

A Multicultural Approach to the Patient Who Has a Common Cold

William F. Pfeiffer, MD*

Author Disclosure

Dr Pfeiffer has disclosed that he is a staff physician at Kaiser Permanente.

Introduction

Symptoms of the common cold are responsible for many health care visits, and medications to alleviate these symptoms are a significant contributor to the costs incurred. Yet, an upper respiratory tract infection (URI) is a self-limited process. Patient education about appropriate symptomatic therapies along with an understanding of appropriate criteria for seeking care could generate significant cost savings in both medications and physician visits as well as reduce the risks of adverse medication reactions.

Pharmacologic Fiddling With the Common Cold

Medications for the common cold, although contributing significantly to health care costs, have not been shown to be efficacious and have demonstrated little to no benefit in children. However, even the most benign-appearing and widely used medications have been associated with significant adverse effects, including death.

Studies have documented that a patient's perception of the efficacy of antibiotics as well as other medications to "cure" the common cold are the primary drivers of many visits to the practitioner. As many as 44% of individuals surveyed believe that antibiotics assist in eradicating colds, and 63% believe that over-the-counter (OTC) medications are efficacious in relieving cold symptoms. This can become a self-perpetuating spiral of unnecessary visits for unnecessary medications because patients who have been given antibiotics for symptoms of the common cold have been shown to believe in their efficacy and to expect their prescription.

Several studies also have demonstrated that many primary care practitioners prescribe antibiotics for cold symptoms with alarming frequency: Up to 40% of patients presenting to a primary care practitioner and receiving a diagnosis of a URI obtain an antibiotic prescription at the end of the visit. This tendency has not been co-opted by any physician specialty, ethnic group, income group, or geographic region; it is commonplace in both managed care and fee-for-service practices; and it is not unique to the United States.

Extrapolations of one study theorized that up to 6.5 million prescriptions (12% of all prescriptions for children) were written for children receiving a diagnosis of a common cold. Another study demonstrated that 26% of all children seen were given unnecessary and potentially harmful medications, accounting for 60% of the total pharmacy costs. Mainous and associates, investigators who have pursued much work in this area, have estimated that a substantial portion of Medicaid costs is for the purchase of ineffective antibiotics and that annual health care costs for antibiotics prescribed by physicians for the diagnosis of a common cold total more than \$37 million.

Immigrants of various ethnic groups have been shown to subscribe to the assumption that antibiotics are effective for URIs. This perception has been shown to be more prevalent among immigrants coming from countries where antibiotics are available OTC. Many people from these countries who subscribe to this belief obtain antibiotics without the assistance of an American physician.

On the brighter side, other studies have demonstrated that most patients are more interested in education than in medication and have demonstrated greater satisfaction when given a diagnosis and information instead of a prescription. These studies imply that patients desire not just our signature on a slip of paper to enable them to purchase an otherwise unobtainable commodity, but they also want from us the commodity that we really do hold exclusively: our insights, our expertise, and our time.

*Section Chief, Honolulu Clinic Pediatric Department, Kaiser Permanente Honolulu Clinic, Honolulu, Hawaii.

Accelerating Diversity in the American Melting Pot

The United States continues to be a haven for new immigrants pursuing the American dream. Many of these newcomers are from countries that represent new ethnic groups in the American quilt, and many immigrants are settling in areas that previously were populated predominantly by American-born citizens.

These newly arrived members of our community bring a variety of tastes and talents and present a variety of challenges to our health care system. From language barriers to differing cultural understandings of disease to varying medication-seeking behaviors, navigation through our health care system is fraught with frustration and uncertainty for many newcomers.

Although many physicians have not had the opportunity to care for recent immigrants, new and surprising data on recent immigration trends demonstrate that physicians soon may find themselves in this unexpected situation. Immigration into the United States is on a rebound from its nadir in the 1970s, and recent data confirm this continued ascent. Immigration was at its peak in the year 1900, when immigrants accounted for approximately 15% of the American population. This figure declined steadily from the 1920s through 1970, when only 4.7% of the United States population was comprised of immigrants. Since that time, this trend has reversed, and immigrants now account for 10% of the current population or 26 million Americans residents. This trend is accelerating, showing no evidence of abating.

At the beginning of the 20th century, 86% of immigrants to America originated from Europe, but Latin America is the original home to more than 50% of today's American immigrants. Another 25% originate from Asia, with Europeans accounting for only 17% of newcomers.

California remains the most popular destination, with 30% of all immigrants settling in this economically, culturally, and geographically diverse state. New York, New Jersey, Florida, Texas, and Illinois account for the permanent homes of another 30% of all immigrants. However, data from the past few years demonstrate an influx of immigrants inland, with North Carolina, Nevada, Kansas, and Indiana experiencing a 50% increase in their immigrant populations in the past 10 years.

As was true for all of our ancestors, today's immigrants have come for the American dream and are willing to work diligently to acquire it and to pass on this opportunity to their children. Of all immigrants, 66% are employed, and excluding Mexican immigrants, 70% are covered by private or public insurance. Fueling many

popular misconceptions regarding immigrants and immigration is the finding that the largest number of immigrants is from Mexico, and most of these people are uninsured. However, only a slight majority of this population is uninsured; 33% of Mexican immigrants pay for private insurance and another 15% carry Medicaid. Vietnamese, Cuban, Russian, Chinese, and Filipino immigrants are covered by private insurance at a rate of 50% to 70%.

These people represent a significant market that can and does pay for medical care, yet they are experiencing a variety of obstacles to obtaining services, including language barriers as well as fears both real and perceived, especially regarding discrimination and encounters with immigration authorities. Statistics demonstrate that these barriers have a significant impact, with immigrants seeking primary care and emergency department visits at a rate approximately 70% less than that of the native-born population.

Reaching Out to Our New American Patients

Hawaii, particularly in the Honolulu area, is one of the most multicultural populations in the world, with active communities and individual immigrants from a variety of areas throughout Asia, Oceania, North America, Latin America, Africa, and Europe. Each ethnic culture has a variety of home remedies for the common cold that have been used, sometimes for generations. These interventions have had no reported adverse effects and are no less efficacious than many of the costly and potentially dangerous prescription and OTC medications used for URIs.

The objective of this article is to provide the practitioner with a database of the terms used for the "common cold" in a variety of languages, along with the home remedies common in specific cultures (Table). Armed with this information, the practitioner can relay the diagnosis to the patient or parent in his or her native language and suggest a native home remedy. This approach has served well in communicating with patients and parents in a manner in which they acknowledge a sudden understanding of the disease process. It also has helped educate patients and parents that antibiotics are not useful and that prescription and OTC medications are unnecessary.

Many misunderstandings can result in frustration when it becomes evident that the physician is not going to deliver a medication to "cure" this condition. When this information is delivered in a lighthearted and friendly manner, along with a demeanor that acknowledges the futility of medications for this condition, I have found

Table. Home Remedies for the Cold from Around the World

Country	Term for the Common Cold	Home Remedies for a Cold
Hawaii	Hanabata (literal translation: "nose butter")	<ul style="list-style-type: none"> • Saimin (noodle soup) • Swim in ocean to promote nasal drainage
Mainland United States	Cold	<ul style="list-style-type: none"> • Tea with honey and lemon • Chicken soup
Tonga	Momoko	<ul style="list-style-type: none"> • Faka-ahu (boil water with orange leaves, put towel over pot and head, and inhale steam)
Samoa	Flu	<ul style="list-style-type: none"> • Lime leaf tea
Micronesia/Truk	Maater	<ul style="list-style-type: none"> • Coconut oil massage • Lemon leaf tea • Inhaled Vics® steam treatment
Pohnpei	Somau en wai (the disease of foreigners)	<ul style="list-style-type: none"> • Ilinuht bark tea (Ilinuhut is a young banana tree. The central part of the bark is pounded with new lemon leaf).
Solomon Islands	Flu	<ul style="list-style-type: none"> • Lemon juice in hot water • Sea coconut (chinese medication) • Inhaled Vics® steam treatment
Philippines	Sipon (Tagalog) Pangateng (Ilocano)	<ul style="list-style-type: none"> • Warm water with kalamansi (small lemon/lime) • Inhaled Vics® steam treatment
Tuvalu	Isumafa	<ul style="list-style-type: none"> • Warm water
Yap	Maar	<ul style="list-style-type: none"> • Coconut oil massage • Keep warm
Marshall Islands	Iuwr (you-ur) for fever	<ul style="list-style-type: none"> • Bokbul (wet towel on forehead)
Japan	Kaze (ka-zay)	<ul style="list-style-type: none"> • Hot water with ginger • Hot water with green turnip • Hot water with pickled plum
Korea	Kamki (kam-key)	<ul style="list-style-type: none"> • Warm ginseng tea • Warm ginger • Kyul cha: tea made from tangerine skin and ginger with honey • Bean sprout soup • Blankets
China	Gan Mao	<ul style="list-style-type: none"> • Hot water with ginger and white part of green onion • Hot water with ginger and sugar • Water with sun-dried fermented lemon • Boiled cola with ginger
Mongolia	Had iad	<ul style="list-style-type: none"> • Hot aarts (acid yak milk) • Shul—(soup with garlic)
Vietnam	Cam Chao	<ul style="list-style-type: none"> • Chao—rice soup with egg and hot pepper • Condensed milk • Inhaled Vics® steam treatment
Cambodia	Phdas Saiy	<ul style="list-style-type: none"> • Rice soup
Thailand	Waad	<ul style="list-style-type: none"> • Sniffing of chopped hom daeng (red onion) • Sponge bath with warm water and hom daeng (red onion)
Bangladesh	Thanda	<ul style="list-style-type: none"> • Ginger tea with cardamon
Pakistan	Surdie	<ul style="list-style-type: none"> • Tea with honey and lemon
Malaysia	Selsema	<ul style="list-style-type: none"> • Tea with lemon
Indonesia	Masuk angin	<ul style="list-style-type: none"> • Chicken soup • Bubur (rice soup) • Jamu (herbal powder to mix with water and drink. Tastes like mud) • Kerok (coining)
India—Malayalam	Jaladosham	<ul style="list-style-type: none"> • Ginger and basal tea with honey, pepper, and jagree (unrefined sugar cane)
India—Hindi—(north)	Zukam	<ul style="list-style-type: none"> • Ginger tea with honey and jagree (unrefined sugar cane), black pepper, and tulsi leaves

Country	Term for the Common Cold	Home Remedies for a Cold
India—Tamil	Chali	<ul style="list-style-type: none"> • Hot water, soup • Coffee
Nepal	Rugha Khoki	<ul style="list-style-type: none"> • Hot water with ginger and tumeric • Inhaled Vics® steam treatment
Sri Lanka	Thadiman	<ul style="list-style-type: none"> • Warm water with lemon and honey
Afghanistan	Rayzesh	<ul style="list-style-type: none"> • Inhaled Vics® steam treatment • No sweets, oily foods, spicy foods, cold foods or drinks • Read passage from the Koran or other holy text
Persia (Iran)	Sarmakhordeghe	<ul style="list-style-type: none"> • Rosemary tea • Chicken soup
Arabic	Falowanza or Rashah	<ul style="list-style-type: none"> • Tea with mint • Chicken soup
Russia	Prostuda	<ul style="list-style-type: none"> • Tea with honey and lemon • Warm milk and honey • Banki (cupping) • Alcohol (vodka and water 4:1) and rice paper compress to neck for sore throat • Gorchichniki (mustard paper) to back or chest
Turkey	Soguk Alginligi	<ul style="list-style-type: none"> • Mint tea • Soup
Hungary	Natha	<ul style="list-style-type: none"> • Kamilla (camomile) tea
Germany	Grippe	<ul style="list-style-type: none"> • Fresh lemon juice with warm water and sugar or honey
Egypt	Bard	<ul style="list-style-type: none"> • Hot water with lemon juice and honey at night • 1 tsp lemon juice and honey in the morning • Warm water with half a lime, fresh mint (1 or 2 leaves) with or without sugar
Holland	Ver Koud Heid	<ul style="list-style-type: none"> • Steam with chamomile tea
France, French-speaking Switzerland	Rhume	<ul style="list-style-type: none"> • Grog (black tea with rum, lemon, and honey) • Mustard paste on chest
Ireland	Cold	<ul style="list-style-type: none"> • Warm cola
Portugal	Constipacao (Constipasao)	<ul style="list-style-type: none"> • Water from boiled watercress • Warm water with 1 Tbsp lemon juice • 1 Tbsp honey with few drops of lemon juice
Guyana	Cold	<ul style="list-style-type: none"> • Barley soup • Ginger tea with honey • Lemon juice with honey
Guatemala	Catarro	<ul style="list-style-type: none"> • Hot lemonade
Puerto Rico	Catarro	<ul style="list-style-type: none"> • Mejurge (me-hur-hea)—mix of boiled onions, honey, or lemon • Jarabe (ha-ra-be)—drink • Miel de aveja—a spoonful of honey • Jengibre (hen-he-brea)—Ginger boiled with milk • Alcolado—anoint with alcohol • Aceiti Alcamporado—Oil for anointing before going to bed
Brazil	Resfriado	<ul style="list-style-type: none"> • Ginger tea with sugar • Garlic around the neck • Inhaled Vics® steam treatment
Peru	Resfrio	<ul style="list-style-type: none"> • Tea with lemon • Change clothes after sweating • Vics® on chest
Panama	Resfriado	<ul style="list-style-type: none"> • Vita Perena (warm tealike drink from pharmacy) • Tea with ginger
Mexico	Resfrio	<ul style="list-style-type: none"> • Tea with honey and lemon • Vics® on chest and soles of feet

that it can diffuse the frustrations associated with a patient's sudden realization of the limitations of Western medicine. It also serves to reach out to the patient in a manner that acknowledges an insight into his or her unique background.

Taking the time to educate patients and parents on the cause, natural history, and treatments (or futility thereof) for the common cold, along with specific indications of symptoms that would imply the necessity for medications or for returning for re-evaluation, can be effective. This may result in cost savings in medications for the initial visit, may reduce future visits due to a better understanding of the symptoms of this common ailment, and even may improve the patient's satisfaction with the visit and with the practitioner.

The database in this article has been obtained from a variety of patients presenting to the Kaiser Permanente Honolulu Pediatric Clinic. Immigrant patients were asked the term for the common cold as well as the home remedy used in their home country. Most of these home remedies have been verified by other patients from the same background.

Interestingly, Polynesians have no term for the common cold in their native languages and have no indigenous remedy for this condition. Some islands have adopted the English vernacular in terms such as "flu" in Samoa or a pidgin combination of terms such as "hanabata" in Hawaii (nose "hana" from Japanese, combined with butter or "bata" in Pidgin English). The people of Pohnpei simply named it for its origin, "Somau en wai," or "the disease of foreigners." In our new world of modern transportation, no one is so remote as to be isolated from the common cold. Pachter and colleagues demonstrated a variety of home remedies used by newly arrived European immigrants. This article is presented with the hope of complementing the knowledge base begun by that group.

A Useful Tool in the Examination Room

This database has been provided in the spirit of assisting physicians in educating patients that Western medicine has not yet identified a cure for this condition and doing so in a manner that recognizes the patient's own cultural uniqueness as well as demonstrating the similarity among all peoples.

"She has a 'sipon'; all she needs is warm water with kalamansi."

"He has a 'gan mao'; all he needs is tea made from ginger with green onion."

"She has a 'resfrio'; all she needs is tea with honey and lemon."

A communication such as this delivered in a light-hearted and friendly tone usually can allay a patient's concerns and often results in a pleasantly startled acknowledgment.

Conclusion

Medications for the common cold are both potentially dangerous and predominantly ineffective and often are sought by immigrant patients as well as American-born citizens. Immigrants comprise an enlarging population throughout many new areas of the United States. While contributing significantly to our cultural and economic health, immigrants experience a variety of barriers in health care. Culturally respectful care, such as the approach described, could begin to break down some of those barriers.

Reaching out to these patients in a manner that is personable, friendly, and respectful of their unique background can result in both personal and economic rewards from this largely insured yet underserved population. The database provided and the approach suggested may help the medical community take a small step toward that goal.

Suggested Reading

- Arroll B, Goodyear-Smith F. General practitioner management of upper respiratory tract infections: when are antibiotics prescribed? *N Z Med J*. 2000;113:493-496
- Braun BL, Fowles JB, Solberg L, Kind E, Healey M, Anderson R. Patient beliefs about the characteristics, causes, and care of the common cold: an update. *J Fam Pract*. 2000;49:153-156
- English JA, Bauman KA. Evidence-based management of upper respiratory infection in a family practice teaching clinic. *USA Fam Med*. 1997;29:38-41
- Gunn VL, Taha SH, Liebelt EL, Serwint JR. Toxicity of over-the-counter cough and cold medications. *Pediatrics*. 2001;108:e52. Available at: <http://pediatrics.aappublications.org/cgi/content/full/108/3/e52>
- Hamm RM, Hicks RJ, Bembien DA. Antibiotics and respiratory infections: are patients more satisfied when expectations are met? *J Fam Pract*. 1996;43:56-62
- Hueston WJ, Mainous AG III, Brauer N, Mercuri J. Evaluation and treatment of respiratory infections: does managed care make a difference? *J Fam Pract*. 1997;44:572-577
- Kahn A, Blum D. Phenothiazines and sudden infant death syndrome. *Pediatrics*. 1982;70:75-78
- Luks D, Anderson MR. Antihistamines and the common cold: a review and critique of the literature. *J Gen Intern Med*. 1996;11:240-244
- Mainous AG, Hueston WJ, Clark JR. Antibiotics and upper respiratory infection: do some folks think there is a cure for the common cold? *J Fam Pract*. 1996;42:357-361

- Mainous AG III, Zoorob RJ, Oler MJ, Haynes DM. Patient knowledge of upper respiratory infections: implications for antibiotic expectations and unnecessary utilization. *J Fam Pract.* 1997;45:75–83
- McKee MD, Mills L, Mainous AG III. Antibiotic use for the treatment of upper respiratory infections in a diverse community. *J Fam Pract.* 1999;48:993–996
- Pachter LM, Sumner T, Fontan A, Sneed M, Bernstein BA. Home-based therapies for the common cold among European American and ethnic minority families: the interface between alternative/complementary and folk medicine. *Arch Pediatr Adolesc Med.* 1998;152:1083–1088
- Sanchez-Menegay C, Hudes ES, Cummings SR. Patient expectations and satisfaction with medical care for upper respiratory infections. *J Gen Intern Med.* 1992;7:432–434
- Schroeder K, Fahey T. Systematic review of randomised controlled trials of over the counter cough medicines for acute cough in adults. *BMJ.* 2002;324:329–331
- Schwartz MP, Wagner PJ. Which medicines do our patients want from us? *J Fam Pract.* 2000;49:339–341

ART CONTEST FOR COVERS OF THE YEAR 2006 AND 2007 ISSUES OF *PEDIATRICS IN REVIEW*

Clinicians: Please see the call for artists ages 5 to 16 years in the April 2005 issue of *Pediatrics in Review*. The notice contains instructions to artists, space for entry information, the address to which entries should be sent, and the due date.

We ask that you post these notices in your office for your patients.