
REPORT FROM THE MEDICAL PRACTICE

Injectible Biologics for Treatment of Podiatric Problems

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At the 4th HEEL U.S. Symposium, in San Francisco in April 1989, Dr. Subotnick delivered a lecture entitled "The Utilization of Homeopathic Medicines in Podiatric Sports Medicine."

This article is an edited version of his symposium presentation in which Dr. Subotnick illustrates how he employs homeopathic medications in his podiatric practice.

One of the most common problems that I treat in podiatry is that of heel spur syndrome, or plantar fasciitis. I have found that if the patients have considerable stiffness in the morning which goes away with warming up of the foot and continuing activity, then injecting Rhus tox is most helpful. In such instances, HEEL's product Rhus tox Injeel works quite well. I utilize a 5 cc. syringe, filling it with 1cc. of Rhus tox, ½ - 1 cc. of Wydase, 1 cc. of 2% Zylcoaine Plain and 1 cc. of 0.5% Marcaine Plain. I inject with a 27 or 30 gauge needle and prep the foot first with Betadine or Hibiclins to ensure that there is no infection. The injection is from medial and is centered to allow me to use a needling technique or fluid lysis technique around the plantar fascia as well as intrinsic muscles which insert into the heel spur area. Thus, I'll inject down to the bone then back off and work my way around the bone with a needle. If there is considerable pain or trauma to the area, such as would occur to an athlete who has just run, I would add another cc. of Traumeel. The Traumeel also helps decrease symptomatology of the trauma of the injection itself.

Should the patient have more nerve like symptoms at the medial aspect of the heel, a medial calcaneal neuroma may be present. There is usually a clicking sensation upon palpation, especially if a skin lubricant is used. I would then inject with Hypericum. In the event that there is nerve as well as fascial involvement, a combination of Hypericum and Rhus tox would be a good idea. Should the patient have more of an aching sensation that persists throughout the day and is not relieved upon initial motion, then Ruta graveolens would be the injectible of choice.

Oral homeopathic preparations that go well with the injections are as follows:

Ruta grav, Hypericum, and Rhus tox. However, for patients who have the typical Rhus tox stiffness in the morning which hurts upon initial movement and is better with continuing motion, yet is better with cold than with heat, I use one dose of Radium brom 200c and then repeat p.r.n. It is interesting to note that those patients needing Ruta have a considerable amount of despair about the condition.

For those patients who have enthesitis with a pulling sensation and periostitis worse with cold damp, one might try Phytolacca. Other Phytolacca symptoms include: worse walking in the rain, better with elevation, warmth, rest, and dryness. Worse at night and with motion.

Stellaria is good for patients who are worse in the morning and worst of all when warm. They are better in the evening and with cold air. Also, better with motion. Actually it is hard to tell if they are better or worse with motion, especially when questioning them. Stellaria is somewhere between Ruta and Rhus tox. One can also consider Pulsatilla for wandering arthritic foot pain, especially in the young woman who fits the picture of Pulsatilla.

Another common condition seen in my practice is that of Morton's interdigital neuroma. The neuroma itself is treated with Hypericum injections, about three injections a week apart, followed by physical therapy with EGS and sound. Orthotics are, of course, used for neuromas and there is a neuroma pad to spread the metatarsal heads apart. Needless to say, orthotics are essential for heel spur syndrome, or plantar fasciitis. With the interdigital neuroma, if it's difficult to tell if it's a neuroma or a combination of an adventitious bursa and nerve, injections of Ruta work well.

For retrocalcaneal bursitis and exostosis, I prefer Ruta

injections. For Achilles tenosynovitis, Rhus tox is injected peritendinously and may be injected into the tendon when central necrosis is present. Of course, one would never inject Cortisone into a tendon since it predisposes to central necrosis degeneration and rupture.

For interarticular problems in any joint one might inject Ruta, Traumeel, or Zeel. For joints which have had previous surgery and are arthritic or doing poorly, also for joints which may have been infected, Strontium carbonicum is useful orally.

For plantar fibromas in the plantar fascia, I have had success injecting with Graphites Homaccord. For hypertrophic scars, either Graphites Homaccord or Silicea Injeel may be injected. Mixing these medications with Wydase helps considerably. Subsequent physical therapy should be used as well as transverse friction.

For trauma where there is considerable swelling initially, we inject the area with local anesthetic, Wydase, Lymphomyosot, as well as Traumeel. Once the edema has receded, injections are made with those remedies which fit the modalities, such as Bryonia or Ruta grav. Oral Lymphomyosot and Traumeel are also used initially following trauma. Post operative patients are put in Arnica with a usual high dose of 200c or 1M. If bone work has been done, they are given Ruta 200c. For osteotomies, either Ruta or Calcium phosphoricum are helpful. Also consider Symphytum.

Needless to say, homeopathic medicines work extremely well for various dermatological problems. Sulfur-Heel is an excellent product. For those patients with arthritis we use Rheuma-Heel 1 tablet t.i.d. For patients who have vertigo or are dizzy or predisposed to imbalances, I find that Cocculus compositum 1 t.i.d. is most helpful. For varicose veins, I have

found injecting Hamamelis Homaccord is most useful. Three to four injections intravenously seem to do the job.

Results to date have been very impressive. It appears as though 70% of those problems we used to use Cortisone for can now be treated with homeopathic injections. The other 30% still need Cortisone to relieve symptomatology. When using Cortisone you can still mix in the various homeopathic injectibles without apparent ill effect. There are patients who did poorly with Cortisone who have markedly improved with the additional homeopathic injections. We usually use physical therapy with EGS and sound following our injections. Those patients with biomechanical problems are given soft temporary supports later on when indicated. Also, more flexible orthoses are used.

Once the symptomatology has been relieved and the acute layer has gone, the patients are worked up for specific constitutional homeopathic treatment. Any acute symptomatology which may follow the constitutional prescription is treated with physical modalities so as not to antidote the remedy.

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Ed. note: *BHI and HEEL wish to advise readers that the practice of inter and intraarticular injections is very exacting and requires the utmost diligence on the part of the physician.*