



PHARMA COMMUNIQUE

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

of
BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

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Patron Message

I wish all readers a happy and prosperous new year 2018 in advance. I take this opportunity through this bulletin, to address especially the student audience of our college on the aspect of developing positive attitude, and to strive with passion to attain professional goals. The world is often a reflection of the way we feel and if we are of that skeptical nature to point out the half-empty cups in life then probably we aren't enjoying the essence of it. It's amazing how things start to get better once you start thinking more positively, but often we wait for conditions to improve before changing our mindset. It doesn't work that way. It's a lot of fun to dream about how you want your future to be, but always strive to grow your vision. As your life unfolds it's important to challenge yourself to reach bigger and bigger goals with positive attitude, professional integrity and humane values to build strong and worthy characteristics which will lead to erect a strong nation with required talent pool to address local and global challenges. My best wishes to all for this coming New Year 2018. **Dr. NV Kalyane,**



From Editor's Desk

As a pharmacist it's our utmost duty to ensure safe use of drugs at all level of drug use process. The Pharmaceutical sector is consistently striving hard to bring newer drugs to address existing and newer health problems of the human population. But, this explosion of newer drugs in the market has brought challenges not only in the form of drugs adverse effect but also their inappropriate, chaotic and not so judicious use among the population. Every drug has the certainty to precipitate an effect other than the desired one unless taken inappropriately; self medication and inter-professionals practice among alternative medicine practitioner are some serious risk factors for the precipitation of untoward effects of drugs. The pharmacist are perfectly placed and balanced to counteract these lacunae by virtue of their core competency, professional and social obligation to promote quality drug use practice at all stages of drug use process. This professional responsibility and accountability of the pharmacist is essentially needed and will provide the required platform for the desired professional identity and recognition in the health professional and societal sphere. The present health scenario with respect to drug use and its economic impact on the overall delivery of health care places significant role for the pharmacist to be a catalyst as a promoter for the safe, effective and economic health care. The pharmacist should take keen interest and vow to learn, update and well-informed himself to practice his professional power wisely to promote quality health care and drug safety among population. As the New Year is approaching, promoting pharmaceutical care could be best of the resolution for the coming New Year. Wish you all a happy healthy and prosperous 2018. **Dr. R.B Kotnal,**



OUR CREDENTIALS

Journal Publications

1. Potdar SS, Karajgi SR, Simpi CC, Kalyane NV. Method for the Quantitative Analysis of Cefpodoxime Proxetil in Pharmaceutical Formulations by First Derivative Technique. 2017. International Journal of Pharmaceutical Quality Assurance 2017; 8(3); 148-152. doi: 10.25258/ijpqa.v8i03.9577
2. Inamdar SZ, Joseph RP, Pradeepti K, Ashwini N, Kulkarni RV. Etoricoxib Induced Skin Rashes: Case Report. Indian Journal of Pharmacy Practice. 2017; 10(3):227-229.doi:10.5530/Ijopp.10.3.46
3. Inamdar SZ, Kulkarni RV. Anti-Diabetics Drug Usage and Related Pharmaceutical Care Issues Among Geriatrics and Non-Geriatrics: A Comparative Assessment. Indian Journal of Pharmacy Practice, 2017; 10(3):160-165. doi:10.5530/Ijopp.10.3.35
4. Santosh Karajgi, Sunayana Mali, Shripad Potdar. Validated Area Under Curve UV Spectrophotometric Method for the Determination of Glimepiride in Tablet Formulations. Current Trends in Biotechnology and Pharmacy.2017; 11 (4):376-381.
5. Nanjappaiah HM, Patil VP, Muchchandi IS, Chandrashekar VM, Shivkumar H. Evaluation of adaptogenic and anxiolytic potential of Dioscorea bulbifera tubers.Asian Journal of Complementary and Alternative Medicine.2017; 5(17):7-18.

Conference Presentation

1. Dr. Sunanda N, Dr. SZ Inamdar presented Poster titled "Evaluation of Medication Inappropriateness in Emergency and Medicine wards of a tertiary care hospital" in the 8th International conference of Asian Association of school of Pharmacy[AASP] in association with IACP held during 27-29th Oct 2017at JSS university ,Mysore, India.
2. Dr. Mallinath P, Dr. SZ Inamdar presented Poster titled "Provision and Outcome of Clinical Pharmacy Services in the medicine department of a tertiary care hospital" in the 8th International conference of Asian Association of school of Pharmacy[AASP] in association with IACP held during 27-29th Oct 2017at JSS university ,Mysore, India.
3. Madawali IM, Dr.Kalyane NV, Dr.Gaviraj EN and Dr.Shivakumar B presented paper titled "Synthesis And Evaluation Of 2-Chloro-3-[3-(6-Nitro-1h-Benzimidazol-2-Yl)-4,5-Dihydro-1h-Pyrazol-5-Yl] Quinolines As Potent Antibacterial Agents" in the 8th International conference of Asian Association of school of Pharmacy[AASP] in association with IACP held during 27-29th Oct 2017at JSS university ,Mysore, India.
4. Seema Jakanur, Dr. Santosh R Karajagi performed ORAL presentation of their work titled "Area under curve UV spectrophotometric method for the determination of Glimepiride in a tablet formulation" in the 2 days National Seminar on Clinical Research, Pharmacovigilance and Medical Writing at APCON 2017 at Annamacharya College of Pharmacy ,Rajampet, A.P on 8th and 9th December 2017
5. Shraddha M Desai, Dr. Santosh R Karajagi performed Poster Presentation Award of their work titled "Area under curve UV spectrophotometric method for the determination of Pioglitazone in a tablet formulation" in the 2 days National Seminar on Clinical Research, Pharmacovigilance and Medical Writing at APCON 2017 at Annamacharya College of Pharmacy ,Rajampet, A.P on 8th and 9th December 2017
6. Mr.Birajdar Laxman , Dr. C.C.Patil, presented Poster titled "Development and Evaluation of Glipizide by self-emulsifying drug delivery system" in 2 days National Seminar on Clinical Research, Pharmacovigilance and Medical Writing at APCON 2017 Annamacharya College of Pharmacy ,Rajampet, on 8th and 9th December 2017
7. Mr VM Reddy presented paper titled "Formulation and In-vitro evaluation of matrix tablet containing Tizanidine" in 69th IPC conference at Chitkara Punjab.
8. Mr. BS Hunasagi, Dr.Gaviraj EN presented paper titled " Phytochemical Investigation of An-

tibacterial activity of *Jasminum grandiflora* in 69th IPC conference at Chitkara, Punjab.

9. Mr SC Marapur presented paper titled "Formulation and evaluation of Microspheres containing Cemetidine drug" in 69th IPC conference at Chitkara Punjab.
10. Dr SM Biradar presented paper titled "Strategies for clinical findings and pharmacotherapy management of a Necrotizing fasciitis for the betterment of patient quality of life and financial status" in 69th IPC conference at Chitkara Punjab
11. Mr SM Metri presented paper titled "Anticonvulsant, Anti-inflammatory and Analgesic activity of novel derivatives of 2{5[4-Morpholin-4-Phenyl]-1-3A-Oxadiazole-2yl} Sulphonyl Acetohydrazide in 69th IPC conference at Chitkara Punjab.
12. Shripad S Potadar, Dr. Ramling B Kotnal presented paper titled "Synthesis and characterization of some new carbohydrazide derivatives" in 69th IPC conference at Chitkara Punjab

FDP/QIP

1. A week long Faculty Development Programme on "Clinical Trial and Statistical Computing" organized by BLDEAs Shri B M Patil Institute of Nursing Science on 31st July to 5th Aug 2017 was attended by Dr. Sunanda N, Dr. Mallinath P, Mr SS Biradar, and Dr. SZ Inamdar.
2. Mr. Prashant N. Jorapure has participated in the AICTE sponsored 2 weeks Quality Improvement Programme on "Newer trends in Pharmaceutical Technology and Research from 30th October to 11th November 2017 organized by department of pharmaceuticals as delegate"

VIEWPOINT

Guidelines for the Management of Hypertension ; A Comparative Analysis of JNC 7th & JNC 8th Report

K.Puohpavalli, A.Akbila, B.Pradeep, S.Dhanaviḍya, T.keerthi, P.Kavya

Compared with previous hypertension treatment guidelines, the JNC8 guidelines advise higher blood pressure goals and less use of several types of antihypertensive medications. The new guidelines empha-

size control of systolic blood pressure and diastolic blood pressure with age and co-morbidity specific treatment cut offs. The new guidelines also introduce new recommendations designed to promote safer use of ACE inhibitors and ARBs.

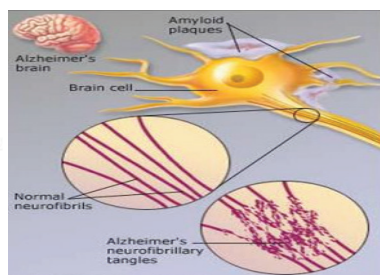
Parameters	JNC 7	JNC 8
Methodology	Nonsystematic literature review by expert committee including a range of study designs. Recommendations based on consensus.	Critical questions and review criteria defined by expert panel with input from methodology team. Initial systematic review by Methodologists restricted to RCT evidence. Subsequent review of RCT evidence and recommendations by the panel according to standardized protocol.
Definitions	Defined hypertension and pre-hypertension.	Definitions of hypertension and pre hypertension not addressed, but thresholds for pharmacologic treatment were defined.
Treatment Goals	Separate treatment goals defined for "uncomplicated" hypertension and for subsets with various co morbid conditions (diabetes and CKD).	Similar treatment goals defined for all hypertensive populations except when evidence review supports different goals for a particular subpopulation.
Lifestyle recommendations	Recommended lifestyle modifications based on literature review and expert opinion.	Lifestyle modifications recommended by endorsing the evidence based recommendations of the Lifestyle Work Group.
Drug therapy	Recommended five classes to be considered as initial therapy, but recommended thiazide-type diuretics as initial therapy for most patients without compelling indication for another class. Ø Specified particular antihypertensive medication classes for patients with compelling indications, ie, diabetes, CKD, heart failure, myocardial infarction, stroke, and high CVD risk. Ø Included a comprehensive table of oral antihypertensive drugs including names and usual dose range.	Recommended selection among four specific medication classes (ACEI or ARB, CCB or diuretics) and doses based on RCT evidence. Ø Recommended specific medication classes based on evidence review for racial, CKD, and diabetic subgroups. Ø Panel created a table of drugs and doses used in the outcome trials.

Scope of topics	Addressed multiple issues (blood pressure measurement methods, patient evaluation components, secondary hypertension, adherence to regimens, resistant hypertension and hypertension in special populations) based on literature review and expert opinion.	Evidence review of RCTs addressed a limited number of questions, those judged by the panel to be of highest priority.
Review process prior to publication	Reviewed by the National High Blood Pressure Education Program Coordinating Committee, a coalition of 39 major professional, public, and Voluntary organizations and 7 federal agencies.	Reviewed by experts including those affiliated with professional and public organizations and federal agencies. Ø No official sponsorship by any organization should be inferred.
BP Goal	JNC 7	JNC 8
Age Group		
Age < 60	<140/90	<140/90
Age 60-79	<140/90	<150/90
Age 80+	<140/90	<150/90
Co-morbidities		
Diabetes	<130/80	<140/90
CKD	<130/80	<140/90
Therapy		
Non-black (no DM or CKD)	Thiazide	Thiazide, ACEI, ARB, CCB
Black (no DM or CKD)	Thiazide	Thiazide, CCB
Diabetes	ACEI, ARB, CCB, BB, Thiazide	CCB, Thiazide
CKD	ACEI, ARB	ACEI, ARB

Can Dementia be Preventable???

Yes, a Cup of Coffee Can...

S. M. Birada, Manjunatha Rao, S. Z. Inamdar, Gaviraj E. N.



Alzheimer's Brain Cell

As prevention is better than cure, researchers are finding there are even more benefits in your morning cup of coffee, Caffeine is the most active component of coffee recently, Caffeine is identified by an Indiana University (IU) study as having the potential to boost an enzyme in the brain shown to protect against dementia. The enzyme named, NMNAT2 was identified by research conducted at IU Bloom-

ington.

In previous research Lu and colleagues discovered that the enzyme provides a protective function to guard neurons from stress and a "chaperone function" to combat misfolded proteins called tau, which accumulate in the brain as "plaques" due to aging process. misfolding of these proteins have been linked to several neurodegenerative disorders including Alzheimer's, Parkinson's and Huntington's diseases, as well as Amyotrophic lateral Sclerosis (ALS). The commonest form of Dementia is Alzheimer's disease. AD affects one person in eight over sixty five and almost half over eighty five years of age, in elder population, AD is 5th foremost death causing disease. There were 36 millions of people were suffering from AD/Dementia worldwide in 2010 and will be increased to 66 million by 2030 and 115 million by 2050 according to International Alzheimer's disease (ADI) report (Nicole and Mary, World Alzheimer Report 2012). Preclinical experimentation warranted that the Caffeine has shown to increase production of the Enzyme (NMNAT2) in the brain, while also showing to improve the memory function in mice genetically modified to produce high levels of misfolded tau proteins. In the experiments, the researchers administered caffeine to mice modified to produce lower levels of NMNAT2. The mice began to produce the same levels of enzymes as normal mice. "This work could help advance efforts to develop drugs that increase levels of this enzyme in the brain, creating a chemical 'blockade' against the debilitating effects of neurodegenerative disorders," Hui-Chen Lu, who led the study, said in a statement. The current study could provide the platform for advanced development of research towards NMNAT2 enzyme targeted.

Easy To Start, Hard To Stop: Polypharmacy and Deprescribing

Ammu & Sukanya Intern Pharm D

A major challenge in developed countries is the increasing number of patients with multiple chronic conditions. Multiple chronic conditions are seen most often in geriatrics, increase with age, and are likely to present an even greater challenge as the

proportion of “over-65s” in the general population increases. A recent survey among older adults in 11 countries reported the highest rates of multiple conditions, such as hypertension, heart disease, diabetes, lung problems, mental health problems, cancer and/or joint pain, hyperlipidaemia and arthritis. As a result, older adults are likely to be prescribed polypharmacy and utilize more healthcares, at a higher cost, compared with patients with no or fewer chronic conditions. Polypharmacy and potentially inappropriate medications in older individuals are associated with adverse drug events, death, impaired physical and cognitive function, and hospitalization. De-prescribing refers to a careful medication review and the process of reducing or stopping medication(s) that no longer provide benefit or may be causing harm. Besides reducing some of the above risks, de-prescribing can help patients save money and become more compliant with taking their medications as prescribed. Lists of potentially inappropriate medications that can be used as tools for de-prescribing in older adults include the Beers criteria, as recently updated by the American Geriatrics Society, and STOPP (Screening Tool of Older Persons’ Prescriptions)/START (Screening Tool to Alert doctors to Right Treatment). Application of these tools has been shown to reduce the use of these agents, but it is unclear whether they significantly improve such outcomes as hospital admissions, medication-related problems, or overall quality of life. Current clinical practice guidelines do not typically take into consideration the long-term net benefits and harms associated with all medications that older patients with multiple chronic conditions would be taking if evidence-based guidelines for each condition were followed. Clinicians complain about the number of different treatment guidelines that they have to consult and the complexities of risk/benefit assessments in these patients. The four guidelines cover de-prescribing proton pump inhibitors, benzodiazepine receptor agonists, antipsychotics, and

antihyperglycemics, all of which are accompanied by decision-support tools in the form of algorithms. OTC medications, nutritional supplements, vitamins and herbal remedies can sometimes interact with prescription medications and/or cause side effects that are mistaken as new symptoms. Therefore, it is important to give your provider a complete list of your medicines and supplements. Also, it is important to be honest if you do not take prescribed medications as instructed. Deciding where to start is critical, the provider will help establish what medications should remain stable and which may be unnecessary. S/he’ll discuss what may need to be slowly tapered before stopping or reducing, replaced with a safer drug, or whether one drug can treat multiple conditions.

Ref: www.medscape.com,

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	Amikacin	Short term treatment of serious infections due to susceptible strains of Gram-negative bacteria, including Pseudomonas species, Escherichia coli, species of indole-positive and indole-negative proteus, providencia species, Klebsiella, Enterobacter, Serratia species and Acinetobacter species.	Stevens Johnson Syndrome
2	Allopurinol	Prophylaxis of gout; prophylaxis of hyperuricaemia associated with cancer chemotherapy	Uveitis

3	Quetiapine	For treatment of Schizophrenia and bipolar disorder	Gynaecomastia
4	Ceftriaxone	Serious infections due to sensitive bacteria, including septicaemia, pneumonia and meningitis; surgical prophylaxis; prophylaxis of meningococcal meningitis; gonorrhea; bone and joint infection	Palpitations
5	Fluoxetine	Fluoxetine is a SSRI antidepressant which is used in psychological disorders and also in premature ejaculation	Urinary Incontinence

Ref: www.ipc.gov.in/PvPI/adr

Drug Information "Kayexalate"

(should not be given with other oral drugs-US FDA WARNS)

Afrab and Ashbar (Intern Pharm .D)

Class of drug: Potassium binders

Indications: Hyperkalemia.

Mechanism of action: Kayexalate is also known as Sodium polystyrene sulfonate (sps) is a cation-exchange resin administered orally or rectally (by enema). Synthetic cation-exchange resins are insoluble polymers resembling a crystalline lattice. When placed in a solvent, this structure swells, allowing the exchange of ions between the reactive group on the resin (in the case of SPS, sodium) and ions dissolved in the solvent. Although the goal of therapy with cation-exchange resins is to replace potassium ions, these resins are not exclusively selective for potassium; calcium and magnesium may bind to the structures as well. As SPS moves through the intestine, sodium ions are released and exchanged for potassium ions, and excreted through feces.

Hyperkalemia is defined as a serum potassium level exceeding 5 mEq/L; the disorder may be fatal when the potassium level is greater than 6.5 mEq/L.

Hyperkalemia results from extracellular shifts of potassium, excessive ingestion of potassium, and/or impaired elimination of potassium by the kidneys. It is a fairly common electrolyte disorder, affecting approximately 10% of hospitalized patients, and has the potential to cause life-threatening cardiac arrhythmias. The clinical manifestations of hyperkalemia are associated with alterations in neuromuscular and cardiac function. Signs and symptoms of the disorder include muscle twitching, cramping, weakness, paralysis, paresthesia (face, hands, and feet), electrocardiogram (ECG) changes (e.g., peaked T-waves, a prolonged PR-interval, the loss of P waves, a widened QRS complex, and a shortened QT-interval), and arrhythmias (e.g., bradyarrhythmias, ventricular fibrillation, and asystole).

Clinicians should advise the patients who take kayexalate to not take any other oral drugs 3 hours before or after, the US food and drug administration (FDA) announced on September 6, 2017. Separate dosing is advisable, the FDA said, because a study found that sodium polystyrene sulfonate binds to many other orally administered prescriptions and over the counter drugs, decreasing their absorption and effectiveness. The time gap between taking sodium polystyrene sulfonate and other oral drugs should be 6 hrs for patients with gastroparesis or other conditions that delay the passage of food from the stomach to the small intestine. The FDA updated the label for sodium polystyrene sulfonate available in branded and no branded generic forms, in July 2017 to reflect these new dosing recommendations.

The agency based its new dosing recommendations for sodium polystyrene sulfonate on an in vitro study of the binding potential of six oral drugs commonly taken with the treatment of hyperkalemia- amlodipine, metoprolol, amoxicillin, furosemide, phenytoin and warfarin. "The study found significant binding to sodium polystyrene sulfonate occurred with all of these medicines".

Batten Disease

(FDA approves treatment)

Rosy P Intern Pharm D

The U.S. Food and Drug Administration have approved Brineura (cerliponase alfa) as a novel treatment for a specific form of Batten disease. Brineura is the first FDA approved drug which helps in slowing down loss of walking ability in pediatric patients who are symptomatic and of 3 years of age or older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase-1 (TPP1) deficiency. Julie Beitz, M.D., director of the Office of Drug Evaluation III in the FDA's Center for Drug Evaluation and Research said that the FDA is dedicated to approving fresh and novel therapies for patients with rare diseases, predominantly when there are no accepted treatment yet and claimed that approving the first drug for the treatment of this form of Batten disease is an important advance for patients suffering with this condition. CLN2 disease is one of a group of disorders recognized as neuronal ceroid lipofuscinoses (NCLs), jointly referred to as Batten disease. CLN2 disease is an uncommon inherited disorder that affects the nervous system primarily. Signs and symptoms usually begin between ages 2 and 4 in the late infantile stage of the disease. The early symptoms usually include verbal communication delay, repeated seizure and complexity in coordinating movements which is termed as ataxia. Children who are affected by the disease also develop muscle twitches and blindness. CLN2 disease mostly affects vital motor skills, such as sitting and walking. Individuals with this condition often lose the ability to move and need the use of a wheelchair by their late childhood and normally do not stay alive after their teens. Brineura is an enzyme replacement therapy. Its active ingredient is cerliponase alfa which is a recombinant form of human TPP1 enzyme which is lacking in patients with CLN2 disease. Brineura is administered as infusion into the cerebrospinal fluid (CSF) through a specific surgically implanted reservoir and catheter in the head which is termed as intra ventricular access device. The recommended

dose of Brineura is 300 mg in pediatric patients who are 3 years of age and older which should be given once every other week by intra ventricular infusion, followed by an infusion of electrolytes. The efficacy of Brineura was researched and established in a non-randomized, single-arm dose escalation clinical study which is carried out in 22 paediatric patients with CLN2 disease (symptoms) and were compared to 42 untreated patients with CLN2 disease from a natural history cohort (an independent historical control group) in which all the patients studied were at least 3 years old and had motor or language based symptoms. Brineura-treated patients were found to have fewer declines in walking ability compared to patients who were untreated in the natural history cohort. The safety of Brineura was also checked in patients who received at least one dose of Brineura in clinical studies and a total of 24 patients with CLN2 disease aged 3 to 8 years were studied. The safety and effectiveness of Brineura have not been established in patients less than 3 years of age. The most common adverse reactions of Brineura include rise in body temperature, ECG changes like slow heart rate, allergic reaction, decrease or increase in CSF protein, nausea, epilepsy, hematoma, headache, irritability, increased CSF white blood cell count, device-related infection and hypotension. Brineura are contraindicated if there are access device-related complications like leakage, device failure or signs of device-related infection such as swelling, erythema of the scalp, extravasation of fluid, or bulging of the scalp around or above the intraventricular access device. Health care providers are advised to routinely test patient CSF samples to detect device infections. The FDA has reported to advise the Brineura manufacturer to additionally assess the safety of Brineura including device related complications and issues in CLN2 patients of 2 years and below. In addition, a long-term safety study will be conducted in Brineura treated CLN2 patients for a minimum of 10 years. The FDA granted approval of Brineura to BioMarin Pharmaceutical Inc.

KUDOS



Seema Jakanur received Best Oral Presentation Award for her work titled “Area under curve UV spectrophotometric method for the determination of Glimipride in a tablet formulation” carried out under the guidance of Dr. Santosh R Karajagi



Shraddha M Desai received Best Poster Presentation Award for her work titled “Area under curve UV spectrophotometric method for the determination of Pioglitazone in a tablet formulation” carried out under the guidance of Dr. Santosh R Karajagi.



Hasti Kenia final year B Pharm student of the college secured 10th Rank at University level [RGUHS, Bangalore] for the academic year 2016-17.

ALUMNI MEMOIR



Mr. Somashekhar M Metri,

M Pharm (Ph. D)

Assistant Professor, Department of Pharmaceutical Chemistry,
BLDEAs SSMCOP & RC, Vijaypur
Batch : 2012 PG.

As an alumnus I feel proud and thrilled about my college and glad to take an opportunity to say few words of my experience as a student and teaching staff of this institute. In the year 2005 I was admitted in this institute as first year B Pharma student, my teachers used to share with me “College life is that part of your life that you are going to relive in your memories till you breathe” so I realized past memories and felt very true. After completion of my Post Graduation in the year 2012, I always believed in the god and confident about me, like the saying “Rejection is an opportunity for your selection.” My lifetime dream was to join this institute and serve for expansion of institute in Karnataka and finally after two attempts, my dream come true and I joined as an Assistant Professor in the department of pharmaceutical chemistry in the year 2014. “School for 12 years, college for 4 more years, then you work until you die. Cool.”

I always feel privilege about teaching staff of our institute and my GURU's they all are like “They don't just polish stones, they carve students”. Their main goal is to holistically nurture their students by providing them with top quality education using cutting edge, effective teaching methods in an affable and comfortable environment. “Education is the most powerful weapon which you can use to change the world.”

Our college is top one college providing quality education in pharmacy in the north Karnataka region. The institute has very well infrastructure with all modern facilities in all departmental labs with research equipments. I feel always when I enter into the college premise it is the place and an important part of the holy trinity (Lakshmi, Parvati and Saraswati), Maa Saraswati is the mother goddess of music, arts & craft, knowledge, wisdom, consciousness and all Vedas. It is said if that one tries to appease the

Goddess with the purest of emotions and true heart, she will bestow them with the power to overcome any obstacles in their path; especially obstacles one faces in their educational life and career.

I advise to my students who facing obstacles in their educational life and career tag along and pray daily in their homes below goddess maa saraswati mantra.

“Saraswati Namasthubhyam
Varade Kamarupini
Vidhyarambam Karishyami
Siddhir Bavathume Sadha”

and always to my students from my side, hug a stressed college student. It helps a lot. :)

INSTITUTE CHRONICLE

Orientation Day 2017-18



Orientation Day Inauguration

BLDEA's SSM College of Pharmacy and Research Centre has organized an Orientation cum Fresher Day programme “Inspire-2017” for the academic year 2017-18 on 5th Sep-2017. The chief guests were Dr. Pankaj Chandratreya, Director Indeus Life Sciences, Mumbai and Dr. M. I. Sakri Vice Principal BLDEA's PG Halakatti college of Engineering and Technology, Vijayapur. Dr.M.I.Sakri, who addressed the gallery and encouraged and motivated the freshers, course orientation was delivered by Dr. B.Shivakumar and Dr. H.Shivakumar and morning session was intervened by Lunch break. Afternoon session was merely concentrated on freshers welcome and Mr. and Miss Freshers were selected by Shri S S Biradar and Shri Nanajappaih sir. There were a series of cultural events to refresh the students; the programme was

concluded with vote of thanks by Shri C. V. Nagathan.

One Day Workshop on

“Teaching-Learning Management” as per July 2017 NAAC Framework



Inauguration of Teaching-Learning Management workshop by Dr S.K Kulkarni in the august presence of Prof S H Lagali and Dr N.V Kalyane

BLDEA's SSM College of Pharmacy & Research centre Vijayapur, Organised a one day workshop on “Teaching-Learning Management as per July 2017 NAAC Framework” on 3rd November 2017. Eminent Scientist Dr. S.K Kulakarni, Vice chancellor, Punjab University graced the occasion as Chief Guest in the illuminating presence of honorable guests Prof. S. H. Lagali and Dr. R V Kulakarni Administrative officer's BLDE Association and was presided by Dr. N V Kalyane principal of BLDEA's SSM COP & RC. Convener of the workshop, Prof C.C Simpi, in his welcome address briefed about amendments in July 2017 NAAC framework and outlined the objectives of the workshop. The hon'ble Chief guest in his inaugural address congratulated and appreciated the college effort in filling SSR for NAAC assessment and encouraged all to keep the momentum till the objectives are attained and appreciated the efforts of Dr. R.V Kulkarni, Principal Dr N.V Kalyane, NAAC coordinator Prof C.C.Simpi for leading from the front. Hon'ble Guest Prof S H Lagali in his address sort the importance of NAAC accreditation and the quality standards it can bring to any institute to put it on a global map. Dr. B Shivkumar, Co-ordinator of the

workshop, proposed vote of thanks for the inaugural session. The workshop witnessed a series of intellectual speakers presentation post inauguration during the technical session on the outcome based Teaching-Learning methods and their significance in current NAAC Framework. Shri. Santhosh V. Vambase from BLDEA's S B Arts & KCP Science college Vijayapur spoke about the methodology and approaches in the utility of the "Moodle" concept and refresh the participants with hands on training on "Moodle" platform, distinguished speaker Prof. G.R.Dharane from Shri Siddeshwar Women's Polytechnic College Sholapur, elaborated the approaches in framing and designing of COs, POs and PEOs and its impact on outcome based learning. Prof. T.P Giraddi an illustrious orator from BLDEA's BHS Arts & TGP Science College Jamakhandi, presented his deliberation on student centric teaching methods and emphasized on student participative learning for effective teaching pedagogy. The workshop accentuates on quantitative evaluation and use of ICT approaches to make learning more inspiring and stimulatory, which enthralled all the participants from various sisters concerned institute of BLDE association who witness the workshop with their enthusiastic participation. The programme was successfully co-ordinated by all the departments of BLDEA's SSM College of Pharmacy & Research centre. The Organizing secretary Dr. R B Kotnal, delivered a report on the workshop at the concluding valedictory function and vote of thanks was proposed by Dr. Santosh R Karajagi.

Rashtriya Ekta Diwas



Dr.N.V.Kalyane, Inaugurating Rashtriya Ekata Diwas.

BLDEA's SSM College of Pharmacy and Research centre, Vijayapur has celebrated "Rashtriya Ekta Diwas" (National Unity Celebration) on 31/10/2017 by organizing "Pledge Taking Ceremony" on ac-

count of Shri. Sardar Vallabhbhai Patel Birth Anniversary. Teaching and non Teaching staff members and students of the college were actively participated in this event.

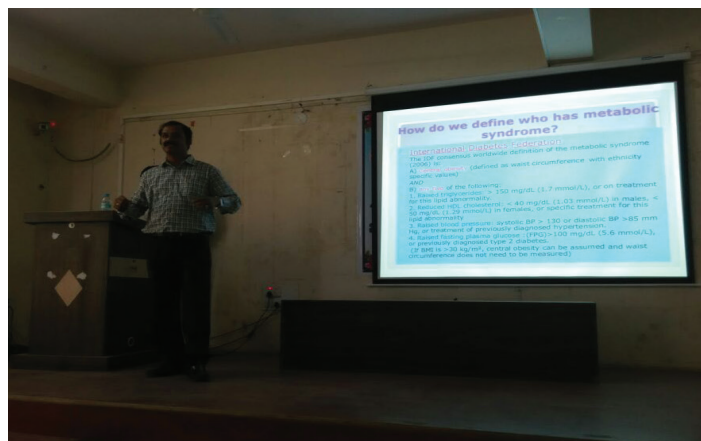
Parent Teacher Meet



Parents-Teachers Meet

BLDEA's SSM COP & RC organised Parents – Teachers meet on 30/12/2017. Around 123 parents attended the meet and interacted enthusiastically with teachers and enquire about their wards progress and performance. The event was fruitful and the parents have taken keen interest in exploring academic and co curricular activities of the college in preparing the required platform for the holistic development of their wards to excel in their professional field. As a stakeholder the parents discussed opportunities and challenges and provided feedback for further improvisation scope and concerns to address.

Guest Lecture



Guest Lecture: Speaker Prof. Kannan on "Metabolic Syndrome"

A guest lecture was organised by Department of

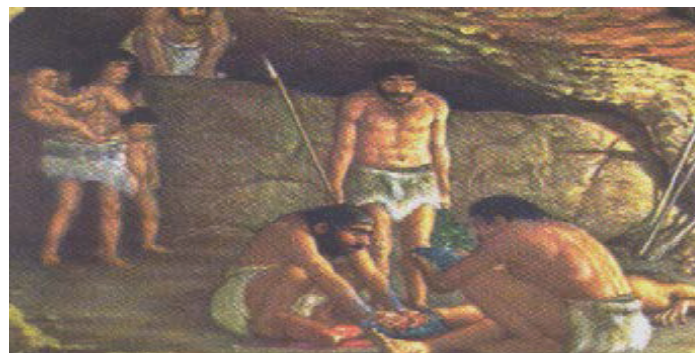
Pharmaceutics on 11/12/2017 on the topic “Metabolic Syndrome” delivered by Dr. G Kannan, Prof. of Dept of Pharmacy Practice, Acharya B M Reddy, college of Pharmacy, Bangalore.

EVENTS FORECAST

S. no	Event	Date	Venue
1	IPA Convention 2018	February 10 th & 11 th 2018	Crescent Institute of Science & Technology, Vandalur, Chennai
2	Dr. John Kapoor's Prof. M.L. Khorana Memorial Seminar	February 18 th 2018	Birla Institute of Technology, Mesra, Ranchi, Jharkhand
3	53rd Annual Conference of Indian Hospital Pharmacists Association [IHPA]. Theme "Skilling Pharmacists for Global Healthcare Challenges".	February 17 th & 18 th 2018	PES Rajaram & Tarabai Bandekar College of Pharmacy, Ponda, Goa, India
4	One day National Seminar on Insight of Oncology	February 7 th 2018	HKES's MTRIPS, Kalburgi
5	ACPI-KSPOR 10 th National Conference on P4	February 24 th & 25 th 2018	Sarada Vilas College of Pharmacy, Mysuru
6	Orientation Programme on Curricular Planning and Implementation	March 14 th & 15 th 2018	Auditorium JSS College of Education, SS High School Campus, Vijayapur
7	Workshop on Curricular Planning and Implementation	March 27 th & 28 th 2018	Auditorium, Central Library, Shri B M Patil Medical College Vijayapur

ARCHIVES VAULT

History of Pharmacy



Dawn of Pharmacy

From beginnings as remote and simple as these came the proud profession of Pharmacy. Its development parallels that of man. Ancient man learned from instinct, from observation of birds and beasts. Cool water, a leaf, dirt, or mud was his first soothing application. By trial, he learned which served him best. Eventually, he applied his knowledge for the benefit of others. Though the cavemen's methods were crude, many of today's medicines spring from sources as simple and elementary as those which were within reach of early man.

[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

Concept of Clinical Pharmacy Seeks Government Attention

Christina & P Gopichand, Pharm & 5th year

We may have come across the name clinical pharmacy many a times but without knowing the depth of its true activities and importance of its existence.

The introduction of new drugs as well as diseases, changes in life style etc. has brought about variation in ways of drugs being used. This without a proper knowledge of drug can bring a hazardous outcome and given such circumstances, the roles of clinical pharmacists are at high demand.

The main aim of clinical pharmacists is to make sure and provide a safe and efficient treatment to patient

with a right drug, right dosage, and at the right time. Giving advice, awareness, and precaution and counselling to patient regarding their health and medication, they support the health care team's efforts to better patient care and on other important steps to improve or maintain health. The clinical pharmacists work in collaboration with physicians and other health professional, contributing to better co-ordination of care and for the overall well being of the patients.

Considering the needs of the lending hand of the clinical pharmacists and the positive impact it can bring, it's time for our government and regulatory bodies to modify and improve medical care practices by incorporating pharmacist at bed side in clinical setting in the role of clinical pharmacist, by providing the necessary support to unleash their potential and significant contribution they can make in the deliverance of optimal health care alongside other medical practitioners.

Though, time and again we mention the importance and need of having clinical pharmacists in our day to-day's world. Their true impact can come into existence only if the government and the regulating bodies realize the urge to have clinical pharmacists and have deep concern about the need of clinical pharmacy practice services..

The clinical pharmacists and their role are well defined in developed countries. Their main role is to review prescriptions, analyze medication errors and monitor adverse drug reactions to reduce drug burden through precise medication and pharmaceutical care services.

Some of the responsibilities of clinical pharmacist as seen across developed countries

- Conducting clinical rounds including drug therapy review and medication reconciliation on the wards
- Assessing drug therapy for clinical efficacy, safety and cost appropriateness
- Coordinating, reviewing and dispensing patient medication requirements at IPD,OPD and during discharge.
- Assisting client hospitals to manage their medication costs and pharmacoeconomics evaluation.

- Develop and maintain professional relationships with key stakeholders to ensure excellent customer service to clients and patients.
- Serving and providing outstanding primary care to retail customers and outpatients
- Supporting the managing pharmacist and team with other duties as required.

The required changes cannot be brought overnight, but can be of gradual nature. The government of the country all of a sudden may not be able to provide all the activities like a developed countries but should initiate the change by creating job opportunities for clinical pharmacists in their professional line in both private and government sector (i.e. primary, secondary, tertiary hospitals) or rural medical centre, drug information centre, drug de-addiction centre, poison information centre, patient counselling centre, allowing them to run government generic medicines outlets, utilize them in pharmacovigilance duties and others. The health of nation depends upon not only the strength of its health care policy but rather its effective implementation and deliverance at individual level, and also how best it can utilizes the potential of its health care delivery task force; physician, nurse or a pharmacist etc, in the deliverance of quality health care, Therefore, an urgent need from the government and regulating bodies to act swiftly to recognize and provide platform for the establishment of clinical pharmacy services.

Pharm D Education: Indian Prospective

G Srilaxmi 5th year Pharm D

The Pharm.D course (6 year doctoral degree program in pharmacy) was introduced by the Pharmacy Council of India in 2008 aimed at improving patient care and providing pharmacy Education programs. It is a pre-PhD, postgraduate program. It lays emphasis on all Pharmacy practice components namely Clinical Pharmacy, Community Pharmacy, Clinical Research, Regulatory formulation development, Quality Control. The mission of the profession is to improve public health through safe, effective and appropriate use of medications. Contemporary pharmacy practice reflects an evolving paradigm from

the one in which the pharmacist primarily supervises medication distribution and counsel patients, to a more expanded and team-based clinical role providing patient centred medication therapy management, health improvement, and disease prevention services.

Scope & Objectives of Pharm D Programme in India :

- To provide patient care in cooperation with patients, doctors, and other members of an inter-professional health care team based upon sound therapeutics principles and evidence-based data, taking into account relevant legal, ethical, social cultural, economic and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, or behavioural or administrative, and clinical sciences that may impart therapeutic outcomes.
- To manage and use resources of health care system, in co-operation with patients, doctors and other health care providers and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time sensitive medication distribution; and to improve therapeutic outcomes of medication use.
- To promote health improvement, wellness, and disease prevention in co-operation with patients, communities, at-risk population and other members of an inter-professional team of health care providers.
- To demonstrate skills in monitoring of the National Health Programmes and schemes oriented to provide preventive and primitive health care services to the community.
- To develop leadership qualities to function effectively as a member of health care team organized to deliver the health and family welfare services in existing socio-economic, political and cultural environment.
- To communicate effectively with patients and the community.

Pharm D Career opportunity:

- **Drug Distribution and Dispensing:**
Pharmacists assess legitimacy of prescriptions, eligibility for coverage, appropriateness and safety of the medication for the patient.

- **Patient Safety:**
Promote rational drug therapy by conducting drug utilization reviews, identifying potential prescription-related problems such as drug-drug interactions, duplication of drugs, known allergies, under or overdosing or inappropriate therapy, Prior authorization, Monitoring therapy, Pharmacokinetic dosing of drugs, Quality Assurance programs.
- **Clinical Program Development:**
Use evidence-based clinical and research data to create disease management Programs. Evaluate scientific evidence in order to select appropriate drugs for a patient population through a Pharmacy and Therapeutics Committee Design and conduct outcomes based research in order to help patients achieve the desired results from their drug therapy.
- **Communication with Patients, Prescribers and Pharmacists**
Helps prescribers choose drugs that will meet patient needs and qualify for coverage. Provide and educate patients about their individual prescription history. Provide a dispensing pharmacist with a patient's drug profile in order to identify potential adverse drug reactions or duplicate therapies.
- **Drug Benefit Design**
Determining if a formulary should be used, and whether it should be "restricted" or "open"; and the use of patient cost-sharing structure for generic, covered brand-name drugs and non-formulary drugs. To determine if a "participating" pharmacy network should be established and what the criteria for QA would be to determine criteria and procedures for drug utilization.
- **Clinical Pharmacist:**
Clinical pharmacy term is used to describe the activities and services of clinical pharmacists to optimize pharmaceutical care and proper use of medications for the purpose of optimal patient's outcomes. Clinical pharmacy services are not limited to certain areas but apply to all medical fields such as cardiology, infectious, ambulatory care, oncology, nephrology, internal medicine. It also covers in-patient and out-patient services.
- **Clinical Research:**
Pharmacists have a broad base of knowledge

in pharmacology, including pharmacokinetics, pharmacodynamics, pharmacogenetics, pharmacotherapy, and pharmacoeconomics, as well as a strong understanding of human metabolism, transport, and elimination. Because of significant interest in translational/clinical research questions related to drug development and therapeutics, the field of pharmacy is in a unique position to conduct research toward achieving the goal of individualized prescription drug therapy.

- **Cost Management:**
Encourage prescribers to make cost effective drug choices. Identify compliance and noncompliance with prescribing guidelines; assess physician performance; identify prescribing patterns that require improvement.
- **Research & Development:**
The phrase research and development refers to the “creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications”.
- **Pharmacovigilance:**
Pharmacovigilance is the pharmacological science relating to the detection, assessment, understanding and prevention of adverse effects, particularly long-term and short-term side effects of medicines. Or moreover i) to identifying new information about hazards associated with medicines and ii) to prevent harm to patients.
- **Medical Writing:**
Medical Writing: Is the activity of producing scientific documentation by a specialized writer. The medical writer typically is not one of the scientists or doctors who performed the research. A medical writer, working with doctors, scientists, and other subject matter experts, creates documents that effectively and clearly describe research results, product use and other medical information. The medical writer also makes sure the documents comply with regulatory, journal, or other guidelines in terms of content, format and structure.
Proposal for Licensing Examination throughout India:
- While the PCI provides a uniform Pharm.D program syllabus for all pharmacy institutions in

India to follow, the methods for evaluating competency of Pharm.D graduates differs across institutions. Among these institutions very few provide their students with a strong learning infrastructure and have their own hospitals to provide hands-on clinical training, while few Institutions doesn't come up with the effective curriculum as their lack of infrastructure, facilities and their own hospitals. The teaching aspects and grading of the students will differ from Institution to Institution and from one state to other State. This became a major problem for job recruitments in India where the selection of candidate is first purely based on the grades obtained during the whole Pharm D program as cut-off percentages. The Student with highest grades may be lacking of knowledge and the Student with the average grades may be a tree of knowledge. So in this prospective, India needs a national level Pharm.D degree competency licensing examination which will enable all Pharm.D program graduates to practice pharmacy in India. Through this one can be eligible for the jobs competent for them according to the score obtained in this licensing examination. This competency examination may be taken as soon as the student graduates with a Pharm.D degree before they register with the PCI. Passing this examination would then become mandatory for registration and bases for job recruitment of the Pharm D students. The PCI should identify the main areas where the Pharm D services can be utilized for the well being of the patients and to resolve other health related problems arising in the current scenario. The scope and career opportunities of the Pharm D students don't have any limitations including the areas of Pharmaceutical Industries. So this perception brings a lot of changes in the Pharm D program throughout India. In return less job opportunities for the students in spite of studying the 6 years course had a lot of influence on country economic status and gross GDP.

- In spite of having such a huge population in India, why India is still called as a developing country? This question made me to think for a while and then we realized that it's not only the manual power which is required to make a country developed but also the percentage of literate people

holding jobs which play a major in contributing to the country's economy. The examination could be conducted by the PCI in the form of an on-line Multiple-choice examination or offline Multiple-choice Examination. The format of the licensing examination could be tailored along the lines of the NAPLEX examination with a suitable fee charged to each candidate taking it. The NAPLEX (North American Pharmacist Licensure Examination,) is a exclusively computer-administered standard exam created by the National Association of Board of Pharmacy (NABP) to help individual state boards of pharmacy assess an individual's competency and knowledge so that he or she may be given a license to practice. It could provide uniform standards for Pharm.D program graduates from various universities throughout the country. This would also go a long way in drastically improving the quality of the Pharm.D program in India. Hence, a national level licensing examination would serve as the NAPLEX equivalent in India, which means that any foreign Pharm.D program graduate who decides to practice in India would be required to pass this examination in order to secure job.

Let's hope for a better tomorrow as "Hope rises like a phoenix from the ashes of shattered dreams."!!!

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- *The NAPLEX, measures a candidate's knowledge of the practice of pharmacy: Available at: nabp.net/programs/examination/naplex/. Accessed April 25, 2013.*
- *The Gazette information, policy and circulars: pci.nic.in/PolicyCirculars/Circulars.aspx*
- *Scope of contemporary pharmacy practice: Roles, responsibilities, and functions of pharmacists and pharmacy technicians: japha.org/article*

WISDOM PEARLS

Start by doing what's necessary;
then do what's possible; and
suddenly you are doing the
impossible.

Francis of Assisi

*Educate the masses, elevate their
standard of intelligence, and you
will certainly have a successful nation.*

✿ Alexander Graham Bell ✿

*Great discoveries and improvements
invariably involve the cooperation of many
minds. I may be given credit for having
blazed the trail, but when I look at the
subsequent developments I feel the credit is
due to others rather than to myself.*

✿ Alexander Graham Bell ✿

*Your depression is connected to your
insolence and refusal to praise.*

✿ Rumi ✿

PHOTO FEATURES



Release of BLDE A's Constituent Colleges News Bulletins at Manthan Review Meeting.



Inuagural Address by Dr. Muneer Ahmed, Director, College Development Council RGUHS, Bengaluru at Manthan



Dignitaries, Guests and Delegates at Manthan Review Meeting.



Felicitatation of Dr. D.S.A. Masjið Professor at Tulane University, USA



Public Viva of Mr Vijay Alange, PhD Scholar, Dept of Pharmaceutical Technology.



Rashtriya Ekta Diwas; Oath taking Ceremony



Welcome Address by Dr RB Kotnal on Teaching – Learnig Management Workshop



Sbri BS Hunasagi Welcoming speaker Prof. G.R.Dharane for Teaching Learning Management Workshop



Dr RB Kotnal Welcoming speaker Prof. T.P Giraddi for Teaching Learning Management Workshop



Dr. SR Karajagi Felicitating Dr.Savita Kulkarni, Director MBA Programme for chairing the session



Dr H Shivkumar Welcoming speaker Shri. Santhosh V. Vambase for Teaching Learning Management Workshop.



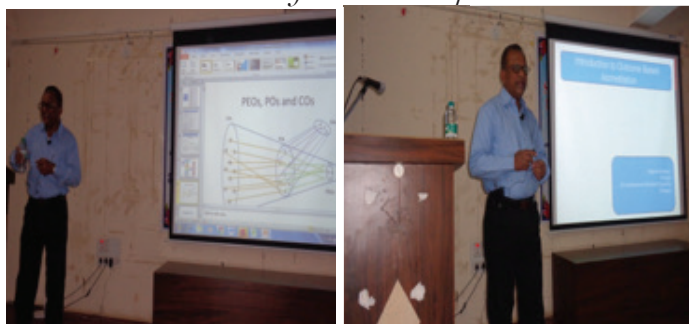
Witnessing the Moment- Dr R.V Kulkarni, AO BLDE Association @Teaching Learning management workshop



Teaching faculty of Pharmacy, Nursing, MBA, Commerce and Engineering College at Teaching Learning management workshop



Felicitating of Workshop Participants by Dr NV Kalyane and Prof. T.P Giraddi @ Valedictory



Prof. G.R.Dharane delivering talk on NAAC July 2017 framework



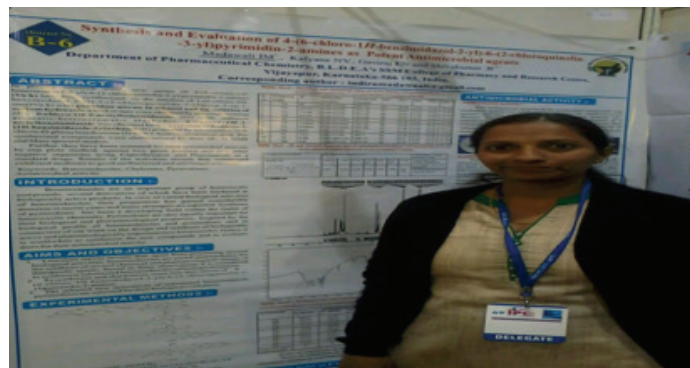
Dr.Mallinath, Dr Sunanda and Miss Indira Madiwal along with Dr B Suresh, President Pharmacy Council of India at 8th Asian Association School of Pharmacy International conference, JSS University Mysuru, India.



Dr. Mallinath presenting paper at 8th AASP international conference



Dr. Sunanada presenting paper at 8th AASP international conference



Miss Indira M Madawali presenting paper at 8th AASP international conference



Miss Seema Jakanur receiving best Oral Presentation Award from the hands of Dr. C.K Kokate



Miss Shradha M Desai receiving best Poster Presentation Award from Dr. C.K Kokate



Miss Seema Jakanur being Felicitated at Women Empowerment programme at BLDEA's SSM COP & RC, Vijaypur



Miss Shradha M desai being Felicitated at Women Empowerment programme at BLDEA's SSM COP & RC, Vijaypur



Parents-Teachers Meet: Registration Process



Parents –Teachers Interaction



*Mr S.M Metri presenting paper at 69th IPC,
Chitkara*



Dr.S.M Biradar presenting paper at 69th IPC, Chitkara



Mr.B.S Hunasagi presenting paper at 69th IPC,



Mr.Sripad Potdar presenting paper at 69th IPC, Chitkara



*Dr.G K Rao and Mr. R.G.Patil, President APTI Karnataka
State Branch, donning the Role of Reviewers at 69th IPC,
Chitkara*

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



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

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%).



COURSES OFFERED

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 Pharmacovigilance 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

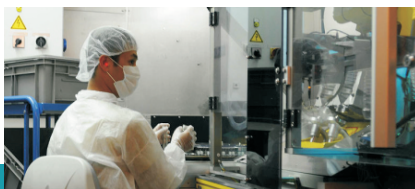
Library has a huge collection of books, journals and CDs. The cyber center, which is also a part of the college, helps students to familiarize with internet & HELINET usage.

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

BLDE University Campus, Solapur Road,
Vijayapura-586 103 | Ph: 08352-264004
bldeascop@yahoo.com | www.bldeapharmacy.ac.in

For Admissions call Principal @ 09448947496/Vice-Principal 9845619296



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