

CONCLUSION

In short-term symptomatic treatment of OA of knee, the greatest improvement in all outcome variables was demonstrated in EA group. In addition, EA was more effective than placebo regarding reductions in 100 mm VAS and WOMAC stiffness index, but was more effective than diclofenac regarding only reduction in 100 mm VAS. The combination of EA and diclofenac did not enhance the therapeutic effects more than EA alone. Local contrusions were minor adverse effect commonly found in EA and combined groups. Some patients previously not responded to either placebo or diclofenac were considered to be EA responders after crossing over to receive EA treatment. The more effective and much less serious adverse effects of EA make this procedure the attractive alternative treatment in patients with OA of knee even in patients who has failed from other treatment modalities. All treatments might exert their therapeutic effects via the mechanisms not related to alteration in metabolism of hyaluronic acid as well as CS 3-B-3(+) and W-F-6 epitopes in cartilage of the affected joints.