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FEATURE ARTICLE

## Treatment of Inflammatory Rheumatic Diseases with Traumeel

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The common feature of all rheumatic diseases is usually an uncertain, partially dragging and flowing pain in the region of the locomotor system. This very vague symptom has led to etiologically and pathogenetically different diseases having been brought together under the hazy generic term "rheumatism".<sup>17</sup>

On the other hand, however, it has been known for more than 100 years that in the course of chronic polyarthritis, numerous organs can also be diseased apart from the joints.<sup>1</sup>

Frequently pericardium, pleura, lung, skin, eyes and blood vessels are involved. According to Mielke<sup>2</sup> this can be viewed as a consequence of immunocomplex deposits in the vascular walls.

Primary chronic polyarthritis is triggered by a still unknown antigen in an organism predisposed towards it, so the structure HLA-DR4 can be detected relatively frequently in this connection. The antigen can be of exogenic or else endogenic origin. The immunological reaction always commences in the synovial tissue. Monocytes and lymphocytes are activated and polyclonal B cells form to an increased extent.

In addition, so-called monokines and lymphokines<sup>3</sup> are produced. Chemotactic factors cause an increased accumulation of polymorphonuclear leucocytes in the interarticular space. Destruction of the physiological joint structures results as a consequence.<sup>5</sup>

Administration of antiinflammatory medicines never leads to an improvement of destructions which have already occurred. Nevertheless, according to Harris,<sup>5</sup> their applica-

tion indicates that less actively proceeding proliferation is achieved by suppressing the inflammatory component. When setting up a treatment plan for rheumatic diseases, careful differentiation of the different clinical pictures is necessary first of all, to pursue therapy choices which are directed towards the etiology and causal factors. Should this not be possible, an attempt should be made to intervene in the pathogenetic mechanisms and thus influence the clinical picture. As a rule, symptomatic therapy is required to combat, on one hand the pain characterizing rheumatic diseases and where applicable the inflammation causing the pain and on the other hand the locomotor functional impairments.<sup>7</sup> In any event, an attempt should be made to prevent advance of the disease. Influencing immunological processes also appears to be possible in inflammatory-rheumatic processes.

In a contribution on unorthodox methods of treatment on patients with chronic polyarthritis and lumbal syndrome, Reiner et al. reported that rheumatism sufferers are open to alternative forms of therapy to a quite remarkable extent.<sup>3</sup>

In this connection reference should be made to the fact that only around every fourth medical practitioner uses so-called orthodox medical forms of therapy exclusively.<sup>3</sup> Propagation of natural healing methods is therefore a reality which must be taken into account. The evaluation of the data of the above-mentioned investigation<sup>3</sup> showed that out of 300 questioned polyarthritis therapists, 56% have tried other different methods of treatment in addition to orthodox therapy.

On evaluation of the individual types of treatment, homeopathy achieved the best results. 19% of the questioned polyarthritides therapists reported good success after homeopathic treatment. This result still needs to be presented in a more differentiated way, but a success rate of 19% in a disease which is difficult to control such as polyarthritides is noteworthy. Therefore a reference to the effectiveness of homeopathic therapy needs to be taken seriously.

### Own investigations / methodology

We have been using natural healing methods for the therapy of patients with rheumatic diseases for many years in our clinic. To check a certain form of therapy (2 x weekly infiltration with Traumeel injection solution without additional administration of synthetic non-steroidal antiphlogistics or steroids), the patients were questioned daily regarding improvement of their complaints. The data from the patients treated this way in the Naturana Rheumatism-Sanatorium in the period from mid-1983 to the end of 1984 was listed and descriptively statistically evaluated.

The Traumeel injection solution is a homeopathic remedy with the following composition:

Arnica D2  
Calendula D2  
Chamomile D3  
Symphytum D2  
Millefolium D3  
Belladonna D2 ana 2.2ul  
Bellis perennis D2 1.1ul  
Hypericum D2 0.66ul  
Echinacea angustifolia D2  
Echinacea purpurea D2 ana 0.55ul  
Hamamelis D1 0.22ul  
Mercurius solubilis Hahnemanni D6 1.1mg  
Hepar sulfuris D3 2.2mg in 2.2ml

It is also recommended by the manufacturer for inflammatory degenerative processes and those connected with inflammations on the different organs and tissues in particular in the supporting and locomotor system. After the effect of the preparation has been demonstrated for more than 30 years in different indications (soft tissues swellings, post-traumatic swellings, traumatic effusions of the knee-joint; arthrotic and pre-arthrotic arthralgia of the knee and hip joints, tendovaginitis and epicondylitis, vertebral column syndromes),<sup>11-16</sup> we have used the preparation in polyarthritides as well as in vertebral column syndromes.

### Patient Evaluations

In total 53 patients, male (17) and female (36) were documented. The average age of the patients was 61.4 years. They were almost exclusively patients with polyarthritides, partially in the inflammatory phase (please refer to Erythrocyte Sedimentation Rate (E.S.R.) values).

The patients stayed for approximately 30 days in the sanatorium and were given a vegetarian alkalising diet during this period.

It is true that according to Miehle<sup>3</sup> innumerable forms of diet have been tried in the course of treatment of rheumatism patients, yet despite a flood of publications on dietetic experiments, there is still no evidence of permanent improvement. Nevertheless, an investigation by Kremer et al<sup>4</sup> represents an approach which must be taken seriously towards influencing the inflammatory process through the prostaglandin metabolism with a diet rich in unsaturated fatty acids. Nevertheless, the results of such a diet can become visible only after several weeks or months.

### Results

As can be seen from table I an improvement in the complaints occurred after an average 15.3 days after commencement of treatment. No information is available on 4 patients, but in 3 of these freedom from complaints occurred after 10 or 20 days, so that only 1 case must be classified as a therapeutic failure. Out of the total of 53 patients, a total of 28 achieved complete freedom from complaints in an average period of 23.5 days. A reduction in the E.S.R. to differing extents occurred in 25 cases related to the 2-hour value after completion of therapy. 15 of these had freedom from complaints, 9 an improvement in the symptoms.

During the course of stay in hospital eighteen patients experienced an increase in the E.S.R. Nevertheless 8 cases of these had freedom from complaints while in all cases the symptoms had improved.

No complete data on E.S.R. was available or no change could be observed in 9 patients.

The age distribution as well as the distribution of the days on which improvement of freedom from complaints occurred are shown graphically in Fig. 1 (box-plot presentation). Please refer to the statistical characteristic data below in table 1 for the corresponding data. The distribution of the values over the entire value range has been displayed by means of boxplots. This method of explorative data analysis is based not only on mean value and standard deviation in contrast to the classical methods. The median (the value in front of which approximately 50% of the measurements lie) is shown as an asterisk in this representation. The lower and upper quartile are drawn in a box surrounding it. Thus the box contains the inner 50% of the measurements. Approximately 25% of the values lie above the box while 25% of the measurements lie below the box. An interrupted line is drawn from the upper and lower end of the box to the outermost measurement, which is not further distant from the end of the box than one box width. Points beyond this distance are plotted individually.

### Summary

During a stay in hospital of approximately 4 weeks, 28 out of a total of 53 polyarthritides patients were discharged after a parenteral Traumeel cure. The other patients showed an improvement in the symptoms except for one case. More extensive investigations to confirm this experience are required.

Table 1: 53 patients treated with Traumeel injection solution with inflammatory rheumatic diseases  
 Column 3 (BETTER) and 4 (w/O COMP) indicate the number of days after which an improvement in the  
 complaints or freedom from complaints occurred.

SEX	AGE	BETTER	w/O Comp	ESRadm1	ESRadm2	ESRdis1	ESRdis2	DIAGNOSIS
1	48	21	--	9	26	10	31	HWS, LWS, ischi
2	51	24	28	4	13	4	13	LWS, BWS,
1	67	21	--	20	50	10	25	polyart, HWS, LWS
1	50	21	--	14	30	--	--	polyart, sklerderm
2	58	21	--	10	25	--	--	cox, ischi, LWS
1	53	10	--	11	30	10	30	HWS, LWS, ischi
2	45	28	--	4	15	3	7	BWS, HWS, LWS, ischi
1	63	21	--	5	16	7	15	cox, gon, LWS
2	74	10	21	12	34	20	56	ischi, LWS
1	66	14	28	5	18	8	21	polyart, LWS
2	69	10	28	2	10	5	12	HWS, LWS, skol
1	58	21	--	10	18	10	30	HWS, gon
1	56	10	--	2	5	5	14	polyart, HWS
1	53	10	--	8	22	10	20	polyart, cox,
1	59	10	21	5	12	8	21	polyart, HWS, LWS, cox
1	62	21	--	20	47	25	50	BWS, HWS, LWS, polyart
2	60	21	--	9	25	15	32	LWS, cox,
1	64	21	--	2	12	3	7	HWS, LWS, ischi
1	44	--	--	5	15	4	12	polyart, WS, ischi
1	71	21	--	10	30	--	--	polyart, HWS, LWS
1	51	7	21	4	10	4	9	polyart, LWS,
1	72	21	--	5	18	9	25	polyart, HWS
1	59	14	--	15	36	19	40	polyart,
1	70	7	21	15	40	12	30	polyart, WS
1	62	20	28	6	26	14	20	HWS, LWS
1	51	10	21	6	16	2	6	HWS, LWS,
1	72	10	21	6	23	--	--	polyart, HWS, LWS
1	77	14	21	24	56	--	--	cox, LWS, ischi
2	74	10	21	4	11	2	6	polyart, HWS
2	73	14	--	15	41	10	25	polyart, LWS
1	62	14	--	2	8	10	26	polyart, gon, HWS, LWS
1	64	--	10	8	28	10	26	polyart, HWS, LWS
1	60	14	--	3	9	--	--	peri, HWS
1	59	21	--	4	10	5	8	polyart, HWS,
2	60	14	21	2	5	3	5	HWS, osteochon
1	59	14	21	2	7	13	27	polyart, LWS
2	69	21	--	3	5	5	18	polyart, BWS, LWS
1	62	10	21	2	7	2	6	polyart, HWS
1	72	10	28	12	35	12	28	polyart, cox, LWS, HWS
1	46	10	28	2	5	2	4	HWS, LWS,
1	53	18	--	3	10	4	8	polyart, LWS, epiko
2	68	12	28	10	26	12	34	polyart, HWS
1	73	14	28	14	36	12	30	polyart, cox, gon
1	69	8	21	37	68	38	62	polyart,
1	76	14	28	10	26	11	27	polyart, Raynaud, WS
2	28	14	21	16	42	10	26	polyart, WS
2	64	21	--	2	6	2	10	HWS, BWS,
2	51	14	28	--	--	--	--	polyart, gon
1	45	21	--	2	4	1	2	HWS, LWS, gon
2	81	14	28	17	42	6	13	polyart, TEP,
2	67	7	28	29	71	31	63	polyart, TEP,
1	41	--	20	10	30	10	28	polyart, HWS
2	71	--	20	3	10	4	18	gon,
MEAN	61.4	15.3	23.5	8.8	23.5	9.4	22.3	
S.D.	10.7	5.4	4.4	7.4	16.2	7.5	14.7	
MIN	28.0	7.0	10.0	2.0	4.0	1.0	2.0	
LQ	53.0	10.0	21.0	3.0	10.0	4.0	10.5	
MED	62.0	14.0	21.0	6.0	20.0	9.5	21.0	
UQ	69.0	21.0	28.0	12.0	31.0	11.7	29.5	
MAX	81.0	28.0	28.0	37.0	71.0	38.0	63.0	

Abbreviations (diagnosis column)

ischi: ischiaglia  
 polyart: polyarthritits  
 sclerderm: sclerodermatits  
 cox: coxarthntis  
 gon: gonarthntis  
 HWS: cervical spine syndrome  
 LWS: lumbar spine syndrome  
 BWS: thoracic spine syndrome  
 TEP: condition after total  
 endoprosthesis  
 epiko: epicondylitis

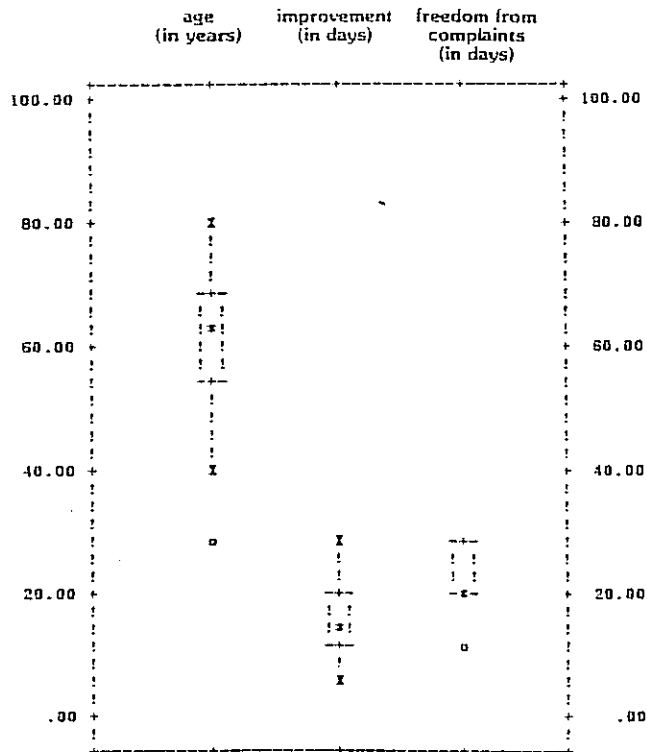
Abbreviations (column headings)

Sex 1: female  
 Sex 2: male  
 Better: improvement after . days  
 w/O Comp: without complaints after . days  
 ESRadm1: erythrocyte sedimentation rate 1 hour value on admission  
 ESRadm2: erythrocyte sedimentation rate 2 hour value on admission  
 ESRdis1: erythrocyte sedimentation rate 1 hour value on discharge  
 ESRdis2: erythrocyte sedimentation rate 2 hour value on discharge  
 (after approx 4 weeks)

Abbreviations  
 (statistical characteristics)

Mean: mean value  
 S.D.: standard deviation  
 MIN: minimum value  
 MAX: maximum value  
 MED: median value  
 LQ: lower quartile  
 UQ: upper quartile

Fig. 1: Age distribution and distribution of the days on which improvement or freedom from complaints occurred.



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