## 12

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

Publication in preparation



Authors' names: Menachem Oberbaum<sup>1</sup>, Bernadette Glatthaar-Saalmüller<sup>2</sup>,

Michael Weiser<sup>3</sup>, David Branski<sup>4</sup>. **Authors' affiliations:** <sup>1</sup> Center for Integrated Complementary Medicine, Shaare Zedek Medical Center, Ierusalem, Israel

- <sup>2</sup> Labor Dr. Glatthaar, Reutlingen, Germany
- <sup>3</sup> Institut for Antihomotoxische Medizin und Grundregulation, Baden-Baden, Germany
- <sup>4</sup> Department of Pediatrics, Hadassah University Hospital, Jerusalem, Israel

## **SUMMARY**

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

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

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

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



## Adjuvant Homeopathic Treatment of Peripheral Diabetic Polyneuropathy

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

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

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

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

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

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