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You *DON'T* Have to Catch That Next Cold  
And If You Do,  
You *DON'T* Have to Feel Miserable

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# COLD CURES

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The *Medical Self-Care* Guide to  
Prevention and Treatment of the  
Common Cold and Flu

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**Michael Castleman**  
Editor, *Medical Self-Care* Magazine

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“A must for everyone interested in suffering less from colds. Practical, medically sound, and humorous, with a fascinating range of approaches—both orthodox and alternative. A real winner!”

Keith Sehnert, M.D., coauthor

*How to Be Your Own Doctor (Sometimes)*

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# AT LAST! MEDICALLY SOUND ADVICE THAT REALLY WORKS!

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Americans suffer a billion colds each year and spend 5 billion dollars annually treating them. The experts agree that much of that money is wasted.

Now save time, money, and a great deal of misery with this lively, comprehensive guide to humanity's #1 illness. With wit and wisdom, author Michael Castleman, editor of the authoritative health magazine *Medical Self-Care*, draws on the latest scientific discoveries to explain the state-of-the-art in cold self-care.

- Who catches the most colds—and why
- How colds *really* spread
- The new science of cold prevention
- How the amazing immune system cures colds—and how many people interfere with it
- Why 4 out of 5 doctors recommend *against* the cold remedies advertised on TV
- How recent research proves Grandma was right
- The surprising truth about vitamin C
- How herbs, chicken soup, hot toddies, traditional Chinese medicine, and even prayer can help
- The promising new cold cure available now
- A harried parents' guide to childhood colds

“Practical, sensible, reassuring, and fun.

Because of *Cold Cures*, I now treat my own colds differently—and more effectively. You will, too.”

Lisa Johnson, M.D., assistant clinical professor,  
*University of California Medical Center.*

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ISBN 0-449-90225-0

COLD  
CURES

*Michael Castleman*

FAWCETT COLUMBINE / NEW YORK

A Fawcett Columbine Book  
Published by Ballantine Books

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Library of Congress Catalog Card Number: 86-92118

ISBN: 0-449-90225-0

Text design by Mary A. Wirth

Cover design by Andrew Newman

Manufactured in the United States of America

First Edition: October 1987

10 9 8 7 6 5 4 3 2 1

*Susceptibility:  
Who Catches Colds—  
and Why*

Cold prevention is discussed in chapter 6, but even without taking any precautions, susceptibility varies tremendously. It's based on many factors, several discovered only recently—and some quite surprising.

*Chilling and Dampness*

Mothers the world over tell their children, "Bundle up or you'll catch your death." They also insist on galoshes and other rain gear because "everyone knows" that damp cold leads to colds. The chill/damp theory is one of the most enduring beliefs about our number-one illness—and the most thoroughly debunked.

Recall that Benjamin Franklin was the first scientist to be left cold by the cold theory of colds. Nobody listened to



him. Years later, physicians repeatedly observed that polar explorers developed surprisingly few colds while exposed for months at a time to temperatures as low as  $-100^{\circ}\text{F}$ . Again, nobody listened. In the 1930s, epidemiologist Wade Hampton Frost, of Johns Hopkins, correlated infirmary visits for colds with Baltimore temperature and weather patterns and found no association. Nobody believed him, either.

When Britain's Common Cold Research Unit was established in 1946, one of the first experiments devised by director Sir Christopher H. Andrewes was a test of the chill/damp theory. Here's how he described it in 1951 in *Scientific American*:

To test the practically universal idea that chilling induces colds, we organized three groups of six volunteers. One received a dose of virus. One was given no virus, but its members were severely chilled. After a hot bath, they were made to stand in a drafty passage in wet bathing suits for half an hour, which left them quite cold and miserable. They were also made to wear wet socks the rest of the morning. The third group received the virus plus the chilling treatment. We performed this experiment three times. In not one instance did chilling alone produce a cold. And in two out of three tests, chilling plus virus produced *fewer* colds than virus alone.

Still, the world turned a deaf ear. So in 1958, University of Illinois researchers H. F. Dowling and G. G. Jackson repeated Andrewes's experiment. They had subjects stand either naked in a  $60^{\circ}\text{F}$  room for four hours or clothed in  $10^{\circ}\text{F}$  for two hours. Once chilled, the two groups were inoculated with cold virus. They developed the same number of colds with the same symptom severity as unchilled, virus-inoculated subjects. But the mothers of the world *still* did not listen. So much for science.

There have been a few other tests of the chill/damp

theory these past thirty years. None have shown any relationship to upper respiratory infection. But even the most rigorous research is apparently powerless against "the practically universal idea" that chilling and dampness are a one-way ticket to the common cold. Cold researchers say they don't worry about getting chilled. But privately, one sheepishly conceded that his wife insists that their children bundle up.

## *Age*

Susceptibility to colds definitely decreases with age. Infants typically suffer up to nine colds during their first year. By age three, the number usually drops below six. Teens usually suffer three or four colds annually, after which the number continues to fall until late in life, when the healthy elderly average just one or two a year.

Children have the poorest personal hygiene. To the extent that self-discipline can prevent the spread of colds (see chapter 6), they have the least self-control. Children also have the least immunity to cold viruses. One of the major tasks of childhood is to "exercise" the developing immune system through frequent exposure to colds and other diseases.

There are, however, two exceptions to the rule that susceptibility decreases with age. Parents experience a sharp jump in colds while their children are young, no matter what their own age at the time. And those who spend considerable time with children—elementary teachers, day-care staff, and so on—catch more colds because they are exposed to so many children's cold viruses.

Crowding is also a factor in childhood colds, especially now that so many infants and toddlers are in day care. Crowding facilitates direct contact. Crowding is also a factor in the high incidence of upper respiratory infections among military recruits.

Increasing age often brings less severe colds. During middle age, the inflammation response subsides somewhat, and histamine production declines (which is why many allergy sufferers notice less severe hay fever as they grow older).

### *Sex*

For reasons unknown, boys suffer more colds than girls until age three, after which girls become somewhat more susceptible. Women's greater lifelong susceptibility probably has to do with their role as children's caretakers. In addition, Dowling and Jackson, whose work on chilling was mentioned earlier, also found that reproductive-age women tend to be particularly susceptible to colds around the time of ovulation each month, presumably because of hormonal changes associated with the menstrual cycle.

### *Income*

Colds tend to decrease as income increases. Low-income people are more likely to have more children and live in more crowded circumstances. Low income is also associated with increased stress levels (see below) and with poor diet, which may impair the immune system.

### *Smoking*

The research here is contradictory. Some studies show that cigarettes increase susceptibility to colds; others do not. But the studies all agree that smokers suffer more severe cold symptoms, especially coughing. Smoking irritates the entire respiratory tract and paralyzes the cilia that clear it of mucus. Several studies also show that children of parents who smoke are more susceptible to all respiratory illnesses.



## *Relative Humidity*

Workers in air-conditioned offices often complain of increased susceptibility to colds and sore throats and usually make the mistake of blaming the problem on chilling. The real culprit appears to be the low relative humidity of refrigerated air. Recall that cold viruses are most effective in dry air and that one function of the nose is to moisten incoming breaths. Low relative humidity dries nasal mucus, opening cracks that allow cold viruses to infect exposed cells. In a Canadian study, schools that had relative humidities of 50 percent experienced half as many cold-related absences as those with relative humidities of only 25 percent. And a British researcher writes that low relative humidity "impairs the immune responsiveness of the nasal mucosa, reduces output of IgA, and may increase susceptibility to upper respiratory tract infections."

## *Other Illnesses*

Those whose immune systems are preoccupied with other illnesses show increased susceptibility to upper respiratory infections (and to lower respiratory complications). The same is true for those whose immune systems have been disabled by immunosuppressive drugs, for example, organ transplant recipients. On the other hand, allergies such as hay fever, which cause coldlike nasal symptoms, do not increase susceptibility to colds.

## *Social Support*

The song says, "People who need people are the luckiest people in the world." Recently, scientists have discovered that they are also the healthiest. The importance of "social support systems"—the friends, spouses, relatives, and organizations we sometimes take for granted—was first

demonstrated in a 1974 study of heart disease by epidemiologists Lisa Berkman and Leonard Syme of the University of California at Berkeley. They unearthed a detailed health and life-style survey completed nine years earlier by seven thousand residents of one California county and analyzed the responses for diet, obesity, smoking, blood pressure, and cholesterol, the risk factors long considered predictive of heart attacks. On a hunch, they also checked "social connectedness," the amount of time the respondents said they spent with other people. Then the researchers checked the county's death registry to see which respondents had died during the intervening nine years. The results were striking. Independent of all other variables, loners had significantly more fatal heart attacks than their more sociable counterparts. And those with the fewest interpersonal connections were *three times* more likely to die of all causes.

Scientists are still not certain why social isolation is so deadly, but many subsequent studies have shown that it correlates strongly with depression and feelings of hopelessness and helplessness, which, among other effects, decrease IgA levels, and generally impair immune responsiveness.

Since the work of Berkman and Syme, social isolation has been shown to be a risk factor not only for fatal diseases, but also for many nonfatal illnesses—including the common cold. A 1980 study by Richard Totman at the Common Cold Research Unit in England subjected fifty-two volunteers to a comprehensive battery of personality, life-style, and stress tests, then inoculated them with a rhinovirus. When the questionnaires were analyzed for social support, "introverts developed significantly more colds with worse symptoms than extroverts."

At first this might seem odd. Since colds are spread by interpersonal contact (see chapter 5), one might assume that isolation would be protective. *Physical* isolation is protective; sailors and Arctic explorers develop few colds. But

*emotional* isolation depresses the immune system and significantly increases susceptibility.

## Stress

Emotional isolation may not feel anything like getting married, sustaining a serious injury, or commuting in rush-hour traffic, but psychologists consider all four of the above quite stressful. Ever since the 1956 publication of Hans Selye's groundbreaking book, *The Stress of Life*, many health authorities have come to believe that "stress"—everyday anxieties and pressures, and all significant life changes, whether good or bad—is as important to health as "germs" are. A tremendous body of research shows that emotional stress increases the risk of many serious illnesses. Several studies show that the same is true for colds. In the study mentioned earlier, Totman found "a highly significant positive association" between stress and cold susceptibility. Subjects under stress caught more colds and worse colds, "clear evidence of a psychosomatic component in upper respiratory infections."



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