There has been renewed interest in herbal products. Two recent randomized trials have shown Echinacea has no effect in adults 2 or kids 3 for the common cold. For ginseng in the form of COLD-FX a trial in 2003-4 reported a modest effect for prevention of colds but no significant effect for treatment (see below). In the Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT), glucosamine and chondroitin sulfate alone or in combination was not more effective than placebo or celecoxib in reducing pain in patients with osteoarthritis of the knee after 24 weeks or after 2 years of treatment. A subgroup of patients with moderate-to-severe pain appeared to benefit at 24 weeks but this effect was lost at 2 years. In addition, glucosamine and chondroitin sulfate alone or in combination showed no benefit over placebo in slowing loss of cartilage in knee osteoarthritis after 2 years. Even despite no direct evidence, LAKOTA’S (which contains glucosamine plus 8 other ingredients) continued marketing efforts has generated much interest in herbal remedies.

### Summary of the COLD-FX trial for PREVENTING colds (American Ginseng: Panax quinquefolium)

#### BACKGROUND
**COLD-FX** was studied in 323 adults age 18-65 with a hx of 2 colds in the previous year; **COLD-FX** was given 400mg/2 caps/day vs placebo for ~4months from Sep 2003 to Apr 2004 in Edmonton, Alberta. (Trial funded by CV Technologies; >4 of 6 authors have connection with company)

**Jackson Score:** sum of severity ratings (1=mild, 2=moderate, 3=severe) for 8 cold sx: sneezing, runny nose, nasal obstruction, sore throat, cough, headache, chilliness, & malaise.

#### EXCLUSION
- Vaccinated against influenza in the previous 6 months; if MS, TB, diabetes, cancer, lupus, HIV, heart/ lung/ renal/ liver/ neurological diseases; if on immunosuppressives, corticosteroids, warfarin, phenalazine, pentobarbital, haloperidol or cyclosporine; if pregnant, lactating or heavy smokers.

#### RESULTS
- **55 vs 64%** NS had 1 cold (Jackson defined); 10 vs 22.8% had ≥2 colds during the 4 months; & Duration of cold: 8.7 vs 11.1days (2.4 days less)

#### LIMITATIONS
- Pactive ingredient & mechanism; Jackson 2 vs 6 day score used thus only more severe illness were evaluated; not intention-to-treat analysis, symptom self-reporting & many excluded in adults, **COLD-FX** d 0.25% colds/person in those who had ≥2 colds in the previous year. Further verification of this result is awaited.

#### BOTTOM LINE
- Handwashing, 14 possibly gargling, 15 & the influenza vaccine 16 are proven to prevent upper respiratory infections. (other interventions lack evidence)
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22. Arroll B. Non-antibiotic treatments for upper-respiratory tract infections (common cold). Respir Med. 2005 Dec;99(12):1477-84. CONCLUSION: Most non-antibiotic treatments for the common cold are probably not effective. The most promising are eucromethan, bisolvon and guaifenesin for cough, antihistamine-decongestant combinations for a wide range of symptoms, nasal decongestants (at least for the first dose) and possibly zinc lozenges.


25. Clegg et al. National Institutes of Health (NIH) Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT). Clegg DO, et al. The response rate for all patients was 60.1% in a placebo group, 64% in a glucosamine hydrochloride arm (500 mg tid); 65.6% in a chondroitin alone arm (400 mg tid); & 66.6% in a glucosamine-plus-chondroitin arm (500 mg/400 mg tid) (p<0.05), according to a study results reported at the American College of Rheumatology, San Diego Nov/05)


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