

Tenth A. P. Dewan Memorial Oration

**Organized by Sevakram Naturopathy Centre, Lajpat Bhawan, New Delhi
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Use and misuse of modern drugs Vis-à-vis Our national heritage of traditional medicine

by

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Before I begin my Oration I would like to pay homage to a great personality, Mr. A. P. Dewan, whose vision, remarkable diversity of interests and his ability to enthuse others will always remain with us and for generations as a model of what one person can do for others and the country. I am deeply grateful to the Sevakram Naturopathy Centre, Lajpat Bhawan, New Delhi and the Dewan Foundation, London for giving me the privilege of delivering the Tenth A. P. Dewan Memorial Oration.

India is a diverse country and this is also reflected in its diverse health system. It has a wide array of traditional systems of medicine – **Ayurveda, Siddha, Unani System of Medicine, Naturopathy, Yoga and Sowa Rigpa**, the traditional system of medicine which has been recognized recently in India. Only if all these systems work together will we be able to achieve Universal Health Coverage. Used well all these systems, together with Allopathy would ensure that there is not a single person in the country without appropriate health care. However today we have not been able to find a method for using maximally these systems.

Western Medicine or Allopathy physicians are aware that there is little Allopathy has to offer in the form of cure of the lifestyle diseases. No new molecules are being discovered for treatment of disease such as coronary heart disease, bronchial asthma, hepatitis and cancer. This is where our ancient heritage can help. While we have always been taught that Allopathy and other systems of medicine should not be used together there is today new thinking that they could be used together.

FIND A NEW WAY:

China was the first country that broke this barrier and used traditional systems of medicine together with the medicines of the modern system and they have succeeded to a great extent. However, in India, there are legal and departmental problems that make this difficult. That is unfortunate.

India is going to be the diabetes capital of the world, hardly something to be proud of. Similarly, Indians get coronary heart disease (CHD) at a much younger age than other nationalities and the severity of it in young Indians is much more. Studies have shown that the best way to prevent CHD is by exercise, diet and taking nuts and vegetables. So, we are back to nature. Nor have we been able to cure bronchial asthma, hepatitis or cancer. As they say, “Necessity is the mother of invention.” This has now forced us to look at other systems of medicine.

Allopathy has not found a single new antibiotic in the last 20 years, nor discovered a single new molecule. If we keep using antibiotics as we do now and make bugs resistant to them, we will reach a stage when the existing ones will not work. We will then be left with no antibiotics. This has been stated by topmost physicians and scientists of the western world again and again. Sir William Osler, professor of Medicine at Oxford, once said that if

all the medicines were thrown into the sea, it would be good for mankind but bad for the fish.

In this scenario, where does that leave Indian citizens? They have a right to healthcare, a right to receive essential medicines, synthetic or natural. However despite 60 years of pouring in funds and a huge amount of effort, this has not been achieved. We need a **National Health Programme** where our heritage is used to the maximum effect and not separate plans for our different systems of medicine.

MEDICAL MESS:

Today, our Naturopaths, Ayurvedic and Unani physicians are frustrated. They feel they have been left out of the mainstream of health development. Even budgetary allocations are paltry for these systems as compared to allopathy. Besides, these doctors have not been given proper recognition. These are the decisions taken by our government and it is unfortunate.

Though allopathy is the main system in India and many achievements have been made here, the health outcome has been very poor at the national level. So, while there are excellent hospitals at the high-end, good diagnostic technologies and top-notch physicians, at the end of the day, it doesn't help the large masses who are living without healthcare of a proper standard.

Let us take a look at our pharmaceutical industry. The good news first. It is among the **first three** in the world. Every **fifth** drug used anywhere in the world is Indian. Indian drugs are exported to two hundred countries. India is the **largest producer** of vaccines, almost 85% of it. It is our pharmaceutical industry that slashed the price of anti-HIV drugs by about a hundred times, allowing us to export anti-retroviral drugs to nearly all of Africa. International foundations such as the Clinton Foundation's Global programme for TB and the Bill Gates Foundation buy medicines from India.

With this tremendous achievement, one would think that every Indian would be getting medicines. Sadly, this is not true. In rural India, just **30%** of the population have access to good quality essential medicines. There is something terribly wrong with a system that produces medicines for the world, but those are not available for its own people. That is because of systemic problems which include dearth of doctors at the primary health

centres (PHC), leading to non-delivery of medicines. The only way to surmount these problems is to use the different systems of medicine.

Another serious issue is that **80%** of expenditure on health in India is paid out of one's pocket. This includes all costs during an illness – doctor's fees, medicine cost, diagnostic expense, etc. This expense is one of the highest in the world. In other countries, this figure is far less and varies between **25%** to **30%**. So, obviously, our healthcare system is not working.

HEAVY TOLL:

There are more startling figures -- **2.3%** of Indians fall below the poverty line annually due to expenditure on healthcare. Out of that, **1.7%** are reduced to penury due to expenditure on drugs and medicines and they never return to their income brackets. They will sell their land, become bonded labour...all because they spend on medicines not needed or wrongly prescribed. Unfortunately, **50%** of all drugs are useless because they are not needed or badly used.

This system therefore is inequitable and unethical; the sooner we realize it, the better. There is no **rational use** of medicines. Besides, people do not have confidence in the medicines provided in our national health system. They would rather go to the neighbourhood quack and take an injection and spend Rs 150 than go to a hospital and get proper medicines. There is some lack of trust in the government set-up. Plus, the long queues and inordinate delays in meeting doctors means loss of daily wages.

Besides this reluctance to go to a government set-up, the way medicines are used is also flawed. Drugs are not prescribed well, are prescribed irrationally and antibiotics used indiscriminately. **Wrong doses** are used by doctors for a wrong length of time, there is **pharmaceutical pressure** and **generic drugs** are not used. However, some centres have shown the way forward. These include medicines provided and prescribed at Lajpat Bhawan at Chandigarh where only drugs in the generic form are prescribed.

Together with these factors, the use of antibiotics has been worrisome. **Resistance** to it is a major problem, making these drugs ineffective. An apt example is anti-TB drugs resistance which developed because the first line of drugs was not working. This is due to indiscriminate prescribing and self-prescribing. Unfortunately, the **second line of antibiotics** which are now

being used are toxic and very expensive. In India, one can go to any pharmacy and buy any antibiotic without any restriction. This is unlike the West where a doctor's prescription is mandatory for sale of antibiotics. One can ask for Cephalosporin, you will get it; ask for Cefuroxime, you will get that too. This indiscriminate selling of antibiotics is not in keeping with standardized treatment protocol.

On top of that, the government has been very 'liberal'. No other country gives free second line of drugs the way we do. These are costly and toxic drugs can cause loss of hearing and other debilitating side-effects.

DANGEROUS PRESCRIBING:

In Delhi, for example, a study was carried out on the use of antibiotics in the private and public sector. Norfloxacin, an antibiotic given for acute diarrhea, was given to 21% of patients in the private sector, while in the public it was 18%. This, when diarrhea often requires only oral hydration and when just 2% to 5% of patients actually require medicine. Worse, out of all the daily prescriptions of medicines in the private and public sector, antibiotics formed 43% and 69% respectively. So, the end result is massive **overprescribing** of antibiotics, leading to increased resistance and costs. And who pays the cost? You and me.

There is nothing to cushion us from these high medical costs either. We do not have an insurance system like other countries. Our **insurance cover** is only about 10% and that is mainly government insurance companies, CGHS, ESI, etc.

So why do doctors prescribe antibiotics? It could be lack of knowledge regarding drug resistance. There is no continuing medical education programme where they can be enlightened. Plus, if one were to ask a doctor in a PHC why he prescribes antibiotics irrationally, he will say there are no diagnostic facilities. So a combination of many factors has spurred the indiscriminate use of medicines, especially antibiotics.

It is also partly the fault of patients too. They want quick cures to get back to work fast. Doctors should convince them that sometimes it takes five-six days to get completely cured. Often, patients too act under peer pressure by telling their doctors that some relative of theirs in the US with the same symptoms was given an antibiotic. Besides, they also look information up in

the internet and force doctors to give antibiotics. Physicians should resist this. It is not easy, of course, as the patient may then go to another doctor. But just like doctors have a code of honour, patients too should have a code of honour not to shop around when it comes to their health. Doctors also need to resist the pressure of pharmaceutical companies who push their drugs.

In an effort to stem all these problems, an **antibiotic policy** was formed, which had a list of medicines which should not be prescribed unless the doctor recommends it. It was shown to the Minister for Health & Family Welfare, Mr Ghulam Nabi Azad who felt that it was unrealistic to insist that only medically qualified doctors prescribe antibiotics when we have no doctors in the rural areas.

So while our allopathic system in urban India has many positives, preventive and promotive programmes for burgeoning lifestyle diseases are lacking. Modern medicine concepts for prevention are not being used. Even in rural areas, allopathy has failed. Limited access to healthcare, poor quality medicines, lack of diagnostic facilities...the list is unending. It is a problem affecting two Indias.

HERITAGE HELPS:

This is where our traditional systems can help. This heritage has been used for prevention and promotion. We need to use these systems to provide solutions to our health problems and use them holistically, not through only Ayurvedic eyes or allopathic eyes. The time has come to see whether these systems can work together. The lifestyle diseases where our national heritage can make a difference are many – diabetes, CHD, bronchial asthma, hepatitis and cancer.

In 1977, it was decided that each system of traditional medicine in India should have its own Council and develop its own system of medicine. It was a correct decision and a considered one. We chose not to go the China way and have integration. Instead, all our different systems have run parallel to each other. It is however high time we considered an **integrated approach**; the parallel approach alone has not succeeded very well.

No other country has the tremendous health heritage that we have. Each system has its own hospitals, PHC, research and regulation council and

medical colleges. But all run parallel, trying to outdo each other. We, therefore, need to create a huge national force for health which will have doctors from different systems of medicine.

The Government of India too needs to remember these systems when it pronounces different statements. When it says that India is trying to achieve the ratio **one in 2,000**, it means one allopathic doctor for every 2,000 population. Compare this with what WHO wants: 1 in 600 and what the US has: 1 in 450. So we are far behind. Yet, the government does not think of the four lakh Ayurvedic physicians, Naturopaths or Yoga experts who too are giving healthcare. If we were to look at the health work force at our disposal and all the doctors available from all systems, our statistics are very good. But these other doctors are never considered. It is time we changed this.

What are the strengths of, let us say, Yoga or Naturopathy? First of all is the availability of such practitioners even in rural areas. That itself is a huge strength. Patients have faith and trust in these practitioners who talk to them. There have been recent complaints that allopathic doctors do not talk much to patients as they do not have time.

Another strength is that herbs used in Ayurveda, Unani and Siddha systems are available locally and can be used fresh and have less side-effects. Most are effective too because they have the weight of history behind them and there is no chance of inducing resistance. Many of the commonest symptoms -- cough, backache, headache, gastroenteritis and acidity – do not need allopathic medicines.

STRENGTH IN TOGETHERNESS:

It is important that allopathic doctors do not prescribe medicines if they are not needed. There was a case of a pulmonologist with a thriving practice who was seen by a patient with persistent cough. The patient asked, “Can you put me on some drug?” The doctor replied, “Yes. For five days just gargle with salt water and take Tulsi with honey.” Sure enough, the patient was up and about in five days. These are the types of physicians India needs. And many are slowly veering to the view that allopathic drugs can be used with other systems.

In fact, this is **actually** happening in PHCs where allopathic physicians and Ayurveda doctors/Yoga experts are talking together. In the latest report on the work of ASHA (Accredited Social Health Activist), 25 plants were identified which could be used along with allopathic medicines. This is a tremendous breakthrough. And it is similar to what happened in the US. The push for alternative and complementary medicine did not come from the government sitting in Washington, but from the people. They wanted plants which would heal, leading to an alternative system of medicine.

In India too, many physicians trained in the western system now believe in traditional systems. Their number has risen from 5% to 35% and about 40% believe in traditional products. This change is happening in spite of the government and should be applauded.

The best way to take this forward would be to not look at different systems of medicine *per se*, but look at various diseases and have a task force drawn from various systems to handle them. For e.g., to handle diabetes, we should see what Unani, Ayurveda and Naturopathy have to offer. Can we use *karela* (bitter gourd) for this, or use *methi* (fenugreek)? Or one could use the bark of the *Vijyasar* tree. The bark is made into a wooden tumbler into which is put water. A diabetic can drink this water the next morning and keep his sugar levels under control. This wooden tumbler is from the tribal areas of Madhya Pradesh and is being sold in Madhya Pradesh Emporium in Delhi. We are trying to see how to get back some of the profits from its sale to these people. So from the field has emerged a new drug for mild and moderate diabetes. Only in India can you do this. But we need visionaries to take this forward.

WAY FORWARD:

So how can traditional systems of medicine be used?

* One, use herbal remedies in place of strong allopathic drugs for common conditions.

* Use it along with allopathic drugs to reduce side-effects. For example, ginger reduces the side-effects of chemotherapy or radiation therapy and many hospitals abroad use it to reduce the nausea inherent in these treatments.

However, in India, these systems cannot be combined legally and therefore, rules have to be changed. These rules have existed for 75 years and are

therefore, archaic. So ridiculous are they that if a doctor from the All India Institute of Medical Sciences uses *ginger* to reduce the side-effects of chemo-therapy, he can be hauled to court and called a charlatan – a person who is pretending to be something he is not!

Even the Supreme Court has said that if anybody uses something from a health system in which he is not a specialist of he will be called a charlatan and can be put in prison. So it is important to enlighten the Supreme Court.

There are various plants which have wonderful properties and it is sad that they cannot be used alongside other systems of medicine. Take *pipli*, for example. This plant increases the sensitivity of anti-asthma drugs and therefore, reduces the dose one needs to use. Then there is *guduchi* (*tinospora cordifolia*) – a vine which increases resistance during treatment and thereby, the immune system. One does not get cold and coughs in winter if one has it. It is in the market now after years of research and is supported by the Sir Dorabji Tata Trust.

With such a storehouse of herbs and medicines, why has India not discovered a blockbuster drug which can be used the world over? It is because of inappropriate methodology for discovering these. Western methodology has been used to discover the efficacy of herbal drugs and this is the wrong way to go about it. Controlled, comparative, double-blind, randomized, multi-centred trials are what we used and we did not discover anything in the long run except that we cannot use the methods used for allopathic drugs and synthetic compounds to discover traditional remedies. It simply does not work.

Even our Councils for Ayurveda, Unani, Naturopathy and Yoga are not very good at standardizing our herbal products. We have to have standardized preparations which do not change.

MILES TO GO:

Even as we have wonderful discoveries such as *Vijaysar* for diabetes, *Kutki* root for hepatitis and *guduchi* for the immune system, the search for more traditional medicines continues, including a herbal contraceptive. However, what all of us can do is use herbs for common conditions instead of succumbing to powerful drugs which induce resistance.

We need to propagate this method of treatment not only in India, but the rest of the world. It is of vital importance to use the knowledge of herbs to increase the availability of medical care where none exists. There are large tracts of India where medical care is totally lacking and people die with no one to care for them. This, in the 21st century, is not acceptable.

Traditional practitioners can be used as advocates of change. For that to happen, they should command the confidence of people. For that, changes are needed all over, including in the government mindset. Health management should be looked at holistically. Infrastructure changes are needed. And able administrators should come forward to make these changes.

Also, different councils should be more liberal and allow teaching of other systems in their respective curriculum. In China, those trained in the traditional system learn about modern systems of medicine and vice-versa. So they have an empathy for each other. But in India, despite my best efforts, we have not been able to include a course on alternative medicines in our medical curriculum nor been able to convince the Medical Council of India in this regard. This is illogical.

And last, but not the least, let us not forget to bring about legal changes. Nothing can be done without the rule of law. After all, we do not want anyone to be called ‘charlatans’, do we?

To end this Oration I would like once again to pay tribute to a visionary, thinker and a savant, Mr. A. P. Dewan. It is people like him who have taken the country forward. I believe he would be appreciative of the efforts of the many scientists, administrators, politicians and thought leaders who today feel that only Health India – a totally integrated effort – would take us forward and provide health care for every citizen of this country including good quality medicines which are his rights.
