to 18848.7 ng/ml.hr and from 32296.2 ng/ml.hr to 22676.6 ng/ml.hr respectively. Cmax follows the same trend seen in AUC0-t and AUC0-∞ while Tmax was not indicative of a meaningful rationale. As for the remaining 2 subjects, they did not follow the trend of results seen with the other 4 subjects. The same 2 subjects experienced adverse events upon diacerein administration in the pre-glucosamine stage where one had nausea and the other had abdominal pain of which both recovered and therefore were not withdrawn from the study as reported in the safety evaluation of the results' chapter. Both subjects had an increase in AUC0-t and AUC0-∞ within a range of 1-10% and 0.5-9% respectively. Upon close examination of the pharmacokinetic results for both of these 2 subjects which as previously mentioned did not follow the trend of the remaining 4 subjects, we can assume there were gastro-intestinal factors which may have subsequently affected the bioavailability of diacerein. If the results obtained for these 2 subjects would be excluded, then data obtained for the remaining 4 subjects would present a significant decrease in the bioavailability of diacerein upon glucosamine administration ($p<0.05$). On the other hand, as the subjects were not withdrawn or disqualified from continuing the study, therefore, there is no reason to exclude their results as these adverse events are known for diacerein and can be experienced with any individual. As a result, the overall effect of glucosamine on diacerein primary pharmacokinetic parameters of the 6 subjects was insignificant ($p>0.05$).