



KARNATAKA REGISTERED PHARMACISTS ASSOCIATION[®]

CH 51, 6th Main, 5th Cross, 1st Floor, Above Sri Krishna Bakery, Saraswathipuram, Mysuru-570009.

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HAPPY
**Women's
Day**

EDITORIAL TEAM

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Ivermectin

the breakthrough Drug

Japan is a world class new drug development country. Prior to 1967, there was no track record of new drug discovery in Japan. Drugs approved for sale in USA and Europe were automatically approved for sale in Japan, until 1967.

Product patent laws were changed in Japan during 1975. Thereafter, new drug discovery programs slowly took off in Japan. Further impetus for new drug development was through a new method of the government - to calculate drug prices in which, a premium was given to newly discovered or invented drugs. This heralded a new era in industry-academia relationship - the collaborations resulted in new classes of drugs.

The important novel drugs developed in Japan include: Compactin - the first statin, nicorandil (antianginal drug), teneligliptin (antidiabetic), cefixime (antibiotic), famotidine (anti acid peptic disease), clarithromycin (antibiotic), pioglitazone (antidiabetic) and so on. American and European MNCs buy the Japanese technology and license for the drug and commercialize world-wide, so the real Japanese innovator is often not popular across the globe.

One of the extraordinary drugs developed in Japan is the antiparasitic, dihydro derivative of avermectin called ivermectin. Kitasato Institute, Tokyo, Japan discovered the drug from a single microbe (*Streptomyces avermitilis*) of Japanese soil, in the late 1970s. Ivermectin was initially used for veterinary purpose to eliminate external and internal worm parasites of livestock. However, along with penicillin and aspirin, ivermectin gained the status of wonder drug when it was found that ivermectin eliminates two disfiguring diseases: river blindness and lymphatic filariasis (the most terrible manifestation of lymphatic filariasis is elephantiasis with typical swollen legs).

River blindness disease: is technically known as onchocerciasis and the causative organism is the parasite: *Onchocerca volvulus* (a roundworm). The symptoms of this disease are severe itching, bumps below the skin and blindness. The second most common parasitic reason for blindness after trachoma (a sexually transmitted disease) is onchocerciasis. This parasitic worm is spread by the bites of black fly. As these flies live near rivers, the disease caused by *Onchocerca volvulus* is called river blindness. The parasitic disease river blindness is prevalent in South and Central America, West and Central Africa, and Middle East. Merck, which is a co-inventor of ivermectin (brand name: Mectizan) gave it away free of cost to affected poor in Africa. Ivermectin does not reverse blindness in the onchocerciasis patients, but prevents the disease progression to blindness stage.

Lymphatic filariasis is commonly known as elephantiasis. Filarial worms are the causative agents and interestingly there are no symptoms. In some people, swelling of arms and legs occur - this condition is called elephantiasis.

These two disfiguring diseases are avoided and respective worm infestation treated by ivermectin, thereby this drug is called a miracle drug, a status given to aspirin and penicillin.

Ivermectin is also used to treat a contagious itchy skin infestation: scabies, caused by human itch mite. Ivermectin is effective even in case of a severe condition: crusty scabies. Ivermectin is also used in management of strongyloidiasis (round worms).

Dose of ivermectin is based on patient type and condition, for instance in adult cases of river blindness, ivermectin tablets (on empty stomach one hour before breakfast with a cup of water) 150 mcg per kg body weight is recommended.

Ivermectin was approved for human use in 1987 and is given as a mass distribution campaign to the communities affected by lymphatic filariasis and onchocerciasis.

Japan has a very advanced state of science and technology. Medicine research too is world-class and cutting edge in Japan. Several innovative drugs, nutraceuticals and medical devices of value to humanity have emerged from the research institutions of Japan. Ivermectin is one such example of how Japanese drug research has been a boon to humanity.

Japan that did not have any new drug discovery programs before 1967, started to produce novel new classes of drugs - as the innovator company could charge a premium and there were close academia-industry relationships that created new drug discoveries. India can take a leaf from the Japan story to move up the value chain in pharmaceuticals.



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MULTIVITAMINS

Myths about **Vitamin and Mineral** supplements

Myth: Taking a multivitamin can mask a poor diet and prevent disease.

Reality: The fact that multivitamins are effective is still questionable by scientists. There is a controversial statement to MVMs being protective in premature deaths by some studies where some others agree. In most case, it is always beneficial to intake nutrients via food rather than supplements.

Myth: All supplements are natural and so do are safe to use

Reality: Anything which is considered for healing can also be harmful. Being natural in the source doesn't mean harmless and effective necessarily. For instance, arsenic is a natural yet potentially carcinogenic (cancer-causing agent), which makes it harmful to use.

Myth: You can't overdose on vitamins

Reality: Consuming a healthy diet, including sprouts and fortified cereals, along with the intake of vitamins and minerals, may lead to overdosing. This may also cause vital organ damage. High doses of Vitamin A in pregnant may give birth to defective babies and may also affect the liver in individuals.

Myth: Supplements are tightly regulated

Reality: Product labels are monitored to avoid misleading by the Federal Trade Commission (FTC) and the Food and Drug Administration (FDA) once a dietary product is made available to the market. As the monitoring staff is inadequate, it may lead to great damage even before FTC and FDA involvement. U. S. Pharmacopeia, National Science Foundation and Consumer Lab.com are a small group of supervisory body organizations that provides approval to seals of products that were manufactured appropriately and consist of all listed ingredients on the label. However, the effectiveness of the product is not determined by such organizations.

Myth: Supplements are never necessary

Reality: Dietary supplements are not always unnecessary. They can be considered to heal various diseases and affective in certain populations. For instance, multivitamin and minerals are beneficial in a person on a calorie-restricted diet; a person allergic to milk may benefit from calcium and Vitamin D supplements and Vitamin B12 in the case of a vegan.

Myth: Supplements don't interact with medications

Reality: Supplements that you intake may interact or enhance with the other medications—for example, aspirin is protective for heart disease and antibiotics for bacterial infections. One must provide all the information regarding the supplements which he/she takes to the physician or pharmacist. Thereby, such interactions can be avoided.

Myth: Vitamins and other supplements should be taken on an empty stomach.

Reality: Most of the vitamins are water liable which indicates they get dissolved in water and absorbed throughout the day by the body. In contrast, some vitamins like A, D, E and K are fat-soluble, which indicates they get dissolved in the presence of some fat. Thus if the supplements you're taking contain fat-soluble vitamins, take them along with food that contains a little amount of fat. However, nausea is reported by many individuals when taken supplements on an empty stomach.

Myth: Supplements always play well together.

Reality: Just as teammates, supplements do work better when together by helping each other. For instance, iron absorption is high with Vitamin C intake. In contrast, some work against each other, as in iron absorption blocked by calcium. This indicates high levels of one nutrient can actually cause others to diminish.

To better be safe, provide all the information regarding the supplements you take on a daily basis to the physician, even if you think it's harmless. Side effects such as rash and stomach upset are common with many vitamins and mineral supplements, even with herbal supplements. These can also interact with medicines and other vitamins. It is not surprising for any person in the field of medicine. Multivitamins that are available today are far away from the actual dose that needed to be consumed. Why must multivitamins be any different when all the medicines prescribed by the doctor have serious side effects? In reality, there is no difference.

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Dr. Rekha K Shetty MBBS
Medical Advisor

Are you going **Vegetarian** ?

Other day went to vegetable market after very long time and indeed my eyes here thrilled to see the fresh beautiful red, green yellow, orange ... wanted to steel these colours to my brush to my canvas. Till today no painter could beat the game of colours of nature.

No wonder over millions of years, plants have evolved and survived in an unfavorable environment by just developing specific phytonutrient chemicals and animals and humans have learnt to utilize these phytonutrients for anti-senility, anti-degeneration functions in the body.

Colours in these fruits and vegetables are nothing but naturally occurring colourful compounds i.e. Carotenoids, they are abundant as pigments in plants. Although more than 700 specific carotenoids have been identified, of which approximately 40 are consumed in diet, only one third of them absorbed and few are found in appreciable quantities in human blood and tissues too. The major ones are alpha-carotene, beta-carotene, lutein, zeaxanthin, cryptoxanthin and lycopene.

Despite their similarities in structures, carotenoids have diverse biological functions. Certain carotenoids are precursors of vitamin A and can be metabolically converted into vitamin A. Although animals lower in the evolutionary scale can modify the end products of the carotenoids, these remain the original source of biosynthesis of the plant kingdom. No synthesizing capability exists in the human body and no end-group modification has been reported so far: only breakdown mechanisms of carotenoids have been found in humans.

The richest dietary sources of carotenoids are fruits and vegetables. Carotenoids are proving to be the most vital as far as antioxidant protection is concerned. Their specific protective abilities in dermatology-as sunscreen, cardiology-to prevent oxidative damage of LDL, ophthalmology-cataract & age-related macular degeneration, oncology-various cancers, and now, even in respiratory disease like asthma, carotenoids have been demonstrated toward off attack by free radicals, this is not applicable to beta-carotene only it is imperative to provide all carotenoids-combinations of carotenoids, if all-encompassing benefits are to accrue. Apricot, carrots, leafy vegetables pumpkin, sweet potato are rich sources of beta-carotene. Carrots and pumpkins are good sources of alpha carotene. Lutein and zeaxanthin are found in leafy vegetables, red pepper and pumpkin. Guava, pink grape fruit, tomatoes and watermelon are rich in lycopene. Cryptoxanthin is present in mangoes, orange, papaya and peaches.

The percentage distribution of other carotenes to beta-carotene varies from food to food. According to Nj Mehata. Green vegetables contains 80% of beta-ccarotene and 20%of other carotenoids, while deep yellow vegetables contains 85%of beta-carotene, while 15% comprises other carotenoids.

On the other hand 30% of blood carotenoids is constituted by Beta-carotene alone and rest of the five carotenoids contribute to 70% of the remaining. And if the absorption is given importance then lutein is absorbed 14 times more than the beta-carotene and zeaxanthin is absorbed 4 times more than the Beta-carotene. Hence human requires to consume more of betacarotene as the requirement is more and absorption is less and lesser amount of leutein and zeaxanthin as the intestinal absorption of these xanthophylls are very high .

Innumerable research publications like JAMA, Journal of Clinical Nutrition etc have thrown up facts about health related benefit of carotenoids.



Chemical reactions in the body, stress, strain, smoking, pollution, disease, etc produce many charged oxygen species and other ionic products known as free radicals that damage the healthy tissues. These free radicals implicated as one of the major causes of senile degeneration. Carotenoids trap these free radicals to help safeguard the body and preserve it well into old age. Advanced age causes depression of the fighting ability of the most important fighter in our blood, the T-lymphocytes. That is why the elderly persons are so prone to infection and cancer. Consumption of combinations of colourful vegetables and fruits can reverse this defect and restores senile immunity depression back to normal.

Macular pigment is basically made up of Lutein and zeaxanthin which protects the eye lenses and retina from the UV damage, while the other carotenoids like Beta -carotene, alpha- carotene and cryptoxanthin helps to protect conjunctiva, tear formation (mucin layer) through their provitamin A activity. Strong sun rays also destroy the skin collagen and langerhance cells which is the growing regenerative layer of the skin. Lutein and zeaxanthin along with beta-carotene are deposited in skin to filter the strong light and protect against skin damage and sunburn.

Cancer is caused due to a series of steps, by which certain normal cell genetic material is made abnormal, and sent into an uncontrolled rapid growth phase. According to some international studies the scientist have proved that there is inverse relationship between the carotenoid content and the cancer risk and the lack of combination of carotenoids, which risk the cancer, is different for different cancer for example study conducted in USA in 15,160 patients, out of which 50 patients developed cervical cancer showed there is low level of cryptoxanthin and alpha carotene in cancer patients as compared to the normal subjects. Whereas two studies, each from Switzerland and Italy proved that increase consumption of beta carotene decreased the risk of endo-metrium and breast cancer respectively.

In another study from USA found a Dose-dependent inverse association, between cancer risk and dietary intake of beta- carotene and alpha-carotene and lutein but not lycopene and cryptoxanthin in Lung cancer. These multi centric studies proved that different tissue needs a different permutation and combination of carotenoids for optimum cancer prevention.

Carotenoids stimulate neighboring normal cells to send gene-correcting information (cell to cell communication) to stop cancer initiating right in the first step. Alpha carotene and beta-carotene along with cell to cell communication also inhibits N-Myc activity. Alpha-carotene is 10 times more potent in inhibiting the N-Myc activity than beta carotene. By this dual actions of inhibiting N-Myc activity and improving cell to cell communication these carotenoids prevent the initiation of cancer.

While it is easy to satisfy once protein, carbohydrate and fat needs from a limited range of foods, the same is not possible for phytonutrients.

Has the evolution of man kept pace with the rapid recent changes in our diet? This question applies to whole range of micronutrients and not just to carotenoids.

One trend seems well substantiated: that the micronutrient content of our food intake has declined from the hunter-gatherer to the present western style diet results from various surveys show that the carotenoids content of the diet around the world is in the range of 0.5-6mg per day depending on the food available, and personal choice. The general average figure used is 1.5-2 mg per day. It is common to have substantial variation on an individual basis even in localized communities, simply because of choice and to some extent economic status.

It has been proposed that the average intake (based on medical trials), should be around 6 mg per day but average. Americans consume only 1.5 mg. To consume 6 mg per day requires around 5 to 7 servings of fruits and vegetables. In practice, the majority of people fail to get even close to the desired intake. For this reason it has been proposed by researcher that there is a carotene deficiency of approximately 4.5 mg per day in intake. To check how much we Indian's being vegetarian mostly consume, I have carried out a calculation based small study in 2000, and found that the average Indian diet contains only 2.8mg of carotenoids and the major contribution of carotenoids in the Indian diet is leafy vegetables (47.6%), followed by roots and tubers (11.2%). This calculation is based on the survey carried out by National Nutrition Monitoring bureau (NNMB) over the decade (1986-1996) in rural and urban areas of 10 states of the country, has revealed the average amount of the intake of protective foods like pulses, leafy vegetables, other vegetables, milk, fruits, fats and oils. The fruit which attracted me the most is none other than orange. It contains all the carotenoids found in our blood but unfortunately the quantity is very small so we need to consume more of it along with other fruits and vegetables to achieve our goal.

Whether it is developed country like USA or developing countries like India, the average intake of carotenoids from the diet is fail to get even close to the desired intake Nature evolved human to depend on a continuous supply of combination of carotenoids and we need the adequate and balanced proportion of carotenoids and xanthophylls especially in cancer prevention.

Fruits and vegetables contains small amount of carotenoids, hence to get the average amount required we need to consume higher number of servings of combination of vegetables and fruits than the routine two times a day, which may not be practically feasible for some but not impossible. It is also to be noted that the carotenoids are in the bound form in vegetables and its content is destroyed by wrong way of cooking. Need to boil for little time and should not overcook which destroys it. It is very interesting factor to be noted that the nature has its own game. It produces the specific fruits and vegetables which were required by our body at that particular season's. If not possible to consume from diet by having 5 or 6 servings one can take supplement along with the diet. Eating a diet rich in fruits and vegetables drastically reduces the risk of ever getting cancer and of having a recurrence. Several studies reported that fruits and vegetables supplying micronutrients can boost immune function particularly useful in this pandemic era.

By taking little effort to utilize the nature's best gift of perfect blend of reds, orange, yellows and greens practically every day, each one of us can paint our portrait of perfect pink of health span to match with our lifespan.



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EVENTS AND ACTIVITIES

R R College of Pharmacy Bangalore and **KARNATAKA REGISTERED PHARMACISTS ASSOCIATION** present a **National Webinar**.

Topic: How to start Pradhan Mantri Bhartiya Janaushadhi Kendra (PMBJK) (Jan Aushadhi Pharmacy)

Chief Guest: Sri .Bhagawanth Khubhaji
Minister Of State Chemicals and Fertilizers
Government Of India, New Delhi
Keynote address

Dr. Pramod Yeole M Pharm PhD DBM
Vice President & Acting President, Pharmacy Council of India (PCI) and Vice-Chancellor, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad, Maharashtra

28.2.2022 (Monday) **TIME:- 10:00 AM**

PROGRAM DETAILS

Welcome address: Dr. V B Narayanswamy M Pharm PhD
Principal, R R College of Pharmacy, Chikkabanavara, Bangalore

Onboarding talk: Mr. Sunil S Chiplunkar M Pharm (Pharmacology) MBA (Marketing) PGDHRM (PhD), VP - Business Development
Group Pharmaceuticals, Bangalore

Co-speaker and interaction: Prof. R Raveendra, HOD, Dept. of Pharmaceutical Chemistry, R R College of Pharmacy
Chikkabanavara, Bangalore

Vote of thanks: Dr. Kaushik Devaraju M Pharm PhD, President
KRPA Mysuru

Group Pharmaceuticals Ltd
SHY-NM

R R College of Pharmacy, Chickabanavara, Bangalore and Karnataka Regd. Pharmacists Association (KRPA) organised an national Webinar on “**How to start Pradhan Mantri Bharatiya Janaushadhi Kendra**”. Opening remarks were presented by Mr. Sunil S Chiplunkar, Director KRPA, Mysuru.

The event started with a welcome speech by Dr. V B Narayanswamy Principal, R R College of Pharmacy, Chikkabanavara, Bangalore.

The chief guest for the event was Sri. Bhagawanth Khubhaji, Minister of State Chemicals and Fertilizers, Government of India, New Delhi. He also presented the key note address. Dr. Pramod Yeole, Vice President & Acting President, Pharmacy Council of India (PCI) and Vice-Chancellor, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad, Maharashtra was the speaker for the event. It was an interesting session, as many myths always surround when something new has to be put in place. The speaker patiently explained the whole process. Prof. R Raveendra, HOD, Dept. of Pharmaceutical Chemistry, R R College of Pharmacy, Chikkabanavara, Bangalore was the co-speaker he also handled the interaction with participants. The event was concluded with Vote of thanks presented by Dr. Kaushik Devaraju M Pharm PhD, President, KRPA, Mysuru. The collaborators for the event were Group Pharmaceuticals, Bangalore (Makers of Shy NM toothpaste and Hemozink syrup).

Print Media has supported the same by publishing the article on KRPA raising the issue to the Gazette Notification issued by central government.

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Medical Device **Font Resize -**

KRPA opposes Centre's move to hire 12th pass candidate to seek registration certificate for sale of medical devices

Nandita Vijay, Bengaluru
Monday, February 28, 2022, 08:00 Hrs [IST]

The Karnataka Registered Pharmacists Association (KRPA), Mysuru has come down heavily on the Union government's draft gazette notification issued on February 9, 2022 allowing 12th class pass candidate with one year experience or any graduate to stock/sale/distribution of medical devices by obtaining a registration certificate. This according to the Association is absurd and will leave scores of experienced and qualified candidates in the lurch.

"We strongly object the proposed decision of Central government to amend rules for issuing Certificate of Registration for sale or distribution of a medical device including in-vitro diagnostic medical devices to the 12th standard pass persons with one year experience or to any graduate. Pharmacists in India are unemployed and it will take away their chance of seeking an employment opportunity", stated Dr. Kaushik Devaraju, president, KRPA.

KRPA holds hand for the professional upliftment.

This was again showcased by raising concern over protecting the rights of pharmacist. KRPA has raised concern regarding the Gazette notification issued by Central Government i.e GSR NO. 104 (E) dated 9th February, 2022 allowing 12th pass person with one year experience or any graduate to stock/sale/distribution of medical devices by obtaining a registration certificate. A draft on the objection and supporting statements. KRPA has requested other pharmacist to provide maximum support, so that the pharmacist roles and responsibility can be guarded.



Reg No: MYS-S 18-2016-17 Ph : 9738366942
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Shri. Vasanth Joshi
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Shri. Manohar M

Date : 24-02-2022

To
All the Pharmacists of India

Sub: Regarding Central Government GSR No.104(E) dated 9th Feb 2022.

Dear Sir/Madam,

Please find enclosed herewith a copy of Gazette notification issued by Central Government i.e GSR NO. 104 (E) dated 9th February, 2022 allowing 12th pass person with one year experience or any graduate to stock/sale/distribution of medical devices by obtaining a Registration certificate. We are going to object these gazette notification strongly in the Interest Of all the Pharmacist and our members.

Please find the following draft of matter to be send through a maximum members via their mail
 On the following email address: drugsdiv-mohfw@gov.in

You are hereby requested to send maximum email objecting the notification from members of Your district upto 15th march 2022.

We strongly object proposed decision of Central Government vide GSR .No 104(E) dated 9th Feb 2022 to amend rules for issuing Certificate of registration for sale or distribute a medical device Including in vitro diagnostic medical devices to 12th pass persons With one year experience or to any graduate. We confirm that Lakhs of pharmacist are already jobless as well as it's a matter of Public Health, hence it should not be handed over to any Unqualified person in the pharmaceutical sector. Think twice, act Wisely before finalization. Save pharmacist, save the Nation's Health.

Expecting your speedy action in the matter



Reg No: MYS-S 18-2016-17 Ph : 9738366942
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Shri. Vasanth Joshi
Shri. Nagendraswamy P
Shri. Manohar M

Date : 24-02-2022

- Some of the points you can mention are
- There are approximately 15 lakh pharmacies (8.50 lakh pharmacies associated with AIOCD)
 - These pharmacies provide unparalleled market penetration and convenience to patients to buy medicines, nutraceuticals and medical devices
 - There is a robust distribution infrastructure available for scientific storage and handling of medicines, nutraceuticals and medical devices (in wholesale pharmacies, retail pharmacies and hospital pharmacies)
 - Storage and dispensing of medical devices is as sensitive and scientific subject as medicines
 - Improper storage and wrongly dispensing without counseling will cause problems to medical device usage
 - Across the globe medical devices are sold under the guidance of competent person pharmacist
 - There is robust documentation system for goods purchased and sold in pharmacy system
 - Pharmacies are the right place for critical healthcare products
 - Medical devices are almost used by medicine users; there is logical compatibility between the two
 - Storage and dispensing of medical devices by pharmacist will ensure better availability to the users and through counseling it will boost confidence of patients for better national health outcomes

Thanking You

Kaushik D
 PRESIDENT
 Karnataka Registered
 Pharmacists Association (R.)

Dr.Kaushik Devaraju M.Pharm (Regulatory Affairs), Ph.D

We Congratulate

Dr. Hanumanthachar Joshi,

Principal, Sarada Vilas College of Pharmacy, Mysuru
 and Member, Advisory Committee of KRPA

has been conferred with award for his Innovative Research in the area of Neurosciences by Hoverrobotics, MentorX Research Solution in association with the Department of Health Research, Government of India New Delhi.

Congratulations



Dr. Hanumanthachar Joshi
 Principal
 Sarada Vilas College of Pharmacy, Mysuru

Award for Innovative Research in Neurosciences 2021



Management, Staff & Students, Sarada Vilas College of Pharmacy, Mysuru
 Office Bearers, Alzheimer's & Related Disorders Society of India, Mysuru People's
 Association for Geriatric Empowerment, Mysuru
 Association of Community Pharmacists of India, South India
 Association of Pharmaceutical Scientists and Educators

ವಿಶ್ವವಾಣಿ 3

ಜೆಎಸ್‌ಎಸ್‌ಗೆ ದೇಶದಲ್ಲಿ ಪ್ರಥಮ ಸ್ಥಾನ

ಮೈಸೂರು: ಟೈಮ್ಸ್ ಹೈಯರ್ ಎಜುಕೇಶನ್ 2022 ಜಾಗತಿಕ ಯುವ ವಿವಿ ಶ್ರೇಯಾಂಕದಲ್ಲಿ ಜೆಎಸ್‌ಎಸ್ ಉನ್ನತ ಶಿಕ್ಷಣ ಮತ್ತು ಸಂಶೋಧನಾ ಆಕಾಡೆಮಿ ದೇಶದಲ್ಲಿ ಪ್ರಥಮ ಸ್ಥಾನ ಪಡೆದಿದೆ.

ಟೈಮ್ಸ್ ಹೈಯರ್ ಎಜುಕೇಶನ್ ಅವರ 2022 ರ ಯುವ ವಿವಿ ರ‍್ಯಾಂಕಿಂಗ್‌ನಲ್ಲಿ ಜೆಎಸ್‌ಎಸ್ ಉನ್ನತ ಶಿಕ್ಷಣ ಮತ್ತು ಸಂಶೋಧನಾ ಆಕಾಡೆಮಿ ದೇಶದ ಉತ್ತಮ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಯೆಂದು ಪರಿಗಣಿಸಿಲ್ಪಟ್ಟಿದ್ದು, ಇದರ ನಂತರದಲ್ಲಿ ಐಟಿ (ರೋಪರ್ ಹಾಗೂ ಇಂದೋರ್) ಗಳವೆ. ಕಳೆದ 2021ನೇ ಸಾಲಿನಲ್ಲಿ 34 ವಿವಿಗಳು ಈ ಶ್ರೇಯಾಂಕದಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದರೆ, ಪ್ರಸ್ತುತ 2022 ರಲ್ಲಿ 40 ದೇಶದ ವಿವಿಗಳು ಭಾಗವಹಿಸಿದ್ದವು. ಭಾರತೀಯ ವಿವಿಗಳ ಪೈಕಿ ಜೆಎಸ್‌ಎಸ್ ವಿಶ್ವದ ಉತ್ತಮ ಯುವ ವಿವಿಗಳ ಪೈಕಿ 50.01 ಅಂಕಗಳನ್ನು ಗಳಿಸಿ 70ನೇ ಸ್ಥಾನದಲ್ಲಿರುತ್ತದೆ. ನಂತರ ಐಟಿ ರೋಪರ್ 81ನೇ ಸ್ಥಾನದಲ್ಲಿಯೂ ಹಾಗೂ ಇಂದೋರ್ 86ನೇ ಸ್ಥಾನದಲ್ಲಿಯೂ ಇದೆ. ಈಗಾಗಲೇ ಇದೇ ಟೈಮ್ಸ್ ಹೈಯರ್ ಎಜುಕೇಶನ್ ಅವರ ವಿಶ್ವದ ಉತ್ತಮ ವಿವಿಗಳ ಪೈಕಿ ಜೆಎಸ್‌ಎಸ್ ಉನ್ನತ ಶಿಕ್ಷಣ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ ವಿಶ್ವದ ಮೊದಲ 400 ವಿವಿಗಳ ಪೈಕಿ ಒಂದಾಗಿರುವ ಹೆಗ್ಗಳಿಕೆಗೆ ಜೊತೆಗೆ ಇದೀಗ ವಿಶ್ವದ ಯುವ ಉತ್ತಮ ವಿವಿಗಳ ಪೈಕಿ 70ನೇ ಸ್ಥಾನದಲ್ಲಿರುವುದು ಹಾಗೂ ಭಾರತದಲ್ಲಿ ಮೊದಲ ಸ್ಥಾನದಲ್ಲಿದೆ.

JSS Academy of Higher Education & Research has been awarded as 1st Young Universities in India and 70th Globally by Times Higher Education Ranking.

Mysuru is becoming a Research Hub in the area of Pharmacy

Mr. Pratap Simha, Member of Parliament, Mysuru-Kodagu Constituency has urged Bhagavant Kuba, Minister of State for Chemicals and Fertilizers to start Active Pharmaceutical Ingredients (API) Park and National Institute of Pharmaceutical Science and Research (NIPER) a government funded research institute in Mysuru district. Mr. Kuba has also responded positively to starting the research institute and API

ಮೈಸೂರಲ್ಲಿ ಫಾರ್ಮಾ ಎಪಿಐ ಪಾರ್ಕ್, NIPER ಕೇಂದ್ರ ಸ್ಥಾಪನೆ

ಕೇಂದ್ರ ಸಚಿವ ಭಗವಂತ ಖೋಬಾ ಅವರಿಗೆ ಮನವಿ ಸಲ್ಲಿಸಿ ಗಮನ ಸೆಳೆದ ಸಂಸದ ಪ್ರತಾಪ್‌ಸಿಂಹ

ಮೈಸೂರು,ಫೆ.1(ಆರ್.ಕೆ.ಬಿ)- ಮೈಸೂರಿನಲ್ಲಿ ಫಾರ್ಮಾ ಎಪಿಐ ಪಾರ್ಕ್ (active pharmaceutical ingredients - API) ಹಾಗೂ ಎನ್‌ಐಪಿಆರ್‌ಆರ್ (national institute of pharmaceutical education and research - NIPER) ಸಂಸ್ಥೆ ಸ್ಥಾಪಿಸುವಂತೆ ಮೈಸೂರು-ಕೊಡಗು ಸಂಸದ ಪ್ರತಾಪ್‌ಸಿಂಹ ಮಂಗಳವಾರ ದೆಹಲಿಯಲ್ಲಿ ಕೇಂದ್ರ ರಾಜ್ಯಾಧಿಕಾರಿ ಮತ್ತು ರಾಜ್ಯಾಧಿಕಾರಿಗಳಿಗೆ, ಹೊಸ ಮತ್ತು ನವೀಕರಿಸಬಹುದಾದ ಶಕ್ತಿಯ ರಾಜ್ಯ ಸಚಿವ ಭಗವಂತ ಖೋಬಾ ಅವರನ್ನು ಭೇಟಿಯಾಗಿ ಮನವಿ ಸಲ್ಲಿಸಿದರು.

ಎಪಿಐ ಪಾರ್ಕ್ ಹಾಗೂ ಎನ್‌ಐಪಿಆರ್‌ಆರ್ ಮೈಸೂರಿನಲ್ಲಿ ಸ್ಥಾಪಿಸುವುದರಿಂದ ಚೆನ್ನೈ ಮತ್ತು ಮಂಗಳೂರು ಇನ್ನಿತರೆ ಭಾಗಗಳಿಗೆ ಸರಕುಗಳನ್ನು ಸಾಗಿಸಲು ಹೆಚ್ಚು ಅನುಕೂಲವಾಗಲಿದೆ ಎಂದು ಅವರು ಸಚಿವರ ಗಮನ ಸೆಳೆದಿದ್ದಾರೆ. ಭಾರತದ ಪ್ರಸ್ತುತ ಚೀನಾದಿಂದ ಮೌಲ್ಯದ ಪರಿಭಾಷೆಯಡಿ ಸುಮಾರು ಶೇ.68ರಷ್ಟು ಸಕ್ರಿಯ ಔಷಧೀಯ ಪದಾರ್ಥಗಳನ್ನು (API) ಆಮದು ಮಾಡಿಕೊಳ್ಳುತ್ತಿದೆ. ಹೀಗಾಗಿ ಪೂರೈಕೆಯಲ್ಲಿ ಅಡಚಣೆ ಉಂಟಾದರೆ ನಮ್ಮ ಆರೋಗ್ಯ ಇಂಟರ್‌ಮಿಡಿ ಯೆಡ್‌ಗಳು ಮತ್ತು ಎಪಿಐಗಳ ದೇಶೀಯ ಉತ್ಪಾದನೆ ಯನ್ನು ಉತ್ತೇಜಿಸಲು ನರೇಂದ್ರ ಮೋದಿ ಸರ್ಕಾರವು ಪಿಎಲ್‌ಐ ಯೋಜನೆ ಪರಿಚಯಿಸಿದೆ.

ಕೇಂದ್ರ ಸರ್ಕಾರವು ಸೃಷ್ಟಿಯಾಗಿ ಎಪಿಐ ಉತ್ಪಾದಕ ತಯಾರಿಸಲು ಎಪಿಐ ಪಾರ್ಕ್‌ಗಳನ್ನು ಉತ್ತೇಜಿಸುತ್ತಿದೆ. ಕೆಲವು ರಾಜ್ಯಗಳಲ್ಲಿ ಅಂತಹ ಒಂದು ಅಥವಾ ಹೆಚ್ಚಿನ ಎಪಿಐ ಪಾರ್ಕ್‌ಗಳನ್ನು ಸ್ಥಾಪಿಸಲು ಮುಂದೆ ಬಂದಿವೆ.



ಹೀಗಾಗಿ ಕರ್ನಾಟಕದ ಮೈಸೂರು ಮತ್ತು ಕೊಡಗು ಲೋಕ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಸದರಾಗಿರುವ ನನ್ನ ಕ್ಷೇತ್ರದಲ್ಲಿಯೂ ಎಪಿಐ ಪಾರ್ಕ್ ಸ್ಥಾಪನೆಗೆ ಅನುಮೋದನೆ ನೀಡುವಂತೆ ಪ್ರತಾಪ್‌ಸಿಂಹ ಮನವಿ ಮಾಡಿದರು.

ಎಪಿಐ ಪಾರ್ಕ್ ಸ್ಥಾಪನೆಗೆ ಮೈಸೂರು ಪ್ರದೇಶವು ಸೂಕ್ತ ಹಾಗೂ ಅರ್ಹವಾಗಿದೆ. ಏಕೆಂದರೆ ಇಲ್ಲಿ ಸುಮಾರು 50 ಸಣ್ಣ, ಮಧ್ಯಮ ಮತ್ತು ದೊಡ್ಡ ಔಷಧೀಯ ಘಟಕಗಳನ್ನು ಹೊಂದಿದೆ. ಬೆಂಗಳೂರು- ದಕ್ಷಿಣ ಭಾರತದ ಫಾರ್ಮಾ ಸ್ಟ್ಯಾಟಲ್ ಹಬ್ ಆಗಿದ್ದು, ಕೇವಲ 110 ಕಿ.ಮೀ. ದೂರದಲ್ಲಿದೆ. ಎರಡೂ ನಗರಗಳು ಉತ್ತಮ ಸಂಪರ್ಕವನ್ನು ಹೊಂದಿವೆ. ಜೊತೆಗೆ ಮುಂಬರುವ ಒಳನಾಡಿನ ಕಂಪೈನ್ ಡಿವೈಲೋ (ICW/MMLP) ಎಪಿಐ ಪಾರ್ಕ್‌ನಿಂದ ಒಳನಾಡಿಗೆ ಸರಕುಗಳನ್ನು ಸಾಗಿಸುವುದು ಸುಲಭಗೊಳಿಸುತ್ತದೆ. ಈ ಎಲ್ಲಾ ಅಂಶಗಳನ್ನು ಪರಿಗಣಿಸಿ, ಮೈಸೂರು ಪ್ರದೇಶದಲ್ಲಿ ಎಪಿಐ ಪಾರ್ಕ್ ಸ್ಥಾಪಿಸಲು ಅನುಮತಿ ನೀಡುವಂತೆ ಸಂಸದರು ಸಚಿವರಲ್ಲಿ ಮನವಿ ಮಾಡಿದರು.

NIPER ಕೇಂದ್ರ ಸ್ಥಾಪನೆಗೂ ಮನವಿ

ಮೈಸೂರು ನಗರದಲ್ಲಿ 50 ಸಣ್ಣ ಮಧ್ಯಮ ಮತ್ತು ದೊಡ್ಡ ಔಷಧೀಯ ಕಂಪನಿಗಳನ್ನು ಹೊಂದಿರುವುದರಿಂದ NIPER ಸ್ಥಾಪನೆಗೆ ಮೈಸೂರು ಸೂಕ್ತ ಸ್ಥಳವಾಗಿದ್ದು, ಅದಕ್ಕೆ ಅವಕಾಶ ಕಲ್ಪಿಸಿಕೊಡುವಂತೆಯೂ ಅವರು ಮನವಿ ಮಾಡಿದ್ದಾರೆ.

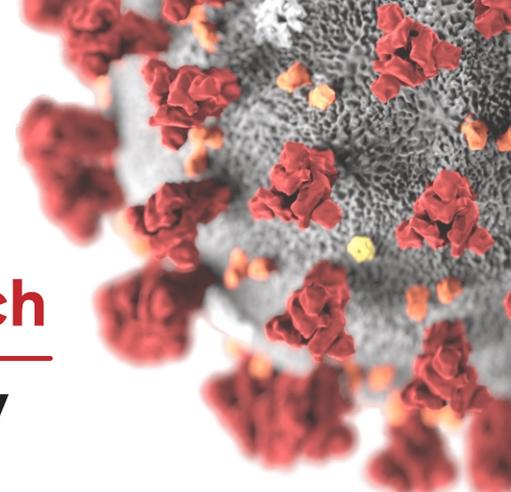
ದಕ್ಷಿಣ ಭಾರತದ ಔಷಧೀಯ ಕೇಂದ್ರ ಬೆಂಗಳೂರು ಮೈಸೂರಿಗೆ ಕೇವಲ 110 ಕಿ.ಮೀ ದೂರದಲ್ಲಿ ಇರುವುದರಿಂದ ಮೈಸೂರಿನಲ್ಲಿ ಎನ್‌ಐಪಿಆರ್‌ಆರ್ ಕೇಂದ್ರ ಸ್ಥಾಪನೆಯಾದರೆ ಬಲವಾದ ಶೈಕ್ಷಣಿಕ ಮತ್ತು ಉದ್ಯಮದ ಅಭಿವೃದ್ಧಿಗೂ ಹೆಚ್ಚು ಸಹಕಾರಿಯಾಗಲಿದೆ ಎಂದು ಸಚಿವರ ಗಮನ ಸೆಳೆದಿದ್ದಾರೆ.

ರಾಜಮನೆತನದ ನಗರವಾದ ಮೈಸೂರು ದಕ್ಷಿಣ ಭಾರತದ ಕಲಿಕೆಯ ಪ್ರಮುಖ ಕೇಂದ್ರಗಳಲ್ಲಿ ಒಂದಾಗಿದ್ದು, ಮೈಸೂರು ಶೈಕ್ಷಣಿಕ ಕೇಂದ್ರವಾಗಲು ಅಗತ್ಯವಿರುವ ಎಲ್ಲಾ ಅಕರ್ಷಣೆಯನ್ನು ಹೊಂದಿದೆ. ಭಾರತ ಮತ್ತು ವಿವಿಧ ವಿನ್ಯಾಸಗಳನ್ನು ಪರಿಷ್ಕರಿಸಿ ಮತ್ತು ಸ್ವಾತಂತ್ರ್ಯ ಅಧ್ಯಯನಕ್ಕೆ ಮೈಸೂರಿನಲ್ಲಿ ಹೆಚ್ಚಿನ ಅವಲಂಬಿಸಿದ್ದಾರೆ. ನ್ಯಾಷನಲ್ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಫಾರ್ಮಾಸ್ಯೂಟಿಕಲ್ ಎಜುಕೇಶನ್ ಆಂಡ್ ರಿಸರ್ಚ್ (NIPER) ಮೈಸೂರು ನಗರದಲ್ಲಿಯೂ ಇನ್ನಿತರೆ ಇಂಜಿನಿಯರಿಂಗ್, ವೈದ್ಯಕೀಯ, ಕಾನೂನು ಕಾಲೇಜುಗಳ ಹೆಚ್ಚಿನ ಸೇರಿಕೆಯನ್ನು ಉತ್ತಮ ಉದ್ಯಮ ಪ್ರತಿಷ್ಠೆ ಸಿಎಫ್ ಟಿಆರ್‌ಐ ಮತ್ತು ಡಿಎಫ್‌ಆರ್‌ಎಲ್ ಕೇಂದ್ರಗಳನ್ನು ಮೈಸೂರು ಹೊಂದಿದೆ. ಅವರು ಸಹ ಅತ್ಯುತ್ತಮ ಸಂಶೋಧನಾ ಸಹಯೋಗವನ್ನು ಪಡೆಯಬಹುದಾಗಿದೆ. ಹಾಗಾಗಿ ಮೈಸೂರಿನಲ್ಲಿ ಎನ್‌ಐಪಿಆರ್‌ಆರ್ ಕೇಂದ್ರ ಸ್ಥಾಪನೆಗೆ ಸೂಕ್ತವಾಗಿದೆ ಎಂದು ಮನವಿ ಪತ್ರದಲ್ಲಿ ತಿಳಿಸಿದ್ದಾರೆ.

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INSPIRATIONAL PHARMACIST

David Bernauer

The former chairman and CEO of the Pharmacy chain Walgreens



David W. Bernauer [Born:1944, Age:77] spent his entire career at Walgreen Company, advancing over the span of 36 years from his first position as a Pharmacist in a Walgreens drugstore to chairman and CEO. Growing up in Wadena, Minnesota, Bernauer worked in a J. C. Penney retail store managed by his father. He realized that he liked retailing and discovered that some of the most successful retailers in town owned pharmacies. Bernauer decided he wanted to own his own pharmacy one day and thought that the best way to achieve his goal would be to study the subject.

Bernauer commenced his career at Walgreens as a pharmacy intern in 1966, the year before he graduated from North Dakota State University. The succeeding year, he joined the company as a pharmacist with an intention of learning as much as he could about the retail business before starting out on his own. In a quote from an article for his alma mater's pharmacy newsletter, Bernauer recollected, "After a few years it was pretty clear that I could have more fun and just as much freedom running a store for Walgreen as I could owning my own store". In 2000, one of Bernauer's goals for Walgreen was to use his broad experience in operations to build the company to six thousand stores by 2010. He said that building Walgreens stores on roads that people traveled during their daily commutes would help families with two working parents deal with the time crunches they faced.

In 2002, Bernauer was named CEO of Walgreen, replacing the retiring Jorndt. In 2003 Bernauer was named Walgreen's chairman of the board in addition to his post as CEO. Over the previous four years he had helped oversee Walgreen's market share increase from 15.4 to 21.2 percent. Nevertheless, Walgreen did face questions, especially when its third-quarter operating performances in 2003 were not as high as expected. Bernauer perpetuated that the company's long-term strategy of expansion would not be sacrificed to meet quarterly expectations. The following quarter, Bernauer and Walgreen announced record sales and earnings, primarily because of an increase in prescription drug sales.

Bernauer was awarded with Distinguished Alumni Award, North Dakota State University, 1999 and Honorary Doctorate of Pharmacy, North Dakota State University, 2000. He has also been listed as a noteworthy retail executive by Marquis Who's Who.

David Bernauer is one of the notable Pharmacists, who attained success by chasing his passion, through consistency, dedication and determination. His successful career implies that relentless pursuit of something that an individual excel at, can aid in polishing one's skills to becoming a remarkable individual in his/her area of interest.



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1. Correct answers will be rewarded 1 point each (10 marks)
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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 March 2022 to this E Mail ID- krpaindia@gmail.com
5. A confirmation mail will be sent to you on receiving your e-mail.

1. Which was the sulphur derivative invented that gave a remarkable change in treatment of leprosy?
2. When a compound X attaches to the RBC and in the factory of the body, the mills work and the outcomes are the decreased glucose level in the blood. What is X?
3. Father of Chemotherapy
4. What is meant by the word 'Ethics'?
5. The field of pharmacy that concerns with the lawful practices and judiciary approval of different pharmacy product is?
6. _____ is called augmented adverse drug reactions?
7. Average time period for Phase II clinical trial study is _____
8. Post- marketing surveillance is done in _____
9. _____ drugs should not be used during pregnancy
10. _____ drugs have some significant risk and should be used in pregnancy when alternatives cannot be used.



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R R College of Pharmacy,
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