

Homeopathic Treatment of Ankle Sprain: A Case Study

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A 45 year old Caucasian female presented to my office with a severely sprained left ankle after falling off a horse. (Statistics show that more females than males suffer equestrian injuries.¹) The patient stated that while riding her horse on a dirt and sandy trail it all of a sudden became spooked and began to gallop out of control. The patient was not able to control the horse and decided to 'bail out' because she began to fear for her life. The patient noted a sandy, soft area on the trail and rolled off the saddle on her left side. The patient is not able to recall exactly how the injury occurred but thinks that her left foot and ankle became caught, which caused her left ankle to twist when she hit the ground. She immediately experienced severe pain in the left ankle, which began to swell at once. The patient attempted to place weight on the left foot and did so gingerly. Her gait at that point was clearly affected and she had a noticeable limp. She immediately put ice on the left ankle and contacted my office to make an appointment.

The patient arrived at my office with a severely edematous and ecchymotic left ankle. There was significant pain upon palpation over both the anterior and posterior lateral aspects of the left ankle. The pain and swelling corresponded to the lateral ligamentous structure of the ankle joint.

Ligamentous structure

Lateral

- 1) The anterior talo-fibular ligament originates at the anterior aspect of the lateral malleolus and inserts into the distal talus.
- 2) The inferior talo-fibular ligament originates at the top of the malleolus and inserts into the prodromal aspect of the talus.
- 3) The calcaneo-fibular ligament originates in the posterior aspect of the malleolus and inserts into the calcaneus. The patient had decreased sensation in this area, and slight discoloration.

Medial

- 1) The medial ligament structures: The patient's deltoid ligament was intact and

not painful to palpation. The deltoid ligament is a very strong ligament which fans out from the medial malleolus to the talus and calcaneus.

The patient's pedal pulses were palpable and equal; dorsalis pedis and tibialis posterior.

X-ray views of the patient's left ankle were negative for fractures.

The patient's biomechanical exam revealed pain with dorsiflexion of the left foot at the end of its range of motion. There was also slight pain with resistance to inversion and eversion of the foot. The patient's gait was guarded and compensated.

Diagnosis

1° degree left ankle sprain

Treatment

Multiple subcutaneous injections of Traumeel® to all three ligamentous sites in the lateral aspect of the ankle. The dosage consisted of 2.5 cc Traumeel® plus 0.5 cc plain Lidocaine per site.

Unna boot soft immobilization cast applied to the left ankle for ankle stability and to provide constant equal compression to help reduce the soft tissue swelling

The patient was given Traumeel®, Osteoheel®, and Lymphomyosot® tablets² to help decrease the pain, inflammation, and swelling. She was told to take one of each of the tablets 3-4 times per day as needed until the pain and swelling disappeared. She was also dispensed Traumeel® Ointment to be applied twice daily.³

The patient was contacted the following day for follow up and noted that the ankle was less painful and that it could support full weight. The swelling was still present but was slowly decreasing. She reported that she could flex the ankle without experiencing the pain of the previous day.

Discussion

The multiple subcutaneous injections of Traumeel® into the painful ligamentous sites, along with the oral intake of

Osteoheel® and Lymphomyosot® tablets, and the topical use of Traumeel® Ointment significantly reduced the pain, swelling, and inflammation due to the left-sided trauma. The prognosis for this case is excellent and the patient's condition will continue to improve with therapy. Treatment in this way minimizes the possibility of future complications such as RSD⁴, chronic ankle pain, or instability.

The homeopathic preparations prescribed in this case have indications appropriate for the trauma of ankle sprains:

Traumeel®: Its mechanism of action seems to be the result of modulation of the release of oxygen radicals from activated neutrophils and inhibition of the release of inflammatory mediators (possibly interleukin 1 from activated macrophages) and neuropeptides.³

Osteoheel®: For the temporary relief of bone pain, joint pain, and symptoms of soft tissue rheumatism...

Lymphomyosot®: For the temporary relief of edema...³

References

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3. Zell J, Connert WD, Mau J, Feuerstake G. Treatment of acute sprains of the ankle: A controlled double-blind trial to test the effectiveness of a homeopathic ointment. *Biol Ther.* (1989 Jan) VIII (1): 1-6.
4. DiBenedetto M, Huston CW, Sharp MW, Jones B. Regional hypothermia in response to minor injury. In: *Am J Phys Med Rehabil.* (1996 Jul-Aug) 75 (4): 270-77.
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