Clinical Trial of Septilin in Recurrent Upper Respiratory Tract Infections in Children

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ABSTRACT
Thirty children, aged between 1 to 10 years, with recurring upper respiratory tract infections, were put on Septilin. Fifty percent (15) of the patients showed excellent results. Thirty percent (9) reported good results with no recurrent attacks. The dosages given were 1 tablet b.i.d. for younger patients and 1 tablet t.i.d. for older ones. Therapy lasted for a full 12 weeks.

Patients were followed up for six months. No side-effects were noted in any patient.

Septilin is a safe and economic remedy for upper respiratory tract infections.

INTRODUCTION
One of the difficult problems in paediatric practice is that of the child with recurrent upper respiratory tract infections. These infections which are characterised by a triad of symptoms namely running nose, cough and fever constitute the major symptomatology of children attending the paediatrics out-patient clinics of any hospital. Though the condition is self-limiting and many times caused by a virus, recurrent attacks of nasotonsillar pharyngitis lead to a distinct morbidity and are one of the common causes of school absenteeism in older children. A child with recurrent upper respiratory tract infections unnecessarily receives various combinations of potent antibacterial agents, which are not only expensive but also potentially toxic, producing unwanted side-effects and hence not safe for frequent use. Septilin, an indigenous compound marketed by The Himalaya Drug Co., has been extensively reported to have effective anti-bacterial and anti-inflammatory properties in the management of acute and or recurrent upper respiratory tract infections, sinusitis and otitis media. It is an economical and safe drug, free from side-effects when used for a longer period. This prompted us to try Septilin in our cases of recurrent nasotonsillar pharyngitis.

MATERIAL AND METHODS
Thirty cases of recurrent upper respiratory tract infections were selected from the paediatric out-patient clinic of the Goa Medical College Hospital. Only those patients who were earlier treated with various antibiotics but failed to show improvement were included in the study. After detailed physical examination and routine investigations like haemoglobin, total and differential white cell counts, throat swab for culture and sensitivity, patients were started on Septilin, 1 tablet twice a day in younger and three times a day in older children respectively. Septilin was continued for 12 weeks at a stretch. Patients were asked to report at any time if symptoms recurred and if not at monthly intervals for check up and collection of tablets. Septilin was discontinued after 12 weeks and all the patients were followed up for another six months for the frequency of recurrence of symptoms. Parents were advised to crush the tablets and mix with honey.

The response was judged by comparing the frequency of attacks before, during and after Septilin therapy. Response was graded into three groups:-
1. Excellent: When there was complete cessation of symptoms without any recurrence of attack during the therapy and over the next six months’ period of observation.

2. Good: When there was no recurrence of attack while on therapy but only one or two mild attacks of cough during the period of observation.

3. Poor: When there was recurrence of symptoms during and after the therapy.

OBSERVATIONS
Our study comprised 30 children aged between 1 to 10 years with recurrent upper respiratory tract infections. Twenty children were between the age group of 1-5 years and 10 between 5-10 years. There were 22 boys and 8 girls. The average frequency of recurrent attacks of upper respiratory tract infection prior to Septilin therapy was around 7 per child. Four children had attended the out-patient clinic with the same symptoms for more than 20 times in six months before they were put on Septilin.

Fifteen patients (50 percent) showed an excellent response. There was complete disappearance of symptoms with no recurrence after starting on Septilin. Nine children (30 percent) showed good response with no recurrence of attacks while on therapy, but had one or two mild attacks of cough during the six months period of observation. However the attacks were mild and did not require the use of antibiotics. Six patients (20 percent) showed poor response. All of them had recurrence of attacks during and after the therapy, for which either Septilin was continued for more than 3 months or an antibiotic course advised; all of them, in addition to signs of nasotonsillar pharyngitis, had associated wheezing which might have been responsible for the poor response to Septilin. Investigation in majority of the cases were inconclusive. There were no side-effects noted in any of the cases. All patients showed a steady gain in weight during the study period.

CONCLUSION
From our trial we conclude that Septilin has proved very useful in the management of recurrent upper respiratory tract infection in children. 80 percent of our cases showed significant improvement after Septilin.

Septilin is not only cheap but a very safe drug, well tolerated by children and safely used over long-periods without any side-effects.

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REFERENCES