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Homeopathic Treatment of Infections of Various Origins: A Prospective Study

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Summary

In this prospective study, data on therapeutic applicability as well as efficacy and tolerance of Engystol® were systematically recorded. A total of 1479 cases were documented, treated by 154 physicians from three European countries. Primary usage indications of Engystol® were flu, feverish infections, and prophylactic administration to increase endogenous defenses. Additional usage indications included a great variety of acute and chronic diseases of the upper respiratory tract as well as infections of all kinds.

Engystol® proved to be therapeutically effective both singly and in combination with other forms of therapy. Additionally, no negative effects were observed when Engystol® was used in combination with allopathic medicines.

Introduction

The goal of an antihomotoxic treatment with homeopathic remedies is to stimulate and support endogenous processes of regulation and self-healing. Goal-oriented antihomotoxic therapy attempts, among other things, to bring about the activation of endogenous defenses (immunostimulation).[4] In a study of 20 infection-prone patients with recurrent sinusitis and bronchitis, Ricken was able to demonstrate that titers of T lymphocytes and helper T cells and lysozyme levels (a measure of increased phagocytotic activity), which

Ingredients	Composition (Amount per tablet)	Pharmaceutical picture
Vincetoxicum hirundinaria (swallowwort)	6X, 10X, 30X 75 mg each	Viral infections. More generally, to enhance endogenous defenses (works on vascular system and sympathetic nervous system).
Sulphur	4X, 10X 37.5 mg each	For various (esp. chronic) skin diseases, eczema and suppuration; acute and chronic inflammations of the respiratory tract, intestinal tract, urinary tract, and reproductive organs; weakness of the liver and digestive organs; varicose veins, hemorrhoids, and hemorrhages; cardiac and circulatory disorders, blood pressure disorders, rheumatic symptoms, sleep disturbances, nervous disorders; weakness; behavior and mood disorders. More generally, a constitutional, mood-altering remedy with resistance-enhancing properties.

Tab. 1: Engystol®: ingredients and pharmaceutical pictures

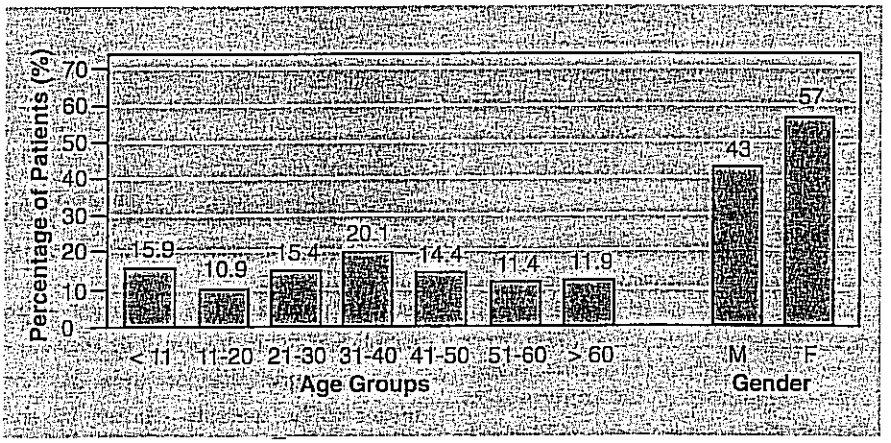

Fig. 1: Age and gender distribution in the patient population treated with Engystol® (n=1479)

had all been low at the beginning of treatment, rose after six months of antihomotoxic treatment; in contrast, IgG, IgM, and IgA titers remained substantially unchanged.[5] Increased freedom from recurrent episodes was observed along with these changes.

In one *in vivo* and two *in vitro* phagocytosis models, Wagner *et al* investigated the phagocytosis-stimulating effect of four homeopathic combination remedies, including Engystol® and Gripp-Heel®. In all three immune models, these homeopathic remedies brought about a significant increase in phagocytotic activity.[6] Use of Engystol® N in uncomplicated cases of viral infections in the upper respiratory tract delayed the onset of common colds. In addition, clinical symptoms were less distinct and the duration of the illness was reduced by almost one third.[1] In bronchial asthma cases, the average number of infections was also significantly reduced after seven months of treatment with Engystol® N. Parallel improvement in the relevant clinical parameters (expiratory reserve volume, vital capacity, expiratory flow rate) was noted. Treatment with Engystol® N also made it possible to significantly reduce the patients' daily doses of corticoids.[3]

Injections of Engystol® N are experienced as unpleasant by some patients and are almost impossible to administer to children, but Engystol® tablets (manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden) are an easily administered prophylactic and therapeutic remedy with infrequent side effects. Engystol® is a homeopathic combination remedy made of plant and mineral substances which contains the ingredients Vincetoxicum hirundinaria and sulphur (Table 1).

Methods

The current multicentric prospective study was carried out in three European countries (see Table 2). Data were recorded on standardized questionnaires. Since the purpose of the study was to observe usage indications, application modalities, therapeutic efficacy, and tolerance of Engystol® in an unselected patient population, no criteria were established for inclusion in or exclusion from the study. Patients were also not meant to be specially selected by the physician, but were to be admitted to the study on the basis of chance.

The dosage of Engystol®, the duration of treatment, and the choice of whether or not to prescribe supplemental therapies was left up to the participating physicians, but all data relevant to treatment had to be recorded on the questionnaires. Individual results of therapy

• Implementation:	August 1994-February 1995
• Location:	Belgium, Germany, Portugal
• Participating physicians:	154 established practitioners; Areas of specialization: 136 general practitioners 9 pediatricians 8 ENT specialists 1 surgeon
• Total number of questionnaires sent out:	2400
• number returned:	1479 (61.1%)
• observation period per patient:	maximum 4 weeks, prospective
• criteria for inclusion/exclusion:	none
• documentation:	standardized questionnaire
• number of patients per physician:	maximum 10

Tab. 2: Parameters of the prospective study

Usage indications	Number of patients	Percentage of patients
feverish infections	598	40.4
flu	486	32.9
prophylactically, to activate the endogenous defense system	411	27.8
other indications	235	15.9

Tab. 3: Main usage indications of Engystol® (multiple listings occurred; n = 1479)

Other indications	Number of patients
bronchitis (including chronic, suppurative, and spastic)	40
sinusitis and chronic sinusitis	40
various infections (type not specified)	37
pharyngitis	16
herpes (labialis, simplex, zoster)	17
sore throat (due to bronchitis, herpes, pharyngitis, tonsillitis)	15
otitis media	8
laryngitis	7
susceptibility to infections (general)	7
tonsillitis	6
rhinitis	5
tracheitis	5
toxin elimination	5
other indications (less than 5 listings each)	65

Tab. 4: Engystol®: other usage indications (multiple listings occurred; n = 235)

were evaluated according to the following scale: very good = complete freedom from symptoms; good = clear improvement; satisfactory = slight improvement; no success = symptoms remained the same or worsened. Similarly, upon conclusion of treatment, patients' tolerance of Engystol® was assessed according to the following scale: excellent, good, moderate, and poor. Undesirable incidents were recorded on a separate questionnaire. Treatment data were recorded for a total of 1479 patients. All of the questionnaires returned to the investigators were suitable for statistical evaluation. Data were compiled with the help of the computer program Report (IDV/Gauting) and then evaluated according to descriptive methods.

Results

Patient demographics

Of the 1479 patients included in the statistical evaluation, the majority (77%) were from Germany, with 20% from Belgium and 3% from Portugal. Fifty-seven percent of the patients were female. Age distribution was relatively even, ranging from <11 years to >60 years, with a slight dominance of 31-to-40-year-olds. The relatively large proportion of patients under the age of 11 is unusual (see Figure 1).

Usage indications

Engystol® was used to enhance the endogenous defense system in a great variety of infectious illnesses. It was used first and foremost for the indications "feverish infections" and "flu" (see Table 3). Sixteen percent of the patients were diagnosed with various diseases of the upper respiratory passages such as sinusitis, rhinitis, bronchitis, and sore throat. Herpes infections, susceptibility to infections, and a wide variety of infections were additional usage indications (see Table 4). For 28% of the patients, Engystol® was prescribed prophylactically to activate endogenous defenses. There was no striking concentration of patients of a particular age or gender in any of the different diagnostic groups.

Duration of illness and prior treatment

Duration of illness depended on the type of primary symptoms reported and was less than 1 week in 10% of cases and more than 4 weeks in 15%. The numbers make it clear that most patients accepted into the study were suffering from acute illnesses; 11% of the patients had received prior medical treatment for their current complaints. Antibiotics, cough suppressants, immunotherapeutic medication, and analgesics were the main categories of medications that had been prescribed. Homeopathic remedies had been administered to approximately 10% of patients receiving prior treatment. The main reasons for changing medication were failure of previous therapy or inadequate improvement of symptoms under prior treatment. Inability to tolerate the first medication and patients' desire for a "softer" form of therapy were additional reasons for switching to Engystol®.

Dosage

The manufacturer of Engystol® recommends 1-3 tablets per day as a standard dose. This was the amount prescribed by the participating physicians in 95% of cases (1 tablet 3 times daily: 71%; 1 tablet 2 times daily: 19%; 1 tablet once a day: 5%). In the other 5% of cases the dosages deviated from the standard dose, with the minimum dosage being 1/2 tablet 3 times a day and the maximum 6 tablets 3 times a day. In approximately 2% of cases an initial massive-dose therapy was carried out (1 tablet per hour). The dosage selected at the beginning of treatment was reduced in 5% of cases over the course of treatment; dosage was increased in only 0.3% of cases.

Supplemental therapies

Sixty percent of the patients were prescribed supplemental pharmaceutical or somatic therapies. The supplemental pharmaceuticals prescribed were assigned to different main categories analogous to those of the "red list" (a listing of ready-to-use pharmaceuticals manufactured by members of the German Federal Association of Pharmaceutical Industries). Cough suppressants were the most frequently prescribed type of allopathic medication, followed by analgesics, rhinologic agents, antibiotics, and immunotherapeutic medications. A large number of patients also received vitamin and mineral supplements.

It is striking that additional homeopathic remedies were administered in 50% of all cases (as opposed to 10% during prior treatment). The most commonly prescribed remedies were ones such as echinacea which support the endogenous defenses and medications that are indicated for flu (such as Gripp-Heel®) or support the lymphatic system (e.g., Lymphomyosot®). The somatic therapies prescribed were primarily household remedies such as inhalation treatment, compresses, and infrared treatment. In many instances, the choice of whether or not to use Engystol® as the sole form of therapy was diagnosis-dependent: Fifty-three percent of the patients in the diagnostic group receiving Engystol® "prophylactically, to activate the endogenous defense system" were treated with that medication alone, but only 40% in the group diagnosed with "flu," 35% of those with "feverish infections," and 23% of the group with "other indications."

Duration of treatment

As expected, length of treatment varied and was diagnosis-dependent. Sixty percent of patients in the "flu" group, but only 46% of those in the "feverish infections" group and 11% of those taking the medication prophylactically took Engystol® for 1-7 days. Longer periods of treatment (longer than 2 weeks in 70% of cases) are dominant in this last group, for whom prevention was the main reason for taking the medication.

Results of therapy

Participating physicians were to rate the success of therapy on the basis of two criteria: a) how soon an improvement in symptoms was first noted and b) overall evaluation of the therapeutic results achieved, based on a five-point scale (see Methods). In general, it can be said that an improvement in symptoms was noted

within 1-4 days in approximately half the cases, after 5-7 days in an additional 21%, after 1-2 weeks in an additional 11%, after 2-4 weeks in an additional 7%, and after more than 4 weeks in an additional 3% of patients. A total of 6% of the patients reported no improvement in their symptoms.

How soon subjective improvement in symptoms was noted depended, among other things, on the type of illness involved. For example, while 85-90% of the patients in the groups diagnosed with "flu" and "feverish infections" noted an improvement in their symptoms within the first week of treatment, this was true of only about 60% of the group with "other indications." Since the patients using Engystol® "prophylactically, to activate the endogenous defense system" were taking it for purposes of prevention, no point of symptomatic improvement can be determined for this group. In this instance, the criterion observed was an improvement in endogenous defenses that prevented recurrence of infection.

The results of overall evaluation of the therapy show that either complete freedom from symptoms or clear improvement in symptoms was achieved in 9 out of 10 cases. The treatment was unsuccessful in only 4% of the patients. In cases where Engystol® was not the only therapy, the role played by Engystol® and by the supplemental therapies is difficult to estimate. Depending on individual symptoms, the use of additional forms of therapy may certainly be necessary, but an across-the-board comparison between the patients treated with and without supplemental therapy shows that good and very good results were achieved even when Engystol® was administered singly (see Table 5).

Engystol® was used both singly and in combination with other therapies for all reported usage indications. In almost all diagnostic groups very good and good therapeutic results were achieved in over 80% of patients. The success rate was somewhat lower only in the group "other indications," which is not surprising, since this group included many different chronic illnesses in addition to some acute illnesses (see Table 6).

Treatment groups	Results of treatment: very good	good	satis-factory	no success	worse	no result reported
total patient group (n=1479)	46.2	42.5	7.0	3.7	0.5	0.1
patients receiving supplemental pharmaceutical and/or physical therapies (n=870)	44.0	44.0	7.4	3.9	0.5	0.2
patients receiving no supplemental therapy	49.2	40.4	6.6	3.3	0.5	-

Tab. 5: Overall results of treatment within the different treatment groups (given in percent)

Usage indications	Results of treatment: very good	good	satis-factory	no success	worse	not reported
feverish infections (n=598)	47.5	44.0	4.8	3.0	0.5	0.2
flu (n=486)	55.2	36.6	6.4	1.6	0.2	-
prophylactically, to activate endogenous defense system (n=411)	33.8	51.2	8.0	6.8	-	0.2
other indications (n=235)	34.5	43.4	13.2	7.2	1.3	0.4

Tab. 6: Overall results of treatment within the different diagnostic groups (given in percent)

Tolerance

In the context of this prospective study, undesired pharmaceutical effects were observed in four cases:

- A 20-year-old female patient suffering from feverish rhinitis and syringitis complained about eye redness and conjunctivitis from day 6 to day 10 of treatment. These symptoms are probably due to the underlying illness and cannot be seen as related to the use of Engystol®.
- In the second case, an 85-year-old female patient reported experiencing nausea and vertigo 10 minutes after taking Engystol®. (1 tablet 2 times daily had been prescribed.) The side effects lasted for 1-2 hours. Because of this patient's advanced age, the appearance of vertigo and nausea is probably due to preexisting general symptoms of aging. In addition, the individual in question suffered from recurrent bouts of vertigo and from "cardiac weakness."
- After two weeks of taking 1 Engystol® tablet once a day, a 2-year-old child suffered from a week-long episode of constipation. After the child was given an enema, an infant laxative, and acidophilus, the stools normalized. There is no apparent causal connection between the use of Engystol® and the constipation.
- A 40-year-old female patient whose diagnoses included mercury toxicity from dental amalgam was treated with Engystol® (1 tablet 3 times daily, in addition to glutathione) because of preexisting chronic pneumonia. After three days of treatment with Engystol®, increased coughing was noted. In addition, the patient complained of chest pain which was diagnosed as pleural in nature. These symptoms lasted for 10 days. Treatment with Engystol® was discontinued because of the described symptoms. It is possible that a positive vicariation [2] was the cause of the coughing and chest pain.

In spite of these four cases, overall tolerance of Engystol® can be rated "very good," meaning that intolerance reactions to this medication are to be expected only in isolated instances. This overall assessment of patient tolerance of Engystol® is also confirmed by the participating physicians, who reported excellent to good tolerance of the medication for 97% of the patients.

Discussion

Both laypersons and experienced medical therapists turn again and again to prophylactic medications in cases of recurrent colds and to time-tested immunomodulators as a supportive therapy. In this regard, the significance of pharmaceuticals from the field of biological medicine has increased in daily practice. Several clinical investigations have confirmed the effects of the homeopathic combination remedy Engystol® N on parts of the immune system.[1,3,5,6]

In this prospective study, the primary usage indications of Engystol® were flu and feverish infections; in addition, it was used as a prophylactic measure to enhance the endogenous defense system. It was also used in patients with simple infections (primarily of the upper respiratory tract) as well as for a number of chronic illnesses. The therapeutic results achieved prove that Engystol® can be used effectively, both singly and in combination with other medications, in treating mild infections and to enhance endogenous defenses.

Because the composition of homeopathic medications places little burden on the body's metabolic and excretory organs and because drug interactions with other medications are not to be expected, use of Engystol® is especially indicated in children and older patients. Older patients in particular often suffer from multiple illnesses for which they take a number of different medications. The tablet form of Engystol® has an advantage over the injectable form in that it can also be taken at home, although as a result patient compliance may be somewhat uncertain.

With regard to tolerance, this study proves that Engystol® is very well tolerated and that undesirable effects are to be expected only in isolated instances. Three of the four cases of undesired pharmaceutical effects that occurred in temporal connection with administering this preparation have no causal connection to the use of Engystol®. In all probability, the fourth reported case represents an instance of positive vicariation. According to the principles of homotoxicological theory, a biological reaction of this sort is to be welcomed since it leads to displacement and transferal of the toxins that cause illness and thus to a change in existing symptoms. According to the theory of homotoxicology, this displacement ultimately leads to an improvement in the patient's symptoms.[2]

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