INTRODUCTION

Bockhart’s impetigo is a superficial folliculitis with purulent blebs at the orifices of the pilosebaceous glands. Favourite locations are the extremities, although it is seen on the scalp and face, especially periorally. The pustules are yellowish white in colour and develop in crops; sometimes the pustules heal in a few days but soon reappear causing itching and burning at the sites of involvement. *Staphylococcus aureus* is the most frequent offender. The infection may result from scratches, insect bites or other skin injuries. Treatment consists of thorough cleansing of the affected areas with soap and water and an antibiotic ointment application. Antibiotics like cloxacillin and erythromycin may be necessary internally, especially in recalcitrant and recurrent cases.

Septilin is an indigenous Ayurvedic drug, a non-antibiotic, but possessing antibacterial and anti-inflammatory properties. It has been found useful in chronic, stubborn upper respiratory infections, minor oral surgical procedures and dental infections and chronic suppurative otitis media.

In dermatological practice, Septilin was found useful in various infective dermatological conditions including acne vulgaris.

Taking cognisance of the impressive clinical reports and reports and record of Septilin and its efficacy as an antibacterial agent on the one hand, and the difficulties encountered in the successful management of Bockhart’s impetigo on the other, a clinical trial was carried out at the Department of Dermatology, Govt. Stanley Hospital, Madras, to study its effects in cases of Bockhart’s impetigo.

MATERIAL AND METHODS

Twenty five male patients with clinical lesions of Bockhart’s impetigo were selected for this study. The ages of the patients ranged from 15 to 55 years. Of these twenty five patients, 19 were suffering from the disease for periods ranging from 6 months to 5 years, while in the remaining 6 the duration of illness was more than 5 years. With the exception of 2 patients, the others had taken some form of treatment, either externally or internally or both.

On examination, all the patients showed multiple follicular pustules with oozing and excoriations, mostly involving the legs, though a few showed lesions on the thighs. Itching and sometimes burning were experienced by all the 25 patients.

The patients were started on Septilin, 2 tablets thrice daily and were reviewed on the 2nd, 5th, 10th and 15th days of therapy. No other antibiotics, antihistamines, anti-inflammatories or vitamins were given systemically or topically. It was noticed by the authors that within two days of treatment, the itching and burning sensation had subsided in all the patients except one. This patient did not respond to treatment, but on the contrary showed exacerbation of lesions and symptoms.
A review of the 24 patients on the 5th day showed that oozing had stopped and the follicular pustules were beginning to disappear. On the 10th day, all the pustules had disappeared completely leaving behind follicular prominences and the skin showed a tendency to desquamate.

Only 22 patients were available for review on the 15th day, while the other 2 had not turned up. The authors noticed that in these 22 the lesions had completely resolved and the skin showed mild scaling. Septilin was discontinued and they were reviewed once every week for a period of 3 months, but there was no recurrence of lesions.

DISCUSSION

It has been observed by several authors that the treatment of Bockhart’s impetigo is very discouraging, both to the patients as well as to the physicians. But in this study of 25 cases of Bockhart’s impetigo, the authors found that 22 (88%) had shown complete resolution with no recurrences after administering Septilin 2 tabs. t.i.d. for 15 days.

Septilin is said to contain herbal polysaccharides which may activate the properdin system and increase the chemotaxis of polymorphs. As a result of this, there is a greater accumulation of polymorphs at the site of infection leading to phagocytosis and subsequent destruction of microorganisms.

CONCLUSION

From the above study, the authors are convinced that Septilin is an excellent drug of choice in the management of Bockhart’s impetigo. Septilin is economical, with no side-effects and hence assures excellent patient compliance.

Nevertheless the authors feel that further studies with a larger number of cases may throw more light on the value of Septilin in Bockhart’s impetigo.

SUMMARY

Twenty five male cases of Bockhart’s impetigo were treated with Septilin, 2 tablets thrice daily for a period of 15 days. The cases were reviewed on the 2nd, 5th, 10th and 15th days. Twenty four patients were relieved of the symptoms by the 2nd day, oozing subsided by the 5th day, pustular lesions resolved by the 10th day and complete resolution occurred by the 15th day, in 22 cases. No recurrence of lesions was seen in these 22 patients for a period of 3 months during which they were reviewed once every week.

REFERENCES