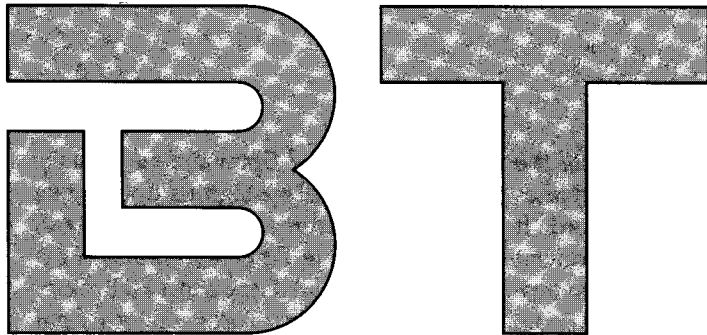


BIOLOGICAL THERAPY

J O U R N A L O F N A T U R A L M E D I C I N E



Reprinted from
Volume XI No. 3
pp 95-97

Clinical Results of Biologically Treated Vertigo

by A. Morawiec-Bajda et al.

Clinical Results of Biologically Treated Vertigo

by A. Morawiec-Bajda et al.
from the ENT Clinic, Medical Academy of Lodz, Poland
(Chairman: professor Dr. B. Latkowski)

SUMMARY

In this paper the authors describe the clinical efficacy in treatment of vertigo of various etiology. A group of 31 patients were treated with Vertigoheel medication: 14 patients suffered from vertebrobasilar arterial insufficiency, 8 patients were diagnosed as Meniere's disease, 5 patients complained of vertigo of traumatic origin and 4 patients suffered from neuronitis vestibularis. The authors found regression of clinical symptoms in the majority of cases in the investigated group who were treated with Vertigoheel.

Key words: Vertigo - Vertigoheel, treatment.

Vertigo is a common reason for patients to seek help from the otoneurologist. The specialists are obliged to develop new methods of treatment and to introduce new medications owing to the high increase of civilization disorders, poisonings, neuroinfections and allergic processes. The etiology of vertigo is complex and sometimes enigmatic so the several differently caused conditions require both symptomatic and general treatment as suggested by many authors.*³ It does not obviously release from the obligation to investigate the origin of the sensations}

Medical treatment of vertigo usually involves the use of three categories of drugs. The first category includes the drugs which depress both vestibular activity and the vomiting center (Aviomarin, ToreCan). The second category is directed at improving the blood flow by the use of vasodilators (Diprophyllina, Cavinton, Serc). The third category of drugs acts on the Central Nervous System and is to increase the metabolic rate of nervous cells (Piracetam).^{5,6}

Vertigoheel seems to stimulate the Central Nervous System and activates control regions in the spinal cord. It can therefore simultaneously prevent a patient from developing the symptoms of vertigo and nausea. The drug, a homeopathic one, consists of plant derived ingredients and is prepared according to Dr. Reckeweg's principle. Vertigoheel includes: cocculus, conium, ambra, and petroleum. Its producer maintains that Vertigoheel can stimulate body immunity.

Material and method

A group of 31 patients was treated with the Vertigoheel medication; 14 patients suffered from the vertebrobasilar arterial insufficiency, 8 patients were diagnosed to have Meniere's disease, 5 patients complained of vertigo of traumatic origin and 4 patients suffered from neuronitis vestibularis. Patients with the suspicion of tumors of cerebellopontine angle were excluded from the study. The test group contained 19 women and 12 men, aged from 35 to 55 years (the median age - 45 years). The subjects presented either vertigo of central or peripheral origin, which was in some cases associated with the autonomic malfunction symptoms, tinnitus, hearing-loss, visual disturbances or other neurological symptoms.

All members of the study received 1-3 tablets of Vertigoheel sublingually, 3 times daily within one or two months. Treatment efficacy was evaluated by means of otoneurological examination with attention focused on historic information concerning the frequency, the nature and the time-duration of the symptoms. Vestibular function was treated by the use of elektry-

stagnography.⁷ Spontaneous nystagmus, positional nystagmus, optokinetic nystagmus were registered. Gaze Test, Torsion Swing Test and a group of caloric tests like Fitzgerald-Hallpike's bithermal test and Torok monothermal test⁸ were used to evaluate vestibule function. Optokinetic nystagmus was interpreted from the standpoints of symmetry and formation of beats. Asymmetry, poor formation and amplitude changes of the tracing were regarded as abnormal. The results of Gaze Test were determined to be pathological if the sinusoid curve occurred deformed and chaotic. In Fitzgerald-Hallpike's test findings like symmetrical or real directional preponderance⁴ and labyrinthine sensitivity weakness supported pathology. Abnormalities appearing in Torok monothermal caloric test included vestibular sensitivity decrease, "vestibular recruitment" and "vestibular decruitment".⁹

Results

We found regression of the clinical symptoms in the majority of cases in the investigated group of 31 patients who were treated with Vertigoheel. 16 subjects reported subsidence of vertigo or the symptoms occurred much more rarely and were less intensive. After stopping the treatment, headache persisted in 10 patients, tinnitus in 9 patients and only 6 subjects still complained of nausea. Table I shows the comparison of the symptoms in each nosological entity before starting therapy. Table II presents the frequency of clinical manifestations after finishing the treatment with Vertigoheel.

The analysis of ENG recordings revealed reduction of the findings which

Table I. — *Clinical manifestations in various diseases before starting the treatment (No. 31).*

Groups	Numbers	Vertigo	Headache	Tinnitus	Nausea
Vertebrobasilar arterial insufficiency	14	12	10	7	6
Meniere's disease	8	8	2	8	8
Skull trauma	5	5	5	3	2
Neuronitis vestibularis	4	4	1	0	4
Total	31	29	18	18	20

Table II. — *Clinical manifestations in various diseases after stopping the treatment (No. 31).*

Groups	Numbers	Vertigo	Headache	Tinnitus	Nausea
Vertebrobasilar arterial insufficiency	14	3	8	2	0
Meniere's disease	8	6	2	6	5
Skull trauma	5	3	3	1	0
Neuronitis vestibularis	4	1	0	0	1
Total	31	13	10	9	6

Table III. — *Objective symptoms in various diseases before starting treatment (No. 31).*

Group	Spontaneous nystagmus	Positional nystagmus		Pathological results of Gaze test	Pathological optokinetic nystagmus	Assymetry in Torsion Swing test	Pathological result of Hallpike caloric test	Pathological result of Torok caloric test
		I	II					
Vertebrobasilar arterial insufficiency	5	4	7	2	8	4	4	9
Meniere's disease	4	0	3	0	1	2	2	6
Skull trauma	4	2	4	2	4	3	4	4
Neuronitis vestibularis	4	0	4	0	0	3	4	4
Total	17	6	18	4	13	12	14	23

Table IV. — *Objective symptoms in various diseases after stopping treatment (No. 31).*

Group	Spontaneous nystagmus	Positional nystagmus		Pathological results of Gaze test	Pathological optokinetic nystagmus	Assymetry in Torsion Swing test	Pathological result of Hallpike caloric test	Pathological result of Torok caloric test
		I	II					
Vertebrobasilar arterial insufficiency	3	2	4	1	6	2	3	6
Meniere's disease	3	0	2	0	1	1	2	4
Skull trauma	2	1	3	1	2	2	2	2
Neuronitis vestibularis	1	0	1	0	0	1	2	1
Total	9	3	10	2	9	6	9	13

supported pathology. After one-month therapy with **Vertigoheel** we found subsidence of spontaneous nystagmus in 8 cases and positional **directional**-changing nystagmus in 3 cases. The pathological results of Gaze Test persisted in 2 patients; the abnormal record of optokinetic test remained in 9 patients. Asymmetrical reactions in Torsion Swing Test did not change in half the cases (6 patients). The pathological results of bithermal Hallpike's test subsided in 5 cases and the abnormal results of Torok test returned to **normal**

state in 10 cases. Table III shows the comparison of objective symptoms in each disease entity before starting treatment. Table IV contains ENG findings after stopping treatment.

Discussion

Evaluation of drug efficacy in reduction of objective and subjective symptoms from the **vestibular** system is one of the most difficult problems of otolaryngological pharmacy. A drug can alleviate the disorder symptoms though it is not always confirmed by

the results of ENG tests. On the other hand the subsidence of spontaneous and positional nystagmus and the restoration of **symmetry** in **labyrinthine** sensitivity are not always followed by patient relief particularly in cases with full efficiency of the **vestibular** system. In neurotic patients even taking a drug may cause relief (placebo effect). On the contrary, patients suffering from **craniocerebral** trauma often present symptoms of vestibular dysfunction despite the improvement of the results of the objective tests (insurance claim).

Referring to the results of our investigation, Vertigoheel has been found to be a successful medication in alleviating such symptoms as vertigo, headache, tinnitus and nausea. The administration of Vertigoheel has shortened the regression stage of neuronitis vestibularis and skull trauma cases and has improved the function of the vestibular system in vertebrobasilar arterial insufficiency and post-traumatic syndromes. The treatment has seemed to be less effective in the case of Meniere's disease in which receptor cells are damaged due to the long-term pathological process.

The phenomenon of vestibular compensation⁴ should be noted while discussing how a drug can remove the symptoms of vestibular dysfunction within one or two months' therapy. It has been proved during animal experiments that drugs like barbiturates and neuroleptics are able to decrease vestibular compensation.^{1c} Other medications which stimulate biochemical processes of a nervous cell and increase the synaptic conduction (e.g. Nootropil) may also influence compensational processes.⁵⁻⁶ Vertigoheel seems to act by means of such stimulation as confirmed by the rapid stabilization of the subjective and objective symptoms in trau-

matic disorders and neuronitis vestibularis.

There have been no side effects observed during the whole therapy with Vertigoheel. The drug is a well-tolerated one and therefore it should be indicated for the treatment of chronic vertigo of vestibular origin and first of all in the case of vertigo of central origin.

Conclusions

1. Vertigoheel is an effective medication in the treatment of peripheral vertigo and above all in the case of central vertigo.

2. Vertigoheel is well-tolerated and provides no side effects.

References

1. Kubiczkowa J, Jaskowski A. Leczenie zaburzeń układu równowagi. VI Konferencja Naukowo-Szkoleniowa Laryngologów WP pod red. J. Kubiczkowa 1984 XI: 15-16.

2. Latkowski B, Prusinski A. Zawroty głowy, ich przyczyny i leczenie. Ośrodek Informacji Naukowej "Polfa" Warszawa 1985.

3. Sthale J, Lyttkens L, Larsson B. Some views on medical treatment in Meniere's disease: use of urea and tar-

get-seeking drugs. Meniere's Disease, Pathogenesis, Diagnosis and Treatment International Symposium Dusseldorf May 1980.

4. Janczewski G pod red. Otolaryngologia kliniczna. PZWL Warszawa 1986.

5. Miszke A, Rapacz K. Leczenie zespołu zawrotu preparatem Nootropil. Otolaryng Pol 1985; 5:312.

6. Ostervel WJ. The effect of placetam on central vertigo. 2nd International Symposium on Nootropil Drug 1981, pag 115.

7. Latkowski B. Podstawy elektrownystagmografii. PZWL Warszawa 1976.

8. Wetmore SJ. Extended caloric tests. Ear and Hearing 1986:186.

9. Kumar a. Diagnostic advantages of the Torok monothermal differential caloric test. Laryngoscope 1981.

10. Bien S. Badania kliniczne procesu kompensacji uszkodzeń narządu przedsionkowego. Praca habilitacyjna. Wyd AM Warszawa 1986.

For the authors:

A. Morawiec-Bajda
ul. Kruszyńska 3
91-356 Łódź
Poland

Vertigoheel is available from BHI in a choice of dosage forms: tablets, (as used in this study), drops, and oral vials. The identical formula is also available in tablets and drops under the name *Cocculus compositum*.

