JOURNAL OF BIOMEDICAL THERAPY

Integrating Homotoxicology and Mainstream Medicine

Homotoxicology and female health

Alleviating menopause symptoms

Biological treatment of infertility

Official publication of SOHNA
Klimakt-Heel®
Treatment of menopausal symptoms

To alleviate symptoms such as hot flushes, night sweats, palpitations, mood swings, exhaustion, nervousness and insomnia.

Klimakt-Heel causes no adverse effects on the cardiovascular system.

- Klimakt-Heel has been on the German market for more than 50 years with over 1 million units sold worldwide since 2000. Since its launch, there has been no report of hormone related cancers or effects on the endometrium.

- Klimakt-Heel is an alternative to Hormone Replacement Therapy (HRT) which is safe for a long-term treatment without risks of dependency or addiction and it can be safely combined with other homeopathic or allopathic medications.
Female health has received a lot of media coverage in the latter years. Treatment with Hormone Replacement Therapy (HRT) has been the source of controversy over 30 years, but reached a peak in 2003, with the publication of the results of the Women Health Initiative Trial (WHI trial) and the Million Women Study (MWS). Another controversial subject is the impact of the so-called hormonal disruptors on fertility, the hormonal system and health in general.

HRT, which was heavily advocated by gynecologists, cardiologists and neurologists for years, has become an embarrassment to modern medical science. It was discovered in one after the other indication for which HRT is used that it was either found to be of no benefit, or even to increase the incidence of the disease it was supposed to prevent. One such a case is where HRT has been found in a relatively large study to increase the risk of dementia. The risk for various thromboembolism, cardiovascular disease and stroke was also found to be increased, especially in the first year of treatment. The effect of combined estrogen and progesterin therapy (CPT) on breast cancer has been especially alarming as it increases the risk for the disease while at the same time reducing mammographic sensitivity and as such reduces detection.

The use of alternative therapies, especially for menopausal symptoms has therefore increased, and what was often described as ‘snake oil’ by many colleagues has found a rightful place in the management of menopause. We thus publish one study which was conducted with Klimakt-Heel and an herbal preparation, as well as a medical summary dealing with the management of menopausal symptoms.

Diseases like endometriosis, polycystic ovarian syndrome and uterine fibroids are also increasingly seen in CAM practices. Polycystic ovaries and endometriosis can be seen as dysregulation diseases, with components such as insulin resistance or immune rigidity as part of the disease. Treatment of these diseases should thus include strategies outside the hormonal sphere.

Lastly, we include an article on infertility. Also in this sphere, biological practitioners can offer a comprehensive program. Infertility can be the result of environmental, hormonal as well as other factors and often will need a holistic approach. This, combined with the short and long-term side effects of fertility drugs, make it a particularly rewarding field for the biological practitioner.

Due to the safety of antihomotoxic medicine several preparations can be of use in pregnancy. Although CMV infection (cytomegalovirus) in the pregnant mother does not have grave consequences, in the fetus, it could cause problems such as hearing loss, visual impairment and mental retardation or impairment. The use of Engystol in pregnant mothers with high CMV titers is summarized under medical summaries.

References:

MEDICAL EDITOR/WRITER:
Dr. Alta A. Smit
Dr. Alta A. Smit is a qualified physiotherapist, medical doctor and homeopath, who is particularly interested in the regulation therapy of modern immune diseases and metabolic diseases, as they are overlapping so rapidly.

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by the Medical Writer
Dr. Hans-Heinrich Reckeweg Centenary
International Press Symposium in Baden-Baden

Baden-Baden: May 9 of this year was the hundredth anniversary of the birth of Dr. Hans-Heinrich Reckeweg, a Westphalian physician who was one of the great pioneers of homeopathy. Reckeweg’s research led to the development of “homotoxicology,” a unique theory of disease, and to the many different homeopathic combination medications produced by Biologische Heilmittel Heel GmbH, the company he founded for that purpose. After a modest beginning in 1936 and several moves, Heel established its headquarters in Baden-Baden and grew into an international giant in its field.

Unlike the single remedies of classical homeopathy, homeopathic combination medications contain a number of synergistic active ingredients. Like allopathic drugs, these medicines can be prescribed on a symptomatic basis, avoiding the lengthy repertorization needed to select the appropriate classical homeopathic remedy for an individual case.

On the occasion of the 100th birthday of its founder, Heel held a symposium for representatives of the international media to honor Reckeweg’s work and to consider the importance of homotoxicology in the twenty-first century. Speaking to approximately 60 guests from around the world, Heel spokesperson Dr. Wolfgang Kern characterized antihomotoxic medicine as “modern homeopathics.” As a result of scientific proof of its validity, homotoxicology has gained access to many university lecture halls, said Kern.

Dr. Klaus Küstermann, a physician and dedicated homotoxicologist, reported on the successes he has achieved in 25 years of using antihomotoxic medicines. According to Küstermann, Reckeweg’s original goal of building a bridge between homeopathy and conventional medicine has been largely achieved. Contributions by Dr. Alta Smit, Heel’s head of medicine and research, and Colombian physician Dr. Arturo O’Byrne described an extensive international network of institutes for research and continuing education where homotoxicology is investigated and taught.

And finally, specialized scientific evidence of the efficacy and action of Heel products was presented by Dr. Detlef Köhnke along with winners of the Dr. Hans-Heinrich Reckeweg Research Award – Dr. Menachem Oberbaum of Jerusalem, Israel; Dr. Olga J. Maiko of Orenburg, Russia; Dr. Bernadette Glatthaar-Saalmüller of Tübingen, Germany; and Dr. Antonello Arrighi of Montevarchi, Italy – who described the results of pertinent research projects. For example, the efficacy of the Heel product Vertigoheel has been very well documented by several cohort studies and randomized double-blind studies as well as in a meta-analysis. Speaking to the specialized journalists in attendance, Köhnke stated that Heel’s basic research has also achieved remarkable results. At the Institute for Microcirculation in Berlin, intravital microscopy has been used to demonstrate that Vertigoheel produces significant improvements in microcirculation in vertigo patients. Equally impressive is the scientific proof of inhibition of COX/LOX enzyme systems by Zeel comp. N, Heel’s arthritis medication.

In vitro studies conducted by virologist Bernadette Glatthaar-Saalmüller confirmed the antiviral effects of the cold remedies Engystol® N and Euphorbium compositum SN. Italian pediatrician Antonello Arrighi presented a study demonstrating that Luffeel comp. nasal spray, Lymphomyosot, and Euphrasia-Heel (the Italian version of Oculoheel eye drops) are effective in treating seasonal allergic rhinitis in children. Olga Maiko’s study confirmed the efficacy of Zeel in treating osteoarthritis of the knee. And finally, Dr. Menachem Oberbaum reported a spectacular discovery: he achieved excellent results using Traumeel S to treat pediatric cases of stomatitis due to chemotherapy.

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Homotoxicology and female health

Endometriosis

Although endometriosis is a benign disease, it can also be severely debilitating: firstly due to the fact that it can result in chronic pain, but secondly also due to the high incidence of infertility seen in these patients, resulting from scarring.

From an etiological point of view it is also puzzling, as it is both an immune and a hormonal disease.

It is characterized by endometrial tissue found outside of the uterine cavity, mostly in the abdomen, which is also estrogen sensitive and will exhibit withdrawal bleeds just like the uterine endometrial tissue. The resulting ‘chemical peritonitis’ then leads to scarring and adhesions. Recent work suggests that patients with endometriosis also have a host of concomitant immune abnormalities, which in Homotoxicology could be described as Th2 rigidity. An increase in allergy, asthma and eczema, a higher tendency towards certain cancers and lastly also a higher incidence of certain autoimmune diseases is also seen in these patients. The etiology of the disease is unclear. The anatomical theory postulates that there is a retrograde menstrual flow through the fallopian tubes, and therefore endometrial tissue settles in the abdominal cavity or other areas. Some people believe that all females have this phenomenon, but due to the abnormal cellular immunity, patients with endometriosis are unable to clear these deposits.

In any case, it is important to treat both the hormonal and immune components, and also prevent scarring in these patients.

Treatment protocol:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Action</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormeel</td>
<td>Hormonal balance</td>
<td>10 drops three times a day or 1 ampoule daily</td>
</tr>
<tr>
<td>Metro-Adnex-Heel</td>
<td>Specific for the pelvic tissues</td>
<td>1 ampoule daily for the last half of the cycle (e.g. starting day 14 until day 28)</td>
</tr>
<tr>
<td>Echinacea compositum forte</td>
<td>Immune modulation</td>
<td>1 ampoule three times a week</td>
</tr>
<tr>
<td>Tonsilla compositum or Funiculus umbilicalis suis-Injeel</td>
<td>Immune modulation and prevention of scarring</td>
<td>1 ampoule three times a week</td>
</tr>
<tr>
<td>Glyoxal compositum</td>
<td>Catalyst for degenerative phases</td>
<td>1 ampoule three times a week</td>
</tr>
<tr>
<td>Enzymes (such as Wobenzym N)</td>
<td>Scarring and inflammation</td>
<td>3 tablets three times daily</td>
</tr>
<tr>
<td>Acute Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spascupreel</td>
<td>For pain and dysmenorrhea</td>
<td>1 tablet every 15 minutes for 8 doses, then three times daily or 1 ampoule four times daily</td>
</tr>
</tbody>
</table>

Uterine Fibroids

Fibroids (Uterine leiomyomas) are benign tumors arising from an overgrowth of smooth muscle and connective tissue of the uterus. They occur mostly in women over 30 years old. Fibroids have both estrogen and progesterin receptors, and elevated estrogen levels can increase the size of fibroids. They normally shrink after menopause. Conventional treatment includes surgery (myomectomy or hysterectomy), or more recently fibroid arterial embolization. Drugs are less effective for the treatment, and are mostly aimed at inducing artificial menopause (GnRH blockers).

Symptoms include abnormal bleeding (menorrhagia), to the point where there is iron deficiency, pressure on adjacent organs and pain. Fibromas can be classified in the deposition phase of the six-phase table, and as such the level of dysregulation has reached the matrix. When we treat these, it is important that we detoxify the matrix as well as use catalysts. The treatment in this case is aimed mostly at the matrix and the hormonal balance.
Polycystic Ovarian Syndrome

This is a common disorder that affects 5-10% of women of reproductive age. It is marked by chronic anovulation, symptoms of hyperandrogenism such as hirsutism and acne, and a large percentage of patients also have insulin resistance, type II diabetes, hypertension, cardiovascular disease and endometrial carcinoma.

Gynecologists and endocrinologists thus both treat these patients in conventional practice. Gynecologists mostly prescribing androgen blockers, whereas endocrinologists prescribe insulin sensitizers, such as metformin. The disease is characterized by high hypothalamic surges of luteneizing hormones which are also increased in frequency. Patients have an abnormal androgen metabolism in the ovary and in the adrenal, and a high DHEAS is a hallmark of the disease. Insulin is anabolic and has a special action on the theca of the ovary, which thickens, thus preventing rupture of the ovarian follicle, which matures under the influence of the increased LH to give the ovary the distinctive polycystic appearance on ultrasound. Insulin resistance also leads to lower levels of Sex Hormone Binding Globulin, which in turn increases the circulating testosterone, resulting in more androgenization. Insulin also directly influences the hypothalamus and increases the LH amplitude and pulses.

Treatment is thus aimed at reducing the symptoms of androgenization, but at the same time to normalize the LH surges and the tissues of the ovaries. In patients with hyperinsulinemia, this must be addressed as well due to the high morbidity of the metabolic syndrome. The treatment of metabolic syndrome was published in the Journal of Biomedical Therapy Fall 2004.

Treatment Protocol:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Action</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormeel</td>
<td>Hormonal balance</td>
<td>10 drops three times a day</td>
</tr>
<tr>
<td>Galium-Heel or Galium-Heel comp.</td>
<td>Drainage of the connective tissue</td>
<td>10 drops three times a day or 1 ampoule per day</td>
</tr>
<tr>
<td>Strumeel</td>
<td>Action in the deposition phase</td>
<td>1 tablet three times a day</td>
</tr>
<tr>
<td>Ovarium compositum or Funiculus umbilicalis suis-Injeel + Hypothalamus suis-Injeel</td>
<td>Connective tissue and hormonal balance</td>
<td>1 ampoule three times a week</td>
</tr>
<tr>
<td>Coenzyme compositum + Ubichinon compositum or Ubicoenzyme</td>
<td>Catalysts and cellular detoxification</td>
<td>1 tablet of each three times a day or 1 ampoule of daily or 10 drops three times a day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Action</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynäcoheel or Nymeel</td>
<td>Funciotropic for the ovary</td>
<td>10 drops three times a day</td>
</tr>
<tr>
<td>Ovarium compositum or Funiculus umbilicalis suis-Injeel + Hypothalamus suis-Injeel</td>
<td>For the ovarian connective tissue as well as the hypothalamus</td>
<td>1 ampoule three times a week</td>
</tr>
<tr>
<td>Cimicifuga-Homaccord or Equilem-Mood</td>
<td>For the LH surges</td>
<td>10 drops three times a day or 1 capsule twice a day</td>
</tr>
<tr>
<td>Coenzyme compositum + Ubichinon compositum or Ubicoenzyme</td>
<td>Catalysts and cellular detoxification</td>
<td>1 tablet of each three times a day or 1 ampoule of each per day or 10 drops three times per day</td>
</tr>
</tbody>
</table>
Therapeutic effects of Klimakt-Heel® compared with a phytherapeutic preparation for the treatment of menopausal symptoms - a randomized study

Dr. Bronwyn Penny, 328 Alpine Way, Lynnwood, Pretoria, Gauteng, Republic of South Africa (RSA)

SUMMARY

In dissatisfaction with conventional therapies, many of today’s women turn to complementary and alternative medicine for treatment of menopausal symptoms. However, scientific studies on the effectiveness and safety of such therapies are lacking. In a randomized fashion, women with menopausal symptoms were allocated to either the homeopathic preparation Klimakt-Heel® or to the phytotherapeutic preparation Femolene Ultra® for 12 weeks. The symptomatic effectiveness of therapy was evaluated as change in Kupperman score, where a lower score indicates less severe symptoms as follows: Severe = 5; Moderate = 3; Mild = 1; Not present = 0. The following symptoms were evaluated: vasomotor/hot flushes, profuse sweating, sleeping problems, nervousness, irritability, depressed moods, feelings of vertigo, inability of concentration, joint pain, headache and heart palpitations. Further, the effects on levels of plasma 17-ß estradiol were assessed and tolerability evaluated. At the end of therapy, both treatment groups reported marked reductions in Kupperman scores: from 28.4 at baseline to 13.1 at Week 12 with Klimakt-Heel® and from 26.2 at baseline to 9.8 at Week 12 with Femolene Ultra®. The response to treatment and the smoothness of therapy over time were greater in the group receiving Klimakt-Heel®. None of the therapies had an appreciable effect on plasma 17-ß estradiol levels. Fewer women discontinued treatment with Klimakt-Heel® than Femolene Ultra®, indicating differences in tolerability between the therapies. In conclusion, Klimakt-Heel® is a safe, effective and well tolerated homeopathic remedy for menopausal symptoms and exerts its beneficial action in concordance with the principles of homotoxicology.

INTRODUCTION

Menopause is a time of physiological as well as psychological changes which can be associated with severe reductions in quality of life. Modern lifestyles and the greater variety of demands posed on women in today’s society lead to women suffering from not only the typical symptoms (vasomotor reactions, increased perspiration, sleeping problems, mood changes, headaches, joint pains, urogenital problems, etc.) but also from having to experience these symptoms while combining professional employment with family responsibilities. As today the average age for starting a family is several years higher than that in previous generations, menopausal women are increasingly likely to lead an active, demanding life and to be less inclined to accept losses of versatility and physical abilities. Such demands have been a driving force of therapies to reduce the symptoms associated with menopause and to allow women to lead lives less burdened by menopause-associated restrictions in lifestyle.

However, the realization that traditional medical therapies are not a panacea is growing and the recent debate over hormone replacement therapy has further increased awareness of the possible advantages with complementary and alternative medicine (CAM) such as homeopathy and homotoxicology. Such therapies are seeing a steady increase in popularity in many countries and surveys of practice patterns consistently show women to use CAM medications more frequently than men. Among women, these therapies are frequently used for menopausal symptoms. In the US, a recent survey indicated that between 500,000 and one million women use CAM for menopausal symptoms.

This growing popularity of CAM has empowered many women to deal more independently with ailments previously considered part of a woman’s condition. However, with this increasing interest and availability of remedies follows a need for clinical studies in the efficacy and safety of alternative medications, conducted with the same stringency as research in conventional therapies. The aim of the current study was to determine the effectiveness of Klimakt-Heel® compared with the phytoestrogen preparation Femolene Ultra® in the treatment of typical climacteric symptoms.

Klimakt-Heel® is a homeopathic product with an established successful record of use in a large number of women and with excellent tolerability. However, controlled clinical research has so far been limited to one study (Kasilewski and Krogulski, manuscript in preparation) which confirmed the good experiences in everyday practice. The constituents of Klimakt-Heel® and their therapeutic effects are listed in Table 1. Femolene Ultra® is a phytotherapeutic product commonly used in countries such as South Africa for treatment of menopausal symptoms. The constituents of Femolene Ultra® are listed in Table 2.

Table 1: Constituents of Klimakt-Heel® (1 tablet) and their medical uses

<table>
<thead>
<tr>
<th>Constituent</th>
<th>Common name where applicable</th>
<th>Medical application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanguinaria canadensis D3</td>
<td>Red Puccoon, Bloodroot</td>
<td>Burning sensations, hot flushes, vasomotor disturbances, palpitations, dryness of mucous membranes</td>
</tr>
<tr>
<td>Sepia succus D4</td>
<td>Cuttlefish ink</td>
<td>Prolapse, uterine disorders, dyspareunia</td>
</tr>
<tr>
<td>Ignatia amara D4</td>
<td>St. Ignatius Bean</td>
<td>Nervous exhaustion, moodiness, migraine</td>
</tr>
<tr>
<td>Cedron-simaruba ferroginea D4</td>
<td>Cedron</td>
<td>Neuralgic-type pains, palpitations, urinary incontinence, disturbed sleep</td>
</tr>
<tr>
<td>Lachesis muta D12</td>
<td>Bushmaster venom</td>
<td>Hemorrhagic tendencies, palpitations, vasomotor flushes, ovarian dysfunction</td>
</tr>
<tr>
<td>Sulphur D4</td>
<td></td>
<td>Local burning, throbbing, congestion, hot flushes, depression</td>
</tr>
<tr>
<td>Stannum metallicum D12</td>
<td>Tin</td>
<td>Weakness, bearing-down sensations, uterine prolapse and vaginal pains, anxiety</td>
</tr>
</tbody>
</table>
Constituents of Femolene Ultra® (2 tablets) and their respective medical uses

<table>
<thead>
<tr>
<th>Constituent</th>
<th>Common name where applicable</th>
<th>Medical application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soya isoflavones - 80 mg</td>
<td></td>
<td>Providing estrogentic activity, reducing total estrogen load</td>
</tr>
<tr>
<td>Cimicifuga racemosa - 80 mg</td>
<td>Black cohosh</td>
<td>Climacteric symptoms related to estrogen deficiency, vasomotor flushes, irritability, palpitations, depression, anxiety, vaginal atrophy</td>
</tr>
<tr>
<td>Dioscorea villosa - 50 mg</td>
<td>Mexican Wild Yam</td>
<td>Potential progestin replacement, osteoporosis</td>
</tr>
<tr>
<td>Angelica sinensis - 40 mg</td>
<td>Dong quai</td>
<td>Abnormal bleeding patterns, vasomotor flushes, vaginal dryness</td>
</tr>
<tr>
<td>Vitex agnus-castus - 80 mg</td>
<td>Chasteberry</td>
<td>Stimulate the pituitary gland to produce FSH and LH, restore hormonal equilibrium</td>
</tr>
<tr>
<td>Gingko biloba - 120 mg</td>
<td>Gingko</td>
<td>Memory difficulties, dizziness, headache, anxiety</td>
</tr>
<tr>
<td>Hypericum perforatum - 75 mg</td>
<td>St John’s Wort</td>
<td>Neuralgic and rheumatic pain, depression, sleeplessness, anxiety</td>
</tr>
<tr>
<td>Folic Acid - 100 mcg</td>
<td></td>
<td>Depression, osteoporosis</td>
</tr>
<tr>
<td>Biotin - 50 mcg</td>
<td></td>
<td>General need of strengthening, hair loss</td>
</tr>
<tr>
<td>Magnesium - 150 mg</td>
<td>Magnesium carbonate</td>
<td>Nerve and muscle malfunction, heart disease, osteoporosis</td>
</tr>
<tr>
<td>Zinc - 5 mg</td>
<td>Zinc gluconate</td>
<td>Immune-system disorders, hormone deficiency</td>
</tr>
<tr>
<td>Multi Vitamins</td>
<td></td>
<td>General strengthening</td>
</tr>
<tr>
<td>• Vitamin A - 2000 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B1 - 1.4 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B2 - 1.6 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B3 - 10 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B5 - 5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B6 - 5 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin B12 - 2 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin C - 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin D - 5 mcg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vitamin E - 10 mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The effects of the treatments were evaluated as change in Kupperman score. This instrument focuses primarily on symptomatic relief, assessed on the basis of a summary of the severity of the climacteric complaints. A Kupperman score >35 represents severe symptoms whereas a score of <15 represents favorable therapeutic result or very mild to absent symptoms (Table 3). Other aspects of the study were to establish the action of the two products on hormones, measured on levels of plasma 17ß-estradiol, and to conduct a general therapeutic comparison between the two products.

**METHODS**

Participants in this study were recruited from the Gauteng province of South Africa. Patients were included both in a community setting and from physicians’ practices. Inclusion criteria (Table 4) were female sex, age 44-57 years, menopausal symptoms and written, informed consent to take part. Exclusion criteria were other treatments for menopausal symptoms than those studied, and artificially induced menopause.

Participant meeting inclusion criteria were randomly allocated Klimakt-Heel® or Femolene Ultra® by the researcher. During the trial, participants did not know what treatment they were receiving however, on completion of the trial participants were informed about which treatment they had received. The participants were required to participate in the study for the duration of 12 weeks, unless they experienced side effects. The practical component of the study consisted of an initial consultation and three follow-up consultations for each participant.

At the first consultation, the participant completed the modified Kupperman Menopause Index and blood samples were drawn in order to determine plasma 17ß-estradiol levels. Furthermore, the participant received a four-week supply of either Femolene Ultra® or Klimakt-Heel®. Both treatments were administered at the doses recommended by the respective manufacturer for the duration of the study (Klimakt-Heel® was given at a dose of 1 tablet 3 times per day and Femolene was administered at a rate of 1 tablet 2 times per day).

 Patients were followed up for a total of 12 weeks, with visits at Weeks 0 (baseline), 4, 8 and 12. At each visit, patients completed a modified Kupperman Menopause Index score card and an index score was calculated. A quantitative assessment of menopausal symptoms was achieved by grading in severity: Severe = 3; Moderate = 2; Mild = 1; Not present = 0. The following symptoms were evaluated: vasomotor/hot flushes, profuse sweating, sleeplessness, irritability, sleeplessness, depression, anxiety, vaginal atrophy, instability of concentration, joint pain, headache and heart palpitations. Each symptom was assigned a specific constant, which was higher for the typical climacteric symptoms than those studied, and artificially induced menopause.

Conversely, the rarer the complaint, the lower the multiplication constant. The following symptoms was achieved by grading in severity: Severe = 3; Moderate = 2; Mild = 1; Not present = 0. The following symptoms were evaluated: vasomotor/hot flushes, profuse sweating, sleeplessness, irritability, sleeplessness, depression, anxiety, vaginal atrophy, instability of concentration, joint pain, headache and heart palpitations. Each symptom was assigned a specific constant, which was higher for the typical climacteric symptoms than those studied, and artificially induced menopause.

Corrections made to this document may include:

- Clarification of medical terms and concepts
- Reorganization of text for better readability
- Correction of typographical errors
- Ensuring all table entries are correctly formatted and understandable
In addition, estrogen blood tests were carried out at baseline and at Week 12. At each sampling, 7 ml of blood were drawn and analyzed for 17β-estradiol concentrations (pmol/l) by chemoluminescence test on a Centaur apparatus by an independent laboratory. The level of detection of plasma 17β-estradiol in the assay was 37 pmol/l.

Wilcoxon Rank Sum test, a non-parametric distribution-free test, was used. The sum of rank Kupperman scores together with mean rank were recorded together with average Kupperman score. The Kupperman Menopause Index scores at each time interval (Weeks 0, 4, 8 and 12) for Femolene Ultra® and Klimakt-Heel® were statistically analyzed. From the Wilcoxon Rank Sum test, the sum of rank scores together with mean rank was recorded. In addition, the number of participants and average Kupperman score was noted. The results for Femolene Ultra® and Klimakt-Heel® at baseline and at each time point were compared. The statistical change in Kupperman score for Femolene Ultra® and Klimakt-Heel® from the previous time interval was separately analyzed.

As all women in the study were menopausal, it was not possible to sample and measure estrogen levels at the same point of the menstrual cycle for all participants and estrogen levels were analyzed descriptively.

RESULTS

Patients

The trial enrolled a total of 30 participants; 15 of whom were treated with Femolene Ultra® and 15 who received Klimakt-Heel®. One participant in the Femolene Ultra® group withdrew from the study because of recurring migraines. One participant was withdrawn from the Klimakt-Heel® group as she was prescribed hormone replacement therapy, one of the exclusion criteria of the research.

The two treatment groups differed slightly at baseline in terms of Kupperman score, with the group receiving Klimakt-Heel® scoring slightly higher than the Femolene Ultra® group, indicating that patients receiving Klimakt-Heel® had somewhat worse menopausal symptoms than those receiving Femolene Ultra® (Table 5). Klimakt-Heel® patients had an average baseline score of 28.4 compared with 26.2 for patients in the Femolene Ultra® group.

Changes in Kupperman scores with treatment

Both study therapies led to major improvements in menopausal symptoms, reflected in marked reductions in Kupperman scores from baseline to the end of the study. As represented graphically in Figure 1, a gradual reduction in Kupperman scores could be observed in both treatment groups from Week 4 onwards and there was a continuous improvement in Kupperman scores in both treatment groups over time, with an approximate reduction in Kupperman score of 3.3 per four-week period with Klimakt-Heel® and 4.1 with Femolene Ultra®, respectively. Notably, the Klimakt-Heel® group showed a more constant level of reduction during the entire time-course of the study (Figure 1) which was in contrast to patients receiving Femolene Ultra®, where the main improvement was seen between baseline and Week 4 (Figure 1a, Figure 1b). If these differences in the first four-week period between treatment groups were accounted for, the average reduction in Kupperman score during the last eight weeks of the study would be 3.5 with Klimakt-Heel® versus 2.7 with Femolene Ultra®. The absolute reductions in Kupperman score were similar at the end of the study: 16.4 and 15.3 for the Femolene Ultra® and Klimakt-Heel® patients, respectively. Relative reductions were also similar (63% and 54%, respectively; Table 1).

A statistical analysis showed that the group on Klimakt-Heel® experienced a more significant decrease in symptoms with a two-sided Pr ≥ $S$-mean value of 0.08. This indicates that 92% of the participants on the Klimakt-Heel® experienced an improvement in climacteric symptoms, with an average decrease of 30% in the Kupperman score. The group on Femolene Ultra® also experienced an improvement in symptoms with a Two-sided Pr ≥ $S$-mean value of 0.12, which indicates that 88% of the participants had a decrease in symptoms with an average reduction of 32% in Kupperman scores. Thus, more women responded to treatment with Klimakt-Heel® than to Femolene Ultra® therapy.

Changes in estrogen levels

The changes from baseline to end of study in 17β-estradiol blood test results are shown in Figure 2. A level of 17β-estradiol <136 pmol/l indicates a post-menopausal state without hormone replacement therapy. Various other higher and lower results indicate various phases of the menstrual cycle. As is evident from the graphs, there was no consistent pattern and no statistically significant changes from baseline in any of the groups. In the Klimakt-Heel® group, most subjects appeared to exhibit slight increases in 17β-estradiol, whereas in the Femolene Ultra® group, similar number of women showed increases and decreases in 17β-estradiol levels from baseline. None of these differences between the groups was significant, however. The magnitude of the changes in 17β-estradiol levels was very similar in both treatment groups.

Tolerability

In terms of tolerability, it was notable that more patients (20%) withdrew from treatment with Femolene Ultra® than with Klimakt-Heel® (15%). This was particularly relevant in light of the fact that patients in the Klimakt-Heel® group were on average more affected by menopausal symptoms than patients in the Femolene Ultra® group.

DISCUSSION

This randomized, blinded study shows that the homeopathic therapy Klimakt-Heel® is an effective and well-tolerated treatment for menopausal symptoms in women aged 44-57 years. The subjects were followed-up for a total of 12 weeks and there were significant improvements in Kupperman score from baseline. The improvements were of similar magnitude to those seen with the phytotherapeutic agent Femolene Ultra®, but with more women responding in the Klimakt-Heel® group and with better tolerability in terms of discontinuation from treatment.
The two treatment groups were slightly different at baseline: women allocated to the Klimakt-Heel® group had on average higher Kupperman scores than women in the Femolene Ultra® group. These differences indicated that the women receiving Klimakt-Heel® were somewhat more affected by menopausal symptoms and in greater need of effective therapy than women receiving Femolene Ultra®. Therefore, there is no indication that the differences in baseline criteria influenced the effectiveness of the respective therapies and we believe that the conclusion of overall similarity of effectiveness between Klimakt-Heel® and Femolene Ultra® is very sound based on the data collected in the study.

An interesting observation was that whereas patients taking Femolene Ultra® showed greatest improvements in climacteric symptoms during the first four weeks and less improvement during the remainder of the study, patients on Klimakt-Heel® on the other hand showed a smoother, more continuous mode of action with amelioration of symptoms throughout the entire study period (Figure 1). These differences between therapies are in keeping with the current thinking of phytotherapeutic and homopathic/homotoxicological pharmacodynamics. Homopathic remedies act on the principle of “like cures like” in observance to the law of similars: by giving patients a small dose of a substance that produces similar effects to those of the illness. Thus, an initial low effect, or even a worsening of symptoms, is no sign of lack of effect. Such aggravations are expected when treating homeopathically since the drug itself produces symptoms similar to those of the illness. In contrast, phytotherapeutic medication tends to have a quicker initial action, but there is a commonly observed tendency for patients to develop tolerance to the medication (Townsend, W, personal communication). The greater response rates of Klimakt-Heel® at the end of the study are a further sign of the effectiveness of this remedy over the longer time period.

The 17β-estradiol blood results did not show any consistent patterns. Postmenopausal status is typically indicated by estradiol levels <136 pmol/l, with various other higher and lower levels indicating different phases of the menstrual cycle. It would have been desirable to conduct all the 17β-estradiol tests at the same time of the menstrual cycle for all the participants. However, detecting the menstrual phase in a postmenopausal woman is exceedingly difficult since the menstrual cycle is very irregular during this transition period. All study subjects were menopausal and different subjects may well have been at different stages within their menstrual cycle when the blood tests were performed.

Despite these limitations of the descriptive analysis, the results are a very strong indication that neither Femolene Ultra® nor Klimakt-Heel® increase plasma estrogen levels. These products should thus not be considered to be hormone replacement therapy. This is particularly true for Klimakt-Heel®, which in contrast to Femolene Ultra® does not contain phytoestrogens. Phytoestrogens were not detected in the blood tests performed in women taking Femolene Ultra®, but such substances might possibly have been transformed into other estrogen metabolites other than 17β-estradiol. In contrast, Klimakt-Heel® only contains homopathic ingredients and no estrogens or phytoestrogens. In homopathy and homotoxicology, a remedy is given which acts in the same way as the reactive mode of the organism and defense mechanisms. Homopathic therapies stimulate the organism and defense mechanisms and are thus a reactive and stimulatory medicine.

Both therapies were well tolerated and there were few discontinuations, although an indication of differences between treatments was given by the smaller percentage of women who discontinued Klimakt-Heel® therapy compared with Femolene Ultra®. Homeopathic medications in general have a very good tolerability profile and the data on Klimakt-Heel® support the low rates of adverse events and discontinuation (manufacturer’s surveys, Kasielwski and Krogius, manuscript in preparation). The good tolerability of Femolene Ultra® was a reassuring finding, since the potential safety of phytotherapies have been the subject of controversy recently. The current study found no ground for worries about the safety of the phytotherapeutic agent. Good tolerability is an important characteristic of a treatment for menopausal symptoms, since this stage of life lasts for an extended time and active modern women are not willing to settle for suboptimal therapies, either in terms of efficacy or tolerability.

The awareness of the advantages of CAM therapies compared with conventional medical treatments is growing worldwide and the recent worry about possible negative effects of hormone replacement therapy has fuelled the need for safe and well-tolerated alternatives and extensions to common treatments. The demands made by today’s society on today’s women by extension increase the demand for safe and effective therapies to empower women to lead fulfilling lives, which may be a major reason why women turn to practices such as homotoxicology and why they do so in greater numbers than men. Other therapies have been associated with safety issues recently and for some there is a lack of clinical studies demonstrating clear evidence of efficacy. The current report adds to the scientific research and reinforces the effectiveness and tolerability of Klimakt-Heel® and Femolene Ultra®. For other phytotherapeutic and homopathic products in treating menopausal and climacteric symptoms, more research is needed and the conclusions drawn here are only applicable to the treatments studied.

Thus, in conclusion, the homeopathic preparation Klimakt-Heel® appears to be as effective and possibly better tolerated than the phytotherapeutic agent Femolene Ultra® in treating menopausal symptoms in women. This provides further support for the view that Klimakt-Heel® is an appealing treatment option for modern women who need to accommodate the varying demands of active, responsible, lifestyles.

REFERENCES
Use of antihomotoxic preparations in the treatment of early climacteric disorders

**SUMMARY**

This paper presents the results of the investigation of the therapeutic efficacy of the antihomotoxic preparations Klimakt-Heel and Nervoheel in the early treatment of climacteric disorders. The women who took part in the study were in peri- and early postmenopause and suffered from mild to moderate symptoms. The first group (n=38) of women was prescribed therapeutic physical training, vitamins, zonal abdominal decompression, Klimakt-Heel and Nervoheel in tablet form. The second group (n=35) followed a similar therapy but was not given the Nervoheel preparation. Lastly, the third group (n=44) was only prescribed vitamins and physical therapy. The results of the study showed that the Klimakt-Heel preparation used as a monotherapy (2nd group) or together with Nervoheel (1st group) decreased the frequency and degree of vegetative-vascular symptoms, as well as psychopathological manifestations of the climacteric syndrome, and significantly improved the psycho-emotional status. A good tolerance of these preparations was confirmed during this study. In conclusion, the results of this trial suggest that Klimakt-Heel is effective in the treatment of early climacteric disorders of mild to moderate degree in the perimenopausal period. As well, the combination of Klimakt-Heel and Nervoheel suggests a greater therapeutic effect. The high clinical effectiveness and good tolerance of these preparations allow these to be recommended in the treatment of early climacteric disorders.

*Free translation* Reprint from Tatarakh T, Kosey NV. Biologiska Terapia, Ukraine, No. 2, 2001, p. 34. Original article in Ukrainian*

Antihomotoxic therapy in primary infections of cytomegalovirus during pregnancy

**SUMMARY**

Although a cytomegalovirus infection (CMVI) in pregnant women (approximately 2-7% infected) causes only minor symptoms in the form of rhinopharyngitis or mononucleosis-like syndromes, its consequences for the fetus are often grave. A real problem is the acute CMVI, because on average the virus is transmitted with a frequency of 40% from the mother to the fetus. In these cases CMVI-specific IgM- and increased IgG titers can be found in the blood of the pregnant women. Treatment by allopathic drugs is often problematic because of their severe side effects on the pregnant woman as well as the fetus. Seventeen pregnant women with a diagnosis of CMVI (IgM positive and enhanced IgG-titers) were treated with the homeopathic combination remedy Engystol for a period of 14 days (three times daily). After the therapy an IgM titer was no longer detectable in the patients’ blood; the mean of the IgG titer was reduced to 0.449 (before treatment 0.848).  

*Reprint from Tiraspolski IV, Kuzmin VN, Kashirina TN, Busorgina OV. Terapia antihomotoxica de infeccions primarias por citomegalovirus en embarazadas, Medicina Biologica 2003;16(4):105-110. Original article in Ukrainian*
INTRODUCTION

It is obvious that some animal species are extinct due to the more or less direct action of humans. But it is also true that because of direct or indirect action, fertility in humans is diminishing. This fact could be due to multiple causes (nutritional changes, tobacco, alcohol, drugs, atmospheric factors etc.).

Since ancient times, man has wanted, and tried to control everything related to his body, including his fertility. There are goddesses like Ishtar in Babylonia, known as Astarte, who were worshipped as far as the Mediterranean. Nowadays, we worship different gods, and our scientific knowledge has also changed and is advancing very rapidly, particularly in the areas of reproduction and genetics. Sadly, in many cases, this advance is motivated by economic reasons and not from a scientific or anthropological standpoint, factors which are pushed back to second place.

With this article, we would like to convey the importance of Nature, to gain understanding of the physiological aspects of fertility as well as the methods which are available to us in Nature herself to treat hypofertility problems.

SOME BASIC INFORMATION ABOUT FERTILITY SIGNS

The ability to interpret the human body's fertility signs is the first step to being able to facilitate conception in couples who want to have children. In fact, there is a series of family planning methods which are based on the knowledge of these fertility signs (Table 1). In spite of their demonstrated efficacy, these methods,1,2,3,5 are not well regarded in society, including by health professionals. It is also obvious that some health professionals do not have sufficient knowledge of these methods, including basic reproductive physiology, since appropriate training was not available either as an under- or postgraduate.6,7

The knowledge of fertility signs consists simply of some physiological facts which determine the fertile and infertile phases of a couple. Knowing these signs will help to conceive or to postpone conception. It is therefore of vital importance that the doctor know the correct reproductive physiology so that he may teach the couple which fertility signs and symptoms favor conception.

Table 1: Natural planning methods1,2,3,4

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ogino method</td>
<td>Billings method</td>
</tr>
<tr>
<td>Temperature method</td>
<td>Symptothermic method</td>
</tr>
<tr>
<td>Cyclothermic method</td>
<td>LAME (lactancy and amenorrhea method)</td>
</tr>
<tr>
<td>Mucothermic method</td>
<td></td>
</tr>
</tbody>
</table>

1. Feminine physiology

Consists of various cycles:

- Hormonal cycle
- Ovarian cycle
- Uterine cycle
- Cervical cycle

The signs which we come across in these cycles (mucus, increased temperature, cervical aperture, cervical tilt, etc.) and which occur in the long-term in the feminine cycle, are the ones which tell us which phase the woman is in (relatively infertile, fertile, infertile).

2. Masculine physiology

Men have no fertility cycle. The production of spermatozoids is continuous. Therefore, men are always fertile. Male fertility is shown in the spermiogram formula (Table 2).

Table 2: Normal spermiogram4

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume (ml)</td>
<td>2-6</td>
</tr>
<tr>
<td>Sperm count (millions/ml)</td>
<td>20-250</td>
</tr>
<tr>
<td>Total sperm count (millions)</td>
<td>80</td>
</tr>
<tr>
<td>Maximum motility, Grade 3 (%)</td>
<td>50</td>
</tr>
<tr>
<td>Spermatozoids of normal morphology (%)</td>
<td>40</td>
</tr>
<tr>
<td>pH</td>
<td>7.2-7.8</td>
</tr>
<tr>
<td>Fructose (mg/ml)</td>
<td>1.2-5</td>
</tr>
<tr>
<td>Leucocytes (mil/ml)</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

3. Reproductive physiology (REP)

We need to consider 4 basic facts:

- Ovulation occurs once every cycle. When there is a second ovulation, the maximum difference from the first is 24 hours.
- The survival of an ovule, if it is not fertilized, is 24 hours.
- The maximum fertilizing capacity of spermatozoids in optimal conditions in the vagina is 5 days. In unfavorable conditions, they die in 6-8 hours.
- Unlike the animal world, desire and genital satisfaction in human beings are only slightly influenced by fertility.

The symptothermic method is based on the observation of different fertility indicators (signs and symptoms), of the feminine reproductive physiology5,5,9 (Table 3).

Table 3: Fertility indicators according to the symptothermic method6

<table>
<thead>
<tr>
<th>Major indicators</th>
<th>Minor indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>Changes in the cervix</td>
</tr>
<tr>
<td>Cervical mucus</td>
<td>Pain in the ovarian point</td>
</tr>
<tr>
<td>Calculation of pre-ovulation infertility</td>
<td>Intermenstrual bleeding</td>
</tr>
<tr>
<td>Mammary tension</td>
<td></td>
</tr>
</tbody>
</table>

COMPLEMENTARY TESTS

Once the fertility indicators have been collected and the symptothermic method charts have been correctly interpreted, we will be able to observe what type of cycles the woman has; when she ovulates, whether there is any/insufficient lutein etc. Using this information, a correct anamnesis and physical examination should be sufficient in most cases.

Sometimes, it is necessary to carry out more tests to discount underlying illnesses, which must be treated first. The tests...
to be performed would be: blood tests (general biochemistry, haemogram, and complete hormonal profile), gynecological echography.

**BIOLOGICAL THERAPY**

Before we go into detail about the treatment to be used in Natural or Biological Therapy, we need to establish some previous considerations on which this therapy is based.

**Natural medicine**

The Hippocratic tradition is the science and an art of diagnosing and curing in humans (essentially founded on encouraging treatment which is based on the spontaneous tendency towards healing). There is also hygiene, which we understand here as a way of living which maintains robust health. Only in this way will we reach an understanding of why we use medicines and be able to change our lifestyle and our dietary habits. One of the premises of the Hippocratic tradition, and which we should take into account at all times, is 'Primum non nocere' (First, do no harm).

Other considerations to take into account are:

- **Act in harmony with nature (‘Vis Natura Medicatrix’)**
- **Use non-aggressive remedies, generally natural remedies**
- **Adapt to human nature**

**NUTRITION**

In the face of any disorder in the human organism, a comprehensive review of food types is essential. Depending on our level of interest and knowledge we can keep to having only a very basic understanding of some of the general standards, or we could further our knowledge a little (Table 4).

In fact, if we want to follow natural, biological medicine, we need to extend our knowledge beyond simply basic nutrition. ‘Let the best medication be your food’. This is why we must individualize treatment including food and cover the requirements of each individual (Table 5).

We must not only advise on a series of foods, but we must also advise against some other foods which are not beneficial:

- **Meat**: Because of the gonadotropin and steroid content
- **Milk**: Because of the purine and hormone content
- **Animal fats**: Because of the hormonal content

Other nutritional aspects in the field of Biological Medicine comprise knowing the pH values of foods eaten and subsequently restoring balance, if necessary (Table 6). We know that enzymatic reactions have a fixed pH. If this changed, enzymatic blocks may occur, making it impossible for us to assist the normal recuperation of the patient.

The body’s imbalance can be corrected with foods which act as an acid or an alkaline in the body (Table 7).

Everything stated previously is closely linked to the nutritional indications of Traditional Chinese Medicine which outlines the balance between Yin and Yang, describing foods as elements of construction and disintegration.

To conclude with the dietary advice that should be given to patients, it is essential to tell them the most correct ways of preparing the food as outlined in figure 1.

**NUTRITIONAL SUPPLEMENTS**

As Linus Pauling said, for any particular illness we need the correct food and a specific supplement. Therefore macronutrients and micronutrients essential to the correct functioning of the body are required, and some of these specific nutrients are needed for each disorder.

In hypofertility, the following nutrients are essential:

- Selenium (200–400 mcg per day)
- Vitamin C (2000–6000 mg per day)
- Vitamin E (400–1000 UI per day)
- Zinc (80 mg per day)

Vitamin B complex is an appropriate supplement for women. For men, a supplement of L-arginine and L-carnitine is suitable.

Finally, microorganisms (bifidobacteria) are essential for rebalancing the intestinal flora.

**ADVICE ON DAILY LIVING**

In accordance with the definition of Natural or Biological Medicine, it is relevant in many situations to give a word of advice on the ‘lifestyle’ needed to stay healthy. First of all, here is some general advice for staying healthy.

- Avoid alcohol
- Do not smoke
- Have a balanced diet
- Cook in a healthy manner
- Avoid precooked and frozen food
- Sleep well
- Avoid drugs
- Be cheerful and in a good mood
In Your Practice

2. Phytotherapeutic treatment for men:

- Option 1: 25 days with plants which have an estrogenic effect plus 10 days with plants with progestogenic action.
- Option 2: Synergistic combination of plants with estrogenic and progestogenic effects.

3. Additional protocols for the couple:

- First option: Hormeel (10 drops 3 times a day), Mulimen (15 drops twice a day), Ovarium suis-Injeel (the first and second week following the period on alternate days) and Corpus luteum suis-Injeel (the third and fourth week after the period).
- Second option: Hormeel (10 drops 3 times a day), Mulimen (15 drops twice a day) and Ovarium compositum subcutaneously (the first two weeks following the period, 1-2x / week).
- Complementary medicines: Ignatia-Homaccord, Galium-Heel, Pulsatilla-Injeel

2. Therapeutic protocols for men:

- First option: Hormeel (10 drops 3 times a day) and Testis compositum ampoules (sublingually or subcutaneously).
- Second option: Hormeel (10 drops 3 times a day), Selenium-Homaccord (10 drops 3 times a day) and Ginseng-Injeel sublingually on alternate days.

3. Additional protocols for the couple:

- Catalyst: Coenzyme compositum, Ubichinon compositum.
- Trace elements: Zn-Ni-Co, 1 dose on alternate days.

BIBLIOGRAPHY

PHOTOGRAPHY

This therapeutic option consists of using herbs to treat illnesses. It is a very well established tradition in other countries, such as China, where they have more than 5 thousand years of experience in this area. On the other hand, more and more patients are self-medicating with this type of treatment to cure their symptoms, even before consulting a doctor. Therefore, the doctor should learn about this therapy, including at university where it is still pending as a subject.

1. Phytotherapeutic treatment for women:

- Cimicifuga (Actaea racemosa). The active ingredient is triterpene. Its main effect is estrogenic. The usual dose given is 200 mg/day of standardized dried root extract.
- Mexican yam (Dioscorea villosa). The active ingredient is diosgenine, which provokes an increase in progesterone and a decrease in estrogen. In principle, it appears to be more effective in cream form. The dose is 1-3 g/day of powdered root.
- Dong quai (Angelica sinensis). The active ingredient of this plant is ligustilide. It acts as a feminine reproductive tonic, regulating the hormonal complex in women. The dose is 150-450 mg/day of standardized dried root extract.
- Sauzgatillo (Vitex agnus-castus). The active ingredient is agnoside, whose basic function is to regulate hormonal balance. Six months of treatment are usually required to obtain the desired effects. The appropriate dose is 175-225 mg/day of standardized dried leaf extract.
- Red clover (Trifolium pratense). The active ingredients in this plant are biochanin A and formononetine. It has an estrogenic effect. The dose should be about 250-750 mg/day.

Basically, there are two treatment models:

- Option 1: 25 days with plants which have an estrogenic effect plus 10 days with plants with progestogenic action.
- Option 2: Synergistic combination of plants with estrogenic and progestogenic effects.

2. Phytotherapeutic treatment for men:

- Astragalus (Astragalus membranaceus). The active ingredients of this plant are polysaccharides and triterpene glycosides. It acts as a general tonic and increases the motility of sperm. The dose of the plant should be 225-675 mg/day of dried root extract.

There are more specific things which interfere with fertility in couples and which are essential to bear in mind. These are:

- Avoid PVC packaging
- Eat cleansing (detox) foods more regularly
- Avoid refined foods
- Avoid methylxanthines
- Do daily relaxation techniques. Conclusion of the University of Washington.
- Do not do intense exercise. Conclusion of the University of Michigan.

HOMEOTOXICOLOGY

This therapy originated with Dr. Hans-Heinrich Reckweg who established the foundations of homeotoxicology by uniting Hahnemann’s principle of similarity and the principle of Arndt-Schulz22, 23, 24 with advances in contemporary medicine.

The different options which this therapy offers are based on the different possibilities that the medicines present. See the following:25, 26, 27

- Homeopathic combination remedies
- Homeopathic single remedies
- Intermediary catalysts
- Suis-Organ preparations
- Nosodes
- Homeopathically-adjusted allopathic medications

Not only do we have a wide range of drugs, we also have different options in terms of how we administer them.

In this way, we are able to individualize treatment. Notwithstanding the fact that treatment needs to be as individual as possible, it is possible to present some general directions or basic protocols based on previous work.25, 26, 27
Homotoxicological treatment of disturbed fertility

FEMALE PATIENTS

The disturbed fertility in women may be due to a hormonal dysfunction, a disturbed menstrual cycle, anatomic deformities, and secondary occlusions in the genital tract (tubal adhesions after an adnexitis in particular), among other factors.

Basically, one should try to identify the cause of infertility in detail by appropriate examinations, such as measuring the basal body temperature during a cycle, by checking the blood hormone level, by a thorough gynecologic examination, etc. In case no evidence of any of the above mentioned factors are found on medical work up, it might be necessary to embark on an examination of the partner.

Due to the potential effect of environmental toxins on fertility, an elimination of toxins should be induced before initiating the actual therapy by applying:

<table>
<thead>
<tr>
<th>Lymphomyosot or Lyphosot +</th>
<th>10 drops 3 times a day or 1 ampoule 3 times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepar compositum +</td>
<td></td>
</tr>
<tr>
<td>Solidago compositum or Equisetum arvense-ajoel +</td>
<td></td>
</tr>
<tr>
<td>Coenzyme compositum or Ubicoenzyme</td>
<td></td>
</tr>
</tbody>
</table>

After a detoxification therapy of about a month’s duration, the following therapy should be carried through:

<table>
<thead>
<tr>
<th>Gynäcoheel or Nymeel</th>
<th>10 drops 3 times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormeel</td>
<td>10 drops 3 times a day or 1 ampoule 3 times a week</td>
</tr>
<tr>
<td>Ovarium compositum or Alviumeel</td>
<td>1 ampoule 2 times a week or 10 drops 3 times a day</td>
</tr>
</tbody>
</table>

This oral basic treatment has shown to be effective for several decades, and in a lot of cases, it has been quick to help to achieve the desired pregnancy.

Moreover, the therapy may include medications stimulating the enzymatic functions, such as Coenzyme compositum and Ubichinon compositum. In general, 3 ampoules a week of each are recommended or Ubicoenzyme, 10 drops 3 times a day or 1 ampoule 3 times a week.

MALE PATIENTS

The disturbance of potency and fertility in male patients may be caused by the following:

1. Disturbed spermatogenesis: due to an incomplete descent of one or both testicles, testicular hypoplasia, traumas, infections (mumps), varicocele, hormonal disturbances (hypothyroidism, hormonally active adrenocortical tumours, hypopituitarism).

2. Displacement of the spermatic ducts: mostly due to an infection, as a result of an orchitis, epididymitis, prostatitis or urethritis.

3. Disturbed intercourse.

Due to the potential effect of environmental toxins on fertility and sperm health, an elimination of toxins should be induced before starting the actual therapy. Refer to the detoxification protocol proposed for women.

After about a one-month detoxification therapy, the following therapy should be initiated:

<table>
<thead>
<tr>
<th>Testis compositum</th>
<th>1 ampoule a day, for a period of 2 weeks then, 1 ampoule 3 times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coenzyme compositum and Ubichinon compositum or Ubicoenzyme</td>
<td>1 ampoule of each 2 times a week or 10 drops 3 times a day</td>
</tr>
</tbody>
</table>

Normally, this combination produces fast and good results.

According to the drug picture, the following medicines are to be applied optionally:

- **Phosphor-Homaccord**: Involuntary discharges of semen by night along with erotic dreams
- **Nux vomica-Homaccord**: Impotence after excessive intercourse
- **Selenium-Homaccord**: Disturbed potency due to physical and/or psychic exhaustion

In case of premature ejaculation, the following therapeutic approach can be applied:

<table>
<thead>
<tr>
<th>Hormeel</th>
<th>10 drops 2 times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphor-Homaccord</td>
<td>Involuntary discharges of semen by night along with erotic dreams</td>
</tr>
<tr>
<td>Galium-Heel</td>
<td>Impotence after excessive intercourse</td>
</tr>
</tbody>
</table>

According to the circumstances prevailing in the particular case, the dosage may be increased to 4 to 6 times a day.

In addition, Selenium-Homaccord should, from time to time, be substituted by Galium-Heel, as well as by Aletris-Heel and China-Homaccord in cases of general exhaustion. During the treatment, the remedy Tonico-Heel should be interposed.
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- As effective as diclofenac and hyaluronic acid
- Modulates 5-lipoxygenase and cyclooxygenase
- Causes no adverse effects on renal, cardiovascular or nervous systems
- Ideal for long-term treatment and is suitable for patients of all ages
- Can be safely combined with other homeopathic or allopathic medications