TRAUMEEL Intramammary Gel for Mastitis
by Dr. Jo Serentino

Traumeel Intramammary gel is the world-renowned TRAUMEEL veterinary gel formula presented in a convenient pre-dosed intramammary applicator. The original Traumeel veterinary gel is a complex containing both homeopathic dilutions and herbal extracts.

Traumeel Intramammary gel operates by parenteral route through direct injection into the affected quarter. Like the original Traumeel gel, Traumeel Intramammary gel acts on the inflammatory response through the Bystander reaction. The presence of Echinacea purpurea and angustifolia as mother tinctures (rather than homeopathic dilutions) contributes to the antibiotic and antifungal properties, as both of these species of Echinacea have antibiotic action against gram negative and gram positive bacteria, as well as fungicidal and bactericidal action.

PRELIMINARY STUDY

In a preliminary trial, Traumeel Intramammary gel was shown to act on the symptoms of peracute and chronic mastitis and as adjuvant (to either allopathic treatment with antibiotics or to injection therapy with antihomotoxic remedies), or as prophylactic for acute and subacute mastitis.

In this informal study with five bovine cases of mastitis, the efficacy of Traumeel Intramammary gel to curb the inflammation associated with mastitis was tested. Three of the cases had cultured milk samples, confirming the presence of E.coli (in 2 cows), and Streptococcus agalactiae (in one cow); in the two other cases, the milk had not been cultured. All cases were diagnosed by independent veterinarians. This small, but specific application of Traumeel Intramammary gel revealed that the product was effective in relieving the symptoms of peracute mastitis from E.coli, and one case of chronic mastitis from infection with Streptococcus agalactiae.

Treatment consisted of administering one tube of Traumeel Intramammary into each affected teat daily until the inflammation disappeared completely. In the case of peracute mastitis from E.coli, swelling and redness disappeared completely within 4 hours of administration. In the case of chronic mastitis, where the infection stemmed from an old problem with E.coli in the herd, the symptoms of mastitis were quelled within 4 applications of the Traumeel Intramammary gel, as was the case with the Streptococcus agalactiae.

Preliminary treatment with Engystol and Lymphomyosot/Lyphosot as an injectable protocol (see protocol on the next page) given during the initial visit increased the efficacy of Traumeel Intramammary gel, and considerably reduced the inflammation before administration of Traumeel Intramammary.
The study revealed that when the quarters are acutely sensitive and inflamed, it is best to use a preliminary protocol (see below) in order to initially reduce swelling and fever in the udder by means of subcutaneous injection of homeopathic complexes into the udder, or into the affected teat by catheter. Traumeel Intramammary gel can also be used in this follow-up manner as a complement to a preliminary allopathic treatment with antibiotics.

Complementary protocol for peracute and acute mastitis injection therapy to use with Traumeel Intramammary application

The following is recommended to prevent peracute mastitis from moving to acute mastitis, and/or to use initially during the call as an injection protocol or as a preliminary anti-inflammatory treatment via catheter into the affected teat.

- 2 ml ENGYSTOL
- +
- 2 ml LYMPHOMYSOT/LYPHOSOT
- +
- 2 ml BELLADONNA-HOMACCORD
  all in one s.c. injection to be administered to the soft body of the udder,
  or
  into the affected quarter using a catheter.

If the udder is too tender for s.c. injection, use the above initial injection complex i.v. By the same token, if the teat is so tender that insertion of a catheter would exacerbate the inflammation, it is best to try to reduce the inflammation through the bloodstream using a preliminary i.v. injection before inserting either a catheter or a pre-dosed syringe, in order to prevent irritation.

IMPORTANT:
Always instruct your clients to clean the teats with an alcohol tampon or equivalent before intramammary administration of any product, including Traumeel Intramammary gel.

CONCLUSION:
Data from this trial clearly indicates that a preliminary treatment should first be administered by the practitioner to attenuate acute symptoms and Traumeel Intramammary gel left as a follow up prescription for use as a parenteral anti-inflammatory agent.

A larger scale study is presently ongoing and will be published in 2003.