Integrating Homotoxicology and Mainstream Medicine

Treating skin conditions

Herpes simplex and Homotoxicology

Feline hypertrophic cardiomyopathy

Official publication of SOHNA
Breathe more easily with Euphorbium compositum®

- Relieves a broad range of nasal symptoms such as: sinusitis, rhinitis, chronic nasal drip, dry and inflamed nasal membranes as well as congested or runny nose
- Clinically and scientifically proven efficacy¹⁻⁵
- Possesses antiviral and anti-inflammatory properties⁶⁻⁸
- As effective as xylometazoline and better tolerated⁹
- Offered in a variety of dosage forms: nasal spray and oral drops
- Very well tolerated, without side effects and safe for the whole family (including infants, children, pregnant and nursing women)
- Does not cause a rebound effect and is non-addictive

The skin is often called the mirror of the soul, as the inside environment of a person is reflected in the skin. The skin can also tell the story of where a person has been and lived, thus it also mirrors the external environment in the form of solar damage, scars etc.

For the keen homotoxicologist, it can tell how far a person has vicaried on the six-phase table. Being the most superficial of all our organs it will react to both internal and external stimuli with sweating. It also tells the story of immune dysregulation in eczema, and the reactive phase in boils and blisters. It tells the story of deposition in the form of skin tags or seborrhoic keratosis, and the story of autoimmunity in the form of vitiligo, discoid lupus erythematosus or Addison’s disease. It also tells the story of cancerous processes such as squamous carcinoma and melanoma. In homotoxicological terms the skin is the most superficial of our organs and as such bears the brunt of overload and disease of the internal organs.

We have mentioned before that the skin shares the same detoxifying systems as the liver. The same phase I and Phase II detoxification systems in the liver with all their cofactors are identical in the skin. Environmental influences such as UV rays and also chemicals may damage the delicate enzyme systems through the formation of free radicals, to cause altered skin and premature aging. Conversely, when the detoxifying systems of the body are overloaded, we see an expression of this on the skin. This is one of the reasons why the liver is often treated simultaneously with certain skin conditions.

Detoxification programs are recommended with all skin conditions. In some cases though, the skin will react quickly and violently, and care must be taken not to flare up conditions such as eczema, and detoxification should be carefully timed. Mostly though, the skin is also a wonderful mirror for our work in Homotoxicology as many diseases will vicariate over the skin in the form of rashes, sweating, boils and even eczema. These should normally be welcomed with open arms and not suppressed, as the regressive vicariation will come into play again. In this issue we thus discuss the treatment of various common and certain uncommon, but often missed diseases, such as hidradenitis suppurativa.

We also report about exciting new developments at the International Research in Baden-Baden, Germany. Evidence-based medicine is becoming more important play again. In this issue we thus discuss the treatment of various common and certain uncommon, but often missed diseases, such as hidradenitis suppurativa.

For the keen homotoxicologist, it can tell how far a person has vicaried on the six-phase table. Being the most superficial of all our organs it will react to both internal and external stimuli with sweating. It also tells the story of immune dysregulation in eczema, and the reactive phase in boils and blisters. It tells the story of deposition in the form of skin tags or seborrhoic keratosis, and the story of autoimmunity in the form of vitiligo, discoid lupus erythematosus or Addison’s disease. It also tells the story of cancerous processes such as squamous carcinoma and melanoma. In homotoxicological terms the skin is the most superficial of our organs and as such bears the brunt of overload and disease of the internal organs.

We have mentioned before that the skin shares the same detoxifying systems as the liver. The same phase I and Phase II detoxification systems in the liver with all their cofactors are identical in the skin. Environmental influences such as UV rays and also chemicals may damage the delicate enzyme systems through the formation of free radicals, to cause altered skin and premature aging. Conversely, when the detoxifying systems of the body are overloaded, we see an expression of this on the skin. This is one of the reasons why the liver is often treated simultaneously with certain skin conditions.

Detoxification programs are recommended with all skin conditions. In some cases though, the skin will react quickly and violently, and care must be taken not to flare up conditions such as eczema, and detoxification should be carefully timed. Mostly though, the skin is also a wonderful mirror for our work in Homotoxicology as many diseases will vicariate over the skin in the form of rashes, sweating, boils and even eczema. These should normally be welcomed with open arms and not suppressed, as the regressive vicariation will come into play again. In this issue we thus discuss the treatment of various common and certain uncommon, but often missed diseases, such as hidradenitis suppurativa.
New direction for Heel Research International

By the Medical Writer

With the *Lancet* controversy, research methodology in homeopathic research has once again come into the spotlight. The question is, however, not if the gold standard of randomized controlled trials is possible with homeopathy and especially homotoxicological products, but rather if it should be the gold standard for all research.

The same standard should be valid for allopathic and homeopathic research, but in reality, the randomized controlled trial is only one part of evidence supporting a product. The trend in modern research is to aim for a so called “evidence mosaic” where the strength of each type of study augments that of the other. The end result is that a comprehensive evidence mosaic is formed which contains data on efficacy, effectiveness (and cost effectiveness), use in practice (e.g. case studies) as well as basic research data on working mechanism, etc. (Fig 1)

Heel’s department of Medicine and Research has thus over the past one and a half years embarked on a quest to establish such an evidence mosaic for key homotoxicological preparations. With the active help of the Research Working Group of the Scientific Advisory Board (under the auspices of the International Society of Homeopathy and Homotoxicology), a new strategy was forged to this effect.

With this analysis the way forward has become clear, and therefore Heel is investing more manpower and money (the research budget has been doubled for the coming year) into good quality research. Special emphasis will be given to Randomized Controlled Trials in the future, as this is an important piece of the mosaic which is still needed in many cases.

Fig 1: What is an Evidence Mosaic?

A multifaced evidence base which is more than the sum of its parts.

By the addition of Dr. Robbert van Haselen as Head of Research International to the team of Medicine and Research at Heel headquarters, this has gotten a new impetus. Dr. van Haselen, an epidemiologist, is well known in CAM research circles and brings with him experience and knowledge as well as a drive for excellence to cement the Heel research program. The aim of the team is also apparent in the goals of the research department.

Goals Research International

- To develop an ‘evidence mosaic’ for Heel products
- To support and propagate the theory of Homotoxicology with appropriate basic and clinical research models
- To stimulate and maximize the quality of investigator initiated projects
- To support the Regulatory Affairs Department with clinical studies as/when appropriate
- To ensure full GCP compliance of Heel initiated/coordinated research
- Development/innovation of new products and indications
- Improving the image of homeopathy by supporting “generic” research in collaborating with other homeopathic companies
Treating skin conditions with antihomotoxic medicines

By the Medical Writer

SUPERFICIAL BACTERIAL SKIN INFECTIONS

Infection of the skin is classified as superficial when the infection is in the skin and subcutaneous tissue, however, when the infection goes deeper, into the muscle and fascial layer, it is a deep “complicated” skin and soft tissue infection. Impetigo, folliculitis, furunculosis, carbunculosis, erysipelas and cellulitis are all examples of superficial skin infections. Another superficial skin infection is hidradenitis suppurativa, which affects the apocrine sweat glands.

Treatment with Homotoxicology alone is often possible in these cases, and every case should be assessed individually to determine the need for allopathic therapy.

A special case is impetigo in developing countries where the causative agent can be beta-haemolytic streptococci (GAHBS), which bears the risk for glomerulonephritis as a systemic complication.

If there is a positive culture or the suspicion of GABHS, additional antibiotic treatment is necessary. Signs of systemic spread, such as fever, lymphadenopathy and malaise, should also be seen as a progression of the superficial infection, and may trigger the need for additional antibiotic therapy.

Special note: these infections often constitute a part of the vicariation process, where deeper disease shifts to the skin, and should thus not be suppressed. These infections can be classified in the inflammatory (reactive) phase on the six-phase table, and therefore are often treated with combination preparations classically used in this phase, such as Belladonna-Homaccord, Mercurius-Heel and Echinacea compositum. With careful observation and follow-up, Homotoxicology could also be used as a stand-alone therapy in these cases. When these conditions occur in a patient as a chronic recurrent event, it could point to a blocked excretion phase. A simple detoxification over 6-8 weeks with the Detox-Kit could be very helpful here.

1. IMPETIGO

Incidence:

In the US, impetigo is a common skin disease, accounting for 10% of skin diseases treated in pediatric clinics. Peak incidence occurs during summer and fall.

Causes:

Impetigo is a highly contagious gram-positive bacterial infection of the superficial layers of the epidermis. The 2 forms of the disease are bullous impetigo and nonbullous impetigo. Impetigo is caused by Staphylococcus aureus and group A beta-hemolytic streptococci (GABHS). GABHS is also known as Streptococcus pyogenes. Both organisms may be present at the same time in the affected site. Infection by S. aureus may be preceded by a primary infection by GABHS.

Clinical types:

Two clinical types of impetigo exist: non bullous and bullous impetigo. The non bullous type is more common and typically occurs on the face and extremities, initially with vesicles or pustules on reddened skin that eventually rupture to leave the characteristic “honey-colored” (yellow-brown) crust. Bullous impetigo, almost exclusively caused by S aureus, exhibits flaccid bullae with clear yellow fluid that rupture and leave a golden-yellow crust. Diagnosis depends on clinical presentation and confirmation by culture.

Contributing factors:

Impetigo tends to occur in areas of minor breaks in the skin such as insect bites, cuts, or abrasions. Impetigo can also occur in breaks in the skin caused by skin conditions such as eczema, scabies, herpes, chickenpox or contact dermatitis.1

---

2. FOLLICULITIS, FURUNCULOSIS (FURUNCLES), AND CARBUNCULOSIS (CARBUNCLES)

Folliculitis is a superficial infection of the hair follicles characterized by erythematous, follicular-based papules and pustules. Severe cases may cause permanent hair loss and scarring, and even mild folliculitis can be uncomfortable and embarrassing.

Furuncles are deeper infections of the hair follicle characterized by inflammatory nodules with pustular drainage, which may coalesce to form larger draining nodules when it is called a carbuncle. The prevalence of folliculitis is unknown. This is mostly caused by streptococcal or staphylococcal bacteria.

Treatment of furuncles and carbuncles

Surgical drainage is sometimes necessary and even beneficial as it constitutes excretion and thus is often, in a homotoxicological sense, preferred to antibiotic therapy, which is more suppressive.

### Medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-bullous type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mercurius-Heel</td>
<td>Anti-bacterial homeopathic</td>
<td>Acute: 1 tablet every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet 3x/day</td>
</tr>
<tr>
<td>Traumeel</td>
<td>Inflammation regulation</td>
<td>Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day</td>
</tr>
<tr>
<td>Echinacea compositum</td>
<td>Contains Streptococcal and Staphylococcal nosodes</td>
<td>10 drops 3x/day or 1 oral vial/day for 5 days</td>
</tr>
<tr>
<td>Additional: Graphites-Homaccord</td>
<td>For yellow crusting</td>
<td>Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
</tbody>
</table>

| **Bullous type**     |                             |                                                                        |
| Mercurius-Heel       | Anti-bacterial homeopathic  | Acute: 1 tablet every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet 3x/day |
| Traumeel             | Inflammation regulation     | Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day |
| Echinacea compositum | Contains Streptococcal and Staphylococcal nosodes | 10 drops 3x/day or 1 oral vial/day for up to 10 days |
| Mezereum-Homaccord   | For pus filled vesicles     | Acute: 1 oral vial up to 3x/day. Chronic: 1 oral vial 3-7x/week |

2. FOLLCULITIS, FURUNCULOSIS (FURUNCLES), AND CARBUNCULOSIS (CARBUNCLES)

Erysipelas is a superficial streptococcal infection of the skin. Cellulitis is a deeper process that extends to the subcutis. Erysipelas has a predilection for young children and the elderly. This disease has been traced back to the Middle Ages where it was referred to as “St. Anthony’s Fire,” named after an Egyptian healer who was known for successfully treating the infection. Historically, this infection occurred on the face and was caused by Streptococcus pyogenes. However, a shift in the distribution and etiology of the disease has occurred, with most erysipelas infections now occurring on the legs and with non-group A streptococci sometimes being identified as the etiologic agents.

### Medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belladonna-Homaccord</td>
<td>For red throbbing skin lesions</td>
<td>Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day for 5 days. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
<tr>
<td>Mercurius-Heel</td>
<td>Anti-septic</td>
<td>Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day</td>
</tr>
<tr>
<td>Lymphomyosot / Lyphosot</td>
<td>Lymph drainage, also clears the terrain. Can be used for several days after infection has cleared</td>
<td>1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
<tr>
<td>Traumeel</td>
<td>Inflammation regulation</td>
<td>Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 1 tablet or 10 drops 3x/day</td>
</tr>
<tr>
<td>If severe: Echinacea compositum</td>
<td>Contains Staphylococcal nosode</td>
<td>10 drops 3x/day or 1 oral vial/day for up to 10 days</td>
</tr>
</tbody>
</table>
Classically, erysipelas is a tender, well-defined, erythematous, indurated plaque. Cellulitis refers to an infection involving the skin’s deeper layers; the dermis and subcutaneous tissue. The main bacteria involved in cellulitis are Staphylococcus, but occasionally, other bacteria may cause cellulitis as well. Cellulitis is a warm, tender, erythematous, and edematous plaque with ill-defined borders that expands rapidly. It is often accompanied by constitutional symptoms, regional lymphadenopathy, and, occasionally, bacteremia.

**HIDRADENITIS SUPPURATIVA**

Hidradenitis suppurativa is a chronic, scarring disease that affects the apocrine, or sweat glands. It is a common skin condition that is frequently misdiagnosed. Hidradenitis suppurativa does not occur before puberty. Most people are between 20 to 40 years old when they develop hidradenitis suppurativa. It can be a disabling and distressing skin condition.

Apocrine glands are formed from the same structure as the hair follicle and sebaceous glands. They produce a highly individual sexual scent, the production of which is dependent on the presence of sex hormones. The apocrine glands become very active with the onset of puberty. They are found particularly in the armpit and the genital area. When the plugged gland or follicle becomes larger, ruptures, and becomes infected, the typical picture of hidradenitis suppurative emerges.

As these glands are controlled by the sex hormones, hormonal regulation is also helpful in these cases. Sweat is also a way to get rid of toxins, and too many toxic substances will block the opening of the sweat gland. Also in these cases it makes sense to do a detox, as it often has a chronic course.

### ACNE

The pilosebaceous unit (the sebaceous follicle, sebaceous glands, and sebaceous ducts) is where acne occurs. Pilosebaceous units are concentrated in body sites that are prone to acne — the face, back, and chest. The pathogenesis of acne is complex and multifactorial. Although the etiology of acne is not clear, or why acne remits or resolves in most individuals but not in others — the central pathogenic factors have been delineated. These are:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arnica-Heel</td>
<td>Severe infective processes</td>
<td>Acute: 10 drops every 1/2 to 1 hour, up to 12x/day. Chronic: 10 drops 3x/day</td>
</tr>
<tr>
<td>Apis-Homaccord</td>
<td>Redness and swelling</td>
<td>Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
<tr>
<td>Echinacea compositum or Echinacea compositum forte SN</td>
<td>Anti-suppurative, contains Streptococcinum nosode</td>
<td>Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 10 drops or 1 3x/day oral vial 3-7x/week</td>
</tr>
<tr>
<td>Traumeel</td>
<td>Inflammation regulation</td>
<td>Acute: 1 tablet or 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day. Chronic: 1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
<tr>
<td>Lymphomyosot / Lyphosot</td>
<td>Lymph drainage, also clears the terrain. Can be used for several days after infection has cleared</td>
<td>1 tablet or 10 drops 3x/day or 1 oral vial 3-7x/week</td>
</tr>
</tbody>
</table>

Note: in acne patients, the skin may take the brunt when the liver cannot detoxify properly. A detoxification regime, both advanced and also basic is always good in these patients.
1. Excessive sebum production secondary to androgen stimulation
2. Altered follicular keratinization and desquamation, resulting in follicular plugging
3. Proliferation of Propionibacterium acnes, an anaerobic organism normally resident in the follicle
4. Inflammation following chemotaxis and the release of proinflammatory mediators, such as IL-1

Acne is a disease that can have considerable effects on self-image and psychological well-being, which may be even more profound in adult patients than in their teenage counterparts. From a homotoxicological viewpoint, acne is approached on four levels: reduce sebum formation, reduce inflammation, normalize hormonal environment and combat “super” infection of the comedo.

---

**ECZEMA**

Eczema is a general term for many types of skin inflammation (dermatitis). Atopic dermatitis is the most common of the many types of eczema. Several other forms have very similar symptoms. The diverse types of eczema are listed and briefly described below.

### Types of eczema

- **Atopic dermatitis**: a chronic skin disease characterized by itchy, inflamed skin.
- **Contact eczema**: a localized reaction that includes redness, itching, and burning where the skin has come into contact with an allergen (an allergen-causing substance) or with an irritant such as an acid, a cleaning agent or other chemical.
- **Allergic contact eczema**: a red, itchy, weepy reaction where the skin has come into contact with a substance that the immune system recognizes as foreign, such as poison ivy or certain preservatives in creams and lotions.
- **Seborrheic eczema**: a form of skin inflammation of unknown cause that presents as yellowish, oily, scaly patches of skin on the scalp, face, and occasionally other parts of the body.
- **Nummular eczema**: coin-shaped patches of irritated skin which are most commonly seen on the arms, back, buttocks, and lower legs and may be crusted, scaling and extremely itchy.
- **Neurodermatitis**: scaly patches of skin on the head, lower legs, wrists, or forearms with a localized itch that becomes intensely irritated when scratched. This is often combined with emotional disturbance.
- **Stasis dermatitis**: a skin irritation on the lower legs, generally related to circulatory problems.
- **Dyshidrotic eczema**: irritation of the skin on the palms of hands and soles of the feet characterized by clear, deep blisters that itch and burn.
Medication | Reason | Dosage
--- | --- | ---
**General treatment**
Engystol | Th1/Th2 balance. Has an adrenergic effect which helps the itch | 1 tablet 3x/day or 1 oral vial/day for 5 days, then 5 days rest, 5 days again in this fashion, for 1 month
Cutis compositum or Funiculus umbilicalis suis-Injeel with Glandula suprarenalis suis-Injeel | Tissue support, as well as immunomodulation with the suis organs | 1 oral vial 3x/week for 6 weeks
Hepeel | Support for the liver functions (breakdown of histamine) | 1 tablet 3x/day or 1 oral vial/day
General detoxification (advanced and basic Detox-Kit) | Clear the terrain, support the excretory organs | See issue Spring 2005 (p. 5) Journal of Biomedical Therapy
**Specific treatment**

Atopic dermatitis
Sulfur-Heel | For mixed forms of eczema | 1 tablet 3x/day
Contact eczema
Apis-Homaccord | For redness and burning | Acute: 10 drops every 1/2 to 1 hour, up to 12x/day or 1 oral vial up to 3x/day Chronic: 10 drops 3x/day or 1 oral vial 3-7x/week

Allergic contact eczema
Mezereum-Homaccord or Schwef-Heel | For vesicular eczema and pruritis | 10 drops 3x/day or 1 oral vial 3-7x/week
Seborrheic eczema
Graphites-Homaccord | Oily patches on the face and scalp | 10 drops 3x/day or 1 oral vial 3x/day
Nervous eczema
Schwef-Heel or Graphites-Homaccord | Extremely itchy eczema/or when crusted a lot | 10 drops 3x/day or 1 oral vial 3x/day

Neurodermatitis
Schwef-Heel | Highly irritated eczema, patient scratches until it bleeds | 10 drops 3x/day
Nervoheel/Nereel | Emotional disturbance | 1 tablet 3x/day
Tonico-Heel | Emotional disturbance | 1 oral vial 3-7x/week
Stasis dermatitis
Cruroheel | For venous stasis | 1 tablet 3x/day
Placenta compositum or Funiculus umbilicalis suis-Injeel | Increase in venous strength | 1 oral vial 3x/week
Dyshidrotic eczema
Mezereum-Homaccord | Vesicular eczema | 1 oral vial 3-7x/week

**PRIMARY HYPERHIDROSIS**

Primary hidrosis is a condition that afflicts women more than men, occurs in about 1% of the population and starts before or at puberty. It is an autosomal dominant condition and should be distinguished from organic causes of increased sweating, such as menopause, hyperthyroidism, diabetes and deep infections such as tuberculosis, where the underlying cause must be elucidated and treated. It is a condition where sweating is experienced in excess of what is needed to regulate body temperature. The condition can have psychological consequences in as much as the patient will experience increase nervousness when sweating in social situations which in turn makes the sweating worse. It mainly occurs on the hands and the feet, but can occur on any part of the body. Treatment solutions include Botulinum toxin injections and sympathectomy. Mild to moderate cases are often helped by antihomotoxic treatment.
A homeopathic ointment preparation compared with 1% diclofenac gel for acute symptomatic treatment of tendinopathy


ABSTRACT

Context: The incidence of tendon injuries and tendinopathy has risen substantially in the past decades.

Objectives: To assess the non-inferiority of therapy based on the homeopathic preparation Traumeel S ointment (Heel GmbH, Baden-Baden, Germany) compared with treatment based on diclofenac 1% gel in patients with tendinopathies of varying etiology.

Design: Nonrandomized, observational study.

Setting: Ninety-five homeopathy and conventional medical practices in Germany.

Patients: Three hundred fifty-seven patients aged 18 to 93 years with tendinopathy of varying etiology based on excessive tendon load rather than inflammation.

Interventions: Traumeel S ointment or diclofenac 1% gel for a maximum of 28 days.

Main Outcome Measures: Efficacy was measured on a four-degree scale on pain-related variables, on variables related to motility, and on overall treatment outcome. Tolerability was monitored as adverse events. Compliance was assessed by practitioner and patient on a four-degree scale.

Results: The patient groups were comparable at baseline. The changes in summary score of all pain-related variables were -5.3 ± 2.7 (all values means ± SD) in the Traumeel group and -5.0 ± 2.7 in the control group. Changes for all motility-related variables were -4.2 ± 3.8 with Traumeel and -3.7 ± 3.4 with control therapy. The summary scores for all clinical variables were reduced by -9.5 ± 5.7 with Traumeel therapy and by -8.7 ± 5.4 with diclofenac-based treatment. Homeopathic therapy was non-inferior to diclofenac therapy on all variables. For motility-related variables, there was a trend toward superiority of Traumeel. Treatments were well tolerated with no treatment-related adverse events.

Conclusions: The results suggest that Traumeel ointment is an effective alternative to nonsteroidal anti-inflammatory drugs therapy for the acute symptomatic treatment of patients with tendinopathy.

Key-words: Homeopathy, motility, noninferiority, NSAID, observational study.

Effects of the homeopathic preparation Engystol on interferon-γ production by human T-lymphocytes

Dr. Heinrich Enbergs

ABSTRACT

There is a growing interest in complementary medical practices, but few studies have investigated mechanisms behind the possible benefits. The effects of the homeopathic preparation Engystol on interferon-γ producing T-lymphocytes were studied in vitro. Lymphocytes were isolated from 30 healthy human volunteers and the percentage of interferon-γ producing cells was analyzed by fluorescence activated cell sorting. Cells were treated with NaCl (control) or Engystol at concentrations from undiluted to 2%.

All concentrations of Engystol increased the percentage of interferon-γ producing lymphocytes significantly, from a mean of 20.9% ± 10.5% to over 24%. There was no dose-dependence of the effect at the concentrations tested.

Key words: Prophylaxis, homeopathy, inflammation, fluorescence activated cell sorting.
Antihomotoxic mesotherapy of soft-tissue sports injuries*

Ignacio Ordiz, Jorge Eguchaga, Miguel del Valle
English translation from original German publication: Biologische Medizin 2002;31(4):64-7

ABSTRACT

This retrospective study investigated the efficacy and tolerability of antihomotoxic mesotherapy (intradermal microinjection therapy) for sports injuries. 158 athletes with a variety of injuries were treated with a combination of Traumeel and Zeel, with the addition of Spascupreel in some cases. In 81% of the cases, the injury either healed completely or improved significantly. In most cases of complete healing, a maximum of four treatments were required. No adverse effects were observed.

* The authors received the 2001 Hans-Heinrich Reckeweg Prize for this paper.

Key words: Antihomotoxic mesotherapy, sports injury, Traumeel, Zeel, Spascupreel

Fundamentals of mesotherapy

Mesotherapy, or intradermal injection of mixtures of medications, is used especially for acute and chronic pain. More than forty years of experience indicate that this procedure increases the positive effects of the medication while adverse effects are significantly reduced due to less frequent administration. Poorly administered mesotherapy, however, can cause iatrogenic damage such as pain, inflammation or swelling.

Multiple studies and clinical experience suggest that effective mesotherapy depends on two basic factors:

1. **Depth of injection:** Dependent on the depth of the injection, the medication in any case infiltrates connective tissue matrix, which then stores and distributes the medication. Medication injected by this method not only reaches subcutaneous free nerve endings (cutivisceral reflex arcs), but also influences acupuncture points and meridians.

2. **Multiple microdoses:** Any medication becomes effective only when it is taken up by a receptor. Presumably, dividing the dose among several injection sites stimulates a larger number of receptors, thus achieving a greater therapeutic effect than if the entire dose were injected in one place.

Mesotherapy and sports medicine

Mesotherapy meets all the prerequisites for effective therapy of sports injuries, especially in competitive athletes:

1. Rapid healing permits earlier resumption of athletic activity.
2. Complete healing without sequelae allows training to be resumed with minimal setbacks.
3. Adverse effects are minimized.

Mesotherapy is especially indicated for:

- isolated tendopathies
- mild to moderate sprains
- muscle strains
- minor contusions
- moderate contractures of joint capsules, tendons or muscles
- some types of mechanical damage to peripheral nerves and tendons
- plurifocal joint damage
- degenerative mechanical damage to the spinal cord
- postoperative symptoms, including pain

It is also suitable as an adjuvant measure in functional rehabilitation and physiotherapy.

It is not suited for treating fractures, severe sprains, certain neurological injuries, meniscus disorders or injuries that require surgical intervention. Whether or not to administer mesotherapy must be decided on a case-by-case basis in injuries such as avulsed tendons or severe strains or in certain underlying illnesses that are discovered or exacerbated because of the injury (e.g. infections, tumors). Mesotherapy should not be implemented if the skin covering the injured area is infected or if large hematomas are present. Mesotherapy is also not suitable for patients who cannot overcome their fear of injections.
General information on Herpes Simplex Virus (HSV)

- 40-50% worldwide latent HSV 1 infections (90% Herpes labialis)
- Lifelong infection of HSV 1 with recurrence rate of 1.6 eruptions per year
- HSV 1 migrates to trigeminal nerve
- HSV 2 lesions occur genitally in 90% cases
- HSV 2 migrates to sacral nerve
- Humans are the only natural viral host
- Family includes Varicella zoster, Epstein-Barr virus, Cytomegalovirus

Clinical manifestations of HSV 1

- Herpes labialis (cold sore)
- Acute gingivostomatitis
- Ocular herpes
- Upper respiratory tract syndrome
- Herpes genitalis (10-20%)
- Eczema herpeticum
- Viral meningitis
- Necrotizing encephalitis
- Neonatal herpes

Predisposing factors

- Systemic infections
- Sunlight
- Menstruation
- Trauma
- Operations
- Stress

Eczema herpeticum

- Atopic dermatitis history
- Potentiated by topical corticosteroids
- Lymphocytopenia
- Elevated ESR
- Elevated IgE
- Th2 dysregulation

Case history

- 40 year old female of Chinese descent
- History of atopic dermatitis and recurrent Varicella zoster

Herpes simplex and Homotoxicology

Dr. Leon Strauss, M. Tech. Hom (Wits)

Initial treatment

- All taken orally
  - Psorinoheel: 10 drops three times daily (t.i.d.)
  - Galium-Heel: 10 drops t.i.d.
  - Mezereum-Homaccord: 10 drops t.i.d.
  - Ranunculus-Homaccord: 10 drops t.i.d.
  - Colocynthis-Homaccord: 10 drops t.i.d.
  - L-Lysine capsules: 1000 mg twice daily (b.i.d.)
  - Hypericum perforatum capsules: 500 mg b.i.d.
  - Deglycyrrhised licorice root extract

Avoid L-Arginine supplements

Oral treatments (beginning as the patient became aware of lesions appearing, with nerve sensitivity) varied in time, from 4 to 10 days. As a general rule, I tell my patients to take 10 drops hourly on the first day (in acute phases), then 10 drops every 2 hours from the 2nd day (if needed), and finally 10 drops t.i.d. until they are through the exacerbation.

Latent phase treatment

- Tonsilla compositum
- Echinacea compositum
- Galium-Heel

All were given as s.c. injections into the deltoid region twice weekly, and gradually decreasing the frequency as the acute HSV 1 exacerbations subsided.

Acute phase treatment

- Engystol s.c. injections were used as a local infiltration around the lesions during the acute phase.
- Neural therapy

Conclusion

- All diseases are biologically goal orientated and purposeful
- Latent infection can reanimate rapidly into impregnation phase with danger of progressive vicariation
- Acute HSV 1 requires matrix-nerve-root infiltration with the indicated homotoxicological preparation
- The patient has been under my care for the past two years. She gets a “booster” s.c. injection every 6 weeks and has not had new lesions appearing this year. The patient is not on any oral preparations at this stage. During the treatment phase, she mostly stayed on the Psorinoheel and Galium-Heel drops (10 drops t.i.d.) and alternated between Mezereum-Homaccord, Colocynthis-Homaccord and Ranunculus-Homaccord drops (10 drops t.i.d.) as needed.
Use of Homotoxicology in treatment of feline hypertrophic cardiomyopathy: a clinical case report

Summarized from a more complete article cited as:

Introduction

This paper documents a single case treated utilizing a biological therapeutic approach consisting of applied Homotoxicology theories, anti-homotoxic medications, nutraceutical agents and herbs. The possibility of an effective means of early intervention for cats with HCM is highly attractive and worthy of examination.

Most veterinarians offer conventional pharmaceutical therapy for these cats. Nutritional and orthomolecular treatments may gain popularity as scientific evidence of their usefulness accumulates. Pharmaceutical treatment of asymptomatic cats has not been shown to be beneficial and is controversial (Baty, 2004). Other modalities exist that may be helpful in management of these patients. Acupuncture, herbal medicine, orthomolecular medicine, gommotherapy, chiropractic, glandular agents, with or without homeopathy, and Homotoxicology are some of the commonly used alternative therapies. The complete literature of these modalities can be difficult to locate and is often not included in larger databases such as PubMed.

Signalment

Wiley is a neutered-male, domestic short hair cat born in 1998 (eight years old). He is grey and white in color, and resides inside a metropolitan city apartment. He was vaccinated for unknown agents as a kitten and had not received any other vaccinations for three years prior to presenting to our clinic. There was no known history of prior illness. He ate a conventional dry cat food. His feline leukemia and feline immunodeficiency virus status are unknown.

Presenting Complaint and History

April 26, 2003

Wiley presented for his annual examination. On examination, his pulse, respiration and heart rate were normal. No pulse deficits or arrhythmias were noted. No gallop was noted. A heart murmur was present. An electrocardiogram and echocardiogram were recommended. The owner declined an electrocardiogram, and an echocardiogram was scheduled. The owner was advised of the cardiac test results and that she should call the office if any signs of heart failure were noted. After further discussion, the client requested a Homotoxicology approach in hopes that early intervention might reduce levels of homotoxins and slow or reverse the disease process. The client was advised that this was theoretical and not evidence-based therapy.

Therapy with antihomotoxic medications and nutritional supplements began according to this initial prescription:

1. Cor compositum®, Engystol N®, Ubichinon compositum®, Coenzyme compositum® 0.5 ml of each product given subcutaneously.
2. Formula CV®, 0.5 capsule once daily PO.
3. Galium-Heel®, Crakrin®, Berberis-Homaccord® mixed together and given at a rate of 5 drops PO BID.
4. Owner declined other nutraceuticals (vitamin E and coenzyme Q-10), as cat was hard to medicate.
5. A recheck examination was scheduled for three weeks later.

May 5, 2003

CBC, chemistry and T4 values were within normal ranges. Systolic blood pressure was determined by Doppler probe and was normal (150 mmHg determined five times). Mild hematuria was noted and urine specific gravity was 1.055. No other urine chemistries were abnormal. No culture was obtained. The owner was advised of the cardiac test results and declined therapy. The client was advised that early treatment was not proven to be beneficial, and she preferred to withhold drug treatment and to recheck the echocardiogram at a later date. She was further advised that sudden deterioration, including sudden death syndrome could occur, and that she should call the office if any signs of heart failure were noted. After further discussion, the client requested a Homotoxicology approach in hopes that early intervention might reduce levels of homotoxins and slow or reverse the disease process. The client was advised that this was theoretical and not evidence-based therapy.

Therapy with antihomotoxic medications and nutritional supplements began according to this initial prescription:

1. Cor compositum®, Engystol N®, Ubichinon compositum®, Coenzyme compositum® 0.5 ml of each product given subcutaneously.
2. Formula CV®, 0.5 capsule once daily PO.

May 22, 2003

Wiley's heart rate had decreased from his prior visit and was 140 BPM (on entry to the exam room) to 120 BPM once he had relaxed. His weight was 13.1 lbs. A gallop rhythm was not detectable and his murmur was unchanged. No discharges or other issues indicating regressive or progressive vicariation were evident. The decreased heart rate was encouraging and further nutraceuticals were prescribed to include:
1. Coenzyme Q-10®, 30 mg per day PO.
2. Vitamin E, mixed tocopherols® 100 IU/day PO.
3. The May 5, 2003 prescription plan was continued unchanged.
4. Recheck examination was scheduled for three weeks.

July 27, 2003

Wiley's heart rate was stable between 140 BPM on entry (excited) and 120 BPM once calm. His weight had increased to 14.0 lbs. A gallop rhythm was not detectable and his murmur was unchanged. No discharges or other issues indicating regressive or progressive vicariation were evident. The decreased heart rate was encouraging and further nutraceuticals were prescribed to include:
1. Coenzyme Q-10®, 30 mg per day PO.
2. Vitamin E, mixed tocopherols® 100 IU/day PO.

August 27, 2003

Echocardiogram repeated by the same outside echocardiologist. Findings included:
1. 2D Echocardiogram: moderately severe hypertrophy of the LV and IVSd had increased from 7.3mm in May, 2003 to 7.8mm today.
The LV chamber size was moderately decreased. No significant valvular insufficiencies were appreciated. Cardiac contractility had increased.

2. Doppler Echocardiogram: no significant changes from May 2003 were noted.

3. Interpretation: mild progression of hypertrophy since the previous examination. The decreased LV chamber size was likely secondary to the increased concentric hypertrophy seen.

4. Recommendation: considered beginning enalapril and atenolol and adding furosemide and aldactone as needed. Consultation with a cardiologist and performing an echocardiogram were recommended, but not elected by the client.

5. Vital Measurements: these measurements are summarized in Table 1. Tapeworms were noted and 34.5 mg of praziquantel were administered orally. An electrocardiogram and consultation with a cardiologist were recommended and accepted, but the client said she would return later after accumulating the necessary financial requirements. The client was provided with a prescription for atenolol and enalapril, and she opted to continue the homotoxicology and nutritional support. The drug prescriptions were never filled.

October 31, 2003

The cat felt fine and was active and playful. Heart rate was 174 beats per minute (BPM). The electrocardiogram showed a normal sinus rhythm. Drug therapy was discussed and declined again by the client, who asked for holistic options for this disease. A discussion ensued regarding the serious and often irreversible/progressive/fatal nature of idiopathic hypertrophic cardiomyopathy. The client understood this and opted for holistic options for this disease. A discussion ensued regarding the serious and often irreversible/progressive/fatal nature of idiopathic hypertrophic cardiomyopathy. The client understood this and opted for nutritional support and Homotoxicology only. The following therapeutic program was prescribed at this time:

1. Coenzyme Q-10, 30 mg/day PO.
2. Vitamin E, mixed tocopherols 50 IU/day PO.
3. Formula CV, 1/2 capsules BID PO.
4. 4. Cor compositum®, 0.5 ml vial given subcutaneously into BL 15.

The Homotoxicology cocktail was reformulated and dispensed consisting of equal amounts of Chim homaccord®, Cralolin®, Auranheil® with instructions to give 5 drops BID PO. The cat was difficult to medicate but continued to take the coenzyme Q-10 intermittently.

December 2, 2003

Wiley was refusing all but the Homotoxicology cocktail. Coenzyme Q-10 had been given “only a few times.” Wiley’s murmur was moderate concentric hypertrophy. The concentric change was decreasing; however (7.3 on May 2, 2003 to 7.0 on April 27, 2003 to 7.0 today (January 22, 2004). The turbulence in the RVOT was likely secondary to concentric change and likely responsible for the murmur heard. The changes seen in the papillary muscles and LVPW likely represent fibrotic/remodeling changes of the cardiac muscle, however myocardial degeneration or infiltration is a consideration.

4. Recommendation: continue present therapy. Recheck echocardiogram is recommended in 12 months or as clinical signs dictate. The prognosis is fair to guarded.

February 25, 2005

Echocardiogram repeated with the same outside operator. Findings included:

1. 2D Echocardiogram: chamber sizes were relatively normal. The papillary muscles were thick and hyperdense as visualized in the transverse views. The anterior IVS dipped into the LVOT (left ventricular outflow tract). No masses or effusions were seen.

2. Doppler Echocardiogram: PA/RVOT Vmax=2.89m/s (turbulent). No regurgitation was appreciated. Ao Vmax=1.2m/s (laminar).

3. Interpretation: moderate concentric hypertrophy. The concentric change was decreasing; however (7.3 on May 2, 2003 to 7.0 on April 27, 2003 to 7.0 today (January 22, 2004). The turbulence in the RVOT was likely secondary to concentric change and likely responsible for the murmur heard. The changes seen in the papillary muscles and LVPW likely represent fibrotic/remodeling changes of the cardiac muscle, however myocardial degeneration or infiltration is a consideration.

4. Recommendation: continue present therapy. Recheck echocardiogram is recommended in 12 months or as clinical signs dictate. The prognosis is fair to guarded.

December 22, 2005

Echocardiogram repeated with the same outside operator. Findings included:

1. 2D Echocardiogram: chamber sizes were relatively normal. The PA
A brief review of the Homotoxicology medications used may give some recovery. The field is ripe for research for those with inquiring minds. Are necessary to the successful outcome observed here. It may well be improvement. Further studies will be needed to assess whether all parts which component of the therapeutic plan was responsible for the.

Homotoxicology formulas are well established for cardiac and vascular diseases with hypertrophy and/or cellular storage pathologies or toxic issues, particularly in geriatrics. It is useful in myocardial stimulation of cardiac muscle compromised by fatigue and metabolic implications for body organs that are as energy consumptive as the cardiac system. Their action is truly unique to the field of homotoxicology. Modern medicine is just awakening to the possibilities inherent in mitochondrial therapies.

- **Galium-Heel** is a broad usage preparation which promotes detoxification of the cellular milieu.
- **Cranberry** contains Caesarea (Hawthorne) and is indicated in cases of decreased cardiac output, strict affection and tropism of cardiac tissues, for cardiac decompensation, and serves as a “heart tonic.”
- **Berberis-Homaccord** for cardiovascular collapse and failing attacks, thready pulse, and asthmatic constriction of the chest, which are characteristic of the Veratrum fraction, as well as support of the renal system, and adrenal function (Reckeweg, 2002).
- **Aurumheal** for vegetative-functional coronary and circulatory disorders, hypotension, disturbance of the rhythm of the heart (package insert).
- **China-Homaccord** for exhaustion and debility (package insert).

It is the authors’ sincere hope that research into antihomotoxic medicines and the application of Phase Theory as created by the founder of Homotoxicology, Dr. Hans-Heinrich Reckeweg, will lead veterinarians toward more effective therapies for their cardiac patients. Broadfoot, Palmquist, and Demers currently have many cardiac patients that are responding well to treatment programs utilizing an integrative approach, and some of these have been presented in Homotoxicology training opportunities, but such cases do not appear in journals read by the majority of the members of the veterinary profession. Currently, Palmquist has three other feline idiopathic HCM cases, which have shown marked clinical improvement and one demonstrating ventricular thinning in less than six weeks of therapy. It is likely that other clinicians utilizing Homotoxicology have successful case outcomes but they are not published or accessible for examination at this time.

Homotoxicologists must take responsibility for our individual case successes and see that the results are published and shared with others. While single case reports do not carry much evidentiary weight, they are of value, because from these successful outcomes it may become possible to greatly improve treatment outcomes for our patients. Researchers interested in biological therapies can use these case studies to embark on more detailed studies and ultimately on double-blind, placebo-controlled studies capable of satisfying demands for evidence-based therapies in our profession. This move is underway in Europe and is overdue here in the United States. Such studies are important to the preservation of our profession’s ability to obtain satisfactory results in the management of our patients.

**FOOTNOTES**

2. Formula CV. Rx Vitamins for Pets: Professional Veterinary Formula, Hawthorn Berry (standardized 3.2% vitamin)100mg, L-Carnitine (Pharmacological grade amino acid)100mg, L-Taurine (Pharmacological grade amino acid50mg, Vitamin E (d-alpha tocopherol succinate) 75 IU, Dextrose (D-Mannose) (DMG) 10 mg, Magnesium (citrate) 10 mg, Potassium (citrate) 10 mg, Coleus Forskholi 10 mg, Selenium (selenomethionine) 5 mg.
3. Co Q10 30 softgel caps. Rx Vitamins for Pets: Professional Veterinary Formula.
4. Vitamin E Mixed Tocopherols, unknown brand, which client purchased from health food store.
5. Cor composition**, Heel.

**REFERENCES**


Detox-Kit®

Stimulates the body’s natural process of elimination to cleanse itself of toxins

- Gentle
- Well tolerated
- Easy to use

Safe and effective to:
- Help eliminate toxins
- Stimulate the cleansing processes
- Support the organs of excretion

The Detox-Kit® combines three carefully formulated homeopathic preparations to help relieve symptoms of illness caused by an unhealthy lifestyle and exposure to toxins. The Detox-Kit® consists of medications that are specifically designed to target the organs of detoxification.

The Heel Detox-Kit® combines three homeopathic products for a thorough effect:

Lyphosot® (30 ml oral drops)
Activates the lymphatic system in order to drain the connective tissues and the mesenchyme.

Nux vomica-Homaccord® (30 ml oral drops)
Stimulates the gastrointestinal excretion pathway as well as the liver.

Berberis-Homaccord® (30 ml oral drops)
Activates the kidneys and the gallbladder.