

History of Pharmacology, Pharmacopoeia, Clinical Trials, Audits and Inspections

Supplements and medicines as we know them today are probably as old as mankind. The history of pharmacology can be traced back to ancient times, when people used natural substances, such as plants and minerals, for medicinal purposes. The knowledge of these substances and their therapeutic properties was passed down through generations, and gradually developed into what is known as the pharmacopeia.

Traditional Chinese Medicine (TCM) is a holistic system of medicine that focuses on balancing the body's energy, or "qi", through acupuncture, herbal medicine, dietary therapy, and other techniques. The origins of TCM can be traced back to ancient times in China, when people used herbs and other natural remedies to treat illnesses and injuries.

One of the earliest known texts on Chinese medicine is the Huangdi Neijing, or Yellow Emperor's Inner Canon, which was written around 200 BCE. The text is divided into two parts, the Suwen and the Lingshu, and covers a wide range of topics related to health and disease. The Huangdi Neijing emphasizes the importance of maintaining balance in the body and mind, and provides guidance on diet, exercise, and other lifestyle practices. While in western civilization, Mithridates VI (120 BCE), King of Pontus, concocted a compound preparation called "Mithridatium" which contained 41 to 65 components (the formulation can be found in Wikipedia) and was held as the panacea for almost all diseases until as late as the 1780s.

Over the centuries, Chinese medicine continued to evolve and expand, incorporating new ideas and practices. During the Tang Dynasty (618-907 CE), the use of acupuncture became more widespread, and new texts on acupuncture and moxibustion were written. The Song Dynasty (960-1279 CE) saw the emergence of new herbal formulas and the use of pulse diagnosis to diagnose and treat illnesses.

In the Ming Dynasty (1368-1644 CE), the practice of acupuncture and herbal medicine became more standardized, and the first official pharmacopeia of Chinese medicine, the Bencao Gangmu, was published. The Bencao Gangmu contains descriptions of thousands of herbs and their uses, as well as detailed instructions on how to prepare herbal formulas.

Today, TCM continues to be an important part of healthcare in China and is practiced all over the world. In recent years, there has been growing interest in TCM in the West, and many people are seeking out acupuncture, herbal medicine, and other TCM therapies as a complementary or alternative approach to conventional medicine.

The first recorded pharmacopeia dates back to the 9th century, when the Arabic physician and philosopher Al-Kindi wrote a book on the preparation and use of drugs. This was followed by the work of the Persian physician and philosopher Ibn Sina, who wrote the Canon of Medicine, a comprehensive medical encyclopedia that included information on the preparation and use of drugs. Whilst in Europe the earliest evidence dates back to the proclamation of the Salerno Medical Edict issued by Frederick II of Sicily in 1240 who ordered the preparation to be standardized.

In Europe, the first pharmacopoeia was published in 1498 by the Italian physician and botanist Niccolò Leonicensi which was followed by the Spanish pharmacopoeia in 1581. This was followed by the publication of the London Pharmacopoeia in 1618, which was the first official pharmacopeia in England.

The earliest control occurred in England in 1540 when Mithridatium became subject to the Apothecaries Wares, Drugs and Stuffs Act and can be seen as the start of pharmaceutical inspections.

As the use of drugs became more widespread, concerns arose about the safety and efficacy of these substances. This led to the development of clinical trials, which are now widely recognized as the gold standard for testing the safety and efficacy of drugs.

The first recorded clinical trial dates back to the 18th century, when the Scottish physician James Lind conducted a trial to test the efficacy of various treatments for scurvy. Lind divided a group of sailors suffering from scurvy into six groups, and tested different treatments on each group. He found that the group that was given citrus fruits, such as oranges and lemons, showed the most improvement, demonstrating the importance of a balanced diet for good health.

The Pure Food and Drugs Act of 1906 in the United States, was the first federal law to regulate drugs and food products, and the establishment of the Food and Drug Administration (FDA) in 1930. The use of sulfanilamide elixir which contained diethylene glycol poison and was marketed as a treatment for streptococcal infections. However, the drug was not adequately tested before being released, and within a few months, hundreds of people died from taking it. This tragedy highlighted the need for strict regulations and protocols to ensure the safety and efficacy of new drugs before they could be marketed to the public. As a result, the United States government passed the Food, Drug, and Cosmetic Act in 1938, which required drug manufacturers to prove the safety and efficacy of their products through clinical trials. This legislation marked the beginning of modern clinical trials, which are now a critical component of drug development and approval.

Following World War II the Nuremberg Trials were held between 1945 and 1949, and were conducted by a tribunal made up of judges from the United States, Great Britain, France, and the Soviet Union. The trials were held in Nuremberg, Germany, and were the first international war crimes trials in history. The trials were significant for clinical research as it resulted in the development of the Nuremberg Code, a set of ethical guidelines for conducting medical research on human subjects. The Nuremberg Code was developed in response to the unethical medical experiments conducted by Nazi doctors during the war, which included the use of prisoners in concentration camps as research subjects without their consent.

The Nuremberg Code established several key principles and the basis for ethical medical research on human subjects, including the requirement for informed consent, the need for research to be scientifically valid and well-designed, and the prohibition of research that could cause harm or death to participants. In 1964, the Declaration of Helsinki was adopted by the World Medical Association (WMA).

Another major incident occurred that led to the creation of the FDA. The thalidomide disaster. In the late 1950s and early 1960s, thalidomide was a popular drug used to treat morning sickness in pregnant women. However, it was later discovered that the drug caused severe birth defects, such as missing or deformed limbs, in thousands of babies. The drug had not been properly tested for safety in pregnant women, and its approval had been based on limited data from animal studies.

The thalidomide disaster sparked a public outcry and highlighted the need for stricter drug regulations. In response, President John F. Kennedy signed the Kefauver-Harris Amendments into law in 1962. These amendments required drug manufacturers to provide proof of a drug's safety and efficacy before it could be approved for sale. They also mandated that clinical trials be conducted under controlled conditions and that drug advertising be truthful and not misleading.

In the following decades, the importance of clinical trials continued to grow. In the 1960s and 1970s, new laws were passed that further strengthened the regulations surrounding clinical trials, including the Kefauver-Harris Amendments of 1962 (the Drug Amendments Act). In the UK the Committee on the Safety of Drugs established in 1963, introduced in 1964 voluntary adverse reaction drug reaction reporting system (Yellow Card Scheme).

The US National Research Act of 1974; or the 1974 Research Act was created in entirety from the Belmont report, and put into place to prevent the Government, its agencies or representatives, military and private companies, from violating an individual's freedom: by forcing, tricking or coercing persons for research, testing and administration of unknown injections/materials, and experimental procedures. These laws required drug manufacturers to submit detailed reports on the results of clinical trials, as well as information on any adverse effects or side effects of their products.

In Europe the Council Directive were introduced in the 1960s (65/65/EEC) and further developed in the 1970s. It took till 1991 for the development of ICH GCP by regulatory authorities and pharmaceutical industry associations in Europe, Japan and the US. The aim was to promote harmonized guidelines and standards for the development and registration of pharmaceuticals for human use. At the same time inspections were already being carried out by the FDA, with the introduction of ICH GCP, independent audits were then becoming a requirement by early 1990s. The EMEA was established in 1995 and the UK MHRA in 2003, who are tasks with the inspection and approval of clinical trial tested medication, IMP or medicinal products.

These days sponsor audits and health authority inspections, which are now widely recognized as important tools for ensuring the safety and quality of clinical trials and drug development are conducted regularly to ensure to ensure compliance with regulations, guidelines, good practices, policies and procedures and that their products are safe and effective.

In conclusion, the history of pharmacology, pharmacopeia, clinical trials, clinical audits, and health authority inspections has been marked by a continuous evolution of knowledge and best practices. From the use of natural substances for medicinal purposes in ancient times, to the development of clinical trials and regulatory guidelines in modern times, the safety and efficacy of drugs has been a continuous concern. Sponsor clinical audits and health authority inspections are important activities and tools for ensuring that clinical trials meet the required standards for safety and efficacy, and that the drugs developed are safe and effective for the general public.

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