

Reply

We appreciate the critical evaluation of our article. Our main objective was to bring out the reasons for failure of rational drug therapy and suggest measures. Natsu and Singh have rightly thought that prescribers play the most important role and are responsible for writing drugs - rational, irrational and drugs of doubtful value. But at the same-time advertisements in scientific journals and approach of medical representatives at frequent intervals to promote drugs and its impact in the mind of prescribers can not be denied. But why blame only the treating physicians and not the manufacturers responsible for producing irrational and harmful drugs and licensing authority who are also responsible to a certain extent if not equally responsible. During internship period, there is need to include rational drug use (RDU) as one of the subjects, but workshops and conferences should also be arranged to reorientate the prescribers. We

may further suggest that undergraduate students should be taught rational drug use (RDU) and relevant questions should be asked in the second professional examination in Pharmacology.

Code for manufacturing and marketing of baby food products has been passed and it will certainly help in promoting breastfeeding practices and in implementing appropriate infant feeding practices. Our other suggestions such as code for sale promotion and price control, subsidizing medical conferences and journals to make them less dependent on drug houses, not allowing drug preparations for two or more systems of medicine, easy availability of essential drugs at reasonable prices and inclusion of drugs from other systems (Ayurvedic, Unani and Homeopathy) with proven scientific merit in schedules are quite valuable in the present context.

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