

Section **Pharmacology**

View Point

Therapeutic Jungle: Version 2.0

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The term therapeutic jungle coined by pharmacologist Louis Goodman refers to combination of overwhelming number of drugs the confusion of nomenclature and associated uncertainty of the status of many of these drugs.^[1] Rational drug policy, rational people behavior, rational prescription is the need of hour.

Polices determine the availability of medicine in term of production pattern distribution marketing pricing and drug usage. India's pharmaceutical industry is mighty, with over Rs 2 lakh crore worth of medicines and vaccines, produced and supplied by over 7,000 manufacturing units. It caters to not only the domestic market, but it also exports to over 200 countries.


National Drug Policy was declared in 1978, and has been revised thrice since then, in 1986, 1994 and 2002. The question is: were these drug policies at all rational? In the absence of a clear, comprehensive and rational drug policy, we continue to see a distorted pattern of drug production and the proliferation of non-essential, irrational and harmful

drugs. Indian markets are flooded with over 100,000 formulations; there is no system of central registration of these formulations. These drugs are sold under numerous brand names rather than their generic names. There has also been a phenomenal increase in drug prices. Neither the

Constitution nor the National Health Policy guarantees the right to health or to medical care including affordable and appropriate drugs. The community of health professionals must recognize this right and help people exercise it.

India is called the pharmacy of the global south. There are thousands of pharmaceutical companies in our country producing lakhs of formulations there should be rational production of drugs in our country they do not match the need (Availability > Need). Every 5th drug is substandard due to lack of good manufacturing government policies also the drug controller and inspecting apparatus is grossly in adequate. Drugs banned elsewhere in the world is freely available. Irrational combination of drugs is plenty while very few combination is considered rational. About 50% of drugs are sold over the counter without proper prescription. Bulk of drugs produced are tonics, cough syrups and nutritional supplements, which are also sold at high prices.^[2,3]

Hence rational drug policy is needed to overcome these above-mentioned problems.

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There is lack of awareness among the people about factor affecting health and disease. This leads to self-medication in on empirical banner based on:

- i. Experience
- ii. Peer group advice
- iii. High pressure advertisement.

Rational people behavior is needed people should be educated and made aware self-medication complications.⁴ Physicians prescribe drugs to the patients, while teachers teach them to the students. CME and journals keep them updated about latest drugs, mechanism, pathophysiology, adverse drug reactions and other advances in pharmacotherapeutics but unfortunately physicians mostly at periphery and teaching faculty especially in private medical colleges do not take interest in CME, Research work, Research methodology workshops, Oral paper presentation and reading journals.

All these factors lead to:

- i. Over prescription of drugs
- ii. Under prescription of drugs
- iii. Wrong prescription of drugs
- iv. Plagiarism in PG's thesis.
- v. Dependency on others for publication at the time promotion (including guiding PG's)
- vi. Inadequate knowledge transfer to undergraduates regarding advances in therapy etc.

To overcome these problems:

- i. Physician should be made aware of about difference about generic and branded drugs.
- ii. They should be made aware that pharmaceutical companies promote their drugs according to market

strategies they hide many negative information about new drugs.

- iii. Physicians should update their knowledge through CME, research publications and conferences
- iv. Physicians should adhere to medical ethics
- v. Physicians should be aware of iatrogenic diseases.
- vi. Physicians should audit his /her own practices.
- vii. Physicians must promote De-prescription culture.
- viii. Teachers must attend CMEs, workshops, seminars, read journals and develop a desire to learn at any stage of worklife.
- ix. Teachers must remain updated regarding advances by reading journals and new edition text books. (do not wait for a complimentary copy)
- x. Management must keep a check on quality of the teachers they are paying through a strict, reliable QAC. (comprised of experienced professionals preferably from outside the institute)

Hence rational drug polices, rational people/management behavior and rational prescription can overcome the therapeutic jungle.

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