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Prakash V Diwan

Indian Pharmacological Society, India
Anurag Group of Institutions, India

Pharmacovigilance: A perfect system for health care for better tomorrow

The fact that pharmacovigilance is a continuous process to provide safe medicines for the patients has been widely accepted. Medicines are highly regulated products to treat diseases. Medicines bring enormous benefits and save millions of life with deadly diseases. The medicines used are highly vulnerable to Adverse Drug Reactions (ADR) & create major problems for therapy. The ADR treatment is very expensive & needs to be regulated to safeguard the patients. Hence the pharmacovigilance and drug safety monitoring is a must which provides confidence. The drug withdrawals from the market have made PV more stringent rules pre & post marketing of the drug. The clinical trials, animal experiments and phase I to III clinical trials don't assure the safety because of limitations of tests. WHO has predicted herbal market of US \$ 5 trillion in 2050 & 80% of world population uses traditional medicines. Why there are no herbal pharmacovigilance even though the consumption of drugs is very high? Does it mean the Pharmacovigilance is only important for allopathic drugs? Hope it is definitely not. The attention is needed for various aspects e.g., Herbal PV, Heamo vigilance, Counterfeit drugs & personalized medicines, Pharmacogenomics etc. The drug monitoring has changed globally to ensure the drug safety. With a number of recent high-profile drug withdrawals it has been made mandatory to calculate the benefit & risk ratio management and effectively managing the risks by applying robust risk management plans throughout the product life cycle. Unfortunately, in spite of presence of well organized centres for drug monitoring in the country, the numbers of reports sent annually are dismal. Therefore, in order to strengthen the field of pharmacovigilance various strategies need to be developed and this should include but should not be limited to; building a robust pharmacovigilance system, making reporting mandatory, creating a single nationwide reporting form and a database of all the adverse events. It is time for us to look into the regulations of European Union and "Med Watch" USA, to strengthen our system. The PV programme will become success provided we adhere to greater emphasis on monitoring, proactive benefit risk ratio management, enhanced the transparency and involvement of 5 Ps. We need to listen to the patient's voice of keep me safe, get me well, and treat me nice. It is true that "Dying from disease is sometimes unavoidable but dying from medicine is not acceptable". Save the humanity and make better future for the mankind by sharing the authentic scientific data across the Globe.

Biography

Prakash V Diwan, male Pharmacologist, obtained his PhD from Post graduate Institute of Medical Education and Research, India in 1980. He served as Assistant Professor in Medical College, India and later joined the Research and development organization, Indian Institute of Chemical Technology (CSIR) in 1983-2007. He became the Founder Director NIPER, Hyderabad in the year 2007. He was awarded with many national awards in the field of pharmacology. He is a Fellow of Royal Society of London (FRSC). To his credit he has over 160 research publication in national and international journals. He has been honored as a fellow of Indian Pharmacological Society and fellow of Andhra Pradesh Academy of Sciences. He has been a member in Indian Pharmacopeia Commission, Scientific Consultant for various reputed pharmaceutical industries. Presently he holds the responsible positions as Director and Research scientist in academia & Research and development Institutions.

diwanvp@gmail.com