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The Network's NEWSLETTER Rx
Association for Rational Use of Medication in Pakistan

The Network s mission is to promote rational use of medication and essential drugs concept in Pakistan in order to optimize the usefulness of drugs and help bring equity in their access.

Science of commerce

Contrary to the opinion of all recognized international authorities on the subject, immunotherapy is being promoted as the first line therapy for bronchial asthma and allergies in Pakistan. This unscrupulous campaign is not being run by a company with vested interests but by an institution which is the custodian of the nation's health and is financed by the tax payers' money — the National Institute of Health (NIH). The NIH's immunotherapy enthusiasts are pushing poor arguments quoted from dubious sources. Usually, the job of distorting scientific facts for commercial gains is considered the companies' domain but the advocates of immunotherapy are using the name and facility of a public sector institution for pushing forward their own vested interests. (See page 4 to 7)

The NIH Allergy Centre is not in a position to even ensure that the warnings given by the so-called experts of immunotherapy are followed properly. For example, the Centre in no way can make sure that resuscitation apparatus is available where the patient is being given the vaccine shot outside the Centre. The institution after conducting the allergy tests, dispenses 12 doses of the prescribed vaccine in a vial and expects the patient to store it at +4°C to +8°C in his/her home refrigerator. The patients get the weekly vaccine shots by a neighboring GP or a dispenser who do not have resuscitation apparatus and are generally not trained to treat anaphylactic shocks.

We believe that this is yet another gimmick of the medical practitioners to make a quick buck as the beneficiaries of this kind of treatment include, most importantly the doctors themselves. This practice is exposing patients to un-called for health risks which may even be life threatening besides creating a lot of inconvenience for the patients and robbing them of their money. This also points towards an acute need in our country to set standards of ethical practice and a system of accountability for the profession. The consumer, who is gullible and vulnerable, must also be informed about how they are bereft by those in whom they put their trust, what are their duties and rights to safe guard their health and wealth.

DrugNews

Chlormezanone withdrawn - but not in Pakistan

A survey, reported in the New England Medical Journal, conducted between 1988 and 1995 in Europe has shown chlormezanone, an anxiolytic/tranquilizer, to have serious safety problems. According to summary of the survey, 153 cases of toxic epidermal necrolysis (a condition characterized by widespread bubbling and then sloughing off of the skin resulting in large areas of skin loss) have been linked to chlormezanone, including 13 cases of Lyell's syndrome out of which seven patients died.

Keeping in view the limited therapeutic value of the compound compared to the severity of potential side effects, the worldwide manufacturer Sanofi Winthrop has withdrawn this product from a number of developed countries. It was withdrawn from France in October 1996 and from the US market on 15 November 1996.

The Network wrote the five manufacturers/importers of the product in Pakistan and the health ministry to also withdraw/ban the drug in Pakistan but received no response. All the five brands (Baserol by Sanofi Winthrop, Samerol by Sami, Novorol by Krka, Dolgesic by Progressive and Muscerol by Pharmatec) are freely available in the market. The Rawalpindi/Islamabad area distributor (International Brands Limited) of Sanofi Winthrop informed us over the phone that Baserol was freely available and in fact was being supplied in bulk quantities to medical institutions in Rawalpindi even during March 1997.

The Network briefed the press about the issue and only then the Ministry decided to respond. Surprisingly, it informed the press that it had taken 'the appropriate step' much before it hit the newspapers by asking the companies to withdraw the drug and the companies also had complied with their instructions. This has been done under a new rule which says that any drug banned in any of the developed countries for safety reasons will be banned in Pakistan automatically.

But perhaps our drug regulators don't know that even to make things happen automatically you have to make some effort. The drug is still widely available all over the country!

More on Furazolidone

After the publication of "Furazolidone: Dangerous and obscure" in the drug news section of The Network's Newsletter, Vol. 5, No. 3, we have received a detailed feedback from Lt. Gen. (Retd.) Mahmud Ahmad Akthar. He has taken a different position as opposed to Dr Leo Offerhaus' by arguing that since cholera epidemics are very common in our part of the world and vibrio cholera is becoming increasingly resistant to tetracycline, furazolidone offers a good alternative.

He argues that of course quinolones are effective but these are very expensive for majority of our people and government institutions and also because of the fact that some patients cannot tolerate quinolones. Furazolidone is very cheap and its toxicity is far less as compared to many other anti-microbials including cotrimoxazole. In the USA, it is recommended as an alternative to tetracycline in pregnant women.

Like wise he informs that furazolidone is a drug of second choice for giardiasis. Standard text books on the subject recommend furazolidone as a first choice for giardiasis in children.

For resistant type of salmonellosis of course first choice are quinolones but again their high cost and intolerance by some people surely provide a place to this drug in the treatment. We have to keep the affordability factor in mind while making selection of drugs in poor countries. Furazolidone also offers an alternate for Shigellosis and Travelers Diarrhea, even in the USA.

He concludes by saying that "for all the above mentioned reasons furazolidone has been included in the essential drug lists of Pakistan, India and Bangladesh. One has to keep drugs of second and even third choice in the lists. There are many patients who do not tolerate metronidazole, does that mean we should not treat these patients. I have personal experience of prescribing this drug to my patients for a number of years and also of holding clinical trails in typhoid fever. There were never any serious reactions which are quite often seen with other anti-microbials like penicillin, cotrimoxazole, quinolones, amino-glycosides, cephalosporins etc.

Child survival programs need resuscitation

According to a report carried by daily "The Nation" of March 6, 1997, Acute Respiratory Infections (ARIs) control program being run by the Government of Pakistan with the help of WHO, Unicef and other donor agencies has been unable to achieve its objectives. Its performance has been "unsatisfactory" and the program is a "total failure". The assessment was done by an eight member team of consultants including four from Pakistan. Acute Respiratory Infectionsare responsible for one third of all infant deaths in our country and this program has failed to make any change in the situation even after 10 years of its existence.

The ARI and other similar programs like Control of Diarrheal Disease (CDD) program have not succeeded in our country despite investment of colossal amounts of aid and tax payers money and investing decades of time. It is no surprise that our infant mortality figures are amongst the worse in the world. An earlier review of the CDD program carried out in 1992 very clearly pointed out that the main obstacle in the way of successful implementation of this program was the prevalent irrational use of drugs (cough and cold remedies and anti-diarrheals). Standard treatment guidelines for ARI and CDD programs explicitly reject cough remedies and antidiarrheals, but the government continues unabatedly to register more of these drugs for manufacture and sale in the country.

According to a survey conducted by The Network last year (reported in our Newsletter's March 1996 issue) there were 275 cough syrups, marketed by 140 companies, and 64 antidiarrheals, marketed by 48 companies, registered and available in the market until late 1995. The figure would be higher now after one and a half year of reckless registration of drugs. These drugs are harmful if used in these indications and are responsible for the failure of these child survival programs and are resulting in unimaginable suffering of babies and their families in our country. We have been demanding that these products which serve no one but the profit hungry pharmaceutical industry should be banned immediately.

We would like to advise the Unicef consultants and others involved in the ARI program that besides training doctors, paramedics and parents in proper case management, it would be worth while to press the government to deregister all the products which are hindering the success of the program.

US pharmaceutical industry asks IMF to stop loans to Pakistan

The US pharmaceutical industry association, PhRMA, has asked the International Monetary Fund not to grant a series of new loans to Pakistan unless the new caretaker government improves intellectual property protection and relaxes its controlled pricing policy for pharmaceuticals.

These measures should be prerequisites for further lending, PhRMA suggests. It notes that the new government is thought to be receptive to the problems of industry.

PhRMA has been complaining for some time about the environment for pharmaceuticals in Pakistan, against the background of strong lobbying from local consumer organizations over what they regard as high prices in the country.

PhRMA regards the country's intellectual property rights protection legislation - which does not include product patents - as unclear and rarely enforceable. Taken in conjunction with price controls, the levies applied on imports of raw and packaging materials are punitive, PhRMA says. The policy that international firms can only register pharmaceuticals which are already on sale in the country of each firms incorporation is "discriminatory", because domestic companies can register products from any source. The policy of insisting that the generic name of a drug should be as prominent as the brand on labeling is "an infringement of proprietary rights ", it claims.

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