Editorial

Cough is an annoying and exhausting symptom in a wide variety of respiratory disorders. In this issue, we feature an article on various causes of chronic cough in infants, toddlers, and children and differential diagnoses of this symptom. We also discuss about the benefits of honey and various herbs in treating cough. Koflet, a honey-based polyherbal formulation of The Himalaya Drug Company, is effective in cough associated with acute and chronic upper and lower respiratory tract infections and chronic obstructive pulmonary disease.

Oral/dental problems in children are generally neglected by parents. It is imperative to familiarize parents with the various fundamentals of children’s dentistry so that their children have good dental habits in the future. This issue of Pediritz features a write-up on dental care in children. A scientific update on parents’ myths regarding their children’s teething is also highlighted.

This issue also includes an article that answers to some of the frequently asked queries on practice of baby massage. A section of this article gives information on some of the herbs that are useful in nourishment of baby skin.

Some of the other interesting topics include “Difficult Case,” “Picture Quiz,” and “Upcoming Events.” Send us the correct answers to the “Picture Quiz” and win exciting prizes. We also look forward to receive your valuable suggestions on this newsletter. Do write to us at pediritz@himalayahealthcare.com.

Happy reading!

– Editor
Chronic Cough in Children

“Miss M aged 3 years had cough since 4 months. The cough was persistent with a history of waxing and waning severities, and occasionally associated with fever. Severe cough attacks probably lasted for 2 to 3 days. The patient was advised to try steam inhalation therapy and various types of syrup. Family doctor had prescribed antibiotics on two occasions and detected “wheezy sounds” on auscultation of chest. Frequent episodes of cough affected her day-to-day life. The patient was not eating regularly and failing to thrive.”

This is one of the many instances as to how children present with chronic cough. Chronic cough, defined as coughing for more than 4 weeks, is a common childhood complaint. The prevalence of chronic cough is found to be between 3% and 4% in literature. Girls seem to have a lower cough threshold; however the reason for this difference in gender is not clear. Although acute cough is usually due to viral infection of upper respiratory tract, chronic cough can be caused by various conditions other than infection, some of which may be serious. Majority of chronic cough cases can be successfully treated, and therefore careful history-taking and appropriate investigations are very important.

Causes of Chronic Cough

Chronic cough in children could be due to various causes (Table 1). Some of the common noninfectious causes are described below.

Postnasal drip syndrome

Post-nasal drip syndrome (PND), also known as upper airway cough syndrome, is one of the most common causes of chronic cough and prevalent in children between 6 and 14 years of age. PND is usually caused by allergic rhinitis or chronic rhinosinusitis. The pathogenic factors of PND-induced cough include inflammatory nature of nasal secretion; direct mechanical stimulation of cough receptors by secretions, dripping from nostrils down into hypopharynx; microaspiration of secretions; or nasobronchial reflex.

Gastroesophageal reflux disease

The prevalence of gastroesophageal reflux disease (GERD) as a cause of chronic cough in children is approximately 15%. GERD is reported to be the third most common cause for chronic cough after bronchial asthma and postnasal drip; however, cough as a sole manifestation of GERD, is uncommon in children. History of feeding difficulties or coughing and choking during feeding is highly suggestive of chronic aspiration. These symptoms mostly occur in postprandial period, though it may not always be the case in children.

Dysfunctional swallowing

Children, especially those with neuromuscular disorders or spastic cerebral palsy, are prone to difficulties in swallowing. Medications such as anticonvulsants and neuroleptics used in the treatment of epilepsy and behavioral disorders can affect pharyngeal musculature tone and lead to repeated aspiration and chronic cough. Continuous nasogastric or gastrostomy tube feeding may be necessary in such cases.

Psychogenic and habitual cough

Psychogenic and habitual cough accounts for about 10% of chronic cough. This type of cough usually sounds like “throat clearing” in a nervous and self-conscious patient. An important diagnostic clue of psychogenic and habitual cough is that the cough tends to be worse under stressful conditions and ceases at night or during pleasurable activities. Underlying psychosocial issues should be explored tactfully. Psychological therapy is the mainstay of treatment.

In addition, chronic cough in children can also be due to congenital anomalies, foreign body aspiration, or environmental exposure.
Benefits of Honey in Cough

Honey (*Mel despumatum*), called as "madhu" in Sanskrit, has been used in the Ayurvedic system of medicine for treating several conditions including cough and other respiratory problems. Modern research studies have confirmed the anti-inflammatory, antioxidant, and antibacterial activities of honey against upper respiratory tract pathogens.

**Koflet syrup** is a honey-based polyherbal formulation, recommended for cough of varied etiology. It is devoid of central depressant action, and does not cause sedation, constipation, addiction, or drying of respiratory secretions. It is beneficial in both productive and dry cough. The mucolytic and expectorant properties of Koflet syrup reduce the viscosity of bronchial secretions and facilitate expectoration. The peripheral antitussive action of Koflet syrup reduces the bronchial mucosal irritation and related bronchospasm. In addition, the anti-allergic, antimicrobial, and immunomodulatory properties provide relief from cough.

Koflet syrup is indicated in cough associated with acute and chronic upper and lower respiratory tract infections, cough associated with Chronic Obstructive Pulmonary Disease (COPD), and smoker’s cough.

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**Diagnosis**

Careful and detailed history-taking is very crucial for diagnosis of chronic cough. The history-taking should include information regarding any neonatal problem; feeding history; history of allergies; any infection or illness encountered previously; immunization record; and family history of tuberculosis, asthma, or atopy. Information regarding duration and pattern of coughing alongside any specific triggers, must be collected. Enquiry about environmental history, including exposure to tobacco smoke and pets, should be made. Detailed examination of the respiratory tract including the child’s growth parameters and development are important indicators of disease severity.

“Our index case was referred to a pediatrician, who went into the details of medical history of the patient. It revealed that the patient had eczema as an infant, and a family history of asthma and hay fever. On two further occasions, the patient had distinct rhonchi heard all over the chest. She was diagnosed to have atopic nature and hyperactive airway disorder. Appropriate medical treatment along with some lifestyle modifications resulted in remarkable improvement in all aspects.”

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**Table 1. Differential Diagnoses of Chronic Cough (in descending order of likelihood) in Different Stages of Childhood**

<table>
<thead>
<tr>
<th>Infancy</th>
<th>Early childhood</th>
<th>Late childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroesophageal reflux</td>
<td>Post-viral airway hyper-responsiveness</td>
<td>Asthma</td>
</tr>
<tr>
<td>Infection</td>
<td>Asthma</td>
<td>Postnasal drip</td>
</tr>
<tr>
<td>Congenital malformation</td>
<td>Passive smoking</td>
<td>Passive/active smoking</td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td>Gastroesophageal reflux</td>
<td>Pulmonary tuberculosis</td>
</tr>
<tr>
<td>Passive smoking</td>
<td>Foreign body</td>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>Environmental pollution</td>
<td>Bronchiectasis</td>
<td>Psychogenic cough</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
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</tbody>
</table>

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**Koflet® (SYRUP)**

The cough reliever

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Effect of Honey on Nocturnal Cough and Sleep Quality

Objective
To compare the effects of a single nocturnal dose of buckwheat honey or honey-flavored dextromethorphan (DM) with no treatment on nocturnal cough and sleep difficulty associated with childhood upper respiratory tract infections.

Materials and Methods
One hundred five children aged 2 to 18 years with upper respiratory tract infections, nocturnal symptoms, and illness duration of 7 days or less participated in the study. Intervention included a single dose of buckwheat honey, honey-flavored DM, or no treatment.

A survey was administered to parents on 2 consecutive days, first on the day of presentation when no medication had been given the prior evening and then the next day when honey, honey-flavored DM, or no treatment had been given prior to bedtime according to a partially double-blinded randomization scheme. The main outcome measures were cough frequency, cough severity, bothersome nature of cough, and child and parent sleep quality.

Results
Significant differences in symptom improvement were detected between treatment groups, with honey consistently scoring the best and no treatment scoring the worst. In paired comparisons, honey was significantly superior to no treatment for cough frequency and the combined score, but DM was not better than no treatment for any outcome. Comparison of honey with DM revealed no significant differences.

Conclusions
In a comparison of honey, DM, and no treatment, parents rated honey most favorably for symptomatic relief of their child’s nocturnal cough and sleep difficulty due to upper respiratory tract infection. Honey may be a preferable treatment for the cough and sleep difficulty associated with childhood upper respiratory tract infection.


Herbs Useful in Cough

Vitis vinifera
(Draksha; Grapes)*
- Demulcent
- Expectorant

Ocimum sanctum
(Tulasi; Holy basil)*
- Demulcent
- Anticatarrhal
- Antitussive
- Antiallergic
- Antioxidant

Adhatoda vasica
(Vasaka; Malabar nut)*
- Antitussive
- Mucolytic
- Bronchodilatory

Glycyrrhiza glabra
(Yashtimadhu; Licorice)*
- Expectorant
- Antitussive
- Anti-inflammatory
- Demulcent
- Antimicrobial

Cinnamomum cassia
(Tvak; Cinnamon)*
- Antiviral
- Antibacterial
- Anti-inflammatory
- Anodyne
- Immune-enhancing

*These herbs are used in Himalaya’s Koflet syrup
**Difficult Case**

A 31-year-old woman had a precipitous delivery, at term. The baby was a healthy female and weighed 2.62 kg. No resuscitation was necessary. Examination of the infant by a pediatrician, the next day, revealed genital abnormalities. This was the mother’s second child. The first child was a male, who died when he was 2 weeks old, reportedly due to gastroenteritis.

**Examination**

General examination revealed enlarged clitoris and incomplete fusion of labial folds. Liver was 1 cm palpable. Other systems were normal.

**Questions**

1. Give two further examination details.
2. What is the single most important diagnosis and why?
3. Give two relevant investigations for the above diagnosis.

**Answers**

1) Blood pressure; look for palpable gonads and pigmentation
2) Congenital adrenal hyperplasia; salt-losing crisis
3) Plasma 17-hydroxyprogesterone; urinary metabolites of 17-hydroxyprogesterone

**Discussion**

This child has “ambiguous genitalia” and the most important diagnosis to exclude is congenital adrenal hyperplasia (CAH). Most of these infants suffer from salt-losing crisis and hyperpigmentation of genitalia. CAH is recessively inherited and therefore probably the elder sibling died of it rather than CAH. Diagnosis is done by determining excess production of 17-hydroxyprogesterone (17-OH-P). Most of these infants suffer from salt-losing crisis and hyperpigmentation of genitalia. CAH is recessively inherited and therefore probably the elder sibling died of it rather than CAH. Diagnosis is done by determining excess production of 17-OH-P. This child has “ambiguous genitalia” and the most important diagnosis to exclude is CAH. Other causes of ambiguous genitalia include chromosomal abnormalities, malformation of gonads, and Turner’s syndrome. The most common enzyme deficiency causing ambiguous genitalia with salt-losing crisis is 21-hydroxylase deficiency. Diagnosis is done by determining excess production of 17-OH-P. This child has “ambiguous genitalia” and the most important diagnosis to exclude is CAH. Other causes of ambiguous genitalia include chromosomal abnormalities, malformation of gonads, and Turner’s syndrome. The most common enzyme deficiency causing ambiguous genitalia with salt-losing crisis is 21-hydroxylase deficiency. Diagnosis is done by determining excess production of 17-OH-P.

**Upcoming Events**

- **Event:** Pediatric Endocrine Training 2011  
  **Date:** November 22–25, 2011  
  **Venue:** Calicut

- **Event:** 5th Annual Training Course in Pediatric Nephrology  
  **Date:** January 6–8, 2012  
  **Venue:** All India Institute of Medical Sciences, New Delhi

- **Event:** 18th Annual Conference of Pediatric Orthopedic Society of India  
  **Date:** January 13–16, 2012  
  **Venue:** JW Marriott, Hotel Convention Center, Pune

- **Event:** The 49th Annual Conference of Indian Academy of Pediatrics (IAP)  
  **Date:** January 19–22, 2012  
  **Venue:** Gurgaon

**Product Feedback**

I am prescribing Septilin syrup and tablet in my clinical practice since past 7 years. It is especially beneficial in long-term use and works as a good immunomodulator.

**Dr AB Gunnal**

Consulting Child Disease Specialist  
Maauli Hospital,  
Gyaneshwar Nagar, Ambajogai,  
Maharashtra
Dental care in children is often neglected by both parents and pediatricians. Absence of proper preventive care and early recognition of problems with appropriate treatment can lead to serious dental problems.

Encouraging good oral hygiene habits, early in life, help in preventing dental problems. Good oral hygiene can be maintained by

**Regular brushing**

Mechanical action of brushing helps to clean surfaces of the teeth. A minimum of 2 minutes of brushing, at least twice daily (morning and bedtime), is advisable. It is imperative to replace the toothbrush every 3 months.

**Regular flossing**

Flossing helps to remove food particles and dental plaque present between the teeth. Flossing is recommended as soon as two teeth appear adjacent to each other.

**Healthy snacking**

Avoid carbohydrate-rich snacks and prolonged or frequent bottle-feeding as it promotes development of dental plaques and increases the risk of dental caries.

**Regular checkups**

Visit to a dentist on a regular basis helps in early detection of any dental problems.

### Dental Care in Infants

Primary teeth start erupting when a child is between 6 and 15 months of age and a full set of 20 teeth is attained by the age of 2.5 years. Oral hygiene should begin even before the primary teeth erupt. Gums should be cleaned with a clean damp cloth after feeds to prevent growth of pathogenic bacteria. Teeth should be gently brushed either by a soft toothbrush (without toothpaste) or wiped clean with a gauze at least once a day.

### Dental Care in Toddlers

Toddlers will generally not be proficient at brushing their teeth. Therefore, it is essential that parents or caregiver help them in brushing. Toothpaste can be used as it acts as an abrasive and helps in removing dental plaques and food particles from the teeth. Most toothpastes contain fluoride (at safe concentrations), which helps toughen the enamel and prevent dental caries and gingivitis. However, only small amounts (pea-sized) should be used since children learn to spit toothpaste only by 3 to 4 years of age. Until then, consuming too much fluoridated toothpaste can result in tooth discoloration.

### Dental Care in Young Children

Most children learn to brush well only after 8 years of age. Until then, parents or caregiver must aid the child in brushing all surfaces of the teeth. Fluoridated toothpastes should be used, as fluoride helps to strengthen tooth enamel and prevent caries. Orthodontic treatment can be performed in preadolescent ages itself in case of malalignment of teeth.

### Dental Caries

Caries is one of the common dental problems observed in children and it often goes undetected or is recognized late. Caries usually starts in pits and fissures of teeth and are later seen as cavitations of occlusal surfaces. They may also occur on contact surfaces between the teeth. If caries is rampant, it affects buccal and lingual surfaces of the teeth.
Caries occur due to demineralization of the teeth by organic acids that are produced by bacterial fermentation of dietary carbohydrates. Risk factors for the development of early childhood caries in infants and toddlers include prolonged/frequent bottle-feeding, frequent consumption of sugary snacks, family history of caries, low socio-economic status, and presence of defective teeth.

Treatment of caries involves composite resin restoration, silver amalgams, or use of stainless steel crowns. If left untreated, caries can result in pulpitis, necrosis, dental abscess, and sepsis and may even disrupt the normal development of permanent tooth. In case of severe caries, the primary teeth may have to be extracted to prevent complications.

**HiOra-SG gel for Stomatitis**

Stomatitis, a relatively common oral disease, is characterized by inflammation of soft tissues of oral cavity. Present treatment options for stomatitis are associated with adverse effects and there is a need for novel therapies that are safe and effective. In a controlled clinical trial, HiOra-SG gel (a polyherbal formulation of The Himalaya Drug Company) was evaluated for its clinical efficacy and safety in the management of stomatitis. The study noted a remarkable improvement in overall symptoms associated with stomatitis. A significant reduction ($P<.001$) in mouth ulcers, pain, and swelling were observed at the end of 3 weeks of treatment with HiOra-SG, as compared to placebo. No adverse drug effects were either reported or observed during the entire study period. The beneficial clinical efficacy of HiOra-SG gel in the management of stomatitis could be due to synergistic actions of its potent herbs.

Sukumaran VG, et al.  

**Parents’ Myths Regarding Children’s Teething**

The aims of this study were to (i) investigate parental beliefs about teething signs and symptoms, (ii) investigate the parents’ practices used to alleviate teething troubles, and (iii) provide an educational basis for dental health care providers to educate the parents on this subject. A cross-sectional survey was conducted in a random sample of 1500 parents attending Maternity and Child Health Care Centers. The self-administered questionnaire contained three sections: Section I surveyed demographic characteristics of parents and their children; section II aimed to assess the general knowledge and beliefs of parents regarding their children’s teething; and section III aimed at investigating the practices that the parents would follow to manage teething problems and relieve pain. The analysis of data was carried out using SPSS computer software. Descriptive statistics and Chi-squared test were utilized.

Almost 75% of the participants incorrectly attributed fever, diarrhea, and sleep disturbances to teething, and more than 50% believed systemic symptoms are not related to the process. More than 50% of the participants allowed their children to bite on chilled objects, 76.1% used systemic analgesics, and 65.6% rubbed the gums with topical analgesics to relieve the symptoms associated with teething. This study shows a common lack of knowledge about teething among parents. It is suggested that parents should be educated about the teething process and appropriate management of teething troubles by the dental health care providers.

Owais AI, et al.  
These are the x-rays of a new-born baby. The baby had frothing from mouth and respiratory distress.

**Question**

1) What is your diagnosis?

**Please send in your answers by November 15, 2011 to:**

The Editor – Pediritz  
The Himalaya Drug Company  
Makali, Bangalore 562 123, India  
T +91 80 2371 4444, F +91 80 2371 4480  
pediritz@himalayahealthcare.com  
www.himalayahealthcare.com

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**Winners’ of Pediritz Picture Quiz No. 9**

**Dr Anand Agarwal**, MD (Ped)  
HOD, Pediatrics SDN Hospital Delhi

**Dr Bakul Parekh**, MD, DCH  
Bakul Parekh Children’s Hospital & Multispeciality pediatrics centre  
Ghatkopar (E), Mumbai 77

Correct answer: **Erb’s palsy (of the right hand)**

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**Winners’ of Pediritz Picture Quiz No. 10**

**Dr P Saravanaraja**, MBBS, DCH  
Annav Maternal and child care center, Opp. TCMS, Vellur road  
Tirchengodu 637211

**Dr Suresh Nair**, MB, DCH  
Hallmark, Vasant Oscar, Opp. Green World  
LBS Marg, Mulund (W)

Correct answers:  
1) Rocker bottom foot  
2) Trisomy 18/Edwards syndrome

Each winner gets a gift hamper consisting of a Littmann stethoscope and Bluebeam no contact thermometer

*Winners are chosen by lucky draw*
Laughter—The Best Medicine

A man left the snow-filled streets of Chicago for a vacation in Florida. His wife was on a business trip and was planning to meet him there the next day. When he reached his hotel, he decided to send his wife a quick e-mail. Unfortunately, when typing her address, he missed one letter, and his note was directed instead to the wife of an elderly preacher who had passed away only the day before. When the grieving widow checked her e-mail, she took one look at the monitor, let out a piercing scream, and fell to the floor in a dead faint. At the sound, her family rushed into the room and saw this note on the screen:

Dearest wife,
I just got checked in. Everything prepared for your arrival tomorrow.
PS: Sure it is hot down here.

Standing in front of a boutique, I noticed an impatient looking young man approach an attractive woman, “Would you mind talking to me for a few minutes?” he asked her.

“Why?” she countered suspiciously.

“My wife has been in this shop for a long time,” the man explained, “But I know she’ll come out if she sees me talking to you!”

A collection of documentation statements actually found on charts of patients during a recent review of medical records. These statements were written by various health care professionals, including some doctors, at several major hospitals.

- The skin was moist and dry
- The lab test indicated abnormal lover function
- Occasional, constant, and infrequent headaches
- The patient has been depressed since she began seeing me in 1993.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day the knee was better, and on the third day it disappeared.
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient refused autopsy.
- The patient has no previous history of suicides.
- Skin: somewhat pale but present.
- Patient has two teenage children, but no other abnormalities.
- Rectal exam revealed a normal size thyroid.
- Patient’s medical history has been remarkably insignificant with only a 40 pound weight gain in the past 3 days.
- When she fainted, her eyes rolled around the room.
- Patient was alert and unresponsive.
- Examination of genitalia reveals that he is circus sized.
- While in the emergency room, she was examined, x-rated, and sent home.
Baby Massage

Baby massage is an age-old custom that promotes the overall health of the baby and its benefits are persistently unfolding in scientific research. However, parents will have several ambiguities and concerns about baby massage. Answers to some of the frequently asked queries are given below.

What are the benefits of baby massage?

The benefits of baby massage are several and include physical, emotional, and mental well-being. Premature babies can also be greatly benefited from regular massage. Some of the major physical and emotional benefits of massage are listed below.

Physical benefits

- Improves weight, especially in premature babies, and enhances growth and neurological development
- Improves clinical stability in premature babies
- Reduces muscle tension and relaxes muscles
- Encourages development of flexibility and coordination
- Relieves discomfort from colic, teething, etc. due to release of endorphins and polypeptide hormones
- Keeps babies active and alert
- Improves quality of sleep, especially in babies getting regular massage
- Reduces the incidence of crying
- Aids in circulation of blood
- Strengthens immune system
- Helps in keeping skin soft and moisturized
- Aids myelination of brain and nervous system due to stimulation of skin

- May aid in increasing nutrient absorption and basal metabolic rate through endocrine effects such as increase in insulin and adrenaline, and decrease in cortisol levels

Emotional benefits

For baby:

- Promotes bonding between parent and baby. This is particularly important in premature babies, who would be initially isolated for special medical care. Bonding, which occurs on stimulation of senses (touch, sight, and voice), helps in providing a sense of security to the baby.

For parents:

- Increases self-confidence and esteem
- Relieves stress experienced due to various circumstances, including birth and gives a soothing effect.
- May decrease postpartum depression in mother
- Helps in better understanding of the baby's behavior through verbal and nonverbal communication

Can I give my baby a massage every day?

Yes. Baby massage has been a practice in India and other Asian countries for centuries. The benefits of baby massage are well-known and have been proven in several clinical studies conducted in the last 3 to 4 decades. Giving a massage at least once a day is definitely recommended.
Which oil should I use for massage?

Use a warm, hypoallergenic oil to facilitate gliding movements of the hands over the body surface. Coconut oil is preferable as it is time-tested and is ideal for dry skin. Olive oil is also reported to be useful as vitamin E present in this oil keeps the baby’s skin healthy and lustrous. Nut-based oils such as almond oil should be avoided due to possibility of allergic reaction. Mustard and mineral oils should also be avoided as they can cause contact dermatitis and clog skin pores. Aromatherapy oils are not preferred as they are strong and usually unsuitable for baby’s sensitive skin.

How is the massage given?

There are various aspects to be followed while giving a massage to the baby. Massage should be given in a warm room under calm circumstances. Oil should be warm or may be warmed up in the hands of person (caregiver) giving the massage. Fingernails of the caregiver should be trimmed to avoid trauma to the baby’s delicate skin. Massage should not be given just before or after a feed.

The baby may be placed on a flat soft surface or on the caregiver’s stretched out legs. Massage can be started on the face with gentle short movements and then over the abdomen with soft circular movements. Gentle but firm and smooth gliding “milking” strokes are then used over the limbs. After turning the baby into a prone position, gentle but firm smooth strokes can be used over the back in an upward direction.

While giving a massage, the caregiver can engage the baby with soft talk or a song and a steady eye contact. After the massage, the baby should be wrapped in warm clothes and blanket.

Up to what age can I give my baby a massage?

Massage is generally recommended until at least 18 months of age. The benefits of massage extend to toddlerhood and even early childhood. Therefore, a massage can be given as long as desired.

Herbs for Skin Nourishment

**Withania somnifera***

*Withania somnifera*, also known as Ashvagandha/Winter Cherry, possesses restorative, nourishing, rejuvenating, antioxidant, and antibacterial activities. *W. somnifera* is also helpful in improving skin tone. In addition to these properties, numerous studies have documented anticancer activity of this herb in ultraviolet B radiation-induced skin carcinomas.

**Sida cordifolia***

*Sida cordifolia*, also known as Bala/Country Mallow, has been found to possess antioxidant, analgesic, and anti-inflammatory activities. Traditionally, oil extracted from this herb has been used as an external application to prevent muscular atrophy and torticollis. The root extract of this herb is found to exhibit antistress activity.

**Olea europaea***

*Olea europaea*, also known as Jaitun/Olive, is useful in treating minor skin burns, psoriasis, and pruritus. The oil of *O. europaea* is known to possess antioxidant, skin nourishing, and antimicrobial properties.

**Aloe vera***

*Aloe vera*, also known as Aloe/Kumari, has anti-inflammatory activity and protects from radiation-induced dermatitis. Topical application of A vera gel moisturizes skin and plays an important role in wound-healing process.

**Vetiveria zizanioides***

*Vetiveria zizanioides*, also known as Ushira/Khus-Khus, is a potent emollient and acts as a good moisturizing and soothing agent. The root infusion of this herb has antiperspirant, cooling, and astringent properties.

*Extracts are used in Nourishing Baby Oil*
Offers a range of products...

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Unparalleled in liver care

Septilin® (Syrup, Tablet)
Builds the body's own defense mechanism

Bonnispaz® (Drops)
Changes colic to frolic in minutes

Bonnisan® (Drops, Liquid)
Keeps babies healthy and happy

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Channelizes mental energy

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The healing stoma gel

...that ensures a joyous and healthy childhood.

The Himalaya Drug Company
Makali, Bangalore 562 123, India

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