of nitric oxide (NO) and cartilage degradation by destructive matrix metalloproteinases (MMP-3 and MMP-9), down regulation of inflammatory cytokines such as interleukin (IL)-12, IL-2, IL-8, tumor necrosis factor (TNF)- α , IL-1 α , IL-6, IL-8, interferon (IFN)- γ , and nuclear factor (NF)- κ B as well as their antioxidant, analgesic, and anti-nociceptive activities [27].

This study aimed to investigate whether galbanum oil could induce relief in pain in patients with knee osteoarthritis. For this purpose, the effect of galbanum oil on severity of pain was compared with diclofenac gel.

In this study, the mean of age, the duration of disease, height, weight, BMI, gender

distribution, type of knee were similar in both groups. Based on the results, pain, morning stiffness and limited activity of daily living had reduction in both groups in 1 month after intervention. This difference was statistically significant. While these indexes never reached the level of statistical significance after 2 months and difference was not significant between the two groups as well.

One of the limitations of this study was the small sample size. Another limitation was the lack of placebo group.

Galbanum is a well-known herb in traditional Persian medicine and had been used for management of joint pain and inflammation. In the present study, the analgesic and anti-inflammatory properties of galbanum oil was considered for the first time and these pharmacological activities have not previously evaluated in any other studies. However, some studies performed on other topical herbal drugs support effectiveness of natural remedies. A study of topical capsaicin in hands osteoarthritis found tenderness to be reduced by 40% compared to the control group [28]. In another study, the effect of topical herbal cream on hand and knee osteoarthritis was compared with placebo and patients' pain score was significantly improved after the treatment [29].

One of the proposed mechanisms to explain the effect of galbanum oil on knee

pain is 1,8-cineole which has anti-inflammatory effect [30].

Therefore, we can say galbanum oil could have an outcome at least equal to diclofenac gel in the management the symptoms of knee osteoarthritis. However, due to the small sample size of this study, further studies with larger groups are required to confirm this finding.

This study showed that there is no difference between the pain improvement rate and quality of life in one month and two

months from either consumption of the topical galbanum or diclofenac. Considering lesser side effects of galbanum and its herbal base, it may be a better choice compared to topical diclofenac for management of the pain of the knee osteoarthritis at least in short term.

5. CONFLICT OF INTERESTS

Authors have no conflict of interests.

6. ACKNOWLEDGMENTS

None.

REFERENCES

- [1] Dougados M. Osteoarthritis: more evidence for non-pharmacological OA therapy. *Nat Rev Rheumatol* 2009; 5: 597-598.
- [2] Felson DT. Developments in the clinical understanding of osteoarthritis. *Arthritis Res Ther* 2009; 11: 203.
- [3] Hochberg MC, Altman RD, Brandt KD, Clark BM, Dieppe PA, Griffin MR, et al. Guidelines for the medical management of osteoarthritis. Part II. Osteoarthritis of the knee. *American College of Rheumatology. Arthritis Rheum* 1995; 38: 1541-1546.
- [4] Hungin AP, Kean WF. Nonsteroidal anti-inflammatory drugs: overused or underused in osteoarthritis? *Am J Med* 2001; 110: 8S-11S.
- [5] Petrella RJ, DiSilvestro MD, Hildebrand C. Effects of hyaluronate sodium on pain and physical functioning in osteoarthritis of the knee: a randomized, double-blind, placebo-controlled clinical trial. *Arch Intern Med* 2002; 162: 292-298.
- [6] Altman RD. Practical considerations for the pharmacologic management of osteoarthritis. *Am J Manag Care* 2009; 15: S236-S243.
- [7] Ameye LG, Chee WS. Osteoarthritis and nutrition. From nutraceuticals to functional foods: a systematic review of the scientific evidence. *Arthritis Res Ther* 2006; 8: R127.
- [8] Buffum M, Buffum JC. Nonsteroidal anti-inflammatory drugs in the elderly. *Pain Manag Nurs* 2000; 1: 40-50.
- [9] Miller MJ, Mehta K, Kunte S, Raut V, Gala J, Dhumale R, et al. Early relief of osteoarthritis symptoms with a natural mineral supplement and a herbomineral combination: A randomized controlled trial [ISRCTN38432711]. *J Inflamm (Lond)* 2005; 2: 11.
- [10] Felson DT, McAlindon TE. Glucosamine and chondroitin for osteoarthritis: to recommend or not to recommend? *Arthritis Care Res* 2000; 13: 179-182.
- [11] Long L, Soeken K, Ernst E. Herbal medicines for the treatment of osteoarthritis: a systematic review. *Rheumatology* 2001; 40: 779-93.
- [12] Teekachunhatean S, Kuanusorn P, Rojanasthien N, Sananpanich K, Pojchamarnwiputh S, Lhieochaiphunt S, et al. Chinese herbal recipe versus diclofenac in symptomatic treatment of osteoarthritis of the knee: a randomized controlled trial [ISRCTN70292892]. *BMC Complement Altern Med* 2004; 4: 19.
- [13] Zargari A. Medicinal plants. University of Tehran Publications. Tehran, Iran 1984. [In Persian].
- [14] Ghasemi Y, Faridi P, Mehregan I, Mohagheghzadeh A. Ferula gummosa fruits: an aromatic antimicrobial agent. *Chem Nat Compd* 2005; 41: 311-314.
- [15] Jalali HT, Ebrahimian ZJ, Evtuguin DV, Neto CP. Chemical composition of oleo-gum-resin from Ferula gummosa. *Industrial Crops and Products* 2011; 33: 549-553.
- [16] Asili J, Sahebkar A, Fazly Bazzaz BS, Sharifi S, Iranshahi M. Identification of essential oil components of ferula badrakema fruits by GC-MS and 13C-NMR methods and evaluation of its antimicrobial activity. *Journal of Essential Oil Bearing Plants* 2009; 12: 7-15.
- [17] Maggi F, Cecchini C, Cresci A, Coman MM, Tirillini B, Sagratini G, et al. Chemical composition and antimicrobial activity of the essential oil from Ferula glauca L. (F. communis L. subsp. glauca) growing in Marche (central Italy). *Fitoterapia* 2009; 80: 68-72.
- [18] Iranshahi M, Fata A, Emami B, Shahri B, Bazzaz B. In vitro antifungal activity of polysulfides-rich essential oil of Ferula latisecta fruits against human pathogenic dermatophytes. *Nat Prod Commun* 2008; 3: 1543-1546.
- [19] Tepe B, Daferera D, Sokmen A, Sokmen M, Polissiou M. Antimicrobial and antioxidant activities of the essential oil and various extracts of Salvia tomentosa Miller (Lamiaceae). *Food Chem* 2005; 90: 333-340.
- [20] Appendino G, Mercalli E, Fuzzati N, Arnoldi L, Stavri M, Gibbons S, et al. Antimycobacterial coumarins from the sardinian giant fennel (Ferula communis). *J Nat Prod* 2004; 67: 2108-2110.

- [21] Mossa JS, El-Ferally FS, Muhammad I. Antimycobacterial constituents from *Juniperus procera*, *Ferula communis* and *Plumbago zeylanica* and their in vitro synergistic activity with isonicotinic acid hydrazide. *Phytother Res* 2004; 18: 934-937.
- [22] Mandegary A, Sayyah M, Heidari MR. Antinociceptive and anti-inflammatory activity of the seed and root extracts of *ferula gummosa* Boiss in mice and rats. *DARU J Pharm Sci* 2004; 12: 58-62.
- [23] Fatehi M, Farifteh F, Fatehi-Hassanabad Z. Antispasmodic and hypotensive effects of *Ferula asafoetida* gum extract. *J Ethnopharmacol* 2004; 91: 321-324.
- [24] Sayyah M, Mandgary A, Kamalinejad M. Evaluation of the anticonvulsant activity of the seed acetone extract of *Ferula gummosa* Boiss. against seizures induced by pentylenetetrazole and electroconvulsive shock in mice. *J Ethnopharmacol* 2002; 82: 105-109.
- [25] Dehghan G, Shafiee A, Ghahremani MH, Ardestani SK, Abdollahi M. Antioxidant potential of various extracts from *ferula szovitsiana*. In relation to their phenolic content. *Pharmaceutical Biology* 2007; 45: 691-699.
- [26] Fabricant DS, Farnsworth NR. The value of plants used in traditional medicine for drug discovery. *Environ Health Perspect* 2001; 109: 69-75.
- [27] Farzaei MH, Farzaei F, Gooshe M, Abbasabadi Z, Rezaei N, Abdolghaffari AH. Potentially effective natural drugs in treatment for the most common rheumatic disorder: osteoarthritis. *Rheumatol Int* 2015; 35: 799-814.
- [28] Tsai CC, Chou YY, Chen YM, Tang YJ, Ho HC, Chen DY. Effect of the herbal drug *guilu erxian jiao* on muscle strength, articular pain, and disability in elderly men with knee osteoarthritis. *Evid Based Complement Alternat Med* 2014; 2014: 297458.
- [29] Gemmell HA, Jacobson BH, Hayes BM. Effect of a topical herbal cream on osteoarthritis of the hand and knee: a pilot study. *J Manipulative Physiol Ther* 2003; 26: e15.
- [30] Santos FA, Rao VS. Antiinflammatory and antinociceptive effects of 1,8-cineole a terpenoid oxide present in many plant essential oils. *Phytother Res* 2000; 14: 240-244.