

Practical experiences with a multi-compound preparation from Tibetan Medicine – PADMA 28*

A retrospective case study with 147 practical-experience reports

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A total of 147 retrospective practical-experience reports from 15 Swiss doctors on treatment with the multi-substance preparation PADMA 28 were collected and evaluated. In an average of 60% of the cases the product was used successfully in the treatment of circulatory disorders in everyday general practice. Together with the treatment of cardiovascular diseases and cerebral circulatory disorders, arteriosclerotic diseases thus constitute the main field of application (75%). These indications include memory problems, tinnitus and visual disorders. In general practice, other chronic inflammatory conditions such as back ailments and joint pain, as well as dizziness, asthenia, weariness, respiratory disorders, phlebitis and allergies are further indications for the product (25%). The efficacy was assessed largely as good (75%) by both the doctors and the patients. The good assessment of the tolerability (94% of the doctors and 85% of the patients) and the drug form (82%) is reflected in the good compliance (87%).

About one-quarter of all the patients were treated only with PADMA 28. The good results of the monotherapy with the Tibetan remedy of initial symptoms of peripheral circulatory disorders are of particular significance for the prevention and treatment of arteriosclerotic disease.

Introduction

The Tibetan remedy PADMA 28 has proved its efficacy in the treatment of intermittent claudication in several clinical studies [1, 2, 3, 4]. Recent molecular and cell-biology studies of the mechanism of action show anti-oxidative and anti-inflammatory properties of the herbal mixture [5, 6, 7]. In this present retrospective study, practical-experience reports on the use of PADMA 28 have been collected. The aim was to answer the following questions:

- In which symptoms or pathological findings is the product mainly used in everyday practice?
- How do doctors and patients assess the efficacy of the product?
- What other drugs/therapies do patients who are treated with the Tibetan remedy receive?
- What practical experiences are available on tolerability, interaction with other drugs and compliance?

Methodology

Following a preliminary survey, 58 Swiss doctors were asked, by means of a questionnaire, to document their experiences with the therapeutic use of the preparation. Fifteen doctors finally participated, and they sent in 147 practical-experience reports over the period 2000/2001. As in many patients there were several different findings, a total of 226 individual finding/indications were available for evaluation. These findings were listed under different headings and summarised according to indications (Table 1).

The questionnaires contained questions concerning relevant medical histories, pathological symptoms/findings, duration of treatment, dosage, previous treatment, concomitant medication and therapy, tolerability (adverse effects, interactions with other drugs), treatment discontinuations, possible laboratory findings and an overall assessment by the doctor and the patient.

For the assessment of efficacy, the symptoms were evaluated (severe, moderate, slight, not present) and the changes in the scores were categorised as follows (analogously to exacerbation):

Improved by:

- 3: from “severe” to “asymptomatic”
- 2: from “severe” to “slight” or from “moderate” to “asymptomatic”
- 1: from “severe” to “moderate” or from “moderate” to “slight” or from “slight” to “asymptomatic”
- 0: symptoms unchanged

The enquiry is not based on a defined patient population; it is therefore a matter of chance, which cases were documented. It might be possible that mainly therapeutic successes were reported, however 20 cases (9%) without improvement or with discontinuation of the treatment were also reported.

A simple statistical evaluation of the patient details, the findings/indications, the unwanted drug effects and the overall assessment was carried out. Within the different fields of application, statistical evaluations were carried out depending on the number of cases. Individual cases were described separately. Depending on their

* PADMA® 28/ PADMED CIRCOSAN® (PADMED CIRCOSAN is available only in Switzerland)

Table 1: Classification of the findings covered, into fields of application, with possible causes. Several different findings could be reported in one patient, so that one particular patient may appear in different groups.

Fields of application Conditions (findings) treated with PADMA 28 in a total of 147 patients	No. of patients	No. of findings (Total: 226)	Possible causes		
			Circulatory disorders	Oxidative stress	Chron. inflamm-ation
Peripheral arterial circulatory disorders	115	133 (59%)	x	x	x
Peripheral arterial occlusive disease (IIa,b), intermittent claudication, peripheral arterial circulatory disorders, walking difficulties, limited walking range		73	x	x	x
Legs, feet, hands: paraesthesia or dysaesthesia, numbness, tingling, formication, dizziness, fatigue, feeling of heaviness, feeling of weakness, feeling of restlessness, nocturnal muscle cramps, cold, white extremities		55	x	x	x
Leg ulcer (arterial), hypertensive ischaemic ulcer (Martorell)		5	x	x	x
Cardiovascular/central disorders	11	13 (6%)	x	x	x
Angina pectoris, heart failure, cardiac dysrhythmia, central circulatory disorders		9	x	x	x
Abdominal angina		1	x	x	x
Hypertension		3		x	x
Cerebral disorders	15	23 (10%)	x	x	
Cerebral circulatory disorders, transient ischaemic attacks (TIA)	4	4	x	x	x
Limited cognitive functions: Forgetfulness, memory problems, limited ability to think and memorise, psychoorganic syndrome, premature senility	7	11	x		
Tinnitus, Menière's syndrome	4	5	x	x	
Visual disturbances, diminished visual acuity	3	3	x	x	
Weakness, fatigue, dizziness	8	9 (4%)	x	x	x
Neurasthenia, weakness, fatigue, asthenia, dizziness					
Venous disorders	6	6 (3%)	x		x
Varicosis, thrombophlebitis, chronic venous insufficiency (CVI)					
Back pain and joint pain	10	15 (7%)			x
Lumbago, sciatica, back pain, thoracovertebral syndrome, arthrosis, polyarthritis, gout, carpal tunnel syndrome					
Allergies	5	9 (4%)		x	x
Seasonal or pollen allergy, asthma, dermatosis, allergic rhinitis, intolerability					
Respiratory disorders	3	5 (2.2%)		x	x
Chronic bronchitis, pulmonary emphysema, sinusitis					
Mental disorders	3	4 (1.8%)			
Depression, anxiety, suicidal thoughts, sleep disorders					
Others	9	9 (3.8%)			
Diabetes mellitus	2	2		x	x
Poor appetite, anorexia	2	2			
Periodontosis	1	1			x
Migraine	1	1	x		
Parkinson's disease	1	1	x		x
Alopecia	1	1	x	x	
Trophic skin disorders	1	1	x		

representative value, other individual patient histories were selected and presented.

Results

Doctors

Of the 15 doctors, there were 9 general physicians (6 specialists), 3 surgeons, 1 leg specialist, 1 internist and 1 dentist. Also, twelve of them had especial interest in fields of complementary medicine: phytotherapy 3, acupuncture 3, homeopathy 3, as well as anthroposophic medicine, ozone therapy and bioresonance. Three used only PADMA 28 as complementary medicine. On average, 10 questionnaires were sent in per participating doctor (between 1 and 29).

Patient details

The average age of the 147 patients was 65 years (range: 21-95 years). The proportions of men and women were almost the same. The majority of the patients were of European origin (84%).

Dosage & duration of treatment

The chosen dosage of the product differed considerably. In this respect, the indication and the severity of the disease/condition being treated obviously played a role. A good half (78) of the 147 patients received 3 x 2 tablets per day. After improvement of the symptoms, the dosage was reduced in 27 patients. Other dosage regimens were used and later adjusted. The duration of the treatment ranged from a few days or weeks up to 13½ years.

Indications

In the 147 patients a total of 226 individual findings were described. According to the experience-reports, the product was used most often according to the indications in the Swiss Compendium of Drugs (tingling, formication, feelings of heaviness and tension in the legs and arms, numbness of the hands and feet and calf cramps), i.e. in the symptoms of disturbances of the peripheral

arterial circulation. Together with cardiovascular and cerebral symptoms, arteriosclerotic diseases therefore represent the main field of indications (75%) and both the initial and the advanced stages are covered (Table 1).

Two-thirds of the doctors also used the preparation in non-arteriosclerotic symptoms (25% of the uses). The most frequent indications were back problems and joint pain, asthenia, fatigue, dizziness and other chronic inflammatory conditions.

Peripheral arterial circulatory disorders

In 115 patients a total of 133 findings of peripheral arterial circulatory disorders were described. In 94% of these patients there was improvement. In 15 cases (11%), severe symptoms improved by 3 points, to "asymptomatic". In the short time of 2 weeks up to 3 months, for example, 9 cases of cramps or tingling, 2 cases of ulcers (*ulcus cruris*) and one case each of cold feet, leg symptoms, circulatory disorders and limping showed improvement. 58 findings (44%) showed improvement by 2 points and 52 findings (39%) showed improvement by 1 point. 8 findings (6%) remained unchanged and 6 patients discontinued the treatment for various reasons (Fig. 1).

The division of the whole group into patients with the initial symptoms of circulatory disorders and patients with advanced stages of this condition showed a trend to a correlation between baseline situation, degree of improvement and duration of the treatment (Fig. 2).

In Sub-group A, with advanced arteriosclerosis (*peripheral arterial occlusive disease PAOD, intermittent claudication, arterial circulatory disorders, leg ulcers*), the treatment lasted for a median period of seven months (range: 0.03 – 30), while in Sub-group B, with less severe circulatory symptoms (*cold feet, paraesthesia, tingling, cramps, tired legs, feeling of heaviness etc.*), the treatment lasted for a median period of only

two months (range: 0.03 – 22). The longer the treatment, the more the patients became asymptomatic. The more the early stages of arteriosclerosis were treated, the shorter the treatment and the greater the therapeutic success.

At the end of the survey, 57% of the patients had already been treated for longer than 3 months. The other 43% were documented, but often had not completed the treatment, after the period of observation of up to three months. All the 5 cases with leg ulcers were treated successfully with the Tibetan remedy. Here too, there was a trend towards a connection between the duration of the treatment, the baseline situation and the therapeutic success obtained (Table 2).

Concomitant treatments

15 of the 115 patients with peripheral arterial circulatory disorders received exclusively the Tibetan remedy, and a further 55 received co-medication, the effects of which are not similar. 63 patients received concomitant treatments with similar indications: 18 patients received walking training, 15 received platelet-aggregation inhibitors in combination with walking training and 13 had only platelet-aggregation inhibitors. 9 patients received anticoagulants and 9 patients took a drug for the fat metabolism, sometimes in combination with other therapies. A further 37 patients were also treated with other drugs such as antihypertensives, beta-blockers or antidiabetics. All the patients with additional cardiovascular diseases received concomitant medication.

Here the question arose as to the extent to which the therapeutic successes were attributable to the effect of the preparation. Therefore the connection between the degree of improvement and the concomitant medication was investigated (Fig. 3).

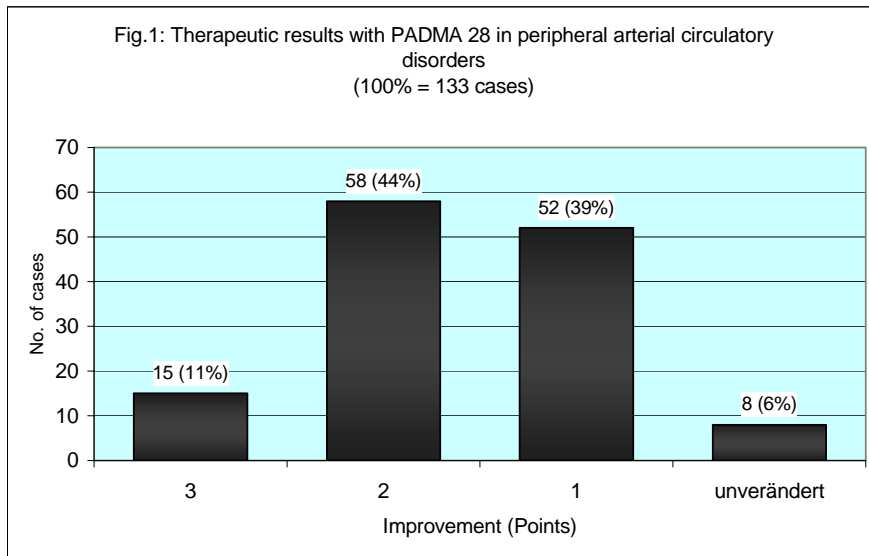
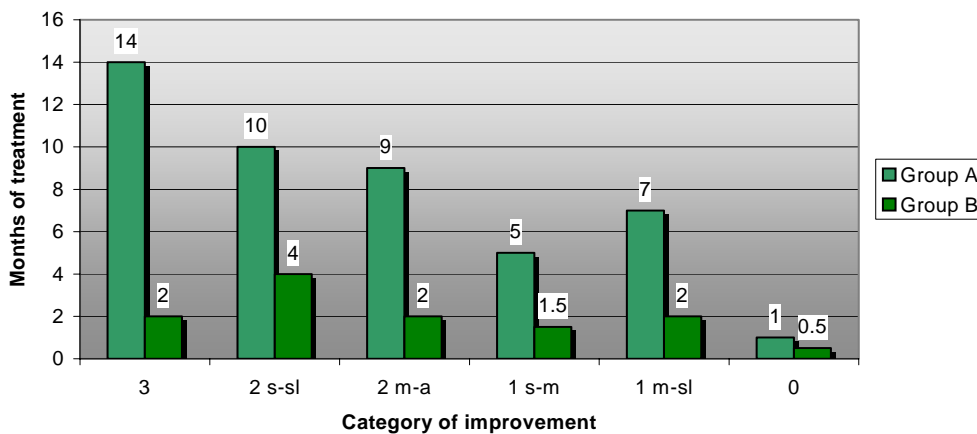


Fig. 1. Group with peripheral arterial circulatory disorders: Changes in the symptoms under treatment with PADMA 28. Given in No. of findings/cases (Total: 133).

Fig. 2: Median duration of treatment with PADMA 28 in patients with peripheral arterial circulatory disorders PACD (oup A: advanced PAC gro B: initial stages)



There is a trend to a correlation between baseline situation, degree of improvement and duration of the treatment. Subgrouping of the peripheral arterial circulatory disorders in the advanced stages (Group A: peripheral arterial occlusive disease PAOD, intermittent claudication, arterial circulatory disorders, ulcus cruris), and less severe symptoms (Group B: cold feet, tingling, cramps, tired legs, heaviness, paraesthesia). The degree of improvement, by 3, 2, 1 or 0 points, was classified in more detail (s = severe, sl = slight, m = moderate, a = asymptomatic), e.g.: 2 s-sl = improvement by 2 points, from severe to slight.

Number of Patients	Improvement of the ulcer	Duration of the treatment
2	3: "severe" to "asymptomatic"	14 and 17 months, respectively
1*	2: "moderate" to "asymptomatic"	7 months
2	1: "severe" to "moderate"	2 and 3 months, respectively

* This ulcer, over the metatarsophalangeal joint of the great toe following occlusion of the leg artery could be reduced to a small lesion and be held constant (diabetic patient with preceding amputation of the other leg).

Fig.3: PADMA 28 and concomitant therapy in peripheral arterial circulatori disorders (PACD)

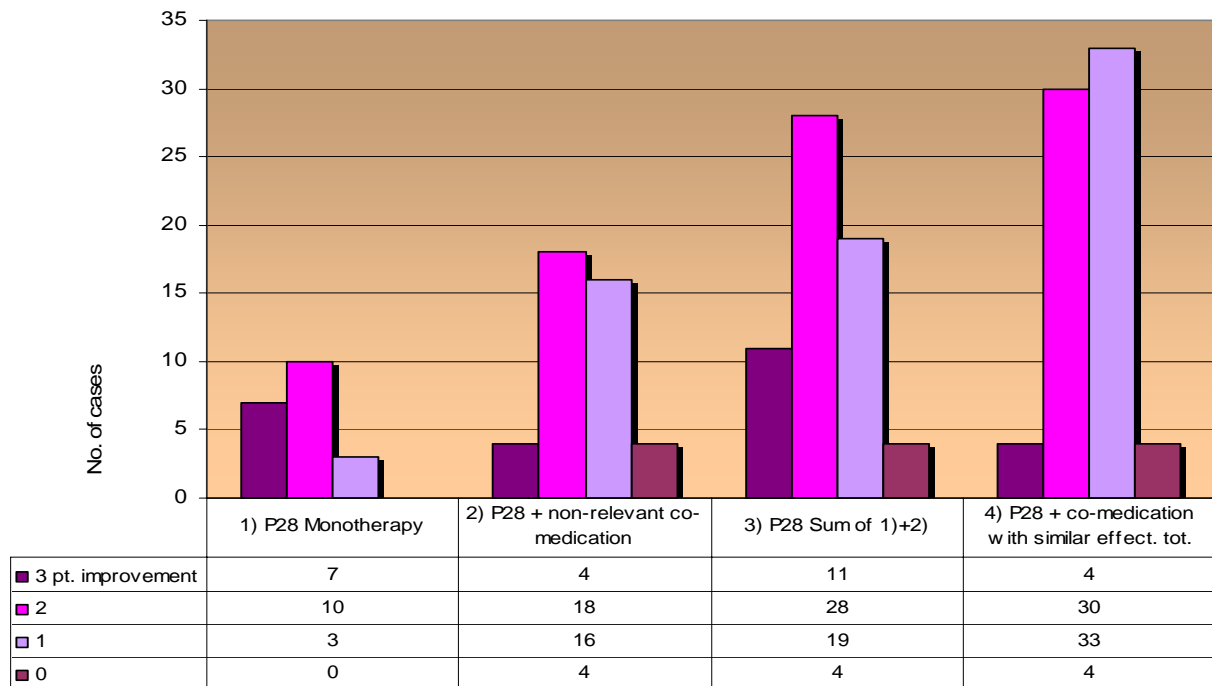


Fig. 3. Concomitant treatment to PADMA 28 therapy and improvement of the symptoms in peripheral arterial circulatory disorders. Grouping according to treatment regimes, divided into categories of improvement by 3, 2, 1 or 0 points. Column 3) is the sum of Columns 1) and 2) and represents the improvement in all the cases that were treated with PADMA 28 as monotherapy or PADMA 28 with a not-similar-acting concomitant medication/therapy (62 cases). Column 4) shows the other 71 findings, in patients who besides PADMA 28 had received concomitant therapy or concomitant medication with similar effects (mainly walking training, platelet-aggregation inhibitors, anticoagulants, often in combination). No. of cases: 1) 20; 2) 42; 3) 62; 4) 71.

The fact that the proportion of improvements by three and two points in patients under monotherapy is greater in comparison with the patients receiving concomitant medication is due mainly to the better baseline situation, with less severe symptoms (tingling, cramps, formication, cold extremities), that is, the first stage of a circulatory disorder. In contrast, patients who are already suffering from advanced arteriosclerosis or who already have other ailments more often receive concomitant treatment. Their poorer general condition then also leads to a slower and smaller therapeutic success.

In the more advanced stages of peripheral occlusive arterial disease or intermittent claudication, most of the patients received concomitant treatment, most often walking training or platelet aggregation inhibitors, or a combination thereof.

Risk factors for arteriosclerosis

In almost all the patients of the peripheral arterial disease group, risk factors for circulatory disorders were mentioned in the medically relevant case histories (diabetes: 14 cases; hypertension: 28 cases; obesity: BMI >25 in 42 cases and BMI >30 in 8 cases; smoking: 30 cases; hypercholesterolaemia: 14 cases; alcohol abuse: 7 cases).

Diabetes risk group

In 14 patients **Type II diabetes mellitus** was mentioned as medically relevant co-morbidity. In all these patients, occlusive arterial disease was present in a more or less advanced stage. In 13 of the 14 diabetic patients this condition improved under continuous medication with PADMA 28.

Sample cases:

- A patient with diabetes and intermittent claudication, with a femoro-popliteal bypass on both sides, a left femorotibial venous graft, and with pain in the right leg, was able to increase his walking range, from 400 to 600 metres, within three

weeks, during the treatment with the product (3 x 2 tablets per day). Then the dosage was reduced to 2 x 2 tablets per day. After ten months he could already walk 1 kilometre and the ankle/ brachial index (ABI) in the right leg improved from 0.61 to 0.8. The improvement was from severe to slight. The patient was receiving anticoagulants and insulin.

- Another diabetic patient with intermittent claudication in the left leg did not respond to treatment with pentoxifyllin. After the start of the treatment with the Tibetan remedy, platelet-aggregation inhibitors and diet, he obtained a 100% improvement in the walking range (from 200 metres to 400 metres) and today he can walk 1 kilometre. The daily dose was reduced from 3 x 2 to 2 x 2 tablets. The doctor stated that in this patient the blood-sugar level was under better control.
- In another patient a persistent infection was cured. The doctor's comment: "An elderly patient with diabetes mellitus, high cholesterol levels and forgetfulness was treated for chronic pain in the legs and an exacerbating infection of the left great toe, with 2 x 2 tablets. His condition has improved subjectively and the infection was cured within two months". However, in two other patients an amputation could not be avoided.

Other risk factors

Hypertension: In three cases high blood pressure was also evaluated as a separate symptom. In all three patients there was improvement, but antihypertensives were given as concomitant medication. It is probable that the lower blood pressure values were largely due to this.

Hypercholesterolaemia: Only a few comparative data were collected. In a few cases the blood-lipid values improved without other lipid-lowering medication. However, in most cases an appropriate diet was also prescribed, so that it

is not possible to make any clear statement regarding this parameter.

Cardiovascular complaints

Eleven patients with cardiovascular complaints (angina pectoris, heart failure, coronary heart disease, cardiac dysrhythmia) were treated for a median period of 8 months (range: 2 to 30 months). Seven of these patients also had a peripheral circulatory disorder. The most frequent concomitant medications were nitrates, anticoagulants, beta-blockers and platelet-aggregation inhibitors. 12 out of 13 findings from this group (92%) showed improvement.

Three patients received exclusively PADMA 28 for their cardiovascular problems:

One patient with angina pectoris, whose previous treatment with Aspirin Cardio was stopped, obtained improvement, from "moderate" to "slight" (3 x 1 tablet for 12 months).

In the second patient, central and peripheral circulatory disorders improved, from "severe" to "slight" and from "severe" to "moderate", within 5 months (3 x 2 tablets). In the third patient, abdominal angina improved from "severe" to "slight" (2 x 1 tablet for 4.5 months and 3 x 1 tablet for 1 month).

Examples:

Improvement by 2 points ("moderate" to "asymptomatic"):

- One patient with moderate angina pectoris and intermittent claudication with pain at night and calf cramps became free from symptoms (improvement by 2 points) within 7 months (2 x 1 tablet). He has been receiving nitroglycerine, antidiabetics and magnesium for 10 years, but in spite of this he had up till then persistent symptoms.
- One patient (female) with moderate heart failure, diabetes, peripheral occlusive arterial disease Stage I and varicosis Grades II and III became completely asymptomatic within 3 1/2 years (2 tablets a day). She had already been receiving coronary medication and anti-

diabetics for 15 years and lipid-lowering drugs and Betaseric, against dizziness, for 2 years.

Improvement by 1 point ("moderate" to "slight"):

- Improvement of ischaemic heart disease, from "moderate" to "slight". Concomitant claudication improved from "severe" to "moderate": Pain-free walking distance improved from 300 metres to 500 metres within three months (3 x 2 tablets per day), after which the dosage was reduced to 2 x 2 tablets per day for 8 months. Concomitant medication: anticoagulants, with cardiac pacemaker for the past 2 years.
- Improvement of angina pectoris and hypertension, from "moderate" to "slight". 5 years earlier she had a cardiac infarction and a percutaneous transluminal angioplasty (PTA) was performed. She was also suffering from peripheral angiopathy. After 9 months' treatment (3 x 2 tablets for 2 months, then 2 x 2 tablets for 7 months, the patient stressed that she had had no chest pain for three months and that her blood pressure was more stable. Concomitant intermittent claudication became asymptomatic: the pain-free walking distance improved, from 300 metres to 800 metres after 6 months' treatment. Other treatments: aspirin and beta-blockers for the past 6 years, and walking training.
- Angina pectoris and intermittent claudication improved, from "moderate" to "slight", within 2 months (2 x 1 tablet). Concomitant therapy with anticoagulants for the past 10 years.

Cerebral circulatory disorders

4 out of 15 patients had the explicit finding, "cerebral circulatory disorder". However, 19 other findings are mentioned which also indicate the presence of a cerebral circulatory disorder, for example forgetfulness, poor memory, tinni-

tus, Menière's syndrome and visual disturbances. This whole group was treated for a median period of 5 months (range: 2 to 29 months). In nine of these patients the effect can be attributed mainly to PADMA 28; in general, the concomitant therapy was of little relevance. Twenty-one of the 23 findings in this group showed improvement (91%). Here it was generally described that the patients felt better, more active, more efficient and less tired, and that they had fewer problems with their memory.

Examples of cerebral conditions

- Severe cerebral circulatory disorders with visual disturbances became asymptomatic within 2 months, with improvement by 3 points (3 x 2 tablets, and then maintenance therapy with 1 x 2 tablets). An antihypertensive drug was being given previously and was continued as concomitant therapy.
- In one diabetic patient with bilateral carotid stenosis and earlier cerebral stroke, within 11 months there were no further transitory ischaemic attacks (TIAs) (improvement, from "moderate" to "asymptomatic"). For two years he had been on anticoagulants and antidiabetics, which are continued; diet and walking training. This patient also had intermittent claudication, with aorto-bifemoral and femoro-popliteal bypasses (left and right). The pain-free walking distance quadrupled, from 200 metres to 800 metres, after 6 months' treatment.

Impaired cognitive functions

The product was used successfully in 7 patients with poor memory / forgetfulness (7 findings), limited faculty of thought and intellect (1 case), psycho organic syndrome following alcohol abuse (1 case) and in premature senility. Improvement was obtained in 10 out of 11 findings (91%). As relevant concomitant therapy, 2 patients received platelet-aggregation inhibitors and 2 patients re-

ceived walking training. In view of the underlying arteriosclerosis in most of these cases it can be assumed that cerebral circulatory disorders were the possible cause of the symptoms described.

Sample case:

- A 75-year-old patient with arteriosclerosis, with hypercholesterolaemia and suspected onset of Alzheimer's syndrome was treated (3 x 2 tablets) for severe disturbance of memory, limited faculty of thought and intellect. Within five months the symptoms had improved by 2 points or 1 point. At the same time, severe visual disturbances improved to "slight".

Tinnitus / Menière's syndrome

In 3 out of 4 cases with tinnitus and in one case with Menière's syndrome, improvement was obtained. Two patients had neither previous therapy nor concomitant therapy. One patient with severe tinnitus was free from symptoms within 6 months (3 x 2 tablets per day), while another obtained improvement, from "moderate" to "slight", within three months. The Menière patient also received anti-hypertensives and improved, from "moderate" to "asymptomatic", after 5 months (3 x 2 tablets).

Visual disturbances

In 2 out of 3 patients there was improvement by 2 points, and in the third patient improvement by 3 points, to "asymptomatic". All three patients also had cerebral circulatory disorders and poor memory, and two of them received anti-hypertensives.

Additional indications

Fifty-seven findings (25%) show that the product is also used by some doctors in indications other than the treatment of circulatory disorders due to arteriosclerosis (Table 1).

Back pain / Joint pain

In 10 patients, 15 findings of back pain or joint pain were recorded. In nine cases these were due to neurological causes (sciatica, car-

pal tunnel syndrome, chronic thoracolumbar syndrome), while 5 cases were due to arthrosis and one patient had an inflammatory gouty arthritis.

In 12 of the cases, improvement was obtained (improvement by 2 points in 5 cases and by 1 point in 7 cases, with a mean duration of treatment of 4-6 months). 3 cases showed no improvement after 1, 2 and 3 months' treatment, respectively.

In two cases (one female patient with gonarthrosis of the left knee and one with polyarthrosis), on the other hand, their condition improved by two points, from "severe" to "slight", under treatment with the Tibetan remedy alone. In seven further patients, improvement of the standard therapy (anti-inflammatory drugs and/or analgesics) by PADMA 28 and increased therapeutic success were unanimously assessed as positive by both the doctor and the patients.

Asthenia, fatigue / dizziness

Asthenia, severe fatigue or dizziness responded well to the product. 6 out of a total of 9 symptoms improved by 1 point and two improved by 2 points. Examples:

- Fatigue improved from "moderate" to "slight" within one month (3 x 2 tablets), without relevant concomitant medication.
- One patient with severe difficulty in walking became free from this symptom and at the same time obtained improvement of his abnormal fatigue, from "severe" to "slight" (2 x 1 tablet for 18 months, without relevant concomitant therapy).
- One case of dizziness of unclear aetiology (and cold extremities) improved from "moderate" to "slight" within 1.5 months (3 x 2 tablets). No concomitant medication.

Other conditions treated

Allergies: In five patients with pollen allergy, hay fever or seasonal allergy, with the symptoms asthma, rhinitis, intolerance

and dermatosis, the symptoms improved by 1 to 2 points after a mean duration of treatment of 4.5 months.

In two patients with pollen allergy for several years, PADMA 28 completely replaced the corticosteroid therapy. The product was also used effectively as concomitant treatment and as support for a specific desensitisation (improvement by 1 and 2 points, respectively).

In two non-allergic subjects mild dermatosis was observed during the treatment. A connection with the product was assessed as uncertain (see paragraph "Adverse Events" AE).

Venous disorders:

Four out of six venous disorders (Grade II-III varicosis, venous insufficiency of the legs, recurrent thrombophlebitis) improved, to "slight" and "asymptomatic", after several months' treatment (>7 months). In one case, although the varicosis did not improve after one month's treatment, the severe pain in the legs at night disappeared. In one female patient, previous treatment with a horse-chestnut preparation and topical vein ointment was successfully replaced by the Tibetan remedy, with concomitant anticoagulant therapy. Three patients were also suffering from peripheral occlusive arterial disease and/or intermittent claudication and were receiving appropriate concomitant medication.

Respiratory disorders:

Two cases with chronic bronchitis and two cases of sinusitis and pulmonary emphysema, who were mostly smokers, improved under five months' treatment. In one case the product was given as successful supportive medication in withdrawal of smoking, after nicotine patches had proved unsuccessful.

A dentist is using PADMA 28 as concomitant medication in dental surgery. In one patient with severe **periodontitis** who had shown poor **wound-healing** with continuing bleeding after a first dental operation, the product was pre-

scribed (3 x 3 tablets for 4.5 month) together with calendula and arnica "with the effect of more rapid wound-healing, no continued bleeding and less pain". This dentist continues to use the product as concomitant therapy in **heavy-metal excretion** (amalgam), for so-called "strengthening of the centre".

Various other individual findings were also evaluated (about one-half of which were treated together with arteriosclerotic disorders):

Migraine with aura: (3 x 2 tablets, for 4 months). Improvement, from "severe" to "moderate", with concomitant Tonopan. Previous acupuncture had not helped.

Parkinson's disease: Improvement from "severe" to "slight", with concomitant cardiac drugs.

Alopecia: (3 x 2 tablets, for 4 months). Improvement from "severe" to "slight", no relevant concomitant medication.

Trophic skin disorders on the ears and nose: improvement from "moderate" to "slight", no concomitant medication.

Anorexia: One patient receiving concomitant cardiac drugs improved from "severe" to "slight". One patient who had been taking a liver remedy for 9 years showed improvement from "severe" to "moderate".

Anxiety (with fatigue): Improvement from "severe" to "slight", no concomitant medication.

Sleep disorders: Improvement from "severe" to "moderate", sleeping pills and psychotropic drugs for 1 year, four-week health cure.

Psychoorganic syndrome following alcohol abuse: Improvement from "moderate" to "slight" (2 x 2 tablets).

Effect not assessable in:

Depression / suicidal tendency (in unconfirmed schizophrenia, allergy): Subjectively, the patient feels better.

Depression (in abdominal angina): Improvement from "moderate" to "slight", but with concomitant antidepressants.

Diabetes (in peripheral arterial occlusive disease): Improvement from “moderate” to “asymptomatic”; concomitant antidiabetic and sugar-free diet.

Diabetes (in intermittent claudication, angina pectoris): (2 x 1 tablet), unchanged (“severe”), concomitant antidiabetic.

Discontinuation of treatment / Adverse events / Interactions

Discontinuation of treatment for various reasons

7 patients (4.8%) discontinued the treatment due to no effect or insufficient effect. 6 of these patients were also receiving concomitant treatment. Taking into account that all the symptoms were severe, the dosage was however often low and/or the treatment was rather short (cramps: 3 x 1 tablet for 2 weeks; intermittent claudication: 3 x 2 tablets for 1 month; Grade III-IV peripheral arterial occlusive disease: 2 x 2 tablets for 4 months; tinnitus: 3 x 1 tablet for 2 months; dizziness: 3 x 2 / 2 x 2 tablets for 1 month; circulatory disorders: 3 x 1 / 3 x 2 tablets for 3 months; pain (abdominal angina): 3 x 1 tablet for 5 months).

Five patients (3.4%) did not return or did not want to take further medication.

Discontinuation of treatment because of adverse events

Six patients (4%) terminated the treatment because of unwanted pharmacological effects. In five of these cases the connection was confirmed as certain by the doctor. Four of these patients had gastrointestinal symptoms (nausea due to the unusual taste and smell of the product, flatulence, diarrhoea, gastric problems). One patient with heart problems, dizziness and back pain terminated the treatment (2 x 1 tablet for 1 month, then 3 x 1 tablet) after three months, because of palpitations, increased dizziness, headache and lack of efficacy of the treatment. In one patient who developed angina-like symptoms, a connection with PADMA 28 was

assessed by the doctor as uncertain.

Unwanted pharmacological effects without discontinuation of the treatment

3 patients did not terminate the treatment, although one reported tiredness in the evening and two reported slight generalised dermatosis. According to the doctor's assessment, however the connection with the product is uncertain. One patient who only took the Tibetan remedy continued the treatment, successfully, for a whole year in spite of heartburn.

Interactions

No interactions with other drugs and no changes in the blood and urine values were reported. One doctor reported that in two patients the Quick values (INR) did not change under the treatment.

Overall evaluation

In the questionnaire, both the doctor and the patient were asked to give their overall evaluation of the treatment, based on the criteria, efficacy, tolerability and compliance (doctor) or drug form (patient) (Table 3). There was largely agreement between the assessment of efficacy by the doctor and by the patient: 75% of the doctors and 78% of the patients assessed the efficacy as “good”. Only 3% and 5%, respectively, assessed the efficacy as “poor”.

The tolerability was assessed more favourably by the doctors than by the patients.

It was assessed as “good” by 94% of the doctors, but by only 85% of the patients. The assessment of the compliance as “good” by 87% of the doctors, and of the drug form as “good” by 82% of the patients indicate the basically high level of acceptance of the treatment – in spite of the unusual taste of the natural, compressed herbal tablets.

Discussion

These experience reports from medical practice show that PADMA 28 is used successfully as the main medication in peripheral circulatory disorders.

Both at the level of the assessment of the individual findings and in the overall evaluation, the efficacy of the product is largely classified as “good”. This is in agreement with the findings of the randomised, double-blind, placebo-controlled clinical studies of intermittent claudication [1, 2, 3, 4]. These studies show a doubling of the maximum walking distance within one to four months.

The product was used both in the short-term treatment of mild symptoms and as long-term treatment or maintenance therapy in advanced stages of the disease. The good tolerability of the product speaks for its suitability as long-term medication in severe, chronic conditions. This is based on the one hand on the overall evaluation, and on the other on the fact that unwanted effects definitely connected with the product occurred in only six of the 147 patients (4%), while there were three cases of unwanted effects where the connection was uncertain and no cases of interaction with other drugs. The unwanted effects were known and are mentioned in the package insert. Corresponding to the low incidence of side effects, the level of compliance was high.

With the characteristic combination of low doses of plant-based and mineral components, with its roots in Tibetan medicine, the product exerts many different therapeutic effects with few side effects, which are based on a synergic and antagonistic interaction between the different ingredients. *In vitro* and *in vivo* studies prove the anti-inflammatory and antioxidative properties of the product [5, 6, 7, 8, 9]. The clinical results together with the experience reports described here demonstrate the important role of the Tibetan reme-

dy in the prevention and treatment of arteriosclerotic diseases. The product is thus of particular interest for persons who are at increased risk and who therefore frequently suffer from circulatory disorders, such as diabetics, hypertensive patients, patients with hypercholesterolaemia and smokers. In this whole survey, 13 positive treatments in diabetics with peripheral circulatory disorders were documented. Also, in earlier clinical studies a cholesterol-lowering effect was measured, as a secondary target parameter [3, 10, 11, 12]. The antioxidative properties of this herbal preparation play a major role here, as oxidised LDLs (low-density lipoproteins) are considered to be responsible for the development of arteriosclerosis [13]. The inhibition of lipid peroxidation has been demonstrated *in vitro* and *in vivo* [7,14]. As these results are still relatively unknown, no reports have been received on this particular aspect.

Patients with manifest peripheral circulatory disorders have a 2 to 4 times higher risk for other cardiovascular diseases than the normal population [15]. The experience reports presented here show that some doctors also use the preparation successfully in cardiac disorders. That this field of indications has not yet been adequately researched and is still not sufficiently known is proved by the fact that 33 patients had an existing cardiovascular problem in their medically relevant previous included in the evaluation of the therapy.

The improvements in cerebral circulatory disorders, memory problems, visual disturbances, tinnitus and the symptoms asthenia, fatigue and dizziness seemed to be due to a general improvement of the circulation.

Considering the today well-known "Response to Injury" theory [16], according to which arteriosclerosis in actual fact develops on the basis of an underlying inflammatory process, these results also

concur well with the positive experiences in the treatment of other chronic inflammatory diseases. They confirm the multifactorial anti-inflammatory and antioxidative potential of PADMA 28. Only a few of the successfully treated cases of back pain or joint pain had concomitant circulatory problems; thus one could speak of an actual indication. In 50% of the cases PADMA 28 and NSARs (non-steroidal anti-inflammatory drugs) were administered as mutually supportive therapy, with good effect. The partial successes in phlebitis, chronic respiratory disorders and leg ulcers also fit into the anti-inflammatory profile of the product.

Traditional aspects

It is worth mentioning that historically the *Gabur* recipe on which the product is based was used as a basic anti-inflammatory drug. This preparation is also used today, in Tibetan medicine, for the treatment of "hidden fever", which is understood to mean subliminal, possibly chronic, inflammatory processes [17]. According to tradition handed down through the Badamaev family, the properties of the Tibetan remedy were described as "curative, regenerative, antibacterial and promotes the detoxifying and nutritive properties of the blood"; the indications were described as "functional and organic dysfunction of the cardiovascular system, infectious/inflammatory diseases, skin infections, infected wounds, bronchial asthma" [18].

According to the Swiss Association for Auriculomedicine and Acupuncture, in auriculomedicine PADMA 28 acts on DU-04 (a point on the governing vessel, Du Mai, with the name "Life Gate", Ming Men). There is also a strengthening effect on the solar plexus, which regulates the supply of energy from the "centre" (process of assimilation for physical and psychic nutrition).

These experiences of possible additional applications, gained from medical practice, would have

to be confirmed by further clinical and experimental work.

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