
REPORT FROM THE MEDICAL PRACTICE

The Use of Biological Medicaments in the Sports Medical Area

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Health policy activities and a greater emphasis on leisure have led in recent years to considerably increased sports activity among wide social classes. Sport, with its many possibilities of physical activity, has an important and sensible compensatory function to fulfill for our otherwise relatively immobile affluent society.

Regular physical activity leads to adaptation processes of the human organism, the adaptation processes at the individual parts of the organism being of a different extent depending upon the type of exercise or sport (1). Despite these adaptation processes, sports injuries and damage to health caused by sport are almost unavoidable. The sports injury is caused by an accident, that is, by an event acting unforeseen and suddenly from the outside onto the body. Damage caused by sport, on the other hand, is the consequence of continuous stress which is frequently generated by a lack of training. The division between the terms is not very sharp since the consequences of a not completely healed injury are frequently designated as damage due to sport (1). In principle, all injuries occur in all types of sports, even if certain typical injuries can be seen in one or another type of sport (3). It is important to cure these diseases to prevent more extensive damage being grafted onto existing lesions.

In the case of the competitive athlete, it is necessary in this connection to consider the problem of doping and the therapeutic methods used, both in the treatment of sports injuries and in the therapy of diseases which occur in the athlete as in any other person independent of the sporting activity, such as infectious diseases. An effective alternative to various therapeutics which are problematical with regard to doping is represented by the natural healing methods, in particular homeopathic remedies.

I have for this purpose included different homeopathic combination remedies in my therapy plan for athletes with which I have achieved very good and lasting healing successes. According to need, these are combined with physiotherapeutic methods, for instance. In isolated cases, it is nevertheless sometimes unavoidable, especially in acute conditions of pain, that a synthetically produced drug is used. However, I attempt to place a time limit on this therapy in order not to provoke new damage. In this connection, I think of the joint cartilage damaging effect of various non-steroidal antiphlogistics (2).

Some treatments applied to athletes are quoted below as examples in the shape of case histories.

1. Javelin thrower, age 21.

Chronic inflammation of the long bicipital tendon and irritation of the subacromial bursa, right throwing arm.

Therapy:

First, several acupuncture sessions, then local infiltrations into the pain points of in each case a mixture of 1 ampule of Traumeel and 1 ampule of Impletol, alternating with 3 injections of Peroxynorm. In addition, Traumeel ointment compresses every evening.

After 3 weeks, complete freedom from pain resulted although there was no gap in training. Only the intensity of exercises specific to javelin throwing was reduced.

The same athlete had also picked up a virus infection of the upper respiratory tract in the training camp and had not observed the recommended breaks. A severe swelling of the mucous membranes of the paranasal sinuses was ascertained by X-ray as well as a cystic process in the right maxillary sinus. The patient complained of severe vegetative disturbances with fatigue, exhaustion, lassitude, coordination disturbances, at time hypertension (BP 150/100, pulse at rest 80/min.) and constant headaches.

Therapy:

First, a one week training pause, inhalation with linseed and chamomile vapors, acupuncture treatment at 3 daily intervals, as well as injections of a mixture of 1 ampule each of Traumeel, Engystol, Coenzyme A, Mucosa and Impletol in the shape of weal formation in the points PdM, Di4, M 36, B 1, B2, G 14, G 20, B 10. In addition, at 3 daily intervals, treatment consisted of Euphorbium nose drops, Naso-Heel and Traumeel p.o.

From the second week of treatment starting with light training – symptoms subside slowly – exercise ECG is without findings. In the 3rd treatment week in addition 2 injections of catalysts of the citric acid cycle administered s.c – the patient trains almost fully again and is in extremely good condition – solely myogelosis has formed in the right thigh and this was remitted by Traumeel and Impletol injections.

2. All-round athlete, age 20.

Tendopathy of the patellar tendon at the left ankle bone in the region of the patellar tip and the tuberosity of the tibia.

At the first examination, the patellar tip was highly sensitive to pain, swollen and overheated, also in the region at the

tuberosity of the tibia.

Therapy:

Rubbing in several times daily with ice, antiphlogistic ointments and 2 times injections with Peroxynorm produced an improvement at first from time to time, but since the patient did not discontinue training, trained increasingly on plastic floors and also performed knee bends with high stress in a technically incorrect way, his condition deteriorated.

Afterwards there was a 10 day training pause. Ice treatment several times daily, Traumeel ointment dressings in the evening, infiltrations several times with Traumeel brought only slow improvement. Then, in addition, acupuncture of the Bachmann's points as well as 1 injection with a mixture of 1 ampule each of Traumeel and Impletol, after a subsequent 3 day pause brought complete freedom from pain with only slight induration still palpable.

Relaxed training, free of symptoms was then taken up and increased. Further treatment, alternatingly with Traumeel and Zeel ointment and Traumeel drops (10 drops 3 times daily) was administered.

3. Female medium distance runner, age 21.

Distortion of the right ankle joint with formation of effusion, pain on pressure, however with ligamentous strength.

Therapy:

Puncture of the upper ankle joint and subsequent infiltration with 1 ampule of Traumeel, bed rest only for 1 night, ice massage and Traumeel ointment compression dressing.

The patient could already walk again on the next day, but was treated further at 2 daily intervals with local weal formation around the ankle joint from a mixture of 1 ampule each of Traumeel, Zeel and Impletol. The patient returned to light running training after 3 days.

*4. Male medium distance runner, age 25
(400 m. hurdle specialist)*

Arthrosis of the basal joint of the big toe on the right foot. Slight to medium degree arthrotic changes are shown in the X-ray; on examination the joint is painful, swollen, overheated and restricted in its mobility.

Therapy:

3 times subcutaneous infiltration up to infiltration going partly to the capsule with 1 ampule each of Traumeel, Zeel and Impletol, brought freedom from pain despite full training program. Furthermore, ice massages, Traumeel p.o. and alternating Zeel and Traumeel ointment dressings were prescribed. Complete freedom from symptoms despite a full competitive activity was ascertained afterwards at a control examination.

5. Male medium distance runner, age 23.

Pronounced pain of the patellar edge, contracted by running training on a plastic track.

On manual examination, only tenderness of the patellar edge without tissue changes could be ascertained.

Therapy:

Acupuncture treatment of the Bachmann's points and additional pain points along with several local infiltrations with Traumeel and Impletol led to freedom from symptoms within 3 weeks despite training, following avoidance of the plastic track for 2 weeks.

He had complete freedom from symptoms at a control examination, then a successful performance on the Austrian national team in several international competitions.

6. Decathlon athlete, age 22.

For more than one year, articular symptoms in the left upper ankle joint in the form of chronic articular capsule inflammation with involvement of the retinacula.

Long-term prior treatment with an antiarthrotic agent was unsuccessful.

Therapy:

2 times weekly subcutaneous weal formation around the ankle joint with a mixture of Cimicifuga, Traumeel, Zeel and Impletol. Intra-articular injections from time to time of this mixture brought improvement and the patient could train moderately; nevertheless symptoms occurred only from had running technique on the plastic track.

Additional prescriptions of Zeel tablets as well as Zeel and Traumeel ointment dressings were administered.

The patient then gained one of the first places in the Austrian decathlon championships and also started on the Austrian national team.

7. Javelin thrower, age 30.

Severe hay fever from May to June for years.

Therapy:

Commencement of treatment in April with the preparations Galium-Heel, Naso-Heel, Traumeel, Schwef-Heel and Natrium-Homaccord as drops, additionally, Euphorbium nose drops.

On occurrence of the first symptoms, he was given Auto-Sanguis successive therapy with Euphorbium-Injeel forte, Galphimia-Injeel forte, collective packs of the catalyst cycle, Mucosa comp., Engystol and Splen suis-Injeel.

At the third injection series, a relatively strong feeling of vertigo and subsequent cessation of the running nose occurred after i.v. application with still slight itching in the nose; a fourth injection series was then performed. Training was then taken up again completely.

Literature

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