PHARMA COMMUNIQUÉ

(An internal circulation of news, knowledge and professional updates)
of
BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

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Patron Message

The ever changing global scenario for the higher educational institutions has bought lot of competitive dynamism and has explored grey areas for defining quality and outcome excellence, the system of Indian higher education is no exception to this. The opportunities and challenges demands improvement and advancement through innovation to spur the quality of education to comply for global standards, It's been pleasure to know that the institute of pharmacy is putting up an enormous effort and gearing up for NAAC assessment and accreditation process. I hope the process will indeed pay way for further improvisation in the delivery of quality education at the institute level, and ensures built up of excellent teaching-learning ecosystem in producing skilled human resources pool for pharmaceutical care sector. The quality improvement process will enhance greater employability of our graduates. I extend my best wishes to the institute of pharmacy for the NAAC assessment process.

Dr. R.V. Kulkarni,
Administrative Officer, BLDE Association

From Editor's Desk

BLDE Association implemented Standard Operating Procedure in its Institutions to aid effective functioning and monitor the quality of instruction and functioning of colleges. While keeping in mind, the best and holistic interest of students, the college and the regulatory requirements set by the concerned government authorities; the Management constituted a Standard Operating Procedures Cell and monitors keenly its functioning. Standard Operating Procedures (SOPs) are succinct formal documents designed to achieve consistency in specified functions by specifying standard practice in performing those functions.

The purpose of SOP is to describe the disciplined approach for ensuring that the research, products and services supplied are fully aligned with the quality and compliance standards expected by the funding body, Sponsors and other regulatory bodies. Many organizations rely on standard operating procedures to help, ensure consistency and quality in their products. Standard operating procedures are also useful tools to communicate important governing policies, government regulations, and best practices. Accordingly, the version of SOP has been prepared to describe, monitor and evaluate the employees work, target, performance, thereby the overall activities of the institutional performance.

In the past one year, the SOPs implemented successfully and a visible change has been observed in all institutions under SOP. It is opined that, SOPs are integrating all institution's activities because all are working for one goal that is quality. I am sure the SOPs will bring enthusiasm and creativity in work place to achieve more and more heights in academia and research.

Dr. R.B Kotnal,
SOP, Co-ordinator BLDE Association

INSTITUTE CREDENTIALS

Journal Publications

1. Patil VP, Nanjappaiah HM, Chandrashekhar VM, Mucchandi IS, Hugar SK, Kalyane NV. Evaluation of anti-anxiety activity of anacyclus pyrethrum. International Research Journal Of Pharmacy. 2017, 8 (12).
2. Channamma M1, Basawaraj R, Kalyane N V. Evaluation of anti-inflammatory activity of some novel benzofuropyrimidine derivatives. Journal Of Chemical And Pharmaceutical Sciences. 2018 Spl Issue 1.
3. Biradar S. M., Bharathi M. Mounika M. V. Meghana P. Pournamy, Patil1 VP, Naikwadi A , Warad VK, Kalyane NV. Clinical findings and pharmacotherapy management of a necrotizing fasciitis for improvement of patient's quality of life and financial status. European journal of biomedical and pharmaceutical sciences., 2018; 5 (1):476-482.
4. Somashekhar M, Kotnal R B. In-Vivo Analgesic Activity Of Novel Derivatives Of 2, 5 Disubstituted 1,3,4-Oxadiazole Derivatives. Indian Journal Of Applied Research.2018;8(2).
5. HunasagI BS, Somashekhar M, Kalyane NV, Gaviraj EN. Phyto Chemical Investigation & Wound Healing Activity Of Jasminum Grandiflorum. Journal Of Pharmacognosy And Phytochemistry 2018; 7(2): 31-34 E-Issn: 2278-4136 P-Issn: 2349-8234.

Conference Presentation

1. Shri.Shridharkumar S. Biradar presented Paper [Oral] titled "Protective effect of extracts of Ananas comosus on Triton induced Hyperlipidemia in rats" in 53rd Annual International Conference Of Indian Hospital Pharmacists Association (IHPA), organized by Jointly with Pharmacovigilance Division, Indian Pharmacopoeia Commission (WHO Collaborative Centre for Pharmacovigilance in public health care program and regulatory services) in association with PES R&TB College of Pharmacy, Ponda, Goa, held on February 17th &18th 2018. [Received Best Oral Presentation Award]
2. Dr. SZ Inamdar Afrah M, Akhila M, Ashhar HS presented paper titled "Prevalence and Pattern of Self- Medication Practice in the Community Dwellers" in the 53rd Annual International Conference Of Indian Hospital Pharmacists Association (IHPA), organized by Jointly with Pharmacovigilance Division, Indian Pharmacopoeia Commission (WHO Collaborative Centre for Pharmacovigilance in public health care program and regulatory services) in association with PES R&TB College of Pharmacy, Ponda, Goa, held on February 17th &18th 2018.
3. Dr. SZ Inamdar, Pradeep R Akhila A presented Poster titled " Proportion and Types of Anemia Among Patients Admitted to Tertiary Care Hospital" in the 53rd Annual International Conference Of Indian Hospital Pharmacists Association (IHPA), organized by Jointly with Pharmacovigilance Division, Indian Pharmacopoeia Commission (WHO Collaborative Centre for Pharmacovigilance in public health care program and regulatory services) in association with PES R&TB College of Pharmacy, Ponda, Goa, held on February 17th &18th 2018.

VIEWPOINT

Tuberculosis in India

Shripad S Potadar & Ramling B Kotnal

Tuberculosis kills nearly 500,000 people in India each year. Until recently, less than half of patients with tuberculosis received an accurate diagnosis, and less than half of those received effective treatment. We analyzed the effects of new policies introduced in 1993 that have resulted in increased resources, improved laboratory-based diagnosis, direct observation of treatment, and the use of standardized antituberculosis regimens and reporting methods.

India is in a unique position with respect to the global tuberculosis epidemic. Pioneering studies in India demonstrated the effectiveness of ambulatory treatment of tuberculosis,1 the necessity and feasibility of direct observation of treatment,2 the efficacy of intermittent treatment with anti-tuberculosis drugs,3 and the feasibility of case detection by sputum-smear microscopy in primary health care institutions.4Howev-

er, tuberculosis remains the leading infectious cause of death in India, killing close to 500,000 people a year. India has far more cases of tuberculosis than any other country in the world — about 2 million new cases each year5 — and accounts for nearly one third of prevalent cases globally. A director-general of the World Health Organization once remarked, "The whole world benefits from the fruits of Indian [tuberculosis] research — the whole world, except India."

In the past few years, there has been remarkable progress in diagnosing and treating tuberculosis in India. This public health success story has important implications for tuberculosis control and potentially for other diseases, such as the acquired immunodeficiency syndrome. We describe the first eight years of program implementation, including the past three years, during which the program has been implemented on a large scale.

The Revised National Tuberculosis Control Program

A comprehensive review of the tuberculosis program in India in 1992 found that less than half of patients with tuberculosis received an accurate diagnosis and that less than half of those were effectively treated. Laboratory services were underutilized, treatment regimens were unnecessarily complicated, drug shortages were common, and completion of treatment was not systematically assessed.

In response, a pilot project using the World Health Organization (WHO)–recommended strategy of directly observed treatment, short-course (DOTS),7 the Revised National Tuberculosis Control Program, was begun in 1993. Diagnosis is primarily by sputum microscopy, treatment is directly observed, and standardized regimens and methods of recording and reporting are used. For diagnosis, physicians are trained to ask all patients attending health care facilities if they have had a cough for three weeks or more. Those with a cough undergo three sputum-smear examinations over a two-day period. If two or three of the smears are positive for acid-fast bacilli, anti-tuberculosis treatment is initiated. If all three smears are negative, one to two weeks of broad-spectrum antibiotics (e.g., trimethoprim–sulfamethoxazole) are prescribed. If only one of the three smears is positive or if symptoms persist after the administration of broad-spectrum antibiotics, a chest radiograph is obtained, usually at a larger health center, and the patient is evaluated.

The Indian tuberculosis-control program is now one-of the largest public health programs in the world. The program has been remarkably successful, although it still faces many challenges. Direct health benefits to date include the treatment of 1.4 million patients with tuberculosis, prevention of more than 200,000 deaths,11 with reduction in the prevalence of tuberculosis in some areas, and prevention of the spread of tuberculosis. On the assumption that half of the cured patients would not have been cured by the previous program and that half of these were infectious for an average of one year, during which time each of them would have infected an average of one other person per month, the program has prevented more than 2 million tuberculosis infections and therefore more than 200,000 secondary cases. The indirect benefits depend on the economic effect of deaths, which account for about 90 percent of the indirect costs. More than 200,000 deaths have been averted. Even with the conservative estimates that only 25 percent of those who died would have been employed and that they would have worked for an average of 20 years, earning 24000 rupees per year, the reduction in deaths had indirect economic benefits of more than 2592 Crore, more than eight times the incremental costs.

Simple Lifestyle Modification Can Maintain Normal Lipid Value

Shridharkumar S. Biradar

Lipid metabolism normally maintains balance between lipid synthesis and its degradation and when it is upset it leads to hyperlipidemia, such as hypertriglyceridemia and hypercholesterolemia. Hyperlipidemia progresses to bring changes mainly in the vascular tissue leading to atherosclerosis which in turn can cause hypertension and there by other organ diseases like myocardial infarction, stroke etc.

Dyslipidemia or hypercholesterolemia is a well-known risk factor for coronary artery, cerebrovas-

cular and peripheral vascular diseases. Moreover, reducing plasma cholesterol level coincides with a reduced incidence of cardiovascular complications such as myocardial infarction, stroke and peripheral vascular disease.

In hypercholesterolemia, the cholesterol content of erythrocytes, platelets, polymorphonuclear leucocytes as well as endothelial cells increases leading to the activation of these cells and enhanced production of oxygen free radicals. The endothelial function is reduced either by decreasing the synthesis or by release of endothelium derived relaxing factors.

All these are true with sedentary lifestyle. Now the question rises that how it should be treated? Is it to be treated? If you ask well known physicians their answer is no need of treatment. The reason is simple that eating and not working merely does not cause all these lipid complications. The reason behind these is unhealthy format of eating and activities. Not the food but junk food (white bread, pizzas burgers) and non-fibrous food (Maida, Cheese) cause these complications. Not the oil basically but Palm oil causes these. As palm oil contains highest saturated fatty acids which is mainly used in all outside food products.

So can we overcome all these complications?

Yes off course with simple healthy lifestyle.

Diet: Don't restrict diet redesign it. Eat more but less fat. Have more protein (dal and cereals) fibre (salads and sprouts) Say no to outside food.

No to sugar: No to only sucrose but not to all natural sweets like Fruits (like dates) sucrose at the most three spoons a day.

Oil: No palm oil, use olive oil and kardi oil. Eat fried items not junk foods occasionally.

Exercise: No need to go to gym for work out, simply don't use your vehicle for one day in a week or once in daily activities if you are more active on vehicle. This wont affect your time table as well as keeps you healthy. Clean your vehicle and home on your own to keep yourself healthy.

Additional hypolipidemic: No need of medicines unless prescribed. Eat citrus fruits or fruit and vegetable juices but with no added sugar.

So take home message: Don't overeat nonfibrous, work little don't dump junk foods to your stomach.

"Over eating does not cause Cholesterol problem whereas unhealthy eating and sedentary lifestyle causes these problems"

So with normal eating and working format you can easily keep cholesterol problems away from you.

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 tract-infections, uncomplicated UTIs, effective againstinfections caused by enterobacteriaceae, H. Influenza species	Skin Hyperpigmentation

Drug Information

SAFINAMIDE	
Drug Classes:	Antiparkinsonian, Central Nervous System Agent
Route	**Oral** Give at the same time each day, with or without meals . Avoid consumption of foods high in tyramine.
Mechanism of Action	Safinamide decreases dopamine catabolism via inhibition of type-B MAO which increases dopamine levels in the brain and subsequently increases dopaminergic activity [1].
Adult Dosing	**General Dosage Information** Discontinuation: Reduce dosage from 100 mg daily to 50 mg daily for 1 week before discontinuing [1]. **Parkinson's disease; Adjunct** 50 mg orally once daily at the same time each day; after 2 weeks, may increase to 100 mg daily based on clinical need and tolerability [1]
Dose Adjustments	Hepatic impairment, moderate (Child-Pugh score 7 to 9): MAX, 50 mg/day [1] Hepatic impairment, severe (Child-Pugh score 10 to 15): Contraindicated for use [1]
Pharmacokinetics	Absorption • Tmax, oral: 2 to 3 hours [1] • Bioavailability, oral: 95% [1] Distribution • Protein binding: 88% to 89% [1] • Vd: 165 L [1] Metabolism • Liver: Primary site [1] Excretion • Renal excretion: 76% changed; 5% unchanged [1] • Total body clearance: 4.6 L/hr [1] Elimination Half Life • 20 to 26 hours [1]
Adverse Effects	**Common** • Gastrointestinal: Nausea (3% to 6%) • Neurologic: Dyskinesia (17% to 21%), Insomnia (1% to 4% • Other: Falls (4% to 6%) **Serious** • Cardiovascular: Hypertension (5% to 7%) • Psychiatric: Hallucinations, Impulse control disorder • Other: Serotonin syndrome
Pregnancy and Lactation	Pregnancy Category • C[2] (FDA) Breast Feeding • Micromedex: Infant risk cannot be ruled out.
Contraindications	• Concomitant use with drugs in MAOI class or drugs that are potent inhibitors of monoamine oxidase, including linezolid; increased risk of elevated blood pressure, including hypertensive crisis [1] • Concomitant use of opioids (eg, meperidine and its derivatives, methadone, propoxyphene, or tramadol), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, tetracyclic antidepressants, triazolopyridine antidepressants, cyclobenzaprine, methylphenidate and its derivatives, amphetamine and its derivatives, or St John's wort; increased risk of life-threatening serotonin syndrome [1] • Concomitant use of dextromethorphan; increased risk of psychosis or abnormal behavior [1]
Patient Education Medication Counseling	• Advise patient to report excessive daytime sleepiness, episodes of falling asleep during activities requiring full attention, or problems with impulse control and compulsive behaviors (eg, gambling, sexual activity, spending urges) [1]. • Side effects may include insomnia, dyskinesia, somnolence, dizziness, headache, anxiety, orthostatic hypotension, nausea, and falls [1]. • Instruct patient to avoid foods high in tyramine (eg, aged, fermented, cured, smoked, and pickled foods) [1].
Reference	www.micromedexsolutions.com

KUDOS

Shri Vijay Alange, Research Scholar in the department of Pharmaceutical Technology has been awarded with Doctorate of Philosophy by RGUHS, Bangalore for his research work titled "Development and Evaluation of pH-Responsive Multiparticulate Drug Delivery System for Colorectal Cancer" under the esteemed guidance of Dr R.V Kulkarni Prof and HoD of Pharmaceutical Technology BLDEA's SSM College of Pharmacy and Research Centre, Vijaypur.

Shri Nanjappaih H.M, Asst Prof.. Department of Pharmacology, has been awarded with Doctorate of Philosophy by RGUHS, Bengaluru, for his research work on "Evaluation of Adaptogenic & Anxiolytic activities of piper longum & Dioscorea bulbifera" carried under the guidance of Dr H Shivkumar, Prof and HoD of Pharmacology, BLDEA's SSM College of Pharmacy and Research Centre, Vijaypur.

Shri.Shridharkumar S. Biradar received Best Oral Presentation Award at 53rd Annual International Conference Of Indian Hospital Pharmacists Association (IHPA), February 17th &18th 2018,Ponda,-Goa.

Dr Santosh Karajgi, Associate Professor, Department of Quality Assurance has received a research Grants of Rs 1.25 Lakhs from RGUHS Bangalore for his project titled "Hydrotropic Solubilization and Quantitative Determination of Selected Drugs in Pharmaceutical Formulations"

Dr.R.B Kotnal has been appointed as Co-ordinator for Standard Operating Procedure [SOP] initiative of BLDE Association Vijayapura.

Seema Jakanur and Shraddha Desai, B Pharm Final Year secured 3rd prize for their model poster presentation at One-day science fest programme on Radiation Science, held on February 8th 2018".

ALUMNI MEMOIR

Mr. Arun B Walikar
Asst. Prof. Department Of Pharmaceutics,
BLDEAs SSM Cop &RC, Vijaypur

Specializations at graduation level in pharmacy; agenda for a better future

Proposing the idea of introducing specializations at graduation level in pharmacy. Like the other technology courses like B.E/B. Tech, we should also have a provision for specialization from graduation level in all the conventional branches of pharmacy. It is time to think of for a person holding a B. Pharm [pharmaceutics] or B. Pharm [pharmacology] degree.

What does it provide?

- Professional excellence and expertise.
- It upgrades the status of the profession in the country.
- Opportunity for students to choose their subject of interest.
- Rational and logical way of career development.
- Focused and job oriented approach towards education.

How to implement this?

Proposal for a new curriculum is not at all an easy task. Introducing specializations does not mean devoid the student from pursuing the basic knowledge a pharmacist should have. The first 2 years of graduation should focus on providing all the basic education needed for a pharmacist as per the norms of educational regulations of Pharmacy council of India. The final 2 years should be based on the subject of specialization and its practical applicability. Every 5 years updating of the curriculum should be made a rule in the country. There should also be some provisions for choosing the subject of interest after the 1st 2 yrs at graduation level. This also makes the education at post-graduation level more research oriented and gives the student chances to think for super specializations simultaneously. In this way education our students will have deeper knowledge in the concerned subject and it nourishes the professionalism within them.

INSTITUTE CHRONICLE

HEALTH CAMP

Prenatal and antenatal health care camp Siddapur village on 2nd Jan 2018.

Guest Lecture

Dr.Satish Patil, Delivering Guest Lecture on "Impact of Life style on Health "

Guest lecture was organised by Department of Pharmaceutics. Dr.Satish Patil, highlighted the importance of life style managament and its impact on health The lecture was received with admiration by the staff & students and oriented them with better life style

choices.

Dr.B.M.Bannur Delivering Guest Lecture on "Body Donation"

The Dept. Pharmacology, BLDEA's SSM College of Pharmacy and Research Centre, Vijayapur organized a guest lecture on "Body Donation and Its Importance" on 14th march 2018 at Seminar hall. The guest lecture was delivered by Dr. B M Bannur, Prof and Head, Dept. of Anatomy, Shri B M Patil Medical College, Hospital and Research Centre, Vijaypur. All the staff and students attended the lecture, The Programme was coordinated by Dr. Shivakumar Hugar, Prof and Head, Dept. of Pharmacology, BLDEA's SSM CoP and RC, Vijayapur.

Campus Drive

Medplus-Campus Recruitment

Med plus has conducted campus recruitment drive on 10th February 2018 in BLDEA's SSM College of pharmacy & Research centre, Vijayapura. The programme was co-ordinated by the S.S Biradar placement officer & started with warm welcome of Medplus team .This was followed by small presentation which gave detailed knowledge of the Medplus. After that aptitude test was conducted, students qualifying the aptitude test were then interviewed personally by the respective HR person. Around 26 students participated in the campus interview drive, all students qualified aptitude test. Qualified students were then interviewed, results were declared after the interview round was completed. Out of 26 students all students were selected in the campus recruitment. Overall experience and feedback of the Medplus team was very positive as the need of their organization to search the right talent to drive its business objectives is fulfilled by our students. Students were happy because they know that working with Medplus is the right environment to grow and achieve their career goals. Programme was concluded by giving bouquets and gift as token of appreciation and respect to the panel members. Panel members were very keen in conducting Campus recruitment drive next year also. Our Principal Dr.N.V.Kalyane motivated & supported in every aspect for the successful conduction of this campus drive & quoted how such programs were essential for boosting the confidence of students

Guest Lecture on Body Donation and its importance by Dr.B.M.Bannur B.M.Patil,Medical college Vijayapur

RGUHS Adavanced Training for Pharm-D Teachers

Dr.Sunanda Nandikol and Dr.K.Pradeepthi attended Two-days Advanced Training of Teachers for Pharm-D Programme at RGUHS Bengaluru.

Community Health Survey

Faculty & Students of Pharmacy College at Health Survey Campaign

BLDEA's SSM College of Pharmacy & Research Centre, arranged 2 days of Health survey at the community level. Faculty & Student's of Dpharm, B-Pharma, & Pharm-D were participated. Students were instructed by respective teachers about the health survey. The main objective of the survey was to assess the health problems, to educate the patients with present health care system & to know the importance of hygienity in the surrounding. And to provide basic care to community people. Students have distributed the pamphlets to educate the people regarding the diseases hypertensive diet, care of COPD patients, Diabetics, Arthritis etc. Students collected the combined information of their health insurances like Yashaswini card, APL card, BPL cards, or any other insurance they are covering with. It is important practice and greater chance to give care to community people. We collected all information and gave information on basic health conditions during the survey.

Training Programme for Technicians

Principal along with Teaching Staff at Technician Training Programme

Training for Technicians was conducted on February 23rd 2018 at BLDEA's SSM College of pharmacy & Research centre. In this training technicians for the respective department were attended. Principal and staff members also attended the training.

Industrial Visit

Faculty & Student at Aurobindo Pharma, Hyderabad.

SSM College of pharmacy & RC organized an industrial visit for the students of Final Year B.Pharm on 24th February 2018 at Hyderabad. Industrial visit are part of curriculum at SSM College of pharmacy & RC, Vijayapura. The visit started with presentation by HR Dept of Aurbindo about company's growth and status. The students visited different department and sections of pharma industry like QC, QA, Dispensing, Manufacturing (Compression, granulation etc.), and Packaging etc. The students had watch to manufacturing of oral solid dosage forms. All the products were manufactured as per regulatory guidelines of DCGI, USFDA, MHRA and WHO. Students were allowed to closely observe the online production of various products. The various large-scale pharma manufacturing equipment and its applications were also keenly observed by our students. This made our students to correlate their theory with practical application in Pharma manufacturing field. The officials at Aurbindo were also impressed with curiosity of our students to learn the subject. Our students have been offered internship project at Aurbindo Ind Ltd. The students were escorted by faculty Sharanu Marapur and Vinod Reddy who guided and explained them about processing of pharmaceutical products at various stages of visit to pharma plant. The students were very happy and felt enriched after visiting a pharma manufacturing plant.

Gol Gumbaz Marathon 2018

Faculty & Student at 'Vrukshathon 2018'

Staff and students of BLDEA's SSM College of pharmacy & Research centre participated in Vrukshathon 2018 Gol Gumbaz Marathon organised by Vruksha Abhiyana Prathistana Vijayapura on February 24th. Congress president Rahul Gandhi, who arrived in poll-bound Karnataka, flagged off 'Vrukshathon 2018' half Marathon in Vijapur on Sunday morning.

Cultural Fest

Pharma Anokha-2018

The annual cultural program of SSM College of pharmacy & Research centre was held in the college premises in a befitting manner. It was a week-long program presided over by the principal of the college, the function was inaugurated by Shri Rahul Patil, Director BLDE Association, in the august presence of Dr R.V Kulkarni AO, BLDE Association and Dr. N V Kalyane, Principal BLDEA's SSM COP & RC, Vijaypur.

International Women's Day

Feliciatation of Rotary Club, President Vijayapur on the occasion of IWD.

International Women's Day (IWD), celebrated every year on 8 th March is a significance of social, economic, cultural and political accomplishment of women. The day also implies an act of accelerate gender uniformity, BLDEA's SSM College of Pharmacy and Research Centre organized a programme on 14th Of March and a motivational lecture was organized for increasing the confidence of female students as well as faculty members. On the occasion of the International Women's Day, Chief Guest from Rotary club, Vijayapur members were also present with us to celebrate the event and, The President of rotary club gave a speech and motivated our students. All the staff members, Principal, women from different sections, was present on the occasion. All the Students from D-Pharma, B-Pharma, M-Pharma and Pharm-D co-operated well as audience. The celebration was indeed a great initiative by the institute to confer love and gratitude for female students and faculty members. It aimed at imparting the values like empowerment and equality which bestowed the sense of appreciation and respect to the entire female fraternity.

Quality Improvement Programme (QIP) JSS College of Pharmacy Ooty.

Dr.Mallinath & Mr.ChetanKumar attended 2 Weeks QIP on Advanced Trends in Pharmaceutics at JSS, College of Pharmacy Oaty.

EVENTS FORECAST

S. no	Event	Date	Venue
1	Indian Congress of Pharmacy Practice 2018 & 3rd- Convention of the Indian Association of Colleges of Pharmacy	April 28th & 29th 2018	NOVOTEL HYDERABAD CONVENTION CENTRE, HYDERABAD
2	Interdisciplinary Approach Towards Recent Advancements in Clinical Research	May 03rd 2018	KLE College of Pharmacy, Belagavi

ARCHIVES VAULTS

History of Pharmacy

Pharmacy in Ancient Babylonia

Babylon, jewel of ancient Mesopotamia, often called the cradle of civilization, provides the earliest known

record of practice of the art of the apothecary. Practitioners of healing of this era (about 2600 B.C.) were priest, pharmacist and physician, all in one. Medical texts on clay tablets record first the symptoms of illness, the prescription and directions for compounding, then an invocation to the gods. Ancient Babylonian methods find counterpart in today's modern pharmaceutical, medical, and spiritual care of the sick. *[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

Extensively Drug- Resistant Tuberculosis (Tb) Xdr-Tb [Excerpt From Who Tb Faq]

Gopinath,intern

What is XDR-TB?

XDR-TB, an abbreviation for extensively drug-resistant tuberculosis (TB), is a form of TB which is resistant to at least four of the core anti-TB drugs. XDR-TB involves resistance to the two most powerful anti-TB drugs, isoniazid and rifampicin, also known as multidrug-resistance (MDR-TB), in addition to resistance to any of the fluoroquinolones (such as levofloxacin or moxifloxacin) and to at least one of the three injectable second-line drugs (amikacin, capreomycin or kanamycin). MDR-TB and XDR-TB both take substantially longer to treat than ordinary (drug-susceptible) TB, and require the use of second-line anti-TB drugs, which are more expensive and have more side-effects than the first-line drugs used for drug-susceptible TB.

How do people get XDR-TB?

People may get XDR-TB in one of two ways. It may develop in a patient who is receiving treatment for active TB, when anti-TB drugs are misused or mismanaged, and is usually a sign of inadequate clinical care or drug management. It can happen when patients are not properly supported to complete their full course of treatment; when health-care providers prescribe the wrong treatment, or the wrong dose, or for too short a period of time; when the supply of drugs to the clinics dispensing drugs is erratic; or when the drugs are of poor quality.

The second way that people can develop XDR-TB is by becoming infected from a patient who is already ill with the condition. Patients with TB of the lungs can spread the disease by coughing, sneezing, or simply talking. A person needs only to breathe in a small number of these germs to become infected. However only a small proportion of people infected with TB germs develop the disease. A person can be infected by XDR-TB bacteria but not develop the active disease, just as with drug-susceptible TB.

How easily is XDR-TB spread?

Studies suggest that there is probably no difference between the risk of transmission of XDR-TB and any other forms of TB. The spread of TB bacteria depends on factors such as the number and concentration of infectious people in any one place together, and the presence of people with a higher risk of being infected (such as those with HIV/AIDS).

The likelihood of becoming infected increases with the time that a previously uninfected person spends in the same room as an infectious case. The risk of spread increases where there is a high concentration of TB bacteria, such as can occur in poorly-ventilated environments like overcrowded houses, hospitals or prisons. The risk of spread is reduced if infectious patients receive timely and proper treatment.

How can a person avoid becoming infected with XDR-TB?

While patients with XDR-TB may be as infectious as those with ordinary TB, the chances of a TB infection being XDR-TB is lower due to the rarity of the condition. The measures to be taken are the same as those for the prevention of ordinary TB.

Close contact with a patient with infectious TB is to be avoided especially in poorly ventilated spaces. The risk of becoming infected with TB is very low outdoors in the open air. TB patients should be encouraged to follow good cough hygiene, for example, covering their mouths with a handkerchief when they cough, or even, in the early stages of treatment, using a surgical mask, especially when in closed environments with poor ventilation.

How can a person who already has ordinary TB avoid getting XDR-TB?

The most important thing is for the health care work-

ers and community to provide all the means (information, counselling, and material support) that enable patients to continue taking all their treatment as prescribed.

No doses should be missed and above all, treatment should be taken right through to the end. If a patient finds that side-effects are a problem, for example, the tablets make them feel sick, and then they should inform their doctor or nurse, because often there is a simple solution. If they need to go away for any reason, patients should make sure they have enough tablets with them for the duration of the trip.

Can XDR-TB be cured or treated?

XDR-TB patients can be cured, but with the current drugs available, the likelihood of success is much smaller than in patients with ordinary TB or even MDR-TB. Cure depends on the extent of the drug resistance, the severity of the disease and whether the patient's immune system is compromised.

Patients infected with HIV may have a higher mortality. Early and accurate diagnosis is important so that effective treatment is provided as soon as possible. Effective treatment requires that a good selection of second-line drugs is available to clinicians who have special expertise in treating such cases.

Can the TB vaccine, known as BCG, prevent XDR-TB?

The BCG vaccine prevents severe forms of TB in children, such as TB meningitis, but is less effective in preventing pulmonary TB in adults, the commonest and most infectious form of TB. It is expected that the effectiveness of BCG against XDR-TB is similar as for ordinary TB. Nevertheless, new vaccines are urgently needed, and WHO is actively advocating for the development of new vaccines.

What is WHO doing to combat XDR-TB?

Firstly, WHO is ensuring that the health authorities responsible for TB care and control receive accurate information about XDR-TB. Latest information on XDR-TB, and related TB issues, are published on the WHO Global TB Programme website.

Secondly, WHO advises that good TB prevention, care and control prevents the emergence of drug resistance in the first place, and that the proper treatment of MDR-TB prevents the emergence of XDR-TB.

Thirdly, WHO is regularly updating its guidance to Ministries of Health on the management of drug-resistant TB patients and diagnostic policies.

Types drug resistance TB

Mono-resistance: resistance to one first-line anti-TB drug only

Poly-resistance: resistance to more than one first-line anti-TB drug, other than both isoniazid and rifampicin

Multidrug resistance (MDR): resistance to at least both isoniazid and rifampicin

Extensive drug resistance (XDR): resistance to any fluoroquinolone, and at least one of three second-line injectable drugs (capreomycin, kanamycin and amikacin), in addition to multidrug resistance

Rifampicin resistance (RR): resistance to rifampicin detected using phenotypic or genotypic methods, with or without resistance to other anti-TB drugs. It includes any resistance to rifampicin, in the form of mono-resistance, poly-resistance, MDR or XDR.

Ref:http://www.who.int/tb/areas-of-work/drug-resistant-tb/xdr-tb-faq/en/

WISDOM PEARLS

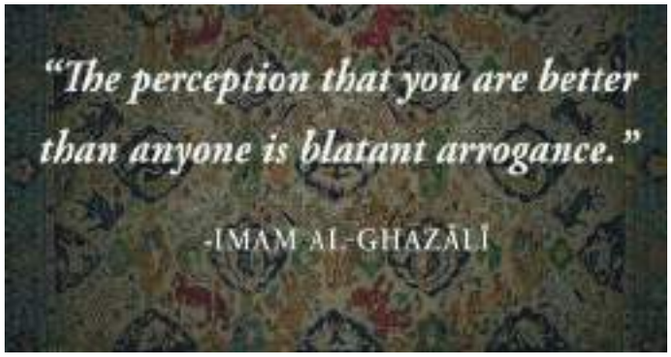


PHOTO FEATURES

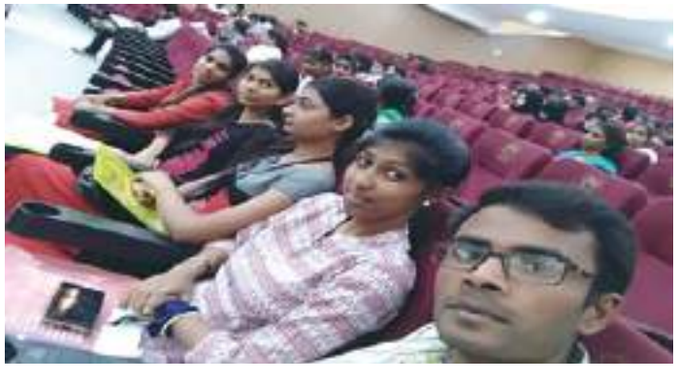
RGUHS Advanced Training for Pharm-D Teachers

Faculty & Students of Pharmacy College at Health Survey

Community Health Survey

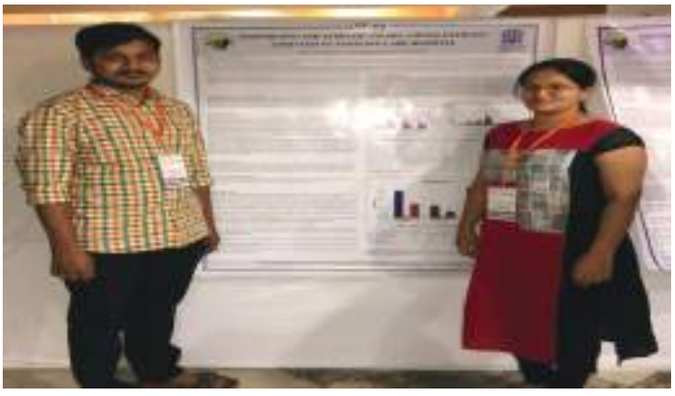
Blood Donation Camp

Online Speaker Session: by Honourable Prime Minister of India on the topic "How to Overcome Stress Before the Exam"

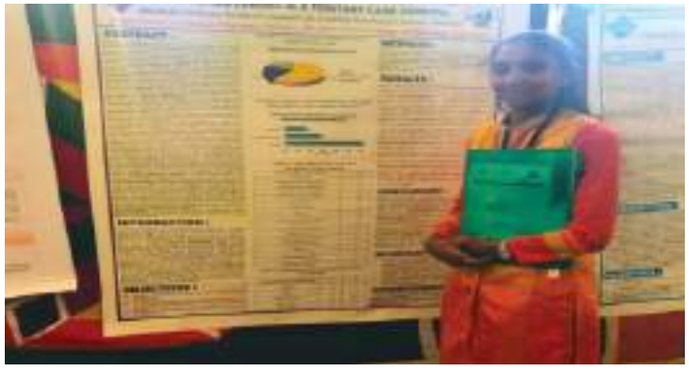


Conference Participation: "Insights of Oncology" on 7th Feb 2018 at HKE's MTRIPS Kalaburgi.

Guest Lecture on "Impact of life style on health" by Dr. Satish Patil, Shri B.M.Patil Medical College

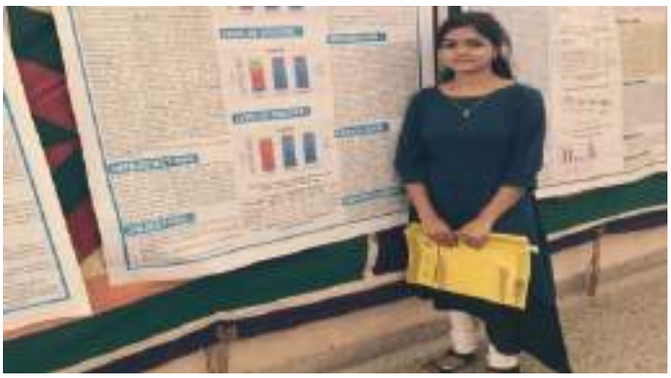


Pharm D interns presented Paper at 53rd Annual International Conference of Indian Hospital Pharmacists Association (IHPA),



Campus Drive by Med Plus at BLDEA's SSM COP& RC Vijayapura.

Cultural Activity



Pharm D interns presented Paper at ACPI-KSPOR 10th National Conference on P4 at Sarada Vilas College of Pharmacy, Mysuru

Staff and Students at International Woman's day Celebration

Gol Gumbaz "Vruakasthan 2018"

Face – Painting

Nruthyam

Ethnic day

Fashion Show

Mehendi Competition

Flash Mob

Denim and Black day

DJ Night

Food Stall

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 deegree of Professional integrity and Ethics

BLDE 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

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 IInd 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.

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

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

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