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Homeopathic Treatment of Chronic and Degenerative Diseases Due to Disturbances in Intermediary Metabolism

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Abstract

This prospective study of the injectable homeopathic medication Coenzyme compositum monitored 498 patients with a variety of acute and chronic disorders involving multiple blocked enzyme systems or enzyme malfunctions. In one third of the patients, overall improvement in specific symptoms was noted within two weeks after commencement of therapy. Results of therapy were reported as very good in 21% and good in 58%. No adverse effects of the medication were documented.

Introduction

Chronic and degenerative diseases are sometimes caused by impairment in the cascade of enzymatic reactions in cellular metabolism. Absence or malfunction of a single intermediary reaction (due to environmental loading, for example) disrupts the entire metabolic process, so that the entire body's complex network of feedback systems and regulatory processes may be negatively affected (1, 2). Many enzyme-catalyzed reactions are dependent on cofactors (coenzymes), molecules essential to the metabolic process because they induce exchange of activated groups in many different biochemical reactions. In any chain of reactions, the weakest link determines the quality of the end product. The goal of therapy with homeopathically prepared intermediary products is to strengthen weak links by reactivating blocked cell and enzyme functions, thus allowing the metabolic process to run smoothly again. In this context, the Krebs cycle, or citric acid cycle, is especially important because the entire metabolic process revolves around it and it is closely linked to other metabolic reactions.

It is logical, therefore, to attempt to treat metabolic insufficiencies of this sort with a comprehensive combination of intermediary catalysts, cofactors and intermediary products. Such substrates harmonize the course of metabolic reactions, dissolving enzyme blockages and malfunctions and increasing the elimination of toxic metabolites. Medications with this type of effect are especially indicated in cases of chronic and degenerative disease. If needed, they can be administered intermittently or as a concomitant therapy (1, 2). Coenzyme compositum (in ampule form), manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden (Germany) contains such a combination of coenzymes, intermediary products, and trace elements and has been used for years in treating disorders of this type (Table 1). The goal of Coenzyme compositum therapy is to break down metabolic blockages by eliminating energy deficits in the cells.

Methods

The terms of this open, practice-oriented prospective study did not predetermine the symptoms to be observed, duration of treatment, or number of patient visits. Hence, no strict criteria for inclusion were defined. To describe the group of subjects and the type of treatment administered, the parameters recorded included demographic data, disease/diagnosis, duration of illness and prior therapy (if any), dosage, and method of administering the Coenzyme compositum ampoules, concomitant therapies, and duration of treatment. To assess the therapeutic efficacy and patient tolerance of Coenzyme compositum, the following parameters were recorded:

- time when symptomatic improvement was first noted
- overall assessment of the results of therapy by the physician (scale: very good = complete freedom from symptoms, good = obvious improvement, satisfactory = slight improvement, no success = symptoms remained the same or worsened
- adverse effects of the medication
- overall assessment of patient tolerance of the medication by the physician (scale: excellent, good, fair, poor)

Exploratory statistical analysis of the compiled data was conducted by calculating absolute and relative frequencies.

Results

Patients

Treatment data was compiled on 498 patients, 60% of whom were male. Therapy was implemented by 53 physicians in family practice in Germany over a period of nine months. The diagnoses listed by the physicians were sorted into the following main categories according to the primary usage indications of Coenzyme compositum:

1. Stimulating blocked enzyme systems in degenerative diseases (n = 303)
2. Cellular-phase enzyme malfunctions (n = 181)
3. Other syndromes or symptoms (n = 98).

Underlying illnesses listed included rheumatic disorders (arthrosis, fibromyalgia), inflammatory diseases (colitis, arthritis, cystitis, gastritis, sinusitis, bronchitis), and cancers of the breast, lungs, or prostate (Table 2). Other diagnoses, such as acne, psoriasis, seasonal allergies, and exhaustion, also were documented. Analysis of patient age revealed a concentration of patients in the age groups 41-50 years (21% of the total patient population), 51-60 years (21%), and 61-70 years (20%).

As was to be expected from the primary usage indication of Coenzyme compositum (chronic and degenerative diseases), half of the patients reported duration of illness of longer than six months. When patients had undergone prior treatment for their underlying illness, the main categories of drugs prescribed were antirheumatic agents, analgesics, psychopharmaceuticals and antibiotics.

Constituents	Characteristics/symptom profile
(±)α-Lipoic acid (thioctic acid)	Hydrogen-transferring cofactor. Coenzyme in the breakdown of pyruvic acid (oxidative decarboxylation).
2-Oxoglutaric acid (acidum α-ketoglutaricum)	Active factor in the citric acid cycle and redox systems. Feelings of exhaustion.
Acidum cis-aconiticum (aconitic acid)	Active factor in the citric acid cycle and redox systems. Lowered resistance.
Acidum citricum (citric acid)	Bleeding from the gums. Degenerative diseases. Active factor in the citric acid cycle. Premature ageing, arteriosclerosis, lack of drive.
Acidum succinicum (succinic acid)	Hay fever. Active factor in the citric acid cycle. States of exhaustion and extreme tiredness.
Adenosine-5'-triphosphate disodium salt (ATP)	Support of energy-consuming systems (citric acid cycle, etc.), particularly following iatrogenic damage.
Ascorbic acid (vitamin C)	Cofactor in enzymatic processes (redox systems). Has a role in the formation of the ground substance of the connective tissue.
Barium oxalsuccinicum (barium oxalosuccinate)	Active factor in the citric acid cycle and redox systems. Regulatory disorders of the endocrine system as well as disturbances of blood flow in the extremities.
Coenzyme A	Coenzyme in transacetylations.
Cysteine	SH-group-containing factor of redox potentials. Retoxic disorders. Iatrogenic damage.
DL-Malic acid (acidum DL-malicum)	Active factor in the citric acid cycle and redox systems. Promotes detoxification.
Fumaric acid (acidum fumaricum)	Active factor in the citric acid cycle and redox systems. States of exhaustion.
Manganum phosphoricum (manganese phosphate)	States of exhaustion with anaemia. Trace-elemen effect, particularly in enzymatic processes of the citric acid cycle.
Nadide (Nicotinamide-adenine dinucleotide)	Biocatalyst. Stimulation of the final stage oxidation in the respiratory chain.
Sodium oxaloacetate (natrium oxalaceticum)	Active factor in the citric acid cycle and redox systems. Lowered resistance.
Sodium pyruvate (natrium pyruvicum)	Active factor in the citric acid cycle and redox systems. Promotes detoxification.
Nicotinamide	Cofactor in enzymatic processes (dehydratases)
Pyridoxine hydrochloride (vitamin B6)	Cofactor in enzymatic processes (transaminases, dehydratases, desulfhydrases, decarboxylases)
Riboflavine-5'-phosphate monosodium salt $2H_2O$ (vitamin B_2)	Cofactor in enzymatic processes (flavoproteins and redox systems)
Thiamine chloride hydrochloride (vitamin B_1)	Cofactor in enzymatic processes (oxidative decarboxylation)

Table I: Constituents (selection) of Coenzyme compositum ampoules and their characteristics/symptom profile

Treatment

In 98% of the cases treated, the physicians prescribed the manufacturer's recommended standard dosage of Coenzyme compositum (1 to 3 ampoules per week). There was no significant difference in dosage between the two diagnostic groups with the largest number of patients (see above). The medication was administered by intramuscular injection in 60% of the cases, by subcutaneous injection in 23%, intravenously in 11%, orally in 5%, and intracutaneously in 1%. As could be expected from the usage indications for Coenzyme compositum, treatment over weeks or months was required in most cases (36% for 1-2 months, 25% for 3-4 months, 11% for >4 months). Coenzyme compositum was the only therapy implemented in 42% of cases, while 58% received additional treatment (53% of whom received additional medication, 13% were prescribed external treatments, and 34% were given both forms of concomitant therapy). Additional medications prescribed depended on the patient's underlying illness and included additional homeopathic preparations (Traumeel S, Lymphomyosot, Engystol, Hepar compositum, Solidago compositum, Ubichinon compositum, Psorinoheel, and Galium-Heel), analgesics, mineral supplements, digestive aids, cytostatic drugs, immunotherapy, and antiinflammatories. The most common external treatments were physical therapy, massage, lymph drainage, movement therapy and ice packs.

Results of therapy

The time when symptomatic improvement was first noted was chosen as one of the parameters for assessing the efficacy of this treatment. Within one week of beginning treatment, 14% of the subjects reported improvement in their specific symptoms, while 21% experienced improvement within 1-2 weeks and 32% within 2-4 weeks. There were no striking differences between the two largest diagnostic groups in this respect. Overall physician evaluation of the results of therapy was also used to assess efficacy. In most cases the results were rated very good (21%) or good (58%) regardless of whether Coenzyme compositum had been administered as the sole therapy or in combination with other medications or therapeutic procedures (Figure 1).

Tolerance

No adverse effects were documented during the study. Patient tolerance of Coenzyme compositum was given positive ratings in most cases (65% excellent, 34% good, 1% fair/poor).

Conclusions

The results of this prospective study are based on data obtained during the therapeutic use of Coenzyme compositum in daily practice. Because its ingredients include so-called intermediary catalysts, this medication can be expected to effectively restore blocked or malfunctioning enzyme systems in disturbed regulatory processes. The consequences of such disturbances are often evident in degenerative and chronic diseases, since defects in the integrative function of metabolic cycles often have negative structural effects. Rational therapy, therefore, supplies the requisite vitamins, coenzymes, metallic trace elements, and intermediary metabolic products in appropriate concentrations. Such therapy has the potential to restore derailed metabolic processes, thus influencing the cause of illness on the molecular level (1). For example, recent studies on the use of NADH (nicotinamide adenine dinucleotide-reduced form) in chronic fatigue syndrome and Coenzyme Q10 in neurodegenerative diseases have documented the therapeutic applications of such components on metabolic cycles (3, 4).

Main indications	ICD10 code	Number of patients
• Rheumatic diseases		
– Osteoarthritis	M19.9	61
– Non-articular rheumatism	M79.0	45
• Inflammation		
– Colitis	K52.9	44
– Arthritis	M13.9	39
– Cystitis	N30.9	31
– Gastritis	K29.7	30
– Sinusitis	J32.9	23
– Bronchitis	J40	20
• Cancer		
– Breast cancer	C50.9	16
– Lung cancer	C34.9	13
– Prostate cancer	C61	9

Table 2: Main indications for Coenzyme compositum ampoules

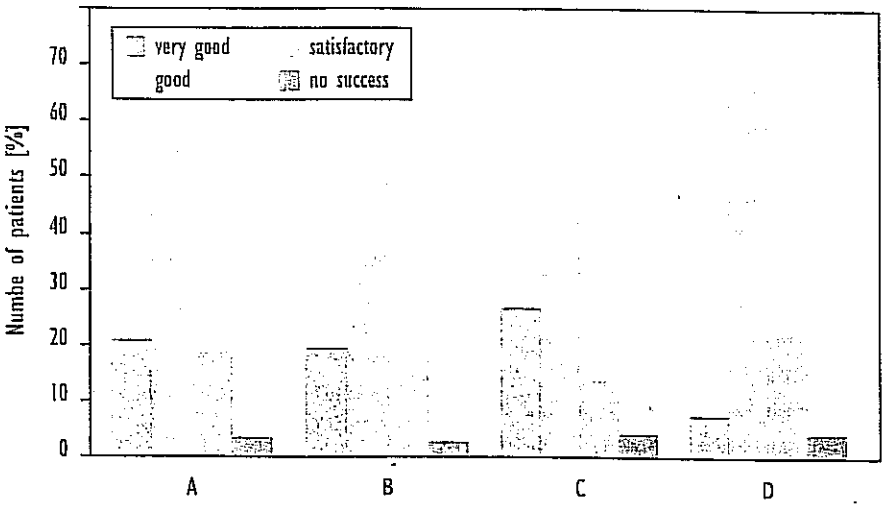

Figure: Global assessment of the therapeutic outcome. A = all patients (n = 252), B = stimulation of blocked enzyme systems in degenerative diseases (n = 142), C = enzyme malfunctions (cellular phase) (n = 93), D = other clinical pictures/diseases (n = 87)

The composition of Coenzyme compositum makes it suitable for use in patients with rheumatic and inflammatory diseases and in cancers of various types. In this prospective study, most patients' illnesses were categorized as involving either blocked enzyme systems (degenerative diseases) or enzymie malfunctions (cellular phases). Because of the type of symptoms, a relatively long treatment period was required. For most patients, therapy was continued for a number of weeks. The data obtained in this study demohstrate that Coenzyme compositum (in ampoule form), whether administered alone or as adjuvant therapy, activates endogenous metabolic processes by restoring cell and enzyme functions. Therefore, it is valuable in the treatment of chronic and degenerative diseases.

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