



HerbClip™

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**FILE: ■Esberitox®
■Common Cold
■Upper Respiratory Illness**

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RE: Combination of Baptisia, Echinacea and Thuja Improves Common Cold

Naser B, Lund B, Henneicke-von Zepelin H-H, Kohler G, Lehmacher W, Scaglione F. A randomized, double-blind, placebo-controlled, clinical dose-response trial of an extract of *Baptisia*, *Echinacea* and *Thuja* for the treatment of patients with common cold. *Phytomed*. 2005;12:715-722.

Upper respiratory tract infections (URI), generally referred to as the common cold, account for 25 million doctors visits each year in the United States. Antibiotic therapy is the conventional mainstay of common cold treatments; however, a Cochrane Review concluded that the evidence does not warrant the use of antibiotics to treat the common cold. This is because URI are generally caused by viral infections. Antiviral drugs have been developed, but their use requires detection of the specific virus and administration within 72 hours of the onset of symptoms. Over-the-counter (OTC) remedies remain popular. This double-blind, randomized, placebo-controlled, parallel-group, dose-response trial tested the safety and efficacy of Esberitox® (Schaper & Brümmer GmbH & Co. KG, Salzgitter, Germany), an OTC herbal preparation, for the treatment of URI in adults.

Ninety-one volunteers (mean age 42.1 ± 13.0 years) participated in this monocenter study in Milan, Italy. The primary end-point was the number of facial tissues used during the study. The secondary end-points were the supplement's safety, as measured by subject weight, vital signs, and reports of adverse events; length of time until onset of symptomatic improvement, defined as a decrease in the use of facial tissues below baseline; "time to relevant improvement" (as defined as a decrease below 30 facial tissues per day); duration of treatment; and the number of tissues used per day. Included in the study were patients diagnosed with a common cold of not more than 1-day duration and that required the use of facial tissues. Excluded from the study were subjects with chronic disease, such as AIDS or end-stage renal disease; patients on any investigational or cancer chemotherapeutic regimens; pregnant and nursing women; and patients who were allergic to any of the ingredients found in Esberitox.

Subjects received either 19.2 or 9.6 mg Esberitox or placebo 3 times daily until the end of symptoms, which lasted from 3 to 12 days across all subjects. Esberitox contains 3.2 mg of a "native dry extract" (DER 4–9:1) from wild indigo (*Baptisia tinctoria* root), echinacea (*Echinacea purpurea* root, *E. pallida* root), and the aerial parts of thuja (*Thuja occidentalis*).

The mean decrease in the number of facial tissues was inversely proportional to increasing Esberitox dosage ($P = 0.0259$). Improvement in the 19.2 mg group was significantly faster than placebo ($P = 0.0323$). The decrease in tissues used over time was directly related to the Esberitox dose, with a significant difference between groups by day 2 ($P = 0.0112$). The time until less than 30 tissues per day were used was 1.1 days (95% CI 0.52; 1.67), 0.76 days (95% CI 0.28; 1.24), and 0.52 days (95% CI 0.22; 0.82) in the placebo, 9.6 mg, and 19.2 mg groups, respectively. The difference between groups was significant ($P = 0.0175$). Subjects did not report any adverse events.

This trial confirms earlier results from one clinical trial that showed the Esberitox formula is superior than placebo for the common cold.¹ While some clinical trials of *E. purpurea* alone have not shown benefit in the treatment of the common cold,²⁻⁴ these trials suffered various methodological flaws by not using a standardized extract, by tracking subjective feelings of sickness, and using too low of dose. Additionally, plant medicinal properties may work synergistically, and formulas utilizing multiple herbs may be more powerful than single herbs, although this hypothesis has not been tested for these herbs against the common cold. Also in this study, details on symptom reductions were not explored. Nevertheless, the data reinforces promising results for this common ailment.

—John Neustadt, ND

References

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- ²Sperber SJ, Shah LP, Gilbert RD, Ritchey TW, Monto AS. Echinacea purpurea for prevention of experimental rhinovirus colds. *Clin Infect Dis.* May 15 2004;38(10):1367-1371.
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