Hoarseness refers to the symptom of changed quality or volume of sound produced when trying to speak. A diagnosis of hoarseness is termed dysphonia.1,2 The pitch or quality of sound when someone has hoarseness has been characterized in a number of different ways, including “raspy,” “scratchy,” “husky,” “weak,” and “breathy”.3 Hoarseness is a common symptom affecting up to approximately 20 million people in the U.S. at any given time, and about one in three individuals becoming hoarse at some point in their life.1 Furthermore, there is a widespread impact from hoarseness, leading to frequent healthcare visits and several billion dollars in lost productivity annually from work absenteeism.1 Although hoarseness might develop in all ages and in both sexes, there is a much higher occurrence in women; in children between the ages of 8 and 14 years; and in those with certain occupations, including teachers and singers, who frequently use their voice.3 Other risk factors for the development of hoarseness are tobacco smoke (primary or secondary exposure), misuse of alcohol, long-term exposure to dusts and vapors, humidity (excess or deficient), and previous or concurrent upper respiratory tract infection (eg, with a rhinovirus or an influenza virus). Some of the well-characterized etiologies include laryngitis (viral, bacterial, or allergic),4 gastroesophageal reflux (eg, in professional singers because of the strong intra-abdominal pressure and anxiety of singing),5 drugs (eg, steroid inhalers used for asthma),6 and malignancy. For example, laryngeal cancer is one of the most common head and neck cancers in the United States, with an estimated 12,290 adults (9,920 men and 2,370 women) diagnosed in 2009 and potentially up to 3,660 deaths (2,900 men and 760 women) annually.7,8 Hypopharyngeal cancer is another type of malignant cause of hoarseness, with an estimated 2,400 adults (1,900 men and 500 women) diagnosed every year in the United States and an etiology linked to misuse of alcohol and tobacco and iron and vitamin C deficiency.9

Table. Treatment for Hoarsenessa

<table>
<thead>
<tr>
<th>Basic and/or Symptomatic</th>
<th>Optional</th>
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</thead>
<tbody>
<tr>
<td>• Phosphor-Homaccord</td>
<td>• Tarpehedreel (if postnasal drip)</td>
</tr>
<tr>
<td>• Arnica-Heel (if severe concomitant infection)</td>
<td>• Gripp-Heel (if caused by influenza)</td>
</tr>
<tr>
<td>• Drosera-Homaccord</td>
<td>• Bronchalis-Heel (if croup)</td>
</tr>
<tr>
<td>• Gripp-Heel (if caused by influenza)</td>
<td>• Spascupreel (if laryngospasms occur)</td>
</tr>
<tr>
<td>• Drosera-Homaccord</td>
<td>• Aconitum-Homaccord (for a crouplike cough)</td>
</tr>
<tr>
<td>• Vinceel (for viral pharyngitis)</td>
<td>• Husteel (for chronic smokers)</td>
</tr>
<tr>
<td>• Spascupreel (if laryngospasms occur)</td>
<td>• Echinacea compositum (for any bacterial infection)</td>
</tr>
</tbody>
</table>

Dosages: Phosphor-Homaccord and Arnica-Heel, 8 to 10 drops 3 times per day. Optional therapy: ampoules, 1 ampoule 1 to 3 times per week; drops, 10 drops 3 times per day; tablets, 1 tablet 3 times per day; throat spray, 1 spray 3 times per day.

Abbreviation: DET, Disease Evolution Table.

a There is no regulation therapy/3-pillar approach for hoarseness because treatment is based on the symptoms of the patient and the specific etiological factors.
Hypertrophic chronic laryngitis refers to a type of hoarseness that develops after persistent irritation to the larynx from misuse of alcohol, tobacco smoking, toxic vapors, and chronic rhinosinusitis. The larynx is erythematous, with simple thickening of vocal cords and chronic hypersecretion of mucus due to the secondary infection. The voice has a modified timbre and weakens substantially with changes in temperature and during various times of the day, such as the evening. Another cause of hoarseness that is more frequent in adults than children is vocal polyps or nodes. The vocal node develops because of an inherent dysfunction of the vocal cords, overuse and abuse of the vocal cords, localized bleeds, and/or inflammatory factors. It presents as an intermittent type of dysphonia with progressive symptoms.

Hoarseness is only a symptom and, therefore, the best management is to determine and treat the underlying cause. Depending on the etiology, natural health products, such as antihomotoxic medications, can be used as safe and effective stand-alone therapies or in conjunction with mainstream medical therapies. A bioregulatory protocol for the symptomatic treatment of hoarseness is shown in the Table.

### References


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