

## CORRESPONDENCE

## Indian College of Physicians (ICP) Position Statement on Pharmacovigilance

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Sir,

The paper 'Indian College of Physicians (ICP) Position Statement on Pharmacovigilance'<sup>1</sup> published in JAPI is indeed an immensely useful article for current day physicians and much needed timely requirement. There is a very useful table given in the article giving some useful examples. Drugs of interest should also include the newer agents that have been introduced in the last five years i.e. anti-psychotic drugs and antiplatelet drugs etc. Authors have nicely explained the importance of pharmacovigilance and its requirement in healthcare system. However following points also need to be emphasised keeping Indian scenario in mind:

1. As cardiovascular diseases, have emerged as leading cause of mortality and morbidity and are often associated with multiple co-morbidities like diabetes, hypertension, coronary artery disease, chronic kidney disease, COPD and arthritis etc. They need to be given multiple drugs (poly-pharmacy). Poly-pharmacy not only increases the economic burden on poor socioeconomic group but also need more pharmaco-vigilance for their potential more chances of adverse drug reactions. There is need to generate data on cardiovascular and anti-diabetic drugs as they are given simultaneously and hardly any data available in our country. Similarly, there is need for intensive adverse drug reactions (ADR) monitoring for anti-tubercular drugs.
2. In view of increasing longevity Indians are now liable to suffer from malignant diseases as well in addition to existing cardiac conditions (Cardio-oncology).

Many of the chemotherapeutic agents have potential of adverse drug reaction which need to be kept in mind. These drugs can also interact with cardiovascular drugs and vice versa thus can lead to some serious untoward reactions.

3. Our country is unique where many herbal preparations are available as over counter drugs (OTC). They may have potential adverse drug reactions. Most of the patients take indigenous drugs along with allopathic system. Currently there is no regulation on safety of such preparations. We recently had a young man who took a herbomineral preparation for increasing his sex potency following TV advertisement. He developed physical weakness and moderate anemia after taking this so-called sex potency drug. This was recognized and medicine stopped in time resulting in correction of anemia. Another patient who was taking isapghol regularly and had undergone kidney transplant. While taking alternative system of medicine the bio availability of cyclosporine was increased which would have resulted graft rejection. While seeing the thorough history of patients and stopping isapghol the level of cyclosporine decreased to normal level.

The above cases emphasize need for continuous phytopharmaceutical vigilance on herbal preparations similar to that of pharmacovigilance on modern drugs and it has to be clear whether ADR is due to particular drug or any other alternative drug being taken.

4. Indiscriminate use of OTC drugs is also an issue, because they are easily available without prescription so people used them for long to treat themselves without knowing the harmful effects associated with them.

### References

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