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Treatment Possibilities of Painful Musculo-Skeletal Disorders

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In planning effective therapy for disorders of the musculoskeletal system, the physician must initially determine whether the patient is suffering from degenerative or from inflammatory articular processes. In addition, the physician will want to establish whether extra-articular rheumatism is in fact involved (soft-tissue rheumatism).

Therapists generally refer to significant and advanced articular disorders arising from attrition as arthritis deformans, or degenerative arthritis. (1) These affections can be morphologically broken down into the following five phases:

1. The phase during which a primary lesion appears
2. A phase characterized by fissure and breaking away of substance
3. A stage during which cartilage attrition becomes apparent
4. A phase in which bone substance is ground away
5. A phase of connective-tissue remodeling of the articular surfaces. (2)

Arthrosis is currently the most frequently observed disorder of the musculoskeletal system. Above the age of 30, evidence of alterations caused by arthrosis becomes apparent in around 50% of the general population. Symptoms of course increase markedly in number and severity beyond this age. (2)

Degenerative disorders of the human cartilage also commonly include chondropathia patellae: isolated degeneration of the articular cartilage of the kneecap resulting from mechanical damage or predisposed arthrodysplasia. (3)

Epicondylitis of the elbow, on the other hand, is a disorder involving soft-tissue rheumatism. (4) From a pathophysiological standpoint, this syndrome is almost always closely associated with insertion tendopathy. Attrition at the tendons and their points of insertion represents, in turn, the basic phenomenon behind all developments toward tendopathy. The universal process of tendon degeneration — which normally takes place with increasing age without making itself particularly apparent — requires additional noxae before pain becomes a problem: typically in the form of functional overloading at work or in sports. (1)

In the following, I would like to present a summary of eight cases which I have treated, in the form of an overview of therapeutic possibilities and results. Various forms of musculoskeletal disorders were involved among these patients. My basic therapy consisted of administration of the preparation Zeel, by injection into the afflicted areas. Zeel is a combination homeopathic preparation especially formulated for treatment of the type of degenerative processes discussed here.

Since, in many cases, the physician cannot readily or definitely determine whether musculoskeletal disorders are exclusively degenerative in nature, or whether inflammatory processes also contribute to the complex of symptoms, it can often prove highly effective to provide combined administration of Zeel with the preparation Traumeel. I used these two medications as double therapy in five of the cases reported in the following. Also a combination homeopathic preparation — containing plant extracts and additional constituents — Traumeel is effective in treating the inflammatory aspects of the disorders involved here.

Most of the patients treated in the context of this study experienced progressive improvement in their conditions, both with respect to their subjective complaints as well as to my objective findings. In six of the cases, I combined the above-described medicamentous treatment with electrotherapy. In three of the cases, to be sure, it was not possible for the patients to regain complete freedom from their complaints. One patient even experienced temporary worsening of subjective symptoms at the beginning of therapy; this situation lasted for five days, until significant improvement became apparent in the following course of treatment. I did not observe mentionable side effects or intolerance to therapy among any of these patients. I can therefore attest to the good tolerance of these two preparations.

The table on the next page provides a summary of patient data for the eight cases covered in this study:

Sex	Age	Diagnosis Symptom Complex	Therapy	Improvement after	No symptoms	Adjuvant therapy
M	42	Chondropathia patellae, both sides	Zeel and Traumeel periarticular	11 days according to doctor; 7 days according to patient	19 days according to doctor; 23 days according to patient	Electrotherapy (electro-galvanic high voltage stimulation)
M	15	Pain upon pressure, movement, and weight application above the base of the Os metarasal V, right side	Infiltration with Zeel and Traumeel	11 days according to doctor; 7 days according to patient	—	Electrotherapy (electro-galvanic high voltage stimulation)
F	27	Chondropathia patella, on right side	Zeel and Traumeel periarticular, followed by Zeel periarticular	9 days according to doctor; 5 days according to patient	—	Electrotherapy
M	47	Proximal insertion tendopathy of the right M. biceps	Zeel and Traumeel periarticular	13 days according to doctor; 7 days according to patient	19 days according to doctor; 23 days according to patient	Electrotherapy
F	30	Epicondylitis humeri (both sides)	Infiltration with Zeel	3 days according to doctor; 3 days according to patient	21 days according to doctor; 25 days according to patient	—
F	age unknown	Gonarthrosis of the right knee	Zeel periarticular	7 days according to doctor; 3 days according to patient	—	Electrotherapy
F	45	Insertion tendopathy of the biceps tendon	Infiltration with Zeel	12 days according to doctor; 3 days according to patient	—	
F	11	Chondropathia patellae, on both sides	Zeel and Traumeel periarticular	11 days according to doctor; 9 days according to patient	17 days according to doctor; 17 days according to patient	Electrotherapy

Electrotherapy

In the following, I would like to elaborate on the course of therapy for two individual patients from this small population by presenting a graphic record of their pain scores for each of the days of treatment. For cases no. 1 and 5 from the table above, I recorded the patients' pain experienced with the aid of the following grading scheme:

6 = Severe pain both at rest and upon application of weight, in addition to restriction of mobility

5 = Severe pain as a result of application of weight

4 = Pain upon application of weight

3 = Pain only after application of considerable weight

2 = Slight complaints of pain

1 = No complaints

Case A

Diagnosis: Chondropathia patellae, on both sides

Symptoms: Severe pain in both knees while walking downhill, and upon other imposition of weight. Rotation while applying pressure to the patellae revealed distinctly palpable softening and produced a grinding sensation in the knee joint. Extremely painful.

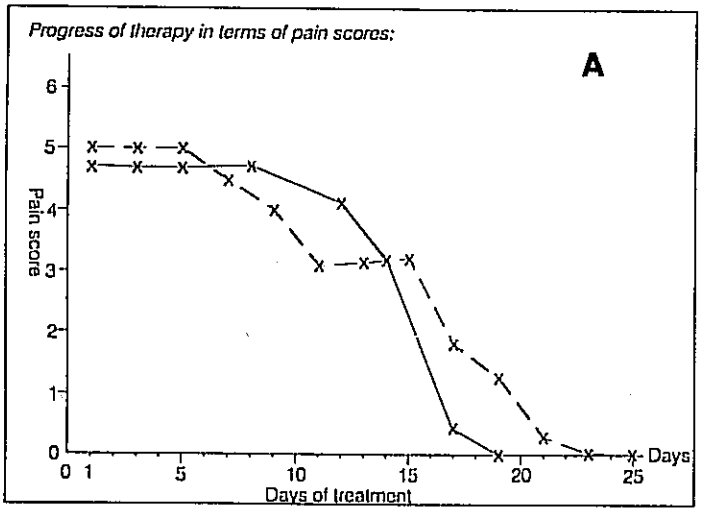
Therapy: Periarticular administration of Zeel and Traumeel; electrotherapy in the form of electro-galvanic high-voltage stimulation

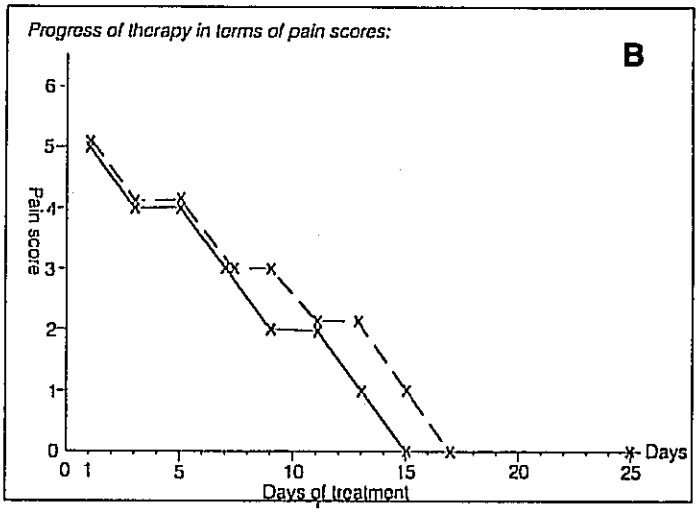
Case B

Diagnosis: Epicondylitis humeri, both sides

Symptoms: Grasping movements of either arm/hand produced severe pain in the elbows, with pain radiating down into both forearms. Severe pain over both epicondyles when pressure was supplied during examination.

Therapy: Infiltration of Zeel





References:

[1] Cotta, H. Orthopadie, G. Thieme publishers, Germany, 1978.

[2] Laschinski, K. "Arthrosis of the Peripheral Joints," article published in Biologische Medizin, 17, 4, pp. 172-176, 1988, Baden-Baden, Germany.

[3] Roche, Lexikon der Medizin, Urgan & Schwarzenberg Publishers, Munich and Baltimore, 1984.

[4] Gerhard, W. "Biotherapeutic / Antihomotoxic Medication in the Therapy of Soft-Tissue Rheumatism," article published in Biologische Medizin, 17, 2, pp. 64-70, 1988.

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