

Rheumatic Articular Diseases and their Antihomotoxic Therapy

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Reprinted from *Biologische Medizin* Vol. III, 1995, pp. 150-152.

Key words; the field of rheumatic diseases, diagnosis of articular diseases, antihomotoxic therapy of articular diseases

Summary

"Rheumatism" is a generic term used today to characterize all painful and function-inhibiting disorders of the musculoskeletal system which inflict bones, joints, ligaments, muscles, and tendons. A rough categorization is possible into the following types of rheumatism: inflammatory rheumatic alterations, degenerative rheumatic diseases, and extra-articular manifestations of rheumatism (so-called soft-tissue rheumatism). The etiology of most rheumatic disorders has not yet been resolved, although their immunopathological mechanisms - including pathology, histology, and histochemistry - have been established in great detail.

This presentation emphasizes the key role which clinical diagnosis plays in rheumatology. It further elaborates on typical rheumatic symptom complexes which afflict the upper and lower extremities, and it describes the antihomotoxic therapy possible for the field of rheumatic diseases.

The concept of rheumatism

The concept "field of rheumatic diseases" encompasses a great number and variety of disorders (as set forth in Germany in the Berlin Classification of 1971).

The entirety of all rheumatic diagnoses includes hundreds of individual diagnoses. There is scarcely another area in medicine which is fraught with more communication problems and misunderstandings than is rheumatism: both in the general public among laypersons, as well as among therapists.

The medical, socio-medical, and economical consequences of rheumatic diseases are truly enormous. Approxi-

mately 13% of occupational accidents, 17% of cases involving early retirement, and one-third of rehabilitation efforts can be linked to the field of rheumatic diseases.

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Inflammatory rheumatism plays only a minor role in overall rheumatic morbidity. Forms of osteochondrosis, however, as well as arthrosis deformans are significant as causative factors for therapeutic measures and for early retirement. With respect to occupational disability, rheumatic spinal syndromes are of greatest significance.

Inflammatory rheumatic disorders are frequently considered autonomous diseases, but articular rheumatism or the complex of soft-tissue rheumatic illnesses is in many cases only one single aspect of a general pathological state.

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with overall pattern of symptoms, local symptoms, and type of symptom occurrence enable reliable diagnosis.

In all cases, clinical diagnosis plays an essential role in rheumatology.

Arthrosis

As opposed to the more complex rheumatoid arthritis, arthrosis represents a relatively simple process.

The term arthrosis is applied to diseases associated with structural damage to a joint. Hyaline cartilage is primarily afflicted, with reactive involvement of the adjacent bones and the articular capsule. With arthrosis patients, articular-cartilage alterations are degenerative in nature, and represent an internal articular phenomenon.

Latent arthrosis is associated with a paucity of clinical symptoms. It becomes painful only as a result of reactive synovitis, in the process of development into activated arthrosis.

Now, after this brief theoretical introduction, I will elaborate on articular manifestations of the upper and lower extremities, describe typical symptom pictures, and outline in conclusion the possibilities for antihomotoxic therapy.

Diagnosis in the area of the upper extremities

The following typical diagnoses are for the rheumatic diseases in the area of the upper extremities:

1. Shoulder:

Periarthritis humeroscapularis (Duplay's syndrome, bursitis reactive subacromialis, bursitis calcarea subdeltoidea, frozen shoulder, etc.,

with their many and various symptom pictures), rupture of the rotator cuff, degenerative alterations of the biceps tendon, etc.

2. Elbow:

Epicondylitis, lateral and medial epicondylodynia, bursitis olecrani, etc.

Chronically inflammatory articular diseases manifest themselves primarily at the elbow only very rarely. In cases of polyarticular affliction, however, secondary involvement is often possible.

3. Joints of the hand:

Polyarthrosis of the fingers, primary chronic polyarthritis of the hand, tendovaginitis stenosans, insertion tendopathy, etc.

The human hand, with its typical patterns of symptoms, offers a true paradigm of rheumatic disease. The clinical symptom picture is characterized by local manifestations of inflammation, accompanied by swelling, redness of the skin, pain, and inhibited articular functions.

Therapy

Antihomotoxic therapy of articular diseases may be summarized as follows:

A. Nociceptor stimulation with local anesthetic, administered as specifically directed wheal therapy.

B. Topical infiltration of antihomotoxic medication such as Zeel, Traumeel, Discus compositum, Gelsemium-Homaccord, Neuralgo-Rheum-Injeel (forte), Colocynthis Homaccord, etc. Additive oral therapy with Bryaconeel tablets, Osteoheel tablets, Arnica-Heel drops, Ferrum Homaccord drops, etc.

C. Physical therapy with the appropriate therapeutic exercises, supportive cryotherapy and hyperemization therapy, adjuvant electro- and mechanotherapy.

Relaxation therapy combined with such measures as neural and manual therapy, as well as with acupuncture, represent effective adjunctive possibilities. Externally applied medication

is also indispensable in the therapeutic concept: e.g., Traumeel Ointment and Zeel Ointment.

Diagnosis in the area of the lower extremities

The following typical diagnoses are for the rheumatic diseases of the lower extremities:

1. Hip:

Periarthrosis coxae, insertion tendopathy, local bursitis trochanterica, coxalgia, coxarthrosis, etc.

The clinical symptom picture of rheumatic hip disorders includes local inflammatory symptom complexes, and restriction of function. Upon examination of the patient's articular functions, the therapist will typically find pseudoradicular pain in accordance with weight applied to the joint, possibly accompanied by external torsion-flexion contraction. Insertion tendopathy may occur among the glutei minimi at the trochanter major: i.e., in the region of the insertions of the musculus gluteus medius, musculus gluteus minimus, and musculus piriformis.

2. Knee:

Insertion tendopathy, apicitis patellae, meniscalespatellares syndrome, retropatellar syndrome, gonarthrosis, phlebarthrosis, etc.

3. Foot:

Articular tenosynovitis, degenerative alterations of the ankle joint (articulatio talocruralis) and talocalcaneonavicular joint (articulatio talocalcaneonavicularis), achillodynia, local forms of bursitis, insertion tendopathy, metatarsalgia, podalgia, as well as arthritic affections of the toe joints and of the plantar arch.

Clinical symptoms include pain experienced during heel-to-toe walking motion of the foot, recurring swelling of the feet, and restriction of the functions of the foot joint.

Typical insertion tendopathy disorders are encountered in the area of the musculus peroneus brevis and longus, and of the musculus tibialis anterior and posterior.

The rheumatic symptom picture manifested by the human foot is frequently very similar to that of the hand.

Therapy

The above-stated therapeutic program for diagnoses in the area of the upper extremities is also appropriate for the lower extremities. Within the context of holistic therapy, in all cases, multiple measures must be included in the plan of therapy. This therapeutic complex may include the following:

* The basic therapy outlined above

* Symptom-oriented therapy with the preparation Coenzyme compositum

* Engystol for stimulation of blocked enzyme systems

* Lymphomyosot and Hepar compositum for promotion of toxin discharge

* Mucosa compositum for activation of the body's resistance functions in cases of mucosal disorders.

These therapeutic measures may be harmoniously rounded off by dietary measures with high-carbohydrate, low-fat, and high-vitamin foods. A program of exercise as approved by a therapist is also an essential element in the concept of therapy.

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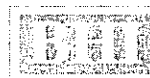
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