The Anti-Infective and Anti-Bacterial Efficacy of Septilin

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INTRODUCTION

Septilin is an indigenous compound prepared from ancient and well reputed constituents from
the Indian system of medicine (Ayurveda). It contains antibacterial and anti-inflammatory plant
principles known to be effective in chronic stubborn infections of the upper respiratory tract, rheumatic and septic conditions of diverse aetiology and intractable dermatoses. It has been
found extremely useful in the treatment of skin infections like pyoderma, endogenous dermatitis, discoid dermatitis as also in various dental infections like pyorrhoea, acute periodontitis and alveolar abcess.

It is a very useful and safe and handy drug where the use of strong antibiotics is not needed or called for. It is also useful in rheumatic infections and septic conditions of diverse aetiology.

The ingredients of Septilin include such proven therapeutic agents as Balsamodendron mukul (Guggul), Shankh bhasma, Maharasnadi quath and extracts of Phyllanthus emblica, Tinospora cordifolia, Rubia cordifolia, Moringa pterygosperma and Pristimera indica.

Septilin has marked anti-inflammatory and antiexudative activity as demonstrated by the granuloma pouch method in experimental rats. Culture of material obtained by post-nasal swab from patients before and after oral therapy with Septilin shows that it has a sterilising effect on the organisms associated with acute rhinosinusitis. Given orally. Septilin has been shown to inhibit the growth of Staphylococci, Streptococci, Pneumococci, Micrococcus catarrhalis, Neisseria catarrhalis, H. influenza, Diphtheroids and Klebsiella.

Behl and Tripathi have shown that Septilin stimulates phagocytes to ingest and phagocytose bacteria. Phagocytes are very important in the control of infections as they are specialised in the ingestion and intracellular destruction of invading microbes. The presence of an antibacterial protein (phagocytic) has been demonstrated by Cahn and Hirsch in the cytoplasmic granules of polymorphonuclear white blood cells. This phagocytic protein of polymorphs has an antibacterial effect on both Gram +ve and Gram –ve organisms.

The phagocytic co-efficient of any drug is an index of its antibacterial efficiency. The phagocytic co-efficient of Septilin was compared with that of some common antibacterials after the administration of prednisolone, chloramphenicol and multivitamins, (Behl and Pradhan, 1978). The results revealed that Septilin gave a high rise in phagocytic co-efficient which co-related with the clinical improvement of chronic infections which had been resistant to commonly used broad-spectrum antibiotics. Whereas the phagocytic co-efficient values of Septilin were very significant, those in respect of chloramphenicol, prednisolone and multivitamins were not so.

The administration of Septilin has been known to reduce inflammation, control exudates, inhibit the growth of some of the causative micro-organism and thereby improve the defence mechanism of the body to resist infections. Septilin is reported to be of particular value in cases which are allergic or resistant to antibiotics and sulphas. Septilin has no toxic effects whatsoever and is well tolerated even in prolonged treatment and does not develop either drug resistance or hypersensitivity.
However, its use is contraindicated in pregnancy as it contains 'Guggul' which has a regularising influence on the female genital system.

In view of the impressive clinical reports and record of Septilin, I decided to study and record the clinical effects of Septilin in varying infective conditions resistant to antibiotics and sulphas. I also used it in certain allergic conditions. I have personally very carefully observed its clinical effects and results in about five thousand cases mainly in the common infections in day-to-day practice, wounds and boils, respiratory infections, in all conditions where a strong antibiotic is not needed and also in different resistant and other infections. To complete the list of indications in which I have used Septilin tablets successfully over and above the ones mentioned above are otitis media, otorrhoea, acute and chronic sinusitis, nasal catarrh and common cold, upper respiratory tract infections, skin conditions like boils, septic dermatitis, infected burns, acne, dental conditions like gingivitis, pyorrhoea, periodontea and in some cases of rheumatic conditions.

The dosage used was one tablet of Septilin t.i.d. in children (crushed when the child could not swallow) and 2 t.i.d. in adults for a period of 5 to 7 days. In some cases it was necessary to give them for a longer period. There were no toxic or untoward effects of Septilin.

The results were classified as:

Excellent - where the response was immediate,

Good - where the response was fairly quick,

Fair - where the response took a long time,

Poor - where no response was observed.

In the present series the response in most of my cases was excellent and good in others. I am happy to report that the question of poor response was not noticed at all.

CONCLUSION

From the above results it is clear that Septilin is an useful therapeutic agent in a wide range of conditions. As it combines antibacterial effectiveness with outstanding safety, I have extensively used Septilin in my practice and find that it offers a broad spectrum of usage in the control and eradication of recurrent and chronic infections of the upper respiratory tract as also dermatological and dental infections. Septilin was particularly used in those infections which presented resistant or allergic reaction to the usual antibiotics and sulphas. In particular, patients who had been harassed by recurrent infections unresponsive to other therapeutics were very much satisfied with Septilin which prevented further recurrence of their complaints.

SUMMARY

1. Five thousand cases of various types of a wide range of infections were treated with Septilin tablets in the dosage of one tablet t.i.d. in children and 2 t.i.d. in adults for five to seven days.
2. The conditions included common infections, recurrent infections, upper respiratory tract infections, some resistant infections and other conditions where the use of an antibiotic is not a must.
3. Otitic conditions, sinusitis, respiratory tract infection, skin, infective and other conditions and many dental conditions were treated very successfully.
4. The use of antibiotics or sulphas was not necessary in any case.
5. Almost all cases showed excellent to good response.
6. There were no untoward or toxic effects of the drug.
REFERENCES


