## Treatment of Rheumatic Diseases with a Homeopathic Preparation

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## Summary

In a drug-monitoring study of the combination injectable homeopathic preparation Discus compositum®, 402 patients were treated for the indications osteochondrosis, neuralgic-rheumatic diseases (spinal column), chronic arthritis, chronic arthrosis, and other diagnoses. The study's specific diseases were chronic in many cases and most had existed from several months to more than 2 years. The duration of treatment ranged from 2 weeks to 2 months in 70% of the patients with a 2-4 week treatment being the most typical, with 36%. The majority of patients (77%) experienced improvement during the first 4 weeks of treatment. The best results were obtained from the indicaneuralgic-rheumatic diseases (spinal column), where in approximately 1/3 of the patients, an improvement of symptoms was obtained within the first week of treatment. The investigators assessed the efficacy of the treatment as very good, good, and moderate in 20%, 54%, and 18% of patients, respectively. The tolerability assessment of the remedy was positive: excellent and good in 63% and 32% of patients, respectively.

## Introduction

Back and neck pain is a very frequent cause for visits to the physician. Nearly every adult suffers from such symptoms during a lifetime. Young adults who suffer single episodes are at risk of developing exacerbation and chronic complaints as elders. Treatment costs can be tremendous and temporary inability to work is often the consequence. A wide variety of different disorders potentially could cause the specific pattern of symp-

toms, but not all are clearly identifiable.<sup>2</sup> Diseases of the spinal column of neural-gic-rheumatic origin, osteochondrosis, disc bulge, degeneration, and others are considered as possible underlying disorders.

The spontaneous course of back and neck pain is often uncomplicated, but a considerable number of patients need therapy to reduce pain and to prevent progression of the disease. Although it is often not possible to completely cure the disorder, therapy can improve function of the symptomatic patient.<sup>3</sup>

The most widely used drugs in this context are NSAIDs and corticosteroids, both of which significantly reduce inflammation and pain. Potential side effects, especially of the GI-tract, have led to a critical risk-to-benefit ratio assessment by several physicians. In particular, long-term treatment with these drugs must be considered carefully. In addition to drug therapy, physical therapy is often implemented during the acute and chronic phases of the disease in combination with specific exercise programs.

A systematic review of randomized clinical trials of complementary/alternative therapies in the treatment of tension-type and cervicogenic headache indicates positive effects of some of the therapies examined.<sup>7</sup>

One complementary preparation for rheumatic disease is the injectable homeopathic formula Discus compositum<sup>®</sup> (manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden, Germany). It is a complex homeopathic medication used for treatment of osteochondrosis, spinal neuralgic-rheumatic

disorders, chronic arthritis, and arthrosis. The individual ingredients of Discus compositum<sup>®</sup> and their homeopathic potencies are listed in Table 1.

A prospective drug-monitoring study was conducted in Germany and Portugal featuring 402 patients. It was intended to ascertain further data on the therapeutic potential of Discus compositum<sup>®</sup> in the above-mentioned indication areas.

## Methods

The physicians participating in this drug-monitoring study treated patients who were, in their opinion, well suited for therapy with Discus compositum®. The physicians were allowed to continue their normal specific treatment procedures without any study-specific restrictions. The intention was to obtain data that would reflect the results of therapy under conditions of daily routine treatment. The respective data was ascertained during a screening and a termination visit of each patient. Inclusion or exclusion criteria were not specified. No further restrictions were made as to the duration of the treatment or the number of the patients' visits at the site.

The following data was compiled to describe the participating patient population:

- demographic data
- disease/diagnosis
- duration and possible pre-treatment of the disease
- dosage regimen
- mode of application
- possible additional medications or other therapies
- duration of the therapy