BIOLOGICAL THERAPY

JOURNAL OF NATURAL MEDICINE

BT

Reprinted from
Vol. XI No. 1
pp 21-24

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ABSTRACT

The author, a practicing chiropractic physician, describes the use of the Heel homeopathic compound, Bryaconeel, in successful treatment of a chronic multi-symptom pain syndrome occurring as a late complication of total hip joint replacement.

The case study details the initial failed attempts to control the pain with allopathic analgesics, anti-inflammatories, single homeopathic remedies as well as unsuccessful treatment programs in medically supervised physical therapy and chiropractic spinal therapy. Pain had progressed to the point where a second surgery was being contemplated as the only remaining alternative.

Wherein, homeopathically, several single remedies, including Bryonia, had failed to yield satisfactory results, the administration of Bryaconeel provided prompt relief in the multi-symptom complex. An unanticipated benefit of increased patient compliance was noted during the case management and is described in the paper.

The patient, a sixty-three year old business executive, presented himself to my office in the summer of 1989 for evaluation and treatment of a multi-symptom complex affecting the right hip and knee, as well as the neuro-myofascial structures of the right upper leg. The patient complained of severe, paroxysmal myospasms of the right anterior thigh muscle group, with concomitant pain and restricted range of motion of the right hip and ipsilateral knee joint. Additionally, he related that his right knee felt very unstable and had developed a marked tendency to "give out" after prolonged physical activity. As all symptoms were aggravated by movement, he used a walking cane to assist with ambulation. An avid golfer for many years, the patient was now having to curtail his game as well as markedly modify his daily activities, including his employment, on account of the severity of the symptoms. His presenting medical history was as follows:

The patient stated that his current symptoms began subsequent to a surgical procedure performed thirteen months earlier, during which he had undergone a hip replacement operation. Exhibiting a moderate limp for many years, arising from stiffness of the right hip, the patient was diagnosed as having degenerative arthritis of the right hip. He was deemed a suitable candidate for a prosthetic hip replacement and the procedure was subsequently performed with no complications. Post-operatively, the patient reported marked relief in the right hip stiffness, although a mild antalgic limp remained.

He related that he was leading a relatively normal and active life-style when, seven months after the operation, he began to experience intense splinting spasms of the musculature of his right upper leg. These were intermittent and varied in intensity from moderate to severe. They were brought about by prolonged weight-bearing activities, aggravated by movement and were severe enough to force curtailment of any physical activity subsequent to their onset.

Returning to the surgeon, the patient was told this was "normal" as his body adjusted to the new bio-mechanics brought about by the hip prosthesis. He was prescribed muscle relaxers and anti-inflammatories and was placed upon a regimen of sustaining physical therapy in an effort to rehabilitate the affected soft tissue structures. The physical therapy did little to relieve the patient's symptoms and gradually the right knee began to become involved as well. A definite weakness in the right knee began to develop subsequent to the increasing intensity and frequency of myospasms which resulted in the knee beginning to "give out at will."

Several variations of the above described pharmaceuticals were tried, as well as further physical therapy, again without success. The patient was diagnosed as suffering from sciatic neuropathy, an infrequent, but well documented problem that can arise following hip replacement surgery.[1] Subsequent re-evaluation by his surgical team resulted in the feeling that perhaps the prosthesis was exhibiting signs of mechanical failure (i.e. aseptic loosening of the prosthetic cup or stem) and that a new one should be outfitted. Femoral loosening has, indeed, been reported as a post-operative complication, occurring at an incidence rate of 4.2% in a study of over 2,000 arthroplasties performed at the Mayo Clinic.* At the high end of the incidence range, reported rates as high as 47% are found in a review of professional literature.[3] Seeking to avoid a second surgery, if possible, it was at this point in time that the patient con-

sue palliative relief for an extended period of time until the administration of Bryaconeel more thoroughly resolved his problem. However, as most physicians will attest to, many patients are not content with merely short term improvement.

Today's patients, with a veritable plethora of high-powered pharmaceuticals at their disposal, demand relatively quick results. If they cannot get these results promptly and safely, with biological preparations, most will quickly abandon that approach and resort to relatively dangerous symptom suppressant drugs[15] in an attempt to gain faster relief. In many cases, today's patients are a hurried population group. They feel that they do not have the time or the patience to try various single remedies over a period of several weeks, nor to utilize one dose of a high potency homeopathic medicine and then wait six months for results. This is particularly so with the various pain syndromes. Today's patients demand results and, in most cases, they demand them now. This puts today's physician, particularly those operating in the altematiye arena, under definite time constraints.

The benefit to the physician of a relatively quick, yet effective, prescribing procedure, based primarily upon the physical diagnostic entity[16], as opposed to the laborious task of homeopathic case taking and reporitorization, need not be stressed to the busy practitioner of today. Today's wholistic physician requires a system of biological pharmacology which is effective, yet efficient to work with. The Heel/BHI line of medicaments appears, from this author's standpoint, to meet these needs.

An additional benefit noted with the homeopathic preparations as presented via Reckeweg's approach is the dose form they are manufactured in. It is the opinion of this author, having used single homeopathic remedies in his practice for a number years, that the benefit of the dose form of the Heel/BHI medicines (i.e. single aspirin-size tablet) cannot be touted highly enough. This is the form of medication with which most patients are familiar and comfortable and thus, more likely to comply. While classical homeopathic administration (i.e. pellet form) has proved effective for nearly two-hundred years, homeopathic products won't work if patients don't take them. This was apparently Dr. Reckeweg's belief also when he developed his particular line of medicaments, as he chose to completely forego the pellet as a form of dosage delivery, a radical departure from the "homeopathic norm" of the 1930's.

It has been my experience that most patients prefer, and more readily comply with, the single tablet dose form than they do with the multiple small pellet approach to dosing. Homeopathy is a new experience to most health care consumers today and the use of a dose form with which they are familiar makes it that much more likely that they will comply with its prescription and give it an opportunity to work to their benefit. Inmost cases, that opportunity is all that is required to begin resolution of their health problems in a way that is quickly demonstrable to both the patient and the physician.

The various homeopathic medications offered by Heel/BHI not only provide the practicing physician with an effective and efficient means of prescribing but provide the patient with a familiar and convenient protocol with which to adhere to their prescribed treatment program. Based upon the clinical results realized by the utilization of these preparations, as well as the increased compliance factor on behalf of the patients, it is this author's opinion that these medications certainly merit consideration by the wholistic physiaan for inclusion in his/her therapeutic armamentarium.

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The results exhibited with the administration of Bryaconeel, however, were quick incoming and dramatically beneficial. The patient returned to my office after only one month on the medication reporting and demonstrating dramatic relief in his multi-symptom complex. The myospasms had been reduced considerably in both frequency and intensity. His right knee was able to tolerate prolonged periods of weight bearing with very minimal subsequent weakness. Although he still exhibited a mild limp, which even the previous surgery had not been able to correct, he reported that he was spending considerably more time on his feet with very little ill effect. He stated that he was using his cane only sporadically. The patient was delighted with his sudden response and, to this author's surprise, reported that he had "not missed a dose" of his homeopathic medication, finding this particular dosage form much more convenient and "easier to take than the tiny pellets" of the single remedies.

The patient was treated and advised to continue with the Bryaconeel p.r.n. Subsequent evaluation in four weeks time revealed further improvement in the patient's status to the point that he was again playing golf and being able to get through the entire course without a problem. The right knee weakness had completely resolved and any problem with the myospasms, now occurring very infrequently, was quickly relieved with the administration of the Bryaconeel. The patient is currently being seen on an "as needed" basis only, but he is seen, at this point, only every few months for treatment. He reports that even when an exacerbation does occur, "it is nothing, at all, like before." This patient was last seen for treatment five months ago and a telephone conversation with him, as of the date of this report, confirmed that he is still "doing great." He feels that he is able to lead a relatively normal and active life-style once again. This was a dramatic and exciting conclusion to a case that was, to paraphrase Nash, "going nowhere fast."[9]

This case study was clinically interesting from two standpoints. First, the length of time that the patient was under care prior to the administration of Bryaconeel afforded the opportunity to document an elongated baseline study which demonstrated a consistent level of symptomatology over a twenty-four month period. Results achieved in the arena of alternative medicine are frequently asserted to be the result of a "spontaneous recovery" by skeptics. The consistency of the unchanged symptomatic picture over the course of the baseline period essentially negates that possibility in this particular case.

Secondly, from a pharmacological standpoint, two out of three of the components of Bryaconeel had already been tried previously, in single form, without success. One might suggest that the phosphorus component was responsible for the dramatic recovery, but there was little correlation with the patient's typology or symptoms to indicate that phosphorus, alone, would have been responsible for the regressive vicariation noted. More likely, the particular pharmacological components of Bryaconeel acted synergistically to produce a symbiotic effect that is above and beyond that which could be achieved by the specific components individually. Reckeweg hypothesized that "the combined ingredients which mutually support and reinforce each other's effects. . . broaden the total picture for the combination remedy".[10] Riley proposes an electromagnetic pharmacological model for homeopathic combination formulas in which carefully constructed combinations could prove to be more powerful in their action, under specific circumstances, than a single remedy.[11] The end result of such formulations is one of increased effectiveness and a higher likelihood for a quicker recovery.

Based upon the presenting symptomatology, one would have expected Bryonia, alone, to at least have alleviated the symptomatology. This remedy has the affinity to act beneficially upon the fibrous tissue of para-articular musculo-ligamentous structures which are exhibiting inflammatory reactions that provoke spasm with resulting pain and limitation of (as well as aggravation by) movement.[12] This characteristic is so constant that it usually provides an outstanding clinical indication for its successful implementation in cases exhibiting those symptoms. However, Wheeler reported that cases are encountered wherein Bryonia seems well indicated, yet fails to act.[13] Such was the case with the above described patient.

Reckeweg proposed that although the use of a single homeopathic remedy comprising the exact simillimum is the ideal prescription, in a large number of cases, it is difficult, if not impossible to detect, because of the multiple patho-physiological factors involved in diseases of a degenerative nature. He stated that when treating degenerative phases of disease (those to the right of the biological section in his table of homotoxicosis) a combination or compound remedy is required to address the multi-factorial components of the underlying problem.[14] The progress and eventual outcome of this particular case of degenerative hip joint disease would seem to corroborate his line of thinking. With the hip prosthesis superimposed upon the underlying degenerative joint disease and its concomitant bio-mechanical instability, there were certainly multiple factors entering into the patho-physiologics of this case.

As the attending physician, I would have to hypothesize that the results finally realized with this patient were, indeed, due to the fact that the administration of Bryaconeel apparently facilitated an interruption of the inflammation-pain-spasm-subluxation cycle long enough for the body to regain its physiological and bio-mechanical equilibrium for the resolution of the neuro-musculoskeletal multi-symptom complex.

Clinical Commentary

Fortunately, in this case, the patient, in his desire to avoid a second hip surgery, was content to continue to pur-

suited my office.

Initial physical, neurological, and radiological examination of the patient revealed restricted range of motion of the lumbar spine, right hip, and right knee. A diminished patellar reflex was noted on the right along with an ipsilateral hyperesthesic sensory perception affecting the latero-distal aspect of the anterior thigh. Correlation of these findings resulted in suspicion of an L-4 nerve root involvement. Specific orthopedic tests (Lasegue, etc.) corroborated this likelihood, as did the radiological examination which, in spite of a relatively clean looking hip replacement, revealed multiple vertebral subluxation and altered lumbo-pelvic bio-mechanics consistent with the patient's symptomatology. Radiological examination of the right knee, on the other hand, revealed only mild degenerative joint disease, commensurate with the patient's age, but not the intensity of his symptoms.

The patient's neuromyofascial disorder was deemed by this examiner to be a result of a compensatory bio-mechanical reaction with subsequent altered and dysfunctional bio-mechanics, leading to neurothlipsis (spinal nerve root irritation) and soft-tissue involvement of the associated structures. Altered bio-mechanics subsequent to hip replacement surgery are not an uncommon occurrence. Ritter, reporting on the occurrence of post-operative subluxation and dislocations, found an incidence rate of 6.5% in his study of over 500 replacements and Lowell, writing in Epp's eminent text on post-surgical complications, maintains that subluxation and dislocations will occur in any series of hip patients that are monitored long enough.[5] Therefore, a program of sustaining chiropractic treatment was initiated in order to improve the patient's altered bio-mechanics for the restoration of bio-mechanical stability and the reduction of the neuromusculoskeletal symptomatology.

In order to avoid mechanically traumatizing the patient's hip prosthesis, a low force, short level adjusting instrument, called an Activator, was utilized to make the necessary bio-mechanical corrections in a non-traumatizing manner. The Activator is a low-impetus chiropractic adjusting instrument capable of providing a mechanical thrust which delivers a controlled force, at high speed, with a precise and specific line of drive.[6] Although the Activator adjusting instrument does not involve the conventional forceful manipulations often associated with chiropractic and osteopathic treatment, it is considered a customary and accepted form of manual manipulation today.[7] An important consideration, in view of the existing hip prothesis, was to perform the manipulative therapy in as a conservative manner as possible in order to avoid exacerbating or adding to the patient's existing problems. Manipulation with the Activator adjusting instrument provided that margin of safety.

At the end of eight weeks time, although the patient exhibited some improvement in the multi-symptom complex, the results were mutually dissatisfying to both the patient and the doctor, relative to the improvement expected. Said improvement was essentially palliative in nature in as much as although the patient would report immediate relief from his symptoms following chiropractic treatment, said relief would begin to subside within a few days and the symptoms would return gradually once again. Although the frequency and severity of the episodes were reduced, their persistence and intensity were still causing great distress to the patient. Concern was beginning to materialize as to whether the prosthetic inclusion in the patient's bio-mechanical make-up was enough of a variable factor to make the patient unable to achieve a stabilization of the underlying bio-mechanical stability and gain protracted relief from his symptomatology. Over the next twelve months the patient was seen, on the average, twice a month for the palliative relief said treatment afforded him.

In June of 1990, in an effort to provide some biological support for the affected soft tissue structures, the patient consented to augment his chiropractic care with homeopathic therapeutics. Classical (i.e. single remedy) homeopathic intervention was then implemented. Several medicines were utilized over a period of time including Bryonia (a biological anti-inflammatory noted for its amelioration of pain produced by movement), Magnesia phosphoric (a biological anti-spasmodic), Rhus toxicodendron (a biological anti-rheumatic), and Aconite (a biological analgesic), all with varying, but essentially, minimal benefit. A nutritional formulation consisting of calcium lactate and magnesium citrate was also utilized, which provided some reduction of the myospasms. However, the patient complied very poorly with the dosage instructions, deeming it "too much trouble to take all of those little pellets and pills." Very little, if any, increased benefit was noted by the patient over the following twelve month period as a result of the added homeopathic and nutritional regimen. Nevertheless, the patient continued to present himself for chiropractic treatment approximately twice monthly over the course of that timeframe for the palliative relief that the spinal adjustments provided him with.

In June of 1991, in an effort to achieve more consistent compliance with his homeopathic medication schedule, the author prescribed the Heel product Bryaconeel (a combination of Bryonia cretica, Aconitum napellus and Phosphorus),[8] one tablet t.i.d., in hopes that the patient would be able to comply with a regimen similar to his previous pharmaceutical prescriptions. The dose form, a single aspirin-like tablet taken several times a day, was a procedure with which the patient was experienced and to which he had no objections. Based upon the progress of the case up to this point, however, there was little anticipation on behalf of this examiner that much improvement would be noted in the future and plans were being readied to attempt to refer the patient back to the original surgeon so as to proceed with his plans for the second hip replacement.

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SEP 125