Treatment of a Comminuted Compression Fracture of L2 Using Heel Antihomotoxic Medicines: A Case Report

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Abstract

Introduction. This article presents a clinical case demonstrating the use of comprehensive bioregulatory therapy in a patient with a comminuted compression fracture of the lumbar vertebra L2. The uniqueness of this case lies in the combined application of homeosiniatry, biopuncture, and antihomotoxic preparations produced by Heel. Such an integrative approach in the context of severe spinal trauma is rarely described in the literature and illustrates the potential of bioregulatory medicine in supporting structural and functional recovery of the spine.

Main symptoms. The patient experienced severe pain, restricted mobility, reduced quality of life, and decreased tolerance to physical activity.

Treatment and outcomes. Therapy included Traumeel S, Lymphomyosot, Zeel T, Discus Compositum, Coenzyme Compositum, Ubichinon Compositum, Calcoheel, and Osteoheel. Additional supportive measures included physiotherapy, magnetotherapy, massage, therapeutic exercise, and yoga. The total duration of treatment and rehabilitation was approximately six months. Effectiveness was assessed through MRI and CT imaging, as well as clinical symptom dynamics.

Conclusion. The results suggest that the proposed therapeutic scheme may serve as a potentially effective bioregulatory support option in patients with compression fractures of the spine.

Introduction

Compression fractures of the lumbar vertebrae are among the most common spinal injuries and often lead to severe pain, reduced mobility, and prolonged loss of functional capacity. The lumbar region is particularly vulnerable due to the high mechanical load it bears. Conventional treatment typically includes analgesics, NSAIDs, novocaine blocks, physiotherapy, and, when necessary, surgical interventions such as vertebroplasty or kyphoplasty. However, pharmacological – therapy is frequently associated with adverse effects, while surgical methods have multiple contraindications and do not always ensure full functional recovery.

The clinical interest of this case lies in the use of comprehensive bioregulatory therapy – a combination of homeosiniatry, biopuncture, and antihomotoxic medicines produced by Heel – in the management of a comminuted compression fracture of L2. Such an approach is used relatively rarely, particularly in cases of severe spinal trauma, and therefore provides practical value for assessing its effectiveness and safety during long-term rehabilitation.

Key Words: case report; compression fracture; L2 vertebra; antihomotoxic therapy; Heel medicines

Patient Information and Circumstances of Injury

A 69-year-old female patient, living alone, sustained a domestic injury during general house cleaning. She fell from a low height, landing vertically on her buttocks. The trauma was accompanied by severe acute pain and a brief loss of consciousness. Upon regaining consciousness, she noted sharp lumbar pain that intensified with any movement, deep breathing, or attempts to change body position. She was unable to stand up independently.

Despite the pronounced pain, the patient attempted several simple exercises on the floor (lifting the shoulder blades from a supine position) and, using her arms for support and holding onto furniture, managed to get up. Having worked for more than 20 years at a Homeopathy Center, she had access to emergency homeopathic preparations at home.

Self-administered Initial Therapy

During the first hours after the injury, the patient independently administered:

- **Traumeel S** – 2.2 ml intramuscularly
- **Lymphomyosot** – 1.1 ml intramuscularly
- **Arnica D30, Aconite D30, Symphytum D30** – taken orally (five doses over two hours)

After approximately three hours, the pain at rest decreased; however, any movement, coughing, deep breathing, or defecation caused radiating pain to the kidney area, buttocks, and posterior thighs. For the next three days, assuming the injury was a contusion, she continued daily intramuscular injections of Traumeel S and Lymphomyosot.

Comorbidities and Limitations to Standard Treatment

Comprehensive evaluation revealed multiple significant comorbid conditions:

- Coronary artery disease, angina pectoris
- Arterial hypertension (grade II)
- Severe osteoporosis (residual bone calcium 57%)
- Osteoarthritis
- Multiple drug allergies (including antibiotics and cardiac medications)
- Residual manifestations of systemic infection (low-grade rheumatism)
- Chronic gastrointestinal disorders

The patient was evaluated by an endocrinologist, cardiologist, rheumatologist, gastroenterologist, and allergologist. Given the severe somatic background and pronounced osteoporosis, **standard treatment with subsequent vertebroplasty was contraindicated**.

Timeline

Date / Timeframe	Event
Day 0	Domestic fall; acute lumbar pain; brief loss of consciousness
Hours 0–3	Self-administered Traumeel S, Lymphomyosot, Arnica D30, Aconite D30, Symphytum D30
Days 1–3	Continued daily Traumeel S + Lymphomyosot injections at home
Day 3	MRI performed; diagnosis of L2 compression–comminuted fracture
Days 3–8	Inpatient stay; continued Traumeel S + Lymphomyosot; discharged after 5 days
Weeks 1–2 after discharge	First 14-day cycle of bioregulatory therapy (oral + injections + topical)
Weeks 3–4 after discharge	Second 14-day cycle; adjusted injection frequency
Weeks 1–8	Physiotherapy, DD-therapy, massage, daily exercise routine
2 months	Follow-up MRI: reduced edema, mild positive dynamics
18 September 2016	Sanatorium treatment in Kislovodsk (mineral baths, massage)
3 months	Repeated course of homeosiniatry
6 months	Follow-up CT: signs of incomplete healing but stable condition
3+ years	No complaints; stable functional

Diagnostic Evaluation

Three days after the injury, the patient sought medical care at a trauma clinic, where MRI of the lumbosacral spine was performed.

MRI Findings

- Wedge-shaped deformity of the L2 vertebral body with decreased anterior height, pronounced bone edema, and infiltration
- Preserved height of other vertebral bodies with degenerative changes and marginal osteophytes
- Hemangiomas: Th12 – up to 11 mm; L3 – up to 7 mm
- Flattened lumbar lordosis

- Anterolisthesis: L3 – up to 5 mm; L4 – up to 3–4 mm
- Multiple disc protrusions Th12–L1, L1–2, L2–3, L3–4, L4–5, L5–S1 up to 3 mm
- Hypertrophy of the ligamentum flavum at L3–S1 up to 5–6 mm with moderate spinal canal stenosis
- Arachnoid cyst at S2 – up to 11 mm
- Paravertebral soft tissues without abnormalities

MRI Conclusion: Compression fracture of L2; marked degenerative-dystrophic changes; anterolisthesis of L3–L4 (grade I); spinal canal stenosis L3–S1; multiple disc protrusions; hemangiomas of Th12 and L3.

In the neurosurgery department, a CT scan of L1–S1 was performed:

- **Comminuted compression fracture of L2** with wedge-shaped deformity and reduction of vertebral body height by up to one-third.
- **Hemangioma of the L1 vertebral body** measuring up to 11 mm.
- **Anterolisthesis of L3** up to 4 mm.

CT Conclusion: Comminuted compression fracture of L2, grade I; hemangioma of L1.

Therapeutic Intervention

Inpatient Stage

During hospitalization, the patient continued to receive daily injections of Traumeel S and Lymphomyosot. At her request, she was discharged after five days.

Hospital Recommendations

- NSAIDs
- Strict bed rest for 2 months
- Subsequent use of wheelchair and crutches
- Continuous use of a spinal brace

The patient did not follow these recommendations: NSAIDs were contraindicated due to comorbidities, and she discontinued the brace after 10 days, fearing muscle congestion in the paraspinal musculature.

Treatment Regimen and Therapeutic Methods

After discharge from the hospital, the patient was prescribed an individualized bioregulatory therapy program that included oral medications, homeosiniatry, biopuncture, and topical treatment. Therapy was administered in 14-day cycles.

First 14 Days After Discharge

Oral medications

- **Calcoheel** – 1 tablet three times daily
- **Osteoheel** – 1 tablet three times daily

Homeosiniatry and biopuncture

- **Traumeel S 2.2 ml + Lymphomyosot 1.1 ml** – daily
- **Zeel T 2.2 ml + Ubichinon Compositum 2.2 ml** – every other day
- **Discus Compositum 2.2 ml + Coenzyme Compositum 2.2 ml** – every other day

Topical therapy

- **Traumeel S ointment** – applied 2–3 times daily to the lumbar region

Second 14-Day Cycle

Oral medications (unchanged)

- **Calcoheel** – 1 tablet three times daily
- **Osteoheel** – 1 tablet three times daily

Homeosiniatry

- **Traumeel S + Lymphomyosot** – every other day
- **Zeel T + Ubichinon Compositum** – twice weekly
- **Discus Compositum + Coenzyme Compositum** – twice weekly

Topical therapy

- **Traumeel S ointment** – 2–3 times daily

Additional Therapeutic Measures

Physiotherapy

- Electrophoresis with calcium chloride – 6 sessions, every other day
- Diadynamic therapy (DD-therapy) to the lumbosacral region – 6 sessions, every other day
- Gentle back massage

Motor activity

The patient followed moderate movement restrictions (avoiding sudden bending and lifting heavy objects) but otherwise maintained her usual daily routine.

Daily morning routine

- Wake-up at 5:30
- Light exercises with yoga elements performed in bed
- Breathing exercises
- Stretching, twisting, push-ups
- Several exercises based on the Bubnovsky method
- Pouring cool (room-temperature) water

- Breakfast and departure for work

Lifestyle

- Full 8-hour workday
- Independent performance of household tasks
- Sleep from 22:30 to 5:30
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Sanatorium-Resort Stage

Beginning on 18 September 2016, the patient underwent sanatorium treatment in Kislovodsk, where she received mineral baths and massage therapy. No procedures directly affecting the spine were performed.

One month after completing the sanatorium program, the course of homeosiniatry was repeated using the following preparations: **Traumeel S, Zeel T, Discus Compositum, Coenzyme Compositum, Ubichinon Compositum, Calcoheel, and Osteoheel**.

Follow up and Outcomes

MRI After 2 Months

A repeat MRI of the lumbosacral spine was performed two months after the injury.

Comparison with MRI from 30 June 2016

- Reduced bone edema in the L2 vertebral body
- No negative changes in vertebral height or deformity
- All other findings remained consistent with the previous study

MRI Conclusion

- Mild positive dynamics of the L2 compression fracture
- Persistent signs of reactive edema
- Degenerative-dystrophic changes of the lumbosacral spine
- Anterolisthesis of L3 and L4 (grade I)
- Hypertrophy of the ligamentum flavum with spinal canal stenosis at L3–S1

- Disc protrusions Th12–L1, L1–2, L2–3, L3–4, L4–5, L5–S1
- Hemangiomas of Th12 and L3
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Clinical Dynamics

During the first 14 days of therapy, acute pain was completely relieved. This outcome demonstrates the effectiveness of the combined use of **Traumeel S**, **Zeel T**, and **Discus Compositum**, whose multicomponent formulations act on several metabolic pathways simultaneously, reduce inflammation, modulate the cellular immune response, and stimulate bone and cartilage regeneration. Such a multifaceted mechanism of action contributes to rapid pain reduction even in cases of severe spinal trauma.

Lymphomyosot effectively reduced edema and hematoma formation. **Ubichinon Compositum** and **Coenzyme Compositum** acted as inducers of enzymatic systems, providing a broad bioregulatory effect due to their homeopathic components, trace elements, and intermediate metabolic catalysts. **Osteoheel** was used to reduce bone and muscle pain, while **Calcoheel** was prescribed to support impaired calcium metabolism. Topical application of **Traumeel S ointment** helped reduce muscular tension and pain, demonstrating an effect comparable to that of conventional NSAID-based ointments.

By two months after the start of treatment, the pain had almost completely resolved. Only mild discomfort remained during physical exertion or when getting into a car.

MRI After 6 Months

Six months after the injury, a multislice CT scan of the lumbar spine was performed.

CT Conclusion

- Signs of an incompletely healed compression–comminuted fracture of the L2 vertebral body
- Polysegmental lumbosacral osteochondrosis
- Deforming spondylosis and spondyloarthrosis
- Disc protrusions at L1–L5 and L5–S1
- Relatively narrow spinal canal

- Pseudo-anterolisthesis of L3 (grade I)
- Hemangiomas of Th12 and L1

Discussion

Published literature describes a wide range of approaches to managing vertebral compression fractures, including analgesics, NSAIDs, physiotherapy, and minimally invasive surgical techniques. At the same time, numerous sources highlight the potential of antihomotoxic and bioregulatory medicines to modulate inflammation, support tissue repair, and improve functional outcomes in musculoskeletal disorders [1–4,9]. Clinical reports and monographs on Traumeel S, Zeel T, Discus Compositum, and related preparations describe their multimodal effects on inflammatory pathways, connective-tissue metabolism, and local microcirculation [5–7]. Likewise, Coenzyme Compositum and Ubichinon Compositum have been discussed as supportive agents for mitochondrial and enzymatic function, which may contribute to recovery processes in damaged tissues [8]. Biopuncture techniques, described in practical manuals and clinical guides, provide an additional targeted method of delivering these preparations to affected anatomical zones [10]. The present case is consistent with these published observations, demonstrating meaningful clinical improvement in a patient with significant comorbidities and limited eligibility for standard therapy.

Strengths and limitations

A key strength of this case is the detailed longitudinal follow-up, including MRI and CT imaging, which allows objective assessment of structural and symptomatic changes over time. The multimodal therapeutic regimen is described comprehensively, making the approach reproducible for clinicians working within integrative frameworks. The patient's complex medical background further underscores the practical value of a well-tolerated, non-invasive therapeutic strategy.

As with any single-patient case report, certain limitations exist. The combined use of several bioregulatory preparations, physiotherapy, and lifestyle measures makes it difficult to isolate the contribution of each component. Imaging at six months showed partial structural healing, which is expected in elderly patients with osteoporosis but limits definitive conclusions about long-term vertebral remodeling. Nevertheless, the clinical trajectory – rapid pain reduction, restoration of mobility, and sustained improvement – provides meaningful observational data that may encourage further clinical evaluation of similar therapeutic strategies.

Scientific rationale

The therapeutic rationale in this case is grounded in the complementary actions described in the literature: anti-inflammatory and analgesic effects (Traumeel S, Zeel T), support of cartilage and connective-tissue metabolism (Discus Compositum), optimization of enzymatic and mitochondrial processes (Coenzyme Compositum, Ubichinon Compositum), and regulation of lymphatic drainage and edema (Lymphomyosot). The favorable tolerability observed throughout treatment aligns with published reports on the safety profile of these preparations. The patient's progressive functional recovery suggests that the multimodal bioregulatory approach may have contributed to both symptomatic relief and improved quality of life.

Take-away message

This case illustrates that an individualized bioregulatory treatment strategy, combining antihomotoxic medicines with targeted injection techniques and rehabilitation measures, may offer a valuable supportive option for patients with vertebral compression fractures who have contraindications to standard therapy.

Patient perspective

The patient reported that the treatment was well tolerated and provided noticeable relief within a short period of time. She emphasized that the reduction of acute pain during the first two weeks was particularly meaningful, as it allowed her to regain mobility and maintain independence in daily activities. She also noted that she had initially been afraid she would have to spend several months confined to bed, as suggested by the initial medical recommendations, and expressed relief that the chosen therapeutic approach enabled her to avoid prolonged immobilization and continue living the active lifestyle to which she was accustomed. According to her account, the bioregulatory therapy felt gentle yet effective, and she appreciated that it did not cause adverse reactions, which had been a concern due to her history of multiple drug allergies.

She further observed that the gradual improvement in her overall well-being, including reduced joint discomfort and increased physical endurance, contributed to a sustained sense of recovery. The patient expressed satisfaction with the therapeutic approach and stated that it enabled her to return to her normal work routine and daily responsibilities. Several years after the injury, she continues to feel stable and does not experience limitations related to the fracture.

Conclusion

The tolerability of the bioregulatory complex preparations was excellent: no adverse effects were observed throughout the entire course of treatment. Acute pain was relieved within a relatively short period, which is particularly significant given the severity of the injury, the patient's advanced age, and the presence of multiple comorbidities, including extensive drug allergies, osteoporosis, and chronic systemic conditions.

Standard therapeutic approaches – including NSAIDs and subsequent vertebroplasty – were contraindicated. Under these circumstances, the complex preparations produced by **Biologische Heilmittel Heel** (Traumeel S, Lymphomyosot, Zeel T, Discus Compositum, Calcoheel, Osteoheel, Coenzyme Compositum, and Ubichinon Compositum) served as a full-fledged therapeutic alternative. Their combined use provided a multi-target, synergistic effect: reduction of inflammation and edema, relief of pain, support of metabolic processes, and stimulation of tissue regeneration.

During therapy, the patient's working capacity was restored, and her overall quality of life improved markedly. In addition to the positive dynamics related to the spinal injury, a reduction in joint pain was noted – an important outcome for elderly patients with chronic musculoskeletal disorders. For more than three years following the trauma, the patient reported no complaints related to the spine or joints.

These results suggest that complex bioregulatory preparations may represent an effective and safe supportive option for patients with compression fractures of the spine who have limitations to standard therapy. Treatment regimens should be individualized, taking into account the patient's age, comorbidities, and overall clinical condition.

Informed consent

Written informed consent was obtained from the patient for publication of this case report.

References

1. Ordinatio antihomotoxca et materia medika 1995 Biologische Heilmittel Heel, Baden-Baden.

2. Общая терапия, каталог препаратов фирмы «Хеель». 2016.

3. Федина Е. А. Путеводитель для фармацевтических работников по лекарственным препаратам фирмы «Хеель».

4. БМ: Избранные статьи из журнала «Биологическая Медицина», материалы по антигомотоксической терапии заболеваний опорно-двигательного аппарата. 2013.

5. К. Мюллер-Лобниц, Д. Гетель. «Клиническая эффективность комплексного гомеопатического препарата Траумель С и его компонентов». БМ №1, 2013.

6. Монография на препарат Траумель С, Biologische Heilmittel Heel GmbH.

7. Монография на препарат Цель Т, Biologische Heilmittel Heel GmbH, 2-е издание на русском языке, 2015.

8. И. Бьянки. Коэнзим композитум и Убихинон композитум и их роль в поддержке функций митохондрии. БМ №1, 2016.

9. Монография «Биорегуляторный подход в терапии болевых синдромов в опорно-двигательном аппарате», практические аспекты применения комплексных антигомотоксических препаратов. Biologische Heilmittel Heel GmbH, 2015.

10. Я. Кершот. Клиническое руководство по биопунктуре. Москва, Арнебия, 2015.