



# PHARMA COMMUNIQUÉ

(An internal circulation of news, knowledge and professional updates)  
of

BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

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VOL : 03

ISSUE : 02

APRIL - JUNE 2018

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## From Editor's Desk

**Professional Integrity**, a quality of being honest and morally upright within the realms of practicing a profession under the obligation of a code of ethics. The quality of being honest enables the employees to think in the right manner and behave with integrity. Ethical standards exist in every profession. Integrity is a key element of what every profession considers appropriate ethical behavior. Integrity is a much sought after trait that an organization will look out for, since the overall development of an organization depends on the competencies achieved by its individuals, and competencies are achieved when the individuals serve the organization with integrity while working effectively and efficiently. An individual with integrity upholds a moral standard of conduct in both professional and personal endeavors. When faced with the choice of acting with integrity, we are often required to choose the harder right rather than the easier wrong. . When we recognize lapses in judgment, how we react will ultimately define our character. In such circumstances, a person with integrity corrects the situation, learns from it, and accepts accountability. Doing so will gain the respect of co-workers and employers. Professional integrity leads to constructive works that yields professional development and reward, thus practicing integrity is a proven virtue in one's professional tenure.



**Dr. R.B Kotnal,**

SOP, Co-ordinator BLDE Association



NAAC Peer Team Visit

## INSTITUTE CREDENTIALS

## Journal Publications

1. Santosh Karajgi\*, Sunayana Mali, "UV Spectrophotometric Area Under Curve Method For The Determination Of Nitrofurantoin In Tablet Formulations". International Journal Of Recent Scientific Research vol. 9, Issue, 1(F), Pp. 23293-23296, January, 2018.
2. Karajgi S.R \*, Sunayana M, Potdar S.S, Kotnal R.B, "Validated First Order Derivative Uv Spectrophotometric Valley Detection Method For The Determination Of Pioglitazone". International Research Journal Of Pharmacy.Int.Res.J.Pharm.2018; 9(2):33-37.
3. Nazareth Celina\*1, Shivakumar B.2 and Reddy Prasad. "A Novel Rp-Hplc Method For The Simultaneous Estimation Of Cardiovascular Drugs In A Polycap Formulation". World Journal Of Pharmaceutical Research. Vol 7, Issue 05, 2018.
4. \*Karajgi S.R., Sunayana M., Potdar S.S., Kotnal R.B. "Novel First Order Derivative UV- Spectrophotometric Peak Detect Method For The Determination Of Nitrofurantoin". International Journal Of Chemtech Research. 2018, 11(03): 239-246.
5. B.Shivakumar\*, E.N.Gaviraj, Navanath.V.Kalyane, Indira.M.Madawali, "Synthesis And Evaluation Of 2-Chloro-3-[3-[6-Nitro-1h-Benzimidazol-2-Yl) 4,5-dihydro-1h-Pyrazol-5 Quinolines Aspotent Antibacterial Agents". Asian Journal Of Chemistry.Vol-30, No-5(2018),1023-1026.
6. C. C. Patil\*, V. V. Pawar, S. R. Karajgi, N. V. Kalyane "Formulation And Evaluation Of Mucoadhesive Buccal Tablets Of Ondansetron Hydrochloride". Research Journal Of Pharmacy And Technology 2018; Volume 11(2): 581-586. Issn: 0974-360x(Online), 0974-3618(Print).
7. Shivakumar B\* Indira M. Madawali, Navanath V. Kalyane And Gaviraj E. N. "Synthesis And Antimicrobial Activity Of Some New Pyrimidines Of 6-Chlorobenzimidazoles". Oriental Journal Of Chemistry Coden: Ojcheg 2018, Vol. 34(3): 1633-1637

## Conference Presentation

1. SZ Inamdar, Sukankya, Ammu S, Priyanka, Presented Paper Titled "Prevalence And Pattern Of Self-Medication Practice In The Community Dwellers" in ACPI-KSPOR10th National Conference on P4 at Sarada Vilas College of Pharmacy, Mysuru
2. SZ Inamdar, Abhishek Bijjargi, Bhagayashree G

Presented Poster Titled "Impact of Pharmacist Intervention on KAP In Diabetic Hypertensive Patients Towards Self Care At A Rural Community Pharmacy Setting" in ACPI-KSPOR10th National Conference on P4 at Sarada Vilas College of Pharmacy, Mysuru

## VIEWPOINT

### Role of IQAC In Planning And Execution Of Quality Enhancement In Education

*Prof. C.C. Simpi*

Higher education in India has recorded impressive growth since Independence, and there is a continuous need for transformation of country's higher education system. The reason for transformation is mainly due to the expansion of higher education in India and the new demand on system. Education has always been recognized as a major instrument to achieve the objective of social, economic and political development of a nation. One of such significant changes came in the form of National Assessment and Accreditation Council (NAAC) in India to ensure and enhance the quality of Indian higher education. As suggested in guiding principles that the functions of NAAC incorporate -performance evaluation, assessment and accreditation and quality up gradation of institutions of higher education. And the prime objective of the accreditation process is to develop a quality conscious system in higher education institutions where excellence, relevance to market needs and participation by all stakeholders are ensured.

NAAC has introduced Internal Quality Assurance Cell (IQAC) to all the institution as a post accreditation quality sustenance measure. Since quality enhancement is a continuous process, the IQAC has become a part of the institution's system and work towards realizing the goals of quality enhancement and sustenance. The prime task of the IQAC is to develop a system for conscious, consistent and catalytic improvement in the performance of institutions. The IQAC has made a significant and meaningful contribution in the post-accreditation phase. During the post-accreditation period, the IQAC has channelized the efforts and measures of an institution towards academic excellence.

**The basic purposes of the IQAC:**

- To ensure continuous improvement in the entire operations of the institution, and
- To assure stakeholders connected with higher education – namely, students, parents, teachers, staff, would-be employers, funding agencies and society in general - of the accountability of the institution for its own quality and probity

**Functions of IQAC:**

As highlighted in the UGC Guidelines, the goals of IQAC shall be: 1). To develop a quality system for conscious, consistent and catalytic programmed action to improve the academic and administrative performance of the HEIs; and, 2). To promote measures for institutional functioning towards quality enhancement through internalization of quality culture and institutionalization of best practices. To attain these goals, the functions of IQAC shall be:

- Development and application of quality benchmarks/parameters for the various academic and administrative activities of the HEI;
- Facilitating the creation of a learner-centric environment conducive for quality education and faculty maturation to adopt the required knowledge and technology for participatory teaching and learning process;
- Arrangement for feedback responses from students, parents and other stakeholders on quality-related institutional processes;
- Dissemination of information on the various quality parameters of higher education;
- Organization of inter and intra institutional workshops, seminars on quality related themes and promotion of quality circles;
- Documentation of the various programmes / activities of the HEI, leading to quality improvement;
- Acting as a nodal agency of the HEI for coordinating quality-related activities, including adoption and dissemination of good practices;
- Development and maintenance of Institutional database through MIS for the purpose of maintaining /enhancing the institutional quality;
- Development of Quality Culture in HEI;
- Preparation of the Annual Quality Assurance Report (AQAR) of the HEI based on the qual-

ity parameters/assessment criteria developed by the relevant quality assurance body (like NAAC, NBA, AB) in the prescribed format;

- Bi-annual development of Quality Radars (QRs) and Ranking of Integral Units of HEIs based on the AQAR;

**Benefits of IQAC:**

- Ensure heightened level of clarity and focus in institutional functioning towards quality enhancement
- Ensure internalization of the quality culture;
- Ensure enhancement and integration among the various activities of the institution and institutionalize good practices;
- Provide a sound basis for decision-making to improve institutional functioning;
- Act as a dynamic system for quality changes in the HEIs;
- Build an organized methodology of documentation and internal communication.

**Role of IQAC coordinator**

- The following are the roles and responsibilities carried by coordinator IQAC:
- To coordinate the dissemination of information on various quality parameters of higher education
- To coordinate the documentation of the various programmes/activities leading to quality improvement
- To coordinate the quality-related activities of the institution
- To coordinate in preparation of the Annual Quality Assurance Report (AQAR) to be submitted to NAAC based on the quality parameters.
- To coordinate the timely and efficient execution of the decisions of IQAC committee.

Quality and excellence are results of team work led by the leaders like principal and coordinator of IQAC. However the leaders should work on the guidelines of IQAC with proper realization of the democratic role of IQAC and accountability of their own role. This can be brought in by making the IQAC a statutory and mandatory apex body of the institution.

## Pharmacy Profession

### My Vision of Pharmacy Profession in India

*Arunkumar B. Walikar Aast.Professor*

Pharmacists in India are over qualified and under utilized. With the availability of more than thousand drug combinations in India, it is difficult to find whether a drug is spurious, duplicate or adulterated. Hence only a pharmacist can take up the challenge of providing better healthcare.

There have been a lot of gap for development of pharmacy in India. Lack of required policies for pharmacy practice, lack of patient oriented education, no compulsory continuing education, weak enforcement of laws. No recognition of pharmacists in Government/ public/ other stakeholders, lack of public awareness about role of pharmacist. Globally, the role of the pharmacists has expanded and they are considered as healthcare professionals and serves as a link between the doctor and the patient. But Situation in India is just started changing after implementation of Doctor of Pharmacy (Pharm D) Course. Will pharmacists be recognized in the doctor driven health care system. there are many challenges for the recognition of pharmacist in health care system. We need certain changes in regulations to face many of these.

What Indian Regulatory Authorities Should Develop??

These governing bodies like PCI,AICTE and several association like IPA, IPGA, IPHA, APTI should not only talk in conference about high fi things about pharmacy but they must also think and do some ground level work and necessity issues like:

- India Should frame their own Good Pharmacy Practice Guidelines and should start implementing them very strictly
- There are several Ministries in the government of India and state governments but pharmacy is still not considered a prime issue for its proper recognition by the governments Like Ministry of health there must be a separate Ministry of Pharmacy both at central and state level under which-pharmaceutical industry, hospital and community pharmacist must come, it should not be like pres-

ent situation , Department of Pharmaceuticals under Ministry of Chemicals & Fertilizers.

- Govt of India and Concerned Regulatory authority should take necessary actions to Review the system of DRUG INSPECTORS same as how Govt of India is planning to review Road Transporter Officers (RTO's).

Pharmacy governing bodies like PCI and AICTE are now only approving more no. of college but these are not much concern about the Quality of education, Creating job opportunity for graduate pharmacist in industry and hospitals. Due to the mushrooming of the pharmacy institutions, quality pharmacy education has delayed.

Redefining The Role Of Pharmacists

#### Patient Care:

Being an integral member of the healthcare team responsible for the outcomes associated with the medication use process. Recognizing that the pharmacy staff is our most important resource. Contributing to and accepting responsibility for optimal therapeutic outcomes including promoting wellness. Improving the medication use process to enhance continuity of care. Recruiting and retaining highly qualified pharmacists.

#### Education:

Mentoring and training staff members to enhance their professional development.

Bringing Pharm D students from US to India and vice versa to stimulate exchange of ideas. Major limitation currently is - most pharmacy practice faculty in India have never practiced as a pharmacist! In the short term, we need to educate both the patient and the doctor and provide a simple well defined service whose value can be easily demonstrated. Providing health education programs to the community to prevent disease and promote public health. Ensuring high quality care through the education of students and Continues education to all the other Health care staff

#### Research:

Making sound decisions supported by evidence based medicine through research on medication use and patient safety. Developing and conducting re-

search to improve the safety and efficiency of the medication use system. Utilizing research methods to identify the most cost effective use of medications. Initiating and supporting interdisciplinary collaborative research.

#### **Ray of Hope :**

We can slowly see some positive changes in few pharmacies and can see that professional services have been initiated, including:

- Educating patients on dosage,
- Use of devices such as inhaler techniques,
- Measurement of height-weight-BMI, blood pressure, blood sugar checks.

There have been improvements in computerisation and infrastructure with growth in patient counselling areas. Patient leaflets and stickers for counselling have also been developed.

Pharmacists are starting to make themselves and their expertise visible with signs about the availability of counselling in the local language. So these new generation pharmacies and pharmacists are the ray of hope for us.

India is today one of the top emerging markets in the global pharmaceutical scene. The sector is highly knowledge based and its steady growth is positively affecting the Indian economy. The organised nature of the Indian Pharmaceutical industry is attracting several companies that are finding it viable to increase their operations in the Country.

#### **Pharma Vision 2020:**

The Pharma Vision 2020 is a charter organized by the 55th Indian pharmaceutical congress. The charter was inaugurated by Dr. A.P.J. Abdul Kalam, to attain this vision one has to improve upon the production of drugs and its import. Preventive medicine needs to be encouraged to the maximum extent possible. Fields such as compliance monitoring to standardise SOP and vaccine production have to be recognized and supplemented.

#### **Conclusion:**

With all this, 2020 is not just a vision but should be the reality. In the year 2020, pharmacist and pharmaceutical scientist working within various discipline of pharmacy will be well established and rec-

ognized as the medicine expert and will be an expert in health promotion and disease prevention.

Indian pharmacist will be actively involved in national health programmes and perform individualized therapy. Finally a pharmacist should be patient oriented rather than product-oriented, so that he can be a total healthcare provider's.

### **ANABOLIC STEROIDS**

*Shripad Potadar & R B Kotnal*

Steroids are synthetic substances similar to the male sex hormone testosterone. They do have legitimate medical uses. Sometimes doctors prescribe anabolic steroids to help people with certain kinds of anemia and men who don't produce enough testosterone on their own. Doctors also prescribe a different kind of steroid, called corticosteroids, to reduce swelling. Corticosteroids are not anabolic steroids and do not have the same harmful effects. But doctors never prescribe anabolic steroids to young, healthy people to help them build muscles. Without a prescription from a doctor, steroids are illegal. There are many different kinds of steroids. Here's a list of some of the most common anabolic steroids taken today: anadrol, oxandrin, dianabol, winstrol, deca-durabolin, and equipoise. Some steroid users pop pills. Others use hypodermic needles to inject steroids directly into muscles. When users take more and more of a drug over and over again, they are called "abusers." Abusers have been known to take doses 10 to 100 times higher than the amount prescribed for medical reasons by a doctor. Many steroid users take two or more kinds of steroids at once. Called stacking, this way of taking steroids is supposed to get users bigger faster. Some abusers pyramid their doses in 6-12-week cycles. At the beginning of the cycle, the steroid user starts with low doses and slowly increases to higher doses. In the second half of the cycle, they gradually decrease the amount of steroids. Neither of these methods have been proven to work. Most teens are smart and stay away from steroids. As part of a 2002 NIDA-funded study, teens were asked if they ever tried steroids-even once. Only 2.5% of 8th graders ever tried steroids; only 3.5% of 10th graders; and 4% of 12th graders. Steroids can make pim-

ples pop up and hair fall out. They can make guys grow breasts and girls grow beards. Steroids can cause livers to grow tumors and hearts to clog up. They can even send users on violent, angry rampages. In other words, steroids throw a body way out of whack. Steroids do make users bulk up, but the health risks are high. It's true, on steroids biceps bulge; abs ripple; and quads balloon. But that's just on the outside. Steroid users may be very pleased when they flex in the mirror, but they may create problems on the inside. These problems may hurt them the rest of their lives. As a matter of fact steroid use can shorten their lives.

**Steroids Cause Hormone Imbalances**

For teens, hormone balance is important. Hormones are involved in the development of a girl's feminine traits and a boy's masculine traits. When someone abuses steroids, gender mix-ups happen. Using steroids, guys can experience shrunken testicles and reduced sperm count. They can also end up with breasts, a condition called gynecomastia. Using steroids, girls can become more masculine. Their voices deepen. They grow excessive body hair. Their breast size decreases.

**Teens at Risk for Stunted Growth**

Teens who abuse steroids before the typical adolescent growth spurt risk staying short and never reaching their full adult height. Why? Because the body is programmed to stop growing after puberty. When hormone levels reach a certain point, the body thinks it's already gone through puberty. So, bones get the message to stop growing way too soon.

**Steroid Abuse Can Be Fatal**

When steroids get into the body, they go to different organs and muscles. Steroids affect individual cells and make them create proteins. These proteins spell trouble. The liver, for example, can grow tumors and develop cancer. Steroid abusers may also develop a rare condition called peliosis hepatitis in which blood-filled cysts crop up on the liver. Both the tumors and cysts can rupture and cause internal bleeding. Last, but not least, steroids have disfiguring effects-severe acne, greasy hair, and baldness. The bottom line is: Science proves the serious risks of steroid use.

**MED FLARE**

**PvPI Drug Safety Alerts**

The preliminary analysis of ADRs from the PvPI database reveals that the following drugs are associated with the risks as given below.

| S. no | Suspected Drug | Indication  | Adverse Reaction       |
|-------|----------------|---|------------------------|
| 1     | Levetiracetam  | For treatment of myoclonus-generalised epilepsy with photosensitivity, idiopathic epilepsy – control of generalised tonic clonic seizures, postanoxic and post-encephalitic myoclonic epilepsy; epileptic encephalopathies; severe myoclonic epilepsy, absence seizure; rolandic epilepsy     | Hypokalaemia           |
| 2     | Dapsone        | For treatment of leprosy; acne vulgaris, dermatitis, pneumocystic pneumonia   | Erythema nodosum       |
| 3     | Cefixime       | For treatment of Otitis media, respiratory tractinfections, uncomplicated UTIs, effective againstinfections caused by enterobacteriaceae, H. Influenza species  | Skin Hyperpigmentation |
| 4     | Dexamethasone  | Adjunct in the emergency treatment of anaphylaxis; short term supression of inflammation in allergic disorders; adrenocortical insufficiency, ocular inflammation, autoimmune disorders, rheumatic disorder, cerebral oedema, unresponsive shock, bacterial meningitis along with antibiotics | Peripheral Neuropathy  |

**Drug Information**

| ELTROMBOPAG OLAMINE        |  |
|----------------------------|--|
| <b>Drug Classes:</b>       | Blood Modifier Agent<br>Hematopoietic<br>Thrombopoietin Receptor Agonist   |
| <b>Route</b>               | Oral   |
| <b>Mechanism of Action</b> | Eltrombopag is a small-molecule, nonpeptide thrombopoietin (TPO)-receptor agonist which triggers the cascade that induces the proliferation and differentiation of megakaryocytes from bone marrow progenitor cells in a dose dependent manner for the treatment of chronic immune (idiopathic) thrombocytopenic purpura |

|                                |  |
|--------------------------------|--|
| <p><b>Adult Dosing</b></p>     | <p>Aplastic anemia (Severe), With insufficient response to immunosuppressive therapy<br/>Initial, 50 mg orally once daily<br/>Maintenance, adjust by increments of 50 mg orally in 2-week intervals to achieve target platelet count 50 x 10(9)/L or greater; MAX 150 mg per day; if no hematologic response after 16 weeks or if all blood counts are stable for 8 weeks plus 8 weeks at reduced dosage, discontinue therapy<br/>Hepatitis C, chronic - Thrombocytopenia<br/>Initial, 25 mg orally once daily on an empty stomach<br/>Maintenance, adjust daily dose in 25-mg increments every 2 weeks as necessary to achieve target platelet count for antiviral therapy; use lowest dose necessary to achieve and maintain platelet count; MAX: 100 mg/day<br/>Idiopathic thrombocytopenic purpura, chronic, Relapsed or refractory<br/>Initial, 50 mg orally once daily; if platelet count is less than 50 x 10(9)/L after 2 weeks, increase dose by 25 mg; MAX dose, 75 mg/day; if the platelet count fails to increase after 4 weeks at the MAX dose, discontinue use</p> |
| <p><b>Dose Adjustments</b></p> | <p>Adjust Dose based on Platelet Count.[ref Eltrombopag olamine monograph <a href="http://www.micromedexsolutions.com">http://www.micromedexsolutions.com</a>]</p>   |
| <p><b>Pharmacokinetics</b></p> | <p><b>Absorption</b><br/>Tmax, Oral: 2 to 6 hours<br/><b>Bioavailability</b>, oral: at least 52% (solution); exposure 22% higher with oral suspension compared with tablet<br/>Effect of food, high-fat/high-calcium meal: AUC decreased by 59%, Cmax decreased by 65%, and Tmax delayed by about 1 hour<br/><b>Distribution</b><br/>Protein binding: greater than 99.9%<br/>Vd: central, 8.76; peripheral, 11.3 L<br/><b>Metabolism</b><br/>Hepatic: extensive via cleavage, oxidation, and conjugation with glucuronic acid, glutathione, or cysteine<br/><b>Excretion</b><br/>Fecal: 59% changed, 20% unchanged<br/>Renal: 31% changed<br/><b>Elimination Half Life</b><br/>26 to 35 hours</p>  |

|   |   |
|---|---|
| <p><b>Adverse Effects</b></p>                         | <p><b>Common :</b><br/><b>Gastrointestinal:</b> Diarrhea (Adult 9% to 21%; pediatric, 9% ), Nausea (Chronic idiopathic thrombocytopenic purpura, 4% to 9% ; chronic hepatitis C-associated thrombocytopenia, 19% ; aplastic anemia, 33% ), Vomiting (6% )<br/><b>Hematologic:</b> Anemia (Chronic hepatitis C-associated thrombocytopenia, 40% )<br/><b>Musculoskeletal:</b> Myalgia (2% to 12% )<br/><b>Neurologic:</b> Headache (10% to 21% )<br/><b>Ophthalmic:</b> Cataract (Adults, 2% to 11%; pediatric, 1% )<br/><b>Renal:</b> Urinary tract infectious disease (5% )<br/><b>Respiratory:</b> Cough (Adult, 15% to 23%; pediatric, 9% ), Epistaxis (13% ), Pharyngitis (4% )<br/><b>Other:</b> Fatigue (Chronic hepatitis C-associated thrombocytopenia and aplastic anemia, 28% ; chronic idiopathic thrombocytopenic purpura, 4% ), Fever (Adult, 14% to 30%; pediatric, 9% )<br/><b>Serious :</b><br/><b>Hematologic:</b> Hemorrhage, Portal vein thrombosis (Chronic hepatitis C-associated thrombocytopenia, 1% ), Thrombosis (Chronic hepatitis C-associated thrombocytopenia, 3% )<br/><b>Hepatic:</b> Hepatotoxicity, Liver failure (Chronic hepatitis C-associated thrombocytopenia, 7% ), Liver function tests abnormal (11% )<br/><b>Renal:</b> Acute renal failure</p> |
| <p><b>Pregnancy and Lactation</b></p>                 | <p><b>Pregnancy Category</b><br/>• Fetal risk cannot be ruled out. (TH)<br/><b>Breast Feeding</b><br/>• Micromedex: Infant risk cannot be ruled out.</p>  |
| <p><b>Contraindications</b></p>                       | <p>Specific contraindications have not been determined</p>  |
| <p><b>Patient Education Medication Counseling</b></p> | <ul style="list-style-type: none"> <li>• Struct patient to report symptoms of hepatotoxicity</li> <li>• Tell patient to report symptoms of thrombotic or thromboembolic complications (venous and arterial)</li> <li>• Recommend female patient use effective contraception during therapy and for at least 7 days after the last dose .</li> <li>• Side effects may include pyrexia, fatigue, myalgia, asthenia, insomnia, pruritus, nausea, vomiting, diarrhea, urinary tract infection, cough, and upper respiratory infection .</li> <li>• Advise patient to take drug at least 1 hour before or 2 hours after a meal</li> <li>• Instruct patient to take drug at least 2 hours before or 4 hours after antacids, mineral supplements, or calcium-rich foods</li> </ul>   |
| <p><b>Reference</b></p>                               | <p><a href="http://www.micromedexsolutions.com">www.micromedexsolutions.com</a></p>   |



Annual day Felicitation; Dr. S.R Karajagi recipient of research grant from RGUHS Bangalore



Annual day Felicitation; Dr. S.Z Inamdar for receiving his Doctorate

## ALUMNI MEMOIR

### Pharmacist: Health Care Competitors or Collaborators!

*S Z Inamdar, Rhea G, Aleena V*

The profession of pharmacy is an integral part of the health care system worldwide. Pharmacies with well organized practice can go a long way to ensure quality healthcare for the patient. In the past, pharmacists were responsible for dispensing medications only. Slowly, the traditional role of pharmacists is expanding and now pharmacists are playing a role as a vital team member in the direct care of patients, especially the new generation pharmacists (Pharm.Ds). Pharmacists play a major role in providing healthcare services by means of community pharmacy services in rural areas where physicians are not available or where physician services are too costly for meeting the healthcare necessities. But to reach their full potential to ease the current healthcare crisis, pharmacies will have to overcome certain barriers. Some of these constraints, such as regulations limiting the level of service pharmacies can

provide, have been imposed by regulators. Others are self-imposed and are designed to accommodate physicians and health insurers.

Pharmacists are offering an increasing array of primary care services, from immunization to laboratory tests to birth control prescriptions to tobacco cessation drug therapy. Many physicians are comfortable with this arrangement, and feel glad that some patients are getting help through a different channel, allowing doctors to concentrate on more serious or chronic conditions. However, for other physicians there is some tension surrounding pharmacists expanding roles. Understanding attitudes and barriers to collaboration between community pharmacists and family physicians may further optimize delivery of primary health care services. Based on a study, pharmacists and physicians agreed that collaborative practice can result in improved health outcomes for patients; however, this was not a routine part of their practice. While most pharmacists and physicians reported collaborating in the past, more than one-third of physicians and one-quarter of pharmacists have never or rarely practiced collaboratively. In general, physicians indicated they would like to collaborate more in areas where they are already collaborating to improve adherence, facilitate insurance approvals and for patient counselling. This is in contrast to pharmacists who responded they would like to participate more in decisions regarding identification and management of drug-related problems- managing drug Interactions, providing drug information to inform decisions around patient drug therapy and assisting to modify drug therapy to resolve patient-specific problems. Although physicians indicated that receiving advice for side effect management was less important than other pharmacist function and was an area where collaboration was not occurring often, this was an area where both physicians and pharmacists indicated they would like more collaboration. Both groups agreed they would like more collaboration on optimizing medication adherence.

Many physicians find themselves in a bind when trying to see and schedule new patients; their days are filled with visits from chronic care patients, and new patients may have to wait for time in the physician's schedule. Some physicians have found that



having pharmacists more involved in follow-up for chronic care patients frees them to see more and newer patients sooner. This is probably more useful for hospital and large clinic situations, in which teams are more likely to work together to lower costs and have physicians see more patients.

Pharmacists and physicians generally agreed regarding barriers to collaborative practice- lack of compensation and the need of collaborate with multiple physicians/ pharmacists to provide care for patients were viewed as the two most significant barriers. More than 50% of pharmacists and physicians agreed that time was also a prohibitive factor. Pharmacists expressed concern over the lack of face-to-face communication with physicians and the potential for multiple care provider involvement to result in more fragmented healthcare delivery. While not overly concerned about sharing patient information from a privacy perspective, physicians did express concern regarding risk-management issues relating to shared patient responsibility that would result from collaborative practice. Pharmacists make up the third-largest category of health professionals after doctors and nurses, and receive the second-longest education, after physicians. Many states and some commercial insurers pay pharmacists to perform medication therapy management- reviewing all of a patient's prescription to find duplications and risks for adverse drug- drug interactions. Some value-oriented physician groups have seen that if pharmacists help their patients manage medications effectively, hospital readmissions can avoid

Family physicians and community pharmacists agree that collaborative practice can positively affect patient care and would like to collaborate more in future; however, they differ in the areas in which they would like more collaboration. More traditional areas of collaboration involving insurance approvals and adherence or counseling interventions may have influenced these opinions. Greater collaborative practice experience maybe needed to create appreciation and demand for more pharmacist involvement in modifying and monitoring patient drug therapy. Pharmacists and physicians agree that the greatest barriers to collaborative practice include lack of compensation, insufficient time and the need to collabo-

rate with multiple physicians/ pharmacists' changes to reimbursement models and infrastructure such as province-wide DIS and electronic health records maybe needed to realize the full benefits of collaborative practice between pharmacists and physicians to support provision of optimal patient care. Future research is warranted to gather the impact of changes to the pharmacist scope of practice on collaboration.

Ref: *Lola Butcher, Are Pharmacists Your Competitors or Your Collaborators?*  
April 11, 2018. [www.medscape.com](http://www.medscape.com)

## INSTITUTE CHRONICLE

### NAAC Peer Team Visit



Prof P.N Murthy, Prof. Pramod Yeole &  
Prof. D Chamundeeswari

The college witnessed much awaited event of NAAC Assessment and Accreditation process on 9<sup>th</sup> & 10<sup>th</sup> April 2018, the preparation and the efforts put by all staff was satisfactorily presented during Peer team visit comprised of **Prof. Pramod Yeole (chairman), Prof. D Chamundeeswari (Member Co coordinator) and Prof P.N Murthy (member)**. The institute underwent an extensive evaluation by NAAC Peer team for the defined seven criterions of NAAC. The team visited individual departments and assessed teaching learning and research approaches, observed infrastructure and the facilities provided, interacted with all the stakeholders viz students, parents, Alumni's and witnessed the cultural programme organised by the students. The two day assessment process was concluded with NAAC peer team exit meeting, the Peer team chairman, addressed and presented his concluding remarks followed by handing of the NAAC peer team assessment report to the Institute's IQAC & NAAC steering committee coordinator at the end.

**Education summit 2018**



**Felicitation@ Education Summit 2018**

The Education summit 2018 was organized by TV-9 and News 9, at Palace ground, Bangalore on 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> May-2018. The BLDE University was actively participated in the summit. The SSM College of Pharmacy and Research Centre with other institutions of the University were enthusiastically participated, headed by Dr. S M. Biradar, the response was very good and there were many enquiries (more than 200) for medical, pharmacy, nursing, ayurvedic and MBA courses. The summit was well organized and parents and students were actively participated to get the information of different courses and counseling pattern of NEET examination. The specialty of the summit was, there were different counseling sessions for different courses such as, medical, engineering, pharmacy and nursing were parents and students were informed for scope of courses and selection criteria. The active participation of BLDE University in Education summit 2018, may be helpful for the BLDE University for national and international recognition.

**Eduverse Bengaluru 26-27 May2018**

**Eduverse Hubballi**



**Shri.Shridharkumar S. Biradar @ Eduverse Hubballi 02-03 June 2018**

Shri. Shridharkumar S. Biradar Assistant Professor and Placement Officer represented our College in Eduverse2018 in Bengalure and Hubballi. He briefed the students and parents about different courses in Pharmacy their scope and guided for admission procedure.

**Signing of Industry-Institute Memorandum of Understanding**



**Shri. Shridharkumar S. Biradar signing an MoU with Shri Bhavani Pharmaceuticals Dharwad.**

Shri.Shridharkumar S.Biradar Placement Officer visited various industries in Dharwad and Belagavi from 26-07-2018 to 28 -07-2018 to promote Institute - Industry academic project ventures and was successful in signing MoU with the following industries;

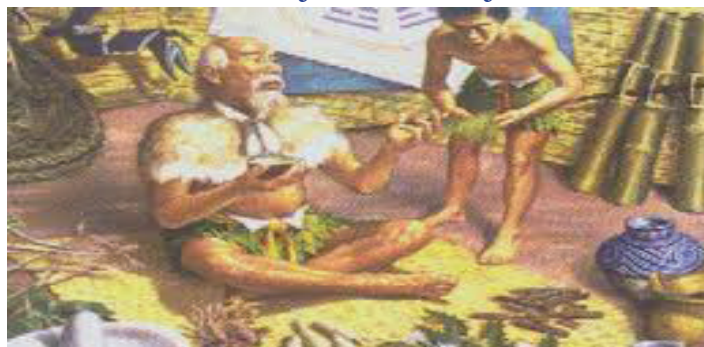
- Shri. Bhavani Pharmaceuticals Dharwad signed an MOU with our Institution on 26-07-2018.
- Omkrown Pharmachem pvt.ltd Belagavi has agreed to give projects to both UG and PG students officially with certification.
- Shri AnandLifesciences Ltd Belagavi has agreed to allow our students for training and they have agreed to extend cooperation for placement of our students in coming academic years.
- Emfree medicaments Belagavi has agreed to allow 5 students at a time for industrial training but with prior permission.

EVENTS FORECAST

| S.No | Event   | Date  | Venue  |
|------|---|---|--|
| 1    | Pharmacy Council Of India New Delhi Sponsored Continuing Education Programme on Teaching And Learning Methodologies | 26 <sup>th</sup> - 28 <sup>th</sup> July 2018 | KLE College Of Pharmacy, Belagavi                        |
| 2    | National Seminar On "Health Information Resources And Searching Techniques"   | 27 <sup>th</sup> July, 2018                   | Indian Pharmacopoeia Commission, Ghaziabad               |
| 3    | APTI sponser national workshop on Sress Free heakth care professional: A self care and wellness workshop            | 18 <sup>th</sup> Aug 2018                     | Geetanjali University, Udaipur, Rajasthan                |
| 4    | National Seminar On Pharmacy & Healthcare: Traditional Knowledge To Modern Techniques.                              | 14 <sup>th</sup> Sep 2018                     | Dr. Triguna Sen Auditorium, Jadavpur University, Kolkata |

ARCHIVES VAULT

History of Pharmacy



Pharmacy in Ancient China

Chinese Pharmacy, according to legend, stems from Shen Nung (about 2000 B.C.), emperor who sought out and investigated the medicinal value of several hundred herbs. He reputed to have tested many of them on himself, and to have written the first Pen T-Sao, or native herbal, recording 365 drugs. Still worshiped by native Chinese drug guilds as their patron god, Shen Nung conceivably examined many herbs, barks, and roots brought in from the fields, swamps, and woods that are still recognized in Pharmacy today. In the background is the "Pa Kua," a mathematical design symbolizing creation and life. Medicinal plants include podophyllum, rhubarb, ginseng, stramonium, cinnamon bark, and, in the boy's hand, ma huang, or Ephedra.

[Ref: "Great Moments in Pharmacy" by George A Bender Paintings By Robert A. Thom. Copyright ©Parke, Davis & Company 1965, Library of Congress Catalog Number: 65-26825]

STUDENT DIARY

PHARMACOVIGILANCE

[Excerpt from PvPI FAQ]

Afra M

- Q1. What is Pharmacovigilance?  
Pharmacovigilance, as defined by the World Health Organization, is the science and activities relating to the detection, assessment, understanding and prevention of adverse events or any other possible drug-related problems. Recent inclusions to this definition are: herbals, traditional and complementary medicines, blood products, biologicals, medical devices and vaccines.
- Q2. What is an Adverse Event (AE)?  
An adverse event is any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does necessarily have to have a causal relationship with this treatment.
- Q3. What is an Adverse Drug Reaction (ADR)?  
It is a noxious response to a drug which is unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for modification of physiological function.
- Q4. How does AE differ from an ADR?  
An AR is characterized by the fact that a causal relationship between the drug and the event is suspected. This implies that there is a suspected relatedness to the administered drug.
- Q5. What is a serious ADR or a Serious Adverse Event (SAE)?  
A serious adverse event or adverse reaction is any untoward medical occurrence that at any dose:
- Results in death
  - Is life-threatening
  - Requires in patient hospitalization or prolongation of existing hospitalization
  - Results in persistent or significant disability/incapacity or
  - Is a congenital anomaly or birth defect
- Q6. What is the difference between side effect and AE?  
A side effect is any unintended effect of a pharmaceutical product occurring at doses

normally used by a patient which is related to the pharmacological properties of the drug. An adverse event or experience is defined as any untoward medical occurrence that may present during treatment with a medicine but which does not necessarily have a causal relationship with this treatment.

- Q.7 Who can report Adverse Drug Reaction?  
All healthcare professionals including Clinicians, Dentists, Pharmacists, Nurses and Non-healthcare professionals (patients, consumers) can report ADRs.
- Q.8 Why to report ADR?  
As a healthcare professional and citizen of India its moral responsibility to report adverse reaction associated with pharmaceutical products to safeguard public health and help in improving patient safety.
- Q.9. What type of Adverse Drug Reaction should be reported?  
PvPI encourages reporting of all types of suspected adverse reactions with all pharmaceutical products irrespective of whether they are known or unknown, serious or non-serious and frequent or rare.
- Q.10. What is Pharmacovigilance Programme of India (PvPI)?  
The Central Drugs Standard Control Organisation (CDSCO), New Delhi has initiated a nation-wide pharmacovigilance programme under the aegis of Ministry of Health & Family Welfare, Government of India. The programme is coordinated by The Indian Pharmacopoeia Commission (IPC) located at Ghaziabad. The National Coordinating Centre (NCC) is operating under the supervision of Steering Committee to recommend procedures and guidelines for regulatory interventions in India.
- Q.11. What is the scope of PvPI?  
In order to gain a comprehensive safety profile of medicine, a continuous post-marketing monitoring system i.e. Pharmacovigilance is essential. In order to monitor the safety of medicine information from many sources are used for pharmacovigilance. These include spontaneous Adverse Drug Reaction (ADR) reporting mechanism; medical literature published worldwide, action taken by regulatory

authorities in other countries, etc.

- Q.12. Is there a prescribed form to be used in making reports?  
There is a prescribed form that can be used in making reports to AMCs which can be downloaded from the websites of IPC ([www.ipc.gov.in](http://www.ipc.gov.in)) or CDSCO ([www.cdsc.nic.in](http://www.cdsc.nic.in))
- Q.13. What are the minimum criteria for a valid ADR report?  
The following minimum criteria must be met to make an ADR report valid:  
Patient identifier e.g., initials, or age or date of birth or sex  
Name of suspected medicinal product (s)  
Details of the suspected reaction  
Reporter details (name, profession, institution, contact details)
- Q.14. What will happen after submitting the ADR?  
The ADRs will be sent to WHO-Uppsala Monitoring Centre (UMC) for analysis and signal detection. Simultaneously ADRs are evaluated at NCC and the inferences are used to recommend regulatory body i.e. CDSCO to take necessary regulatory interventions, besides communicating risks to healthcare professionals and the public
- Q.17. Will there be any legal issue if I report ADRs?  
No, there will not be any legal issues as the information will be used for drug safety.
- Q.15. Can we report Vaccine related reports also?  
Yes, vaccine related reports can also be reported in the same Suspected ADR form.
- Q.16. Adverse Events due to medical devices can also be reported?  
All the adverse events related to medical devices should be reported through Medical Device Monitoring Centres (MDMCs) under Materiovigilance Program of India (MvPI) .
- Q.17. Haemovigilance related ADR can also be reported here?  
ADRs related to haemovigilance should be reported at Officer In-charge- HvPI .
- Q.18. Where can I get information on Regulatory related issues?  
You can visit National Regulatory Agency (NRA) website [www.cdsc.nic.in](http://www.cdsc.nic.in) i.e. Drugs Controller General of India, Central Drugs Standard Control Organization (CDSCO).

WISDOM PEARLS

A man is but the product of his thoughts what he thinks, he becomes.

Mahatma Gandhi

The reward of suffering is experience.

Harry S Truman

PHOTO FEATURES



NAAC Peer Team Arrival and Welcome



NAAC Peer Team interaction with Dr R.V Kulkarni, Administrative officer, BLDE Association



NAAC Peer Team interaction with Institute's Department Heads



NAAC Peer team Visit @ Pharmacy Practice Department



NAAC Peer team visit @ Pharmaceutical Technology Lab



NAAC Peer team visit @ Pharmacology Lab



NAAC Peer team visit @ College Library





NAAC Peer team visit @ Hostel



NAAC Peer team interaction with stakeholders (Parents)



NAAC Peer team visit @ Digital Library



NAAC Peer team interaction with stakeholders (Alumni's)



NAAC Peer team visit @ College Chemical Store



NAAC Peer team interaction with stakeholders (Students)



Alumni's @ Alumni Office gracing NAAC Assessment process





NSS co coordinator, Alumni Association President & Secretary @ NAAC Peer team Interaction



Handing of NAAC Assessment Report to IQAC & NAAC Co coordinator @ Exit Meeting



NAAC Peer Team



Vote of Thanks proposed by Institute's NAAC steering committee Co coordinator @ Exit Meeting



NAAC Peer Team Exit Meeting



Cultural Programme organised by students for the visiting NAAC Peer Team



Address by NAAC Peer Team Chairman @ Exit Meeting



NAAC Peer Team along with dignitaries @ Cultural programme





College Students from the North East presenting skit



Pharm D Students performing cultural programme



Dr B.G Nagavi presenting views to the faculties on the professional challenge and opportunities



Shri D.S Goudodgi, Chairman Governing council @ Annual Day



Dr S.M Biradar @ Education Summit 2018



Shri. Shridharkumar S. Biradar @ Eduverse Bangalore



BLDEA Association's Shri Sanganabasava Mahaswamiji  
COLLEGE OF PHARMACY & RESEARCH CENTRE



**Build a lucrative career in the fast growing PHARMA industry**

## The Bijapur Liberal District Education Association

The Bijapur Liberal District Education Association (BLDEA) was founded in the year 1910 with the objective of imparting quality education. BLDEA currently runs 75 educational institutions and is thereby making a significant contribution to India's development. Since inception, the association has been working with a deep sense of commitment to bring about multi-lateral development in a wider section of population through an extensive network of educational institutions. BLDEA's College of Pharmacy, established in the year 1982 to cater to the needs of pharmacy education, is known for quality education.

BLDEA's SSM College of Pharmacy College and Research Center

### Vision

To provide quality Pharmaceutical Education, Practice & Research with global standards and to meet health care needs of backward region of North Karnataka.

### Mission

To empower graduates in application based knowledge with high degree of professional integrity and ethics.

### Courses offered

#### I. Diploma in Pharmacy (D. Pharm)

Course duration: 2 years

Eligibility: Pass in 10+2 or any equivalent examination of any other approved Board, with Science as major subjects (PCM or PCB).

#### II. Bachelor of Pharmacy (B. Pharm)

a) Admission to 1st year B. Pharm

Course duration: 4 years

Eligibility: Pass in PUC in Karnataka or any equivalent examination of any other approved Board, with minimum 40% marks in any combination PCM/PCB/PCMB.

(In case of SC/ST & Group-A the minimum requirement is 35%).

#### b) Admission to direct 1st year B. Pharm

Pass in D. Pharm examination conducted by BEA Bangalore, or any authority approved by the Pharmacy Council of India.

#### III. Doctor of Pharmacy (Pharm. D.)

a) Admission to Doctor of Pharmacy (Pharm. D.)

Course duration: 6 years

Eligibility: Pass in 10+2 or D. Pharm Examination.

b) Post Baccalaureate (Pharm. D.)

Course duration: 3 years

Eligibility: Pass in B. Pharm Examination.

#### Scope for Pharm .D

A candidate who completes Pharm D...

- Can find a job in the clinical sector
- Can play an active role in heading a hospital's pharmacy set-up
- Gets job opportunities in industries that deal with clinical trials
- Can register as a pharmacist all over the world
- Can find placement in Pharmaco Vigilance Sector and
- Is eligible to appear for NAPLEX in US and can become a registered pharmacist even in other countries.



Admissions Open



#### IV. Master of Pharmacy (M. Pharm)

Course duration: 2 years

Eligibility: Pass in B. Pharm with 55% marks.

- Pharmaceutics
- Pharmaceutical Chemistry
- Pharmacology
- Pharmacognosy
- Pharmacy Practice
- Pharmaceutical Technology
- Quality Assurance

#### V. Ph.D Programme

- Pharmaceutics
- Pharmaceutical Chemistry
- Pharmacognosy

#### Features

- Highly qualified and experienced teaching staff
- Well-ventilated classrooms with modern audio-visual teaching aid
- Sophisticated laboratories with modern instruments/equipment
- Museum exhibiting past and present developments in pharmacy
- Dhanvantri garden with about 100 medicinal herbs/shrubs
- Scientific society, a forum for regular interaction with eminent personalities to discuss current trends in Pharmacy
- Well furnished hostels for boys & girls
- Library & e-library, Recreation center
- Bank Loans
- State-level Ranks- 4
- Research Grants - 1.32 Crore
- Wi-Fi Campus
- Attached Hospital within campus
- Concession in fees for meritorious students of Vijayapur Dist.
- Swimming track within campus
- Fee waiver for students of Vijayapur District who secure CET ranking below 2500 conducted by KEA, 10% of total seats will be reserved for all courses of Pharmacy in this category
- Pharm. D Interns will be paid stipend of Rs. 8000 per month
- Academic Excellence Award will be conferred for class toppers



### Library

Library has a huge collection of books, journals and CDs. The cyber center, which is also a part of the college, helps students to familiarize with internet & HELINET usage.

### Placement Cell

All efforts are made to place our students in reputed companies, thus assuring them a secured and bright future. Over the last 5 years, our students have been placed in several reputed multi-national and Indian companies such as Ranbaxy, Astra, Pfizer, Torrent, FDC, Cipla, Himalaya, etc. Several of our students are employed in corporate hospitals too.

### Prospects

The pharmaceutical industry in India is growing at a rapid pace, as a result of spurt in the number of hospitals, nursing homes and pharmaceutical companies. It indicates the increasing scope in this sector. A course in Pharmacy definitely offers reasonably good career opportunities by way of job opportunities in the job market and scope for self employment. The job opportunities for pharmacy graduates in India and in International level are as follows:

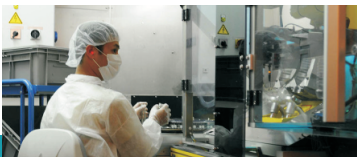
1. Pharmaceutical Industry: R&D, F&D, production, quality control, quality assurance or marketing of new drugs for clinical use (medical representatives).
2. Basis for Higher Education: M. Pharm or Ph.D holders can engage in research work like developing new drug molecules in pharmaceutical industry and analyzing them for application.
3. Government Departments: Drug control administration as a Drug Inspector or Government Analyst and Hospital Pharmacist in Armed Forces, Railways and Primary Health Care Centers. Pharmacists also have job opportunities in the Department of Health and Family Welfare, Pest Control Division of Agriculture, Department of National Defence, Provincial Research Councils and the Provincial Departments of Agriculture or Environment
4. University: Teaching and Research.
5. A career abroad: Hospital and clinical pharmacist, QA & QC scientist, regulatory expert, academics, production officer, etc.
6. Consulting Services: Pharmacy graduates can work as consultants for industry and academic centers.
7. Self employment: A diploma or degree holder in Pharmacy, after registering with the State Pharmacy Council, can set-up and run a pharmacy or chemists & druggists shop (retail as well as wholesale).
8. Clinical Research: Worldwide opportunity in contract research organisations.



### Salary Potential

Approximate earnings per month of the newly employed Pharmacy graduates.

- Along with contributory provident fund, D.A., insurance, medical reimbursement, and other allowances and benefits as per government rules, average salary of a Pharmacist is around Rs 20,000.
- Research scientists: Rs. 50,000 - 60,000
- Medical representatives: Rs. 20,000 - 25,000 + incentives
- Manufacturing Pharmacists: Rs. 20,000 +
- Hospital Pharmacists: Rs. 20,000 - 25,000
- Government jobs: Rs. 20,000 onwards
- Academicians: Rs. 40,000 onwards



BLDEA Association's Shri Sanganabasava Mahaswamiji  
COLLEGE OF PHARMACY & RESEARCH CENTRE

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bldeacop@yahoo.com | www.bldeapharmacy.ac.in  
For Admissions call Principal @ 09448947496/Vice-Principal 9845619296

## Vision

To Provide Quality Pharmaceutical Education, Practice and Research with Global Standards and to meet health care needs of Backward Region of North Karnataka

## Mission

Empowering Graduates in application based Knowledge with high degree of Professional Integrity and Ethics

## PHARMA COMMUNIQUÉ

Printed & Published by

Principal,

BLDEAs SSM College of Pharmacy and Research Centre,  
Vijayapur-586103

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Printed@ : BLDEA's OFFSET PRINTERS, VIJAYAPUR