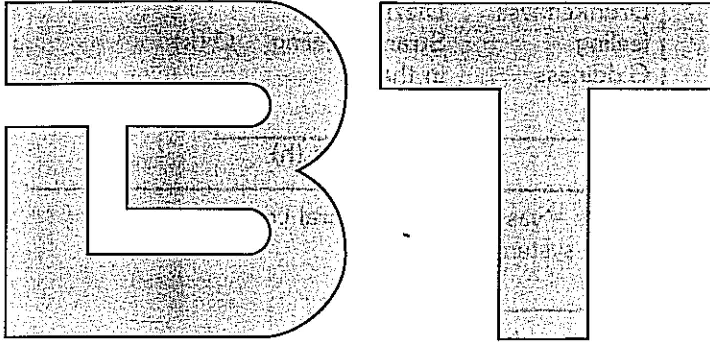
BIOLOGICAL THERAPY

JOURNAL OF NATURAL MEDICINE



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FEATURE ARTICLE

Vertigoheel in Internistic Practice

reprinted from *Biological Therapy*, Vol. IV, No. 1, April 1986, pp. 2-5

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It is known that vertigo is a symptom and by no means a diagnosis. Nevertheless, very many patients visit specialists for internal medicine for treatment of the symptom 'vertigo' after having had no complete clarification of the probable cause of their vertigo through visits to ENT specialists or by neurological and possibly neurosurgical examinations.

For these patients it is important for the treating internist — but also for the general practitioner — to prescribe a medicament which

1. has a good effect on the "vertigo" symptom
2. has proven itself for many years in clinic and practice
3. shows no side effects
4. possesses no incompatibility with other pharmaceuticals, this being neither in the sense of a synergistic, superadditive nor in the sense of a subadditive effect,
5. has no incompatibility with alcohol
6. shows no sedating effects thus causing no impairment while driving or in occupational life.

The preparation **Vertigoheel** (tablets, drops), which has been on the market for more than four decades in unchanged composition and thus has by far exceeded the "half life of medicaments", which was stated as 5 years and less by Prof. Dr. med. Habil. O. Lippross, Deputy Chairman of the Chairman Senate for Medical Training, has proven to be well suited for the treatment of vertigo conditions of widely differing origin.[1]

It also deserves to be emphasized that the preparation **Vertigoheel** has also been reported on from the view of the hospital physician, whereby this preparation has been used successfully in ampule form (i.v. and i.m., currently only in Germany) as well as in tablet and in drop form for a large number of patients with acute concussion of the brain.[2,3]

Reference to the use of **Vertigoheel** is also made in a survey study (1972) from the view of the clinically working ENT physician on "Vertigo, its Analysis and Therapy",[13] this being for the prevention of Meneire's disease[13] as well as in the case of rotatory and vestibular vertigo (= otolithian vertigo)[13] and in motion sicknesses.[13]

The site of action of the individual components in the combined preparation **Vertigoheel** is briefly sketched by reference to a table of vertigo analysis — by reference to a survey study by O. Lutz "Principal symptom vertigo: pathogenetic and diagnostic considerations"[4] and by reference to a survey study by W. Ey on "Vertigo as principal symptom"[5] *(table 1)*.

In a treatment period of 9 months, I used the preparation **Vertigoheel** with a total of 118 patients (65 male, 53 female), the average dose being 1 tablet 3 times daily taken sublingually.

The age of the patients ranged from 12 to 84 years with an average age of 47½ years.

At the start of therapy, massive dose therapy was used in the majority of cases (in 74 cases out of the total of 118 patients), in that 1 tablet was taken every hour for a period of 6 to 8 hours.

Table 1: Vertigo analysis and the sites of action of the individual components of **Vertigoheel**

Rotary vertigo (a)	vestibular vertigo (b) lateropulsion (d) lift feelings (c)	Insecurity feeling		Unconsciousness (j)
vertere = rotate (a,j)		Drunkenness feeling	Dizziness	
Semi-circular canals (a)	Cochlea		Strange feeling in the head	Ø (k)
Utricle (b)	Sacculus (b)	Giddiness		
Conium (e)	Cocculus (f) Petroleum (g)	Ambergris (h)		
		diffuse = vasomotoric cerebral vertigo = non-systematic vertigo		
vestibular vertigo (i) = systematic vertigo				

Supplementary remarks on table 1

a) Rotatory vertigo is caused exclusively by a change in the semicircular canals.[6] Rotatory vertigo refers to the receiving organ for angular accelerations, i.e. the semicircular canal system.[6]

b) Horizontal accelerations are recorded by the utricle[6], vertical accelerations are recorded by the sacculus.[6] Vestibular vertigo is associated with the sensory end points for the valuation of linear and gravity stimuli.[6] Ear specialist A. Güttich has separated the terms rotatory and vestibular vertigo clearly from one another, but has assigned both types of vertigo to the ear labyrinth (quoted in [6]).

c) Vertical accelerations are felt in the case of motion sicknesses subjectively as particularly unpleasant, since in contrast to the smaller centripetal and rotatory accelerations (conium · cf. e!) they considerably exceed the stimulus threshold.[7]

The nucleus of the medial (= triangular) vestibular nerve lies in the direct vicinity of the nuclear groups of the vagus nerve in the medulla oblongata.[4] This localization characterizes the medial vestibular nucleus also as "nucleus of seasickness".[4]

d) Lateropulsion is caused by an alteration of the utricle.

e) Conium also acts diuretically[2], anti-edematously[2] and excites the adrenaline system.[2]

It should be recalled at this point that each vertigo is triggered or maintained by a (pathological) overexcitability or by an overexcitation of para-sympathetic centers.

Conium is also a definite geriatric agent that is indicated in "hardenings" — also those of cerebral sclerotic type.[10] Therefore the conium component in the preparation of **Vertigoheel** also has a favourable influence on the diffuse cerebral vertigo, which in the majority of cases has an arteriosclerotic or cerebralsclerotic basis.

f) The picrotoxin contained in Anamirta cocculus (a central convulsant, which acts centrally relaxing in reversed effect) has its main site of action in the parasympathetic centers ("nucleus of seasickness", see above under c!).

g) Indications: motion vertigo with nausea and vomiting ("nucleus of seasickness", see above!) and "hollow feeling in the stomach".

h) Special indications of ambergris: vegetative and sensomotor accompanying systems of different nature and different localization[8], geriatric patients with the principal symptom "vertigo".[9]

i) It is known that under the vestibular part of the auditory nerve, i.e. the VIIIth cranial nerve, the 3 semicircular canals, the utricle and the sacculus are combined.

j) A good survey study with eymological references concerning vertere ⟶ vertigo = rotatory vertigo and concerning "unconsciousness" (= "becoming black in front of the eyes"[4,5]) is to be found in H. Güttich.[6]

k) Neither ambergris nor the other individual components of **Vertigoheel** have an influence on conditions of unconsciousness which are caused, for example, by a too low blood pressure or a sudden drop in blood pressure.

Vertigoheel is blood pressure neutral. It can be used both in hypertensive and in hypotensive patients.

This massive dose therapy procedure has also been performed in the case of acute deteriorations occurring during therapy, which were caused, for example, by climatic influences, psychic tensions etc. Such short-term deteriorations of the conditions of vertigo occurring paroxysmally were recorded in 16 of the total of 118 patients in the course of the **Vertigoheel** medication.

Table 2 provides information on the patients treated with **Vertigoheel**, classified according to sickness groups, age and sex, as well as concerning the therapeutic results achieved.

The time up to the onset of activity after commencement of the **Vertigoheel** tablet medication and the total duration of the **Vertigoheel** tablet therapy, classified according to average values and according to the respective minimum and maximum times in the different sickness groups can be seen from this table.

Table 2: Clinical pictures, treatment periods and therapy results with **Vertigoheel** tablets

Diagnosis	Number of patients M	F	Total	Average period in days up to onset of activity (range)	Average therapy period in days (range)	Therapy results *	+	++
1. Vasomotor vertigo (age: 40 to 71, average 52)	12	10	22	7 (5 to 11)	18 (12 to 24)	0	4	18
2. Cerebral sclerotic disturbances with trembling, uncertainty when walking, memory weakness, easily fatigued and with the principal symptom of vertigo (age: 62 to 84, average 69)	20	18	38	10 (8 to 12)	21 (16 to 28)	0	7	31
3. Acute concussion of the brain (age: 30 to 52, average 39)	9	5	14	6 (5 to 8)	12 (10 to 15)	0	3	11
4. Postcommotional complaints (age: 32 to 50, average 41)	4	2	6	8 (6 to 9)	15 (12 to 18)	0	1	5
5. Meniere's disease (ENT specialist verified) (age: 44 to 56, average 50)	2	2	4	9 (7 to 10)	18 (15 to 20)	0	1	3
6. Motion sickness (age 12 to 66, average 34)	18	16	34	2 (1 to 3)	5 (3 to 8)	0	0	34
(Age: 12 to 84, average 47½)	65	53	118	7 (5 to 9)	15 (11 to 19)	0	16	102

The assessment of the therapy results was based on the following criteria:

* = no therapeutic success. Transfer to another therapy was necessary.

\+ = good therapy success, i.e. noticeable improvement, which could also be registered within a relatively short time — on average 8 to 12 days after commencement of therapy.

++ = very good therapy success, i.e. considerable decrease to complete disappearance of the vertigo symptoms complained of, whereby in addition very rapid occurrence of the therapeutic success after commencement of therapy (on average after 5 days) represented a noteworthy parameter.

Assessment of the therapeutic results determined (cf. table 2)

1. Therapy failures with **Vertigoheel**, i.e. the need to transfer to another medicament or to a quite different therapy (operation) were recorded in none of the cases. This may be because vertigo conditions were not presented for therapy in the internistic practice with a "tangible" pathological-anatomical finding ([small] brain tumours, vertigo conditions with a clear clinically and/or pathologically-anatomically defined clinical picture in the inner ear etc.). It can be said based on earlier experiences with **Vertigoheel** that every patient with "vertigo" who does not respond to this medicament within a certain period (see below under 2 and 3) should be subjected to a (renewed) specialist examination on the part of the ENT specialist, the neurologist and if necessary the neurosurgeon. Terms such as "**Vertigoheel** as (differential) diagnostic agent" or "diagnosis ex juvantibus (remediis)" are therefore here permitted.
2. A certain "run-up time" — amounting to a few days — up to the onset of activity of **Vertigoheel**, which according to the clinical picture present can be of different length (5 to 12 days; exception: group 6 = motion sicknesses) must be conceded to this medicament.
3. With the known chronicicity or therapy resistance of these sickness groups 1, 2, 4 and 5, it is not surprising that therapeutic success can be achieved only under a certain long-term therapy with **Vertigoheel** (more than 2, up to 3 to 4 weeks).
4. No side effects or incompatibility phenomena were found even in long-term therapy with **Vertigoheel**, likewise there were also no tachyphylactic symptoms.
5. Therapy with **Vertigoheel** for 1½ to 2 weeks is also indicated in acute concussion of the brain (cf. [2,3]) if a good therapeutic result (+ or ++) is to be achieved (group 3). Perhaps the time up to onset of activity could be shortened in this sickness group if a combination therapy with **Vertigoheel** and Traumeel were administered as has been reported on from the viewpoint of the clinician.[2,3] However, for procedural reasons the 14 patients with acute concussion of the brain also received only **Vertigoheel** tablets as medicinal monotherapy.
6. In the case of the 34 patients with motion sickness, the **Vertigoheel** tablet medication was started from one to three days before travelling as far as this was possible for external reasons, so that the full **Vertigoheel** activity was already present at the start of the journey (onset of activity 1 to 3 days; cf. table 2, group 6). The period of therapy in this patient group naturally covered only the period of the journey(s) and was thus at 3 to 8 days significantly below the average of

the other therapy groups since here it is indeed a case of an exogenously acutely triggerable symptom "vertigo" which subsides more or less rapidly after disappearance of the noxa.

7. 34 cases were too few for checking the action of **Vertigoheel** for the period or the intensity of the "postkinetotic" vertigo conditions, which it is known can last for many hours up to several days after conclusion of "motion sickness during the journey". A much larger number of cases must be available to clarify this question in view of the known variability of the duration and intensity of these conditions. Here only a medicament test based on unselected alternating series according to P. Martini[12] in the sense of a collective comparison can yield reliable results, since in the case of these conditions it is a question of decidedly acute sicknesses or of acutely triggered symptoms (cf. also [11]).
8. However, in the sickness groups 1, 2, 4 and 5 as decidedly chronic sicknesses the individual comparison in different temporal treatment methods required for chronic diseases, i.e. the preliminary observation time, the main observation time with the medicament **Vertigoheel** tablets to be tested and the postobservation time was referred to in the assessment of the therapeutic results achieved with **Vertigoheel** tablets.[11] The latter extended in the case of these 70 patients on average over many weeks or some months.

A word from P. Martini should be quoted at this point: "The individual case pursued in its periods — the preliminary observation, the therapeutic observation and possibly the postobservation — remains the foundation (for testing pharmaceuticals); it already incorporates a considerable degree of proof"[12], cf. also [11].

Summary

Brief reference is made to the manifold and complex causes of the symptom "vertigo".[4,5,6]

From the viewpoint of the practicing specialist for internal medicine, therapeutic experiences with **Vertigoheel** tablets (average dosage: 1 tablet 3 times daily) in 60 patients aged from 40 to 84 years with vasomtor vertigo conditions — average age: 52 years — with cerebral sclerotic conditions with the principal symptom "vertigo"[4,5] — average age: 69 years are reported on.

In the same examination series with **Vertigoheel** tablets, 14 cases with acute concussion of the brain, 6 cases with post-commotional complaints and 4 cases with Meniere's disease (ENT specialist verified) were also included. Further, the action of **Vertigoheel** was tested in 34 cases of motion sickness in patients aged from 12 to 66 years, with an average age of 34 years.

A very good therapeutic success could be achieved in all 118 patients — with complete lack of side effects!

The lack of therapeutic failures in this examination series must be based upon the fact that patients with "tangible" or pathological-anatomical findings, who would possibly have had to be subjected to surgery because of the symptom of vertigo, naturally do not belong to the clientele of an internistic practice.

Attention is drawn to the relatively long "run-up time" of on average one week and to the need for a certain long-term therapy with **Vertigoheel**.

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