Mauskar for permitting to publish and patient management, respectively.

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REFERENCES

- Laks H, Marco JD, Willman VL. The Blalock-Taussig shunt in the first six months of life. J Thorac Cardiovas Surg 1975; 70: 687-691.
- 2. Rana JS, Ahmad KA, Shamim AS, Hassan SB,

- Ahmed MA. Blalock-Taussig Shunt: Experience from the Developing World. Heart Lung Circ 2002; 11: 152-156.
- 3. Pongprot Y, Silvilairat S, Woragidpoonpol S, Sittiwangkul R, Phornphutkul C. Pseudoaneurysm following modified Blalock-Taussig shunt: a rare complication mimicking pulmonary disease. J Med Assoc Thai 2003; 86:365-368.
- Coren ME, Green C, Yates R, Bush A. Complications of modified Blalock- Taussig shunts mimicking pulmonary disease. Arch Dis Child 1998; 79: 361-362.
- 5. Tabaee SA, Rostami A, Givtaj N, Mali S, Pourabasi SM, Arefi S. Modified Blalock-Taussig Shunt and Giant Perigraft Reaction. J Teh Univ Heart Ctr 2007; 3: 173-176.

Cross System Practice and Prescription

Bonnisan liquid and Liv-52 preparations are being prescribed by some doctors. Can practitioners of modern medicine i.e. allopathic practitioners prescribe ayurvedic medicines? I seek clarification from the medico legal cell of IAP on this issue.

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Reply

The National Law School Banglore, has interpreted the two judgments of Supreme Court of India on this issue two judgments and came to the conclusion that there is no bar on cross system practice. The apex court has only laid down that every practitioner must discharge "a duty of care" to every patient he accepts to treat and "the practitioner must bring to his task reasonable degree of skill and knowledge, and must exercise a reasonable degree of care." The onus is on practitioner to demonstrate that he has the requisite

knowledge and skill to prescribe that medicine and to treat the patient in a particular system.

We know that the modern medicine is usually a peer-reviewed, research oriented and evidence based practice. The same may not be applicable to the other system of traditional Indian medicine or Homeopathy. According to essentials or prerequisites for negligence there must be damage to the patient which should be as a direct result of deficiency in duty or care(1). The Apex Court, in the Poonam Varma v. Ashwin Patel case has ruled that if you are practicing any other system it is Negligence per se. The other side of this issue is that in many developing countries where rural health is important and qualified practitioners are not available the authorities are appointing community health workers (CHW)(2). These CHW are provided with some of the common medicines which can be used for domiciliary management of common illnesses. Do they have the deep and complete knowledge of these illnesses or medicines? If an unqualified CHW can prescribe or dispense medicines why a graduate in medical curriculum (traditional or homeopathic) cannot do so? This issue also needs a countrywide medical and legal debate.

Many recent editions of modern medicine books are coming with chapters and some references on traditional medicines(3). This indicates that some