Fall 2004

JOURNAL OF BIOMEDICAL THERAPY

Integrating
Homotoxicology
and Mainstream Medicine

Treating the metabolic syndrome and obesity

Hepar compositum in liver disorders

Veterinary study

Official publication of SOHNA
**Indications:**

- Acute and chronic disorders of the liver and gall bladder
  - Regulates the hepatobiliary system
  - Stimulates the detoxicating function of the liver (e.g., cholangitis and cholecystitis)
  - May stimulate liver-cell function in case of disturbances of toxic origin (e.g., cirrhosis of the liver, hepatitis)
  - Addresses functional disorders of the liver
- Adjuvant treatment in hypercholesterolemia
- Adjuvant treatment in chronic skin conditions (such as toxic rashes, dermatosis, dermatitis, neurodermitis, erythematodes)
- Adjuvant treatment in allergies

A study using **Hepar compositum®** in the treatment of acute and chronic hepatobiliary disease, toxicogenic hepatic dysfunction, as well as metabolic and cutaneous complaints, demonstrated that 76% of the therapeutic results were rated either “very good” or “good”.

**Very well tolerated by patients**

See product monograph for more details

---

Metabolic disease

Metabolic disease is becoming one of our modern epidemics. This is also apparent from the amount of media coverage the subject has received in the last year, from the debate over the so-called “cheeseburger” bill, to the tongue in cheek film “Super Size Me” by Morgan Spurlock, in which he explores the physical, legal and financial cost of the fast food industry.

In real terms, it boils down to the fact that we are seeing more and more patients suffering from the diseases of fat and sugar metabolism. In fact, the evolution of central obesity to metabolic syndrome to diabetes type II illustrates one of the best examples of progressive vicariation in terms of the six-phase table of disease. New evidence suggests that central fat tissue is a highly active tissue that secretes many substances (so-called adipocytokines) which have far-reaching effects on the whole organism. Of note is that many of these substances are pro-inflammatory and also cause insulin resistance (see In Your Practice Column by Dr. Bruce Shelton). One can thus see central obesity as an inflammatory condition which, if unchecked, can result in the metabolic syndrome with all the well-known manifestations (see Practical Protocols Column). Insulin resistance is also a risk factor for the so-called NASH syndrome (Non Alcoholic Steatotic Hepatitis). Diabetes II results from un checked metabolic syndrome and lastly, it has become evident that disorders of fat and sugar metabolism carry with them an increased risk for cancer of various origins. In terms of the six-phase table of disease, we have thus closed the loop from the inflammation phase to the dedifferentiation phase. If this progressive vicariation can be followed, one would surmise that the application of regulatory medicine, like the antihomotoxic preparations may bring about a reversal, (regressive vicariation) if the patient is able to regulate.

This issue of the journal is dedicated to the existing possibilities of treating these metabolic disorders in a biological fashion. Hepar compositum is one of the remedies often used in this condition. In the section “Medical Studies” we include a reprinted study which elucidates some of the uses of this important antihomotoxic remedy, while the column Medical Abstracts reveals a study done in the Ukraine which offers an interesting application of the catalysts in treating heart disease in the metabolic syndrome.

Unfortunately, these disorders are here to stay. Dysregulation diseases are ideally treated with regulatory medicine, such as antihomotoxic preparations along with other modalities such as nutritional supplementation for instance, which optimizes the terrain for regulatory manipulation.

The information contained in this document is meant for professional use only and is not intended to diagnose, treat, cure or prevent any disease. Heel/SOHNA or anyone connected to, or participating in this publication will not accept any medical or legal responsibility for misinterpretation or misuse of the informational and educational content of the present document. The intention of the Journal of Biomedical Therapy is to inform practitioners who wish to evolve their holistic practice. The purpose is to share information about successful protocols from orthodox and complementary practitioners. The intent of the information contained in this journal is not to dispense recipes, but to encourage learning about complementary therapies. It is the practitioner’s responsibility to take this information in stride and, if they so choose to apply it to their practice, to do so within the spectrum of their knowledge and experience with integrity and competence, and within the scope of their practice. We encourage our readers to share their complementary therapies, as the purpose of the Journal of Biomedical Therapy is to join together like-minded practitioners from around the globe.

Written permission required to reproduce any of the enclosed material.
IN BRIEF

Galenic forms and dosages in HOMOTOXICOLOGY:

Feedback from the Scientific Advisory Board (SAB) of the International Society of Homotoxicology

By the Medical Writer

In a recent session of the SAB of the International Society of Homotoxicology, this subject was tabled for discussion and debated amongst the members of the board. The outcome of this discussion was that there is no difference between the different galenic forms as far as efficacy is concerned, and that in antihomotoxic medicine, the dynamics of homopathic principles apply.

In essence, seven galenic forms exist for antihomotoxic medicine. The oral forms include drops, which are sterile, and lactose imprinted tablets. Sterile ampoules are available for injection or as drinkable ampoules. In this case, the medication is mixed in a sterile saline solution. Furthermore, nasal sprays, suppositories, ointments as well as vials or monodoses are available. In general, the potencies of a specific medication are higher in the ampoule form than in the drop or tablet form.

The choice of a galenic form is dependent on the following factors:

1. The age of the patient
2. The disease process
3. Special needs of the patient, e.g. lactose intolerance, recovering alcoholic, etc.

1. The age of the patient

In general the dose is adjusted for infants and small children. In this case, the tablets and drops are often mixed with some water, and as much as possible, the patient is encouraged to keep the mixture in the mouth for a while, before swallowing. Ampoules can also be mixed in a little water. The vials or monodoses and sprays are mostly used in the same dosage frequency as drops and tablets.

The following dosage adjustment is recommended:

<table>
<thead>
<tr>
<th>Age</th>
<th>Normal dosage</th>
<th>Acute dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants under 12 months</td>
<td>1/3 of the adult dose</td>
<td>4x/day, 1/3 of adult dose</td>
</tr>
<tr>
<td>Small children up to 6 years</td>
<td>1/2 of the adult dose</td>
<td>6x/day, 1/2 of the adult dose</td>
</tr>
<tr>
<td>6-12 years</td>
<td>2/3 of the adult dose</td>
<td>8x/day, 2/3 of the adult dose</td>
</tr>
<tr>
<td>12 years and older</td>
<td>Adult dose</td>
<td>Adult dose</td>
</tr>
</tbody>
</table>

2. The disease process

Antihomotoxic preparations strive to stimulate and support the regulatory ability of the body. The first line of regulation is with the autoregulatory system or the Greater Defense System. The symptoms of the patient are thus a footprint of the disease process. The more violent and severe the symptomatology, the more often we would administer a dose as the regulatory pattern of the body is vigorous and needs support. Once a balance is reached, we can reduce the dose again. The more non-reactive the patient, the less vigorous the regulatory system. In this case, we would need to stimulate the regulation ability. Since we also want to give the stimulus and then wait for the patient's regulatory system to react, we thus give the medication less frequently.

In acute diseases, we dose frequently, often every 15 minutes for the first 8 doses, in order to stimulate the regulatory pattern of the body. Thereafter, a normal dose is given. In chronic diseases, where the reactivity of the system is low, we give the medication infrequently, twice or three times a week, in order to stimulate and await a response. If there is a vicarisation, and an acute reaction ensues (which is desirable in such cases), we would then revert to the more frequent dosage to support regulation. The composita are designed to stimulate regulation rather than to support it, and as such, are often given less frequently. This is only a general rule though, as sometimes, preparations like Echinacea compositum may be used in an acute dosage. Nosodes in general are also used less frequently, at least for the tissue nosodes, whereas the aggressor nosodes, such as Staphylococcus and Streptococcus can be used more often, as is the case with Echinacea compositum.

3. Special needs of individual patients

In patients who suffer from diabetes and lactose intolerance, choices need to be made for the use of tablets. In patients with severe lactose intolerance, the tablets should be replaced by the suitable drop or ampoule form. The tablets are not contraindicated in diabetics, but in severe diabetics, where there is strict dietary control, it should be kept in mind as a source of carbohydrate, where one tablet contains approximately 300 mg of lactose.

Alcohol-containing medications should be avoided in alcoholics and in patients with liver disease. This is especially important in recovering alcoholics, who may relapse if they are confronted with even this small amount of alcohol. In this case, replace with suitable tablets or ampoules.

Sometimes the dosage form of the drops and tablets are inconvenient for people with very busy lifestyles. In this case, a twice daily (higher) dose in regards to drops and tablets, or a switch to ampoules could be considered, keeping in mind the general principles discussed above. In general, 20 drops or 2 tablets a day or 1 ampoule 1-3 times weekly would be recommended.
Metabolic syndrome and diabetes type II: adjuvant treatment

By the Medical Writer

The treatment of these two conditions is essentially the same, except that Diabetes type II entails hyperglycemia and a higher incidence of side effects. The criteria for diagnosis are added below.

**Adult treatment protocol (ATP) criteria for the diagnosis of metabolic syndrome:**

**ATP III criteria**

**Metabolic syndrome: diagnosis**

<table>
<thead>
<tr>
<th>Risk Determinant</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal obesity</td>
<td>- men &gt; 102 cm (40 in)</td>
</tr>
<tr>
<td></td>
<td>- women &gt; 88 cm (35 in)</td>
</tr>
<tr>
<td>Triglyceride</td>
<td>≥ 150 mg/dL (1.7 mmol/L)</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>- men &lt; 40 mg/dL (1.0 mmol/L)</td>
</tr>
<tr>
<td></td>
<td>- women &lt; 50 mg/dL (1.3 mmol/L)</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>≥ 130/≥ 85 mm Hg</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>≥ 110 mg/dL (6.1 mmol/L)</td>
</tr>
</tbody>
</table>

**Diabetes: diagnosis**

<table>
<thead>
<tr>
<th>Risk Determinant</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting blood sugar (FBG) test</td>
<td>- Fasting overnight (at least 8 hrs)</td>
</tr>
<tr>
<td></td>
<td>- FBG of 100 mg/dL (5.5 mmol/L) is normal</td>
</tr>
<tr>
<td></td>
<td>- IFG (impaired fasting blood glucose)</td>
</tr>
<tr>
<td></td>
<td>- 110-126 mg/dL (6.1-7.0 mmol/L) (Seen in the metabolic syndrome)</td>
</tr>
<tr>
<td></td>
<td>- &gt; 126 mg/dL (7.0 mmol/L) on two occasions = Diabetes</td>
</tr>
<tr>
<td></td>
<td>- Random samples may be used if symptoms are present</td>
</tr>
<tr>
<td></td>
<td>- 200 mg/dL (11.1 mmol/L) = Diabetes</td>
</tr>
</tbody>
</table>

Diagnosis of metabolic syndrome is made when 3 or more of the above risk determinants are present.

**Antihomotoxic treatment of these diseases has three aims:**

1. **Regulation of the biological terrain** with detoxification and drainage, organ strengthening, immunomodulation and cellular activation.
2. **Reducing central obesity**
3. **Treating complications**

**1. Regulation of the biological terrain**

**TREATMENT WEEKS 1-6**

<table>
<thead>
<tr>
<th>Pillar I Detoxification and drainage</th>
<th>Pillar II Cellular activation</th>
<th>Pillar III Organ regeneration and immunomodulation</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepar compositum</td>
<td>Coenzyme compositum or Ubicoenzyme</td>
<td>Achieved here with the advanced detoxification remedies in pillar I</td>
<td>Ampoules and tablets: 1 ampoule or 1 tablet 3x/week. Drops: 10 drops 3x/day.</td>
</tr>
<tr>
<td>Solidago compositum or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berberis-Homaccord</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyreoidea compositum or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulsatilla compositum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENT WEEKS 7-12**

<table>
<thead>
<tr>
<th>Drainage</th>
<th>Cellular regeneration</th>
<th>Organ regeneration and immunomodulation</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nux vomica-Homaccord</td>
<td>Ubichinon compositum or</td>
<td>Tonsilla compositum or a combination of:</td>
<td>Ampoules and tablets: 1 ampoule or 1 tablet 3x/week. Drops: 10 drops 3x/day.</td>
</tr>
<tr>
<td>Berberis-Homaccord</td>
<td>Ubicoenzyme and Glyoxal</td>
<td>Glandula suprarenalis suis-Injeel,</td>
<td></td>
</tr>
<tr>
<td>Lymphomyosot/Lyphosot</td>
<td>compositum</td>
<td>Hypothalamus suis-Injeel, Funiculus</td>
<td></td>
</tr>
<tr>
<td>i.e. Detox-Kit</td>
<td></td>
<td>umbilicalis suis-Injeel</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The regulatory treatment above is basically done in cycles with a rest period of 4-6 weeks after the 12-week regimen. The rest period is an ideal time to treat central obesity. As fat tissue stores many toxins, it makes sense to first prepare the body for detoxification (weeks 1-6) before drainage (weeks 7-12), and before mobilization of fat stores (weeks 13-18). Fat-soluble toxins include all the hydrocarbon molecules, molecules with a benzene ring like Dioxin and DDE, for instance. These can be deposited in other areas if the detoxification organs are not primed prior to drainage and mobilization.
2. Reducing central obesity

**ORAL TREATMENT:**

- **Strumeel:** 1 tablet 2x/day and **Graphites-Homaccord:** 15 drops 2x/day, or **Serol** (a weight loss nutraceutical), if available: 2 capsules 2x/day.

**MESOTHERAPY (if possible):**

- Injections of **Hepar compositum**, and **Thyreoida compositum** or **Funiculus umbilicalis suis-Injeel** and **Natrium pyruvicum-Injeel** (see diagram).
- Dose: twice a week for 6 weeks.

3. Treating complications

Treatment depends on which complications are evident. This oral treatment should be continuous and not cyclical, but one should always assess whether it is still necessary after the regulatory cycles. If the patient starts to regulate, it may be that the complication has lessened.

• **FOR GENERAL PREVENTION OF COMPLICATIONS:**

  - **Traumeel:** 15 drops 2x/day (Traumeel inhibits pro-inflammatory cytokines)

• **HYPERTENSION AND HYPERLIPIDEMIA:**

  - As an adjuvant or alone, depending on the severity, **Cralonin:** 15 drops 2x/day. If available, add 1 capsule 2x/day of **Reduchol** (an hypocholesterolemic nutraceutical).

• **HYPERGLYCEMIA:**

  - **Syzygium compositum:** 15 drops per day or **Pankreas suis-Injeel:** 1 ampoule 3x/week.

• **GOUT (see below)**

• **POLYNEUROPATHY:**

  - **Lymphomyosot** or **Lyphosot** (also part of the Detox-Kit): 15 drops 2x/day (best results were achieved when combined with 300 mg of alpha-lipoic acid per day) for at least 6-8 months.

### Treatment of gout

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Remedy</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute attack</td>
<td>Bryaconeel, Lithiumeel, Traumeel drops/tablets Arnica-Heel ointment</td>
<td>1 tablet or 10 drops, every 15 min for 8 doses, and then 3x/day. Apply the ointment several times (up to 5x/day) over the affected joint(s).</td>
</tr>
<tr>
<td>Chronic treatment of uric acid diathesis</td>
<td>Lithiumeel tablets Solidago compositum or Equisetum arvense-Injeel (the latter two are for “under excreters” to improve kidney excretion)</td>
<td>1 tablet 2x/day for several weeks. Solidago compositum or Equisetum arvense-Injeel: 1 tablet or 1 ampoule 3x/week.</td>
</tr>
<tr>
<td>Treating complications</td>
<td>Kidney stones are common in “overproducers” with a high load of uric acid through the kidney: Reneel or Populus compositum and Berberis-Homaccord, Spascupreel (for the colic)</td>
<td>Tablets: one tablet every 15 min for 8 doses then three times a day. Drops: 15 drops three times a day.</td>
</tr>
<tr>
<td>Treating complications</td>
<td>Gouty tophi: Ubichinon compositum or Ubicoenzyme</td>
<td>1 tablet or 10 drops twice a day, with Lithiumeel as above.</td>
</tr>
</tbody>
</table>

---

Biological therapy of liver disorders - results of drug monitoring with 801 patients

SUMMARY
The homeopathic liver remedy Hepar compositum (Heel) was tested in the context of drug monitoring with regards to its diagnostic application, mode of application, efficacy, and tolerance. The drug monitoring was based on 801 documented cases treated by 68 physicians. The conditions treated included hepatobiliary diseases, toxicogenic hepatic dysfunctions, as well as metabolic and cutaneous disorders. For 32% of the patients, the only medication administered was Hepar compositum. Findings revealed that 76% of the therapeutic results were rated either “very good” or “good.” No adverse drug reactions were recorded. The patients’ tolerance to Hepar compositum was good.

INTRODUCTION
Over the past 20 years, steadily worsening environmental pollution, changing social structures, and great increases in the consumption of alcohol and medication have contributed to a drastic rise in liver disease [1]. In many cases, furthermore, incidental laboratory findings originally obtained for diagnostic purposes have revealed an association between the liver and a variety of additional disorders such as skin diseases, autonomic dysfunction, or states of exhaustion. In a number of observed cases, however, subjective symptom complexes are completely lacking. Among many patients, the liver can no longer cope with the long-term burdens placed on it, in its functions as an organ of detoxification. The liver consequently suffers from gradual and increasing impairment of its metabolic functions. Accordingly, serious hepatic dysfunctions develop, followed not infrequently by associated secondary disorders [2].

The entire spectrum of medicinal products for liver disorders currently on the market is extremely extensive: it includes the entire range of immunomodulators, corticosteroids, antibiotics, and vitamin preparations especially intended for treatment of particular hepatic symptom complexes - as well as homeopathic remedies and phytomedicinal products [3].

Hepar compositum, produced by the company Heel, is a homeopathic preparation for hepatic disorders which contains a series of homeopathically prepared constituents. On the basis of its formulation, it is indicated for the following range of application: acute and chronic hepatobiliary diseases, toxicogenic hepatic dysfunction, as well as metabolic and cutaneous complaints.

MONITORING METHODOLOGY
Characterization of the patients
During the period from March to August of 1993, 68 physicians (general practitioners and internists) in Germany and Austria conducted this drug monitoring survey on a total of 801 patients. The purpose of this survey was to document the application possibilities for Hepar compositum with respect to indications, dosage, mode of application, and adjuvant therapy. At the same time, the study was intended to assess the effectiveness of the preparation and its tolerance by the patients surveyed. Data acquisition took place through the medium of standardized questionnaires provided to the physicians for each of the patients included in the study. The questionnaires were used to record all relevant data on the patients and their therapy, in the form of answers to questions specifically directed to the physicians. No criteria were defined for including or excluding patients in the context of the survey. The following were left entirely to the discretion of the prescribing therapists: selection of the patients to be included in data collection, dosage of Hepar compositum, the period of administration, and accompanying therapeutic measures. The physicians rated the effectiveness of the therapy at the end of treatment by the following scale very good (complete freedom from complaints), good (significant improvement), satisfactory (slight improvement), unsuccessful (patient’s condition remains the same), and worsening.

Fig. 1: Age distribution of the patients.
Diagnoses, term of illness, and prior treatment

Due to the extreme variety of problems associated with illnesses in which the liver is involved, there was, as expected, a great number of different diagnoses rendered in this study. For this reason - and in accordance with the areas of application indicated by the manufacturer - six indication groups were established for this survey. Table 1 shows these classifications and the number of patients assigned to each. Since most of the disorders covered here had developed in an insidious manner and became chronic to a greater or lesser degree, the patients had generally suffered from these illnesses for considerable lengths of time: for the majority, more than one year. Only 14.5% had been ill for a period shorter than four weeks. See Table 2.

Table 1: Indication groups (some patients were assigned to more than one group)

<table>
<thead>
<tr>
<th>Indication groups</th>
<th>No. of patients in each group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute hepatobiliary affections</td>
<td>79 (9.9%)</td>
</tr>
<tr>
<td>2. Toxicogenic hepatic dysfunctions</td>
<td>326 (40.7%)</td>
</tr>
<tr>
<td>3. Chronic hepatobiliary affections</td>
<td>157 (19.6%)</td>
</tr>
<tr>
<td>4. Inflammatory cutaneous illnesses</td>
<td>148 (18.5%)</td>
</tr>
<tr>
<td>5. Noninflammatory cutaneous illnesses</td>
<td>83 (10.4%)</td>
</tr>
<tr>
<td>6. Miscellaneous liver-related disorders</td>
<td>136 (17.0%)</td>
</tr>
</tbody>
</table>

In accordance with the long term of disease experienced by the majority of these patients, the share who had received previous therapy was - as had been expected - correspondingly large: i.e., 55.6%. The groups of substances most frequently prescribed for these patients were as follows (as per the Rote Liste, the German Physician’s Desk Reference): liver medication (18.9%), dermatology preparations (13.7%), and corticosteroids (13.5%).

Dosage and mode of application

The instructions for use of Hepar compositum provide the following dosage recommendation: in general, one ampoule, 1-3 times per week. Our data disclosed that the administering physicians adhered to these recommendations in 96% of cases. In our study, the dosage selected by the physician at the beginning of therapy was maintained in 9 of 10 cases throughout the entire term of treatment. For one patient in ten, it was possible to reduce the dose before conclusion of therapy.

With respect to route of administration, the manufacturer of Hepar compositum recommends IM, SC, IC, or if required IV application. This survey revealed that the physician selected the IM route for the majority of patients (62%). The next-most-frequently employed means were SC (19%) and IV (10%) injection. It appears noteworthy, in addition, that 8.4% of the patients received Hepar compositum as orally administered ampoule medication (i.e., an ampoule is broken and emptied into a small glass of water, which the patient takes in small swallows throughout the course of a day).

Adjuvant therapy

It was left to the physicians’ discretion to apply additional forms of therapy within the framework of this drug monitoring. Evaluation of data revealed that 67.8% of the patients in fact received concomitant therapy, broken down as follows: adjuvant medicamentous treatment (29.2%), adjuvant nonmedicamentous (e.g., physical) therapy (14.5%), and accompanying medicamentous plus non-medicamentous treatment (24.1%). Monotherapy, i.e., Hepar compositum alone, was administered to 32.2% of the patients.

The additionally prescribed medication primarily included not-identified homeopathic medication, as well as preparations for gastrointestinal disorders. Only 5.1% of the patients received an adjuvant liver remedy. The physicians recommended dietary measures for 187 patients, and alcohol abstinence for 47.

Table 2: Term of illness (n=801)

<table>
<thead>
<tr>
<th>Term of illness before treatment</th>
<th>No. of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one week</td>
<td>5.1%</td>
</tr>
<tr>
<td>2-4 weeks</td>
<td>9.4%</td>
</tr>
<tr>
<td>5-8 weeks</td>
<td>6.7%</td>
</tr>
<tr>
<td>3-6 months</td>
<td>13.0%</td>
</tr>
<tr>
<td>7-12 months</td>
<td>14.5%</td>
</tr>
<tr>
<td>Longer than one year</td>
<td>50.3%</td>
</tr>
<tr>
<td>No data on term of illness</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
RESUL T

Term of therapy

This drug monitoring survey was furthermore intended to reveal the length of time necessary to administer Hepar compositum before the patient experienced an initial improvement in his or her condition, as well as the total required period of treatment. These periods are also of considerable significance especially in the context of injection from ampoules as a mode of application, since this form of administration demands a high degree of compliance from the patients. Of the patients in the group of acute hepatobiliary affections, around one-third noticed initial improvement in their condition after only one week of treatment. In the other indication groups, first signs of success became apparent after 2-3 weeks; likewise for one-third of the patients. For the majority of persons who were acutely ill, the term of treatment was 2-5 weeks. Illnesses which had persisted for lengthy periods of time required 4-8 weeks of therapy in most cases.

Results of therapy

Of the 801 patients taking part in this drug monitoring, three-fourths (76.4%) concluded their treatment with “very good” or “good” ratings. An additional 16.1% of the therapeutic results were rated “satisfactory.” “Unsuccessful” ratings were received by only 7.5%. There was no case in which the patient’s condition worsened. See Fig. 2.

Separate consideration of the results of treatment for each of the individual indication groups reveals that the total of “good” and “very good” results was approximately 80% - with the exception of chronic hepatobiliary diseases. Among those suffering from chronic hepatobiliary affections, “good” and “very good” therapy results were achieved for 68% of the patients; the share of “satisfactory” results, on the other hand, is around 8% higher in this group than in the other indication groups. The quota of unsuccessful results was the lowest of all for the group with acute hepatobiliary affections: 1.2%. See Table 3.

Table 3: Therapy results for the individual indication groups
Upon analysis of the sub-population composed of those patients treated exclusively with Hepar compositum (i.e., monotherapy), and after comparison of these treatment results with those of patients receiving combined forms of therapy, it is revealed that in both of these sub-groups, around three-fourths of the patients achieved “good” to “very good” treatment results. The “unsuccessful” share of results was 5.8% in the monotherapy group, and 8.3% in the combination therapy group. See Fig. 3.

**Patient tolerance**

Patient tolerance to Hepar compositum can, without reservation, be rated “very good,” since this study disclosed no adverse drug reactions.

**Interpretation of results of drug monitoring**

Now as before, considerable controversy prevails in discussions of the medicamentous therapy of hepatic disorders. An essential topic in such deliberations concerns the self-regeneration capability of the liver [3]. The actual objective of liver therapy is the support and enhancement of healing processes, as well as diminution or alleviation of the symptoms of disease. Such treatment should accelerate the self-regeneration of the hepatic parenchyma, and should reduce the alteration of tissue taking place as a result of accumulation of toxins in connective tissue. Effective liver therapy will lead to elimination of pathogenetic infiltration of fat, in favor of increased formation of glycogen and achievement of a positive energy balance – with the goal of fully restoring normal metabolic and detoxification functions [4].

The drug monitoring survey presented here has demonstrated that such liver therapy can well prove advantageous, especially in cases involving impairment of hepatic detoxification functions. A preparation such as Hepar compositum can prove particularly essential in such a context, since the spectrum of therapeutic activity offered by its constituents covers numerous symptom pictures. The predominantly good treatment results obtained for all indication groups of the survey verify this effectiveness. Especially noteworthy in this connection are the facts that, even in the indication group for chronic hepatobiliary diseases, therapy results of “good” or “very good” were possible for 68% of the patients, and that the share of unsuccessfully treated cases was only 9%. These results are all the more significant in light of the severity of this indication: a symptom picture associated with difficult and protracted therapy, as any experienced therapist can verify.

Upon comparison of the extent of medicamentous treatment previously received by these patients with the adjuvant medication retained by the physicians for therapy covered by this study, one salient aspect is that the application of Hepar compositum enables considerable reduction in the number of preparations employed – or their replacement by medication with fewer adverse side effects. For example: the number of corticosteroids prescribed fell from 60 to 5; the dermatological preparations, from 61 to 24; and the other liver remedies, from 84 to 41. On the other hand, the number of patients who received adjuvant homeopathic medication rose from 62 to 252. In addition to its reliable effectiveness, these drug-monitoring results verify good patient tolerance of Hepar compositum. No adverse drug reactions were recorded in any cases. Hepar compositum therefore satisfies all prerequisites for effective as well as safe therapy for a variety of hepatic dysfunctions.

**References**

3. Wildhirt E. Problematik der Lebertherapie. Ärztezeitschrift für Naturheilverfahren 1991; 1/91, 31
The influence of Coenzyme compositum and Ubichinon compositum on the function of left and right heart ventricles in patients suffering from “Metabolic X Syndrome”

L.L. Sidorova, As Prof., MD; G.V. Myasnikov, MD; L.P. Antonenko; S.V. Sofienko.
A.A. Bogomolov National Medical University, Central Military Hospital, DM of Ukraine, Kiev.

Limited efficiency of traditional therapy of heart disease makes the search for alternative approaches valuable. This paper presents the results of an investigation of the influence of the products Coenzyme compositum and Ubichinon compositum on the function of left and right heart ventricles in patients suffering from metabolic syndrome with early heart disease. 49 patients suffering from ischemic heart disease together with metabolic syndrome, with age ranging from 50 to 70 years, took part in the study. The first therapeutic group was composed of 20 patients prescribed with traditional therapy along with angiotensin-converting enzyme inhibitor, Capoten, in a 50 mg daily dose. 15 patients of the second group were given Ubichinon compositum in addition to the standard therapy. The third group was composed of 10 patients prescribed standard medicines together with Coenzyme compositum. Both biological preparations were given at a rate of 1 ampoule on alternative days, 10 injections in total. Additionally, 148 patients suffering from ischemic heart disease without metabolic syndrome symptoms were investigated. The control group was composed of 30 practically healthy persons of similar age. The inclusion of Ubichinon compostium in the traditional therapeutic scheme permitted achievement of the normalization of several parameters of both ventricles’ diastolic function within 3 weeks. It was also shown that Coenzyme compositum was effective in increasing velocity and volume features of early and active ventricular filling as well as the contractile activity of the myocardium in heart disease patients. There is a need to take into account the possibility of the development of sympathicotonia when prescribing this preparation. It was concluded that the use of composite biological preparations, such as Coenzyme compositum and Ubichinon compositum, in the traditional treatment scheme for early heart deficiency patients, is expedient.

Keywords: Ubichinon compositum - Coenzyme compositum - metabolic syndrome - ischemic heart disease

Dual inhibition of 5-lipoxygenase/cyclooxygenase by a reconstituted homeopathic remedy; possible explanation for clinical efficacy and favorable gastrointestinal tolerability

R. Jäggi, U. Würgler, F. Grandjean and M. Weiser
Reprint from: Inflammation Research 2004;53:150-157

Objective In order to elucidate potential anti-inflammatory activities of Zeel comp. N and its constituents, the inhibition of the synthesis of Leukotriene B4 (LTB4) and Prostaglandin (PGE2) by 5-lipoxygenase (5-LOX) and cyclooxygenase 1 and 2 (COX 1 and 2) respectively were examined in vitro.

Materials Human HL-60 cells, differentiated for 6–8 days with DMSO (1.2% v/v) were used for the 5-LOX assay. The COX activity assays were carried out with purified enzymes, COX 1 (ram seminal vesicles), COX 2 (sheep placenta) and with human THP-1 cells, differentiated for 24 h with PMA (50 nM).

Methods LTB4 and PGE2 production in the 5-LOX and COX assays respectively were determined by enzyme-linked immunoassays.

Results A reconstituted Zeel comp. N combination as well as its constituent mother tinctures of Arnica montana, Sanguinaria canadensis and Rhus toxicodendron (Toxicodendron quercifolium) showed distinct inhibitory effects on the production of LTB4 by 5-LOX (IC50 values of 10, 20, 2 and 5 mg/ml respectively) and on the synthesis of PGE2 by COX 1 (IC50 values of 50, 80, 40 and 20 mg/ml respectively) and COX 2 enzymes (IC50 values of 60, 110, 50 and 20 mg/ml respectively). The mother tincture of Solanum dulcamara inhibited the production of PGE2 by COX 1 (IC50 40 mg/ml) and COX 2 (IC50 150 mg/ml), but not the production of leukotriene LTB4 by 5-LOX.

Conclusions The observed dual inhibition (modulation) of both LOX- and COX-metabolic pathways may offer an explanation for the reported clinical efficacy and the favorable gastrointestinal tolerability of the original remedy Zeel comp. N.

Keywords: Zeel comp. N - mother tinctures - in vitro assays - dual 5-LOX/COX inhibition
Obesity as an inflammatory disease: Homotoxicology is a valuable answer to control it

By Bruce H Shelton, MD (h) DiHOM

Obesity is the epidemic of the Twenty First Century and is basically an inflammatory disease making it very well suited for treatment with antihomotoxic remedies. A newly discovered hormone, ghrelin, is secreted from the stomach. It interacts with neurons in the hypothalamus, which among other things decreases fat catabolism and stimulates food intake. Fat tissue also secretes adipocytokines, which are proinflammatory, cause insulin resistance and block weight loss.

The three basic pillars of antihomotoxic detoxification are the bases with which we treat obesity: detoxification, cellular activation/organ regulation and immunomodulation.

For the first 6 weeks of detoxification, use:

- Hepar compositum on Monday and Thursday
- Thyreoidea compositum (or Funiculus umbilicalis suis-Injeel) on Tuesday and Friday
- Solidago compositum or Berberis-Homaccord on Wednesday and Saturday
- Glyoxal compositum on Sunday

If the patient has had steroids, add Pulsatilla compositum, 1 ampoule 3x/week.

For the next 12 weeks of detoxification:

Switch to the Detox-Kit (Lymphomyosot/Lyphosot, Berberis-Homaccord, Nux vomica-Homaccord): 30 drops of each in at least two liters of water per day. Add Galium-Heel: 30 drops to the first liter of the day.

For obesity:

Specifically take Strumeel and Graphites-Homaccord: one tablet and ten drops respectively, 3x/day before meals.

Traumeel tablets (or ten drops) twice daily on arising and on going to bed.

Coenzyme compositum (or Ubicoenzyme) in the morning and Ubichinon compositum (or Ubicoenzyme) at bedtime at a dose of 10 drops or 1 tablet of each.

Tonsilla compositum tablets (or Glandula suprarenalis suis-Injeel and Hypothalamus suis-Injeel in ampoules) once daily after dinner or 1 ampoule 3x/week.

In addition to this basic protocol, eat a proper Mediterranean-type diet and do aerobic exercises 20-30 minutes three times per week. Proper i.v. detoxification should also be instituted.

If injection therapy is available, mesotherapy should be instituted:

- Thyreoidea compositum (or Natrium pyruvicum-Injeel) at Chakra points
- Hepar compositum at St. 36
- Lymphomyosot at Sp 6
- Placenta compositum or Funiculus umbilicalis-Injeel at St 23, 25, 27 for Hypophysis types
- Hepar compositum or Pankreas suis-Injeel at Solar Plexus, Lv 13, St 25 and St 36 for Pancreas types
- Ovarium compositum at St 29 and Sp 6 for Female Endocrine types (Testis compositum in place of Ovarium compositum for males)

With proper treatment and care, including stress reduction techniques, obesity as an epidemic can be controlled with the help of Homotoxicology.
Primary evaluation of homeopathic remedies injected via acupuncture points to reduce chronic high somatic cell counts in modern dairy farms

Dr. Sagiv Ben-Yakir, BSc, DV M, MRC VS
ORS HINA - The Israeli Veterinary Institute for Holistic Medicine
Reprint from Veterinary Acupuncture Newsletter 2004;27(1):19-21

Introduction
Modern dairy herds work under continual demand for high performance in terms of milk quality and quantity. Most countries provide veterinary care on a national scale, with coordination between state- and private interests. In the State of Israel, the mean annual milk yield for 98,485 Holstein herd book registered cows is 10,469 kg/cow with 3.26% fat, and 3.07% protein (1). As in many modern western countries, the Israeli dairy system is centralized, and various organizations are involved and multi-connected (Israeli State Veterinary Services, Israeli Cattle Breeders’ Association, Milk Marketing Board, and cooperative and non-cooperative veterinarians). Herd health monitoring is done routinely, and as part of the general data collecting regime each cow is checked once a month for somatic cell counts (SCCs) in four quarters. Normal milk should contain only low levels of somatic cells. High somatic cell counts (SCCs) in milk indicate mastitis, subclinical or clinical, with reduced quality and quantity of milk. Most of the cells are white blood cells, with some epithelial cells from mammary secretory tissue. Epithelial cells in milk are part of normal bodily function; they are shed and renewed in normal bodily processes. Normally occurring white blood cells serve as a defense mechanism to fight disease, and assist in repairing damaged tissue.

The milk market relies on SCCs to aid in ensuring a quality product. SCCs are monitored to show compliance with national standards. The SCC is assessed in milk taken from the four quarters and mixed before testing. Most markets pay a premium for milk with a low SCC and penalize farmers for a high SCC (above a mark value, usually >350,000 cells/ml). If the SCC is very high, the milk may be declared unmarketable, and the farmer may face other severe sanctions. During routine activities on dairy farms, cows suffer from repeated minor traumatic events, especially to the udder. This can arise, for example, in faults in the milking machinery (liner slip, vacuum faults, incorrect pulsation ratios, stray electric voltages on the milk-line etc.), or teat-treads in badly designed cubicles, in rushing cows with pendulous udders. These traumas can irritate the teats or udder tissues, and can induce subclinical or clinical mastitis and high SCCs.

Our pilot test was done to see if we could reduce a high SCC (>350,000 cells/ml) to normal values (<350,000 cells/ml) by injection of specifically selected homeopathic remedies to particular acupoints, and to compare injection of saline (saline aquapuncture) or homeopathic remedies (homeo aquapuncture) to real and sham acupoints.

Materials and methods
Injectable veterinary remedies should be sterile and ready for use. They should be easily available and should contain normal saline (0.9%) but no alcohol. For repeated use of a remedy, the manufacturer’s quality control should ensure ampoule-to-ampoule and batch-to-batch consistency in composition. The remedies manufactured by Heel GmbH (Germany) meet these characteristics, and we used their solutions. The Appendix lists their composition.

Traumeel is considered to be the primary homeopathic combination remedy to treat and heal trauma-induced injuries in animals (2-7). Due to its homeopathic constituents, Traumeel’s main effects are regenerative, anti-exudative and anti-inflammatory. Cows with subclinical chronic mastitis cannot repel different exogenous pathogenic factors (EPFs) invading the udder tissue. We add a homeopathic remedy that will stimulate the body’s own defense mechanisms to expel any undetected EPFs, as well as having a beneficial action on the mesenchyma, and particularly on the lymphatic system in the udder to repel (detoxify) any possible exogenous factors. For this purpose we used Engystol (8). The third homeopathic combination remedy was Lachesis compostum, a remedy specially indicated to prevent and treat bovine mastitis (9, 10). The selected acupoints were: BL 25, BL 23, SP 18, SP 21 all bilaterally, and GV 03. “Veterinary Acupuncture” (11) gives the anatomical description of these acupoints, and their specific indications.

In this pilot test, 11 high yield cows were selected for the trial. These cows were chosen due to their excellent past performance, outstanding reputation in the country (good genetics and good performances), and SCCs far above the normal range (see table 1).
2 cows (405 and 953) had i.m. injections of saline (0.9%) into sham acupoints.

3 cows (156, 466, 816) had injections of saline (0.9%) into acupoints.

3 cows (275, 946) had i.m. injections of homeopathic remedies into sham acupoints.

3 cows (634, 696) had injections of homeopathic remedies into acupoints.

On October 11 (Day 1), 10 ml saline, or 10 ml Traumeel, was injected/cow.

On October 15 (Day 5), 10 ml saline, or 10 ml Engystol, was injected/cow.

On October 22 (Day 12), 10 ml saline, or 10 ml Lachesis compositum, was injected/cow.

The saline or homeopathic remedy was injected into each of the 9 acupoints or sham points at 1.1 ml/point (total 10 ml). This was done to create the same pattern of injection for both the control and the experimental groups. The selected solutions were injected via 21 gauge 30-mm needles after each area to be injected was cleaned manually, and washed with 70% alcohol, followed by Povidone-iodine.

Results

Table 1 summarizes the SCCs in all cows before and after the treatments were imposed. Although the number of cows in each group was small, and there was very high between- and within-cow variation in SCCs, the results were encouraging.

- The two cows that had saline injections to sham points showed no improvement; their SCCs remained very high.
- The three cows that had homeopathic remedies injected at sham points improved, but the SCC did not fall <350,000 cells/ml, as was desired.
- The three cows that had saline injections into acupoints improved, but the SCC did not fall <350,000 cells/ml, as was desired; the mean fall in SCC (Pre-Post) was 1,249,333 cells/ml.
- The three cows that had homeopathic remedies injected at defined acupoints showed remarkable results; their SCC fell below the target of <350,000 cells/ml.

**Table 1.** Milk SCC (10³ cells/ml) in 4 quarters/cow. The SCC of the first 4 months (July-Sep) were before the injections. The Nov SCC was after the end of the injections (the treatment-effect).

<table>
<thead>
<tr>
<th>Treatment</th>
<th>COW #</th>
<th>Jul SCC</th>
<th>Aug SCC</th>
<th>Sep SCC</th>
<th>Oct SCC</th>
<th>Nov SCC (post-trial)</th>
<th>SCC change (Oct to Nov)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sal-sham AP</td>
<td>405</td>
<td>1418</td>
<td>1819</td>
<td>1101</td>
<td>1523</td>
<td>2375</td>
<td>(-)</td>
</tr>
<tr>
<td></td>
<td>953</td>
<td>1250</td>
<td>1491</td>
<td>3660</td>
<td>2770</td>
<td>2111</td>
<td>(+)</td>
</tr>
<tr>
<td>2. Hom-Sham AP</td>
<td>634</td>
<td>622</td>
<td>1073</td>
<td>490</td>
<td>364</td>
<td>980</td>
<td>(-)</td>
</tr>
<tr>
<td></td>
<td>696</td>
<td>874</td>
<td>500</td>
<td>317</td>
<td>352</td>
<td>672</td>
<td>(-)</td>
</tr>
<tr>
<td></td>
<td>956</td>
<td>3530</td>
<td>1340</td>
<td>1646</td>
<td>1295</td>
<td>618</td>
<td>(+)</td>
</tr>
<tr>
<td>3. Sal-AP</td>
<td>156</td>
<td>2740</td>
<td>3383</td>
<td>1025</td>
<td>891</td>
<td>633</td>
<td>(+)</td>
</tr>
<tr>
<td></td>
<td>466</td>
<td>1707</td>
<td>1403</td>
<td>2558</td>
<td>461</td>
<td>614</td>
<td>(-)</td>
</tr>
<tr>
<td></td>
<td>816</td>
<td>2539</td>
<td>1966</td>
<td>2832</td>
<td>932</td>
<td>614</td>
<td>(+)</td>
</tr>
<tr>
<td>4. Hom-AP</td>
<td>166</td>
<td>1216</td>
<td>1140</td>
<td>1890</td>
<td>472</td>
<td>261</td>
<td>(+)</td>
</tr>
<tr>
<td></td>
<td>275</td>
<td>1234</td>
<td>5235</td>
<td>6124</td>
<td>624</td>
<td>313</td>
<td>(+)</td>
</tr>
<tr>
<td></td>
<td>946</td>
<td>2097</td>
<td>1922*</td>
<td>2123</td>
<td>176</td>
<td>233</td>
<td>(-)</td>
</tr>
</tbody>
</table>

*Estimate based on the mean of the July and September values

Discussion

This preliminary clinical trial suggests that, compared to the other therapeutic procedures, acupoint injection with homeopathic combination remedies may reduce the SCCs of high-yield dairy cows with chronic non-responsive mastitis.

In bovine subclinical mastitis, the body's self-healing powers cannot cope well with the influx of different EPFs, as well as many traumas to the udder. By injection of specific homeopathic remedies, an immunological bystander reaction was stim-
ualted. In situ macrophages phagocytose the minute quantities of injected ingredients in amounts too small to produce a complete immunological reaction. After phagocytosis, the macrophages return molecules of the ingested substances to their surface. These molecules ("motifs") are bound to the macrophages membrane-related Major Histocompatibility Complexes (MHCs). Nearby naive and undifferentiated lymphocytes (T h0) recognize the "motifs", remove them from the macrophage, and bind to their own receptors. This specific action is a signal for the T h0 to be transformed into regulatory lymphocyte (T h3), a committed lymphocyte. The T h3 cells wander into regional lymph nodes, and via cell division multiply to many "motivated and committed" cell clones. They leave the lymph nodes via blood vessels and reach all organs and tissues. The indicated motifs facilitate an increased penetration of the T h3 cells into the relevant area. Chemotactic factors (complement factors, chemokines etc.) from the inflamed area (the cow's udder) support this organo/histotopy. As soon as T h3 reaches its target organ (recognizing similarity between their motifs and the target cells organ), T h3 cells immediately start to synthesize "Transforming Growth Factor- beta" (TGF-beta, the most potent anti-inflammatory cytokine in the body) and begin inducing T h2 to released interleukin-4 and -10, which support the effect of TGF-beta. This stops the inflammatory processes and regenerates normal udder tissue, thereby decreasing the SCCs.

Additionally, the concentration of mast cells is significantly higher in an acupoint than in "sham points" in control areas. M ecchanically, by causing local microtrauma, acupuncture per se stimulates the mast cells in situ to release their mediators. These active mediators, including histamines, cause many local changes, such as phagocytosis. The released mediators also cause vasodilation, increase capillary permeability, and trigger a cascade reaction. These induce migration of monocytes from the blood vessels into the local tissue. The monocytes become macrophages once they have gained access to the extravascular space, and further enhance phagocytosis, a reaction that is so important in the bystander reaction. It has been shown that the phagocytic activity of the monocytes was increased even before the migration to the local tissue. One might say that the acupunctured area serves as an amplifier for the bystander reaction.

Documented acupuncture effects on immunological responses include increase in white blood cell counts, especially T cells, and attraction by chemotaxis of these cells to the punctured area, again, causing T cells to react to the presented "motifs" on the macrophage. Of the primary T h3 cells are "motivated", they begin to clone themselves in the lymph nodes. X-ray microscopy and electrophoretic studies of acupoints indicate direct pathways from the acupoint to the nearest lymph node, again providing the best possible terrain for the processing of the bystander reaction. From a very basic scientistic understanding of the relationship between homeopathy, immunological bystander reaction, and their amplification by using acupuncture, we can begin to understand the mechanisms behind the success in our specific clinical trial to reduce bovine somatic cell counts to normal values.

Conclusion

These preliminary data suggest that, compared to the other therapeutic procedures, acupoint injection with homeopathic combination remedies reduced the SCCs of high-yield dairy cows with chronic non-responsive mastitis. Further research in this area is needed in relation to reduction of SCCs in chronic subclinical mastitis in highly stressed cows on modern dairy farms, and because of the small number of cows in each group and the very high between- and within-cow variation in SCCs.

Acknowledgement

I thank Phil Rogers MRCVS, Dublin, Ireland, for help in the final editing of this article and Ms. Yael Gal, Altman, Israel, for technical support.

References


Appendix

Herd GmbH, Germany, applied the homoeopathic injections in 5 ml ampoules for veterinary use. The 3rd (decimal) dilution is equivalent to the X ( 1 in 10) dilution. Traumated ad us vet.: Each 5 ml injection ampoule contained: Acutontum napellus D 4.0 ml, Aconitba deisem D11 0.25 ml, Arum maculatum D 4.0 ml, Atropa belladonna D 4.0 ml, Bellis perennis D 6.02 ml, Chamomilla D 6.0 ml, Echinacea angustifolia D 6.02 ml, Echinacea purpurea ex planta tota D 4.0125 ml, H amamelis D 0.05 ml, H genicotum D 4.015 ml, Millefolium D 5.03 ml, Pyrethrum D 6.05 ml, Ulex europaeus D 6.05 ml, Vincetoxicum hirundinaria D 0.03 ml.
A recent study demonstrated that Hepeel® exerts a specific antioxidative, antiproliferative and biochemical effects on HepG2 cells which points to a potential hepatoprotective and tumoristatic action.1

When in need of a remedy for daily intake (e.g., 1 tablet 3 times a day) in patients with digestive problems, after infection of the liver or also as adjuvant treatment in migraine patients, Hepeel® is the product of choice.

Very well tolerated by patients
See product monograph for more details