



**Review of  
Modern Homeopathy  
2001/2002**

**Facts  
Arguments  
Perspectives**

# C O N T E N T S

INTRODUCTION	<b>Modern Homeopathic Medications from Heel</b>	3
EDITORIAL	<b>Homeopathy Plus Proof</b>	4
RESEARCH	<b>Current Research at Heel</b>	5
	Clinical studies	5
	Clinical vs. cohort studies	6
	<b>Heel's Modern Cohort Studies</b>	
	Definition/principles	7
	Study design	7
	Statistics	8
	Documenting spectrum of use	8
RESULTS	<b>Studies in Human Medicine</b>	
	Lymphomyosot in peripheral diabetic neuropathy	10
	Traumeel for chemotherapy	10
	Vertigoheel in vertigo of diverse etiology	11
	Vertigoheel in nonvestibular vertigo	11
	Viburcol for infections with fever	12
	Lymphomyosot and alpha-lipoic acid in diabetic neuropathy	12
	Zeel in osteoarthritis of the knee	13
	<b>Studies in Veterinary Medicine</b>	
	Metabolic disorders in dairy cows	14
	Postpartum complications in dairy cattle	14
	Renal insufficiency in cats	15
	<b>Basic Research</b>	
	Euphorbium compositum SN combats viruses	16
	Traumeel increases Th3 cells	16
RESEARCH PRIZE	<b>The Hans-Heinrich-Reckeweg Prize</b>	
	1995–1997	17
	1998–2002	18
CONTACT INFORMATION	Addresses/Contact information	19



# Modern Homeopathic Medications from Heel

Today a large percentage of the homeopathic medicines used in Germany are combination medications, which modern prescribers and consumers clearly prefer to the single remedies of Hahnemann's classical homeopathy.

Antihomotoxic medications based on homotoxicology are a particular type of combination medication. Both homotoxicology and its medications were developed by Heel's founder, Hans-Heinrich Reckeweg, M.D. Today Heel is the world leader in sales of combination homeopathics. "Modern homeopathics" is the term coined to distinguish modern homeopathic combination medications from the single remedies of classical homeopathy.

Heel's modern homeopathic medications are the first choice of people who prefer homeopathics to chemical drugs but also appreciate the simplicity of symptomatic treatment. Studies show that modern homeopathic therapy is both effective and extremely well tolerated. In this publication, you will find reviews of the most recent studies, along with findings of interest in the field of basic research.

Just as Hahnemann's single remedies are embedded in classical homeopathy, Heel's combination medications are an integral part of the science of homotoxicology, which makes holistic therapy with combination medications possible. Training and continuing education in homotoxicology is offered by Heel and by an independent physicians' association (for contact information, see page 19).

*Dr. Michael Weiser*

*Research Department, Heel GmbH*



# Homeopathy plus Proof

Conducting research in the field of homeopathy isn't easy, partly because of restrictions on the methods that can be applied – for instance, in studies of single remedies – and partly because the medical community's support of alternative and complementary medicine is less than overwhelming.

In this field, therefore, the burden of initiative falls largely on industry, often in cooperation with physicians' associations. Thus the most important supporter of research involving modern homeopathic combination medications is Heel GmbH of Baden-Baden, in association with the International Society of Homotoxicology and the International Society of Biological Medicine. This review appears every other year and presents the most important findings of applied and theoretical research involving combination medications.

The combination medications included in this research are exclusively "antihomotoxics". From my perspective as president of the International Society for Biological Medicine, the efficacy of these medications seems to rest on the unique biochemical composition of their ingredients. This assumption

appears to be confirmed by the results of basic research such as findings on how the immunological bystander reaction is triggered.

Although proven efficacy is of course the alpha and omega for every practitioner, an understanding of how these medications work is by no means irrelevant, since it is what will allow homeopathic medicines to assume their rightful place as the first choice of patients everywhere.

*Klaus Küstermann, M. D.  
President of the International Society  
for Biological Medicine*





# Current Research at Heel

Heel's modern homeopathic combination medications (also known as "antihomotoxics" for their matrix-detoxifying ability) are derived from the natural laws of homotoxicology. Typically, the therapeutic efficacy of these medicines is the sum of their effects in three characteristic domains:

1. elimination of homotoxins, i.e., detoxifying the extracellular matrix
2. strengthening the organs they address
3. modulating immune responses.

All three types of effects have long been empirically confirmed, and now the goal of Heel's basic research program is to verify them scientifically. To prove the clinical efficacy of its products, Heel conducts clinical studies, observational (cohort) studies, homeopathic provings, and case studies.

## Clinical Studies

Clinical studies, in spite of the high degree of recognition and credibility they enjoy in conventional medical circles, have certain limitations, specifically:

- Ethical concerns. For example, is it ethical to administer a placebo in a case of serious illness or severe symptoms?
- Unrealistic patient populations due to random assignment. The high internal validity of clinical studies is due to random assignment of patients to treatment and placebo groups. In normal daily practice, however, such ideal collectives do not exist, and thus the external validity of clinical studies is low. This situation is reversed with regard to observational studies.
- Technical difficulties in certain fields such as surgery, physical therapy, or acupuncture, in which blinded studies are nearly impossible.
- High cost and heavy staffing requirements.
- Tendency to produce false negatives due to factors such as the subordination at work in physician/patient contacts (polite patients say what doctors expect to hear), patient noncompliance, etc.

## Clinical versus Cohort Studies

The clinical study is a conservative research method, a holdover from the conventional medicine of the nineteenth century. More recent approaches include the reference-controlled cohort study, which was first developed about thirty years ago.

Because cohort studies are a type of observational study, they can encompass large numbers of patients. Through the use of specialized statistical techniques, however, they produce results that are quite adequate in comparison to clinical studies. In addition, cohort studies have a high degree of external validity. Clinical and cohort studies differ in the following characteristics:

Clinical study	Cohort study
control group (placebo or reference)	control group (reference)
double-blind	open
randomized	logistic regression
high internal validity	high internal validity
low external validity	high external validity
prospective	prospective
inclusion/exclusion criteria	inclusion/exclusion criteria
randomly assigned patient collectives	unselected patient collectives
target criteria	target criteria (limited)
n = < 500	n = > 500



# Heel's Modern Cohort Studies

## Definitions/Principles

The cohort study (first developed by Feinstein et al. and optimized by IFAG of Basel under the Retrospect trademark, see References) offers a methodology for epidemiological studies. The results of this type of study have been repeatedly validated against prospective, randomized clinical studies. In planning, implementation, and evaluation, Retrospect™ closely approximates GCP/ICH standards (Good Clinical Practice/International Conference on Harmonisation).

Nonintervention is fundamental to cohort studies with parallel groups (Retrospect™). Cohort studies eliminate the blinding and random patient assignments of clinical studies and specify neither the type nor the duration of therapy. Furthermore, cohort studies do not require patient consent forms, insurance, sample management, or the permission of internal review boards. Observation is limited to the treatments under investigation and evaluation; confidentiality of patient data is strictly preserved.

## Study Design

The Retrospect™ methodology described here mandates development of an exact study protocol with reference to GCP/ICH prior to implementation. The protocol outlines selection of participating medical practices, selection of patients (inclusion/exclusion criteria), the type and scope of data to be

compiled, target criteria, and procedures for reporting and statistical analysis. As in all observational studies that compare results between groups of patients receiving different therapies, the question of the “structural equivalence” of the patient groups arises: are the groups comparable in terms of background characteristics such as age, sex, initial diagnostic/laboratory findings, concomitant illnesses, and prior treatment?

In controlled clinical studies, comparability is achieved through random assignment of patients to the test and control/reference groups. In observational studies, however, comparability of the patient groups is not automatically assured and must be carefully verified before statistical tests are applied. If differences between groups are found, statistical analysis must either take them into account or eliminate them through adjustment or stratification (see below).

This study design makes it possible to draw reliable conclusions about patient tolerance of the test medication under conditions of normal practice. If, in addition to the group receiving the test medication (Heel product), a comparable control group is treated with an analogous (reference) medication prescribed for the same indications, a study of this type can also make reliable statements about the test product's efficacy.

## Statistics

The data recorded in the questionnaires (including diagnosis, initial findings, therapies administered, adverse events if any, and outcomes) are compiled and evaluated. Thus both the treatment procedures applied and the results are random variables.

In comparing the results of test and reference therapies, the possibility of confounding of response differences by structural variables (age, prior illnesses, prior treatments, initial conditions, concomitant treatments, etc.) must be taken into account.

The purpose of statistical analysis is to document these structural differences (record the spectrum of use) and to adjust for any possible influence of background characteristics on treatment results.

## Documenting Spectrum of Use

The two treatment groups are the test group (patients treated with Heel products) and the control group (patients treated with analogous/reference medications). The spectrum of use is understood as the distribution of relevant structural variables in the test group in comparison to the control group. These structural variables are: type of treatment facility, patient demographic data, reason for treatment (diagnostic group), concomitant illnesses, prior treatments, initial findings, and additional therapeutic measures.

These distributions are described statistically (frequencies, descriptive statistics, contingency measures). Logistic regression is used to compute propensity scores to estimate the characteristic parameter. In other words, the probability that an individual exhibiting specific structural variables will receive the test medication is calculated. Patients with similar propensity scores exhibit similar structures.

## Comparison of Therapies

To avoid distortion when comparing findings (tolerability, adverse effects, compliance, outcome of treatment) between test and control groups, comparison of structural differences between the two groups is required. Two different methods are used to conduct this comparison:

Regression method (e.g., logistic regression):

The relationship between response variables and structural variables is estimated using an appropriate equation, and the mean response is calculated for each group with the same values on structural variables. Size and reliability of the difference in calculated response between the two groups are calculated and statistically validated (using confidence intervals or p-values). This procedure also tests for possible interactions between the structural variables and the treatments.





### Stratification by propensity score:

The patients are stratified into similar propensity score classes and differences in response are compared within each stratum. Since patients in the same propensity class are structurally homogeneous, comparisons within such classes are not confounded with structural differences. The results of within-strata comparisons are summarized in some appropriate form over all strata (using the Mantel-Haenszel method, for example) if the results among strata prove to be homogenous. If not, the differences are more closely analyzed and the results of each stratum are evaluated separately.

Hypothesis development is two-sided with  $\alpha = 0.05$ . The odds ratio with 95% confidence interval (as calculated either through logistic regression or by applying the Mantel-Haenszel method) is used as the measure of effect strength. The actual test power is calculated post hoc.

Separate comparisons of the Heel product (test group) and the analogous product (control group) are made for each indication. Logistic regression and stratification by propensity score are used to adjust for confounders.

### References

- Feinstein A.R. Clinical Epidemiology: The Architecture of Clinical Research; Philadelphia: W. B. Saunders, 1985
- Rubin D. B. Practical implications of modes of statistical inference for causal effects and the critical role of the assignment mechanism. *Biometrics*. 1991;47:1213-1234
- Klinische Arzneimittelprüfungen in der EU/ CPMP/ ICH-GCP-Leitlinie. Aulendorf: Editio Cantor-Verlag; 1998
- Rosenbaum PR. *Observational Studies*. New York: Springer Verlag; 1995. (ISBN: 0-387-94482-6)
- Wilson P., Copeland, K. Retrospective data - a useful analytical tool. *Script Magazine*. 1995 Jul/Aug:48-52
- Spriet A., Dupin-Spriet T. *Good Practice of Clinical Drug Trials*. 2nd ed. Basel: Karger; 1997. (ISBN: 3-8055-6448-1)
- D'Agostino R. B. Jr. Propensity score methods for bias reduction in the comparison of a treatment to a nonrandomized control group. *Statistics in Medicine*. 1998;17:2265-2281
- Abel U., Koch A. (eds). *Nonrandomized Comparative Clinical Trials*. Düsseldorf: Symposium Publishing; 1998. (ISBN: 3-00-002891-9)
- Eberhardt R, Söhngen M. *Monitoring und Management klinischer Studien mit FCA, AMG, MPG und EU-Richtlinien*. 2.nd ed. Aulendorf: Editio Cantor-Verlag; 1999 (ISBN: 3-87193-212-4)
- Hanisch J., Bock PR, Schneider B, Karasmann M., Hanisch JU. Improved observational study approach for evaluation of therapeutic efficacy. 2000 (submitted for publication)
- De la Haye R, Herbold M. *Anwendungsbeobachtungen*. Aulendorf: Editio Cantor-Verlag; 2000

### January 2000

#### Lymphomyosot as a matrix therapy in peripheral diabetic neuropathy

*Author: Angelika-Regine Dietz*

**Question:** Does matrix therapy with Lymphomyosot improve symptoms of peripheral diabetic neuropathy, and how does it compare to alpha-lipoic acid?

**Patients:** 90 type II diabetics with peripheral diabetic neuropathy and edema in the feet or ankles participated in the study. 50 patients were treated with Lymphomyosot, 30 with alpha-lipoic acid, and 10 with both medications

**Method:** Observational study.

**Results:** All cases treated with Lymphomyosot showed improvement in the target criterion "peripheral sensation." Results were even better when Lymphomyosot was combined with alpha-lipoic acid. Patients treated with alpha-lipoic acid alone, however, showed less improvement. These findings correlated with regression of foot/ankle edema.

**Conclusions:** Administering Lymphomyosot produces improvement in peripheral sensation. This treatment is clearly superior to standard alpha-lipoic acid therapy. Combining the two medications produces even better results. Presumably, Lymphomyosot works by activating resorption of matrix edema.

#### Reference

Dietz AR. Possibilities for a Lymph Therapy with Diabetic Polyneuropathy. *Biol Ther* 2002;2:6-11

### April 2001

#### Traumeel significantly reduces side effects of chemotherapy

*Authors: Menachem Oberbaum, Isaac Yaniv, Yael Ben-Gal, Jerry Stein, Nurit Ben-Zvi, Lawrence S. Freedmann, David Branski*

**Question:** Can Traumeel S improve or prevent symptoms of chemotherapy-induced stomatitis in children?

**Patients:** 32 patients (ages 3-25 years) received either Traumeel S or a placebo by mouth five times a day for at least 14 days following stem cell transplantation. Stomatitis scores were based on the WHO mucositis scale.

**Method:** Four week randomized, placebo-controlled study.

**Results:** Stomatitis was prevented in 33% of the Traumeel patients in comparison to 7% of the placebo group. Severe stomatitis occurred in 93% of the patients receiving placebo but only 47% of the Traumeel group. Stomatitis scores (10.4 for the Traumeel S group, 24.3 for placebo) indicated significantly milder stomatitis in patients taking Traumeel S.

**Conclusions:** Frequency and severity of chemotherapy-induced stomatitis can be significantly reduced by administering Traumeel S. These results represent a huge gain in quality of life, especially for children. The effects of Traumeel S are nonsystemic and limited to the mucous membranes.

#### Reference

Oberbaum M et al. A Randomized, Controlled Clinical Trial of the Homeopathic Medication Traumeel S in the Treatment of Chemotherapy-induced Stomatitis in Children Undergoing Stem Cell Transplantation. *Cancer*. 2001;92(2):684-690



## July 2001

### Vertigoheel fares well in comparison to dimenhydrinate in vertigo

*Authors: Ulrich Wolschner, Wolfgang Strösser, Michael Weiser, Peter Klein*

**Question:** How does Vertigoheel compare to dimenhydrinate in clinical efficacy and tolerability in vertigo of diverse etiology?

**Patients/Protocol:** 774 patients with vestibular or nonvestibular vertigo participated in the study. The 352 patients treated with Vertigoheel received 2–3 tablets 3 times a day; the 422 patients in the dimenhydrinate group received 50 mg, 2–3 times a day. Data were compiled on changes in the frequency, duration, and intensity of vertigo attacks and physicians' overall assessment of improvement after eight weeks of treatment.

**Method:** Prospective, multicenter, reference-controlled cohort study.

**Results:** Both groups achieved statistically significant and clinically relevant reductions in the number, duration, and intensity of vertigo attacks in comparison to initial symptoms. The test medication was very well tolerated.

**Conclusions:** The study proves that Vertigoheel is a safe and effective option for treating vertigo. Therapeutic efficacy equivalent to that of dimenhydrinate was confirmed.

#### Reference

Strösser W, Weiser M, Klein P. Treating Vertigo - Homeopathic Combination Remedy Therapeutically Equivalent to Dimenhydrinate. *Biol Med.* 2001;30(4):184-190[E139 as pdf]

## December 2001

### Vertigoheel fares well in comparison to dimenhydrinate in nonvestibular vertigo

*Authors: Wolfgang Strösser, Michael Weiser*

**Question:** Does the proven efficacy of Vertigoheel (in comparison to dimenhydrinate) also apply to nonvestibular vertigo?

**Patients:** 198 cases of nonvestibular vertigo were selected for analysis (out of a total patient population of 774). 91 patients were treated with Vertigoheel, 107 with dimenhydrinate. Questionnaires documented the change in frequency, duration and intensity of vertigo attacks and associated nausea over a treatment period of eight weeks.

**Method:** Prospective, multicenter, reference-controlled cohort study (subanalysis of the previous study).

**Results:** Upon completion of the study, both groups exhibited statistically significant and clinically relevant improvement in initial symptoms. Results of therapy were rated "good" to "very good" for 81% of the Vertigoheel patients and 89% of the dimenhydrinate patients. Patient tolerance of the test medication was very good.

**Conclusion:** The study proves that Vertigoheel is a safe and effective option for treating nonvestibular vertigo and especially the associated nausea. Therapeutic efficacy equivalent to that of dimenhydrinate was confirmed.

#### Reference

Strösser W, Weiser M. Referenz-kontrollierte Kohortenstudie – Vertigoheel (Tabletten) vs. Dimenhydrinate (50 mg Tabletten) bei der Behandlung von nicht-vestibulärem Schwindel. *Biol Med.* 2002;31(1):4

### February 2002

#### Viburcol N suppositories are as effective as paracetamol/acetaminophen

*Authors: Brigitte Müller-Krampe, Rainer Gottwald, Michael Weiser*

**Question:** The use of paracetamol (acetaminophen) suppositories in children is associated with risk of overdosing. Do homeopathic Viburcol N suppositories offer an effective alternative?

**Patients:** 767 children with acute feverish infections were treated either with Viburcol N (n = 361) or paracetamol/acetaminophen (n = 406). Dosage was decided on a case-by-case basis. For 88% of the children, duration of treatment ranged from one to three days.

**Method:** Prospective, multicenter, reference-controlled cohort study.

**Results:** Both groups exhibited clinically relevant improvements in body temperature, malaise, and severity of the acute feverish infection as evidenced by symptoms of restlessness and fever. In over 90% of cases, efficacy and tolerability were rated "good" to "very good."

**Conclusions:** Homeopathic Viburcol N suppositories are a safe and effective alternative for treating symptoms of feverish infection in children and are comparable in efficacy to paracetamol/acetaminophen.

#### Reference

Müller-Krampe B, Gottwald R, Weiser M: Symptomatic Treatment of Acute Feverish Infections with a Modern Homeopathic Medication. *Biol Ther* 2002;3:6-11

### June 2002

#### Lymphomyosot combined with alpha-lipoic acid is significantly more effective than standard therapy for peripheral diabetic neuropathy

*Authors: Alois Eiber, Michael Weiser, Peter Klein*

**Question:** Is a combination therapy of Lymphomyosot plus alpha-lipoic acid superior to alpha-lipoic acid monotherapy in peripheral diabetic neuropathy?

**Patients:** 269 type II diabetics with peripheral diabetic neuropathy with sensation remaining in the feet/toes/ankles received either alpha-lipoic acid alone (n = 114) or alpha-lipoic acid with the addition of Lymphomyosot (n = 155).

**Method:** Prospective, multicenter cohort study.

**Results:** In comparison to alpha-lipoic acid monotherapy, adjuvant treatment with Lymphomyosot produced significantly greater improvement in targeted symptoms (sensitivity to touch [monofilament], numbness, paresthesia, spontaneous nocturnal pain, and palpable edema in the feet/ankles), a shorter interval before onset of improvement, and better overall ratings of therapeutic success by the attending physicians. No adverse drug events occurred in either of the treatment groups.

**Conclusion:** Adjuvant administration of Lymphomyosot produces statistically significant increases in peripheral sensation in diabetic patients in comparison to monotherapy with alpha-lipoic acid.

#### Reference

Eiber A, Weiser M, Klein P: Adjuvante Behandlung der peripheren diabetischen Polyneuropathie; *Der Allgemeinarzt* 2003 (8), 610-614



October 2002

## Zeel comp. N is as effective as COX 2 inhibitors in treating osteoarthritis

*Authors: Michael Weiser, Peter Klein*

**Question:** How does Zeel comp. N compare in efficacy and tolerability to COX 2 inhibitors?

**Patients:** Out of a total of 592 patients with mild to moderate osteoarthritis of the knee, 323 received Zeel comp. N and 269 received either celecoxib or rofecoxib.

**Method:** Prospective, open, multicenter cohort study.

**Results:** In addition to patients' assessment of pain (WOMAC Index), symptom severity was evaluated individually for: initial pain on movement, pain during movement or weight-bearing exercise, pain when fatigued, and sensation of stiffness or tension. After four weeks of treatment, COX 2 inhibitors produced greater improvements in individual symptoms and on the WOMAC index, but after six weeks the test medications were equivalent in efficacy. Zeel comp. N was rated significantly higher for tolerability than the COX 2 inhibitors.

**Conclusions:** In cases of mild to moderate osteoarthritis of the knee, Zeel comp. N is equivalent in efficacy to the COX 2 inhibitors. Zeel comp. N's better tolerability, along with the possibility of avoiding side effects and related costs and improving compliance, is certainly a point in its favor.

### Reference

Birnesser H, Klein P, Weiser M. A Modern Homeopathic Medication Works as Well as COX 2 Inhibitors. *Der Allgemeinarzt*. 2003 (4): 261-264 [E144 as pdf]

June 2002

### Prophylaxis of peripartum metabolic disorders in dairy cows

*Author: Michaela Hümmelchen*

**Question:** Peripartal and puerperal illness is a problem in dairy cows. Is effective, nontoxic prophylaxis or metaphylaxis possible?

**Population:** 125 cows from four dairy operations were randomly assigned to either a verum or a placebo group. The cows received 5 ml of either Coenzyme compositum or placebo (physiological saline solution) twice a week beginning three weeks before calving and ending four weeks after. Carduus compositum was also given to 25 at-risk animals whose liver enzyme levels were already elevated at the beginning of the experiment.

**Method:** Placebo-controlled comparative study.

**Results:** Better results, in some cases statistically significant, were achieved by the verum group in the criteria: postpartum behavior, endometritis, ketosis, puerperal infections, percentage of individuals that became ill, and percentage of individuals slaughtered due to illness. Furthermore, fewer cases of mastitis were reported in the verum group.

**Conclusions:** Administering homeopathic combination medications clearly reduces susceptibility to disease during the calving period in high-performance dairy cows. A related advantage is reduced use of harmful chemical drugs, which results in lower concentrations of drug residues and better salability of milk to increasingly health-conscious consumers.

#### Reference

Hümmelchen, M. Stoffwechselstörungen und perinatale Erkrankungen beim Milchrind – Pro- und Metaphylaxe mit homöopathischen Arzneimitteln. *Biol. Tiermed* 2002; 19 (3-4):64-87

August 2002

### Avoiding postpartum complications in high-performance dairy cows

*Authors: Annette Pöhlmann, Heinrich Enbergs*

**Question:** Dairy cows often suffer calving injuries or contusions that lead to infections. Is a residue-free, nontoxic prophylaxis possible?

**Population:** The study examined 30 primiparous dairy cows that required veterinary assistance during calving (difficult deliveries but no caesarian sections). Animals were assigned (alternately and in order of giving birth) to either the treatment group or the control group. The treatment group received 10 ml of Traumeel on the day of calving and day 1 after calving, 10 ml of Lachesis compositum N on day 7, and 10 ml of Carduus compositum on day 14; the control group received 10 ml of 0.9% saline solution on each treatment day.

**Method:** Placebo-controlled double-blind study.

**Results:** The verum group exhibited lower rates of anestrus (failure to resume fertility cycles) than the control group. Resumption of estrus occurred earlier and in some cases significantly earlier in the verum group. Conception rates (after the first subsequent attempt at artificial insemination) were higher and the first subsequent conception occurred earlier than in animals receiving placebo.

**Conclusions:** Homeopathic combination medications are an effective prophylactic measure against calving complications and subsequent fertility disorders in dairy cows undergoing difficult deliveries. Homeopathic treatment makes it possible to safeguard the animals' health without use of chemical drugs whose residues compromise milk salability.

#### Source

Lecture at the XXII World Buiatrics Congress, 18-23 August, 2002

#### Reference

Pöhlmann A.: Untersuchung zur Prophylaxe von Fertilitätsstörungen mit Traumeel, Lachesis compositum N und Carduus compositum bei Milchkühen mit Schweregeburten. *Diss. Med. vet.*, Gießen 2002



September 2002

## Successful therapy of chronic renal insufficiency in cats

*Author: Ulf Ulrich*

**Question:** Aging cats frequently suffer from chronic renal insufficiency (CRI); approximately one quarter of all cats die of subsequent metabolic poisoning (uremia). Can biological therapy improve CRI symptoms?

**Population:** This study examined 50 cats of diverse breeds (male/female, neutered/nonneutered, ages 7-18 years) suffering from mid-stage to advanced chronic renal insufficiency. All animals had obvious clinical symptoms and pathological laboratory test results (urea, creatinine, etc.). Duration of treatment (with *Solidago compositum*, *Coenzyme compositum*, and *Ubichinon compositum*) ranged from two months to three years.

**Method:** Open cohort study.

**Results:** Of the 50 animals, 80% showed improvement as early as the end of the first week and continued treatment. Therapy was discontinued in the 10 cats (20%) that did not respond to treatment within the first week. In the group that continued treatment, five cats (10%) soon died, but 35 (70%) were still alive after three to six months and 25 (50%) were still alive 7-12 months after beginning treatment. The general health of the treated cats improved visibly and laboratory test results improved, in some cases to near normal.

**Conclusion:** Through the use of homeopathic combination medications, the life of elderly cats with CRI can be significantly prolonged while maintaining improved general health. It is important to keep in mind that one year in the life of a cat is equivalent to several human years.

### Source

Biologische Behandlung bei Katzen mit chronischer Niereninsuffizienz (CNI) – Praxisstudie und Langzeitergebnisse. Wissenschaftliches Veterinär-Symposium der Firma Heel, 21. September 2002, Lüneburg

### August 2001

#### Euphorbium compositum SN has antiviral effects

*Authors: Bernadette Glatthaar-Saalmüller, Petra Fallier-Becker*

**Question:** Euphorbium compositum SN is used to treat upper respiratory viral infections. Is a viral inhibition mechanism responsible for the efficacy of this product?

**Method:** *In vitro* study. Euphorbium compositum SN was tested for efficacy in plaque-reduction assays of germs that cause viral infections: influenza A, respiratory syncytial virus (RSV), human rhinovirus (HRV), herpes simplex type 1 (HSV-1). In each instance, the antiviral effect of Euphorbium compositum SN was tested after incubation of the virus.

**Results:** Euphorbium compositum SN exhibited significant antiviral effects against RSV and HSV-1. Euphorbium resinifera and Pulsatilla pratensis were shown to be the active antiviral ingredients. No clear-cut activity against HRV or influenza A was demonstrated.

**Conclusion:** Proving that a homeopathic combination medication has antiviral properties – and in this case with the highest degree of clinical relevance – breaks new ground for antihomotoxic medicine.

#### Reference

Glatthaar-Saalmüller B, Fallier-Becker P. Antiviral Action of Euphorbium compositum and Its Components. *Forsch Komplementärmed Klass Naturheilk.* 2002;8:207-212 [E140 as pdf]

### February 2002

#### Traumeel increases anti-inflammatory Th3 cells

*Authors: Helmut Heine, Frank Andrä*

**Question:** For thirty years, Traumeel has been used to treat traumas and inflammatory processes (rheumatic disorders). What anti-inflammatory mechanisms are responsible for its efficacy?

**Method:** Observational study. Th3 cells were isolated from the blood of ten subjects with early-stage rheumatoid arthritis (RA) before and after 14 days of therapy consisting of 15 drops of Traumeel 3 times a day. Production of TGF-beta constituted immunological proof of the presence of Th3 cells.

**Results:** After 14 days of treatment, all subjects (with the exception of one sample in which no Th3 cells were found) exhibited increases in the number of Th3 in comparison to the control state (before therapy).

**Conclusion:** These results prove that Traumeel increases the number of anti-inflammatory Th3 cells. This finding confirms the assumption that the immunological bystander mechanism is the effective mechanism involved in treatment of inflammatory diseases.

#### Reference

Heine H, Andrä F. Zum antiinflammatorischen Wirkmechanismus eines Antihomotoxicum compositum. *Ärztezeit Naturheilverfahren* 2002;43:96-104





# The Hans-Heinrich Reckeweg Prize

To promote research in the field of homotoxicology, the Hans-Heinrich Reckeweg Prize of 15,000 euros is awarded annually by the International Society of Homotoxicology (Internationale Gesellschaft für Homotoxikologie e.V). From 2002 the prize is divided into a main award (€ 5,000) and an advance-

ment award (€ 10,000). (From its inception in 1995 through 1999, the prize was worth 20,000 deutschmarks.) The prize is awarded for outstanding scientific work in antihomotoxic medicine, basic research in homotoxicology, or related areas of human or veterinary biological medicine.

## Winners and their works since 1995

### 1995

Professor Ryszard Matusiewicz, Warsaw, for the placebo-controlled clinical study: **Efficacy of Engystol N in bronchial asthma under corticosteroid-dependent therapy\*** and **The use of Traumeel S in corticosteroid-dependent bronchial asthma.**

\* Matusiewicz R: The Effect of a Homeopathic Preparation on the Clinical Conditions of Patients with Corticosteroid-Dependent Bronchial Asthma. *Biol Ther* 1997;3:70-74

### 1996

Dr. Karl-Heinz Ricken, Saarlouis, for the study: **Antihomotoxic treatment of functional dyspepsia and Helicobacter pylori gastritis\*** and the Italien research team of Dr. Alessandro Orlandini, Dr. Massimo Setti, and Dr. Mauro Rossi, Italien, for **Efficacy of Zeel and new investigation methods in rheumatology\*\*.**

\* Ricken K-H: The Clinical Treatment of Functions of Dyspepsia and Helicobacter pylori Gastritis. *Biol Ther* 1997;3:76-81

\*\* Orlandini A, Rossi M, Setti M: Die Wirksamkeit von Zeel und neue Untersuchungsmethoden in der Rheumatologie. *Biol Med* 1997;26(4):164-165

### 1997

Professor Heinrich Enbergs, Bonn, for **in-vitro studies of the immunostimulating effects of suis-organ preparations and Traumeel** on phagocyte and lymphocyte activity\* and Professor Emilia Torbicka et al., Warsaw, for: **Treatment of children with respiratory syncytial virus infections with the homeopathic antihomotoxic medication Engystol\*\*** and Professor Menachem Oberbaum, Jerusalem, for a pilot study demonstrating the **efficacy of Traumeel ampule solution in chemotherapy-induced stomatitis in children.\*\*\***

\* Enbergs H. Wirkung ausgewählter potenziierter Suis-Organpräparate und von Traumeel auf die Aktivität von Phagozyten und Lymphozyten aus dem peripheren Blut von gesunden menschlichen Probanden. *Biol Med* 1998;2(1):3-11

\*\* Torbicka A, Brzozowska-Binda A, Wilczynski J, Uzarowicz A. RSV Infections in Infants: Therapy with a Homeopathic Preparation. *Biol Ther* 1998;4:256-260

\*\*\* Oberbaum: Experimental treatment of Chemotherapy-Induced Stomatitis Using a Homeopathic Complex Preparation. *Biol Ther* 1998;4:261-265

# RESEARCH PRIZE

## 1998

Dr. Josette Osario Diaz and Dr. Fajardo Marino, Colombia, for demonstrating that Traumeel prevents adverse effects of root canal treatment.\*

\* Osario Diaz J, Fajardo M. Biologische Versorgung der Endodontien. Verwendung von Traumeel bei der Behandlung des Wurzelkanals. Biol Med 1998;27 (6):243-246

## 1999

Dr. Angelika-Regine Dietz, Hannover, for a prospective study of lymphatic (matrix) therapy of peripheral neuropathy in type II diabetes.\*

\* Dietz AR: Possibilities for a Lymph Therapy with Diabetic Polyneuropathy – Matrix Therapy with Type II Diabetes – a Practice-based Study. Biol Ther 2002;2:6-11 [E123 as pdf]

## 2000

Dr. Bernadette Glatthaar-Saalmüller, Reutlingen. for: **Antiviral Action of Euphorbium compositum and Its Components.**\*

\* Glatthaar-Saalmüller B, Fallier-Becker P: Antiviral Action of Euphorbium compositum and Its Components. Forsch Komplementärmed Klass Naturheilk 2002;8: 207-212

## 2001

Dr. Olga J. Maiko, Orenburg, Russia, for demonstrating that Zeel T significantly reduces pain and arrests cartilage erosion in osteoarthritis of the knee\* and Dr. Ignacio Ordiz, Dr. Jorge Egocheaga, Dr. Miguel del Valle, Spain, for demonstrating that **intra-dermal injections of antihomotoxic medications produce excellent results** (up to and including complete recovery and eliminating the need for surgery) **in severe sports injuries.**\*\*

\* Maiko OJ: Homöopathische Therapie der Gonarthrose mit Zeel T. Biol Med 2002;31(2):68-74

\*\* Ordiz I, Egocheaga J, del Valle M: Antihomotoxische Mesotherapie bei Sportverletzungen an Weichteilen. Biol Med 2002;31(2):64-67

## 2002

No individual awards were made. The prize money was donated to the International Academy of Homotoxicology, which offers training in homotoxicology to physicians throughout the world. The Academy's university-level continuing education programs already cover many applications of homotoxicology. Plans for affiliation with an accredited institution of higher learning are in progress.



## Addresses/Contact Information



Dr. Michael Weiser  
Research Department  
Tel: +49 7221 501291  
E-mail: [weiser.michael@heel.de](mailto:weiser.michael@heel.de)

For more information about Heel,  
please contact your local distributor  
(for contact addresses please see  
**[www.heel.com](http://www.heel.com)**)



Dr. Werner Frase  
Department of Human Medicine  
Tel: +49 7221 501436  
E-mail: [frase.werner@heel.de](mailto:frase.werner@heel.de)

or send an E-mail to:  
**[info@heel.de](mailto:info@heel.de)**



Dr. Erich Reinhart  
Department of Veterinary Medicine  
Tel: +49 7221 501260  
E-mail: [reinhart.erich@heel.de](mailto:reinhart.erich@heel.de)



Dr. Wolfgang Kern  
Public Relations Department  
Tel: +49 722 /501276  
E-mail: [presse@heel.de](mailto:presse@heel.de)



International Society  
of Biological Medicine  
Dr. Klaus Küstermann  
– President –  
Postfach10 00 45  
76481 Baden-Baden  
Tel: +49 7221 996867  
[www.biogesellschaft.de](http://www.biogesellschaft.de)

[www.heel.com](http://www.heel.com)



**Your website for the  
modern scientific Homeopathy**

**-Heel**