INTRODUCTION
Various antibiotics are commonly used in daily dental practice to control or to minimise the pre and post-operative infections, occurring in treating dental diseases especially after dental extractions. As most of the dental extractions are done in the caries and infected teeth, antibiotic therapy is an integral part of dental practice. In order to use the agents effectively, an accurate clinical diagnosis will enable the practitioner to hazard an intelligent guess as to the type of organism involved in the condition to be treated. Laboratory studies are helpful, but the dental extractions must be instituted immediately. In these cases, the antibiotic of choice would be one which is usually effective against the pathogens in the oral cavity which are gram +ve, so our drug of choice will probably include pencillin, if not contraindicated by a history of allergy or specific sensitivity to the agent, which is very common and severe with pencillin. Other drugs commonly used are sulfas, tetracycline or erythromycin which also exhibit some side effects or the other.

Co-trimoxazole, out of these drugs, is a commonly used one by the dental surgeons after extractions. Each tablet contains 80 mg trimethoprim plus 400 mg sulphamethoxazole and the combination, known as co-trimoxazole, is considered as an effective bactericidal agent at an adult dose of 2 tablets b.i.d. Septilin, a tablet preparation containing indigenous plant principles, is known to have antibacterial and anti-inflammatory properties and contains Balsamodendron mukul (Guggul) and Phyllanthus emblica (natural source of ascorbic acid) which are considered to be antibacterial, and Rubia cordifolia, well-known for its antipyogenic properties used for healing ulcers and burn wounds.

Moringa pterygosperma contains basic “Spirochin” which is an antibiotic substance and is very effective against gram +ve bacteria, especially staphylococci and streptococci and also against gram +ve cocci, especially Streptococcus viridans and pyogenes.

MATERIAL AND METHOD
For the purpose of this study, I decided to include patients between 40 to 45 years of age as this would facilitate standardisation of dosage schedules of the drug under study, help elicit necessary information regarding various symptoms easily and also ensure better follow-up, which in turn would make final evaluation of the findings more meaningful.

In all, I included 40 patients requiring dental extraction due to caries and whose teeth were infected with acute pain in both sexes (20 males and 20 females). They were alternatively assigned either to Septilin tabs. 2 t.i.d. or co-trimoxazole tabs. 2 b.i.d. along with an analgesic, after dental extraction.

The patients were examined after 24 hours, 72 hours and then after a week for any signs of toxaemia, side effect, pain or bleeding after extraction.

DOSAGES
Septilin was administered in a dosage of 2 tabs. t.i.d. for seven days.
Co-trimoxazole was administered in the recommended dosage of 2 tabs. at 12 hourly intervals for seven days.

**OBSERVATIONS**

*After 24 hours*
1. 12 patients out of 20 patients who were put on Septilin after extraction complained of slight pain, but no swelling and bleeding, whereas 5 patients on cotrimoxazole complained of slight pain with moderate swelling and slight bleeding.
2. Two patients on Septilin complained of severe pain with swelling but no bleeding was observed. One patient complained of severe pain, swelling and bleeding with co-trimoxazole. These patients were then put on Septilin 3 tablets t.i.d. along with an analgesic.

*After 72 hours*
1. Fifteen patients on Septilin had no complaint or any discomfort; their sockets were healing normally without any complication. Seventeen patients on co-trimoxazole had no pain; healing was normal but with slight tenderness and swelling.
2. Three patients on Septilin were feeling better, but were still having slight pain, tenderness and swelling, whereas two patients on co-trimoxazole were still complaining of swelling, slight pain and tenderness.
3. Two patients on Septilin showed no improvement and pain was still persistent with swelling, whereas one patient on cotrimoxazole showed no improvement and pain and swelling were still persisting.

*After 7 days*
In Seventeen patients on Septilin, healing was normal without any complication. In 18 patients put on co-trimoxazole healing was normal but 5 patients complained of diarrhoea and three of constipation with altered bowel movements.

One patient on Septilin still complained of slight tenderness and pain and two patients did not show much improvement and were advised an alternative antibiotic and anti-inflammatory with analgesics: while one patient on co-trimoxazole was put on alternative antibiotic as he did not respond to this drug.

**RESULTS**
Most of the patients (75%) responded well with Septilin therapy within 24 to 72 hours. It was nearly equal to the response I got from co-trimoxazole (85%). The most striking thing was that pain and swelling were considerably less with Septilin as compared to co-trimoxazole. No adverse bowel movements, side effects or untoward reactions were noted with Septilin even when given at a higher dosage of 3 tablets t.i.d. On the other hand, a slight loss of appetite, and adverse bowel movements, with constipation and diarrhoea, were seen with co-trimoxazole. Bleeding was better controlled and swelling was less noticeable in patients on Septilin than on co-trimoxazole.

**SUMMARY AND CONCLUSION**
1. Septilin is an almost equally effective antibacterial drug as co-trimoxazole as the majority of patients treated with Septilin responded equally well to the antibacterial treatment after extraction.
2. Swelling and bleeding were noticed less with Septilin as compared to co-trimoxazole.
3. No side-effects or untoward reactions were noticed with Septilin. There were no adverse bowel movements though it was given in a higher dosage of 3 tablets t.i.d. A slight loss of appetite and adverse bowel movements, with constipation and diarrhoea, were noticed during co-trimoxazole therapy.
4. From the stand-point of drug cost too, treatment with Septilin is economical as compared to co-
trimoxazole. In developing countries like ours, this is an important aspect, as it would help cut
down the drug bills in hospitals as well as in private practice.