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REPORT FROM THE MEDICAL PRACTICE

Cralonin as Longterm Therapy in Myocardial Insufficiencies

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Six patients treated in my practice over a lengthy period (several months up to 11 years), who have received 20 drops of Cralonin 3 times daily as longterm therapy, are reported on below.

These are 4 female patients with an average age of 70.5 years (lowest age 66 years, highest age 75 years) as well as 2 male patients (one 66 year old and one 39 year old patient).

1st case, 69 year old female patient:

Conduction system disturbance, moderate repolarization disturbance over the right side of heart, slight anginose complaints, slight right ventricular lesion of unclear genesis. Frequent sweating and dyspnea occurred as symptoms.

Stabilization of the patient's condition was achieved over a period of 11 years. The patient finds Cralonin to be invigorative and to promote higher efficiency. The pattern of the ECG has been unchanged since 1979. No further accompanying therapy took place. The compatibility of Cralonin drops can be designated objectively and subjectively as "very good". No side effects could be detected during the entire 11 year long reporting period.

2nd case, 75 year old female patient:

Considerable cerebral circulatory disturbances of vertigo-cerebral genesis.

ECG: left ventricular lesion, slight repolarization disturbance in the left side of heart.

Chest X-ray: shadow of dense aortic knob.

Symptoms: slight state of confusion, tendency to collapse.

Longterm therapy with Cralonin drops at a daily dosage of 20 drops 3 times was administered for one year. The tendency to collapse was clearly reduced. In addition, 20 drops 3 times daily of Cralonin were prescribed to treat the vertiginous complaints. Compatibility was very good. Side effects and interaction with the additional drugs could not be detected.

3rd case, 66 year old female patient:

Stenocardia syndrome, circulatory disturbances of the extremities, angina pectoris.

ECG: completely normal pattern.

Symptoms: intense hyperexcitability, nervous restlessness, nervous sleep disturbances.

Longterm therapy for 4 years with 20 drops of Cralonin 3 times daily. A clear improvement in the anginose complaints occurred after taking Cralonin. The patient reported on an additional tranquilizing effect. 15 drops of Aesculus-Heel 3 times daily were prescribed as accompanying therapy. The compatibility of Cralonin as well as its compatibility with the additional drug can be designated "very good". No side effects occurred.

4th case, 72 year old female patient:

Hypertonia, absolute arrhythmia with repolarization disturbance of the left side of heart.

Chest X-ray: aortic sclerosis.

Symptoms: intensive feelings of anxiety, considerable ankle and lower leg edemas, depressive moods, sleep disturbances.

Longterm therapy with Cralonin drops, 20 drops 3 times daily was performed as additional therapy to a digi-

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talis preparation. After taking Cralonin, a subjective improvement was observed. Good compatibility with the digitalis preparation could also be observed. No side effects were seen.

5th case, 66 year old male patient:

Condition after cardiac infarction (1979), angina pectoris.

Symptoms: feeling of tightness over the chest, frequent sweating even on slight exercise.

Longterm therapy for 2 years with Cralonin, 20 drops 3 times daily, as accompanying therapy to digitalis therapy can be reviewed. The compatibility of Cralonin, also with the accompanying therapy, can be designated "very good". No side effects were detected in the 2 year observation period.

6th case, 39 year old male patient:

Stenocardia syndrome, exhaustion syndrome, psychic instability with anginous complaints.

Symptoms: complaint of heart pains, sleep disturbances in stress situations, patient makes a self-pitying impression.

Better ability to cope with stress situations could be observed within 4 months after 20 drops of Cralonin 3 times daily. The sleep disturbances also improved. Cralonin was taken occasionally in addition at night, this enabling difficulties in falling asleep to be remedied. Additional accompanying therapy consisted of Nux vomica-Homaccord drops (functional disturbances in the gastrointestinal-liver area, complaints after smoking and

drinking alcohol and coffee). The drug was tolerated very well, no side effects occurred.

In summary it can be said based on the individual case histories depicted that the medication of Cralonin drops with 20 drops 3 times daily can be designated as very good. In all cases reported on, a considerable improvement in the complaints was achieved objectively (ECG) and subjectively. The excellent compatibility even in combination with possibly additionally required strongly acting drugs is remarkable.

In particular, combination with digitalis preparations and cerebral circulation promoting agents as well as anti-vertiginous agents (Cocculus compositum drops) has stood the test very well in practice. The additional medication of a saluretic required in one case was tolerated well.

It can be stated for practical purposes that Cralonin drops have a favourable equilibrating influence on the cardiac muscular action especially in older patients (cases 1-5), but also in younger patients (case 6). A tranquilizing, in part sleep-inducing, effect was observed as a side effect. The "cardiac fears" typical for many heart patients disappeared during therapy. Cardiac outputs stabilized under the therapy. The extremely slight risk of side effects with good compatibility with digitalis preparations appears to be important for practical purposes. This is very important especially in older patients, since as a rule longterm therapy must be applied.

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