

Popularity of Herbal Drugs -A Challenge to Rational Practice (Time to Amend Undergraduate Curriculum)

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The objective of medical education is to impart education and training to undergraduates so that their prescriptions are rational. The various conferences, seminars, lectures, workshops, refresher courses, CMEs which are being organized from time-to-time also have the same motive. The government is also taking measures against drug-related factors and pharmaceutical-related factors which can affect rational drug use (RDU) adversely as and when need arises. By and large, some of the factors which can promote rational practice have been recognized and these include pharmacoeconomics, pharmacovigilance, pharmacogenomics, pharmaco-epidemiology, essential drugs and P-drug concept. However, measures against these factors are still in their infancy.

In the recent past Abebe (1), Dasgupta (2) and Rai (3,4) authors in their reviews have pointed out that prevention of herb-drug interactions or disorders associated with chronic overuse of herbal drugs or use of herbal drugs adulterated with western drugs is also essential to ensure rational use of western drugs. It has been reported that the use of herbal drugs is on the rise world-wide. Most of the people use these drugs concurrently with prescribed western drugs without informing their physicians which can result into fatal drug interaction. The concurrent use of herbal drugs with western drugs can either accentuate known toxicities of western drugs or cause their therapeutic failure and thus can have serious clinical consequences. Healthcare professionals should ask their patients about the use of herbal products and consider the possibility of herb-drug interactions.

Diagnoses of disorders caused by consumption of herbal drugs adulterated with western drugs have been reported to confuse the doctors. As per present undergraduate curriculum, a graduate in western system of medicine is not supposed to know about herbal drugs. That is why, in present scenario of medical practice, no attention is paid towards the use of herbal drugs and most of the disorders caused by these drugs either go unrecognized or are treated as new disorders.

In other countries, herbal drugs are used as complementary and alternative medicine (CAM). Wetzel et al have suggested to include CAM in medical education from the preclinical years through residency and beyond (5). The inclusion of special chapters on CAM in recent editions of medical text books namely "Basic and Clinical Pharmacology" edited by Katzung; "Pharmacology and Therapeutics for Dentistry" edited by Yogila et al is an initial step to create awareness among practitioners of modern system of medicine about these herbal medicines.

On the contrary in India, herbal drugs are an integral part of The Indian System of Medicine (Ayurveda) which is an ancient and mainstream system. Moreover, our culture is rich in herbal drugs thereby causing a high incidence of their self-medication, as also these drugs are sold openly. The people who are not supposed to use herbal drugs are also using them frequently. Because of these factors in our country, the number of herbal product users is highest in the world. Surprisingly the health care providers have not paid any attention in this direction. It is appreciable that now Union Health Ministry is working on a proposal to inculcate the Indian System of Medicine into modern medical education (6). It can be useful and fruitful, provided evidence based facts of herbal drugs whose use is common in our country are included in undergraduate curriculum.

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