

The Healing Power of Trauma Comfrey

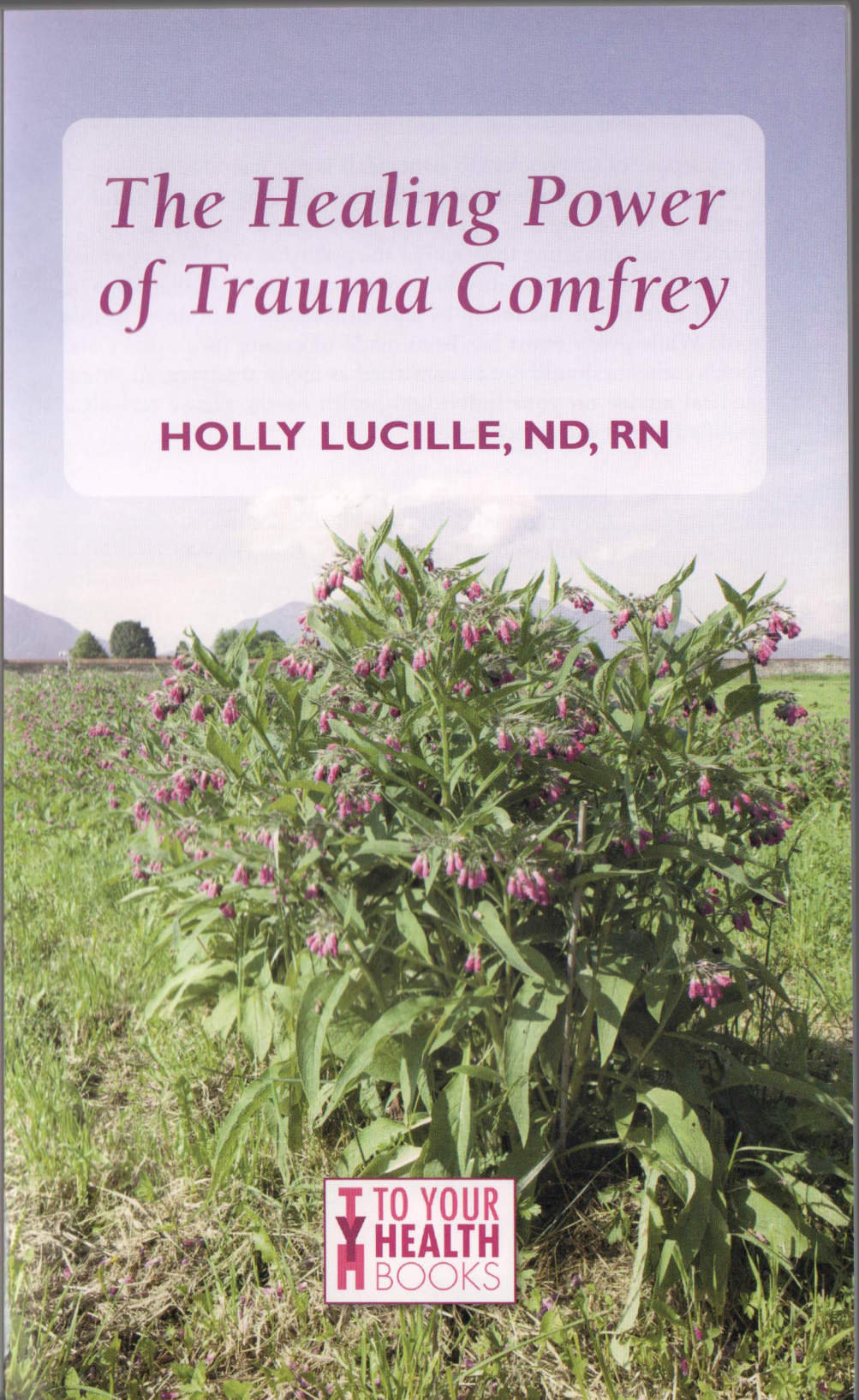
The Healing Power of Trauma Comfrey

HOLLY LUCILLE, ND, RN

Use this powerful herb to treat:

Sports injuries • Sprains • Strains
Bruises • Wounds • Back and joint pain
and more!

HOLLY LUCILLE, ND, RN



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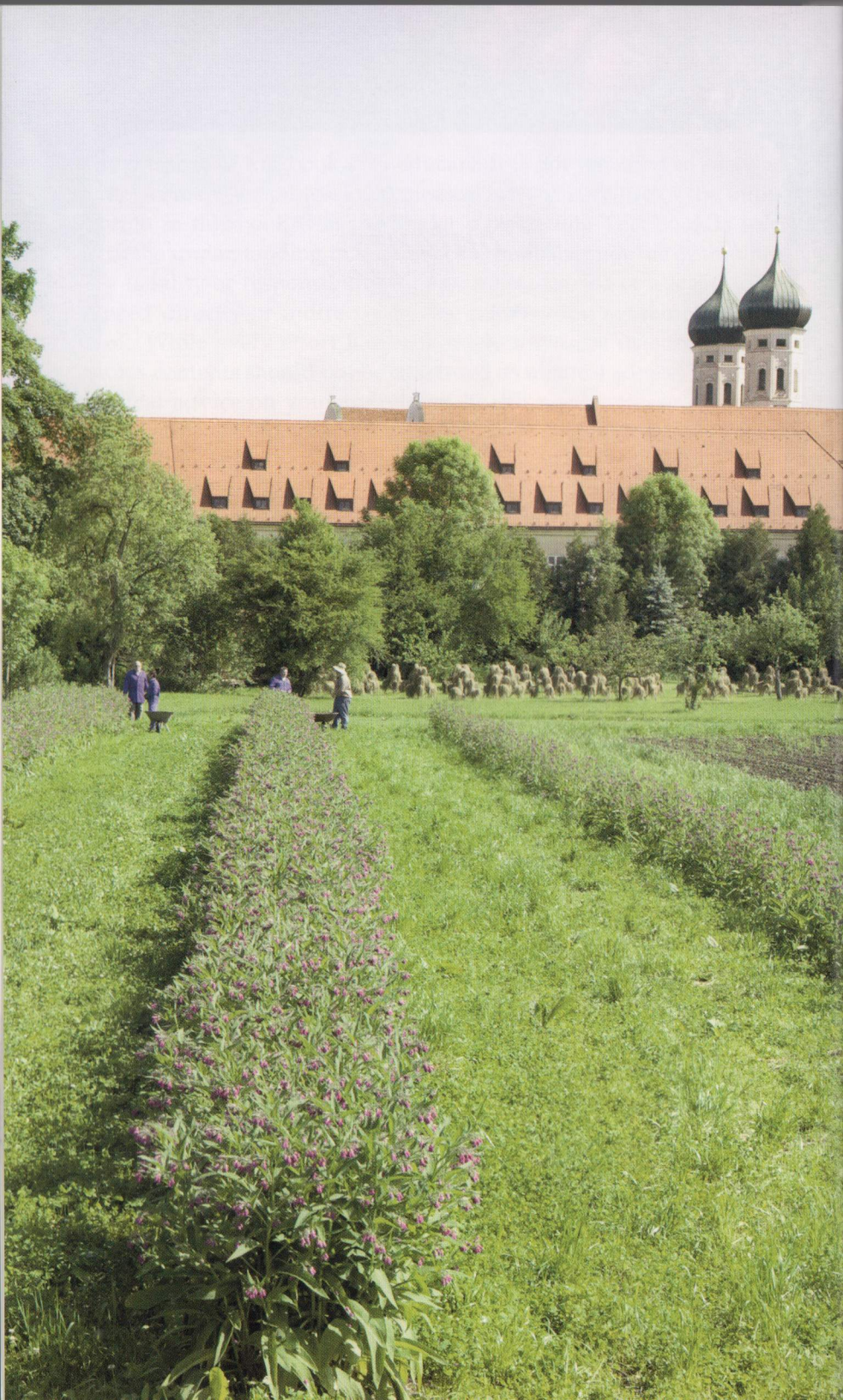
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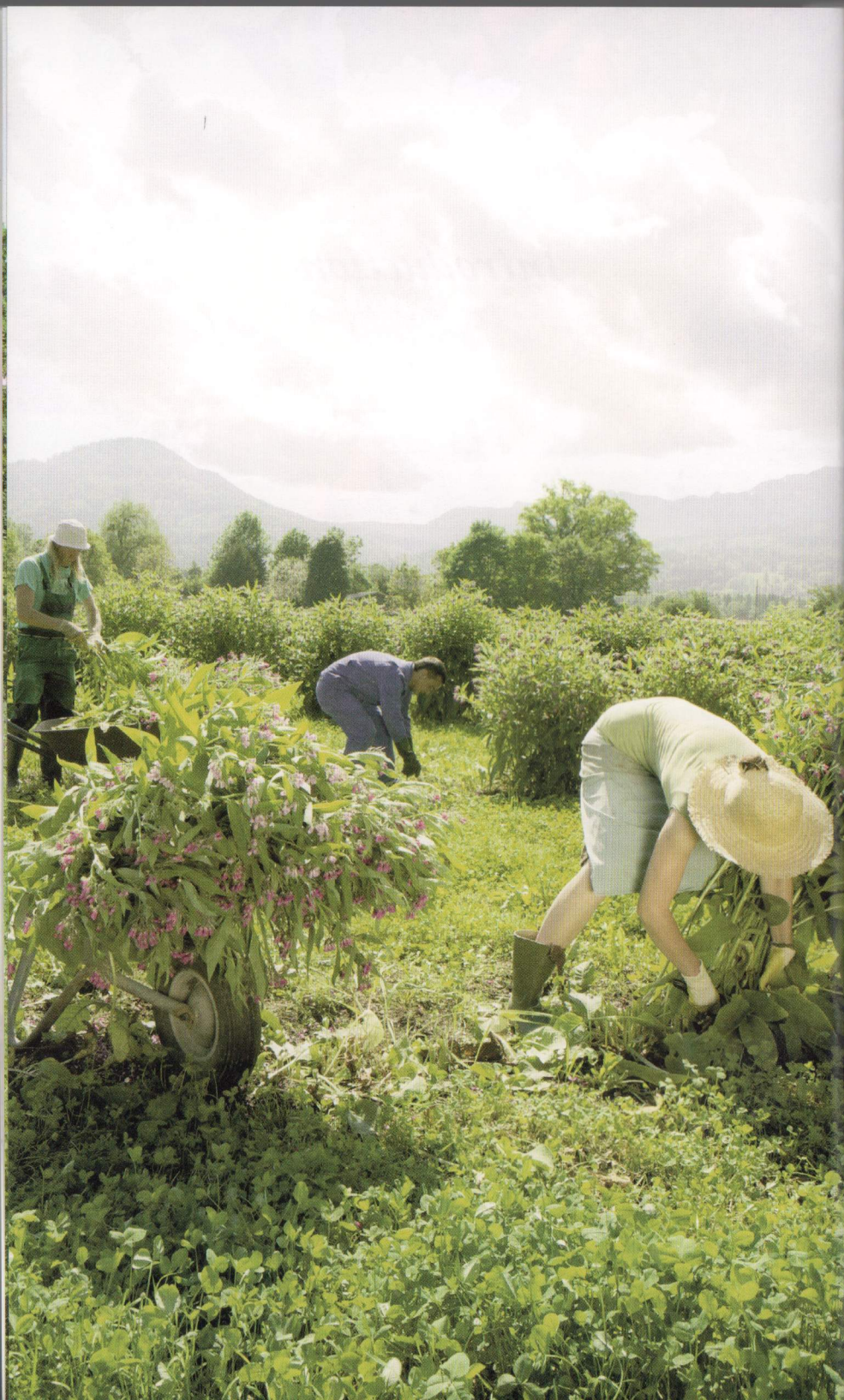


Introduction

I got my nickname “Daredevil Doctor” after my episode on ABC’s *Wipeout* aired early last year. You see, all my life I have had the need to hurl my body through space at daring speeds on either horses, motorcycles or just by itself. I also am an avid outdoors person and adore outback backpacking, gardening and playing just about any sport. Later in life I found Crossfit, became certified as a coach and now I am a competitive athlete.

At my age, the game is all about staying safe, recovering well and keeping my skin in the game. That is why I absolutely love and depend on the healing powers of comfrey. This powerful plant is with me everywhere I go. It is in my gym bag, my backpack, my book bag and even in my purse. I don’t leave home without it.

—Holly Lucille, ND, RD



CHAPTER ONE

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What Is Comfrey?



If you've ever had a sprained ankle, a black-and-blue bruise or an aching back—and who hasn't?—then you know how much suffering these injuries can cause. Even though they're not life threatening, they can make your days miserable with throbbing pain that seems to take forever to go away. Throughout the ages, we've endured the pain of these injuries unaware we could find quick relief with an amazingly potent herb that was close at hand: comfrey.

The story of comfrey is truly fascinating. Used by millions for millennia as medicine and food, it was largely forgotten in the last half-century—but a thrilling next chapter for this ancient herb is unfolding right now. Scientists have recently validated its healing effects, and they have learned how to amplify its curative properties with the latest agricultural and processing techniques. What's more, it has become easily and quickly available, even to modern city dwellers far from a garden. That means that you don't have to fear being sidetracked by a simple injury ever again! That's the exciting news that I'm going to share with you in the following pages.

Falls, blows, fractures, sprains, muscle aches, back and joint pain—these have always been part of the human experience. These days we're more likely to incur injuries on a tennis court than from behind a plow. To treat them, we might get a splint at a doctor's office or grab a product off a pharmacy shelf. But way back when—as far back as 2,000 years ago—people would walk into a field or garden and reach for a plant with prickly leaves and purplish flowers. They called it by names like Knit-back or Boneset, and it did exactly that—it knit back together broken skin, muscles and bones in record time.

Today, few people know of comfrey, and even fewer would know what to do with it if handed a leaf or flower. They might complain that it's too prickly or too sticky. That's too bad, because with today's health challenges, we need every potent natural healing agent we can find. And the latest groundbreaking research gives us even more reason to have comfrey by our side in a new, easily applied formulation perfect for our 21st-century needs. But first, to appreciate its unique functions, let's dip into its colorful history.

-  If you were a wounded charioteer in ancient Rome, physicians would apply comfrey leaves on your injuries to stop heavy bleeding.
-  If you were a warrior in the armies of Alexander the Great that swept across Asia in the first century, you would get a comfrey poultice for a battle wound. Medics in armies from the U.S. Revolutionary War to World War I used comfrey as well.
-  As a Cherokee in pre-European America, you would use comfrey—*oo ste e oo ste*—in sacred ceremonies, and you'd also drink it as tea to heal ulcers, purify blood and get a good night's sleep. **Note:** Comfrey is now banned in the U.S. for internal use.

-  In the Middle Ages in Europe, if you stumbled on rocks while chasing goats or injured your hand while laying a stone, monks at the local monastery would pick comfrey from their garden to treat your injury.
-  If after giving birth, your breasts were sore from nursing, you applied a comfrey poultice.

For many hundreds of years, no *Materia Medica*—handbooks used by doctors of the time—was complete without detailed instructions on comfrey and medical journals carried stories of near-miraculous healings. For example, a British nine-year-old named Samuel Thomson—who later became a leading botanical physician—severely injured his foot while using a piece of farm machinery. Amputation seemed the only option until comfrey poultices were applied to his foot and complete healing followed. In another case, the head of the Irish Royal College of Surgeons reported that after surgery failed for a man with a malignant tumor on his face, the man returned three months later completely cured—by applying comfrey poultices.

With the Industrial Revolution and the discovery of antibiotics, herbal medicine fell out of use in the United States and many parts of Europe, as doctors and patients turned to quick-acting drugs marketed as the latest innovations. It is only now, as we are starting to understand the limitations, expenses and side effects of pharmaceuticals, that people in large numbers are re-examining the profound healing processes that natural herbs have to offer.

What exactly is comfrey?

Words are revealing, and when you look at this herb's many names, you can see what practical uses people have made of it.

The common name *Comfrey* stems from the Latin word

conferta, meaning “to unite.” Its official botanical name is *Symphytum officinale*. *Symphytum* means “to make grow together” and *officinale* refers to a monastery storeroom for botanical remedies, the pharmacy of its day. Its popular names also reveal its powers: Knitback, Bruisewort (*wort* meaning plant), Knitbone, Boneset.

Comfrey seems to have originated on the Asian steppes, in Eastern Europe, and China and Russia. Easily propagated through its roots, it spread rapidly throughout Europe and Asia. Today it is found in temperate zones throughout the world, sometimes growing wild near streams.

A perennial herb, it belongs to the Boraginaceae family, which includes borage and forget-me-not. The plant is stout—about three feet high—and so thick that it’s difficult to grow anything underneath it. Its root is brownish-black and the width of a turnip; to propagate it, even a small piece of the root will do. Its roots dive deep, as far as 12 feet down, enabling it to bring to the surface the rich minerals of the subsoil. Its dark green leaves are tapered like a lance, are hairy and bristly to the touch and can grow to 18 inches in length. Its flowers are delicate and bell-shaped, and they can be white, blue, pink or purple.

What makes comfrey so special?

Here is the low-down on why comfrey is so powerful as a healer: It soothes pain, slows down further damage to tissues and fast-forwards the production of cartilage, tendons and muscles. It quickly and efficiently rebuilds damaged blood, bone and flesh. That’s precisely what is needed for injuries such as wounds, sores, burns, cuts, scrapes, bites, stings, rashes, swollen tissue, sprains and broken bones.

The most remarkable of comfrey’s healing ingredients is called allantoin. It’s known as a “cell proliferator” because it

encourages cells to grow at a rapid rate—not in the chaotic manner of cancer cells, but in an orderly, orchestrated fashion. This makes wounds heal faster. It also enhances white blood cell production to help ward off many types of infections and diseases.

Actually, we’ve all had the allantoin experience—when our mothers were pregnant, a gland in the umbilical cord produced allantoin thus assisting the rapid cell growth in our embryonic bodies. A mother’s milk after delivery is also rich in allantoin. So you might say that when our cells are bruised and battered from an injury, allantoin rushes to the rescue like a caring mother!

Allantoin, sometimes in its comfrey form, is used in many cosmetic products—from skin creams to shampoos and even toothpaste—because of its moisturizing effect and its ability to bond with and envelop irritating agents.

Another clue to comfrey’s healing powers is the vibrant, dark green color of its leaves. That shows just how rich they are in chlorophyll, which scientists have found helps to rejuvenate old cells and accelerate the growth of new ones. Because its molecular structure resembles our blood, chlorophyll purifies blood, which speeds the healing process.

Comfrey also boasts a host of vitamins—strong doses of A, as well as B1, B2, B3, B5, B6, B12, C and E. It has 15 essential minerals, including calcium, phosphorus, potassium, chromium, cobalt, copper, magnesium, iron, manganese, sodium, boron, lead, sulphur, molybdenum and zinc. Its constituents also include amounts of mucilage (a moist, sticky substance), pyrrolizidine and symphytocynoglossine alkaloids (more on these tricky and controversial compounds in the next chapter), tannins (dark-colored compounds with a bitter taste), saponins (glucosides that form soapy lathers when mixed with water), asparagine (an amino acid), inulin (a soluble fiber), resins (sticky,

flammable compounds), and phenolic acids including rosmarinic and caffeic, that protect cells from oxidative damage. Up to 35% of comfrey is protein—about as high a proportion as legumes—but it's not a good idea to eat it because some forms of comfrey have been associated with liver damage. (For more on completely non-toxic forms of comfrey, see Chapter 6.)

Although you might call allantoin the star player, all these components dance together in a complex choreography of healing. They interact with each other biochemically in hundreds of ways we have yet to understand, and the effect is to provide a balanced interplay of nutrients to the body to maximize the healing process. It is this innate balance that makes herbs relatively safe compared to pharmaceuticals, in which one component is removed from the rest, synthesized and pumped up to create specific results, usually with side effects.

Scientists have found that comfrey has many valuable properties:

- Antibacterial:** Kills or slows down growth of bacteria
- Anti-exudative:** Counters the oozing of fluid from cells and tissues as a result of inflammation or injury
- Antifungal:** Fights fungus invaders such as yeast, mold and rot
- Anti-inflammatory:** Prevents or reduces inflammation in cells
- Anodyne:** Relieves pain
- Antiseptic:** Kills or retards the growth of infection-causing microorganisms
- Astringent:** Draws tissue together, thus restricting the flow of blood
- Alterative:** Restores healthy functioning of the body
- Demulcent:** Soothes pain in inflamed tissues, especially mucous membranes

- Emollient:** Softens the skin
- Expectorant:** Helps the respiratory tract to expel phlegm and mucus
- Homeostatic:** Helps the body balance internal and external stress
- Styptic:** Arrests bleeding by contracting blood vessels
- Tonic:** Invigorates and restores health
- Vulnerary:** Heals fresh wounds
- Pectoral:** Relieves chest and respiratory disorders

How can you use comfrey?

In today's modern life, using the living comfrey plant is far from easy. First of all, there's the time and trouble involved. When you have a sprained ankle, you may not want to, first of all, find a comfrey plant at just the right time in its growth cycle, then get purified water, then cut the plant's leaves and grind away at them with a mortar and pestle until you get a paste, then heat the mixture to the right temperature, spread the sticky concoction over your ankle, wrap a bandage around it, and leave it on until it dries out—at which point you start the entire process over.

Furthermore, you need to have just the right kind of comfrey. If you use the Russian Comfrey found in British marshes and North American gardens, or the Prickly Comfrey or Quaker Comfrey often seen ornamentally, your efforts won't yield as potent a healing agent as your ankle deserves.

But not to worry! There is a much better option—a highly potent form of comfrey that you can simply squeeze from, yes, a tube! In the next chapter, we'll explore just how this exciting development came about. . . .

FUN FACTS ABOUT COMFREY

- Travelers in the Middle Ages carried comfrey as a talisman to protect them and used it in magic spells to attract money.
- Comfrey roots have been used to dye clothes brown, to tan leather, and to spin Angora fleece.
- A healthy comfrey plant will live more than two decades.
- Comfrey is richer in nitrogen and phosphorus than many commercial fertilizers. It is used by many organic gardeners to fertilize crops, to break down foods in compost heaps, and as mulch.
- Early American settlers carried precious comfrey seeds with them from Europe—only to discover the plant already growing in their new land.
- In the 1800s, Europeans planted comfrey to attract bees, birds and butterflies to gardens. It was also widely used as fodder to make animals strong and resilient.
- Native Americans used comfrey leaves as pouches. When they folded a leaf, its small hairs stuck together like natural Velcro!



CHAPTER TWO









What Is Trauma Comfrey?

In the foothills of the Bavarian Alps, on a gently rolling stretch of land that belongs to a Benedictine monastery, lies a very special garden. It holds rows upon rows of a particularly healing variety of comfrey. The crop is grown organically and gently: no pesticides, no herbicides, no chemical fertilizers touch these plants, only the fragrant breezes and gentle rains coming off the mountains. It is harvested by hand with scythes, not by machines. The result is what has become known as trauma comfrey, and trauma plant, a plant as pure as that grown in the Middle Ages—and even more potent.




Those very plants, hung with purplish-pink trumpet flowers, are what make it possible to achieve fast wound healing right at home.

You see, as wonderful as comfrey is, not all varieties are created equal. As comfrey spread throughout the world, from Siberia to North Africa to North America and Australia, hybrids developed through cross-pollination by bees and through natural selection. Today, there are more than three dozen recognized varieties of *Symphytum* (comfrey) sold by commercial nurseries.

Here are a few of the more popular varieties you'll see around:

-  *Symphytum asperum* (Prickly Comfrey)
-  *Symphytum grandiflorum* (Large-Flowered Comfrey)
-  *Symphytum ibericum* (Dwarf Comfrey)
-  *Symphytum officianale* (Common Comfrey)
-  *Symphytum orientale* (White Comfrey)
-  *Symphytum tuberosum* (Tuberous Comfrey)

Each of these has its particular mix of constituents. Among all these varieties, the one grown in the Bavarian Alps, *Symphytum x uplandicum* NYMAN is a bright star because it has particularly high levels of the following healing constituents:

-  **Allantoin**, which stimulates the rebuilding of cells and regenerates damaged tissue in record time. It can actually travel through the skin all the way to tendons, cartilage and bone.
-  **Choline**, an essential nutrient that kick-starts the recovery process, helps injured blood vessels and nerve endings to recover and improves the pumping of healing blood through inflamed tissues.
-  **Rosmarinic acid**, which fights inflammation, counters the oozing of fluid from cells and tissues as a result of injury and slows down cell damage.

The unique nature of these particular plants has been protected by the European Plant Variety Office in a similar way to a patent. Its approved name? *Trauma Comfrey*!

For health-conscious, careful consumers like you and me, Trauma Comfrey has a critical advantage: its leaves, stems and

flowers are completely free of a comfrey constituent called pyrrolizidine alkaloids, PAs for short. These are substances found also in pasture grasses like Ragwort and Heliotrope that, when ingested in high quantities over long periods of time, can cause liver disease, particularly in people with weak livers or who take liver-stressing medications. In two studies, some rats who were fed a diet extremely high in those ordinary forms of comfrey, or who were injected with megadoses of a PA extract, developed liver damage or tumors.

Although comfrey has been used for many centuries as a food and a medicine, several countries (including the United States, Canada and Germany) decided to err on the side of safety and ban the use of comfrey in products designed for internal use and use on open wounds. However, Trauma Comfrey is totally safe to be applied to wounds because, unlike other forms, it is free of these toxic PAs.

For our own protection, it's important to know about PAs, but it's also important to know that when used externally—as salves or creams or poultices—safety in comfrey is not considered an issue because the skin does not easily absorb PAs. No country has restricted the external use of comfrey.

Trauma Comfrey is safe

Nevertheless, every step has been taken to make Trauma Comfrey as safe as possible. First of all, Trauma Comfrey has been cultivated to contain undetectable amounts of PAs. The way in which it is harvested—using only the PA-free, nutrient-rich leaves, stems and flowers rather than roots that typically have a higher PA content—adds another layer of protection. It is processed into a potent extract within hours after harvest by a laboratory that specializes in herbal preparations. The plants are continuously checked and double-checked to remove any stray

PAs as well as to detect any contaminants such as toxic heavy metals or cancer-causing aflatoxins. By the time it gets to consumers, we can all rest assured that there are no harmful PAs, even though this Trauma Comfrey salve is not intended to be taken internally.

In a 2008 medical journal article, researchers reported that, when analyzed with the latest techniques and equipment—liquid chromatography electrospray ionization mass spectrometry—not even a trace of PAs was found in either the leaves and flowers of Trauma Comfrey or its extract.

That means that Trauma Comfrey delivers a powerful healing effect without any downsides!

How can you get Trauma Comfrey for your first-aid kit? You can find it in a singular, exceptional product: Traumaplant®. It is conveniently packaged as a cream in a tube that you can squeeze onto bruises, wounds, sore muscles, aching joints—even open wounds. No need in this day and age to boil comfrey leaves or make your own poultice!

Best of all, scientists at European institutes and universities have conducted so many studies on the topical application of Trauma Comfrey that its safety, tolerance and effectiveness have been repeatedly and resoundingly verified. They have found it to be so safe that it's approved for children over the age of four in Germany, and approved for children over the age of two by Swiss authorities. It's found to be so effective that it can even ease the pain of chronic lower-back conditions. The coming chapters will help us look closely at that research to learn more about this amazing plant and product.

The Monastery connection

The histories of comfrey and monasteries have long been intertwined. During the Middle Ages, monks were the physicians

of their time, and their herbal storerooms acted as the local pharmacies. It was a rough period of human history with perennial conflict and constant wars, and monastery gardens were full of comfrey because it was so effective at healing wounded soldiers and civilians. Even today, if you walk around the ruins of abandoned monasteries from Britain to the Caucasus, you'll often find comfrey growing out of the nooks and crannies of stones!

The Benedictine monastery in which Trauma Comfrey is grown was founded in 739 A.D.—that means more than 1,200 years of continuous comfrey cultivation!

Want to know more? On the Internet, go to: www.harraspharma.de/Traumaplant.16569.html and click on the beautiful video to see the story of how Trauma Comfrey is grown and harvested.





CHAPTER THREE



Sports and Other Injuries: Healing Sprains, Strains and Bruises

We Americans love to play and watch sports of all kinds, no doubt about it. But our national passion has a definite downside: injuries of all kinds. Just turn on a sports channel this weekend. Scarcely a football, basketball or hockey game ends without a muscular player lying flat on his back, moaning in pain. Or watch a football or soccer game on a playing field near your home. You don't have to be a player's mother to have your heart in your throat when a child or teen gets the wind, or worse, knocked out of them. For that matter, stop in at a fitness club or a yoga studio, and someone in a bandage might well limp past you.

Youth sports injuries

Since the numbers of these types of injuries are rising, we adults look in the mirror and decide to get serious about exercise as increasing numbers of our children play competitive sports.

Sports injuries start young. According to the U.S. Centers for Disease Control, more than a third of all American children

have suffered sports or recreational injuries that required treatment by a doctor or nurse. That comes to five million children a year! The older the child, the more likely he or she is to get injured and the more likely it becomes that the injury is serious.

No sport is free of risk for kids. The grade- and middle-school children who are injured include 28 percent of all football players, 25 percent of baseball players, 22 percent of soccer players, 15 percent of basketball players, and 12 percent of softball players. Children who are less developed than their peers are more likely to get hurt. Injuries are suffered more often by girls before puberty, and by boys after puberty. A child is most likely to get injured in the early stages of learning a sport. The older the child, the more likely the injury is to be severe.

CHILDREN AGES 5-14 TREATED IN EMERGENCY ROOMS EACH YEAR

Bicycling	275,000
Basketball	200,000
Football	194,000
Baseball and softball	117,000
Trampolines	80,000
Soccer	75,000
Skateboarding	61,000
In-line and roller skating	38,000
Skiing/snowboarding	29,000
Gymnastics	23,500
Ice hockey	18,000
Sledding	15,000
Ice skating	10,600

The efficacy and safety of comfrey. [Public Health Nutr. 2000] - PubMed -... Page 1 of 2

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Public Health Nutr. 2000 Dec;3(4A):501-8.

The efficacy and safety of comfrey.

Stickel F, Seitz HK.

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Abstract

Herbal medication has gathered increasing recognition in recent years with regard to both treatment options and health hazards. Pyrrolizidine alkaloids have been associated with substantial toxicity after their ingestion as tea and in the setting of contaminated cereals have led to endemic outbreaks in Jamaica, India and Afghanistan. In Western Europe, comfrey has been applied for inflammatory disorders such as arthritis, thrombophlebitis and gout and as a treatment for diarrhoea. Only recently was the use of comfrey leaves recognized as a substantial health hazard with hepatic toxicity in humans and carcinogenic potential in rodents. These effects are most likely due to various hepatotoxic pyrrolizidine alkaloids such as lasiocarpine and symphytine, and their related N-oxides. The mechanisms by which toxicity and mutagenicity are conveyed are still not fully understood, but seem to be mediated through a toxic mechanism related to the biotransformation of alkaloids by hepatic microsomal enzymes. This produces highly reactive pyrroles which act as powerful alkylating agents. The main liver injury caused by comfrey (*Symphytum officinale*) is veno-occlusive disease, a non-thrombotic obliteration of small hepatic veins leading to cirrhosis and eventually liver failure. Patients may present with either acute or chronic clinical signs with portal hypertension, hepatomegaly and abdominal pain as the main features. Therapeutic approaches include avoiding intake and, if hepatic failure is imminent, liver transplantation. In view of the known serious hazards and the ban on distributing comfrey in Germany and Canada, it is difficult to understand why comfrey is still freely available in the United States.

PMID: 11276298 [PubMed - indexed for MEDLINE]

Adults are vulnerable, too

Many of us adults—both those who are super-fit and those who are “weekend warriors”—also have our share of hard knocks. Take runners—those thin, fit folks jogging through city parks at the break of dawn. Two-thirds of them are injured every year in a way that forces them to cut back their running time. Walkers? 21 percent injure themselves annually. What about badminton? A mild sport, right? Wrong! 85 percent of both elite and recreational players are injured in an average year!

Some sports injuries come from impact with other players or their equipment and can't be easily avoided if you're playing hard. But in other sports, such as running, cycling, swimming and walking, the injuries come from what's known as “overuse.” This means that you're straining your body beyond its capacity and it breaks down in some way. Injuries are more likely to happen if you're a newcomer to a sport rather than someone who's been training in it for many years. Worse yet, about half of all sports injuries are actually repeats of previous injuries!

Of course, sports aren't the only cause of injuries that range from inconvenient to life-changing. Car accidents, falls, blows from falling or hurtling objects can happen to anyone at any age. In the home, people stumble over rugs, fall off ladders, hit their thumbs with hammers and overexert themselves gardening or shoveling snow.

And our jobs—especially physically demanding ones—take their toll: among working people, 41 percent of all injuries in men and 33 percent of all injuries in women happen in the workplace from activities like moving heavy supplies, tripping over wires or repetitive motion tasks.

And then there's the aging process itself. Although people over 65 increasingly pursue activities like bicycling and weight training, one in three older adults suffers a fall each year that can cause bruises and fractures; 20–30 percent suffer moderate

to severe injuries such as lacerations, hip fractures or head traumas. In 2010, 2.3 million older adults were treated in emergency rooms for falls. Traumatized, many become fearful of activity, which further increases their risk of injuries.

Types of injuries

Let's look more closely at the most common types of injuries, causes, and how Traumaplant® can make a big difference in recovery rates.





About 95 percent of sports injuries involve minor “soft tissue traumas” including muscles, ligaments and tendons, and associated sprains, strains, tears, ruptures and bruises. They are known as “intact-skin” injuries because the skin is not broken. Another type of injury is “non-intact skin”—such as abrasions and wounds—that we'll look at in the next chapter.

Most of the intact-skin injuries are relatively minor in nature, which is not to say that they can't be extremely painful and affect movement and lifestyle in profound ways. Let's look at some of them. . . .

Sprains

Sprains are the result of stretching or tearing of the ligaments that connect the bone ends in our joints. When you stress a joint, the ligament can overstretch or tear. You'll feel it immediately as a searing pain.

According to the Mayo Clinic, the most common ways to get a sprain are:

-  **Ankle**—Walking or exercising on an uneven surface
-  **Knee**—Pivoting during an athletic activity
-  **Wrist**—Landing on an outstretched hand during a fall
-  **Thumb**—Skiing or playing racquet sports, such as tennis

The symptoms typically include pain, swelling, bruising and difficulty moving the joint.

Strains

A strain occurs when you stretch, twist or tear a muscle or a tendon—the fibrous cord of tissue that connects muscles to bones. They commonly occur in the lower back and in the hamstring muscle in the back of your thigh. The strain is labeled “acute” when a muscle stretches unusually far or abruptly. This could be the result of slipping on ice, running, jumping, throwing or lifting a heavy object. It is considered “chronic” if the strain results from prolonged, repetitive movement of a certain muscle, such as you might get by keyboarding, playing tennis, or rowing a boat. Typical symptoms are pain, swelling, muscle spasms and difficulty moving the muscle.

Bruises

Called “contusions” in medical literature, bruises occur when blood vessels under the skin are ruptured and blood cells collect near the surface of the skin. A bruise can start out reddish, then will turn blue or dark purple in a few hours, and eventually fade to yellow or green before disappearing. They typically occur when we bump into something or when something bumps into us—what doctors call “blunt trauma”—and they can also result from overexercise and blood-thinning medications. The symptoms include pain and tenderness that usually recede as the color fades.

How these injuries are usually treated

Doctors have developed a simple four-step process for treating most of these injuries, which usually can be done at home as

long as there is no broken bone, fever or open cut. It is known as the RICE method:

R—Rest the injured area, but don’t avoid all activity.

I—Ice the area as soon as possible after the injury, ideally for 20 minutes every hour.

C—Compress the area by wrapping it with an elastic bandage.

E—Elevate the injured area above heart level to limit swelling.

1. Adv Ther. 2000 Jul–Aug;17(4):204–10.

Effects of Symphytum ointment on muscular symptoms and functional locomotor disturbances.

Kucera M, Kálal J, Polesná Z.

University Hospital for Sports and Rehabilitation Medicine, Second Medical Faculty, Karls University, Prague, Czech Republic.

Abstract

In an open, uncontrolled study, 105 patients with locomotor system symptoms were treated twice daily with an ointment containing a Symphytum active substance complex. A clear therapeutic effect was noted on chronic and subacute symptoms that were accompanied mainly by functional disturbances and pain in the musculature. The preparation was most effective against muscle pain, swelling and overstrain, arthralgia/distortions, enthesopathy, and vertebral syndrome. Activity was weaker against degenerative conditions, for which the ointment may have an adjuvant role with the aim of improving muscular dysfunction and alleviating pain.

PMID: 11185060 [PubMed - indexed for MEDLINE]

If the pain is severe, doctors also recommend an over-the-counter NSAID (non-steroidal anti-inflammatory drug) such as ibuprofen, aspirin or acetaminophen. This, however, has its risks, since aspirin or ibuprofen slow down blood clotting and may prolong the bleeding. Acetaminophen is easy to overdose on because it is included in more than 500 medications; it causes half the cases of acute liver failure in the United States and is responsible for 26,000 hospitalizations and 500 deaths annually. (Contrast this with fewer than 12 reports of comfrey-related health problems over several decades!) You may also require an oral pain-relieving product, and rather than using an NSAID, curcumin is a natural anti-inflammatory that has been found to significantly reduce pain. Traumaplant® and Curamin®, using high absorption curcumin, would make an excellent combination for many forms of pain. My suggestion is to read Dr. Jan McBarron's book, *Curcumin, The 21st Century Cure*.

How Traumaplant® fast-forwards the healing process

As we've seen, comfrey—once called by such practical names as knitback, boneset, and bruisewort—has unique healing attributes that made it the go-to remedy for injuries for 2,000 years. Trauma Comfrey—the new improved cultivar—is even safer and more effective because it is free of potentially toxic PAs. So what can we expect from Traumaplant®, the extract prepared from Trauma Comfrey under optimal conditions in Bavaria?

When we look at the solid body of research on Traumaplant®, we can see abundant evidence that it does indeed have remarkable healing effects for sprains, strains and bruises—and that the results hold true for children as well as adults. These effects are repeatedly documented:



Covered foam rubber as a way to apply the ointment and pad



Application of the bandage with non-elastic tape strips



Good effectiveness through compression of the hematoma out of the joint area

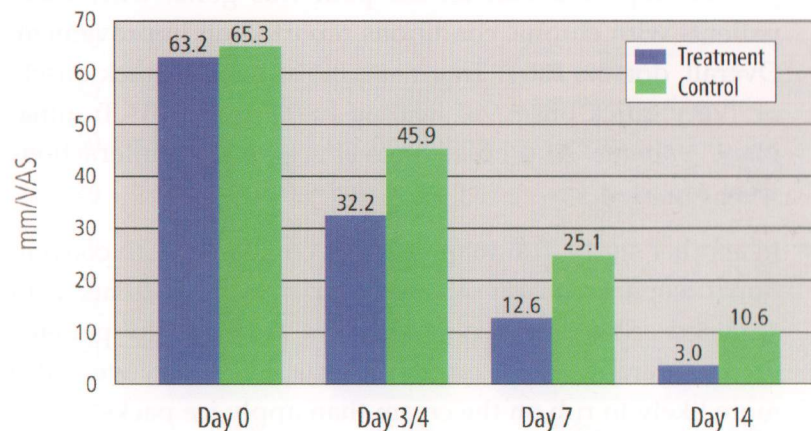
1. Traumaplast® eases pain (that is, it is an anodyne).
2. Traumaplast® reduces inflammation and swelling (that is, it is anti-inflammatory).
3. Traumaplast® heals damage to soft tissue (that is, it is a cell proliferant).

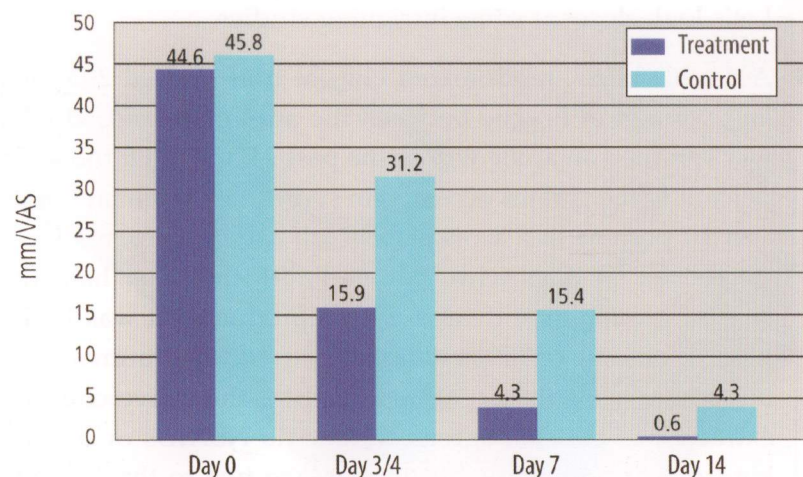
By contrast, most topical gels or creams used in injuries are only analgesics that ease pain; a few are anti-inflammatories that reduce redness and swelling. None of them actually speed up the healing process itself by knitting soft tissue back together. Traumaplast®, on the other hand, has three powerful effects that are not duplicated anywhere—while it is busy reducing pain, inflammation and swelling, it is also hard at work getting muscles, tendons and ligaments back into good working order. And unlike many NSAID-based or steroidal creams, it has virtually no side effects or interactions with any medications. It's so safe that it can even be used on children.

Let's look closer at some intriguing studies. . . .

- A double-blind, randomized clinical trial studied 203 men and women in Prague between the ages of 18 and 50 who had sprained an ankle within the past 24 hours. Of those, 55 percent of the sprains occurred in sports, 29 percent at home, and 16 percent in a workplace. Half the participants were treated for 14 days with Traumaplast®; the other half, the control group, were treated with a product that was indistinguishable by color, smell and texture from Traumaplast® but contained only a tenth as much of the active comfrey extract. The patients agreed to take no NSAIDs or do any kind of physiotherapy, but to massage two to three grams of the cream thoroughly into the injured ankle twice a day. The result: the sprained ankles in the Traumaplast® group improved *more than twice as fast* as the ankles of those taking the lower-dose placebo!

After three or four days of treatment, the participants were asked to walk 10 meters at a quick pace to assess their pain. The Traumaplast® patients reported the intensity of their pain had dropped by more than half, compared to a





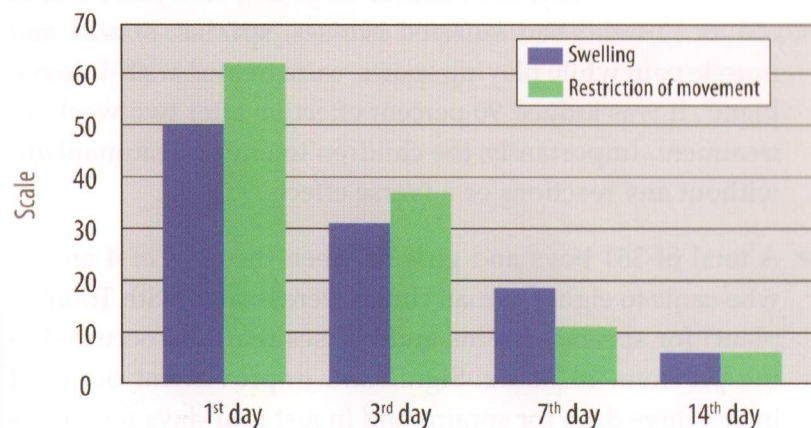
quarter in the control group. Careful measurements of the swelling showed a sharper reduction of three or four days with Traumaplant®. By day 4, doctors reported that 85.6 percent of the Traumaplant® group showed good to excellent results, compared to 65.7 percent of the control group. Age and gender made no difference—all patients responded well.

By the 14th and final day, 100 of the 103 Traumaplant® patients reported that all the pain was gone! Only three patients with chronic conditions reported no improvement. Overall, doctors rated Traumaplant® as being “quick onset” or “very quick onset” of healing in 92 of the 103 Traumaplant® patients. And no adverse effects or drug interactions were reported.

- In another study, Traumaplant® was compared with conventional icepacks, or cryotherapy, for treating patients with sprained ankles for two weeks. Not only did the patients do considerably better on the Traumaplant®, they were also more likely to rub on the cream than apply ice packs!

- Another study involved 14 men and eight women with “contusions and distortions of the knee joint” (bruised and sprained knees) who were treated with Traumaplant® 12 hours after getting injured, on average. They were told to rub the ointment into the wounded area at least four to five times a day—a relatively high dose—and then to bandage the wound and wrap it in gauze. The patients reported that when they put the ointment on, there was an immediate pleasant, cooling sensation in the wounded area, followed by a distinct and prolonged drop in pain.

Within four days, swelling and pain were markedly lowered. By day 7, none of the patients had pain while resting. Nineteen were completely pain-free even during movement by day 10 and the last three patients by day 14. No patient experienced any unpleasant reactions such as red-dening, itching or drying out of the skin, and no systemic reactions in other parts of their bodies were observed. The study’s author noted that the quick drop in pain levels allowed the patients to move their knees sooner, diminishing the possibility of further muscle damage due to immobility.



- 🌿 In an observational study of 40 athletes—mostly soccer players—between 15 and 55 years of age who had just sprained or bruised their knees, 85 percent of them gave Traumaplant® a thumbs-up after eight days. They rated it as good to very good in easing their pain, reducing swelling, and easing stiffness that hampered movement. None of them reported any problems in using it, such as stinging or irritation. Although 65 percent of them had sprains that were bad enough to require crutches, the healing happened quickly: doctors found that pain was relieved by 70 percent and movement improved by 80 percent in just seven days.

What about the children?

We're often worried about the effects of medicines on children because their developing bodies make them vulnerable to too-potent doses and unforeseen side effects. But the scientific research on Traumaplant® holds only good news for children and their parents: It demonstrates that Traumaplant® quickly and effectively relieves pain and heals injuries without any negative effects.

- 🌿 In a German study, 386 children as young as 3 years and as old as 12, who had suffered bruises, sprains, strains and muscle pain while playing sports, were treated with Traumaplant®. It was judged 90 percent effective after two weeks of treatment. Importantly, the children tolerated Traumaplant® without any reactions or adverse effects.
- 🌿 A total of 361 boys and girls between the ages of 4 and 12 who came to eight German clinics were treated with Traumaplant® for sprains, strains and bruises that had occurred in the previous 48 hours. Significant improvement occurred in just three days for sprains and in just four days for strains

and bruises. Traumaplant® was found to be both safe and effective.

- 🌿 In a third study, 196 children between the ages of 4 and 12 were treated with Traumaplant® for sprains, strains and bruises. Within eight days, pain while in motion and while being touched were both reduced an average of 86 percent, swelling was reduced 94 percent and general impairment was reduced by 90 percent. No adverse drug reactions occurred.

What do these studies mean in practice?

If you or anyone you know gets a sprain, strain or bruise, hesitate not—reach for your tube of Traumaplant®! Even young children won't squirm when the non-greasy, non-stinging, slightly fragrant gel is rubbed on their skin. And you can breathe a little easier knowing that research fully supports you in doing your best in this way to heal the injury.

But what if the skin is broken? Open wounds and bad scrapes can be frightening to suffer and even look at, and in recent years, some people have hesitated to use comfrey on broken and bleeding skin. In the next chapter, we'll turn our attention to that discussion to see if Trauma Comfrey might play a role in those often-scary injuries.



CHAPTER FOUR



Broken-Skin Wounds: Scrapes, Cuts and Punctures

Anyone who has ever learned to ride a bike—or who has helped a child learn—knows all about scraped knees. They come with the territory of growing up, and they happen on playgrounds, baseball diamonds, soccer fields, on nature hikes, on rocks, around swimming pools—to children aged up to, oh, 75 or so!

Scraped knees or elbows—called “abrasions” by doctors—can look pretty frightening, especially if they’re bleeding and encrusted with dirt. They’re among the milder forms of what’s known as “open wounds,” “broken-skin wounds” or “non-intact skin” injuries, a category that also includes cuts and punctures.

Unlike sprains, strains and bruises, these injuries involve a break or tear in the skin and often produce bleeding. They’re as common as, well, dirt! By the time we’re adults, virtually everyone has scraped a knee, pricked a finger with a pin, or had a paper cut or worse. Thankfully, these are usually so mild that no medical care is necessary. Few statistics exist on them: There’s no official government registry for scraped knees!

Even in sports, where scrapes and other wounds are an

everyday matter, little hard information exists. As one sports-medicine researcher wrote in *The Journal of Athletic Training*: “Our impressions about wounds may be vivid, but our knowledge is vague. We do not know how frequently skin wounds occur, or how they occur. We do not even know individual characteristics about many wound types that might guide us in developing prevention strategies.”

Nevertheless, there are enough sports wounds occurring that major U.S. hockey, baseball, basketball and soccer leagues enforce a written “blood rule” that requires an athlete with an open wound or bleeding to immediately leave the field to receive medical attention. (An interesting footnote: College soccer players suffer two to three times as many scrapes on artificial turf as on natural grass, according to a recent study.)

And indeed, there are some serious wounds—especially among kids—that merit trips to the emergency room. A 2006 study found that two-thirds of the 12,000 Americans treated each day in hospital ERs for sports and recreation-incurred injuries are children ages 5 to 17. The great majority—98.7 percent—of them are treated and released as outpatients. Boys are three times as likely to be in the ER as girls. The top five reasons are:

1. bruises
2. sprains and strains
3. arm fractures
4. open wounds of the head, neck and trunk
5. other injuries

Among the kids with open wounds, boys outnumbered girls five to one (22,300 to 4,300 patients). If you’ve got a boy, my sympathies!

It’s important to treat open wounds quickly and effectively because by their very nature they carry risks of infection—indicated by tenderness, redness, oozing of smelly pus, red streaks, or itching or boils around the wound. Infections can prove deadly and they’re an outcome to avoid at all costs. With the serious nature of open wounds or punctures, always consult your physician before applying Traumaplast®.

Types of wounds

In general, open wounds are defined as injuries in which the skin is torn, cut or punctured. The most common ones include:

Abrasions (Scrapes)

Abrasions occur when skin comes into friction with something else, and they involve a scraping away of the top layer of skin (epidermis), often the layer of skin below that (dermis), and sometimes tissue and fat layers below the skin. Anytime we’re moving fast and hit the ground—playing a hard game of tennis, roaring around in an ATV or motorbike, stumbling over a rock on a hike—we’re prone to scrapes. Because nerve cells are exposed, abrasions can be very painful. They often need to be cleaned carefully to remove dirt and grit clinging to the wound surface.

Lacerations (Cuts)

Lacerations can have straight or jagged edges, and occur when the skin is penetrated or split open by an object. Employees who use sharp instruments and tools, especially kitchen and construction workers, are at high risk; even shaving every day is a bit of a risk! About 11 million cases occur annually in the U.S., with lacerations being the most common nonfatal injury among 10- to 17-year-olds.

Punctures

Punctures are holes in the skin made by pointed objects—anything from paper edges and broken glass to knives, scissors, nails, sewing machine needles, farming tools or building materials. They may penetrate body cavities and organs and are dangerous because of the possibility of infection if the edges of the wound close before bacteria are neutralized. Because of this, check with your healthcare practitioner whenever you are in doubt about puncture wounds.

Two other types—penetration wounds, usually from knives or bullets, and pressure wounds, usually bedsores—can be life-threatening and go beyond home-based first aid to require immediate attention from a doctor.

How wounds are usually treated

For scrapes, cuts and punctures, treating wounds is a relatively straightforward process as the Mayo Clinic advises:

1. **Bleeding is stopped.** This is usually done by applying gentle, direct pressure with a clean cloth. The pressure is usually held continuously for about 10 to 20 minutes so that local blood vessels close off and blood is given time to clot. However, if the wound is likely to be contaminated, as in an animal bite, needle or other puncture injury, then bleeding is encouraged by squeezing the wound and running it under hot water to wash out bacteria and viruses.
2. **The wound is washed.** Plain old running water from a tap or salt water is best for this. To remove dirt and debris, the wound area can be gently scrubbed with a washcloth. Any foreign material in the wound, such as pebbles or grass, can be removed gently by using fingers or tweezers. Hydrogen peroxide, Betadine (povidone-iodine) and detergents were

once widely used to clean wounds, but their use has dropped because studies found they inhibited wound healing in the long term. Even soap or detergents are no longer recommended by many experts because they can have toxic ingredients that interfere with healing; so plain water is best.

3. **Skin may be rejoined.** If the skin is not too damaged, the edges of the wound are put back together with certain types of bandages or tissue glue (liquid bandage). Deeper lacerations are stitched back together with sutures or staples after the patient is given local anesthesia. If the wound is deep enough to involve muscle, tendons and internal organs, emergency surgery may be required.
4. **Ointment is applied.** The wound is covered with ointment to keep it moist and prevent infection. In the United States, this is most often a first-aid antibiotic ointment such as Bacitracin, Neosporin (neomycin) or Polysporin. These, however, carry the possibility of an allergic reaction—especially Neosporin—and that likelihood increases the more you use them. Even more seriously, a recent Japanese study in *Emerging Infectious Diseases* suggests that the overuse of antibiotic ointments may be contributing to the spread of antibiotic-resistant diseases like MRSA (methicillin-resistant *Staphylococcus aureus*), a disease responsible for an estimated 18,000 hospital deaths a year in the U.S. Traumaplast® is definitely a better choice, as we'll discuss later.
5. **Bandages are applied.** Wounds are typically wrapped with gauze or covered with an adhesive bandage to help prevent infection and dirt from getting in the wound. If deemed necessary, the patient may be given a tetanus shot. If they've been exposed to human blood or bodily fluids, they may be immunized for hepatitis B or tested for HIV after an appropriate time period has passed. If muscles and tendons have

been injured, rehabilitation exercises may be encouraged to prevent scar tissue from forming.

6. **Follow-up.** The wound should be washed, an ointment applied and a bandage put over or around it three times a day.

You'll notice that comfrey is not a commonly used part of the above process—a most interesting fact, considering its documented history in healing open wounds.

Comfrey for wounds, past and present

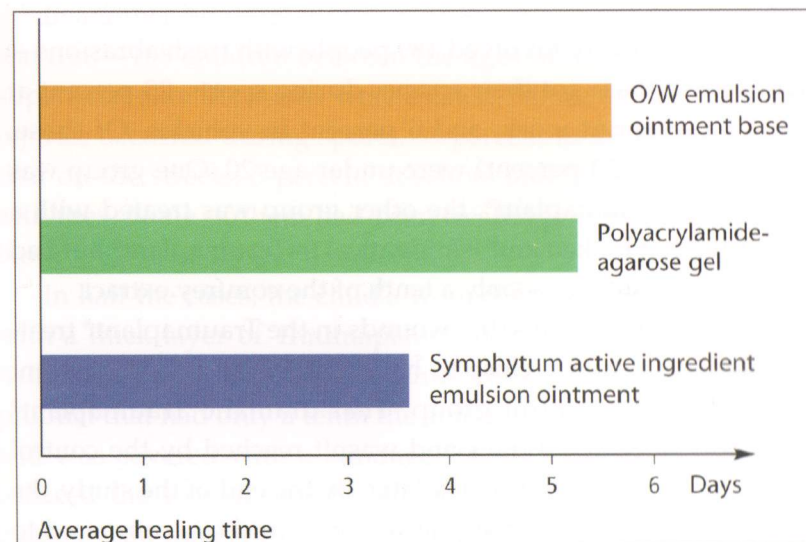
Mention comfrey to an emergency room doctor, nurse or paramedic and you are likely to get a blank stare, at best. But if you had mentioned comfrey to a battlefield doctor in the armies of the Roman Empire, the Crusades or even the First World War, he might have handed you some comfrey ointment to start applying on the wounded men around you. For millennia, it was the best remedy for the ragged wounds of war.

As we touched on earlier, comfrey and other herbs fell out of favor in the 19th century, partly because scientists learned how to isolate certain active ingredients from herbs and synthesize them to develop pharmaceutical medicines, which were marketed as being “modern and quick-acting.” Then, as drugs’ side-effects became apparent and interest in herbs revived in the 20th century, scientists found that comfrey had certain constituents—PAs—that were toxic when fed to or injected into rats in large quantities. Although some countries consequently banned the use of comfrey in oral products, such as teas, it was still permitted in skin salves because PAs have difficulty crossing the skin barrier. Still, many medical experts were concerned about that use and recommended that comfrey be applied externally only on closed-skin wounds for no more than 10 days.




The good news is that the concern is largely focused on

comfrey root-based products, which can have a higher PA content than leaf-, stem- and flower-based products like Trauma-plant®. In fact, with Trauma Comfrey's total lack of PAs, prolonged use on broken skin no longer presents a danger—as emerging studies have repeatedly shown.

Comfrey does indeed have unique and powerful attributes to contribute to wound healing. In 1989, a German dermatologist and scientist named Dr. Roland Niedner became curious about comfrey's attributes and designed a study in which 10 healthy volunteers were pricked with needles to create three shallow wounds on their forearms. In each volunteer, two of the punctures were treated with control substances—an oil and water ointment base on the first puncture and a polyacrylamide agar gel on the second. The third puncture was treated with Trauma Comfrey ointment. The results were dramatic: Trauma Comfrey healed the puncture wound in 3½ days—about two days sooner than the control substances, each of which was known to have some healing effects!



What created these amazing results? Dr. Niedner pointed to:

-  **Allantoin**, which helps create conditions in which new cells can grow rapidly to replace dying ones.
-  **Choline**, which seals off capillaries and dilates blood vessels in the wound. This reduces the oozing of fluids from inflamed tissues, draws infection-fighting white blood cells into the area and helps to flush out metabolic wastes.
-  **Rosmarinic acid**, which is anti-inflammatory, counters the oozing of fluid from cells and tissues and slows down cell damage.

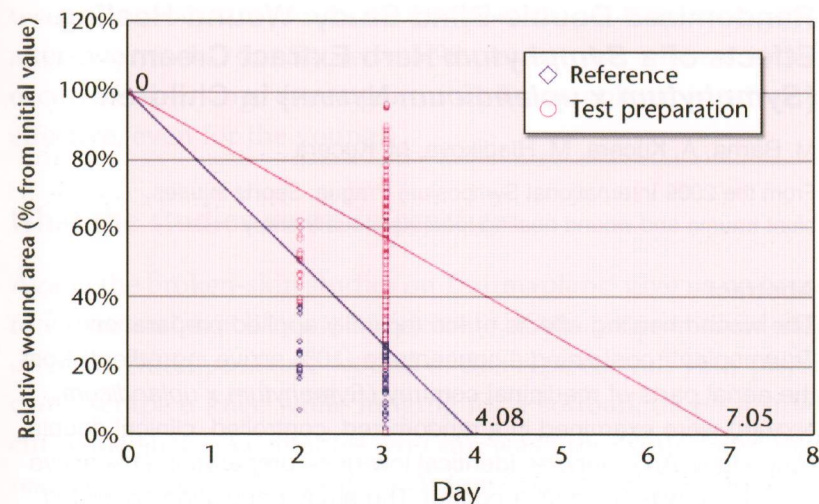
Dr. Niedner's pioneering study has been corroborated by recent rigorous studies that confirm the healing effects of Traumaplant® on open wounds—demonstrating that it dramatically hastens healing without side effects, even in that all-important group of children. Let's examine those studies.

What the research shows

One revealing study involved 189 people with fresh abrasions—63 percent of them got their scrapes during sports, 23 percent at home, 8 percent at work, and 6 percent in vehicles. Of those, 64 participants (23 percent) were under age 20. One group was treated with Traumaplant®; the other group was treated with a control gel that looked and felt identical to Traumaplant® but had a much lower potency—only a tenth of the comfrey extract.

In less than two days, the wounds in the Traumaplant® treated patients shrunk by close to half—compared to a 25 percent shrinkage in the control group. That dramatic Traumaplant® effect took place at 1.4 days and wasn't reached by the control group until 2.4 days—a full day later. By the end of the study, the Traumaplant® group's wound healed in four days, compared to

seven days for the control group—an impressive difference by any reckoning! Furthermore, doctors examining the patients rated the Traumaplant® as good or very good in 96 percent of the cases, compared to 61 percent in the control product.



In another rigorous study—a double-blind, randomized clinical trial—108 children between the ages of 3 and 12 with fresh superficial skin abrasions were treated. About 41 percent of the injuries occurred during sports, 39 percent in the home, 14 percent on the streets, 5 percent at school and 2 percent in leisure activities. None of them had been treated previously with antibiotic creams or topical disinfectants.

In half the cases, the child's wound was covered once a day with a thick layer of Traumaplant® and bandaged; in the other half of the cases, the child's wound was covered with a control product that had only a tenth the amount of comfrey extract in it and was covered with a bandage. The outcome: Traumaplant® reduced the wound area to 50 percent approximately one day quicker than the control product did (1.8 vs. 2.7 days). Even the

kids could tell the difference. They were asked to use “smileys” to show how effective they thought their cream was: 85 percent of the Traumaplant® kids rated it good or very good by the sec-

Randomized Double-Blind Study: Wound-Healing Effects of a *Symphytum* Herb Extract Cream (*Symphytum x uplandicum* NYMAN) in Children

M. Barna, A. Kucera, M. Hladikova, M. Kucera

From the 2009 International Symposium Prague: Sports injuries, blunt trauma and wound healing, percutaneous therapy

Abstract

The wound healing effects of the topically applied preparation Traumaplant® containing a concentrate (10% active ingredient) from the aerial parts of medicinal comfrey (*Symphytum x uplandicum* NYMAN) were examined in a randomized, controlled, clinical double-blind study. An otherwise identical low-dose preparation (1% active ingredient) was used as a control. The study population consisted of 108 children aged 3–12 years ($n = 54/\text{group}$) with fresh abrasions. A 50% healing rate was reached 0.9 days earlier with the higher than with the lower concentration cream. The difference in the healing rate ($0.38 \pm 0.18/\text{day}$ [95% CI 0.33–0.4] vs. $0.26 \pm 0.14/\text{day}$ [9.5% (CI 0.222–0.297)]) was statistically significant ($p = 0.0002$). Physicians and children/ parents both rated the efficacy of the 10% cream as significantly better than that of the control preparation (physicians’ assessment after 2–3 and 7–9 days for verum vs. control: 90.7 and 92.6% vs. 55.6 and 74.0% of the healing rates were rated as “good” or “very good,” respectively; $p = 0.0004$ and 0.01). In subgroup analyses, there was no significant influence on the healing rate of the time elapsed between the accident and the first consultation, the wound surface, the affected body part, the origin of the injury and gender. There were no reported adverse effects or problems with tolerability such as local skin irritations. The results justify application of the *Symphytum* herb extract cream in children with blunt traumata with or without abrasions.

ond or third day; the figure was 55 percent for the control product. No intolerance or skin irritations were seen in the youngsters.

And in another clinical trial that focused only on children, 326 youngsters from 3 to 15 years of age were treated for mild abrasions or abrasions with associated bruising. After one week, Traumaplant® was rated 80 percent good or very good; after two weeks, the figure was 90 percent. No adverse events occurred—proving, once again, that Traumaplant® is safe and effective, even for the young.

What the studies mean in practice

Again, the broken-skin studies on Traumaplant® give us no cause to worry and much cause to celebrate. If you or your child step on a nail (for a puncture wound of this type consult your physician), scrape a knee while lunging for a softball, or get a small cut while slicing vegetables, you can wash the wound and then reach immediately for a tube of Traumaplant®. Studies show that this non-greasy, slightly fragrant cream, laden with the active ingredients of Trauma Comfrey, will soothe the pain immediately and go to work to repair the wound in record time. And worries about skin infection, allergic reactions or side effects need not cloud your mind during the recovery.

Traumaplant® is very good news for young growing bodies—as well as for older bodies that get a few hard knocks. But the information about comfrey gets even better.



There’s another whole category of bodily afflictions that Traumaplant® produces impressive results with: back pain, joint pain and muscle pain that can make life miserable on a minute-to-minute basis. Usually these are stubborn conditions that defy easy solutions—until now. Let’s see what Trauma Comfrey can do to ease them.

FUN FACTS ABOUT SKIN

- The skin is the largest organ in the body and contributes 12 percent to 15 percent of total body weight.
- The average human being has 21 square feet of skin and about 300 million skin cells.
- The skin is constantly renewing itself from the bottom up and takes 52 to 77 days to shed cells.
- By 70 years of age, the average person will have lost 105 pounds of skin.
- Globally, dead skin accounts for about a billion tons of dust in the atmosphere. Your skin sheds 50,000 cells every minute.
- Each half-inch square of skin has approximately 10 hairs, 15 sebaceous glands, 100 sweat glands, and 3.2 feet of tiny blood vessels.
- White skin appeared just 20,000 to 50,000 years ago, as dark skinned humans migrated to colder climates and lost much of their melanin pigment.
- Skin is thickest on the soles of the feet and thinnest on the eyelids.
- Skin emits up to 3 gallons of sweat per day.
- Skin expands in thickness from approximately 1 mm in babies to 2 mm in adults.
- Lip skin has a pigmented reddish tinge because it is very thin and the blood vessels show through.

CHAPTER FIVE

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Soothing What Aches: Back, Joint and Muscle Pain

“Oh, my aching back!”

“My knee really hurts!”

“It’s painful to move—I must have pulled a muscle!”

It’s the rare one among us who hasn’t said each of these at least once in our lives—sometimes all three on the same bad day! Activities such as playing racquetball too hard, gardening too vigorously or sitting too long at the computer can bring on these aches and pains, particularly as we get up in years. In fact, more than half of American adults—215 million people—say they feel pain at one or more locations in their body!

Although aches and pains can be part and parcel of more serious problems, most of the time they come and go. But if you’re in the midst of a period of wrenching back or joint pain, it never goes away soon enough—indeed, does it ever go away soon enough?

Episodes can last hours, days, weeks, months, even years. Even a brief one can wreak havoc on your home and work life. Lower back pain alone is the top reason that people under age 45 cut back on their activities; it’s the #2 reason people see their

doctors and the #5 reason they go into hospitals. And for 20 percent of the population, pain is a chronic problem—with many depressing ramifications and few easy solutions.

Let's examine these painful conditions one by one, see what approaches exist to treat them and then see how Trauma Comfrey can help return you to pain-free living.

Back pain

Back pain usually originates from the complex network of muscles, nerves, bones and joints that intersect in the spine. The pain may be constant or fluctuating, and it may be sharp, dull or piercing. It can stay in one place or spread to the arms and legs. Often, back pain appears without any obvious cause. In fact, current practice among doctors is to treat the acute back pain first and worry about the diagnosis later.

How common is an aching back? Nine out of ten U.S. adults will experience it in their lifetimes, and half of all working adults suffer it each year. Low-back pain is the second most common cause of disability; its costs are estimated between \$100 and \$200 billion annually, mostly due to decreased wages and productivity. Back pain follows only heart disease and cancer in how much it costs us collectively in medical care and disability payments, says the U.S. Agency for Healthcare Research and Quality. People with back or neck problems spent about \$6,090 each in 2005 on health care, while the spine-healthy averaged just about exactly half as much—\$3,056, the *Journal of the American Medical Association* reported.

Some researchers call back pain an epidemic and point to such factors as our relative inactivity compared to previous generations—we spend hours sitting in front of screens of all kinds and two-thirds of us are overweight. And it's on the rise: A 2006

survey found low-back pain increasing two-and-a-half times across every age, sex and race group in the previous 14 years, with the average sufferer reporting 19 visits to the doctor.

The good news is that 98 percent of back pain patients are diagnosed with “nonspecific acute back pain”—that means there is not an underlying serious condition. About 80 to 90 percent of people with low-back pain recover within six weeks and nearly 60 percent return to work within one week. The bad news is that recurrences are common: 20–40 percent of workers report back pain returning within a year, and the lifetime recurrence rate is 85 percent.

If you have back pain, the impact on your life can be profound: Adults with low-back pain are nearly three times as likely to report fair or poor health than those without back pain (26 percent vs. 9 percent), more than four times as likely to be unable to work, twice as likely to report less than six hours of sleep a night and seven times more likely to report psychological distress.

Who gets back pain? Just about everyone. It's common among children, the middle-aged, the elderly, manual workers, office workers, athletes and couch potatoes. It is more common among women than men, as well as for those living in a high-income country: Studies showed that people in Switzerland and Germany were three to four times more likely to have lower back pain than farmers toiling in the fields in Nigeria, China or Indonesia—but back pain starts rising in those countries for factory and office workers.

Sometimes doctors can identify specific processes causing back pain, such as a pinched nerve, a slipped disk or irritation that causes inflammation in the muscles, bones, tendons or ligaments. But according to the National Pain Foundation, less than 15 percent of diagnosed back pain cases can be attributed to a particular cause.

Efficacy and safety of topically applied... [Wien Med Wochenschr. 2004] Page 1 of 1

PubMed

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Wien Med Wochenschr. 2004 Nov;154(21-22):498-507.

Efficacy and safety of topically applied Symphytum herb extract cream in the treatment of ankle distortion: results of a randomized controlled clinical double blind study.

Kucera M, Barna M, Horáček O, Kováříková J, Kucera A.

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Abstract

In a controlled, double blind, randomized multicentre study, the efficacy and safety of the topical comfrey product **Traumaplant** (10% active ingredient of a 2.5:1 aqueous ethanolic pressed juice of freshly harvested, cultivated comfrey herb (*Symphytum x uplandicum* NYMAN), corresponding to 25 g of fresh herb per 100 g of cream; n = 104) was tested against a 1% product (corresponding to 2.5 g of fresh comfrey herb in 100 g of cream; n = 99) in 203 patients with acute ankle distortion. With the high concentration, decrease of the scores for pain on active motion, pain at rest and functional impairment was highly significant and clinically relevant on days T3-4 as well as T7 (p < 0.001). Amelioration of swellings as compared to reference was also significant on day 3-4 (p < 0.01). Efficacy was judged good to excellent in 85.6% of cases with verum and in 65.7% of cases with reference on day 3-4. Overall tolerability was excellent.

PMID: 15638067 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

Joint pain

The medical term for joint pain is *arthralgia*—from the Greek words *arthro*, for joint, and *algos*, for pain. The ancient Greeks suffered from arthralgia, as did the Romans, early Egyptians and Native Americans, as well as prehistoric peoples. Even dinosaurs, those rulers of the planet for eons, had ankle pain. Today in the United States, about 30 percent of adults report experiencing pain, aching or stiffness in a joint within the last 30 days—18 percent in the knee, 9 percent in the shoulder, 7 percent in the finger, and 7 percent in the hip.

Joint pain—including aching, sharp pangs, swelling and stiffness—can affect any part of your body, from your neck to your little toe. It causes pain from simple injuries—like slamming a door on your finger or straining your shoulder while swinging a hammer—to life-numbing, chronic diseases like osteoarthritis and lupus. It can come on through injuries, infections, repetitive motions, conditions such as gout—even medications. Advancing age makes joint pain more likely, as does being a woman.

It can last a few days or weeks (acute), or for months or years (chronic). If it is serious enough to hamper activity, joint pain can make you much less active, contributing to weight gain, high cholesterol and heart disease. It tends to be worse for those in cold climates. If you're a long-distance runner, the high-impact activity makes knee pain more likely; if you sit in a chair all day at work, your knee joints also suffer.

Even if it's of short duration, joint pain tends to slow you down or even stop you in your tracks; if it lasts longer, it clamps down your lifestyle. Adults with joint pain are twenty times more likely to report limiting their activities than joint-healthy people. They are four times as likely to be unable to work, twice as likely to sleep less than six hours a day and three times more likely to report being in distress psychologically—usually with depression. In 2006, adults diagnosed with joint pain made over

11 million visits to doctors' offices and 1.5 million trips to the emergency department. The annual cost in the U.S. is estimated to be \$100 billion. Half of that is from people's lost earnings, so joint pain creates financial pain as well.

Muscle pain

The medical word for muscle pain—*myalgia*—also comes from the Greeks: *myo* means muscle, *algia* means pain. The body has 639 muscles and there might be times when you swear all of them hurt! Muscle pain can be a component of back or joint pain, or can occur when you overuse or injure a muscle (such as during sports) or when you're under tension (your tight shoulders after a tough day at work). It can hit when you get a sprain, strain, fracture or bruise. It can be caused by over-activity (if you push your body beyond its limits) and also by under-activity (if you're bedbound or have an arm cast). It can be a side effect of popular drugs such as statins (one in 10 users report aching muscles), quinolone antibiotics and SSRI and MAIO antidepressants. A simple electrolyte imbalance or vitamin D deficiency can cause muscle pain, but that pain can also be the major indicator of viruses like influenza, of infections like malaria and dengue fever and of chronic illnesses like lupus and fibromyalgia.

Muscle pain can come on suddenly or slowly and it can be quite sharp and deep, accompanied by soreness, tenderness, difficulty moving the muscle and stiffness. It can be located by touch quite precisely on the body or it can involve a trigger point—a tender hardening in a muscle that evokes pain elsewhere in the body (called myofascial pain).

Muscle pain is very common: an estimated one in five people have chronic muscle pain; 1 in 50 has disabling fibromyalgia, and one in two elderly adults has nighttime muscle cramps, as do four in five pregnant women.

How back, joint and muscle pains are treated

There is a world of difference, of course, between a pulled shoulder muscle you got while swinging a golf club and a disabling condition of osteoarthritis that keeps you tied to the couch. Yet because back pain, joint pain and muscle pain all involve basic structures of bones, ligaments, tendons, fasciae and muscles, there are many common approaches to their treatments.

We'll look at those now, but first I must point out that both acute and chronic pain pose a real problem for doctors and all health professionals. There's no one-size-fits-all solution. Sometimes a diagnosis is obvious and helpful; more often the cause is a mystery and the prognosis and treatment uncertain. There are many studies on many treatments, but they often contradict one another. And every approach seems to have its own drawbacks. In the end, it too often falls upon you as the patient to sort through your options and try them out. The challenge is to persevere without losing heart, which I know is not easy when you're in pain.

Common approaches to treating and relieving pain include:

Medications

Non-steroidal anti-inflammatory drugs (NSAIDs)—both over-the-counter and prescription—are typically given for pain. NSAIDs such as aspirin, ibuprofen, and naproxen are usually better at relieving pain than acetaminophen (Tylenol), studies show. For joint and muscle pain, doctors typically recommend NSAIDs for inflammatory-related pain and acetaminophen for arthritis. The drawbacks of NSAIDs, however, are substantial: They can cause serious toxicity problems and gastric bleeding resulting in hospitalization for as many as 200,000 Americans each year, killing over 30,000 people annually. NSAID use can double your risk of heart attack and stroke because they

decrease kidney function. Acetaminophen overdose—usually accidental because it is included in so many meds and interacts with alcohol—is the leading cause of acute liver failure in developed countries and accounts for 26,000 hospitalizations and 500 deaths a year in the U.S.

Depending on the diagnosis, doctors may prescribe other medications, such as narcotic painkillers, muscle relaxants, immunosuppressants or antibiotics. They may take you off medications that sometimes bring on joint pain, such as statins for cholesterol, proton pump inhibitors for gastroesophageal reflux disease (GERD) or bisphosphonates for osteoporosis.

Surgery

For an aching back, surgery is considered the remedy of last resort. Fewer than 10 percent—some say 1 percent—of back pain cases are caused by the rare conditions that merit such an invasive procedure, and its benefits decline in the long term. Knee-replacement surgery is another story: those operations are up 162 percent in the past two decades, according to the *Journal of the American Medical Association*. Knee and hip replacement have relieved pain and restored mobility for millions of aging Americans, with a success rate of about 90 percent. The drawbacks are that it is major surgery, which means it is costly, can have complications and involves physical therapy with a long recovery. And as our longevity continues to increase, there is the chance that the procedure will need to be repeated in a few decades.

Injections

For stubborn joint pain, especially in the knee or shoulder, doctors may inject a steroid medication or hyaluronan, which mimics joint fluid, into the joint every three or four months. The drawback is that both types of injections have temporary effects

and they may become less effective with repeated treatments. Some studies find injections ineffective and they can cause such side effects as bruising, infection, tendon weakening and nerve damage. There are also suggestions that the corticosteroids migrate to surrounding body tissues and bone, increasing the risk of weakening joints, osteoporosis and fractures. Common side effects of steroid injections include increased blood pressure, increased blood sugar, loss of potassium, immune system suppression, anxiety, insomnia, fluid retention, headache, mood swings and muscle weakness.

Spine adjustments

Osteopathic physicians and chiropractors, who are intensively trained in the management of musculoskeletal disorders, treat back, joint and muscle pain by moving joints back into place, massaging soft tissue and helping stressed muscles to relax. A recent study found that osteopathy reduced chronic back pain better than a sham treatment or electrotherapy. And another study found that more than twice as many people with neck pain became pain-free with chiropractic as opposed to medication. The drawback is that it can take time for treatments to take effect and you'll have to seek a good practitioner. Plus the cost may not be covered by insurance, so it can be an out-of-pocket expense that can mount up quickly.

Physical therapy

Stretching exercises and gentle routines that strengthen the core and posture of the body are frequently taught by physical therapists in hospitals, rehab clinics and health spas. Studies show that the right exercises can ease pain, improve function and decrease the need for surgery. Therapists also show you how to avoid future pain by using an ergonomic chair and keeping your computer screen at eye level, by using lumbar support for the

hollow of your back and by leaning the proper way to lift heavy objects. The drawback? Therapy takes time, effort and work.

Stress relief

Emotions such as fear, anger and grief—especially if they are suppressed—can play a role in physical pain, studies have shown. Cognitive therapy and brief trauma therapy such as EMDR (eye movement desensitization and reprocessing) can help, as does the educational approach pioneered by John Sarno, M.D., of New York University, who says pain often stems from buried emotional issues that trigger tension in the body and ultimately deprive nerves and muscles of oxygen. The drawback is that it is challenging to address deeper emotional issues because, well, they hurt!

Heat therapy

One study found that heat works for many patients with sudden back pain—either moist heat (as in a hot bath) or continuous heat, such as a heat wrap that stays warm for four to six hours. Other patients report that cold—a pack of ice or frozen vegetables wrapped in a towel—helps them. One common recommendation is to alternate between heat and cold, with 15 minutes of heat, 15 minutes of cold, 30 minutes of neither, then start the cycle over again. The drawback is that these procedures can be time-consuming and must be done repeatedly right after the onset of pain.

Acupuncture, acupressure and massage

Some back-pain sufferers swear by these. A *Consumers Report* subscriber survey found that for back pain, 51 percent of people say that deep-tissue massage “helped a lot,” 45 percent said the same of acupressure and 41 percent of acupuncture. A review by the well-respected Cochrane Collaboration found long-term benefit for low-back pain from acupressure, and said it seemed

more effective than Swedish massage. The drawbacks? Again, finding a good practitioner and paying for the services, which are rarely covered by insurance.

Supplements

People in pain have found relief from a number of herbs, vitamins and other supplements, many of which are well-researched and have proven their value over time. There is an exhaustive list of potential supplement interventions, but some of the best are curcumin, boswellia, ginger and omega-3 fatty acids (EPA and DHA). I personally recommend curcumin without reservation. There is a large amount of research on its effectiveness for joint pain as well as a variety of other conditions. For instance, one human study on rheumatoid arthritis found that a form of curcumin, used in Curamin®, is much better absorbed by the body and provides the same amount of pain relief and improved mobility as the popular but risky prescription drug diclofenac sodium. For more information, you can read about curcumin’s extensive healing effects in Dr. Jan McBarron’s book *Curcumin: The 21st Century Cure*.

Salves, ointments, creams

Rubbing a pain-relieving cream on a sore or aching spot is perhaps the easiest, most pleasant therapy for pain. There are three popular types of topical agents:

1. **BENGAY® and friends.** Menthol, camphor and methyl salicylate products create a burning or cooling sensation that distracts your mind from pain. Side effects can include skin rash and irritation and, if used in huge quantities, nausea and ringing in the ears.
2. **Hot chili peppers.** Capsaicin creams cause a warm tingling sensation that helps block pain signals and triggers the

release of relaxing endorphins. The drawback is that it sometimes burns too much and it can take several weeks for results to kick in.

3. **Topical non-steroidal anti-inflammatory drugs (NSAIDs).** In Europe, NSAIDs in the form of topical creams are the preferred form for treating hand and knee osteoarthritis and rheumatism, and in the last few years, topical NSAIDs have been appearing in the U.S., to much excitement. They have been found to be as effective as NSAID pills in treating conditions like muscle soreness and tendonitis, and because they bypass the stomach, appear to have fewer side effects such as indigestion, diarrhea, abdominal pain, liver damage and anemia. The drawbacks: Redness, irritation, dry skin and rash are still common, and the three topical NSAIDs sold in the U.S. all contain diclofenac, whose oral version is linked to liver damage.

Now, look closely. What's missing from this list of approaches to healing pain?

Right! Comfrey!

That's because it's just starting to become available in an easily usable form in the United States and only a few people know about it—yet! Let's look at what European scientists have found that it offers to those in pain.

What the research shows about Trauma Comfrey and pain relief

As it turns out, if you've ever had back pain, muscle pain, a frozen shoulder or joint pain, the research on Trauma Comfrey—specifically in the form of Traumaplant®—will give you reason to smile. And unlike the approaches to pain we've just been discussing, *there are virtually no drawbacks in terms of time, expense, effort or side effects!*

Traumaplant® can dramatically slash muscle pain in a wide

range of conditions, one study found. It involved 105 patients who had painful disorders of the muscular-skeletal locomotor system—they had difficulty walking, sitting and standing, either from acute injuries or a wide range of chronic conditions. For diseases with muscle pain as a major component, including pain, swelling and overstrain, Traumaplant® proved 90 to 100 percent effective within 14 days in removing all pain and movement problems. It had a lesser but still surprisingly strong effect on more stubborn conditions such as degenerative joint pain, vertebral syndrome and enthesopathy (meaning disorders affecting ligaments and tendons and how they attach to bone), with 75 percent or more improvement. Within two weeks, 57 of the patients had no pain or problems moving; 24 could move easily but had

Topical *Symphytum* Herb Concentrate Cream Against Myalgia: A Randomized Controlled Double-Blind Clinical Study

Abstract

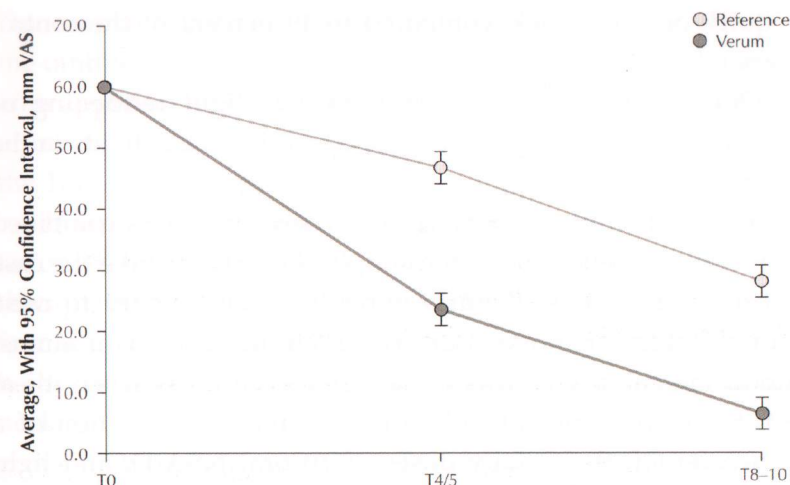
The effectiveness and tolerability of the topical *Symphytum* product Traumaplant® (Harras Pharma Curarina, München, Germany) (10% active ingredient of a 2.5:1 aqueous-ethanolic pressed concentrate of freshly harvested, cultivated comfrey herb [*Symphytum uplandicum* NYMAN], corresponding to 25 g of fresh herb per 100 g of cream) in the treatment of patients with myalgia (n=104) were tested against a 1% reference product (corresponding to 2.5 g of fresh comfrey herb in 100 g of cream; n=111).

The primary efficacy parameter in this double-blind, reference-controlled, randomized, multicenter study of 215 patients with pain in the lower and upper back was pain in motion, assessed with the aid of a visual analogue scale. Secondary efficacy parameters included pain at rest, pain on palpation, and functional impairment. With high concentrations of the treatment product, amelioration of pain on active motion ($P < 5 \times 10^{-9}$), pain at rest ($P < .001$), and pain on palpation ($P = 5 \times 10^{-5}$) was significantly more pronounced

than that attained with the reference product and was clinically highly relevant. A number needed to treat of 3.2 was calculated from the study results. Global efficacy was significantly better ($P=1 \times 10^{-8}$) and onset of effects was faster ($P=4 \times 10^{-7}$) with the high-concentration product. Tolerability of the highly concentrated study product was good to excellent in all patients. Study results confirm the known anti-inflammatory and analgesic effects of topical Symphytum cream. As a new finding, applicability in certain forms of back pain can be concluded.

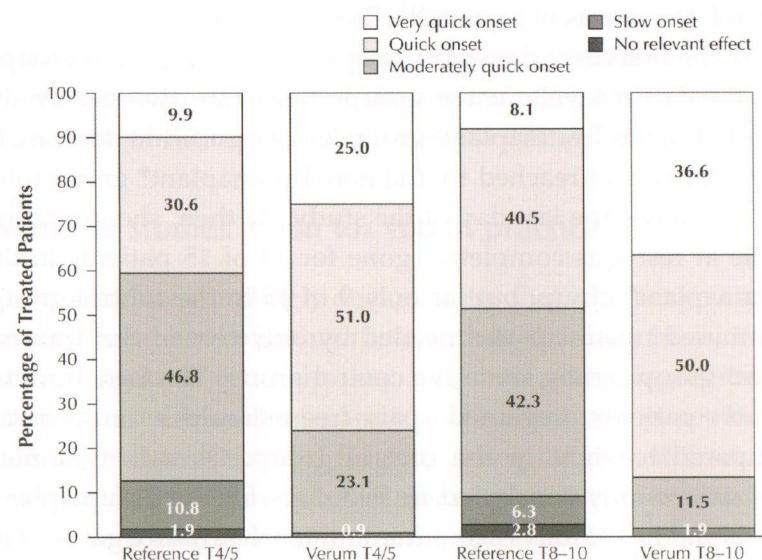
moderate pain; 21 had moderate improvement, and only 3 with complex spinal conditions had no improvement. [KUCERA 2000]

Back pain, too, can be knocked back with Traumaplant®, as verified by another study. The doctors who did the previous study—professors in the Department of Sports Medicine and Rehabilitation at Charles University in Prague, Czech Republic—were so intrigued by the results that they did a second study focusing on back pain. It was a rigorous, double-blind, reference-controlled, parallel-group, randomized study of Traumaplant® involving 215 patients with muscle pain in the upper or lower back. For the control product, the doctors used an ointment that looked and smelled like Traumaplant®, but had only a tenth of the comfrey ingredient. The back-pain patients, who ranged in age from 18 to 70, were asked to massage two to three grams of the ointment into the sore area three times a day. They were not allowed to use an anti-inflammatory or analgesic drugs, physiotherapy or ice therapy. Then, midway and at the end of the ten-day study, they were asked to walk at a quick pace, to bend forward and backward and to rotate their spines in the injured area. The level of pain during movement dropped by more than two-thirds (67 percent) within four days for the Traumaplant® group, compared to only 10 percent with the control group. By the



end of the study, pain had dropped by 90 percent for the Traumaplant® group but by only 50 percent for the control group.

Investigators rated progress in 95 percent of the Traumaplant® cases as good or very good, compared to 66 percent of the control product; 86 percent of Traumaplant® healings were rated



as quick or very quick, compared to 49 percent of the control cases.

One Traumaplant® patient reported slight reddening of the skin, which seemed to be related to other ingredients in the ointment.

Yet another study showed that when comfrey is combined with other treatments, it can multiply their effect. Take the case of frozen shoulders: It hurts horribly when you try to raise your shoulder or move your arm in an arc, gives you almost unbearable nightly attacks of pain and even hurts when it's at rest. Standard protocol calls for an immediate injection of a corticosteroid, three daily doses of an oral NSAID, and light physiotherapy. In a 1993 study, that protocol was followed for the first four days for 30 patients (average age 54) suffering from an attack of "acute supraspinatus tendon syndrome"—frozen shoulders. They had been divided into two groups. The first group was given tubes of Traumaplant® and asked to squeeze out 5 grams (1 teaspoon) four to five times a day and lightly massage it in circular motions into their frozen shoulders. The control group was not given the Traumaplant®.

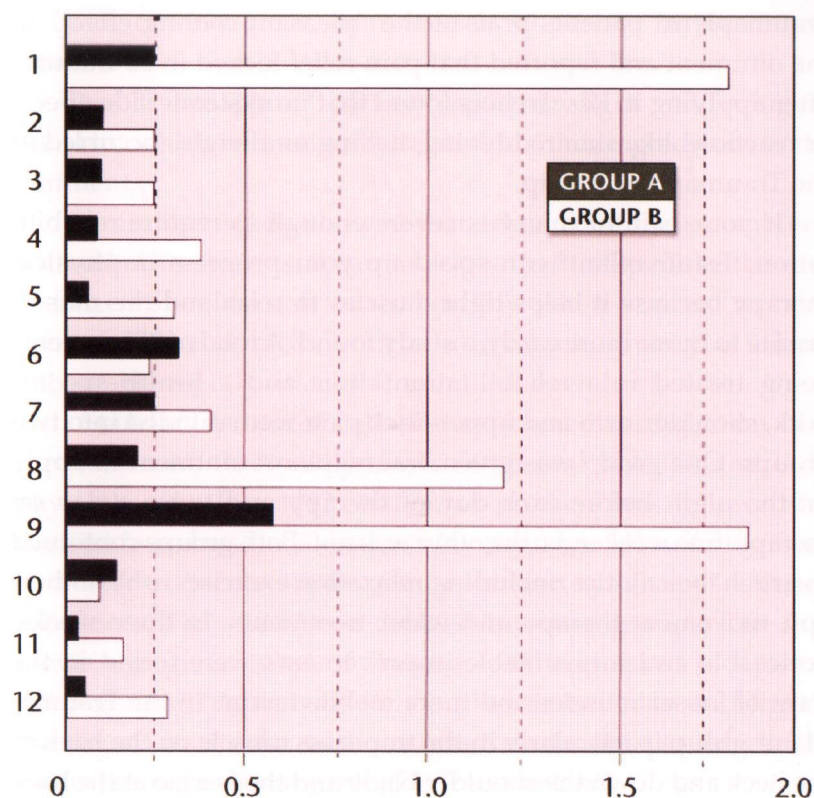
In the first three days, pain dropped sharply in both groups, but then pain levels in the groups began to diverge. By the eighth day, the Traumaplant® group had a significant decrease in pain that wasn't reached by the non-Traumaplant® group until the 14th day—the last day of the study. By then, shoulder pain while at rest was completely gone for 13 of 15 patients in the Traumaplant® group, but for only 9 of 15 in the control group. Continued treatment was needed by only two in the Traumaplant® group but by six in the control group. Thirteen Traumaplant® patients regained pain-free shoulder movement, compared to eight in the control group. Overall, treatment was successfully concluded in 16.5 days for the Traumaplant® group and in 19.2 days at a minimum for the control group. The

Traumaplant® patients praised the "pleasant cooling effect" of the ointment and reported that pain relief kicked in 30 minutes after applying it. Researchers found that no systemic side effects or reactions like skin reddening, itching or allergies occurred in the Traumaplant® group.

If your pain or injury is severe enough to require rehabilitation, Traumaplant® can speed up your progress in physical therapy because it helps tight muscles to relax and the muscle fasciae to move more easily, a study found. A total of 255 patients being treated in a rehabilitation clinic and a health spa for neck, shoulder, arm and upper-back pain were divided into two groups. One group was given Traumaplant® ointment to apply on the night before each day of therapy and twice a day on therapy-free weekends; the other was not. Both groups continued their rehab activities, including relaxation exercises, physiotherapy, movement therapy and water treatments. In three weeks, noticeable and measureable improvements were found in the form of looser muscles and more mobile fasciae in the Traumaplant® group, particularly in the trapezius muscle on the back of the neck and down the shoulder blade and the fasciae at the back of the head. In 10 of 12 muscle groups and fasciae, the Traumaplant® patients experienced improvements measurably better than those of the control group (see the following page).

What the studies mean for you in practice

The research resoundingly demonstrates that whether you suffer an occasional bout of pain or live with it on a daily basis, a tube of Traumaplant® can help you. Its robust active ingredients—allantoin, choline and rosmarinic acid—effectively penetrate the skin to provide deep relief for pain, aches, injuries, stiffness and swelling. It can easily be used alone, to soothe an aching back after a hard day at a computer, to massage into a shoulder or



leg after a hard-played softball game, or to soothe aching, aging fingers. And it can also be used along with mainstream approaches, such as rehabilitation exercises and frozen-shoulder treatments without any contraindications. And because it's free of side effects and reactions with medications, it can't hurt to combine it with such approaches as acupuncture, spinal adjustments, or supplements—even during recovery from surgery.

Traumaplant® can make healing from pain easier than you ever imagined. That is great news!

Let's step back now and take a wide view of what we know about comfrey, the cultivar named Trauma Comfrey and the ointment named Traumaplant®.

CHAPTER SIX

The Physician Recommends

As a medical and naturopathic doctor who sees patients with a wide range of conditions, I am truly delighted to be telling them about the healing powers of comfrey. Now that this ancient herb is in a form that is groundbreaking—Traumaplant®—I want to get the word out as far and fast as I can.

Here's what I tell my patients: After being used for millennia as a literal lifesaver and then being tossed aside in favor of "modern medicine," comfrey is roaring back into action because its healing powers are unique, potent and sorely needed (pun intended).

But with a difference! Instead of having to boil the sticky plant into a poultice, as our forebears had to do, we can simply squeeze ointment out of a tube and rub it into the injured or aching part. And instead of heartily hoping it will work, we *know* it will work, thanks to the rigorous studies that show that the comfrey extract in Traumaplant®:

🌿 Heals sprained ankles in half the time.

- ❧ Reduces pain and immobility in injured knees by three-quarters in just seven days.
- ❧ Shaves three days off full recovery from abrasions (scrapes).
- ❧ Shrinks abrasions in adults and children in half the time.
- ❧ Reduces by at least three days rehabilitation for a frozen shoulder.
- ❧ Cuts the immobility of acute back pain by two-thirds within three days.
- ❧ Relieves pain by 90 to 100 percent in locomotor problems with strong muscular components, and can even ease pain in some degenerative conditions.
- ❧ Is so safe that it accelerates the healing process for children as young as four without any reactions or adverse effects.

We now know that the constituents in comfrey, especially allantoin, choline and rosmarinic acid, are what pack its powerful punch: they reduce inflammation and swelling, help damaged tissue to recover, rush healing blood cells to the site and stimulate the rebuilding of new cells. That means that even as your pain is eased, your damaged skin, tendons, cartilage, fasciae and bones are knitted together again in record time.

We must be grateful to science for showing us these mechanisms and benefits—and also for pointing out the troublesome constituents in comfrey, the pyrrolizidine alkaloids (PAs) that have been shown in large doses to cause liver damage in laboratory rats. Those studies have resulted in several countries banning comfrey in oral (but not topical) products. Happily, it has also resulted in European biologists focusing their attention on a comfrey variety—Trauma Comfrey—whose leaves and flowers are PA-free, and then to process those in a way that

assures no PA from roots, toxic heavy metals or cancer-causing aflatoxins creep in. As a result, the most sensitive technology has failed to find any PAs at all in Traumaplant®'s comfrey extract.

That may be one reason why, in study after study, absolutely no interactions were found between Traumaplant® and other medications or supplements. No systemic effects were found on other organs, and no side effects were experienced—with one small exception: In less than 1 percent of cases, some slight red-dening of the skin occurred where the ointment was applied, apparently due to a rare allergic reaction to its non-comfrey parts. The irritation typically faded without further treatment. Amazingly, Traumaplant® has been proven to be totally safe and highly effective even on open wounds, which opens up new horizons for trauma-care doctors.

How often should you use Traumaplant®? Whenever you want! Three times a day is recommended by some studies, but because of its high safety profile, there are no contraindications for more frequent use or larger amounts. You can use it repeatedly as the moisturizer under a bandage, for a pain-killing massage over pulled muscles, or as an adjunct before a rehab session or after a massage treatment. You'll find that it's not only easy to use, it's pleasant—what's not to like about a self-massage with a gently fragrant ointment? And when the pain relief kicks in, the pleasure deepens!

You can easily buy Traumaplant® at any quality health food store, and at integrative medical offices.

Because it is safe, convenient, easily available and reasonably priced, Traumaplant® can save you much time, money and trouble. You won't have to risk the considerable side effects of prescription or over-the-counter NSAIDs, you won't need a series of office visits to reduce pain and you won't have to limp around needlessly while a sprain takes its time to heal.

*From now on, if your child runs to you crying
with a scraped knee . . .*

If you twist your ankle in an exercise class . . .

If your partner cuts a finger while slicing a potato . . .

*If your mother's or grandmother's hand stiffens
with joint pain . . .*

You'll know exactly what to do and how to do it.

Reach for the Traumaplant® and let the healing begin!



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About the Author



Dr. Holly Lucille, a.k.a. "Dr. Holly," is a nationally recognized and licensed practicing naturopathic doctor, natural products consultant and television & radio host.

An acclaimed expert in the field of integrative medicine, Dr. Holly lectures throughout the nation on a variety of natural health topics.

Her appearances include national media programs and networks including *Dr. Oz*, *The Doctors*, *Lifetime Television for Women*, *Montel Williams*, *PBS's Healing Quest*, *The Hallmark Channel* and *Discovery Fit & Health* channel. She is on the editorial advisory board of *Alternative Medicine* and *Natural Practitioner* and is also regularly quoted as an expert in both consumer and peer journals. In 2007, Dr. Holly was listed in *Time Magazine's* "Alt List" as one of the "Top 100 Most Influential People". In 2012 she launched her own talk show "Myth-Defying with Dr. Holly" on the Veria Living network and is the co-host of *It's Your Health & It Ain't Rocket Science* radio show on RadioMD.

Dr. Holly believes in the science, art and mystery of healing

and has a heartfelt passion for the individual wellness of all people. Built on this foundational belief, Dr. Holly's private practice in Los Angeles, Healing from Within Healthcare, focuses on comprehensive naturopathic medicine and individualized care.

Dr. Holly is the past president of the California Naturopathic Doctors Association where she worked to ensure the availability of safe naturopathic health care by spearheading a lobbying effort to have naturopathic doctors licensed in the state of California. She has also worked with the LA Free Clinic providing health education, promotion and prevention in the public health system and recently was awarded the "SCNM Legacy Award" for her "contribution to the advancement and development of the field of naturopathic medicine." Dr. Holly graduated from the Southwest College of Naturopathic Medicine in Tempe, AZ where she received the prestigious Daphne Blayden Award for her "commitment to naturopathic medicine, academic excellence, compassion, perseverance, a loving sense of humor and a positive, supportive outlook."

Also known as the *Daredevil Doctor*, Dr. Holly enjoys riding motorcycles, competing in Crossfit competitions and going off the beaten path in nature.

Find her at drhollylucille.com

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The Healing Power of Trauma Comfrey

If you've ever had a sprained ankle, a black-and-blue bruise, a nasty wound or an aching back—and who hasn't?—then you know how much suffering these injuries can cause.

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Dr. Holly Lucille, a.k.a. "Dr. Holly," is a nationally recognized and licensed practicing naturopathic doctor, natural products consultant and television & radio host. An acclaimed expert in the field of integrative medicine, Dr. Holly lectures throughout the nation on a variety of natural health topics. Also known as the "Daredevil Doctor," Dr. Holly enjoys riding motorcycles, competing in Crossfit competitions and going off the beaten path in nature. Find her at drhollylucille.com.

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