Gastricumeel® and Spascupreel® - An Alternative Therapy in the Treatment of Spasmodic Gastritis

by Dr. Med. Werner Frase

In terms of homotoxicology, spasmodic gastritis may be conceived as a "muco-dermal phase of reaction". The organism tries to get rid of the homotoxins by an inflammatory reaction. As a rule, an allopathic therapy with Metoclopramide and antacids will lead to a rapid improvement of the findings, but, nevertheless, it must be realized that there will be a strong effect as the elimination of homotoxins is prevented by the suppression of the inflammation.

The aim of the present study was to check whether the therapy with the antihomotoxic and biotherapeutic agents Gastricumeel® and Spascupreel® is of an equally good efficacy as compared to the allopathic treatment with Metoclopramide (I. N. N) and antacids.

Structure Of The Test

The study comprised 15 patients with acute spasmodic gastritis. The selection of patients was made at random and in the order of patients appearing in the waiting room. The patients were divided into 3 groups:

1st group:
Metoclopramide and antacids

2nd group:
Gastricumeel® Tablets and Spascupreel® Tablets

3rd group:
Placebo

To create a comparable initial basis, each patient was, to begin with, submitted to a preliminary treatment with a dummy tablet and afterwards followed a corresponding subsequent treatment according to the group he or she belonged to.

Each patient received a form on which to fill in his or her state of health daily, to be more precise, in the evening. Based upon the fact that states of pain underlie a strongly subjective influence, the initial basis of each patient's personal symptoms was determined to be 100%, with the freedom from all symptoms being defined as 0%. The graduation between 0% and 100% was subdivided into steps of 5% each.

At first, the test ran over a fortnight. After that fortnight, the placebo group was again subdivided into one group with Metoclopramide and antacids and another group with Gastricumeel® and Spascupreel®. The form to be filled in giving data on the patient's state of health, which was prepared for 21 days, was continued.

Results

1. After the first phase of treatment with a placebo, which took 2 days, the symptoms stated were reduced to 80%.
2. The patients of the Metoclopramide group as well as the patients belonging to the Gastricumeel® group were symptom-free after a fortnight. Between the 5th and 6th day, a slight advantage was to be noted within the Gastricumeel® group as against the Metoclopramide group.

All the remaining courses were nearly identical.

3. After a fortnight, the patients of the placebo group were still showing residual symptoms of 15%. On the whole, the overall progress was taking place at a strongly reduced pace compared to that of the other groups.
4. After subdividing the patients of the placebo group into Metoclopramide patients and Gastricumeel® patients, all
patients were entirely symptom-free after another 4 days. In both cases, the courses of the curves plotted were identical.

Discussion

If one considers the results, a striking feature will be that both the treatment with Metoclopramid and the treatment with Gastricumeel® are absolutely superior to that with a placebo. If one examines the patients of the Metoclopramid group, on one hand, and the patients of the Gastricumeel® group, on the other hand, one will notice that both types of treatment may be considered as producing an identical effect. With regard to the slight advantage of the Gastricumeel® treatment between the 5th and the 8th day, this requires a more detailed test with a larger group of patients.

Nevertheless, the treatment with Gastricumeel® and Spascupreel® is to be given preference over treatment with Metoclopramid and antacids, in spite of its identical effect, on account of 4 facts:

1. No retoxic effect, but a natural elimination of homotoxins.
2. No harmful effect as often results in the case of Metoclopramid administration.
3. No contra-indications.
4. No restrictions as to the duration of the treatment and to patient's age.