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Review Article

A view of Homoeopathy on Musculoskeletal Disorders in Sports Injuries

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ABSTRACT

Musculoskeletal disorders and treatment focus on various aspects of Repetitive Motion Injuries, Repetitive Strain Injuries, Cumulative Trauma Disorders, Occupational Cervico-brachial Disorders, Overuse Syndrome, Regional Musculoskeletal Disorders, Soft Tissue Disorders, Work-Related Musculoskeletal Disorders, Musculoskeletal Disorders. It can be seen in the elderly, arthritis, drug interaction checker, fibromyalgia, living healthy, lupus osteoarthritis, pill identifier, rheumatoid arthritis, sports injuries, etc. Musculoskeletal disorders are among the most common problems in sport injuries resulting loss of mobility and physical independence. Homoeopathic treatment schedule considers disease as a dynamic unit and the derangement of the whole man, expressed through the particular organs of the body, i.e. the 'whole man' is primarily diseased and individual organs/parts are only secondarily affected. It distinguishes each entity suffering from various or same diseases as different from others, because individuals are inimitable by virtue of their particular and peculiar mental and physical states, and characteristics. Concisely, it lays emphasis on, the 'person diagnosis', instead of the 'disease diagnosis'. Therefore, "every disease has a cure" is the believe of homoeopathy. Under this flow of homeopathy principle, the aim of this article is to present some of the most frequent musculoskeletal disorders in sports Injuries and their homoeopathic treatment schedule. Sports is an essential part of each nation. There are many ways to classify sports injuries based on the time taken for the tissues to become injured, tissue type affected, severity of the injury, and type of the injury occurred in the individual. Therefore, different homeopathic treatments are required to tackle different category of injury especially the outcomes of sport activities.

Keywords: Acute injuries, homoeopathy, overuse injuries, prevention, sports injuries, treatment.

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1. INTRODUCTION

The exact definition of a sports injury is in ambiguity and is be problematic as definitions are not consistent. According to Engebretsen *et al.*[1] a sports injury may be defined as "damage to the tissues of the body that occurs as a result of sport or exercise". With age, musculoskeletal tissues show the increased bone fragility, loss of cartilage resilience, reduced ligament elasticity, loss of muscular strength, and fat redistribution decreasing the ability of the tissues to carry out their normal functions [2]. The loss of mobility and physical independence resulting from arthropathies and fractures can be particularly devastating in this population, not just physically and psychologically, but also in terms of increased mortality rates [3]. Homoeopathy is a medical science in alternative medicine stream that considers disease as a dynamic entity and the derangement of the whole man, expressed through the particular organs of the body. It

means the 'whole man' is primarily diseased and individual organs/parts are only secondarily affected by the disease(s). Homoeopathy perceives each individual patient suffering from any kind of disease/dysfunction including injury as different from others suffering from the same disease. It is because individuals are unique by virtue of their peculiar mental states, physical attributes and particular characteristics. The crispy theory of homoeopathy is "it emphasizes, the 'person diagnosis', instead of the 'disease diagnosis'. Therefore, any disease manifested in a human body can be cured by homoeopathy may be with individual or organ specific formulations, is its main concept. Permanent or temporary injury especially during sports and exercise, draw a special attention now days. The aim of this article is to present some of the most frequent musculoskeletal disorders in Sports Injuries, such as fractures, sprains, tears, dislocations, tendinopathy,

synovitis, bursitis, etc., including some misleading presentations.

2. SPORTS INJURIES

The injuries that are outcome of the sports activities are categorised under sports injuries. Many comprehensive

systems have been developed to classify injury in order to assist with development of injury surveillance which can be used across sports [4]. There are many ways to classify sports injuries based on the time taken for the tissues to become injured, tissue type affected, severity of the injury, and which injury the individual presents [Table 1, 5].

Table 1: Injury type basing upon onset and mechanism of injury [5]

Site	Acute injuries	Overuse injuries
Bone	Fracture Periosteal contusion	Stress fracture 'Bone strain', 'stress reaction' Osteitis, periostitis Apophysitis
Articular cartilage	Osteochondral/chondral fractures Minor osteochondral injury	Chondropathy (e.g. softening, fibrillation, fissuring, chondromalacia)
Joint	Dislocation Subluxation	Synovitis Osteoarthritis
Ligament	Sprain/tear (grades I-III)	Inflammation
Muscle	Strain/tear (grades I-III) Contusion Cramp Acute compartment syndrome	Chronic compartment syndrome Delayed onset muscle soreness Focal tissue thickening/fibrosis
Tendon	Tear (complete or partial)	Tendinopathy (includes paratenonitis, tenosynovitis, tendinosis, tendinitis)
Bursa	Traumatic bursitis	Bursitis
Nerve	Neuropraxia	Entrapment Minor nerve injury/irritation Adverse neural tension
Skin	Laceration Abrasion Puncture wound	Blister Callus

2.1. ACUTE INJURY

Injury occurs suddenly to previously normal tissue. Acute injuries occur due to sudden trauma to the tissue, with the symptoms of acute injuries presenting themselves almost immediately. The principle in this instance is that the force exerted at the time of injury on the tissue (i.e. muscle, tendon, ligament, and bone) exceeds the strength of that tissue. Forces commonly involved in acute injury are either a direct or indirect.

Direct/Contact Injury

A direct injury is caused by an external blow or force.

- A collision with another person e.g. during a tackle in rugby or football.
- Being struck with an object e.g. a basketball or hockey stick.

Indirect/Non-Contact Injury

An indirect injury can occur in two ways:

- The actual injury can occur some distance from the impact site e.g. falling on an outstretched hand can result in a dislocated shoulder.
- The injury does not result from physical contact with an object or person, but from internal forces built up by the actions of the performer, such as may be caused by over-stretching, poor technique, fatigue and lack of fitness.

Common Acute Injuries include:

- Ankle Sprain,
- Quadriceps Strain,
- Clavicular Fracture,
- Shoulder Dislocation

2.2. AN OVERUSE INJURY

Any repetitive activity (e.g. running, fast bowling in cricket etc.) can lead to an overuse injury. The principle in overuse injury is that repetitive micro trauma overloads the capacity of the tissue to repair itself. The most common overuse injuries affect tendon (now termed Tendinopathy or tendinosis, a condition formerly known as tendinitis) and bone (Stress Fractures) [Table 2, 6].

Table 2: Common Overuse Injuries [5]

Site	Type of overuse injury	Common examples in sport
Bone	Bone strain/stress reaction/stress fracture Osteitis, periostitis Apophysitis	Metatarsal stress fracture in running Medial tibial stress syndrome in running and dancing Osgood-Schlatter lesion
Tendon	Tendinopathy (includes paratenonitis, tenosynovitis, tendinosis, tendinitis)	Patellar tendinosis in volleyball ("jumper's knee") Achilles tendinosis
Joint	Synovitis Labrum injuries Chondropathy	SLAP lesions in throwing athletes Functional acetabular impingement of the hip in football
Ligament	Chronic degeneration/micro-tears	Ulnar collateral ligament injury in baseball
Muscle/Fascia	Chronic compartment syndrome Delayed-onset muscle soreness Fasciitis/fasciosis	Illiotal band syndrome in running ("runner's knee")
Bursa	Bursitis	Trochanteric bursitis in race walking
Nerve	Altered neuromechanical sensitivity Entrapment	Ulnar neuropathy in cycling ("handlebar palsy")

According to Claresen[6] overuse injuries are a problem in many sports with athletes exposed to high training loads, tight competition schedules and insufficient recovery thought to be particularly at risk; especially when participating in sports involving repetitive movements or impacts. For example, approximately two-thirds of athletes, who trained between 20 and 35 hours per week, sustained a performance-limiting overuse injury in athletics over a one year period [7]. Similarly between 29% and 44% of elite volleyball players, who often perform over 500 jumps per week [8], report symptoms of jumper's knee [9, 10]. While it is recognised that overuse injuries are common in elite sport they also occur among recreational athletes [11], young athletes [12], and even among sedentary individuals after transient increases in activity [13].

Common Overuse Injuries include:

- i. *Patellar Tendinopathy*, ii. *Achilles Tendinopathy*, iii. *Tennis Elbow*, iv. *Rotator Cuff (shoulder) Tendinopathy*, v. *Tenoperiostitis of tibia (i.e. Shin splints)*, vi. *Illiotal Band Syndrome*, vii. *Stress Fracture of tarsal (foot) bones*.

Injury type basing upon type of tissue affected

Sports injuries can also be classified according to which tissue have become damaged. This allows sports physiotherapists to identify **soft or hard tissue injuries**. In more complex sport injuries damage may occur to more than one tissue type.

2. 3. SOFT TISSUE INJURIES

i. Ligament- Joint stability is provided by the presence of a joint capsule of connective tissue, thickened at points of stress to form ligaments, which attach at the ends to bone. There are a number of different grading systems used for the classification of ligament sprains and the traditional grading system for ligament injuries focuses on a single ligament [14].

Grade I Sprain

- **Mild** - Little Swelling & Tenderness with little impact on function

Grade II Sprain

- **Moderate** - Moderate Swelling, Pain and Impact on Function, Reduced Proprioception, ROM and Instability

Grade III Sprain

- **Severe** - Complete Rupture, Large Swelling, Tenderness+++, Loss of Function and Marked Instability

Common Injuries of Ligament:

- i. *MCL Injury Knee*, ii. *LCL Injury Knee*, iii. *ACL Injury Knee*, iv. *PCL Injury Knee*, v. *Lateral Ligament Injury Ankle*, vi. *Elbow Ligamentous Injuries*.

ii. Tendon- Tendons are situated between bone and muscles and are bright white in colour, their fibro-elastic composition gives them the strength require to transmit large mechanical forces. Each muscle has two tendons, one proximally and one distally. The point at which the tendon forms attachment to the muscle is also known as the musculotendinous junction (MTJ) and the point at which it attaches to the bone is known as the osteotendinous junction (OTJ). The purpose of the tendon is to transmit forces generated from the muscle to the bone to elicit movement. The proximal attachment of the tendon is also known as the origin and the distal tendon is called the insertion. Tendons have different shapes and sizes depending on the role of the muscle. Muscles that generate a lot of power and force tend to have shorter and wider tendons than those that perform more fine delicate movements. These tend to be long and thin [15].

Common Injuries of Tendon:

- i. *Tendonopathy*, ii. *Medial Epicondylopathy*, iii. *Rotator Cuff Tendonopathy*

iii. Muscle- Skeletal muscle injuries represent great part of all traumas in sports medicine, with an incidence from 10% to 55% of all sustained injuries[15].

a. Muscle Strains- A strain to the muscle or muscle tendon is the equivalent of a sprain to ligaments. It is a contraction-induced injury in which muscle fibers tear due to extensive mechanical stress. This mostly occurs as result of a powerful eccentric contraction or overstretching of the muscle. Therefore, it is typical for non-contact sports with dynamic character such as sprinting, jumping [16].

Strains are categorized into 3 grades of severity [17, 18, 19].

Grade I (Mild)

- Strains affect only a limited number of fibers in the muscle. There is no decrease in strength and there is full active and passive range of motion. Pain and tenderness are often delayed to the next day.

Grade II (Moderate)

- Strains have nearly half of muscle fibers torn. Acute and significant pain is accompanied by swelling and a minor decrease in muscle strength. Pain is reproduced on muscle contraction.

Grade III (Severe)

- Strains represent complete rupture of the muscle. This means either the tendon is separated from the muscle belly or the muscle belly is actually torn in 2 parts. Severe swelling and pain and a complete loss of function are characteristic for this type of strain. This is seen most frequently at the musculotendinous junction.

Common Strain Injuries of Muscle:

i. Hamstring Strain, ii. Quadriceps Muscle Strain, iii. Calf Strain, iv. Groin Strain, v. Rotator Cuff Tears, vi. Rupture Long head biceps, vii. Achilles Rupture.

b. **Muscle Contusion-** A bruise, or contusion, is a type of hematoma of tissue in which capillaries and sometimes venules are damaged by trauma, allowing blood to seep, haemorrhage, or extravasate into the surrounding interstitial tissues. Bruises, which do not blanch under pressure, can involve capillaries at the level of skin, subcutaneous tissue, muscle, or bone. As a type of hematoma, a bruise is caused by internal bleeding into the interstitial tissues which does not break through the skin, usually initiated by blunt trauma, which causes damage through physical compression and deceleration forces. [19].

Common Contusion Injuries of Muscle: Quadriceps Muscle Contusion

c. **Muscle Cramp-** Sudden, involuntary muscle contraction or over-shortening; while generally temporary and non-damaging, they can cause mild-to-excruciating pain, and a paralysis-like immobility of the affected muscle(s). Onset is usually sudden, and it resolves on its own over a period of several seconds, minutes, or hours. Cramps may occur in a skeletal muscle or smooth muscle. Skeletal muscle cramps may be caused by muscle fatigue or a lack of electrolytes (e.g., low sodium, low potassium, or low magnesium). Muscle cramps during exercise are very common, even in elite athletes. *Muscles that cramp the most often are the calves, thighs, and arches of the foot.* Around 40% of people who experience skeletal cramps are likely to endure extreme muscle pain, and may be unable to use the entire limb that contains the "locked-up" muscle group. It may take up to seven days for the muscle to return to a pain-free state [20].

d. **Muscle Soreness-** Resolves on its own over a period of several seconds, minutes, or hours.

iv. **Skin-** Skin injuries are common particularly in athletes playing contact sports. Underlying structures such as tendons, ligaments, blood vessels and nerves are always at risk of injury and should also be considered with any skin injury. Open wounds may include abrasions, lacerations or puncture wounds. [19].

2.4. HARD TISSUE INJURIES

i. **Articular Cartilage-** The ends of long bones are lined with articular cartilage which provides a low friction gliding

surface that acts as a shock absorber and reduces peak pressures on the underlying bone. These are common injuries and there is an increased risk of long term, premature osteoarthritis if not well managed. Articular cartilage can be damaged through shear injuries such as dislocations, and subluxation. Osteochondral injuries may be associated with soft tissue conditions such as injuries to ligaments e.g. ACL. There are **three** classes of articular cartilage injuries [14]:

- Disruption deep layers with or without subchondral bone damage
- Disruption articular surface only
- Disruption of both articular cartilage and subchondral bone

ii. **Bone-** A bone is a rigid organ that constitutes part of the vertebral skeleton. Bones support and protect the various organs of the body, produce red and white blood cells, store minerals and also enable mobility as well as support for the body. Bone tissue is a type of dense connective tissue. A **fracture** can result from a direct force, an indirect force or repetitive smaller impacts (as occurs in a stress fracture) and can be classified as transverse, oblique, spiral or comminuted. Fracture complications include; infection, acute compartment syndrome, associated injury (e.g. nerve, vessel), deep venous thrombosis/pulmonary embolism, delayed union/non-union and malunion [5].

iii. **Joint- Dislocations** are injuries to joints where one bone is displaced from another or complete dissociation of the articulating surfaces of the joint. A dislocation is often accompanied by considerable damage to the surrounding connective tissue. Complications of dislocation can include nerve and vascular damage. Dislocations occur as a result of the joint being pushed past its normal range of movement. Common sites of the body where dislocations occur are the *finger, shoulder and patella* [5].

Subluxations are injuries to the joint where one bone is partially displaced from another or partial dissociation of the articulating surfaces of the joint [5].

Signs and symptoms of dislocation and Subluxation include: i) Loss of Movement at the Joint, ii) Obvious Deformity iii) Swelling and Tenderness, iv) Pain.

3. HOW CAN I AVOID A SPORTS INJURY

Although it is impossible to prevent injury all the time due to the unpredictable nature of sports and physical activities, it is possible to undertake precautionary key steps to decrease the likelihood of incurring an injury. Below are detailed the key steps to preventing a sporting injury [21].

a. Warm Up

The warm-up is the most important and significant way to reduce the likelihood of injury when participating in sports. A sufficient warm-up session should last at least 5-10 minutes, and involves gently stretching and exercising muscles to prepare them for the strenuous activity to follow.

Warming up in this way allows an increased flow of blood to reach the muscles, increasing the flexibility of the muscle fibres and significantly reducing the risk of pulling or straining a muscle. Ideal warm-up exercises include steady walking and jogging.

b. Use the correct protective equipment

For some sports, protective equipment is important to prevent damage to participants. This is particularly important when the sport or activity involves physical

contact with other players and participants. Protective equipment may include shin pads (used in football and hockey), boxing gloves or protective head gear. All these pieces of equipment are designed to prevent injury to vulnerable parts of the body.

c. Technique

Many sports involve a particular technique which can minimise the risk of injury. It is important to learn the correct techniques associated with your chosen sport. By practising good technique an individual can greatly reduce the risk of sports-related injury to muscles, tendons and bones.

d. Do not over-reach yourself

It is extremely important, when taking part in physical activities, to listen to your body and know your physical limits. When you begin a new sport, begin slowly and steadily to avoid pulling or straining muscles which your body may not be used to using or stretching. If you have not undertaken strenuous exercise for some time, it is especially important to build up stamina and strength gradually to avoid injury.

e. Remain hydrated

Water is vital to keep the body going, and this is especially true when you are active and exercising. If you are exercising in heat or in sunny weather, it is especially important to keep your body hydrated as dehydration can significantly reduce mental and physical fitness.

f. Cool down

Just as it is important to warm-up properly, it is also essential that you cool down sufficiently after physical activity. After work out, spend at least 5-10 minutes undertaking a gentle form of exercise (such as walking) to return your heart rate to a normal pace. The cool-down process allows your body to remove the muscles' waste products and replace these with oxygen and nutrients. This helps to prevent stiffness of the muscles after exercising, and allows your muscles to recover steadily from physical activity.

4. SPORTS INJURY MANAGEMENT

There are three key components to effective injury management [22].

1. Injury prevention.
2. Injury identification and treatment.
3. Injury rehabilitation.

It's vital that appropriate injury rehabilitation takes place under the care of qualified professionals before returning to sport. Without this, the risk of making the original injury worse is greatly increased.

5. TREATMENT OF A SPORTS INJURY

Depending on factors such as intensity of injury and affected body part, the treatment can be done.

4.1. Self-Treatment of Injuries with the PRICER Method [23] and this PRICER regime is most effective in the first 24 to 72 hours after

P-Protection- Protect the injured area until it can be evaluated. This may include an Ace wrap, taping, or bracing.

R-Rest – Stop or take a break from the activity that is causing your pain or soreness.

I-Ice – Apply ice to the affected area for 10 to 20 minutes several times a day. Put a towel between your skin and the

ice pack to avoid skin irritation. Allow the skin temperature to return to normal before icing again (40 to 60 minutes).

C-Compression – Wrap the injured area with an elastic bandage (such as an Ace wrap) to help decrease swelling. If you experience an increase in pain, numbness, tingling, swelling, or coolness below the elastic bandage, it may be wrapped too tight.

E-Elevation – Elevate the injured or sore area above the level of your heart while applying ice.

R-Referral – Medical assistance should be sought as soon as possible to determine the full extent of the injury. A physical therapist can develop a treatment plan for full recovery and return to sport.

4.2. In the first 48-72 hours, it is important to avoid the following:

i. Heat - Increases blood flow and swelling.

ii. Alcohol - Increases blood flow and swelling, and will slow up the healing process.

iii. Massage - Promotes blood flow and can increase swelling and can, therefore, increase damage if begun too early [24].

4.3. Pain relief- Pain can be relieved by prescribing different allopathic medicines which are not the parts of the discussion of this article [25].

4.4. Immobilisation

Immobilisation can sometimes help prevent further damage by reducing movement. It can also reduce pain, muscle swelling and muscle spasm [25]. For example, slings, splints and casts may be used to immobilise injured arms, shoulders, wrists and legs while you heal. If you have a sprain, prolonged immobilisation isn't usually necessary, and you should try gently moving the affected joint as soon as you're able to do so without experiencing significant pain.

4.5. Physiotherapy

Some people recovering from a long-term injury may benefit from physiotherapy. It's a specialist treatment where techniques such as massage, manipulation and exercises are used to improve range of motion, strengthen the surrounding muscles, and return the normal function of the injured area. A physiotherapist can also develop an exercise programme to help to strengthen the affected body part and reduce the risk of the injury recurring [25].

4.6. Surgery and procedures

Most sports injuries don't require surgery, but very severe injuries such as badly broken bones may require corrective treatment. This may include a manipulation or surgery to fix the bones with wires, plates, screws or rods. Certain other injuries may also occasionally require surgery. For example, an operation may be needed to repair a torn knee ligament [25].

4.7. Recovery from an injury

Depending on the type of injury you have, it can take a few weeks to a few months or more to make a full recovery [25]. Gentle exercises should help to improve the area's range of movement. As movement becomes easier and the pain decreases, stretching and strengthening exercises can be introduced.

6. DISTURBING TREND IN SPORTS MEDICINE

"First do no harm"- **Hippocrates**. There is a disturbing trend taking place in the field of sports and exercise medicine today. That **trend includes the use of a class of drugs that**

not only complicate recovery, but also increase the risk of developing sports related injuries[26]. Athletes are using these so-called “harmless” drugs with greater frequency than ever before. These drugs are even recommended by physicians and physical therapists as an aid in the recovery process, even though they have been shown to have the *opposite* effect. Many athletes choose to use a group of medicines called NSAIDs, to enhance performance, pre-medicate to avoid pain and to treat existing injuries **but indirectly they:**

- Are the leading causes of Kidney Failure in the U.S. today.
- Cause GI bleeding.
- Cause gastritis and Peptic Ulcer Disease (PUD) in many long term users.
- Suppress the immune system.
- Slow down the healing process.
- Promote chronic injury.
- Increase the risk of new injuries.
- Increase the risk of worsening existing injuries.

Athletes using NSAIDs before, during and after exercise increase their risk of all these complications. Even in the absence of vigorous physical exercise, these agents are known to damage the body, but during vigorous exercise, the body is at even greater risk of injury from these agents.

7. HOMOEOPATHY FOR MANAGEMENT AND TREATMENT OF SPORTS INJURIES

Environment has a lot of importance on the body physiology of organism including human being. Every individual may not have the same physiological response into the same stimuli. The physiological response is specific for many factors such as environment, organisms, age, food habit, imuno capacity and life style. Ample of studies either done in our laboratory using different modern techniques or reviewed by us have proved the above fact [26-67]. Homeopathic medicines are individualised.

Homoeopathy considers disease a dynamic entity and the derangement of the whole man, expressed through the particular organs of the body, i.e. the ‘whole man’ is primarily diseased and individual organs/parts are only secondarily affected. Therefore, the homeopathic medicines are highly individualized and are found to be person specific. Enormous works done in our laboratories or reviewed by us have also proved that homeopathic treatment has tremendous effects on treatment of various diseases. However, the treatment could be specific depending on nutrition, age, organ etc [68-81]. Therefore, it is recommend by various homeopathic practitioner that

- Homeopathy can offer many solutions that expedite and simplify that recovery process.
- This is because Homeopathic remedies have the ability to regain the vital force which in turn, enables the body to use its own healing power to work from the inside out.
- Applying Homeopathic remedies to support the recovery process in cases of sports injury (be it a simple one, or a complicated one that may require surgery) may shorten the recovery and rehabilitation process, and make them less painful.
- This saves suffering, time and money.
- Applying homeopathic remedies immediately following an injury can reduce the pain and shocking effect of the injury.
- Homeopathic remedies can help reduce swelling, edema and hematomas.
- Homeopathy has even been found to help prevent injury when used in marathon runners[82-93].

8. FEW RUBRICS OF SPORTS INJURY

Following rubrics are found from Kent’s repertory for the treatment of sports injury. Similarly, Boericke’s pocket manual of Homoeopathic Materia Medica and Repertory and Kent’s repository described the medicines for the treatment of injuries as mentioned in Table 3 and 4, respectively.

Table 3: Kent’s repertory for the treatment of sports injury.

<u>Injuries</u>	<u>First grade</u>	<u>Second grade</u>	<u>Third grade</u>
Straining after	-	<i>-Rhus tox.</i>	-
Hand contusion	-	<i>-Arn</i>	-
Sprain	-	<i>-Calc, Rhus tox, Ruta.</i>	<i>-Arn</i>
Including blows, falls and bruises	<i>-Arn, Con, Hep, Hyper, Puls, Rhus-T, Sul-Ac,</i>	<i>-Cic, Led, Nat-S, Nit-ac, Ruta, Sulph, Symph,</i>	<i>-Bell-P, Bry, Lyc,</i>

Table 4. From Boericke’s pocket manual of Homoeo[pathic Materia Medica And Repertory.

<u>Injuries</u>	<u>First grade</u>	<u>Second grade</u>
Traumatism	<i>-Bellis, Calen, Led, Hyper, Rhus-t,</i>	<i>-Acet-ac, Cic, Nat-S, Ruta, Stont-C, Sul-Ac.</i>
Bruises, contusion	<i>-Arn, Ham, Con, Hyper, Rhus-t, Ruta, Symphyt.</i>	<i>-Acet-Ac, Bellis, Led, Sul-ac,</i>
Bruise of bone	<i>-Ruta, Symphyt.</i>	<i>-Arn, Cac-P,</i>
Chronic effect of injuries	<i>-Arn, Con, Nat.s, Stont.c</i>	<i>-Carbo v, Cic, Glon, Ham, Hyper, Led,</i>
Sprain, Strain	<i>-Acon, Arn, bellis, Carbo an, Hyper, Rhus t, Ruta, Symphyt.</i>	<i>-Acet.ac, Calend, Rhod, Stront.</i>

HOW TO USE HOMEPATHIC FORMULATIONS

• Self-care and First Aid are very easily learned and incorporated as a result of a little basic homeopathic training. A few points to be kept in mind:

- Carefully select the remedy that *BEST* matches most or all of your symptoms.
- For First Aid, *if a remedy doesn’t work within 2 – 6 hours* try something different or seek professional advice.

- Discontinue taking any homeopathic medicine *once you feel either better or worse*.
- Do not eat or drink immediately before or after taking a homeopathic medicine. Wait at least 30 minutes.
- Store remedies out of sunlight, away from electronic equipment, microwaves, cell phones and computers.
- Properly stored homeopathic medicines will last indefinitely and may actually improve with age and shaking.

INDICATION OF SOME COMMON REMEDIES USEFUL IN SPORTS INJURY

- Some generalizations can be made about when certain homeopathic medicines are indicated and for whom.
- Self-care is extremely effective with an excellent safety profile.
- Some of the following homeopathic medicines have proven track records for being extremely helpful in preventing and treating certain sports injuries.
- *Remember* that if treatment is not successful within a reasonable amount time, then further definitive care by a specialist should be considered.

Arnica montana– Leopard’s Bane

- Arnica is the *first remedy* for all forms of TRAUMA, including soft tissue injuries, falls, blows, bruises, contusions, sprains, strains, broken bones, overexertion, mental stress, shock and PTSD.

Bellis per – Daisy

- *First remedy in injuries to the deeper tissues, after major surgical work.*
- *Excellent remedy for sprains, bruises and injuries to nerves with intense soreness and intolerance of cold bathing.*

Bryoniaalba - Wild Hops

- Bryonia is helpful in cases of *bursitis* where the entire joint capsule is involved and is intensely painful with even the least motion.
- *The affected structures are stiff and painful* and worse from the least motion better absolute rest.

Calendula officinalis – Marigold

- A most remarkable healing agent, applied locally, called *homoeopathic antiseptic*.
- *Promotes healthy granulations and rapid healing by first intention.*
- *Pain is excessive and out of all proportion to injury.*

Hypericumperforatum– St. John’s Wort

- Hypericum is one of the best medicines for *injured nerves*, especially in sensitive areas like *the fingers, toes, and under the nails*.
- It is useful in *crush injuries, painful lacerations, brain and spinal cord injury* with intolerable, *violent, shooting and sharp pains* are present.

Ledum pal –Marsh-tea

- For *easy spraining* of ankle, *punctured wounds*, particularly if the wounded parts are cold.

- *Modalities < by motion, at night, > only when holding feet in ice-water.*

Rutagraveolens– Garden Rue

- Ruta is highly effective in cases of injured or *bruised bones, joints, and tendons* that presents with soreness, lameness, aching pains and restlessness.
- It is helpful in cartilage injuries, tendon problems and bruises of the periosteum.

RhusToxicodendron– Poison Oak

- Rhustox is helpful in cases where there is pain and stiffness of muscles and joints known as the *“Rusty Gate” phenomenon*.
- Rhustox is helpful in *strains and sprains* caused by over-lifting or overexertion. The characteristics are worse in cold, wet, rainy weather, first motion and relieved on continued motion.

Strontium carb– Carbonate of strontia.

- Rheumatic pain, *chronic sprain, chronic sequelae* of haemorrhages after operations, *affection of bones and cramps in calves and soles*.

Symphytum– Comfrey

- Symphytum is particularly helpful in cases of *injuries to bones, cartilages, and periosteum* when there is *excessive pain*.
- It is good for *old painful injuries* that have failed to heal properly.
- Symphytum is known for its affinity to help heal the *non-union of fractures*.

CONCLUSION

The people who suffer with sports related injuries hesitant to go for a homeopathy remedy by thinking its action is very slow and they are not aware the miraculous effect of homeopathic remedies. Homeopathic remedies should be administered immediately after injury because of the following characteristics:

- there are no harmful side effects,
- they are safe to use in all cases, because of the degree of dilution
- they will not show up in any drug testing procedures so there is no need to check whether any of the ingredients are on a banned list,
- they cost less, unlike conventional medicines they can be kept for later use,
- they have been used effectively in all parts of the world for over 200 years,
- they appear to speed up the natural healing process and get you back quickly,

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