CALCIUM SUCCINATE AND ASPIRIN IN RHEUMATIC DISEASE

and Drug

manufacturer, and its effect compared with that of aspirin alone given by a similar course in similar doses.

(3) Although "Dolcin" often gave relief from pain, the relief was symptomatic only, and the patient was no better than when aspirin was given alone.

REFERENCES


Evaluation Clinique de "Dolcin"

RÉSUMÉ

(1) Pendant une période de deux ans, l'action de "Dolcin" (spécialité médicale de comprimés contenant de l'aspirine 3·9 gr. et du succinate de calcium 2·5 gr.) fut comparée à celle de l'aspirine seule en doses similaires.

(2) On soumettait les malades à une cure complète selon les instructions des fabricants et on comparait l'effet à celui obtenu par une cure similaire d'aspirine seule en doses similaires.

(3) Bien que "Dolcin" faisait souvent diminuer la douleur, le soulagement n'était que symptomatique et le malade ne se portait pas mieux que quand il prenait de l'aspirine seule.

Valoración Clínica de "Dolcin"

RESUMEN

(1) Durante un periodo de dos años la acción de "Dolcin" (específico en forma de comprimidos conteniendo aspirina 3·9 gr. y succinato de calcio 2·5 gr.) fue comparada a la de aspirina sola en dosis similar a aquella contenida en los comprimidos.

(2) Los enfermos fueron sometidos a un tratamiento completo según la recomendación del fabricante y los efectos comparados con aquellos de la aspirina sola, administrada de manera semejante y en dosis similares.

(3) Aunque "Dolcin" frecuentemente calmó el dolor, el alivio fue meramente sintomático y los enfermos no se sintieron mejor que cuando tomaron simplemente aspirina.

(II) CALCIUM SUCCINATE WITH ASPIRIN AS AN ANTI-RHEUMATIC AGENT*

BY

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A clinical evaluation of "Dolcin" (calcium succinate 2·5 gr. with aspirin 3·9 gr., see p. 118) was conducted in the Rheumatology Clinic in the Out-Patient Department of the Georgetown University Hospital between August, 1948, and August, 1949. Four cases of rheumatoid arthritis and five cases of osteo-arthritis were given this drug in accordance with the manufacturer's instructions:

IT IS RECOMMENDED that not fewer than TWELVE tablets be taken daily (three tablets with water before each meal, and three at bedtime) until acute symptoms are relieved. Then, follow this with EIGHT TABLETS (two tablets, four times) daily for ten weeks . . . or until all symptoms disappear. At this time, cut the dosage to FOUR TABLETS (one tablet, four times) for eight weeks more.

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For the most effective results it is most important to continue taking the tablets for a few months after relief from pain has been obtained, for it is an established fact that Rheumatic activity usually persists in the body for a considerable period after the acute symptoms have subsided.

In addition, four cases of rheumatoid arthritis and four cases of osteo-arthritis were given a placebo of the exact appearance of Dolcin (including the raised letter "D") similar to that on the tablet, but containing only 3·9 gr. aspirin.

Patients who were receiving placebo were given the same instructions as those receiving Dolcin. Medications given to the patient were designated "AB-1" and "CD-2". It was not known to the patient nor to the physician administering the drug which of these two medications was Dolcin and which was aspirin alone until the completion of the test. No other medications were given during the test.

Cases were selected at random from those referred to the Rheumatology Clinic. Prior to the institution of therapy, all patients underwent a complete medical survey including history, physical examination, complete blood count, urine analysis, sedimentation rate, and x-ray of at least one involved joint. The author personally reviewed each case before and at the completion of therapy. All the cases of rheumatoid arthritis chosen for the study showed evidence of rheumatic activity as indicated by symptoms of pain and stiffness, and one or more objective signs of tenderness, swelling, limitation of motion, redness and local heat, plus an elevated sedimentation rate. The cases of osteo-arthritis presented symptoms of pain and stiffness, and jelling phenomena, signs of chronically enlarged joints with limitation of motion in some cases, and x-ray evidence of hypertrophic lipping and spur formation.

Each case was evaluated on the alleviation or increase of subjective symptoms, the alteration of objective signs, and changes in laboratory data during and at the conclusion of the test.

Case Reports

A. Rheumatoid Arthritis Cases Receiving Dolcin.

(1) J.G.E., 60-year-old white female, with rheumatoid arthritis of 30 years' duration, was given Dolcin from November 4, 1948, to May 19, 1949. During that time there was some moderate subjective improvement with relief of some of the soreness and pain, and slight objective improvement with increased range of motion. There was no change in the sedimentation rate which remained elevated and no change in the x-ray appearances.

(2) T.C., 48-year-old white female, with rheumatoid arthritis of two years' duration, was given Dolcin from December 22, 1948, to March 23, 1949, during which time there was no objective improvement, and the patient felt somewhat worse subjectively. There was no change in the sedimentation rate nor in the x-ray appearances.

(3) Ch.T., 72-year-old white male, with rheumatoid arthritis of ten months' duration, was given Dolcin from August 12, 1948, to October 28, 1948, during which time he went downhill rather markedly both subjectively and objectively, with increasing pain and limitation of motion of the involved joints. During this period he also developed gastro-intestinal upset with reactivation of an old duodenal ulcer which had been inactive for some months prior to therapy. There was no change in either the sedimentation rate or the x-ray appearances. After ten weeks the patient felt so bad that he refused to continue the medication.

(4) J.C., 53-year-old white female, with rheumatoid arthritis of nine years' duration, was given Dolcin from May 12, 1949, to July 21, 1949. During the last two weeks...
of therapy the patient noted some moderate subjective improvement with some relief of soreness, but there was no objective improvement, neither increased motion nor decreased swelling. There was no change in the sedimentation rate nor in the x-ray pictures.

Thus, of the four cases of rheumatoid arthritis treated with Dolcin, two (G.E. and J.C.) noted some subjective improvement, and two others (C. T. and Ch. T.) felt worse while taking the drug. The only objective changes were some slight increase in the motion of some of the involved joints in one (G.E.) and moderate increase in the acute swelling with decreased motion of the joints in another (Ch. T.). There was no significant change in the x-ray appearances or sedimentation rate in any case.

B. Rheumatoid Arthritis Patients Receiving Placebo.

(1) L.B., 49-year-old white female, was given the placebo from August 26, 1948, to March 17, 1949, during which time there was initial improvement but then steady progression of symptoms. At the conclusion of therapy there was no significant subjective nor objective change; the sedimentation rate remained elevated and there was no change in the x-ray appearances.

(2) W.J., 66-year-old coloured male, had had recurring attacks of rheumatoid arthritis for some 40 years. He was given the placebo from February 3 to July 9, 1949, during which time there was moderate subjective improvement but no objective change. The sedimentation rate remained elevated and the x rays showed no change.

(3) M.P., 39-year-old white female, with rheumatoid arthritis of some 20 years’ duration, was given the placebo from October 14, 1948, to January 27, 1949. There was progression of the symptoms during that time, and the sedimentation rate, which was normal at the start of therapy, was markedly elevated at the completion. X rays showed some moderate increase in the condition.

(4) M.T., 39-year-old coloured female, with progressive rheumatoid arthritis of 4 years’ duration, was given the placebo between September 16, 1948, and December 2, 1948. During this time she went progressively, downhill clinically, but the sedimentation rate fell from 60 to 41. There was no significant change in the x rays.

Thus, of the four cases taking the placebo, one (W.J.) claimed some subjective improvement and two (M.P. and M.T.) felt worse. The two latter showed objective clinical signs of increased progress of the disease, although one (M.T.) showed a fall in the sedimentation rate and the other a rise. The x rays showed little change.

Of interest is the fact that all eight cases of rheumatoid arthritis were asked to stay on the drug at least five months, but only one of the cases taking Dolcin and two of the cases taking the placebo would do so, the others refusing on the grounds that they were not being benefited. However, only a single case of pronounced gastric irritation was noted, a reactivation of an old ulcer in one of the cases taking Dolcin.

C. Osteo-Arthritis Cases Receiving Dolcin.

(1) A.B., 62-year-old coloured female, had exhibited symptoms for only three years, but her marked x-ray changes indicated the existence of the condition over a considerably longer period. She took Dolcin from October 7, 1948, to April 21, 1949, with rather marked subjective relief of pain and soreness, and moderate objective evidence of increased motion. No change in the x-ray picture was noted.

(2) M.G., 58-year-old white female, with symptoms of osteo-arthritis of 10 years’ duration, took Dolcin from August 26, 1948, to February 26, 1949. Subjectively there was relief of pain and objectively there was some moderate objective improvement
in the motion of one knee and hand. The relief of pain and stiffness, however, was noted only so long as she was under the influence of the drug and symptoms returned when it was discontinued. The objectively improved motion, however, continued to be noted several months after the drug was discontinued.

(3) C.H., 60-year-old white female, with symptoms of five years' duration, was given Dolcin from September 2, 1948, to March 3, 1949. She had relief of pain so long as the drug was continued, but noted the return of pain and stiffness as soon as it was withheld. There was no objective evidence of any change, but x ray of the knees, however, showed a definite increase in the osteo-arthritic lipping several months after the completion of the treatment.

(4) M.S., 64-year-old white female, with symptoms of osteo-arthritis of 10 years' duration, took Dolcin from August 12, 1948, to November 14, 1949, and during that time had marked subjective increase in pain and stiffness with some objective increase in her inability to get up and sit down. X rays showed no particular change after therapy.

(5) B.P., 43-year-old white female, who had had symptoms in the hands for approximately 10 years, took Dolcin from August 20, 1948, to April 28, 1949. During that time there was an increase in symptoms, no change objectively, and no change in the x-ray appearances.

Thus, of the five cases of osteo-arthritis receiving Dolcin, three (A.B., M.G., and C.H.) noted subjective improvement and two (A.M. and M.G.) were observed to have objective improvement. Two cases (M.S. and B.P.) were subjectively worse, and one (M.S.) was objectively worse. In four there was no change in the x-ray picture, and in one there was increased lipping.

D. OSTEo-ARTHRITIS CASES RECEIVING PLACEBO.

(1) B.H., 83-year-old white male, who had had symptoms of osteo-arthritis for about 3 years, was placed on the placebo from October 21, 1948, until April, 1949. He noted marked subjective relief of pain while taking the drug, but there was only moderate objective evidence of any change. X rays showed no changes.

(2) V.L., 68-year-old white female, with symptoms of osteo-arthritis of the hands of fifteen years' duration, took the placebo from September 16, 1948, to October 28, 1948, during which time there was increase of pain in the hands and the drug was discontinued because of marked gastro-intestinal upset while it was being taken.

(3) C.S., 67-year-old coloured female, who had had symptoms of osteo-arthritis of the knees for approximately 4 years, took the placebo from October 28 to December, 1948. She noted some relief from pain, but had considerable nausea while taking the drug, and it was therefore discontinued. There was no objective change.

(4) J.S., 57-year-old coloured female with symptoms of osteo-arthritis of the spine of 3 months' duration. X rays showed changes which indicated that the process had been present for a considerably longer period. She took the placebo from August 19, 1948, to April 21, 1949. There was some temporary subjective improvement during the first two months of therapy which was not noted thereafter.

Thus, of the four cases of osteo-arthritis who took aspirin alone, two (V.L. and C.S.) noted subjective improvement, but only one showed objective improvement. No significant x-ray changes occurred. Two cases developed marked gastric upset.

Summary

(1) Of nine cases of arthritis (four of rheumatoid and five of osteo-arthritis) taking "Dolcin" in accordance with the manufacturer's instructions, five claimed subjective improvement with some relief of pain, four stated that they were worse,
one showed slight and two moderate objective improvement in motion, and one showed lessened motion. No significant alteration in laboratory findings occurred except increased lipping which was seen in the x ray in one case.

(2) Of eight cases of arthritis (four of rheumatoid, and four of osteoarthritis) taking a placebo resembling Dolcin but containing only aspirin, three claimed subjective improvement with some relief of pain, three felt worse, and one noted little change; one showed some slight increase and two decrease in motion. No significant alteration in laboratory findings were observed, except a fall in the sedimentation rate in one case and a rise in one other.

(3) The only toxic reactions noted were the reactivation of an old duodenal ulcer in one case receiving Dolcin and marked gastric irritation in two cases receiving the placebo.

(4) It is concluded that “Dolcin” is not an effective remedy for the treatment of rheumatoid or osteo-arthritis and has no advantage over aspirin alone.

"Dolcin" comme Agent Anti-rhumatismal

RÉSUMÉ

(1) Neuf malades—quatre avec arthrite rhumatismale et cinq avec ostéo-arthrite—furent traités par "Dolcin" selon les indications du fabricant. Cinq d’eux affirmèrent qu’il se sentaient mieux et que leur douleur avait diminué un peu et quatre autres déclarèrent qu’ils étaient plus mal. On constata une amélioration objective du mouvement dans trois cas—légère dans un cas et modérée dans deux cas. Dans un cas la mobilité était diminuée. L’examen de laboratoire ne révèle pas de changements appréciables, sauf l’hypertrophie osseuse marginale vue à la radiographie dans un cas.

(2) Huit malades—quatre avec arthrite rhumatismale et quatre avec ostéo-arthrite—furent traités par une substance ayant l’apparence de "Dolcin" mais ne contenant que de l’aspirine. Trois d’eux affirmèrent qu’il se sentaient mieux et que leur douleur avait diminué, trois autres qu’ils étaient plus mal et un d’eux ne nota pas de différence. L’amplitude du mouvement était légèrement améliorée chez l’un d’eux et empirée chez deux autres. À l’examen de laboratoire on ne vit pas de modifications appréciables, sauf que la vitesse de la sédimentation globulaire était augmentée dans un cas et diminuée dans un autre.

(3) Comme réaction toxiques, on ne nota que la reactivation d’un vieux ulcère duodénal chez un sujet qui prenait de la "Dolcin" et une irritation gastrique prononcée chez deux sujets traités par la substance-étalon.

(4) L’auteur conclut que "Dolcin" n’est pas un remède efficace contre l’arthrite rhumatismale ou contre l’ostéo-arthrite et que ce produit ne présente aucun avantage sur l’aspirine seule.

"Dolcin" como Agente Antirreumático

RESUMEN

(1) Nueve enfermos—cuatro con artritis reumatoide y cinco con osteoartritis—fueron tratados con "Dolcin" de acuerdo con las instrucciones del fabricante. Cinco de ellos afirmaron mejoria subjetiva con cierta disminución del dolor y cuatro otros manifestaron haber empeorado. Se vio un mejoramiento objetivo de la movilidad en tres casos—ligero en un caso y moderado en dos otros. En un caso la movilidad había disminuido. La investigación de laboratorio no reveló cambios apreciables con excepción de hipertrofia ósea marginal vista en la radiografía de un caso.

(2) Ocho enfermos—cuatro con artritis reumatoide y cuatro con osteoartritis—fueron tratados con una substancia de apariencia similar al "Dolcin" pero que consistía simplemente de aspirina. Tres de los casos dijeron que estaban mejor, con disminución del dolor; tres otros se sintieron empeorados y uno no notó cambio alguno. La amplitud del movimiento fue algo aumentada en un caso y disminuida en otros dos. En la investigación de laboratorio no se observaron alteraciones significantes, con excepción de la sedimentación eritrocitaria, que fue más rápida en un caso y más lenta en otro.

(3) Como únicas reacciones tóxicas se notó la reactivación de una antigua úlcera duodenal en un sujeto al que se administró "Dolcin" y una marcada irritación gástrica en dos casos que recibieron el sustituto.

(4) El autor concluye que "Dolcin" no es un remedio eficaz contra la artritis reumatoide o contra la osteoartritis y que este producto no tiene ventaja sobre la aspirina sola.
Calcium Succinate Combined with Aspirin in the Treatment of Rheumatic Disease: II. Calcium Succinate with Aspirin as an Anti-Rheumatic Agent

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