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FEATURE ARTICLE

Vertigoheel® - Experiences from Practice

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About ten percent of the patients who visit the internist or the general practitioner suffer from the phenomenon of vertigo[1]. Although the phenomenon "vertigo" is not a disease but a symptom[2], it is important to treat this disturbance, because it very much affects the patient's general condition. Better still is to cure the basic complaint.

Some of the patients also speak of vertigo when refering to a passing disturbance of balance, which in strictly applied medical terms does not form part of the expression vertigo. When suffering from a balalnce disturbance, the coordination of the motoric control system is adversely affected[3], The patient feels insecure when walking or gripping objects and only complains about these symptoms when standing or walking.

In the correct medical sense, vertigo stands for a disturbance of the vestibular system, which may have either central or peripheric causes. When dealing with such a "true vertigo", in most cases a nystagmus can be observed. That admits the delimination with respect to the balance disturbances by way of differential diagnosis.

Due to the fact that nystagmus may be inhibited by fixation, the luminous spectacles of Frenzel are used in a darkened room[4]. With this diagnostic aid the different types of nystagmus can be observed, such as the directionally determined nystagmus, the position determined nystagmus or the nystagmus determined by the direction of view. From the type of nystagmus, the origin of vertigo can be deduced. For example, if it is a position-determined nystagmus, the vertigo is in most cases of peripheral origin.

A further diagnostic method is the thermal (caloric) test, wherein the external auditory canals are rinsed with warm and cold water. This method is suitable for testing the irritability of every single peripheral vestibular organ.

The rotary test establishes whether the failure of a peripheric vestibular organ has been compensated by central structures. The causes may be of different nature, such as Meniere's disease (Morbus Meniere) in peripheral-vestibulary vertigo or brain stem conditions, and multiple sclerosis in central-vestibulary diseases.

Kinetosis is based on a discrepancy between the optical information and the central nervous expectation pattern, which causes vertigo and nausea.

Further causes of vertigo are vasomotorial regulation disorders, vascular sclerosis, hypertension and cardiac dysrythmia. In this context a survey work[11] may be pointed out, in which the question - "Can the origin of vertigo be deduced from the type of vertigo?" - is raised. This question is answered essentially in the affirmative, making reference to the fact that an extensive anamnesis is of decisive importance to the diagnosis.

Vertigoheel® is a homeopathic agent for the therapy of vertigo of different genesis containing as active ingredients, homeopathic preparations of Conium maculatum (Conium). Anamirta cocculux (Cocculus), ambergris and petroleum.

This is a combination which, according to the Burgisch principle, presents a potentized action and which in the sense of the Arndt-Schulz law is based on retro-action.

The main pharmacologic effect is to be attributed to the alkaloid coniune, which chemically is a propylpiperidene with the total formula $C_8H_{17}N$.

In homeopathic medicine Conium maculatum represents a polychrest whose main symptom is rotatory vertigo. It is further considered a marked geriatric agent, i.e. it is specially indicated for treating cerebral-sclerotic changes. In the **Vertigoheel®** preparation this becomes noticeable by the favorable influence on the diffuse cerebral vertigo, which in most cases is based on an arterio-sclerotic or cerebral sclerotic basis.[12]

The homeopathically prepared picrotoxin contained in Anamirta cocculus acts as a central anticonvulsive, and stimulates all efferent centers of the central nervous system. It acts on the cerebrum, the medulla oblongata, and the spinal cord. It also influences the adrenaline secretion and activates the conium effect. Important symptoms of Cocculus are sea sickness as well as nausea and vomiting during car travels. The Meniere syndrome also reacts favorably with Cocculus[5].

Ambergris is a wax type substance excreted by whales. The aromatic compounds contained in ambergris and the cholesterol type ambraine are indicated for chronically deteriorating nervous symptoms such as impaired hearing and failing memory, being especially indicated for geriatric patients with the principal symptom of vertigo[12].

The hydrocarbons contained in petroleum potentiate the total action of ambergris and are indicated for seasickness and motion-sickness.

Due to the homeopathic components of **Vertigoheel®**, therapeutic possibilities are provided to treat vertigo of different genesis: ,
- vertigo based on nervous factors or caused by arteriosclerotic changes with or without hypertension
- labyrinthally caused vertigo
- Meniere syndrome
- Commotio cerebri acuta and post traumatic complaints

In the year 1956, Fessler reported about the treatment of epidemic vertigo with **Vertigoheel®**.[7] He described the action of **Vertigoheel®** as therapeutically reliable when treating sensations of giddiness caused by accidents and similar sources. At that time too, comparisons with placebo tablets were carried out.

Schotten concludes in his work that **Vertigoheel®** represents a well tried preparation and that it demonstrates a good action where other methods do not lead to success, so that it can generally be routinely applied against vertigo.[6]

In 1983, Aust reports that **Vertigoheel®** tablets are easily tolerated antivertiginous agents with excellent properties for the long term medication of geriatric patients.[8]

Stoidtner writes that it is quite difficult for the general practicioner to establish an exact diagnosis fo vertigo when confronting "giddiness" symptoms. According to Stoidtner, **Vertigoheel®** drops as therapeutic agents for vertigo of different genesis are especially suitable for the general practitioner's practice. Should the therapy be nonresponsive, an examination by specialists such as the neurologist or the ear nose and throat specialist must be effected.[9]

Recent examinations have been carried out at the Neurotologic research Institute of Bad Kissingen[10], where a group of 40 patients was examined. During a period of 14 days these patients received 3 tablets of Vertigoheel three times a day. The vertigo symptoms of vestibular vertigo, sensation of lifting, rotary vertigo, tendancy to falling to the right, tendency to falling to the left, scotodinia and insecurity were examined before and after treatment, resulting in statistically checked significant reductions of symptoms compared with those patients who had not been treated.

Herewith Claussen arrives at the conclusion that **Vertigoheel®** proves its efficacy in the therapy of vertigo, particularly vertigo of central origin.[10]

It is neurotologically detectable that **Vertigoheel®** activates the stato-acoustic regulation systems located in the intratentorial range of the brain stem. The treatment with **Vertigoheel®** leads to a decrease of vertigo and nausea, a decrease of the head-body giddiness and to an improvement in central vestibulo-oculary nystagmus reactions By means of computer measured audioencephalography, an activity increase of the path systems between the acoustic nuclei and the lower lamina quadrigemina is detectable.

An inquiry refering to the therapeutic experiences obtained with **Vertigoheel®** tablets, drops and ampules, carried out on established general practicioners and specialists, showed the following results:

The inquiry sheets from a total of 312 patients were evaluated. The average age was of 64.2 years, oscillating from 21 to 96 years. 192 patients were female, 120 were male.

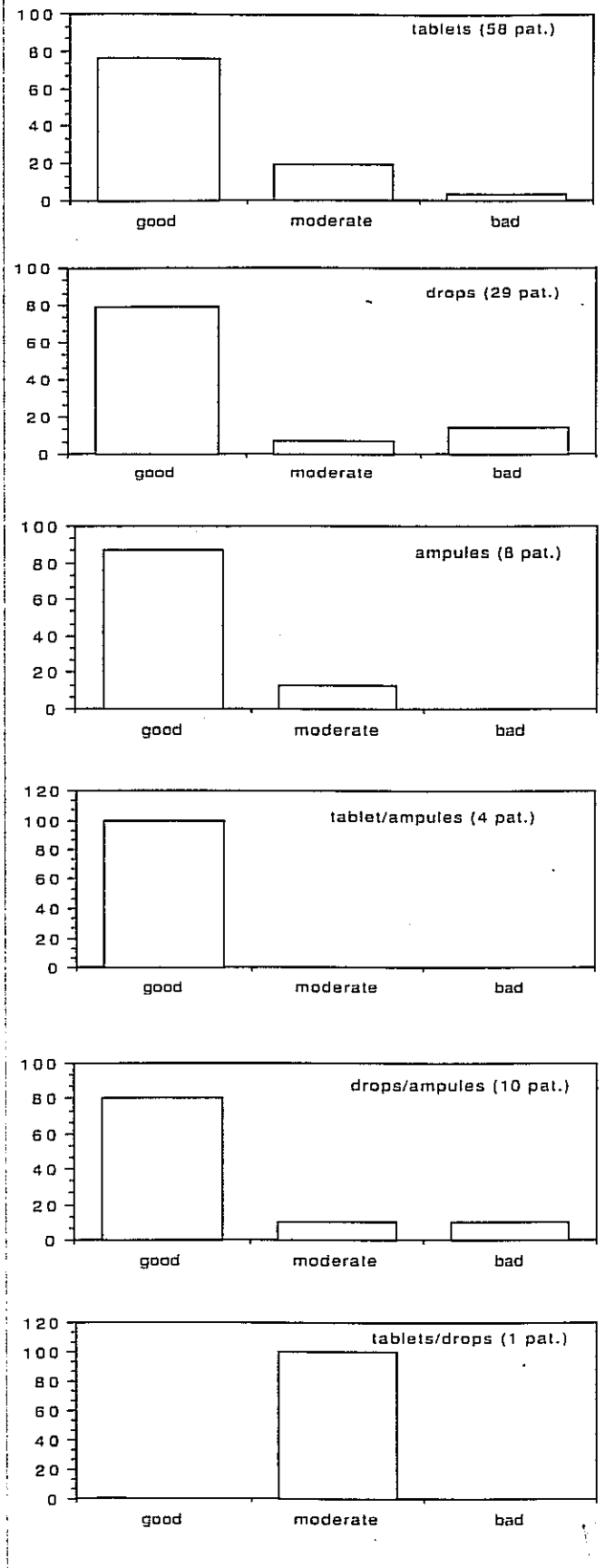
The patients suffered from different types of giddiness. The vertiginous phenomena were also based on different basic diseases. In most cases the basic complaints were arterio-sclerotic diseases of the cerebral vessels. In some cases basic or accompanying diseases could not be recognized.

The vertigo complaints existed for varying lengths of time. In some cases it represented a new disease for which the patient went to see the physician within a week of its appearance. In some cases the complaints had already existed many years, at the most for 33 years. The average was of 124 weeks, or 2.5 years.

According to the prevailing conditions in medical practice, some of the patients received a mono therapy, whereas others were prescribed a combination of different drugs.

In 110 cases patients received only **Vertigoheel®**, of which 58 were treated with tablets, 29 with drops only, and 8 patients exclusively with ampules. In 15 cases a combination of two application forms was employed.

The results of the treatment according to the different application forms are shown in Figure 1 and Table 1.



Results of the treatment, separated according to application forms of **Vertigoheel®**.

Table 1: results of treatment separated according to application forms of **Vertigoheel®**.

application form and number of patients	good	improvement moderate	none
tablets (58 patients)	78.6% =45 pat.	19.0% =11 pat.	3.4% =2 pat.
drops (29 patients)	79.3% =23 pat.	6.9% =2 pat-	13.8% =4pat.
ampules (8 patients)	87.5% =7 pat.	12.5% =1 pat.	
Tablets/ampules (14 patients)	100.0% = 4 pat.		
drops/ampules 10 patients)	80.0% =8 pat.	10.0% = 1pat.	10.0% = 1 pat.
Tablets/drops (1patient)		100.0% = 1 pat.	

If one compares the patients treated with **Vertigoheel®** with those who apart from **Vertigoheel®**, received an additional medication, similar results are obtained (Fig. 2,3 and 4).

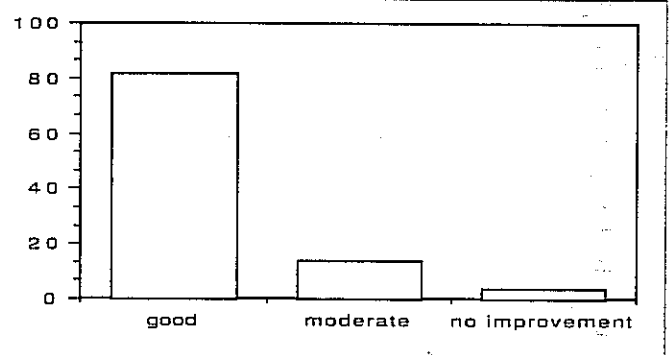


Fig. 2: Percental portions with "good", "moderate", and "no" improvement. Total number of patients (312) 82%=256 pat.. 13.8%=43 pat. 4.2%=13 pat.

An extensive analysis of the additional medication in this context must be left aside, due to the fact that it naturally differs from case to case, being very heterogeneous. Due to the fact that the intensity and the duration fo the disease are also different, a differential review of the additional medication is additionally intricate.

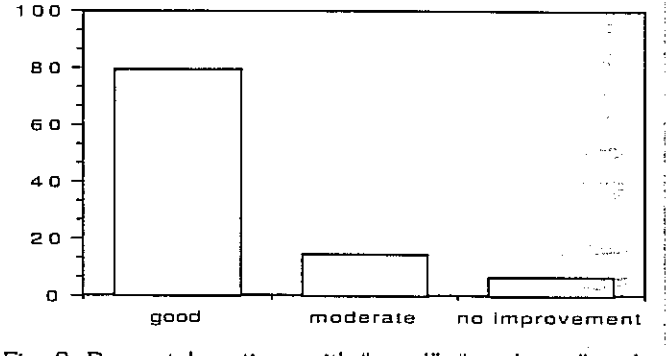


Fig. 3: Percental portions with "good", "moderate" and "no" improvement.Patients who only received **Vertigoheel®** (110) 79.1%=87 pat.. 14.5%=16 pat.. 6.4%=7 pat..

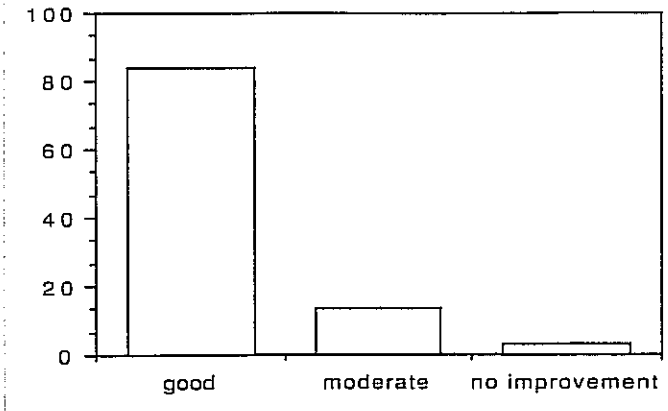


Fig. 4: Percental portions with "good", "moderate" and "no" improvement.
Patients who received **Vertigoheel®**+additional medication. (202)
83.7%=169 pat. 13.3%=27 pat. 3.0%=6 pat.

When regarding the period in which an improvement marked as "good" appeared,m an average period of 9.9 days passid since the beginning of the patient's treatment with Vertigoheel. the patients who received an additional medication even showed a period that was almost 3 days longer, namely 12.8 days (Fig.).

These results correspond with those obtained by Bruckner12. He states: "This preparation has to be granted a certain starting time-which is, indeed, of several days-until the acton of Vertigoheel begins. According to the disease picture the period may be of variable duration (5 to 12 days)".

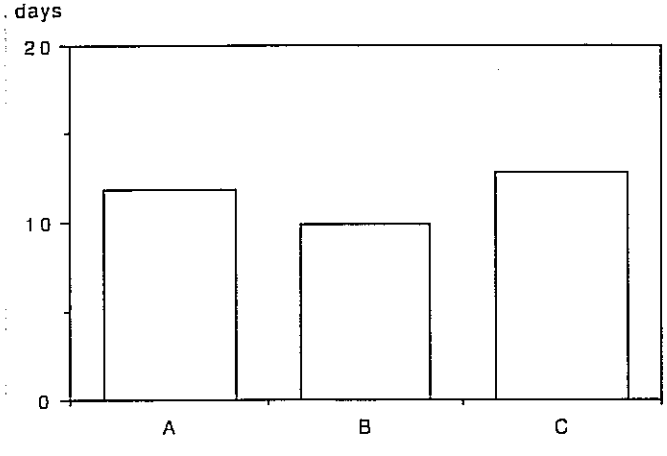


Fig. 5: Period (in days) from beginning of medication to the improvement of complaints.

A: Total number of patients (312): 11.8 days
B: Patients who received **Vertigoheel®** and an additional medication (110): 9.9 days
C: Patients who received **Vertigoheel®** and an additional medication (202): 12.8 days
These values are average figures which due to the quite diverging starting situations abviously represent only reference values.

In summary, it can be said that Vertigoheel has demonstrated a gratifying good efficacy in treating vertigo of different genesis in the patients documented in the scope of this inquiry (110 of whom were treated only with Vertigoheel). A "good" improvement was obtained in 78.6% (tablets), 79.3% (drops) and 87.5% (ampules) of the patients treated with Vertigoheel, having reached this improvement after an average period of 9.9 days. This corresponds to the results published in 1972 by Bruckner12. Those patients, who apart from Vertigoheel had received an additional medication, obtained results approximately as good as the former: (good results in 83.7% of the patients, see Fig. 4). Nevertheless, the starting of the action lasts two days longer (Fig. 5). An exact analysis of these aspects goes far beyond the scope of such a clinical study, due to the heterogeneous character of the additional medication.

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