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Homeopathy and, more specifically, homotoxic therapies are attractive to veterinarians, and especially to equine practitioners who deal with performance animals. Since these products have no molecular quality for the most part, they can be given to animals that are regularly tested. A product like Traumeel that is so effective as an anti-inflammatory and pain reliever for sports injuries seems designed for race horses as it relieves pain and inflammation without leaving traces or drug-breakdown by-products that would get picked up in urine tests.

On May 27th, 2000, Heel Canada Inc. hosted the first Veterinary Support Line Conference in Waterloo, Ontario. The main subject was lameness and the use of Heel products like Traumeel and Zeel as alternative therapies and as complementary therapies. There was lots of interaction and it was clear that veterinarians are using homotoxic medicine in their practice on a regular basis. Equine practitioners seem to be the most open-minded; using interesting and creative protocols that bring impressive results.

The exchange of information during the seminar confirmed the effectiveness and interest in these products, and the goal of the support line and of this column is to present practical information and protocols on an ongoing basis.

TRAUMEEL AND INTRA-ARTICULAR INJECTION WITH HORSES

One interesting phenomenon brought up during the presentation in Waterloo was associated with Traumeel and intra-articular injection. During the seminar we discussed using Traumeel in intra-articular therapy with other homotoxic products and/or in conjunction with some allopathic therapies.

It is important to understand that homotoxicology's underlying therapy is the defusing and clearing of toxins associated with the disease at hand. In the case of intra-articular injection this phenomenon becomes a kind of isolated system. The joint, albeit a small area, becomes a "system", in the physiological sense.

Monitoring case studies using these protocols since 1995 has revealed that cortisone injected into the joint interacted with Traumeel. Often, Traumeel injected intra-articularly after therapy with cortisone caused a worsening of the effects. I found this in my case studies, and two of the participants in the May seminar concurred these results. The reason for this reaction is twofold:

First, we must expect the "healing crisis," the homeopathic phenomenon that causes an exacerbation of symptoms. This is the climax of healing which at times manifests itself as a reaction phase. Secondly,

the clearing of toxins occurs at a normal rate with the inflammatory response, but the additional toxins associated with the breakdown of cortisone can cause a flux in the biochemical pathway.

You can avoid this intensified reaction phase by using intra-articular injection of Traumeel five (5) weeks after cortisone. In approximately 20% of my case studies, 3 weeks clearance sufficed, however I would recommend waiting 5 weeks, particularly in horses over 7 years of age that have a history of cortisone therapy.

Recent human protocols use Cortisone-injeel to defuse the toxins from cortisone breakdown. In cases like Crohn's disease when patients are on cortisone therapy; such as with prednisone, the Cortisone-injeel is given at some stage of therapy. In theory, the introduction of Cortisone-injeel to defuse cortisone toxins works well when dealing with a systemic disease, especially when the digestive tract is affected. But in the case of the reaction phase due to toxic concentrations in the joint, Cortisone-injeel may not work. It would have to be injected intravenously to reach the connective tissue matrix, and even then, targeting the joint would be difficult. Its application for systemic toxicity after cortisone therapy is a sound theory that has worked in many Heel protocols, but its application to equine joints rendered toxic by intra-articular cortisone injection is: firstly untested and in theory, would require a long systemic protocol that does not accommodate the prerequisites of equine therapy in the racing world, which calls for a "quick fix" that does not interrupt training and performance. In this case, administration of Traumeel intravenously is more commensurate to the therapy at hand and the better choice of a systemic anti-inflammatory remedy.