World Journal of Advanced Research and Reviews
eISSN: 2581-9615 CODEN (USA): WJARAI
Cross Ref DOI: 10.30574/wjarr
Journal homepage: https://wjarr.com/

(RESEARCH ARTICLE)

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Evaluating the Role of Aflapin and Mobilee in Improving Joint Mobility and Reducing Inflammation

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World Journal of Advanced Research and Reviews, 2026, 29(02), 299-309

Publication history: Received on 20 December 2025; revised on 02 February 2026; accepted on 04 February 2026

Article DOI: https://doi.org/10.30574/wjarr.2026.29.2.0227

Abstract

Aim: This study aimed to evaluate real-world physician insights regarding the efficacy, safety, and clinical utility of the Aflapin-Mobilee combination in improving joint mobility and reducing inflammation.

Methods: A nationwide, cross-sectional, digital questionnaire-based survey was conducted among physicians in India who routinely prescribe the Aflapin-Mobilee combination. The 35-item questionnaire assessed prescribing patterns, perceived efficacy, safety, onset of symptom improvement, patient response, and considerations for long-term use. Data were analyzed descriptively, with categorical variables summarized as frequencies and percentages.

Results: A total of 83 physicians participated in the study. Most physicians managed patients with established joint disorders, often with prior NSAID use and concurrent inflammatory conditions. Persistent joint pain despite NSAID therapy (40.96%) was the primary reason for initiating the combination. Early pain relief within 2 weeks in 7-9 patients was reported by 40.96% of physicians, and improved joint mobility after 4 weeks was noted in 68.68% of patients. The combination was generally well tolerated, with few mild adverse effects (gastrointestinal discomfort or dizziness, 10.84% each) and rare discontinuation due to intolerance (19.28%). Aflapin-Mobilee was perceived as more effective than NSAIDs by 40.96% of physicians, and 38.55% observed improvement in over 75% of patients' joint flexibility. The combination was also considered beneficial for long-term joint health, with 55.42% of physicians strongly recommending its continued use. Challenges in prescribing included patient non-adherence (43.37%) and cost (34.94%).

Conclusion: The Aflapin-Mobilee combination is perceived as a safe, well-tolerated, and effective option for improving joint pain and mobility while reducing NSAID dependence. Its synergistic anti-inflammatory and chondroprotective effects support its use as an adjunct or alternative therapy in OA management.

Keywords: Osteoarthritis; Joint Health; Aflapin; Mobilee; NSAID-Sparing Therapy

1. Introduction

Osteoarthritis (OA) is a chronic, degenerative joint disorder marked by progressive cartilage breakdown and synovial inflammation, leading to pain, stiffness, swelling, and functional impairment [1]. Its incidence rises sharply with age and is more common among women. Although the knee is most frequently affected, OA can also involve the hip, hand, spine,

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and shoulder. Globally, OA represents nearly half of all musculoskeletal conditions, contributing substantially to disability and reduced quality of life. In 2019, an estimated 528 million individuals were living with OA. Knee OA remains the most prevalent form, and a considerable proportion of patients experience moderate to severe disease, warranting rehabilitation [2-3].

The rising burden of OA is linked not only to population ageing but also to modifiable risk factors such as obesity, physical inactivity, joint injury, and biomechanical abnormalities. Beyond mobility limitations, OA is associated with increased all-cause mortality, especially from cardiovascular disease [4]. Nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly used as first-line pharmacologic therapy and demonstrate greater analgesic efficacy than paracetamol. However, long-term NSAID use is limited by gastrointestinal, renal, and cardiovascular toxicity, even with COX-2 selective agents. Co-administration of proton pump inhibitors can reduce dyspepsia risk, yet safety concerns remain, prompting interest in alternative or adjunctive interventions [5].

Non-pharmacological strategies such as weight management, physical activity, and optimized nutrition play a central role in comprehensive OA care. Increasing attention has been directed toward nutraceuticals with anti-inflammatory and chondroprotective potential [6]. Among these, Aflapin, a synergistic extract of Boswellia serrata, has demonstrated superior anti-inflammatory properties compared with conventional Boswellia formulations. Clinical and in vitro studies suggest that Aflapin reduces pain, improves function, and inhibits mediators such as MMP-3 and ICAM-1 [7]. Mobilee, a hyaluronic acid–rich ingredient, has been shown to support synovial fluid quality, enhance chondrocyte activity, and prevent cartilage degradation. Preliminary evidence indicates potential synergistic effects when combined with other nutraceuticals [8-9].

Given the limitations of traditional pharmacotherapy and the growing interest in safe, long-term alternatives, further investigation into the real-world effectiveness of Aflapin and Mobilee is warranted. The combined use of Aflapin and Mobilee, both of which exhibit complementary anti-inflammatory and chondroprotective actions [9], may offer enhanced therapeutic benefits for individuals with OA. Therefore, this study aims to deepen the understanding of their real-world effectiveness in improving joint mobility and reducing inflammation, providing evidence to support their potential role as adjuncts or alternatives to standard OA treatments.

2. Method

2.1. Study design

This was a cross-sectional, observational, nationwide digital survey-based questionnaire study among physicians who had prescribed the combination of Aflapin and Mobilee in routine clinical practice. The study aimed to evaluate real-world physician insights regarding the efficacy and safety of the Aflapin-Mobilee combination for improving joint mobility and reducing inflammation.

2.2. Study questionnaire and data collection

Data were collected using a structured 35-item questionnaire designed to capture information on prescribing patterns, perceived clinical benefits, onset of symptom improvement, safety and tolerability, and factors influencing the decision to use the Aflapin-Mobilee combination. The questionnaire also assessed physician perceptions of improvements in joint mobility, reduction in inflammation, and overall patient response.

2.3. Study procedure

The study protocol, informed consent form, and digital questionnaire were shared with physicians via a secure online link. Participation was voluntary, and no patient-identifiable information was collected. Completed questionnaires were reviewed for completeness and consistency before being included in the final analysis. The study protocol and questionnaire were reviewed and approved by an Institutional Ethics Committee in accordance with GCP and applicable regulatory requirements. Written informed consent was obtained from all participating physicians before completion of the surveillance questionnaire.

2.4. Statistical analysis

All collected data underwent descriptive statistical analysis. Categorical variables were summarised as frequencies and percentages.

3. Results

A total of 83 physicians participated in the survey. The majority of them were from the South region (53.01%), followed by the West (42.17%), East (3.61%), and North-West (1.20%).

3.1. Patient characteristics and prescribing considerations

Among the last 10 patients treated with Aflapin and Mobilee, 37.35% of physicians reported that 7-9 patients had pre-existing joint disorders. Approximately 44.58% noted that 7-9 of their patients had previously been on NSAIDs for joint pain (Figure 1). Around 45.78% reported that 4-6 patients had concurrent inflammatory conditions (chronic low-grade inflammation, metabolic syndrome). While prescribing this combination, physicians frequently considered a history of NSAID use and associated side effects (39.76%), followed by severity of joint pain (25.30%) and risk of gastrointestinal or cardiovascular adverse effects (24.10%).

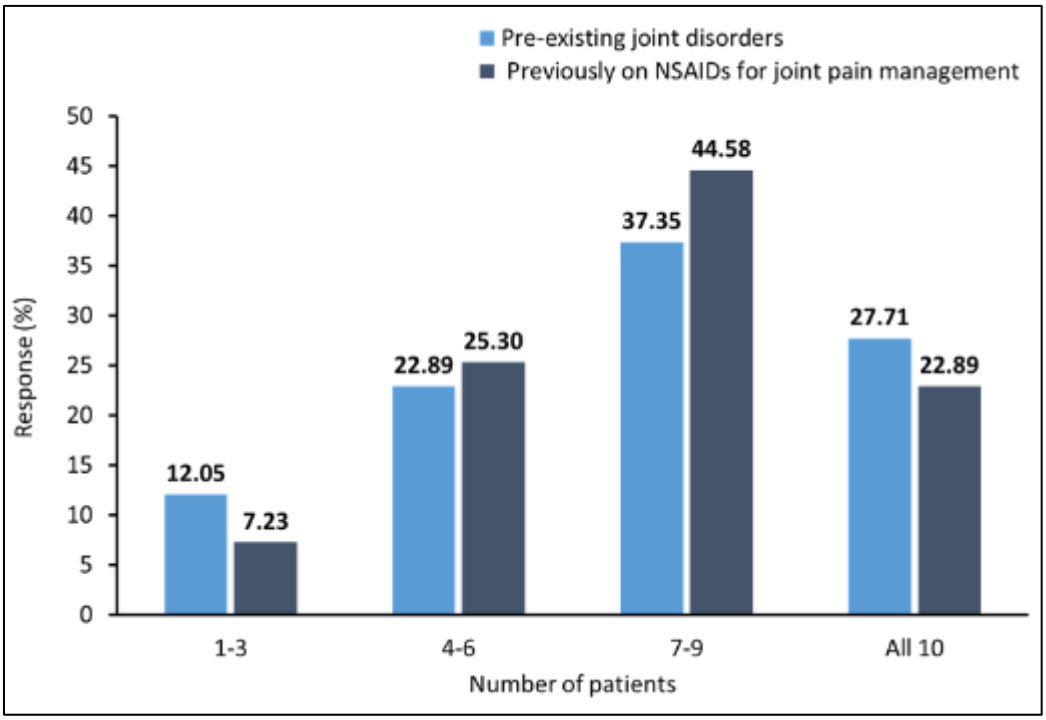

Figure 1 Pre-existing joint disorders and prior NSAID use in patients receiving Aflapin and Mobilee

3.2. Reasons for initiation of Aflapin and Mobilee, treatment response

Persistent joint pain despite NSAID use was the primary reason for initiating therapy (40.96%), followed by the desire to reduce NSAID dependence (22.89%). Joint pain improvement was observed within 2 weeks in 7-9 patients by 40.96% of physicians, and 27.71% reported improvement in 4-6 patients. After 4 weeks, improved joint mobility was seen in 6-8 patients by 39.76%, and in 9-10 patients by 28.92% (Table 1).

Table 1 Physician responses on patient characteristics, treatment decisions, and early clinical responses to Aflapin and Mobilee

Question	Options	Response (N=83)
How many of these patients had concurrent inflammatory conditions (e.g., chronic low-grade inflammation, metabolic syndrome)?	None	11 (13.25)
	1-3	18 (21.69)
	4-6	38 (45.78)
	7-10	16 (19.28)

In these 10 patients, what factors did you consider while prescribing Aflapin and Mobilee?	History of NSAID use and side effects	33 (39.76)
	Severity of joint pain	21 (25.30)
	Risk of GI or CV adverse effects	20 (24.10)
	Patient preference for natural supplements	9 (10.84)
What was the primary reason for initiating Aflapin and Mobilee in these patients?	Persistent joint pain despite NSAID use	34 (40.96)
	Desire to reduce NSAID dependency	19 (22.89)
	Previous positive experience with the combination	17 (20.48)
	Patient preference for a natural alternative	13 (15.66)
How many of these patients reported an improvement in joint pain within 2 weeks of treatment?	1-3	14 (16.87)
	4-6	23 (27.71)
	7-9	34 (40.96)
	All 10	12 (14.46)
In how many of these 10 patients did you observe an improvement in joint mobility after 4 weeks of treatment?	0-2	8 (9.64)
	3-5	18 (21.69)
	6-8	33 (39.76)
	9-10	24 (28.92)
How many of your last 10 patients experienced any adverse effects related to Aflapin and Mobilee?	None	59 (71.08)
	1-3	17 (20.48)
	4-6	6 (7.23)
	More than 6	1 (1.20)
What was the most common adverse effect observed among your patients?	No adverse effects	63 (75.90)
	Gastrointestinal discomfort	9 (10.84)
	Mild dizziness	9 (10.84)
	Other	2 (2.41)
Among the last 10 patients, how often do you observe a reduction in joint swelling in patients using Aflapin and Mobilee?	Rarely	4 (4.82)
	Occasionally	13 (15.66)
	Frequently	49 (59.04)
	Always	17 (20.48)
In how many of these 10 patients did you have to discontinue Aflapin and Mobilee due to intolerance or adverse effects?	None	67 (80.72)
	1-3	11 (13.25)
	4-6	4 (4.82)
	More than 6	1 (1.20)
Data presented as n (%). CV, cardiovascular; GI, gastrointestinal; NSAID, non-steroidal anti-inflammatory drug.		

3.3. Safety and tolerability, prescribing practices and efficacy perceptions

The majority of physicians (71.08%) reported no adverse effects in their last 10 patients. When adverse effects occurred, they were generally limited to gastrointestinal discomfort or mild dizziness (10.84% each). A reduction in joint swelling was frequently observed by 59.04%. Discontinuation due to intolerance or adverse effects was uncommon, with 80.72%

indicating that none of their patients required discontinuation (Table 1). Overall tolerability of Aflapin and Mobilee was rated as excellent by 42.17% and good by 38.55% (Figure 2).

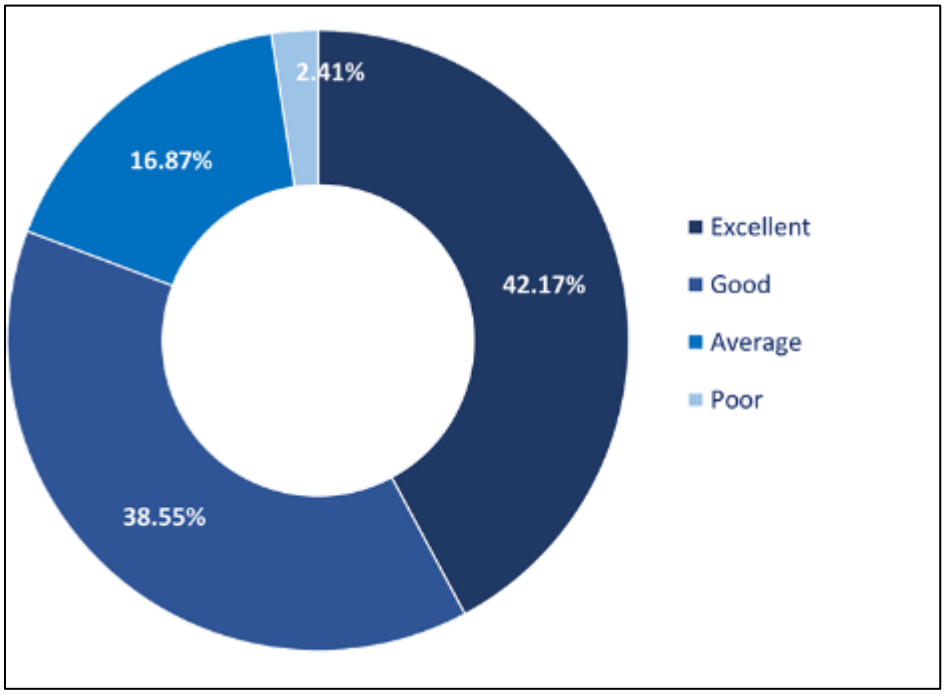

Figure 2 Physician rated overall tolerability of Aflapin and Mobilee

Regarding the primary reason for prescribing, 30.12% used it in patients with NSAID intolerance or contraindications, and 27.71% prescribed it as an adjunct to NSAIDs. Aflapin and Mobilee were perceived as more effective than NSAIDs by 40.96% of physicians and equally effective by 34.94%. The combination was prescribed for joint health management, often by 45.78% and always by 20.48%. Osteoarthritis patients were the most common recipients (38.55%), followed by elderly patients with degenerative joint conditions (27.71%). Most physicians (38.55%) reported that more than 75% of patients experienced improved joint flexibility, and 31.33% observed enhanced physical activity levels beyond joint pain relief (Table 2).

Table 2 Prescribing patterns, perceived efficacy, and clinical utility of aflapin and mobilee in joint disorders

Question	**Options**	**Response (N=83)**
What is your primary reason for prescribing Aflapin and Mobilee in joint disorders?	For patients with NSAID intolerance or contraindications	25 (30.12)
	As an adjunct to NSAIDs for better symptom control	23 (27.71)
	As a standalone therapy for mild-moderate joint issues	20 (24.10)
	For long-term joint health maintenance	15 (18.07)
How would you compare the efficacy of Aflapin and Mobilee to NSAIDs in managing joint pain?	More effective	34 (40.96)
	Equally effective	29 (34.94)
	Less effective but better tolerated	10 (12.05)
	Not sure	10 (12.05)
How frequently do you prescribe Aflapin and Mobilee for joint health management?	Rarely	7 (8.43)
	Occasionally	21 (25.30)

	Often	38 (45.78)
	Always	17 (20.48)
Which patient group do you most commonly prescribe Aflapin and Mobilee to?	Patients with osteoarthritis	32 (38.55)
	Elderly patients with degenerative joint conditions	23 (27.71)
	Patients with rheumatoid arthritis	19 (22.89)
	Athletes or active individuals with joint stress	9 (10.84)
In your experience, how often do patients report improved joint flexibility with Aflapin and Mobilee?	Less than 25% of the time	5 (6.02)
	25-50% of the time	15 (18.07)
	51-75% of the time	31 (37.35)
	More than 75% of the time	32 (38.55)
Beyond joint pain relief, what additional benefits have you observed with Aflapin and Mobilee?	Enhanced physical activity levels	26 (31.33)
	Reduced joint stiffness	24 (28.92)
	Decreased dependence on painkillers	23 (27.71)
	No significant additional benefits	10 (12.05)
What is the most common reason for discontinuing Aflapin and Mobilee in your patients?	Patient non-adherence	36 (43.37)
	Cost concerns	29 (34.94)
	Lack of efficacy	10 (12.05)
	Adverse effects	8 (9.64)
Based on your experience of last 10 patients, how does Aflapin and Mobilee affect long-term joint health?	Significantly beneficial	36 (43.37)
	Moderately beneficial	33 (39.76)
	No noticeable impact	11 (13.25)
	Not sure	3 (3.61)
Data presented as n (%). NSAID, non-steroidal anti-inflammatory drug.		

3.4. Challenges, discontinuation, and long-term use

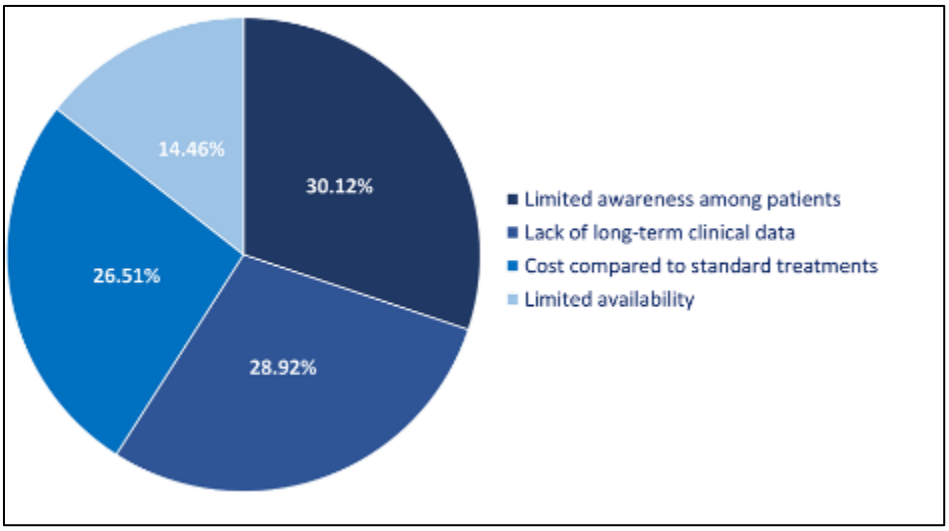

Figure 3 Physician identified challenges in Aflapin and Mobilee use

Patient non-adherence was the most common reason for discontinuation (43.37%), followed by cost concerns (34.94%). Approximately 43.37% believed that Aflapin and Mobilee were significantly beneficial for long-term joint health, and 39.76% considered them moderately beneficial (Table 2). Limited awareness among patients (30.12%) and lack of long-term clinical data (28.92%) were the biggest challenges in prescribing (Figure 3).

3.5. Patient perception, monitoring and education

Patients typically perceived therapy as very effective and well tolerated (46.99%) or somewhat effective but slow-acting (36.14%) (Figure 4). Physicians generally observed similar efficacy across age groups (45.78%), though 22.89% believed it was more effective in younger patients. Pain and mobility scores were the most commonly monitored parameters (40.96%). Patient education was provided through verbal counselling alone (32.53%) or through both verbal and written formats (36.14%).

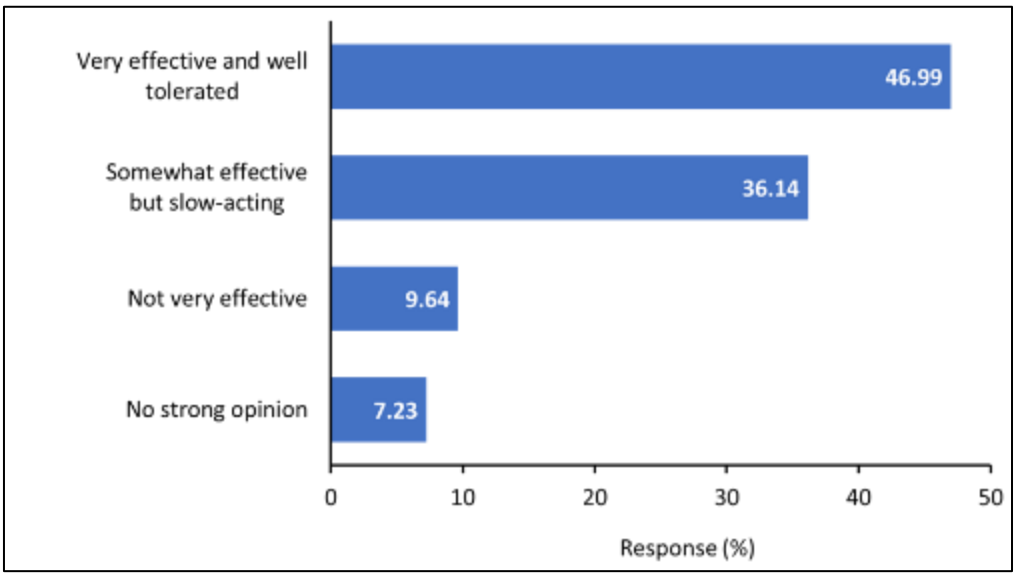

Figure 4 Patient perceived effectiveness of Aflapin and Mobilee

3.6. Combination therapy, alternatives, and duration of treatment

Aflapin and Mobilee were often recommended in combination with other joint health supplements by 45.78%, and always by 22.89%. If patients did not respond well, glucosamine and chondroitin (36.14%) and NSAIDs (32.53%) were the most considered alternatives. Use of Aflapin and Mobilee as a first-line therapy for mild to moderate joint pain, 40.96% of physicians reported that they would consider it in select patients, while 33.73% would use it as a first-line option in most cases. Most physicians prescribed this combination for 1-3 months or 4-6 months (36.14%, each). A significant reduction in NSAID use was reported by 65.06% of physicians (Table 3).

Table 3 Physician practices, monitoring trends, and comparative clinical insights on Aflapin and Mobilee

Question	Options	Response (N=83)
Do you notice a difference in efficacy between younger and older patients?	More effective in younger patients	19 (22.89)
	More effective in older patients	16 (19.28)
	Equally effective in all age groups	38 (45.78)
	Not sure	10 (12.05)
Do you monitor any specific parameters when prescribing Aflapin and Mobilee?	Pain and mobility scores	34 (40.96)
	Inflammatory markers	19 (22.89)
	Kidney and liver function	10 (12.05)

	No routine monitoring	20 (24.10)
How do you typically educate patients about Aflapin and Mobilee?	Verbal counseling	27 (32.53)
	Written materials	17 (20.48)
	Both verbal and written education	30 (36.14)
	No specific patient education	9 (10.84)
How often do you recommend Aflapin and Mobilee in combination with other joint health supplements?	Rarely	4 (4.82)
	Occasionally	22 (26.51)
	Often	38 (45.78)
	Always	19 (22.89)
If a patient does not respond well to Aflapin and Mobilee, what alternative therapy do you consider?	Glucosamine and chondroitin	30 (36.14)
	NSAIDs	27 (32.53)
	Steroid injections	15 (18.07)
	Physiotherapy	11 (13.25)
Would you consider Aflapin and Mobilee as a first-line therapy for mild to moderate joint pain?	Yes, in most cases	28 (33.73)
	Yes, but only in select patients	34 (40.96)
	No, prefer standard treatments	17 (20.48)
	Not sure	4 (4.82)
What is the average duration for which you prescribe Aflapin and Mobilee?	Less than 1 month	4 (4.82)
	1-3 months	30 (36.14)
	4-6 months	30 (36.14)
	More than 6 months	19 (22.89)
For the last 10 patients treated, have you noticed a reduction in NSAID use in patients taking Aflapin and Mobilee?	Yes, significant reduction	54 (65.06)
	Yes, moderate reduction	14 (16.87)
	No reduction observed	10 (12.05)
	Not sure	5 (6.02)

Data presented as n (%).

NSAID, non-steroidal anti-inflammatory drug.

3.7. Special use cases and early response, long-term recommendation

The lack of need for additional painkillers most strongly influenced therapy continuation (37.35%). Medical representatives (33.73%), colleagues, and patient feedback (22.89% each) were the primary sources of product information. About 45.78% of physicians saw a role for Aflapin and Mobilee in post-surgery rehabilitation. During the first few weeks of treatment, gradual improvement was the most commonly reported response (53.01%). Aflapin and Mobilee were strongly recommended for long-term joint health maintenance by 55.42% of physicians, and recommended with reservations by an additional 30.12% (Table 4).

Table 4 Determinants of continued use, sources of information, and overall clinical experience with Aflapin and Mobilee therapy

Question	Options	Response (N=83)
Which factor most influences your decision to continue Aflapin and Mobilee therapy?	Lack of need for additional painkillers	31 (37.35)
	Patient-reported improvement	22 (26.51)
	Reduction in inflammation markers	16 (19.28)
	Long-term tolerability	14 (16.87)
What is your primary source of information on Aflapin and Mobilee?	Medical representatives	28 (33.73)
	Colleagues and peer discussions	19 (22.89)
	Patient feedback	19 (22.89)
	Clinical studies	17 (20.48)
Do you see a role for Aflapin and Mobilee in post-joint surgery rehabilitation?	Yes, as supportive therapy	38 (45.78)
	No, insufficient evidence	15 (18.07)
	Not sure	18 (21.69)
	Only in select cases	12 (14.46)
In the last 10 patients, how do your patients typically respond within the first few weeks of Aflapin and Mobilee treatment?	Rapid improvement	11 (13.25)
	Gradual improvement	44 (53.01)
	No noticeable change	19 (22.89)
	Worsening of symptoms	9 (10.84)
Would you recommend Aflapin and Mobilee for long-term joint health maintenance?	Yes, strongly recommend	46 (55.42)
	Yes, with some reservations	25 (30.12)
	No, prefer other options	9 (10.84)
	Not sure	3 (3.61)
Data presented as n (%).		

4. Discussion

The combination of Aflapin and Mobilee has gained attention for its potential synergistic effects in alleviating the symptoms of OA [10-11]. This combination is increasingly considered in clinical practice due to its favorable tolerability and perceived benefits in improving joint function. By targeting both inflammatory pathways and supporting cartilage health, it offers a multifaceted approach to managing joint disorders [7]. The current study provides insights into physician experiences and perceptions regarding the use of Aflapin and Mobilee in routine practice, including factors influencing prescribing decisions, observed improvements in pain and mobility, and considerations for long-term joint health.

The findings of this present study show that physicians frequently managed patients who already had established joint disorders, often accompanied by underlying inflammatory or metabolic conditions and a history of NSAID use. When choosing Aflapin and Mobilee, clinicians consistently considered previous NSAID exposure, NSAID-related side effects, the level of joint pain, and the risk of gastrointestinal or cardiovascular complications. These observations are aligned with prior evidence showing that combinations including Aflapin and Mobilee provide meaningful improvement in osteoarthritis symptoms, with earlier work demonstrating significant reductions in pain and enhancement of joint function [9,11]. The preference for alternatives to NSAIDs in our dataset also mirrors the recognized limitations of NSAIDs as a first-line therapy due to their well-documented adverse-effect profiles [5].

The current study showed that persistent pain despite NSAID use remained the most common reason for initiating this combination, followed by the clinical objective of reducing dependence on NSAIDs. Physicians observed early pain relief in many patients and noted improvement in joint mobility with continued use. Similar patterns have been described in previous studies, where inadequate response to NSAIDs led clinicians to explore alternative agents, particularly because of the gastrointestinal, renal, and cardiovascular risks associated with long-term NSAID therapy. Clinical evidence from Clagen™, which includes both Aflapin and Mobilee, also shows meaningful reductions in pain scores, improvements in range of motion, and better quality of life, indicating that combined therapy can serve as a safer and effective option when NSAID response is insufficient [9,11-12].

In the present study, safety and tolerability were consistently described as favorable. Only occasional, mild gastrointestinal discomfort or dizziness was reported, and discontinuation due to intolerance was uncommon. Physicians regularly observed reductions in joint swelling and improvements in flexibility and physical activity. These real-world observations are consistent with earlier randomized, placebo-controlled studies in which Aflapin produced significant improvements in joint function, rapid pain reduction, and minimal adverse effects [12]. Mechanistic studies further support these findings: Aflapin has demonstrated inhibition of MMP-3, preservation of type II collagen, and strong anti-inflammatory activity, while Mobilee has shown beneficial effects on chondrocyte metabolism and inflammatory modulation through pathways such as NF-κB [7,11].

Physicians also widely considered this combination beneficial for long-term joint health, although challenges such as patient non-adherence, cost considerations, limited awareness, and the absence of extensive long-term clinical data were commonly reported. These challenges reflect similar limitations noted in prior work, where the need for longer-duration studies has been emphasized [9]. Nonetheless, the positive perception among clinicians in this study aligns with the broader literature supporting the efficacy of Boswellia-derived extracts in osteoarthritis. Multiple randomized trials have shown reductions in pain, stiffness, and functional impairment with Aflapin-based formulations [12]. More recent evidence, including meta-analyses and long-term controlled studies, indicates that Aflapin may provide superior reductions in pain and stiffness and could potentially influence structural outcomes over extended use [13-14].

Therapy continuation was driven by reduced need for additional pain medication, highlighting meaningful symptom relief. Physicians learned about Aflapin–Mobilee through peers, medical representatives, and patient feedback, and recognized its potential in post-surgical rehabilitation. Early gradual improvements supported adherence, and while most recommended it for long-term joint health, some noted limited long-term evidence. Overall, the present study suggests that Aflapin and Mobilee together offer meaningful clinical value in reducing pain, improving mobility, and supporting long-term joint health. To our knowledge, this is the first real-world study examining their combined effect, and the findings reinforce the therapeutic potential of this synergistic combination.

A key strength of this study is its ability to capture real-world physician experience across diverse clinical scenarios, offering meaningful insights into prescribing rationale, patient response, and treatment tolerability beyond the constraints of controlled clinical trials. The findings also highlight practical barriers to wider adoption, including patient adherence and cost considerations. However, the study is limited by its reliance on physician recall and the absence of long-term follow-up, which restrict the ability to quantify treatment effect or evaluate durability of benefit. Larger, prospective studies with extended follow-up and objective outcome measures are required to validate and build upon these preliminary observations.

5. Conclusion

The Aflapin-Mobilee combination is a safe, well-tolerated option that provides early pain relief, enhances joint mobility, and supports long-term joint health, while reducing NSAID use. Its synergistic anti-inflammatory and chondroprotective effects make it a promising adjunct or alternative to conventional therapy. Long-term studies are needed to confirm sustained benefits.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

Funding

The study was funded by Lloyd Healthcare Pvt Ltd, Mumbai.

References

[1] Di Nicola V. Degenerative osteoarthritis a reversible chronic disease. Regenerative therapy. 2020;15:149-60.

[2] Daniel RA, Kalaivani M, Aggarwal P, Gupta SK. Prevalence of knee osteoarthritis among elderly persons in India: A systematic review and meta-analysis. Journal of Family Medicine and Primary Care. 2025;14(5):1675-84.

[3] Data available on https://www.who.int/news-room/fact-sheets/detail/osteoarthritis. Last accessed on 30 Nov 2025.

[4] Palazzo C, Nguyen C, Lefevre-Colau MM, Rannou F, Poiraudeau S. Risk factors and burden of osteoarthritis. Annals of physical and rehabilitation medicine. 2016;59(3):134-8.

[5] Shirley PY, Hunter DJ. Managing osteoarthritis. Australian prescriber. 2015;38(4):115.

[6] Colletti A, Cicero AF. Nutraceutical approach to chronic osteoarthritis: from molecular research to clinical evidence. International journal of molecular sciences. 2021;22(23):12920.

[7] Sengupta K, Krishnaraju AV, Vishal AA, Mishra A, Trimurtulu G, Sarma KV, et al. Comparative efficacy and tolerability of 5-Loxin® and Aflapin® against osteoarthritis of the knee: a double blind, randomized, placebo controlled clinical study. International journal of medical sciences. 2010;7(6):366.

[8] Kheni DB, Sureja VP, Prajapati DG, Rajawat MP, Magar AD. Efficacy and Safety of Nutraceutical Composition Mobileye® Capsules in Improving Synovial Joint Health in Indian Population. International Journal of Science and Healthcare Research. 2020;5(1):1-5.

[9] Kamat YD, Das B, Thakkar K, Mahajan M, Das Sr B. A Retrospective Observational Study Evaluating the Synergistic Effect of a Novel Combination of Alfapin+ Native Type 2 Collagen+ Mobilee (Hyaluronic Acid)+ CurQlife (Curcumin) Nutraceuticals in the Symptomatic Improvement of Knee Osteoarthritis. Cureus. 2023;15(3).

[10] Verma R, Nath R, Dhadiwal RK, Daftary GV, Jolapara MA, Shah RA, et al. Mechanisms of Action of Native Collagen Type II and Aflapin® on the Pathophysiology of Osteoarthritis and Their Evidences. Int. J. Res. Orthop.. 2024;10:1098-107.

[11] Cheleschi S, Fioravanti A, De Palma A, Corallo C, Franci D, Volpi N et al. Methylsulfonylmethane and mobilee prevent negative effect of IL-1β in human chondrocyte cultures via NF-κB signaling pathway. International Immunopharmacology. 2018;65:129-39.

[12] Vishal AA, Mishra A, Raychaudhuri SP. A double blind, randomized, placebo controlled clinical study evaluates the early efficacy of Aflapin® in subjects with osteoarthritis of knee. International journal of medical sciences. 2011;8(7):615.

[13] Dubey V, Kheni D, Sureja V. Efficacy evaluation of standardized Boswellia serrata extract (Aflapin®) in osteoarthritis: A systematic review and sub-group meta-analysis study. Explore. 2024;20(5):102983.

[14] Kumar B, Ghaytidak AB, Pandey AK, Somepalli RR, Sarda P, Raychaudhuri SP, et al. A standardized Boswellia serrata extract improves knee joint function and cartilage morphology in human volunteers with mild to moderate osteoarthritis in a randomized placebo-controlled study. Journal of the American Nutrition Association. 2025;44(5):375-86.