



KARNATAKA REGISTERED PHARMACISTS ASSOCIATION[®]

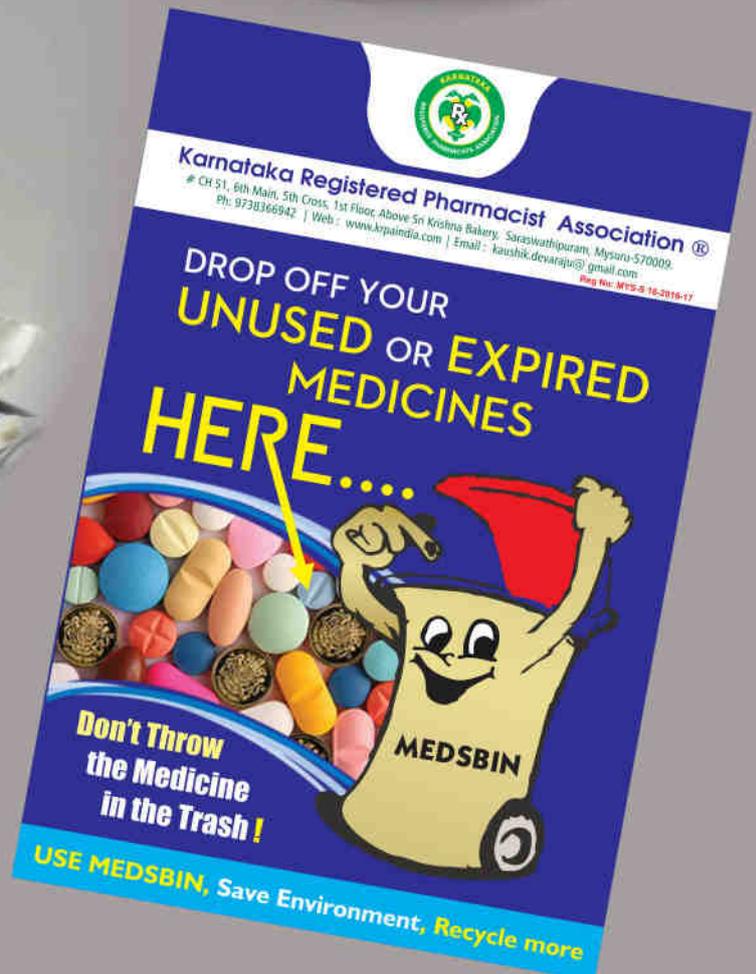
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EDITORIAL TEAM

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Mr. Balaji S	Dr. Jehath M Syed	Ms. Priya J Aradhya
Dr. Ravina Ravi	Ms. Shifa Taj	Mr. Santhosh Raj R K

MEDSBIN

A PROJECT FOR PROPER HANDLING OF UNUSED AND EXPIRY MEDICINES



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Ref. No. IW2W/SSF 21-C/76 Fellowship Award Letter June 30th 2021

Dear Karnataka Registered Pharmacists Association,

Sub: Award of "Swachhta Saarthi Fellowship (SSF) 2021"

This is with reference to your application submitted under "Swachhta Saarthi Fellowship (SSF) 2021" of the Waste to Wealth Mission, spearheaded by The Office of the Principal Scientific Advisor to the Government of India, housed at Invest India.

We are pleased to inform you that your application has been selected by our expert committee for award of the SSF 2021 for a period of one-year w.e.f. 1st of July 2021. You are requested to start your activities as proposed by you in the application.

Fellowship amount disbursement will be made on monthly basis to you at the rate of Rs. 2000/- per month (in Words: Rupees Two Thousand Only), basis the submission of your monthly activities/ reports online along with the relevant pictures/ videos etc. (as per Annexure-I). The detailed terms and conditions of the SSF 2021 are attached as Annexure-II.

We now request you to commence the activities that you proposed in your application. We wish you all the best for your participation in this endeavor.

With best regards,

Your sincerely,
(Signature)
(Malay Varmani)
Vice President
Invest India

To,
Karnataka Registered Pharmacists Association,
CH 51, 6Th Main, 5Th Cross, 1St Floor, Opposite To Country Cuisine Hotel, Sarawathipuram,
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Medicines play an important role in combating diseases; similarly, their preservation and disposal are equally important. They are chemicals and if left in a hazardous situation can be a threat to the environment. There is a dearth of awareness about handling unused and expiry drugs. Right disposal is the need of the hour.

Karnataka Registered Pharmacist Association (KRPA) has understood this situation and acted rightly to be a contributor in preventing the harm that unorganised disposal can cause to the environment and the public. KRPA took its first step by collaborating with Sattva Health System to stratify the concept and plan about steps needed to be taken in a way to overcome this concern.

KRPA has come up with the concept of "MEDSBIN"

MEDSBIN – A proposed system that will collate to collect the unused medicines and expiry medicine. Also segregate accordingly and then will be handed over to the proper disposal system.

How it works –

- Four centers have been identified namely: Sharda Vilas College of Pharmacy, Farooqia College of Pharmacy, NIE First Grade College and Maharaja First Grade College, Mysuru.
- MEDSBIN is been placed in these identified centers along with the collaboration with Roctract Mysuru
- With the help of students, the unused and expiry drugs are collected at the centers identified.

This project was initiated on July 24, 2019. Since then 750 kg of such medicines have been collected



KRPA received "Swachhta Saarthi Fellowship (SSF) 2021". This is motivational push-up for the KRPA initiated MEDSBIN.

KRPA is looking ahead in collaborating with Pharma industries, Pharmacy Colleges and organisation that is keen on working in this area.

KRPA members had a press meet on this juncture and they are keen on spreading the message and creating awareness in public.

KRPA PRESS MEET on MEDSBIN PROJECT

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ARTICLES



Thanks to our media friends for joining hands in projecting the program initiated by KRPA



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PHARMACISTS AND THE MARKETING DOMAIN

What is the essence of marketing?

There is an interesting slogan attributed to J R D Tata: Jai Jawan, Jai Kisan and Jai Salesman! This catchphrase brings importance to sales activity that improves the physical and material standards of society. In fact, the salesperson is that professional who fans out to the nook and corner of society, ensuring product availability and consumption of the product or service. The last mile connectivity and convenience to customers are a part of the salesperson's contribution.

Then what is the difference between marketing and selling?

Selling is a transactional activity where the goods or rendered services are exchanged between the provider and the customer for money or a kind. Once the sale transaction results in payment from the consumer or customer to the vendor, the relationship is complete. Marketing is however a long-term perspective of relationship with potential or actual customers. As per the American Marketing Association: 'Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large' (Approved 2017). So what this means is that marketing folk keep the repeat transactions in view and perform activities for the sales to take place. Hence, in the context of medical representatives – the field personnel appointed by pharmaceutical companies – deliver messages on pharmaceutical products and do relationship management with potential and actual prescribers (main focus is doctors). Marketing creates the situations where the sales take place. Pharma marketers provide value for prescribers to take note of, and when the prescription is generated and encashed the sale is said to have taken place. So the medical representative's core function is a marketing process of value delivery to ensure the sale of the pharmaceutical brand happens.

In short: selling is a onetime transaction where goods are converted to money, and marketing is a long-term orientation for identifying and satisfying prospective and actual customer needs through value delivery mechanisms.

The contribution of pharmacists in marketing is through:

- a) Generation of effective detailing points for a product, where there is an attractive presentation of the talking points of a product through the AIDA process (AIDA = Attention, Interest, Desire, and Action). The detailing of a product is done with the help of visual aid or any literature or extemporaneously or through dialogue detailing with yes momentum (where the doctor conversationally agrees to the presented talking points) – detailing should ultimately end in generation and encashment of prescriptions to ensure sales happen.
- b) Provision of effective product positioning statements. The concept of product positioning is how the product is represented and made to perceive by the target audience. For instance, aspirin can be promoted and positioned as an NSAID to relieve pain and fever; or aspirin can be promoted as a blood-thinning agent to avoid strokes and heart attacks. Product positioning can make or break brand destiny and effective product positioning requires technical acumen, understanding trends in the market place and thereby a logical representation of the brand should be done for brand registration and brand consumption.

For example, an oral rinse can be projected for halitosis (bad breath), or a better marketing decision in the current pandemic context is the antiviral plus antimicrobial activity of the oral rinse brand – it is profitable to project the product as an effective antimicrobial oral rinse to reduce the viral load in the oral and pharyngeal cavity. Thereby, the oral rinse is positioned as a safe and effective prophylactic and protective against viruses and other harmful microbes. This will increase the relevance and adoption of the oral rinse. This is effective product positioning keeping in line with market trending. Another disease trend is diabetes, and as is generally known, diabetics are more susceptible to oral infection and gum disease. Hence, positioning the oral rinse as an effective pleasant easy-to-use agent, to reduce the oral microbial load in diabetics and protect them from gum disease – will improve the market performance of the oral rinse brand. Further, in Covid-19 pandemic times, it is to be noted that diabetic gum disease is associated with severe Covid-19 symptoms. Hence, intelligent marketers will certainly project and position the oral rinse brand for protection from gum disease and hazards of Covid-19 viral infection in pre-diabetics and diabetics, in particular.

- c) Marketer pharmacists are also involved in the generation, analysis and presentation of scientific evidence to ensure that evidence-based marketing is done. Marketing pharmacists are uniquely placed to understand the market realities, and product strengths and weaknesses. Thus, marketing pharmacists use their understanding of prescriber, patient and community or hospital pharmacist needs to position the product effectively and projected for ensuring enduring success of the product. For instance, a fruit juice and nutrition based antioxidant immune booster. It is the marketing acumen of the marketing pharmacist that has ensured the generation of scientific evidence - ORAC value for the product (ORAC value measures the antioxidant power of a product, ORAC stands for oxygen radical absorbance capacity). Thus, putting a number i.e.the ORAC value to the product has multiplier effect on the patronage for the antioxidant immune booster product. Prescribers and community/hospital pharmacists are scientific-minded individuals who are convinced through authentic scientific evidence-based talking points of a product and marketing pharmacists are involved in the generation of the evidence-based marketing approaches.

Definitely, pharmacists in the marketing domain are uniquely placed through their knowledge of pharmacy including pharmacology to understand product attributes. These are then converted by the marketing pharmacist into a wholesome set of features, advantages and benefits (FAB). Based on the FAB characteristics, reasoned out by the marketing pharmacists, the product positioning is contextually created and projected. Finally, again based on the market trending and FAB, attractive talking points for detailing are furnished.

The marketing pharmacist further provides effective positioning and detailing points depending on whether the target audience is a prospect or customer. A prospect is an unconverted customer. A customer is one who buys the product - it may be the patient attender or the doctor who prescribes the product, here, the doctor is the customer, whereas the consumer is the actual person who uses the product. For instance, the paediatric medicine is purchased by the mother and the consumer is her child. So effective detailing should project points to the doctor that appeal to his customer: the mother and the consumer who is the child. For the mother, the talking point appeal may be the fact that the product is safe and the packaging helps in easy accurate dosing through a clear graduated measuring cup; whereas the mango flavour may be the appeal point to the child consumer. Instant relief from pain will also be an appeal point to the child and the mother, the smile on the child's face will relieve the mother's anxiety.

Hence, intelligent marketing pharmacists contribute to the sustenance, growth and appeal of the product portfolio of a company; this boosts the overall morale of field personnel and ensures Esprit-de-corps in the organization.



Mr. Sunil S Chiplunkar

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MBA (Marketing) PGDHRM (PhD)
VP – Business Development,
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Drug Utilization Evaluation (DUE)

Drug utilization evaluation (DUE) is defined as structured, ongoing initiatives that interpret the pattern of drug use with relation to predetermined criteria and attempt to minimize inappropriate prescribing. It is a systematic process designed to maintain the appropriate and effective use of medications.

The main aim is to improve the quality of health care and its costs, and it focuses on various medical, social and economic aspects of drug use. The Medical aspects include risk and benefits of drug therapy, social aspects that can be related to misuse of drugs, and economic issues that come with cost of drugs.

DUE plays a key role in helping the health care systems in understanding, interpreting, evaluating, rational prescribing, and proper administration of medications. Because of their expertise in medication therapy management, pharmacists' play an important role in this process. Pharmacists who participate in DUE programs can positively influence the quality of treatment for patients, both individually and as a group, by avoiding unnecessary or inappropriate medication administration, preventing adverse drug responses, and improving overall drug effectiveness. DUE allows the pharmacists' to document and evaluate the benefits of pharmacist interventions in improving therapeutic, humanistic, and economic outcomes while demonstrating the overall value of the role of a pharmacist in healthcare.

DUE is classified into 3 categories:

1. Prospective Study
2. Concurrent Study
3. Retrospective Study

Let us now look at, Prospective study, before the patient receives any drug, the pharmacist should be able to identify and fix the drug related issues. Herewith their regular practice, our pharmacists should conduct the prospective evaluations of drug utilization by evaluating the prescription and recommend accordingly while analyzing patient background information for potential drug related problems. By doing so, The prevalence and outcomes of diseases are simple to calculate, at the same time multiple diseases and disorders can be investigated, allows to study the calculation of incidence, facilitates the study of rare exposures, and also avoids selection bias at enrollment. However, it should follow a large number of subjects for long period, very expensive and time-consuming, not good for rare diseases, doesn't suit for diseases with long latency and differential loss follow up can introduce bias

Concurrent study: It allows the pharmacist to notify the prescribers of potential problems and intervene in areas such as drug-drug interactions, duplicate therapy, overuse or underuse, and excessive or insufficient dose.

Prospective study:

It is a form of a cohort study in which participants are enrolled before they develop the disease or outcome that is being studied. After the participants have been registered, they are tracked for a period of time to see who receives the desired outcome. Typically, the research is carried out with a specific aim in mind, and participant's progress is monitored on a regular basis using the same data collection procedures and questionnaires for each person in the study.

So its benefits, The prevalence and outcomes of diseases are simple to calculate, multiple diseases and disorders can be investigated, and researchers are not required to deal with ethical issues such as who receives which treatment,

Although unfavorably, Cohort studies are expensive and time consuming, confounding variables can be a significant issue, sample sizes are usually quite large, selection bias could be a problem.

DUE CYCLE:

The DUE process is a continuous cycle, and it is preferable if the cycle is followed rather than executing individual phases. The key stages of DUE cycles are as follows:



- Step-1: Identification of areas or Drugs for the DUE program:** A hospital has a huge number of medicines that are used to treat patients. However, it is not required to include every medication in the research. As a result, it is preferable for the hospital DUE committee to choose the priority medications that must be included in the DUE program. The areas for DUE can be identified by careful monitoring of medication error reports, Adverse Drug Reaction reports, microbiological data, and prescriber and clinical pharmacist comments. The ABC analysis is useful for determining which medicines should be included in the DUE research. DUEs may also concentrate on a region where drugs are over and under-utilized
- Step-2: Design of Study:** DUE studies employ a variety of research methods, observational research methods are more commonly used than experimental research methods. Pre and post design is another observational approach for examining the effects of interventions on prescription habits before and after they are implemented.
- Step-3 Define criteria and standards:** Criteria are always predetermined statements that allow oneself to give uncompromised drug usage, and against which the quality of real drug use may be assessed. The research literature must be employed to scientifically validate the created criteria. The criteria that are created should be scientifically sound and backed up by research. This must be genuine, with only one interpretation, and it must also be easily measured.
- Step-4: Design the data collection form:** A suitable framework for a data collecting form is crucial since a decent frame reflects the accuracy of the data collected. The compilation of patient information, laboratory results, and other data is a common element of the structuring of a form for data collection. In addition, the factors in research may have an impact on the design of a suitable data collecting form. This might vary depending on the sort of DUE and its goals.
- Step-5: Data Collection:** The individual who collects the data in the DUE research should be properly chosen. The gathering of data from the Patient's case note should be known to data collectors. Data collectors such as doctors, pharmacists, and nurses are ideal.
- Step-6: Evaluation of Result:** The most important stage in Drug Utilization Evaluation is data evaluation. The study's data should be assembled with the use of available resources. Then, summarize the different categories of the data and look for any deviations from the standard guidelines. If deviations are found, the causes of the deviations should be investigated.
- Step-7: Feedback of results:** The response of the findings from the hospital health care personnel who participated in the study influences the positive result of a DUE. The findings may be presented in hospital publications, academic gatherings, and DUE meetings to raise awareness among hospital staff.
- Step-8: Implementation of interventions:** Once a drug usage problem has been identified, appropriate interventions must be implemented. Interventions to improve drug usage might be educational or operational. Meetings, academic details, newsletters, and feedback of results are all part of the educational interventions. Operational intervention entails the DUE correcting the identified operational issue. The selection and development of interventions need considerable consideration.
- Step-9: Re-evaluation:** The re-evaluation of drug usage and prescribing practices determines the success of a DUE, which can be carried out in the same manner as before. 3–12 months following the intervention, a re-evaluation was generally performed.
- Step 10: Feedback of Result:** The outcome of the re-evaluation must be communicated to the medical staff. This keeps track of the interventions that have been implemented to address medication-related issues.

1

IDENTIFY DRUGS OR AREAS OF PRACTICE FOR POSSIBLE STUDY

2

DESIGN THE STUDY

3

DEFINE CRITERIA AND STANDARDS

4

DESIGN DATA COLLECTION FORM

5

COLLECT DATA

6

COLLATE DATA AND EVALUATE RESULTS

7

FEED RESULTS BACK TO CLINICIANS AND OTHER HOSPITAL STAFF

8

DEVELOP AND IMPLEMENT INTERVENTIONS

9

RE-EVALUATE TO DETERMINE IF DRUG USE HAS IMPROVED

10

RE-ASSESS AND REVISE DUE PROGRAMME AS NEEDED

11

FEED RESULTS BACK TO THE CLINICIANS AND OTHER HOSPITAL STAFF

ROLE OF PHARMACIST IN DUE



Pharmacists should assume a leadership role in DUE initiatives and collaborate with other members of the healthcare team because of their knowledge and purpose of ensuring quality medication use. The following are some suggested positions and responsibilities:

1. Promotion of goals and objectives of DUE
2. Coordination, supervision, and program development
3. Presenting the DUE results at meetings and conferences
4. Documenting the program outcome, cost benefit, and effectiveness
5. Coordination of development of data collections, analysis
6. Reviewing of audit criteria, guidelines, and study protocols
7. Development of recommendations for intervention and report writing
8. Educating the hospital staff about the practice use of DUE.



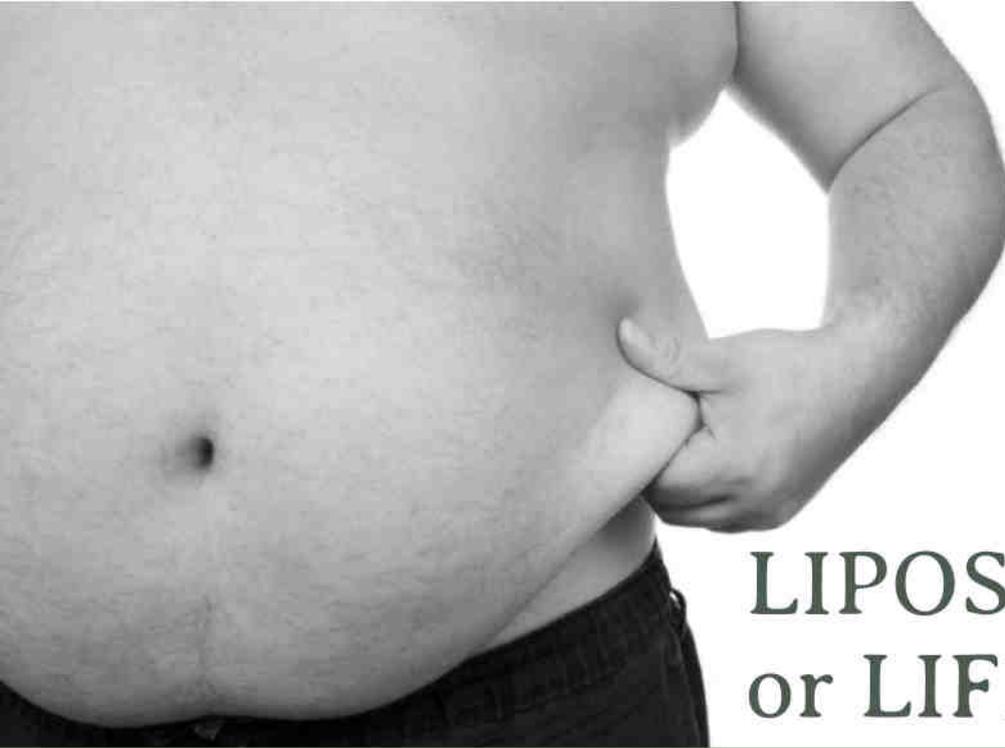
SUVVADA PRUDHVI RAJ

1st year M. Pharm

Department of Pharmacy Practice

JSS College of Pharmacy, Mysuru

JSS Academy of Higher Education & Research



LIPOSUCTION or LIFESUCTION

The ruthless action of demeaning so-called 'fat girls' results in girls wanting to look waif-like. These fashion victims see the glamorous models with jutting cheekbones and skinny hands and don't mind putting their health at stake in the process to be recognized as 'pretty and desirable girls' of society. With all the societal pressure and social media influence, young girls take pills, starve, and throw up food that was consumed, and some even resort to taking drugs and smoking as they live under the misinterpretation that these bad habits keep fat at bay. This results in serious mental and physical problems – anorexia nervosa and bulimia, to name a few. Today, liposuction would be the latest on obese kids' wish-list rather than exercise.

Currently, the most widely used cosmetic surgery process performed by plastic surgeons across the world is liposuction. Initially, one must clearly know that it's not a weight loss procedure but a body contouring process. Hence, it is associated with inherent limitations, complications, and safety issues or unfavourable results. Considering this, it is best to avoid liposuction as far as possible.

Discoveries of liposuction:

1976 – The first to use hollow instruments and suction apparatus for liposuction are Arpad Fischer and Giorgio Fischer. Very soon, Pierre Fournier improvised this with the 'dry technique' for liposuction. However, liposuction gained its popularity with the 'wet technique' designed by Illouz, who also introduced the concept of "discontinuous dissection."

1983- An Otolaryngologist-Julius Newman first coined the word 'liposuction'.

1987- Klein achieved a remarkable milestone with the use of "tumescent liposuction".

1989 – The procedure which helped brilliant skin retraction given by Marco Gasparotti was that "Superficial sub-dermal liposuction".

Abdominal obesity has been the major risk factor for most diseases like insulin resistance, Coronary heart disease (CHD), dyslipidemia, increased blood pressure, and impaired oral glucose tolerance. Liposuction is the removal of adipocytes (fat cells) from a selected body part that leads to structural change in the area. However, the newly formed triglycerides that come from post-liposuction weight gain (fat) will not be possible to accumulate areas aspirated and redirected to other parts like skeletal muscle and liver, which were associated with inflammation and insulin resistance.

Albeit the abdominal fat is aspirated in large quantities, the risk of developing CHD metabolic risk with abdominal obesity is not reduced. Therefore, it proves that the weight loss attained by liposuction, which is a negative energy balance where therapeutic effects are absent, cannot mask the metabolic risks. According to worldwide statistics, liposuction stands at 3rd position in most widely requested surgeries in recent years, accounting for 15 – 20% of total surgeries. Along with the popularity, there has also been a dramatic increase, with one death in every 5000 liposuction surgeries and 8.5 percent of patients presented with Fat embolism (FE).

All patients who underwent liposuction volume greater than or equal to 900 ml presented with macroglobulinemia are prone to FE Syndrome. Blood vessels of treated areas and soft tissue traumas were identified as the major cause for fat micro-embolisms in the bloodstream after liposuction. The severity of FE syndrome varies from patient to patient and is mostly diagnosed with signs and symptoms. Pulmonary thromboembolism is one of the major complications frequently witnessed in a patient undergoing liposuction. Risk classification, according to Caprini, states that in the majority of cases of liposuction, patients are observed with a 3-point score which indicates high-risk surgery, whereas a normal surgery scored with 2 points. Patients with high-risk surgeries require a prophylactic treatment with low-molecular-weight heparin within 6-12 hours post-surgery for at least 7-10 days.

However, it was observed that only 43.7% of total surgeries conducted by the American Society for Aesthetic Plastic Surgery prescribed DVT prophylactic management in liposuction and in case of multiple procedures conducted in the same surgery, 60.8% were provided with prophylactic treatment.

The procedure involving the subcutaneous infusion of a local anesthetic drug solution for aspiration of fat through micro cannulas is termed as "Tumescent liposuction". Contents in the infusate consist of normal saline 1 litre along with 500 to 1000mg lidocaine, 12.5 mmol sodium bicarbonate, and 0.25 to 1.0 mg of epinephrine.

Accumulation of fluids: Liposuction can also result in fluid-filled pockets (seromas) beneath the skin, yet it's relieving that it can be drained with a needle.

Puncturing of internal organs: Internal organs may get punctured by the tube (cannula) used to aspirate the fat out of the body by penetrating deeper, which involves emergency surgical repair.

Body deformity: Skin may look wavy or bumpy when fat removal is uneven, poor skin elasticity or even due to unusual healing. Also, the tube (cannula) used in the liposuction procedure may cause damage beneath the skin leaving behind a permanent spotted appearance. This data may be indefinite in accordance with Mayo Clinic.

Lidocaine toxicity: During the procedure, a local anesthetic (painkiller) such as Lidocaine is administered along with other fluids to help reduce the pain. It is safe, but in some rare situations may cause central nervous system and complex heart problems due to Lidocaine toxicity.

Skin infections: Life-threatening, severe skin infections or diseases may arise in contract with liposuction.

Kidney, Heart, and Lung problems: Liposuction results in dramatic changes in the fluid levels of the body, which causes severe life-threatening kidney, heart, and lungs problems.

Fat obstructing arteries: One of the medical emergencies due to liposuction is fat embolism formation. Loosely present fat pieces may detach and get trapped in blood vessels, precede to lungs or brain.

Before requesting surgery, a proper consultation from a medical doctor or therapist is advised. Make sure to refer others who had already taken the surgery and that you are confident to live with the changes, which may be good or bad. Every surgery comes with some quantity of risk. Irrespective of the type of surgery like cosmetic or medically essential, there will always be some pros and cons. However, it's not healthier to take a drive along the road than to have a liposuction. Every individual comes with varying pros and cons. It's important to understand that every person is different and may react differently. A significant decrease related to obesity-associated metabolic abnormalities has not been observed with abdominal liposuction. Decreasing adipose tissue mass alone will not achieve the metabolic benefits of weight loss.

Dr. A Pramod Kumar
Clinical Pharmacist



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EVENTS AND ACTIVITIES






Presents
FREE WEBINAR

COVID-19 - CASES, CONTAINMENT AND COST

On 19th June (Saturday), 2021 @ 11.00 am

E-Certificate will be issued to all who remain till end of webinar

Main speaker:

Dr. D Sreedhar
 M Pharm PhD, PGDIP, CCPC, PGDIPAM, DCPK, Associate Professor, MAFIP Scale, Department of Pharmacy Management, Manipal College of Pharmaceutical Sciences, MAHE, Manipal

Welcome remarks:

Dr. Saleemulla Khan
 M Pharm PhD, Principal, P A College of Pharmacy, Mangalore

Inaugural speech:

Mr. Abdulla
 Executive Director, PA group, Mangalore

Onboarding talk:

Mr. Sunil S Chiplunkar
 M Pharm Pharmacology, MBA (Marketing), PGDIPAM (PhD), Vice-President, Group Pharmacists, Bangalore & Advisory Member, KRPA

Vote of thanks:
 a. **Dr. Kaushik Devaraju**
 M Pharm PhD, President, KRPA, Mysuru
 b. **Dr. Saleemulla Khan**
 M Pharm PhD, Principal, P A College of Pharmacy, Mangalore

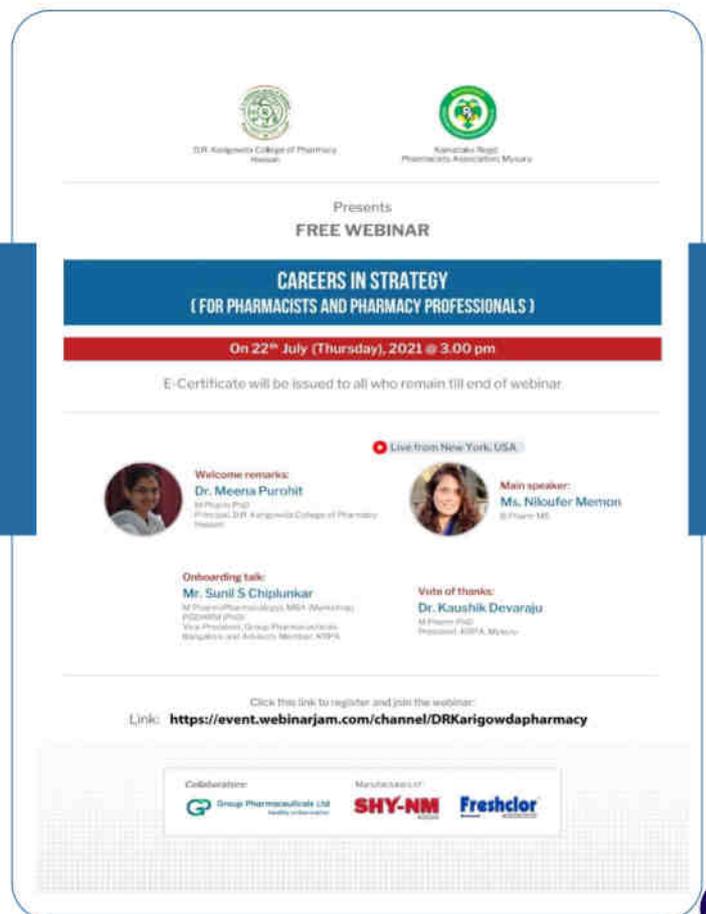
Click this link to register and join this webinar:
 Link: <http://bit.ly/Covid-19casescontainmentcost>

Collaborators:   

Karnataka Registered Pharmacists Association® (KRPA) in association with various Educational Institutions, Pharmaceutical Industries, and Policymaking organisations of India, framed unique webinars to reach out to all health care professionals including pharmacists, clinicians, dentists, and the general public.

A webinar on COVID-19 Cases, Containment, and Cost was organized on 19th June 2021 in association with P A College of Pharmacy, Mangalore for the benefit of pharmacy fraternity. Dr. Saleemulla Khan, Principal, P A College of Pharmacy, Mangalore welcomed the gathering; Mr. Abdulla, Executive Director, P A Group gave the inaugural talk. The speakers of the event were Dr. D Sreedhar, Associate Professor, Dept. Pharmacy management, Manipal College of Pharmaceutical Sciences, MAHE, Manipal. The speaker explained management of COVID-19 infection and its cost implicated. This event was moderated by Sri. Sunil S Chiplunkar, Advisory Committee Member, KRPA, and Dr. Kaushik Devaraju, President, KRPA proposed the vote of thanks.

A webinar on 'Careers in Strategy for Pharma Students' was organized on 22nd June 2021 in association with D.R. Karigowda College of Pharmacy, Hassan for the benefit of the pharmacy fraternity. Dr. Meena Purohit, Principal, D.R. Karigowda College of Pharmacy, Hassan welcomed the gathering. The speaker of the event was Ms. Niloufer Memon. Ms. Niloufer spoke on designing a strategy, how to accomplish it, when to implement it, where to execute, and what to be targeted for successful completion of a project from bench to field stage, as a new and unexplored career option for pharmacists' was unravelled in the webinar. She also gave few examples from active experience in the strategy designing field along with the pros and cons of a career in strategy were discussed with the audience of the webinar. This event was moderated by Sri. Sunil S Chiplunkar, Advisory Committee Member, KRPA and Dr. Kaushik Devaraju, President, KRPA proposed the vote of thanks.






Presents
FREE WEBINAR

**CAREERS IN STRATEGY
(FOR PHARMACISTS AND PHARMACY PROFESSIONALS)**

On 22nd July (Thursday), 2021 @ 3.00 pm

E-Certificate will be issued to all who remain till end of webinar.

Welcome remarks:

Dr. Meena Purohit
 M Pharm PhD, Principal, D.R. Karigowda College of Pharmacy, Hassan

Main speaker:

Ms. Niloufer Memon
 M Pharm MS

Onboarding talk:

Mr. Sunil S Chiplunkar
 M Pharm Pharmacology, MBA (Marketing), PGDIPAM (PhD), Vice-President, Group Pharmacists, Bangalore and Advisory Member, KRPA

Vote of thanks:

Dr. Kaushik Devaraju
 M Pharm PhD, President, KRPA, Mysuru

Click this link to register and join this webinar:
 Link: <https://event.webinarjam.com/channel/DRKarigowdapharmacy>

Collaborators:   

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10
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"Importance of Getting Vaccination to Fight Covid -19 Pandemic"
On Monday 28th | 11.00 am

Resource Persons

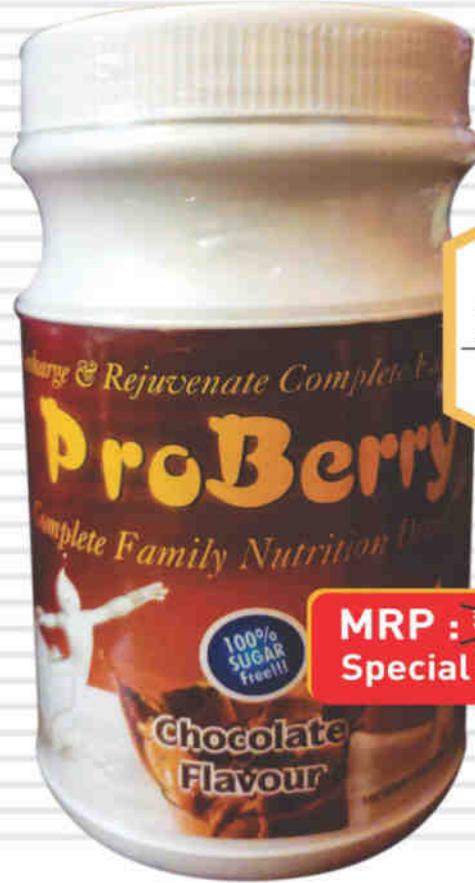
OPENING REMARKS	MAIN SPEAKER
	
Dr. Kaushik Devaraju President, Karnataka Registered Pharmacists Association (KRPA)	Mr. Sunil S Chiplunkar VP - Business Development, Group Pharmaceuticals, Bangalore Advisory Member, KRPA

A webinar organized by ATME College of Engineering for the benefit of staff and students of the college and to the general public. Dr. Kaushik Devaraju, President, KRPA gave the opening remarks and spoke on the need to get a vaccination. The main speaker of the event was Sri. Sunil S Chiplunkar, Advisory Committee Member, KRPA. During his talk, Mr. Chiplunkar highlighted different technologies used in the production of various vaccines, the importance of getting vaccinated, and the prevention of disease. He also spoke on Common side effects of vaccine post- administration.

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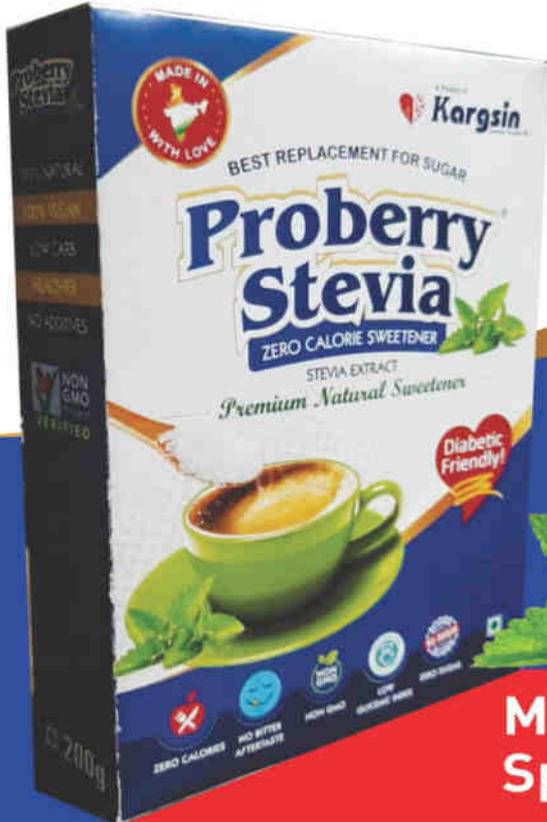
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Quiz

Match The Following

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. Which of the following is a food infection? | A. Salmonellosis |
| 2. The staphylococcal intoxication refers to presence of: | B. 7.3 Mrad |
| 3. A bacterial food intoxication refers to | C. Cell autolysis |
| 4. The method of successful treatment of botulism prior to appearance of botulism symptoms involve administration of: | D. An enterotoxin |
| 5. The botulism intoxication occurs due to: | E. <i>Clostridium botulinum</i> |
| 6. The <i>Bacillus cereus</i> causes gastroenteritis by the production of an exoenterotoxin which is released in food as a result of: | F. Neurotoxin |
| 7. Salmonellosis is caused by the: | G. All types of strains (proteolytic)A, B and F |
| 8. Group I <i>C. botulinum</i> strains generally includes in- | H. Antitoxin |
| 9. The application of Gamma rays destroys botulism toxin. The dose of gamma rays required for this purpose is: | I. Endotoxin of <i>Salmonella</i> spp |
| 10. Botulism is caused by the presence of toxin developed by: | J. Food borne illness caused by the presence of a bacterial toxin formed in food |

RULES

1. Correct answers will be rewarded 1 point each (10 marks)
2. Answer of the quiz will be evaluated by panel of judges and their decision is final. (Max mark:10)
3. Those who get the highest marks, their photo will be published in our next bulletin and also a cash prize of Rs.500/- will be rewarded to them
4. The answer must be sent within 20th August 2021 to this E Mail ID- krpaindia@gmail.com

A confirmation mail will be sent to you on receiving your e-mail.

Congratulations

to the winner of Sixteenth Editio

KRPA Quiz Competition



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