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Traumeel S – bioregulatory approach in the treatment of inflammation

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Abstract

Background: In the treatment of inflammation, the action of widely used non-steroidal anti-inflammatory drugs (NSAIDs) is directed mainly to inhibit the synthesis of proinflammatory mediators, cell migration and proliferation, as well as to stimulate the formation of anti-inflammatory agents. These effects allow to quickly and significantly limit the severe symptoms of acute inflammation and pain. However, at the same time, NSAIDs suppress the sanogenetic mechanism of inflammation. Absence of correction of pathogenetic mechanisms of inflammation can lead to chronic inflammation and development of its complications (cicatricial changes, adhesions, contractures, etc.). Also, nonselectivity of NSAIDs contributes to the development of known side effects. And inhibitors of cyclooxygenase 2, as it became known, with excess daily therapeutic dose also cause serious side effects. New possibilities for solving this problem have already been demonstrated by the bioregulatory approach and the complex bioregulatory medicines (BRMs) created on its principles.

Conclusions: The complex bioregulatory action of the medicine Traumeel S allows to control and optimize the course of the inflammatory process wherever it is located and of any form. Its use contributes to the full completion of inflammation with the recovery of the structure and function of the tissue, reduces the risk of complications and chronic inflammation. Such characteristics, combined with good tolerability (absence of side effects characteristic to NSAIDs) make Traumeel S a simple and reliable assistant to a doctor of any specialty in the treatment of inflammatory diseases of different localization.

Key words: Traumeel S, bioregulatory approach, inflammation.

Introduction

Acute inflammation is a protective reaction of the body to infection, traumatic, postischemic, toxic, autoimmune and other affection. Its main goal is the localization of this process with the further restoration of the damaged tissue structure and its function [3]. In the treatment of inflammation, the action of widely used non-steroidal anti-inflammatory drugs (NSAIDs) is directed mainly to inhibit the synthesis of proinflammatory mediators, cell migration and proliferation, as well as to stimulate the formation of anti-inflammatory agents. These effects allow to quickly and significantly limit the severe symptoms of acute inflammation and pain. However, at the same time, NSAIDs suppress the sanogenetic mechanism of inflammation. Absence of correction of pathogenetic mechanisms of inflammation can lead to chronic inflammation and development of its complications (cicatricial changes, adhesions, contractures, etc.). Also, nonselectivity of NSAIDs contributes to the development of known side effects. And inhibitors of cyclooxygenase 2, as it became known, with excess daily therapeutic dose also cause serious side effects [1].

New possibilities for solving this problem have already been demonstrated by the bioregulatory approach and the complex bioregulatory medicines (BRMs) created on its principles. Old name – antihomotoxic medications (AHTM). Their peculiarity is the effect of ultra-small doses of components of vegetable and mineral origin that contribute to the activation of detoxification and the restoration of self-regulation processes, including in relation to the course of the inflammatory process.

Therewith, they do not suppress the natural protective and detoxifying mechanisms of the body [3, 9, 10, 17].

Among the BRMs, the BRM Traumeel S (injectable solution, ointment) showed great opportunities in the therapy of inflammatory diseases [2, 9–11, 13, 14].

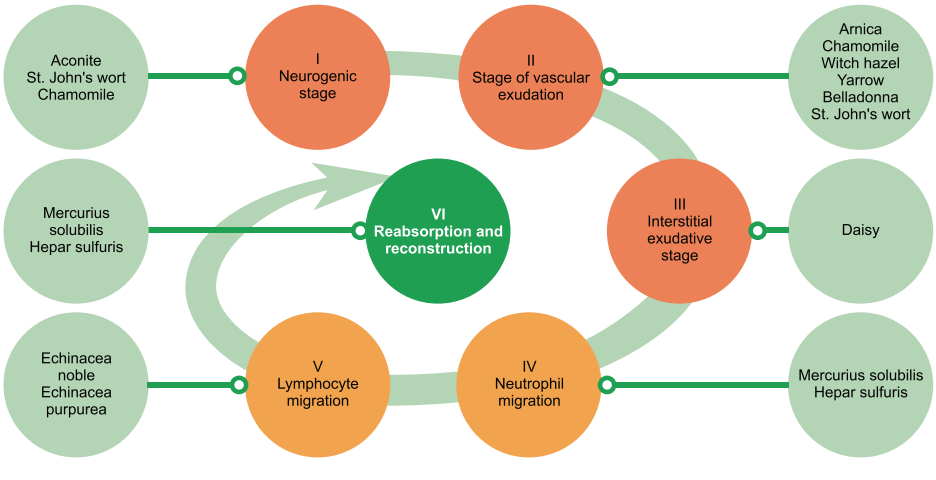

Fig. 1. Spiral-stage of inflammation – components.

Main pharmacological actions of Traumeel S: anti-inflammatory (not suppression of inflammation, but its optimization only), antiexudative, regenerating, analgesic, immunocorrecting. These properties are provided by 14 components of plant and mineral origin in ultra-small (homeopathic) doses (fig. 1).

The effectiveness of Traumeel S in inflammatory diseases is confirmed by many clinical studies conducted in Germany, Ukraine and other countries [1–17].

Traumeel S in diseases of ENT organs

Traumeel S has proven itself in the complex therapy of rhinosinusitis, otitis, tonsillitis, nasopharyngitis, both in their independent treatment and associated with the acute respiratory viral infection (ARVI), in the prevention of bacterial complications of ARVI [1-5, 7, 8, 12, 13].

Peresadin N.A. and Dyachenko T. of the Lugansk State Medical University compared the indicators of cellular and humoral immunity in children with the prescription of conventional treatment and therapy of BRM / AHTM. It was concluded that Traumeel S, in combination with other BRMs has, when used step-by-step, a clinically beneficial effect: the number of episodes of ARVI decreased 1.5-2 times, the manifestations of intoxication, headache and fever decreased; they were significantly less expressed compared with the cough control group, running nose, chest pain, sore throat. The course use of BRMs outside the aggravation period for 1-4 years indicates the potentiating and protective adaptation action of Traumeel S and other AHTMs [5, 11, 12].

Specialists from Belarus (Nikolaev V. V., Sakovich A. R., 1999) investigated the use of complex AHTMs in the treatment of acute purulent sinusitis.

The results of treatment of patients with sinusitis using the complex of BRMs (Traumeel S, etc.) and treated with classical therapy (antibiotics, antihistamines, vasoconstrictors, vitamins) were compared. The study shows that the treatment scheme for acute purulent maxillary sinusitis using BRMs is not inferior in effectiveness to conventional treatment. At the same time, a faster regression of the thermosymmetry indictors of the nasal mucosa, normalization of the pH of the nasal secretion associated with the decrease in the number of punctures in the group of patients receiving BMRs, indicates its undeniable advantages [15].

Traumeel S in pulmonology

Polish colleagues demonstrated that the use of a single Traumeel S ampoule once a week in patients with corticosteroid-dependent bronchial asthma allows lowering the daily dose of corticosteroids (triamcinolone) after five months from 4.6 to 2.6 mg, and in some patients even give up it.

It is noted that the use of Traumeel S leads to an improvement in the overall clinical condition of patients, an increase in muscle strength, and also contributes to the reduction of complications associated with prolonged corticosteroid therapy [11].

Traumeel S in nephrologic diseases

In the campus of Uzhhorod State University (Kovalchuk I.A. et al., 1999), the efficacy of BMRs in the treatment of patients with chronic pyelonephritis - Traumeel S, etc. was studied. In the main group, the BMR was used along with etiotropic drugs (antibiotics). As control was an identical group of patients who received treatment according to the standard method with allopathic drugs only. In patients of the main group, subjective improvement of the condition occurred much earlier, the laboratory indicators were faster than in the control group.

No signs of toxicity, intolerance, side effects of use of AHTM were observed [16].

Traumeel S, practical recommendations

The most informative indicator describing the presence and intensity of the inflammatory process is the concentration of the C-reactive protein (CRP) of blood serum. The increase in the level of CRP up to 3-7 mg / l already indicates local inflammation and serves as a criterion for the prescription of BMR Traumeel S. The criterion for stopping to receive Traumeel S is a decrease in the level of CRP below 3 mg / l [6].

The studies showed there has been an increase in the effectiveness of therapy for inflammation with the combination of BMR Traumeel S injections with the local (ointment) form. During the acute period, along with the course of injections, it is recommended to apply locally ointment [2, 13, 14] (table 1).

Table 1

Recommendations for the dosage of Traumeel S when combined with several dosage forms

	Acute and subacute period	Completion of treatment (2-4 weeks or more)
Basic BMR in case of inflammation (CRP level 3-7 mg/l)		
Traumeel S	2,2 ml (1 amp) i/m, s/c, i/c daily No 3-5	2,2 ml (1 amp) i/m, s/c, i/c 2-3 times (up to decrease of CRP below 3 mg / l)
	Ointment: easily to rub in/ apply under the bandage / apply on the affected area: on the 1st day – 5-6 times, then 3 times / day	Ointment: easily to rub in/ apply 2-3 times / day, incl. with massage or injected with phonophoresis No 10 (daily)

Conclusions

The complex bioregulatory action of the medicine Traumeel S allows to control and optimize the course of the inflammatory process wherever it is located and of any form. Its use contributes to the full completion of inflammation with the recovery of the structure and function of the tissue, reduces the risk of complications and chronic inflammation. Such characteristics, combined with good tolerability (absence of side effects characteristic to NSAIDs) make Traumeel S a simple and reliable assistant to a doctor of any specialty in the treatment of inflammatory diseases of different localization.

References

1. Chursina T.YA., Mikhalev K.A. Allopaticheskaya i antigomotoksicheskaya terapiya ostrogo vospaleniya: al'ternativnyye ili vzaimodopolnyayushchiye puti [Allopathic and antihomotoxic therapy of acute inflammation: alternative or complementary ways]. Biologicheskaya terapiya [Biological Therapy]. 2006; 1:17-21.
2. Popovich S.V. Klinicheskiy obraz preparata Traumeel S. [Clinical image of the medicine Traumeel S]. Biologicheskaya terapiya [Biological Therapy]. 2006; 1:22-23.
3. Nikonenko A.G. Sovremennyye predstavleniya o mekhanizmakh regulyatsii vospalitel'nogo protsessa [Modern ideas about the mechanisms of inflammatory process regulation]. Biologicheskaya terapiya [Biological Therapy]. 2006; 1:11-15.
4. Katerenchuk I.P., Chernomorets P.M., Klimenko V.G. Patogeneticheskiye mekhanizmy razvitiya khronicheskogo vospaleniya i klyuchevyye aspekty yego antigomotoksicheskoy terapii [Pathogenetic mechanisms of development of chronic inflammation and key aspects of its antihomotoxic therapy]. Biologicheskaya terapiya [Biological Therapy]. 2007; 1:4-14.
5. Peresadin N.A., D'yachenko T.V. Kompleksnoye lecheniye i reabilitatsiya patsiyentov s khronicheskimi zabolevaniyami LOR-organov i dykhatel'noy sistemy: sovremennyye metodologicheskiye aspekty ispol'zovaniya antigomotoksicheskikh sredstv u chasto boleyushchikh lits [Complex treatment and rehabilitation of patients with chronic diseases of ENT organs and the respiratory system: modern methodological aspects of the use of antihomotoxic drugs in often ill persons]. Biologicheskaya terapiya [Biological Therapy]. 2004; 1:24-27.
6. Pashchenko V.N., Girin S.V. Diagnosticheskaya rol' S-reaktivnogo belka v sovremennoy klinicheskoy praktike [Diagnostic role of C-reactive protein in modern clinical practice]. Biologicheskaya Terapiya [Biological Therapy]. 2010; 1:10-14.
7. Kireyeva T.V., Sutyrina I.G., Ginkota L.V. Primeneniye antigomotoksicheskikh preparatov v lechenii ostrykh respiratornykh virusnykh infektsiy [The use of antihomotoxic drugs in the treatment of acute respiratory viral infections]. Materialy Mezhdunarodnogo nauchno-prakticheskogo simpoziuma "Antigomotoksicheskaya terapiya ostrykh vospalitel'nykh zabolevaniy" [Materials of the International Scientific and Practical Symposium "Antihomotoxic Therapy of Acute Inflammatory Diseases"]. 2006; 46-47.
8. Khayne KH., Shmolts M.V. Immunologicheskaya vspomogatel'naya reaktsiya, vyzyvayemaya rastitel'nymi ekstraktami, soderzhashchimisya v antigomotoksicheskikh preparatakh [Immunological auxiliary reaction caused by plant extracts contained in antihomotoxic preparations]. Biologicheskaya meditsina [Biological medicine]. 1998; 2: 9-11.
9. Khayne KH. Znacheniye antigomotoksicheskoy terapii v regulyatornoy meditsine [The value of antihomotoxic therapy in regulatory medicine]. Biologicheskaya meditsina [Biological medicine]. 2004; 2: 4-9.
10. Van Brandt B., Khayne KH. Regulyatornaya blokada: opredeleniye, znacheniye i terapiya [Regulatory blockade: definition, significance and therapy]. Biologicheskaya meditsina [Biological medicine]. 2006; 4-5.
11. Myuller-Lobnits K., Getel D. Klinicheskaya effektivnost kompleksnogo gomeopaticheskogo preparata Traumeel S i yego komponentov [Clinical efficacy of the complex homeopathic preparation Traumeel S and its components]. Biologicheskaya meditsina [Biological medicine]. 2013; 1: 13-27.
12. Kramarev S.A., Palatna L.O., Shamugiya B.K. Al'ternativní metodi líkuvannya ta profílaktiki gripu ta GRVÍ u dítey [Alternative methods of treatment and prevention of influenza and acute respiratory viral infections in children]. Metodichní rekomendatsíí MOZ Ukraini [Guidelines of Ministry of Health of Ukraine]. 2006; 40.
13. Shamugiya B.K., Timoshkov M.V. Vozmozhnosti preparata Traumeel S v terapii vospaleniya [Possibilities of Traumeel S in the treatment of inflammation]. Mistetstvo líkuvannya [Therapy Art]. 2013; 2-3 (98-99): 44-49.
14. Byolohyshe Khaylmyttel Kheel HmbKH. Monohrafyya po preparatu Traumeel S [Biologische Heilmittel Heel GmbH: Monographie über das Medikament Traumeel S]. Per. s angl. M. Arnebiya [Trans. from English by M. Arnebyya]. 2011; 53.
15. Nikolayev V.V.; Sakovich A.R. Kompleksnyye antigomotoksicheskiye preparaty v lechenii ostrykh gnoynykh sinusitov [Complex antihomotoxic drugs in the treatment of acute purulent sinusitis]. Biologicheskaya Meditsina [Biological medicine]. 1999; 2: 47-48.
16. Koval'chuk I.A., Strizhak V.V., Shkoda-Ulyanova N.V. Opyt ispol'zovaniya kompleksnykh antigomotoksicheskikh preparatov Traumeel S, Echinacea compositum S i Lymphomyosot dlya lecheniya bol'nykh s khronicheskim piyelonefritom [Experience in the use of complex antihomotoxic drugs Traumeel S, Echinacea compositum S and Lymphomyosot for the treatment of patients with chronic pyelonephritis]. Biologicheskaya terapiya [Biological Therapy]. 1999; 3:6-8.
17. Klimenko V.G. Osnovnyye polozheniya patogeneticheskogo bioregulyatsionnogo podkhoda v obshchey terapevticheskoy praktike [The main provisions of the pathogenetic bioregulatory approach in general therapeutic practice]. Biologicheskaya terapiya [Biological Therapy]. 2013; 1: 8-11.