

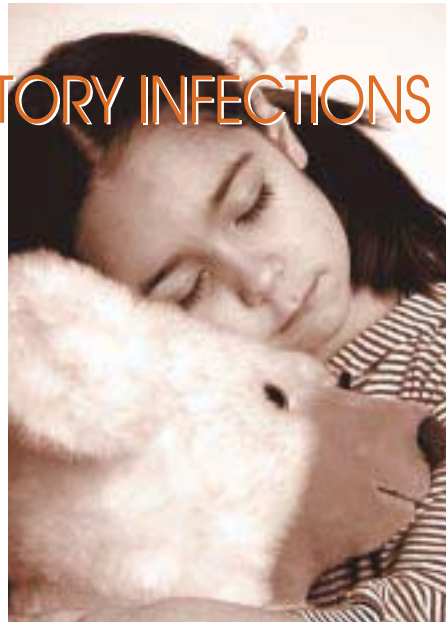
HOMEOPATHIC THERAPY OF PEDIATRIC UPPER RESPIRATORY INFECTIONS

Published in *Aerztezeitschrift fuer Naturheilverfahren*
Vol 41, No. 6 (2000), pp. 346-351
R. Gottwald and M. Weiser

ABSTRACT

The purpose of this drug monitoring study was to compile clinical data on the therapeutic efficacy, tolerance, and administration modalities of the homeopathic medication Gripp-Heel, which was used to treat 100 cases of influenza and upper respiratory infections in children under the age of 12. The study demonstrated that illness-specific symptoms improved after only 1 to 3 days in 70% of the patients. The participating physicians rated the success of therapy as “very good” or “good” in approximately 90% of cases and tolerance as “excellent” or “good” in 98% of those treated.

Keywords: upper respiratory infections, infectious diseases, pediatrics, Gripp-Heel.



INTRODUCTION

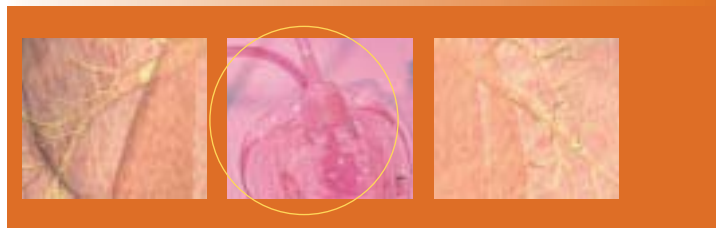
Unless bacterial superinfections occur, antibiotic therapy is contraindicated in cases of influenza, common colds, and other viral infectious diseases. Nonetheless, antibiotics are frequently used to treat these very common and often periodically occurring infections⁽¹⁻³⁾. This practice, however, simply encourages the development of drug resistant bacteria. Hence, symptomatic treatment for obstructed nasal respiration, cough, sore throat, headache and muscle aches, fever, and loss of appetite is to be preferred, especially in children. The primary purpose of symptomatic therapy is to shorten the duration of illness and reduce the severity of symptoms. Ideally, pharmacotherapy should also stimulate the immune system, since presumably the body's defensive capabilities are

compromised during infection, especially in individuals with increased susceptibility to infections. Homeopathic medications can effectively support endogenous regulatory mechanisms, especially if treatment is begun as soon as possible after the initial appearance of symptoms⁽⁴⁾.

The homeopathic medication Gripp-Heel (Table 1), manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden, has been used successfully for decades to treat the indications listed above. To supplement the current level of knowledge of the administration modalities, therapeutic efficacy, and tolerance of Gripp-Heel (tablets), this drug monitoring study was conducted under conditions of routine prescription of the medication in medical practices.

INGREDIENT	CHARACTERISTICS/SYMPTOMS
Aconitum (monkshood)	Extremely acute inflammatory diseases; painful disorders of the nerves; extremely acute sensations in the heart, accompanied by anxiety.
Bryonia (bryony)	Acute inflammation of the respiratory organs, pleura, and peritoneum; acute liver inflammation; acute and chronic rheumatism (including rheumatic joint symptoms in influenza).
Eupatorium perfoliatum (boneset)	Influenza and flulike feverish illnesses; feverish diseases of the liver-gallbladder system; rheumatism.
Lachesis (bushmaster)	Inflammation and bleeding of the skin and mucous membranes; infectious diseases; cardiovascular weakness; neuralgia; behavioral and depressive disorders.
Phosphorus	Inflammations of the respiratory, digestive, and genito-urinary tracts; serious infectious diseases; protracted convalescence and exhaustion; cardiac weakness and pain, circulatory disorders; hemorrhages; neuralgia and headaches; behavioral idiosyncrasies and depressive disorders.

TAB. 1: The ingredients of Gripp-Heel, and their remedy pictures



METHOD

In the course of this drug monitoring study, children under age 12 were diagnosed with and treated for influenza, common colds, or other feverish infectious diseases. The participating pediatricians compiled the following preliminary data: demographic information on each patient, the underlying illness, overall severity of the illness (mild, moderate, severe), clinical symptoms, duration of illness, previous and concomitant therapies (if any), prescribed dosage of the test medication, and duration of therapy. Therapeutic efficacy and tolerance of the homeopathic combination remedy were ascertained according to the following parameters:

- The physician’s overall assessment of the therapeutic results (scale: very good, good, satisfactory, no success, worse)
- Point in time when the first improvement in symptoms was noted
- Frequency of adverse effects
- The physician’s overall assessment of tolerance (scale: excellent, good, fair, poor)

The maximum duration of treatment per patient was two months. Statistical analysis of the results consisted of exploratory data analysis and calculation and graphing of absolute and relative frequencies.

RESULTS

Patient demographics

The results of this drug monitoring study of Gripp-Heel, were based on treatment data on 100 patients under age 12. The most frequent diagnosis reported by the participating pediatricians was “common cold” (72%), followed by “other feverish infections” (16%), “influenza” (6%), and “other diseases” (6%). In the category “other feverish infections,” the most frequent diagnoses were tonsillitis, bronchitis, and pharyngitis. In the diagnostic group “influenza,” the homeo-

pathic medication was administered as an adjuvant to standard therapy. For the majority of patients (63%), the overall severity of the illness was listed as “moderate” (“mild” = 14%; “severe” = 12%; not given = 11%). In all diagnostic groups, the average duration of illness prior to the beginning of therapy was < 3 days (63% of patients). The main symptoms accompanying the basic illness included fever, sore throat, cough, rhinitis, headache, and muscle pain.

Treatment

The great majority of patients (71%) had not received prior treatment for the current illness. Depending on their main symptoms, the remaining patients had already been prescribed antihistamines/decongestants, antitussives/expectorants, immunotherapeutic agents, antibiotics, analgesics/anti-inflammatories, or various homeopathic medications.

In 56% of cases, the manufacturer’s standard recommended dose of Gripp-Heel, (3 to 5 tablets per day) was prescribed. 40% of the patients received an initial acute dosage (one tablet every 15 minutes for a maximum of two hours) before beginning the standard dosage. Of the 82% of patients receiving concomitant therapies in addition to treatment with the homeopathic combination medication, 57% received additional pharmaceutical therapy, 33% a combina-

tion of pharmaceutical and non-pharmaceutical therapy, and 10% non-pharmaceutical therapy only. The most frequently prescribed concomitant medications were antitussives, decongestants, analgesics/anti-inflammatories, and homeopathic medications. The preferred non-pharmaceutical concomitant therapies included steam inhalation, throat compresses, and steam baths.

In the greatest number of cases, 49%, duration of treatment was 4 to 7 days. 29% of the patients were treated for one to two weeks and 11% for one to three days.

In the majority of cases, 79%, the dosage of Gripp-Heel, remained unchanged throughout the course of therapy. When changes in dosage did occur, they invariably involved reductions in dosage.

Time of first improvement	INDICATIONS				
	All patients n = 100	Common colds n = 72	Influenza infections n = 6	Other feverish illnesses n = 16	Other n = 6
After first dose	4	3	1	0	0
After 1-3 days	66	47	4	11	4
After 4-7 days	19	14	1	2	2
After 1-2 weeks	5	4	0	1	0
On conclusion of therapy	3	1	0	2	0
Not given	3	3	0	0	0

TAB. 2: Point in time when symptoms first improved, listed first for all patients and then by diagnostic group.



Results of Therapy

As the consistently short treatment periods suggest, symptomatic improvement occurred within one to 3 days after commencing therapy in 66% of the children treated. The first sign of improvement occurred within four to seven days in 19% of the patients and as soon as the first dose was administered in 4%. Improvement in illness-specific symptoms occurred in 89% of the patients within the first week of treatment (Table 2).

Upon conclusion of treatment, the patients' pediatricians rated the success of therapy as "very good" in 56% of cases, "good" in 35% and "satisfactory" in 6%. Therapy was unsuccessful in only 2% of the patients. There were no significant differences in the ratings among the diagnostic groups "common cold," "influenza," "other feverish infections," and "other illnesses" (Table 3). Comparable positive results were also achieved in the group of patients treated only with the test medication.

Result of therapy	INDICATIONS				
	All patients n = 100	Common colds n = 72	Influenza n = 6	Other feverish infections diseases n = 16	Other diseases n = 6
Very good	56	39	5	8	4
Good	35	29	1	3	2
Satisfactory	6	3	0	3	0
No success	2	0	0	2	0
Not given	1	1	0	0	0
Tolerance					
Excellent	76	54	5	11	6
Good	22	16	1	5	0
Fair	1	1	0	0	0
Not given	1	1	0	0	0

TAB. 3: Overall assessment (physicians' rating) of the results of therapy and patient tolerance of Gripp-Heel

Tolerance

Within the patient population as a whole, tolerance of the homeopathic medication was rated either "excellent" (76%) or "good" (22%) in a total of 98% of patients (Table 3). In the group of children treated only with the homeopathic medication, tolerance was rated "excellent" in 67% and "good" in 33% of the patients. No adverse effects were reported.

Conclusion

The purpose of the present drug monitoring study was to compile clinical data on the efficacy, tolerance, and administration modalities of Gripp-Heel® in the treatment of common colds and other infectious diseases in children under age 12. The remedy picture of this homeopathic medication encompasses inflammatory diseases of the respiratory organs, infectious diseases, and influenza and flulike feverish illnesses. Typically, the patients treated here had experienced brief duration and moderate severity of symptoms prior to the beginning of therapy. In the majority of patients, 70%, improvement in clinical symptoms was noted as early as one to three days after inception of therapy, regardless of whether or not concomitant therapies were implemented. Hence, the most frequent duration of therapy was only four to seven days. *In vitro* tests have demonstrated that phytotherapeutics activate phagocytosis by human granulocytes. Thus, unspecific immunostimulation may have contributed to the success of therapy⁽⁵⁾. As the rapid improvement in symptoms suggests, the participating pediatricians rated the overall success of therapy with the homeopathic combination medication as either "very good" or "good" in over 90% of cases. The medication was also well tolerated by this patient group. In summary, Gripp-Heel® reduces the severity of the illness and causes illness-specific symptoms to subside more rapidly in children under age 12 with influenza, common colds, and other upper respiratory infections.

REFERENCES

- Middleton DB. An approach to pediatric upper respiratory infections. *Am Fam Physician* 1991; 44(5 Suppl): 33S-40S, 46S-47S
- Dowell SE, Schwartz B, Phillips WR. Appropriate use of antibiotics for URIs in children: Part II. Cough, pharyngitis and the common cold. *The Pediatric URI Consensus Team. Am Fam Physician* 1998; 58(6): 1335-1342
- Gonzales R, Steiner JF, Sande MA. Antibiotic prescribing for adults with colds, upper respiratory tract infections, and bronchitis by ambulatory care physicians. *JAMA* 1997; 278(11): 901-904
- Maiwald L, Weinfurter T et. al. Therapie des grippalen Infekts mit einem homöopathischen Kombinationspräparat in Vergleich zu Acetylsalicylsäure ("Therapy of the common cold with a homeopathic combination medication in comparison to acetylsalicylic acid"). *Arzneim.-Forsch./Drug Res* 1988; 38(1)4: 578-582
- Wagner H. Immunostimulation mit pflanzlichen Arzneimitteln ("Immunostimulation with phytotherapeutics"). *Schweiz. Apotheker-Zeitung* 1988; 22: 624-629

Author's address: c/o Dr. Michael Weiser
Biologische Heilmittel Heel GmbH
Dr.-Reckeweg-Str. 2-4
76532 Baden-Baden
Germany