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# REPORT FROM THE MEDICAL PRACTICE

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## Sports Injuries and their Antihomotoxic Treatment

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*Reprinted from: Biological Therapy, Vol. VI, No. 2 April, 1988 (Pg 39-42)*

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Dr. med. Waldemar Gerhard

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*In this lecture delivered at the third HEEL U.S. Symposium in San Francisco on March 26, 1988, Dr. Gerhard examines homotoxic therapy in relation to several sports. He specifically concentrates on injuries resulting from racket sports. Interspersed throughout the lecture are numerous therapeutic examples drawn from his personal practice in West Germany.*

The sports scene today is far removed from the original concept of the Olympic movement. It is accompanied by a number of negative phenomena such as factors involving politics, commerce, and a desire to boost performances no matter what the cost may be. These aspects emanate from, and are tolerated by many sections of society, as well as by the majority of officials. Even doctors are not immune from this controversy, finding themselves forced into a morally dubious position, in some cases against their will, or at least without their express approval. It may be that sportsmen or women are obliged to use methods involving a considerable risk in order to improve their performance or to return to full fitness as quickly as possible following injury or overexertion.

There is widespread and justifiable public disapproval of the tragic deaths in sports that occur in connection with unnatural performance-boosting drugs. On the other hand, many spectators expect their idols to constantly set new levels of achievement and records and are disappointed when they fail to do so. It would therefore be correct to say that the situation is viewed in a paradoxical way. However, a changing trend has become apparent recently. Not only doctors but also sports instructors, trainers, and the sportsmen and women themselves would welcome the introduction of drugs without any side effects, that would not only reduce attendant risks, but might possibly rule them out altogether. In certain areas of sport and accident prevention this requirement can be satisfied by the use of biological preparations.

I should now like to show you one substance that I successfully use in my own practice, the bio-therapeutic Heel preparation Traumeel. One major field of application for

Traumeel is the treatment of minor everyday injuries, contusions, bruises, sprains, dislocations and strains, hematomas, and swellings. In addition to the possible analgesic effect of therapy for such injuries, local treatment with Traumeel ointment has been used for many years to great effect.

I should now like to briefly outline the progress of two hematomas following treatment with Traumeel.

One injury was incurred by a sportsman as a result of a heavy blow causing trauma on the upper arm during a game of football. The patient was over 40 years of age, and the treatment was given twice daily using Traumeel ointment, which was applied quite thickly and subsequently covered with a bandage. Significant regression was already visible immediately following application of Traumeel. The hematoma continued to regress after just three to four days and within seven to eight days the use of Traumeel ointment had nearly completely healed it.

The patient in the second case was a 78 year old woman who fell during a TIA (transient ischemic attack) and incurred a pericular hematoma as a result. Treatment was carried out using Traumeel ampules and ointment. After two days of treatment the hematoma had already regressed and spread somewhat downwards. Two days later, the hematoma was barely visible and soon after the hematoma completely disappeared.

The patient's daughter then took over her care and applied the ointment 2 to 3 times daily on the traumatized area. At the same time I injected 3ml of Traumeel intravenously each day for 5 successive days. This enabled me not only to check

the progress of the therapy, but to constantly monitor the patient's overall condition. From a neurological viewpoint no further negative symptoms were discernable.

How can we explain the success achieved in this case using Traumeel? Certainly the selection and composition of the individual substances is a significant factor.

Traumeel exhibits the following main effects in the case of hematomas:

- Accelerated resorption of tissue infiltrates and hematomas
- Antiphlogistic effect
- Improvement in the regional blood supply
- Activation of metabolism in the connecting tissue area
- Acceleration of the healing process
- Alleviation of pain

I should now like to say something about tennis and golf:

As you all know, tennis has undergone a tremendous expansion over the past 20 years, and is one of the most popular types of sport not only in Germany but in many other countries too. What are the reasons for the continuing popularity of this sport?

There are a number of explanations. For instance, tennis can be played by children and older people alike. The movements involved in the game of tennis involve a number of concerted bodily motor functions, such as speed, endurance, and strength, combined with strenuous demands on the body's ability to act with precision, and on the powers of concentration.

There is no disputing the health value of playing tennis regularly, and this has contributed to its widespread popularity.

Certainly, in recent years squash has expanded fastest of all, and developments have been similar to those in tennis. However, far more injuries occur in the upper extremities during squash than in tennis. This can be attributed in particular to impact injuries which are almost unavoidable in a small space with few opportunities for evasion. Chronic sporting injuries are of far greater significance among the various racket sports. Though only a small proportion of epicondylitis cases can genuinely be described as tennis players, tennis is still clearly one type of sport in which this endopathy predominates. The clinical symptoms are listed below:

#### Clinical symptoms of epicondylitis

- Pain extending from the epicondylis in the lower arm when dorsal extension of the hand and fingers occurs
- Localized tenderness below the epicondylis and simultaneously accompanied by a supinatory tunnel syndrome
- Pain above the supinatory tunnel

Today we are aware that epicondylitis cannot be considered a genuine inflammation, but rather as a pathological change resulting from mechanical stress processes at the origin of the extensor, with recurring microtraumatization and degenerative

involution processes. It would therefore be more accurate to speak of epicondylopathy or an epicondylosis. One reason is that certain longterm stresses caused by activities such as tightening screws, playing the piano, typing, and drilling teeth may also produce the same symptoms.

What factors can trigger off an epicondylopathy?

#### Factors that may trigger off an epicondylopathy

- Too firm a grip on the racket
- Not warming-up sufficiently
- Wrong backhand action with an incorrect change from forehand to backhand grip
- Racket handle with the wrong dimensions
- Excessive tensioning of the strings

In addition epicondylopathies frequently occur with the following sports:

- javelin
- golf
- discus
- tennis
- body-building
- weight-lifting

As a rule there is no difference between the treatment for tennis elbow and golf elbow. Eight or nine out of ten people thus afflicted find relief as a result of conservative therapy. Medical attention is not confined to advice for and treatment of illness and injury, but is also concerned with providing support for the patient in coping with many changes, while avoiding any decline in performance or health risks.

What therapies are available for treating epicondylopathy?

#### Therapy for epicondylitis

- Traumeel (Ampules, tablets, drops, ointment)
- Cimicifuga (Drops, ampules)
- Graphites-Hom. (Drops, ampules)
- Spiraea ulmaria-Injeel forte
- tennis elbow brace with truss-pad

At the commencement of the therapy it is important to examine the material used for the particular sport and to analyze the technique used in striking the ball. In many cases this enables the main cause of the stress syndrome to be eliminated. It is advisable for the player to abstain from playing or training for several weeks. In the acute phase of epicondylitis it is necessary to provide relief, local cymotherapy, and anaesthetic local infiltration. Considerable success has been achieved by injecting a mixture of Traumeel and a local anaesthetic. However, care should be taken that 2 ampules and 1 - 2 ml of local anaesthetic are mixed well and infiltrated to a sufficient depth in the area in which pain is experienced. The effectiveness of Traumeel ointment, drops, and tablets should not be underestimated either. When epicondylopathies fail to respond to therapy the symptoms can be eliminated, for example, by an injection combining Spiraea ulmaria-Injeel forte and Cimicifuga-Homaccord. A tennis elbow clamp with a truss-pad has proved effective in providing relief. This therapy usually causes the acute symptoms to recede within a few days,

and complete immobility in a plaster cast is rarely necessary. Once all trace of the injury has gone the patient should be encouraged to take particular care for at least one month in order to avoid the risk of relapse. Some understanding of the effect of Graphites-Homaccord can be obtained when we consider the scope for healing offered by the components calcium carbonicum and graphite, which have a particularly beneficial impact on connecting tissue.

Prolonged therapy, e.g., of bursitis olecrani et praepatellaris, can be obtained with Traumeel due to its antiexudative, anti-phlogistic, and regenerative properties. In such cases the following process should be adhered-to:

1. Selective disinfection.
2. Application of a local anaesthetic (lateral edge of the bursa).
3. The mucous bursa should be punctured and the fluid in the bursa should be drawn out.
4. Intraversal infiltration using 1 ampule (2.2 ml) of Traumeel through the existing puncture cannula.
5. Leaving the puncture cannula in situ, carefully distribute the applied quantity as with a ballottment.
6. The suction takes place after rinsing with Traumeel.
7. Repeat the intraversal injection with another ampule of Traumeel through the same puncture cannula.
8. Removal of the puncture cannula and application of a slight pressure bandage, if possible with a foam-rubber compress, instructing the patient to gently move the joint.
9. Check on progress the next day.

Because of the extreme efficacy of Traumeel only a few treatments are necessary as a rule.

**Note:**

A warning should be given about too frequent repetition of the infiltration of corticoids because this is likely to damage the connecting tissue. This view is shared by almost all leading scientists.

In the case of therapy for periartropaethia humeroscapularis there is no need to use cortisone, especially when, during an examination of the shoulder, the following maximal pain points are indicated in response to pressure:

- Long biceps tendon in the sulcus intertubercularis
- Middle of the fossa supraspinata, above the muscular bulge of the musculus supraspinatus
- Musculus rhomboideus major approximately in the middle of the medial scapularandes

These three points of pain should be infiltrated to a depth of 1 to 2 cms with the following mixture.

| Therapy in the case of PHS-syndrome<br>at the maximum points of pain |  |
|--|--|
| Lidocain 1%                    )                                     | ) Mix well and infiltrate to<br>a depth of 1-2 cm at the<br>three points of pain |
| Ledum-Injeel Forte        )  |  |
| Pulsatilla                    )                                      |  |
| Phytolacca-Injeel Forte    )   |  |

Frequently patients report an absence of any further discomfort after only 2 to 3 treatments. In many cases it is also advisable to conduct an individual program of exercises with the patients, involving strengthening of the lower arm muscles, stretching exercises of the hand against a wall, and strengthening exercises using weights of increasing size.

The following preparations are used in the case of achillodynia:

- Traumeel
- Zeel
- Cimicifuga-Homaccord
- Kalmia compositum

In this connection I should also like to say something else about achillodynia:

Once again it is advisable to avoid injecting corticoids too frequently since this can soon lead to irreversible necrosis of the tissue, which, especially in the case of achillodynia, increases the risks of rupture.

I should like to acquaint you with an alternative therapy used in my own practice with very considerable success. First I always begin with Traumeel ampules, applying 1-2 ampules peritendinally adjacent to the Achilles tendon on the inside and outside edge. As a rule 4 - 5 sessions are necessary. In cases where there is a little response to treatment, use can be made on intervening occasions of Zeel, Cimicifuga-Homaccord or Kalmia compositum.

I should now like to make a few remarks about the problem of doping:

In 1971 the Medical Commission of the International Olympic Commitee laid down the following regulations:

Doping substances include all those substances used for therapeutic purposes that influence performance due to their composition or dosage.

Since 1972 the Medical Commission of the IOC has published lists of prohibited drugs which may not be used at the Olympic Games. The contents of this list are virtually the same. In 1976 it was extended to include anabolic steroids, and in 1984 testosterones and coffein were also added. The principle that applied was: doping is defined as the use of one of the prohibited substances on these lists.

For the 1988 Olympic Games the Medical Committee of the IOC has defined doping as the use of pharmacological substances belonging to the prohibited group of active substances, and as the use of prohibited measures such as doping of the blood. The list of groups of active substances and methods now comprises the following:

**Prohibited groups of active substances**

- Stimulants
- Narcotics
- Anabolic steroids
- Beta-Blockers
- Diuretics

**Prohibited methods**

- Blood doping

**Groups of active substances that are only permitted subject to certain restrictions:**

- Alcohol
- Local anaesthetics
- Corticosteroids

Substances from the groups of prohibited active substances may not be used for treatment on medical grounds as long as the athlete is still involved in competition.

A prohibited active substance is considered to have been taken, i.e. positive evidence of doping is considered to exist, if it can be indisputably proven that traces of the prohibited substances are detectable in the athlete's urine or in alcohol from the blood. With only two exceptions, the proof is conducted on a qualitative basis for all substances.

As a comparison with biological preparations we now consider the anabolic substances.

Anabolic steroids are also defined as doping substances. However since these substances are mainly used during preparatory training, and moreover since they resemble physiological hormones, they frequently evade doping controls. It is important to note that, following therapy with anabolics, athletes are frequently more susceptible to injuries to tendons, ligaments, and joints. It is suspected that growth of the tendon, ligament, and joint mechanisms may be inhibited by the additional hormonal effect.

**Side effects of anabolics**

- Virilization
- Interference with cycles
- Spermatogenesis
- Impaired liver function
- Accelerated brittleness of the bones

The most important side effect is the androgynous effect. In women this can lead to virilization, acne, hoarseness, and a rough voice, with the first indication being that the voice is breaking, to hair growth on the legs and, in extreme cases, to the excessive growth of facial hair. In higher dosages anabolics restrict the gonadotropic partial function of the hypophysis. In women this can lead to interference with cycles, such as delays in menstruation, while men are affected in parti-

cular by interference with the testicular function (spermatogenesis). In the case of c17-alkalized anabolic hormones, the functioning of the liver may be damaged (cholestratic icterus). When anabolics are used on children care should be taken that this does not lead to accelerated brittleness of the bones, which can possibly result in a reduction in the expected final height of the person.

A completely different set of conditions occur when biotherapeutics are used;

1. Their use does not conflict with medical ethics and
2. They also enhance performance.

**Substances for improving performance**

- Testis comp. (ampules)
- Cerebrum comp. (ampules)
- Hepeel (ampules, tablets)
- Coenzyme comp. (ampules)

The effects of Testis compositum ampules extend to the male sexual glands and, in combination with a stimulatory effect on the function of various organs and glands in conjunction with individual homeopathic substances, produce an increase in sexual functions and activation of connecting tissue. Testis comp. produces stimulatory effects on the overall physical and mental functions. It is also accompanied by revitalization factors with trace element effects and catalyzer effects (vitamin C), exerting a wide-spread combination of effects in treating various organic diseases and functional complaints. The use of suitable composita such as Cerebrum compositum stimulates the brain and nerve functions. And the range is rounded off by the accompanying positive impact on the metabolic function of the liver produced by Hepeel, while Coenzyme compositum includes enzyme blockades.

This brings me back to the point raised at the beginning of my paper. I hope that I have shown that biotherapeutics offer a number of possibilities for therapy within sports without unpleasant side effects.

Address of the author:  
Dr. med. Waldemar Gerhard  
An der Mattenmühle 17  
W-7580 Bühl 19  
Germany