## Commentary

Neurosciences take in morbidities and mortalities of the central and peripheral nervous system, which take account of the brain, spinal cord, and peripheral nerves like stroke, transient ischemic attack, headaches, migraine, multiple sclerosis, Alzheimer's, Parkinson's, seizures, malignancies, dementia, nerve and spinal cord disorders, road traffic injuries including traumatic brain injuries, acute and chronic neuropathic pain conditions, benign congenital, and acquired growths.

In some situations, drugs targeted and related basically with the neurological symptoms and signs are often used in the diseases of other systems. For example, stroke is basically a disease of the cardiovascular system. But clinical features are related to the nervous system and are managed by the neuroscience experts. Further analgesics and sedatives are used in many non-specific situations unrelated to any systemic disorder and non-neurosciences indications that may vary from analgesics misuse to tertiary care advices.

This article has put forward a commendable and sincere effort to outline the neurological drugs used in intensive care unit for different disorders. The researchers have amply noted that all the drugs used met the criteria of the WHO-ATC classification.[1] Incidentally, when these drugs were compared with the WHO Model List of Essential Medicines, it was noted that a great majority of these drugs were not enlisted there.[2]

So inevitable debates crop up based on rational drug therapy when we have keep our fingers crossed. Rational drug therapy ensures optimum benefit for the reversal of the pathology with minimum pharmaceutical interventions. In the arena of vast healthcare delivery system we have to ensure therapeutically sound and cost-effective use of drugs by the health professionals to reduce morbidity, mortality, and disability to contain drug mishandling.

Rational drug use in the national program encompass three components:[3]

- Advocacy of rational drug use: Optimum use of generic drugs with proven regimens that are continually updated.
- Sensitization of the healthcare personnel: Full utilization of the core competencies by formulating national level guidelines and implement it

supported by continuing medical education at all levels.
- Co-operation of the consumers: Design of effective dissemination of the information and empowering citizens to take accountable decision regarding their health.

Competent scientists at all level are proponents of different regimens that are sometimes at loggerheads with each other. Moreover, with some pathbreaking discoveries there are radical changes in the managements of different pathologies also. World is not static. New molecules are invented adding to the treasure of drugs, and new thoughts are sprouting "Old order changeth, yielding place to new." Yesteryears best treatment has become historical monument today. Classical examples are "Peptic ulcers syndrome" and "Chronic Tonsillitis."

In the management of neurological symptoms and signs, newer molecules with precise mode of action with relatively lower adverse drug reaction for better patient compliance are needed. WHO Essential Drug list could not encompass the vistas of drugs used in intensive care units that have not been marked rational in the WHO Model List of Essential Medicines 2010 updates also.

We have to frame guidelines in the light of recent developments of pharmacological intervention concepts to update optimum use of drugs in the intensive care units.

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3. Available from: http://www.who.int/medicines/areas/rational_use/rud_activities/en/index.html [Last accessed on 2011 April 19].

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