

Comparative Outcomes of Cervical and Lumbar Spine Facet Injections using Betamethasone Sodium Phosphate and Betamethasone Acetate Injectable Suspension vs. Traumeel® (Arnica Montana, et al Injectable Solution) for Pain and Dysfunction in Chronic Pain States

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Background and Objectives

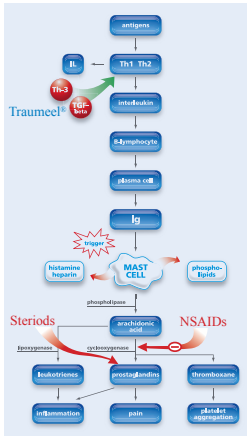
The emotional, financial, and physical disabilities of patients with persistent pain has been well documented^{1,2}. Invasive treatment options with medications options have been conventionally limited to steroidal and non-steroidal preparations. We wanted to compare the results from homeopathic invasive interventions with their improved safety profiles to conventional steroid preparations for persistent pain states.

Traumeel®, a homeopathic injectable preparation has been well documented in the safe treatment of inflammation and pain states^{3,4}. No information on the use of homeopathic injections in facet blocks has been demonstrated.

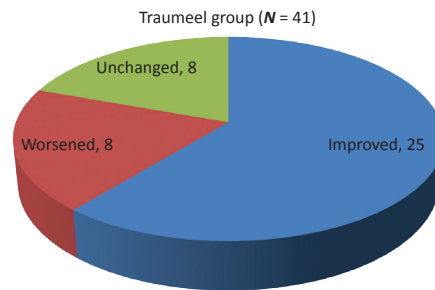
The clinical results of invasive treatment of pain with the attendant problems of stiffness, decreased mobility, impaired activities of daily living and impaired income were compared in patients presenting to a pain center with musculoskeletal pain.

Methods

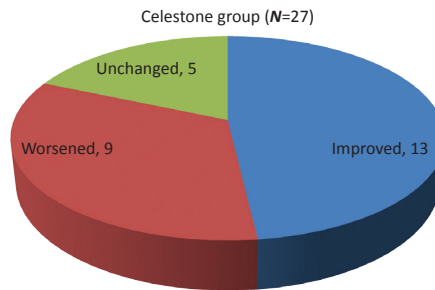
Sixty-eight chronic pain patients were asked to complete the Pain Disability Questionnaire (PDQ), a functional outcomes measurement tool at the onset and prior to each facet injection procedure. The PDQ tracks fifteen subjective responses to pain on emotional state, financial impact, and activities of daily living (ADL). Study design: Data was collected over a four month period on patients with a minimum of three procedures for the same complaint. A comparison was made between patients receiving a steroid solution containing Betamethasone (n=27) and a non-steroidal solution containing Traumeel® (n=41). The primary efficacy outcome was pain relief reports, and the secondary efficacy outcome was the emotional state changes.



Results



Preliminary results indicate that of the 41 patients treated with Traumeel®, 25 patients (60.98%) demonstrated statistically significant improvement in subjective functional assessment activities of daily living and reduced pain symptoms, 8 patients (19.51%) worsened, and 8 (19.51%) remained statistically unchanged.



The 27 patients treated with Celestone-Betamethasone Sodium Phosphate and Betamethasone Acetate had comparatively lower functional outcomes: 13 patients (48.15%) demonstrated improvement; 9 patients (33.33%) worsened, and 5 (18.52%) remained statistically unchanged.

Discussion

The efficacy of a combination homeopathic injectable preparation of an inflammation regulating medication like Traumeel® demonstrates a safe and effective option for the treatment of pain states. Because Traumeel is not known to have a LD50 or a ceiling dose, multiple treatments can be safely given in all age categories. It is considered that the use of a homeopathic injectable preparation in pain states offers an acceptable option of either primary or an adjunctive pain treatment. Flaws in the study include a small sample size; it is recommended that this study be conducted with a larger patient population.

Conclusions

These preliminary results indicate that Traumeel® improves pain and functional scores at a statistically higher rate when compared with Celestone-Betamethasone in patients with chronic back pain receiving cervical and lumbar facet injections. The mechanism of action with Traumeel includes the regulation of the inflammation cascade by T-helper cell regulation rather than the ablation of the cyclo-oxygenase pathway; therefore, pain is still addressed and normal physiologic mechanisms are otherwise unaffected.

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