

VERTIGOHEEL AS ADMINISTERED IN THERAPY BY INTERNISTS

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A report by Gabriele Herzberger, M.D., as prepared from an original study carried out by Dr. Bruckner. This special printing originally appeared in the German medical journal *Biologische Medizin*, 19/2, pp. 108-111, 1990.

Approximately one in ten patients who visits an internist suffers from vertigo. For the patients who consult an ENT specialist, the figure is about one in three. As is well known, however, vertigo is a symptom and not a diagnosis. Nevertheless, a very great number of patients with the symptom of vertigo regularly consult a specialist for internal medicine, after having been examined by an ENT specialist who had been unable to determine the cause of the symptom of vertigo. For these patients, it is important to prescribe a preparation which is characterized as follows:

1. Demonstrates good effectiveness with respect to the symptom of vertigo.
2. Causes no undesirable side effects
3. Has been tried and proven effective for many years in private medical practice and in hospital use, does not elicit intolerance from patients, does not undesirably interact with other medication, and does not demonstrate incompatibility with alcohol.



Internist, GP



THE THERAPY OF VERTIGO WITH A COMBINATION HOMEOPATHIC PREPARATION

by S. Zenner, MD; Borho, Ph.D; and H. Metelmann, R.Ph
Biological Therapy, Vol. X, No. 3, 1992, pp. 281-288.

In an application monitoring study, the effectiveness and tolerance of a homeopathic combination preparation were investigated and documented for 3,386 patients suffering from vertigo originating from various causes. Breakdown of causes of the vertigo revealed a large share of patients with non-specific vertigo (39.8%). The following were among the most frequent single causes of vertigo among the patients studied: cardiovascular origins (25.6%), orthopedically associated causes (14.1%), luxury/junk foods and stimulants as provocation (4.7%), and metabolically associated genesis (3.8%). All the available forms of administration of the preparation were involved in this study: tablets, drops, and ampules. In 15.4% of the cases treated, a combination of these forms was applied. For 51.7% of the patients, Vertigoheel was administered in conjunction with adjuvant medication. On the basis of the entire test population of 3,386 patients, therapeutic success with the assessment very good, good, or satisfactory was achieved for 91.9% of the cases and the tolerance of the preparation was judged as very good.



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VERTIGO

Vertigoheel/Ventigoheel is a complex homeopathic formula used in the treatment of dizziness from various origins. It has been used in several clinical trials for symptoms associated with vasomotor vertiginous conditions such as cerebrovascular disorders, commotio cerebri acuta, post-concussion complaints, Menière's syndrome, and kinetosis (motion sickness). Additional causes of vertigo treated with Vertigoheel/Ventigoheel include cerebral degeneration, drug and food stimulant damage, psychogenic factors, infections or viruses, metabolic factors such as diabetes or hypoglycemia, acoustic neurinoma, and neuro-otologic abnormalities.

Vertigoheel/Ventigoheel has a broad-spectrum effect because it works on the mechanism of the symptom of vertigo, not on the cause. As stated by Dr. Wallace Rubin (Otolaryngologist, Neuro-otologist): "The major advantage of the use of Vertigoheel is that the vertiginous symptoms are suppressed, but the adaptation and compensation mechanisms that are necessary to get the patient well are not interfered with."



GENERAL PROTOCOL FOR DIZZINESS:

- **ACUTE VERTIGO:** 15 drops every 15 minutes until symptoms subside.
- **FOR LESS SEVERE EPISODES,** 15-20 drops every hour until symptoms subside.
- **MAINTENANCE DOSE:** 15-20 drops or 3 tablets 3 times a day.

In a study by Zenner, Borho, and Metelmann, the duration of oral administration of Vertigoheel was determined by the period of time the patient had symptoms of dizziness prior to seeing the physician: the longer the period of vertigo, the longer the therapy with Vertigoheel. For example, patients who experienced vertigo for a few hours prior to therapy were given Vertigoheel for less than a week. When

symptoms lasted for days, therapy lasted about one week. When symptoms existed for several weeks or months, administration of Vertigoheel lasted about one month. For symptoms which had persisted for years, administration of Vertigoheel for more than one month was necessary. See the study in the medical summaries section, page 13.

KINETOSIS antihomotoxic preparations for motion sickness in adults and children

- **CHILDREN OVER 12:** 10-12 drops Vertigoheel/Ventigoheel or 1 tablet every 15-30 minutes during acute phase of motion sickness, OR...

10 drops VERTIGOHEEL/VENTIGOHEEL + 1 monodose of VIBURCOL taken orally one half hour before traveling.

- **ADULTS:** 20 drops Vertigoheel/Ventigoheel one half hour before traveling or diving. If severe nausea occurs during travel add 5-10 drops of Cocculus-Homaccord from an ampule every 10-15 minutes + 15 drops Vertigoheel/Ventigoheel every hour.



One of the greatest advantages of Vertigoheel/Ventigoheel is that it does not cause drowsiness, and it does not interact with alcohol. Vertigoheel/Ventigoheel does not have sedative properties, thus it can safely be taken in any circumstance.