REPORT FROM THE MEDICAL PRACTICE

Injection Therapy for the Lower Extremity

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Various homeopathic preparations can be used for infection therapy for acute as well as chronic conditions and injuries of the lower extremity. These are conditions that previously would respond to other injection techniques utilizing corticosteroids, both long and slow acting, as well as Wydase (Hyaluronidase), and local anesthetic. The advantages of injectible homeopathic remedies are numerous:

- there is no cortisone side effect,
- the inflammatory process is not reduced to such an extent that healing is retarded, and
- patients are not given a false sense of security that allows them to use otherwise damaged tissue due to the analgesic effect of the steroids.

Cortisone injections have their limitations, as follows: interarticular injections can cause Charcot joint,

injections into and around tendons can cause or prelude to rupture, softening, or stretching of the tendon,

fat which is otherwise important for shock absorbance or protection may be dissolved,

the skin may be stained, and

in the face of bacteria or weakened host, resistance infection may result.

In addition, corticosteroids are a shotgun approach rith no specific modality indication.

Injectible homeopathic remedies can be matched to the niqueness of the acute or chronic presenting case and, thile having a local effect, also enhance the body's

defense system to allow patients to do their own healing. Injectible homeopathic preparations such as *Traumeel* may reduce inflammation, encourage healing, reduce swelling, and allow for range of both active and passive motion. Traumeel injections may be used postoperatively for pain, edema, or to promote early range of motion, when desirable, and may also be used in conjunction with physical therapy and rehab.

Once acute or chronic conditions have been treated with injection therapy or homeopathic remedies specific to the problem, the constitutional case of the patient should be taken and the patinet placed on an appropriate homeopathic remedy. For example, after treating plantar fasciitis and heel spur syndrome with injectible Rhus tox, Calcarea phosphorica or Calcarea fluorica may be used to finish the case.

Often times when the correct constitutional homeopathic remedy has been given, the physical complaints are cleared and an improvement is noted in the mental and emotional states of the patient. Thus, a patient with plantar fasciitis and the beginning of generalized rheumatoid arthritis who is suffering from depression and disappointed love might respond quite well to Natrum muriaticum. Following improvement on the mental and emotional planes, both the arthritis and the plantar fasciitis may also recede.

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