REPORT FROM THE MEDICAL PRACTICE

A Comparative View of the Therapeutical Use of Zeel® and Traumeel® in General Practice

by Ingrid Riedel, M.D.
A Comparative View of the Therapeutical Use of Zeel® and Traumeel® in General Practice

Zeel® and Zeel® are two of the more popular HEBE medications. As both prepara-
tions have qualities in common, questions occasionally arise concerning the better indicated remedy.

For the benefit of practitioners, this report illustrates concisely the chief areas of effectiveness of Traumeel® and Zeel®. Dr. Riedel differentiates between the two products with the aid of cases from her practice.

Since both medications are preparations that are used in diseases in which the articular and supporting systems are involved, it is desirable to make a differentiat-
ion or delineation. The following areas of application are among those recommended by the manufacturer for Traumeel®: posttraumatic and postopera-
tive edema, degenerative processes connected with inflammations as well as sports and accident injuries. The prepara-
tion Zeel® is an antiarthritic agent in the sense of a chondroprotective act-
ing preparation. Since the transitions between traumatic degenerative diseases, such as arthritis, and traumatic induced degenerations of the articular cartilage, such as posttraumatic chond-
rophy of the patella, are fluid, and the condition can be induced by the other, I personally observed those of my patients who were treated with the two above mentioned preparations over a period of approximately 6 months and recorded my experiences in this report.

As can be seen from table 1, 12 patients (2 female, 10 male) with an average age of 41.1 years and the diagnosis of gon-
arthritis were treated with intramuscu-
lar Zeel® injection. The dosage sched-
ule was uniformly 2 ampules of Zeel® per week. The patients had the usual symptoms occurring in gonarthritis such as pain on loading and weather sensitiv-
ity. These symptoms improved on average after 2.5 weeks, i.e. after approximately 6 Zeel® injections.

In all these 12 gonarthritis cases, freedom from complaints occurred on average after 5 weeks, i.e. after 10 Zeel® injections. It is also clearly visible from the table that there exists an age depend-
ence with regard to the incidence of the improvement and also to freedom from symptoms. According to the degree of severity, some showed improvement after only 1 week, while a gonarthritis case accompanied by lumbago (case 1) re-
quired 10 weeks for complete freedom from symptoms. The individual data can be taken from table 1.

In total, 5 patients with spondylarthrosis, i.e. with arthritis of the small vertebral joints, who were treated with intramuscular Zeel® injections according to the same schedule, showed an improve-
ment in their symptoms, i.e. pain and movement restriction after 10.7 weeks on average. Freedom from symptoms occurred here only in 4 cases, this being on average after 12.7 weeks, i.e. after approximately 25 Zeel® injections.

If the therapeutic results of the spon-
dylarthrosis patients are compared with those of the gonarthritis patients, the higher average age of the patients with spondylarthrosis (57.2 years) rarely plays a part in connection with the treatment duration. A similar situation can be noted in the case of the 71 year old po-
larthritis patient who, after 11 weeks of Zeel® treatment, had a remarkable improvement in his symptoms because of the advanced condition of the degenerative disease of his joints. The 61 year old polymyalgia rheumatica patient treated with Zeel®, on the other hand, exhibited complete freedom from symptoms after 3 weeks.

The two patients in table 1 illustrate that Zeel® treatment shows good effect in staphyloumenal periarthritis as well.

I also subjected 3 patients with polymyal-
gia Zeel® therapy experimentally, but here the results were less striking and in the severe syndrome of polymyalgia, freedom from symptoms could scarcely be expected with Zeel® treatment alone. The patients received in addition to the Zeel® therapy further antirheuma-
tically acting substances which, how-
ever, were also not sufficient in two cases to obtain freedom from symptoms. In the case of the 71 year old polymyal-
gia patient, it is interesting to mention further in this connection that I treated 3 other patients aged 71, 79 and 80 exclusively with Zeel® tablets (dosage of 1 tablet 3 times daily). One female patient had spondylarthrosis and two female pa-
\nents polymyalgia. A clear improvement in symptoms occurred in these cases after 8, 9 and 12 weeks, respectively. In the case of the 71 year old polyarthrosis patient, even freedom from sympt-
oms resulted after 14 weeks treatment.

I normally treat sports injuries accompa-
nied by inflammatory components (ten-
dovaginitis, epicondylitis, distoc) with Traumeel® injection solution. After an average of 2.1 weeks an improvement took place, with freedom from symp-
\noms after 3.5 weeks. The shoulder arm syndrome of a 62 year old female patient as well as a cervical spine - lumbar spine syndrome of a 66 year old female patient who was treated daily with a subcutaneous Traumeel® injection for 2 and 3 weeks respectively improved in a simi-
\nlar period. I also achieved equally good success in 3 cases of arthritis (table 2).

The individual data can be seen in table 2. 6 patients (2 female, 4 male) with an average age of 43.1 years and the diagnosis of arthritis were treated with intramuscular Zeel® injection. The dosage sched-
ule was uniformly 2 ampules of Zeel® per week. The patients had the usual symptoms occurring in arthritis such as pain on loading and weather sensitiv-
ity.
I also used Traumeel® experimentally in 2 cases of gonarthrosis or coxarthrosis and although I certainly achieved an improvement here (in 2 and 3 weeks respectively), no complete freedom from symptoms occurred. The Traumeel® injection probably first influences the inflammatory component of the disease but not the degenerative process. If these two cases are compared with the arthropathy patients mentioned previously who were treated with Zeel®, it appears to become clear that Traumeel® is less suitable for degenerative diseases; Zeel® on the other hand is less suitable in inflammatory diseases (see polyarthritis case). Combined therapy with Zeel® and Traumeel® is certainly sensible. A heel spur (calcaneal spur), a thorn-shaped bony protuberance at the underside of the calcaneal tuberosity at the attachment of overstressed tendons is taken as an example. Here the combined subcutaneous application of one ampule of Zeel® and one ampule of Traumeel® led to freedom from symptoms in 2 weeks.

Address of the author:

Ingrid Riedel, M.D.
General practitioner
Hoher Weg 11
D-86152 Augsburg
Germany