



Shandi University

Graduate college and Scientific Research



**Assessment of Community Knowledge Regarding
Herbal Medicine for Common Cold in Almnagel**

**A Thesis Submitted In Partial Fulfillment For The
Requirements For The Degree Of Master In
Nursing**

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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

﴿اَقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ ﴿١﴾ خَلَقَ الْاِنْسَانَ مِنْ عَلَقٍ ﴿٢﴾ اَقْرَأْ وَرَبُّكَ الْاَكْرَمُ ﴿٣﴾ الَّذِي عَلَّمَ بِالْقَلَمِ ﴿٤﴾ عَلَّمَ الْاِنْسَانَ مَا لَمْ يَعْلَمْ﴾

صدق الله العظيم

سوره العلق (1-5)

DEDICATION

A LOT OF THANKS FOR MY GOD



TO MY

Love (AMAR ABDALLA ALSDIEEG)

LIFE (MOTHER AND FATHER)

(MAZAHER AND MOHAMED ALAMEEN)

BELOVED BROTHER (MUHAND)

BELOVED SISTER (MAWADA)

LITTLE BROTHER (AWAD)

TWINZ BROTHERS

(ABDALLA and ABDALRAHMAN)







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Greater Thanks For My
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Families & MY HUSBAND

Greater Thanks For
Supervisor Dr: SONIA
Faculty Of Nursing Science
All BatchES And For My Best Friends
And For Every Body Who Help And
Support Me



ABBREVIATION

NO	Abbreviation	Items
1	CAMs	Complementary and Alternative Medicines
2	ARTI	Acute Upper Respiratory Tract Infection
3	TM	Traditional Medicine
4	TCM	Traditional Chinese Medicine
5	CPMs	Chinese Patent Medicine
6	CPHMs	Chinese Proprietary Herbal Medicines
7	RSV	Respiratory Syncytial Virus
8	EDL	Essential Drug List
9	RCTs	Randomized Controlled Trials
10	NCHs	National Center for Health Statistics
11	UN	United Nation
12	EU	European Union
13	WHO	World Health Organization
14	FDA	Food and Drug Administration
15	MHRA	Medicine and Health care product Regulatory Agency
16	RCTs	Randomized Controlled Trials
17	SSID	Sum of Symptom intensity differences
18	CBM	Chinese Bio Medical

19	CSs	Case Series
20	RR	Relative Risk
21	C	Category
22	CI	Confidence Interval
23	SPSS	Statistic package for Social Science
24	MD	Mean Difference

Abstract

Background

The common cold among the most common infections of the respiratory system and caused by infection with a virus also considered Is one of the most dangerous and common diseases in the world wide. High rate of spread among the people, especially in winter and autumn although it can occur at any time of year

The common cold is a viral illness that affects persons of all ages, prompting frequent use of over-the-counter and prescription medications and alternative remedies. Treatment focuses on relieving symptoms (e.g., cough, nasal congestion, rhinorrhea).

Objective

The aim of this study to assess the knowledge of community about the common cold and herbal medicine use for treatment of common cold .

Method

This is Descriptive cross-sectional community based study carried among people to assessment of community herbal knowledge regarding herbal medicine for common cold in Almnagel area

Result

The study of community knowledge in Almnagel area regarding the use of herbal medicine for treatment of common cold is satisfy 35.5 % has an very good knowledge about the sings and symptom of common cold, 85%prefer the herbal medicine for treatment of common cold .

Conclusion

Knowledge peoples about the herbal medicine use for treatment of common cold by herbal medicine is acceptable but needs more enhancement it is recommended for sustained effort to rise the knowledge about important ,common cold (definition, cause , transmission ,risk factor , prevention ,complication),herbal medicine for treat it.

Key Word

Common cold

Herbal medicine.

ملخص الدراسة

الخلفية

نزلات البرد من الإصابات الأكثر شيوعا في الجهاز التنفسي والناجمة عن العدوى بفيروس وتعتبر واحدة من أكثر الأمراض خطورة وشيوعا في جميع أنحاء العالم. ارتفاع معدل الانتشار بين الناس بنسبه عاليه ، خصوصا في فصل الشتاء والخريف على الرغم من أنه يمكن أن تحدث في أي وقت من السنة. نزلات البرد هو مرض يصيب الأشخاص من جميع الأعمار، مما دفع الاستخدام المتكرر لأكثر من وصفة طبية وايضا العلاجات البديلة. العلاج يركز على الأعراض والتخفيف على سبيل المثال (السعال، احتقان الأنف، سيلان الأنف).

الهدف

الهدف من هذه الدراسة لتقييم معرفة المجتمع حول نزلات البرد و استعمال الأدوية العشبية لعلاج نزلات البرد.

الطريقة

هذا هو وصف لدراسة المجتمع مستعرضة فيها اجابه الناس على الاسئلة المطروحه لتقييم المجتمع حول المعرفة العشبية واستخدامها في نزلات البرد .

النتيجة

دراسة المعرفة في منطقه المناقل بشأن استخدام الأدوية العشبية لعلاج نزلات البرد مقبولة 35.5% لديها معرفة جيدة جدا حول علامات وأعراض نزلات البرد، و 85% يفضلون الأدوية العشبية لعلاج نزلات البرد.

الاستنتاج

الشعوب المعرفة حول استخدام الأدوية العشبية لعلاج نزلات البرد عن طريق الأدوية العشبية مقبولة ولكن يحتاج الى مزيد من تعزيز فمن المستحسن بالنسبة للجهد متواصل لرفع المعرفة حول أهمية، نزلات البرد (تعريف، والسبب، ونقل، عامل خطر والوقاية ومضاعفات) ، الأدوية العشبية لعلاج ذلك.

مفتاح كلمة

نزلات البرد
الأدوية العشبية.

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Chapter one

Introduction

Justification

Objective

1.1. Introduction

Sudanese are more likely to be infected with colds and develop complications. This may be explained by issues such as poverty and overcrowding rather than by ethnicity. The common cold among the most common infections of the respiratory system and caused by infection with a virus also considered is one of the most dangerous and common diseases in the world wide. High rate of spread among the people, especially in winter and autumn although it can occur at any time of year. The common cold, is one of the most common reasons patients visit a primary care clinician and accounts for over 25 million office visits in the United States each year.^{1} The more prevalent in children and the elderly because the immune system is weak. In total over 200 different viral types are associated with colds.^{2}

They are rarely dangerous to healthy adults or children, but may occasionally be dangerous to infants, the elderly or other at-risk groups

Approximately 1 in 4 or 22.79% or 62 million people in USA "62 million cases (NIAID); 23.6 per 100 (NHIS96) In the course of a year, individuals in the United States suffer 1 billion colds^{1}

Shows that 8,923,477 from people in the Sudan have colds.62, 000,000 per year, 5,166,666 per month, 1,192,307 per week, 169,863 per day, 7,077 per hour, 117 per minute, 1 per second. "62 million cases (NIAID); 23.6 per 100 (NHIS96); estimated 1 billion colds in the USA annually; Children get 6-10 yearly, adults 2-4 yearly; over 60's less than 1 a year."

The National Center for Health Statistics (NCHS) estimates that, in 1996, 62 million cases of the common cold in the United States required medical attention or resulted in restricted activity. In 1996, colds caused 45 million days of restricted activity and 22 million days lost from school, according to NCHS.^{1}

The common cold (also known as nasopharyngitis, rhinopharyngitis, acute coryz^{3} head cold, or simply a cold) is a viral infectious disease of the upper respiratory tract which primarily affects the nose.

Herbal medicine is the oldest form of healthcare known to mankind. Herbs had been used by all cultures throughout history

People across the world have been using herbal medicines since ages. Although there is no scientific backing associated with the use of herbal medicines, individuals have been able to sustain full faith on this remedy which has a history of more than 5000 years for curing various ailments.

Herbalism ("herbology" or "herbal medicine") is use of plants for medicinal purposes, and the study of such use. Plants have been the basis for medical treatments through much of human history, and such traditional medicine is still widely practiced today

Herbs include crude plant materials such as leaves, flowers, fruits, seeds, stems, wood, bark, roots, rhizomes or other plant parts, which may be entirely fragmented or powdered. Herbal medicines are defined as plant-derived materials or preparations with therapeutic or other human health benefits that contain either raw or processed ingredients from one or more plants ^{4}. A World Health Organization survey revealed that about 70–80% of the world population rely on non-conventional medicine mainly of herbal sources in their primary healthcare. ^{5}

It has been estimated that one third of Americans use herbal products with herbal medicine sales in United States reaching an estimated total of about US\$3.24 billion (RM 12.3 billion) in 1997. In the same year, Malaysians spent about RM 2.0 billion on herbal medicines. This amounts to about RM 45.00 spent on herbals per person per year in the United States compared to about RM91.00 per person per year in Malaysia taking into account populations of 273 million and 22 million respectively ^{6} About 17.1% of Malaysians used herbs to treat their health problems while 29.6% of them consumed herbs for their health maintenance ^{7}. Herbal medicines was the most frequent type of Traditional/Complimentary Medicine used (49.4%) by adult patients attending Family medicine clinic at Hospital University Sains Malaysia ^{8} A survey released in May 2004 by the National Center for Complementary and Alternative Medicine focused on who used complementary and alternative medicines (CAM), what was used, and why it was used. The survey was limited to adults, aged 18 years and over during 2002, living in the United States. According to this survey, herbal therapy, or use of natural products other than vitamins and minerals, was the most commonly used CAM therapy (18.9%) when all use of prayer was excluded ^{{9 }{10}}

1.2. Justification

The common cold is most common human disease and effect people all over the global.

I conduct this research because the common cold is highest diseases treated with herbal medicine in compare with other types of diseases especially in Sudan. *To help them gain knowledge about herbs and allow them to make informed health care decisions.*

1.3Objectives

1.3.1 General objective

Assessment Of Community Knowledge Regarding Herbal Medicine Use For Treatment Of Common Cold.

1.3.2. Specific objective

1. To assess the knowledge of community about Signs and symptom of common cold
2. To evaluate the Management of common cold by herbal substance.
3. To determine herbal medicine commonly used in common cold
4. To assess the relationship between level of education and uses of herbal substance for management of common cold
5. To assess the reason for why the use of herbal medicine for treatment of common cold

1.4 Hypothesis

I think there is low % of people known about the importance of herbal medicine

Use in treatment of common cold.

1.5 Problem statement

Herbal medicines and supplements are known to have been used by Sudanese people to treat different elements and diseases especially the common cold

Chapter two
Literature
Review

Literature review

2.1 Literature review

2.1.1. Background

The common cold, or acute upper respiratory tract infection (ARTI) is caused by infection with a virus one of the most common reasons patients visit a primary care clinician and accounts for over The common cold is more prevalent in the elderly and infants and preschoolers. Young children are more vulnerable because their immune systems haven't matured and haven't developed resistance to most of the culprit viruses. 25 million office visits in the United States each year.

2.1.2 Signs and symptoms

Symptoms usually begin 2 or 3 days after you are infected with a cold virus and last 2 to 14 days. Because you can get a cold by inhaling cold viruses or by touching your eyes or nose after you touch surfaces with cold viruses on them.

Symptoms of the common cold include low-grade fever ^{11}, sneezing, watery eyes, runny nose, stuffy nose, body aches, headache, fatigue, sore throat^{12}, and cough ^{12}, Nasal congestion, Muscle ache ^{11}, Loss of appetite ^{11}, Rhino rhea, Watery eyes, Malaise, Sinus congestion, Ear pressure, sputum ^{13} viruses than can cause the common cold.

2.1.3 Risk Factors That Increase Common

Age

The common cold is more prevalent in the elderly and infants and preschoolers.

Lack of Sleep

In older children and adults, a lack of sleep is believed to negatively affect the immune system. Studies have found a link between not getting enough sleep or not getting quality sleep and catching the common cold.

Stress

Some studies have shown that stress may make you more vulnerable to catching a cold.

Seasons

The common cold is more prevalent in the cold-weather months, which also increases the risk of spreading the cold virus.

Smoking

Smoking disrupts the immune system, which is your body's natural self-defense system against the common cold.

Allergies

According to Home Hygiene and Health any allergic diseases that affect your nose may put people at greater risk for contracting a cold as well.

2.1.4 Progression

A cold usually begins with fatigue, a feeling of being, sneezing and a headache, followed in a couple of days by a runny nose and cough ^{14}

2.1.5 Cause

Virology

The common cold is a viral infection of the upper respiratory tract. The most commonly implicated virus is a rhinovirus a type of picornavirus with 99 known serotypes ^{[15][16]} Others include: human coronavirus ^{[17][18]} influenza viruses ^[19] adenoviruses ^[23] human parainfluenza viruses, human respiratory syncytial virus, enteroviruses other than rhinoviruses, and metapneumovirus. ^[20] Frequently more than one virus is present. ^[2] ¹ In total over 200 different viral types are associated with cold ^{11}

2.1.6 Transmission

The common cold virus is typically transmitted via airborne droplets (aerosols), direct contact with infected nasal secretions, or fomites (contaminated objects). ^{[12][22]} ,however, hand-to-hand and hand-to-surface-to-hand contact seems of more importance than transmission via aerosols. ^[23] The viruses may survive for prolonged periods in the environment (over 18 hours for rhinoviruses) and can be picked up by people's hands and subsequently carried to their eyes or nose where infection occurs. ^[22]

Weather

The traditional folk theory is that a cold can be "caught" by prolonged exposure to cold weather such as rain or winter conditions, which is how the disease got its name.^[24]

OtherHerd immunity, generated from previous exposure to cold viruses, plays an important role in limiting viral spread, as seen with younger populations that have greater rates of respiratory infections.^[25] Poor immune function is also a risk factor for disease.^{[25][26]}

2.1.7 Pathphysiology

The symptoms of the common cold are believed to be primarily related to the immune response to the virus.^[27] The mechanism of this immune response is virus specific. For example, the rhinovirus is typically acquired by direct contact; it binds to human ICAM-1 receptors through unknown mechanisms to trigger the release of inflammatory mediators.^[27] These inflammatory mediators then produce the symptoms.^[27] it does not generally cause damage to the nasal epithelium.^[11] The RSVon the other hand is contracted by both direct contact and airborne droplets. It then replicates in the nose and throat before frequently spreading to the lower respiratory tract.^[28]

2.1.8 Prevention

The only possibly useful ways to reduce the spread of cold viruses are physical measures^[29] such as hand washing and face masks; in the healthcare environment, gowns and disposable gloves are also used.^[29] Isolation, e.g. quarantine, Regular hand washing appears to be effective in reducing the transmission of cold viruses.^[30] Wearing face masks when around people who are infected may be beneficial,^[30] Zinc supplements may help to reduce the prevalence of colds.^[31] Routine vitamin C supplements do not reduce the risk or severity of the common cold, though they may reduce its duration.^[32]

2.1.9 Management

Poster encouraging citizens to "Consult your Physician" for treatment of the common cold

No medications or herbal remedies have been conclusively demonstrated to shorten the duration of infection.^[33]

2.1.10 Herbal medicine

Medical definition of herbal medicine any drug or remedy, the diagnosis and treatment of disease and the maintenance of health. , The treatment of disease by nonsurgical means. Herbal medicine, also known as herbalism or botanical medicine is a medical system based on the use of plants or plant extracts since ancient times, herbal medicine has been used by many different cultures throughout the world to treat illness and to assist bodily functions.

is made from herbs, plants, or botanicals that have shown to be beneficial for human health, they involve using the "active" constituents of a botanical, and a "therapeutic" application of a plant or its parts

2.1.10.1 Background

Traditional medicine (TM) occupies a special place in the management of diseases in Africa and other countries. Notwithstanding the many people relying on (TM), indigenous knowledge (IK) related to TM is getting steadily eroded.

Traditional medicine (TM) has been used by humans for thousands of years. The World Health Organization (2002) defines traditional medicine, in part, as a medicine system that includes medication therapies like herbal medicines as well as non-medication therapies like acupuncture. The same organization defines herbal medicines to include herbs, herbal materials, herbal preparations and finished products that contain as active ingredients parts of plants, or other plant materials, or combination thereof. The World Health Organization (WHO) estimates that 80% that of the population of some Asian and African countries presently use herbal medicine for some aspect of primary health care .the population living in developing countries uses TM for their primary health care needs. However, this percentage varies from country to country. For instance, 90% of the population in Ethiopia, 70% in Rwanda, and 60% in Uganda and Tanzania use TM for their PHC. TM is widely used in Africa for the prevention, diagnosis and treatment of social, mental and physical illness. Although a diversity of material-plant, animal and inorganic material – are used in traditional medicines, plants dominate.

In African and Asian countries, households and possess indigenous knowledge of traditional cures for non-complicated ailments. On the other hand, Traditional medicine practitioners (TMPs) are an invaluable source of specialized knowledge about TM and are very important Human resources for the practice and delivery of primary health care services. The WHO recognizes the invaluable role of TM and its practitioners, and it is for this reason that the Alma Ata Declaration of 1978 recommended that TM and its practitioners should be integrated into primary health care programmers as important resources for achieving health for all.

The World Health Organization (WHO) estimates that 4 billion people, 80 percent of the world population, presently use herbal medicine for some aspect of primary health care ⁽³⁴⁾That is about 80% of the world's population chooses herbal medicine of the adult u.s. population use herbal products, spending nearly \$4.5 billion annually. According to the world health organization, more than 75% of the global population still relies on traditional healing methods, including herbal medicine. Botanical medicine is one of the most accepted and popular therapies worldwide for promoting wellness, optimal health.

Many of the pharmaceuticals currently available to physicians have a long history of use as herbal remedies. According to the World Health Organization, approximately 25% of modern drugs used in the United States have been derived from plants.^[35]

The U.S. National Center for Complementary and Alternative Medicine of the National Institutes of Health funds clinical trials of the effectiveness of herbal medicines and provides “fact sheets” summarizing the effectiveness of many plant-derived preparations.^[36]

Many drugs commonly used today are of herbal origin, about 25 percent of the prescription drugs dispensed in the United States contain at least one active ingredient derived from plant material, For hundreds of years humans have used herbs to treat illnesses and symptoms, ranging from the common cold to serious autoimmune deficiencies Over a hundred of the 224 drugs mentioned in the Huangdi Neijing, an early Chinese medical text, are herbs.^[37] Herbs were also common in the medicine of ancient India, where the principal treatment for diseases was diet.^[38]

2.1.10.2 History

Archaeological evidence indicates that the use of medicinal plants dates at least to the Paleolithic, approximately 60,000 years ago. Written evidence of herbal remedies dates back over 5,000 years, to the Sumerians, who created lists of plants. A number of ancient cultures wrote on plants and their medical uses. In ancient Egypt, herbs are mentioned in Egyptian medical papyri, depicted in tomb illustrations, or on rare occasions found in medical jars containing trace amounts of herbs.^[39] The earliest known Greek herbals were those of Diocles of Carystus, written during the 3rd century B.C, and one by Krateuas from the 1st century B.C. Only a few fragments of these works have survived intact, but from what remains scholars have noted that there is a large amount of overlap with the Egyptian herbals.^[40] Seeds likely used for herbalism have been found in the archaeological sites of Bronze Age China dating from the Shang Dynasty.^[41] Over a hundred of the 224 drugs mentioned in the Huangdi Neijing, an early Chinese medical text, are herbs.^[42] Herbs were also common in the medicine of ancient India, where the principal treatment for diseases was diet.^[43] *De Material Medical* by Pedanius Dioscorides, a Roman physician, is a particularly important example of such writings.^[44] The documentation of herbs and their uses was a central part of both Western and Eastern medical scholarship through to the 1600s, and these works played an important role in the development of the science of botany

2.1.10.3 Prevalence of use

A survey released in May 2004 by the National Center for Complementary and Alternative Medicine focused on who used complementary and alternative medicines (CAM), what was used, and why it was used. The survey was limited to adults, aged 18 years and over during 2002, living in the United States. According to this survey, herbal therapy, or use of natural products other than vitamins and minerals, was the most commonly used CAM therapy (18.9%) when all use of prayer was excluded.^{[45][46]}

Herbal remedies are very common in Europe. In Germany, herbal medications are dispensed by apothecaries (e.g., Apotheke). Prescription drugs are sold alongside essential oils, herbal extracts, or herbal teas. Herbal remedies are seen by some as a treatment to be preferred to pure medical compounds that have been industrially produced.^[47]

In India the herbal remedy is so popular that the government of India has created a separate department—AYUSH—under the Ministry of Health & Family Welfare. The National Medicinal Plants Board was also established in 2000 by the Indian government in order to deal with the herbal medical system.^[48]

2.1.10.4 Benefits of herbal Medicine

- A. Is use for their therapeutic or medicinal value.
- B. Is produce and contain a variety of chemical substances that act upon the body.
- C. Herbs are natural substances that tend to work in harmony with the normal healthy function of our systems.
- D. Herbal supplements can aid in maintaining a healthy lifestyle, and are a gentle way to support normal health and promote.

2.1.10.5 Advantages of Herbal Medicines

- A. Herbal medicines are very cheap in comparison to the conventional form of medication. It's something which every pocket can afford, unlike other forms of medication which can create a big hole in your wallet.
- B. Herbal medicines can be consumed without the aid of any kind of prescription. They can be found very easily from a local drug store.
- C. Herbal medicines are known to be more productive in comparison to other forms of medication in curing certain conditions. Unless mixed with other chemical components, they are known to be all natural.
- D. One of the greatest benefit associated with herbal medicine is the non existence of side effects. Also, they tend to offer long lasting benefits in terms of overall wellness.

2.1.10.6 Disadvantages of Herbal Medicines

- A. Herbal medicines are known to be ineffective against serious ailments. Herbal medication cannot cure a broken hand
- B. In some instances, individuals switch to herbal medication without realizing that the symptoms can be linked to a different ailment.
- C. Although herbal medicines has the potential to cure many ailments, the curing period is usually longer in comparison to conventional medication
- D. Herbal medicines can cause allergic reactions in some cases. Before resorting to herbal medication you need to ensure that you are not allergic to the particular herb that you will be consuming. Conventional medication can also cause allergic reactions, but they are usually taken upon prescriptions which is why the chances of allergic reactions are less

2.1.10.7 There is list of some herbal used in treatment of colds

Lemon

Lemon essential is expressed from the peel and one of herbal Have significant ability to inhibit the growth of microbes that can cause infection (Dhanavade, Jalkute, Ghosh, & Sonawane, 2011; Efem & Iwara, 1992). The vitamin C in lemon may strengthen the immune system or help treat cold symptoms (NIH, 2011) Vitamin C also has a long past in the prevention and treatment of the common cold. It is widely believed to improve general health, speed healing, and fight infection According to the National Institutes of Health; vitamin C is considered “possibly effective” for treating the common cold, t (NIH, 2011). Despite this ranking, reviews of large numbers of studies show mixed results about prevention and treatment (Douglas, et al., 2004; Roxas, et al., 2007). Some demonstrate a positive effect on cold symptoms

Vitamin C works as an antioxidant that helps body tissue grow and heal it. It is a water-soluble vitamin that humans must get through food or supplements. Is also good to use in gargles for sore throats ^[2], and a few drops of lemon oil in warm water freshens the breath, and because of its high vitamin C content, antibacterial and astringent properties, lemon is the de facto garnish in herbal teas. Lemon is used in herbal medicine to help build immunity against colds, and other viral infections. In her classic work, Grieve tells us lemon is a good astringent to use in gargles for sore throats as wise women well know. Lemon is very effective for disinfecting and cleaning household surfaces, and leaves a fresh clean scent. ^{3}

a simple slice of lemon to water not only improves taste, it provides citric acid, purifies the water, and balances Ph levels and evidence suggests it shows some effectiveness as a treatment Common herbal or plant that contain high amounts of vitamin C include lemon.

Mint

The following essential oils can be diffused to ease the breath of cold ^{49}

Garlic

Is very popular for its anti-inflammatory, anti-viral, and antiseptic properties and is a member of the Allium genus, a branch of the lily family that also includes hundreds of varies of onions, leeks, chives, and shallots. The differences between garlic and onions is in the bulbs and leaves

The ingredients responsible include mustard oils and quercetin Regular use of garlic is known to be beneficial in recovering from a cold attack faster

Is an edible herb that has long been used to flavor food and treat a variety of common health conditions eating garlic and taking supplements has been shown to be effective for treatment, and prevention of the common cold (NIH, 2011).

It is available as a potent food flavor in fresh, dried, jarred, oil, paste, and powdered forms. It is also sold in supplements. The odor of garlic is caused by its active compound, allicin.

Although some research suggests that garlic is effective in reducing and preventing the common cold (NIH, 2011). Despite this rating, a few studies have found that garlic supplements may prevent colds and reduce their severity when they occur (Josling, 2001; Nantz, et al., 2012). Other reviews argue that existing research is not solid enough to support any positive effect of garlic on colds (Lissiman, et al., 2012; Nahas, et al., 2011; Pittler, et al., 2007). Although there is no solid reason to believe that garlic does not work, the evidence is either too weak or mixed to conclude that it is helpful in preventing or treating the common cold

Qard

Solute the mucosa and ease the breath of cold

Karkadia

Helps in lighten bronchial and also good to use in gargles for sore throats

Onion

Interest lies onions to treat colds to lighten the bronchial airway, which is absorbed through the largest amount of oxygen to reach the free and work on getting rid of the common cold in the shortest time

Onion is a close to garlic biologically and contains many similar antiviral chemicals.

Steep raw onion slices overnight in honey. Take the resulting mixture at intervals like a cough syrup. You can also use more onions in cooking whenever you have a cold

Anise

Traditional Chinese Medicine Star anise is found in many traditional Chinese and Japanese recipes for food and medicine. It is used for similar purposes as sweet anise, but is considered to be drying and warming In large doses, it also has some antiviral benefits used for treating colds.

Ginger

A powerfully soothing anti-cold remedy, it is rich with anti-inflammatory and antiseptic properties. The Chinese names for ginger Gan-jiang dried ginger, and Sheg-jiang, fresh ginger, mean to defend, suggesting that ginger helps protect the body from cold.

Ginger contains nearly a dozen antiviral compounds. Scientists have isolated several chemicals (sesquiterpenes) in ginger that have specific effects against the most common family of cold viruses, the rhinoviruses. Some of these chemicals are remarkably potent in their anti-rhinovirus effects.

Other constituents in ginger, gingerols and shogaols, help relieve cold symptoms because they reduce pain and fever, suppress coughing and have a mild sedative effect that encourages rest.

In both ayurvedic and traditional Chinese medicine, ginger is considered the best home remedy for colds.

Contains nearly a dozen antiviral compounds. Scientists have isolated several chemicals (sesquiterpenes) in ginger that have specific effects against the most common family of cold viruses, the rhinoviruses. Some of these chemicals are remarkably potent in their anti-rhinovirus effects.

Other constituents in ginger, gingerols and shogaols, help relieve cold symptoms because they reduce pain and fever, suppress coughing and have a mild sedative effect that encourages rest.

2.2 Previous studies

Many previous studies were conducted in different to assess the community knowledge regarding herbal medicine used for treatment of common cold.

- Each year, children suffer up to 5 colds and adults have two to three infections, leading to time off school or work, and considerable discomfort. Most symptoms resolve within 1 week, but coughs often persist for longer.

We conducted a systematic review and aimed to answer the following clinical question: What are the effects of treatments for common cold? We searched: Medline, Embase, The Cochrane Library, and other important databases up to January 2010 (Clinical Evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organizations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA)

We found 21 systematic reviews and RCTs that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.

In this systematic review we present information relating to the effectiveness and safety of the following interventions: analgesics or anti-inflammatory drugs, antibiotics, antihistamines, decongestants for short-term and for long-term relief, decongestants plus antihistamines, Echinacea, anise, steam inhalation, vitamin C, and zinc (intranasal gel or lozenges)^{50}

- Chinese proprietary herbal medicines (CPHMs) have long history in China for the treatment of common cold, and lots of them have been listed in the 'China national essential drug list' by the Chinese Ministry of Health.

The aim of this review is to provide a well-round clinical evidence assessment on the potential benefits and harms of CPHMs for common cold based on a systematic literature search to justify their clinical use and recommendation.

A total of 33 CPHMs were listed in 'China national essential drug list 2012' for the treatment of common cold but only 7 had supportive clinical evidences. A total of 6 randomized controlled trials (RCTs) and 7 case series (CSs) were included; no other study design was identified. All studies were conducted in China and published in Chinese between 1995 and 2012. All included studies had poor study design and methodological quality, and were graded as very low quality. The use of CPHMs for common cold is not supported by robust evidence.

Further rigorous well designed placebo-controlled, randomized trials are needed to substantiate the clinical claims made for CPHMs.^{51}

- Constitutional factors might play a role in the susceptibility to clinical illness during the common cold.

The aim of this study to determine if the likelihood of developing frequent common colds persists during childhood. The Tucson Children's Respiratory Study involves 1246 children enrolled at birth and followed prospectively since 1980 and 1984. Parents reported the occurrence of frequent (> or =4) colds during the past year by questionnaire at 2, 3, 6, 8, 11, and 13 years of age. Blood for ex vivo interferon-gamma responses was obtained at 9 months and 11 years of age.

After adjustment for potential confounding variables, children with frequent colds at year 2 or 3 were twice as likely to experience frequent colds at year 6 (relative risk [RR], 2.8; 95% confidence interval [CI], 2.1-3.9), year 8 (RR, 2.6; 95% CI, 2.1-3.3), year 11 (RR, 2.4; 95% CI, 1.8-3.1), and year 13 (RR, 2.1; 95% CI, 1.4-3.3) compared with children who had infrequent colds at years 2 and 3. At 9 months of age, children who ultimately experienced persistent frequent colds had lower interferon-gamma titers than children without persistent frequent colds (3.05 +/- 1.61 vs 3.74 +/- 1.39, P =.016); this finding persisted at 11 years of age.

These data suggest the existence of a common cold constitution, whereby some children are more susceptible to infection and/or the expression of clinical symptoms when infected than are other children ^{52}.

- Chinese herbal medicines are frequently used to treat the common cold in China. Until now, their efficacy has not been systematically reviewed.

To assess the effectiveness and safety of Chinese herbal medicines for the common cold. We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 3, 2006) which contains the Acute Respiratory Infections Group's specialised register; MEDLINE (1966 to July 2006); EMBASE (1980 to March 2006); AMED (1985 to July 2006); and the Chinese Biomedical Database (CBM) (1975 to July 2005). Randomised controlled trials (RCTs) studying the efficacy of Chinese herbal medicine(s) for the treatment of the common cold were included, irrespective of publication status or language.

Four review authors telephoned original trial authors of the RCTs identified by our searches to verify the randomisation procedure. Two review authors extracted and analysed data from the trials which met the inclusion criteria.

Fourteen studies involving 2440 patients were included. The methods of all studies were rated of poor quality (category C). Included studies used "effective drugs" as controls; however, the efficacy of these control drugs was not reported. Different Chinese herbal preparations were tested in nearly all trials; in only one was a Chinese herbal preparation tested twice. In six studies, five herbal preparations were found to be more effective at enhancing recovery than the control; and in the other eight studies, five herbal preparations were shown to be equal to the control. There was a strong probability of different biases in all of the included studies.

Chinese herbal medicines may shorten the symptomatic phase in patients with the common cold. However, the lack of high quality clinical trials means we are unable to recommend any kind of Chinese herbal preparation for the common cold^{53}.

- To establish the guidelines on common cold treated with Traditional Chinese Medicine (TCM) in terms of pattern identification.

The guidelines were formulated by using the basic patterns common cold in China Pharmacopeia integrated with findings from systematic literature review and the experts' consensus on the issue in question.

Common cold was divided into four patterns in the guidelines. The medications were recommended respectively: Ganmaoqingre granule for wind-cold exterior syndrome, Yinqiaojiedu granule for wind-heat exterior syndrome, Huoxiangzhengqi Wan for summer-heat dampness exterior syndrome and Shensu Wan for wind-cold exterior syndrome accompanied with Qi deficiency.

The guidelines were primarily derived from the practice experience of TCM and the experts' consensus. The process was not strictly evidence-based because of lacking enough clinical studies. Further refinement of the guidelines should be needed as more studies are available. ^{54}

- To evaluate the efficacy and safety of new drugs of traditional Chinese medicine (TCM) for acute upper respiratory tract infection (common cold). Reports regarding randomized controlled trials of Chinese medicine for common cold were reviewed. Related reports were selected and the methodological quality of the trials was assessed by the Jadad scale. Meanwhile, the stratified analysis was made according to different TCM syndrome types of common cold.

Thirteen randomized controlled trials consistent with the inclusion criteria were selected and reviewed. As TCM treatment group was compared with control group, the meta analysis indicated that the relative risk (RR) for obviously effective rate was 1.10, and the 95% confidence interval (CI) was [1.05, 1.16]; the weighted mean difference (WMD) of the onset time of lowering body temperature was -1.70, and the 95% CI was [-2.76, -0.65]. There were significant differences in the above evaluation indexes between the two groups ($P=0.0002$, $P=0.002$). The WMD of disappearing time of fever was -1.32, and the 95% CI was [-3.14, 0.49], while there was no significant difference between the two groups ($P=0.15$). As the common cold patients with wind-heat syndrome in the TCM treatment group were compared with those in the control group, the meta analysis indicated that the RR for obviously effective rate was 1.11, the 95% CI was [1.05, 1.19], and there was significant difference between the two groups ($P=0.0007$). As the common cold patients with wind-cold syndrome in the TCM treatment group were compared with those in the control group, the meta analysis indicated that the RR for obviously effective rate was 1.07, the 95% CI was [0.99, 1.16], and there was no significant difference between the two groups ($P=0.10$). Serious adverse reactions had not been reported in the trials.

TCM new drugs developed in recent years for preventing and treating common cold have better therapeutic effects than the old ones. They can accelerate the onset time of lowering body temperature and improve the symptoms of common cold without any significant adverse reactions. Because of lacking of placebo-controlled and blank-controlled studies, further high-quality trials are still needed ^{55}.

- The common cold is a viral infection with symptoms such as sneezing, sore throat, and running nose. It is one of the most prevalent illnesses in the world, and although commonly caused by rhinoviruses, antibiotics are often prescribed unnecessarily. Therefore, it is of utmost importance to evaluate alternative treatments such as herbal medications, whose efficacy and safety is proven by pharmacological and clinical studies.

The aim of the present study was to evaluate the efficacy of a liquid herbal drug preparation from the roots of *Pelargonium sidoides* compared with placebo in adult patients with the common cold. The study was designed as a multicenter, prospective, randomized, double blind, parallel group, placebo-controlled phase III clinical trial with an adaptive group-sequential design.

From baseline to day five, the mean sum of symptom intensity differences (SSID) improved by 14.6 +/- 5.3 points in the EPs group compared with 7.6 +/- 7.5 points in the placebo group. This difference was statistically significant ($P < .0001$). The mean CIS decreased by 10.4 +/- 3.0 points and 5.6 +/- 4.3 points in EPs and placebo-treated patients, respectively. After 10 days, 78.8% versus 31.4% in the EPs versus placebo group were clinically cured (CIS equals zero points or complete resolution of all but a maximum of one cold symptom; $P < .0001$). The mean duration of inability to work was significantly lower in the EPs treatment group (6.9 +/- 1.8 days) than in the placebo group (8.2 +/- 2.1 days; $P = .0003$). Treatment outcome (rates of complete recovery or major improvement from disease [integrative medicine outcomes scale]) was assessed better in the EPs treatment group than in the placebo group by both the investigator and the patient on day five ($P < .0001$). Adverse events occurred in three of 103 patients (2.9%), with two of 52 (3.8%) and one of 51 (2.0%) patients in the EPs and placebo group, respectively. All adverse events were assessed as nonserious. At the end of treatment, all patients (100%) in the active treatment group judged the subjective tolerability of EPs as good or very good.

EPs represent an effective treatment of the common cold. It significantly reduces the severity of symptoms and shortens the duration of the common cold compared with placebo. The herbal drug is well tolerated.^{56}

- Hitherto available sources from literature mentioned several wild growing *Allium* species as "edible" or "medicinally used" but without any further specification, garlic has been used for its medicinal properties for thousands of years, investigations into its mode of action are relatively recent. Garlic has a wide spectrum of actions it is antibacterial, antiviral, antifungal and antiprotozoal

New data were gained during recent research missions: *Allium* plants were collected and shown to the local population which was asked for names and usage of these plants.

Information was collected about current medical applications of sixteen wild species, nine of which belong to different sections of *Allium* subgenus *Melanocrommyum*. These plants are used against headache, cold, and stomach problems, and are mostly applied fresh or after boiling.

Close taxonomic relatives of the common onion were used similar to cultivated onion species, but medical use like garlic was mostly reported for species taxonomically not related to garlic.^{57}

Many Chinese patent medicines (CPMs) have been authorized by the Chinese State of Food and Drug Administration for the treatment of the common cold. A number of clinical trials have been conducted and published. However, there is no systematic review or meta-analysis on their efficacy and safety for the common cold to justify their clinical use.

We searched CENTRAL, MEDLINE, EMBASE, SinoMed, CNKI, VIP, China Important Conference Papers Database, China Dissertation Database, and online clinical trial registry websites for published and unpublished randomized clinical trials (RCTs) of CPMs for the common cold till 31 March 2013. Revman 5.2 software was used for data analysis with effect estimate presented as relative risk (RR) and mean difference (MD) with a 95% confidence interval (CI).

A total of five RCTs were identified. All of the RCTs were of high risk of bias with flawed study design and poor methodological quality. All RCTs included children aged between 6 months to 14 years. Results of individual trials showed that Shuanghuanglian oral liquid (RR 4.00; 95% CI: 2.26 to 7.08), and Xiaoer Resuqing oral liquid (RR 1.43; 95% CI: 1.15 to 1.77) had higher cure rates compared with antivirus drugs. Most of the trials did not report adverse events, and the safety of CPMs was still uncertain.

Some CPMs showed a potential positive effect for the common cold on cure rate.^{85}

Chapter three

Methodology

3. Methodology

3.1 Study design

This is Descriptive cross-sectional community based study carried among people to assessment of community knowledge regarding herbal medicine for common cold in Almnagel area.

3.2 Study area

The study was conducted in Almnagel area

(Almnagel word Nubian mean crown Kings this depending on the interpretation of the people of the village ancients) one of the largest villages in a local Goled where varied population of the three thousand people and there are many facilities and public utilities and the 4 basis of schools and two secondary education (boys and girls) and there are health centers and divided into three parts of northern and southern, central.

The most important activities of this village Agriculture (faba bean -aalghemh-peanut) among the most prominent landmarks princely area School (Elementary) and was considered one of seven schools located on the statewide North.

3.3 Study period

This study was conducted from 2017 - 2018.

3.4 Study population

The study made in community people.

3.5 Inclusion Criteria

Both sex male and female (18-60) years.

3.6 Excludusion Criteria

The children and mental retardation.

3.7 Variables

Age- knowledge – level of education – marital status

3.8 Sample size

Almnagel area divided to the three areas (northern and southern, central).Is taking according to specific equation of community 240 peoples.

3.9 Sample technique

Systemic Random sample or take randomly Data Collection technique

The data were selected by sample method

3.9 Data Collection tools

The data collected by used questionnaire close ended questionnaire.

3.10 Data management (analysis)

The data were analysed by using SPSS computer program package version 17 for quantitative data to find out indicators aimed by this study such as knowledge and doing correlation analysis by cross tabulation with chi square and significant level between dependent variable and independent variables with level of confidence 95%.

3.11. Ethical consideration

The research is respecting the rights of participants, treat data with confidentiality no harm for the subject and this study approved by the University ethical committee (university of shandi – faculty of nursing science).A verbal consent take from all community after explaining the study and the objectives from this.

Chapter Four
Result

4 Results

4.1. Introduction

This study was done to assess the community knowledge regarding herbal medicine use for treatment of common cold.

The study included 240 people in Almnagel -2017

4.2 List of figure and Table

Frequency Table

Figure 1

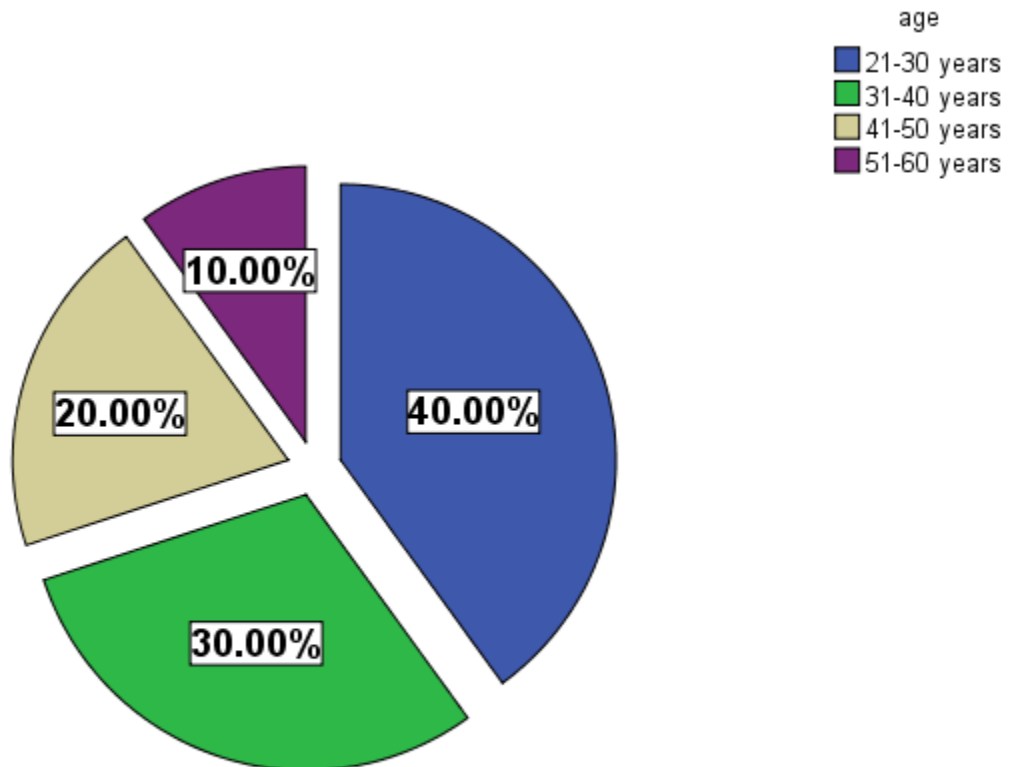


Figure 1 showing that 40% of sample size in age of 21-30 years old, 30% in age of 31-40 years old, 20% in age of 41-50 years old and 10% in age of 51-60 years old.

Figure 2

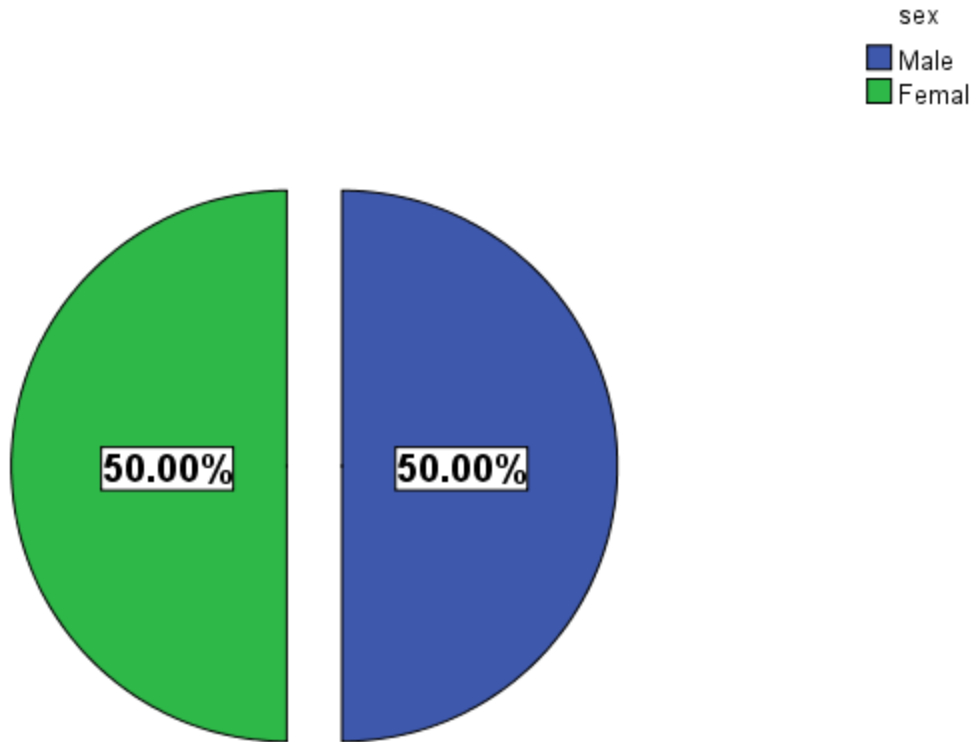


Figure 2 shows that 50% from the sample size were male and 50% female.

Figure 3

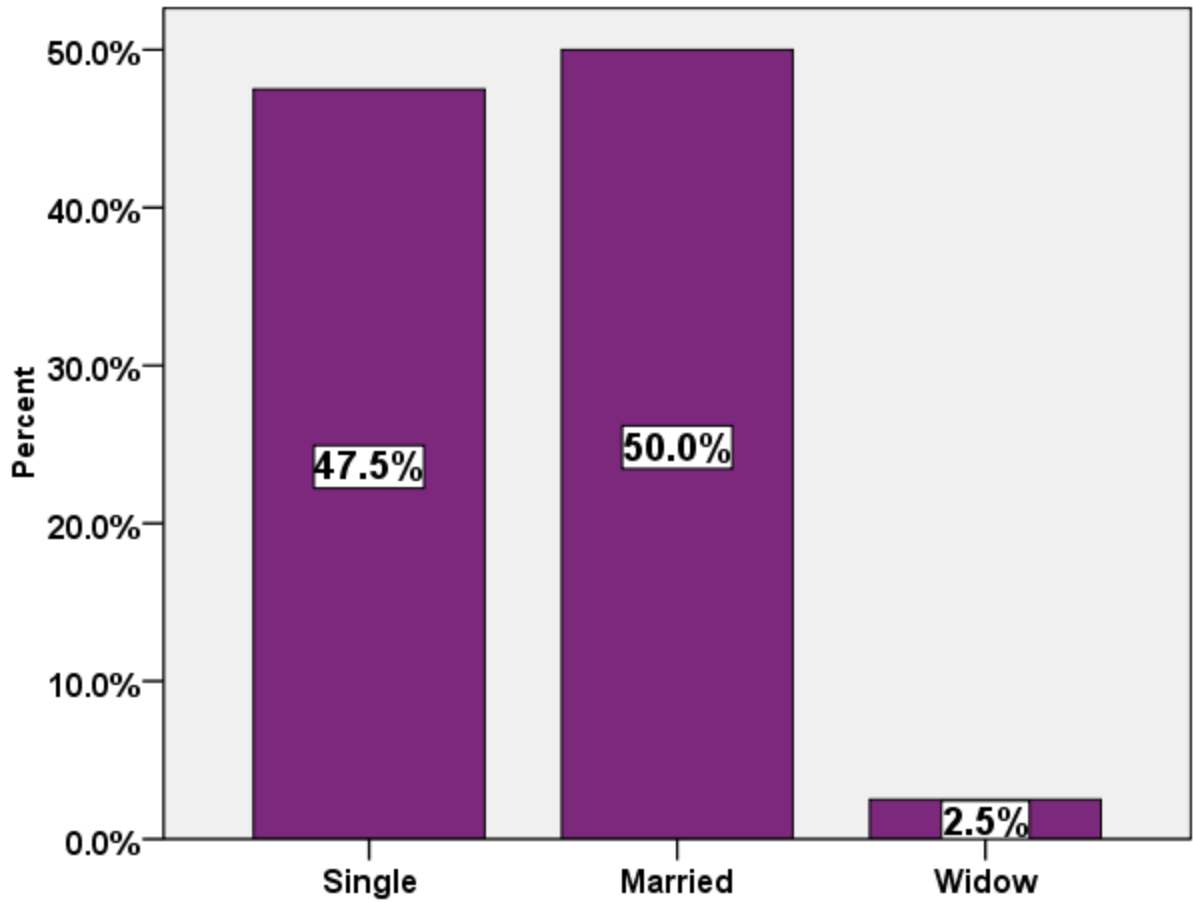


Figure 3 shows 47.5% were single, 50% married and 2.5% were widow.

Figure 4

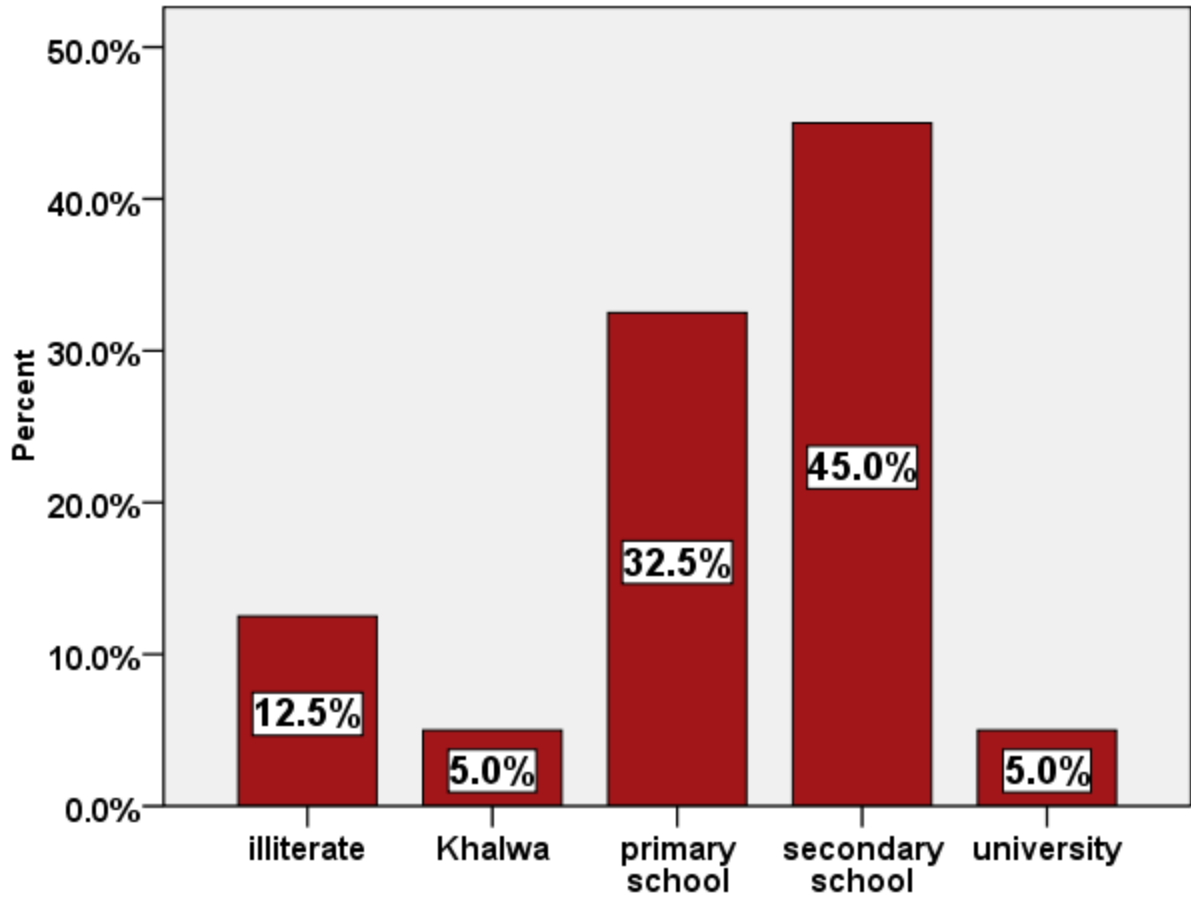


Figure 4 shows 12.5% illiterate, 32.5% has primary school, 45% has secondary school and 5% university and 5% studied in Khalawa.

Table 5

The Knowledge about the common cold

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	240	100.0	100.0	100.0

Table 5 shows that 100 % has known the colds .

Figure 6

Knowledge About Common Cold

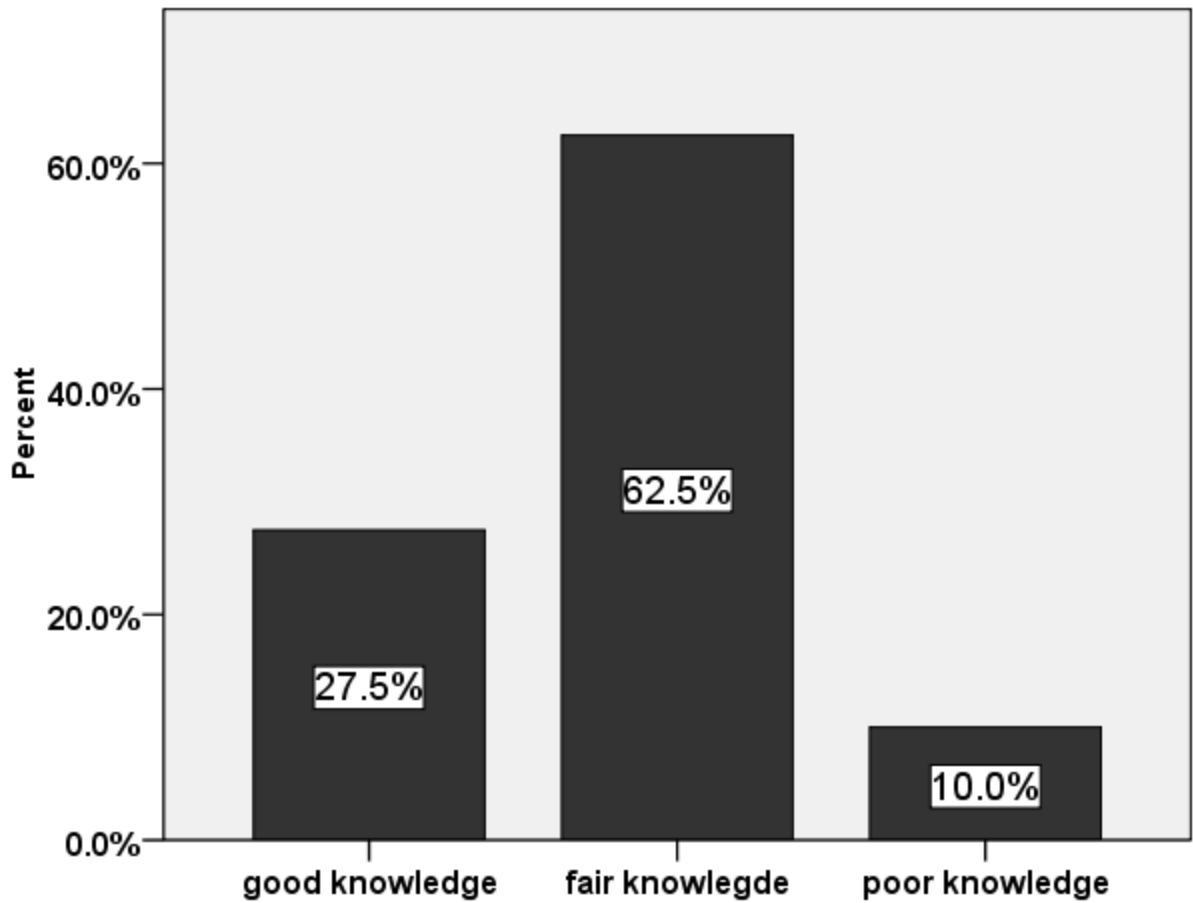


Figure 6 basis on their knowledge of the cold symptoms that 10% has poor knowledge,27.5% has good knowledge and62.5 % has faire knowledge

Table 7

The Source of knowledge

	Yes		NO		Total	
	Frequency	percent	frequency	Percent	frequency	Percent
Family	216	90.0	24	10.0	240	100.0
Study	192	80.0	48	20.0	240	100.0
Media	216	90.0	24	10.0	240	100.0
Other	120	50.0	120	50.0	240	100.0

Table 7 shows that 90% agreed that the family is their source of knowledge and 10% didn't and also shows that 80% agreed that the study is their source of knowledge and 20% didn't, shows 90% agreed on the media as their source of knowledge and 10% didn't. and shows that 50% has other sources of knowledge and 50 % didn't.

Table 8**Shows The Type of Herbal Medicine**

	Yes		NO		Total	
	Frequency	percent	frequency	Percent	frequency	Percent
Ginger	216	90.0	24	10.0	240	100.0
Qard	216	90.0	24	10.0	240	100.0
Anise	72	30.0	168	70.0	240	100.0
Mint	216	90.0	24	10.0	240	100.0
Karkdia	216	90.0	24	10.0	240	100.0
Lemon	216	90.0	24	10.0	240	100.0
Garlic	168	70.0	72	30.0	240	100.0
Onions	192	80.0	48	20.0	240	100.0
Others	24	10.0	216	90.0	240	100.0

Table 8 shows that 90% are uses Ginger and 10% doesn't 90% are uses Qard and 10% doesn't and that 30% are uses Anise and 70% doesn't , 90% are uses Mint and 10% doesn't, that 90% are uses Karkadi and 10% doesn't also that 90% are uses Lemon and 10% doesn't, shows that 70% uses Garlic and 30% doesn't,shows that 80% are uses Onions and 20% doesn't.

Table 9

When to use herbs

	Frequency	Percent	Valid Percent	Cumulative Percent
Beginning of the symptoms	192	80.0	80.0	80.0
Developing of the symptoms	48	20.0	20.0	100.0
Total	240	100.0	100.0	

Table 9 shows that 80% starts Herbs in the beginning of the symptoms and 20% after developing.

Table 10**Controlling effecting other people by**

	Yes Frequency	Yes Percent	NO frequency	NO Percent	Total frequency	Total Percent
using tissues	216	90.0	24	10.0	240	100.0
Avoiding Sneezing in front of people	210	87.5	30	12.5	240	100.0
Avoiding using tools of infected people	144	60.0	96	40.0	240	100.0
Avoiding using tools and equipment of infected people	210	87.5	30	12.5	240	100.0
Others	24	10.0	216	90.0	240	100.0

Table 10 shows that 90% using tissues for control and 10% doesn't and 87.5% avoiding Sneezing in front of people and 12.5% doesn't, shows that 60 Avoiding using tools of infected people 40 doesn't , shows that 87.5% Avoiding using tools and equipment of infected people and 12.5% doesn't and 10% using others for control and 90% doesn't.

Table 11

Using herbs usefull in treating colds& Effective

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	240	100.0	100.0	100.0

Table 11 shows that 100% agreed on the herbs as useful treatment for cold.

Table 12

Which one is better in treating cold

	Frequency	Percent	Valid Percent	Cumulative Percent
Herbs	204	85.0	85.0	85.0
Medical Descriptions	36	15.0	15.0	100.0
Total	240	100.0	100.0	

Table 12 shows that 85% prefer herbs and 15% prefer medical description

Table 13

What is the reason for uses the herbal

	Yes	Yes	NO	NO	Total	Total
	Frequency	Percent	Frequency	Percent	Frequency	percent
Available	210	87.5	30	12.5	240	100.0
Have no side effects	216	90.0	24	10.0	240	100.0
Cheap	216	90.0	24	10.0	240	100.0

Table 13

Shows that 87.5% use the herbal because is available and 12.5 % doesn't and also 90% use it because of have no side effect and 10% doesn't and 90% use the herbal because it's cheap and 10% dosen,t.

Figure 14

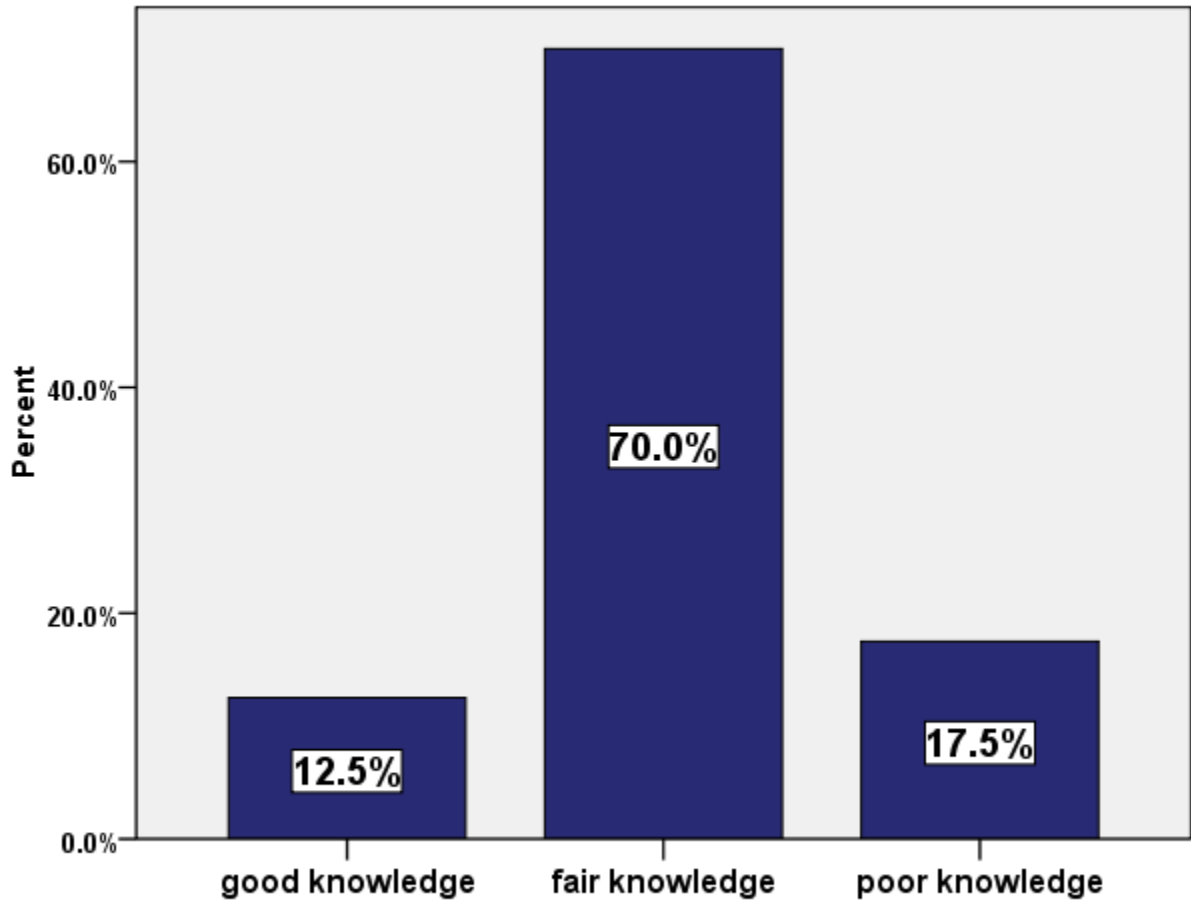


Figure (14): Overall knowledge of community regarding herbal medicine used for treatment of common cold , 2017. (N = 240)

Cross tab

Table 15

Cross tabulation showed the relationship between peoples total knowledge and Age in Almnagel ,2017. (N =300)

Crosstab

			Total			Total
			good knowledge	fair knowledge	poor knowledge	
age	21-30 years	Count	15	81	0	96
		% within total	50.0%	48.2%	.0%	40.0%
		% of Total	6.2%	33.8%	.0%	40.0%
	31-40 years	Count	6	34	32	72
		% within total	20.0%	20.2%	76.2%	30.0%
		% of Total	2.5%	14.2%	13.3%	30.0%
	41-50 years	Count	9	39	0	48
		% within total	30.0%	23.2%	.0%	20.0%
		% of Total	3.8%	16.2%	.0%	20.0%
51-60 years	Count	0	14	10	24	
	% within total	.0%	8.3%	23.8%	10.0%	
	% of Total	.0%	5.8%	4.2%	10.0%	
Total	Count	30	168	42	240	
	% within total	100.0%	100.0%	100.0%	100.0%	

Crosstab

			Total			Total
			good knowledge	fair knowledge	poor knowledge	
age	21-30 years	Count	15	81	0	96
		% within total	50.0%	48.2%	.0%	40.0%
		% of Total	6.2%	33.8%	.0%	40.0%
	31-40 years	Count	6	34	32	72
		% within total	20.0%	20.2%	76.2%	30.0%
		% of Total	2.5%	14.2%	13.3%	30.0%
	41-50 years	Count	9	39	0	48
		% within total	30.0%	23.2%	.0%	20.0%
		% of Total	3.8%	16.2%	.0%	20.0%
51-60 years	Count	0	14	10	24	
	% within total	.0%	8.3%	23.8%	10.0%	
	% of Total	.0%	5.8%	4.2%	10.0%	
Total	Count	30	168	42	240	
	% within total	100.0%	100.0%	100.0%	100.0%	
	% of Total	12.5%	70.0%	17.5%	100.0%	

P_value=0.000

Table 16

Cross tabulation showed the relationship between peoples total knowledge and sex in almnagel .2017. (N =300)

Crosstab

			Total			Total
			good knowledge	fair knowledge	poor knowledge	
Sex	Male	Count	15	105	0	120
		% within total	50.0%	62.5%	.0%	50.0%
		% of Total	6.2%	43.8%	.0%	50.0%
	Femal	Count	15	63	42	120
		% within total	50.0%	37.5%	100.0%	50.0%
		% of Total	6.2%	26.2%	17.5%	50.0%
Total	Count	30	168	42	240	
	% within total	100.0%	100.0%	100.0%	100.0%	
	% of Total	12.5%	70.0%	17.5%	100.0%	

P_value=0.0

Table 17

Cross tabulation showed the relationship between people's total knowledge and Education level in almnagel. 2017 - (N – 240)

Crosstab

			Total			Total
			good knowledge	fair knowledge	poor knowledge	
Educational level	Illiterate	Count	15	15	0	30
		% within total	50.0%	8.9%	.0%	12.5%
		% of Total	6.2%	6.2%	.0%	12.5%
	Khalwa	Count	0	12	0	12
		% within total	.0%	7.1%	.0%	5.0%
		% of Total	.0%	5.0%	.0%	5.0%
	primary school	Count	0	78	0	78
		% within total	.0%	46.4%	.0%	32.5%
		% of Total	.0%	32.5%	.0%	32.5%
secondary school	Count	15	61	32	108	
	% within total	50.0%	36.3%	76.2%	45.0%	
	% of Total	6.2%	25.4%	13.3%	45.0%	

University	Count	0	2	10	12
	% within total	.0%	1.2%	23.8%	5.0%
	% of Total	.0%	.8%	4.2%	5.0%
Total	Count	30	168	42	240
	% within total	100.0%	100.0%	100.0%	100.0%
	% of Total	12.5%	70.0%	17.5%	100.0%

P_value=

The Result

Table 1 showing that 40% of sample size in age of 18-30 years old, 30% in age of 31-40 years old, and 20% in age of 41-50 years old and 10% in age of 51-60 years old

Table 2 shows that 50% from the sample size were male and 50% female

Table 3 shows 47.5% were single, 50% married and 2.5% were widow.

Table 4 shows 12.5% uneducated, 32.5% has primary education, 45% has secondary education, 5% university and 5% studied in Khalawa

Table 5 shows that 100 % has known the common colds.

Table 6 shows that basis on their knowledge of the cold symptoms that 5% has very poor knowledge, also 5% has poor knowledge, 27.5% has good knowledge and 35.5 % has an very good knowledge and 27.5% has excellent knowledge.

Table 7 shows that 90% agreed that the family is their source of knowledge and 10% didn't and also shows that 80% agreed that the study is their source of knowledge and 20% didn't , shows 90% agreed on the media as their source of knowledge and 10% didn't. and shows that 50% has other sources of knowledge and 50 % didn't.

Table 8 shows that 90% are uses Ginger and 10% doesn't 90% are uses Qard and 10% doesn't and that 30% are uses Anise and 70% doesn't , 90% are uses Mint and 10% doesn't, that 90% are uses Karkadi and 10% doesn't also that 90% are uses Lemon and 10% doesn't, shows that 70% uses Garlic and 30% doesn't, shows that 80% are uses Onions and 20% doesn't, also shows that 10 % uses others and 90% doesn't .

Table 9 shows that 80% starts Herbs in the beginning of the symptoms and 20% after developing.

Table 10 shows that 100% agreed on the herbs as useful treatment for cold.

Table 11 shows that 85% prefer herbs and 15% prefer medical description.

Chapter Five

Discussion

Conclusion

Recommendation

5. Discussion

The main purpose of this study to assess the community knowledge regarding herbal medicine use for treatment of common cold.

Knowledge about the common cold (signs and symptom, cause ,risk factors ,progression ,transmission ,complication , prevention ,management) Knowledge about herbal used for treatment of common cold (lemon ,ginger, anise, carlic, onion, mint, qard, karkadia) to assess the relationship between the community knowledge and Education level in study area.

This is Descriptive cross-sectional community based study carried among people to assessment of community herbal knowledge regarding herbal medicine for common cold in almnagel area this study was conducted from 2017 - 2018.

In these study the total number of subjects covered by this study was (240) people, the majority of people age 21-30 years old (40%), 31-40 years old (30%), in age of 41-50 years old (20%), 51-60 years old (10%) . (Figure 1)

This study shows that percent of male and female are equal (Figure 2).

Regarding the marital status the majority of them 50% married, 47.5% single, 2.5% widow (Figure 3).

This study revealed that 45% from the people have secondary, 32.5% have school, 12.5% illiterate, 5% both university Khalawa (Figure 4)

The study shows the majority of subjects 100% have knowledge regarding common cold. (Table 5)

Knowledge of community regarding signs and symptom the study showed that 10% has poor knowledge, 27.5% has good knowledge and 62.5% has fair knowledge (Figure 6)

Regarding the source of knowledge 90% agreed that the family is their source of knowledge and 10% didn't and also shows that 80% agreed that the study is their source of knowledge and 20% didn't , shows 90% agreed on the media as their source

Of knowledge and 10% didn't. and shows that 50% has other sources of knowledge and 50% didn't. (Table 7)

The study approved that 90% are uses Ginger and 10% doesn't 90% are uses Qard and 10% doesn't and that 30% are uses Anise and 70% doesn't, 90% are uses Mint and 10% doesn't, that 90% are uses Karkadi and 10% doesn't also that 90% are uses Lemon and 10% doesn't, shows that 70% uses Garlic and 30% doesn't, shows that 80% are uses Onions and 20% doesn't. (Table 8)

This study revealed that 80% starts Herbs in the beginning of the symptoms and 20% after developing. (Table 9)

Knowledge of community regarding controlling shows that 90% using tissues for control and 10% doesn't and 87.5% avoiding Sneezing in front of people and 12.5% doesn't, shows that 60 Avoiding using tools of infected people 40 doesn't , shows that 87.5% Avoiding using tools and equipment of infected people and 12.5% doesn't and 10% using others for control and 90% doesn't. (Table 10)

Knowledge of people regarding the effectiveness of herbal medicine for treatment of colds this study approved that 100% agreed on the herbs as useful treatment for cold. (Table 11)

This study shows that 85% prefer herbs and 15% prefer medical description.

(Table 12)

. Knowledge of people regarding the reason is for uses the herbal medicine this study revealed that 87.5% use the herbal because is available and 12.5 % doesn't and also 90% use it because of have no side effect and 10% doesn't and 90% use the herbal because it's cheap and 10% doesn't. (Table 13).

Indepsite the study overall knowledge of community regarding herbal medicine use for treatment of common cold.

After categorized the total knowledge of respondent to good, poor , fair and do correlation between community total knowledge and age, at 95 level of confidence, the study revealed that theirs in significant relationship between the two variable (p-value = 0.000). (Table 15)

This study proved that there is significant relationship (p-value = 0.000) between total knowledge of people and sex , at 95 level of confidence. (Table16)

This study proved that there is significant relationship (p-value = 0.000) between total knowledge of people and education level, at 95 level of confidence. (Table17)

Compare with CPHMs a total of 33 CPHMs were listed in ‘China national essential drug list 2012’ for the treatment of common cold but only 7 had supportive clinical evidences. A total of 6 randomized controlled trials (RCTs) and 7 case series (CSs) were included; no other study design was identified. All studies were conducted in China and published in Chinese between 1995 and 2012. All included studies had poor study design and methodological quality, and were graded as very low quality. The use of CPHMs for common cold is not supported by robust evidence. Further rigorous well designed placebo-controlled, randomized trials are needed to substantiate the clinical claims made for CPHMs.

Conclusion

This is Descriptive cross-sectional community based it was conducted from 2017 - 2018 in almnagel , study carried among people to assessment of community herbal knowledge regarding herbal medicine for common cold.

It was involved 240 people and selected by sampling method, the data collected by using questionnaire open ended questionnaire and then analyzed by using SPSS computer program version 17.

The common cold is considered one of the most infectious viral diseases in people especially in season of winter (in this period).it's important to plan and implement and organize strategies for spreading awareness to prevent the spread of cold in the community. From this study the researcher conclude that people knowledge about the signs and symptoms 27.5% has good knowledge and62.5 % has faire knowledge10% has poor knowledge.

Based on the result of our questionnaire analysis the majority of people or over 90% from the people in this area prefer the uses of herbs over ordinary cold than medical treatment for treatment of common cold it's also available and cheaper ,have no side effect and not prescribed by doctors in this area.

5.3 Recommendation

The researcher recommend more searches search the herbs about the herbal medicine used for treatment of common cold(because is very common)

5For ministry of health (MOH)

1. Should decreased incidence and prevalence of cold(by decreased the overcrowded and poverty) especially in the season of (winter).
2. Should be made and organized health awareness programs to prevent the spread of colds
3. Should provide minimum one public hospital in Sudan for treatment by herbal or traditional medicine.
4. Supposed to be a specialist in herbal medicine or herbal physician same as medical physician.
5. Should provide and organized herbal or traditional medicine same as other medicine.
6. Should provide herbal medicine uses for treatment of common cold specially in this season (winter)

For hospitals or centers or institutions

1. Should made educations and counseling for pt about the colds and herbal used
2. Should be taken by physician as prescribed according to the needs to prevent the over counter use of herbs.
3. Should be available and cheap than medical treatments.

For community

Should be all the people known about:

1-The Spread or prevalence of common cold.

Awareness about the common cold transmission

Awareness about the control of common cold

2- Should be known about the herbal used

3- Should be available and used as prescribed by physician

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Annexes

Appendix 1: Information for participants

Research title: Assessment of community knowledge regarding herbal medicine use for treatment of common cold 2017-2018.

Chief investigator: Myada Mohammed Alameen Belal

Address: Sudan. University of Shandi

Phone No: 0119078667

This study is the basis of a dissertation in Master qualification at Shandi and will be performed by **Myada Mohammed Alameen Belal**.

under the guidance of Supervisor Dr : Sonia Ahmed

Description of the study:

This study will assess Assessment of community knowledge regarding herbal medicine use for treatment of common cold 2017 -2018 Completion of the questionnaires doesn't involve any known risks to participants.

Confidentiality of the data

All information you supply for the researcher will be treated in confidence. All confidential records will be kept in a locked filing cabinet. Any information stored in the computer files is protected by password (know only to the researcher) and coded to protect anonymity. Only the researcher has access to the computer database. Coding sheets separate to data records. Aggregate data only will be published and no individual participants will be identified.

Voluntary participation

Your participation in this study is entirely voluntary and you are free to refuse participation in the study without comment or penalty.

Questions or concerns/complaints

All participants in this study are welcome to contact **Myada Mohammed Alameen Belal** (chief investigator) regarding any questions or concerns/complaints you may have about this study.

Thank you for considering participation in this study, your participation is greatly appreciated.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Assessment of community knowledge regarding herbal medicine use in common cold in Almnagel area

➤ العمر:-

31 - 41 () 30-18 ()

60- 51 () 50- 41 ()

➤ النوع :-

أنثي () ذكر ()

➤ الحالة الاجتماعية :-

متزوج () عازب ()

➤ المستوي التعليمي :-

غير متعلم () اساس () ثانوي () جامعي () فوق الجامعي () خلوه ()

1- هل لديك معرفه حول نزلات البرد ؟

نعم () لا ()

2- ماذا تعرف عن أعراض وعلامات البرد؟

3- مستوي المعرفه بالأعراض والعلامات :

ضعيف جدا () ضعيف () جيد () جيد جدا () ممتاز ()

4- مصدر المعرفه بالأعراض والعلامات :

الأسره () مكان الدراسه () الأعلام () أخري ()

5- هل لديك معرفه حول الأعشاب المستخدمه في نزلات البرد؟

نعم () لا ()

إذا كانت الإجاباه ب نعم:

6- ما هي الأعشاب التي تستخدمها في علاج نزلات البرد؟

جنزيبيل () قرص () يانسون () نعناع ()

ثوم () بصل

كركدي () ليمون ()

()

7- متى تستخدم الأعشاب في علاج نزلات البرد؟

في بدايه ظهور العلامات و الأعراض ()

بعد تطور العلامات والأعراض ()

8- هل يمكن التحكم في إنتقال نزلات البرد؟

نعم () لا ()

إذا كانت الإجابة ب نعم:

9- ما الطريقة التي تستخدمها إنتقال العدوي للأخرين؟

استخدام المناديل في حاله العدوي بنزلات البرد ()

تجنب الرش او العطس في الاخرين ()

تجنب ملامسه الوجه وغسل الأيدي ()

تجنب إستخدام ادوات الأفراد المصابه في الأسره ()

10- هل تعتقد ان إستخدام الأعشاب يعالج نزلات البرد؟

نعم () لا ()

11- إذا كنت تستخدم الأعشاب في نزلات البرد فهل لها طريقه فعاله؟

نعم () لا ()

12 - هل تعتقد في علاج نزلات البرد ان الافضل استخدام:

الأعشاب ()

المضادات الحيويه ()