

# BIOLOGICAL THERAPY

JOURNAL OF NATURAL MEDICINE

## REPORT FROM THE MEDICAL PRACTICE

### Aurumheel in the Internistic Practice

reprinted from *Biological Therapy*, Vol. V, No 3, June 1987, p. 66

DR. MED. G. DANIEL

Aurumheel in drop form is frequently used in my internistic practice and was recently subjected to selective testing on five patients (4 women, 1 man) aged between 15 and 56 years with an average age of 38 years, all of whom suffered from orthostatic disturbances of the regulatory circulation.

In one case (56 year old woman) there was in addition a pronounced depressive emotional condition, as can be observed not infrequently in hypotensive disturbances of the regulatory circulation which have been existing for a long time.

Aurumheel was administered for the first time to two of these five patients. Firstly, to a 15 year old girl with a daily dosage of 10 drops 3-6 times according to requirements and then to a 38 year old man with hypotensive reactions of the blood pressure, circulatory sensations and feelings of collapse after a grippal infection. He was treated with initial stostherapy and administration of 10 drops of Aurumheel every 10 minutes over a period of 2 hours.

In the 15 year old patient, the symptoms improved 8 to 10 days after starting therapy. Complete freedom from complaints occurred 4 days later. In the 38 year old patient, there was a clear improvement in the symptoms 1-1/2 days after starting therapy.

A 40 year old female patient with orthostatic dysregulation with tendency to hypotension was subjected to continuous medication adapted to the symptoms (10 drops frequently during the day as required), whereby phases of complete freedom from complaints on the part of the circulation made corresponding therapy superfluous.

In the case of a 43 year old woman with apathy, tiredness, need for sleep and feeling of collapse and typical sympathicotonic RR pulse condition in Schellong's test with amplitude restriction by more than 20 mmHg and corresponding rise in pulse rate after changing position, Aurumheel was administered as required in a dosage of 10 to 15 drops 3-6 times daily.

After an initial stostherapeutic procedure (please also refer to above) there was a rapid improvement in the symptoms if the drops had already been taken before getting up. Taking Aurumheel regularly led largely to freedom from symptoms.

In a further case of orthostatic dysregulation in a 56 year old woman, the symptoms frequently persisted throughout the entire day. The depressive emotional condition persisting for years was further worsened by this and vice versa.

At the start, only temporary improvement to the symptoms could be achieved initially by Aurumheel alone. After repeated retroauricular bilateral neural therapy (procaine 0.5%), regular administration of Aurumheel was sufficient to balance out the disturbance of the regulatory circulation and to improve the psychic condition.

In the cases presented, administration of dihydroergotamine or of a sympathicomimetic was not necessary. In patients with continuous medication of the last named drugs, Aurumheel proved to be very helpful in the case of recurrence of symptoms if it did not lead on its own to adequate improvement of the complaints. Increasing the dosage of sympatholytics or sympathicomimetics or of their combinations, the bioavailability of which is known to be subjected to large fluctuations because of differing absorption, was not necessary on additional administration of Aurumheel as stostherapy.

In conclusion, reference must be made to the lack of any type of side effects of Aurumheel as well as to the good compatibility of this preparation, a fact which also applied fully to the five patients described.

Dr. med. G. Daniel  
Specialist for internal medicine,  
sports medicine  
Kamperstrasse 18  
D-5620 Velbert 11

**BIO PATHICA LTD**  
**P.O. BOX 217**  
**ASHFORD KENT**  
**TN23 6ZU**  
**TEL: 01233 622670**