

Therapy of Influenzal Infection in Infants and Young Children

Investigation of a Homeopathic Combination Preparation in the Pediatric Practice

by Helmut Ries

Influenzal infection in infants and young children is a problem confronting us daily in the pediatrician's consulting room. As it is frequently the child's first infection, the guardians are highly concerned, expecting correspondingly decisive conduct from the attending physician. These infections are generally of viral origin, contracted intrafamiliially and primarily affecting the upper respiratory tract. In only a portion of cases do they lead to secondary bacterial involvement of the mucosa, making administration of antibiotic therapy at the initial stage an un-necessarily harsh method of treatment. A sensible alternative is offered by homeopathic combination-preparations, due to their mild and complication-free effectiveness.

Investigation of Viburcol® Suppositories

The preparation Viburcol® Suppositories, which I have come to appreciate due to its dependable effectiveness, was subjected to critical examination in its capacity as a therapeutic agent against infection of the upper respiratory tract. The test results are as follows.

Procedure

All infections occurring in patients under two years of age were included in this study, with the exception of those requiring supplemental antibiotic medication from the onset. A total of 46 cases were treated. Evaluation could not be performed in two of these, due to absence of the patient through reasons of travel and change of residency.

The following criteria were monitored and documented (Figures 1, 2 and 3): temperature, cough, nasal secretion, and restlessness; the factors of tolerance and side-effects were recorded additionally. Classified according to symptom, the following point-value scale was utilized in rating the degree of infection: 2 = intense, 1 = weak, 0 = nonexistent.

Therapeutic success was also evaluated employing an elementary scale of values: 2 = excellent, 1 = satisfactory, 0 = no improvement.

Aware of the difficulties inherent to this type of grouping, due consideration was given to the mode of assessment. The categories chosen, as seen above, were selected due to their suitability to form quantitative statements. The criteria stipulated above were documented during the three-day period of treatment. The patients remained under medical supervision, however, subsequent to this recorded interval as well. Therapeutic success was evaluated by the parents and the physician independently.

Age Composition: The patients' ages averaged approximately 12 months. The youngest was six weeks, and the eldest in this group 27 months of age.

Supplementary Medication: A detumescent nasal agent was prescribed as supportative therapy in the majority of cases, in addition to which nine patients received vegetable-based cough medication. The application of commercially-available liniment was also advised on occasion.

Description of the Preparation

Viburcol® is a homeopathic combination preparation containing six individual components at various levels of potency. This type of combination preparation previously met with nonacceptance among practitioners of classic single-agent homeopathy. As a rule, the single-remedy therapist individually observes each of a patient's symptoms and what is termed "modalities"; then prescribing the appropriate homeopathic single-remedy medication (the simile) on the basis of these observations. Experience has proven, however, that symptoms most frequently appear in combination, making the choice of multiple therapy a logical one. Compared to single-remedy homeopaths, representatives of traditional medicine find "complexity" in a homeopathic medication relatively uncomplicated to apply. For them, no specialized study of a patient's case-history, or "repertorization", is required prior to medicinal selection. As a result, a steady increase in the utilization of homeopathic combination preparations can be noted in today's practices, even among those which are primarily oriented toward traditional medicine. Experience with this carefully-dosed medication has repeatedly confirmed its status as an exceptional asset to the pediatric practice, particularly in treatment of extremely young children.

The following substances are contained in Viburcol®: Chamomilla 1X, Belladonna 2X, Dulcamara 4X, Plantago major 3X, Pulsatilla 2X, and Calcium carbonicum Hahnemanni 8X. Patterned in accordance with acute pathological processes, the potency levels of the individual constituents have been held correspondingly low.

Dosage

Viburcol® Suppositories were administered 2 - 3 x daily, depending upon the patient's age, i.e. 2 x daily for infants, and 3 x daily for older children. We found adjustment of this dosage to be unnecessary during the testing period, although *Sprockhoff* elected to increase dosage in accordance with symptom severity.

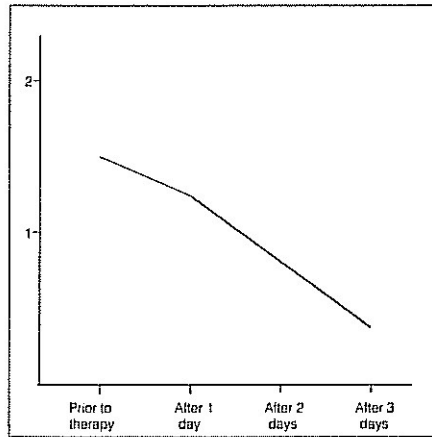


Fig. 1: Average scores for evaluating intensity of nasal secretion in 44 patients; performed prior to therapy, and after 1, 2, and 3 days of treatment.

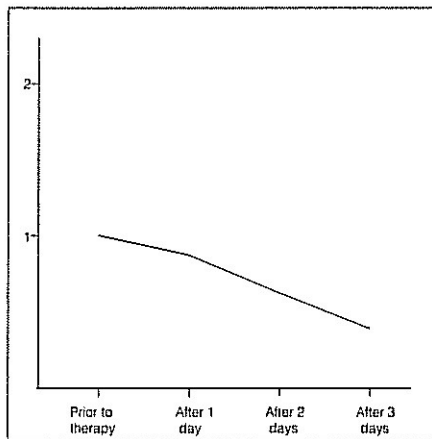


Fig. 2: Average scores for evaluating coughing intensity in 44 patients; performed prior to therapy, and after 1, 2, and 3 days of treatment.

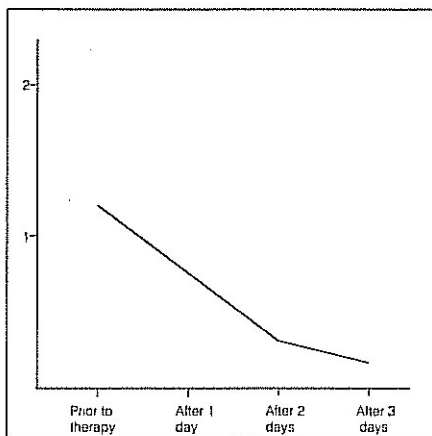


Fig. 3: Average scores for evaluating degree of restlessness in 44 patients; performed prior to therapy, and after 1, 2, and 3 days of treatment.

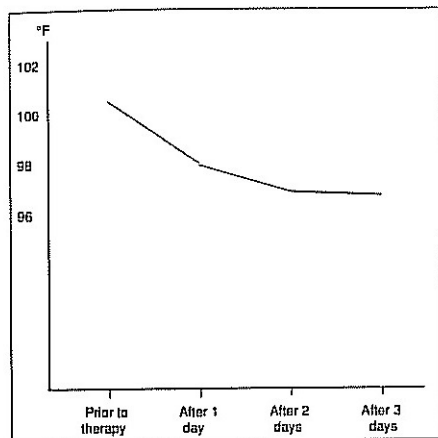


Fig.4: Average temperature values (°F) in 44 patients; performed prior to therapy, as well as after 1, 2, and 3 days of treatment.

Results

As reflected in figures 1, 2, 3, and 4, the pathological symptoms had substantially subsided following 2 to 3 days' therapy. Particularly impressive are the normalization of temperature and elimination of restlessness, which are clearly apparent in the graphs. In the vast majority of cases, catarrhal symptomology also displayed radical improvement.

Tolerance

In none of the cases was intolerance of the medication observed. In one instance, however, the parents reported their child to have fallen into a noticeably sound and lengthy sleep subsequent to administration of Viburcol®. Interruption or change of therapy was therefore unnecessary. In 24 from a total of 44 evaluated cases, therapeutic success was assessed by the patient's guardians as well as myself to be excellent.

In four further instances, the parents rated success of treatment as excellent, whereas my evaluation was "satisfactory", due to the sluggish rate at which catarrhal symptoms improved.

Physician and guardians agreed in evaluating therapeutic success as satisfactory in fourteen other instances. Finally, treatment in two cases remained largely unsuccessful due to persevering catarrhal manifestations, although a reduction in restlessness and fever had been documented here as well.

Summary: During a designated period of time, all uncomplicated viral infections of the upper respiratory tract occurring in children under two years of age were treated utilizing Viburcol® Suppositories. Therapeutic success was impressive, the medication was tolerated unreservedly well, and there were no side-effects. These findings, in addition to the factor of ease of application, make this the preferred medication for treatment of viral infections in patients under two years of age.

Headings: Viburcol® supp., viral infections of the upper respiratory tract in infants and children, influenzal infection.

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