

Muscle Tear in the Lower Leg

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The patient:

42-year-old male, 178 cm and 82 kg. Active in sports since adolescence; former soccer player in the 2nd National League. Has played tennis for years at the club level; usually plays 8 hours per week.

The incident:

On Sunday, the patient experienced acute pain in the left calf after reaching vigorously for the ball during an exhibition match. Two minutes later, the pain forced him to drop out of the game. The patient elevated his leg, took an NSAID (75 mg diclofenac), and applied cold compresses. The next morning, approximately 20 hours after the incident, he limped into my office.

The findings:

Obvious livid discoloration of the left lower leg, with a tender "gap" in the lateral musculature of the lower leg. Pulse intact, no pathological neurological findings and no indication of fracture. No antibiotic use (ciprofloxacin) in the patient's medical history.

The diagnosis:

Lateral muscle tear in the left lower leg.

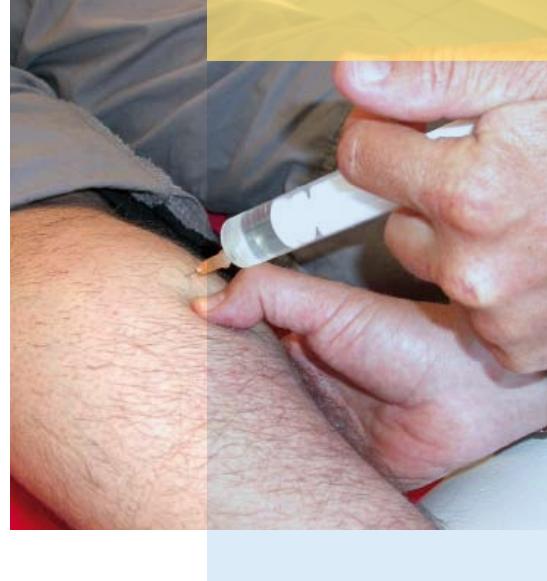
The treatment:

With the patient in the face-down position, the lower leg was disinfected. An injection containing 5 ml procaine 2%, 5 ml Actovegin (a combination of glucose and a hemodialysate), 1 ampoule of Traumeel, 1 ampoule of Zeel, and 5 ml glucose 10% was administered. Approximately 8 ml of the solution was injected into the "gap" and 5 ml each distal and proximal to the gap.

In addition, a compression bandage with Traumeel ointment was applied. The patient was advised to keep the bandage moist for the rest of the day and overnight by applying Retterspitz (a liquid topical medication containing citric acid, tartaric acid, alumen, rosemary oil, arnica tincture, and thymol), to take one tablet of Traumeel sublingually every hour, to take it easy, and to keep his leg elevated.

The next day, he returned to the office. He could not yet put weight on his leg, but the swelling was definitely receding although the discoloration was more apparent. Another injection of the same solution was administered and a new bandage applied, with instructions to replace it periodically. The patient's oral Traumeel dosage was reduced to 2 tablets 4 times a day.

At his next appointment two days later, he moved almost normally as he walked into the office. The site of



A "cocktail" of biological medications plus a local anesthetic is injected into the injured spot on the calf.

the injury was still pressure-sensitive and extending the leg still caused pain, but the patient was able to resume his work in outside sales. The injection was repeated, and he was allowed to do a little light walking and swimming over the weekend.

Three days later, he was almost symptom-free. He was still taking 2 Traumeel tablets 4 times a day and applying Traumeel ointment to his calf, which was still sensitive to pressure where the gap had been. The injection "cocktail" was administered once more, and he was allowed to resume tennis practice wearing an elastic bandage.

Two weeks after the injury, he was playing with almost no pain; after four weeks, he was symptom-free and fully active in sports again. At this point, the Traumeel tablets were discontinued.

Conclusion

Sports medicine practitioners are all too familiar with patients who present with muscle tears. The "cocktail" of injectables described above, in combination with oral and topical Traumeel, significantly accelerates the healing process and gets aspiring athletes back to their recreational sports in a hurry.