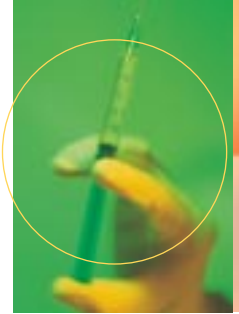


## ENGYSTOL® ...

### AN ALTERNATIVE OR COMPLEMENT TO VACCINATION

ENGYSTOL® N is a modulator of nonspecific cellular defense mechanisms. The exact mechanism of action of ENGYSTOL® N is not fully understood. Various cellular and biochemical pathways appear to be modulated by the product's ingredients.

The enhancement of nonspecific immunity of ENGYSTOL® N has been demonstrated using *in vitro* models<sup>(2)</sup>. ENGYSTOL® N stimulates phagocytic activity of human granulocyte preparations in a dose-dependent manner up to 30% above control cultures. In the same study, the effect of ENGYSTOL® N on phagocytic activity is enhanced by the addition of the homeopathic combination formulation GRIPP-HEEL® (Heel GmbH, Baden-Baden, Germany). A 1:1 mixture of ENGYSTOL® N and GRIPP-HEEL® has greater effect on phagocytic activity by granulocytes than the individual formulations alone, as measured by the granulocyte assay according to Brandt<sup>(3)</sup> and the carbon clearance method according to Biozzi et al<sup>(4)</sup>. The combination of ENGYSTOL® N and GRIPP-HEEL® stimulates phagocytic activity up to 41% above control cultures. These *in vitro* findings are consistent with long term clinical experience with ENGYSTOL® N<sup>(5)</sup>. The enhancement of nonspecific immunity of ENGYSTOL® N has been confirmed *in vivo* in a prospective, single-blind clinical trial performed on 14 volunteers in the test group and 13 volunteers in the placebo group<sup>(6)</sup>. Phagocytosis indices were determined over a period of 11 days using the microscopic smear method. The maximum phagocytic activity in the test group was observed between the 4<sup>th</sup> and 5<sup>th</sup> day after the beginning of treatment. Differences between the test and control groups were statistically significant by the 2<sup>nd</sup> day. After the 5<sup>th</sup> day of treatment there was a rapid decline of phagocytic activity, and by approximately the 11<sup>th</sup> day of treatment indices were normal. Other laboratory parameters such as serum IgG, leukocyte counts, and blood sedimentation rates were normal during the entire study period. No side effects were observed and the remedy was well tolerated. It is still unknown whether the *in vivo* effects of ENGYSTOL® N are due to direct immunomodulating effects on granulocytes or due to indirect effects mediated by simultaneous activation of T-lymphocytes or cytokine release from other immunocompetent cells.



#### REFERENCES

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- (2) Wagner H, et al. Neue Untersuchungen über die Immunstimulierende Wirkung einiger Pflanzlicher Homöopathika. Biologische Medizin 1985; Heft 2:399-407.
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- (4) Biozzi G, et al. Quantitative Study of the Granuloplastic Activity of the R.E.S. II. A Study of the Kinetics of the Granuloplastic Activity of the R.E.S. in Relation to the Dose of the Injected Carbon. J. Exp. Path. 1953; 34:441.
- (5) Heilmann A. Ein Injizierbares Kombinationspräparat (ENGYSTOL N) als Prophylaktikum des Grippalen Infekts. Biologische Medizin 1992; Heft 3:225-229.
- (6) Wagner H, et al. Die Beeinflussung der Phagozytosefähigkeit von Granulozyten durch Homöopathische Arzneipräparate: In-vitro Tests und Kontrollierte einfach-blindstudien. Arzneimittel-Forschung 1986; 36 (II), 9:421-1425.
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#### ENGYSTOL WITH VACCINATION

Clinical protocol:

**Engystol:** 1 ampule i.v. one week before vaccination or 1 ampule orally 2x/week.

Home protocol:

**Patient should take Engystol for 2 weeks before vaccination at the following rate:**

1 ampule 3x/week for 2 weeks or 1 tablet 3x/day for 2-3 weeks.

**After vaccination:** 1 ampule Engystol 2x/week for one week, then 1x/week for two weeks or 1 tablet 3x/day for 2-3 weeks.

#### Rx Tip:

#### Engystol ampules can be taken orally for pediatric use

Pediatric use of Engystol is recommended during vaccination programs. The following chart provides prescription tips for young children.

**Newborns:** 1-3 drops of saline-based solution up to 3x/day for 5-7 days.

**Children:** over 1 year of age: use 2-3 drops per year of age. For example a 2 year old would require 4 drops. An 8 year old would require 16 drops (about 0.6 ml). Use up to a daily maximum of 3 doses.

THE FOLLOWING PROTOCOLS ARE FROM DR. ALTA SMIT WHO SUCCESSFULLY USES ANTIHOMOTOXIC REMEDIES IN LIEU OF INFLUENZA VACCINATION IN HER PRACTICE IN SOUTH AFRICA.

#### Prophylaxis for influenza:

According to the table of homotoxicosis, acute disease may be useful as a way for the body to detoxify. Patients who are suffering from diseases on the right side of the table of homotoxicology often get stuck in a TH-2 immune response, and thus have decreased cellular immunity, but high antibody production. Patients in this immune state often do not get reactive disease, and it is therefore often counter-productive to immunize them with attenuated viruses. It is a good sign when such patients contract epidemic influenza. One thus would not like to suppress influenza, but rather build the immune system and its response to the virus.

As discussed in the fall issue of this journal, Engystol tablets and ampules in combination with Gripp-Heel can offer a suitable alternative.

#### The following regime is very effective:

1. For low-risk patients  
Mixed injection of Gripp-Heel (saline-based vial) and Engystol (saline-based vial) once a month, starting one month before the onset of winter and carrying on through the influenza risk period.
2. For high-risk patients  
Mixed injection of Gripp-Heel (saline-based vial) and Engystol (saline-based vial) once a week, starting a month before the flu season, carrying on through the influenza risk period.

If acute infection occurs, use Gripp-Heel (saline-based vial) as previously directed. Add Gelsemium-Homaccord drops if muscular weakness and myalgia is the prominent symptom, at the rate of 10 drops orally every four hours on day one, then 3x/day while discomfort persists. This is also a good remedy for post-viral fatigue.