

# Engystol: A Homeopathic Medication for the Common Cold

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## Introduction

More and more complementary medications are being used in the United States and Europe. These complementary treatments are used for musculoskeletal complaints, vertigo, and mild viral infections, such as the common cold.

Presently, no universal medication for the common cold exists. The antiviral agents available are not necessarily effective. Previous data have shown that alternative treatments may be as effective as conventional treatments for the symptoms of mild viral infections, such as the common cold.

Engystol is a complex homeopathic medication (active ingredients, *Vincetoxicum hirundinaria* [swallow wort] and sulfur) that has been used as a prophylaxis for influenza and the common cold. Recent reports suggest that it stimulates the phagocytic activity of granulocytes in vitro and may increase the percentage of interferon- $\gamma$ -producing lymphocytes in vitro.

In this pilot study, Engystol was compared with conventional treatments (e.g., antihistamines, antitussive medications, and nonsteroidal anti-inflammatory agents) for the common cold. The study was non-randomized and observational, and the duration was 2 weeks or less. Because of this design, the patient groups were not comparable for all variables at baseline, confounding the analysis of results. Therefore,

propensity score analysis was applied to the data.

## Methods

This study was performed in 85 German practices from November 1, 2003, to February 29, 2004. Patients who had upper respiratory infection symptoms indicative of the common cold before enrolling in the study were included. Patients already receiving symptomatic cold treatment; those receiving antibiotic therapy for a secondary bacterial infection of the upper respiratory tract; patients with asthma, allergies, or chronic infections; and those recently receiving therapies that were similar to those in the present study were excluded.

Patients in the homeopathic (alternative) group received Engystol. Patients in the conventional (control) group received over-the-counter cold treatments, including analgesics, nonsteroidal anti-inflammatory agents, and antipyretics. In both groups, the doses administered were decided on an individual basis. In the control group, there was no limit to the number of different therapies used. In the homeopathic group, patients could take other short-term medications but were not allowed long-term analgesics, antibiotics, or anti-inflammatory agents.

The study variables were as follows: fatigue, sensation of illness, chill/tremor, aching joints, overall severity of illness, sum of all clinical vari-

ables, and temperature. All of these variables measured the patients' experiences of illness.

The following symptoms were all evaluated on a scale from 0 to 3 (where 0 indicates no symptoms; 1, mild symptoms; 2, moderate symptoms; and 3, severe symptoms): fatigue, sensation of illness, chill/tremor, aching joints, and overall severity of illness. Temperature (measured in degrees Celsius) was also evaluated. For patients with rhinitis, pharyngitis, laryngitis, or bronchitis, changes in the symptoms associated with these conditions were also examined.

Tolerability was monitored by a 4-point scale based on adverse events (where 0 indicates excellent [no adverse effects]; 1, good [occasional adverse effects]; 2, moderate [frequent adverse effects]; and 3, poor [adverse effects noted with the administration of each study medication]).

## Results

There were 397 patients in this study (175 in the Engystol group and 222 in the control group). Most of the baseline characteristics of the 2 study groups did not differ, including age, sex, height, smoking status, temperature, and scores for sensation of illness, chill/tremor, aching joints, overall severity of illness, rhinitis, pharyngitis, laryngitis, and bronchitis. However, there were several significant ( $P < 0.05$ ) differ-

ences between the 2 study groups. Patients in the Engystol group weighed less and had lower incidences of tracheitis and acute bronchitis than those in the control group, whereas patients in the control group had a slightly lower fatigue score than those in the Engystol group. However, once propensity score stratification was applied, these differences were no longer significant.

The homeopathic study group received Engystol tablets, generally 3 times a day. The dosage was not fixed, and 73.7% of the patients intermittently increased the dosage. The control group most commonly received paracetamol/acetaminophen, aspirin, metamizol, and ibuprofen.

Additional therapies were allowed and used by both groups. In the Engystol group, the most common supplementary therapies included menthol- or chamomile-based inhalations, vitamins, sympathomimetic decongestants, and antipyretic/analgesic agents. In the control group, the most common supplementary therapies included cough remedies (antitussive agents/expectorants), menthol- or chamomile-based inhalations, vitamins, and decongestants.

The results of the study showed no statistically significant difference between the 2 groups for

fatigue, sensation of illness, chill/tremor, aching joints, overall severity of illness, temperature, and sum of all clinical variables.

However, the noninferiority analysis showed a trend toward Engystol treatment for overall severity of illness, aching joints, and temperature; there was a trend toward conventional treatment for fatigue only. For all other variables studied (sensation of illness, chill/tremor, and the sum of all clinical variables), the noninferiority analysis showed no trend toward either treatment group.

One of the main findings of the present study was that significantly more patients using Engystol than those using conventional treatments displayed improvement in their cold symptoms within 3 days (77.1% vs 61.7%;  $P < 0.05$ ).

When measuring satisfaction with treatment, 97.7% of the patients in the Engystol group were “very satisfied” or “satisfied” with their treatment (this was similar to the percentages in the conventional therapy group).

“Excellent” overall tolerability was reported by more patients in the Engystol group than in the control group (89.2% vs 81.2%); this difference was statistically significant ( $P = 0.01$ ) for unadjusted data.

Finally, patients in the Engystol group showed mostly excellent (61.1%) and good (37.7%) compliance (this was similar to the percentages in the control group).

### Discussion

Based on this exploratory, nonrandomized, observational study, Engystol treatment was not inferior to conventional treatments for the

common cold. This conclusion is based on the analysis of their effects on 5 illness-related symptoms (fatigue, sensation of illness, chill/tremor, aching joints, and temperature), on the summary score of all variables, and on overall assessment of illness severity.

In previous studies, Engystol was used as a prophylactic agent for respiratory infections and as an ancillary treatment for viral infections. In vitro studies have shown that Engystol stimulates the immune system in terms of phagocytic activity, granulocyte function, and improved humoral response. However, the biochemical mechanism of Engystol remains largely unknown.

According to the present study, Engystol treatment has several advantages when compared with conventional treatments for the common cold. First, the Engystol group experienced quicker first symptom improvement than the control group. This may be one of the most important factors for patients when evaluating the differences between therapies. Second, although both the Engystol and control groups had good tolerability profiles, the trend was toward a “very good” score in more Engystol-treated patients. Third, no adverse effects were reported for Engystol.

In conclusion, Engystol seems to be as effective as any conventional therapy when treating the common cold. |

### Reference

Schmiedel V, Klein P. A complex homeopathic preparation for the symptomatic treatment of upper respiratory infections associated with the common cold: An observational study. *Explore (NY)*. 2006;2(2):109-114.

*Swallow wort (Vincetoxicum hirundinaria) is one of the active ingredients of Engystol.*