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Since this is an international publication, names and availability of the products may vary from one country to another.
It is with great pleasure that I wish to introduce a new division of the International Society of Homotoxicology - SO H N A - The Society of Homotoxicology of North America.

SO H N A’s recent creation illustrates the growing interest in Homotoxicology throughout the world. With this mind, its founders have created the first official publication of SO H N A: the Journal of Biomedical Therapy...integrating Homotoxicology and mainstream medicine.

The concept of this new magazine is to include material that can be read and understood quickly, but more importantly that can be taken and applied directly to clinical therapy. The components for a more in-depth study of Homotoxicology are also incorporated in the journal in the form of medical abstracts, and a carefully chosen selection of medical summaries are listed and available upon request.

I hope that this new edition of the BT Journal will inspire you and provide you with tools to enhance your practice. It is SO H N A’s goal to communicate the latest medical information about Homotoxicology and antihomotoxic remedies in useful forms for the modern practitioner.

The International Society of Homotoxicology as well as SO H N A, is very proud to endorse the new modern practical edition of the BT Journal. Our journal is published and recognized as an international magazine that cultivates global information about Homotoxicology. It is intended to present practical information in a reader-friendly style, so that practitioners can quickly extrapolate proven therapies at a glance.

Dr. med. F.-A. Graf von Ingelheim
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According to the teachings of Reckeweg's homotoxicology, virtually every illness may be defined as either a defensive reaction by the organism against toxins or as the expression of toxic damage. It follows, therefore, that the blood of each patient contains those pathogenic poisons (homotoxins) typical of the disease from which that patient suffers.

Through withdrawing a patient's blood, then homeopathically potentising it over several levels and subsequently re-introducing it by means of hypodermic injection, Reckeweg holds that precisely these pathogenic poisons undergo modification to yield a homeopathically active therapeutic agent ideal for application in stimulation therapy. This agent stimulates the body's defense systems thus increasing detoxification and promoting the healing process. According to Burgi's Principle, the injection of appropriate homeopathic preparations intensifies efficacy of the potentised auto-sanguis blood to an even higher degree.

Auto-sanguis therapy is a treatment designed to exert a counteractive effect against exogenic and endogenic homotoxins (including toxic deterioration of by-products from the body's own cells), thus promoting the healing of chronic disease in harmony with the laws of nature.

### AUTO-SANGUIS: PROCEDURE

1. Withdraw 2-3 cc of the patient's blood
2. Expell contents of syringe
3. Using the syringe and needle initially used for blood withdrawal, aspirate the appropriate Heel remedy (injeel, suis organ, etc.). It is best to use no more than 3 remedies. Once the remedy is in the syringe, cap the syringe and shake vigorously, about 10 times to potentise the mixture.

**Caution:**

- Intravenous injection is contraindicated in auto-sanguis therapy, as the degree of potentisation would be lost, and the intended action on the immune system would become questionable.
- Potentisation can be carried out up to 5 times. The number of stages you select should be adjusted according to your prognosis, professional judgment and familiarity with the patient.

### CONDITIONS THAT MAY BENEFIT FROM AUTO-SANGUIS THERAPY:

- Iatrogenic conditions
- Chronic viral and bacterial infections
- Precancerous stages
- Hepatic damage
- Migraine
- Chronic eczema
- Bronchial asthma
- Duodenal and gastric ulcers
- Arthritis
- Lymphatic diathesis

### PROTOCOL FROM A CASE STUDY

**Case study by: Drs Ivo Bianchi & Jo Serrentino**

**RE:** 40 year old female Caucasian

**CONDITION:** Lower back pain due to strain and possible cervical hernia. X-rays showed a small deviation (less than 5 degrees) of vertebra #5, without arthrosis or calcification. The deviation was congenital and no damage seemed evident. The condition worsened because of irritation of the sciatic nerve due to overexertion.

**PROCEDURE:** 1-2 cc of patient's blood was drawn into a sterile syringe. The blood was discarded, leaving only minute traces of the patient's blood in the syringe. 2cc of Discus compositum, 2 cc of Traumeel and 2 cc of Zeel were then aspirated into the emptied syringe (that still had traces of the patient's blood). The injection was given s.c. in the region of the 5th vertebra.

**RESULTS:** Although this patient's condition was not serious or degenerative, but rather from injury, it was very painful and restricted movement. A treatment to relieve and, mostly halt the progress of the condition, was imperative. The auto-sanguis treatment was followed with intravenous injection of Traumeel and with the oral administration of Zeel, Traumeel and Discus comp. fragmented over two weeks.

The patient claimed relief almost immediately, with a slight exacerbation within hours of the treatment lasting about 4 hours. The following day the patient was able to resume normal movement which progressively improved to full recovery without recurrence within the three year follow up period.
The term "Hyperactive Syndrome (H.S.)," describes a wide range of physical and psychological conditions that seem to have become widespread in children. Blows to the head and poisoning can cause hyperactivity. Environmental influences serve to reinforce or reduce hyperactive behavior. Adult responses can both cause or exaggerate hyperactive behavior in children. The physical and mental condition of the pregnant mother affects the eventual activity level and concentration of the child. Nutritional influences as well as food intolerances and allergies can cause hyperactivity. Such a complex pathology cannot be treated with a single therapy. In my opinion, it is essential to find the specific causes relative to each child.

According to my studies and to my understanding, from a physiopathological point of view, hyperactivity and related disorders are due to a lack of hypothalamic control of the cortical centers of the brain. Lack of attention is the primary problem. Without regulation of the cortical centers, there is a spontaneous response or activity of the superior brain, manifesting problems of motion, reading, writing, and behaving.

Hyperactivity is similar to seizures that occur in early morning when there is a weak current from the state of sleep to the state of wake. From a psychological point of view, hyperactivity and related disorders are due to a lack of pleasure responses that cause a release of endorphins and consequently calm the patient. The "pleasure centers" in children can be stimulated by such activities as thumb sucking, or affection from the mother. Stimulation of these centers is essential to the healthy development of nervous structures. Hyperactivity is a response to the lack of stimulation of pleasure centers.

Homeopathic treatment involves specific evaluation of the symptoms for each patient. Every hyperactive child behaves differently. Some are dreamy, spaced out drifters without real physical hyperactivity. Some are withdrawn and daydream, oblivious to the world around them, while others are highly active physically, "motorized" and agitated. Others are impatient, constantly interrupt, and continually seek new stimuli. It is then necessary to evaluate the specific physical etiology of the disease for that patient. It is necessary to find the underlying cause of the condition. For example:

- Genetic predisposition
- Prematurity or immaturity
- Vaccination or illness (is there a connection between the abnormal behavior and a recent vaccination or illness?)
- Noxious factors
- Trauma
- Anoxia
- Prematurity or immaturity
- Vaccination or illness (is there a connection between the abnormal behavior and a recent vaccination or illness?)
- Prematurity or immaturity
- Vaccination or illness (is there a connection between the abnormal behavior and a recent vaccination or illness?)

The evaluation of the particular psychological etiology of the disease is another factor. Are there emotional problems, difficulties in the family, sibling rivalry? Discussion with parents and possibly other family members may be useful in determining the child's emotional environment. Intoxication, allergy and hypersensitivity or intolerance to food can also cause hyperactive behavior. It is therefore necessary to inquire about diet, daily activities and habits.

**USEFUL REMEDIES**

Because of the nature of this condition, it is best to prepare a protocol for each individual child; the following are some useful and easily available remedies that can be incorporated into a tailor-made protocol:

**VIBURCOL:** for conditions of restlessness related to vaccination or illness such as in the viral incubation phase, teething, anxiety the night before school. 1 suppository 1-2 times a day. In mild cases, one suppository at bedtime is very effective.

**TRAUMEEL:** for hyperactivity due to emotional or other trauma, restlessness due to vaccination, illness, or allergies or food intolerances, anxiety during traveling. 1 ampule orally 2-3 times a day. 8-10 drops from ampule every half hour for acute conditions. (for children under 6 years of age use one drop per year of the child's life; e.g. a child of two years old = two drops; a child of 4 = 4 drops).

**CEREBRUM COMPOSITUM**

For more serious hyperactivity that may have a psychopathological basis. There is no general protocol here, it is dependent on the individual case and the physician's familiarity with the patient.
SINUSITIS

The following protocol is based on Dr. Bianchi’s experience and cases from his medical practice in Verona, Italy.

Sinusitis is relatively straightforward to treat with homotoxic remedies. Whether it occurs as a secondary reaction due to cold or flu, or from bacterial infection, and becomes chronic due to toxicity induced by allopathic treatment or non-treatment, the remedies of choice are consistent.

The following remedies apply to:

| • all types of sinusitis | • dropsy of the middle ear |
| • catarrh of the ear passage | • all types of rhinitis |

PRACTICAL PROTOCOL:
Basic Remedy
• EUPHORBIIUM COMPOSITUM NASAL SPRAY
• EN DOTEEL

Symptomatic Remedy
• TRAUMEEL

PRESCRIBING DETAILS AND CLINICAL USE:

TRAUMEEL: The tablets can mediate the allergy mechanism and the inflammatory response associated with the allergic reaction and in this sense it can be used as maintenance therapy.

The saline-based solution (injectable Traumeel) can also be used as nose drops. According to Dr. Ivo Bianchi’s protocol, 1 vial in each nostril every evening until improvement.

ENDOTEEL: 1 vial in each nostril 3 times a week.

EUPHORBIIUM COMPOSITUM NASAL SPRAY
Spray once or twice in each nostril 3-5 times a day. (Some patients experience stomach ache when they use the nasal spray too often. If this occurs, reduce dosage frequency or discontinue use.)

TOXIN-CLEARING REMEDIES:

| LYM PHOM YOSOT or LYPHOSOT: 15 drops morning and evening for two months. | GRAPHITES-HOMACCORD: Constitutional remedy for deposition phase, specifically of the mesenchyme. 10 drops morning and night for one month. |
ALLERGY

The following protocol is based on the course notes by Dr. Yves Lévesque, Montreal, Canada.

TYPES OF ALLERGY PATHOLOGY:

1. A hyperactive terrain that is starting to turn toxic, as in psoriatic conditions.
2. Immune dysfunction with hyperactive phases that alternate or are followed by hypo-active phases when fatigue and infection predominate, as in tubercular conditions.
3. Profound toxicity as in sycosis.

PRACTICAL REMEDIES:

**Type 1**
- Schwef Heel and Luffa comp-H eel.

**Type 2**
- Lymphomyosot or Lyphosot
- Echinacea compositum
- Traumeel
- Hepar compositum
- Nux vomica-H omaccord
- Hepeel

**Type 3**
- Psorinoheel N or Sorinoheel: for chronic conditions and constitutional diseases.
- Galium-Heel
- Ubichinon comp. + Coenzyme comp. or Ubicoenzyme

Using the above guide, find the foundation remedies specific to the type of allergy pathology you are treating, and support this protocol by adding one or more remedies listed below to create a case-specific protocol.

**ALLERGIC SYMPTOMS:**

- **URTICARIA**
  - Apis-H omaccord

- **ECZEMA**
  - Sulfur-H eel
  - Graphites-H omaccord
  - Mezereum-H omaccord

- **RHINITIS**
  - Euphorbium-compositum
  - Natrium-H omaccord

- **ASTHMA**
  - Spascupreel
  - Tartepbedreel
  - Drosera-H omaccord
The symptoms of seasonal allergic rhinitis can be treated with the antihomotoxic drug Luffa comp. Heel nasal spray as effectively as with the chemically-based substance cromoglicic acid. This is the result of a randomized equivalence trial in which the efficacy and safety of the homeopathic nasal spray Luffa comp. Heel was compared with a cromoglicic acid nasal spray. According to recent statistics, the incidence of seasonal allergic rhinitis in Central Europe is almost 20%. Since the therapies available in conventional medicine, such as hyposensitization and topical and systemic anti-allergy agents involve risks and side effects in many cases, more patients and physicians are interested in seeking alternative remedies.

Homeopathic drugs have long been valuable at treating allergies. A meta-analysis of seven randomized double-blind trials with a homeopathically prepared extract of Galphimia glauca resulted in an effect which is comparable to conventional antihistamines for nasal and ocular hay fever symptoms. Galphimia glauca in the potencies 4X, 12X, and 30X, together with Luffa operculata 4X, 12X, 30X, Histaminum 12X, 30X, 200X and Sulfur 12X, 30X, 200X are contained in the antihomotoxic complex agent Luffa comp. Heel nasal spray.

Dr. Michael Weisner of the Institute for Antihomotoxic Medicine and Basic Regulatory Research in Baden-Baden and colleagues investigated the effect and safety of this homeopathic complex agent in a trial with 146 hay fever outpatients aged between 18 and 60 years old.

All participants in the study were diagnosed with allergic rhinitis, identified by allergologic diagnosis (RAST or intracutaneous test.) Excluded from the trial were patients who had the symptoms throughout the year and patients who regularly took antihistamines, corticosteroids, and/or alpha sympathomimetic agents. To ensure a comparable pollen exposure, all participants came from the same geographical region (Upper Rhine). In a double-blind equivalence study, patients were randomly divided into two groups: 74 patients were treated during the pollen season in 1996 and 1997 with cromoglicic acid, disodium salt in 2% aqueous solution.

<table>
<thead>
<tr>
<th>RQLQ domains</th>
<th>Visit1</th>
<th></th>
<th>Visit 5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>homeopathic group</td>
<td>cromolyn group</td>
<td>statistics: P(X&lt;Y) (95% CI LB)</td>
<td>homeopathic group</td>
</tr>
<tr>
<td>Nasal symptoms</td>
<td>3.07 ± 1.31</td>
<td>3.25 ± 1.51</td>
<td>0.53 (0.45)</td>
<td>1.86 ± 1.42</td>
</tr>
<tr>
<td>Ocular symptoms</td>
<td>1.87 ± 1.50</td>
<td>2.12 ± 1.53</td>
<td>0.55 (0.46)</td>
<td>1.26 ± 1.34</td>
</tr>
<tr>
<td>Non-hay fever symptoms</td>
<td>1.99 ± 1.38</td>
<td>1.86 ± 1.37</td>
<td>0.47 (0.38)</td>
<td>1.44 ± 1.21</td>
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<tr>
<td>Sleep disturbances</td>
<td>1.65 ± 1.29</td>
<td>1.53 ± 1.39</td>
<td>0.46 (0.38)</td>
<td>1.24 ± 1.18</td>
</tr>
<tr>
<td>Practical problems</td>
<td>3.22 ± 1.67</td>
<td>3.27 ± 1.79</td>
<td>0.51 (0.42)</td>
<td>1.92 ± 1.62</td>
</tr>
<tr>
<td>Individual activities</td>
<td>3.34 ± 1.45</td>
<td>2.87 ± 1.57</td>
<td>0.41 (0.32)</td>
<td>1.93 ± 1.55</td>
</tr>
<tr>
<td>Emotional symptoms</td>
<td>1.76 ± 1.38</td>
<td>1.74 ± 1.17</td>
<td>0.51 (0.42)</td>
<td>1.37 ± 1.36</td>
</tr>
</tbody>
</table>
and 72 patients were treated with Luffa comp. Heel nasal spray. The study lasted six weeks, during which time participants used the nasal spray four times a day in each nostril. The nebulizer dispenses 0.14ml of Luffa comp. Heel solution. An increase in frequency of use to 8 times per day was allowed if symptoms grew worse.

The participants were examined after 7, 14, 28, and 42 days. The efficacy of the treatment was identified by the validated rhinoconjunctivitis quality-of-life questionnaire (RLQF). Safety was determined by medical assessment and examination (rhinoscopy), measurement of vital and laboratory parameters, and the recording of adverse reactions. The data of 142 volunteers was statistically analyzed at the end of the study.

According to information from Weiser et al., there was a statistically significant and clinically relevant decrease of subjective complaints of all participants under the respective medications. This effect was most marked in both groups during the first week of treatment. The clearest improvements, determined by RLQF scores were seen in both groups, specifically in the parameters nasal symptoms, practical problems, and individual activities (Table 1).

No statistical significant difference between both groups was apparent either in the global assessment of the efficacy both by patients and doctors (Fig. 1). The tolerance of the medications was also evaluated positively by, both, clinicians and participants. Only two patients treated with Luffa comp. Heel nasal spray reported slight side effects; such as, smarting inside the nostrils.

Attenuation of symptoms occurred quickly upon discontinuation of the preparation. One participant in the cromoglicic acid group sustained the same side effect and discontinued treatment because of the discomfort.

Based on the results of this study, the authors conclude that treatment of seasonal rhinitis with the antihomotoxic complex Luffa comp. Heel nasal spray is as safe and effective as conventional treatment with the allopathic aqueous solution of cromoglicic acid disodium sulfate.

### Table 1

<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
<th>Visit 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.5</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Mean overall RQLQ score</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

95 % CI upper/lower bound
- Homeopathic group (n=71)
- Cromolyn sodium group (n=71)

**Medical ABSTRACTS**
**ABSTRACTS**

**ZEELE vs. DICLOFENAC**

U. Maronna, M. Weiser, P. Klein


For the treatment of degenerative arthritis of the knee (gonarthrosis), the homeopathic complex preparation Zeel comp. (tablets) displays an efficacy comparable to that of the conventional anti-rheumatic agent Diclofenac. This was demonstrated in a double-blind equivalence study carried out by the Institute for Antihomotoxic Medicine and Basic Regulatory Research in Baden-Baden, Germany.

Diclofenac is one of the non-steroidal anti-rheumatic agents (NSARs) most frequently used worldwide. NSARs are recognized as being effective for gonarthrosis and other rheumatic conditions. However, when Diclofenac is taken for long periods of time there is risk of gastrointestinal side effects such as nausea, diarrhea, gastrointestinal hemorrhage, and even the development of gastrointestinal ulcers. Moreover, the length of therapy and the dosage is limited despite the side effects. This is why there is an increased interest, on the part of doctors and patients, to find an alternative with comparable efficacy for the treatment of rheumatic joint disease that is devoid of these side effects. Because the nature of rheumatic disease is chronic, a product like Zeel comp. is an appealing substitute.

**HOMEOPATHIC REMEDIES FOR RHEUMATIC DISEASE**

The homeopathic complex preparation Zeel comp. is a natural remedy for rheumatic conditions. In a comparative study with the widely used allopathic drug Diclofenac, for the treatment of joint arthrosis, 121 patients with gonarthrosis participated in a multi centric, random, double-blind comparative study.
Men and women suffering from medium to severe gonarthrosis for at least six months, participated in this multicentric study from thirteen orthopedic practices. Patients received test preparations for ten weeks: 60 patients received one tablet of Zeel comp. and a Diclofenac placebo 3 times a day; 61 patients took one tablet of Diclofenac 25 and a Zeel comp. placebo tablet 3 times a day. The identity of the medication was concealed from physicians and patients in keeping with the double-blind framework. The efficacy of the medication was assessed by WOMAC (Western Ontario and McMaster Colleges) arthrosis index, in which the parameters: pain, stiffness, and physical activity are assessed after 2, 4, 6, and 10 weeks.

According to the data, both Zeel comp. and Diclofenac significantly improved the symptoms of gonarthrosis. After a period of 2 and 4 weeks, a marked improvement in pain, stiffness and physical activity occurred, first, in the Diclofenac group. After 6 weeks, there was no longer any difference between the two groups and statistical analysis of the data revealed the therapeutic equivalence of the two test medications (Fig. 1). Overall, 47% of patients from the Zeel comp. group assessed the efficacy of the treatment as “good” and “very good” (Diclofenac group: 51%) (Fig. 2). The tolerance of the two test preparations was assessed by both patient groups as “good” and “very good” in 85% of the cases.

It has been well established that the therapeutic effectiveness of Diclofenac is based on its inhibition of cyclooxygenase - a catalyst in the prostaglandin pathway. The exact mechanism of Zeel is still undetermined; In vitro investigation suggests that Zeel comp. inhibits activity of elastase. This enzyme is released during the inflammatory response and attacks the articular cartilage which is rich in proteoglycans.

From this study and the anecdotal evidence of years of clinical use of Zeel comp., researchers recommend that further studies be carried out to determine whether an agonist or an additive action exists between the homeopathic medication and the NSAR drug. Interesting new treatments could emerge from the combination of the two preparations. For example, with severe forms of gonarthrosis, a combination treatment would be a more tolerable option, since the additional administration of the antihomotoxic complex preparation reduces the dose of Diclofenac and, with efficacy maintained, the risk of severe side-effects could be substantially reduced.
This study is based on the observation of 90 outpatients with diabetes mellitus type II. Fifty patients received Lymphomyosot®, at the dosage of 15 drops twice a day, and 10 patients also received alpha lipoic acid, 10 infusions in each case. The control group consisted of 30 patients who only received 10 infusions of alpha lipoic acid in each case. Under therapy with Lymphomyosot® the following results were obtained:

1. Improvement of sensitivity.
2. Improved utilization of the alpha lipoic acid.
3. Near cessation of pain. The study period was 8 months.

Color sonography, and in selected cases, nuclear magnetic angiography were used for the diagnosis of vascular lesions. During the early stage of polyneuropathy, in addition to an impairment of sensitivity, edema of the lower legs could be detected before any vascular lesions. Sensitivity tests according to Rydell and Safer showed that by administering Lymphomyosot® drops an improvement was obtained in all cases, sometimes up to more than 4/8 on the scale. Patients who additionally received intravenous alpha lipoic acid infusions showed an improvement in sensitivity in the range 5/8 - 6/8 on the scale.

Keywords: alpha lipoic acid, antihomotoxic therapy, diabetes mellitus type II, diabetic polyneuropathy, homeopathy, Lymphomyosot®, edema, matrix metabolic disorder.

Note: If you wish to receive complete medical abstracts:
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In USA: (505) 293-3843 or toll free: 1-800-621-7644
Other: (+49) 7221-591-451
Please note that some abstracts are not available in English.
In a drug monitoring, data was ascertained on the efficacy and tolerance of the homeopathic remedy Viburcol. Children and infants were treated, suffering from nervousness with or without fever. Infections (particularly respiratory tract infections), general nervousness, teething complaints and stomach ache were underlying symptoms.

The efficacy of the treatment was assessed by the participating pediatricians as “very good” or “good” in over 90% of the cases. The mean intensity of clinical symptoms was reduced from 3.2 at treatment start to 1.3 at the end of the treatment (5-point scale). A global improvement of the conditions was observed in approximately 80% of the cases in the first treatment week for the total patient population. The assessment of the tolerability of the remedy was positive.

Keywords: Children, drug monitoring, fever, homeopathy, nervousness, Viburcol.

At the start of the drug monitoring a clear maximum was detectable for disease duration of longer than 2 years. The majority of the patients had a pre-treatment (e.g. antibiotics, antirheumatic drugs, corticoids) before they entered the study.

The preferred mode of application of the injection solution was i.m. injection at the acute rate of once daily or at the standard dosage of once weekly.

In 75% of the cases the dosage of Galium-Heel drops was 10 drops three times daily.

The most frequent additionally prescribed medications were further homeopathic remedies such as Engystol, Lymphomyosot, Traumeel S and Echinacea compositum.

The investigators assessed a mainly 4-6-week treatment with Galium-Heel plus additional medications as very good and good in 78% of the cases.

With regards to a monotherapy, the respective values were as follows: very good 38%, good 45%, moderate 14% and without success only 3%.

The tolerability was reported as excellent or good in almost all of the cases (99%).

In total it can be stated that Galium-Heel is an essential and safe preparation. It is highly effective at helping to detoxify the organism, especially for patients with chronically recurring complaints.

ANTITHROTOXIC TREATMENT OF AGITATION, WITH AND WITHOUT FEVER, IN CHILDREN: RESULTS OF A POSTMARKETING CLINICAL STUDY

Rainer Gottwald, Michael Weiser

In a drug monitoring, data was ascertained on the efficacy and tolerance of the homeopathic remedy Viburcol. Children and infants were treated, suffering from nervousness with or without fever. Infections (particularly respiratory tract infections), general nervousness, teething complaints and stomach ache were underlying symptoms.

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Keywords: Children, drug monitoring, fever, homeopathy, nervousness, Viburcol.

HEEL REMEDIES TO COMPLEMENT YOUR THERAPIES

HEEL DETOX KIT

Useful for adjuvant therapy in conditions of toxicity or for secondary reactions that occur from disease toxins.
For extra support for certain seasonal conditions like allergies, weight loss, etc.
Both of these homotoxic products are involved in protocols associated with spasm. We can define the difference in their respective action by their physiological target. **Bryaconeel** acts on the function of the organ while **Spascupreel** acts on the mechanism of the spasm.

### Spascupreel

**ACTION**

Spascupreel acts directly on muscles, especially striated muscles. In this capacity it has profound action on hardening of the muscles such that occurs in spasm due to stress often leading to migraine, myalgia and myoglobin. It has mediating action in reflex muscular spasticity in osteochondrosis.

**THERAPEUTIC APPLICATIONS**

Cramps (biliary colic, menstrual, abdominal renal, bronchial)

Spascupreel should be administered in conjunction with Bryaconeel in these cases.

For tightness and spasm of the musculoskeletal system as in injuries due to overwork, pulled muscles, spasm and for spasmodic conditions of the larynx, Spascupreel can be administered alone or with Traumeel. The course of Spascupreel should be at least 5 days with Traumeel, followed by 5-10 days of Spascupreel taken 2-4 times daily. Spasmatic bronchitis, vesical tenesmus, and bronchial asthma should incorporate Spascupreel into the treatment plan with Bryaconeel at an even dosage: Bryaconeel + Spascupreel in the morning, then alternate Spascupreel only and Bryaconeel only finishing with a dose of each at night.

### Bryaconeel

**ACTION**

Bryaconeel acts on smooth muscle and applies to conditions involving visceral structures. It functions directly on the type of spasm found in angiospasm for example.

**THERAPEUTIC APPLICATIONS**

In cases of dysmenorrhea it is useful, in conjunction with Spascupreel and with Lymphomyosot or Lyphosot. Any condition involving pain, inflammation and spasm associated with intoxication from purines (diet) responds well to Bryaconeel oral treatment. The addition within 5 days with Lymphomyosot or Lyphosot speeds up the defusing of toxins. Bryaconeel applies particularly to conditions involving the pancreas, liver and lungs. Inflammation of serous membranes such as pleuritis, peritonitis, and meningitis in conjunction with Engystol. In conjunction with Lymphomyosot or Lyphosot and Coenzyme comp for gout.

Bryaconeel can be an alternate therapy for chronic polyarthritis, especially when it is caused by free radical damage and by the production of lipofusin. In such cases of pain and inflammation due to damage by toxins that break down tissue and organ function, Bryaconeel is an effective treatment along with Lymphomyosot or Lyphosot and possibly Zeel; for chronic rheumatism particularly in the hands, feet, hips.

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**SPASMS: BRYACONEEL® & SPASCUPREEL®**
TRAUMEEL AND INTRA-ARTICULAR INJECTION WITH HORSES

One interesting phenomenon brought up during the presentation in Waterloo was associated with Traumeel and intra-articular injection. During the seminar we discussed using Traumeel in intra-articular therapy with other homotoxic products and/or in conjunction with some allopathic therapies. It is important to understand that homotoxicology's underlying therapy is the defusing and clearing of toxins associated with the disease at hand. In the case of intra-articular injection this phenomenon becomes a kind of isolated system. The joint, albeit a small area, becomes a "system", in the physiological sense.

Monitoring case studies using these protocols since 1995 has revealed that cortisone injected into the joint interacted with Traumeel. Often, Traumeel injected intra-articularly after therapy with cortisone caused a worsening of the effects. I found this in my case studies, and two of the participants in the May seminar concurred these results. The reason for this reaction is twofold:

First, we must expect the "healing crisis," the homeopathic phenomenon that causes an exacerbation of symptoms. This is the climax of healing which at times manifests itself as a reaction phase. Secondly, the clearing of toxins occurs at a normal rate with the inflammatory response, but the additional toxins associated with the breakdown of cortisone can cause a flux in the biochemical pathway.

You can avoid this intensified reaction phase by using intra-articular injection of Traumeel five (5) weeks after cortisone. In approximately 20% of my case studies, 3 weeks clearance sufficed, however I would recommend waiting 5 weeks, particularly in horses over 7 years of age that have a history of cortisone therapy.

Recent human protocols use Cortisone-injeel to defuse the toxins from cortisone breakdown. In cases like Crohn's disease when patients are on cortisone therapy; such as with prednisone, the Cortisone-injeel is given at some stage of therapy. In theory, the introduction of Cortisone-injeel to defuse cortisone toxins works well when dealing with a systemic disease, especially when the digestive tract is affected. But in the case of the reaction phase due to toxic concentrations in the joint, Cortisone-injeel may not work. It would have to be injected intravenously to reach the connective tissue matrix, and even then, targeting the joint would be difficult. Its application for systemic toxicity after cortisone therapy is a sound theory that has worked in many H eel protocols, but its application to equine joints rendered toxic by intra-articular cortisone injection is firstly untested and in theory, would require a long systemic protocol that does not accommodate the prerequisites of equine therapy in the racing world, which calls for a "quick fix" that does not interrupt training and performance. In this case, administration of Traumeel intravenously is more commensurate to the therapy at hand and the better choice of a systemic anti-inflammatory remedy.
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