

# BIOLOGICAL THERAPY

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## QUESTION FROM THE MEDICAL PRACTICE

### On the Treatment of Contused Injuries with Traumeel Ointment

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#### Question:

*Is the treatment of contused injuries with an ointment (Traumeel) adequate or are additional measures, such as oral antiphlogistic medicines, necessary?*

#### Answer:

Taking as example 7 patients (average age: 42 years, 5 male, 2 female) who came to my practice because of contused trauma, I would like to indicate my method of treatment in such cases below. The age of the patients was between 14 and 68 years, as both juvenile patients and those in old age were treated.

In 2 cases it was a question of juveniles aged 14 years. Both had received thigh contusions in sports. This was accompanied by a quite extended hematoma in each case. Traumeel ointment, which was to be applied onto and rubbed into the part of the body concerned, was prescribed as the sole medicament.

In the case of one youth, the swelling of the thigh subsided noticeably after one day and the colour intensity of the hematoma also decreased. Since the patient no longer had any pain after a single day's treatment, longer lasting medical treatment was no longer required. The second 14 year old was also largely free of pain within a few days of treatment so that in this case therapy could be terminated after one week. The thigh hematoma was almost completely absorbed in the same period.

*The cases of 3 further patients with contusions are described below:*

In the case of a 65 year old patient with a contusion at the elbow joint, painful olecranal bursitis was diagnosed. In this case a puncture was made initially and the patient was advised to rub the elbow concerned with Traumeel ointment 1-2 times daily. Dolor, calor and rubor improved after two days and indicated subsidence of the inflammation. The patient was without further complaint after 8 days.

A 68 year old female patient had received a contusion and simultaneously a distortion on the right foot joint. The symptoms were the same as those of the above described patient. The woman had already been treated for 4 weeks with a salicylate-containing ointment and an oral enzyme preparation. As a rule, ointments containing salicylic acid assist rapidly in inflammations, particularly if at the same time an enzymatically effective substance, which is intended to degrade substances promoting inflammation is given systematically to support local therapy. In the case of my female patient, however, this was different. The preceding treatment had led to no therapeutic success, so I changed the patient to 3 times daily application of Traumeel ointment. After a single week's therapy, the patient was completely free of complaints in an impressive manner.

I prescribed application of a fixed dressing, after previously rubbing in Traumeel ointment, to a 50 year old patient who had suffered a contusion on the right foot. On the elev-

enth day of treatment, the patient stated that "he was a little better", a week later the assessment by the patient was "better". The relatively long course of healing was due not to an unsuitable treatment method, but rather to the splayed feet of the patient.

Apart from the cases explained with contusions on the extremities, a 31 year old patient with a painful hand strain was treated with Traumeel ointment. After only 3 days, the treatment was successfully terminated.

In a further case it was a question not of a contused injury but of varices complaints, that is an inflammatory vascular disease. Traumeel ointment was also used in this case, since inflammatory reactions indeed follow in principle a similar course; presumably with success, here, for the patient did not return to the practice for further treatment. Nevertheless it is understandable that a final assessment is not possible in this case. It would be interesting to try out the treatment of varices with Traumeel on further patients, since the treatment of traumatically induced conditions has been reported on primarily in the comprehensive literature (1,2,3).

It can be said in summary that I was able to conclude the therapy with Traumeel ointment in all described cases in a short time, even in one case, in which lengthy preceding treatment had remained unsuccessful. It has been shown that the patient could be assisted rapidly with a homeopathic

complex medicament, and that taking orally synthetic anti-phlogistic drugs, as are often administered in the clinical pictures described, is not necessary. This is all the more important, since it is just children and older patients who should not expose their bodies to such substances, for their enzyme system, which is required to degrade drugs, is not yet completely developed or is no longer fully functional.

In conclusion, therefore, the question posed at the start must be answered with "yes," treatment of contused injuries with Traumeel ointment is indeed adequate.

## References

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- (2) Schubert, K., Traumeel-Salbe in der Traumatologie des praktischen Arztes, Homotoxin-Journal 6, 5, 281 (1967).
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