

Antihomotoxic mesotherapy of soft-tissue sports injuries*

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English translation from original German publication: *Biologische Medizin* 2002;31(4):64-7



ABSTRACT

This retrospective study investigated the efficacy and tolerability of antihomotoxic mesotherapy (intra-dermal microinjection therapy) for sports injuries. 158 athletes with a variety of injuries were treated with a combination of Traumeel and Zeel, with the addition of Spascupreel in some cases. In 81% of the cases, the injury either healed completely or improved significantly. In most cases of complete healing, a maximum of four treatments were required. No adverse effects were observed.

Key words: Antihomotoxic mesotherapy, sports injury, Traumeel, Zeel, Spascupreel

Fundamentals of mesotherapy

Mesotherapy, or intradermal injection of mixtures of medications, is used especially for acute and chronic pain. More than forty years of experience indicate that this procedure increases the positive effects of the medication while adverse effects are significantly reduced due to less frequent administration. Poorly administered mesotherapy, however, can cause iatrogenic damage such as pain, inflammation or swelling.

Multiple studies and clinical experience suggest that effective mesotherapy depends on two basic factors:

1. *Depth of injection:* Dependent on the depth of the injection, the medication in any case infiltrates connective tissue matrix, which then stores and distributes the medication. Medication injected by this method not only reaches subcutaneous free nerve endings (cutivisceral reflex arcs), but also influences acupuncture points and meridians.
2. *Multiple microdoses:* Any medication becomes effective only when it is taken up by a receptor. Presumably, dividing the dose among several injection sites stimulates a larger number of receptors, thus achieving a greater therapeutic effect than if the entire dose were injected in one place.

Mesotherapy and sports medicine

Mesotherapy meets all the prerequisites for effective therapy of sports injuries, especially in competitive athletes:

1. Rapid healing permits earlier resumption of athletic activity.
2. Complete healing without sequelae allows training to be resumed with minimal setbacks.
3. Adverse effects are minimized.

Mesotherapy is especially indicated for:

- isolated tendopathies
- mild to moderate sprains
- muscle strains
- minor contusions
- moderate contractures of joint capsules, tendons or muscles
- some types of mechanical damage to peripheral nerves and tendons
- plurifocal joint damage
- degenerative mechanical damage to the spinal cord
- postoperative symptoms, including pain

It is also suitable as an adjuvant measure in functional rehabilitation and physiotherapy.

It is not suited for treating fractures, severe sprains, certain neurological injuries, meniscus disorders or injuries that require surgical intervention. Whether or not to administer mesotherapy must be decided on a case-by-case basis in injuries such as avulsed tendons or severe strains or in certain underlying illnesses that are discovered or exacerbated because of the injury (e.g. infections, tumors). Mesotherapy should not be implemented if the skin covering the injured area is infected or if large hematomas are present.

Mesotherapy is also not suitable for patients who cannot overcome their fear of injections.

* The authors received the 2001 Hans-Heinrich Reckeweg Prize for this paper.