

# Osteoarthritis of the Knee in the Elderly

Victor Wu

Osteoarthritis (OA) of the knee joint in the elderly is a combined result of chronic strain and degeneration of the knees which commonly occurs between the ages of 50 and 60 years, especially in those over-weight women.

Knee joints are the largest and most complex joints in the body. They support the body's weight and perform the greatest movement. Soft tissues surrounding the knee may be easily strained or sprained and the surface of cartilages may be damaged by impact, causing ligaments to become calcified and osteological spurs to appear on the knee joint. These will in turn irritate the mucous membrane causing inflammation, swelling and pain (Bursitis).

According to the principles of Chinese medicine there are two causes of osteoarthritis of the knee:

(1) The body's gradual degeneration. As mentioned in "Common Conditions of Bones and joints in the Elderly", bones are related to the kidney; ligaments and tendons are related to the liver. If there is a deficiency of kidney function, bones will lack supplement and become weaker. If there is a deficiency of liver function, ligaments and tendons cannot be maintained and will lose strength.

(2) The other cause is harmful outside factors. Coldness, wind, dampness and injuries will block channels and collaterals around the knee which then restricts the knee's movement. This is most evident in Melbourne, Australia where the prevailing weather comes from the sea producing a cold wind. Also, people are used to kneeling whilst working which easily causes chronic knee injury.

There are swelling and stiffness in the knee region whilst walking or when standing a long time and will become worse after working hard or at night time. Difficulty is often experienced in bending the knee when ascending or descending stairs, especially when descending stairs in many cases. Whilst walking, some people experience "knee-lock" causing them to fall to their knees. Degenerative changes in the knee such as eroded or missing cartilages, spurs or calcification will be evident from X-rays.

The treatment course will take longer than other conditions such as "frozen shoulder" or "tennis elbow" due to the chronic nature of the degenerative condition and the necessity to keep the knee still "working" whilst being treated.

Great benefits can be achieved by using a comprehensive therapy which includes Tuina (Chinese therapeutic massage, acupressure and joint manipulation), acupuncture and Chinese herbal medicine.

**Greatpatch-S** should be applied if there is both swelling and pain; if there is no swelling but there is soreness and weakness, **Greatpatch-A** should be applied. Taking herbal medicine can regulate the body's condition which in turn strengthens ligaments and bones.

The loss of weight will greatly benefit over-weight patients as it will improve mobility and reduce weight carried by the knees.