

ANTIURTICARIAL STUDIES WITH AN INDIGENOUS DRUG

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Summary

Capyna-compound is an indigenous drug (a mixture of herbal preparations), which though a general tonic, also shows antiurticarial activity. It has neither antihistaminic nor antiserotonin like activity. It has given relief to 80% of acute and 95% of chronic cases of urticaria without any side effects.

Urticaria is a skin condition characterised by the eruption of smooth itching patches or wheals due to allergy or hypersensitivity to foods or drugs, foci of infection, or psychic stimuli Calnan². It is a disease which is very commonly met with in clinical practice. This disease is though not serious but is quite troublesome and results into serious wastage of working hours and capacity. It responds well to conventional antihistaminics and corticosteroids but there are occasions when these drugs have miserably failed to give lasting relief (Hurkat et al³) to the patients of urticaria. Further, antihistaminics although belong to the category of safe drugs, but are not immune from side effects viz., dryness of mouth, hypnosis etc. Similarly, corticosteroids are miracle drugs and have life saving potentiality but when taken in large doses or for long duration are hazardous.

To search for a drug which has antiurticarial properties but is immune from these side effects is therefore, the need

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of the hour. Many indigenous drugs and compounds have been tried for this purpose and ancient literature is full of them. A scientific study on this subject was however, first made by Behl and Bedi¹ who observed that Capyna-compound, a mixture of herbal preparations of Himalaya Drug Co. in doses of 2 tab. t.d.s is exceedingly useful in controlling reactions in leprosy. Hurkat et al (loc. cit) reported that Capyna-compound was an effective remedy in the treatment of seasonal urticarias and that this drug is free from any side effects. As the report by Hurkat et al (loc. cit) was of the nature of personal case history it was thought essential to try this drug on large number of cases of urticaria and the results of this study are communicated through this article.

Material and Method

Out of cases attending the J. L. N. hospital medical and skin and V.D. outdoor, 75 cases were selected for clinical trial with Capyna-compound tablets. This trial was conducted for about 10 months. Out of these 75 cases of urticaria, 55 were acute in onset and rest 20 were chronic in nature (Table 1). Tables 2 and 3 give age and sex incidence of these cases in this study. All these cases were thoroughly examined clinically and dewormed. Their haemo-

tological examination along with eosinophil count was done. Whealing response to stroking on forearm was also assessed. All these information were recorded in a proforma along with brief clinical history. They were then given Capyna-compound in the dose of 2 tablets t.d.s. and were asked to report for clinical evaluation every week.

TABLE 1
Showing total number of cases of urticaria studied.

	Male	Female	Total
Acute	40	15	55
Chronic	15	5	20
Total	55	20	75

TABLE 2
Showing age and sex distribution in 55 acute cases of urticaria.

Age group in years	Male		Female	
	Male	%	Female	%
15-25	18	32.73	8	14.54
26-36	15	27.27	5	9.1
37-47	4	7.27	1	1.82
48-onwards	3	5.45	1	1.82
Total	40	72.72	15	27.28

TABLE 3
Showing age and sex distribution in 20 chronic cases of urticaria.

Age group in years	Male		Female	
	Male	%	Female	%
15-25	6	30	2	10
26-36	6	30	2	10
37-onwards	3	15	1	5
Total	15	75	5	25

Results

Tables 4 and 5 give the response of patients of urticaria to Capyna-compound. The response in acute cases was

80% (18.19% excellent, 54.54% good, 7.27% fair), while the response in chronic cases was 95% (30% excellent, 45% good, 20% fair). It is pertinent (Table 5) to note that no patient got any relief for one week, it is only after a week of treatment with Capyna-compound that some relief was observed which became marked after about a month of treatment. In acute cases treatment was terminated within 2 to 3 weeks, while in chronic cases it was continued for 4 to 7 weeks. No relapse or any side effect was observed in any case.

TABLE 4
Showing individual response to capyna-compound.

Response	Acute cases		Chronic cases	
	No. of cases	%	No. of cases	%
Excellent	10	18.19	6	30
Good	30	54.54	9	45
Fair	4	7.27	4	20
Nil	11	20.0	1	05
Total	55	100	20	100

Discussion

Capyna-compound is an indigenous drug and has following composition. It has neither the antihistaminic nor the corticosteroid component in it. Its antihistaminic, antiserotonin and corticosteroid like activity have also been investigated through animal experimentations and has been reported elsewhere. It is highly significant to note that 80% of acute and 95% of chronic cases of urticaria got complete and lasting relief from the disease and that too without any side effects. Unlike antihistaminics, it does not produce dryness of mouth or hypnosis. It is suggested that it may be acting as an anti-urticarial agent by toning up the blood-vascular system, probably acting at cellular and/or molecular level of capillaries, plasma proteins etc.

TABLE 5

Showing weekly response of cases which favourably responded to antiurticarial treatment of capyna-compound.

Parameters of studies	1st week	2nd week	3rd week	4th week and onwards
1. Size of wheals	Marked	Slightly decreased	Moderately decreased	Markedly decreased
2. Itching	"	"	"	"
3. Eosinophil count	High	High	Normal	Normal
4. Whealing response to stroking	Marked	Slightly decreased	Moderately decreased	Markedly decreased
5. Any side effect	Nil	Nil	Nil	Nil

Composition of each tablet of capyna-compound

Capparis mooni fruit	210.6 mg.
Caesalpinia digyna (Vakeri)	16.2 mg.
Withania Samnifera (Aswagondha)	32.4 mg.
Tinospora-cordiofolia Ext. (Gulvel)	6.48 mg.
Allium Sativum (Lasun)	12.96 mg.
Sisymbrium irio (Khaksi)	7.776 mg.
Pristimera indica	7.776 mg.
Abrak Bhasma	7.726 mg.

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3. Hurkat PC, Mallick NC and Chatterjee B: An antiurticarial experience with an indigenous drug *Ind Med Gaz* 11:51, 1972.

TRUE or FALSE?

Auto-erythrocyte sensitisation is a manifestation of an autoimmune disease where patient becomes sensitised to his own erythrocytes and thus manifests with purpuric lesions.

(Answer page No. 269)