Clinical Studies on Esberitox®

Upper Respiratory Tract Infections

Author/Year	Subject	Design	Duration	Dosage	Preparation	Results/Conclusion
Henneicke-von Zepelin *et al*., 1999	Common cold (acute viral URTI)	R,DB,PC, MC (15 centers) n=238 patients (ages 18–70 years)	7–9 days once identified as having a common cold	Three, 20 mg tablets 3x/day	Esberitox® N2	The echinacea combination product was significantly better than the placebo (p=0.0497), with statically significant results in overall well being (p=0.0048), rhinitis (p=0.0581), and bronchitis scores (p=0.1031). This study suggests this to be a safe and effective treatment, and notes the greatest benefits are experienced when beginning the treatment as soon after the onset as possible.
Reitz, 1990	URTI symptoms and signs	R, DB, PC n=150	8 weeks initially with monitoring for an additional year	One 22.5 mg tablet 3x/day	Esberitox® N1	Majority of symptoms and signs at 7 and 14 days were significantly better than placebo, nasal symptoms most predominant. No difference in result from blood work was reported.
Vorberg, 1984	URTI symptoms and signs in patients suffering from common cold	R, DB, PC n=100	10 days	One 15 mg tablet 3x/day	Esberitox® tablet	Echinacea combination group reported significant superiority compared to placebo group in all examined parameters of common cold (p<0.001) including fatigue, reduced performance, runny nose, and sore throat.
Forth and Beuscher, 1981	URTI prevention	R, PC n=95 (not fully double blinded)	16 weeks (Nov–Feb)	25 drops liquid, 3x/day or 1 tablet 3x/day or placebo	Esberitox®	Patients had relative risk reduction of 49% overall even though no apparent difference for the other 7 symptoms were observed in all groups compared to placebo. However, improvements of nasal symptoms were significant.

KEY: **C** – controlled, **CC** – case-control, **CH** – cohort, **CI** – confidence interval, **Cm** – comparison, **CO** – crossover, **CS** – cross-sectional, **DB** – double-blind, **E** – epidemiological, **LC** – longitudinal cohort, **MA** – meta-analysis, **MC** – multi-center, **n** – number of patients, **O** – open, **OB** – observational, **OL** – open label, **OR** – odds ratio, **P** – prospective, **PB** – patient-blind, **PC** – placebo-controlled, **PG** – parallel group, **PS** – pilot study, **R** – randomized, **RC** – reference-controlled, **RCS** – retrospective cross-sectional, **RS** - retrospective, **S** – surveillance, **SB** – single-blind, **SC** – single-center, **U** – uncontrolled, **UP** – unpublished, **VC** – vehicle-controlled.