Vertigoheel® improves microcirculation

Original publication: Klopp R, Niemer W, Weiser M. Microcirculatory effects of a homeopathic preparation in patients with mild vertigo: an intravital microscopic study. Microvascular Res 2005;69:10-16.

In recent years, naturopathic and/or homeopathic medications have increasingly been used in the treatment of vertigo symptoms. As several studies indicate, the homeopathic combination preparation Vertigoheel® (manufactured by Biologische Heilmittel Heel of Baden-Baden, Germany) is used frequently and successfully as a therapy for vertigo. Vertigoheel contains the following homeopathic extracts: Cocculus indicus 4X, Conium maculatum 3X, Ambra grisea 6X, and Petroleum 8X.

A study conducted at the Berlin Institute for Microcirculation suggests a possible mechanism of action. Specialized microscopy techniques were used to investigate the effect of Vertigoheel on parameters related to the microcirculation. A microscopic probe delivered images of microvessels in precisely defined locations to a high-speed camera.

STUDY DESIGN

Examinations were always conducted at the same time of day, after a two-hour acclimatization period, with patients in a sitting position. Two areas were investigated: the subcutis on the inside of the left lower arm (zone A) and a spot 5 mm behind the left earlobe (zone B). Both of these locations had 60 blood-cell perfused nodal points of capillaries, arterioles, or venules with a diameter of at least 40 µm. "Blood-cell perfused" was defined as having an erythrocyte flow rate of 80 µm/second over a period of 20 seconds.

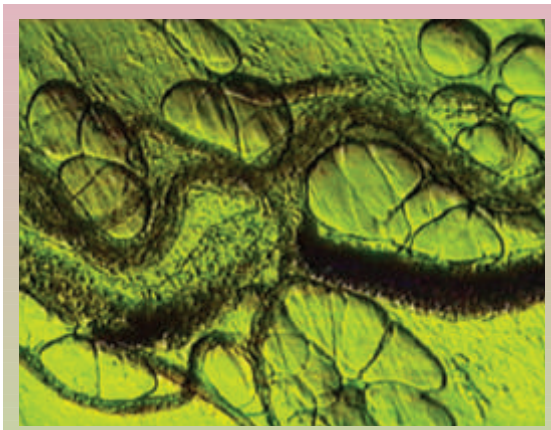
The open, non-randomized pilot study tracked the treatment of 32 patients (18 men and 14 women) between the ages of 60 and 70 years. All patients had been diagnosed with "mild vestibular vertigo" and suffered from at least one associated symptom: unsteadiness in walking, light-headedness, blackouts, flickering vision, "seeing stars," or blurred vision. 16 of the patients were treated with two tablets of Vertigoheel per day over a 12-week period; the control group received no medication. Both groups underwent physical therapy for vertigo. Clinical effects were recorded at four-week intervals (weeks 0, 4, 8, and 12).

RESULTS DEMONSTRATE DEFINITE CHANGES AS A RESULT OF THERAPY

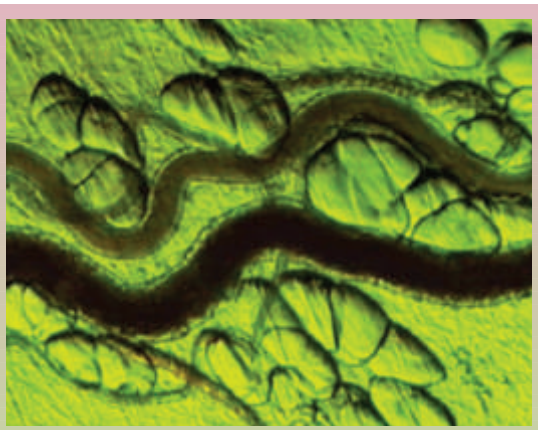
After 12 weeks of treatment with Vertigoheel, the following changes were observed:

- The number of blood-cell perfused nodal points in the network of microvessels increased (an increase from 60 initially to 64.5 ± 3.1 in zone A and 66.1 ± 4.1 in zone B); no such changes were observed in the control group.
- Increased erythrocyte flow rates in both arterioles (from 2.1 ± 0.1 to 2.3 ± 0.2 µm³/s in zone A and from 2.2 ± 0.1 to 2.3 ± 0.2 µm³/s in zone B) and venules (from 2.1 ± 0.2 to 2.3 ± 0.2 µm³/s in Zone A and from 2.1 ± 0.1 to 2.3 ± 0.3 µm³/s in zone B). In the control group, flow rates decreased slightly during the monitoring period. All differences between the treatment groups were statistically significant.
- Vasomotion increased by 7.5 ± 3.6% and 7.7 ± 4.1% respectively in the Vertigoheel group and decreased by 2.1 ± 5.8% and 2.3 ± 6.5% in the control group.
- The number of leukocytes adhering to a defined wall of a venule increased (from 0.8 ± 0.8 to 4.7 ± 2.6 in zone A and from 0.9 ± 0.9 to 5.8 ± 3.1 in zone B) in the Vertigoheel group; there was almost no change in the control group.
- A slight decrease in hematocrit values over initial levels was observed in the Vertigoheel group and a slight increase in the control group.
- The change in local concentrations of ICAM-1 in comparison to initial values was greater in the Vertigoheel group than in the control group.
- Oxygen partial pressure increased in the Vertigoheel group by 6.1 ± 7.0% in zone A and by 7.5 ± 7.4% in zone B. In the control group, oxygen partial pressure decreased by 2.9 ± 5.8% and by 3.4 ± 6.4%, respectively.

These changes in microcirculation were associated with reduced severity of the episodes of vertigo and were noted between weeks 4 and 8 of the treatment period. Improvements were noticed both by patients and by the physician. Tolerability of the medication was rated "good" by all of the patients.



Vascular network upon commencement of the study.



After 12 weeks of treatment with Vertigoheel, the vascular network exhibits significant improvements in microcirculation.

CONCLUSIONS

The data indicates that Vertigoheel has pharmacological effects on microcirculation. We can assume that Vertigoheel's clinical efficacy in treating vertigo is due to the increase in supplies of oxygen and nutrients to the cells and enhanced adaptation to changing metabolic conditions.

The homeopathic preparation Vertigoheel® versus Ginkgo biloba in the treatment of vertigo in an elderly population: a double-blinded, randomized, controlled clinical trial

Issing W, Klein P, Weiser M. *J Alter Compl Med* 2005;11(1):155-160.

ABSTRACT

Objective: Alternative medical practices are common in the treatment of vertigo. This study compared the effects of *Ginkgo biloba* treatment with the homeopathic remedy Vertigoheel® (Biologische Heilmittel Heel GmbH, Baden-Baden, Germany).

Design: Randomized, double-blinded, parallel group study.

Subjects: One hundred and seventy (170) patients, ages 60-80 years, with atherosclerosis-related vertigo.

Interventions: Patients were randomly allocated to receive treatment with either Vertigoheel (n = 87) or G. biloba (n = 83).

Outcome measures: The results were analyzed for the non-inferiority of Vertigoheel to *G. biloba* on the combined endpoint of changes from baseline to week 6 in dizziness score (assessed by questionnaire), frequency, duration, and intensity of vertigo episodes (recorded in patient diaries).

Results: Both treatments improved vertigo status. From a baseline mean value of 26.1 ± 5.2 (on a 50-point scale) in the Vertigoheel group, the dizziness questionnaire score improved by -10.6 ± 10.0, and by -10.7 ± 9.0 from 25.8 ± 4.7 in the *G. biloba* group. Statistical analysis of this endpoint showed that Vertigoheel was not inferior to *G. biloba*. The 95% confidence interval for the difference between treatments did not reach the inferiority threshold of 0.36 at any of the time points tested. The results were supported by the results of a line walking test, Unterberger's stepping test, and patient and physician global assessments of therapeutic effect. Both treatments were well tolerated.

Conclusions: Vertigoheel is an appealing alternative to established G. biloba therapy for atherosclerosis-related vertigo.

Complex treatment of patients suffering from cerebral circulatory encephalopathy with antihomotoxic preparations

Reprint from Sokolova LI, Gomsa YM, Radzihopvskaya NS. Biologieska Terapia, Ukraine, No. 3, 2003, p. 8. Original article in Ukrainian*

SUMMARY

32 patients (26 women and 6 men) suffering from cerebral circulatory encephalopathy (cerebrovascular disease) were investigated in the neurologic departments of the Kiev Municipal Clinic Hospital No 4 in 2002 and 2003. The duration of the disease was less than a year in 13 patients and more than a year in 19 patients.

The causes of disease were established as follows: hypertension in 5 patients, atherosclerosis in 3 patients, a combination of atherosclerosis and hypertension in 23 patients and one combination of diabetes and hypertension. All patients were divided into two groups (16 in each group). The verum group included patients who received antihomotoxic preparations Vertigoheel® and Aesculus compositum® in addition to their standard therapy. Patients in the control group received only conventional therapy such as solcoceryl, piracetam, euphillin or pentoxifylline, platyphilline and group B vitamins during the course of three weeks of treatment. Vertigoheel® was prescribed at a dosage of 10 drops before meals three times a day for 20 days. Aesculus compositum® was applied in a dosage of 10 drops 20 minutes before meals in the same fashion.

The antihomotoxic preparations showed good effectiveness in the treatment of patients suffering from cerebral circulatory encephalopathy stage I and II. In fact, initial decrease in symptoms was seen as early as in the first week of treatment and the most important decrease of the majority of complaints was noted during the second and third week of treatment. Results show that Vertigoheel® and Aesculus compositum® combined to traditional medications outstripped the effects of using only the conventional treatment by one week. No side effects were reported in the group using antihomotoxic medications.

In conclusion, this study suggests that the inclusion of the antihomotoxic preparations Vertigoheel® and Aesculus compositum® in the complex treatment of patients suffering from cerebral circulatory encephalopathy not only improves speed of improvement of symptoms but objectively demonstrated to positively affect the dynamics of the neurological status by normalizing brain blood flow, improving venous outflow and normalizing vestibular disturbances of central character according to the ophthalmoscopy.

Cerebrum compositum® as immunomodulator in multiple sclerosis

Reprint from Golovkin VI, Biologicheskaya Meditsina, Russia, No 1, 2002, p.49. Original article in Russian*

SUMMARY

This study shows the results of dynamic examination of 21 patients with multiple sclerosis (MS), who were treated with the antihomotoxic remedy Cerebrum compositum®. The medication was given i.m. 2 times per week for five weeks. Estimation of the cytokine link of the immune system and the character of the functional answer of the various types of lymphocytes on mitogens and brain specific antigens were emphasized. The immunoregulatory effect and individual response of the immune system on the course of treatment with Cerebrum compositum® was established. It was dependent on the level of the researched parameters investigated which were determined by the level of activity within the immune system. The author evaluates Cerebrum compositum® as a perspective remedy for MS therapy. It also emphasizes the validity of testing the immunological parameters during such therapy.

* Free translation