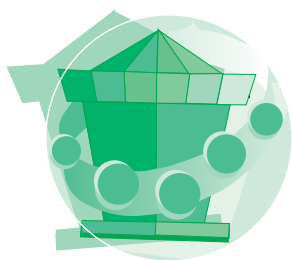


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Spring 2002

JOURNAL OF BIOMEDICAL THERAPY



Integrating
Homotoxicology
and Mainstream
Medicine

Homotoxicology against cancer

Veterinary column

Preparing to give birth

Induced stomatitis with a
homeopathic complex;
Homotoxicology and cancer

Official publication of SOHNA

* Arch. Otolaryngol. Head Neck Surg. 1998; 124; 879-885.
Reprinted by the American Medical Association.

Allergies

THE POWER TO FIGHT OFF ALLERGIES...

Luffeel's (Luffa comp. -Heel) efficacy in the treatment of Seasonal Allergic Rhinitis was confirmed in a study comparing it to a Nasal Spray with Cromolyn Sodium. Hence, the conclusion of this study was that, for the treatment of hay fever, the homeopathic nasal spray is as efficient and well tolerated as the conventional therapy with Cromolyn Sodium.¹⁾

Luffeel (Luffa comp. -Heel) contains mainly Luffa operculata, Galphimia glauca, Histaminum and Sulphur.

Luffeel (Luffa comp. -Heel) is indicated in the treatment of allergic reactions of the respiratory system such as hay fever.

Luffeel (Luffa comp. -Heel) is a complete remedy which can be used for prevention; alone or in conjunction with other remedies such as Psorinoheel/Sorinoheel and Hepar compositum.

1) Dr. S. Karger.- A Randomized Equivalence Trial Comparing the Efficacy and Safety of Luffa comp.-Heel Nasal Spray with Cromolyn Sodium Spray in the treatment of Seasonal Allergic Rhinitis.-Research in Complementary Medicine, June 1999.



JOURNAL OF BIOMEDICAL THERAPY

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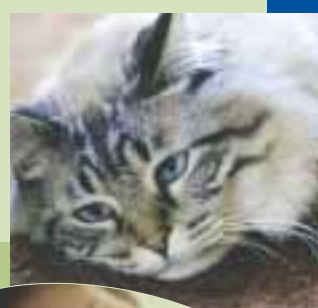
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The intention of the Journal of Biomedical Therapy is to inspire practitioners who wish to evolve their holistic practice. The purpose is to share information about successful protocols from orthodox and complementary practitioners. The intent of the information contained in this journal is not to "dispense recipes", but to encourage learning about complementary therapies. It is the practitioners responsibility to take this information in stride and, if they so choose to apply it to their practice, to do so within the spectrum of their knowledge and experience with integrity and competence, and within the scope of their practice. We encourage our readers to share their complementary therapies, as the purpose of the Journal of Biomedical Therapy is to join together like-minded practitioners from around the globe.

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ANTIHOMOTOXIC REMEDIES

have a WIDE SAFETY MARGIN...

Because antihomotoxic remedies are energy-loaded remedies, they carry little molecular quality. This property facilitates their use in orthodox practice because the physician does not have to worry about antagonistic reactions as with herbals, which rely on blood concentration levels of the plants' active principles to function.

In homotoxicology, the remedies work towards restoring global homeostasis. Because of the nature of antihomotoxic products, the physician can treat the patient's toxic terrain, in some cases even with other medical modalities such as orthodox treatments, chemotherapy, and surgery. Antihomotoxic remedies are composite homeopathic preparations which group

several dilutions in one remedy, permitting the physician to treat organ function, as well as biochemical and metabolic processes simultaneously.

Antihomotoxic remedies activate biological processes that are in tune with the body. By avoiding a chemical accumulation often seen with a combination of drugs leading to toxicity and entropy, treatment possibilities are expanded and the scope of healing is widened.

In their detoxifying capacity, antihomotoxic remedies tend to neutralize toxins, giving them further safety in use. Normal body processes are neutralized, such as the release of the body's combustion products, which are toxins.

PRE- & POST-SURGICAL APPLICATIONS OF ANTIHOMOTOXIC REMEDIES

Because of the great safety of antihomotoxic remedies, many practitioners are now using them to prepare their patients for surgical interventions, to reduce recovery time, and to help the body deal with anesthesia and other toxic components that might be used in orthodox practice. The following provide a few suggestions for pre- and post-surgical applications.

TRAUMEEL is a staple in the practice of homotoxicology. **TRAUMEEL** can be used pre- and post-surgically to minimize edema associated with trauma and with healing, without suppressing the inflammatory process or the associated immune response. In this regard, it usually minimizes bleeding and considerably reduces recovery time of patients. Pre-treatment with **TRAUMEEL** needs only start 5 days before surgery. **GALIUM-HEEL** can be added to the protocol to influence the detoxifying processes of the body.

Post-surgically, **TRAUMEEL** is a bonus remedy as it enhances anti-inflammatory capacities of the body and pain management.

A post-surgical protocol is usually given for 10 days to two weeks. Its aim is to detoxify the patient and help drain toxins. Most practitioners who use this type of protocol use **TRAUMEEL**, **LYMPHOMYOSOT / LYPHOSOT** and **GALIUM-HEEL** to detoxify and eliminate the toxins associated with anesthesia and the inflammatory process.

GENERAL PRE-SURGICAL PROTOCOL:

TRAUMEEL: 1 drinkable ampule daily for 5 days in a row before the scheduled surgery.

POST-SURGICAL PROTOCOL:

1 ampule TRAUMEEL + 1 ampule GALIUM-HEEL + 1 ampule LYMPHOMYOSOT / LYPHOSOT: Orally 3 times per week for 2-3 weeks.

If there is acute and sustained inflammation, prescribe **TRAUMEEL** tablets after the ampules, at the rate of 1 tablet 2-3 times daily for 3 weeks.

PREPARING TO GIVE BIRTH

Prescribing homeopathic remedies in the last stages of pregnancy can actually be comforting to your patients. Women are often nervous about labor, especially when it is their first child; afraid of the pain and of the consequences of pain. A protocol to prepare the body for giving birth is a powerful tool for most mothers-to-be.



FOR PAIN AND FEAR

ACONITUM-INJEEL S: 1 drinkable ampule per day starting 3 days before due date or after water breaks, or on the way to the hospital.

We are privileged to have Dr. Bianchi's protocols for preparing for birth. Dr. Bianchi is a leading expert in the field of clinical homotoxicology, having pioneered its use in conventional practice. Dr. Bianchi runs several clinics in Italy where homotoxicology is a major part of his general practice. The following are protocols that Dr. Bianchi has used in practice for nearly a decade.

TRAUMEEL: For vascular tissue protection → 5-6 tablets daily, for 1-2 weeks before delivery and for 2 weeks after delivery.

UBICHINON+COENZYME / UBICOENZYME: For its activity on vascular structures and related tissues → 15 drops morning and night, for one month before and after delivery.

CIMICIFUGA-HOMACCORD: For the nervous and skeletal systems. It is also an important remedy to prevent and to treat post-partum depression, as well as the spine problems often occurring after delivery → 15 drops twice a day, 2 weeks before delivery and for one month after delivery.

SUGGESTIONS FOR INFANTS

Homotoxicology can be beneficial to infants. Many practitioners don't hesitate to use homeopathic remedies on young children, but infants are often overlooked, often because physicians need specific dosages.

Heel antihomotoxic products are beneficial for newborns.

- Because they are composite preparations, they work gently on the infant's body.
- Because some baby products come in the form of a suppository, which is very convenient for dosage and treatment.

The following protocols cover a few of the most common ailments seen in newborns.

CRADLE CAP

VIOLA TRICOLOR-INJEEL: 2-3 drops once a day for a week, then 2-3 times a week until eruptions completely disappear.

+

CALCIUM CARBONICUM-INJEEL: 2-3 drops daily in formula. Give at the same time as **VIOLA TRICOLOR-INJEEL** for the treatment phase, then for maintenance for 8-16 weeks.

or

PSORINOHEEL/SORINOHEEL: 2 drops morning and night for one month.

If the seborrhea is a weeping variety, add **HEPAR SULFURIS INJEEL** at the rate of: 1 drop once a day for 3-5 days in a row then twice a week for 2 weeks.



These are mild protocols with infrequent dosing. The younger the patient, the softer the therapy should be, which means that frequent administration is not necessary. In fact, the above protocol can be given on an “as needed basis,” or the physician can adjust the frequency of administration to the baby’s needs and to the mother’s constitution. For infants, the drinkable saline-based ampules are favored over the alcohol-containing drops.

Tip:

Apply remedies directly to the mucous membranes with any plastic pipette.

Remedies can also be placed directly in the bottle of the formula. Add the remedies just before serving the baby’s formula and discard leftover formula. Always give remedies in a fresh batch of formula.

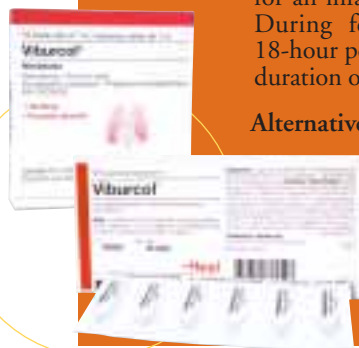
The main remedy here for infants is **VIBURCOL**. Overall, this remedy applies to agitation, and we know agitation in newborns comes from physical discomfort of conditions like colic, fever, or distress of some kind, whether emotional or environmental.

Available as suppositories or saline-based monodoses*, **VIBURCOL** is a must to have in your pediatric kit. Its unique formula combining *Chamomilla*, *Belladonna*, *Dulcamara*, *Plantago*, *Pulsatilla*, and *Calcarea carbonica* is the perfect combination for agitation due to otitis, colic, teething, or insomnia, and the accompanying fever associated with most of these conditions.

VIBURCOL: the recommended dosage for the suppositories: one suppository daily is usually sufficient for an infant, as the remedy is delivered in a fragmented way through the suppository. During fever for example, the suppository can be introduced once during a 18-hour period. Otherwise, for treatment purposes, one suppository 3 times a week. The duration of the protocol will depend on the condition, but can continue for 1 to 3 weeks.

Alternatively: The monodoses* can be given on an as-needed basis (follow age-related dosage on the packaging). The monodoses hold a half milliliter of solution that can be easily squeezed onto the baby’s tongue. You can also instruct parents to squeeze a drop or two onto their finger and introduce it to the inside of the baby’s cheek. For acute conditions, the latter method can be applied every 15 minutes to half an hour until the baby is comfortable.

* Not available in all countries



WHEN COLIC OCCURS IN TRANSIT

When colic only occurs in transit, then it is most likely that your baby is “car sick.” **COCCULUS-HOMACCORD** can remedy this situation in most cases.

CAR SICKNESS

1 drop of **COCCULUS-HOMACCORD** (ampule) 15 minutes to a half hour before leaving. During long trips one drop can be repeated every hour or two. No more than 6 or 7 drops should be given to an infant per day.

An alternative way to administer a car sickness remedy is to put 2 drops of **COCCULUS-HOMACCORD** in 125 ml of baby formula and use this formula *ad lib* on the trip. Unused formula should be discarded after 4-6 hours.

OTITIS

TRAUMEEL quickly relieves the pain and heat from otitis. Traumeel eardrops/Oteel/BHI Pure Eardrops* are easy to administer; just squeeze half the contents of the doser into each ear. Otherwise Traumeel ampules may be used (1-2 drops per ear).

It is recommended to give **VIBURCOL** suppositories or monodoses* at the same time to quell the fever and agitation associated with otitis. Often warning symptoms occur a day or so before onset of otitis, in the form of hot flushed face and agitation. **VIBURCOL** can be given at the first sign of these symptoms.

FOR EXTRA SOOTHING: Traumeel ointment can be applied to the base of the infant’s ear to provide direct pain-killing action, and a soothing anti-inflammatory film. Apply a thin layer of ointment every half hour during the acute phase.

*Not available in all countries

HOMEOPATHIC THERAPY OF GYNECOLOGICAL DISORDERS

Dr. Valérie Reus, Michael Weiser • Reprinted from *Biologische Medizin* • Vol. 28, No. 5, 1999, pp. 233-236

ABSTRACT

This multicentric prospective study systematically investigated usage indications, dosages, therapeutic efficacy, and tolerance of **Hormeel S** (drops). A total of 345 cases of treatment were documented by 41 physicians. The most frequent reasons for prescribing **Hormeel S** were premenstrual syndrome and menopausal symptoms. **Hormeel S** was reliably effective and well tolerated not only in combination with other forms of therapy but also when used alone.

Keywords: Hormeel S, menopausal symptoms, premenstrual syndrome.

INTRODUCTION

Hormonal dysfunctions are among the most frequent ailments of women of reproductive age. Premenstrual syndrome is most prominent in women in their twenties or older, while dysmenorrhea is observed primarily in very young women⁹. Delayed or skipped ovulation due to hormonal disturbances is also one of the most frequent causes of infertility in couples who have been attempting to conceive for years⁷. The menstrual cycle, however, is not exclusively hormonally regulated but is also linked to complex CNS functions. Therefore, menstrual disorders can also be either triggered or masked by psychological factors⁹.

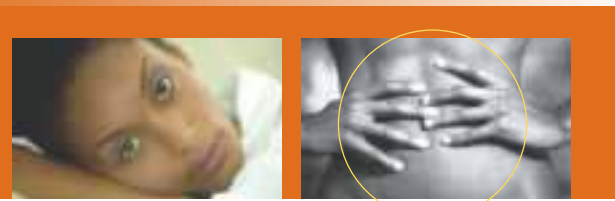
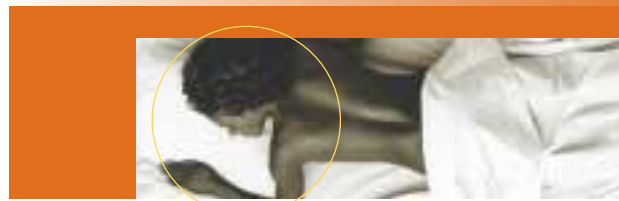
Because of the possibility of undesirable side effects, hormone substitution is not always the optimal solution to such problems¹. Thus many women today are refusing hormone treatment and looking for therapeutic alternatives that are both better tolerated and convincingly effective. In comparison to hormone substitution therapy, both phytotherapy^{11,11} and homeopathic remedies² have proved quite effective in treating functional menstrual disorders and female infertility. Gerhard *et al.* demonstrated the success of both individually

selected homeopathic single remedies and homeopathic combination remedies (such as **Hormeel S**) in treating hormonal dysfunctions and fertility disorders^{6,8}. The advantages of homeopathic therapy over hormone substitution include better tolerance and the absence of multiple pregnancies or ovarian cyst formation^{6,8}.

As is to be expected from the drug pictures of its components (Table 1), the homeopathic combination remedy **Hormeel S** (manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden/Germany) has been used successfully for more than thirty years in treating hormonal dysfunctions (especially disorders of the menstrual cycle and related symptoms such as painful menstruation and menopausal complaints) and as an adjuvant therapy in female infertility. Although **Hormeel S** is commercially available in two forms - drops and injectable solution - only the oral form was considered in this prospective study, whose purpose was to gather information on the usage indications, dosages, efficacy, and tolerance of **Hormeel S**.

INGREDIENT	DRUG PICTURES / INDICATIONS OF INGREDIENTS
Acidum nitricum D4 (nitric acid)	Inflammation of the skin and mucous membranes, (including urethra and vulva); skin tends to crack. Ulcerations. Benign and malignant growths. Diseases involving weight loss. Depressive moods.
Aquilegia vulgaris D4 (columbine)	Sleep disorders with nervousness. Also dysmenorrhea, functional amenorrhea.
Calcium carbonicum Hahnemanni D8 (inner white portion of oyster shell)	Disorders of calcium metabolism. Chronic diseases of the mucous membranes. Proliferative processes of the mucous membranes.
Cyclamen D4 (alpine violet)	Headaches. Menstrual disorders. Depressive moods.
Cypripedium pubescens D8 (lady-slipper)	Sleeplessness (especially in over-stressed women).
Erigeron canadensis D3 (fleabane)	Uterine hemorrhage (menorrhagia, metrorrhagia).
Ignatia D6 (St. Ignatius’s bean)	Nervous disorders. Depressive moods. Cramps in the hollow organs and muscles.
Majorana D4 (marjoram)	Heightened sexual arousal and nervous irritability.
Moschus D6 (glandular secretion from the male musk ox)	Nervous disorders such as excitability and fainting.
Nux moschata D6 (nutmeg)	Nervous symptoms in the body. Digestive weakness with flatulence. Perceptual disorders such as mental fogginess. Also emotional lability, hypochondria, hysteria.
Pulsatilla D4 (pasque flower)	Inflammations and disorders of the female genitalia, vaginal inflammation with discharge, menstrual disorders of all types. Disorders of pregnancy and lactation. Headaches. Sleep disturbances, psychological disorders. Nervous disorders, depressive moods.
Senecio fuchsii D6 (groundsel, ragwort)	Bleeding or hemorrhage. Also irregular menses, dysmenorrhea (all symptoms improve after onset of menses).
Sepia D6 (cuttlefish)	Many disorders of the female reproductive organs. Headaches. Sleep disturbances. Exhaustion. Psychological disorders and depressive moods. A general remedy for menopausal symptoms.
Thlaspi bursa-pastoris D3 (penny cress)	Bleeding from the uterus or mucous membranes.
Viburnum opulus D3 (guelder rose)	Painful menstrual bleeding.

Table 1: Ingredients of Hormeel S and selected aspects of their drug pictures.



METHODS

Data on the patients' medical histories and treatment were recorded on standardized questionnaires. No criteria for inclusion or exclusion were defined, since this preparation-specific prospective study was intended to observe the entire spectrum of usage of Hormeel S (Table 2). Dosages, duration of treatment, and the option of implementing a concomitant therapy were left up to the attending physicians, who were required to record all data relevant to treatment on the questionnaires. The physicians evaluated the success of the selected protocols in terms of two criteria:

- a) the point in time when improvement in symptoms was first observed, and
- b) overall assessment of the results of therapy, using a five-point scale ("very good" = complete freedom from symptoms, "good" = significant improvement, "satisfactory" = slight improvement, "no success" = symptoms remained the same, and "worse."

Time frame:	March to October 1995
Place:	Germany and Belgium
Physicians:	41 licensed physicians: 36 general practitioners, 5 gynecologists
Total number of questionnaires sent out:	810
Total returned:	345 (42.6%)
Structure:	prospective
Observation period per patient:	5 months maximum
Criteria for inclusion/exclusion:	none
Documentation:	standardized questionnaires
Number of patients per physician:	minimum 5, maximum 10

Table 2: Parameters of the prospective study.

Upon conclusion of treatment, patient tolerance of Hormeel S was assessed according to the following scale: "excellent," "good," "fair," and "poor." Undesired effects were recorded on a separate questionnaire.

Treatment data for 345 patients were recorded. All of the questionnaires returned to the investigators were suitable for inclusion in the descriptive statistical analysis.

RESULTS

PATIENT DEMOGRAPHICS

All 345 patients were female, with the emphasis in age distribution falling between 31 and 50 years (56%). The most frequent diagnoses listed during case-taking were premenstrual syndrome (PMS) and menopausal symptoms, but many other diagnoses were also reported, including menstrual disorders, ovarian insufficiency, dysmenorrhea, and hormonal dysfunction. The age range within each diagnostic group was typical of that syndrome (Table 3).

Duration of symptoms or illness prior to treatment ranged from several weeks or months to several years. Only 14% of

the patients had been taking prescription medications immediately before being accepted into the study. (Most frequently prescribed were gynecological medications and spasmolytics; other prescriptions included various hormone preparations. Homeopathic remedies played only a minor role prior to the beginning of the prospective study.) Patients' reasons for requesting a change in medication included poor tolerance of the previous medication, lack of success of previous treatment, and the desire for a "natural" form of treatment.

TREATMENT WITH HORMEEL S

The standard dosage recommended by the manufacturer is 10 drops 3 times a day. When treatment began, this standard dosage was prescribed for 60% of the patients, while 30% of patients received 10 drops 2 times a day and 4% received 10 drops once a day. (Other dosages ranged from a minimum of 5 drops 3 times a day to a maximum of 30 drops 3 times a day.) In approximately 95% of cases, the dosage of Hormeel S remained the same throughout the entire observation period.

Because of the nature of their symptoms, the majority of patients were treated with Hormeel S for a longer period of time (1 to 3 months in 75% of cases); the maximum treatment period was 5 months. Approximately 80% (275) of the patients were treated only with Hormeel S. In the remaining cases, additional medications (primarily gynecological preparations and spasmolytics) or non-drug therapies (acupuncture, Kneipp treatments, and physical therapy) were prescribed. There were no significant differences among the diagnostic groups with regard to dosage of Hormeel S, duration of treatment, or implementation of additional therapies.

Age groups	Total (n = 345)	Premenstrual syndrome (n = 147)	Menopausal symptoms (n = 137)	Other (n = 61)
< 21 years	23 (6.7 %)	19 (12.9 %)	-	4 (6.6 %)
21-30 years	60 (17.4 %)	45 (30.6 %)	1 (0.7 %)	14 (23.0 %)
31-40 years	81 (23.5 %)	58 (39.5 %)	1 (0.7 %)	22 (36.1%)
41-50 years	112 (32.5 %)	22 (15.0 %)	77 (56.2 %)	13 (21.2%)
51-60 years	45 (13.9 %)	-*	42 (30.7 %)	1 (1.6%)
61-70 years	16 (4.6 %)	-*	-*	4 (6.6 %)
> 70 years	7 (2.0 %)	-	-*	3 (4.9 %)
no data	1 (0.3 %)	-	1 (0.7 %)	-

*Dropouts for reasons of age

Table 3: Type and frequency of the main reasons for administering Hormeel S; age distribution within these groups.

TOLERANCE

In a total of three cases, undesired effects of the medication were described (restlessness, nervousness, nausea, intensification of pre-existing allergic rhinitis). In all three cases, the attending physicians doubted a causal connection to Hormeel S. In general, this prospective study showed that intolerance reactions are the exception rather than the rule when Hormeel S is administered. This estimation was also confirmed by the participating physicians, who assessed overall tolerance of the preparation as "excellent" in 53% of all cases, "good" in 45%, and "fair" in 1%.

RESULTS OF TREATMENT

There were no marked differences among the various diagnostic groups with regard to the point in time when the therapy began to take effect. In every third patient, the effect was observed within two weeks, in 30% of patients after 2 to 4 weeks of treatment, and in every fourth patient only after 1 to 2 months of treatment.

According to the physicians' overall assessment of the therapy, complete freedom from symptoms was achieved in every fourth patient and clear improvement occurred in 6 out of 10 patients. Therapy was unsuccessful in 3% of the patients. Hormeel S was effective in treating all symptoms recorded. In the two largest diagnostic groups, "very good" and "good" results were achieved in over 80% of patients. 87% (240) of the patients treated only with Hormeel S achieved "very good" to "good" results (Table 4).

		INDICATIONS				
		very good	good	satisfactory	no success	no data
Patients receiving concomitant medication:						
total	(n = 345)	85 (24.6 %)	193 (55.9 %)	56 (16.2 %)	9 (2.6 %)	2 (0.6 %)
premenstrual syndrome	(n = 147)	39 (26.5 %)	84 (57.1 %)	22 (15.0 %)	1 (0.7 %)	1 (0.3 %)
menopausal symptoms	(n = 137)	34 (24.8 %)	79 (57.7 %)	20 (14.6 %)	3 (2.2 %)	1 (0.3 %)
other diagnoses	(n = 61)	12 (19.6 %)	30 (49.2 %)	14 (23.0 %)	5 (8.2 %)	-
Patients not receiving concomitant medication:						
total	(n = 300)	73 (24.3 %)	167 (55.7 %)	49 (16.3 %)	9 (3.0 %)	2 (0.7 %)
premenstrual syndrome	(n = 132)	36 (27.2 %)	76 (57.6 %)	18 (13.6 %)	1 (0.8 %)	1 (0.3 %)
menopausal symptoms	(n = 128)	33 (25.8 %)	71 (55.5 %)	20 (15.6 %)	3 (2.3 %)	1 (0.3 %)
other diagnoses	(n = 40)	4 (10.0 %)	20 (50.0 %)	11 (27.5 %)	5 (12.5 %)	-

Table 4: Treatment results within the various diagnostic groups.

DISCUSSION

With the exception of puberty, menopause is the most profound change ever to occur in a woman's hormonal balance. During this phase, many women are subject to a variety of neurovegetative and neuropsychological symptoms caused by the steep drop in estrogen levels¹². Although substitution therapy with estrogens can indeed alleviate such deficiency symptoms and inhibit pathological processes, administering hormones may be contraindicated if diseases of the liver, gallbladder, or pancreas are present or if the patient is at risk for thrombosis¹².

PMS is characterized by physical and psychological changes varying in intensity from individual to individual. These changes (which may include nervousness, changes in the skin, or hot flashes) appear 7 to 10 days prior to menstruation and disappear when it begins. PMS symptoms are presumably caused by endocrine factors. At present, there is no consensus on how to treat PMS. According to the results of one American study, therapy with progesterone (a hormone

produced by the corpus luteum) relieved PMS symptoms no better than a placebo⁹. Furthermore, many patients are skeptical of hormone therapy and increasingly ask their physicians to suggest alternative methods of treatment.

Hormeel S is a homeopathic remedy whose ingredients allow it to favorably influence a large number of many different gynecological disorders. For example, the component Pulsatilla is used in treating inflammations and functional disorders of the female genitalia, while Ignatia has a positive influence on nervous disorders and moodiness². The homeopathic remedy Sepia is indicated for typical menopausal symptoms such as hot flashes, psychological depression, and irritability¹⁰.

This prospective study demonstrates the use of Hormeel S in treating PMS and menopausal symptoms. In the great majority of the cases monitored in this study, Hormeel S therapy was effective and well tolerated.

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EXPERIMENTAL TREATMENT OF CHEMOTHERAPY - INDUCED STOMATITIS USING A HOMEOPATHIC COMPLEX PREPARATION:

A PRELIMINARY STUDY

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ABSTRACT

Stomatitis, by definition, is any form of inflammation or ulceration of the oral mucosa. The knowledge that chemotherapy often causes stomatitis may prevent the physician from planning such treatment because chemoradiotherapy is both toxic¹ and immunosuppressive². The pain and discomfort accompanying stomatitis can exacerbate the malnutrition due to anorexia or malabsorption. When stomatitis is complicated by a secondary infection, life-threatening sepsis may ensue.

Keywords: Chemotherapy, stomatitis, Traumeel®

INTRODUCTION

In general, the higher the mitotic index for malignant cells, the greater the effect of the cytotoxic agent. This applies not only to cancer cells but also to normal, rapidly-dividing cells, such as bone marrow cells and mucosal cells. Therefore, as in malignant cells, cycle-specific drugs damage the bone marrow and the mucosa. In patients receiving continuous infusions or in those with renal insufficiency, for example, methotrexate can cause severe mucositis. Fluorouracil causes stomatitis when given in high, aggressive doses or when administered via intra-arterial infusion. Other drugs which cause stomatitis are dactinomycin, cytarabine, doxorubicin, daunorubicin, and bleomycin. Stomatitis often develops following the administration of protocols containing TBI (total body irradiation), busulfan, VP16, or thiotepa (Table 1).

As can be expected, the myelosuppressive and stomatogenic effects of many drugs are similar and overlap, and when combined, one drug can augment the adverse side effects of the other. The greatest danger from damage to the oral mucosa and the mucosa lining the alimentary canal is the loss of the mechanical barrier to the entry of bacteria. When combined with granulocytopenia, the absence of this barrier is an important causal factor for suppressed defense mechanisms and malnutrition. Besides causing discomfort, large particles of necrotic mucosa that are exposed to bacterial infection during a bout of granulo-

cytopenia can serve as a *resistentiae-locus minoris*, thereby allowing bacteria and fungi to invade the body and multiply. For example, among patients who are hospitalized for treatment of acute leukemia or chronic leukemia in the blast stage, 33% develop oral infections, with about half caused by *Candida albicans*³, and 15% caused by the herpes simplex virus.⁴

Additionally, 10% of patients with non-hematologic carcinoma and less aggressive treatment reportedly developed oral infections.⁵ Broad-spectrum antibiotic treatment for infection is not without danger because antimicrobial agents also destroy the normal flora, allowing other pathogens to intrude. Systemic fungal infection is one of the main causes of post-bone marrow transplantation morbidity and mortality. Immunosuppressed patients with fungal infections in the mouth or conjunctiva or both, develop systemic infections. Clearly, the risk for developing systemic infections and the accompanying mortality can be decreased by preventing oral infections. Almost 40% of adults and about 90% of children receiving anticancer chemotherapy suffer from mucositis of the oral cavity,^{3,4} with the higher rate in children resulting from the especially intensive chemotherapy in this patient population. Bone marrow suppression alone can exacerbate such chronic oral problems as gingival disease, existing ulcers, and other problems.⁶

STANDARD TREATMENT AND PREVENTION OF STOMATITIS

Stomatitis is still considered a nonpreventable side effect of chemotherapy. Only one drug – folic acid or calcium leucovorin, which was developed to protect normal cells against methotrexate – can help prevent the appearance of mucositis after methotrexate treatment.⁷ The current therapy for stomatitis, practicing extensive oral hygiene to slightly reduce the infections, is only symptomatic. In addition to performing oral hygiene with antiseptic alkaline mouthwash solutions, the local anesthetic drug Xylocaine™ is applied before brushing the teeth or before treating plaque and gingivitis, as well as an antifungal drug like nystatin. Such treatments are simply palliative, how-

ever, easing the severity and the accompanying side effects of the disease without curing it. The localized treatment is short lasting, the tastes of the drugs are extremely disagreeable, and the danger of absorption limits their frequency of application. Such treatment is effective only in mild-to-intermediate cases of stomatitis, at best, whereas intermediate and severe cases require systemic therapy with narcotics.² Indeed, in many cases, the developing stomatitis precludes the administration of planned chemotherapeutic agent regimens and decreases the planned aggressiveness and dosage of the administered drugs.

TRAUMEEL®

The information gained from reading anecdotal reports on the efficacy of standard treatments provided the rationale to perform a limited clinical trial to assess the feasibility of using the complex homeopathic preparation, Traumeel® for treating chemotherapy-induced stomatitis. Traumeel® Oral Liquid in Vials is a nonprescription drug developed in Germany, which has been sold for nearly a half-century in pharmacies in Germany, Austria, and Switzerland. Other dosage forms include oral drops, tablets, ointment, and ampules for injection.

Traumeel® Oral Liquid in Vials contains the following ingredients in 100 ml of isotonic saline: Arnica 2X, Calendula 2X, Millefolium 3X, Chamomilla 3X, Symphytum 6X, Belladonna 2X ana 0.1 ml, Aconitum 2X 0.06 ml, Bellis perennis 2X 0.05 ml, Hypericum 2X 0.03 ml, Echinacea angustifolia 2X, Echinacea purpurea 2X ana 0.025 ml, Hamamelis 1X 0.01, Mercurius sol. 6X 0.05 gr., and Hepar sulfuris 6X 0.1 gr. Trauma, inflammation, and degenerative processes are the main

indications for administering Traumeel®. The drug has no known toxic side effects (see below) because its ingredients are diluted by several orders of magnitude below toxic levels.

Veterinary uses of Traumeel®, such as in cattle that are destined for slaughter are also very popular in Germany. The slaughter of Traumeel®-treated cattle is not forbidden by German law. In German-speaking countries, Traumeel® is a very popular alternative drug and is used by many conventional physicians as well, especially in sports medicine. A 1981 manufacturer's survey of 3,300 German physicians showed that Traumeel® was prescribed for over 3.5 million patients, of whom 69% used the drug for up to 3 months. About 18% of the patients used it continuously for 3-6 months; 12% used it for over 6 months, and some patients used it for several years. Adverse side effects, such as skin reactions to the ointment or a local pruritus to the injections, were reported in only 0.0035% of the cases. Over 90% of the physicians using the drug expressed satisfaction with Traumeel®.

TOXICOLOGY OF TRAUMEEL®

Most of the ingredients of Traumeel® are either non-toxic or their toxicity is very low, due to their dilute concentrations. Because the concentration of each component in Traumeel® is almost zero, the likelihood of acute or chronic toxicology does not exist. Belladonna and Mercurius (mercury) are the two most toxic compounds in Traumeel®. In humans, the lethal dose of belladonna is 0.5-5 g/kg.¹⁰ More than 10 belladonna containing (tincture) drugs are on the market. For example, a 2.5% pediatric belladonna and ephedrine mixture contains belladonna tincture. The recommended dose for children (up to one year of age) is 0.5 ml.¹¹ Traumeel® Oral Liquid in Vials contains 0.001 ml of a stock solution of belladonna, meaning that one ampule containing 2.2 ml of a dilute solution contains 2.2 x 10⁻⁵ ml

belladonna 2X, which is 10⁻³ %. In other words, the belladonna concentration in a 2.5% pediatric belladonna and ephedrine mixture is about 1000 times higher than that in Traumeel®.

Traumeel® also contains the mercury compound Mercurius solubilis, with the following composition: Mercurio-amidonitrate (NH₂Hg₂NO₃), Mercurius metal, and Mercurius (1) oxide (Hg₂O). One ampule of Traumeel® contains 10⁻⁶ g Mercurius solubilis. In humans, the provisional tolerable weekly intake of mercury is up to 300 mg or 5 mg/kg.¹² A patient who needs 35 doses of Traumeel® per week would thus have a weekly intake of 3.5 x 10⁻⁵ g or a third of the allowable mercury content in drinking water according to German law.

CHEMOTHERAPEUTIC AGENTS COMMONLY ASSOCIATED WITH MUCOSITIS

Drug	Related factors
Methotrexate	May be quite severe with prolonged infusions or compromised renal function.
5-Fluorouracil	More severe with higher doses, frequent schedule, and arterial infusions.
Actinomycin D	Very common, may prevent oral alimentation. Severity enhanced by irradiation.
Doxorubicin (Adriamycin)	May be severe and ulcerative. Increased with liver disease. Severity enhanced by irradiation.
Bleomycin	May be severe and ulcerative.
Vinblastine	Frequently ulcerative.

(Peterson DE, Schubert MM. Principles of Oncology Nursing.)

Tab. 1: Chemotherapeutic Agents Commonly Associated with Mucositis

CLINICAL COURSE OF MUCOSITIS

Stomatitis can appear before the bone marrow becomes suppressed. The first symptoms of mucositis (inflammation of all mucosa) are expressed by stomatitis. The mucous membranes of the mouth are more sensitive than those of the intestine, possibly because of their different rates of cell division. Therefore, mouth ulcers may predict future damage to the entire alimentary canal. The development of mucositis in the small intestine or in other locations along the intestinal tract before expression in the oral cavity has been reported only rarely. Mucositis can be general, also invading the mucosa of the nose and conjunctiva.

The most common form of mucositis is stomatitis, in which the patient complains of a burning feeling, which begins about a week after the beginning of the treatment and is followed by the appearance of ulcers that coalesce. The lesions in the oral cavity

appear everywhere on the oral mucosa, including the tongue, gums, and lips. The ulcers cause constant pain that is exacerbated by eating, drinking, and swallowing. A cytological examination reveals epithelial hyperplasia, dysplasia, atropia, and degeneration of the glandular structure.

The Disease Staging of the World Health Organization (WHO) diagnosis for stomatitis is as follows:

Stage 0	no ulcers
Stage 1	oral pain with no ulcers
Stage 2	oral pain with ulcers but the ability to eat is retained
Stage 3	liquid diet only
Stage 4	inability to eat or to drink

MUCOSITIGENIC DRUGS AND THEIR MODE OF ACTION

Most experimental work on cytotoxic, mucositogenic drugs has been done using 5-fluorouracil and methotrexate. Both drugs inhibit DNA synthesis by inhibiting the synthesis of thymidylate, thereby preventing RNA and protein synthesis as well. After treatment with such drugs, the changes in the intestine resemble those of celiac sprue (gluten enteropathy), concentrating in the lining of the small intestine.⁷

AGE DISTRIBUTION OF PATIENTS ADMITTED TO TRAUMEEL® TRIAL*

Group	Number	Mean age (years)	Standard deviation age	Maximum (years)	Minimum age (years)
Treated	20	12.30	3.799	18	6
Untreated	7	11.29	3.302	16	7

*ANOVA, p=0.54

Tab. 2: Age Distribution of Patients Admitted to Traumeel® Trial

DISTRIBUTION OF DISEASE STAGE IN PATIENTS ADMITTED TO TRAUMEEL® TRIAL* • DISEASE STAGE

Group	1		2		3		4		Total
	No.	%	No.	%	No.	%	No.	%	
Treated	4	20.0	2	10	9	45.0	5	25	20
Untreated	2	28.6	0	0	3	42.0	2	28.6	7
Total	6		2		12		7		27

*Pearson Chi Square: Value = 0.902; D.F. = 3; prob. = 0.8249

Tab. 3: Distribution of Disease Stage in Patients Admitted to Traumeel® Trial

DISTRIBUTION OF PRE-TRIAL TREATMENT STATUS IN PATIENTS ADMITTED TO TRAUMEEL® TRIAL1 • ANTI-CANCER TREATMENT STATUS*

Group	Post-chemother.		GVHD		PBMT		PTBI		Total
	No.	%	No.	%	No.	%	No.	%	
Treated	11	55.0	2	10.0	6	30.0	1	5.0	20
Untreated	4	57.1	0	0.0	2	28.6	1	14.3	7
Total	15		2		8		2		27

*Pearson Chi Square: Value = 1.311; D.F. = 3; prob. = 0.7264 ²GVHD: graft-versus-host disease; PBMT: post bone-marrow transplant; PTBI: post total body irradiation

Tab. 4: Distribution of Pre-Trial Treatment Status in Patients Admitted to Traumeel® Trial

DISTRIBUTION OF OPIATE REQUIREMENT IN PATIENTS ADMITTED TO TRAUMEEL® TRIAL* • OPIATE TREATMENT

Group	No		Yes		Total
	No.	%	No.	%	
Treated	18	90.0	2	10.0	20
Untreated	4	57.1	3	42.9	7
Total	22	100	5	100	27

*Fisher Exact Test (2-tail), p=0.09

Tab. 5: Distribution of Opiate Requirement in Patients Admitted to Traumeel® Trial

LIMITED CLINICAL TRIAL WITH TRAUMEEL® IN CHEMOTHERAPY-INDUCED STOMATITIS

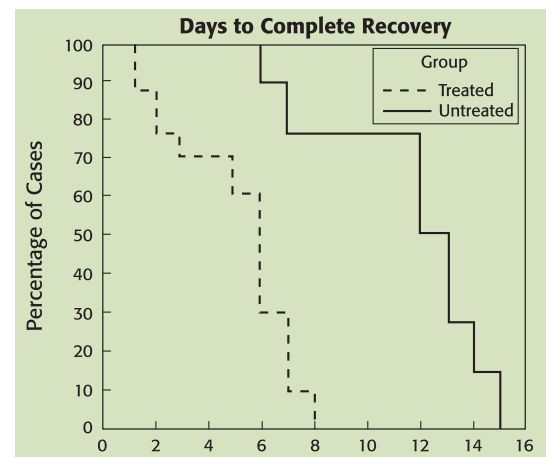
We studied 27 subjects between the ages of 6 and 18 years to evaluate the feasibility of using Traumeel® Oral Liquid in Vials for treating chemotherapy-induced stomatitis. Twenty patients received Traumeel® and seven children who did not receive Traumeel® were chosen at random for a prospective follow-up to compare the duration of symptoms in study participants to untreated stomatitis patients. We assessed the distribution of ulcer severity in all participants according to WHO staging.

The age distribution (Table 2), stages of disease (Table 3), and anticancer treatments (Table 4) were similar in both groups. In the untreated group, however, opiate use was higher, although the difference was not statistically significant (see Table 5). All statistical analyses were carried out using BMDP Statistical Software.¹³

In all treated children, each treatment was followed by an immediate decrease in pain, which continued for 30 minutes to 2 1/2 hours. In children with Stages 1-2 stomatitis, the pain reduction lasted between 24-72 hours until the stomatitis disappeared. Children that began with Stages 3-4 stomatitis required 6-8 days of treatment. In two children with GVHD (graft versus host disease)-associated stomatitis, the pain was significantly reduced for several hours, and then 24 hours later the children ceased to complain about pain. Nevertheless, the basic process that had caused the stomatitis in these two children continued, so the children continued to receive treatment 2-3 times per day for another 5-10 days. Only one participant, a patient with Stage 4 stomatitis, according to the WHO definition, was receiving morphine at the beginning of the trial. Immediately after the first dose of Traumeel®, the morphine dosage was reduced by half. No other participant required treatment with narcotics, and

those with Stages 1-2 stomatitis at the beginning of the trial no longer required analgesic treatment.

Table 6 shows the product-limit survival analysis that we used to compare symptom duration. From this table it can be seen that the difference between the two groups is highly significant, according to stringent statistical analysis. The median symptom duration in the treated group was 6 days, compared with 13 days in the untreated group.



Tab. 6: Days to Complete Recovery

CONCLUSION

We conducted this small preliminary study to gain a first impression about the effectiveness of Traumeel® Oral Liquid in Vials on mucositis. Obtaining positive results in such a study is a prerequisite to performing a large scale clinical trial according to strict scientific guidelines. Although we did not conduct this study as a randomized, double-blind trial, and the number of participants was small, the results were still impressive. Even if we presume that part of the success was due to the placebo effect, which is known to be very small in a hyper-acute system, such encouraging results led us to believe that Traumeel® Oral Liquid in Vials has genuine biological activity. In addition to its biological activity, the onset of action of Traumeel® was remarkable, with patients reporting a strong amelioration of pain within minutes. Some patients also reported a mood improvement. Such rapid

action is unusual because the mucosa does not regenerate within minutes. Notably, the improvement persisted. Although the decreased use of opiates as analgesics in the Traumeel®-treated group was not significant, we recognized a clear tendency toward such a decrease, so we speculate that the results of a study on a larger group of participants might show a difference in favor of the Traumeel®-treated patients. The results of this limited, preliminary trial support the feasibility of performing a prospective, double-blind trial to assess whether positive results will be obtained under more stringent, scientific conditions, and whether Traumeel® treatment can reduce the duration of pain in stomatitis patients. Such a study is currently taking place in two medical centers in Israel.

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TREATMENT OF OTITIS MEDIA/EXTERNA WITH A MODERN HOMEOPATHIC REMEDY

Dr. Rainer Gottwald and Michael Weiser
Publication in preparation



Summary

The efficacy and tolerability of TRAUMEEL EARDROPS/OTEEL/BHI PURE EARDROPS* was investigated in the treatment of 409 patients, suffering from otitis media or otitis externa. The preferred initially administered dosage of OTEEL was 3 monodose preparations daily (78%). Within a 5 day-treatment, 88% of the patients reported a significant improvement of their disease conditions. The total symptom score was reduced from 1.85 (baseline) to 0.35 (final visit). A success of the therapy, defined as a global investigator assessment of "very good", "good" or "satisfactory" was reported for 96% of the patients. The tolerability of the therapy was assessed as "very good" or "good" in at least 98% of the cases.

Otitis media, otitis externa, homeopathy, antihomotoxicology, cohort study, Oteel

*The name of this product varies internationally, but the formula remains the same. Alternatively, when this product is not available, the content of Traumeel ampoules may be used for the same purpose.



GP, INT, Immu.

EUPHORBIIUM COMP. (CONTROLLED DOUBLE-BLIND STUDY OF A HOMEOPATHIC SINUSITIS MEDICATION)

Dr. M. Weiser and B.P.E. Clasen • Biological Therapy • Vol. XIII, No.1, 1995, pp. 4-11

Summary

Topic: Investigation of the clinical effectiveness of Euphorbium compositum S Nasal Spray in therapy of chronic sinusitis.

Design: Randomized, placebo controlled, double-blind study over a five-month period.

Subject / Collective: Included solely in this study were subjects who have suffered from established, chronically recurrent - although not acute - rhinosinusitis, for whom conservative therapy was indicated during symptom-free intervals. Excluded from this study, among others, were patients who smoked, suffered from nasoendoscopically confirmed polyposis or infectious rhinitis, who were known to possess unhealed apical granulomata, whose cases of sinusitis were established to be odontogenous, or who had undergone surgical treatment within the previous six months. The investigation encompassed a total of 172 patients, 155 of whom were included in the final evaluation (89.6%).

Intervention: 2 discharges of *verum* or placebo respectively into each nostril 4 times daily over a period of five months.

Chief Objective Variables: : For the purpose of statistical comparison among the therapeutic groups, a cumulative score was calculated from the data compiled in the three sectors "Subjective Symptoms ("day/night)", "Anterior Rhinoscopy", and "Ultrasound Examination of the Paranasal Sinus".

Results: Statistical comparison of the therapeutic collectives demonstrates significant superiority of Euphorbium compositum S Nasal Spray (5 % significance level, p = 0.016). Improvement was most evident within the subjective criteria of respiratory obstruction, sensation of pressure, and headache. Euphorbium compositum S Nasal Spray was well tolerated.

Conclusion: This study substantiates the reliable efficacy and good tolerance of Euphorbium compositum S Nasal Spray in therapy of chronic sinusitis. In addition, it demonstrates maintenance of a high standard of methods and acquirement of meaningful test results to indeed be feasible in homeopathy.



Euphorbium compositum S, chronic sinusitis, double-blind study



ENT, GP, DERM.

HOMOTOXICOLOGY & CANCER

Homotoxicology can offer an alternative approach to cancer. Recent research in cytology confirms that oncogenesis starts at the cellular level, and progresses over decades before any symptoms or biochemical parameters can be detected. This long process gives the general practitioner a window of opportunity to discuss complementary prevention programs with his or her patients, particularly those with a family history of cancer.

The extracellular matrix in which cells bathe provides information to the cells, directing their function and activity in the global scheme of things. When this "environment" is contaminated by toxins it passes along faulty information sequences and results in cellular dysfunction. Tasks such as cell division are corrupted. This insidious process is often the conception of oncogenesis. Unless the misinformation leaking from the extracellular matrix is corrected, the misguided processes can continue for decades eventually bearing a tumor. The benefit the practitioner can derive from the slow course of oncogenesis is an opportunity to mediate the process in an attempt to arrest progression. Homotoxicology offers great potential as it works gently to remove underlying toxins that, if accumulated, could, depending on the patient's constitution, cause cellular chaos and possible neoplasia.

The latest in cancer research has contributed new evidence about oncogenesis which reveals processes that can possibly be manipulated over time in the hope of intervening the pathogenesis of neoplasia. One such discovery is the theory of maturational arrest compared to dedifferentiation. It has been assumed that tumors arise from dedifferentiation of mature cells. The latest research now reveals that tumors form from partial or complete arrest in differentiation. In their book, "Mechanisms of Disease", Slauson and Cooper purport that neoplasia is born from cells involved in tissue renewal; they clearly state that: "tumors are composed of

neoplastic stem cells and their well differentiated progeny, which form a "caricature" of their tissue of origin."

Because homotoxicology's underlying purpose is to detoxify the body and can be targeted to different systems to detoxify the patient's affected terrain and redirect healthy tissue renewal, the application of drainage methods with antihomotoxic remedies can be useful in the complementary approach to cancer. Further evidence from research points to the role of certain viruses in the formation of tumors, another avenue for the complementary intervention with antihomotoxic remedies.

With this new evidence, we see how homotoxicology can play an important role in cancer management.

Homotoxic physicians use *Galium aparine* extensively in their approach to cancer. According to German researcher Boericke, *Galium aparine* as a homeopathic composite, can halt the process of oncogenesis. It favors healthy granulation tissue of ulcers. Leading expert in, and professor of clinical homotoxicology, Dr. Ivo Bianchi considers *Galium aparine* to be highly cleansing and draining of toxins, not only those at the cellular phase of oncogenesis, but in secondary phases of neoplasia. Dr. Bianchi purports that Galium-Heel is highly anti-inflammatory and anti-degenerative. Keeping in mind that the inflammatory process is at the origin of all disease processes and the arrest of maturation seen at the onset of oncogenesis, the remedy Galium-Heel matches the disease process.

CANCER PREVENTION PROTOCOL:

DR. BIANCHI recommends 20 drops of Galium-Heel morning and night for a minimum of 2 months, to be repeated 3-4 times a year.

DR. BIANCHI emphasizes the importance of Galium-Heel for people over 40. He recommends that this age group take Galium-Heel for long periods of time: 20 drops morning and night taken daily for several months; repeat 2-3 times a year.

The treatment of cancer is more complicated, but no less conducive to the use of antihomotoxic remedies. As a general rule, treatment starts with the administration of drainage remedies: Galium-Heel, Lymphomyosot and Glyoxal-comp. are staples.

Glyoxal-comp. unblocks damaged respiratory processes, mainly by catalyzing enzymes associated with cellular respiration while it is highly neutralizing to toxins released by damaged cellular processes. Unlike Galium-Heel, Glyoxal-comp. should not be given frequently, and it must be

allowed time to work. Glyoxal-comp. works slowly but very effectively.

The type of cancer will define the remedies to use. In general, protocols for draining and eliminating can be initiated for 2-5 weeks before the specific treatment protocol. The draining/detoxifying protocol for neoplasia applies especially well after tumor removal and /or chemotherapy.

Unlike prevention, the treatment protocol should use the drinkable ampules and be formulated for each patient according to the type of cancer, its affected tissues or organs, and the stage of malignancy.

We are grateful to the following homotoxic practitioners, who have pioneered clinical homotoxicology, for their contributions to the information in this article: Dr. Ivo Bianchi, leading authority in clinical homotoxicology. Dr. Bianchi has several clinics in Italy and is a professor of medical homotoxicology. Dr. Jo Serrentino, is a leading authority in veterinary homotoxicology which she teaches at the international level. For more than a decade, Dr. Serrentino has been referred post-surgical cancer patients by veterinary oncologists for follow-up treatment in patients who had not been treated with chemotherapy; she also works with chemotherapists to minimize toxic effects with homotoxic methodology that she has developed. Dr. Hans-Heinrich Reckeweg, founder of Heel who has formulated antihomotoxic remedies and pioneered their use in cancer treatment; he has inspired their use by practitioners worldwide.



VETERINARY HOMOTOXICOLOGY

The anti-viral capacity of ENGYSTOL

ENGYSTOL can be thought of as a broad spectrum antiviral (as a homeopathic alternative). It has clinical applications in viral infections, infections with fever, and respiratory conditions. It works remarkably well on mycotic and allergic dermatitis; two cases of feline military dermatitis were resolved in approximately five weeks with application of Engystol as injection and oral therapy, and several cases of allergic dermatitis. Engystol's precise action is difficult to pinpoint at this time and research is ongoing; because of its wide scope of successful clinical applications, it is clear that it mediates the immune system in its action against pathogens.



GENERAL PROTOCOL FOR FELINE LEUKEMIA VIRUS

ENGYSTOL: 1 ampule i.v. or orally 3x week for one week, then 1 ampule 3x week for 3 weeks
+ ECHINACEA COMPOSITUM: 1 ampule orally 2x week for 3 weeks.

Rx Tip: The first dose of Engystol and Echinacea can be given i.v. together; subsequent doses can be given orally as frequent injection can cause bleeding or hematoma in FLV positive cats.

ALLERGIC DERMATITIS

ENGYSTOL: 1 ampule s.c. 2x week for 2 weeks + 1 tablet ENGYSTOL 2x day for 3 weeks.

Rx Tip: Prescribing Engystol tablets provides a fragmented dose which contributes significantly to the efficacy of the product in this case.

VACCINATION

ENGYSTOL: 1 ampule ENGYSTOL s.c or orally. with vaccine + 1 ampule 2x week orally for 2 weeks.

Rx Tip: For extra protection and optimum immune effect from Engystol, prescribe the ampules at a rate of 2 per week orally for 2 weeks, or the tablets at a rate of 1 tab 2x day for 10 days.

The following protocols have been developed by Dr. Jo Serrentino, who has been researching applied veterinary homotoxicology for over a decade and has pioneered methods and protocols in holistic veterinary medicine for 23 years. She has over five hundred case studies in homotoxicology alone to her credit, and in the past twelve years has written nearly 3,000 articles on phytotherapy. The above protocols were part of a handout at the Ontario Veterinary Medical Association in 2002, and are part of the Nature-Link course on holistic veterinary medicine which Jo teaches at the international level.