

Clinical Quiescence Matrix of Septilin in Respiratory Tract Infection: By Indigenous Medicine

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ABSTRACT

The two most common causes of morbidities in majority of out patients' departments are pyrexia of unknown origin and respiratory tract infection, for which it is recommended not to give any antibiotics even in Child Survival and Safe Motherhood Programme of UNICEF, unless and until they are in the form of severe pneumonia or very severe disease. However, from the patients' points of view what is more important, as how long was he free from the attack of respiratory tract infection and pyrexia of unknown origin.

It was therefore mandatory to study the age at which drugs act better and what is the minimum period of treatment, as well as how long they could prevent the attacks or sufferings. Statistically significant difference was observed ($p < 0.05$) for both sexes particularly during 6-15 years, of age and after 4-6 months of treatment with an indigenous medicine e.g. Septilin. Majority of the people who were treated for more than 6 months had no complaint (were quiescent) for even more than one year. This figure was also statistically significantly different ($p < 0.05$).

Keyword: Quiescence Rate, ARI, Clinical matrix, Indigenous Medicine

INTRODUCTION

Majority of the illness which attain the Primary Health Centres and the District Hospital OPDs, fever with respiratory tract infections usually constitute 45.1% and 10.1% reported from the urban and peri-urban areas of varanasi¹. In the rural areas it was also observed that the respiratory tract infections amounted to 19.39% of the population in males and 18.77% population in females. In the total population the rate of only upper respiratory tract infection amounted to 11.89% while the total respiratory tract infection was 19.10%, which was observed in a 10 year longitudinal study of Varanasi². Under such circumstances what becomes more important is to find out a solution what would serve the people not to suffer from acute or repeated attack of respiratory tract infections.

Under the Safe Motherhood and Child Survival (CSSM) programme of UNICEF, this has also been highlighted. The ARI and fever in the children are some of the major killer diseases. Further the modules also suggest not to prescribe any medicaments for milder attacks and to refer the cases in severe attacks particularly for the children. Although drugs like Cotrimaxazole etc., have been prescribed in different doses and different age wise classifications, these are neither simplified nor can be remembered by the treating persons in home conditions at the grass root level. The major problem is the calculation of accurate dose of antibiotics and antibacterial agents, where it becomes much more difficult to avoid the side effects. It is therefore high time to think whether in the case of respiratory tract infection the treatment/prevention can be achieved by some drugs which can be

easily given at home and by the home people and will have less side effects too. This does not mean that the present paper suggest inclusion of any drugs into CSSM programme package.

A clinical observation was therefore under taken. For this purpose to study the effect of indigenous medicine (Septilin tablets) in cases of respiratory tract infections. The particular purpose of the study is not to enter into the pharmacopeia of the drug but to bring out certain clinical observations of quiescence from respiratory tract infection with the ISM (indigenous system of medicine) therapy.

MATERIAL AND METHODS

The study was taken for two years from 1st September 1993 to 30th September 1995 at one of the clinics of the University Employees Health Service Scheme (UEHSS) of Banaras Hindu University. Since the UEHSS works under insurance type of services most of the medicines are supplied from the Health Centre. Therefore, only those patients who agreed to purchase the drug from outside were included in the study. There were few (total 7) cases who did not turn up after initial treatment. These cases were included in the group of non-compliance and lost of follow-up and were excluded from the study. On the whole there were 43 patients who underwent the study.

RESULTS

In total there were 17 males and 26 females who were treated with the indigenous medicine, therapy for their repeated attack of common cold, respiratory tract infection or similar complaints. Of total 43 cases treated chronologically 55.83% cases were between the age group of 6 to 15 years followed by 16-45 years (18.60%), 46 years and above (13.95%) and under fives (11.62%).

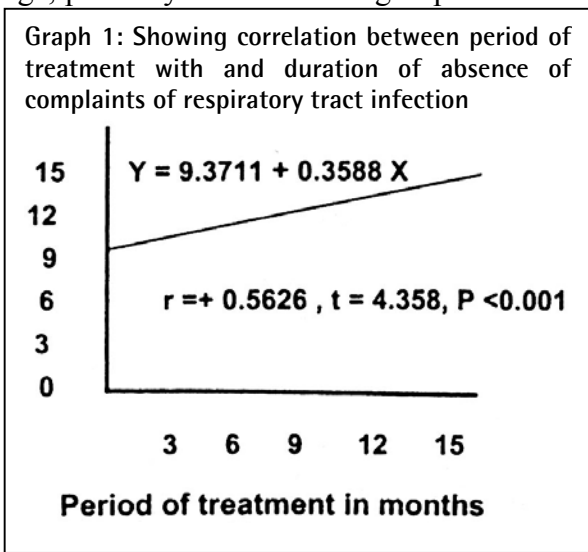
Table 1: Age and sex wise distribution of cases

Age groups (in years)	Sex				Total	
	Male		Female			
	No	%	No.	%	No	%
0 – 5	2	11.76	3	11.54	5	11.62
6 – 15	9	52.96	15	57.69	24	55.83
16 – 45	3	17.64	5	19.23	8	18.60
46 +	3	17.64	3	11.54	6	13.95
Total	17	100.0	26	100.0	43	100.0

Thus there (Table 1) were significantly higher respondents ($p < 0.05$) in 6 to 15 years than any other age, probably because these groups' are more exposed to respiratory tract infection and are most mobile. They also respond to doctors' advice more meticulously particularly in females (57.69%). The period of treatment with was also analysed sex wise.

This showed that both for males (52.96%) and females (50.0%) the treatment was consumed for a period of 4 months and above. On probing they agreed that they had positive quiescence effect with the drug (Septilin).

Taking the treatment period in two groups as less than 3 months and more than 3 months there was high statistical significance for the ($p < 0.01$) ISM therapy amongst the prescribed ones ($Z = 3.203$).



The no complaints matrix of 43 respondents was plotted as no complaint verses period of treatment (Table 3).

It was observed that higher the period of treatment lesser was the complaint of respiratory tract infection. The correlation between period of treatment and duration of absence of complaint of respiratory tract infection was found statistically highly significant ($r=+0.5626$, $p<0.001$). Those who had more than 6 months of treatment constituted 95.46% of the total respondents. Astonishingly they did not have any side effect of the drug nor had any complaint of repeated respiratory attack. This also shows the quiescence of morbidity increased the faith of the people; hence they continued uninterruptedly the drug for 6 months or even more.

Period of treatment in month	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
1 month	1	5.88	2	7.69	3	6.97
2-3 month	3	17.64	5	19.23	8	18.60
4-6 month	9	52.96	13	50.00	22	51.17
6+ month	4	23.52	6	23.08	10	23.26
Total	17	100.0	26	100.0	43	100.0

Period of treatment	No complaint with drug							
	<3 month		3-6 month		6-12 month		More than 1 year	
	No.	%	No.	%	No.	%	No.	%
< 3 month	1	2.32	1	2.32	-	-	-	-
3-6 month	-	-	-	-	3	6.97	7	16.28
6-12 month	-	-	-	-	-	-	15	34.89
More than 1 year	-	-	-	-	-	-	16	37.32
Total	1	2.32	1	2.32	3	6.97	38	88.37

$r + 0.5626$, $t=4.358$, $p<0.001$

DISCUSSION

It is difficult to conclude too emphatically from only 43 subjects under study. But the drug was extremely well tolerated without any side effects and had positive quiescence effect on respiratory tract infection. The effect was more long lasting (for more than one year) who had treatment for about 3 to 6 months.

With community health care as the motto- it is high time to rethink whether we can modify the education and training curriculum as per the need of the community! If so, a bigger trial be undertaken towards the effect of indigenous medicines in the prevention and cure of common cold and ARI. This might lead us to the change even the perception and educational pattern in RCH training programme too. Because from this small study the medicine given appears to have positive quiescence and prevention effect on common cold and ARI and can be safely given at home setting without any side effects. But to accept indigenous medicine into the National Programme is a policy decision to be taken at a latter stage. It is therefore suggested to carryout long-term studies like this with bigger sample size.

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