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“A Comparative Study on Health Sector in South Asia and Middle East Countries” (Practice of Complimentary & Alternative System of Medicines)

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Abstract: Background: To ascertain whether manufacturer followed in ethical manner of marketing in complementary and alternative system of medicine, which indirectly suggested to inability of drug regulating authorities to monitor the situation, whether the innocent people were victimized as part of this promotional activities.

Methods: This studies were directly observed custom practices followed marketing of Complementary and Alternative system of Medicines in middle east countries (UAE, Oman) and in south Asia (India, Nepal), secondarily experts' opinion considered regarding this matter.

Results: A total of 463 experts opinion evaluated relevant matters on ethical promotion of drugs, majority of participants agreed unethical mannerism in drugs marketing, general perception and customs practices followed in complementary and alternative system of medicines, the motto behind in successive rate of complementary and alternative system of medicines, and failure of regulating authorities to monitor this situation

Conclusions: This study enabled us to find out what extent of manufacturer followed standard practices in marketing especially in complementary and alternative system of medicines, which were violated standard norms, provision related to drug and cosmetics act and prudent on part of consumer protection regarding wastage of money and moreover it highlighted catastrophic on to protect people from injurious their life followed by this irrational practices.

Key words: Ethical promotion, complementary and alternative system of medicines, Regulating Authorities,

I. INTRODUCTION

According to porter's five forces have been concerned by pharm-giants while launching a products in the market such as threat from existing firm, substitute's products and services, bargaining power of suppliers and buyers, and the scope of attracting new entrants in the same market, or through by proceeding mergers and acquisition^(1, 2, 3and 4). however, the above exempted vision also found in marketing of pharmaceutical products, here the bargaining power of consumer often neglected, the pharmaceutical products not needs to run according to demand supply curves, the aggressive marketing technology not only worsened quality of services retained in health services but also hindered onto achieve proper therapeutic goal in general population .

Nowadays alternative system of medicines boosted up trade in south Asian countries. However it failed to monitor this situation due to wide concern on spurious, adulterated and substandard medicines in complementary and alternative system of medicines⁽⁵⁾, it pointed out in earlier publication on the importance on herbal medicine needs to be evaluated on their efficacy and safety concern because of the scenario encountered industrial capitalism emphasizes on this specific formulation by exploiting traditional knowledge^(5, 6). Consumption rate found higher due to general belief on “Complementary and alternative system of medicines” It has less side effects, here cost of the products not much varying compared to allopathic medicines⁽⁷⁾. The public thinking on part of physician on CAM found generally accepted one⁽⁸⁾. This problem needs to be addressed, because of quantum of complementary and alternative system of medicines consumed by the public in large quantities and promoted irrational way in the market.

II. METHODOLOGY

As the studies focused on health care providers, professional commitment, attitudes towards practicing, people concerned expectations as well as contributing factors on ethical dilemma, and dialectical peculiarities were noticed. The research based on direct personal contact and online reply by the respondents. For the justification, it used specific research tools, “questionnaire and interview guide” to study survey, point out in qualitative and quantitative in nature, in fact questionnaire at large and interview guide at lesser extent to gather exhaustively bigger information in all 463 samples (physician – 179, Dentist 43, pharmacist 66, nurses 45, Researcher 52, professors-66) considered on this part of studies.

In the survey design, the most important facts to design standardized questionnaire, it free from personal bias, initially data collection done by observing on consumer's attitude, concerned general perception whole community in health care system, the researcher spend time in Dubai, Sharjah (UAE), Sohar, Muscat (Oman), in which large amount of international migrant met from the region of south Asia and middle east, and in south India (in India and Nepal), it takes four years and takes maximum efforts to reach in a conclusion. Here author not only closely inspected on attitude, and perception of people related on health promoting activities but also behavior of retailers, and health care providers and other intermediate agencies (representatives, consultant agencies), systematic approach done throughout this studies to carry out functioning on this research studies which attributed in quantitative and in qualitative terms.

A. Sample Techniques

For this study, simple stratified random sampling techniques as well as direct personal approach concerned through questionnaire, in this study researcher bottom out both primary and secondary data, the research survey limited only a few of the members distributed in wild geographic area. There are 463 respondents are chosen using random sample techniques, in which lottery method used for the selection of respondents. The questionnaire designed closed one, here participants can mark any one of the option based on his/hers presumption,

B. Time Dimension

The present studies were cross sectional one, as the nature of studies it have limitation on to conduct longitudinal research, repeated research articles relevant to topic published in different areas partially implicated failure on to implementation of health policy, without suggesting any remedial solution, data collection for this research studies carried over eleven months from expert members under this subject consideration in south Asia (India, Pakistan, Bangladesh and, Nepal) middle east countries (Egypt, turkey, Saudi, Oman, UAE, Iran, Iraq, Jordan).

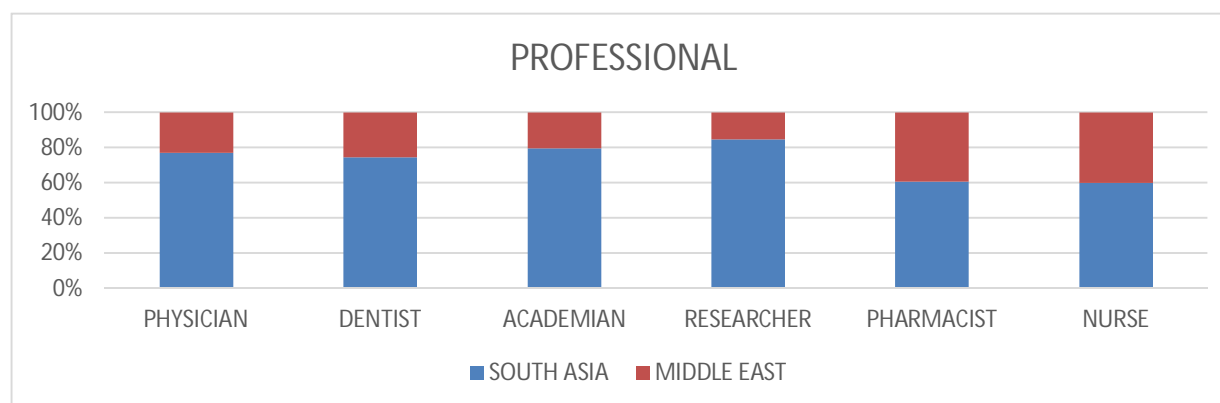
III. DATA ANALYSIS

A. Analysis classification of Data (Profession)

The subjects related on health care, almost all section of the societies who served in clinical field considered on this subject, here priority given to the physician because of all role on this relevant field subjugated (accustomed in their clinical practice), by them. Even this study under consideration education and experience of participants, which reflected on this study many factors like quality of participants, behavior of respondents, research competencies, and innovative capabilities.

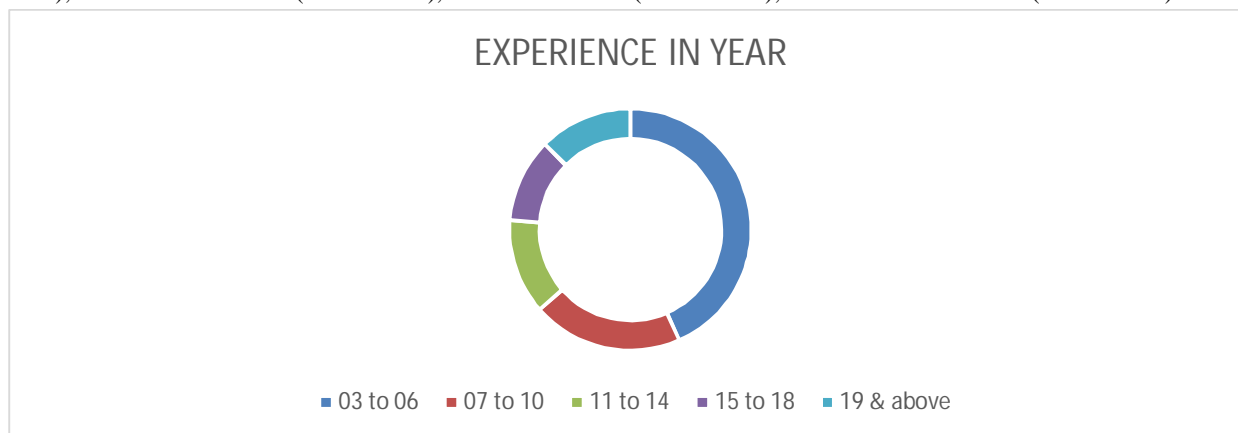
The analysis of above data represented different stake holders in health care field like physician, dentist, professors, researcher, pharmacist, nurses. In which overall 179 physicians from South Asia (138), and on counterpart Middle East region (41 members) participated. Dentist were being on this research studies a total of 43 from south Asian region (32) and one from Middle East found eleven participants.

And a total 78 highly experienced medical professors worked in familiar institutes around the globe, from the south Asian region (62), and one counterpart from Middle East countries (16), and a total of 62 well expert researches practicing in clinical field, from South Asian countries (44), from Middle East countries (8), and pharmacist who were well known things based on his clinical exposure, A total of 66 pharmacist participated on this studies from south Asian region (40) and one from Middle East (26), one of the major mediator in clinical field like 45 nurses participated on this studies from the region of south Asia (27), counterpart from Middle East countries (18).



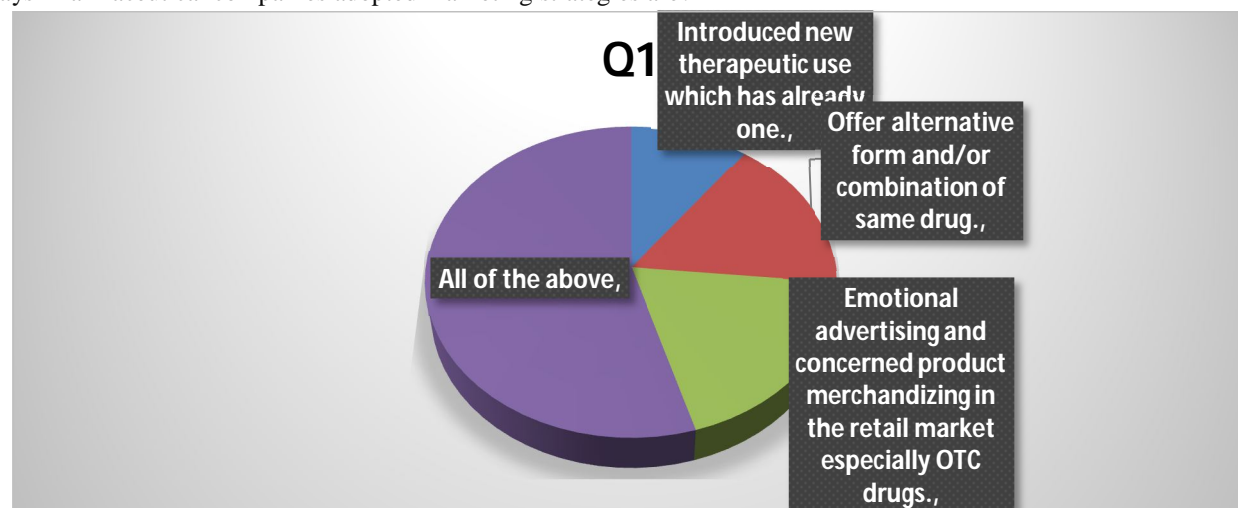
The above table illustrated on experience of health care providers in their clinical practices. Initially a total of 520 participants responded on this research studies, through online survey conducted by using Google forms (admaero2017@gmail.com, admaero2000@gmail.com, admaero2018@gmail.com,) and on by offline service through by personal approach. Here 57 participants rejected due to incomplete data, and on by below three years experiences found. Based on subjects considered importance of experience in clinical fields' minimum of three years

Finally selected a total of 463 participants to those who experience between 3 to 6 years found (201+43.19%), between 7 to 10 years (93+20.08%), between to 11 to 14 (59+12.74%), between 15 to 19 (52+11.23%), between 20 and above (58+12.52%)



B. Analysis of classification of Data (Pharmaceutical marketing in General)

Nowadays Pharmaceutical companies adopted marketing strategies are?

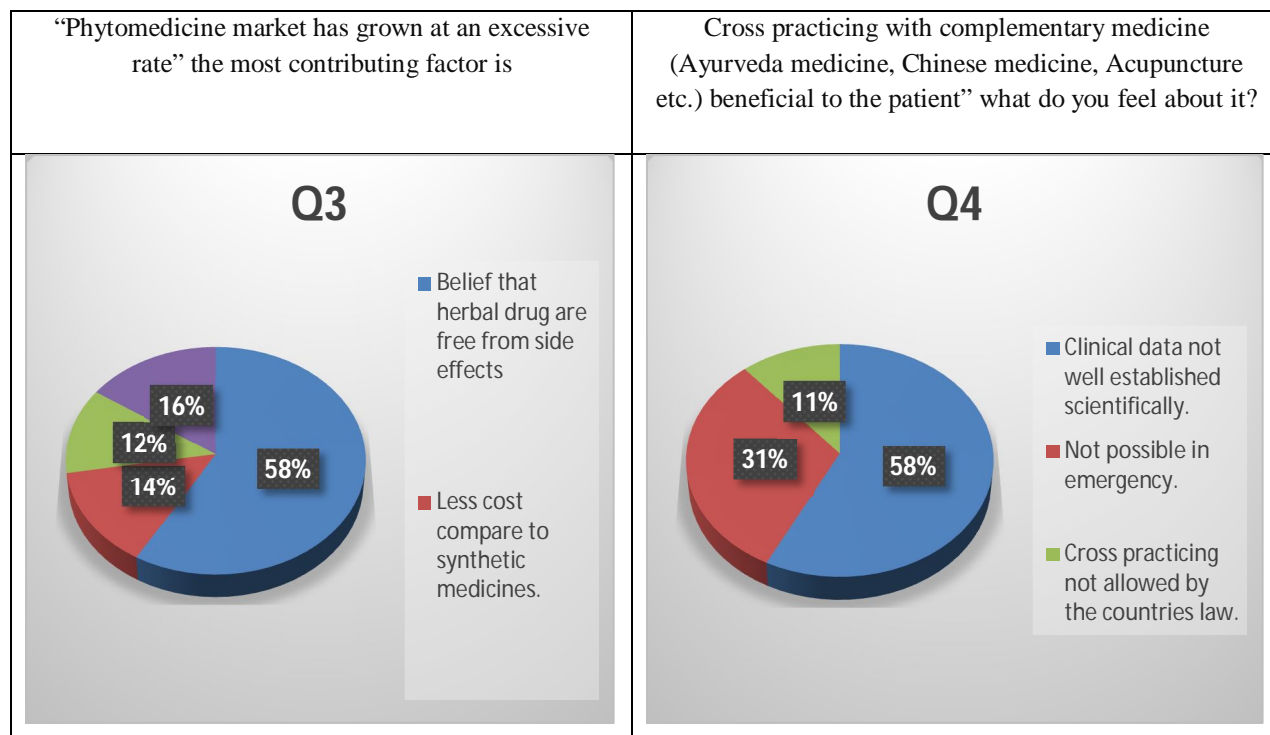
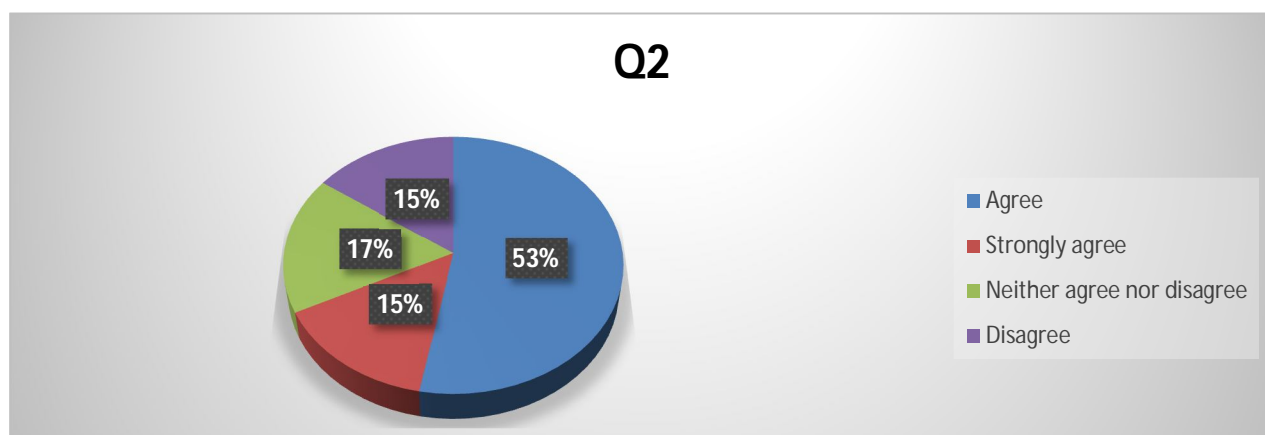


The above picture shows recently adopted marketing technology adopted by the pharmaceutical companies, they fit to postulate new therapeutic uses which were not mentioned on regulating authorities before registration. It is found an amicable procedure to convince physician, (47+10.2%), Generally originator offered alternative and combination form (76+16.3%) especially the products 'patent going expired, but in south Asian market pharmaceutical products were designed in such way that medical representatives to convince the physician through by intermittent visiting, which were attributed specific features of this products, even some of the formulation made out all in one formulation, here prescriber/dispensers not needed proper investigation on peculiar diseases, even the media advertising found exhilarated to the consumer, through emotional concern, this study found opted for social media, (87+18.6%), once the patient reached in the platform of pharmacy, this medicines easily accessed without prescription, ineptitude of drug regulating authorities further worsened this situation, all of the participants opinion under consideration on this subjects out of 463 subjects more than half of the population (253+54.6%) suggested the above methodology for recent marketing. How the market going on in south Asian countries verified with following statement made by Agarwal s, Desai S (2001) focused studies that intermediaries played major role to give a formulation readily available in the market. However wide concern regarding wastage of

money, here focused on consumption pattern rather than therapeutic oriented approaches, at macro level economic concern should be considered, (e.g. loan license issued drug control authority, drug distribution system merely focused on large sales rather than quality of services to be maintained, here the distributor conceived that meagerly investment for short running procedures, the distributor not bothered about financial liabilities as well as on legal proceeding, even the entire property confiscated due to substandard quality.

C. Analysis of Classification of Data (Complementary and Alternative system of Medicines)

“Honey & lemon that can be used to cure common cold, these ideas come from our ancestors” but Pandol hot lemon & Honey does not containing pure honey, which is one type of traditional exploitation for retail marketing, how realistic in this statement? The above data illustrated on how the markets going on, the general perception of community in practicing complementary and alternative system of medicines, here aggregated values made on the statement agreed (245+52.9%) and strongly agreed (68+14.7%), out of 423 participants 80 individuals (80+17.3%) withdrawn to comment on above statement, and seventy participant disagreed on this statement (70+15.1%). The above graphical representation hinted significant influence on advertising inculcated on by traditional concept



In the above chart, explained opinion on herbal medicines amongst 463 health care providers, which were consumed in large quantities without proper guidance regarding adverse effects and drug interaction, more than half of the participants commented due to general belief on that herbal drugs are free from side effects (268+58.4%), followed industrial capitalism emphasized to exploit the situation for marketing on traditional knowledge (71+15.5%), less cost compare to synthetic medicines not at all important (64+13.9%), and one for easy to access without prescription (56+12.2%), the importance declined on final comments because all medicines treated as usual commodities in this countries.

The second table shows on cross practicing on alternative system of medicines hesitated by the health care professionals, here more than half of the participants commented due to clinical data not established scientifically on this formulation, and almost one third participants commented the medicine were not suitable in the emergency situation (145+31.3%), and the remaining participants opined (52+11.2%) cross practicing not allowed on this countries.

IV. RESULTS & DISCUSSION

Question number one related to marketing technology adopted by the pharmaceutical firm generally in south Asian and Middle East countries, the question number two to four attributed on customs practices followed in complementary and alternative system of medicines.

In developing countries, Patient relies on unnecessary medicines, now this situation faced by the pharmaceutical networking system marketing technology in a tactic way often ripped off the poor patient and on by indirectly mouth talking, often the patient not well-known consequences of dangerous practices of this drugs. The problem solved on by comprehensive outlooks regarding content, uniformity, and on by practicing clinically established drugs, it needs to address problems through rational approach based on exigencies, encouragement needed for research and development activities in traditional formulation, and retained quality of services though by compulsory licensing system by implementation of standardized protocol. Further monitoring, follow up needed by conducting intermittent inspection in effective, appropriate, and one feasible manner to curtail existing illegal practices, the role of drug regulatory authorities unavoidable to vigilant on this existing system.

Customs practices followed in complementary and alternative system of medicines needs to be validated, In the past products were found house hold remedies and this crude drugs collected from near surroundings^(7, 10), now the formulation available in packed drinks, easy for administration. The pharmaceutical firms designed in such way that to encourage consumption rate by exploiting traditional concepts. Now most of the developed formulation practiced in south Asian countries, still infancy regarding on adverse effects, and purity, content uniformity. Here the participants' opined on cross practicing complementary and alternative system of medicines, primarily objected that clinical data not well established scientifically^(5, 6, 9), compare to those medicine not possible in emergency situation and countries law not permitted on to cross practicing. It needs to address consequence of irrational promoting drugs, illustrated data in "3D" views primarily considered default at in community level (self-medication practices), secondly default at in health care professionals to provide proper guidance to the patient in turn failed to impart knowledge as part of their training in academic curriculum especially in young physician, and on by followed through continuous medical education programs on promoting rational use of drugs, thirdly default level found on to build legislative policies, implied the failure of drug regulating authorities to address this problem⁽¹¹⁾.

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