

Cough Remedies

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Over 600 ethical and Over-the-counter Cough remedies are listed in drug trade manuals. Most are shotgun mixtures containing varying and often inadequate concentrations of [Antitussives] (Cough-center depressants) expectorant salts, antihistamines, Bronchodilators, and other drugs traditionally employed in cough mixtures whatever the mechanism of the cough disturbance. Some pellets from the shotgun it is hoped will reach the target.

Cough is considered a protective reflex which can often be disregarded but when the cough interferes with sleep or with eating or cause vomiting, pain, dyspnea or heart strain, treatment is called for. Cough is always a symptom, however, and rational treatment is possible only when the cause has been determined.

Some Specific Measures—Treatment of cough should if possible, start with measures aimed at the underlying disease. An appropriate antibacterial agent is the best cough remedy when the Cough is due to a bacterial infection of the respiratory tract. Diuretics and digitalis are the most effective drugs for the relief of cough due to heart failure. The control of environmental factors which aggravate a cough such as tobacco smoke or excessively dry indoor air is often more effective than an antitussive drug where a benign cough provokes excessive anxiety or is a conversion symptom of hysteria an appropriate sedative and psychologic support will be more effective than any cough remedy.

When specific therapy is not possible or is ineffective, cough-relieving measures may be necessary. Disorders of the upper-respiratory tract such as the common cold are usually self-limited if anything more than reassurance is needed. Steam inhalation may be helpful, and Non-medicated candy drops may be useful for their demulcent effect here is no need for, and it is safer not to prescribe, medicated lozenges and troches.

In disorders arising below the epiglottis, cough remedies—oral, parenteral, inhalant or aerosol—are often required. For the cough associated with bronchospasm (as in asthma, chronic bronchitis and pulmonary emphysema) a broncho-dilating drug such as ephedrine is the first choice. An expectorant drug such as potassium iodide may also be useful in liquefying thick secretions. Other traditional expectorants include the ammonium salts, antimony potassium tartrate, terpin hydrate, guaiacol, creosote, squill, and ipecac. All of these drugs reflexly augment the output of respiratory-tract fluid.

To be effective, they must be taken in doses approaching maximum tolerance. Steam inhalation and forcing of fluids are sometimes more effective in loosening tenacious sputum or in relieving a drug than the use of expectorant drugs.

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