

## NEW DRUGS

Some three hundred and fifty to four hundred new drugs are thrust on the market annually as the result of the activities of numerous drug manufacturers, large and small. This plethora of new preparations, some containing newly synthesised chemicals and some composed of old drugs in new guise or new combinations, confronts the unfortunate physician with a perplexing problem of drug selection.

The confusion is worse confounded by the fact that many of the new drugs appear under more than one name. True the chemical formula of the product may be a many linked polysyllabic title meaning little to any one except an expert research chemist. But to have one drug sold under a whole variety of aliases can only add to the confusion from the angle of prescribing.

One capillary-damaging drug liable to cause skin-rashes is contained in a great variety of proprietary sedative and sleeping tablets, appearing in this way under more than a dozen different trade names—many of them well known and all subtly suggestive in title.

Each drug firm adopts its own artful cognomen for a new preparation, but recently one well-known American drug house put out a new tranquilliser under three different titles, one for use in the U.S.A., one for use in Britain, and a third for use in Eire, thus carrying the confusion still further.

How is the puzzled practitioner, with a desk full of samples and the pages of his journals replete with insistent advertisements, to pick and choose amongst this galaxy of drugs and preparations? Where can he turn for guidance as to selection? Often the only source of information as to the properties and capabilities of the preparation are the claims put forward by its manufacturers in brochure, or some other would-be convincing form of advertisement.

All the arts and artifices of high-power advertising are brought into play to direct the attention of the doctor or the public to the merits of this or that particular product.

### *Claims Not Reliable*

But it is a sad and self-evident fact that these claims, whether positive or negative (for many drugs are now described as NOT causing various untoward symptoms), are by no means reliable. In September, 1961, the disciplinary committee of the Pharmaceutical Society directed that a chemist convicted of selling a habit-forming drug (Preludin) to a woman customer should be struck off the register.

Yet in 1954 this drug was put on the market with the claim that it "is the safest possible weight-reducing treatment for all obese patients. Here, for the first time, is a powerful appetite controlling agent that curbs the

appetite, breaks the psychogenic-overeating habit, and controls food intake without serious side-effects."

Unfortunately experience of the drug in use did not bear out these rosy promises and in 1959 a coroner had occasion to refer to it as "a beastly and horrible drug". A serious discrepancy here between claim and fulfilment. Other examples could be multiplied *ad nāuseam*. A peculiarly pertinent one is a drug which was issued in 1954 as causing the patient to become "composed and indifferent to his worries": "This calming effect without confusion or undue sedation is different from that produced by any previously available drug treatment."

In 1955 it was reported in relation to this particular drug: "It is not surprising that this drug should exert toxic effects. Acute hypotension is not uncommon; and deaths have resulted from this complication. Several cases of jaundice have also been reported, and this complication too has been fatal. Repeated exposure has led to severe dermatitis in nurses."

#### *Warnings Go Unheeded*

In 1956 at a meeting of the Royal Society of Medicine Psychiatric Section it was stated that this particular drug "had not fulfilled the claims of its manufacturers: the anxious patient carrying on at work often disliked the drug because it slowed up his motor and intellectual functions without necessarily easing tension, and there was the danger of complications, such as jaundice."

Much more evidence has been forthcoming to the same effect yet this drug is *still being advertised to the profession with the utmost vigour and persistence.*

Truly, reliable guidance in drug selection is difficult to come by in this clamour of conflicting claims. Compare the lot of the homœopathic physician. He has ready to hand a large number of richly rewarding remedies with known capabilities, proven over many a decade of clinical experience.

Moreover he has a reliable source of guidance in remedy selection, namely the principle of similars. He can depend on the evidence of past experience in drug proving and clinical usage, and be wholly untrammelled by specious but untrustworthy competitive commercial clamourings.

It is indeed a tragedy that the commercial motive should occupy such a blatantly obvious place in the drug business. There are, however, other more worthy objectives behind the search for new drugs. Many drugs in current use are recognised to possess little or no real efficacy. There is, therefore, the laudable desire to find drugs that will be more genuinely effective in the cure of disease.

Another even more urgent need is to discover drugs of less grave toxicity than a great number of those on the market. As an instance of lack of efficacy, and associated undesirability, a recent report from a doctor in relation to drugs recommended for the lowering of blood-pressure has this

to say: "While our remedies are of such limited value as they are today, there is nothing unethical in a control series. My own observations show no difference between treated and untreated cases over five years except that the untreated have enjoyed their five years, whereas the others have often been very miserable."

#### *Proven Remedies*

Undoubtedly a vast amount of quite ineffective medicine is prescribed, or purchased without prescription, and much of it in response to the claim of being something new—the very latest "cure" for this or that. What then of Aconitum, Belladonna, Chamomilla and all the other remedies tried and trusted down the years?

Prescribed in accordance with the homœopathic principle these drugs were effective a hundred years ago; they are effective today; they will be effective a hundred years hence. While new remedies must be sought for homœopathic use and new provings carried out, this is in the cause of even greater efficiency. It is not because the available remedies are ineffective or because they carry risk of causing harmful side-effects.

The reports of the toxic effects of present-day drugs become ever more and more alarming. A recent leader in *The Lancet* bore the title, "Iatrogenic Diseases of the Newborn" and pointed out that many surprising examples of this risk to the unborn babe have been recorded in the past few years, namely the danger that toxic drugs taken by the mother may enter and upset her babe. An instance was recorded in the same number of that journal of twins born with well-developed goitre as the result of an iodine containing drug taken by the mother during pregnancy. One twin died eleven hours after birth, the other thirty-eight days later.

A "new" drug recently put forward bears the recommendation that it is "also valuable in the treatment of tranquilliser-induced parkinsonism". Drug-induced disease is admitted to be a frequent cause of admission to hospital.

But there is no need to harp on this sorry theme. Certainly the need to discover less toxic drugs is a very real and very urgent one. In this connection, too, the homœopathic physician is fortunate in possessing remedies which are at one and the same time effective and free from risk in administration.

—*Homœopathy, Dec., '61*