

Pharmaceutical forms preparation and drugs prescription: building an international system to meet the cultural aspects

Opinion

With the globalization and the emerging concepts of both international prescriptions¹ and international drugs markets,² we have an increase in the statistics of drugs flow and exchange worldwide with drugs markets occupying an important place within the international trade of a modern world with different cultures.³ Herein “cultures” refers to the life styles, religions, ethical convictions and other way of thinking or convictions that might influence the individuals’ choices in term of food and beverage.

Cultural factors could either limit or influence both the trade exchange between countries and the drug consumption by some patients. Indeed, some individuals (or even countries) have religious principles,⁴ are vegetarians⁵ or have philosophic or political convictions and thus, do not consume some items such as some types of animal products or certain types of beverages. Therefore, such individuals would not consume drugs that are made of or contain elements (excipient, additives, aroma) derived from those products such patients do not consume. For instance, a vegetarian would probably not consume medicines containing animal gelatin and some individuals belonging to some religions would void pharmaceutical preparations containing alcohol. For the same reasons, some countries would not import selected drugs due to the “contradictions” between the local culture and the drugs compositions.

This problem has been relatively solved for food,⁶ beverage and even cosmetics. In fact, in the supermarkets and stores we might find a variety of products that meet the requirements of vegetarian or the conditions established by some religions so that the concerned individuals can without any problem have a product certified conform to their cultural requirements. Implementing the same procedures and regulations for the drugs and pharmaceutical preparations could solve this problem at the therapeutic level. Practically, local, national, regional and international organizations representing the cultural and religious associations and groups; in collaboration with the World Health Organization (WHO) can provide lists of the products that their followers can consume so that the pharmaceutical firms and drugs producers can consider such lists during the drugs preparation process. After products are made (including drugs prepared from natural resources)⁷⁻⁹ a note is written to specify that these products meet the conditions and are conform to the requirements of a specific culture or religion. Importantly, the same drugs can be prepared with more than one type of product such as preparing the same capsules in two versions, one using animal gelatin and in the other type using a non-animal gelatin. This can easily be done (although it might cost more). In this example, substitutes exist (synthetic gelatin). Therefore, we do not need to change methods or components of specific drugs but it is possible to make the same drugs using elements from different sources yet, meet the cultural needs and requirements so to increase the chance that all patients belonging to a culture, a religion or having some convictions (vegetarian) can find the required therapies that

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have nothing contradictory with their cultures, religions and life styles. Herein, it is worth mentioning that if a drug is exported from a country to another country and accompanied by a translation of the product information, such translation should include details about the cultural aspects of the product and not only the scientific information.

To globalize these concepts and practices, pharmaceutical firms could also present the compositions of their products to a branch of WHO/government/organization to confirm whether or not such drugs can be consumed by patients with specific cultural requirements. After that the firm can write statements mentioning that the products meet the requirements of specific “culture/religion” convictions. Since all patients have the right to drugs and therapies regardless of their cultures, religions, beliefs or convictions; and based on the right of free choices,¹⁰ “adapting” drugs production process and drug prescription to cultural needs remains a necessity rather than an option.

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Conflict of interest

Author declares that there is no conflict of interest.

References

1. Ghanemi A. Toward the concept of “standardized” international prescriptions. *Res Social Adm Pharm.* 2015;11(4):588–589.
2. Ghanemi A. International drugs markets database to improve global drugs accessibility. *Res Social Adm Pharm.* 2017;13(4):880–881.
3. Wright JD. *International Encyclopedia of the Social & Behavioral Sciences.* 2nd ed. USA: Elsevier; 2015.

4. Dugan B. Religion and food service. *The Cornell Hotel and Restaurant Administration Quarterly*. Elsevier; 1994;35(6):80–85.
5. Nakamoto K, Arashi M, Noparatanawong S, et al. A New Japanese Vegetarian Food Guide Pyramid. *Journal of the Academy of Nutrition and Dietetics*. 2005;105(8 Suppl):60.
6. Said M, Hassanb F, Musab R, et al. Assessing Consumers' Perception, Knowledge and Religiosity on Malaysia's Halal Food Products. *Procedia-Social and Behavioral Sciences*. 2014;130:120–128.
7. Ghanemi A, Boubertakh B. Shorter and sturdier bridges between traditional Chinese medicines and modern pharmacology. *Saudi Pharm J*. 2015;23(3):330–332.
8. Ghanemi A. How to define a pharmacological or a toxic food? *Alexandria Journal of Medicine*. 2014;51(4):359–360.
9. Ghanemi A. How important is pharmacognosy for doctors and dentists? *Saudi Dent J*. 2015;27(1):1–2.
10. Cloninger DO. Getting it right: Markets and choices in a free society: Robert J Barro. Cambridge MIT press; *The Journal of Socio-Economics*. 1996;26(4):464–467.