



Turmeric, Black Pepper, and Lemon Hot Infusion for Joint and Musculoskeletal Pain: A Case Report

Ayuk Patricia¹, Bisrat Hailemeskel^{1*}

¹Clinical & Administrative Pharmacy Sciences, College of Pharmacy, Howard University, Washington, DC 20059, USA.

ABSTRACT

Arthritis, which affects more than 58.5 million adults in the United States, is characterized by inflammation of the joints, leading to pain and reduced mobility. While common treatments such as NSAIDs and DMARDs help, they often have serious side effects and don't halt the progression of the disease. Herbal remedies such as turmeric and ginger offer promising alternatives with fewer side effects, supporting their increasing use in the effective management of arthritis symptoms. More research is needed to integrate these treatments into mainstream care. This case report examines the therapeutic effects of a homemade infusion consisting of turmeric powder, black pepper, and lemon in hot water on joint and musculoskeletal pain. A summary of studies regarding the efficacy of these herbs shows that they are promising. Several clinical studies support their role as an anti-inflammatory alternative for patients with arthritis. In this paper, the history of a 57-year-old female who experienced significant improvement in pain and mobility after daily consumption of this infusion over two weeks is discussed. This case demonstrates the potential anti-inflammatory and analgesic properties of the ingredients involved, which supports further clinical research.

Keywords: Turmeric, Black pepper, Lemon, Arthritis, Musculoskeletal pain, Herbal medicine

*Corresponding author: Bisrat Hailemeskel

e-mail ✉ bhailemeskel@howard.edu

Received: 14 November 2023

Accepted: 27 February 2024

INTRODUCTION

Arthritis is a common condition characterized by inflammation in one or more joints, leading to pain and decreased mobility. It affects millions worldwide and includes over 100 different types, the most common being osteoarthritis (OA) and rheumatoid arthritis (RA). This article explores the incidence of arthritis, current treatments, limitations of Western medicine, and the role of herbal remedies in managing arthritis symptoms. According to the Centers for Disease Control and Prevention (CDC), arthritis affects more than 58.5 million adults in the United States, representing about 24% of the adult population. The prevalence is higher among women and increases with age. Globally, osteoarthritis is estimated to be the fourth leading cause of disability (Cross *et al.*, 2014). Rheumatoid arthritis, while less prevalent, significantly impacts the quality of life for those diagnosed.

Current treatments for arthritis focus on relieving symptoms and improving joint function. Common approaches include Nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and disease-modifying antirheumatic drugs (DMARDs) which are standard for managing pain and inflammation. Physical therapy-tailored exercise programs improve mobility and strengthen muscles around joints. In severe cases, joint replacement surgery may be necessary to restore function.

While effective, current therapies often come with side effects. NSAIDs can cause gastrointestinal bleeding, kidney damage, and increased cardiovascular risk. DMARDs and biological treatments for RA can lead to immune system suppression, thus increasing the risk of infection (Singh *et al.*, 2012). Additionally, these treatments can be costly and do not always halt disease progression, leading patients to seek alternative therapies.

Herbal medicine offers a promising alternative to traditional treatments, aiming to mitigate the side effects associated with pharmacological interventions. Several herbs have been used historically and are supported by emerging scientific evidence; some of these promising herbs include turmeric, which contains curcumin, known for its anti-inflammatory properties. Studies suggest it can reduce arthritis pain and inflammation (Daily *et al.*, 2016). Ginger (*Zingiber officinale*) is another herb, and it demonstrates analgesic and anti-inflammatory effects like ibuprofen in osteoarthritis patients (Altman & Marcussen, 2001). The other herb commonly mentioned is Willow Bark, which contains *Salix alba*, used for pain relief. Its active compound, salicin, is effective in reducing arthritis pain (Vlachojannis *et al.*, 2009).

Clinical trials and meta-analyses have increasingly supported the efficacy of herbal treatments. For instance, a study by Panahi *et al.* (2014) showed that supplementation with curcumin significantly improved symptoms in RA patients compared to a control group.

While Western medicine remains the backbone of arthritis management, its limitations prompt the exploration of complementary therapies. Herbal remedies offer a viable alternative, providing relief with fewer side effects. However, further research is necessary to fully integrate these treatments

into standard care protocols, ensuring they are safe, effective, and standardized. This paper aims to present a case study with a positive outcome using herbals for a form of arthritis as discussed below.

Case presentation

After consuming a hot infusion containing turmeric powder, black pepper, and lemon daily for two weeks, a 57-year-old female with occasional joint and musculoskeletal pain reported significant improvements. The patient had no significant medical history and was not on any regular medications apart from occasional multivitamins and herbal supplements. Physical examination and laboratory tests did not reveal any abnormalities.

The patient self-initiated a daily regimen of an 8 oz cup of hot water infused with one teaspoon of turmeric powder, a pinch of black pepper, and the juice of half a lemon, consumed each morning. No other changes to her diet or lifestyle were reported during this period.

The patient reported a remarkable reduction in knee, back, and neck pain, enhanced mobility, and improved sleep quality. One of her family friends, aged 77, also tried this infusion and experienced significant pain relief and improved mobility.

RESULTS AND DISCUSSION

Turmeric, with its active component curcumin, has been studied for its anti-inflammatory effects and potential benefits in managing osteoarthritis (Aggarwal *et al.*, 2006). Curcumin's ability to reduce inflammation and joint pain is comparable to that of standard NSAIDs but with fewer side effects. In a notable study, turmeric extract was shown to be as effective as ibuprofen for reducing pain and improving function in patients with knee osteoarthritis, with significant improvements in WOMAC scores indicating reduced arthritis symptoms (Shapiro, 2018).

Further research includes a systematic review that assessed turmeric's effects on knee osteoarthritis and rheumatoid arthritis, concluding that turmeric can positively affect pain and physical function. This review also compared turmeric's efficacy to NSAIDs, underscoring the need for more robust studies to confirm these findings (Kuptniratsaikul *et al.*, 2009).

The bioavailability of turmeric is enhanced in some formulations, which combine curcuminoids with essential oils from the turmeric plant to increase absorption and effectiveness (Singhal *et al.*, 2021). A total of 200 participants diagnosed with the condition were divided to receive either turmeric extract or paracetamol. The study's primary outcome focused on changes in pain intensity, assessed using the Visual Analog Scale at baseline, 4, 8, and 12 weeks, while secondary outcomes measured physical function improvements via the Western Ontario and McMaster Universities Osteoarthritis Index. Results indicated that pain reduction in the turmeric group was comparable to that in the paracetamol group, with a significant enhancement in physical function observed in those taking turmeric. Both treatments maintained similar safety profiles. The study concluded that the bioavailable turmeric extract is a non-inferior alternative to paracetamol, providing not only comparable pain relief but also better improvement in physical function among patients with knee osteoarthritis.

Erickson and his team provide valuable insight for both patients and healthcare providers considering alternative approaches to

managing osteoarthritis symptoms (Tunwattanapong *et al.*, 2016; Erickson, 2021).

The article discusses how the anti-inflammatory properties of curcumin, the active component of turmeric, could benefit those suffering from osteoarthritis. Curcumin's effectiveness in reducing pain and improving function in osteoarthritis patients is examined, referencing various studies that suggest its potential as an alternative or supplementary treatment to conventional medications. The article also highlights the importance of dosing and bioavailability in achieving effective therapeutic outcomes with turmeric supplements.

Black pepper, particularly the piperine compound it contains, has been studied for its potential benefits in managing arthritis due to its anti-inflammatory and analgesic properties (Furusawa *et al.*, 2008). Piperine has demonstrated effects in reducing inflammation by inhibiting various pathways involved in arthritis, such as interleukin and cyclooxygenase pathways, which are crucial in the development and progression of arthritis symptoms (Healthy, 2024). Piperine has been shown to enhance the bioavailability of curcumin by up to 2000% (Shoba *et al.*, 1998). Lemon is rich in vitamin C and antioxidants, contributing to immune system health and anti-inflammatory processes.

Research indicates that piperine can help manage the inflammation and pain associated with arthritis. It inhibits the expression of pro-inflammatory cytokines like interleukin 6 and reduces the production of prostaglandins, which are involved in the inflammatory process. This action not only helps to reduce inflammation but also decreases the dependence on nonsteroidal anti-inflammatory drugs (NSAIDs) by targeting pathways not typically affected by these medications (Healthy, 2024).

Furthermore, piperine shows promise as an analgesic, helping to manage pain, which is a common symptom in arthritis patients. It has been observed to exhibit analgesic effects that could be mediated through opioid receptor pathways, providing pain relief without the typical side effects associated with conventional pain medications (Healthy, 2024).

Additionally, piperine's immunomodulatory properties could be particularly beneficial in autoimmune forms of arthritis, like rheumatoid arthritis. It has been shown to regulate immune system responses, which could help in managing autoimmune-related inflammation (Healthy, 2024).

It's important to note that while the benefits of black pepper and piperine look promising, the appropriate dosages for therapeutic effects in humans still require further research. Standardized extracts and supplements might offer a more reliable and effective means of obtaining these health benefits, particularly when combined with other anti-inflammatory compounds like curcumin from turmeric, which is known to enhance absorption and efficacy when taken with piperine (Arthritis Foundation, 2024; Healthy, 2024).

Given these findings, black pepper, especially in the form of supplements containing piperine, could be a valuable addition to the management of arthritis. However, it's advisable to consult with a healthcare provider before starting any new treatment regimen, especially to ensure it doesn't interfere with existing conditions or medications.

CONCLUSION

This case report suggests that a hot infusion of turmeric, black pepper, and lemon may be an effective complementary treatment for reducing musculoskeletal pain and enhancing mobility. However, controlled clinical trials are necessary to substantiate these findings and clarify the mechanisms involved.

ACKNOWLEDGMENTS: None.

CONFLICT OF INTEREST: None.

FINANCIAL SUPPORT: None.

ETHICS STATEMENT: None.

REFERENCES

- Aggarwal, B. B., Sundaram, C., Malani, N., & Ichikawa, H. (2006). Curcumin: The Indian solid gold. *Advances in Experimental Medicine and Biology*, 595, 1-75.
- Altman, R. D., & Marcussen, K. C. (2001). Effects of a ginger extract on knee pain in patients with osteoarthritis. *Arthritis and Rheumatism*, 44(11), 2531-2538.
- Arthritis Foundation (2024). Best spices for arthritis. Retrieved from Arthritis Foundation.
- Cross, M., Smith, E., Hoy, D., Nolte, S., Ackerman, I., Fransen, M., Bridgett, L., Williams, S., Guillemin, F., Hill, C. L., et al. (2014). The global burden of hip and knee osteoarthritis: Estimates from the global burden of disease 2010 study. *Annals of the Rheumatic Diseases*, 73(7), 1323-1330.
- Daily, J. W., Yang, M., & Park, S. (2016). Efficacy of turmeric extracts and curcumin for alleviating the symptoms of joint arthritis: A systematic review and meta-analysis of randomized clinical trials. *Journal of Medicinal Food*, 19(8), 717-729.
- Erickson, J. M. (2021). Turmeric and osteoarthritis. Retrieved from The Hand Society. https://www.assh.org/handcare/blog/turmeric-and-osteoarthritis#google_vignette
- Furusawa, M., Tanaka, T., Ito, T., & Nishikawa, A. (2008). Lemon polyphenols suppress diet-induced obesity by up-regulation of mRNA levels of the enzymes involved in β -oxidation in mouse white adipose tissue. *Journal of Clinical Biochemistry and Nutrition*, 43(3), 201-209.
- Healthy (2024). 3 reasons why black pepper is great in arthritis. Retrieved from healthy.net.
- Kuptniratsaikul, V., Thanakhumtorn, S., Chinswangwatanakul, P., Wattanamongkonsil, L., & Thamlikitkul, V. (2009). Efficacy and safety of *Curcuma domestica* extracts in patients with knee osteoarthritis. *The Journal of Alternative and Complementary Medicine*, 15(8), 891-897. doi:10.1089/acm.2008.0186
- Shapiro, S. C. (2018). Turmeric: The evidence for therapeutic use for arthritis. Retrieved from The Rheumatologist.
- Shoba, G., Joy, D., Joseph, T., Majeed, M., Rajendran, R., & Srinivas, P. S. (1998). Influence of piperine on the pharmacokinetics of curcumin in animals and human volunteers. *Planta Medica*, 64(4), 353-356.
- Singh, J. A., Furst, D. E., Bharat, A., Curtis, J. R., Kavanaugh, A. F., Kremer, J. M., Moreland, L. W., O'Dell, J., Winthrop, K. L., Beukelman, T., et al. (2012). 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. *Arthritis Care & Research*, 64(5), 625-639.
- Singhal, S., Hasan, N., Nirmal, K., Chawla, R., Chawla, S., Kalra, B. S., & Dhal, A. (2021). Bioavailable turmeric extract for knee osteoarthritis: A randomized, non-inferiority trial versus paracetamol. *Trials*, 22(1), 105.
- Tunwattanapong, P., Kongkasuwan, R., & Kuptniratsaikul, V. (2016). The effectiveness of a neck and shoulder stretching exercise program among office workers with neck pain: A randomized controlled trial. *Clinical Rehabilitation*, 30(1), 64-72. doi:10.1177/0269215515575747
- Vlachoianis, J. E., Cameron, M., & Chrubasik, S. (2009). A systematic review of the effectiveness of willow bark for the treatment of pain. *Phytotherapy Research*, 23(7), 897-900. doi:10.1002/ptr.2747