Cralonin as Adjuvant Therapy in Heart Disease

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**Introduction**

Crataegus (hawthorn) is a natural plant remedy that has long been used in treating cardiovascular disorders, especially arrhythmias and mild forms of coronary insufficiency (NYHA I and II). The therapeutic effect of extracts of hawthorn leaves and flowers is attributed to their content of flavonoids and oligomeric procyandins, but the working mechanisms of Crataegus in phytotherapeutic preparations have not yet been definitively explained. Crataegus may directly inhibit sodium-potassium ATPase and indirectly influence intracellular processes by interacting with cardiac beta-1 receptors.1,2) Known pharmacological effects of Crataegus extracts include:

- positive inotropism (by increasing intracellular Ca²⁺ concentration),
- increasing the supply of energy and oxygen to the myocardium (by dilating the coronary vessels),
- alleviating arrhythmia (by lengthening the refractory period).

Double-blind studies with placebo controls have conclusively verified the therapeutic efficacy of Crataegus therapy in patients with cardiac insufficiency. The patients in these studies reported improvement in subjective symptoms and increased tolerance of exertion. Prospective studies have documented the success of Crataegus therapy in mild to moderate arrhythmias. Generally, no undesired effects of significant severity or frequency were reported. It has not yet been scientifically proved that homeopathic formulations of Crataegus also offer patients desirable, effective, low-risk alternatives to allopathic heart medications.

**Methods**

The goal of this multicentric prospective study, conducted in Germany, was to gather information of practical relevance on usage indications, methods of administration, therapeutic efficacy, and tolerance of Cratonin. With the help of a standardized questionnaire, the 68 participating physicians gathered demographic and anamnestic data on 665 patients as well as information on previous treatment; type and symptoms of the target illness and any accompanying disorders; concomitant therapies; and methods of administration, dosages, and durations of antihomotoxic therapy with Cratonin. The physicians also assessed the overall results of therapy on a five-point scale (“very good” = complete freedom from symptoms; “good” = obvious improvement; “satisfactory” = slight improvement; “no success” = symptoms remained the same; and “worse”) and

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rated patient tolerance of Cralonin on a four point scale (“excellent,” “good,” “fair,” and “poor”). The physicians were also asked to record any undesired effects of treatment.

In order to include the broadest possible range of indications, the investigators did not specify methods of administration, dosages, and duration of therapy in advance or define any criteria for including or excluding patients. Data were summarized in frequency tables and converted into percentages.

**Results**

**Patient Demographics**

Treatment data were recorded for a total of 665 patients, of whom 60% were female. The age groups 51-60 years and 61-70 years were most frequently represented (at approximately 20% each), followed by the age groups 41-50 and 71-80 (slightly over 15% each).

Multiple diagnoses were listed for some patients, yielding a total of 747 individual indications. Cardiodynia was the most frequent reason given for prescribing Cralonin (n = 168), followed by stabbing pains in the heart region (n = 156), inadequate coronary circulation (n = 144), postcoronary conditions (n = 37), and infectious-toxic myocardial insufficiency (n = 33). Other indications included cor nervosum (n = 13), age-related heart disease (n = 6), cardiac arrhythmia (n = 6), and inadequate cerebral circulation, coronary insufficiency, and hypotonia (each at n = 5) (Table 2).

The patients fell into two distinct diagnostic groups with regard to the duration of illnesses prior to the beginning of treatment. Cardiodynia or stabbing pains in the heart region had been present for no more than four weeks in 50% of cases, while more than half of the patients with inadequate coronary circulation or postcoronary conditions and nearly half of the those with angina pectoris had been symptomatic for at least six months. 12% of the patients had been prescribed other forms of therapy before using Cralonin for the first time. Least likely to have undergone previous treatment were patients with stabbing heart pains (approximately 3%); most likely were patients with postcoronary conditions (approximately 24%). The most frequently prescribed previous medications were beta-blockers, calcium antagonists, ACE inhibitors, and unspecified cardioactive drugs; less frequently prescribed were nitrates, analgesics, psychopharmaceuticals and (in individual cases) homeopathic remedies. There was little correlation between the types of drugs prescribed and the patients’ individual diagnoses. The most frequent reasons listed for initiating Cralonin therapy (either alone or as an adjuvant to standard therapy) were inadequate efficacy and patient intolerance of previously prescribed medications.

**Methods of Administration**

Cralonin therapy (sometimes including autohemotherapy) was administered in the form of intramuscular injections to approximately half of the patients, while intravenous injection was chosen in 27% of cases, subcutaneous injection in almost 15%, and oral administration in 8%. There was no clear preference for specific methods of administration in different diagnostic groups. In slightly less than 20% of the patient population, Cralonin was used exclusively for acute therapy at a dosage of one ampule per day. With few exceptions, the remaining patients were treated with the standard dosage of one to three ampules per week.

The acute dosage of Cralonin was prescribed disproportionately frequently as an adjuvant therapy in cases of infectious-

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Selected Characteristics/Symptoms</th>
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</thead>
<tbody>
<tr>
<td>Crataegus</td>
<td>Coronary insufficiency, geriatric heart disease, cardiac arrhythmias, angina pectoris, blood pressure disorders.</td>
</tr>
<tr>
<td>Spigelia</td>
<td>Acute cardiac inflammation, angina pectoris, neuralgia.</td>
</tr>
<tr>
<td>Kalium carbonicum</td>
<td>Cardiac disorders, anasarca (generalized edema with accumulation of serum in the connective tissue), degenerative disorders of the skeletal system (vertebrogenic angina pectoris), general weakness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>&lt;21</th>
<th>21-30</th>
<th>31-40</th>
<th>41-50</th>
<th>51-60</th>
<th>61-70</th>
<th>71-80</th>
<th>&gt;80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (n = 665)</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>17</td>
<td>21</td>
<td>20</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Cardiodynia (n = 168)</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>20</td>
<td>29</td>
<td>15</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Stabbing pains in the heart region (n = 156)</td>
<td>2</td>
<td>8</td>
<td>18</td>
<td>22</td>
<td>15</td>
<td>15</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Inadequate coronary circulation (n = 144)</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>15</td>
<td>26</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Angina pectoris (n = 124)</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>17</td>
<td>27</td>
<td>27</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Postcoronary conditions (n = 37)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>19</td>
<td>38</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Infectious-toxic myocardial insufficiency (n = 33)</td>
<td>6</td>
<td>3</td>
<td>12</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Other (n = 83)</td>
<td>2</td>
<td>4</td>
<td>13</td>
<td>16</td>
<td>19</td>
<td>18</td>
<td>16</td>
<td>12</td>
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Tab.1: Ingredients of Cralonin and their characteristics/symptoms.

Tab.2: Age distribution of patients among different diagnoses for which Cralonin was prescribed. (Multiple diagnoses occurred. Figures are given as percentages and rounded off.)
toxic myocardial insufficiency and cardio-
dynia and least frequently in angina pec-
toris. Duration of therapy was one to two
months in one third of all cases and three
to four weeks in approximately one quar-
ter, while the two groups receiving treat-
ment for less than two weeks or more than
two months each accounted for approxi-
mately one fifth of the patient population.
Stabbing pains in the heart region and car-
diodynia were the diagnoses most fre-
quently requiring only a short course of
therapy, while the opposite was true of
postcoronary conditions and infectious-
toxic myocardial insufficiency.

Concomitant Therapies
In approximately 50% of cases, Cralonin
was prescribed as an adjuvant to standard
therapy. This occurred least frequently in
cases of stabbing heart pains (approxi-
mately 30%), heart pain, and infectious-
toxic myocardial insufficiency (approxi-
mately 40%), more frequently in angina
pectoris and inadequate coronary circula-
tion (approximately 60-65%) and most fre-
quently in postcoronary conditions (ap-
proximately 84%). In most cases, the stan-
dard therapies in question were allopathic
medications; the drugs most frequently
prescribed were beta-blockers, calcium an-
tagonists and/or ACE inhibitors and un-
specified cardioactive drugs.

Tolerance
Overall, the physicians rated tolerance of
Cralonin as “excellent” in approximately
70% of the patients and as “good” in near-
ly 30%. There were no apparent diffe-
rences in tolerance among different diag-
nostic groups. No undesired effects were
observed in conjunction with the use of
Cralonin.

Results of Therapy
Total duration of treatment was shorter
for patients who reported initial improve-
ment earlier. Of the total patient popula-
tion, nearly 90% reported successful
results within the first four weeks of treat-
ment. No improvement was observed in
only 3%. Approximately two thirds of the
patients with stabbing heart pains and car-
diodynia responded to Cralonin within the
first week of treatment, often after the
first injection. Improvement was most fre-
quently noted in patients with inadequate
coronary circulation and angina pectoris
during the second week of therapy (ca.
30%), but only after four weeks at the ear-
liest in approximately 20% of the patients
with postcoronary conditions.

Because it is illegal to require physicians
participating in a prospective study to
conduct objective assessments such as
stress tests, overall ratings of the results
achieved were used evaluate the efficacy
of the treatment protocols the physicians
had selected. In most cases, the physicians
rated the results as “very good” or “good”
(Table 3).

When the results are evaluated by diagno-
sis, two distinct groupings become appar-
ent. Cralonin was most effective (either
alone or as an adjuvant to standard ther-
apy) in cases of stabbing heart pains, car-
diodynia, and angina pectoris. Results
were rated “good” or “very good” in 90%
of the cases in this group, but in only
about 80% of patients with inadequate
coronary circulation or infectious-toxic
myocardial insufficiency.

Conclusions
The results of this prospective study con-
firm that physicians regularly prescribe
Cralonin for many different forms of heart
disease, but most frequently as an adju-
vant to standard therapy. The best and
most rapid results were achieved in treat-
ing functional disorders; in such cases, im-
provement in clinical symptoms was often
noted after the first injection. The study
also shows, however, that clinical syn-
dromes of suspected or confirmed organic
or postinfection origin also respond rela-
tively quickly and well to therapy with
Cralonin.

Approximately 50% of the patients re-
ceived no other treatment in addition to
Cralonin. Although it can be assumed that
these patients represent the less severe cas-
es, the results nonetheless demonstrate
that under certain circumstances Cralonin
merits independent status in the spectrum
of cardiovascular medications, especially
in the treatment of functional and postin-
fected complaints. For symptoms of or-

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>very good</th>
<th>good</th>
<th>satisfactory</th>
<th>no success</th>
<th>worse</th>
<th>n/a</th>
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</thead>
<tbody>
<tr>
<td>Total (n = 665/360)</td>
<td>39/50</td>
<td>49/41</td>
<td>9/ 8</td>
<td>3/1</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td>Cardiodynia (n = 168/113)</td>
<td>44/50</td>
<td>47/40</td>
<td>8/ 9</td>
<td>1/1</td>
<td>-/-</td>
<td>1/-</td>
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<tr>
<td>Stabbing pains in the heart region (n = 156/116)</td>
<td>54/56</td>
<td>39/38</td>
<td>7/ 6</td>
<td>-/-</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td>Inadequate coronary circulation (n = 144/54)</td>
<td>27/46</td>
<td>55/43</td>
<td>15/ 9</td>
<td>3/2</td>
<td>-/-</td>
<td>-/-</td>
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<tr>
<td>Angina pectoris (n = 124/56)</td>
<td>32/45</td>
<td>60/53</td>
<td>6/ 2</td>
<td>2/-</td>
<td>1/-</td>
<td>-/-</td>
</tr>
<tr>
<td>Postcoronary conditions (n = 137/12)</td>
<td>24/17</td>
<td>54/58</td>
<td>17/25</td>
<td>5/-</td>
<td>-/-</td>
<td>-/-</td>
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<tr>
<td>Infectious-toxic myocardial insufficiency (n = 33/20)</td>
<td>39/40</td>
<td>46/45</td>
<td>9/10</td>
<td>6/5</td>
<td>-/-</td>
<td>-/-</td>
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<tr>
<td>Other (n = 85/32)</td>
<td>40/59</td>
<td>46/32</td>
<td>8/ 3</td>
<td>6/6</td>
<td>-/-</td>
<td>-/-</td>
</tr>
</tbody>
</table>

Tab.3: Physicians’ overall evaluation of therapeutic results (Total patient population/patients not receiving concomitant medication. Figures are given as percentages and rounded off.)
ganic origin, Cralonin was often prescribed in combination with allopathic medications, most frequently beta-blockers, calcium antagonists, and ACE inhibitors.

In conclusion, this study demonstrates that the homeopathic remedy Cralonin is well established in the practice of general medicine, where it is prescribed either alone or as an adjuvant to allopathic standard therapy for many different forms of heart disease. Because of its broad range of therapeutic efficacy, Cralonin is often combined with other medications. It has failed to induce side effects even when used in this manner and/or for extended periods of time, so it is safe to assume that the benefits of Cralonin therapy significantly outweigh any risks.

References

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Cralonin®

For Heart Problems due to

- Senile heart
- Damage to the cardiac musculature
- Nervous cardiac disorders