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THE FINE PRINT OF FALSE HOPE: ANALYZING MISLEADING ADVERTISING PRACTICES IN THE PHARMACEUTICAL INDUSTRY

AUTHORED BY - VISHNU YADAV

Abstract:

Advertisements inform and enable medical progress, but in a way that may confuse consumers and drive endorsing, as much for the benefit of profitable success as for the good of patients. This piece analyzes the multi-faceted aspects of drug promotion in India, with special reference to legal provisions that oversee such practices. These include the Drugs and Cosmetics Act, 1940, which seeks to regulate the quality and safety of drugs; the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, which bars misleading statements; and the Consumer Protection Act, 2019, which elaborates on and penalizes false or misleading advertising. These laws together are designed to safeguard the public from corrupt promotional practices and overstated therapeutic declarations.

In addition to these regulatory tools, gaps in enforcement remain, fuelled in part by jurisdictional conflicts and inadequate proactive surveillance. Misleading advertising harms not only individual well-being but also undermines faith in the medical system. Empirical research and case analysis demonstrate a consistent pattern of non-adherence, particularly in the promotion of over-the-counter medications, nutritional supplements, and purportedly "miracle cures." This article examines these trends and reviews the success of existing policy involvements.

It posits that India's policy framework requires an urgent refurbishment to counter changing marketing trends in electronic and print media. The work suggests a harmonized and enforceable policy based on scientific integrity and ethical accountability. Finally, the work suggests pragmatic suggestions to intensify guideline, enhance inter-agency assistance, and protect consumer rights. Harmonizing commercial interests against public health needs is not only a legal requirement but a moral obligation where the stakes are human lives and consumer confidence.

Keywords: Pharmaceutical Industry, Misleading Advertisements, Healthcare, Consumer Protection.

1. Introduction:

Medicinal markets understand the promotional activity and the promotional activities that they mark the market for their health service and, in some cases, directly to the consumers. Traditional advertisements were mainly directed by the first medical operations and details of the medical businesses. However, the media and the digital platform increased in the growth and dissemination of the administrative drugs and the administrative remedy.¹

Medicinal institutions in India, as in many countries, almost prescribed medicines, Over the Counter products, and Ayurvedic measures announcements that are sometimes exaggerated or unrealistic² are published by a single study, to maintain the modesty of the world health. The advertisements were failed.³

The truth advertisement in the field of health is also important not only for the protection of consumers but also for the use of the use of logic. Impossible or mistakes, self-medicine, adverse health results⁴. During the COVID-19 epidemic, a pseudo-scientist claims and miraculous treatment was discharged---a public health efforts and consuming trusts undermining.⁵

For example, in the section 2(28) of the Consumer Protection Act, 2019, the worried advertisement is that the product describing the product or the service, or conceals important information to deceive the consumer. The influence of such deception when used in medicines is more important than other fields, and in life and health, by seeing its direct cause.⁶

Despite the detailed regulators, the mistakes of theory keep trembling in India. The documents of violations of advertisement and criteria, especially the accident, 1954, cancer, diabetes,

¹ Richard B. Ruge, *Regulation of Prescription Drug Advertising: Medical Progress and Private Enterprise*, **48** Law & Contemp. Probs. 315 (Summer 1985).

² R.M. Meshram et al., *The Critical Appraisal of Drug Advertisement Directly to Consumers: A Mockery of Drugs and Magic Remedies Act*, 2024 Int'l J. Drug Regul. Aff.

³ F. Hussain et al., *COVID-19 Pandemic: An Era of Myths and Misleading Advertisements* (2021).

⁴ Gurpreet Singh Randhawa, *A Critical Analysis of Claims and Their Authenticity in Indian Drug Promotional Advertisements*, **2015** Advances Med.

⁵ Drugs and Magic Remedies (Objectionable Advertisements) Act, No. 21 of 1954, §§ 3–4, § 3(b) (India).

⁶ Consumer Protection Act, No. 35 of 2019, § 2(28) (India).

sexual disorders, etc. Underreport, or falsely assured, or falsely consumed the hospital, the medical physician⁷, both assurances. Central Drugs, Standard Control Organization (ASCI), Annual Complaint Report (2022). There are guidelines, yet the initiation is disconnected, and the rods are almost insufficient to prevent violent.

The objective of this letter is to test and examine the linear line of the lawyer regulator in India. While the analysis of the confusion advertisements and patterns, compare the global standards of Indian regulators, especially in the United States. Evaluate the effectiveness of the legislative institutions of CDSCO, ASCI, Consumer Commission etc. in control of the grasping advertisement. To provide the recommendation of the law, policy, and initiation of the consumer rights and public health⁸.

This letter is mainly focused on Indian laws, which complements by a comparative study of the British regulator with a comparative study, in which report has been reported by the research paper, government texts.

2. Understanding Misleading Advertising in the Pharma Industry:

In the drug industry, the confusion advertisement gives the context of any promotional materials that incorrect, or incomplete, or incomplete, or medicine gives information about treatment, so it affects the consumption decisions in a probably consumer decisions, 2019; Vol. In the context of medicines, the illuminators of the influence, or the use of the possibility of the possibilities, or the pseudo-scientific language use that the diagnosis or the regulator is difficult to determine the regulator.

Medicine trembling often employs a category of employments to consumer health service and professionals. The exaggeration of the treatments of medicines are exaggerated by the exaggeration of scientific surface. Advertisements frequently present selective data from studies, omitting negative findings or side effects, thereby creating an illusion of absolute safety and efficacy. The use of complex medical terminology and scientific jargon can also obscure the actual meaning of the data for both consumers and even medical practitioners. Another anxiety policy is also an appellation of authority, where the advertisements show or show support or support for the prestigiously perceived professionals, often without such support or

⁷ *Indian J. Pharm. Sci. & Res.*, **10**(1), at 45 (2019).

⁸ *Indian J. Current Pharm. Res. (IJCPR)*, Vol. 6, Issue 1, at 33 (2016).

reference. It attracts, bar chart or infographic substances like graphical performance is to be seen to be erased to convey overstate influence or extremely.

Misleading pharmaceutical advertisements⁹ can broadly be categorized into two types: those aimed directly at consumers and those targeted at healthcare professionals. Direct-to-consumer (DTC) advertising, although largely prohibited in India except for over-the-counter (OTC) drugs, has increased in reach through digital platforms and social media. Despite regulatory restrictions, companies have found loopholes, such as using influencers or health bloggers to indirectly promote prescription drugs, especially during public health emergencies like the COVID-19 pandemic, where unproven claims regarding immunity boosters and cures became extensive. During the pandemic, products like herbal tonics, supplements, and alternative medicine formulations were heavily promoted using unsubstantiated claims, often invoking traditional knowledge without scientific validation, creating an infodemic parallel to the viral outbreak itself.

In contrast, the advertisement directed on professionals is usually done more technical and a diagnosis within the frame. However, even these ads are susceptible to manipulation. A study analysed 50 drug promotional brochures and found that only 46% of the claims were true, while the remaining were either false, vague, exaggerated, or controversial. Moreover, nearly 30% of the references cited in support of the claims were either irretrievable or not verifiable, undermining the authenticity of the promotional material¹⁰. Similarly, a systematic review concluded that pharmaceutical advertising in scientific journals is often of low quality, with a significant number of advertisements failing to meet the standards outlined in ethical promotional guidelines such as those by the WHO or OPPI.

Although the medicinal trembling protects the advertisement as an essential means, the line of information and persuasion is often crossed by DTC and health service providing advertisement because the difference is serious because the former consumer demand affects the influence. In both cases, the results of mistakes can be used in improper alcohol, adverse

⁹ Jignesh K. Ved et al., Pharmaceutical Advertisements in Indian Scientific Journals: Analysis of Completeness of Information Content, 1 Int'l J. Pharm. Sci. & Res. 97 (2010).

¹⁰ Gurpreet K. Randhawa et al., A Critical Analysis of Claims and Their Authenticity in Indian Drug Promotional Advertisements, *Adv. Med.*, 2015.

health results, and the loss of consuming consumption in the health service system.¹¹

3. Legal and Regulatory Framework:

India has impartially detailed statutory framework projected to control pharmaceutical advertising, particularly to prevent misleading or deceptive claims that can harm public health. The primary legislations governing this domain include the Drugs and Magic Remedies (Objectionable Advertisements) Act, No. 21 of 1954, sections 3–4 (India), the Drugs and Cosmetics Act, No. 23 of 1940 (India), and the Consumer Protection Act, No. 35 of 2019, S. 2(28) (India). The Drugs and Magic Remedies Act prohibits advertisements that claim to offer magical cures for specified diseases listed in Schedule J of the Drugs and Cosmetics Rules, 1945. It bans advertising remedies for circumstances like cancer, diabetes, epilepsy, and sexual dysfunction, among others, and empowers the government to take penal action against violators. Despite its early origins, the Act still forms the backbone of anti-misleading drug raised regulation in India¹².

Complementing this, the Consumer Protection Act, 2019, S. 2(28) (India) defines misleading advertisement under Section 2(28) and holds manufacturers and endorsers liable for misleading claims. Under the Central Consumer Protection Authority (CCPA), the Act provides for penalties including fines up to ₹10 lakhs for first-time offenders, and higher for repeat violations. Furthermore, celebrity endorsers can also be penalized if they promote products with false claims without exercising due diligence¹³. The Drugs and Cosmetics Act, 1940 (India), though primarily regulatory in terms of drug quality and safety, also lays out conditions under which drugs can be marketed, indirectly tying into the promotion landscape.

In terms of soft law, the Org. of Pharm. Producers of India, Code of Pharmaceutical Marketing Practices (2019). has issued the Code of Pharmaceutical Marketing Practices, which offers strategies on ethical advertising by associate companies. However, the code lacks statutory backing and thus remains largely voluntary, which reduces its practical enforcement value.

In parallel, the Advertising Standards Council of India (ASCI), Annual Complaints Report

¹¹ Satin K. Meshram et al., The critical appraisal of drug advertisement directly to consumers: A mockery of Drugs and Magic Remedies Act, 36(1) J. Indian Acad. Forensic Med. 61 (2014).

¹² Drugs and Magic Remedies (Objectionable Advertisements) Act, No. 21 of 1954, §§ 3–4 (India, 1954).

¹³ Consumer Protection Act, No. 35 of 2019, §§ 2(28), 21, 89 (India).

(2022). —a self-regulatory body—plays a role in scrutinizing misleading pharmaceutical advertisements, particularly those in the consumer domain. While ASCI can issue takedown notices or recommend modification of ads, it does not have punitive authority, restraining its ability to deter wrongdoers¹⁴.

The opposite with the global equivalents of the Government of India, the United States depends on the United States and the Food Administration (FDA)¹⁵ and the Federal Trade Commission. There are correct, balance, and also the benefits and the jokes that the support of the promotion of drunkenness should be made enough evidence and “remember advertisement” does not appreciate that the important security information gives up. FTC, Another, OTC inspects the advertisements of the drugs, which uses the standards of truth and justice under the Federal Trade Commission Act. The result of violation can be conscious, penalties, or legal actions, and the regulator is forced by active remark, and the quick initiation systems.

In the United Kingdom, medicines & Health Services Prods. Regulator (MHRA), The Blue Guide (2021) (UK)¹⁶. Under the Human Medical Regulation 2012, the advertisement of medicines controls. Then, additional authority (ASA) The Un-Broadcast Advertisement of the UK code is constructed with the marketing and the marketing of direct and profile-raising markets. The UK rules forbid the advertisement of legislative medicines to the masses, a term like Indian body, but more inhospitably. It is worth mentioning that both MHRA and ASA have well-specified determination and initiative system, where the criminals have done public naming, struggle, and required in the year.

Even in the architecture of India, there are important intervals and initiations. Many medicine advertisings, especially for the Ayurvedic intense products, the loop hole in the judgment or the traditional verification of the traditional verification flee in the lack of coordination among the regulators, such as CDSC, Ministry of ASCI, Ministry of Medicinal Regulators, almost. Regulation and confusion are also accidental through social media through social media and the current scope of the present body scope, which is easily accessible for the mistakes of the irrespective of the regulators and the technical capacity of limited public powers, which is

¹⁴ Advertising Standards Council of India (ASCI), *Annual Complaints Report* (2022).

¹⁵ U.S. Food & Drug Admin., *Prescription Drug Advertising and Promotion*.

¹⁶ Medicines & Healthcare Prods. Regulatory Agency (MHRA), *The Blue Guide: Advertising and Promotion of Medicines in the UK* (2021), Advertising Standards Authority (ASA), *UK Code of Non-broadcast Advertising and Direct & Promotional Marketing (CAP Code)*.

active and introduced in time.¹⁷

The reactive nature of the initiation in India is often depended on learning rather than the active incident increases dullness¹⁸. In addition, the legal action is often for a long time, and when the penalty is used, when it is used-then is not enough to prevent the powerful drugs. U.S. Addressing these weaknesses of these systems, without the quick realm, the firmness of the adjustment advertisement will continue to continue to consume the consumer, security and reliableness.

4. Case Studies and Real-World Examples:

Innumerable cases studies and real worldly examples illuminate the pervasive nature of the illuminator advertisement in India and draw the insufficiency of the existing tantras to control such practices. COVID-19 Mahamari were a major example when various Ayurvedic treatments and vibrating were proven: "CURES" were preaching. A major controversial Patanjali Ayurveda was arranged around the projection of Coronil. The product received a broad media attention, and his promotion material "Clinical test" and "Government approval". However, the Ministry of Ayush and the Indian Medical Association (IMA) have filed them, and finally, the company gave the company a mistake propaganda.

And, a Cross gender has reviewed 82 drug advertisements in Indian magazines and concludes that 77 people have transgressed the regulations of medicines or Schedule J or have transgressed these miraculous treatments. The uplifting medicines, barren, treatment and treatment were known by the studies that "100% of the gargarized results," "they are perfect" or "they are not" later influence.

Other actual-world assessments operated by Randhawa et al. 50 drug preachers were examined from various OPDs in Punjab. Only 46% of the 209 markets in the brochures were made only 46%. Often 21% claims were directly untrue, 16%, 7% of exaggeration and 10% dispute. Moreover, quoted for 160 contexts quoted in support of these claims, almost 30% of them was an important part of which was easy, their important part was unreliable or miserable.

¹⁷ Akram Ahmad et al., *Advertisements on Medicines / Treatment in Newspapers Violating Indian Laws*, 6 **Indian J. Current Pharm. Res.** 34 (2015).

¹⁸ Satin K. Meshram et al., *The Critical Appraisal of Drug Advertisement Directly to Consumers: A Mockery of Drugs and Magic Remedies Act*, 36 **J. Indian Acad. Forensic Med.** 61 (2014).

In another striking case, the Advertising Standards Council of India (ASCI), Annual Complaints Report (2022). flagged several advertisements for violating its code of ethics. For instance, a product named “No Addiction Powder” was promoted as a cure for all kinds of substance addiction, including alcohol and tobacco. The ad claimed “complete detoxification of the body” within 30 days and featured testimonials from purported “doctors” and “rehabilitated patients.” Upon review, ASCI found no clinical basis for these claims and directed the company to withdraw the advertisement. However, enforcement lagged, and the product continued to be sold online with similar claims, showing how digital platforms often escape regulatory scrutiny¹⁹.

Internationally, regulatory bodies have dealt more decisively with such issues. In the United States, for example, the Federal Trade Commission and the Food and Drug Administration issued joint warning letters to several companies during the pandemic for promoting unapproved products such as colloidal silver, teas, and essential oils as COVID-19 cures. In one instance, a company in California was fined after falsely marketing at-home COVID-19 antibody test kits as “FDA-approved” when they were not²⁰. Similarly, in the U.K., the ASA pulled up several advertisements making unproven claims about immunity and disease prevention, emphasizing that all health-related claims must be backed by robust scientific evidence²¹.

These examples collectively show that the trapped advertisement in the medicinal field is not limited to the special geography or medium. In printed, television, or digital forum, the illusory claim absorbs the weakness of consumer weakness—specifically in the time of public health and crisis. They also illuminate the system of regulators, especially in India, where the initiation is almost slow, by which the transgression of the transition is enough that it arises in sufficient loss of public loss.

¹⁹ Advertising Standards Council of India, *Annual Complaints Report* (2021).

²⁰ Federal Trade Comm’n, *COVID-19 Consumer Warning Letters*; U.S. Food & Drug Admin., *Prescription Drug Advertising and Promotion*.

²¹ Advertising Standards Authority, *Health & Disease Claims Enforcement Report* (2021)

5. Impact on Consumers and Public Health:

The impact of ambiguous pharmaceutical ads on consumers and public health is deep and complex. At the distinct level, such ads frequently lead customers to form idealistic expectations about a drug's efficiency, frequently resulting in inappropriate or irrational drug use. This can manifest in the form of self-medication, overmedication, or the abandonment of prescribed therapies in favour of advertised replacements that promise faster or definite results. In doing so, these ads not only compromise the efficiency of treatment but can also lead to drug resistance, adverse drug reactions, or deteriorating of the medical condition.

One of the most dangerous effects is seen in the psychological domain, where consumers—especially vulnerable populations such as the elderly, chronically ill, or those with limited medical knowledge—place undue faith in bold claims and celebrity endorsements. The assurance of “side-effect-free,” “100% natural,” or “clinically proven” solutions often provides a false sense of security. For instance, advertisements for sexual wellness and fertility boosters—frequent violators of the Drugs and Magic Remedies Act—prey on societal prohibitions and uncertainties, pushing desperate consumers toward unregulated and theoretically hurtful treatments.

Financially, the consequences are no less severe. Consumers often spend considerable amounts of money on products with uncertain efficiency, lured by persuasive marketing that exploits emotional weaknesses. For low-income families, such expenditure may come at the cost of necessary medical care or essential household needs. Moreover, unproductive treatments can prolong illness progression, leading to increased medical expenses over time. In cases involving chronic illnesses, the delay in seeking proper medical interference due to faith in advertised remedies can escalate into long-term health deterioration or even incurable outcomes²².

From a systemic viewpoint, misleading pharmaceutical advertisements also erode trust in the healthcare ecosystem. When consumers experience deception or adverse outcomes from advertised drugs or treatments, they may develop skepticism not only toward ads but also toward medical professionals, regulatory authorities, and the broader pharmaceutical industry. This mistrust can undermine public health initiatives, such as vaccination drives or preventive

²² T. Hussain et al., "COVID-19 Pandemic: An Era of Myths and Misleading Advertisements," 17 J. Generic Med. 56 (2021).

care programs, especially when misinformation is widespread, as observed during the COVID-19 pandemic.

The cumulative effect of these announcements is also reflected in clinical settings. Physicians frequently report that patients arrive with preconceived notions shaped by ads and request specific branded medications, often disregarding generic or more appropriate alternatives. This disrupts the clinical decision-making process, placing pressure on physicians to justify evidence-based practices to patients swayed by promotional content. In a study conducted by Othman et al., it was found that reliance on drug advertisements as a primary source of medical information led to suboptimal prescribing behaviour, especially among less experienced health care providers²³.

In public health terms, the widespread dissemination of misleading health information—especially through online platforms—can contribute to community-level misinformation and poor health literacy. False assurances about preventive care or cure can deter individuals from seeking early diagnosis or engaging in healthy behaviours. During the pandemic, for example, products were advertised as substitutes for vaccines or masks, thereby directly contravening public health advice and placing entire public at risk.

Furthermore, misleading ads contribute to the standardization of unregulated drug consumption, particularly in urban and semi-urban settings where convenience to online health products has increased. Without proper medical consultation, consumers are exposed to drug interactions, contraindications, and potential misuse. For instance, over-the-counter sale and aggressive advertising of emergency preventives, anaesthetics, or weight-loss supplements often neglect the crucial warnings, safety measures, or dosage limits that must accompany their use.

In essence, the consequences of misleading pharmaceutical advertisements go far beyond simple consumer deception. They distort medical realities, encourage unsafe practices, impose financial burdens, and endanger public health on a broad scale. As these effects become increasingly pronounced in a digitally driven consumer environment, the need for stronger regulatory mechanisms, media literacy, and ethical advertising becomes not just a legal

²³ Noordin Othman et al., *Quality of Pharmaceutical Advertisements in Medical Journals: A Systematic Review*, 4 *PLoS ONE* e6350 (2009).

necessity but a public health domineering.

6. Ethical and Corporate Responsibility:

The moral responsibility of drug vibrations is the mass of their role in the advertisement of their products. Although profitable industrial targets are inherently targeted, the drug industry holds a unique place, which causes human health and lives by direct marketing, not only the subject of corporation, but the health of the people. But in medicine admissions, logic policy, untruthfulness, and deletion of critical security indicators, professional targets and moral responsibilities illuminate the growth of the increasing discrepancy.²⁴

At the heart of ethical pharmaceutical advertising is the duty to provide truthful, balanced, and scientifically substantiated information. This obligation is enshrined in international guidelines such as the WHO's Ethical Criteria for Medicinal Drug Promotion and mirrored in national codes like the OPPI Code of Pharmaceutical Marketing Practices in India. Yet, as multiple studies and enforcement cases have shown, compliance with these codes is often lacking. The codes are voluntary, lack statutory backing, and are treated more as best-practice frameworks than enforceable mandates, leading to inconsistent adoption across the sector²⁵.

Pharmaceutical companies frequently justify aggressive advertising by claiming to be fulfilling an informational role—educating doctors and consumers about available therapeutic options. However, in practice, marketing campaigns are often built to marketing the marketing market ranks more than the people. The use of medical representatives for the promotion of physicians is operated by sale targets, not a circulation based on proof. as published in studies by Randhawa and others. And Othman et al., promotion contents in accordance with the results in accordance with the results while they are being dangerous or limited, a vision that responds to the transparency of transparency.

Also, the increase of digital effects, famous and social media campaigns add to other levels of optional medical products, optional medical products, especially for the marketing of drug marketing. These supports often lack medical choice and are rarely subject to harsh test. However, because they are emotionally persuasions and cultural and responsible, they throw

²⁴ Adewale Lawrence, *Misleading Advertisement and Its Regulation in the EU Medicine Promotion Legal Framework*, (2021).

²⁵ Org. of Pharm. Producers of India, *Code of Pharmaceutical Marketing Practices*, (rev. ed. 2019).

immense power about the behaviour of the consumer.

The Corporation of this issue is further by the CSR narratives that medicinal computations are often adopted to post the negative public relief. When many vibrations are nutritious for health camps, research or educational programs, these undertakings are almost marketing marketings with pairs of marketing CSR exhalation and the breaking of the exclusion of that exclusive commitment. The company cannot claim that the guardian of public health and promoting untruth treatments simultaneously or exploiting the regulators.

In the global context, moral drug propaganda applies to the countries of UK and the United States, where vibrations get important fame and financial reputation for immoral behaviour. Regulators such as MHRA and FDA have a full publishing of diagnostic evidence, adverse effects, they have clearly statements, and should be punished for non-compliance. In India, however, moral compliance is often abandoned for one's own regulation, and even in the existence like the OPPI, there is a little remedy for transgressors.

There are also internal results for the lack of moral discipline for drug advertisements. For a long time, the loss of consumer trust, negative propaganda, and the resistance of the medical community can harm the bravery and, the reliance on economic marketing is not based on their qualification but rather with the ability to promote products. It is opposed to scientists and humane ethics, essential industry expects.

Medicinal trembling to enhance moral responsibility should not be treated as an external regulator but also integration in this internal accounting system, the training employees and ethics, and to adjust the profits of the least profits even though they promise to profit in ethics. It is also said that the transparent reporting system for marketing is also included in the new or experimental treatments.

Finally, moral advertisement is not only a subject of compliance but a moral body. The power to influence the treatments of treatments and public treatments is sure that such an influence is responsible, justly, and transparent as experiencing. As long as the medicinal vibrations embrace this theory of the professional, the cycle of the administration and agree will remain universally embraced.

7. Conclusion and Recommendations:

In conclusion, the issue of misleading advertising in the pharmaceutical industry, particularly within the Indian context, reveals a troubling intersection of commercial interests, regulatory inadequacies, and ethical neglect. Despite a comprehensive framework involving statutes like the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, sections 3–4 (India), the Drugs and Cosmetics Act, 1940 (India), and the Consumer Protection Act, 2019, S 2(28) (India), enforcement remains fragmented, outdated in approach, and insufficient in scope to tackle the sophisticated marketing machinery of modern pharmaceutical companies²⁶. As demonstrated by empirical studies, case analyses, and international comparisons, misleading pharmaceutical advertising continues to exploit legal loopholes, consumer vulnerability, and regulatory inertia to flourish across media platforms, from print to digital.

The consequences of this unchecked proliferation are far-reaching. At an individual level, they result in inappropriate drug use, adverse health outcomes, and erosion of consumer trust. At a societal level, they hinder public health initiatives, contribute to misinformation, and discredit the pharmaceutical industry's legitimacy. What makes this issue particularly urgent is its evolving nature—where once the problem lay primarily in printed promotional materials, it now extends to unregulated digital content, celebrity-endorsed misinformation, and algorithm-driven influence campaigns. In this rapidly transforming ecosystem, regulatory responses must evolve with equal dynamism.

To address these challenges, a multi-pronged reform strategy is essential. Firstly, **strengthening the legal framework** by amending the Drugs and Magic Remedies Act to include a wider spectrum of conditions and to align it with the realities of digital advertising is imperative. The law must explicitly regulate online health marketing and introduce penalties proportionate to the scale of harm caused by misleading claims. Furthermore, **making the OPPI Code of Pharmaceutical Marketing Practices legally binding**, rather than merely advisory, would lend enforceable weight to ethical standards currently flouted with impunity²⁷. Secondly, **capacity-building in regulatory bodies like the Central Drugs Standard Control Organization (CDSCO), ASCI, and the Central Consumer Protection Authority (CCPA)**

²⁶ Organization of Pharmaceutical Producers of India, Code of Pharmaceutical Marketing Practices, Revised ed. (2019), <https://www.indiaoppi.com/wp-content/uploads/2019/12/OPPI-Code-of-Pharmaceutical-Practices-2019.pdf> (last visited June 1, 2025).

²⁷ U.S. Food & Drug Admin., *Drugs@FDA Database*, <https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-data-files> (last visited June 1, 2025).

must be prioritized. These agencies require dedicated monitoring units equipped with digital surveillance tools, data analytics, and legal expertise to proactively detect and act against violative advertisements. A centralized, publicly accessible repository of pharmaceutical ads—similar to databases maintained by the FDA and MHRA—could help track trends, identify repeat offenders, and inform policy decisions.

Thirdly, **consumer and prescriber education are critical.** Awareness campaigns about misleading advertising, informed drug choices, and the risks of self-medication must be institutionalized, particularly in rural and semi-urban areas where vulnerability is higher. Medical professionals should also be sensitized to recognize and resist marketing pressures that compromise evidence-based prescribing. Continuing medical education (CME) modules must include dedicated components on ethical promotional practices and regulatory literacy.

Fourth, **introducing liability for digital platforms** that host or fail to act on misleading pharmaceutical content would be a progressive step. Social media companies and online marketplaces must be held accountable under intermediary liability norms, compelling them to take down or fact-check health-related advertisements. Government collaboration with these platforms to flag and verify medical claims—especially during public health emergencies—can significantly mitigate the spread of misinformation.

Lastly, **institutionalizing corporate accountability** through stricter penalties, public naming of violators, and linking compliance to incentives such as fast-track approvals or tax benefits could push companies to internalize ethical conduct. Pharmaceutical companies must move beyond token CSR activities and embed ethical advertising as a non-negotiable business value, backed by transparent internal compliance mechanisms and whistleblower protection.