

TREATMENT OF "COLDS"

In southern California it is often hard to tell the difference between a real head cold and allergic nasal problems. If a child is still in the teething age, we also have to remember that during this period of months, babies can have intermittent nasal congestion and cough. We don't know if it is really related to teething or not, but we know it occurs and that it often is not viral or allergy.

Regardless of what is causing nasal congestion, runny nose or cough, the conditions which most likely lead to secondary infection are lack of nasal humidity and medications which dry the congested or running nose. We live in a very dry climate which takes water out of our bodies throughout the day and causes us to be mildly dehydrated much of the time. This makes thicker mucus. Secondary infections, such as sinusitis, are the result of obstruction. Nature probably created runny noses for a reason. If one thinks of a nice clear little stream and what happens when a log is placed across the flow, we can imagine why the nasal secretions get yellower and greener as the nasal flow slows and the mucus dries and thickens. Changing color of mucus has more to do with drying than it probably does with real secondary infection.

Therefore, what are the things we can do to help with this situation?

1. Nasal saline drops (spray turned upside down) as often as needed. (Usually this is 1-2 drops in each nostril several times per day. Do not suction with bulb syringe, as this will not only remove the moisture you just put

in, but may likely cause swelling of the membranes inside the nose and further obstruct the passages.)

2. A humidifier can be used to increase the humidity in the child's room.
3. Increase oral fluid intake as much as possible.
4. A steamy shower once a day helps to clear the mucus in the nose to prevent blockage. Doing an infant's last feeding in a steamy bathroom will also help moisturize the respiratory passages.
5. If the mucus begins to look green, a small amount of anti-bacterial ointment (bacitracin, neosporin) can be put up the nostril with a Q-tip. This may decrease the chance of bacteria surviving in the thicker secretions. The appearance of "green" mucus does not suggest the need for oral antibiotics.
6. Delsym (OTC) can be used to coat the back of the throat if the child is coughing. It is also helpful to distinguish between post-nasal drip coughs and "chest" coughs. PND coughs will likely improve, whereas "chest" coughs won't.
7. Acetaminophen and ibuprofen have no effect on nasal congestion and many of the cold preparations OTC contain pseudoephedrine which can cause a lot of children to not sleep. This can also have the same effect when taken by nursing mothers.
7. The final medications I suggest are TLC and tincture of time.