

## Some instructive cases from the field of sports medicine

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### INTRODUCTION

Both new and old sports injuries can be treated very effectively with bioresonance therapy. Specialising in sports medicine and looking after a hockey team provides me with an opportunity to amass considerable experience in treating a range of sports injuries. The following examples of treatment have been performed successfully a number of times for the same injuries on different patients.

#### 1. MUSCLE STRAIN – RUPTURE OF MUSCLE FIBRE

When a muscle is strained or muscle fibre is ruptured, micro- or macro injuries occur in the muscular structure. The mechanism of the injury is such that the muscular structure of the muscle fibres is extended so that the contractile elements of the myofibrils (smallest units of the muscle fibres) are pulled apart. Injuries to the tiny capillaries and chemical reactions to the stress of muscle stretching lead to swellings and release of “inflammatory mediators” which are responsible for the pain which the athlete feels. Taking the patient’s case history should rule out major internal injury. The practitioner should verify the diagnosis by carefully examining the affected muscle group and possibly by conducting an ultrasound examination to rule out major bleeding.

Fresh injuries to the muscular system respond very well to bioresonance therapy. The pain is quickly relieved and the swelling reduced. It is possible to put pressure on the injured muscle group sooner than with traditional therapy. The patient is generally free of pain after 3-5 days. The muscles can take gentle exercise after 10-14 days and exercise at full capacity after 14-20 days (dependent upon the extent of the injury).

#### Example:

A football player complained of pain in the rear thigh muscle. He had been training normally. When sprinting he felt a pulling “like a rubber band tearing” accompanied by sudden pain. He could not continue running without pain and had noticed the muscles hardening and swelling. He had put ice on it immediately. Examination result: hardening and swelling in the rear thigh muscle, contracting against resistance was painful as was extending the muscle. No significant effusion identified in ultrasound examination.

#### Treatment:

Programs: Basic therapy following testing (e. g. 130, 131, 105), then 630 and 460 (injuries) and 930 (lymph program). Patient treated about 5 times on alternate days.

#### 2. DISTORSIONS OF THE ANKLE JOINT

Injuries to the ankle joint through sprains (distortion), mostly outwards (lateral), are common in athletes (and also those not practising sport). These result either in stretching or rupture of the lateral ligaments which may involve the joint capsule. Swelling of the lateral malleolus does not automatically follow. Surgery is no longer automatically performed if the lateral ligaments rupture. Before conservative treatment of the injury, it must be ensured that bone has not torn apart the ligaments, syndesmotoc injury has not occurred and the ankle bone has not pushed forward.

The swellings and pain diminish almost visibly with bioresonance therapy. The patient can put his full weight on his foot sooner, which also reduces the time he is off work, for example.

Example:

During a German Hockey League match, the patient sprained his foot when turning his body. His opponent was not involved in the injury. He reported a “cracking” and immediate pain from the injury process. The player was given immediate medical attention at the side of the pitch according to the RICE formula: **Rest–Ice–Compression–Elevation**. He was also given Arnica globules every half hour. After confirming that the foot was not fractured, the patient received what is known as an air cast splint and was treated with the following bioresonance programs: basic therapy following testing (e. g. 130, 131, 105), then 630 and 460 (injuries), program 600 (acute foot injury) and 930 (lymph program). In the first week the patient was treated every other day, in the second week every third day, then weekly, so a total of 6 weeks. After 3 weeks the injury could take gentle exercise (e. g. jogging on a flat surface), increasing the intensity after 4 weeks so that after 5-6 weeks he was exercising at full capacity (depending upon the number of injured ligaments/capsule injury).

### **3. COMPARTMENT SYNDROME (TIBIAL SYNDROME)**

A relatively common clinical picture in athletes is tibial syndrome. Long distance runners are often affected, as well as athletes who switch their training from the sports hall (in winter) to the track (summer). The change in running surface together with often more intensive training runs leads to painful irritation of the anterior tibial muscles. The pathogenetic mechanism is as follows: The irritation (excessive strain from training) produces an increase in fluid in the closed fascial recess (muscle space, compartment), the fascia cannot extend causing the pressure in the muscle space to increase. The increased pressure reduces the blood flow, decreasing the supply of oxygen to the muscles and thus leading to pain.

Bioresonance can also be used effectively here. Often 3-4 treatment sessions with the following programs are sufficient: basic therapy following testing (e. g. 130, 131, 105), then 630 and 460 (injuries) and 930 (lymph program), mostly attenuating (test out). The patient can resume sports activity once his symptoms have disappeared.

### **4. TENNIS ELBOW**

One clinical picture which is very difficult to treat is what is known as tennis elbow. Most of the extensor muscles of the forearm have a common originating tendon on the lateral epicondyle. Over-exertion can lead to an extremely painful irritation (lateral epicondylitis of the humerus). The patient complains of pain with rotary movement (turning a key), holding objects (holding a full bottle) or in a combination of hand movements (cleaning). The pain may be so severe that he cannot even hold a cup. The patient cannot generally recall any injury. Instead the pain usually began slowly, becoming more severe the more the hand/arm was used until even the slightest movement was painful. Patients have often already undergone a range of different treatments.

I have noticed with my patients that bioresonance results in far quicker and more lasting pain relief than with acupuncture, analgesic and anti-inflammatory injections or rest.

Example:

A patient who trains regularly in the weight room reported that she was aware of increasing pain in her elbow when exercising with dumb bells. Physical examination revealed a slight swelling in the lateral epicondyle and tenderness in the tendons of the forearm extensor on pressure. Extension, supination and pronation were all limited due to pain. Preliminary treatment consisted of injections with a local anaesthetic, rest and cortisone treatment. After a brief improvement, the pain returned however.

The following programs were chosen for therapy: basic program following testing, 433, 970, 460, 630, 930, 311 (elbow). The meridians of the large intestine, small intestine, lungs, triple warmer were also tested for weakness. 2 treatment sessions in the 1<sup>st</sup> week, then once a week. Once the pain had disappeared, the patient could slowly begin exercising the arm, only resuming training after 2 pain-free weeks.

### **5. CHRONIC TENDINITIS OF THE FOREARM AS A RESULT OF SEVERE OVEREXERTION IN SPORT AND AT WORK**

Tendosynovitis in the hand and forearm is a common clinical picture. The cause is not necessarily overexertion in sport. Often it occurs with typing

or working on a computer. The flexors/tendons of the hand are usually affected. The tendons are generally mounted in tendon sheaths which reduce the friction of the tendons when they move. When the tendons are subjected to excessive strain, this results in swelling and the release of inflammatory mediators. This then leads to pain, sometimes a warm feeling in the affected area and to restricted movement. The patient cannot put any strain on the hand and is often unable to work.

Example:

The patient spent a lot of time working on the computer and his workstation was probably not laid out in a very ergonomic manner. He complained of pain in the flexor side of both forearms and reported that he had already sacrificed his holiday to get rid of the pain. Bending the hands against resistance was painful and was even painful with no resistance. The patient experienced pain near the wrist in the flexor tendons on pressure. There was no reddening of the skin. Paraesthesia occurred in the fingers yet not in a manner typical of carpal tunnel syndrome which was also confirmed by neurological tests. He was given elastic forearm bandages yet these did not improve the condition.

He was treated according to the usual therapy regime: basic program following testing, 460, 630, 930 and 433, 519 (wrist) and possibly 970 following testing. This was astonishingly successful. After 3-4 bioresonance treatment sessions he was virtually pain-free at work and after 6 sessions his wrist could take full pressure.

## 6. SUDECK'S ATROPHY FOLLOWING A SCAPHOID FRACTURE

I should like to talk about another clinical picture even though I have not had many patients as it is comparatively rare. Sudeck's atrophy is a much feared complication which occurs if the extremities (upper and also lower extremities) are immobilised for a long period. Sudeck's atrophy is also known as algodystrophy or reflex sympathetic dystrophy. It is a severe persistent pain syndrome involving muscular atrophy and disturbed mineralisation of the bones. The cause is unknown. Patients complain of pain, sensitivity to temperature and swellings of the extremities. The patient finds it very difficult to move the affected limb or subject it to any pressure.

Example:

A young female patient came to me after already being unable to use her right hand for about 1 year. She had had a previous scaphoid fracture (from handball). This had been treated by placing the upper arm in plaster for 6 weeks, then the forearm in plaster initially for a further 6 weeks. When the plaster was removed the patient complained of continuing pain, at which her forearm was placed in plaster for a further 4 weeks as an X-ray revealed the bone had not yet knitted together. When the plaster came off, swelling and increased hair growth was observed in the hand, the injured right hand was cooler than the left and the girl could not even use her right hand to sign her name. The treating orthopaedic surgeon diagnosed Sudeck's atrophy and the patient received physiotherapy and occupational therapy, both with only moderate success. Meantime at school she had obtained permission to use a laptop for all her written work, which was possible with a forearm bandage and a splint. So the patient came to me. I thought to myself, "it's not possible that, at 17, she'll never be able to use her right hand properly again."

I could not make any promises but said I wanted to try treating her with bioresonance. And the therapy worked very quickly. After just 3 sessions the patient could write short paragraphs and hold her cutlery in her right hand. After 6 sessions the patient was no longer in pain and began to gradually subject the hand to normal pressure.

The following programs were used (not all in the same session):

|                                 |   |
|---------------------------------|---|
| Basic program following testing |   |
| 460, 630, 301                   | hand                                    |
| 538                             | cervical sympathetic trunk              |
| 433                             | "mesenchymal pump"                      |
| 421                             | generalised tendomyopathy               |
| 231                             | nerves                                  |
| 940                             | 5 <sup>th</sup> -7 <sup>th</sup> chakra |
| 519                             | wrist                                   |

Acupuncture testing produced the following striking results:

|                     |                |
|---------------------|----------------|
| Triple warmer right | 40             |
| Triple warmer left  | 55             |
| Lymph 1.2 right     | Indicator fell |
| Lymph 2 right       | 30             |
| Nerves 2 right      | 60             |
| Nerves 1b right     | 35             |

## **SUMMARY**

Bioresonance treatment is ideally suited to sports injuries. Bioresonance therapy helps to reduce the pain immediately following injury. It shortens the

healing process and the length of time the patient must abstain from sport. Muscle injuries (torn fibres and strains), tendon irritation (tendosynovitis, tendon insertion pain) and distortion all respond very well to treatment.

