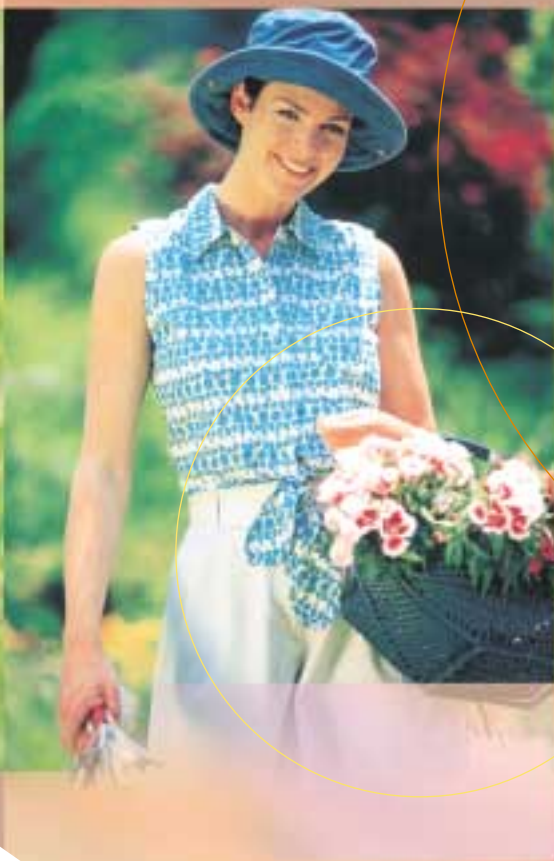


Spring 2001

# JOURNAL OF BIOMEDICAL THERAPY

Integrating  
Homotoxicology  
and Mainstream  
Medicine



---

Homotoxicology in Dentistry

---

Allergy Arsenal

---

Antihomotoxic Protocol for  
Detoxification

---

Isoflavonoids as Estrogenic  
Agents

Official publication of SOHNA

# SUMMARY



Inside SOHNA 3

Homotoxicology In Brief 4

Practical Protocols  
• Hay fever 6

Medical Abstracts  
• Homeopathic treatment  
of respiratory ailments 8

In Your Practice  
• Detoxification 12

Medical Summaries 14

Gynecology Column 15

#### MEDICAL EDITOR/WRITER:

Jo Serrentino  
Jo Serrentino is a biochemist, animal behaviourist with a doctorate in clinical ecology. She also teaches holistic veterinary medicine and veterinary homotoxicology.

#### MANAGING EDITOR:

Virginie Dionne-Bourassa

#### PROOFREADING:

Andy Moss

#### GRAPHIC DESIGN:

Phaneuf Design Graphique

#### CIRCULATION:

11,000

Made and printed in Canada  
184-185-8

@ If you wish to  
download this issue,  
visit our website at

[www.heel.ca](http://www.heel.ca) (Canada)

or

[www.heelbhi.com](http://www.heelbhi.com) (USA)

Since this is an international publication, names and availability of the products mentioned in this journal may vary from one country to another.

# Inside SOHNA

**SOHNA**  
Society of Homotoxicology  
of North America

P.O. Box 2698  
Edgewood, NM  
87015  
1-800-963-6226

As the proud new President of SOHNA, I cannot fail to remember the humble beginnings of my own medical education that began at New York Medical College in 1967. NYMC or “Flower” as it was then known (named after NY Gov. James T Flower) was actually the second Homeopathic Medical School in the United States when it was founded in 1845 by William Jennings Bryant. However, keeping with the chemical based allopathically-fervered Flexner Report that tarnished the American landscape after the turn of the century, Flower threw off its homeopathic roots as did all the other surviving American schools and became what it is today, the regular medical school that I entered as a naïve medical neophyte after a successful undergraduate career. I was expecting “to be made a physician”, to learn how to heal the sick. I was ready and able to learn no matter how long the hours or hard the material.

Well, I learned my lessons well, graduated in 1971, moved to Phoenix Arizona to do a three year Family Practice Residency at Good Samaritan Hospital and started practice in 1974. I prospered and built a big practice, all based on antibiotics, tranquilizers, mind altering drugs, steroids and all the standard fare of modern allopathic drugs. All of this went well until I personally got sick in 1987 when all of the power of allopathic medicine labeled me as incurable for the asthma I developed. As I was about to be cast on the allopathic ash heap of disability, I was cured in three days with these miraculous little pellets that went under my tongue. This was the culmination “epiphany point” of my medical education. How could such a simplistic thing work?

I threw away all of the drugs and enrolled in multiple courses to learn what they should have taught me in medical school, the art of Homeopathy. Today after too numerous to count courses and Diplomate status from the British Institute of Homeopathy, I have become The President of The Arizona Board of Homeopathic Medical Examiners, The Medical Director of Heel and The President of SOHNA.

I wouldn't trade my basic medical education for anything, it is part of me and makes for the basis of my Integrative Medical Knowledge. However it was woefully incomplete as it ignored a significant part of the real fund of knowledge necessary to be a true physician and healer. In the months to come I will attempt to share my feelings on the state of medical education in North America and explore what we can do as Homotoxicologists to bridge the gap between Allopathic and Homeopathic types of education.

The future of medical education will be changed by our efforts.



Bruce H Shelton MD MD(h) DiHOM

# HOMOTOXICOLOGY IN DENTISTRY

In the past several years, the established methods of treatment in dentistry such as fluoride application and amalgams have been increasingly challenged. Antihomotoxic combination preparations are available to provide an alternative to undesirable therapies and to minimize the side effects of certain dental procedures.

We are pleased to publish 2 case studies in dentistry using Heel preparations.

## Case #1

Osteotomy and cystectomy were used to extract an upper left bicuspid from a 39-year-old female patient. The tooth was virtually destroyed and could not, by any means, be preserved. X-ray examination revealed a dentogenous cyst in the region of the root apex.

### THERAPY:

The antihomotoxic preparations Traumeel S and Lymphomyosot, both in liquid form (drops), were administered for a period of nine days prior to the operation. The prescribed dosage of Traumeel S was 10 drops 3 times per day, and that of Lymphomyosot was 20 drops 3 times per day.

To promote healing of the wound and increase immunity, Echinacea compositum S injectable solution was subcutaneously administered to the duplication of the buccal mucous membrane. Echinacea compositum was administered during surgery as well as during subsequent follow-up examination. The patient received a total of three injections of this preparation.

Healing was uncomplicated and progressed quickly. Particularly notable was the fact that no swelling whatsoever occurred following this relatively extensive procedure.



HOMOTOXICOLOGY  
IN DENTISTRY**CASE #2**

A 50-year-old female patient reported diffuse pain in the left half of the supramaxilla over a lengthy period of time. In association with the seriously decayed condition of the rearmost upper molar on this side, her weakened condition indicated the presence of dentogenous sinusitis.

**THERAPY:**

Following extraction of the carious tooth, Sinusitis-Nosode-Injeel was subcutaneously injected once weekly for 5 weeks. In addition, bio-resonance therapy was applied after each of the last 3 injections.

At the end of therapy, the patient felt well once again, her pain had been completely relieved, and no subsequent discomfort was reported.

## HAY FEVER

The following protocol focuses on seasonal allergic rhinitis and several antihomotoxic preparations that can help curb the symptoms and suppress the reaction. Unlike other allergies, hay fever has a wide spectrum of causative agents. There are thousands of allergens. The probability of an allergic response by an individual is further amplified by the person's vulnerability to one or more allergens. From a clinical point of view, it is difficult to identify allergens and nearly impossible to prevent exposure. Symptomatic relief becomes a treatment priority.

Hay fever is an allergy that affects the mucous membranes. The eyes, upper respiratory passages, and skin are most frequently affected. Rather than drying the mucous membranes of these body areas, as do con-

ventional allergy medicines, the ideal therapy is to strengthen the membranes and make them more resistant to allergens by hydrating them, reducing the inflammation, and removing toxins.

Heel GmbH has a homeopathic formula for seasonal allergic rhinitis, *Luffa compositum*, containing *Luffa operculata*, *Galphimia glauca*, histamine, and sulfur. This particular combination offers anti-inflammatory effects at the level of the mucous membranes. A study comparing *Luffa compositum* nasal spray with a conventional Sodium cromolyn nasal spray was published in *Research in Complementary Medicine* and later abstracted in the Fall 2000 issue of this journal, the *Journal of Biomedical Therapy*.

See page 14 for contact numbers to obtain copies.

### YOUR ALLERGY ARSENAL

- LYMPHOMYOSOT / LYPHOSOT
- LUFFA COMPOSITUM
- PSORINOHEEL / SORINOHEEL
- HEPAR COMPOSITUM
- EUPHORBIVM COMPOSTIUM
- MUCOSA COMPOSITUM

Because of the nature of hay fever, an arsenal of remedies is required to relieve the symptoms. The following illustrates a few combinations of HEEL products which can be used. The individual combinations are based on the patient's dominant symptom, for example:

#### When the skin is prominently affected use:

##### LUFFA COMP / PSORINOHEEL / HEPAR COMP

Hepar compositum intervenes in the unfolding of toxic derivatives associated with the allergy mechanism. It works at the level of the liver to subdue its reactions to the toxic cascade from the allergy mechanism. During the "allergy response," when the liver is "shocked" by the enzyme activity required to deal with allergen toxins, Hepar compositum helps quench this response.



## When the lungs are highly congested or asthma is present use:

### LYPHOSOT / MUCOSA COMP / EUPHORBIIUM COMP / LUFFA COMP

Lymphomyosot/Lyphosot together with Mucosa compositum drains mucus from the lungs. Adding Luffa comp tablets helps to neutralize the inflammatory response. Ideally this therapy should be split into the clinical administration of injectable plus home medication: Lymphomyosot/Lyphosot and Mucosa compositum should be given subcutaneously in the clinic 2-3 times per week for three weeks, then once a week for 5-6 weeks. This should be supported with a prescription of Luffa comp tablets and Euphorbium comp or Luffa comp nasal spray to be used at home by the patient at the following rates:

Nasal spray: 3-5 times daily

Luffa comp tablets: 1 tablet 3-5 times per day.

## When the skin is affected with weeping sores and/or eczema use:

### LUFFA COMP / LYPHOSOT / PSORINOHEEL

Usually, the patient is congested in the head, and has difficulty expelling catarrh. This therapy is a prescription-based therapy that should last for a period of at least five weeks. Intervals of 10-14 days when medication is interrupted can be scheduled during a seasonal therapy of 3-6 months.

## The following combination is an intense therapy which works at the level of the allergy mechanism

### LUFFA COMP / ENGYSTOL / MUCOSA COMP

Engystol is well known for its ability to defuse toxins and their reactions. Together with Mucosa compositum, the toxins will be eliminated and directed out of the body. The Luffa comp Nasal Spray in this protocol is for symptomatic relief. Because this is a vigorous therapy, there may be a healing crisis which will exacerbate the patient's allergy symptoms within the first 5-7 days.

### Therapeutic Tips:

For symptomatic relief of dry eye and rhinitis use Traumeel ampoule solution as eye and nose drops  
2 to 3 drops  
3-5 times per day.



For coughs associated with allergies use Tartephedreel prescribed according to manufacturer's dosage.

## Notes on Liver & Allergies

Michel Groleau  
pharmacist and homeopath



The liver is a complex organ and its dysfunction can lead to multiple consequences. Most people wrongly believe that hepatic dysfunction is often associated with a "lazy" liver.

In many cases, the liver will show a state of overloading that manifests itself rather by an hepatic hyperfunction.

Electropunctural testing shows this state mainly in people suffering from allergies, cutaneous problems, inflammatory diseases, food intolerance, alternating diarrhea and constipation, hyperacidity, etc...

Most remedies can stimulate a "lazy" liver, however few remedies can help and calm a hyperactive liver. The best remedy I know for this is Hepar compositum. In the most acute cases, you can add Phosphor-Homaccord. "These products are two very precious tools in my practice."

Pharmacist and homeopathic practitioner, Michel Groleau has been teaching Homeopathy and Homotoxicology for many years. He is also in charge of directing case studies and is a member of the Society of Homotoxicology of North America (SOHNA).

Michel is very active at Homéopathie Québec, the first pharmacy in Quebec to be exclusively dedicated to Homeopathy.

# HOMEOPATHIC TREATMENT OF RESPIRATORY AILMENTS

Medicina Biológica, 2000, 13 (4): 100-103  
Michael Weiser, Lutz Gegenheimer

## ABSTRACT

TARTEPHEDREEL is a homeopathic preparation used for the treatment of upper respiratory conditions (bronchitis, bronchial asthma, etc.). This is a practical multicentric study with 634 patients. The object of this study is to determine the efficacy and tolerability of Tartephedreel. Acute conditions such as bronchitis seemed to respond better and more rapidly to exclusive treatment with Tartephedreel compared to chronic conditions like bronchial asthma. Overall, in 96% of cases, tolerability was "very good" or "good."

Respiratory infections can be relieved by phytotherapeutic or homeopathic remedies with mucolytic, antiseptic, and anti-inflammatory properties; these can treat respiratory irritation just as well as prescription drugs. Several studies have revealed that plant-based medicine can treat chronic and acute respiratory ailments such as coughs, asthma, and bronchitis(1-6). One study confirms that homeopathic medicine was more effective than a placebo in the treatment of bronchial asthma (7). Many studies have clearly shown that the administration of steroids can be greatly reduced when treating bronchial asthma with homeopathic composites(8-9).

Respiratory affliction with associated coughs can be treated with several homeopathic remedies of botanical or mineral origin, for example, Drosera, Tartarus stibiatus, Belladonna, Ipecacuanha, Lobelia, Kalium carbonicum, and Arsenum iodatum.

Tartephedreel (manufactured by Heel GmbH, Baden-Baden) is a homeopathic composite available in liquid form (drops). This preparation contains remedies that treat bronchitis, bronchial asthma, cough with difficult expectoration, persistent cough (including in children), bronchial and laryngeal catarrh, as well as dry cough (Table 1).

The objective of this study is to investigate the efficacy and the tolerability of Tartephedreel in daily practice.



**Tartephedreel**® to treat upper respiratory conditions.

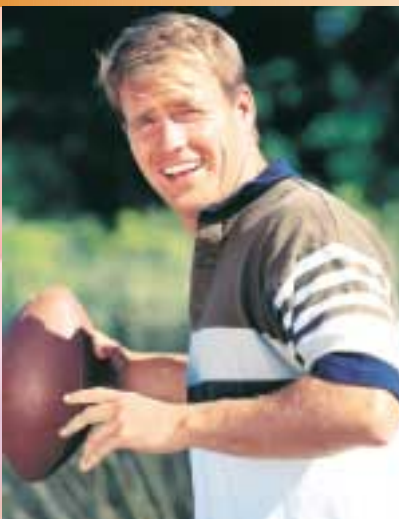


TABLE 1

### COMPOSITION AND INDICATIONS OF THE HOMEOPATHIC COMPONENTS OF TARTEPHEDREEL<sup>®</sup>

HOMEOPATHIC COMPONENT	POTENCY (DILUTION) PER /100g	INDICATION
Anisum stellatum	D3, 5mg	Bronchitis
Arsenum jodatam	D6, 10mg	Rhinitis, bronchitis
Belladonna	D4, 10mg	Tonsillitis, inflammation of respiratory passages with fever
Betonica	D2, 5mg	Cough with catarrh, asthma
Blatta orientalis	D6, 5mg	Bronchitis, asthma
Ephedra vulgaris	D3, 5mg	Spasmodic cough, dyspnea, pulmonary emphysema
Hepatica triloba	D3, 10mg	Pharyngeal catarrh
Ipecacuanha	D4, 5mg	Bronchitis, bronchial asthma, whooping cough
Lobelia inflata	D4, 5mg	Allergic rhinitis, bronchial asthma
Medorrhinum	D8, 5mg	Inflammation of the respiratory passages (with dry painful cough, spasm and bronchial asthma)
Naphthalinum	D6, 5mg	Inflammation of respiratory passages, bronchial asthma, whooping and dry cough (with viscous mucus), pulmonary emphysema
Natrium sulfuricum	D4, 10mg	Bronchial asthma
Quebracho	D5, 10mg	Chronic respiratory afflictions with dyspnea
Tartarus stibiatus	D4, 10mg	Inflammation of lower respiratory passages with circulatory stasis

### METHODOLOGY

Through a standardized questionnaire, 75 practitioners (general practitioners, pediatricians, otolaryngologists, and internists) systematically compiled the data according to demographics and symptomatology (using data from previous visits of the same patient,

following symptoms of concomitant illnesses to establish a sound basis of information based on the therapy at the time. This brought the indications and the tolerability of the product into focus.) The second part evaluated the medicine on a global scale based on the ther-

apeutic action of the product. This was obtained from a scale (very good, good, satisfactory, no change, exacerbation). The tolerability scale read: excellent, good, satisfactory, bad. The maximum study time per patient was 4 months.

## RESULTS

A total of 634 patients were studied. (56% women, 20% children under 12, and 32% adults between 31-50.)

The principal applications of Tartephedreel include bronchitis 45%, cough with difficult expectoration 16%, bronchial asthma 13%, bronchial catarrh 10%, laryngeal catarrh 8%. Other indications include persistent cough in children, whooping cough, and chronic irritation of the upper respiratory tract. Many associated conditions and secondary symptoms of bronchitis are effectively treated with Tartephedreel. Within the symptomatology of bronchitis for example, we must first determine whether the irritation or

cough is caused by catarrhal obstruction, and secondly determine whether it is of an asthmatic nature or of a spasmodic nature. In the majority of cases, bronchitis is the result of a viral or a bacterial infection, such as from secondary reaction to a cold or flu, or from smoking cigarettes. In addition, Tartephedreel can treat irritated regions of the respiratory tract and the consequences of bronchitis such as tracheitis, laryngitis, sinusitis, and associated rhinitis.

Depending on the indication, the treatment was evaluated according to the overall gravity of the condition. 71-93% of cases were general and of medium severity; 7-20% were mild conditions, and 10-18%



of cases were severe. The frequency of symptoms was relatively equal. The dominant symptoms were irritative cough, dry cough, fever, dyspnea, pain in the thorax and chest. Patients had been previously treated with conventional medicine such as expectorants, antitussives, spasmolytics, antibiotics, bronchodilators, steroids, and sinus medications.

## TREATMENT

Heel GmbH recommends that Tartephedreel be given at a dose of 10 drops three times per day (for acute infections, start with 10 drops every 15 minutes). In the majority of cases, Tartephedreel was given in this dosage regardless of the individual condition or of the presence of other medication. In general, treatment lasted between 2 - 4 weeks; a percentage variance on this interval occurred in 44% of cases of bronchial asthma and bronchial catarrh, and an 89% variance for persistent cough. Longer treatment was typical of bronchial asthma (33%) and in

children with persistent coughs, whooping cough, and scrofulus (30%).

In 50% of all cases (including 37% of bronchial asthma and 57% of dry cough) Tartephedreel was the sole medication given in therapy. The rest of the cases included conventional medications such as antitussives, expectorants, antispasmodics, anti-asthmatics, antibiotics, other homeopathic preparations, anti-flu medications, immune-stimulants, and sinus medications. Inhalation therapy was used in persistent coughs and

laryngeal catarrh, especially in children with scrofulus. Other homeopathic medications used in conjunction with Tartephedreel included Bronchalis-Heel, Droper-teel, Drosera-Homaccord, Husteel, and Mucosa compositum.

Apart from the one exceptional case of a patient experiencing stomach pain and dizziness 2 days after treatment, the overall tolerability of Tartephedreel was very good and good in 96% of cases. No interaction with other preparations or prescription drugs was noticed.

## TOLERABILITY

Within the total group of 634 patients, 88% of cases responded “very good” and “good,” (this evaluation is based on the preparation, Tartephedreel). With respect to the individual groups based on indication (why the product was given), the values oscillated between 70 and 90% for positive therapeutic results. 3% of cases did not respond to treatment (or had no therapeutic value). There were no cases of aggravation or exacerbation of symptoms in the total group. From this data we can affirm that Tartephedreel is a preparation of choice and can be given as sole medicine in the aforementioned cases.

## CONCLUSION

The results of this study confirm that Tartephedreel is a safe and effective preparation for conditions of the upper respiratory tract; as much for the sole treatment, as for adjuvant treatment with other preparations, drugs, or therapies. In the majority of cases, tolerability of the product was “very good” or “good.” In 634 patients and 50,000 days of treatment, there was only one case without results (“no change”). 90% of cases proved an efficacy of “very good” or “good.” In general, symptoms subsided the first day of administration or during the first week of treatment.

50% of the documented cases used Tartephedreel exclusively as the treatment of choice. There was no difference in the case indications for using Tartephedreel exclusively or not. As a sole mode of therapy for those symptoms of respiratory conditions listed, Tartephedreel was rated an efficacious treatment.

## REFERENCES

- 1 Hecker M. Wirksamkeit und Vertraglichkeit von Efeuextrakt bei Patienten mit Atemwegserkrankungen. *NaturalMed.* 1999, 14,2:28-33.
- 2 Frater-Schroder M. Wirksamkeit und Vertraglichkeit von Bronchosan. *Schweiz Zschr GanzheitsMedizin.* 1995, 1:34-38.
- 3 Dame L, Schuster R. Unckaloabo - eine phytotherapeutische Alternative bei akuter Bronchitis im Kindesalter? *Arztezeitschrift fur Naturheilverfahren.* 1996, 37, 3:216-222.
- 4 Ernst E, Marz R, Sieder Ch. A controlled multicenter study of herbal versus synthetic secretolytic drugs for acute bronchitis. *Phytomedicine.* 1997, 4, 4:287-293.
- 5 Vestweber AM, Neve Wege zur Therapie der Bronchitis. *Erfahrungsheilkunde.* 1995, 7:453-456.
- 6 Diefenbach E et al. Erkrankungen der Atemwege. *ZfA.* 1997, 73, Heft 5-6.
- 7 Reilly DT, et al. Is evidence for homeopathy reproducible? *Lancet.* 1994, 344:1601-1606.
- 8 Matusiewicz R, Wasniewaki J, Sterna-Bazanska A, Hulsberg M. Behandlung des chronischen Asthma bronchiale mit einem homoopathischen Koplexmittel. *Erfahrungsheilkunde.* 1999, 6:367-374.
- 9 Matusiewicz R, Traumeel S an der Behandlungulung von kortikoidabhangigem Bronchialasthma. *Biologische Medizin.* 1996, 3:107-112.

Correspondence: Dr. Michael Weiser  
Gleisslestrabe 34 D77815 Buhl Germany



# DETOXIFICATION

Homotoxicology makes use of specific "Detoxifying remedies" to induce the excretion of toxins. These remedies are different from others used to repair damage from toxins. Conveniently, Heel manufactures certain remedies in liquid form which specifically support clinical detoxification. Such "excretion-phase" remedies can be valuable when used in a

cleansing program for prevention or maintenance. Heel Canada has put three of these remedies in a DETOX KIT. These remedies can be used alone or in concert with other, more specific composites or Homaccords, or as adjuvant therapy to clinical detoxification programs.

## The preparations are:

- BERBERIS-HOMACCORD
- LYPHOSOT / LYMPHOMYOSOT
- NUX VOMICA-HOMACCORD

These three preparations can be rated as stronger than other over-the-counter type preparations in their effectiveness and may produce a notable reaction. But there is no need to purge, fast, or follow a special diet while following this program. These three preparations were formulated to work at the



level of the major detoxification organs of the body. For example:

### BERBERIS-HOMACCORD

Berberis acts mainly on the urinary system. As with all antihomotoxic remedies, it reaches into other systems that are involved in the detoxification process. Berberis is indicated for overloading of the excretory organs; especially the liver, kidneys, and skin.

The following chart offers a profile which encompasses the different detoxification systems and their symptom portraits. Any combination of symptoms from the right side of the chart indicates the use of the remedy featured at the top.

#### BERBERIS DETOX PROFILE

SYSTEM	SYMPTOM PORTRAIT	
URINARY	<ul style="list-style-type: none"> <li>• renal pain and colic</li> <li>• stabbing pain in ureters (extending to testes in men)</li> <li>• tenesmus of bladder</li> </ul>	<ul style="list-style-type: none"> <li>• renal calculi</li> <li>• pyelitis</li> <li>• cystitis</li> </ul>
UROGENITAL	<ul style="list-style-type: none"> <li>• pain in lower abdomen and pelvis (symptoms of bladder infection with or without bacterial invasion)</li> <li>• leucorrhea</li> <li>• dysmenorrhea</li> <li>• poor urination (straining especially before menses)</li> </ul>	<ul style="list-style-type: none"> <li>• pain in sacrum and rheumatic-type stiffness before menses</li> <li>• varicose veins and swelling of legs especially before menses</li> <li>• exhaustion, irritability, and symptoms of PMS</li> </ul>
DIGESTIVE (berberis acts mainly at the level of the liver)	<ul style="list-style-type: none"> <li>• bile related disorders (adjusts function and flow)</li> <li>• clears alkaloids, and their breakdown products, as well as purines</li> <li>• gout (use only at intermediary treatment level, not in the beginning of treatment)</li> </ul>	<ul style="list-style-type: none"> <li>• pain in lower right abdomen</li> <li>• cholangitis</li> <li>• hemorrhoids, itchy and burning sensation in the anus</li> </ul>
LYMPHATIC (especially adrenal glands)	<ul style="list-style-type: none"> <li>• bluish circles under and/or around eyes</li> <li>• exhaustion, prostration, depression</li> <li>• full-headed feeling</li> <li>• flushed face</li> </ul>	<ul style="list-style-type: none"> <li>• dermatoses: pimples, vesicles, hot spots, red itchy vesicles, desquamation</li> <li>• bloated body form from meat-based diet</li> <li>• gout</li> <li>• rheumatism</li> </ul>

**NUX VOMICA-HOMACCORD**

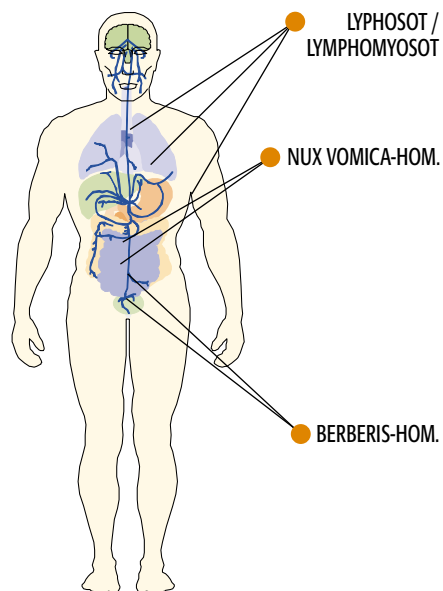
Nux vomica is the homeopathic remedy for detoxification via the digestive system. It is highly effective for cleansing toxins from the breakdown of drugs and alcohol, as well as from a poor diet. It reaches the urinary tract organs by repairing damage done by toxin elimination and provides organic support during a detoxification program.

**LYPHOSOT / LYMPHOMYOSOT**

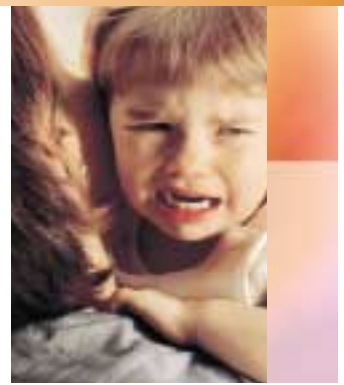
This is a composite of homeopathic ingredients prepared by Heel, specifically formulated to drain the lymphatic system. It is precise in its action on the lymphatic system and efficacious at inducing the flow and excretion of toxins from the lymphatic tissue. Its action stretches to the circulatory system, making it a useful addition to protocols for cardiac insufficiency and renal edema.

NUX VOMICA-HOMACCORD DETOX PROFILE	
SYSTEM	SYMPTOM PORTRAIT
DIGESTIVE	<ul style="list-style-type: none"> <li>• food toxins as in allergies and intolerance to certain foods or overuse of stimulants such as nicotine, caffeine, etc.</li> <li>• inflammation of the digestive tract, with impaired circulation</li> <li>• headache (migraine from alcohol for example)</li> <li>• nausea</li> <li>• insomnia</li> <li>• heartburn</li> <li>• eructations</li> <li>• palpitations (from allergy to food or drugs)</li> <li>• pale complexion with clammy hands</li> <li>• rheumatism (from poor diet or alcohol, drug or coffee abuse)</li> <li>• ulcers on tongue</li> <li>• stomatitis with vesicles</li> <li>• tenesmus and hemorrhoids</li> <li>• congestion in the head, usually accompanied by constipation</li> <li>• gingivitis</li> <li>• bloating, flatulence</li> </ul>
URINARY	<ul style="list-style-type: none"> <li>• tenesmus of the bladder</li> <li>• kidney pain and colic</li> <li>• cystitis</li> <li>• pain and "pulling-sensation" in lower abdomen, especially before menses in women</li> <li>• chills</li> <li>• sleeplessness</li> <li>• fatigue</li> <li>• anxiety</li> <li>• heavy legs</li> </ul>

LYPHOSOT / LYMPHOMYOSOT DETOX PROFILE	
SYSTEM	SYMPTOM PORTRAIT
LYMPHATIC	<ul style="list-style-type: none"> <li>• secondary reactions of lymphatic edema such as neurodermatitis</li> <li>• excessive or nocturnal sweating</li> <li>• hot flushes</li> <li>• pruritis</li> <li>• amenorrhea</li> <li>• painful micturition</li> <li>• rhinitis</li> <li>• bronchitis</li> <li>• neoplasms</li> </ul>
CIRCULATORY	<ul style="list-style-type: none"> <li>• cardiac insufficiency</li> <li>• pulmonary stenosis</li> <li>• pulmonary edema</li> <li>• swelling of legs and heavy feeling in legs</li> <li>• high blood pressure and headache from cardiac congestion</li> </ul>



This protocol profile was prepared by Jo Serrentino, adapted from her courses on clinical ecology.



# ACUTE AND RECURRING STOMACH ACHES IN CHILDREN

BM NO. 6/2000, PAGES 305 - 308

Acute stomach pains are the reaction to acute, inflammatory, intra-abdominal or extra-abdominal processes or mechanical damage to the intestinal passage or to urine transport. Chronically recurring pains can occur as a result of functional or organic disorders as well as chronic inflammations, but also with negative organ findings.

**Table 1 Possibilities of acute stomach pains in childhood**

Illness	Beginning	Localization	Quality	Age	Therapy
Pancreatitis Bowel obstruction, volvulus	Acute Acute	Epigastrium, back Navel region, lower abdomen	Constant, intense Alternating episodes with free interval	Schoolchildren New-borns, infants	Painkillers OP*
Appendicitis Invagination	Acute Acute	Navel, right underbelly Navel, lower abdomen	Intense, Constant Convulsive, free intervals in between	10 - 15 years 3rd - 11th month of life	OP KM enema** OP
Kidney stone	Sudden	Back, on one side	Colicky, intermittent	Schoolchildren (5/100,000)	Spasmolyticum
Urinary tract infection	Sudden	Back	Dull or piercing	5 - 12 years	Antibiosis

An exclusion diagnosis requires great care. This includes a precise case history through the mother, a physical examination including the ears and the pharynx. An abdominal sonography is also obligatory, X-ray diagnosis is sometimes required. For in all forms of abdominal pain, the aim of the diagnosis procedures is to decide if a surgical intervention is necessary or if symptomatic therapy is sufficient. Conventional therapy in cases of recurring complaints consists of symptomatic procedures for alleviating pain. Antihomotoxic auxiliary therapy is possible in most cases.

**Table 2 Diagnosis criteria for idiopathic stomach pain**

- Minimum age 3 years
- Length of illness at least 3 months
- Frequency of at least 3 pain episodes in the case history
- Paroxysmal pain intensity
- No identifiable somatic cause, negative organ findings

Antihomotoxic auxiliary therapy is possible and sensible in many cases. The following tables show indications and standard doses of antihomotoxic preparations and appropriate doses for children:

Indication	Antihomotoxic preparation	Standard daily dose
Appendicitis subacuta/chronica	Nux vomica-Homaccord Mercurius-Heel S	10 drops 3 times 1 tablet 3 times
Stomach pains, diffuse functional	Veratrum-Homaccord Nux vomica-Homaccord	10 drops 3 times 10 drops 3 times
Colitis mucosa	Podophyllum compositum Diarrheel S / Areel Cinnamomum-Homaccord N	10 drops 3 times 1 tablet 3 times 10 drops 3 times
during bleeding		
Intestinal colics	Nux vomica-Homaccord Spascupreel	10 drops 3 times 1 tablet 3 times
Meteorism	Gastricumeel / Astringumeel Nux vomica-Homaccord Leptandra compositum	1 tablet 3 times 10 drops 3 times 10 drops 3 times
Pancreatitis (supporting)	Leptandra compositum Ceanothus-Homaccord Chelidonium-Homaccord	10 drops 3 times 10 drops 3 times 10 drops 3 times
Ulcus duodeni/ventriculi (adjuvant)	Duodenoheel Gastricumeel / Astringumeel	1 tablet 3 times 1 tablet 3 times



Pediatricians, GP

Note: if you wish to receive the complete medical abstracts:

In Canada : (514) 353-4335  
or toll free: 1-888-879-4335

In USA: (505) 293-3843  
or toll free: 1-800-621-7644

Other: (+49) 72-21-59-14-51

Please note that some abstracts are not available in English.

Age group	Drop and tablet preparations	Ampoule preparations
0 - 3 years	1/3 of the adult dose	Approx. 0.3 ml
4 - 6 years	1/2 of the adult dose	Approx. 0.5 ml
7 - 11 years	2/3 of the adult dose	Approx. 0.6 ml

\*OP: operation

\*\*KM enema: enema with a contrast medium

## ISOFLAVANOIDS AS ESTROGENIC AGENTS

Isoflavonoids are plant pigments which are used as estrogenic agents; in this case they are referred to as phytoestrogens. Phytoestrogens are similar to the new generation of hormone replacement drugs. Phytoestrogens have essentially the same molecular structure as a synthetic estrogen without the steroid core. The lack of this core makes the breakdown products of the phytoestrogen less toxic as compared to synthetic hormones, and also bypasses many of the side effects associated with hormone therapy because of the softer action of the molecule. In chemistry, molecular structure determines agonistic or antagonistic behavior. In the case of phytoestrogens, this affects the binding of estrogen receptors. The ideal way to regulate hormones is to cause the endogenous estrogen to bind with proteins and become active and tissue-specific rather than to inject a hormone cocktail into the bloodstream. With phytoestrogens, the increase in blood levels is effective only when the elements (in this case, estrogen) are active. Estrogen becomes active through binding and this in part accounts for the differences between some plant estrogens: some just float in the bloodstream while others

bind and become active. Research and clinical trials clearly show that selective estrogen receptor modulators (SERMs) are more efficacious at treating estrogen deficiency than is free-floating estrogen. SERMs are estrogen modulators which work to activate (agonist) or repress (antagonist) estrogen receptors. Once the estrogen (agonist or antagonist) binds to its receptor, dimerization occurs and creates a receptor-ligand complex which is capable of binding to adaptor proteins. This reaction represses or activates estrogen receptors and can have an effect on different tissues.

Antihomotoxic remedies can enhance the nature of phytoestrogens; tissue specificity becomes more pronounced when antihomotoxic protocols are introduced. The following are a few protocols using Heel antihomotoxic remedies with a natural estrogen such as Phyto Soya®, manufactured by Arkopharma Pharmaceutical Laboratories.

Combining antihomotoxic preparations with phytoestrogens will improve tissue targeting, enhance hormonal profile, and facilitate hormone manipulation.

### 5

## Heel preparations in gynecology

For conditions associated with uterine and ovarian function, **ALVIUMEEL** may be used. For example, for irregular menses, chronic vaginal dryness, or hyperplasia. During the 1<sup>st</sup> week: 2-3 vials Alviumeel s.c., i.v., or orally. During the 2<sup>nd</sup> week 1-2 vials s.c., i.v., or orally. In the 3<sup>rd</sup> week: 1 vial s.c., i.v., or orally.

To modulate hormone activity of ovaries and hypothalamus in association with phytoestrogens, **HORMEEL/ORMEEL** may be used. It can shorten chemical reactions involved in estrogen binding, leaving fewer toxic by-products. Use phytoestrogens along with 1 vial of Hormeel/Ormeel 3 times per week for 3 weeks s.c., i.v., or orally.

For rheumatic/arthritis type pain during and before menses, for cold flushes and sweats, and for circulatory problems, **CIMICIFUGA-HOMACCORD** may be used. As an adjuvant therapy with phytoestrogens, 1 vial per day for one week then 1 vial 3 times per week for 3 weeks.

For back pain from liver congestion, pain in sacrum, or to regulate hormones during estrogen replacement, **COLOCYNTIS-HOMACCORD** may be used. 1 vial twice a week with a maintenance dose of phytoestrogens.

For secondary symptoms of PMS and menopause such as arthritic complaints, cramps and swelling, hot flushes, bloating, and irritation of urogenital tissue, **TRAUMEEL** may be used. Use 1 vial daily i.v., s.c., or orally for one week. Maintain with 1 vial 3 times per week for one month. This protocol is especially useful with estrogen replacement therapy, particularly with SERMs like Phyto Soya®.



These protocols were presented during Jo Serrentino's conference series entitled Phytoestrogens and Menopause.

# Traumeel®

a safe and effective alternative to NSAIDs



## SAFE AND EFFECTIVE FOR :

- Arthritis pain
- Back aches
- Burns
- Bruises
- Gingival diseases
- Inflammation
- Pre- and post-operative treatment
- Sports injuries (sprains, backaches, muscle aches)

## OVER 30 YEARS OF WORLDWIDE THERAPEUTIC USE BY :

- |                         |                      |
|-------------------------|----------------------|
| • Chiropractors         | • Naturopaths        |
| • Dental surgeons       | • Pediatricians      |
| • General practitioners | • Plastic surgeons   |
| • Homeopaths            | • Sport doctors      |
| • Massage therapists    | • Veterinary doctors |

**-Heel®**

Traumeel®