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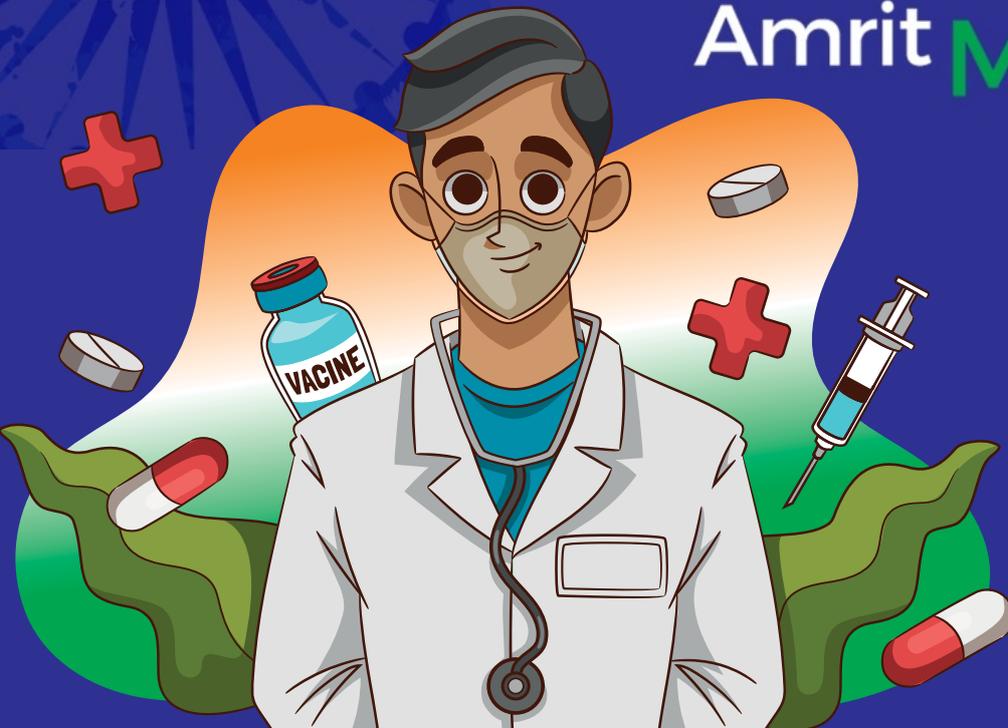
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HAPPY INDEPENDENCE DAY



75
Azadi Ka
Amrit Mahotsav



EX
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SUNAK PHARMACY

Mr. Sunil S Chiplunkar



Baricitinib

The First Immunomodulatory
Treatment For COVID-19

Dr. Jehath Syed



Self Transformation

is in the desire to

change

Ravikumar Angadi



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INSPIRATIONAL
PHARMACIST

GO TO
EVENTS



Quiz



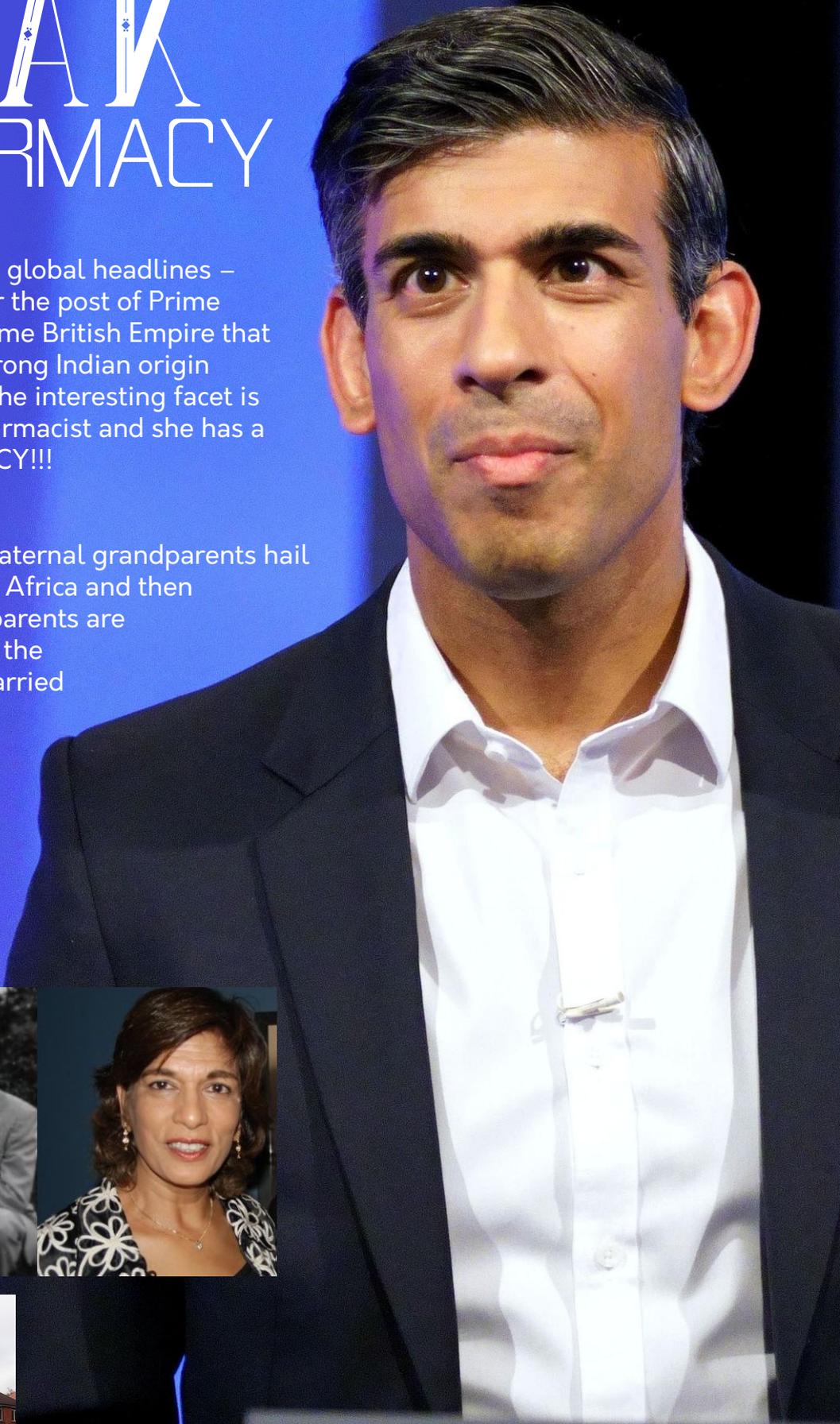
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SUNAK PHARMACY

The name Rishi Sunak has hit global headlines – Rishi is a strong candidate for the post of Prime Minister of UK, 2022! The same British Empire that colonized India is having a strong Indian origin candidate for PM post. And the interesting facet is Rishi Sunak's mother is a pharmacist and she has a pharmacy: SUNAK PHARMACY!!!

Rishi Sunak's paternal and maternal grandparents hail from Punjab. They worked in Africa and then settled in UK. Rishi Sunak's parents are Yashvir, the father, and Usha, the mother. Yashvir and Usha married in 1977 at Leicester, UK. Yashvir Sunak, is currently a medical General Practitioner with NHS, and Usha Sunak, a pharmacist: Director, Sunak Pharmacy, 19 Burgess Rd Southampton Hampshire SO18 6TG, UK.



Mr. Sunil S Chiplunkar

M Pharm (Pharmacology)
MBA (Marketing) PGDHRM (PhD)
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Usha Sunak has 44 years' work experience as a pharmacist. Her degree is from Aston University, UK. The foundation course for pharmacy and biosciences prepares the student at Aston University for the M Pharm Pharmacy course, and other BSc courses in biosciences. These are interesting links:

<https://www.aston.ac.uk/study/courses/pharmacy-mpharm/september-2022> and <https://www.aston.ac.uk/study/courses/foundation-programme-science-biosciences-and-pharmacy/september-2022>.

Students from over 120 countries learn at Aston University, Birmingham, UK. Many pharmacists like Usha Sunak make proud alumnus of Aston University, UK.

Rishi Sunak is surely proud of his mother's profession. Rishi Sunak has said:

“Having watched my mother and having worked in her pharmacy when I was young I am very aware of the help and advice that is available from trained pharmacists. Many can help with some of the most common problems which do not need to be treated by a GP.

In another twitter post, Rishi Sunak describes how his parents' professional practice influenced his decision to plunge into public life:

“My mum is a pharmacist and my dad's a GP – the reason I became a politician is because I saw the impact they had on our local community”.

Rishi Sunak supports initiatives of UK pharmacies such as THINK PHARMACY FIRST. This campaign was launched by pharmacies to encourage the public to contact their pharmacy first when suffering with colds/coughs and minor ailments. Similarly, Rishi Sunak as a MP participated in the North Yorkshire campaign – Stay Well This Winter – to help people to prepare for bad weather, particularly the elderly and vulnerable.

Rishi Sunak is invited to inaugurate launch of new pharmacies too, such as the Knights Pharmacy in Bedale, located at Glebe House Surgery, UK.



Rishi Sunak's praise of pharmacists is truly inspiring. Rishi Sunak has said the following words during the launch of Knights Pharmacy, where they had a free blood pressure check-up campaign:

“We know that pharmacists are the, responsive, local heartbeat of our healthcare system. This service is going to have a positive impact on identifying blood pressure issues in those who are currently undiagnosed.”

Rishi Sunak is happily married to Akshata Murthy of Bangalore, Karnataka, whom he met at Stanford University, California. Akshata is the daughter of Narayan Murthy, iconic entrepreneur and Founder, Infosys. Rishi and Akshata have two daughters.



**END
NOTE**



Dip and dive deep – passionately – into the profession of pharmacy dear pharmacist friends, there is great fun and quality of life for the pharmacist. The pharmacist enables healthier living in society and also has a great family life with good social standing. Vive-la-pharmacist!



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Baricitinib

The First Immunomodulatory Treatment For COVID-19



Baricitinib, a Janus kinase inhibitor was first approved for the treatment of adult patients with moderately to severely active rheumatoid arthritis with an inadequate response to one or more TNF antagonist therapies. However, the combination of Baricitinib with other JAK inhibitors, biologic disease-modifying antirheumatic drugs (DMARDs), or with potent immunosuppressants such as azathioprine and cyclosporine is not recommended.

Baricitinib (Baricitinib) is recently approved by the FDA as the first immunomodulatory treatment for COVID-19.

The FDA first issued an Emergency Use Authorization (EUA) for baricitinib on November 19, 2020, for its use in combination with remdesivir to treat COVID-19 among hospitalized adult and pediatric patients requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). The agency revised the EUA on July 28, 2021, to authorize baricitinib as a stand-alone treatment.

Dosing Considerations

- Concomitant use of baricitinib with potent immunosuppressants, other JAK inhibitors, or biologic immunomodulators has not been studied in rheumatoid arthritis patients and is not recommended
- Baricitinib should not be initiated in patients with an absolute lymphocyte count (ALC) less than 0.5×10^9 cells/L, absolute neutrophil count (ANC) less than 1×10^9 cells/L, or hemoglobin levels less than 80 g/L
- Baricitinib should not be initiated in patients with active serious infection, including localized infections. Baricitinib should be interrupted if a patient develops a serious infection, an opportunistic infection, or sepsis
- The use of baricitinib with live vaccines is not recommended
- Treatment for latent tuberculosis infection should be initiated prior to baricitinib use
- Prior to initiating baricitinib, screening for viral hepatitis is recommended
- Prior to initiating baricitinib, consider the risks and benefits of therapy in geriatric patients, patients who are current or past smokers, patients with other CV risk factors, patients with a known malignancy, or patients at increased risk of thrombosis, and when considering continuing baricitinib in patients who develop a malignancy, major CV events, or thrombosis. Discontinue baricitinib and promptly evaluate patients with symptoms of thrombosis.
- Baricitinib should not be used during pregnancy and is not recommended for use in breastfeeding women
- Caution should be used when using baricitinib in patients 65 years of age or older. It may be useful to closely monitor renal function in the geriatric population
- Baricitinib is not recommended for use in patients with severe hepatic impairment. Liver enzymes should be evaluated before initiating baricitinib. If increases in liver enzymes are observed during therapy and drug induced liver injury (DILI) is suspected, interrupt baricitinib treatment until the diagnosis of DILI is excluded
- Baricitinib is not recommended for use in patients with moderate to severe renal impairment including end stage renal disease (ESRD)
- Baricitinib is not recommended in patients taking OAT3 inhibitors with a strong inhibition potential, such as probenecid

Dosing:

Rheumatoid Arthritis

May be used as monotherapy or in combination with methotrexate or other nonbiologic (DMARDs)

2 mg PO once daily

Alopecia Areata

2 mg PO once daily; increase to 4 mg once daily if inadequate response

With nearly complete or complete scalp hair loss, with or without substantial eyelash or eyebrow hair loss, consider 4 mg once daily

Once adequate response achieved with 4 mg/day, decrease to 2 mg/day

COVID-19

4 mg PO once daily

Recommended treatment duration is 14 days or until hospital discharge, whichever comes first

Dosage Modifications

Absolute lymphocyte count (ALC)

- **RA or alopecia areata**

- ALC ≥ 500 cells/mm³: Maintain dose

- ALC < 500 cells/mm³: Avoid initiation or interrupt dosing until ALC ≥ 500 cells/mm³

- **COVID-19**

- ALC ≥ 200 cells/mm³: Maintain dose

- ALC < 200 cells/mm³: Avoid initiation or interrupt dosing until ALC ≥ 200 cells/mm³

Absolute neutrophil count (ANC)

- **RA or alopecia areata**

- ANC ≥ 1000 cells/mm³: Maintain dose

- ANC < 1000 cells/mm³: Avoid initiation or interrupt dosing until ANC ≥ 1000

cells/mm³

- **COVID-19**

- ANC ≥ 500 cells/mm³: Maintain dose

- ANC < 500 cells/mm³: Avoid initiation or interrupt dosing until ANC ≥ 500

cells/mm³

Anemia

- **RA or alopecia areata**

- Hgb ≥ 8 g/dL: Maintain dose

- Hgb < 8 g/dL: Avoid initiation or interrupt dosing until Hgb ≥ 8 g/dL

Renal impairment

- **RA**

- Mild (eGFR 60 to < 90 mL/min/1.73 m²): No dose adjustment required

- Moderate (eGFR 30 to < 60 mL/min/1.73 m²): Decrease to 1 mg/day

- Severe (eGFR < 30 mL/min/1.73 m²): Not recommended (not studied)

- **Alopecia areata**

- Mild (eGFR 60 to < 90 mL/min/1.73 m²): No dose adjustment required

- Moderate (eGFR 30 to < 60 mL/min/1.73 m²): Reduce dose by 50%

- Severe (eGFR < 30 mL/min/1.73 m²): Not recommended

- **COVID-19**

- Mild (eGFR 60 to < 90 mL/min/1.73 m²): No dose adjustment

- Moderate (eGFR 30 to < 60 mL/min/1.73 m²): Decrease to 2 mg/day

- Severe (eGFR 15 to < 30 mL/min/1.73 m²): Decrease to 1 mg/day

- eGFR < 15 mL/min/1.73 m², patients on dialysis, have end-stage renal disease, or have acute kidney injury: Not recommended

Adverse Reactions

Reported adverse reactions are for adults.

COVID-19, Treatment		
>10%	Hepatic	Increased serum alanine aminotransferase (≥ 3 x ULN: 18%), increased serum aspartate aminotransferase (≥ 3 x ULN: 12%)
1% to 10%	Cardiovascular	Deep vein thrombosis (2%), pulmonary embolism (2%), septic shock (2%)
	Genitourinary	Urinary tract infection (2%)
	Hematologic & oncologic	Thrombocytopenia (8%)
	Respiratory	Pneumonia (3%)
<1%	Respiratory	Tuberculosis
Alopecia areata/rheumatoid arthritis		
>10%	Infection	Infection (29%; serious infection: 1%)
	Respiratory	Upper respiratory tract infection (16% to 21%)
1% to 10%	Dermatologic	Acne vulgaris ($\leq 6\%$), folliculitis (1% to 2%)
	Endocrine & metabolic	Hyperlipidemia (4% to 6%), weight gain ($\leq 2\%$)
	Gastrointestinal	Abdominal pain (4%), nausea (2% to 3%)
	Genitourinary	Genital candidiasis (1% to 2%), urinary tract infection (4%)
	Hematologic & oncologic	Anemia (1%), neutropenia (1%)
	Hepatic	Increased liver enzymes ($\leq 3\%$; including increased gamma-glutamyl transferase, increased serum alanine aminotransferase, increased serum aspartate aminotransferase)
	Infection	Herpes zoster infection (1%)
	Nervous system	Fatigue (2%), headache (6% to 7%)
	Neuromuscular & skeletal	Increased creatine phosphokinase in blood specimen (4%)
	Respiratory	Lower respiratory tract infection (2%)
	<1%	Cardiovascular
Dermatologic		Fungal skin infection
Hematologic & oncologic		Lymphocytopenia, malignant lymphoma (B-cell), malignant neoplasm
Frequency not defined (any indication)		
	Endocrine & metabolic	Increased HDL cholesterol, increased LDL cholesterol, increased serum cholesterol, increased serum triglycerides
	Gastrointestinal	Esophageal candidiasis
	Infection	Bacterial infection, BK virus, candidiasis, cryptococcosis, cytomegalovirus disease, fungal infection, histoplasmosis, mycobacterium infection, opportunistic infection, viral infection
	Renal	Increased serum creatinine
	Respiratory	Infection due to an organism in genus <i>Pneumocystis</i>

Hepatic impairment

- **RA or alopecia areata**

- Interrupt if ALT/AST increased and drug-induced liver injury (DILI) suspected, until DILI diagnosis excluded
- Mild or moderate: No dose adjustment required
- Severe: Not recommended

- **COVID-19**

- Interrupt if ALT/AST increased and DILI suspected, until DILI diagnosis excluded
- Increased ALT/AST: Consider interruption until the diagnosis of drug-induced liver injury is excluded
- Severe: Not studied; use only if benefits outweigh risks

Coadministration with strong organic anion transporter 3 (OAT3) inhibitors (eg, probenecid)

- If recommended dose is 4 mg/day, reduce to 2 mg/day
- If recommended dose is 2 mg/day, reduce to 1 mg/day
- If recommended dose is 1 mg/day, consider discontinuing probenecid

Mechanism of Action

Baricitinib inhibits Janus kinase (JAK) enzymes, which are intracellular enzymes involved in stimulating hematopoiesis and immune cell function through a signaling pathway. In response to extracellular cytokine or growth factor signaling, JAKs activate signal transducers and activators of transcription (STATs), which regulate gene expression and intracellular activity. Inhibition of JAKs prevents the activation of STATs and reduces serum IgG, IgM, IgA, and C-reactive protein.

Pharmacokinetics

Distribution	: Vd: 76 L.
Protein binding	: ~50% (plasma proteins); 45% (serum proteins).
Metabolism	: Hepatic, primarily via CYP3A4.
Bioavailability	: ~80%.
Half-life elimination	: ~12 to 16 hours.
Time to peak	: ~1 hour.
Excretion	: Urine: ~75% (69% as unchanged drug); feces: ~20% (15% as unchanged drug).



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Self Transformation is in the desire to *change*

The way to bring about a change is to have the desire to change. When we are with excuses/ explanation as how change bringing is difficult, then nothing can ever be changed. There we get stucked always with blame on others and situations. Hence, lack of desire to change.

Instead, if there is the readiness or preparedness mindset to take up the responsibility of bringing about a change, then, there you find an initiative and commitment towards it. Person will go extra mile to put in the effort as there is desire to change. Hence, there is success.

Suppose, if I keep an approach to blame others, I will continue to try to escape from that situation to bring the change. And, if I continue to do so, then, I find that the continual same difficulty will enrich the difficulties leading to failure...

To bring out the change, the easiest thing for me is to change myself. Having desire to do so, then I find it easily happening and I find help coming from outside also. Then, in every situation there is a possibility of having solution centric mindset than that of problem centric. Our mind becomes flexible instead of rigidity. Will find ourselves more open minded to seek.

Change comes from being open minded to seek, know, understand, evaluate, resolve, interpret, apply, monitor, rework and so on...

4 P's to drive your self transformation/ Performance

Purpose - One must have strong purpose for what he wants to achieve

Power- One must have/ create powerful tools that will support him to achieve e.g knowledge, skills required to perform

Passion- Person must have passion towards it, clubbed with love interest and a desire

Programming- One must keep programming his mind continuously on daily basis and navigate his energy to flow in one direction so as to act upon the desired.

Now, purpose ignites the person, power push him to move forward smoothly, passion keeps up the speed, acts as accelerator and programming keeps the vehicle to move in right direction without any distractions

When purpose is intrinsic created not loaded by external compulsions then and passion is by product of it, which further leads building power, then programming becomes byproduct of power.

The three decisions that can help you in transformation are:

Your decisions about what to focus on.

Your decisions about what things mean to you.

Your decisions about what to do to create the results you desire.

You see, it's not what's happening to you now or what has happened in your past that determines who you become.

Rather, it's your decisions about what to focus on, what things mean to you, and what you're going to do about them that will determine your ultimate destiny.

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 ಕೊಡುತ್ತಿದ್ದ ಗೌರವ ಎಲ್ಲರಿಗೂ, ಹೆದರುತ್ತಿರಲಿಲ್ಲ ಯಾರಿಗೂ
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 ಮಾಡಿತು ಅವನನ್ನು ವಕೀಲ ಮಹಾಶಯೇ
 ಅಹಿಂಸೆಯ ಪೂಜಾರಿ ಅವನಿದ್ದ,
 ತನ್ನನ್ನು ಹಿಂಸೆಯಿಂದ ದೂರ ಇಟ್ಟಿದ್ದ
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 ಕಳುಹಿಸಿ ಕೊಟ್ಟ ಅಹಿಂಸೆಯ ಪಾಠ
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 ಕದ್ದರು ನಮ್ಮ ಮನ,
 ಬಾಪೂಜಿ ಇವತ್ತು ನಾನು ಮಾಡುವೆ
 ನಿನಗೆ ತಲೆ ತಗ್ಗಿಸಿ ನಮಸ್ಕಾರ
 ಮುಂದಿನ ಪೀಳಿಗೆ ಬರಲಿ ನಿನ್ನ ಸಂಸ್ಕಾರ

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GO TO EVENTS

Glimpses of Symposium on Education Regulation-2020 conducted for Principals of D.Pharm Colleges of Karnataka by the Board of Examining Authority (BEA), Drugs Control Department, Govt of Karnataka on 11/07/2020 @ Auditorium, Drugs Control Department, Bengaluru.

More than 250+ principals participated in the Symposium. It was great to share the dais along with the Chief Guest was Sri. Bhagoji T Khanapure, Drugs Controller of Karnataka along with Dr. Amaresh Thumbagi, Deputy Drugs Controller & I/c Member Secretary, BEA, Dr. S Ramachandra Setty, Chairman, BEA & Principal, Govt College of Pharmacy, Bengaluru along with members of BEA Dr. VG Joshi, Dr. Shivakumar Swamy, & Dr. Ashok Kumar Malpani.

The Symposium deliberated on various issues faced by the D.Pharm colleges in Karnataka like panel discussion on the "topic: Collaboration between Industry and academia for successful implementation of ER-2020" & also various subject experts from different Institutions presented the designed course curriculum in a simplified manner on the new syllabus of D.Pharm.

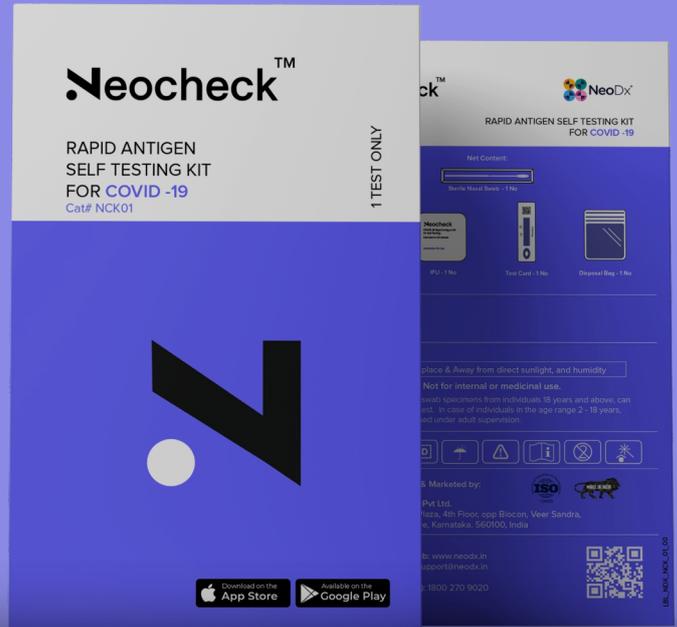
Overall the entire activity was overwhelming and satisfactory. Thanks to the Chairman & Member Secretary of BEA & Drugs Control department for giving me an opportunity to be part of the Symposium. Thanks to all the Principals for attending & making the Symposium a great grand success.





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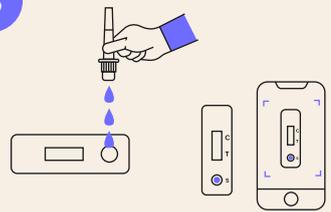
Register on the App and take Sample with Safe Swab

2



Break the swab in the buffer tube and close the cap

3



Add 2 drops on the cassette, wait for 15 minutes and save the report on the app

FEATURES



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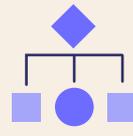
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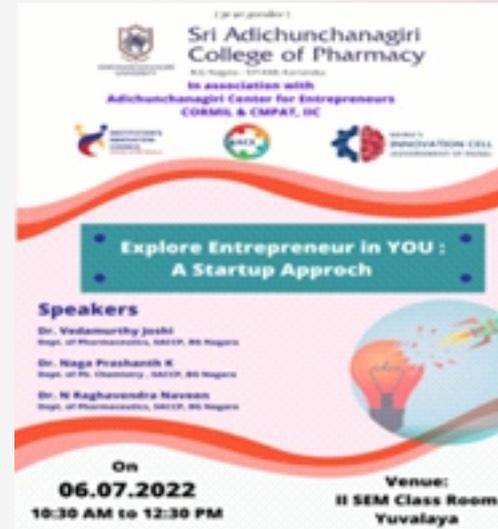


Mr. Ravinandan A P, Assistant Professor, Department of Pharmacy Practice, Sree Siddaganga College of Pharmacy in Collaboration with Siddaganga Hospital, BH Road, Tumkur, Karnataka has participated as a 'Resource Person' in the Symposium on 'Education Regulation -2020 for Diploma Course' in Pharmacy implementation programme, organized by Board of Examination Authority – Drugs Control Department on 11th July 2022 at Bangalore, Karnataka.



EXPLORE ENTREPRENEUR IN YOU: A START UP APPROACH

Sri Adichunchanagiri College of Pharmacy, ACU in association with ACE, CORMIL & CMPAT, IIC organised a seminar entitled 'Explore Entrepreneur in you: A start up Approach' on 06th July 2022. The speakers were Dr. Vedamurthy Joshi, Assoc. professor, Dept. of Pharmaceutics, Dr. Naga Prashanth K, Asst. professor, Dept. of Ph. Chemistry, Dr. N Raghavendra Naveen, Asst. professor, Dept. of Pharmaceutics. Students of various pharmacy programmes are attended the seminar.

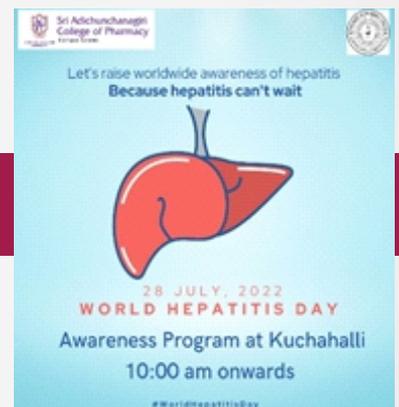


NIRF RANKING 2022

Sri Adichunchanagiri College of Pharmacy, BG Nagara, with the blessings of Paramapoojya, Sri Sri Sri Dr Nirmalanandanatha Mahaswamiji, secured 80th Position of NIRF 2022 all India rankings. In the last three years we were at 75th and in the band of 76-100.

WORLD HEPATITIS DAY – 2022

Department of Pharmacy Practice, of Sri Adichunchagiri College of Pharmacy, ACU organised Community Awareness Programme on account of World Hepatitis Day on 28th July 2022 at Kuchahalli. The programme started with the conduct of Rally by the students of SACCP to sensitize the common people towards Hepatitis and its preventive measures with the display of Placards. The students visited the houses in Kuchahalli and educated the people through distribution of leaflets. The formal gathering was addressed by Mr. Naveen kumar (Former President, Taluk Panchayath, Nagamangala Taluk) Mr. Narasimha (Primary School Teacher) and Mr. Channakeshava (Head Master, Higher Primary School Kuchuhalli). To inculcate awareness on Hepatitis among people, the students of SACCP performed skits and delivered speech highlighting the importance of preventive measures against Hepatitis. The programme was overwhelmed by the immense support and participation of the villagers, faculties and students of SACCP. Around 150 people attended the programme.



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DIABETIC PORTFOLIO



Quiz

RULES

1. Correct answers will be rewarded 2 point each (20 marks)
2. Answer of the quiz will be evaluated by panel of judges and their decision is final. (Max mark:20)
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 25th Aug. 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 year did pharmacy exactly begin?

- a) 1523 A.D
- b) 1345 A.D
- c) 100 B.C
- d) 1526 B.C

2) Which field of pharmacy concerns with lawful practices and judiciary approval of different pharmacy products?

- a) Pharmacy administration
- b) Drug regulatory affairs
- c) Both
- d) Pharmacy practice

3) N-acetyl-p-benzoquinone imine levels rise in response to what state of drug toxicity?

- a) Codeine
- b) Acetazolamide
- c) Acetaminophen
- d) Diazepam

4) What is the meaning of Latin term "primo mane"?

- a) As directed
- b) Breakfast
- c) During night
- d) Early in the morning

5) Name the antipsychotic drug with prokinetic action .

- a) Levosulpiride
- b) Amisulpride
- c) Loxapine
- d) Pimozide

6) Preparations used for brain scanning to determine the presence and location of neoplastic lesions:

- a) Gold Au 198 injection
- b) Chlormerodrin Hg 197 injection
- c) Technetium Tc 99 injection
- d) Sodium Phosphate P32 Solution

7) Besides the activated charcoal and tannic acid, name the other component considered as the universal antidote.

- a) Magnesium Chloride
- b) Magnesium Carbonate
- c) Magnesium Oxide
- d) Magnesium Hydroxide

8) Where did the headquarters of Indian Pharmacopoeia Commission located ?

- a) Ghaziabad, UP
- b) Mumbai, Maharashtra
- c) Lucknow, UP
- d) Kolkata, West Bengal

9) The less drowsy formula of Dramamine uses which of the following antihistamines ?

- a) Diphenhydramine
- b) Meclizine
- c) Chlorpheniramine
- d) Dimenhydrinate

10) Name the only foot bones which can touch the ground.

- a) Calcaneus
- b) Distal end of metatarsals
- c) Both
- d) Distal end of transla



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INSPIRATIONAL PHARMACIST

FRIEDRICH WILHELM ADAM SERTURNER

Adam Serturner was born on 19th July 1783. He was the fourth of six children. He lost both of his parents in 1798, Serturner as left with no means of support; he enrolled as an apprentice to Mr. Cramer, a court apothecary in Paderborn, Germany.

Adam Serturner learnt a lot from Mr. Cramer and started Conducting his own research. The 18th century was not only an era of synthesis of new drugs but it was also a time when plant extracts were purified and used as medicines. Adam, through diligent research was successfully able to isolate and extract morphine from opium which was a breakthrough since it transformed pharmaceutical chemistry from a state of alchemy to an acknowledged branch of science. After a series of experiments on stray dogs and rats Adam discovered that the compound he had discovered comprises sleep inducing properties about which he wrote to the editor of the Trommsdorff Journal der Pharmacie in 1805.

Adam Serturner was qualified to become an assistant apothecary and moved to Einbeck in 1806 to become an assistant in the magistrate's pharmacy and opened a shop in Westphalia. Through all this his isolation of Morphine remained unrecognized and he continued his experiments and was able to describe the crystallisable properties of the new substance (Principium somniferum) ; it was a weak base which was soluble in acidic solutions. He was only able to provide oral administration since hypodermic syringes would be discovered 50 years later.

Adam Serturner suffered from toothache during this time, he swallowed a small quantity of his newly discovered salt after which he felt tremendous relief. Adam Serturner realized that his drug was indeed safe for human consumption. Through various trial and Error methods through self- administration and administration on three young volunteers Adam Serturner discovered that

- **First dose:** 1/4th of grain is 30mg, causing a happy, light-headed sensation.
- **Second dose:** drowsiness and excessive fatigue
- **third dose:** caused participants to become confused and somnolent.

He found the optimal dose to be 15mg and named the substance Morphine after the Greek god of sleep and dreams.

Serturner's third publication was Ueber das Morphiun als Hauptbestandteil des Opiums which was recognised by French Chemist JL Gay-Lussac and also the German Mineralogical Society. Serturner pioneered and promoted a new branch of science which came to be known as alkaloid chemistry. When the term alkaloid was coined in 1818 by W Meissner and the suffix-ine applied to the group, morphiun came to be known as morphine. He formed the 'Rathaus Apotheke' at Hamelin (of Pied Piper fame). In an attempt to isolate numerous other alkaloids such as codeine, quinine, strychnine, veratrine and emetine. Serturner's interest was versatile and extended beyond alkaloids and ventured into his subsequent studies on the composition of corrosive alkalis and also by his views on the nature of cholera in 1831. Later in his life he also managed to improve the designs of rear-loaded rifles and created a lead-antimony alloy for making bullets, meriting honors from the Hanoverian government Due to prolonged exposure to Morphine Due to prolonged periods of exposure to morphine he eventually suffered from chronic depression. He passed away on 20 February, 1841.

Serturner from his humble beginnings and limited resources has done an outstanding achievement which even today is being used for relief of pain, anxiolysis, euphoria, myocardial infarction and treatment of many other conditions. From Serturners revolutionary discovery it is evident that no matter where and how small we might start with determination and efforts the sky's the limit



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