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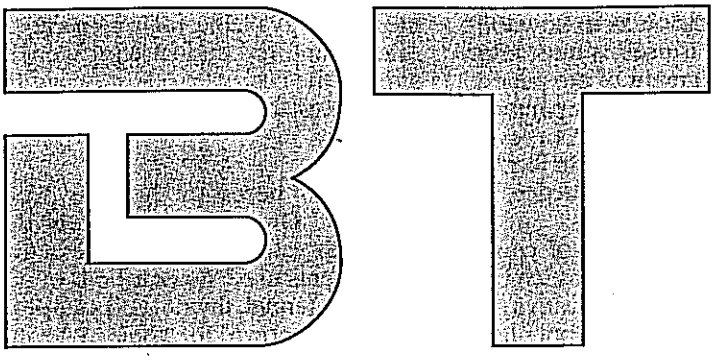

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FEATURE ARTICLE

The Therapy of Rhinitis

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A study conducted on Euphorbium compositum Nasal Spray, without propellant gas, produced by the company Heel. A special printing form "ZFA: Magazine for General Medicine," Volume 60, No. 27, 30 September 1984, pp. 1164-1168, Hippokrates Verlag Publishers, Stuttgart, Germany.

Abstract

Therapeutic tests for treatment of rhinitis were conducted with a total of 94 patients of both sexes and of all ages. The medication tested was Euphorbium Comp. Nasal Spray made by the company Heel.

Treatment was primarily directed to the therapy of acute and chronically relapsing rhinitis, rhinitis with concomitant diseases, and rhinitis with sinusitis. Use of Euphorbium comp. Nasal Spray achieved good results in 81 % of cases, moderately good results in 9 %, and ineffectual results in 10 %. Patients tolerated the preparation "very well" or "well" in all cases. Cases of intolerance were not observed. No reservations are seen with respect to long-term administration of the preparation, especially as used for atrophic rhinitis of varying geneses. In cases of acute rhinitis, Euphorbium Comp. Nasal Spray should, for best effects, be administered in the initial stages. The results of these tests are analogous to those determined by earlier authors.

1. General Fundamentals

The etiology of disorders of the nasal mucosae is extremely extensive and complex, as is reflected by the great diversity of chemical preparations on the market for the therapy of these symptoms. These medications primarily contain active ingredients from the group of sympathomimetics, glucocorticoids, and antibiotics. Only a very few exclusively contain active constituents of plant or biological origin. Causal therapy of rhinitis is possible only in rare cases with preparations of non-biological nature: therapy is therefore restricted to improvement with regard to the symptomatology involved. Side effects of considerable extent must often be taken into account. Patients could probably tolerate such side effects fairly well in most cases; in frequent out-patient therapy of rhinitis, however, the decision as to how long such medication is used is most often left to the lay judgment of the patient. In addition, many of these preparations are not prescription drugs. As a result, the side effects suffered are in fact frequently serious in actual practice.

Antibiotic preparations are of course indicated in grave cases, in which bacterial infection and the sensitivity of pathological agents to antibiotics have in fact been confirmed. Strict supervision by the responsible physician is, however, an absolute necessity here. Vasoconstrictive agents should be employed only for a limited, controlled length of time. They often display immediate effects, and they represent the agent of choice for facilitating access through the passageways to sinus cavities. The reactive hyperemia resulting in these cases demonstrates extremely unpleasant results for lengthy application of such preparations, however. It can be alleviated only by immediate interruption of administration.

Orally applied preparations in treatment of the common cold are often antihistamines and can be extremely dangerous - especially in cases of depot preparations - owing to the fatigue associated with their use, as well as their interaction with other agents - such as even small amounts of alcohol - which is entirely unpredictable on an individual basis. Precarious situations can result with their use in conjunction with the operation of machinery and automobiles. A summary of all the side effects and contraindications associated with sympathomimetics and corticoids cannot of course be provided within the scope of this treatment.

Even greater caution must be exercised in administration of the above-stated preparations to children and infants. Since children are especially dependent on breathing through the nose, rhinitis represents true misery for them and their parents. Proper nasal breathing is also critical in conjunction with drinking.

Pythotherapeutic and homeopathic preparations for rhinitis

On the basis of the facts as related above, it would seem desirable and logical to avail of the extensive offerings of pythotherapeutic and homeopathic medicines available for treatment of rhinitis, and to conduct effectiveness tests on the basis of modern, scientific techniques for confirmation of their suitability.

Caution is necessary here as well, however. One critical factor is the particular galenical form of the active constituents used. Essential oils of eucalyptus, fennel, thyme, and camphor are well known for their relieving effects on irritated nasal mucosae. If these drugs are administered as an oleaginous solution, however, the dilating action of these essential oils on the mucosae (chiefly hydrophilic in nature) will lead to interruption of the ciliary function of the ciliated epithilium in the laryngo-bronchial tracts. This, in turn, results in suspension of essential bodily defense mechanisms in critical regions. In addition, excessive retention time of such essentail oils can also lead to damage. With infants and small children, the dilating effects of the oil can spread as far as the pulmonary alveoli and can initiate shock-lung syndrome.

This latter case is a prime example of improper galenical relationships. It is much more effective to administer the active constituents in an isotonic saline solution, as is the case with the preparation Euphorbium Comp. Nasal Spray, made by Heel. Rinsing with saline solutions alone can effectively lead to dissolutions of secreta in the nasal passages, as every layman can easily experience during a visit to the seaside.

Euphorbium compositum Nasal Spray as medication for rhinitis

Euphorbium compositum is available in the form of drops for oral administration, as injection solution, and as nasal spray with pump dispensing action (without propellant gas).

The preparation contains the following in 100 ml: 1 ml of Euphorbium 4X, 1 ml of Pulsatilla 2X, 1 ml of Luffa operculata 2X, 1 ml of Mercurius bijodatus 6X, 1 ml of Mucosa nasalis suis 8X, 1 ml of Hepar sulfuris 10X, 1 ml of Argentum nitricum 10X, 1 ml of sinusitis nosode 13X, and isotonic saline solution (NaCl) to 100 ml.
The individual constituents can be

Constituent:	Indications:
Euphorbium:	Mucosal catarrh of the upper respiratory passages, e.g. rhinitis and sinusitis; eustachian salpingitis
Pulsatilla (Easter flower):	Migrating symptoms; mucosal disorders; thick, moderate, and yellowish-green excretions; conjunctivitis; rhinitis
Luffa operculata (loofah):	Allergic and vasomotor rhinitis; rhinitis atrophicans; sinusitis; hayfever
Mercurius bijodatus (mercuric iodide):	Angina, especially of viral nature; acute runny nose; catarrh of the paranasal sinuses; suppuration
Mucosa nasalis suis (nasal and sinus-passage mucosae):	Chronic sinusitis; polysinusitis; ozena; nasal polyps; sinus affections
Hepar sulfuris (calcium sulfide):	Tendency to suppuration, especially on skin and lymph glands; tonsillar abscesses
Argentum nitricum (silver nitrate):	Pharyngitis; laryngitis; hoarseness; conjunctivitis; headaches
Sinusitis nosode:	Acute and chronic supppuration of sinus cavities; status lymphaticus; ozena; hayfever

effectively applied for the a.m. indications, in accordance with homeopathic principles of medication:

2. Ethical Aspects

Before further concepts are presented on controlled test studies - also including decisions to be reached on the ethically problematic area of placebo-controlled, double-blind studies - the constraints for such a study should be delineated in the form of a practical survey. General data on possibly clinically relevant test parameters can be obtained from effectiveness and tolerance assessments by patients and their physicians. These data can then be supplemented by information gained by physical, biochemical, and microbiological techniques.

The constitution of the patient, stress, and professional and environmental influences all contribute to the pathology of rhinitis. There are four basic derivations involved here: allergy, chemical and physical irritation, neuro-vegetative disfunction, and infection.

Superimposition of these factors often renders difficult the exact determination of cause: which makes broad-spectrum therapy decisively advantageous. If contraindications are not involved, we then have a good therapeutic agent.

3. Objectives of the study and test plan

The objective of the study was to obtain data, by means of a statistical survey, which may provide conclusions on which broad therapeutic effects can be achieved with Euphorbium compositum Nasal Spray (Heel) for treatment of various diagnosed symptoms in the out-patient practice of a registered earnose-throat specialist. This data material is intended for subsequent further processing and evaluation, to serve in turn as the basis for planning of additional controlled, prospective studies in effectiveness verification for Euphorbium compositum Nasal Spray in treatment of definitely diagnosed disorders in ENT areas. Control groups and all modalities associated therewith were not employed in this initial descriptive study. The population for the study consisted of patients who coincidentally visited the practice of a registered ENT specialist in Germany during the period of time stated below. The following two constraints represented the only selection criteria applied to the population:

- Only outpatients were included in the study.
- Only outpatients were included who had used no other rhinitis medication before administration of Euphorbium compositum Nasal Spray.

Euphoribum compositum Nasal Spray was administered from three to five times daily, with one to two spray injections into each nostril. The patients were instructed to use the preparation until symptoms disappeared. Since guideline values had not previously been ob-tained for the term of administration in the individual diagnosis groups, it was important to prepare precise documentation on the aspect of length of use. Supplementary, specific medicamentous therapy was not provided.

The following supplementary physical therapy was allowed for patients included in the study: electric-light head bath, microwave, inhalation, and Turbofarm. Puncture of the maxillary sinus cavities on an out-patient basis was the only invasive method applied.

In cases of serious complications, the specialist tranferred the patients into hospital for in-patient care. Especially important were data on the patients' being able to continue working, as well as on the appearance of side effects.

4. Patients

Throughout three winter months, I treated a total of 94 patients in my ENT practice with Euphoribum Comp. Nasal Spray. The youngest patient was 6 years, and the oldest, 84. For purposes of this study, we did not select the patients on the basis of age. The sex ratio was approximately 1:1 - 43 female and 51 male. On the basis of general medical experience, it was assumed that the professions held by the patients had an influence on the development of infections in the ENT areas. In conjunction therewith, we attached importance to determining whether job-associated activities were primarily carried out in closed rooms (with and without presence of dust in the air) with only brief breaks in the open, or whether professional activities required lengthy presences in the open air (at least during execution of work duties themselves).

5. Evaluation of Data

In the evaluation of our data, we considered it important to assign patients to groups according to the type of supplementary therapy, and further into sub-groups according to diagnosis. We therefore assigned patients as follows:

Therapy groups:

A Patients with supplementary physical therapy:
Electric-light head bath, microwave, inhalation, and Turbofarm.
Number of patients: 65

B Patients without supplementary therapy.
Number of patients: 7

C Patients with supplementary medicamentous therapy: Sinupret®.
Number of patients: 12

D Patients with various supplementary medicamentous and physical therapy.
Number of patients: 10

Diagnosis groups:

1 Rhinitis (acute, chronic, and/or relapsing).

2 Dry rhinitis.

3 Rhinitis with concomitant diseases:
a. Otitis media and/or syringitis
b. Suppuration
c. Sinusitis
d. Swollen tonsils and septum
e. Pharyngitis
f. Laryngitis
g. Bronchitis
h. Common cold

4 Conchotomy, septum operation, decrustation, puncture of the maxillary sinus cavities.

5 Sinobronchial syndrome.

6 Sinusitis maxillaris.

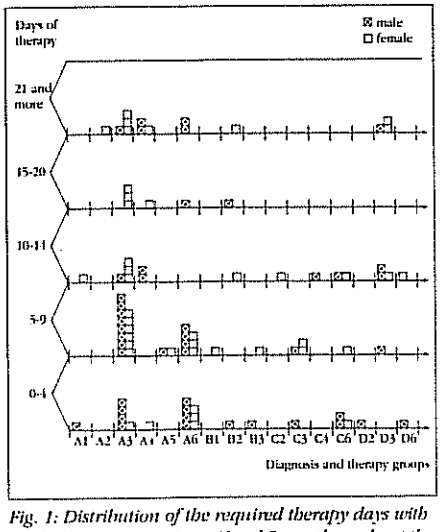

Fig. 1: Distribution of the required therapy days with Euphorbium compositum Nasal Spray throughout the respective diagnosis and therapy groups

6. Discussion of results

Table I provides information on therapeutic success throughout the various therapy groups.

"Good effectiveness" was defined, from subjective assessment, as follows: no headaches, no runny nose, and no phlegm in pharynx. Objectively, the nasal mucosae were completely normal.

"Moderately good effectiveness" was defined, from subjective assessment, as follows: no more headaches, but still a runny nose. Objectively, swelling of the nasal mucosae was still observed.

"Not effective" was objectively defined as persistence of mucosae swelling and secretion, although headaches had stopped from a subjective standpoint.

Table 1

Therapy group A (n # 65)
(with supplementary physical therapy, see under Section 5 above)

1. Tolerance	
36 very good	55.4 %
29 good	44.6 %
2. Effectiveness (patient)	
55 good	84.6 %
6 moderate	9.2 %
4 none	6.2 %
3. Effectiveness (physician)	
54 good	83.0 %
7 moderate	10.8 %
4 none	6.2 %
4. Ability to work	
58 yes	89.0 %
7 no	11.0 %

Therapy group B (n # 7)
(without supplementary physical therapy)

1. Tolerance	
4 very good	57 %
3 good	43 %
2. Effectiveness (patient)	
5 good	71 %
2 none	29 %
3. Effectiveness (physician)	
5 good	71 %
2 none	29 %
4. Ability to work	
7 yes	100 %

Therapy group C (n # 12)
(with supplementary therapy in the form of Sinupret®)

1. Tolerance	
7 very good	58 %
5 good	42 %
2. Effectiveness (patient)	
12 good	100 %
3. Effectiveness (physician)	
12 good	100 %
4. Ability to work	
11 yes	92 %
1 no	8 %

Therapy group D (n # 10)
(with accompanying medication of various kinds)

1. Tolerance	
5 very good	50 %
5 good	50 %
2. Effectiveness (patient)	
5 good	50 %
1 moderate	10 %
4 none	40 %
3. Effectiveness (physician)	
5 good	50 %
1 moderate	10 %
4 none	40 %
4. Ability to work	
8 yes	80 %
2 no	20 %

No side effects with Euphorbium Compositum

The following overall results were obtained for all groups (A to D), with n = 94: tolerance was very good for 55% and good for 45 %. There were no cases of side effects registered. Patients judged effectiveness as follows: 82 % good, 7 % moderately good, and 11 % not effective. The physician judged effectiveness as follows: 81 % good, 9 % moderately good, and 10 % not effective. Ability to work was as follows: 89 % remained at work, and 11 % remained unable.

Case reports

We conclude with the following four cases as further documentation of therapeutic results with Euphorbium compositum Nasal Spray:

Case 1, No. 11: A 23-year-old housewife. Heavy cold for a number of days. Rhinoscopy: copious, watery secretion on both sides. Sonography: swelling of the mucosa in the right maxillary sinus cavity. No more symptoms after a few days of application of Euphorbium compositum Nasal Spray. Spontaneous praise from the patient for the spray.

Case 2, No. 13: A 70-year-old retired woman. Constantly dry nose together with hypertension (probably a medicamentous cause for dryness from antihypertensives). Rhinoscopy: dry nasal mucosae; swollen lower conchae. Euphorbium compositum Nasal Spray felt by patient to be a satisfactory long-term therapy.

Case 3, No. 18: A 20-year-old locksmith. Continuously relapsing colds. Rhinoscopy: watery secretion, with severe swelling of lower conchae. Complete success after five days of treatment with Euphorbium compositum Nasal Spray, as confirmed by patient.

Case 4, No. 40: A 68-year-old retired woman. Complained of extreme dryness in the nose. Rhinoscopy: very dry nasal mucosae. Very impressive success after approximately 4 weeks of therapy with Euphorbium compositum Nasal Spray.

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