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Treating Spasmodic Conditions with Spascupreel

Results of a Prospective Study

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Abstract

This noninterventional prospective study gathered data on 698 patients and investigated usage indications, dosages, therapeutic efficacy, and tolerance of Spascupreel, a homeopathic remedy prescribed primarily for lower urinary tract spasms, primary dysmenorrhoea, and uterine spasms. Spascupreel was the sole therapy administered to approximately 70% of the patients.

Alleviation of symptoms was observed in 80% of the patients within two weeks of onset of therapy. Upon conclusion of therapy, the efficacy of Spascupreel was rated “very good” or “good” in 76% of all cases (including patients treated only with Spascupreel). Patient tolerance of the medication was rated “excellent” in the majority of cases.

Keywords: Antihomotoxic therapy, homeopathy, prospective study, Spascupreel, spasms.

Introduction

In the industrialized nations of the West, painful spasms or cramps in the gastrointestinal or urogenital tracts are very frequent complaints. In 1996 in the Federal Republic of Germany alone, nearly ten million prescriptions were written for drugs to treat these conditions. Painful spasms are often treated with chemical antispasmodics (either alone or in combination with analgesics), but because of their potential side effects, these medications cannot always be recommended without reservation. For example, antispasmodics that contain scopolamine can cause cardiac arrhythmias and increases in intraoc-

ular pressure, and the use of muscle relaxants affecting the central nervous system, which are generally used in treating various (usually chronic) spasms of the skeletal muscles, is contraindicated in many cases and always entails a certain degree of risk because of the sedative properties and addictive potential of these drugs¹.

Low-risk homeopathic medications, however, also produce good therapeutic results, especially in treating spasms of the smooth muscles of hollow organs such as the stomach, intestines, bladder, or uterus²⁻⁵). Spascupreel (manufactured by Biologische Heilmittel Heel GmbH,

Components	Selected Characteristics/Symptoms
Colocynthis D4 (colocynth)	Painful cramping in the gastrointestinal tract, bile system, or urinary tract. Nerve inflammation and neuralgia, especially in the face. Sciatica.
Ammonium bromatum D4 (ammonium bromide)	Spasmodic asthmatic bronchitis.
Atropinum sulfuricum D6 (atropine sulfate)	Congestive upper respiratory inflammation. Inflammations of the organs of elimination, including the skin. Spasms in the smooth musculature of hollow organs.
Veratrum D6 (white hellebore)	Neuralgias.
Magnesium phosphoricum D6 (magnesium phosphate)	Neuralgias. Painful gastrointestinal cramps. Menstrual cramps.
Gelsemium D6 (wild jasmine)	Headaches. Nervous disorders. Painful cramping.
Passiflora incarnata D2 (passionflower)	Painful cramping. Restlessness.
Agaricus D4 (fly agaric)	Excitability. Difficulty in emptying bladder and bowels.
Chamomilla D3 (chamomile)	Inflammations and cramps in the digestive organs or female genital organs. Severe pain.
Cuprum sulfuricum D6 (copper sulfate)	Spasms in smooth and striated muscles. Nocturnal paroxysmal cough.
Aconitum D6 (monkshood)	Extremely acute inflammatory diseases. Painful neurological disorders.

Table 1: The components of Spascupreel, their potencies in the preparation, and their characteristics or symptoms.

Baden-Baden, Germany) is a homeopathic combination remedy used in treating spasmodic conditions of various organs. All of the pharmacotherapeutic components of this preparation are produced according to the guidelines of the German Homeopathic Pharmacopoeia (HAB). Since one of the basic principles of homeopathy states that low potencies of homeopathically prepared ingredients act primarily on the bodily level⁶⁾, and because cramp-like symptoms are usually acute in character, the potency levels of the ingredients of Spascupreel were kept relatively low (Table 1).

This paper describes the results of a prospective study of dosage, therapeutic efficacy, and tolerance of Spascupreel in a large group of patients.

Methods

Data on the patients' medical histories and treatment were recorded on standardized questionnaires. No criteria for inclusion or exclusion of patients were defined, since the purpose of this preparation-specific prospective study was to observe the entire range of conditions for which Spascupreel is prescribed. The dosage of Spascupreel (in tablet form), the duration of therapy, and the option of implementing concomitant therapies was left up to the attending physicians, who were required to record all data relevant to treatment on the questionnaires. The success of the protocols selected was assessed by the physicians in terms of two criteria:

- the point in time when improvement was first observed;
- an overall assessment of the results of therapy, using the following five-point scale: "very good" = complete freedom from symptoms; "good" = obvious improvement; "satisfactory" = slight improvement; "no success" = symptoms remained the same; and worse.

Upon conclusion of treatment, patient tolerance of Spascupreel was rated by the physicians according to the following scale: "excellent," "good," "fair," and "poor." Undesired side effects were reported on a separate questionnaire.

Diagnostic Groups	Number of patients
Total	698
Urinary tract spasms	170
Primary dysmenorrhea	123
Uterine spasms	109
Total other diagnoses:	296
Abdominal cramps	29
Colitis	15
Intestinal spasms	60
Gastric spasms	16
Headache/migraine	29
Lumbago with muscle hardening	19
Myogelosis	15
Spasmodic bronchitis	7
Spasms of the trapezius muscles	11

Table 2: Chief diagnoses for which Spascupreel is indicated; other diagnoses listed for more than 1% of patients (number given is the number of patients).

Diagnostic Groups	Duration of treatment		
	< 2 weeks	2-8 weeks	> 8 weeks
Total (n = 339/359)	218/87	112/158	9/114
Urinary tract spasms (n = 123/47)	80/ 5	41/ 25	2/ 17
Primary dysmenorrhea (n = 31/92)	26/41	4/ 15	1/ 36
Uterine spasms (n = 66/43)	35/18	27/ 19	4/ 6
Other diagnoses (n = 119/177)	77/23	40/ 99	2/ 55

Table 3: Duration of treatment with Spascupreel in different diagnostic groups (acute/chronic illnesses; number given is the number of patients).

Results

Patients and Treatment

A total of 83 physicians, primarily general practitioners and gynecologists, participated in this study by recording treatment data on 698 patients (74% female, with the emphasis in age distribution falling between 31 and 50 years). Chief usage indications included spasms of the urinary tract (24%), menstrual cramps (primary dysmenorrhea) (18%) and uterine spasms (16%). Duration of symptoms prior to treatment ranged from less than one week to several years. It is apparent from this distribution that both acute and chronic cases (duration of illness > two months) were observed in the context of this study.

Although the dosage of Spascupreel was determined on an individual basis, the standard dosage in most cases was one tablet three times a day (or, for acute

symptoms, one tablet every fifteen minutes for a maximum of two hours). As expected, the average duration of treatment with Spascupreel depended on whether the patient's illness was acute or chronic. In acute cases, relatively short periods of treatment were the rule (less than two weeks in 64% of cases), while in chronic cases longer treatment periods predominated (more than two weeks in 76% of cases) (Table 3). A scant 32% of patients were prescribed medications in addition to Spascupreel (for example, for gynecological or urological conditions), while 26% received non-drug therapies (for example, diet, heat treatment, or massage).

Tolerance

In seven cases (1%) the physicians reported undesired side effects during treatment with Spascupreel. The symptoms reported were: constipation (two cases), nausea, belching with foul odor, increased fatigue

and weakness, foul-smelling perspiration, and diarrhea. The experts who evaluated these cases found it unlikely that these symptoms were due to the use of Spascupreel. Presumably, the supposed side effects were caused either by the original illness or by concomitant medication. In spite of these seven documented cases of undesired effects, the physicians rated patient tolerance as “excellent” or “good” in 98% of cases.

Therapeutic Efficacy

18% of the patients reported immediate improvement after taking Spascupreel, while an additional 60% reported improvement within two weeks. As expected, response time differed in acute and chronic cases. 89% of the patients with acute symptoms reported improvement within the first two weeks of treatment, while “only” 67% of the patients with chronic symptoms reported improvement during the same time period (Table 4). In three out of four cases, treatment with Spascupreel resulted in either complete freedom from symptoms or obvious improvement. No patients reported worsening of symptoms. Spascupreel therapy was effective in both acute and chronic illnesses and in all of the conditions originally diagnosed. The results of this study also showed that the success of therapy with Spascupreel was not contingent on adjuvant drug therapy, which was prescribed in 32% of cases. In individual cases, however, the underlying illness or the severity of the spasms certainly warranted concomitant drug therapy.

Conclusions

Of the symptoms physicians encounter on a daily basis, spasms in the smooth musculature of hollow organs are among the most unpleasant for patients. Such individuals always need fast relief from their

Diagnostic Groups	after 1 st treatment	Improvement of symptoms			no improvement
		after < 2 weeks	after 2–8 weeks	after > 8 weeks	
Total (n = 339/359)	71/54	230/184	20/69	3/16	15/36
Urinary tract spasms (n = 123/47)	19/ 2	98/ 35	5/ 6	0/ 4	1/ 0
Primary dysmenorrhea (n = 31/92)	14/37	16/ 35	0/ 6	0/ 5	1/ 9
Uterine spasms (n = 66/43)	17/ 8	38/ 19	6/11	1/ 0	4/ 5
Other diagnoses (n = 119/177)	21/ 7	78/ 95	9/46	2/ 7	9/22

Table 4: Time when improvement was noted in different diagnostic groups (acute/chronic illnesses; number given is the number of patients).

Diagnostic Groups	Therapy results			
	very good	good	satisfactory	without success
Total (n = 220/478)	28/30	48/46	17/15	7/ 9
Urinary tract spasms (n = 46/124)	41/41	48/46	7/11	4/ 2
Primary dysmenorrhea (n = 20/103)	40/30	35/51	15/11	10/ 8
Uterine spasms (n = 22/87)	32/28	54/40	14/21	0/11
Other diagnoses (n = 132/164)	20/23	49/47	21/16	10/14

Table 5: Results of therapy in different diagnostic groups (with/without concomitant therapy; listed as percentages).

severe pain. The results of this prospective study of 698 cases of treatment confirm that smooth muscle spasms do indeed respond to treatment with homeopathic remedies. Spascupreel not only provides temporary symptomatic relief but also produces an alteration in the patient’s constitution, reducing susceptibility to spasms in the long term.

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