

# BIOLOGICAL THERAPY

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## THERAPEUTIC NOTES

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### Vertigoheel with Giddiness

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As is well known, giddiness is a symptom and not at all a diagnosis.

The ENT specialist must also treat patients who are suffering not from giddiness of more or less clearly otogenic genesis (= inner ear dizziness = systemic giddiness) but also those with whom it is a question of states of diffuse cerebral vertigo (= non-systemic giddiness) which have a vasomotor basis or a cardio-vascular genesis.

It is known that these giddiness conditions very frequently occur on an arterosclerotic or cerebroscclerotic basis whereby the blood pressure values measured at the brachial artery can be normotonic, hypertonic or hypotonic.

It should be noted in particular that the blood pressure measured at the brachial artery does not necessarily provide any or very much information about the intracerebral blood pressure since the regulation of the cerebral circulation is largely subject to autonomous control. The intracerebral blood pressure is thus largely independent of the blood pressure relations in the other parts of the body.

In a period of treatment of 8 months, I have used **Vertigoheel** to treat 48 geriatric patients (10 men, 38 women) aged from 60 to 70 years, who all suffered from cerebroscclerotic giddiness conditions in conjunction with more or less marked mental excitement.

It is clear that an ENT examination was carried out by me to exclude otogenic giddiness before the start of this therapy. It is evident that these patients received a special ENT treatment, the details of which do not need to be reported here.

As regards the method used for the treatment of the 48 patients, a standard dosage of 1 tabl. **Vertigoheel** 3 times daily was prescribed, the patients being instructed to allow the tablets to dissolve in the mouth or to suck them in the interests of a better sublingual, lingual, buccal or oral absorption.

After an average period of 6 days, an improvement in the condition occurred which was subjectively reported by the patients and could also be objectively confirmed to a more or less reliable degree.

The shortest time before the improvement occurred was 3 days (23 cases) and the longest 12 days (25 cases). Even after the occurrence of the improvement, the **Vertigoheel** preparation was prescribed further in the same dosage for the maintenance of the therapeutic result achieved.

A good therapeutic result was recorded for all 48 patients.

It was noticed that a high percentage of the mental alterations such as insomnia, tiredness, and forgetfulness of which the patients had complained before the treatment largely disappeared under the **Vertigoheel** medication.

To a major extent, this therapeutic result is probably to be attributed to the component *Ambra grisea* (amber-gris), a waxlike secretion with an olfactory substance from the intestine of the sperm whale (*Physeter macrocephalus*). There is 1 g ambergris in 10 g **Vertigoheel** substance, this being in the 6x potency.

Of the volatile fragrant oil contained in ambergris, the following two components are now known which are both terpenoids and obviously genetically related: dihydro-Y-ionone and ambrein.

Dihydro-Y-ionone (= ambra) is chemically a sesquiterpenoid ketone with the total formula  $C_{13}H_{22}O$ .

Ambrein has a basic structure which resembles that of cholesterol and is a triterpenoid alcohol with the total formula  $C_{30}H_{52}O$  (Leeser, O.: Lehrbuch der Homöopathie; Spezieller Teil: Arzneimittellehre; C.: Tierstoffe; Karl F. Haug Verlag; 1961, p: 240).

For the psychogenic pre-neurotic syndrome for which ambergris is indicated, Leeser states the following noteworthy detail indications:

1. Insomnia.
2. Mental restlessness in association with affective inhibition, nervous deafness and inability to concentrate.
3. Vegetative and sensorimotor concomitant symptoms of various kinds and different localization.

(Leeser, O. — see above for accurate bibliography, p. 248.)

E.B. Nash (Leitsymptome in der homöopathischen Therapie; Karl F. Haug Verlag; 5th ed. (1959), p. 338) particularly stresses the following as important indications for ambergris: nervous conditions of old people and patients with "ruined" nerves.

From the above remarks and statements in the literature on the subject, it is evident that **Vertigoheel** also has a particularly favourable influence on the mental alterations in geriatric patients with giddiness as the principal sign.

Side-effects were not observed after the administration of **Vertigoheel** and in particular no tiredness and no intolerance with alcohol.

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