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Carta al editor | Editor's Letters

The Uniqueness of Indian Clinical Pharmacognosist in Additive to the Role of Structural Phytochemist

[La singularidad de la farmacognosia clínica hindú en adición al rol de la fitoquímica estructural]

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There are two conceptually divergent streams of therapeutic modules operative in India today both being vibrant. These modules are operative on one hand in the modern hospitals as Allopathic system and the other being scattered in the country especially in the rural parts as Ayurvedic, Sidha and Unani and to an extent the century and half old Homeopathic systems. This review is to probe the possibility of converging the conceptually different systems under a single roof of modern hospital, the rendezvous achieved by the role of a Clinical Pharmacognosist who could bridge the gap between both the systems. The concept has been pushed on for the last decade and half by way of scientific articles and presentations by the author. There are several instances- especially in the southern India that many modern hospitals maintain a holistic wing without any clinical interaction of give and take. It is vital to operate both the systems complimentarily keeping their own idiom intact in the presence of Physicians of both the systems who are linked by Clinical Pharmacognosist in the hospital environment.

The idiomatic divergence of systems:

Let us on the outset, focus on the Holistic systems of Indian therapy and its modus operandi. Holism is a concept of looking into 'macrocosm' not anyway atypical from 'microcosm' (universe to atom structurally) and look up on human body as an institution in personage rather than break up appendages. In other words, the thrust area of treatment is on the Patient rather than on the disease. For the very reason, there is no concept of fixed formulation or bulk manufacture in Traditional practice. But this concept is slowly being eroded alarmingly for their own reasons of increase in out-patient numbers and dispensing complexities that follow after diagnosis. The variation in standards of formulations is felt significantly in recent times which makes it urgent to bring the dispensing under the credentials of a Clinical Pharmacognosist in the hospital environment with documentation of the clinical findings. More than 60% of Indian population according to WHO is still dependent on the traditional therapy like Ayurveda, Sidha, Unani and tribal systems along with more or less recently adopted Homeopathic practice. They are practiced in India with flexibility depending on the ethnic diversification in life styles and regionally accessible natural products and Practitioners. The Ayurveda, for instance an 'anga' or segment of Atharvaveda, has been constantly interpreted by Charaka, Susruta, Vagbhata and Nagarjuna [of post Buddha period introducing metallurgy] and a host of others through ages. The systems have been subjected to constant churning process to suit the needs of changing era and revitalised without changing its basic idiom, and is still vibrant. Many formulations, especially bhasma (incinerated ash of metallic combinations) are subjected in recent times for its property of nano size particles and understanding more on the mechanism of action through free radical control. Sidha system developed as a regional style practiced more predominantly in Southern coastal area of Tamil Nadu with the migration of Saint Agastya, the migratory phenomenon being the explicate cause in proliferating

and bartering the country-wide practice to ethnic regional variation. The Mesopotamian and Egyptian pre-Islamic culture of therapy, which interacted with both Indian and Greek ancient systems at a point of time, came to India during post Islamic period as Unani through hakims and got well ingrained to the Indian system. Avicenna's "Canon of Medicine" was popular equally in Europe as a text book until 17th century as well as in India especially during Mugal periods.

Evolution of Modern Allopathic system

The modern Allopathic system, as generally conceived is not a descendant from the ancient Greek system, but originated in the medieval Europe. The apothecary concept of a person who engaged himself in diagnosis and dispensing of medicament was almost a holistic practice to start with. The industrial revolution and the fast rate of scientific momentum by way of research paved way to treat diseases deviating from the holistic patient consideration. It was precisely in 1803 AD that Derosne a French apothecary for the first time isolated an alkaloid molecule narcotine from opium. Subsequently, many molecules were isolated from plant materials. This opened a new arena of therapy at molecular level. The isolation from natural products further led to synthesis of molecules, and a large number of potent molecules in the present day market are arranged in therapeutic index based on Pharmacological action as anti-biotics, anti-histaminics, anti-pyretics, anti-inflammatory, anti-hypertensive, etc.

The modern allopathic research on new molecules start from theory, then goes to isolation/synthesis and practical experiments on animals for structure related activity and finally on different phases of clinical trials before a drug is put in the market. The holistic system, on the other hand begins from experience, and observation on a particular patient, and proceeding to hypothesis and arrive at the holistic formulations after the diagnosis and then goes for formulations. 'Pathya' or restrictions on food and life-routine and to be in a state of gratitude and faith as part of ethics are also part of treatment. In my experience of such subjective scattered therapeutic results, most of them go undocumented where the role of Clinical Pharmacognosist becomes relevant.

Conclusion

When two diverse systems of therapy continue to exist in a country and clinical results of one of the systems go undocumented, there is an urgent necessity for documentation of the same through a single window. Clinical Pharmacognosist has an important role to bridge the gap between the systems in a hospital environment. Pharm.D program of a country with a tradition behind has a potential task to perform in order to bring home the positive aspects of subjective clinical trials of traditional therapy. In a continuing education program if past is wealth and resources, today is the utilization using the available modern technology looking forward for a target 2020 A.D.