The homeopathic preparation Spascupreel® (tablets) is non-inferior to hyoscine butylbromide (Buscopan®) therapy for gastrointestinal cramps in children under 12 years of age

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Objectives: Gastrointestinal spasms and cramps are common in children as well as in adults. Alternative medical practices such as chiropractic and homeopathy are becoming increasingly popular in the EU and the US. The effectiveness and tolerability of the homeopathic preparation Spascupreel® was compared with that of commonly used hyoscine butylbromide treatment in children aged <12 years.

Methods: Observational, non-randomized, cohort study in 204 children <12 years of age of which 99 received Spascupreel® and 105 received hyoscine butylbromide. Both treatments were administrated orally. Efficacy was evaluated on the variables severity of spasms, pain/cramps, sleep disturbances, distress, eating or drinking difficulties and frequent crying. Effects were evaluated by the practitioner on a scale from 0-3 when 0 indicated no symptoms and 3 severe symptoms. Compliance and tolerability were also evaluated on four-point scales. The overall effects as well as the effects on individual variables were analyzed for non-inferiority of Spascupreel® to the control therapy.

Results: Patients in both groups improved markedly during the treatment period. The non-inferiority analysis showed the homeopathic preparation to be non-inferior to hyoscine butylbromide therapy on all variables except for distress. The non-inferiority analysis of overall efficacy showed statistically significant (p<0.05) non-inferiority of Spascupreel®. Both treatments were very well tolerated with no adverse events reported and compliance was high in both groups.

Conclusion: The homeopathic preparation Spascupreel® is a well-tolerated, non-inferior alternative to common hyoscine butylbromide therapy for gastrointestinal cramps and spasms in children.

Optimization of the treatment of dysbiosis of the large intestine with ulcus complications.

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Objectives: In patients with perforated ulcers, intestinal dysbiosis arises due to the elimination and pronounced deficiency of indigenous obligate bacteria, as well as the contamination of the intestine with pathogenic and conditionally pathogenic microorganisms. This clinical investigation evaluated the effect of including Mucosa compositum® in the treatment plan of patients who suffer from perforated stomach ulcers in order to optimize the dysbiosis treatment.

Methods: The study included 40 patients (ranging from 19 to 53 years of age). The test group consisted of 19 patients who were treated with Mucosa compositum along with the standard therapy which is usually applied in the treatment of ulcers after the first day of hospitalization. Patients in the test



group suffered from dysbiosis of the large intestine with perforated ulcers from a few months to 30 years. One ampoule of Mucosa compositum® was administered every second day in the first week, then twice a week in the second week and finally once a week in the third week. The 21 patients who constituted the control group were generally healthy individuals of the same age range who did not suffer from any acute gastrointestinal diseases during the last 6 months.

Conclusion: The inclusion of Mucosa compositum[®] in the early post-operative period can improve the clinical condition of the patients and help normalize the microflora of the intestine. The antihomotoxic preparation Mucosa compositum[®] may be recommended as part of the treatment scheme for patients who suffer from perforated ulcers.