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JOURNAL OF BIOMEDICAL THERAPY

Integrating
Homotoxicology
and Mainstream
Medicine



Practical protocols: Gastrointestinal therapy

Antihomotoxic enzyme preparations

Vet column: Respiratory disorders

Official publication of SOHNA

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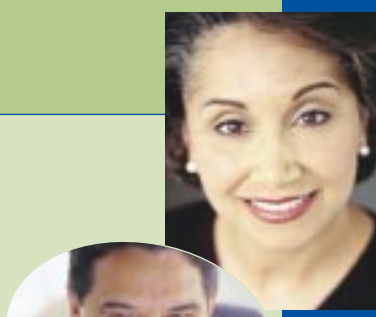
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An interview with Prof. Dr. Hartmut Heine, Institute of Antihomotoxic Medicine and Ground Regulation Research, Baden-Baden, Germany

Published in the German magazine "Frau im Spiegel", 36/2002, entitled "Modern Homeopathy – Ideal for Women. New combinations of active principles in naturopathy provide specifically targeted medicines for illnesses and injuries".

People in Germany - and women in particular - swear by naturopathic remedies. This applies in particular to herbal treatments and homeopathy, a new variation being the so-called combination preparation homeopathy. What does this term imply?

Heine: According to classical homeopathy, an individual, highly dilute, active single remedy is administered in the form of drops or granules in accordance with the symptoms rather than on the basis of the "complete" illness, e.g., osteoarthritis, in conventional medicine. The approach is quite different in the case of homeopathic combination preparations. They contain several active remedies so that they are suitable for diseases such as osteoarthritis - just as conventional medicine. To distinguish combination preparations from single remedies they are referred to as "modern homeopathic preparations".

Several active remedies in one preparation - for one illness?

Heine: By combining several ingredients, the spectrum of activity is extended. Let us take vertigo as an example. Depending on the main symptom - i.e., rotatory vertigo or swaying vertigo or accompanying nausea - different substances could be used as single remedies. If several of these substances are administered in one preparation, vertigo of different types can be treated. The combination preparation Vertigoheel/Ventigoheel provides a practical example. It contains four homeopathic remedies. In the course of scientific investigation, it has been shown that its overall effect is greater than the effects of its individual remedies.

Doesn't this sound like conventional medicine ... wouldn't Hahnemann turn in his grave?

Heine: I don't think so. Both methods can coexist without interfering with each other. Hahnemann, too, combined several individual remedies in his later years. He was thus quite aware of the fact that a more rapid treatment with a wider spectrum of effectiveness can be achieved by administering several remedies.

Which other ailments are treated with combination preparations?

Heine: Combination preparations can be used in the case of allergic complaints (hay fever), joint problems (osteoarthritis), cardiovascular diseases, gastrointestinal problems, vertigo and sports injuries.

What is the special characteristic of this treatment method?

Heine: Combination preparations act quickly, like the drugs used in conventional medicine. However, because of their homeopathic constituents, they retain all the advantages of homeopathy, i.e., a high level of compatibility and a low level of side effects. Homeopathic combination preparations thus represent a sort of bridge between conventional medicine and classical homeopathy.

Is there any scientific proof of effectiveness - knowing that no such proof has yet become available for homeopathy?

Heine: Proof of effectiveness has been provided by scientific studies for a large number of homeopathic combination preparations, e.g., Zeel against osteoarthritis, Vertigoheel for vertigo, Cralonin for heart problems. In addition, results of research into the mechanism of action are available. For example, antiviral effectiveness has been demonstrated by a nasal spray (Euphorbium), against the common cold. It has also been shown that certain homeopathic remedies (e.g., arnica in the combination preparation Traumeel) stimulate the immune system to produce special messenger substances. However, the actual reason for the effectiveness of homeopathic medicine has not yet been discovered by research.

What dosage forms do homeopathic combination preparations take: liquids, granules, tablets ...?

Heine: Single-constituent and combination preparations are produced according to the same recipe book: the so-called Homeopathic Pharmacopoeia (German: HAB). This describes how the different remedies are prepared and mixed for combination preparations. Grinding in the case of tablets and shaking of drops are examples of the pharmaceutical methods used.





What other differences are there in comparison with classical homeopathy which looks at a person as a whole and consequently considers factors such as environmental influences, nutrition etc.?

Heine: In the case of combination preparation homeopathy, a person is also viewed as a whole with respect to his/her environment. This is made possible by a special form of homeopathy, namely homotoxicology. Homotoxicology starts out from the fact that man (homo) is made ill by noxious substances (toxins). The corresponding homeopathic combination preparations are designed in such a way that they attempt to remove these damaging substances from the body. This method is referred to as “antihomotoxic” treatment.

What form does the therapy take: a comprehensive history of the patient etc. as taken down by the alternative medicine practitioner?

Heine: In the case of antihomotoxic treatment, the connective tissue is always taken into consideration. It is assumed that the damaging substances are deposited in the connective tissue and inhibit its action in the course of time. The connective tissue is highly important for the transportation of substances within the body. In this context, the term “connective tissue” does not refer to tendons and bones but to a spongy substance which is present throughout the body between the organs and beneath the skin. Certain special antihomotoxic medicines (e.g., Lymphomyosot/Lyphosot) are available to mobilize these noxious substances. A doctor or practitioner of alternative medicine familiar with antihomotoxic teaching will take this into account. In addition, he/she can stimulate excretory organs such as the liver, kidneys and intestinal tract as well as aspects of the metabolism by so-called biocatalysts. A concrete example is as follows: someone who goes to the doctor while suffering from osteoarthritis may first receive a homeopathic combination preparation for acute pain. In addition, the doctor may use other combination preparations to treat the causes and prevent possible further damage.

Another new term: antihomotoxic medicine. What does this mean?

Heine: Antihomotoxic medicines are homeopathic combination preparations which are administered in order to remove noxious substances (homotoxins) that have penetrated into the connective tissue. Research has been carried out which provides proof of a substantial improvement in the problems caused by homotoxins, as in the case of diabetes. It is not yet clear by which route the homotoxins are removed from the connective tissue. Further research in this respect is required.

What are homotoxins?

Heine: The term “homotoxins” should be understood to mean any noxious or toxic substance which acts upon the organism from the environment. In the last 100 years alone, 150 million new chemical compounds have been invented, many of which are capable of acting as homotoxins. Additionally, metabolic products produced in the body also need to be regarded as homotoxins. Only if the body succeeds in regularly eliminating homotoxins absorbed from outside or formed within the body will it be possible for biological equilibrium and easy transportation of substances within the body to be maintained. Otherwise, the connective tissue will be permanently overburdened, leading to illness.

Are there limits when using combination preparation homeopathy?

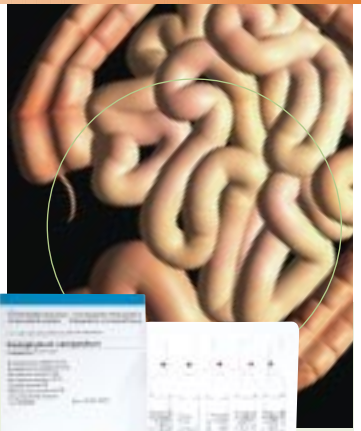
Heine: Antihomotoxic preparations are a special form of homeopathic combination preparations. They make it possible to influence the underlying causes by going further. However, it must be stated clearly at this point that far-reaching changes such as alterations of joints in the case of rheumatic diseases or cellular changes in the case of cancer or deficiency diseases (e.g., insulin deficiency with diabetes) cannot be reversed with antihomotoxic medicines. Still, the accompanying phenomena can be favorably influenced.

Can we say that both terms represent a bridge between conventional medicine and homeopathy?

Heine: For a long time it was believed that classical homeopathy and conventional medicine were in no way compatible: mild, whole-person and individual homeopathy on one hand and rapid-action, scientifically proven conventional medicine on the other hand. Homeopathic combination preparations and antihomotoxic combination preparations are filling this gap more and more. They have the advantage of retaining the mild characteristics of homeopathy. In addition, combination preparations have been scientifically researched in many cases and can be used by anyone. Combination preparations are the trend and are nowadays being used much more frequently than conventional single remedies.



Gastrointestinal ailments & antihomotoxic preparations



GASTRICUMEEL/ASTRICUMEEL is the main antihomotoxic remedy for stomach acidity, esophagitis and dyspepsia.

DUODENOHEEL is the choice for duodenal ulcers.

DIARRHEEL/AREEL is the obvious choice for diarrhea.

PODOPHYLLUM COMP. or **INJEEL** is appropriate for diarrhea due to pancreatic conditions.

NUX VOMICA-HOMACCORD, **HEPAR COMPOSITUM**, **BRYONIA INJEEL** and **MUCOSA COMPOSITUM** can round out a protocol by improving the function of the liver and thereby digestion and elimination, as well as quelling inflammation of the mucosa. The following protocol suggestions incorporate different combinations of these remedies to address specific conditions.

Gastric reflux (esophagitis, dyspepsia, stomach acidity, GERD)

GASTRICUMEEL/ASTRICUMEEL: 1 tablet 3-5x/day for 4 weeks or more.

+

HEPAR COMPOSITUM: 1 oral vial 2x/week for 4 weeks.

OPTIONAL:

MUCOSA COMPOSITUM, **BRYACONEEL** or **BRYONIA-INJEEL** can be added to the protocol to help repair the gastric mucosa.

USE:

MUCOSA COMPOSITUM or **BRYACONEEL:** 1 tablet 2-3x/day for 2 weeks. This can be repeated after a 2-week interval.

Or **BRYONIA-INJEEL:** 1 oral vial 2x/week for 3 weeks.

Or **MUCOSA COMPOSITUM:** 1 oral vial 2x/week for 2 weeks.



Duodenal or pyloroduodenal ulcer

DUODENOHEEL: 1 tablet 3x/day for 8 weeks then reassess.

OPTIONAL:

NUX VOMICA-HOMACCORD in conjunction with Duodenoheel at the rate of 1 oral vial twice a week for 3 weeks, then once a week for 4 weeks.

SPASCUPREEL IS USEFUL IF PYLOROSPASM IS PRESENT: 1 tablet 3-5x/day as needed; or 1 oral vial 1-2x/day as needed.

UBICOENZYME/UBICHINON COMPOSITUM/COENZYME COMPOSITUM: can be useful to add at the end of a protocol or during the repeat protocol to help speed tissue repair and cut acidity. Use the third week of the protocol or later at the rate of 12 drops 3x/day for 3 weeks or 1 oral vial 2x/week for 3 weeks.

Diarrhea

DIARRHEEL/AREEL: 1 tablet 3x/day until symptoms subside. During acute phase, 1 tablet every 15-30 minutes.

Or

VERATRUM-HOMACCORD: 12 drops 3x/day until symptoms subside. This can be combined with DIARRHEEL/AREEL, particularly for acute diarrhea: take 1-2 tablets and 12 drops of Veratrum-Homaccord until symptoms subside.

MUCOSA COMPOSITUM and/or Veratrum-Homaccord can be continued after symptoms subside to help repair intestinal mucosa: 12 drops 2x/day for 2-3 days with Veratrum-Homaccord oral drops or 1 oral vial of Mucosa compositum.



Gastrointestinal therapy with Nux vomica-Homaccord

By Michael Weiser and Stefan Zenner

Reprint from *Biologische Medizin*, H6, 1994, pp.341-346.

ABSTRACT

Nux vomica-Homaccord is a homeopathic combination medication used to treat a variety of diseases and functional disorders of the gastrointestinal (GI) tract as well as symptoms related to abuse of caffeine, nicotine or alcohol. The purpose of this drug monitoring study was to document the mode of application, therapeutic efficacy and tolerability of Nux vomica-Homaccord in a large number of patients. 1153 cases of treatment yielded data suitable for statistical analysis. Implementation of therapy (i.e., dosage, duration of treatment and use of adjunct pharmaceutical or naturopathic therapies) was left to the discretion of the participating physicians. No criteria for inclusion or exclusion of patients were defined. The results of the study demonstrate that Nux vomica-Homaccord, as used in everyday practice, is a safe and effective treatment for all indications specified by the manufacturer. In general, patient tolerance of the medication was good, although adverse drug reactions were reported in five individual cases.



Keywords: Nux vomica-Homaccord, drug monitoring, functional disorders of the gastrointestinal tract

INTRODUCTION

At some point in life, virtually everyone suffers from functional GI disorders. Diseases and malfunctions of this organ system appear in many different forms and degrees of severity. Gastritis is one frequent and often stubborn stomach complaint; it is more commonly diagnosed in smokers⁽¹⁾. Overconsumption of spicy foods, alcohol or coffee can also cause stomach symptoms. Approximately 15 percent of the general population develop a GI ulcer at least once in the course of a lifetime, with men affected three times as often as women⁽²⁾. Duodenal ulcers occur five to ten times as frequently as ulcers of the stomach mucosa⁽³⁾. Another frequent GI disorder is irritable bowel syndrome, which primarily affects the large intestine and causes a tendency to constipation and/or diarrhea⁽⁴⁾. Other important intestinal disorders include diverticulitis, Crohn's disease (regional enteritis), ulcerative colitis and colon cancer.

Today a plethora of medications is available for treating GI disorders. Under the heading "gastrointestinal medication," the "Red List" (the German counterpart of the PDR) lists many different types of products (such as acids and antacids, adsorbents, carminatives, ulcer medications and digestive enzymes), all of which can be incorporated into treatment protocols for definitively diagnosed ailments. It is worth noting, however, that no obvious organic changes are found in 40 to 60 percent of all patients who consult a physician for GI symptoms⁽⁶⁾. A broad-spectrum homeopathic regulation medication not only offers help in these cases but also supports self-healing in clearly diagnosable disorders.

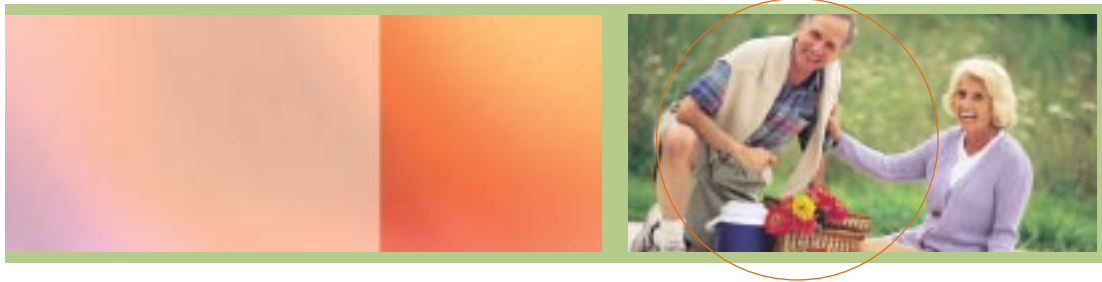
The homeopathic combination medication Nux vomica-Homaccord (manufactured by Biologische Heilmittel Heel GmbH of Baden-Baden, Germany) is able to effectively treat a wide variety of different GI diseases and malfunctions due to the interaction of its four individual remedies (nux vomica, bryonia, lycopodium and colocynthis). See also the Commission D's monographs for these remedies⁽⁷⁻¹⁰⁾.

Methods

The purpose of this drug monitoring study was to compile data on mode of application, efficacy and tolerability of Nux vomica-Homaccord in a large number of patients. The product is available as an injection solution and as drops for oral administration. For purposes of this study, only the oral form was prescribed. A total of 125 licensed physicians from four European countries (Austria, Belgium, Germany and Portugal)

participated in this drug monitoring, which ran from April to September 1993 and was conducted as a prospective study. No criteria for inclusion or exclusion of patients were defined. All data on the patients' illnesses and details of therapy were recorded on standardized questionnaires. Upon conclusion of therapy, overall therapeutic outcome for each patient was rated on a five-point scale ("very good" = complete freedom from symptoms, "good" = significant improvement, "satisfactory" = slight improvement, "unsuccessful" = no change in symptoms, and "symptoms worsened"). Any incidence of adverse effects that occurred in conjunction with administration of Nux vomica-Homaccord were recorded on a separate questionnaire.

Although entries were missing from a few questionnaires, the quality of the data was high enough for all of the documented cases of treatment to be included in statistical analysis. Data were compiled with the help of a computer program and then analyzed using descriptive statistical procedures.



RESULTS

Patients and diagnosis

A total of 1153 patients were included in the study. At 54 percent, women accounted for a slightly larger percentage of the total patient population than men. Figure 1 shows the age and gender distribution of the patients.

For the sake of clarity, the diagnoses reported by the participating physicians were grouped together under four headings: 1) functional disorders of the stomach, 2) functional disorders of the intestines, 3) symptoms related to abuse of nicotine, alcohol or coffee and 4) other diagnoses. Multiple listings occurred, partly due to the close physiological relationship between the stomach and intestines and partly because abuse of the above-listed legal drugs was the cause of GI symptoms in many cases (see Figure 2).

Physicians reporting cases of stomach or intestinal disorders were asked to enter specific diagnoses and symptoms in the questionnaires. Table 1 lists diagnoses and symptoms that were reported for more than 2 percent of the patients. The heading "other diagnoses" includes such ailments as liver abnormalities, headache, migraine and diabetes.

Duration of illness

Duration of illness prior to beginning treatment varied considerably among patients and seemed unrelated to diagnosis, which suggests that the study included both patients with acute illnesses as well as those with chronic conditions. Within the patient population as a whole, duration of illness was less than one week for approximately 25% of patients and two to four weeks for 20%. 13% of the patients had been ill for five to eight weeks, 14% for two to six months, 9.8% for seven to twelve months and 18.7% for more than one year.

Prior treatment

Of the 1153 patients admitted to the drug monitoring study, 35.9% had taken medication for their illness in the six months prior to admission to the study. Within individual diagnostic groups, the percentage of pretreated patients ranged from 30.9% (symptoms related to abuse of caffeine, nicotine or alcohol) to 53.4% (other diagnoses). Categorizing prior therapies according to the Red List's main groups of pharmaceuticals revealed that GI medications (57.5%) and spasmolytics (7.5%) had been most frequently prescribed, while homeopathic medicines had been prescribed for only 6.5% of patients.

Dosage

According to the manufacturer's recommendations, Nux vomica-Homaccord can be used not only as intensive therapy for acute symptoms (10 drops every 15 minutes for up to two hours) but also in long-term treatment (standard dose = 10 drops three times a day). The dosage prescribed was reported for 1131 of the 1153 patients. Approximately 89% of these patients received long-term treatment with the recommended standard



dose; for the remainder, the dosage was slightly different, with the maximum daily dose being 30 drops three times a day. In 38% of these cases, treatment began with a period of intensive therapy.

In almost all cases (98.7%), the initially prescribed dosage of Nux vomica-Homaccord was maintained over the entire treatment period. In 1.3% of cases treated, the dose was reduced as therapy progressed. In no instance was the initially prescribed dose increased.

Concomitant therapies

Somewhat more than half of the patients were treated exclusively with Nux vomica-Homaccord. In the remaining cases, additional pharmaceutical and/or nonpharmaceutical therapies were implemented. Although GI medications had been the most frequently prescribed type of prior medication, they figured less prominently (at 22.8%) in this study. In contrast, other homeopathic medicines (at 64.7%) were the most frequently prescribed concomitant medications. Among the nonpharmaceutical adjuvant therapies, dietary measures (at 82.7%) took first place, as expected.

Duration of treatment

Duration of treatment varied quite widely among patients and seemed unrelated to diagnosis. 40% of patients were treated for up to two weeks, another 40% for two to five weeks, while only 20% of the patients required treatment for longer than five weeks. As with duration of illness, discussed above, these differences in duration of treatment are explained by differences in severity of illness and by the fact that both acute and chronic cases were included in the study.

Results of therapy

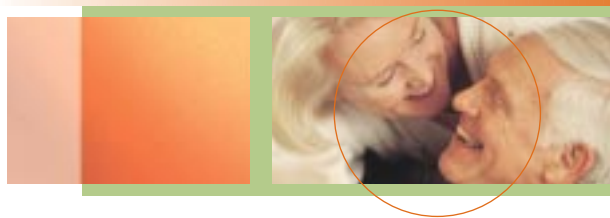
To assess the therapeutic efficacy of a medication, it is important to gather information about how quickly it takes effect. For this reason, each patient's physician was asked to record the approximate timing of the first improvement in symptoms. Out of the entire patient population, 17.3% reported improvement soon after first taking Nux vomica-Homaccord. Almost half of the patients reported improvement within the first week of treatment, 22.2% after two to three weeks, 5.4% after four to five weeks, and 1.4% after six to eight weeks of treatment. Only 0.5% reported improvement that began after more than eight weeks of therapy. Approximately 5% of patients completed the course of therapy without reporting any improvement.

These findings are also reflected in the therapeutic outcomes reported by the physicians upon conclusion of therapy. For more than 80% of the patients, efficacy of the therapy was rated "very good" or "good." Treatment was unsuccessful in only 5% of patients, and symptoms worsened in only 0.3% (see Figure 3). Therapy with Nux vomica-Homaccord was effective in all diagnostic groups and rated "very good" or "good" for over 80% of patients in each of the four categories.

To estimate the influence of concomitant therapies on outcomes, Figure 4 compares the results for all patients receiving adjuvant therapies to the results for all monotherapy patients; Table 2 compares results by diagnostic groups. The data make it clear that in all four diagnostic groups, Nux vomica-Homaccord was effective even as monotherapy. The percentage of "very good" or "good" therapeutic outcomes is slightly higher for the monotherapy group than for patients receiving adjuvant therapies, possibly because additional pharmaceutical or nonpharmaceutical treatment was more likely to be prescribed for patients with less favorable prognoses, i.e., those whose initial symptoms were more severe.

Tolerability

Since among the 1153 patients treated, only five reported adverse effects that were associated with administration of Nux vomica-Homaccord, the rate of adverse drug events (at 0.43%) must be considered low. After taking the medication, two patients experienced vertigo and one the beginning of a migraine; one patient reported heartburn and another vertigo, headache and heartburn. In the two latter cases, therapy was discontinued due to adverse effects. Only the patient who developed a migraine required treatment for side effects; she used a medication containing paracetamol (acetaminophen). In evaluating the symptoms reported as side effects, it is important to remember that vertigo and headache are part of the drug picture of nux vomica⁽⁷⁾. These symptoms may therefore be interpreted as initial reactions to the homeopathic medication's stimulating effects on the body's self-healing mechanisms. One case of heartburn may have been due either to the medication's alcohol content or to excessive coffee consumption, while the second may have been related to the patient's original complaint (nausea). On the whole, however, it must be noted that all adverse effects were temporary and reversible; in no case did they cause permanent damage.



DISCUSSION

Gastrointestinal disorders are widespread and often difficult to treat due to their chronic or recurrent character. This study shows that many of the GI diseases and malfunctions observed in daily practice respond well to homeopathic treatment. In many cases, a homeopathic regulation medication such as Nux vomica-Homaccord is indicated to support self-healing. The advantages of this medication are especially relevant to patients who present with symptoms but with no detectable pathologies or whose symptoms change so rapidly that targeted therapy with allopathic “anti” medications cannot produce long-term success. Because of Nux vomica-Homaccord’s broad spectrum of activity, it can be expected to be reliably effective for a relatively broad array of symptoms in both acute and chronic conditions. This expectation is confirmed by the high rate of “very good” and “good” therapeutic outcomes achieved in all diagnostic groups. In assessing therapeutic outcomes, it is important to take into account that in GI conditions, in particular, successful treatment is heavily dependent on the patient’s cooperation – for example, in temporarily avoiding the caffeine, nicotine or alcohol that provoked symptoms in the first place.

This study also demonstrates that under certain circumstances, Nux vomica-Homaccord is effective even when used alone, as confirmed decisively by the high success rates for patients in monotherapy. The decision to use Nux vomica-Homaccord alone or in combination with other medications should be left to attending physicians who know their patients’ medical histories and are in a position to consider the severity of the patient’s illness and the presence or absence of concomitant illnesses when deciding on a course of treatment.

This drug monitoring study also confirms the findings of Hilsenitz, who investigated the therapeutic applications of Nux vomica-Homaccord in routine use⁽¹¹⁾. In a prospective study of 30 patients (average age 39.2 years), this medication was administered to 21 women and nine men suffering from acute or chronic gastritis. Dosage was 10 drops three times a day; no concomitant medications were prescribed. The design of the study included monitoring each patient’s progress once a week. Parameters documented were: pain when fasting, nocturnal pain, nausea and upper abdominal pain. Upon conclusion of therapy, outcomes were rated “good” for 83.3% of patients and “fair” for 6.7%. Therapy was unsuccessful in 10% of patients.

The present drug monitoring study also confirms that the use of Nux vomica-Homaccord makes it possible to eliminate or reduce allopathic drug therapy and its associated side effects. In contrast to prior treatments, conventional medications played a greatly reduced role during treatment with Nux vomica-Homaccord. The opposite was true of concomitant homeopathic medicines, prescribed relatively infrequently (in 6.5% of cases) as part of the patients’ prior treatment but in 64.7% of cases as adjuvants to therapy with Nux vomica-Homaccord.

Because drug-monitoring studies document large numbers of cases, they are better suited than clinical studies to determining how well a medication is tolerated. With five cases of adverse effects in 1153 patients, tolerability of Nux vomica-Homaccord can be described as good, confirming conclusions drawn from years of practical experience with this medication. Furthermore, it is important to note that some of the reported incidents of adverse effects can be interpreted as initial responses to the medication’s stimulating effects on endogenous self-healing mechanisms, while others may have been related to the patient’s original illness.

Tab. 1: Diagnoses listed for more than two percent of patients with functional gastrointestinal disorders.

Diagnosis/symptoms (stomach)	N	Diagnosis/symptoms (intestines)	N
Gastritis	182	Typanites	95
Vomiting	93	Diarrhea	70
Nausea	80	Constipation	50
Gastralgia	53	Flatulence	35
Heartburn	49	Irritable bowel syndrome	31
Sensation of fullness	48	Intestinal spasms	28
Dyspepsia	31	Colitis	23
Belching	20	Spastic colon	23
Gastroenteritis	18	Enteritis	14
Irritable stomach	17	Colic	12
Typanites	14	Disorders of fecal elimination	11

Tab. 2: Comparison of therapeutic outcomes in patients receiving concomitant therapies (left) and patients receiving monotherapy (right).

Diagnostic group	very good in %	good	satisfactory	unsuccessful	symptoms worsened
Functional disorders of the stomach (n = 327/357)	33.6/50.1	48.9/39.5	8.9/5.9	8.3/3.9	0.3/0.6
Functional disorders of the intestines (n = 269/188)	36.4/45.2	45.0/38.8	11.5/10.1	7.1/5.9	-/-
Discomfort after use of caffeine, nicotine, alcohol (n = 260/398)	35.8/55.0	48.8/38.4	7.3/3.3	8.1/3.0	-/0.3
Other diagnoses (n = 81/35)	32.1/37.1	44.4/60.0	17.3/2.9	6.2/-	-/-

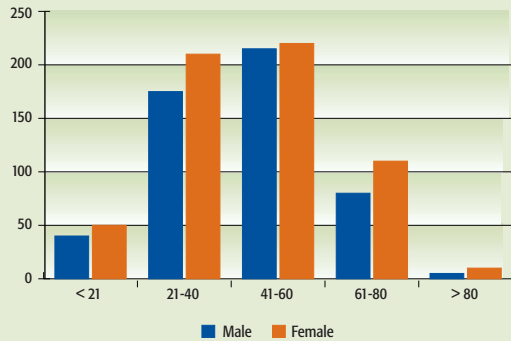


Fig. 1: Age and gender distribution in the patient population.

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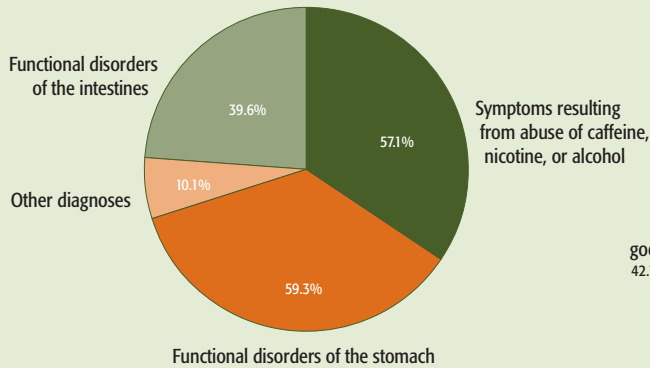


Fig. 2: Percentage of total patient population in each diagnostic group (multiple listings occurred, n=1153).

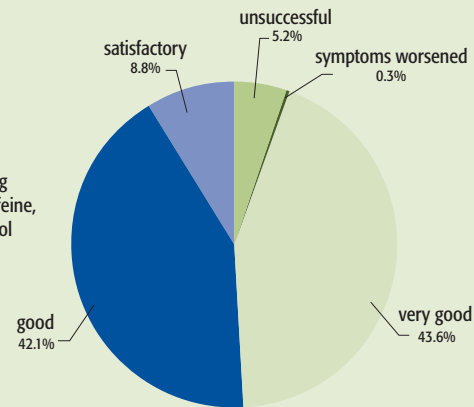


Fig. 3: Final ratings of therapeutic efficacy (n=1153).

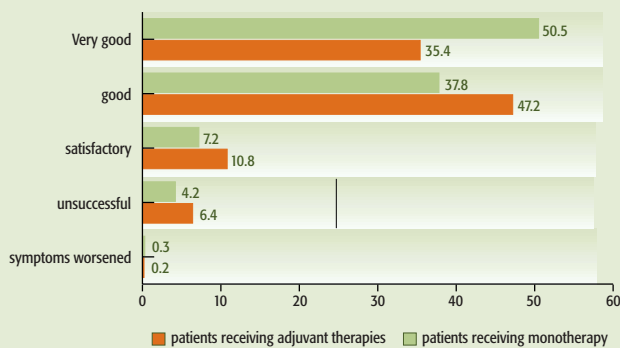


Fig. 4: Comparison in percentages of ratings of therapeutic efficacy between patients receiving adjuvant therapies (n = 528) and patients receiving monotherapy (n = 625)

- Aufbereitungsmonographie Strychnos nux vomica. Bundesanzeiger ("Federal gazette") 146, 8 August 1989
- Aufbereitungsmonographie Bryonia cretica. Bundesanzeiger ("Federal gazette") 190a, 10 October 1985
- Aufbereitungsmonographie Lycopodium clavatum. Bundesanzeiger ("Federal gazette") 172a, 14 September 1988
- Aufbereitungsmonographie Citrullus colocynthis. Bundesanzeiger ("Federal gazette") Nr. 190a, 10 October 1985
- Hilsenitz E. Die Behandlung gastritischer Beschwerden mit einem homöopathischen Kombinationsarzneimittel. Biologische Medizin 1987;16(1):335-9

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Antiviral Activity of Engystol® against Adenovirus, Respiratory Syncytial Virus & Influenza A virus: an *IN-VITRO* Analysis

Publication in preparation



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SUMMARY

Objectives: The aim of this study was to investigate the antiviral activity of a commercial preparation of Engystol against three different human viruses: adenovirus type 5 (Ad-5), respiratory syncytial virus (RSV) and influenza A virus (Inf-A).

Methods: Antiviral activity was assessed using viral protein-specific ELISAs (Ad-5 and RSV) and by plaque reduction assays (Inf-A). HEP-2 cells (Ad-5 and RSV) or MDCK cells (Inf-A) were infected with virus and incubated with non-cytotoxic concentrations of Engystol. Mean optical density (450 nm) for the ELISAs or mean plaque counts were calculated 7 days after infection. Inhibition of viral activity was evaluated relative to control samples. *In-vitro* cytotoxicity was investigated using microscopic examination (day 6) and MTT testing (day 5) of cells exposed to serial dilutions of Engystol.

Results: Engystol (1:2 dilution) was associated with a relative inhibition of Ad-5 activity of 56.95%. Activity against Ad-5 was observed down to a dilution of 1:64. Engystol (1:2 dilution) also demonstrated antiviral activity against RSV (relative inhibition 37.40%). No antiviral activity was observed against Inf-A virus. Cytotoxicity testing demonstrated no detectable toxic effects of Engystol at a dilution of 1:2 on HEP-2 cells and 1:4 on MDCK cells.

Conclusions: This *in-vitro* analysis provides clear evidence of effective inhibition of Ad-5 protein synthesis by the homeopathic preparation Engystol. Minor antiviral activity was observed against RSV and no significant antiviral effects were noted against Inf-A virus. Engystol represents a good candidate for clinical development as a treatment for the common respiratory ailments caused by adenovirus infection.



Adjuvant Homeopathic Treatment of Peripheral Diabetic Polyneuropathy

Published in the German journal "Der Allgemeinarzt". An English reprint of the study is currently in preparation. **Author:** Angelika-Regine Dietz, M.D.

SUMMARY

Background: To compare the effects of Lymphomyosot® (a homeopathic complex remedy for the treatment of oedema in the extracellular matrix) added to a-lipoic acid therapy with a-lipoic acid monotherapy in the treatment of peripheral diabetic polyneuropathy. Treatments were evaluated on the effects on patient nerve sensitivity and the reduction in palpable edemas.

Study population: 269 patients with type-2-diabetes mellitus and peripheral diabetic polyneuropathy with residual sensitivity in foot/toe/ankle.

Methods: Prospective, multicenter, open-label cohort study (add-on design).

Results: Statistically significant differences between treatments were seen in favor of the superiority of the Lymphomyosot®/a-lipoic acid combination therapy for the subjective criteria: monofilament touch; numbness; pricking paresthesia; nocturnal spontaneous pain; and the reduction in palpable oedemas in the foot/ankle. Additionally, with the combination therapy there was a trend towards a shorter time difference between the onset of improvement of symptoms and an assessment of improved overall conditions by the practitioner. No adverse events were reported for either treatment group.

Conclusions: The addition of Lymphomyosot® to a-lipoic acid therapy for peripheral diabetic polyneuropathy results in a statistically significant and clinically relevant improvement in patient nerve sensitivity and palpable oedemas compared with a-lipoic acid monotherapy.

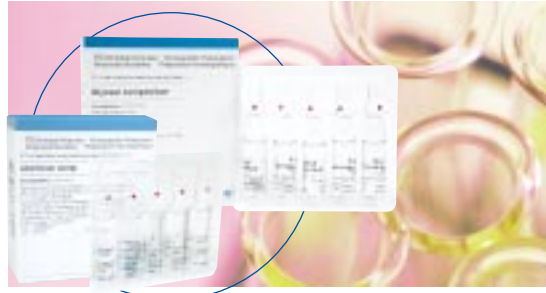
Antihomotoxic Catalyst

Incorporating Antihomotoxic Enzyme Preparations into your Protocols

by Dr. Alta A. Smit

Dr. Reckeweg states that Ubicoenzyme has powerful regenerating action on blocked respiratory enzymes and is thus indicated for all impregnation, degeneration and neoplasm phases. According to the rationale of homotoxicology, disturbances in the Krebs's cycle characterize precancerous stages and neoplasia. The physician can consider incorporating antihomotoxic enzyme preparations for affections on the right side of the homotoxicology chart. As well, enzyme preparations have been successfully used in the treatment of elite sportsmen (for the regulation of the energy balance) for many years.

The use of enzyme preparations in homotoxicology aims to stimulate intermediate functions in the cellular respiration process. With this in mind, it is easy to see Reckeweg's area of application for his homeopathic



enzyme preparations: any condition in which the cellular phases are dysfunctional, dysregulated or damaged can potentially benefit from antihomotoxic enzyme preparations added to a medical protocol.

Dr. Reckeweg had the foresight to formulate specific enzyme formulas that are applicable to specific catalytic mechanisms. The main preparations used in homotoxicology today are Ubicoenzyme/Ubichinon comp. and Glyoxal comp.

Application

It is clear that antihomotoxic enzyme preparations have a large scope of application. If we consider Dr. Reckeweg's directives applying these preparations to "all diseases which can be included under the cellular phases; that is, impregnation, degeneration and neoplasm phase, and which are characterized by enzymatic dysregulation or blockage, or by disturbances in cell respiration", he lists disturbances in cell respiration as a wide scope of application, such as neuralgia, migraine, toxic neuritis, paresis, dermatosis, neuro-dermatitis, pruritis, liver damage, ulcers, myocardial impairment, anemia, pre-cancerous and neoplasm phases. The list goes on and covers almost all areas of physiological dysfunction and disease.

To condense Dr. Reckeweg's experience into a quick reference for the use of these enzymes, the practitioner should keep in mind the global application of these enzyme preparations, which is a dysfunction of cellular respiration. The practitioner must first be well versed with the physiological processes and biochemical mechanisms that have lead the patient to his/her present state of disease.

In general, enzymes are given as soon as the disease process enters the deposition phase and onwards to the right on the six-phase table.

Indication

Ubicoenzyme /Ubichinon comp injection therapy is particularly indicated during the progressive vicariation phase. Dr. Reckeweg formulated these preparations to stimulate detoxification and resistance against toxins thus reactivating blocked enzyme systems. Dr. Reckeweg recommends Ubicoenzyme/Ubichinon comp. after vaccination to prevent secondary reactions and specifically to repair vaccination damage.

Glyoxal compositum is a potent intermediary catalyst. It contains methylglyoxal which engages in hydrogen transfer, reviving the metabolism to literally burn toxins.

Dr. Reckeweg stresses to use Glyoxal comp sparingly. It should not be used when the patient is in a highly reactive phase. Once it is administered, the physician should monitor the patient and refrain from giving a fresh dose as long as there is therapeutic action.

Like all of the antihomotoxic enzyme preparations, Glyoxal compositum stimulates detoxification by activating enzyme systems and is thus applicable to states of neoplasia as well as viral diseases and their secondary effects.

Dosage

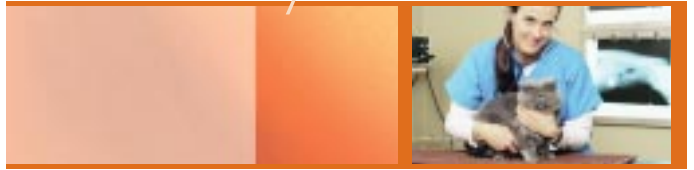
This will depend on the condition treated and the reactivity of the patient.

In most cases the oral dose is three times a week, but if a patient is very hyporeactive, like we see in patients with Chronic Fatigue Syndrome or Chronic Fungal disease (these patients are in Th2 rigidity), we would employ the catalysts more frequently and as reactivity returns, we taper the dose down. Certain products then, like oral Ubicoenzyme and Glyoxal comp can thus be given daily in the beginning, but as regulation takes place, the dose should be tapered down to three times a week. In general the catalysts are given for four to six weeks in cycles.

Respiratory

Respiratory conditions

Mucosa compositum is a useful preparation that should be in the homeopathic veterinarian's pharmacy at all times. It is a complex homeopathic preparation unique to homotoxicology that contains suis organs as well as dilutions of all of the mucosal linings of the body. It applies to conditions that affect the function and the condition of the different mucosae. In this regard, Mucosa compositum has an unusually wide scope of application.



Suis organs are dilutions of healthy organs or tissues. They work at the functional level to stimulate the organ (of which they are made) and, in concert with the other components of the antihomotoxic preparation, to repair toxic damage.

MAIN APPLICATION OF MUCOSA COMPOSITUM

Mucosa compositum targets the mucous membranes. It repairs and improves their function, and stimulates the removal of toxins by facilitating expectoration and/or elimination of mucus.

Mucosa compositum works well in concert with other remedies, chosen to target the affected organ such as the lung or intestines. Mucosa compositum must be used sparingly and for short periods. It can be repeated, but should not be used for more than 2 weeks at a time without an interval period of at least 10 days.

Protocols for respiratory conditions using Mucosa compositum

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

EQUINE PROTOCOL (the doses in the COPD protocol below are for horses)

Five horses with chronic obstructive pulmonary disease (COPD) were admitted to the Nature-Link Institute's research files last year. All horses were 15-19 years of age and thoroughbred or thoroughbred crosses. All had been diagnosed with COPD, and were unsuccessfully treated allopathically with dexamethasone or prednisone. The steroid treatment gave temporary relief, which was deemed mediocre by owners, who complained that relief began on average 2 weeks after injection and lasted one month at best.

Euphorbium compositum, Bryonia-Injeel and Spascupreel were used in conjunction with Mucosa compositum in the following manner:

Mucosa compositum vet. + Euphorbium compositum vet.: 1 ampoule of each given i.v. or s.c. (in same syringe = 10ccs).

Initially once or twice a week for 2 weeks, then once a month for maintenance.

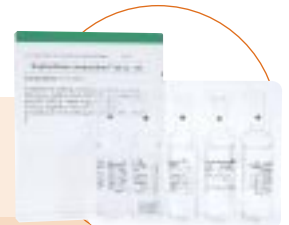
An oral prescription was left with the owners for maintenance purposes between injections:

Euphorbium compositum vet. was given orally at the rate of 1-2 ampoules per week along with one ampoule of **Mucosa compositum vet.** once a month.

During acute phases or exacerbation from environmental factors, one ampoule of **Euphorbium compositum vet.** + one ampoule of **Mucosa compositum vet.** + 4 ampoules of **Spascupreel** were given *per os* or on an "as needed" basis.

In certain cases 4 ampoules of **Bryonia-Injeel** were added to the above.

On average, dyspnea was relieved more than with the cortisone therapy in all cases. More importantly, a cost effective and easy protocol with oral administration of **Mucosa compositum vet.** and **Euphorbium compositum vet.** provides an effective maintenance protocol for horses with this chronic disease and, unlike conventional therapy, does not contribute side effects.



Conditions

Bronchitis

SEE DOSAGE CHART FOR APPROPRIATE DOSE OF HEEL PRODUCTS IN THE FOLLOWING PROTOCOLS

Bronchitis (Small & large animals)

Mucosa compositum: 1 dose twice a week for one week then once a week for 4 weeks. Give initial dose i.v. or s.c. if possible.

+

Bryonia-Injeel or Bryaconeel tablets: 1 dose 3 x/week for one week, then twice a week for 5 weeks; give orally.

+

Engystol: 1 dose i.v. initially if possible with Mucosa compositum, then 1 dose orally 3 x/week for 3 weeks, then twice a week for 2 weeks.



FOR ORAL OR INJECTION THERAPY WHEN USING THE AMPOULE FORMAT of ANY HEEL PRODUCT:

DOSAGES FOR MUCOSA COMPOSITUM

Toy breeds and cats under 10 lbs: 0.5 cc
Medium breeds (15-40 lbs): 1 -2 cc

Giant breeds: 2-3 cc
Horses: 5 cc

TABLETS:

Toy breeds and cats under 10 lbs: 1 tab daily
Medium breeds: 1 tablet b.i.d.

Giant breeds: 1 tablet t.i.d.
Horses: 15 tablets per dose (daily in feed)

The format for **Bryonia-Injeel** is 1.1 ml; the same dosages as listed above apply.

If **Bryaconeel** tablets are used to replace **Bryonia-Injeel**; the same veterinary dosages listed above under "tablets" apply.

Engystol is available as 1.1 ml ampoule or a 5 ml veterinary ampoule (where available); the same veterinary dosages as listed above apply.

ECHINACEA COMPOSITUM FORTE SN is available in 2.2 ml ampoules; the same veterinary dosages as listed above apply.

Hepar sulfuris-Injeel is available as 1.1 ml ampoules; the same veterinary dosages as listed above apply.

Pneumonia

Pneumonia (Small & large animals)

Engystol + Mucosa compositum + Echinacea compositum forte SN + Hepar sulfuris-Injeel: one dose of each (see dosage chart) given initially in clinic as i.v. When possible, repeat this injection s.c. once a week for 2-3 weeks in a row. If this is impossible, instead of injection therapy, give orally once a day for 10 days in a row.



FOLLOW-UP WITH AN ORAL MAINTENANCE TREATMENT AS FOLLOWS:

Engystol: 1 dose 4 x/week for 4 weeks, then 3 x/week for 6 weeks. Repeat if necessary in 5-8 weeks.

+

Bryonia-Injeel or Bryaconeel tablets: 1 dose 3 x/week for 5 weeks.

+

Mucosa compositum: 1 dose 2 x/week for 4 weeks.

