

## Sooktyn in the treatment of Peptic Ulcer

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### SUMMARY

Peptic ulcer is one of the commonest diseases in our country. It is a well established fact that operative line of treatment plays a major role in the management of peptic ulcer. But all the patients cannot be subjected to surgery due to various reasons. So a medical line of management of peptic ulcer has a definite and vital role.

In this clinical trial we have tried an Ayurvedic product Sooktyn. The drug trial was conducted in Thanjavur Medical college hospital, over a period of 2 years from December 1978 to December 1980, and the patients are still being followed up. This is a report of the results of this drug in the treatment of peptic ulcer.

### PHARMA CO DYNAMICS

The drug Sooktyn is an Ayurvedic antacid manufacturer in the form of tablets. It contains the following ingredients :

Each Tablet of Sooktyn contains:

Sooktyn Bhasma	112.5 mg
Kapur Kachli	80.0 mg
Jatamansi	40.0 mg
Ganthoda	30.0 mg
Khurasni ajmo	30.0 mg
Kel Pan rakh	30.0 mg
Vacha	10.0 mg
Datura leaves	5.0 mg

(Detoxicated by special process)

The major ingredient of "Sooktyn" is sookty bhasma which is the bhasma of the oyster shells after oxidation and purification. It contains calcium carbonate and aota as the main antacid. The synergistic action of Gauthoda, Kapur Kachli and Vacha further enhance the acid neutralizing activity of sookty bhasma. Any constipation produced by Calcium Carbonate is counteracted by the mild laxative effect of khurasni ajmo. Datura leaves which are completely detoxicated by special Ayurvedic processes contains atropine derivatives which act as antispasmodic and anticholinergic agents. As such Sooktyn is a clinical combination of an antacid, antispasmodic, anticholinergic and an astringent.

## MATERIAL AND METHODS

One hundred and Fifty Three patients of various groups suffering from peptic ulcer were included in the trial. The trial was conducted on the patients attending the Thanjavur Medical College Hospital during the period from December 1978 to December 1980. Besides cases of peptic ulcer, cases of reflux oesophagitis and gastric erosions following corticosteroid therapy and ingestion of analgesic drugs were also included in our trial. Cases of pyloric obstruction were excluded from the trial.

A preliminary double blind trial was conducted in 50 patients and they were treated for 4 weeks. It was later found that the patients who received placebo capsules were not relieved of the symptoms, whereas the patients received sooktyn in different looking capsules had relief. After this preliminary trial, we switched over to a regular trial.

The patients were advised to take sooktyn tablets, 2 tablets four times a day at 7 am, 11 am, 4 pm and 8 pm respectively. No other conventional antacids or anticholinergic were given. The patients were also advised bland diet. The drug schedule was followed for a minimum of 8 weeks and maximum of 20 weeks. When the severity of the symptoms came down, the dose of sooktyn was reduced to one tablet three times a day. Most of the patients had relief by 16 weeks of sooktyn treatment except in 4 patients who were absolutely symptom free only after 20 weeks of therapy.

Following an initial treatment of one month with sooktyn, in cases of chronic duodenal and gastric ulcers, repeat gastroscopic examination were done to ascertain the degree of the healing of the ulcer. Response to sooktyn therapy was analysed after 16-20 weeks of treatment. The patients were followed up for a period of three to eighteen months except in 9 cases that could not be followed up were left out the study. Repeat gastroscopic examinations were done whenever necessary. The results were assessed as cured, improved and not improved. Some of the cases who did not improve were subjected to surgery.

## CLINICAL PRESENTATION OF VARIOUS GROUPS OF PATIENTS OF PEPTIC ULCER AND OTHER COMPLAINTS

There were 82 cases (53.6%) of chronic Duodenal Ulcers and 20 cases (13.1%) of chronic gastric ulcers, a total of 102 cases (66.7%) of peptic ulcer. There were 16 cases (10.4%) of anastamotic ulcers. There were 2 cases (1.3%) of recurrent ulcers following closure of perforated peptic ulcer. There were 3 cases (2.1%) of haematemosis caused by chronic duodenal or gastric ulcer. In these cases, portal hypertension for oesophageal varicies were excluded before ascertaining that this was due to peptic ulcer. There were 11 cases (7.2%) of acute gastritis caused by the use of analgesic drugs, corticosteroids and the other unknown causes. There were 9 cases (5.9%) of reflux oesophagatits and 10 cases of chronic dyspepsia but whose Barium meal x-ray was normal.

**Table I**  
**Clinical presentation of various groups of patients of peptic ulcer and other complaints**

<b>Clinical Presentation</b>	<b>No of cases</b>	<b>%</b>
<u>Chronic Duodenal Ulcer (82 -53.6%)</u>		
Symptoms of more than 1 year	21	13.70%
Symptoms of less than 1 year	61	39.90%
<u>Gastric Ulcer (20 – 13.1%)</u>		
Symptoms of more than 1 year	8	5.30%
symptoms of less than 1 year	12	7.60%
Anastamotic Ulcer	16	10.40%
Recurrent ulcer following closure of perforated peptic ulcer	2	1.30%
<u>Haematemesis (Portal Hypertension excluded) (3 -2.15%)</u>		
Due to chronic duodenal ulcer	2	1.30%
Due to chronic gastric ulcer	1	0.70%
Acute Gastritis (11-7.2%)		
Due to the use of analgesic drugs	6	3.90%
Due to Corticosteroid Therapy	4	2.60%
Unknown	1	0.70%
Reflux Oesophagitis	9	5.90%
Dyspepsia (Barium Meal x-ray normal)	10	6.50%
<b>Total</b>	<b>153</b>	<b>100%</b>

### RESULTS OF SOOKTYN TREATMENT

In cases of chronic duodenal and gastric ulcers repeat gastroscopic examinations were performed once a month for the assessment of results. Most of them improved within 16 weeks of sooktyn treatment. Only 4 patients required 20 weeks of treatment to become symptom free. All the cases were under follow up observations ranging from 3 to 18 months. Appropriate operative measures were taken or advised where necessary. 9 cases could not be followed up.

#### DUODENAL ULCER

Among 82 cases of Chronic Duodenal ulcer, 55 patients (67.1%) were cured, 16 cases (19.3%) improved and 7 cases (8.0%) did not improve and these were operated.

#### GASTRIC ULCER

Out of 20 cases of chronic gastric ulcer, 8 cases (40%) were cured, 6 patients (30%) showed satisfactory improvement and 3 patients (15%) who did not respond were operated, 3 cases (15%) of gastric ulcer could not be followed up.

#### ANASTAMOTIC ULCER

Out of 16 patients of Anastamotic ulcer, 10 patients (62.5%) were cured and there was no response in 6 patients (37.5%) and surgery was advised for them.

### Recurrent Ulcer following closure of perforated peptic ulcer

In this category there were 2 patients and both of them did not respond to Sooktyn therapy. In these patients surgery was carried out.

### Haematemesis

There were 3 patients with Haematemesis due to duodenal or gastric ulcer. These patients were immediately put on blood transfusion and intravenous replacement therapy and resuscitated. Later they were put on Sooktyn treatment. They were free from pain and there were no further episode of bleeding. However one case was lost from follow up.

### Reflux Oesophagitis and Dyspepsia

There were 9 cases of Reflux Oesophagitis and 10 cases of Dyspepsia in our study. 7 cases of Reflux Oesophagitis and 7 cases of Dyspepsia were remarkably relieved from pain and acid secretion. The remaining 3 patients in each group showed satisfactory improvement.

Overall results for 153 cases were cured - 96 cases(62.7%). Satisfactory improvement - 30 cases (19.6%), no improvement - 18 cases (11.8%), lost to follow -up - 9 cases (5.9%). Some of the cases who did not improve were put to surgery and some were advised surgery. (Table II).

**TABLE II**  
**Results of Sooktyn Treatment**

Condition	Total Cases	Cured	%	Improved	%	Not improved(Some operated)	%	Lost to follow up	%
Duodenal Ulcer	82	55	67.10%	16	19.50%	7	8.50%	4	4.90%
Gastric Ulcer	20	8	40%	6	30%	3	15%	3	15%
Anastamotic Ulcer	16	10	62.50%	-	-	6	37.50%	-	-
Recurrent ulcer following closure of perforated ulcer	2	-	-	-	-	2	100%	-	-
Haematomesis	3	2	66.70%	-	-	-	-	1	33.50%
Acute Gastritis	11	8	72.70%	2	18.20%	-	-	1	9.10%
Reflux Gasophagitis	9	6	66.70%	3	33.30%	-	-	-	-
Dyspepsia	10	7	70%	3	30%	-	-	-	-
Total	153	96	63.70%	30	19.60%	18	11.80%	9	5.90%

### RESULTS OF SOOKTYN TREATMENT IN CASES OF PEPTIC ULCERS ONLY

There were 102 cases of peptic ulcers, 82 cases of Duodenal Ulcers and 20 cases of gastric ulcers. With Sooktyn treatment of 16 to 20 weeks and after an observation upto maximum period of 18 months and repeat gastroscopic examination to check the healing of ulcers, the results were as follows. Cured 63 cases(61.8%), satisfactory improvement in 32 cases (21.6%), no improvement in 10 cases (9.8%) and 7 cases could not be followed up. Those that did not improve were operated. Surgery could be avoided in 61.7% of the cases due to Sooktyn therapy.

**TABLE III**  
**Results of Sooktyn treatment in peptic ulcers**

Peptic Ulcer	No of Cases	Cured	%	Improved	%	Not Improved	%	Not followed up	%
Duodenal Ulcer	82	55	67.10%	16	19.50%	7	8.50%	4	4.90%
Gastric ulcer	20	8	40%	6	30%	3	15%	3	15%
<b>Total</b>	<b>102</b>	<b>63</b>	<b>61.80%</b>	<b>22</b>	<b>21.60%</b>	<b>10</b>	<b>9.80%</b>	<b>7</b>	<b>6.80%</b>

### Discussion

We observed in our analysis that Sooktyn therapy gives better results in those patients who had symptoms for less than a year than those patients with symptoms of more than a year. There was remarkable relief in patients having Dyspepsia and Reflux Oesophagitis. In patient with Haematomesis, after emergency management with blood transfusion and intravenous replacement for resuscitation, patients were put on Sooktyn treatment. There were no further episodes of bleeding and the patients were free from pain. Those patients of peptic ulcer and anastamotic ulcer who did not improve with sooktyn and follow up observation showed no change, were subjected to surgery and the rest were advised surgery. Those patients with acute gastritis remained asymptomatic with sooktyn. Only in a few cases complete relief from pain could not be achieved.

To start with the treatment for peptic ulcer is only medical. Surgery is offered to only those patients who are incapacitated with pain and obstructive symptoms. Conventional drugs prescribed for peptic ulcer, like anti cholinergic drugs, R2 Receptor antagonist and carbenoxolene sodium are very costly, whereas the ayurvedic antacid drug Sooktyn is cheap and at the same time effective.

### Toxic or Side effects

The commonest complaint we heard from many patients was about the smell and taste of Sooktyn tablet. We had to reassure them and encourage them to continue the treatment which they did. No toxic or side effects were seen and Sooktyn is a safe drug.

### Conclusions

To sum up it is possible that a few patients out of 63 cases of peptic ulcer who got complete relief with Sooktyn treatment may come up for surgery at a later date. But the fact that Sooktyn gave good results in majority of cases is very encouraging.

Further, Patients with Acute gastritis and gastric erosions may not need surgery at all as Sooktyn gave complete relief in the majority of the cases. Even assuming that conventional drug gives same effect as Sooktyn. still Sooktyn is a better drug because it is less costly and is devoid of side effects as seen with the conventional drugs.

### Acknowledgement

We thank the secretary, Health Dept, Govt. of Tamil Nadu Director of Medical Education and the Dean of Thanjavur Medical College Hospital for permitting us to conduct this trial. We also thank Alarsiu Marketing Pvt. Ltd., Bombay, for their co-operation.

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