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The homeopathic treatment of upper respiratory infections

INTRODUCTION

The upper respiratory tract consists of the mouth, nose, throat, larynx and trachea. The advanced practice clinician will have ample opportunity to treat adults and children who present with upper respiratory tract infection, or URI, as it is the most common infectious illness in the population and the No. 1 reason people miss work or school. Likewise, URI is the most typical acute diagnosis in the medical setting.¹ Most patients with URI have a self-limiting viral illness that lasts under a week, though in smokers, symptoms may persist. Understanding the differential diagnosis is important, as is ruling out more serious illness. Many patients and parents of patients who present with URI are interested in natural medicine options for treatment. Homeopathy, one such approach, can be offered as part of a safe and effective treatment plan.

PATHOPHYSIOLOGY

Upper respiratory tract infections arise from invasion of the mucus membrane of the upper airway by a number of different viruses. Contact can be through direct inhalation of infected droplets or by touching one's infected hand to the mouth or nose area. Research has shown that stress impacts immunity for both adults and children, and can make patients more susceptible to falling ill with a URI. There are

many anatomic and immune system barriers that prevent patients from becoming ill at every exposure. It is typical for school-aged children to have four to six colds per year and for adults to have one to two colds per year.²

Viruses that cause URI include a diverse number of serotypes, which commonly mutate, offering challenges to immune system function. Many natural medicine approaches to the treatment of upper respiratory tract infections work to enhance immune system function.

In general, the symptoms of upper respiratory tract infections include malaise, nasal discharge and/or obstruction, sneezing and sore or scratchy throat. Swallowing may cause pain. Pharyngitis due to postnasal drip often is noted in the morning and can be worse on the side that the patient sleeps upon. Lymphadenopathy may be present in the anterior cervical chain. There also may be headache, conjunctivitis, hoarseness, cough and fever. Generalized pain and malaise also may be reported. Symptoms reflect an inflammatory response to pathogens present and from toxins secreted by those pathogens. Initially sick with a URI, some patient's illness evolves to impact nearby regions, giving rise to such additional diagnoses as sinusitis, otitis media, epiglottitis, laryngitis, tracheobronchitis or pneumonia. This lesson addresses URI only.

In 2008, the Food and Drug Administration

changed the labeling on many cold and cough medicines; such over-the-counter medications are no longer advised for patients under the age of 4 years. Research on safety and efficacy for the younger set has been inconclusive. In addition, the side effect profile — including such occurrences as tachycardia, decrease in consciousness, seizures and even death — have been associated with cold and flu medicines when taken by young children.³

The advanced practice clinician will take a history of present illness from the patient, charting onset, duration and symptomatology. A relevant physical exam should be performed, including examination of the eyes, ears, nose and throat, as well as checking temperature, heart rate and auscultation of the lungs. The most common finding will be inflammation of the respiratory mucosa. Nasal mucosa may be red, swollen and wet looking. The pharynx can be inflamed directly or due to postnasal drip.

An upper respiratory tract infection can lead to sinusitis when the paranasal sinuses are occluded, and mucus and pressure build up. Similarly, if the orifices of the eustachian tubes are blocked, middle ear pressure and pain can manifest in otitis media. Laryngitis can develop due to direct inflammation or from post nasal drainage. With ongoing dripping down the throat, the trachea can become inflamed causing cough, or in those with nar-

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Program Goal: To improve the advanced practice clinician's ability to counsel patients and parents of patients on the management of upper respiratory infection, including homeopathic treatments.

Learning Objectives:

Upon completion of this program, the advanced practice clinician should be able to:

1. Recall the role of history and intake along with

allopathic treatments in the management of upper respiratory infection following evidence-based clinical practice guidelines.

2. Explain the basic principles of homeopathy.
3. Recall the role of single and combination homeopathic products in the treatment of upper respiratory infection.
4. Differentiate homeopathic products from other herbal over-the-counter medications.
5. Counsel patients, parents and other caregivers on the use of homeopathic remedy products for patients with upper respiratory tract infection.

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rower passageways, such as young children, croup. Further down the respiratory tract, super infection can develop in the bronchi leading to bronchitis or further, pneumonia.

LABORATORY TESTING

If strep throat is suspected, due to either severity of presenting symptoms or relevant social or health history, a rapid strep test should be administered. If flu is suspected, a flu test should be administered; likewise, a mononucleosis test can be given if there is suspicion of mono. In the retail clinician setting, if suspicion of pneumonia or other more complicated diagnoses are suspected, the patient should be referred to the appropriate care provider or setting.

SMOKING

It is important to remind smokers who present with URI that smoking cessation will reduce both the incidence and the intensity of illness. It is also known that the incidence of URI for those exposed to secondhand smoke is increased. In the retail clinical setting, if you believe a parent is smoking in the home, part of the patient plan is to ask him or her to minimize the exposure that children or other sick people have to secondhand smoke in the home.

DIFFERENTIAL DIAGNOSIS

The differential diagnosis of URI includes a long list of pathologies. Accurate history and a physical will rule out most of these illnesses, but the advanced practice clinician must keep in mind that a patient presenting with upper respiratory tract infection may, in fact, have more serious pathology. Intensity and duration of symptoms, as well as physical exam findings, help with differential diagnosis (Table 1).

From the list of other possible issues in Table 1, the most common illnesses to rule out when a patient presents with URI are allergies, asthma, bronchitis, infectious mononucleosis, influenza, otitis media, pneumonia and sinusitis.

Hygiene recommendations remain an essential part of the plan with patients, especially with regard to not passing the viruses further in the home, work and school environment. Hand washing cannot be overestimated. Along those lines, proper nutrition, adequate hydration and getting sufficient sleep all go a long way to help support the patient's ability to get and stay well. Emphasizing these efforts, especially to caregivers of sick children

or the elderly, is encouraged.

Patients often present to the clinic having tried a variety of over-the-counter medications, from antihistamines to decongestants to those that decrease pain or fever. See Table 2 for common symptomatic treatment for the common cold.⁵

In addition, historically there has been a tendency to prescribe antibiotics for those presenting with upper respiratory infection. There have been documented studies that reflect patient expectation and physician actions with regard to a pattern of antibiotic use; this overuse has led to an increase of antibiotic resistance.⁶

There clearly are delineated rules about antibiotic prescribing for the advance practice clinician. For some who present with upper respiratory infection, there are further signs and symptoms that lead the medical caregiver to consider antibiotics. American Family Physician Guidelines for the Use of Antibiotics in Acute Upper Respiratory include:

- Acute otitis media in children should be diagnosed only if there is abrupt onset, signs of middle ear effusion and symptoms of inflammation;
- A period of observation without immediate use of antibiotics is an option for certain children;
- In patients with sinus infection, acute

bacterial rhinosinusitis should be diagnosed and treated with antibiotics only if symptoms have not improved after 10 days or have worsened after five to seven days;

- In patients with sore throat, a diagnosis of group A beta-hemolytic streptococcus pharyngitis generally requires confirmation with rapid antigen testing, although other guidelines allow for empiric therapy if a validated clinical rule suggests a high likelihood of infection; and

Table 1
Differential diagnosis for upper respiratory infection⁴

Acute laryngitis	Infectious mononucleosis
Allergic and environmental asthma	Influenza
Allergic fungal sinusitis	Kawasaki disease
Apnea, sleep	Legionnaires disease
Asthma	Mumps
Bronchiectasis	Otitis media
Bronchiolitis	Pneumococcal infections
Bronchitis	Pneumonia
Bronchitis, acute and chronic	Pneumonia, bacterial
Chlamydial pneumonias	Pneumonia, community-acquired
Chronic bronchitis	Pneumonia, viral
Disorders of taste and smell	Psittacosis
Gastroesophageal reflux disease	Reflux laryngitis
Goiter	Retropharyngeal abscess
Gonococcal infections	Rhinitis medicamentosa
H1N1 influenza (swine flu)	Rhinitis, allergic
Halitosis	Rhinitis, nonallergic
Herpes simplex	Sinusitis, chronic
Histoplasmosis	Sinusitis, fungal
HIV	Toxoplasmosis
Hypersensitivity pneumonitis	Tracheal tumors
Immunoglobulin A deficiency	Vocal cord dysfunction

Table 2
Common symptomatic treatment for the common cold⁵

CLASS	GENERIC NAME	TRADE NAME(S)	EFFECTIVENESS	NOTABLE SIDE EFFECTS
Antihistamines	chlorpheniramine	Many	Reduces sneezing, nasal mucus, symptom score	Drowsiness
	diphenhydramine	Benadryl®	No difference from placebo	Drowsiness
Decongestants	pseudoephedrine/phenylephrine spray	Many, including Sudafed®	Reduces congestion, sneezing	Tachycardia, dizziness, HTN, bladder outlet obstruction
	oxymetazoline spray	Dristan®, Afrin®	Improved symptom score	Rebound nasal congestion
Expectorants	guaifenesin	Many	Does not reduce cough frequency, slight decrease in sputum production	None
	dextromethorphan	Many	May relieve cough, but will not treat cause of cough or speed recovery	Drowsiness; dizziness
Antitussives	codeine	Many (and often seen in combination products)	Minimally effective in acute cough due to common cold	Drowsiness, constipation
	benzonatate	Tessalon Perles	Effective antitussive	Numbs mouth, do not chew

- Acute bronchitis in otherwise healthy adults should not be treated with antibiotics; delayed prescriptions may help ease patient fears and simultaneously reduce inappropriate use of antibiotics.⁶

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Without the immediate use of antibiotics and with restrictions on the use of over-the-counter medications for upper respiratory infections, many advance practice clinicians may look to complementary and alternative medicine, or CAM, approaches to the treatment of this common presentation. Likewise, a 2007 CDC National Health Statistics showed that 38% of adults and 12% of children employed some types of CAM.⁷

CAM is considered those diverse medical and healthcare approaches, practices and products that are not typically thought of as part of conventional medicine. Upper respiratory infections are high on the charts of illnesses for which patients sought CAM approaches: eighth among adults and third among children.⁸

For upper respiratory infections, some of the common CAM treatments are diet and nutritional supplementation, botanical medicine and hydrotherapy. Dietary recommendations often will include removing dairy from the diet. For some patients, dairy increases the production of mucus, and removing it will in turn decrease the mucus load. Chicken soup as a healing food has been used for centuries and has enjoyed some recent scientific support as one part of treatment for URI.⁹ Miso broth also can be suggested as a way to break up congestion and soothe irritated mucus membranes.

Botanical medicine has been used for generations in the form of teas, poultices, powders and tinctures. In recent times, such herbs as garlic, Echinacea and Astragalus have been touted for their antiviral effects.

Hydrotherapy in the form of a cool mist vaporizer, or the use of a hot footbath, also has been suggested. When using a vaporizer, it is recommended to use distilled water, which will minimize the contaminants being sent into the air and also will aid in keeping the unit clean.

HOMEOPATHY

Homeopathy is a distinct system of CAM medicine. It has been used around the world for the past 200 years and offers a safe and effective approach to healing. Patient symptoms

are understood according to the classic physiologic model taught to all healthcare providers. As the patient strains against both internal and external stressors, such as viruses, the patient develops symptoms; the symptoms are seen as the person's way of addressing this dynamic.¹⁰ It is the gleaning and understanding of the details of and connections among these symptoms that lead the prescriber to a particular homeopathic remedy.

Used the world over for the treatment of first aid, acute and chronic conditions, homeopathy has a long history of application in the treatment of URI and will be described here first in its general philosophy and terms, and then as it applies to URIs.

Homeopathic medicines have been classified as drugs within the meaning of the federal Food, Drug and Cosmetic Act since 1938.¹¹ Official homeopathic drugs are those that have monographs in the Homeopathic Pharmacopoeia of the United States, or HPUS. The HPUS is prepared by a nongovernmental organization, the Homeopathic Pharmacopoeia Convention of the United States, which is composed of scientists and clinicians trained in the medical specialty of homeopathic medicine.¹²

Homeopathic remedies are available over-the-counter in many pharmacies, grocery stores and health food stores. The remedies are highly diluted substances from plant, mineral and animal sources. They are cost effective and do not carry weighty side effect profiles. Most homeopathic remedies are prepared on small lactose pills and taste sweet. Remedies are safe to use with other medications and do not interact with over-the-counter drugs, prescription drugs or with other natural medicines, such as nutritional supplements or botanical medicines. Homeopathic remedies differ from other CAM approaches in that the remedies are strongly diluted and are prescribed in a unique and distinctive fashion.

History of homeopathy

Homeopathy was first conceived by Samuel Hahnemann (1755-1843), a German physician and chemist. Troubled by the harshness of medical protocols of his time, as well as by personal family tragedies, he turned away from medical practice and devoted himself to the work of scientific translation. It was during his work on a translation of a then popular book on botanical medicine, "Cullen's Materia

Medica," from the English into German that he became intrigued with the portion written on Cinchona bark — from which quinine eventually was derived — and the close relationship between its effectiveness and its toxicity. His curiosity was ignited.

He undertook what essentially was the first drug trial, known as a proving, giving healthy subjects samples of the substance in question and seeing what, if any, effect it had upon them.¹³ To his surprise, in the case of the Cinchona bark, a number of participants developed the very symptoms that the herbal preparation was known to help.

From this observation was born *similia similibus curantur* from the Latin, "likes are cured by likes." This essential underpinning of homeopathic practice can be further defined as follows: any drug that is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease.¹⁴

In his lifetime, Hahnemann conducted provings on some 106 substances. He worked diligently and wrote prolifically on topics of homeopathic philosophy, the treatment of chronic disease and the "Materia Medica Pura," one of the earliest homeopathic drug compendiums written.¹⁴

Hahnemann also set out to determine what the optimal dosage of medication would be to achieve both best clinical outcomes and the least side effects. His ideas about using the minimal dose whenever possible have stood the test of time. His experimentations led to concepts of dilution and succussion, which are used in the manufacturing process of homeopathic remedies.¹⁴

Homeopathy in practice

Homeopathy is used to treat first-aid problems as well as acute and chronic diseases. First-aid problems are addressed in rather cookbook fashion. For example, many have heard of using the homeopathic remedy Arnica for the treatment of trauma. Because traumatic events impact most people in a similar fashion, Arnica is one of only a handful of remedies to be considered. In other words, when the stress from the outside is very severe, most individuals respond in a similar fashion. That response will point to one of only a few remedies.

For acute, self-limited problems, such as upper respiratory infections, patients present in a

more individualized manner. For instance, one person with a URI might have copious nasal discharge along with a headache and loose stools, while another might feel dried out in the sinus area and present with a tickle in the throat, while simultaneously having torticollis. Though both have a URI, they would require and respond to two different homeopathic remedies. The homeopath is addressing the whole person at any one time. With most acute illnesses, there are a limited number of remedies to choose from because there are only so many ways an acute problem can manifest.

When patients present in the office with what appears to be an acute problem, the advance practice clinician should be interested in understanding if it is truly an acute problem or if it is rather a flare-up of an underlying chronic condition. This would be true in illnesses for which flare-ups are common, such as multiple sclerosis, migraine headache and asthma, but also can be found in those with upper respiratory infections. Differentiating at this juncture informs treatment options and impacts both the homeopathic remedy choice and dosage. Single homeopathic remedies are given based on the presenting symptoms of the patient.

Homeopathic remedies are given for individual people, as opposed to specific diagnoses. One could have five patients with upper respiratory infections, and they might receive five different remedies depending on how they experience the problem (i.e., how it actually feels; what the symptoms are; what type and amount of mucus; the type of pain or discomfort; what makes the symptoms or the patient feel better, if anything; what makes him or her feel worse; was there a clear initial etiology; did anything bring on the episode; and does the patient have any other symptoms simultaneously). The homeopath is interested in how the upper respiratory infection fits in to the rest of the person's physical health. In addition, it is central to perceive how those physical characteristics sit vis-à-vis the patient's temperament and mood.

All symptoms are context dependent. One cannot see a symptom standing by itself; rather, the homeopath has to understand each symptom a patient reports as it relates to the whole person. The typical intake for a homeopathic physician for a chronic condition is 60 to 90 minutes, allowing enough time to fully understand the patient and all aspects of his

or her lifestyle and health. For acute problems like upper respiratory infections, a 10- to 15-minute office visit suffices.

Homeopathy in the literature

There have been numerous studies on homeopathy that have appeared in the orthodox medical literature. Notably, the *Lancet* published a review article in 1997 that was a meta-analysis of 89 blinded, randomized, placebo-controlled clinical trials.¹⁵ The trials looked at homeopathic treatment of such complaints as hay fever, asthma, rheumatoid arthritis, diarrhea, influenza, varicose veins, strains and sprains, and post-surgical complications. Patients who received homeopathic medications were 2.45 times more likely to receive a positive response than those given placebo, which should encourage further and more widespread clinical and laboratory study of the efficacy and mechanism of action of homeopathic remedies.¹⁵

Single homeopathic remedies

Ten of the most common homeopathic remedies for upper respiratory tract infection are Aconite, Belladonna, Gelsemium, Pulsatilla,

Chamomilla, Bryonia, Phosphorus, Mercury solubilis, Rhus toxicodendron and Arsenicum album. There are other single homeopathic remedies that are indicated for the treatment of upper respiratory tract infections, but these 10 will go a long way to helping those with such viral infections.

The typical dose for single homeopathic remedies is a 30c potency given three times a day. If it does not seem to be helping after 24 hours, it is likely not the correct remedy. Patients should be sent home with both the first and second choice remedy, with direction to use the second remedy if after 24 hours the symptoms have persisted with no change. Once the patient is feeling better, the remedy should be discontinued. Keeping up other supportive therapy is recommended, but no further treatment with the initial homeopathic remedy would be indicated. Some patients move from needing one remedy to another over the natural history of an illness. If symptoms return after a few days, manifesting in the same way as they had been, the previous remedy can be given. If a new symptom picture has been drawn, a new remedy will need to be chosen.

PATIENT SCENARIO 1

A long-term patient, Marjorie, presented to the clinic with the chief complaint of a cold and fever. This 54-year-old nurse had enjoyed good health throughout her life and was taking no medication. She described the onset of illness as very fast over the past 24 hours with a runny nose and feeling warm. She described a sensation of feeling full in the head and a runny nose, yet her nose felt very dry at the same time. She reported dry eyes and dryness in her mouth and lips. She complained of vertigo, which was worse when she moved her head or leaned forward. She was concerned about an ongoing queasiness, which was better if she ate or if she had a cold drink. Her fatigue was quite strong as was her irritability. She was snapping at her husband and teenage children for small matters and generally felt annoyed by those around her.

A brief review of systems was unremarkable, with the exception of a week or so of constipation, uncommon for her. Additionally, she said her skin felt dry in general and the skin of her heels was cracking.

On physical exam, erythema was noted rimming the eyes and there was swelling bilaterally in the nasal passages. Her lips were cracked and peeling, and she had slightly enlarged anterior cervical glands, which were mildly tender to touch. Temperature: 101.4 degrees.

This patient preferred to use natural medicine and asked for homeopathy in particular. She did not feel like it would be easy to swallow supplements too easily. She also felt like herbal preparations might contribute to her queasiness.

Discussion

When a patient presents whose chief complaint is general in nature (runny nose, fever) and the advanced practice clinician is seeking an accurate, single-dose homeopathic remedy, look to concomitant symptoms and physical or emotional general symptoms to point the way to an accurate remedy. In Marjorie's case, the vertigo, which was marked, was a clear concomitant manifestation of the virus causing her acute illness. That, coupled with the dryness — a general symptom that Marjorie experienced throughout her system, from her eyes to her lips to her heels — and the constipation, also became important elements. Her overall irritability and short temper were a further, albeit psychological, manifestation of a general symptom.

The single homeopathic remedy, Bryonia alba is indicated for URI, especially when there is dryness, irritability and vertigo. Marjorie took Bryonia alba 30c, with directions to call the next day. She reported that by the time she got home the vertigo had abated. She slept well and long, and woke up feeling back to herself. Over the course of the following week, she took one more dose of Bryonia 30c when she felt a tinge of the vertigo return.

For each remedy, read below for a description of the symptoms a person who needs that remedy will have, and also the more temperamental aspects you might expect to find. In terms of doing an intake with an eye to prescribing a homeopathic remedy, it also will be important to ascertain the general physical symptoms a patient has, such as any sense of being warm or chilly and his or her level of hunger, thirst and perspiration. It also can be important to ascertain how the illness began. Did it come on quickly in a few hours, or was it over several days that the patient started to feel ill? A quick review of systems also can help when taking a homeopathic case; oftentimes it is the symptom, such as constipation or itchy skin, a bit distant from the upper respiratory tract that will help guide or confirm a homeopathic remedy prescription.

Aconite

The remedy Aconite is derived from the plant *Aconitum napelles* and is prescribed when there has been a sudden onset of sniffles and runny nose. Oftentimes the patient has been exposed to a cold wind and caught a chill. The patient may complain of a dry throat, with attendant dry cough. There may be ear pain and low-grade fever. If Aconite is given at the first sign of inflammation, it may well cut the upper respiratory tract infection short. The patient will report thirst for cold drinks and may feel warm with intermittent chilliness. You may observe a flushed face or perhaps only one cheek flushed. The patient also may describe tingling or burn-

ing feelings in the face or extremities. Headache may accompany the early signs of upper respiratory infection, as well as irritated and injected eyes. Aconite often is used in the first 24 to 48 hours after onset of symptoms, and rarely is used when an upper respiratory tract infection is in full swing. If the patient's symptoms came on suddenly and are accompanied by anxiety or worry, with any sort of tingling sensation and low tolerance to pain, Aconite may well be the homeopathic remedy to suggest.

Belladonna

Belladonna is one of the most commonly prescribed homeopathic remedies also utilized for the very beginning of inflammation. Often the homeopath sees that there is a general illness, but the inflammation has not yet settled in the sinuses or the ear. There is a flushed face, a high fever or a patient with a warm or hot head, though the extremities feel cold. Patients with upper respiratory infections with fever, especially if there is a feeling of congestion, and throbbing pain either in the form of headache or sore throat, should be given Belladonna. In general, the patient will appear flushed, and in fact there may be high fever with perspiration. Patients may feel light-headed, and there may be redness to the ears, nose or lips, with bright, shiny eyes. Sensitivity to light, sound and smell also are marked in patients needing this remedy. This sensitivity crosses over into the emotional realm, with the patient being sensitive and irritable. He or she will be aggravated by bright lights, loud noises or people, or by being

jarred or bothered. There is a general restlessness in people who need Belladonna, and patients who respond well to this remedy more often have complaints that are on the right side, such as right-sided sore throat.

Gelsemium

For those who need Gelsemium, the homeopath will see, and the patient will report, deep fatigue, a kind of weariness where they can barely keep their eyes open. People who need this remedy will complain of chills running up and down the spine, they will have excess salivation and feel damp and sweaty. There will be a weakness and perhaps slight sense of being either out of this world or a bit tremulous. The words dull, droopy and drowsy come to mind when we describe the patient that needs Gelsemium.

Pulsatilla

Pulsatilla should be given to the patient who has copious yellow-green discharge from the nose; the discharge is characteristically bland and does not irritate the nose or the area between the nose and mouth. The discharges also may impact the eyes, where the patient wakes up with the eyes agglutinated. The patient will be warm and thirstless, and feel better outside or in open air. There is a general feeling of being forsaken and needing emotional and physical support. The idea of being clingy, needy and easily consoled will help confirm the need for this remedy. Children want to be held, adults want the back to be rubbed, etc. It is important to remember that a nursing child who needs this remedy might want to be at the breast, but it is more for comfort than for feeding. When presenting with a URI, the patient needing Pulsatilla will be easily overwhelmed and commonly moved to tears.

Chamomilla

For patients who need this remedy, the irritability will be the most marked symptom. This remedy is thought of when the respiratory infection seems to come along each time the child is teething. Parents of patients report this symptom commonly, and Chamomilla can help a family get through this time. There will be general congestion and in some a dry nighttime cough. There usually is an attendant loose stool with the upper respiratory tract infection alongside a grumpy, difficult to please baby, toddler or child.

PATIENT SCENARIO 2

When 21-year-old Robbie came to the clinic, he looked like he was under water. He had a dull look to his usually bright eyes, spoke with a mucous-filled, nasal tone and was finding it hard to keep his head up. He blew his nose continuously, with a pale yellow discharge freely flowing. He had a loose cough, which brought up phlegm. He described getting sick over the long weekend, just not feeling well and maybe having a low-grade fever. He was not too interested in food and just about thirstless. He'd make himself drink because he knew he should, but he was not thirsty.

This usually independent, robust young man while sick preferred to be in the same room with his mom or dad, didn't want to talk too much, but also did not want to be left alone. He spent the past several days lying on the couch, keeping cozy and watching reruns of favorite TV shows.

Discussion

In a case like this where there is copious mild discharge, in a warm and thirstless person, the homeopathic remedy prescribed is Pulsatilla. Those needing Pulsatilla tend to be a bit clingy and emotional, feeling they need to lean on someone and be taken care of. Sometimes the etiology is strictly exposure to the germ; sometimes it is preceded by some kind of emotional upset, where the patient feels abandoned or forsaken.

After taking Pulsatilla 30c two times that day and once the next, Robbie reported feeling clearer-headed, having less mucous in the nose and down the throat, and a return to his usual energetic self. His thirst came back, and within a few days of the remedy, he was symptom-free.

Table 3†
Select homeopathic combination products^{16,17,18}

BRAND	PRODUCT	ACTIVE INGREDIENTS	RELIEVES	AGE
Cold				
Boiron®	Coldcalm® tablets; Children's Coldcalm® Pellets	Allium cepa 3C HPUS Apis mellifica 6C HPUS Belladonna 6C HPUS Eupatorium perfoliatum 3C HPUS Gelsemium sempervirens 6C HPUS Kali bichromicum 6C HPUS Nux vomica 3C HPUS Phytolacca decandra 6C HPUS Pulsatilla 6C HPUS	Sneezing and runny nose Nasal congestion Colds with a sudden onset Sinus pain Headache associated with cold Nasal discharge Sneezing attacks Sore throat associated with colds Colds with a loss of taste and smell	Adults and children 3 years of age and older
Hyland's™	C-Plus Cold tablets*	Eupatorium perfoliatum 3X HPUS Euphrasia officinalis 2X HPUS Gelsemium sempervirens 3X HPUS Kali Iodatum 3X HPUS	Headache, vomiting, cough, sneezing Runny eyes and nose Sneezing with stuffy nose, difficulty swallowing, swallowing causes pain in ear Headache, runny eyes and nose	Children 1 year of age and older
Hyland's™	Cold Tablets with Zinc; Cold Relief 4Kids with Zinc	Aconitum napellus 6X HPUS Allium cepa 6X HPUS Gelsemium sempervirens 6X HPUS Zinc gluconate 2X HPUS	Much sneezing, runny eyes, sore throat with sudden onset Red runny eyes, runny nose; burning discharge Sneezing, headache, sore throat, cough Runny nose and sore throat	Adults and children 2 years of age and older
Zicam®	Cold Remedy RapidMelts®	Zincum aceticum 2X Zincum gluconicum 1X	Reduces duration and severity of the common cold	Adults and children 12 years of age and older
Cough				
Bioron®	Chestal® Honey Cough syrup**	Antimonium tartaricum 6C HPUS Bryonia alba 3C HPUS Coccus cacti 3C HPUS Drosera rotundifolia 3C HPUS Ipecacuanha 3C HPUS Pulsatilla 6C HPUS Rumex crispus 6C HPUS Spongia tosta 3C HPUS Sticta pulmonaria 3C HPUS Honey	Helps loosen thick mucus Dry and painful cough Cough associated with a tickling in the throat Barking cough worse at night Cough associated with nausea Wet cough during the day becoming dry at night Dry cough triggered by cold air Dry, croupy and barking cough Nighttime hacking cough Inactive ingredient	Adults and children 2 years of age and older
Hyland's™	Cough Syrup with 100% Natural Honey 4Kids**	Ipecacuanha 6X HPUS Aconitum napellus 6X HPUS Spongia tosta 6X HPUS Antimonium tartaricum 6X HPUS	Spasmodic, gagging cough Hoarse, dry croupy cough, chest congestion Dry, barking cough Moist cough	Children 2 years of age and older
Cough and cold				
Hyland's™	Cold n' Cough 4Kids® syrup; DEFEND Cold & Cough	Allium cepa 6X HPUS Hepar sulph calc 12X HPUS Hydrastis 6X HPUS Natrium muriaticum 6X HPUS Phosphorus 12X HPUS Pulsatilla 6X HPUS Sulphur 12X HPUS	Watery runny nose, cold, hacking cough, painful throat Cold, sneezing Rattling/tickling cough, sinus congestion, dry/raw/sore throat Dry cough, sore throat Hoarse/dry cough, nasal congestion, chest congestion Spasmodic cough, cold, nasal congestion Chest congestion, nasal congestion, sneezing, burning runny nose	4Kids: Children 2 years of age and older DEFEND: Adults

* Does not contain vitamin C; ** Honey should not be used in children younger than 1 year of age
"HPUS" indicates that ingredients are officially included in the Homeopathic Pharmacopoeia of the United States

† Table compiled by *Retail Clinician* using references noted

Bryonia

The patient needing Bryonia tends to be dry in all ways: dry eyes, dry nose, dry mouth and constipation. The dry cough can lead to a headache. The patient may feel sick, perhaps complaining of vertigo, nausea or both. The upper respiratory tract infection is accompanied by a hard, barking cough accompanied by thirst for cold drinks. Patients generally feel quite irritable and want to be left by themselves. They are aggravated in their symptoms by any motion, so they prefer to keep very still and to be left alone.

Phosphorus

The patient needing Phosphorus will be similar to Pulsatilla, in that he or she will crave and feel better with attention, but he or she is chillier and desires iced cold drinks. It is common to have a hard cough that is worse from talking or laughing. If the cold is producing much nasal discharge, it may be tinged with blood. Those who need this remedy often have looser stools.

Merc sol

With the remedy Merc sol, the patient will have excessive sneezing and attendant mucus. The discharges tend to be acrid and cause the nostrils to become chapped and raw. Patients who need this remedy during an upper respiratory infection tend to have excessive discharges of both mucus and saliva. There also can be an acrid copious discharge from the eyes, which irritates the conjunctiva. The concomitant cough may produce thick, yellow sputum. Patients who need Merc sol tend to feel chilly and want to be well covered. There likely will be a fever, especially at night with perspiration. Concomitant symptoms may include thirst for cold water and a thick, moist tongue, which has taken the imprint of the teeth on its edges. Patients who need Merc sol are usually worse at night and worse in damp and cold weather.

Rhus toxicodendron

The main symptom you will see in patients who need Rhus toxicodendron is restlessness with all of their complaints. There may be ulceration at the tip of the nose or the tip of the tongue. A sore throat with the upper respiratory tract infection, with swollen glands, is a common finding. Dry cough and restlessness

in children or adults, where the patient feels better if he or she can move around, also may be present. There may well be a concomitant desire for cold milk. The patient may feel better when kept warm with blankets or wrapping up.

Arsenicum album

Patients needing Arsenicum album are almost always very chilly; they feel better indoors and away from any chill. There will be a thin and watery, irritating discharge from the nose, even while the nose feels stopped up. Many of the complaints a person needing Arsenicum album presents with have a burning aspect. So the discharges from the nose burn that area, the eyes feel burning and the mucus going down the back of the throat is burning. It may be difficult to swallow due to a burning sore throat. Those needing this remedy are worse as the night goes along, often at their very worst in the middle of the night. The tongue will appear clean and red without excess salivation. Though the patient will be extremely tired, he or she will have noticeable restlessness and will be quite anxious. This can be in an otherwise anxious person, but also in someone who generally is calm. If they develop an acute illness, such as an upper respiratory tract infection, which indicates the need for Arsenicum album, they may develop short-term anxiety. To the advance practice clinician, the extreme fatigue may seem out of proportion to the actual pathology perceived. These patients desire warm drinks and are ameliorated by anything that helps them to warm up.

Combination homeopathic remedies

There also are combination homeopathic remedies available, which are prescribed based more on the diagnosis than the individ-

ual. These combination remedies contain several of the most common remedies for treatment of people with the condition in question and can be thought of in the treatment of upper respiratory infections. These remedies are not applied in accordance with homeopathic philosophy (i.e., these combinations are not recommended based on the whole person and have not undergone a separate homeopathic proving, but rather go by the provings of the respective single entity components); however, many patients have found help using them for the targeted treatment of truly acute disease.

Selecting single-ingredient remedies requires specialized knowledge of homeopathic preparations, as well as time from the care provider. In a retail clinic setting, it may be more feasible to recommend a combination product. See Table 3 for common combination homeopathic remedies. Of note, some manufacturers of combination homeopathic products add botanical or food supplement ingredients to the products, such as honey.

Most homeopathic remedies are applied to small lactose pellets. They are taken by placing them under the tongue or in the mouth and allowing them to dissolve, away from food and drink. It is safe to give these small pellets to infants and those with difficulty swallowing. For combination homeopathic remedies, refer to product-specific labeling for dosing instructions and age limitations, if applicable.

CONCLUSION

Upper respiratory tract infections remain among the most typical reasons patients visit healthcare providers. Increasingly, patients seek CAM approaches to help with common ailments. Homeopathy can be offered as a safe and effective alternative to help patients recover more quickly from URI.

HOMEOPATHY RESOURCES

Below are several resources that provide additional information regarding homeopathy:

- The National Center for Homeopathy:
NationalCenterForHomeopathy.org
- The American Association of Naturopathic Physicians:
Naturopathic.org
- The North American Society of Homeopaths
Homeopathy.org
- “The Complete Homeopathy Handbook” by Miranda Castro

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Learning Assessment

Successful completion of "The homeopathic treatment of upper respiratory infections" is accredited for 1 hour of continuing education credit, of which 0.5 hours are considered pharmacology credit. To obtain credit, answer the following questions and complete the evaluation online at RetailClinician.com.

- Which of the following should be considered in a differential diagnosis for upper respiratory infection?
 - Herpes simplex
 - Otitis media
 - Pneumonia
 - A & C
 - All of the above
- The most common finding upon a physical exam of a patient with an upper respiratory infection will be _____.
 - Fever
 - Tachycardia
 - Inflammation of the respiratory mucosa
 - Occlusion of the paranasal sinuses
- Which of the following are true regarding smoking and upper respiratory infection?
 - Smoking cessation will reduce both the incidence and the intensity of illness.
 - Patients or caregivers should be counseled to minimize the exposure that children or other sick people have to secondhand smoke in the home.
 - Incidence of URI for those exposed to secondhand smoke is decreased.
 - A & B
 - All of the above
- The American Family Physician Guidelines for the Use of Antibiotics in Acute Upper Respiratory recommend which of the following?
 - In patients with sinus infection, acute bacterial rhinosinusitis should be diagnosed and treated with antibiotics immediately.
 - In patients with sore throat, a diagnosis of group A beta-hemolytic streptococcus pharyngitis generally does not require confirmation with rapid antigen testing.
 - Acute bronchitis in otherwise healthy adults should be treated with antibiotics.
 - A period of observation without immediate use of antibiotics is an option for certain children.
- Homeopathic remedies are prepared in accordance with the U.S. Homeopathic Pharmacopoeia, which advises and sets standards and reports to the Food and Drug Administration.
 - True
 - False
- Which of the following principles does not apply to homeopathy?
 - "Like cures like"
 - Clinician should use the maximum dose possible that doesn't cause side effects
 - Any drug that is capable of producing morbid symptoms in the healthy will remove similar symptoms occurring as an expression of disease
 - Clinicians should use the minimal dose possible
- Which of the following are homeopathic remedies that may be used to treat upper respiratory infection?
 - Belladonna
 - Aconite
 - Pulsatilla
 - A & C
 - All of the above
- _____ may be an appropriate single homeopathic remedy for a patient who presents with deep fatigue, also complaining of chills running up and down his spine, and feels damp and sweaty.
 - Gelsemium
 - Pulsatilla
 - Rhus toxicodendron
 - None of the above
- Combination homeopathic remedies are prescribed based more on the diagnosis than the individual and can be useful in the treatment of upper respiratory infection.
 - True
 - False
- Which of the following should be included in patient or caregiver counseling for upper respiratory infection?
 - The importance of hand washing
 - Adequate hydration
 - Getting sufficient sleep
 - All of the above