

Home Remedies: Many Are Tried, Some Are True

BY BETSY BATES

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VANCOUVER, B.C. — Home remedies are often inexpensive, readily available, and highly appealing to parents seeking “natural” cures for common conditions, Dr. Heidi Budden said at a conference sponsored by the North Pacific Pediatric Society.

Some work very well, with efficacy rivaling prescription drugs in well-designed studies.

But there are pitfalls.

To be effective, some home remedies require unrealistic dosages or wind up costing more than prescription or over-the-counter medications.

Others are downright dangerous. Candle waxing for otitis externa, for example, frequently caused wax burns in the children or caught their hair on fire.

Dr. Budden, of the department of pediatrics at the University of British Columbia, Vancouver, reviewed the literature and her own clinical experience and offered perspective on a variety of home remedies for children, including:

► **Cranberry juice for urinary tract infections.** Popular belief holds that this tangy berry works to combat UTIs by altering the acidity of the urine. In fact, a review article in the journal *Clinical Infectious Diseases* found that the average person would have to eat 3/4 of a pound of cranberries or drink more than 3 cups of straight cranberry juice (not the watered-down juice mixes palatable to kids) on a daily basis to accomplish this aim.

“Really, in practical terms, the acidity of the urine is probably not what’s helping us,” she said.

There appears to be scientific merit in attributing benefit to other characteristics of cranberries, however, including their possession of properties that interfere with the ability of *Escherichia coli* bacteria to adhere to uroepithelial cells.

This would not cure a UTI, but it does appear to contribute to a reduction in infections if used as a prophylactic measure over the course of many months. More study is needed, said Dr. Budden.

In adult women with a history of UTIs, several trials have demonstrated that regular use of cranberry extract tablets or concentrated juice can significantly reduce the incidence of UTIs.

The many ounces of prevention do not come cheap, however. According to an ar-

ticle in the *Canadian Journal of Urology*, two daily tablets of cranberry extract would have cost more than \$400 (U.S. dollars) over the course of a year in 2002. The price of juice cited in trials was even higher, at nearly \$1,000 a year at 2002 prices in Canada.

The evidence in children is far less clear, and studies have generally focused on patients with renal disease rather than simple, recurrent UTIs in otherwise healthy children.

On the other hand, daily consumption of cranberry juice was found to do no harm to children in a placebo-controlled study in a day care center (*Clin. Nutr.* 2005;24:1065-72).

Drinking excessive cranberry juice does have implications for overall caloric intake of children, particularly in the context of obesity, commented Dr. Budden.

► **Probiotics for the treatment or prevention of diarrhea.** Many parents give their children probiotics, especially lacto-

bacilli, in the hopes they will prevent antibiotic-associated diarrhea or will shorten the course of rotavirus or nonrotavirus diarrheal illnesses. Although more studies would certainly be helpful in clarifying the issue, some evidence suggests certain strains of lactic acid-fermenting bacteria may indeed be beneficial in children.

An Israeli study found that probiotics in combination with zinc shortened acute gastroenteritis by 12 hours (*J. Am. Coll. Nutr.* 2005;24:370-5). “That may not seem

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References: 1. Centers for Disease Control and Prevention (CDC). Notice to readers: final 2004 reports of notifiable diseases. *MMWR*. 2005;54(31):770-780. 2. CDC. Summary of notifiable diseases, United States—1994. Published Oct. 6, 1995 for *MMWR*. 1995;43:77. 3. Gustafsson L, Hallander HO, Olin P, Reizenstein E, Storsaeter J. A controlled trial of a two-component acellular, a five-component acellular, and a whole-cell pertussis vaccine. *N Engl J Med*. 1996;334:349-355. 4. Gustafsson L, Hallander H, Olin P, Reizenstein E, Storsaeter J. Efficacy trial of acellular pertussis vaccines: technical report trial I with results of preplanned analysis of safety, efficacy and immunogenicity. Stockholm, Sweden: Swedish Institute for Infectious Disease Control; 1995. Contract N01-AI-15125. 5. WHO meeting on case definition of pertussis: Geneva, 10-11 January 1991; Geneva, Switzerland: World Health Organization, 1991:4-5. Issue MIM/EPI/PERT/91.1.

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Dr. Lee Savio Beers, p. 61

like a lot, but ... the parents were quite grateful," said Dr. Budden.

A study of children in Bangladesh found probiotics taken within 2 days of onset of nonrotavirus diarrhea reduced stool frequency and amount and reduced the amount of oral rehydration required (Pediatrics 2005; 116:e221-8).

No studies have examined prophylactic use of probiotics concurrent with antibiotic use; however, the practice proved useful in a Japanese study of elderly patients, she said.

► **Home remedies for tinea pedis.** Ketoconazole is highly effective for

tinea pedis, but when patients don't like to use it or their families are seeking natural alternatives, a number of home remedies may be good alternatives, said Dr. Budden.

Tea tree oil, derived from an Australian plant, achieved a mycologic cure in about 60% of patients in a placebo-controlled study—less than the 90% cure expected from ketoconazole, but not insignificant (Australas. J. Dermatol. 2002;43:175-8).

Even better efficacy was reported for an extract of *Solanum chrysotrichum*, a Mexican plant (Planta Med. 2003;69:390-5). Clinical effec-

tiveness with the plant extract was seen in 96% of 101 patients, compared with 92% of those using ketoconazole. Mycologic cure and tolerability were virtually equal in the two groups.

"My personal favorite [tinea pedis remedy] is vinegar," said Dr. Budden, who recalled its effectiveness during her military training. Anecdotally, vinegar mixed equally with water is effective as an antifungal agent when used as a soak or applied directly to the affected areas of the feet. It also is said to counteract the odor associated with tinea pedis. ■



Cranberries may have properties that interfere with the ability of bacteria to adhere to uroepithelial cells.

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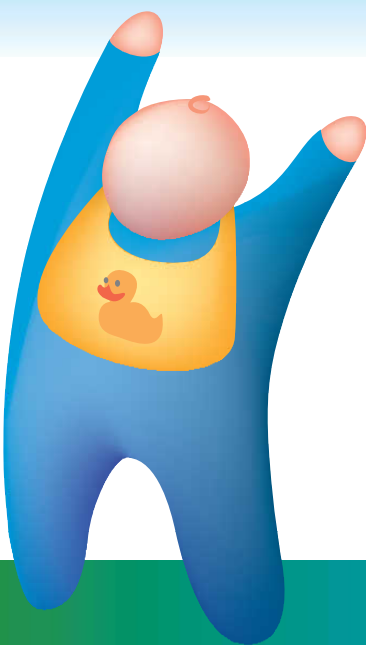
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