



# Treating the Common Cold

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Literature Education Series On Dietary Supplements

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Most people contract one or more colds every year. A cold is caused by viruses that infect cells of the upper respiratory tract. Since there are over 200 different species and strains of these viruses, a cold caused by one virus does not protect a person from catching a cold cause by a different one. This explains why colds can occur one after another or several times a year. An acute sore throat, on the other hand can be caused by a viral or bacterial infection. If your sore throat gets worse no matter what you do, it's probably bacterial and may require a trip to the doctor for an antibiotic. The well known symptoms of a cold include stuffy nose, watery eyes, low fever, aching, and possibly a sore throat. Conventional medical treatment for a cold generally involves rest, aspirin, decongestants, and drinking a lot of fluids. Conventional medical treatment for a sore throat also involves rest, aspirin, lots of fluids, and sometimes antibiotics. Complementary treatment may include the use of certain dietary supplements, discussed below.

## **Vitamin C**

Since the late, great Nobel Laureate, Linus

Pauling first discussed that megadoses of vitamin C might be an effective treatment for the common cold, the medical world has published study after study attempting to prove or disprove Pauling's claim. In some cases, the studies were flawed since the amounts of vitamin C used were hardly megadoses, and were not sufficient to elicit a response.

Placebo-controlled studies have shown that vitamin C supplementation decreases the duration and severity of common cold infections. However, the magnitude of the benefit has substantially varied, hampering conclusions about the clinical significance of the vitamin. In one published review, 23 studies with regular vitamin C supplementation were analyzed to find out factors that may explain some part of the variation in the results. It was found that on an average, vitamin C produces greater benefit for children than for adults. Perhaps of greatest significance, the dose also affects the magnitude of the benefit, there being on average greater benefit from at least 2000 mg daily compared to 1000 mg daily. For example, in five studies with adults administered 1000 mg daily of vitamin C, the median decrease in cold duration was only 6%, whereas in two studies with children administered 2000 mg daily, the median decrease was four times higher, 26%. The studies analyzed in this review used regular vitamin C supplementation. The authors of the review, however, noted that, "it is conceivable that therapeutic

supplementation starting early at the onset of the cold episode could produce comparable benefits.”<sup>1</sup>

In fact, this is exactly what took place in the most recent study (October 1999) involving 252 adult subjects with a cold or flu who were treated with hourly doses of 1000 mg of vitamin C for the first 6 hours, and then 3 times daily thereafter. A control group of 463 subjects were treated with pain relievers and decongestants. The results were that overall reported flu and cold symptoms in the vitamin C group decreased 85% compared with the control group after the administration of megadose Vitamin C. The researchers in this study concluded: “Vitamin C in megadoses administered before or after the appearance of cold and flu symptoms relieved and prevented the symptoms in the test population compared with the control group.”<sup>2</sup>

I’ve also found effective results with the common cold when supplementing with higher doses of vitamin C. I recommend 1000-2000 mg every 2 hours (reduce dose if experiencing loose bowels).

### **Zinc Lozenges**

Zinc’s role in immune function is well established.<sup>3</sup> The use of Zinc in a lozenge form for the treatment of the common cold is also gaining validity. In one randomized, double-blind, placebo-controlled clinical trial, the treatment of the common cold with zinc lozenges resulted in a significant reduction in duration of symptoms of the cold. The zinc group had significantly fewer days with coughing, headache, hoarseness, nasal congestion, nasal drainage, and sore throat. Cold symptoms were over in 4.4 days in the zinc group compared with 7.6 days in the placebo group.<sup>4</sup>

### **Echinacea**

Germany’s *Commission E Monographs* (an internationally authoritative source of credible information on the use of herbs for various disorders) indicates that among

Echinacea’s uses, this herb can be to treat chronic infections of the respiratory tract, including the common cold. It further discusses Echinacea’s action: “In human and/or animal experiments, Echinacea preparations given internally or parenterally have produced immune effects. Among others, the number of white blood cells and spleen cells is increased, the capacity for phagocytosis by human granulocytes is activated, and the body temperature is elevated.”<sup>5</sup>

In addition, the results of a recently published study involving 238 subjects confirmed that Echinacea was safe and effective in producing a rapid improvement of cold symptoms. In the subgroup of patients who started therapy at an early phase of their cold, the effectiveness of Echinacea was most prominent.<sup>6</sup> In a similar study, 246 subjects with a cold were treated with Echinacea preparations or a placebo. Those treated with the Echinacea preparations experienced a reduction of symptoms, significantly more effective than the placebo. The researchers concluded that the Echinacea preparations “represent a low-risk and effective alternative to the standard symptomatic medicines in the acute treatment of common cold.”<sup>7</sup>

### **Homeopathic remedy for colds**

In one clinical study, 170 soldiers suffering from the common cold were treated with either a combination homeopathic preparation, or aspirin. On the 4<sup>th</sup> and 10<sup>th</sup> treatment days, both the homeopathic remedy and the aspirin were found to possess comparative effectiveness in the treatment of the common cold.<sup>8</sup> Another study involving 53 outpatients suffering from common cold found similar results.<sup>9</sup>

### **Vitamin A**

Vitamin A’s role in maintaining healthy epithelial tissue helps to fight infection by preventing the invasion of bacteria or viruses. In addition, children with even mild vitamin A deficiency develop respiratory

infections and diarrhea at two and three times the rate of children with normal vitamin A status.<sup>10</sup>

## Conclusion

Research on herbs and other nutrients is important and necessary. But the bottom line when you use a natural substance to treat your ills is “Will it work for me?” Although I can’t promise that these natural substances will work for you, there are good reasons for you to give it a try. In any case, when you’re sick with a cold get a lot of rest, and drink plenty of fluids. You might also find it beneficial to reduce your intake of dairy products while you have a cold. For many people, dairy products are mucus forming—which is the last thing you need right now while your nose is a non-stop mucus-draining machine.

## References

1. Hemila H, *Med Hypotheses* (1999) 52(2):171-8.
2. Gorton HC, Jarvis K, *J Manipulative Physiol Ther* (1999) 22(8):530-3.
3. Whitney E, Cataldo C, Rolfes S, *Understanding Normal and Clinical Nutrition, Fifth Edition* (1998) West/Wadsworth, Belmont, California, p. 463-4.
4. Mossad SB, et al, *Ann Intern Med* (1996) 125(2):81-8.
5. Blumenthal, M., et al, *The Complete German Commission E Monographs: Therapeutic Guide to Herbal Medicines / CD version* (1998) American Botanical Council, Austin, Texas.
6. Henneicke-von Zepelin H, et al, *Curr Med Res Opin* (1999) 15(3):214-27.
7. Brinkeborn RM, Shah DV, Degenring FH, *Phytomedicine* (1999) 6(1):1-6.
8. Maiwald VL, et al, *Arzneimittelforschung* (1988) 38(4):578-82.
9. Gassinger CA, Wunstel G, Netter P, *Arzneimittelforschung* (1981) 31(4):732-6.
10. Whitney E, Cataldo C, Rolfes S, *Understanding Normal and Clinical Nutrition, Fifth Edition* (1998) West/Wadsworth, Belmont, California, p. 379.



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