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Vertigo - and its Biological Treatment with Vertigoheel®

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Summary of the results obtained from experimental clinical research

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About every tenth patient who visits the general practitioner and every third patient who consults the ear nose and throat specialist suffers from vertigo. Vertigo is the experienced substrate of a data conflict. The sensory system and the central nervous system represent a complicated information network. Many different disturbances of perception and information processing in this region result in the symptom of vertigo.

There are reports concerning the modern methods of differential diagnosis in experimental aequilibriometry, i.e. the measurable detection of the balance function. Herein it must be considered that four main phenomena regarding balance disturbances are tracked simultaneously. These are vertigo, metabolic reactions of the nausea complex, nystagmus reactions and motoric head-body giddiness patterns.

After having developed during many decades a consequent analysis of the balance function, in the last years the computer technique and specially the microprocessor technique have also made possible the objective and quantitative analysis of the function of the auditory paths.

Therewith both sensory systems of the inner ear, namely the vestibulary and the acoustic system can be functionally analyzed with respect to their capacity for processing information, as far as from the receptor to deeply into the structures of the brain. A refined topodiagnosis of functional disturbances in sensory capacity based on very different pathologic starting situations, such as disorders in the blood supply of the brain stem, path degeneration as a consequence of trauma, intoxications of the brain stem, etc., can systematically control therapy successes by combining the explained methods.

A study has been reported concerning the treatment of vertigo, nausea and tinnitus with **Vertigoheel**, realized with neurotologic findings, surveillance and response control. During 14 days a group of 40 patients received tablets of **Vertigoheel** at a rate of 3 tablets 3 times per day. The average age of the patients was 48.27 +/- 14.7 years. 22 men and 18 women were treated.

The symptoms of vertigo (vestibular vertigo, sensation of lifting, rotatory vertigo, tendency to falling to the right, tendency to falling to the left, scotodinia, insecurity) in 40 patients examined before and after the administration of 3 tablets of **Vertigoheel** three times a day, yielded a statistically multi-field panel checked and highly significant decrease of $p < 0.0005$ compared with patients suffering from vertigo and nausea without antivertigineous and anti-emetic treatment.

The symptoms of nausea (outbreak of sweat, nausea, sensation of retching, vomiting, collapse) in 40 patients before and after the administration 3 times a day of 3 tablets **Vertigoheel** also showed a highly significant reduction of the symptoms in comparison with vertigo and nausea patients without antivertigineous and anti-emetic treatment.

The same result was obtained when treating the releasing mechanism of giddiness (kinetosis, turning of the head, bowing, rising, sight turning) before and after treatment with 3 tablets of **Vertigoheel** 3 times a day, compared with nontreated patients. With regard to the duration of the vertigineous attack, the trend shows a shortening. Seven patients had become free of complaints and did not report any more.

Concerning the ear symptoms (normal hearing, loss of hearing, tinnitus) no statistically significant differences were obtained. However, it has been interpretatively reported that over a period of 14 days a reduction in tinnitus could be observed in 7.5 per cent of the patients.

According to the general experiences, an improvement of the hearing loss could rarely be counted upon.

All in all the comparison of the symptoms shows that the patients treated with **Vertigoheel** show a clear improvement of the findings. This is valid for both the giddiness and nausea symptoms, as well as for the releasing mechanisms of these symptoms, the duration of the attack and in a certain degree also for the symptom of tinnitus. It has further been reported about measuring head-body giddiness, employing a photo-optical recording process for the movements of the head and shoulder as seen from above. Therewith the longitudes and deviation angles may be read from the ready-made instantaneous picture.

As a very sensitive vestibulo-spinal test the treading test according to Unterberger and Fukuda was carried out.

Under the influence of **Vertigoheel** the trend showed an improvement in all parameters of head-body giddiness. This is especially conspicuous regarding the scope of lateral oscillation and the angular deviation, i.e. the deviation from the upright — straight ahead — starting position to the final position.

A clear and significant improvement of the symptoms obtained by treatment with **Vertigoheel** has also been proved by the standing test.

While the cranio-corpo-graphy represents a rugged balance examination method with screening test character, the electronystagmography appears to be a very subtle examination method. Herewith the background conditions must carefully be kept constant. The recorded tensions lie only in the range of microvolts, for the electronystagmography is based on the bio-electric self-marking of the eyes. In patients treated with **Vertigoheel** the trend is directed to a reduction of the reaction activity of vestibulo-ocular released nystagmus.

Vertigoheel has been well tried in therapy of giddiness, particularly of central origin. 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, to a decrease of the head-body giddiness and to an improvement of the central vestibulo-ocular nystagmus reactions. An activity increase of the path systems between the acoustic nuclei and the lower lamina quadrigemina is audio-encephalographically detectable by means of computized measurements. These explanations are a summarizing portrayal of the examination results. Further details shall be reported later.

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