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Since this is an international publication, names and availability of the products mentioned in this journal may vary from one country to another.
As summer is winding up, we at the Journal of Biomedical Therapy have been busy preparing this edition chock-full of protocols for summertime tribulations. We focus mostly on children in this issue, as they are, for the most part, out of school and into physical and outdoor activities.

We have put together some practical solutions so that you can treat your patients gently and safely, without depriving them from the pleasures of summer. Many of our suggestions are preventative: motion sickness, for example, is addressed in detail with specific protocols to prevent reactions often related to boating and traveling throughout the vacationing period.

Soft therapies for children are discussed, providing you with practical alternatives for otitis media, restlessness and agitation, cuts, scrapes, bites, and sunburn, using convenient products like Viburcol and Traumeel in their new convenient monodose format. These new monodoses are convenient for your patients to bring on holiday and easy for them to administer to the very young.

We hope the information in this issue inspires you to integrate these suggestions into your practice so that you too have time to enjoy summer.

Everyone at the Journal wishes you a great summer filled with healthy fun in the sun!

Virginie Dionne-Bourassa
Managing Editor
Before we can discuss the function of antihomotoxic remedies in the inflammatory process, it is important to understand Dr. Pischinger’s ground regulation system. Pischinger defines the system of ground regulation as a functional unit encompassing the vascular pathway, the connective tissue cells, lymphatic system, and the autonomic-nervous structures. The extracellular fluid serves as a uniting force and an information highway which links and directs the elements of the ground regulation system. This huge system regulates everything which enters the system at the cellular level: it regulates the cell milieu. One of its most important functions is to feed individual cells and to remove by-products of cellular activity. In its regulatory capacity, the ground regulation system is involved in every inflammatory reaction and is thus responsible for all vital activity of the organism. One might say it is where health and disease begin.

Low and middle potency homeopathic dilutions work well as anti-inflammatory agents because they activate regulatory lymphocytes through a reaction known as the Immunological Bystander Reaction. Figure 1 below is a simplified version of the Bystander Reaction published by Dr Hartmut Heine. In simple terms, the antihomotoxic substance stimulates macrophages to produce antigen motifs, which activate non-antigen specific lymphocytes to bind the motifs to their receptors and become Th3 regulatory lymphocytes. These Th3 cells home in to the nearest lymph node, where they multiply and are released into the bloodstream. When the Th3 lymphocytes lock into a similar motif they synthesize and release the Transforming Growth Factor beta (TGF-β) which decreases the activity of Th1 and Th2 lymphocytes, thereby quenching the inflammation.

Antihomotoxic preparations arouse the Bystander Reaction by presenting low potency components that have similar motifs as the lymphocytes causing the inflammation. This conforms to the simile principle of homeopathy. Preparations such as Traumeel and Zeel contain low and mid-range potencies that stimulate the formation of Th3 cells with compatible motifs. The introduction of homotoxins into the system engages the inflammatory response to repair physiological damage within the specific constitution of the patient, i.e., within the patient’s own immunological portrait. The self-regulating control of the inflammatory process is not affected. In this sense, antihomotoxic preparations are not only symptom specific, but patient specific; they work within and along with the patient’s metabolism, and more specifically, the patient’s immune system.
This is a brief chart of antihomotoxic preparations useful for the listed symptoms of inflammation. There are other Heel products that can be used however, the aforementioned products represent individual formulas that work according to the Bystander Reaction.
INSECT BITES

Children, in particular, often experience unusual swelling after insect bites. Traumeel ointment with its anti-inflammatory effects helps relieve pain, itching, and swelling without compromising the immunity of young skin as do cortisone-based creams.

In a clinical trial testing 157 children ranging in age from infancy to 12 years of age; 45% girls and 55% boys, Traumeel ointment was used to treat a variety of traumatic, inflammatory and degenerative disorders such as contusions, sprains, hematomas, and dislocations. The ointment was used 1-3 times daily with or without bandaging, as prescribed by the health professional. In 62% of the cases, Traumeel ointment was the only therapy. The remaining 38% needed additional pharmaceutical therapy such as analgesics, antirheumatics, or anti-inflammatory drugs. For details of this study, refer to the medical abstract in this issue, entitled: “Treating pediatric trauma with a homeopathic ointment” (p.8).

Traumeel ointment was administered to a victim of a Brown Recluse spider bite, 30 hours after the incident. The victim happened to be a physician, who thoroughly documented the episode. According to Dr. Brenda Stein: “within 24 hours of the bite, the area was about 3 centimeters in diameter. It took the appearance of an ecchymosis with a small white area immediately at the site of injection about 2.5 mm across. “I applied a thin layer of Traumeel ointment once a day for three days. At the end of this time, the lesion remained mildly tender but was no longer easily visible and there was no evidence that ulceration would occur at all. Approximately 96 hours post-treatment, it would take a very careful examination to find the injection site, much less the area of ecchymosis.”
Otitis Media

**ACUTE:**
Use one vial of Traumeel Eardrops 2-4 times a day for three days, then reduce to 1-2 times a day for 5 days.

Traumeel ointment or gel can also be used on the external ear area and at the base of the ear to help reduce pain and heat in acute otitis media.

**CHRONIC:**
One vial of Traumeel Eardrops twice a day for 2 weeks.

**PROPHYLACTIC:**
Use one vial of Traumeel Eardrops: place half of the solution in each ear after swimming or diving.

To reduce the pain (especially in children): Oral administration of Viburcol Monodose (Oral Solution) will help diminish pain and agitation often seen in children with otitis media. Pour the contents of the plastic vial onto the child’s tongue. Refer to product insert for detailed directions and dosage.

**OVEREXPOSURE and HEAT EXHAUSTION**
can lead to restlessness in young children

Summer fun, when children play outdoors, can lead to all kinds of physical stresses that may agitate their mood. In a normal day of playing, a child may be bitten by insects or overexposed to the sun, resulting in fever, restlessness and discomfort, itching and burning of the skin, flushed face and head (from too much sun), and so on. To calm the child’s physical and mental distress, try the following protocol with the convenient new monodose oral solution products:

1 Viburcol Monodose + 1 Traumeel oral vial or monodose. Administer orally by emptying into the child’s mouth.

**For children under 12:** use 1/2 an oral vial of Traumeel or use one monodose of Traumeel Eardrops Solution. Both are saline-based and can be easily emptied in the child’s mouth.

**For children over 12:** Use 2 Viburcol Monodose vials.

**OR**

**ACUTE:** 1 Viburcol suppository 2-3 times a day
**CHRONIC:** 1 Viburcol suppository 1-2 times a day
**For infants from 0-6 months:** maximum one suppository a day
ABSTRACT

The purpose of this observational study was to document efficacy and tolerance of Traumeel S (ointment) in children (n = 157). Primary usage indications were acute trauma such as contusions, hematomas, sprains, and dislocations. For two thirds of the patients, treatment consisted of two to three applications of Traumeel S per day. In the majority of cases, duration of treatment did not exceed one week. Whether administered as monotherapy or in combination with other therapeutic measures, Traumeel S produced either “very good” or “good” therapeutic results in over 95% of the cases. Patient tolerance of the medication was rated “excellent” or “good” in all cases. No adverse effects were observed.

INTRODUCTION

Children very frequently incur injuries while playing or when engaging in sports. Cases of blunt trauma (contusions or bruises, strains, and sprains) are the most common type of childhood injury. Although most such injuries are slight to moderate, they are often accompanied by painful swelling, hematomas, and impaired mobility and may therefore cause significant suffering for the young patients. Because chemical anti-inflammatories such as NSAIDs can cause gastrointestinal side effects (nausea, diarrhea, anemia), they cannot be recommended for unrestricted use in treating pediatric trauma. When such medications are used to treat localized symptoms, the duration of therapy should be limited and the dosage kept as low as possible. Experience has shown the value of homeopathic medications in topical therapy for trauma. The homeopathic ointment Traumeel S (manufactured by Biologische Heilmittel Heel GmbH of Baden-Baden, Germany) includes both plant-based ingredients and homeopathic potencies of several minerals. This combination has anti-inflammatory, antiexudative, and regenerative effects. Several studies have documented the efficacy of Traumeel S in treating sports injuries (e.g., sprains, hematomas, myogeloses, and contusions) and degenerative disorders. The purpose of this observational study, in which 32 pediatricians participated, was to examine usage indications, efficacy, and tolerance of Traumeel S in pediatric patients (infants, toddlers, and school-age children).

METHODS

Data on patients and their treatment were recorded on standardized questionnaires. In order to achieve a comprehensive overview of the full range of indications for which Traumeel S is routinely prescribed, no demographic or symptom-related criteria for inclusion or exclusion of participants were established with the exception of an upper age limit of 12 years. In addition to the age and gender of the children, the data compiled included the type of symptoms and their duration prior to the beginning of treatment, frequency of application of Traumeel S, and duration of therapy.
In the majority of cases (84%), Traumeel S was applied 1 to 3 times per day, sometimes in combination with bandaging. For 62% of the children, Traumeel S was prescribed as monotherapy, while the remaining 38% received adjuvant pharmaceutical therapy (analgesics, antirheumatics, or anti-inflammatories) or nonpharmaceutical therapies (hot and cold packs, immobilization, chiropractic, and massage). In two thirds of all patients, the maximum duration of therapy was one week.

Upon conclusion of therapy, efficacy was rated by the pediatricians on a five-point scale (very good, good, satisfactory, no improvement, worse); patient tolerance of Traumeel was rated on a four-point scale (excellent, good, moderate, poor). Also recorded was the point in time when the first improvement in symptoms was noted. Any adverse effects were to be documented on a separate questionnaire.

Descriptive statistical methods (absolute and percentage frequency distributions) were used to assess treatment data on a total of 157 children.

RESULTS

Patients

Of the 157 children, 70 (45%) were girls and 87 (55%) boys. They ranged in age from 0 to 12 years with a peak in frequency (24%) at age 10.

Traumeel S was prescribed for a broad spectrum of traumatic, inflammatory, and degenerative disorders, the most frequent of which were contusions, sprains, hematomas, and dislocations (Table 1). Other usage indications included joint effusions, a number of other injuries, and other painful conditions affecting joints, soft tissues, and muscles. In 27% of the cases, multiple indications were reported. Overall symptom severity was reported as moderate in more than half (54%) of the cases, as slight in 19%, and as severe in 8%. The great majority of the patients (80%) sought treatment for acute symptoms that had persisted for not more than one week. Longer duration of symptoms was reported in individual cases for diagnoses that included fractures, epicondylitis, joint effusions, and contusions. Because of the acute nature of most symptoms, only 11% of the children had received prior pharmaceutical treatment (analgesics, antirheumatics, anti-inflammatories) for their conditions.

THERAPY

In the majority of cases (84%), Traumeel S was applied 1 to 3 times per day, sometimes in combination with bandaging. For 62% of the children, Traumeel S was prescribed as monotherapy, while the remaining 38% received adjuvant pharmaceutical therapy (analgesics, antirheumatics, or anti-inflammatories) or nonpharmaceutical therapies (hot and cold packs, immobilization, chiropractic, and massage). In two thirds of all patients, the maximum duration of therapy was one week.
The results of the present observational study of 157 children confirm that Traumeel S ointment is routinely prescribed for pediatric patients (infants, toddlers, and school-age children) for a wide variety of injuries, soft-tissue swelling, and inflammatory or degenerative disorders of the musculoskeletal system. The predominance of “very good” or “good” ratings of efficacy confirms the many years of empirical results reported in earlier studies. Favorable outcomes were achieved regardless of the age of the children or the type of symptoms. Results were rated “very good” or “good” in 98% of the patients who received Traumeel S as monotherapy (Figure 1).

In summary, Traumeel S is reliably effective in treating both blunt trauma and muscle, joint, and soft-tissue disorders of varying etiology in pediatric patients.

CONCLUSION

No adverse effects were reported from the use of Traumeel S. In all 157 patients, tolerance of the medication was rated “excellent” or “good,” regardless of whether Traumeel S was prescribed as monotherapy or in combination with additional pharmaceutical or naturopathic therapies.

Efficacy

In 7% of the patients, symptoms such as pain, swelling, and impaired mobility were reduced as early as the first day of application. After a total of one to three days, symptoms improved in two thirds of all patients. In an additional 24%, improvement occurred within the first week of therapy. Overall analysis of the therapeutic results indicates that the results were rated “very good” in 70% of all patients and “good” in 27%, regardless of the age of the children or the type of symptoms. Results were rated “very good” or “good” in 98% of the patients who received Traumeel S as monotherapy (Figure 1).

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**REFERENCES**


### Usage indications

<table>
<thead>
<tr>
<th>Usage indications</th>
<th>Number of patients</th>
<th>Percentage of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contusions</td>
<td>50</td>
<td>31.8</td>
</tr>
<tr>
<td>Sprains</td>
<td>37</td>
<td>23.6</td>
</tr>
<tr>
<td>Hematomas</td>
<td>26</td>
<td>16.6</td>
</tr>
<tr>
<td>Dislocations</td>
<td>11</td>
<td>7.0</td>
</tr>
<tr>
<td>Joint effusions</td>
<td>6</td>
<td>3.8</td>
</tr>
<tr>
<td>Other injuries</td>
<td>6</td>
<td>3.8</td>
</tr>
<tr>
<td>Tenosynovitis</td>
<td>5</td>
<td>3.2</td>
</tr>
<tr>
<td>Other inflammatory/ degenerative disorders</td>
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<td>3.2</td>
</tr>
<tr>
<td>Fractures</td>
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<td>1.3</td>
</tr>
<tr>
<td>Epicondylitis</td>
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<td>1.3</td>
</tr>
<tr>
<td>Other diseases/symptoms</td>
<td>16</td>
<td>10.2</td>
</tr>
</tbody>
</table>

**TABLE 1:** Usage indications of Traumeel S ointment (n=157; multiple listings occurred).

**Fig. 1:** Results of therapy with Traumeel S. A = total patient population (n=157); B = contusions (n=50); C = sprains (n=37); D = hematomas (n=26); E = dislocations (n=11); F = Traumeel S monotherapy (n=97).
HOMEOPATHIC TREATMENT OF GYNECOLOGICAL DISORDERS

Valérie Reus and Michael Weiser
Publication in preparation

This observational study compiled data on efficacy and tolerance of Hormeel S (drops and injection solution) in treating a variety of gynecological disorders. The 57 participating physicians treated a total of 415 patients. Hormeel S was administered primarily for functional disorders of the menstrual cycle or to regulate endocrine functions. In approximately 75% of these patients, the medication produced very good/good therapeutic results. In 97% of the cases, tolerance of Hormeel S was rated very good/good.

VIBURCOL AS ADMINISTERED IN THERAPY BY PEDIATRICIANS

A report by Gabriele Herberger, M.D., as prepared from an original study carried out by Dr. S. Stahlin and by Dr. J. John. This special printing originally appeared in the German Medical Journal Biologische Medizin, 19/4, p. 213, 1990.

For several decades now, the preparation Viburcol has proved effective as a basic therapeutic agent for the treatment of restlessness among infants and children.

In therapy provided to infants and young children, it is especially important to prevent the possibility of drug related (iatrogenic) enzyme damage and the occurrence of retoxic impregnation. Since the organism of an infant or child reacts particularly favorably to medicinal stimuli which are finely adjusted to the individual case, biological therapy is optimally suited for our young patients.

The pediatrician Dr. S. Stahlin has conducted a study in which the biological preparation Viburcol was administered to 30 children up to three years of age. The children received typical dosage of one suppository three times a day, for a total period not longer than 10 days. For the children from 6-9 months of age, however, the maximum daily dose was 1-2 Viburcol suppositories; for children 9-12 months old, the maximum prescription was 2-3 suppositories per day.
Approximately one in ten patients who visits an internist suffers from vertigo. For the patients who consult an ENT specialist, the figure is about one in three. As is well known, however, vertigo is a symptom and not a diagnosis. Nevertheless, a very great number of patients with the symptom of vertigo regularly consult a specialist for internal medicine, after having been examined by an ENT specialist who had been unable to determine the cause of the symptom of vertigo. For these patients, it is important to prescribe a preparation which is characterized as follows:

1. Demonstrates good effectiveness with respect to the symptom of vertigo.
2. Causes no undesirable side effects.
3. Has been tried and proven effective for many years in private medical practice and in hospital use, does not elicit intolerance from patients, does not undesirably interact with other medication, and does not demonstrate incompatibility with alcohol.

In an application monitoring study, the effectiveness and tolerance of a homeopathic combination preparation were investigated and documented for 3,386 patients suffering from vertigo originating from various causes. Breakdown of causes of the vertigo revealed a large share of patients with non-specific vertigo (39.8%). The following were among the most frequent single causes of vertigo among the patients studied: cardiovascular origins (25.6%), orthopedically associated causes (14.1%), luxury/junk foods and stimulants as provocation (4.7%), and metabolically associated genesis (3.8%). All the available forms of administration of the preparation were involved in this study: tablets, drops, and ampules. In 15.4% of the cases treated, a combination of these forms was applied. For 51.7% of the patients, Vertigoheel was administered in conjunction with adjuvant medication. On the basis of the entire test population of 3,386 patients, therapeutic success with the assessment very good, good, or satisfactory was achieved for 91.9% of the cases and the tolerance of the preparation was judged as very good.
Vertigoheel/Ventigoheel is a complex homeopathic formula used in the treatment of dizziness from various origins. It has been used in several clinical trials for symptoms associated with vasomotor vertiginous conditions such as cerebrovascular disorders, commotio cerebri acuta, post-concussion complaints, Menière’s syndrome, and kinetosis (motion sickness). Additional causes of vertigo treated with Vertigoheel/Ventigoheel include cerebral degeneration, drug and food stimulant damage, psychogenic factors, infections or viruses, metabolic factors such as diabetes or hypoglycemia, acoustic neurinoma, and neuro-otologic abnormalities.

Vertigoheel/Ventigoheel has a broad-spectrum effect because it works on the mechanism of the symptom of vertigo, not on the cause. As stated by Dr. Wallace Rubin (Otolaryngologist, Neuro-otologist): “The major advantage of the use of Vertigoheel is that the vertiginous symptoms are suppressed, but the adaptation and compensation mechanisms that are necessary to get the patient well are not interfered with.”

In a study by Zenner, Borho, and Metelmann, the duration of oral administration of Vertigoheel was determined by the period of time the patient had symptoms of dizziness prior to seeing the physician: the longer the period of vertigo, the longer the therapy with Vertigoheel. For example, patients who experienced vertigo for a few hours prior to therapy were given Vertigoheel for less than a week. When symptoms lasted for days, therapy lasted about one week. When symptoms existed for several weeks or months, administration of Vertigoheel lasted about one month. For symptoms which had persisted for years, administration of Vertigoheel for more than one month was necessary. See the study in the medical summaries section, page 13.

One of the greatest advantages of Vertigoheel/Ventigoheel is that it does not cause drowsiness, and it does not interact with alcohol. Vertigoheel/Ventigoheel does not have sedative properties, thus it can safely be taken in any circumstance.

**GENERAL PROTOCOL FOR DIZZINESS:**

- **ACUTE VERTIGO:** 15 drops every 15 minutes until symptoms subside.
- **FOR LESS SEVERE EPISODES,** 15-20 drops every hour until symptoms subside.
- **MAINTENANCE DOSE:** 15-20 drops or 3 tablets 3 times a day.

**KINETOSIS** antihomotoxic preparations for motion sickness in adults and children

- **CHILDREN OVER 12:** 10-12 drops Vertigoheel/Ventigoheel or 1 tablet every 15-30 minutes during acute phase of motion sickness, OR...
  
  **10 drops VERTIGOHEEL/VENTIGOHEEL + 1 monodose of VIBURCOL taken orally one half hour before traveling.**

- **ADULTS:** 20 drops Vertigoheel/Ventigoheel one half hour before traveling or diving.
  
  If severe nausea occurs during travel add 5-10 drops of Cocculus-Homaccord from an ampule every 10-15 minutes + 15 drops Vertigoheel/Ventigoheel every hour.
ECZEMA

Eczema is probably one of the most difficult dermatological conditions to treat in a practical manner. The difficulty in treatment lies mostly in the fact that there are so many forms of eczema: acute, chronic, allergic, dry, weeping, impetiginous, seborrheic. The causes are sometimes elusive; many pollutants and environmental toxins contribute to the insidious development of eczema. In an attempt to provide several options in the treatment of this common complaint, antihomotoxic preparations commensurate to some of the different forms of eczema are discussed as well as possible protocols to use.

One of the main products used in eczema is Graphites-Homaccord, mainly because it can be used for a long term therapy. According to Dahlke, “throughout the whole remedy, there is a characteristic tendency towards the formation of cracks.” Engystol is another basic preparation for eczema, particularly for infected or allergic eczema, as Engystol vanquishes many of the toxins of eczema. The following chart illustrates several antihomotoxic preparations specific to the treatment of eczema. With these the practitioner can design a biological treatment plan specific to the individual case and its underlying cause.

**TYPE OF ECZEMA**

**APPLICABLE ANTIHOMOTOXIC PREPARATIONS POSSIBLE PROTOCOL**

<table>
<thead>
<tr>
<th>TYPE OF ECZEMA</th>
<th>APPLICABLE ANTIHOMOTOXIC PREPARATIONS</th>
<th>POSSIBLE PROTOCOL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Graphites-Homaccord and Galium-Heel</td>
<td>1 ampule of each i.v.; s.c.; or orally 3 x per week for 3 weeks; then twice a week for 3 weeks, then once a week for at least 3 weeks.</td>
</tr>
<tr>
<td>Allergic</td>
<td>Engystol</td>
<td>Engystol i.v. 2 x per week for 2 weeks, then once a week for 5 weeks. Continue oral therapy with tablets or ampules: 3-5 tabs daily or one ampule/day for 5-8 weeks.</td>
</tr>
<tr>
<td>Food related</td>
<td>Lycopodium-Injeel, Apis-Homaccord, Engystol, Hepar compositum</td>
<td>First injection i.v. 1 amp. Lycopodium + 1 amp. Hepar comp then orally: 1 amp. Lycopodium + 1 amp. Engystol + 1 amp. Hepar comp 3 x week for 1 week, then 2 x week for 3 weeks.</td>
</tr>
<tr>
<td>Dry</td>
<td>Graphites-Homaccord</td>
<td>Graphites-Homaccord drops: 10 drops 3 x a day for 5 weeks.</td>
</tr>
<tr>
<td>Of the palms (hands)</td>
<td>Hepar compositum</td>
<td>1 ampule Hepar comp i.v. once a week for 3 weeks + 1 ampule Hepar comp orally 2 x a week (in addition to injection) for 4 weeks.</td>
</tr>
<tr>
<td>Pustular</td>
<td>Acidum sulfuricum Injeel forte, Cimicifuga-Homaccord</td>
<td>1 ampule Acidum sulfuricum Injeel forte + 1 ampule Cimicifuga-Homaccord s.c. or orally once a week for 6-9 weeks.</td>
</tr>
<tr>
<td>Of the scalp</td>
<td>Graphites-Homaccord, Acidum sulfuricum Injeel forte</td>
<td>10 drops Graphites-Homaccord + 1 ampule Acidum sulfuricum Injeel forte orally once a day for 10 weeks.</td>
</tr>
<tr>
<td>Seborrheic</td>
<td>Ubiquinon compositum, Ubicoenzyme, Natrum muriaticum Injeel forte, Ovarium compositum</td>
<td>1 ampule Ubiquinon comp + 1 ampule Natrum muriaticum Injeel + 1 ampule Ovarium comp orally 2 x week for 8 weeks.</td>
</tr>
</tbody>
</table>

* All remedies can be given orally; injection therapy is aimed to give orthodox physicians the option of clinical administration.
**Viburcol®**

**INFANTS & CHILDREN**

**PEDEATRIC RESTLESSNESS**

**IRRITABILITY**

**TEETHING PROBLEMS**

**MINOR INFECTIONS, WITH OR WITHOUT FEVER**

- Infections
- Respiratory infections
- Flu
- Otitis media
- Enteral infections
- Urinary tract infections
- Stomach cramps
- Restlessness associated with sleeping problems
- Hyperactivity
- Dermatological irritation

**COMPOSITION:**
Belladonna, Calcarea carbonica, Chamomilla, Dulcamara, Plantago major, Pulsatilla