

Nondrug Therapies May Soothe Cold Symptoms

BY DENISE NAPOLI
Assistant Editor

In light of the recent Food and Drug Administration warnings against using over-the-counter cold medicines in children under 2 years of age, parents and physicians alike are wondering what nondrug treatments have proven safe and effective in treating and preventing the common cold.

"Most people know that there are warnings against giving young children medications," Dr. Margot Weinberg, who practices pediatric integrative medicine in Pittsford, N.Y., said in an interview. "The cold medicines have not proven to be ef-

fective, and there's some concern that they might actually dry out the membranes." However, try telling that to the parent of a sick, screaming child.

"We [as physicians] need to be armed with some advice to give the parents, because they get frustrated when we say, 'you can't use cold medicines,'" she added.

One remedy that might decrease the duration and severity of colds, but not necessarily the incidence, is the use of probiotics—live microorganisms that affect intestinal microflora, according to Dr. Weinberg. She cited a randomized, controlled, double-blind trial in which patients given probiotic supplementation had colds that lasted an average of 2 days less than colds of controls, and experienced less severe overall symptoms during their illness (Vaccine 2006;24:6670-4). Granted, the study was in adults, but Dr. Weinberg said that she believed the results were generalizable to children. She recommends probiotics to patients in the form of yogurt and other fermented foods, like sauerkraut and miso soup.

Dr. Kathi J. Kemper, chair of the American Academy of Pediatrics Provisional Section on Complementary, Holistic, and Integrative Medicine, also recommends probiotics to pediatric patients, occasionally in a supplement form, as with Culturelle (manufactured by Amerifit Brands Inc.). Probiotics "are generally safe and well tolerated by healthy toddlers and school-age children," she said.

A second nondrug therapy for the common cold mentioned by Dr. Kemper was *Andrographis paniculata*, a bitter herb used in traditional Indian medicine.

Although the herb is relatively unknown in the United States, one systematic safety and efficacy review that included seven double-blind, controlled trials and nearly 900 patients concluded that the herb is "superior to placebo in alleviating the subjective symptoms of uncomplicated upper respiratory tract infection. There is also preliminary evidence of a preventative effect" (Planta Med. 2004;70:293-8). Dr. Kemper cited the Swedish Herbal Institute's "Kan Jang" *A. paniculata* supplement as the one with which she was most familiar.

A better known, fairly controversial remedy typically used in holistic care of common colds is *Echinacea*. Dr. Kemper, also of Wake Forest University, Winston-Salem, N.C., conceded that there is "substantial variability" in the composition of products purporting to contain effective amounts of the agent. However, she cited one secondary analysis of data from a randomized, double blind, placebo-controlled trial of 524 children aged 2-11 years, in which researchers found that patients taking echinacea experienced a 28% decreased risk of subsequent infection after an initial infection, compared with patients taking placebo (J. Altern. Complement. Med. 2005;11:1021-6).

Vitamin C and zinc are two at-home remedies that are already familiar to most parents and physicians. In a Cochrane database systematic review (PLoS Med. 2005;2(6):e168[doi:10.1371/journal.pmed.0020168]), researchers analyzed the results of 12 studies, including more than 2,000 children, and concluded that prophylactic use of 200 mg daily vitamin C did not decrease the incidence of colds

but did lessen the duration of the colds.

Regarding the use of zinc, one study looked at 200 children randomized to either 15 mg oral zinc sulfate (n = 100) or placebo sulfate once daily for 7 months. The dosage was increased to twice daily at the onset of a cold, until symptoms resolved. Children in the zinc group had a significantly lower incidence of colds, a shorter mean duration of symptoms when they were sick, and less severe symptoms (Acta Paediatr. 2006;95:1175-81).

For parents not willing to give their children vitamin C and zinc supplements, which Dr. Kemper said can cause upset stomach in some patients, Dr. Weinberg often instructs about which foods are rich in those elements (see box).

According to Dr. Kemper, one of the most important steps a physician practicing holistic cold management can take is simply to ask the patient or parent what preferred home remedies they've already tried. She said to support culturally appropriate practices that you know are definitely safe, even when the evidence supporting them is sparse or nondefinitive. Ask parents to report to you on their experience with the remedy, she said, and then, try them on yourself. "Having your own experience will help you feel more comfortable advising patients."

The FDA plans to issue a second recommendation this spring on the safety of cold medicines in patients aged 2-11, according to an agency advisory (www.fda.gov/cder/drug/advisory/cough_cold_2008.htm).

Both Dr. Weinberg and Dr. Kemper had no conflicts of interest to disclose in relation to this article.

Foods Rich in Vitamin C, Zinc

Vitamin C:	Zinc:
berries	baked potato
broccoli	brown rice
cantaloupe	lentils
carrots	oatmeal
green beans	peas
honeydew melon	salmon
orange	spinach
papaya	whole wheat
peaches, dried	bread
peas	yogurt
romaine lettuce	
spinach	
strawberries	
sweet potato	
tomatoes	

Source: Dr. Weinberg

Saline Nasal Wash Relieves Cold Symptoms, Recurrence

BY MARY ANN MOON
Contributing Writer

Saline nasal wash significantly improved symptoms in children with acute common colds or respiratory flu, and also reduced recurrences, researchers reported.

An isotonic saline nasal wash made from processed seawater thinned and reduced nasal secretions as well as relieved nasal obstruction and sore throat in a study of 401 patients aged 6-10 years. Treated children showed significantly less use of cold medications than did controls, had fewer school absences, and had fewer complications such as otitis media and sinusitis.

The treated children also showed greater improvement in overall health status and fewer recurrences of upper respiratory tract infection when they continued using the nasal spray as a preventive after the acute illness had resolved, according to Dr. Ivo Slapak of Teaching Hospital Brno (Czech Republic).

The study was funded by Laboratoires Goëmar, Saint-Malo (France), which supplied the nasal wash. The manufacturing process of this commercially available product "preserves the concentrations of ions and trace elements to levels comparable with those of seawater," Dr. Slapak and his associates said.

Saline has anti-inflammatory activity, but the product's mechanism of action is not known. "It is not clear whether the effect is predominantly mechanical, based on clearing mucus, or whether salts and trace elements in seawater solutions play a significant role," they added.

Several guidelines mention the potential benefit of saline nasal wash in treating colds and flu, although "ev-

idence of its efficacy is rather poor," the investigators noted. A large study in adults showed that the treatment had no effect.

In what they described as the first prospective study to assess the adjunctive treatment in children, Dr. Slapak and his associates at eight pediatric outpatient clinics randomly assigned patients to receive standard treatment either alone (101 subjects) or with open-label adjunctive nasal wash at one of three strengths: medium jet flow (100 subjects), fine spray (100 patients), or a dual eye-and-nose formula with a fine spray (100 subjects).

The saline wash was administered six times per day during the acute illness and three times per day during the prevention phase of the study. Standard treatment included antipyretics, decongestants, mucolytics, and systemic antibiotics, all given at the treating physician's discretion.

All the patients were followed for 12 weeks during cold season, from the onset of their acute illness until spring.

Acute nasal symptoms cleared more quickly in the children who received the nasal wash at any strength, and those subjects also used significantly fewer medications both acutely and during follow-up. Unblinded physicians and parents both rated the children's health status as significantly better in the treatment groups than in the control group. (See box.)

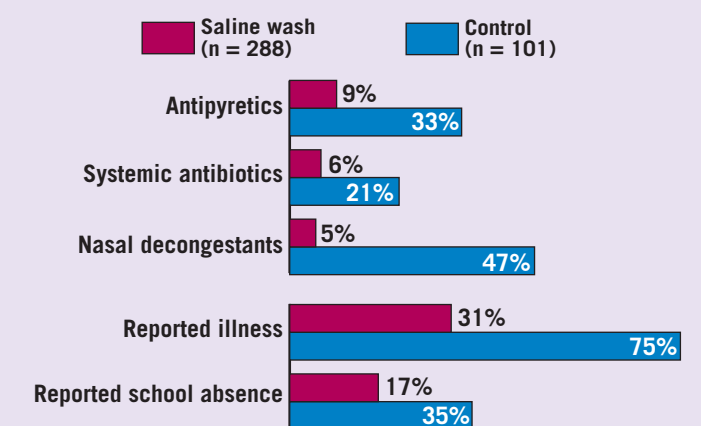
"Results were robust, consistent, and statistically significant, in contrast to the few

published articles that do not clearly show the benefits of nasal wash to treat the common cold," the investigators said (Arch. Otolaryngol. Head Neck Surg. 2008;134:67-74).

Significantly fewer subjects who used long-term nasal wash reported days of illness, absences from school, or complications. (See box.)

The researchers disclosed that they had received speakers' honoraria from various pharmaceutical firms, and some have worked or will work on projects for commercial drug laboratories.

Medication Use and Illness at Preventive Phase



Note: Based on data from the third visit for children aged 6-10 years with uncomplicated cold or flu.

Source: Archives of Otolaryngology and Head and Neck Surgery