Natural Remedies for Colic and Colds

Kathi Kemper, MD, MPH

The Ohio State University
Wexner Medical Center
Disclaimer

- I have no relevant financial relationships with the manufacturers of any commercial product(s) or provider(s) of commercial services discussed in this CME activity.

- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

- I am an author of four books for which I hope to receive royalties:
  
  - HarperQuill, “The Holistic Pediatrician”
  - AAP, “Mental Health Naturally”
  - XLibris, “Addressing ADD Naturally”
  - Twin Harbors, “Authentic Healing”
Rationale

- Colic and colds are ubiquitous.
- Many families turn to home remedies and cultural traditions to treat them, but pediatricians seldom receive extensive training in the safety and effectiveness of these approaches.
- This session will help you feel more comfortable talking with patients about commonly used home remedies for colic and colds.
Objectives

1. Describe the safety and effectiveness of non-pharmacologic approaches to newborn colic.
2. Describe the safety and effectiveness of non-pharmacologic approaches to preventing and treating upper respiratory infections.
3. Use evidence-based resources to answer patients’ and families’ questions.
Newborn Colic: 10% prevalence

- 3 weeks to 3 months old (peak at 6 weeks)
- Intense, crying 3 or more hours a day, usually worse in evenings
- Crying 3 or more days per week
- Rule out illness, hair around body part, etc.
- Etiology? competing theories
  - 4th trimester
  - Dietary intolerance/ GI Microbiome
  - Temperament
Foundations of Integrative Therapy

Healthy Habits in a Health Habitat (H4)
Behavioral (Karp) approach: 4th trimester

- Swaddle
- Slow, rhythmic swinging or rocking side to side
- Shooshing
- Stroller walk
- Side or tummy position
- Suck on fingers, toes, or pacifier
- Sounds (white noise); preferred music when crying stops

- RESPOND QUICKLY – teach them to self-soothe

Karp H. 2012
Karp H. 2007
Spoiling? No. Cuddle more!

- Babies who are carried MORE, cry LESS
- Babies carried 4-5 hours daily cry 50% less than babies carried 2-3 hours daily (Barr RG. Pediatrics, 1991)
Nutrition

- Same risk for bottle and natural feeding
- Increased frequency may help nursing babies
- Some babies improve if mom’s stop cow’s milk or other irritating foods (soy, corn, wheat, eggs, chocolate, cabbage, broccoli, onions, peppers, beans)
- Some formula-fed babies improve on hydrolysate formulas
- NO BENEFIT to adding solids, fiber, or juices

Barr RG. *J Dev Behav Pediatr*, 1991
Campbell JP. *JR Coll GP*, 1989
Lothe L. *Pediatrics*, 1989
Smoking
Medications for Colic

NONE proved safe and effective in large RCTs
- Simethicone
- Lactase
- Sedatives
- Alcohol
- Dicyclomine
Probiotics- yes!

- RCT: *L. reuterii* improve colic in nursing babies in Italy
- Confirmed in RCTs in Canada and Poland and in *prevention* trials in Italy

- Typical dose: 100 million cfu
- OTC Products that contain this supplement include BioGaia® and Gerber Soothe ®

Savino F. *Pediatrics*, 2010; 
*Beneficial Microbes*, 2015
Szajewska H. *J Pediatr*, 2013
Chau K. *J Pediatr*, 2015
Indrio F. *JAMA Pediatr* 2014
Herbs?

- 1993 RCT: chamomile, fennel, vervain, licorice, lemon balm; 3-4 ounces daily more effective than placebo
- Fennel oil – yes + RCT
- Traditional remedies include: anise, caraway, catnip, cumin, dill, mints
- No more than 6 ounces daily!

Alexandrovich I. *Alt Ther Health Med*, 2003
Arikan D. J *Clin Nurs*, 2008
Massage? Chiropractic? Acupuncture?

- Massage, maybe
- Chiropractic – better than simethicone in Danish study; British study finds improvement over time
- Acupuncture – mixed results
- Difficult to blind parents to intervention
- Better studies needed
- Tolerate

Cetinkaya B. *Int J Nurs Pract*, 2012
Klougart N. *J Manip Physiol Ther*, 1989
Weiberg JM, *J Manip Physiol Ther*, 1999
Landgren K. *BMC CAM*, 2011
Skjeie H. *Scand J Prim Care*, 2013
COLDs: RISK FACTORS

- Maternal smoking
- Daycare
- Low vitamin D
- 2-4 years old > 5-10 > 11-15
Colds: Treatment

“The only way to treat a cold is with contempt.”

Sir William Osler
COLDS: Traditional Nutrition

- Warm foods, hot tea
- Spicy foods (chili, horseradish, mustard, garlic, galangal root, salsa, wasabi)
- Chicken soup
- Avoid milk? (considered a cold food) – no data that milk makes mucus worse
- “Plenty” of fluids
Honey helps reduce coughs better than placebo and better than diphenhydramine; similar to DM

Avoid in infants < 1 year

Oduwole O. Cochrane Database System Rev, 2014
COLDs: Activity, Sleep, Stress, Environment

- Moderate exercise; excessive exercise increases the risk of colds
- Avoid fatigue; “plenty” of sleep; forced inactivity not helpful
- Stress lowers resistance to colds
- Avoid tobacco smoke
- Steam and sauna—mixed effects in studies
- WASH HANDS!
COLDS: Medications

- No RCT evidence that any are useful for pediatric colds
  - Anti-tussive, expectorants
  - Decongestants
  - Antihistamines
COLDS: Supplements

- No evidence that supra-physiologic doses help for
  - Vitamin A
  - Vitamin E
  - Bee pollen

- Mixed data: zinc, beta glucan

- Yes
  - Vitamin C for kids/athletes
  - Probiotics

- Avoid vitamin D deficiency
COLDS: Vitamin C

- Even modest deficiencies increase the risk of colds
- Those with highest intake have 30% lower risk of developing colds
- Reduces cold duration in kids by 18% using 1-2 grams daily (minimum of 200 mg daily)

Fondell E. *J Am Coll Nutr*, 2011
Hemila H. *Cochrane Database Syst Rev*, 2014
Johnston CS. *Nutrients*, 2014
COLDS: Beta-Glucan

- Soluble fiber in bran, baker’s yeast
- Supplements can improve cold symptoms in endurance athletes and stress adults
- One pediatric study in China reported fewer, shorter colds
- More studies needed
COLDs: Probiotics

- Review of 14 studies of probiotic supplements concluded they
  - Can help prevent colds and school absences
  - Have few side effects
- Combo of vitamin C and probiotics reduced risk of developing colds, duration of symptoms and school absences
- Most studied: Bifidobacteria, Lactobacillus

Hao Q. *Cochrane Database Syst Rev*, 2011
Ozen M. *Expert Opinion Biol Ther*, 2015
Gerasimov SV. *Eur J Clin Nutr*, 2016
COLDS: Avoid Vitamin D deficiency

- Deficiencies linked to significant increase in risk
  - Upper respiratory disease
  - Lower respiratory disease (pneumonia)
- Daily supplements are more effective than weekly or monthly supplements
- I use doses of 600 – 2000 IU daily depending on size of child, sun exposure, and vitamin D level

Esposito S. *BMC Infect Dis*, 2015
COLDS: Traditional herbal remedies

- Calming: chamomile
- Decongestant: Ephedra (beware high doses), eucalyptus, pine oil
- Expectorants: Hyssop, horehound, angelica
- Ant-inflammatory: angelica, bromelain, licorice root
- Demulcent: Slippery elm bark
- Warming herbs: ginger, cinnamon, cloves, allspice, cardamom
- More….
COLDS: Andrographis, Echinacea, Ginseng, Elderberry, Pelargonium

- **Andrographis** – small + RCT using 200 mg daily of a Swedish product
- **Elderberry (Sambucus)** – 15 mL QID helps speed resolution of flu symptoms in adults in several studies
- **North American (Panax) ginseng** – five studies in adults show 25% risk reduction and shorten duration of colds
- **Echinacea** – may help prevent colds
- **Pelargonium (Umcka)**– may help adults’ colds; may help kids’ bronchitis

Saxena RC. *Phytomedicine*, 2010
Kligler B. *Explore*, 2006
Schapowal A. *Adv Ther*, 2015
Weber W. *J Alt Comp Med*, 2005
### Summary: what to do next....

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<thead>
<tr>
<th>COLIC</th>
<th>COLDS</th>
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<tbody>
<tr>
<td><strong>Behavior:</strong> Swaddle, Swinging, Shushing, Side-laying, Sucking</td>
<td><strong>Avoid:</strong> tobacco smoke, stress, daycare, vitamin D deficiency</td>
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<tr>
<td><strong>Avoid</strong> tobacco smoke</td>
<td><strong>Honey</strong> – anti-tussive <strong>Probiotics</strong></td>
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<td><strong>Feed</strong> frequently; carry more</td>
<td><strong>Ineffective:</strong> decongestants, antihistamines, antibiotics, expectorants</td>
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<td><strong>Consider food sensitivities</strong></td>
<td><strong>Supplements:</strong> Vitamin C for kids and endurance athletes</td>
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<td><strong>Herbal remedies:</strong> chamomile, fennel, lemon ballm</td>
<td>Maybe: echinacea (prevention), ginseng, elderberry, pelargonium</td>
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<tr>
<td><strong>Probiotics:</strong> L reuterii</td>
<td><strong>Wash hands!</strong></td>
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Resources

Articles

Websites
- [http://Herbs-supplements.osu.edu](http://Herbs-supplements.osu.edu)

Listservs
- AAP Section on Integrative Medicine ([tsalus@aap.org](mailto:tsalus@aap.org))
- IPIM Listserv: [ldrdoc@alum.mit.edu](mailto:ldrdoc@alum.mit.edu)