ZEEL vs. DICLOFENAC

U. Maronna, M. Weiser, P. Klein

Comparison of the efficacy and tolerance of Zeel comp. and Diclofenac for the oral treatment of gonarthrosis: results of a double-blind equivalence study. Orale Behandlung der gonarthrose mit Zeel comp - ergebnisse einer doppelblinden Aquivalenzstudie versus Diclofenac. Orthopädische Praxis. 2000;36 (5).

For the treatment of degenerative arthritis of the knee (gonarthrosis), the homeopathic complex preparation Zeel comp (tablets) displays an efficacy comparable to that of the conventional antirheumatic agent Diclofenac. This was demonstrated in a double-blind equivalence study carried out by the Institute for Antihomotoxic Medicine and Basic Regulatory Research in Baden-Baden, Germany.

Diclofenac is one of the nonsteroidal anti rheumatic agents (NSARs) most frequently used worldwide. NSARs are recognized as being effective for gonarthrosis and other rheumatic conditions. However, when Diclofenac is taken for long periods of time there is risk of gastrointestinal side effects such as: nausea, diarrhea, gastrointestinal hemorrhage, and even the development of gastrointestinal ulcers. Moreover, the length of therapy and the dosage is limited despite the side effects. This is why there is an increased interest, on the part of doctors and patients, to find an alternative with comparable efficacy for the treatment of rheumatic joint disease that is devoid of these side effects. Because the nature of rheumatic disease is chronic, a product like Zeel comp. is an appealing substi-



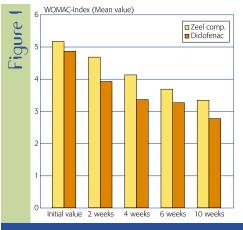
HOMEOPATHIC REMEDIES FOR RHEUMATIC DISEASE

The homeopathic complex preparation Zeel comp. is a natural remedy for rheumatic conditions. In a comparative study with the widely used allopathic drug Diclofenac, for the treatment of joint arthrosis, 121 patients with gonarthrosis participated in a multi centric, random, double-blind comparative study.

STUDY DESIGN

Men and women suffering from medium to severe gonarthrosis for at least six months, participated in this multi centric study from thirteen orthopedic practices. Patients received test preparations for ten weeks: 60 patients received one tablet of Zeel comp. and a Diclofenac placebo 3 times a day; 61 patients took one tablet of Diclofenac 25 and a Zeel comp. placebo tablet 3 times a day. The identity of the medication was concealed from physicians and patients in keeping with the double-blind framework. The efficacy of the medication was measured by WOMAC (Western Ontario and McMaster Colleges) arthrosis index, in which the parameters: pain, stiffness, and physical activity are assessed after 2, 4, 6, and 10 weeks.

According to the data, both Zeel comp. and Diclofenac significantly improved the symptoms of gonarthrosis. After a period of 2 and 4 weeks, a marked improvement in pain, stiffness and physical activity occurred, first, in the Diclofenac group. After 6 weeks, there was no longer any difference between the two groups and statistical analysis of the data revealed the therapeutic equivalence of the two test medications (Fig. 1). Overall, 47% of patients from the Zeel comp. group assessed the efficacy of the treatment as "good" and "very good" (Diclofenac group: 51%) (Fig. 2). The tolerance of the two test preparations was assessed by both patient groups as "good" and "very good" in 85% of the cases.



Change in the WOMAC arthrosis index after 2, 4, 6, and 10 weeks' treatment.

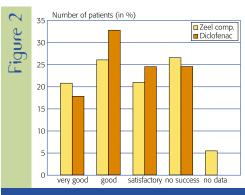
It has been well established that the therapeutic effectiveness of Diclofenac is based on its inhibition of cyclooxygenase - a catalyst in the prostaglandin pathway. The exact mechanism of Zeel is still

undetermined; In vitro investigation suggests that Zeel comp. inhibits activity of elastase. This enzyme is released during the inflammatory response and attacks the articular cartilage which is rich in proteoglycans.

From this study and the anecdotal evidence of years of clinical use of Zeel comp., researchers recommend that further studies be carried out to determine whether an agonist or an additive action exists

between the homeopathic medication and the NSAR drug. Interesting treatments could emerge from the combination of the preparations. For example, with forms severe gonarthrosis, a combination treatment would be a more tolerable option, since additional the administration

the antihomotoxic complex preparation reduces the dose of Diclofenac and, with efficacy maintained, the risk of severe side-effects could be substantially reduced.



Overall assessment (opinion of patients) of the efficacy of the treatment after 10 weeks.