

The Drug Industry in India- For Whom ?

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The expansion of the colonial system around the world was the significant contribution of the capitalist mode of production during the nineteenth century. The expansion of colonialism was severely hampered by disease. Tropical diseases, decimated the ranks of mother country personnel and reduced the efficiency of native population as imperialism's work force. As a writer in a popular journal observed in 1907 "disease still decimates native populations and sends men home from the tropics prematurely old and broken down. Until the white man has the key to the problem, this blot must remain. To bring large tracts of the globe under the white man's rule has a grandiloquent ring; but unless we have the means of improving the conditions of the inhabitants, it is scarcely more than an empty boast."¹

The magnitude of this problem could be well understood when it was told that hundreds of workmen being sent out from their jobs, from the fields and the estates giving a charge sheet that the dismissed employee was suffering from "germ of laziness". The only evidence that could be attributed to the 'germ of laziness' and thereby get dismissed was 'occasional sleep' during the working hours. To deal with this problem, to apply the medical sciences to the needs of colonialism, schools of tropical medicine were founded around the turn of the century. For example, Sir Patrick Manson organised the London School of Tropical Medicine in 1899 to help the Colonial Medical Service postpone the twilight of the British Empire. These Schools of Tropical Medicines, along with other medical institutes could identify "the sleep" or the

"germ of laziness" as due to a particular type of anaemia caused by hookworms. The eradication of hookworm disease was launched in 1909 with all ferocity and the successful culmination of anti hookworm drug by the Rockefeller Foundations could contain this menace. In conditions of heavy infections, the resulting disease of a particularly debilitating anaemia results from a combination of blood lost to the parasites and inadequate iron replacement through the diet. Hookworm anaemia tends to be especially severe among people with low protein and low mineral diets. Thus hookworm disease, as distinguished by the mere invasion of the host of the parasite, is related to malnutrition which especially affects workers on the bottom rungs of the social class structure. Because the hookworm propagates itself in warm, moist climates, it is particularly associated with mining, and the growing of coffee, tea, sugar, cotton and bananas—the resources and cash crops of concern. Because hookworm disease reduces the strength and productivity of workers in these occupations, it had a direct effect on profits.

My argument that the philanthropic contributions when compared to the increased productivity is insignificant and it is the urge for earning more and more profits in order to nail colonialism the all round efforts were initiated to conquer the then menace. Thus the hookworm campaign and other programmes even though were valuable to the generally poor people, they contributed atleast as much to integrate our economy to the forces of colonialism.

Now after 33 years of Independence if one analyses the Health Care system in our country, one is reminded about the editorial appeared in the Journal of Indian Medical Association on 1st August, 1978. "In our country after Independence the expectations of common man regarding Health Care became understandably high. But in the perspective of ruling section of our country this problem, which literally concerns people's life and death, did not receive the proper importance and priority." This proves that today our country is again wide opened to the forces of neo-colonialism to subjugate the very root of our Health Policy by implementing a Drug policy which is suited to cater to the needs of their profits. Therefore the Multinational Corporations because of their stranglehold over the drug industry have given more priority to the production and marketing of non-essential drugs rather than giving importance to the essential life saving drugs and the production of those drugs which could be used to prevent the onset of diseases commonly seen in a tropical country

like India. According to Prof. U. K. Sheth of G. S. Medical College, Bombay, over Rs 525 million are spent on drugs of doubtful or unproved clinical value. Such large sums of money could be more purposefully utilised to proven preventive measures such as immunisation, oral dehydration, penicillin prophylaxis for rheumatic fever and the use of life saving drugs. India's needs are not so much for 'Power packed Vitamins' and 'pain killers'; but sufficient quantity of quality drugs to fight the menace of Malaria, TB and Leprosy, which claims the largest number of victims. The foreign drug units have yet to come out with appropriate drugs in this field.

The result is our drug industry is more urban oriented; it is more oriented to safeguard the interest of the privileged class in our country ignoring the vast millions of the unprivileged rural people and totally bypassing the preventive aspect of medicine; giving more emphasis to the curative approach. This aspect has been well highlighted by Dr. Mehler, Director-General of W.H.O. and also by the Hathi Committee. Therefore we must have a national policy on drugs which should be part and parcel of our national health policy. It implies that no person should suffer from or die of any illness for want of medicine and appliances, irrespective of his social, economic, political and religious status, geographical and other constraints.²

The recent study "Health for All: An Alternative Strategy" by Dr. V. Ramalingaswamy, Director General, Indian Council of Medical Research emphasises the fact that the pattern of drug production should be oriented to the disease pattern with an emphasis on the production of basic and essential drugs (especially those needed by the poor and underprivileged groups) which should be produced in adequate quantities and sold at the cheapest possible prices. The domination of the foreign section in drug production should be reduced further and further and price control made more effective by reducing overheads and package cost and adoption of generic names. The drug costs are always a part of the total cost of health services. If all essential drugs are made available at reasonable prices, health care cost will fall further. There should be strict quality control, adequate supply of drugs to the rural sector.³

It is now clear from the above findings that the foreign drug companies numbering 60 in our country control 80 per cent of the drug production and they perpetuate a system of market-

ing in such a way that neo colonialism is thrust on us by siphoning out a large proportion of our resources in the form of royalty, transfer pricing mechanism and so on. The three well established means adopted to perpetuate this mode of operation are:

1) by marketing the irrational drugs which are discontinued in their countries of origin.

2) by marketing products through the media of advertisements misleading the innocent and ignorant people of the developing countries.

3) by selling drugs which are often discontinued from the parent countries through the press and radio advertisements.

1. *Marketing of irrational drugs:* We don't wish to cite the various documentary evidences which have already appeared in the leading journals and dailies. But now we intend to place the documents published by the various leading medical luminaries. We refer to the Article published in *Lancet*, a leading medical journal by Dr. John S. Yudkin. Dr. Yudkin observes "many drugs are promoted for diseases for which they are not indicated and in which their use may be hazardous and information on side effects and contra indications are inadequate. In many developing countries the money spent on such irrational drugs often can be used more effectively to prevent diseases." The instances of malpractices are really shocking. When Anidopyrine and dypyrone which are restricted because of severe side effects with high mortality rates in developed countries, such preparations are promoted in developing countries 'with a wide margin of safety' or 'that their safety has been proven and confirmed in over 500 publications throughout the world'.

Anabolic steroids are restricted because of stunting of growth, irreversible virilisation in girls and liver tumours; they are used in developing countries for malnutrition, weight loss and kwashiorkar (protein deficiency) disease. Eg. Decardurabolin, Dinabol.

The use of high dose of oestrogen and progesteron combinations as 'hormonal pregnancy test' is associated with an increased incidence of congenital abnormality in Britain. It is only allowed to use where pregnancy has been excluded, but strangely in developing countries this is being marketed for the diagnosis of pregnancy.

When Chloramphenicol is restricted only for enteric fever in U. K. and U.S.A. it is being promoted in developing countries for a variety of diseases including throat infections.

Kenacort, a tropical steroid, a dangerous drug is being promoted in our country for insect bites and sunburns.

Tetracycline preparations are prohibited in U.K. and U.S.A. for children below 12 years, the same being widely promoted for children below 12 years in large quantities in our country.

Clioquinol has been withdrawn in several countries because of 'Smon' (a type of blindness). Producers claim that this risk is dose related and that when it goes beyond a maximum dose of 7 grams and particularly confined in Japan, but in the monthly information of medical specialities (MIMS) the recommended maximum total dose of enterovioform are 14 grams and 29.4 grams and as a prophylactic does not mention a stated maximum dose at all. Dr. Yudkin concludes "a large proportion of the drug budget of the developing countries is spent on expensive preparations draining resources from Health Care in Rural areas."⁴

Another shocking revelation is made by Charles Medewar in his famous publication Insult or Injury published by Social Audit against companies like Glaxo, Pfizer, Cynamid, I. C. I. Reckitt and Colman etc.etc. One specific instance which will be of interest is about the marketing of Ancoloxin by Glaxo Allenburys in India.

In Britain the official drug data sheet for Ancoloxin states "Whilst drug therapy is undesirable during the first semester of pregnancy the administration of Ancoloxin may be warranted if vomiting is severe (the reference here to vomiting is as opposed to "nausea and vomiting") but in developing countries like Africa and in India in promoting Ancoloxin the manufacturers did not hint at the need for special caution in pregnancy or the possibility of teratogenesis. Glaxo has acknowledged that warnings in India have not been sufficient and has stated that the offending literature will be changed as soon as possible."⁵

Dr. Ronald H. Girdwood in his publication Clinical Pharmacology page 54 has given a signal warning in the use of oral contraceptives Phenylbutazone, Chlorpramazine, Corticosteroids, Halothane, Oxyphenbutazone Aspirin, Phenacetine etc.⁶

The Drug Controller of India, Shri S. S. Gothaskar had constituted the Drugs Consultative Committee and as per the Notification No. X-19013/2/90. D dated 23.8.1980 states that the

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Sub Committee examined 34 categories of fixed dose combinations and felt that in the case of 23 categories of these formulations, there was no therapeutic rationale for their marketing. Of these 23 categories, it was felt that 16 categories are of harmful combinations in respect of which action should be taken with immediate effect to disallow their manufacture in the country.

Categories of fixed-dose combinations to be weeded out immediately are:-

- 1 Fixed dose combination of steroids
- 2 " " of Amidopyrine
- 3 " " of Chloramphenicol
- 4 " " of Ergot
- 5 " " of Vitamins with anti-inflammatory agent and tranquillisers
- 6 Atropine in Analgesic Anti-pyretics
- 7 Analgin
- 8 Yohimbine and strychnine with testosterone and vitamin
- 9 Iron with strychnine, arsenic, yohimbine
- 10 Phenacetin
- 11 Tetracycline, analgin with vitamin C
- 12 Ayurvedic drugs with Modern drugs
- 13 Chloramphenicol with streptomycin
- 14 Penicillin with streptomycin
- 15 More than one Anti-histaminics
- 16 Penicillin with sulphonamides
- 17 Anti-histaminic with tranquilliser
- 18 Vitamins and Analgesics
- 19 Tranquillisers, Anti-histaminics and Analgesics
- 20 Vitamins in Anti-TB drugs

It is alarming to observe that while code of discipline is being enforced by the Governments in their parent countries, here the MNCs and their allies are enforcing code of discipline on our Government in order to get more and more concessions in their favour.

One must feel ashamed to read is the genetic engineering research located in Bombay by a West German drug MNC called

HOECHST. The research involves the recombinant DNA technique which enables transmission of new properties to living organisms and creation of new organisms including unpredictable and dangerous ones which could cause incurable diseases and enduring disability. The choice of India for this research is obviously motivated by the absence of any strict rules of safety against genetic research and not by Hoechst's desire to transfer technology. (London ECONOMIST, November 5, 1977)

Mr. Justice, S. Rangarajan, chairman MRTP commission, dealing with drugs and pharmaceuticals in UK observes: "The Salisbury Committee had pointed out as early as in 1965-67 that just over a third of 2,657 proprietary drugs available in the national health service were undesirable because they were 'ineffective, obsolete or in unsuitable combinations.'

There were quite a few drugs which were prohibited in America still being prescribed in India. Product safety still seemed to be a little understood concept."

Mr. Justice Rangarajan advocates consumer protection 'not only by awarding' exemplary damages and fines, but also by imprisonment of those who violate the law.

2. *Marketing products through advertisements:* The Guardian (Feb. 4, 1979) had highlighted on advertising imperialism based on the publication Insult or injury by Charles Medawar. The publication has exposed various manipulations of misleading propaganda used by leading firms like Glaxo, Cadburys, Beechams, Boots, Reckitt and Colman. Cadbury's Bournvita is sold in Britain as "a good night drink, but promises third world consumers "energy, vitality, health and strength". The misuse of Reckitt & Colman patent Barley water in Bangladesh has resulted in severe malnutrition and death. Glaxo selling their Complan, Glaxose-D by misleading advertisements. While 200 grams of Complan costs Rs. 14/-, a kilogram of Complan requires 5 tins thereby a consumer has to pay Rs. 70/- whereas one kilogram of Complan is equivalent to one kilogram of wheat plus a B complex tablet plus a vitamin C tablet, which all put together shall cost only Rs. 4/-! Similarly one kilogram of sugar now costs Rs. 4/-, Glaxose-D which is nothing but sugar costs Rs. 30/ for one kilogram! Where does the money go? Crores of rupees thus amassed are siphoned out to their foreign countries. One will have a shock of his life when it is known that many of them produce and market such items in our country freely without any valid licence at all. This has been announced in the Floor of

Parliament during this session in the case of Warner Hindustan, The charges are already proved and the enquiries are going against Sandoz, Cynamid, I. C. I. Ciba-Geigy, Pfizer etc. Pfizer is accused of selling every year Protinex Granules worth about Rs. 3.5 crore without any valid licence.⁸

The story of bottle feeding and how it affects the health of the children of developing countries has already been brought to notice by eminent paediatric consultants like Dr. Deric Jeliff and Dr. Benjamin Spak. Dr. Anand of Bombay has scientifically proved that 75% of death among children in developing countries is due to the indiscriminate use of baby foods through bottle feeding. W.H.O. has already given the slogan that "breast is the best". These instances are cited to show how the foreign transnational companies are strangulating our economy in collaboration with the national monopoly houses and the feudal lords in our country thereby siphoning out India's valuable economic resources while the employees and the common people are struggling in our country for just and minimum living conditions.

3. *Selling of drugs through advertisements:* If we tune the radio we hear, 'Are you suffering from fever, take Chloroquine, as if all fevers are due to Malaria. The gravity of this advertisement is serious when it comes through the All India Radio and through our Inland and Post-cards. Drugs containing various Analgesics are being sold through the Press advertisement giving catchy caption. It is now being revealed that most of these analgesic are already being withdrawn in their parent countries as they are found to be causing severe kidney damage. The seriousness of the situation is such that such drugs are sold to the laymen over the counters.

There is intensive promotion of food and drug products to consumers in our country who do not need them, who cannot afford them and who are in no position to benefit from them. To sum up one can say that the absence of a National Statutory Forum like that of British Safety Committee of Medicines in U. K. or that of F. D. A. in U. S. A. are fully made use of by the transnational corporations in order to perpetuate their system of exploitation. Further the absence of an Integrated Drug Control Machinery with uniformity of action adds more fuel to the fire of exploitation.

The employees engaged in the Drugs and Pharmaceutical industry who are primarily accountable to the Nation are being allowed to be exploited as if the Law of the country is not applicable to them. It is crystal clear that the security of the

employees engaged in the drugs and pharmaceutical industry are very much tied up with the security of the Health of the people of our country.

"Science", states Bravermann, "is the last and after labour the most important social property to be turned into an adjunct of Capital."¹ But in our country every year we are being told that lakhs and lakhs of people are suffering from Leprosy, millions of people are suffering from Tuberculosis, crores of people suffering from malnutrition and 90% of our population are wanting for pure drinking water. While these are the realities, the beneficiaries of the present drug industry are the handful of Drug Cartels both foreign and Indian monopolists. Neo-colonialism cannot be defeated by people acting in isolation. It calls for the united and determined efforts of all democratic minded forces of the country.

¹ Monthly Review Sept 1977, page 21

² Journal of the Indian Medical Association, Vol 71, No. 3, August 1, 1978, page 72

³ ICMR BULLETIN—November 1980—page 149

⁴ Lancet, April 15, 1978

⁵ Insult or Injury by Charles Medawar Page 118

⁶ Clinical Pharmacology by R. H. Girdwood, page 54

⁷ Economic Times—February 1981, page 7

⁸ Menace of Multinationals, People's Publishing House, Page 78

⁹ Labour and Monopoly Capital by Harry Bravermann