

## Alerts in Clinical Practice Sharma A\*

Indian Institute of Technology, Kharagpur,  
West Bengal, India

\*Corresponding author: Dr. Anup Sharma

✉ sharma\_anup@yahoo.com

Indian Institute of Technology, Kharagpur,  
West Bengal, India.

Tel: +91-3222-255221

Citation: Sharma A (2018) Alerts in Clinical Practice. Insights Biomed. Vol.3 No.2:7

### Abstract

There is no audit and surveillance system of the health care delivered by the private health care institutions. Most treatment protocols are framed for non-communicable diseases as Diabetes, Hypertension and communicable diseases after extensive epidemiological study in only a few countries of the world ignoring the vast ethnic diversity of the Afro-Asian countries. The therapeutic plans used in developing nations are mostly governed by the financial plans of Pharma Giants. It's needed to focus on patient welfare, leaving aside the age-old pseudo pride in modern medicine. All concerned should embrace holistic approach in health care superseding the realms of commercial benefit.

**Keywords:** Hypertension; Diabetes mellitus; Psychiatric diseases; Ultra-diluted drugs; Re-emerging infections

**Received:** March 05, 2018; **Accepted:** April 03, 2018; **Published:** April 06, 2018

### Introduction

Hippocrates, Charaka, Susruta, Edward Jenner, Alexander Flemming, Watson and Crick to Horwitz, for the last few centuries the mankind has received a wide range of health care services to improve the quality of living. Most of the medical application is based on the law of averages. The law was applied for few years in the clinical and medical laboratory system, with a probable correlation between the laboratory studies and clinical medicine. With newer advanced laboratory manuals, the previous notions are discarded. The medical professional after graduating continued to practice with concepts that were learnt in their course curriculum. The diagnostic and treatment protocol of communicable diseases like tuberculosis, typhoid, and malaria are ever-changing. In case of communicable diseases this revision of protocol is essential as the microbial properties are changing due to the environmental changes as pollution, emergence of new strains, antibiotic exploitation etc. AIDS which was hitherto a disease of cosmopolitan India has now crept into the rural life and what the census counts is just the tip of the iceberg. The disease profile of tuberculosis has changed due to co-infection with HIV and the problem of tuberculosis is proliferating beyond grip of the Health Programmes of the Country [1,2]. Flavi virus are now making their presence felt in Asian countries perennially, especially so in India where the seasonal division of Dengue is gradually fading. The WHO has stringent protocols about notifying the communicable diseases, but due to void in surveillance most of the cases reporting to the private practitioner goes unnoticed. The general Practitioner who is serving the population has to be

vigilant and notify the Health authorities as and when required circumventing his so-called fear of "losing the patient".

There is no audit system for surveillance of the health care delivered by the private Health care institutions. For non-communicable diseases as Diabetes, Hypertension, Coronary artery disease, the scenario is even more critical. The criteria of diagnosis of diseases like hypertension, diabetes mellitus, and psychiatric diseases have been changing frequently. These criteria are fixed by clinical bodies like American Heart Association (AHA), American Diabetic Association (ADA), and National Cholesterol Education Programme (NCEP) disregarding the ethnic diversity of various African and Asian countries where treatment based on these protocols sometimes may prove disastrous for the population. The private practitioner is most of the times uneducated about the changing protocols and the prescriptions are modified as per the directions of the multinational drug companies. Various drugs are prescribed even before sufficient field trials are completed. Drugs like proton pump inhibitor which was publicly proclaimed to be safe with minimal side effects are now showing disastrous side effects like nephropathy. Methods of conducting normal delivery has changed drastically with the gradual understanding of the mechanism, individuality of the case, set up and tools in hand, and the black hole pockets of the parties involved [3,4].

### Discussion

Change is a constant phenomenon and only the fittest survive. But the million-dollar question is how these changes has

improved the quality of Mankind. These changes were done to accommodate the changes in the disease profile. When the protocols are being framed has it taken into account the diversity of mankind?

In India the 1.25 billion populations are classified into hundreds of small ethnic groups who have their own logistics of profession, food habit, climate condition and off course genetic predisposition to a disease. The drug doses for antihypertensive or Antidiabetic, recommended by the AHA and ADA respectively go very well for the American population but in rural India entry of summer season is manifested by flocks of unconscious patients in the IPD of the Government Hospitals – Dyselectrolytemia of the patients on antihypertensive. Individualization of treatments especially drug doses is the call of the hour for optimizing the health benefits of the Population. Predisposition to a disease is a combined function of the genome composition, climate, geographical location, and life style of the human being. Globalization has diluted the borders of infectious disease. Increasing cases of Scrub Typhus are being found in India which was till now considered exotic for the disease. On serious evaluation of the existing set of drugs there are very few options which could be utilized for individualistic treatment protocol. But the intervention, guidance, application of these imperfect knowledge “played foul with the consumers” health. The health economics of the manufacturing industry grew robust with acquired patents, monopoly, suppression of information, advertisement etc., all being the game of the trade. Phenomenal funds are pumped in to the medicinal research. Gain of big money was proportionately linked to finding of every new molecule, machine, and its widespread and indiscriminate ministrations among the population especially of the developing nations [5].

This commercial system has dwarfed the concept of Holistic medicine which encompassed Ayurveda, Homeopathy, etc. The Alternate System of Medicine prevalent in many oriental countries has been widely successful in treating various prevalent disorders. Ultra-diluted drugs (UD) are categorically disreputed and dismissed by scientists saying that they lack the evidence base. Although much research has gone into establishing the evidence base of UD, its application in health care, is awaiting wide spread

public and scientific acceptance. Very little fund is essential for these drugs as compared to modern medical drugs. It is reported that Pfizer was working on new experimental promising drug, Torcetrapib, which has been in development since the early 1990s, was supposed to raise so-called good cholesterol, and cardiologists had hoped it would reduce the buildup of plaques in blood vessels that can cause heart attacks. This drug actually caused an increase in deaths and heart problems. Eighty-two people had died so far in a clinical trial, versus 51 people in the same trial who had not taken it. The company gave up the project incurring a claimed loss of \$1 billion investment and not much hue and cry was raised on the deaths of the study-subjects as this was the doing of a billionaire giant manufacturer. In case of trials or experiments if a single death is noticed with the use of UD, a big hue and cry would be raised. As these drug manufacturers are small fly in the medicine manufacturing filled with a laughably meager fund for the research and development. This disparity was created by the commercial intentions of the Western multinationals. Since the evolution of UD clinical research has proved that these drugs acted and showed its effects only on susceptible subjects leaving undetected side effects. The scientific basis of prescription of UD is based on the individual human composition. The drugs are chosen after careful and rigorous clinical examination and history assessment of each patient [6]. Why no academic interest was vested on UD and why meager funds are allocated for its development is an urgent health care problem that needs redressal. Let us all team up for a selfless benevolent health care in the name of humanity. Academic and research institutes have turned a blind eye to this issue so far without any plausible explanation? Is it because one view is that the UD are the future medicines?

## Conclusion

Doctors are the most revered scientists of the society. Safe clinical practice, minimal adverse effects, individualization of health care protocol with optimum cost effectiveness is what the mankind is seeking through them. It's needed to focus on patient welfare, leaving aside the age-old pseudo pride in modern medicine. All concerned should embrace holistic approach in health care superseding the realms of commercial benefit.

## References

- 1 Assam AJP, Beng PV, Cho-Ngwa F, Toukam M, Ngoh AA, et al. (2013) Mycobacterium tuberculosis is the causative agent of tuberculosis in the southern ecological zones of Cameroon, as shown by genetic analysis. *BMC Infect Dis* 13: 431.
- 2 Basaraba RJ (2008) Experimental tuberculosis: The role of comparative pathology in the discovery of improved tuberculosis treatment strategies. *Tuberculosis* 88: S35-S47.
- 3 Lipton RB (2008) Epidemiology of childhood diabetes mellitus in non-Caucasian populations. *Epidemiol Diab Mellit* 1: 385-402.
- 4 Elliott JW (2007) Secondary hypertension: Renovascular hypertension. *Hypertension* 1: 93-105.
- 5 Nathan DG, Orkin SH (2009) Musings on genome medicine: Genome wide association studies. *Genome Med* 1: 3.
- 6 Lucassen A, Hall A (2012) Consent and confidentiality in clinical genetic practice: Guidance on genetic testing and sharing genetic information. *Clin Med* 12: 5-6.