

English abstracts of the lectures presented on the occasion of the medical-scientific congress

“Tibetan Drugs in Chronic Diseases”,

held on 3 November 2005 at the Museum of Ethnology of the University of Zurich.

Tibetan drugs in chronic diseases - Introduction

Prof. Reinhard Saller

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Tibetan drugs have been known in Switzerland for more than 30 years and some have also been incorporated into modern conventional therapy. In that time, experience with these plant-based multicomponent formulas has been continually increasing, also in the West, and many experimental, as well as also clinical scientific studies have been published.

The reports from general medical practice and the results of clinical, in-vitro and ex-vivo research studies show the potential of these complex preparations also for patients in the context of Western medicine. These plant-based drugs, based on Tibetan formulas, represent interesting therapeutic possibilities, especially in various chronic diseases. Most of the data available at present relate to diseases in which chronic inflammatory processes play a significant role, especially arteriosclerosis and intermittent claudication.

This congress is intended mainly for medical doctors, pharmacists and researchers who are active in the broad field of complementary medicine. Various aspects of the manufacture, quality assurance and experimental and clinical research, as well as practical experience and case reports, are presented by international speakers from various disciplines. One of the aspects on which they concentrate in particular concerns the therapy-relevant characteristics of Tibetan multicomponent formulas: on the one hand these are bound up with tradition, while on the other hand they are in fact modern drugs. During his recent visit to Switzerland, His Holiness the Dalai Lama expressed his interest in the research and the concrete work being undertaken with Tibetan drugs. This congress is being held at the Museum of Ethnology of the University of Zurich, where the exhibition, “The 14 Dalai Lamas”, is at present taking place. With this choice of venue, the cultural context of Tibetan medicine is intentionally included in the spirit of this event.

Tibetan medicine in Western science

Dr. Herbert Schwabl, Padma AG, Schwerzenbach, Switzerland

Chronic diseases such as arteriosclerosis, diabetes, allergies and autoimmune diseases affect an increasing proportion of the population in the Western world and with regard to diagnosis and therapy they will in future place greater demands on general practice in the West.

Tibetan medicine has been practised in the Himalayan region since the 7th century. In its overall application to the human organism, Tibetan medicine understands health to be a state of equilibrium, different in each individual, between the body's three energies: wind, bile and phlegm. This balance may be destroyed by internal and external influences and can be favourably influenced by plant-based drugs that interact with the three energies and the five elements.

Tibetan natural-substance formulas of from 3 up to 80 different plants and minerals can modulate various metabolic and immune processes. Interestingly, in-vitro and clinical studies show that these formulas meet the quality standards and the criteria of the evidence-based medicine of the West.

High-quality raw materials, modern production technology and standardised products are essential for the scientific investigation of plant-based multicomponent formulas.

PADMA 28, a Tibetan herbal formula manufactured in Switzerland according to GMP standards, has proved to be very effective in chronic inflammatory processes such as arteriosclerosis and in circulatory disorders such as peripheral occlusive arterial disease (POAD) and intermittent claudication.

In-vitro studies have shown that the plant-based preparation has a modulating effect in various stages of the development of arteriosclerotic changes. For example, it affects the cellular adhesion, blood-lipid oxidation, phagocytosis, the proliferation and migration of smooth-muscle cells and cytokine-signal pathways, and thus curbs the progression of the arteriosclerosis.

These antiinflammatory and immune-modulating effects reflect the classical Tibetan description of the cooling, mobilising formula. Scientific research into Tibetan medicine is essential in order to be able to explain its mode of action and to establish it in the framework of Western medicine. It can also provide hints regarding pathophysiological processes in complex multifactorial diseases such as arteriosclerosis.

Challenges and prospects of research in Tibetan Medicine

Dr. Tsewang Tamdin, Men-Tsee-Khang (Tibetan Medical and Astrological Institute TMAI), Dharamsala, Indien

Men-Tsee-Khang (the Tibetan Medical and Astrological Institute TMAI) was re-established 1961 in the Indian exile as a charitable, cultural and educational institution of H. H. the Dalai Lama. It has a dispensary, an inpatient unit and a surgical ward and employs 376 staff members. Its activities include the education of Tibetan doctors and astrologers, the production and dispensation of Tibetan traditional medicines, research of the Materia medica and the publication of books on Tibetan medicine and astrology. Additionally the Men-Tsee-Khang coordinates and runs 47 branch clinics mainly in India and Nepal.

The Tibetan medical community notices the growing use of Tibetan medicine by people around the world. This attention has helped Tibetan medicine in terms of further development and enables it to reach more people. On the one hand the global spread of Tibetan medicine and Tibetan drugs put forward new challenges for the traditional medical system. This is more true, because the legal acceptance of Tibetan medicine in the world remains a distant dream last but not least because of political issues. On the other hand, this medical system has stood the test of time and we have great expectation that it will be accepted during the unfolding decades to come.

There are various old and new diseases in the world. When there is little or limited hope of cure in modern Western medicine for diseases such as Hepatitis B, Cancer, Diabetes and Arthritis, Tibetan medicine shows some positive results and benefits. However, proving through scientific investigation about the remarkable results achieved by Tibetan medicine remains a challenge to face. Up to now the Tibetan medical community in India has established research projects in the following fields: Hypertension, Non-insulin dependent diabetes (type 2), cancer and pain management.

Single standard drug designed in modern research is a challenging aspect to Tibetan medicine. This is simply because of the fact that within the traditional system of individualized diagnosis and therapy, a Tibetan physician will not prescribe the same medicine for two people even if they may be suffering from the same disease. It is because of different amounts and distribution of the five elements (Earth, Water, Fire, Wind and Space) in the human body,

characteristic for each person, age, environment etc. These are factors influencing body nature and are to be considered while providing treatment.

We look forward to the dialogue with the research work, which was performed in Europe and America, and which is partly presented here. It is definitely important to elucidate the effectiveness and the active principle of Tibetan multi-compounded formulas. In this way the benefits of Tibetan medicine can be made accessible for people living outside Asia. And also we from the Tibetan community can learn and benefit from the research, as it helps to increase the acceptance of Tibetan Medicine in the West.

Also we are convinced that the Tibetan multicomponent herbal formulas not only cure the immediate disease but also take care not to have negative side effects. So, there are many positive prospects and challenges in doing research on Tibetan medicine ahead.

The antiproliferative potential of Tibetan multicomponent formulas

Prof. Thomas M. Weiger, University of Salzburg, Department of Cellular Biology, Salzburg, Austria

PADMA LAX, a Tibetan multicomponent preparation and plant-based laxative, is also used in the treatment of irritable bowel syndrome when the dominant symptom is constipation. However, up till now little is known about the principal active ingredients and their mechanisms of action. In this present study we show that besides its laxative and bowel-regulating properties, PADMA LAX also has an antiproliferative effect on C6 glioma cells in the rat. After an incubation time of 48 hours, ethanolic extracts of PADMA LAX, in a half-maximum dose of 384.4 µg/ml, inhibit the cellular proliferation in a concentration- and time-dependent manner. The ginger root (*Zingiberis rhizoma* from *Zingiber officinale*) and the inula root (*Helenii rhizoma* from *Inula helenium* L) could be identified as the components of PADMA LAX responsible for the antiproliferative effect. The half-maximum dose was 273.8 µg/ml for the ginger root and 28.5 µg/ml for the inula root. In contrast, the antiproliferative effect of an ethanolic extract of PADMA 28 with a half-maximum concentration of 447.7 µg/ml was less pronounced. Through experiments with the additional use of catalase, which prevents the formation of hydrogen peroxide (H₂O₂), it could be excluded that the antiproliferative effect is based only on an oxidative stress reaction. Other experiments show that PADMA LAX has only a slight effect on the cell cycle and no effect on the calcium homeostasis. An external application of growth-promoting polyamines (putrescine, spermine, spermidine) could not eliminate the antiproliferative effect of PADMA LAX.

Our results indicate that the lowering of the cell count is mainly attributable to an apoptosis-like cell death. A test for caspase-3 activity showed that the caspase-signal pathway is not involved in the cell death induced by PADMA LAX. However, qualitative measurements of the membrane potential of mitochondria, by means of potential-sensitive indicators, indicated that the apoptosis is mediated through the mitochondrial pathway. With these results we have been able to make a contribution towards the clarification of the mechanism of action of a natural- substance preparation, thus also contributing, prospectively, to the further development of new antiproliferative agents based on natural substances.

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The biochemical aspect of Tibetan herbal formulas in chronic diseases

Prof. Florian Überall, Institute for Medical Chemistry and Biochemistry, Signal Transduction Group, University of Innsbruck, Austria

The Tibetan drug PADMA 28 shows very promising results as supportive treatment in peripheral occlusive arterial disease (POAD, intermittent claudication), arteriosclerosis and chronic hepatitis B. Ongoing studies confirm the antioxidative and antiinflammatory properties of PADMA 28.

In the present work, the effect of PADMA 28 on the activity of indolamine 2,3-dioxygenase (IDO) and GTP-cyclohydrolase (GCH) was investigated in human peripheral mononuclear blood cells (PMBCs). After the administration of mitogens (concanavalin A, phytohaemagglutinin), under the influence of interferon-gamma a conversion to macrophages takes place in the blood cells. In these cells that have been converted to macrophages, the IDO enzyme breaks down the essential amino acid, tryptophan, to kynurenin. In parallel to this, in these cells guanosintriphosphate (GTP) is metabolised to neopterin by the GCH enzyme. Neopterin acts as a stable, diagnostically valuable marker of inflammation in the blood. Tryptophan, as an amino acid that passes into the brain, is the biochemical precursor of the neurotransmitter serotonin, which has a decisive effect on mood. PADMA 28 prevents the breakdown of tryptophan, in a dose-dependent manner, and at the same time leads to inhibition of the formation of neopterin. High concentrations of PADMA 28 block IDO and GCH almost completely.

In all the inflammatory diseases investigated, a high neopterin level is accompanied by a depletion of the tryptophan level. The fact that PADMA 28 blocks the release of neopterin, while at the same time lowering the tryptophan level, underlines the clinical relevance of a therapeutic measure that is intended to curb the inflammation and at the same time to prevent or to curb the breakdown of tryptophan.

From the results of this study it can be concluded that there is a connection between chronic inflammation and depression, which is influenced by PADMA 28. These in-vitro data thus provide a biochemical model for understanding of the biological effect on depression in the premenstrual syndrome in women, and in patients with intermittent claudication belonging to the active-substance group in a placebo-controlled double-blind study with PADMA 28. In both cases there was a significant improvement of the depression, which can be assessed as a direct consequence of the use of PADMA 28, with significant suppression of the inflammatory processes. The correlation between inflammation and the deterioration of mood thus represents an inseparable axis of chronic processes. Drugs that influence both these processes, in unison, are of considerable therapeutic value for the patients and constitute an effective weapon in the fight against chronic inflammatory diseases.

The development of Tibetan herbal medicine in the West –

Practical and regulatory aspects

Susanne Geistlich, Padma AG, Schwerzenbach

PADMA AG has been manufacturing Tibetan drugs in Switzerland, in accordance with the existing pharmaceutical quality standards, for the past 36 years. Important fields of activities in this connection are the purchase of the raw materials, processing of the products, quality assurance and especially also research. The results of the scientific research have shown, time and again, that knowledge of Tibetan medicine can play an important role also here in the West. The tradition is very much alive, i.e. in conflict with the present-day pool of knowledge it will in fact continue to develop further – as was also the case in the past.

The outstanding characteristic of Tibetan drugs is their complex composition – without exception they are multicomponent drugs. The ingredients are of natural origin, mainly plant-based, but some also of mineral origin. The essence of the formulas, to which their efficacy and their particularly good tolerability are attributed, is the art of achieving the right combination of the different active substances. Depending on the nature of the particular disease to be treated, substances are combined which act both on the organs involved and also with a view to restoration of the energy balance. The main components are complemented by secondary ingredients which in turn modulate the action of the main components and ward off their unwanted side effects.

There exists an extensive fund of literature on the Tibetan formulas, going back a long way (to the 7th century), with descriptions of the active substances, the manufacture, the application and the dosage of the drugs. PADMA's many years' experience with Tibetan drugs and the scientific research that has been carried out show that these drugs are based on traditional information that is relevant for the patients of here and now. This is best documented by the results of the extensive research that has been carried out with PADMA 28.

These multicomponent drugs have proved to be particularly helpful in the treatment of chronic diseases. These complex diseases, with their many destroyed feedback mechanisms, appear to respond particularly well to the various impulses at different levels.

In the conversion of a traditional formula into a Tibetan drug for the West, the most important thing to be considered is the exact description of the mode of action. In collaboration with scientists and practitioners from the worlds of Tibetan and Western medicine, it has been possible to translate the traditional information into the present terminology of our Western indications. Also to be adapted is our present knowledge in regard to toxic potential and species protection (CITES, local Red Lists).

The overall effect of the formulas can be verified by clinical studies. Experimental research throws light on the many interactions that can contribute to the overall effect of these drugs and contributes to our understanding of the mechanisms of action that are involved.

Antiinflammatory mechanisms of a Tibetan herbal formula in the vascular wall

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BACKGROUND: The Tibetan herbal formula PADMA 28 has been described as an effective therapeutic agent in advanced peripheral occlusive arterial disease (POAD). We studied the effect of aqueous extracts of PADMA 28 on the expression, triggered by C-reactive protein (CRP), of the inflammation-associated cellular-adhesion molecule E-selectin and the protective enzyme haemoxygenase-1 (HO-1), in human aortal endothelial cells.

MATERIAL AND RESULTS: In FACS tests, aqueous extracts of PADMA 28 prevented the CRP-induced expression of E-selectin on the surface of the cells. This effect could also be demonstrated in quantitative RT-PCR tests at the mRNA level and in the Western blot procedure. PADMA 28 also induced an up to 60-fold upward regulation of the HO-1 mRNA, a result that could also be confirmed at the protein level by means of the Western blot procedure.

CONCLUSIONS: Aqueous extracts of PADMA 28 lead to inhibition of the CRP-induced expression of E-selectin and to the upward regulation of the protective enzyme HO-1 in endothelial cells. These properties could inhibit the adhesion of immune cells onto the endothelium and the migration of smooth-muscle cells, and could thus contribute to the anti-atherosclerotic effect of PADMA 28 in peripheral occlusive arterial disease.

Meta-analysis on the efficacy and safety of PADMA 28 in patients with intermittent claudication

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Aim of the meta-analysis

Determination of the efficacy and safety of the Tibetan plant-based drug PADMA 28[®] in patients with peripheral occlusive arterial disease (PAOD).

Material and method

The data for this meta-analysis are derived from electronic databases, from their starting dates up to June 2003, from the literature indexes of the published studies, from the study reports and from the manufacturer. The studies included in the analysis were controlled studies or randomly placebo-controlled studies in patients with PAOD. The manufacturer provided raw data, which were re-analysed in order to be able to pool all the data for the meta-analysis.

Results

The systematic review showed that there are 22 clinical studies of PADMA 28[®]. Seven studies involved PAOD (n = 444), six of which met the inclusion criteria. In the active-treatment group (n = 201), after 4 months the maximum distance walked at one time had increased by 100 metres or more, compared with the placebo-group (n = 192) [by 23.5% in the active-treatment group (mean 92.7 ± 118.5 m) compared with 2.1% in the placebo group (mean 21.2 ± 85.9 m); p<0.001, odds ratio 14.3, 95% CI 5.1 – 40.6]. Non of the four serious unwanted events reported could be attributed to use of the product. There was no significant difference between the active-treatment group and the placebo group with regard to unwanted drug effects.

Conclusions

The meta-analysis indicates that in patients with stable PAOD, in Fontaine Stage IIb, PADMA 28[®] results in a significant increase in the distance walked at one time. The mechanisms of action have not yet been clarified, but clinical and pharmacological studies suggest, for example, that an inhibition of oxygen radicals (ORs) and antiinflammatory effects probably play a role.

Acknowledgment

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Practical experience with Tibetan herbal formulas -

Case reports

Dr. med. dent. Fritz Füllemann, Dentist, Kronbühl, Switzerland

Padma 28 in dentistry: Can chronic dental pulpitis be cured by taking PADMA 28? A study in 53 cases

A root treatment is indicated, as a rule, if the root pulp is irreversibly damaged. It is not possible to determine the histological status of the dental pulp from the clinical symptoms. Therefore in the case of pulpitis it is only on the basis of the clinical symptoms that the dentist can decide whether the pulpitis is reversible and can therefore be treated, or whether it is irreversible, in which case the pulp or the tooth itself has to be removed. Also the early stage of a pulpitis cannot be detected by radiology. According to dental doctrine, the following symptoms constitute an indication for a root treatment:

1. Cryalgnesia (pain caused by cold) persisting for longer than 10 seconds
2. Persistent pain caused by heat
3. Pain on percussion, plus 1) and 2)
4. Spontaneous pain / persistent pain
5. Pain on biting, combined with 1), 2), 3) and 4)
6. Symptoms persisting for a long time without any clear tendency to improvement

PADMA 28 was administered to 53 patients with an uncertain indication for a root treatment and with chronic symptoms of pulpitis according to 1) to 6), above, and the subsequent development and course of the symptoms was recorded. As this treatment was chosen as a last recourse, in order to avoid a root treatment, naturally a number of treatment failures had to be risked. The aim of the treatment in these cases was to determine appropriate indications for the use of PADMA 28 and to define the recommended dosage. As the period of observation is a maximum of 5½ years, the long-term development also requires further documentation. However, already some of the results have been remarkable and can be assessed as very positive – for instance in 75 % of the patients the conditions improved within 2 months and an operation was no longer necessary. In certain indications, contrary to experience and the teachings of conventional medicine, the dentist should risk a “trial” with PADMA 28 in order to avoid the need for a root treatment.

Dr. med. Simon Feldhaus, Paramed Centre for Complementary Medicine, Baar, Switzerland

Constipation and sigmoid diverticulosis

Mrs. F.R., born in 1930. Diagnosis: chronic constipation, colonic diverticula. Suspected slow-transit constipation. Case history: For the past 2 years the patient has been suffering from chronic recurrent pain in the upper, middle and lower abdominal regions. The pain was described as rather piercing. Abdominal cramps, meteorism, increased passing of wind and irregular defecation mainly with a tendency to constipation were also reported. The patient's diet was mixed and the daily fluid intake was adequate. Laxatives were taken once or twice a week and led to the passing of very hard stools. The excruciating abdominal pain persisted.

Findings: The abdominal examination revealed meteorism. The whole region of the colon was sensitive to pressure and in the left side of the lower abdominal region a painful “roll” was palpable. Auscultation revealed signs of hyperperistalsis in some compartments. As was to be expected, the colonoscopy and the radiological contrast presentation of the colon showed a number of diverticula in the colon, without evidence of pronounced stenosis. The blood-sugar findings were normal.

Treatment: Laxatives and spasmolytic drugs were not given – PADMA LAX was used exclusively, and was initially accompanied by visceral osteopathy. Marked improvement was obtained under PADMA LAX. Initially it was administered in the dosage of 2 tablets a day for 3 weeks and then 1 tablet a day for the next 6 weeks. When the symptoms had almost completely disappeared, with bowel movements of normal consistency every 1 or 2 days, the patient was put on a maintenance dosage of 1 tablet PADMA LAX every 2 to 3 days.

Constipation in paraplegics

Diagnosis: Mr. M.A., born in 1936 has been suffering, for the past 16 years, from a complete transverse lesion caused by damage to the spinal cord at C4, resulting from a fall. This led to spastic tetraplegia, whereby very limited use of the arms is still possible. Due to paralysis of the legs, the patient is confined to an electric wheel-chair. There is partial disturbance of the respiratory muscles. Except for the accident and the subsequent surgical stabilisation of the cervical vertebrae 3-5, no other relevant events could be found in the case history. Before the accident, micturition and defecation had been normal. Since the accident the patient has suffered from severe constipation, refractory to treatment, accompanied by very painful meteorism and sometimes uncontrolled defecation. The symptoms gradually deteriorated. After stool retention lasting for several days, defecation had to be induced by enemas or clysters. Medication such as Bisacodyl suppositories, liquid paraffin and syrup of figs brought no improvement.

Findings: At the examination carried out on 22.4.04 the findings were as follows: hypotension with blood pressure of 90/60 mmHg, pulse rate regular at 70 beats/minute, obesity, slight spasticity of the legs and very slight spasticity of the arms. Reflex status: all tendon reflexes increased, equally on both sides. Sensitivity only slightly disturbed on the upper part of the body, but completely obliterated from T1. Abdominal wall soft, readily pitable. No muscular defence and no resistances palpable. Lively bowel sounds, sometimes hyperperistalsis with pronounced meteorism. No evidence of mechanical obstruction of the stool transport.

Treatment and course: To regulate defecation the patient received 2 PADMA LAX tablets a day, if necessary supported by Bisacodyl suppositories on the day of defecation, and with colonic hydrotherapy once a week on a day of defecation. Under this treatment there was marked improvement of the bowel movements. There has been no further uncontrolled defecation. Under continued medication with PADMA LAX it was possible to stop the colonic hydrotherapy.

Dr. med. Jörg Rüttgers, General Practitioner, Einsiedeln, Switzerland

Crux medicorum: the ulcerated leg

Mrs.E.B.,born in 1928, has been suffering from chronic venous insufficiency, with recurrent leg ulcers, for many years. Diagnosis: chronic venous insufficiency Grade III on both sides, with florid crural ulcers of both lower legs, medial and lateral, marked hypodermatitis of the whole lower leg and recurrent varicosis with dermatoliposclerosis on both sides.

The patient was hospitalised in the Braunwald Rehabilitation Clinic for treatment of several crural ulcers, with the following assessment of the ulcers:

Ulceration of the right leg: On the side of the back of the foot, an ulcer of about 5 cm²; medial right, three ulcers, from proximal to distal and measuring about 6 cm², 4 cm² and 3 cm².

Ulceration of the left leg: Medial, from proximal to distal, ulcers of different sizes between 1 cm² and 4 cm². Lateral, from proximal to distal, there were four ulcers measuring between about 1 cm² and 3 cm². All the ulcers showed fibrinous scabbing.

The initial treatment consisted of PADMA 28 3x1 tablet/day, Marcoumar 3 mg and Tramal 20 drops, applied half an hour before the change of dressings. Consistent, regular changing of the dressings, whereby the ulcers were filled with alginate, and depending on the moistness of the individual wounds they were also moistened with hydrogel or saline, or they were covered with an occlusive hydrocolloid plaster. For the treatment of the hypodermatitis, zinc-gelatin dressings were applied to the whole lower leg. As a further and most important measure, short-stretch compression bandages were applied and almost every day manual lymph drainage of the ulcers was carried out at the time that the dressings were changed. Within three months there was marked regression of the signs of inflammation, the oedema and the pain. Under the combined treatment with PADMA 28 there was distinctly more rapid healing and regression of all the existing symptoms. Up till now, no further ulcers have appeared.

Dr. med. Martin Günsche, General Practitioner, Braunwald, Switzerland

Extremely severe headaches following acute poisoning – a successful treatment with PADMA 28

Mr. R.B., insurance broker, born in 1963, consulted me for the first time in November 2004 because of extremely severe headaches, accompanied by disturbance of concentration and memory.

Case history:

For several years the patient had been absent from work on 3 to 4 days every month because of severe headaches. In January 2004 there was an extreme deterioration in his condition, resulting from the accidental ingestion of a potentially lethal quantity of a photographic chemical containing heavy metals. Since then, the headaches have become so severe that he has been able to work only 3 to 4 days a month.

In the meantime he has consulted a number of different doctors and therapists, none of whom has been able to really help him up till now.

Although the disorders of concentration had improved slightly under homeopathic therapy, the severe headaches persisted as before. Chiropractic therapy, neural therapy and physiotherapy were all unsuccessful. Treatment with algae had to be stopped after about 4 weeks, due to increasing nausea.

The patient described the headaches as often more severe on the left side and of varying intensity. Sometimes the headaches were throbbing, but more often they were continuous and sometimes so severe that he thought he was going to die. Only on an average of one day per week did he feel sufficiently well to be able to attend to his business. Often he had to take Aspirin, Aspergic or also Brufen in order to be able to somehow get through the day. For several months now, he has been taking vitamin C and Burgerstein CELA. His memory and his powers of concentration are also still impaired and he often forgets important things, which had never happened before the poisoning. He has now heard of the Japanese cranial acupuncture according to Yamamoto (YNSA), and he wanted me to carry out this treatment in his case.

Treatment and course:

We first agreed on a series of Yamamoto acupuncture sessions, at weekly intervals. After the first session the patient was practically free from symptoms for 2 days, and after the second session for 1 day. The third session brought scarcely any improvement. At the fourth session the patient said that he no longer wanted to make the long journey to my practice for the acupuncture sessions. As a trial measure I prescribed additional treatment with PADMA 28, initially 2 tablets in the morning and 2 tablets in the evening. After one week the patient called me and asked whether he could not take more PADMA 28, as he had the feeling that for the previous 3 days he had been much better. I then increased the dose to 4 tablets in the morning, at midday, in the evening and on retiring.

At the next consultation, in December 2004, the patient said that he was pleased that he needed somewhat fewer analgesics and that he felt better (but certainly not completely well). In February 2005 he reported that he had increasingly longer phases of improvement, so that sometimes he was almost free from symptoms for 2 to 3 days. Also, his memory had improved. In May 2005 he reported that the treatment had been very successful and that his state of health was practically as it had been before the poisoning. The dose was then reduced to 2x2 tablets of PADMA 28 a day, and after a further 4 weeks to 2x1 tablet a day. However, a few days after the dose was reduced to 2x1 tablet of PADMA 28 a day the patient called me again to tell me that he was again having frequent headaches. We decided to again increase the dose of PADMA 28 to 2x2 tablets a day, and the symptoms rapidly improved. I last saw Mr. R.B. at the beginning of September 2005. Subjectively, he feels as well as he did before the poisoning in January 2004 and he is continuing to take PADMA 28 in the dosage of 2x2 tablets a day.

Angina pectoris: A cardiologist's view of the Tibetan herbal formula

Prof. Jesper Mehlsen, Dept. of Clinical Physiology and Nuclear Medicine, Frederiksberg Hospital, DK

Epidemiological data from recent years have clearly demonstrated a wide overlap between cardiovascular, cerebrovascular, and peripheral arterial disease. These different disease entities share the formation of atherosclerotic plaques and their subsequent instability as a common substrate for clinical manifestations. PADMA-28 has previously been shown to possess beneficial properties with regard to atherosclerotic cardiovascular manifestations. Studies have documented the compound's ability to inhibit platelet aggregation and to shift the blood lipid profile in a favourable direction. Clinically controlled studies have demonstrated significant effects on the condition of patients with chronic peripheral vascular disease by increasing their pain-free and maximal walking distances.

A randomised controlled pilot study in 20 patients with chronic ischemic heart disease has found a pronounced tendency towards a reduction in the severity of angina pectoris attacks and an associated fall in the use of nitro-glycerine.

These beneficial effects of PADMA-28 may have resulted from positive actions on one or more of the components associated with the symptoms of atherosclerotic cardiovascular disease. The creation of atherosclerotic plaques and the development of instability in these plaques depend upon a number of factors of which dyslipidemia, endothelial dysfunction, and inflammation are the main components. PADMA 28 has been shown to significantly reduce experimentally induced atherosclerotic plaques, to have a favourable effect on dyslipidemia and to inhibit the activity of inflammatory cells in vitro.

The results of treatment with PADMA-28 on angina pectoris will be evaluated in the light of the possible basal mechanisms of action.