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# Dekofcyn an Ayurvedic Drug in Persistent Cough Due to Urti

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# ABSTRACT

Dekofcyn was given for two weeks in a pilot study of 10 cases in each of the following groups:

- 1. Chronic Caterrhal Pharyngitis
- 2. Chronic Granular (hypertrophic) Pharyngitis
- 3. Chronic atrophic Pharyngitis Rhinitis
- 4. Chronic Laryngitis (diffuse)
- 5. Allergic and Vasomotor Pharyngitis Rhinitis.

This pilot study showed that better results were obtained in Chronic Catarrhal Pharyngitis and Chronic Granular (hypertrophic) Pharyngitis. So, a detailed and extended study was undertaken in these two groups consisting of 107 cases. 54 cases received Dekofcyn only and 53 cases received Dekofcyn with an antibiotic.

Results showed that good Relief was obtained in 75.8% cases receiving Dekofcyn only, and 86.8% in those cases who received Dekofcyn with an antibiotic. However, considering the cost of the additional antibiotic and the side effects, in the majority of cases, Dekofcyn alone may be beneficially used. This has been brought about in this clinical study.

### INTRODUCTION

Cough is a distressing symptom for the patient, particularly when it is persistent for more than a week. The patient is also irritated if the treating doctor is not able to give relief within a day or two. As to the treating doctor inspite of his best efforts to give an early relief, in many cases cough persists with redness around pharynx, discomfort in the throat, foreign body sensation etc. Sometimes, even the post-nasal discharge continues for a long time adding more discomfort to the patient. If the patient is having smoking habit, his trouble is further increased. Weather changes, air pollution, dust etc. will act as continuous irritants and the efforts for prompt relief are very much nullified.

The object of this study was to see whether an Ayurvedic combination drug, `Dekofcyn' is useful in the prompt relief of persistent chronic cough in URTI.



Shatavari (Asparagus recemosus)	30 mg.
Pipar (Piper longum)	30 mg.
Asan (Withania somnifera)	30 mg.
Talispatra (Taxus baccata)	30 mg.
Dagdi Pashna Bhed (Saxifruga ligulata)	30 mg.
Galo (Tinsospora cordifolia)	30 mg.
Amala (Emblica afficinalis)	30 mg.
Kachura (Curcum zedoaria)	30 mg.
Pravala Bhasma (Corallium rubrum)	30 mg.
Ardusi (Adhatoda vasica)	15 mg.
Svarna Makshika Bhasma (iron pyritis)	15 mg.
Abhrak Bhasma (Talcum purificatum)	15 mg.
Suvarna Vasantmalati	1.5 mg.
Haldi (Curcum Tonga)	105 mg.

### **Dekofcyn : Each tablet contains**

The actions of Dekofcyn are given as antitussive, expectorant, demulcent, decongestant, anti-phlegmatic, anti-bacterial, anti-inflammatory anti-allergic haemostatic and tonic. It is described to give good relief in cough irrespective of the etiology, productive or non-productive, acute, chronic or persistent.

### MATERIALS AND METHODS

Ten cases from each of the following groups were taken up for a pilot study with Dekofcyn:

- 1. Chronic Granular Pharyngitis
- 2. Chronic Catarrhal Pharyngitis
- 3. Chronic Atrophic Pharyngitis Rhinitis
- 4. Chronic Laryngitis (Diffuse)
- 5. Allergic vasomotor rhinitis pharyngitis.

From this pilot study, it was found that Dekofcyn gave very good results in chronic catarrhal pharyngitis and chronic granular pharyngitis. 60 cases of each group were taken up for Dekofcyn trial and the results were evaluated. The trial period was restricted to two weeks in the pilot study and it was the same in the second enlarged trial. Each patient was given Dekofcyn 2 tabs., tds., for two weeks and the treatment was not stopped even if relief was found earlier. Those cases who were irregular were dropped from the study. Ultimately, results were evaluated for 107 cases. This study was made between January 1979 and March 1980.

### **GRADATION OF RESULTS**

Results were as below : Good : Complete relief of cough and associated symptoms or relief or over 75%. Moderate : 50 %-75 % relief. Poor : Relief less than 50%.

### **RESULTS OF PILOT STUDY**

Ten cases in each group were given Dekofcyn 2 tabs. tds., for two weeks. In chronic catarrhal pharyngitis, 6 cases had good relief, 2 cases had moderate relief and 2 cases had poor relief. In Chronic granular pharyngitis, 7 cases had good relief, 1 case had moderate relief and 2 cases had poor relief. The relief was not marked in chronic atrophic pharyngitis rhinitis, chronic laryngitis (diffuse) and allergic and vasomotor pharyngitis rhinitis (Table 1).



### DESIGN OF THE EXTENDED STUDY

There were 55 cases of Chronic Catarrhal Pharyngitis (Group 1) and 52 cases of Granular hypertrophic Pharyngitis (Group 2). Dekofcyn alone was given to 54 cases (28 of Group 1 and 26 of Group 2). Dekofcyn & antibiotic was given to 53 cases (27 of Group 1 and 26 of Group 2). That is, all cases received Dekofcyn for two weeks, while 53 cases received an antibiotic also for the first one week only. The choice of the antibiotic was from erythromycin, septran and penicillin. Only those cases who had cough of more than one week were taken up for study (Table 2).

Group	No of cases	Good	Moderate	Poor
Chronic catarrhal pharyngitis	10	6	2	2
Chronic granular pharyngitis	10	7	1	2
Chronic atrophic pharyngitis rhinitis	10	-	2	8
Chronic Laryngitis (diffuse)	10	-	5	5
Allergic & vasomotor pharyngitis rhinitis	10	2	3	5

# TABLE 2 :Group I & II cases with Dekofcyn alone & Dekofcyn with antibiotics

	Group I (Catar pharyng)	Group II (Chr.granular pharyng)	Total
Dekofcyn only	28	26	54
Dekofcyn & Antibiotics	27	26	53
Total	55	52	107

### TABLE 3 : Age Groups and Sex

Age Group	Group I	Ch. C.P	Group II	Ch. G.P	Total	%	
Age Gloup	М	F	М	F	Total		
Upto to 20 years	8		5	2	15	14	
21-30 yrs	11	4	14	4	39	36.5	
31-40 yrs	15	1	11	2	29	27.1	
41-50 yrs	6	1	10		17	15.9	
Above 50 yrs	3		3	1	7	6.5	
Total	49	6	43	9	107	100	



## AGE GROUPS AND SEX

There were 55 cases (49 males and 6 females) in Group 1 (Catar. pharyn.) and 52 cases in Group 2 (43 males and 9 females) in group 2 (Granular Pharyng), a total of 107 cases. The largest age group was of 21-30 years (36.5%) Table 3).

### Habits (Both groups combined)

Habits of smoking, pan, tobacco chewing, addiction to alcohol were the common habits seen. Some had more than one habit. Smoking was the most common habit (57.9%). 24 cases (22.4 %) had no habit of any kind (Table 4).

### Profession

The majority of patients (42%) were from factory labour class (Table 5).

# TABLE 4Smoking, Chewing and other habits N = 107

Habit	No	%
Smoking	62	57.90%
Pan,tobacco chewing	22	20.60%
Alcoholism	29	27.10%
No habits	24	22.40%

### **TABLE 5 : Profession**

Profession	No	%
Factory Labour	45	42.0%
Sweepers & Cleaners	34	31.8%
Office goers	22	20.6%
No work	6	5.6%
Total	107	100.0%

# TABLE 6Symptomatology (Both groups) N = 107

Symptom	No	%
Irritative cough	102	95.3%
Discomfort in throat	86	80.4%
Foreign body sensation	75	70.1%
Dryness	86	80.4%
Mild Pain	43	46.2%



# RESULTS: With Dekofcyn only (2 weeks)

Out of 54 cases who received Dekofcyn alone for 2 weeks (both groups), 41 cases (75.9%) had good relief from cough, 8 cases (14.8%) had moderate relief and 5 cases (9.3%) had poor relief (Table 7).

# Results of Dekofcyn (2 weeks ) with antibiotics (1 week)

There were 53 cases,(both the groups), who received Dekofcyn for 2 weeks & also received antibiotics (Penicillin, erythrocyn or septron) for the first week. Out of them 46 cases (86.8%) had good relief of cough, 4 cases (7.5%) had moderate relief & 3 cases (5.7%) had poor relief (Table 8).

# DISCUSSION

It is seen that the difference in good relief of cough due to Dekofcyn alone and Dekofcyn with antibiotic was only 10.9%. Considering the high cost of antibiotic and the side effects involved, Dekofcyn treatment alone gave good relief from cough in majority of cases of catarrhal pharyngitis or granular (Hypertrophic) pharyngitis. No toxic or side effects were seen with the use of Dekofcyn alone.

# **RELIEF OF ASSOCIATED SYMPTOMS**

There was good relief in associated symptoms of irritated cough (80.4%), discomfort in throat (80.2%), foreign body sensation (70.7%), Dryness (80.2%) and mild pain (74.4%) (Table No 9).

#### TABLE 7: Results of Dekofcyn treatment without antibiotics

Group	No.	Good	%	Moderate	%	Poor	%
Group I (Catar.Pharyng)	28	22	78.6	4	14.3	2	7
Group II (Granular Pharyng)	26	19	73.1	4	15.4	3	11.5
Total	54	41	75.9	8	14.8	5	9.3

### TABLE 8: Results of Dekofcyn treatment with antibiotics

Group	No.	Good	%	Moderate	%	Poor	%
Group I (Catar.Pharyng)	27	25	92.6	1	3.7	1	3.7
Group II (Granular Pharyng)	26	21	80.8	3	11.5	2	7.7
Total	53	46	86.8	4	7.5	3	5.7



Symptom	No	Relief	%
Irritative cough	102	82	80.4%
Discomfort in throat	86	69	80.2%
Foreign body sensation	75	53	70.7%
Dryness	86	69	80.2%
Mild Pain	43	32	74.4%

#### TABLE 9 Relief in associated symptoms (Both groups)

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