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FEATURE ARTICLE

The Treatment of Sports Injuries and Sports Lesions with Traumeel

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Summary

A total of 54 patients with meniscopathies, chondropathies and distortions were treated with Traumeel injectible solution. After an average of 7.8/13.1 days, an improvement or symptom-free condition was observed in 73.9% of the patients treated with Traumeel. Evidence was found that, provided there is no severe restriction of movement, a monotherapy with Traumeel is adequate without physiotherapy.

Sport has gained increasing significance in our society, of which both competitive sports, and also, in particular, recreational and multidisciplinary sports are essential components. At the same time, the number of sports accidents registered has risen markedly in recent years. Almost 20% of all injuries today occur within the context of sporting activities (3). Including those cases not registered, the annual quota of sports injuries in West Germany is estimated as being 1 million, of which one patient in every four has to undergo medical treatment (1). The figures for the duration of incapacity show that sports injuries are predominantly minor ones. In approximately 80% of cases, the patient is unfit for work for no longer than 6 weeks, 10% of cases are incapacitated for several months (2-12 months), and in only 0.5% of cases of sports injuries is the patient unfit for work for over 1 year. The average period of incapacity of patients with sports injuries resulting from these figures is 3 weeks (7). Sports injuries thus constitute a not inconsiderable economic factor (4). On the other hand, Mellerowicz (4) estimates that expenses to the tune of approximately 65 billion DM are incurred annually in West Germany as a result of immobility.

Where injury does occur, the demands of competitive sport require swift and complete restoration of the support and locomotor system. If a joint is injured or diseased, then the effusion of fluid is one symptom ranking highest (2).

The knee-joint is the joint most frequently injured amongst sportsmen. According to Cotta and Krahl (5), knee-joint injuries account for one fourth of all sports injuries. This particular disposition of the knee-joint towards injury is explained by the specific anatomical and mechanical circumstances. Designed to perform the function of a hinge joint, the knee-joint lacks the mechanical protection of a hinge; the complicated rolling-sliding action on moving the joint takes place without any guidance being provided by the bone. Stabilization of the joint is guaranteed only by muscles, tendons, ligaments, the articular capsule and the menisci.

Injuries to the knee occur, e.g. in the ball and competitive sports, when the physiological range of joint motion is ecxeeded due to the action of an opponent or due to unfavorable ground conditions. Most cases here involve the effects of torsional forces in the knee, with the lower leg in a fixed position (5). Diagnosis includes anamnesis, inspection of the damaged joint, palpation, examination of the strength of the ligaments plus an x-ray. In treatment it is first to be considered whether a bone, cartilage or ligamentous lesion is involved which would have to be operated on immediately (5).

Where accidents have occurred, compound injuries are nearly always observed, whereby damage to the capsular ligament system is to the fore, while damage to the menisci arises either primarily as a result of the trauma or secondarily due to instability. It is almost always possible to assess meniscus lesions by means of precise anamnesis and full clinical examination, but when in doubt, diagnosis can be reached by performing arthroscopy, which can usually be carried out on an outpatient basis under local anaesthesia (6). The results of the clinical examination are compared with those on a normal joint, and in most cases the injury to the knee can be diagnosed with certainty. In addition to instability, consideration must also be given to chondropathia patellae and to cartilage lesions, for reasons relating to differential diagnosis.

My investigations

In order to test the efficacy of the treatment of sports injuries with the injectible preparation Traumeel, a total of 54 patients were treated in my practice over a period of approximately 3 months, and the therapeutic results documented on certain days of the study and subsequently analyzed. Without exception all the patients were so-called problem cases. Traumeel is a drug which has been commercially available for over 30 years, containing homeopathic dilution of the following medicinal agents:

Arnica, calendula, chamomile, symphytum, millefolium, belladonna, aconitum, bellis perennis, hypericum, echinacea angustifolia, echinacea purpurea, hamamelis, mercurius solubilis Hahnemanni, hepar sulfuris.

As early as 1962, Cicha (8) published a report on the treatment of sports injuries and haematomas with Traumeel ointment, injectible solution and drops in combination with short-wave therapy. Souscheck (9) observed that, on the treatment of gonarthroses and coxarthroses etc. with Traumeel injections in the orthopaedic practice, the pain improved and the development of effusions receded after only the first injection of Traumeel. In 1968, Kunt (10) further reported the positive treatment of 128 cases of traumatic knee-joint diseases with intra-articular injections of Traumeel.

Whatever the treatment, consideration should also be given to questions of cost and finance, as well as to the efficacy. Thus Schluren (11) reports the costs associated with homeopathic preparations to be substantially lower

than those associated with so-called allopathic therapy.

Patients

Of the total of 54 patients included in the study, the data on 52 cases (mean age 33.9 years, extreme values 14 and 80 years) were analysed, 2 cases having been excluded from the analysis due to the occurence of further accidents within the period of the study. Table 1 shows the diagnosis reached for each of the patients. Most of the cases involve meniscopathies and chondropathies, and distortions of the knee-joint, chiefly in combination with each other.

Method

Prior to commencement of the treatment, the diagnosis and symptoms were recorded on a data sheet. Also recorded on the basis of score values (0 = absent, 1 = slight, 2 = moderate, 3 = severe) were the categories pain on movement, pain at rest, restriction of movement and swelling. The patients received an average 2 intra-articular Traumeel injections per week, and in total an average of 4.7 injections (the maximum number of injections required for one patient was 10). In those cases where patients displayed a marked restriction of movement due to muscular atrophy, they received concomitant treatment in the form of physiotherapy and ice packs, in order to prevent loss of function and to maintain mobility of the joint by means of early active therapy.

The function of the Traumeel injection during the physiotherapy was to cause the additional irritation brought about by the exercises to decrease. In some cases (e.g. in the initial phase following severe traumas, or in cases where patients had been operated on in the initial postoperative days) an additional nonsteroid anti-inflammatory agent was given. If any of the score value failed to be reduced to zero without any symptoms remaining within the 28 day observation period, the therapy was considered unsuccessful.

Patient no.	Chondropathy (subpatellar cartilage lesion)	Meniscopathy	Distortion	Gonarthrosis (posttraumatic + postoperative)	Inner ligament strain	Add. postoperative irritation of the knee	Irritation of the hip and overstrain	Contusion	Subpat. cysts/crush injuries
1	x								
2	x	x							
3		x							
4	x								x
5	x								
6	x	x	x		x				
7		x							
8		x	x	x					
9		x	x						
10		x							
11	x								
12		x	x						
13	x								
14		x							
15		x	x		x				
16		x	x						
17		x	x						
18		x							
19	x	x							
20		x							
21		x							
22		x			x				
23		x	x						
24		x	x	x					
25	x								
26	x						x		
27	x								
28		x							
29	x								
30		x		x					
31		x		x					
32	x	x							
33	x	x							
34	x	x							
35			x		x				
36	x	x							
37		x							
38	x	x							
39		x			x				
40	x								
41	x					x			x
42	x								
43									
44		x							
45	x								
46	x		x						
47	x								
48	x	x							
49		x	x						
50	x	x							
51	x							x	
52				x					

Table 1: Distribution of diagnoses in the 52 cases analyzed.

Results

Table 2 shows the mean time taken for an improvement (7.8 days) and a symptom-free condition (13.1 days) to be observed. Also shown in table 2 are the corresponding times taken for improvement and symptom-free condition to appear for the 3 main indications occurring, whereby it should be taken into account in this context that most patients displayed compound injuries.

Figures 1, 2 and 3 show the course of development of the mean scores for the parameters pain on movement, pain at rest, restriction of movement and swelling, with respect to meniscopathy, distortion and chondropathy, respectively.

The curves for all 3 indications follow similar paths. The most marked fall in the score value is observed, as expected, between days 0 and 7, and a practically symptom-free condition is observed by day 14. Of the total of 52 patients, 46 were treated with Traumeel injectible solution, special cases being treated in addition with Traumeel ointment. 34 of these (73.9%) displayed a positive result within the period of the investigation, while 12 (26.1%) were not completely symptom-free. Six patients also received a non-steroid anti-inflammatory agent, although in 3 patients the response desired was not achieved by this means, which meant that these cases ultimately had to be referred for admittance for the purpose of operative treatment.

Group	Improvement (in days)	Symptom-free (in days)	Age of patients (in years)	No. of patients
Total	7.8 (±4.9)	13.1 (±7.0)	33.9 (14-80)	52
Meniscopathy	6.8 (±3.6)	11.4 (±6.0)	35.7 (18-60)	33
Distortion	6.5 (±3.1)	11.8 (±6.6)	34.5 (18-54)	12
Chondropathy	8.7 (±5.2)	14.6 (±6.8)	28.7 (14-50)	26

Table 2: Mean time taken for improvement/symptom-free condition to become apparent in the entire patient group, and for the 3 principal diagnoses. (Due to compound injuries, the total of patients in the 3 groups is greater than 52.)

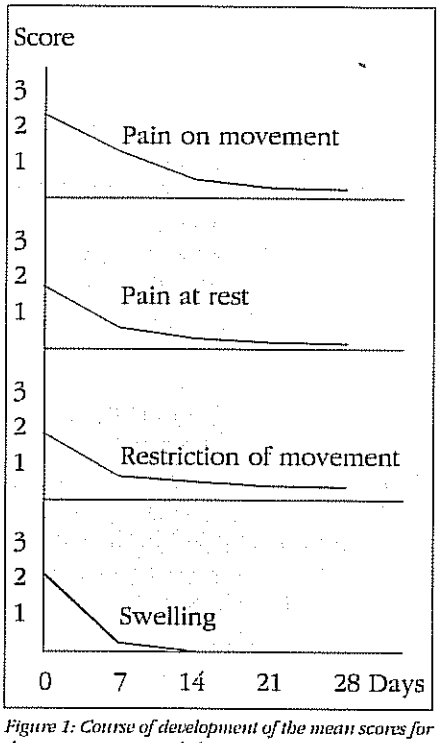

Figure 1: Course of development of the mean scores for the parameters recorded in 33 patients diagnosed as suffering from meniscopathy. All 3 graphs are based on the corrected mean value, i.e. where values are missing, such as where the subject was already symptom-free. Where the score is equal to zero, it is substituted by the previously measured value (last value option, method called for by the FDA).

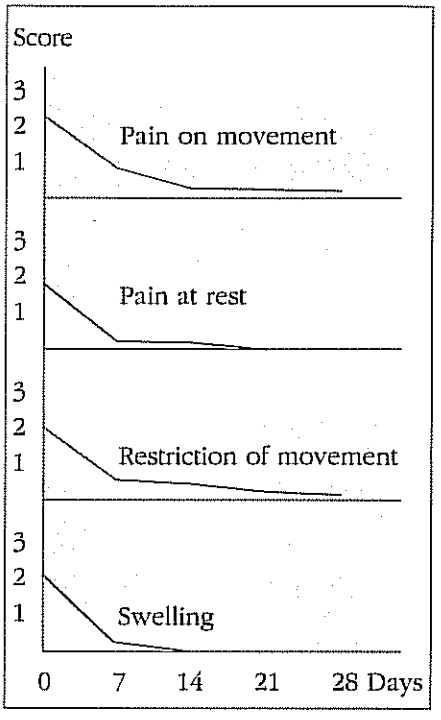

Figure 2: Course of development of the mean scores for the parameters recorded in 12 patients diagnosed as suffering from distortion.

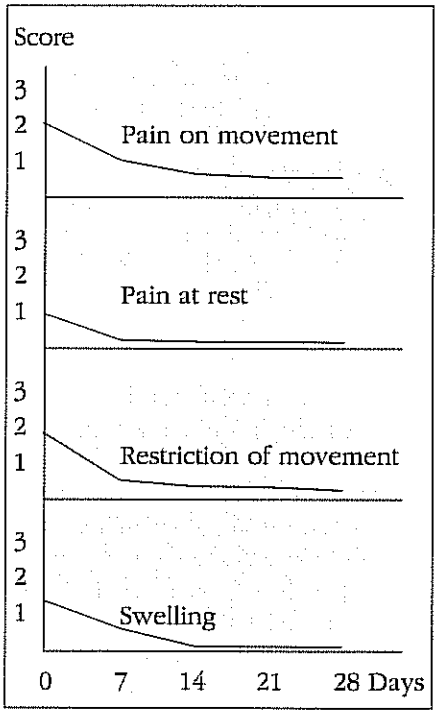

Figure 3: Course of development of the mean scores for the parameters recorded in 26 patients diagnosed as suffering from chondropathy.

References

1. Erler, M.,, Schneider, E. The danger of trauma in various sports. Diagnostik, 1985; 18, 9, 12.

2. Cotta, H. The special insight of the sports traumatologist. Diagnostik, 1985; 18, 9, 10.

3. A sensible degree of ambition amongst sportsmen. Selecta 1985; 27, 2634.

4. Jung, D., Ulmer. Immobility: a public health hazard? Deutsches Ärzteblatt, 1983; 80, 68.

5. Cotta, Krahl. The injured knee-joint of the sportsman - modern diagnostic and therapeutic procedures. Deutsches Ärzteblatt, 1978; 75, 879.

6. Hackenbruch, W. Meniscus lesion. Inform. Arzt, 1983; 11, 16: 4-12.

7. Groh, H., Groh, P. Sports injuries and sports lesions. Published by Luitpold Werk, Munich, 1975; 21 ff.

8. Cicha, H. Haematomas in sports injuries. Hom.-J., 1962; 1, 6, 166.

9. Souscheck, K. Traumeel injection therapy in the orthopaedic practice. Hom.-J., 1968; 7, 5, 117.

10. Kunt, T. Traumatic effusions in the knee-joint (haemarthrosis and hydrarthrosis) and their treatment with intra-articular Traumeel injections. Therapiewoche, 1968; 18, 789.

11. Schluren, E. Comparison of the costs associated with preparations used in clinical homeopathic and in traditional allopathic treatment. Allgemeine homöopathische Zeitung, 1984; 4, 160.

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