Role of Septilin in the Prevention of Pyoderma and Infectious Eczematoid Diseases

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ABSTRACT
Fifty patients having pyoderma or Infectious Eczematoid Disease (IED) were successfully treated with Septilin 2 tablets t.i.d., for one month followed by 1 tablet t.i.d. for another month.

It was seen that there was a marked improvement in the nature of the discharge from the lesions in most of the cases, and there had not been any case of exacerbation. Only three cases had persistent mucopurulent discharge at the end of 2 months.

Septilin seems to have a definite role in the treatment of pyoderma and in prevention of Infectious Eczematoid Disease.

INTRODUCTION
Infectious Eczematoid Disease (IED) is an acute inflammatory and irritating condition of the skin, due to microbial infections. The microbes commonly involved are Staphylococci and Streptococci. Initially, it manifests as a boil which progresses to pyoderma and later on, if the infectivity persists, causes irritation of the skin leading to dermatitis and eczematoid reaction.

Septilin has got antibacterial and anti-inflammatory properties and it is thus very effective in chronic infective conditions of the skin. This study was undertaken to see the therapeutic activity of Septilin in treating pyoderma and its role in preventing Infectious Eczematoid Conditions.

MATERIALS AND METHODS
Fifty cases of pyoderma including those associated with eczematoid dermatitis were selected from patients attending The Skin Centre, Hospital Road, Danapur Cantt. Patients were examined in detail. Routine investigations like total leukocyte count, differential count culture and sensitivity of pus in recurrent cases were done.

To all these patients, Septilin was given as follows: Two tablets t.i.d. for one month followed by one tablet t.i.d. for one month.
All these cases were reviewed after two months of treatment to see the therapeutic efficacy of the drug.

RESULTS
It was observed that there was no exacerbation of the existing infection in any of the cases. Of the fifty patients, eleven had serous discharge, 24 had mucopurulent discharge and fifteen patients had frank pus. There was improvement in the nature of the discharge in 47, with complete healing of the lesion and the wound. Only 3 out of the 24 cases with mucopurulent discharge had persistent discharge and did not respond to this treatment. No relapse was noticed in the rest of the cases after another two months (See Table).

<table>
<thead>
<tr>
<th>Nature of discharge</th>
<th>Initial</th>
<th>After 2 months</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Serous</td>
<td>11</td>
<td>22.0</td>
</tr>
<tr>
<td>Mucopurulent</td>
<td>24</td>
<td>48.0</td>
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<tr>
<td>Frank Pus</td>
<td>15</td>
<td>30.0</td>
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DISCUSSION
The main ingredients of Septilin are Guggul, Shankh bhasma, Maharasnadi quath. All these agents have anti-inflammatory and anti-infective properties. Septilin enhances polymorph accumulation at the site of infection and subsequent destruction of microorganisms by phagocytosis. The herbal polysaccharides present in Septilin are supposed to act by activating the properdin system leading to increased chemotaxis.

It has also been reported earlier by many authors about Septilin’s efficacy and positive role in infective skin conditions.

Pyoderma and Infective Eczematoid Disease pose a challenge to conventional therapy in that they are chronic, recurrent and resistant infections. Hence Septilin can be an effective therapeutic agent in these conditions where it promotes healing as well as prevents recurrence.

REFERENCES


