Safe and Effective: Alternative Medicines May Be A Superior Choice!

Saeed A. Qureshi, Ph.D. (principal@pharmacomechanics.com)

Have you ever wondered why most medicines are kept behind the counters, obtainable through prescriptions only, and sold by pharmacists only, while the products are approved by authorities such as the FDA, Health Canada, and others as safe and effective?

The reality is that they have never been shown appropriately safe and effective but are only presumed to be by the authorities. **In general, physicians and pharmacists do not know this either**. They also assume that the authorities have (scientifically) tested and validated the claims of safety and effectiveness. They do not. No one does! The debacle of COVID-19 and vaccines has provided glaring proof, which I have been trying to tell for at least 20 years.

Authorities approve drugs and products by reviewing (from personal observation, skimming the pages) the literature (mostly industry-sponsored) based on some ritualistic practices called clinical trials, which are considered scientific but are not. In addition, there are also some ritualistic chemistry tests, considered pharmaceutical/diagnostic, conducted under the "guidance" of pharmacopeias.

People should critically explore the concept of clinical trials, which is fundamentally a specific form of analytical testing of chemicals (medicines) on humans. These trials or tests are usually observational/judgemental (for safety and efficacy), as truly controlled scientific studies are practically impossible to conduct. The reason is the lack of measurable valid endpoints (markers for illness) and high inter- and intrasubject variability.

A simple and often described example of a clinical trial/study (regulatory requirement) is for developing generic drug products, in which drug release from products in humans is established and compared with that of the innovator products as a surrogate for the safety and efficacy of drug products.

As demonstrated (link), considering human variability, it is impossible to confirm the validity and accuracy of such clinical trials, hence the equivalency of the products. Therefore, such testing (clinical trials) does not provide value but false assurance of safety and efficacy, wastes resources, and exposes volunteers to potential health risks. However, it is considered a gold standard (scientific and mandatory requirement) worldwide for establishing the safety and efficacy of generic products.

On the quality side, there is a standard test called the drug dissolution test, which may be considered a surrogate of in vivo drug release leading to drug absorption and, by extension, the drug's safety and efficacy. Still, given a blinded product sample, one cannot provide drug release characteristics because the test has never been validated for its intended purpose. The test has no standardized experimental conditions – just ritualistic procedures (link). This is the industry's only test to establish product quality (and, by extension, safety and efficacy).

The reasons for such oddness and anomalies are that the tests are simple and standard chemical tests but are done without an understanding of related science/chemistry. Hence, most of them are invalid and fraudulent. They never show

anything about the safety and efficacy of the drugs and their products (link).

When one explores the clinical trials in more detail, one will find a twisted and inferior version of alternative medicines type assessments where testing (clinical) is done by associating symptoms with medicines (link).

One may consider the alternative medicines testing approach more logical and meaningful for several reasons:

1. The use of medicines is often established following long-term assessments/experience (historical precedence).

2. It often uses natural sources such as plant-based products, which may contain antidotes against the potential adverse effects and/or synergists to the active ingredient(s), which pure molecules/compounds-based medicines would not provide.

3. These products are often taken orally, providing a protective layer compared to other routes, particularly intravenous, by detoxifying (liver/hepatic metabolism) the content before reaching the bloodstream.

4. The ingredients are usually linked to physiological relevance, unlike allopathic medicines, which usually lack such a link, i.e., treatments are with molecules foreign to the body or its physiology.

5. They are freely available over the counter, indicating confidence in their higher safety and efficacy profiles, and often with return policies for their ineffectiveness and patient dissatisfaction.

6. Manufacturers, prescribers, and dispensers of alternate medicines are not immune/protected from responsibility concerning the products' quality and may be held responsible for any ill outcome.

7. For allopathic products, regulatory authorities, pharmaceutical manufacturers, prescribers (physicians), and dispensers (pharmacists) have no responsibility or accountability and mostly have legal immunity. There is hardly any option for patients to be heard. Patients' concerns are mostly buried under the statistical ("epidemiological") aberrations and narratives.

It, however, does not mean the alternative medicine approach is more scientific than the allopathic. It implies that allopathies use the same approach as alternative medicines for developing medicines, but testing and treatment are much less defined, logical, and often based on hasty diagnosis. The point is that conceptually, both approaches (allopathic and alternative) are the same.

The main difference is that allopathy employs pure chemical compounds and diagnostic (primarily) based on chemical testing. Hence, it considers the diagnosis and treatment science-based, which for all practical purposes is chemistry/science-based.

However, as chemistry /science is not taught or understood appropriately as part of medical training, they use chemical names and structures to build narratives and consider that science has been done or followed. This practice has to be incorrect, causes to make false claims, or touches on fraud.

From the science/chemistry perspective, everything depends on testing, i.e., analytical science/chemistry. Unfortunately, in medical/pharmaceutical areas, all or most testing is based on non-validated testing, so allopathy becomes a false science or subject.

Surprisingly, alternative medicine experts do not realize this shortcoming but also assume that allopathy is science-based and occasionally try to match the treatment with allopathy to prove itself as being authentic and sound. In reality, they downgrade their expertise gained over centuries of hard work and experience. Not knowledgeable in chemistry/science, they can also not defend their treatment with strength.

For example, consider the stomach acidity issue.

Stomach acid is a natural, valuable chemical contributor to orderly digestion (i.e., stomach acidity is needed). However, its excess can inflame and irritate the esophagus, typically causing heartburn and sometimes contributing to stomach and small intestine ulcers.

A typical treatment for this effect is proton-pump inhibitor (PPI) drugs, such as omeprazole, lansoprazole, and esomeprazole. They are potent chemicals without a physiological link or relevance.

It is unclear that something called a proton-producing pump exists in the body. It is a name given to a chemical reaction called H/K -ATPase, which is presumed to produce hydrogen ions or protons (link), i.e., acidity.

So, stopping this reaction with drugs halts the production of protons, hence the drugs' efficacy. However, as noted above, acidity is essential for proper digestion. Therefore, adequate digestion will be hindered, resulting in other associated side effects. Interestingly, there are numerous reported adverse effects related to the use of these drugs, especially for the needed long-term use (link).

So, correcting the acidity issue (if the drug works as claimed) will be replaced by numerous other issues and would require additional treatments.

As a side note, the body needs acid for proper digestion, and this acid, after digestion, is naturally neutralized in the small intestine with the presence/secretion of bicarbonate, a component of baking soda (e.g., see here). Therefore, there is always a possibility that the higher acidity may be because of the low production of bicarbonate.

So, if the issue is only because of high acidity, then simple anti-acids or natural neutralizers such as sodium bicarbonate (baking soda) and calcium supplements, including dairy products such as milk, could be used effectively even for extended periods. These are the body's natural components, so one may expect no or limited adverse effects. Therefore, alternative "medicines" could provide superior treatment with the least potential side effects. It is unclear why this or such approaches are not considered or commonly suggested. Is it a lack of understanding of the science/chemistry of illnesses? It appears so.

The solution to this unfortunate situation is to learn chemistry/science or pair with knowledgeable chemists. This will improve alternative medicine approaches for diagnostic and

treatment ability and also help highlight the weaknesses of the allopathies for improvement.

Another possibility is to suggest that if the allopathic medicines are safe and effective, then they should also be placed over the counter for free access like the alternate medicines/treatments or other consumable items like food (farm, dairy, etc.), cosmetics, household, etc., and the public/patients make a choice. Physicians, medicine manufacturers, and regulatory authorities should stand beside their claims that the products are indeed safe and efficacious. Unfortunately, at present, they do not.

The current system does not support their claims of drugs being safe and effective. The recent development and use of mRNA vaccines have confirmed that medical/pharmaceutical experts administer drugs without properly establishing and knowing the products' safety and efficacy.

Further information on the topic may be found here: Helpful Notes, the Book, and Blog by the author (Dr. Qureshi), who worked at Health Canada as a Research Scientist and had 35+ years of bench science experience in substance isolation, characterization, and analytical testing among other specialties.