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WORLD
PHARMACISTS
DAY

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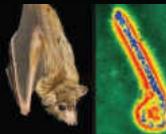


ದೇವಾಲಯ !

ಡಾ. ರೇಖಾ ಕೆ ಶೆಟ್ಟಿ



**Marburg
Virus Disease**



**INSPIRATIONAL
PHARMACIST**

DILIP SHANGHVI

: THE FOUNDER OF SUN PHARMACEUTICALS

Dr. Ravina Ravi ,



**GO TO
EVENTS**

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Spotlight is on UCPMP

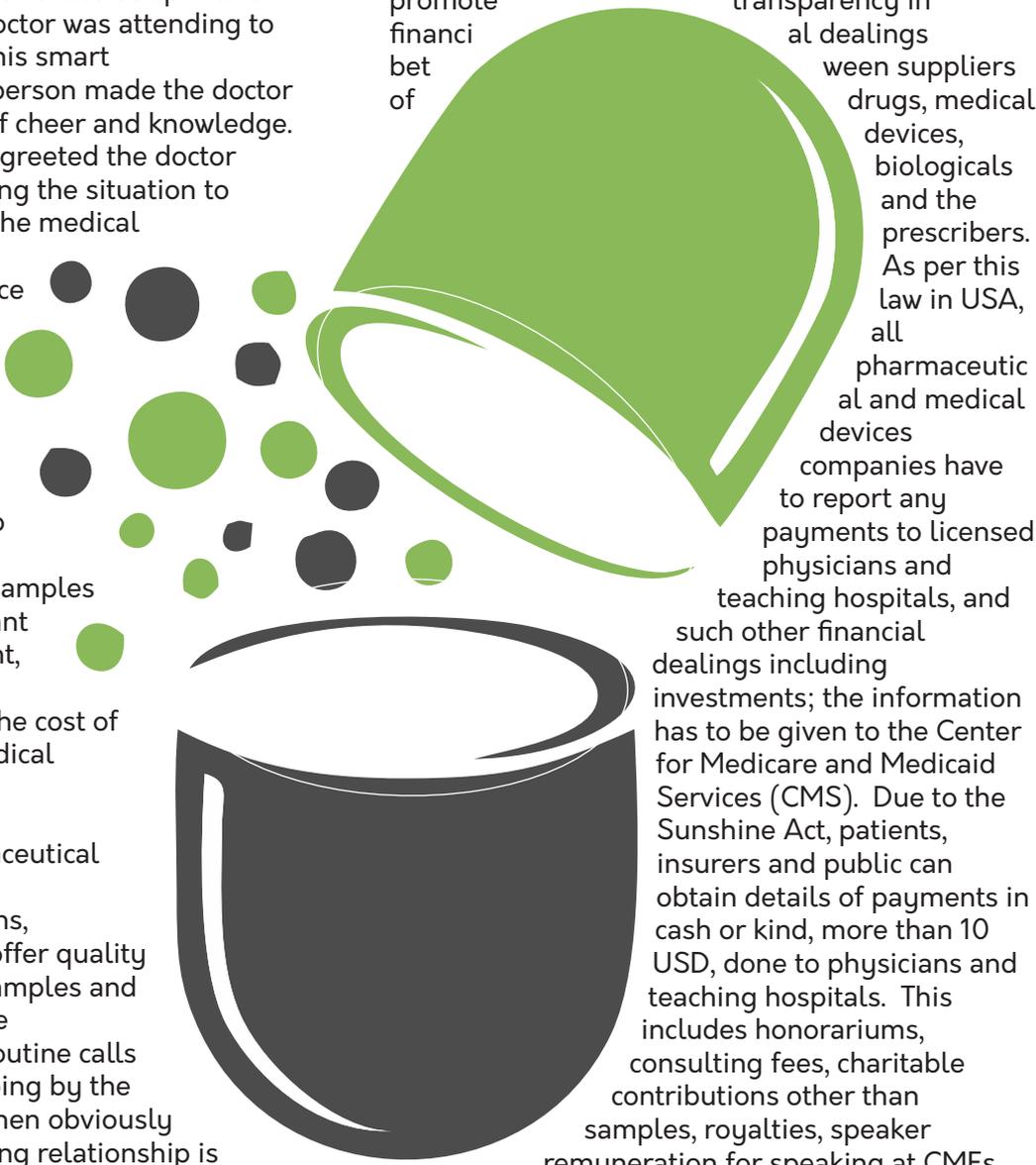
When the smart well-dressed medical representative with his polished shoes and impressive formal dress with a tie, entered the doctor's chamber – the doctor's face lit up with a smile. From morning the doctor was attending to sick patients, and entry of this smart pharmaceutical marketing person made the doctor anticipate some moments of cheer and knowledge. The medical representative greeted the doctor smartly and cheerfully, lifting the situation to moments of joy, and when the medical representative appreciated the doctor's booming practice and contributions to patient's well-being, the doctor felt good – any dose of self-esteem is valuable to humanity. And as the medical representative proceeded to present the pharmaceutical product benefits, provided samples and a small clinically relevant prescription pad compliment, the doctor was quietly wondering on how to bear the cost of travel to a nearby city's medical conference event.

This is a scenario of pharmaceutical marketing and it is a global phenomenon. Across nations, pharmaceutical marketers offer quality pharmaceutical products, samples and services. However, when the relationship goes beyond routine calls and ends up in overprescribing by the doctor to burden patients, then obviously the pharmaceutical marketing relationship is no more patient-centric. The pharmaceutical marketing focus has shifted from patient benefits to personal benefits of doctor and company, and that can be at a cost to society, health and patients.

Noting that such ethical challenges are possible in the pharmaceutical marketing sphere, one of the first regulatory approaches was from USA: the SUNSHINE ACT came into existence:

The Sunshine Act requires that detailed information about payments and other “transfers of value” worth over \$10 from manufacturers of drugs, medical devices and biologics to physicians and teaching hospitals be made available to the public. A physician is defined as a M.D., D.O., D.D./D.D.M., D.D.S., D.P.M., O.D. and D.C.P. who is licensed in any state in the U.S., whether or not they are practicing.

The USA's Sunshine Act is accurately called the Physician Payments Sunshine Act, 2010 and the intention of Sunshine Act in medical practice is to promote transparency in financial dealings between suppliers of drugs, medical devices, biologics and the prescribers. As per this law in USA, all pharmaceutical and medical devices companies have to report any payments to licensed physicians and teaching hospitals, and such other financial dealings including investments; the information has to be given to the Center for Medicare and Medicaid Services (CMS). Due to the Sunshine Act, patients, insurers and public can obtain details of payments in cash or kind, more than 10 USD, done to physicians and teaching hospitals. This includes honorariums, consulting fees, charitable contributions other than samples, royalties, speaker remuneration for speaking at CMEs (continuing medical education), research grants, food reimbursement, gifts, travel reimbursement, stocks and funds for education. Essentially, it is to map prescribing patterns that may be influenced by the items provided by pharmaceutical companies. And if there is contravention of ethics, it may lead to social problems due to over prescribing or unnecessary prescribing, and is consequently a burden to patients and society. Hence, the Physician Payments Sunshine Act, 2010 came into being.



UCPMP

UCPMP that stands for “Uniform Code of Pharmaceutical Marketing Practices” (“UCPMP”) is not a law; UCPMP is a guidance document to the pharmaceutical industry for promotion and marketing of drugs and medical devices. And is a voluntary code of conduct. The UCPMP has come out due to various reports of financial dealings and understandings between pharmaceutical marketers and prescribers that are not ethical. As per UCPMP guidelines pharmaceutical companies should market products based on product promotional ethics, accurate information in promotional material, and pharma marketers shall not give any gifts or travel sponsorship to doctors, samples are permitted; cash transfer and hospitality is not to be provided to doctors.

Besides the UCPMP, the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulation, 2002 is also a guideline for relationship between doctors and pharmaceutical marketers.

The UCPMP is in the spotlight due to a Supreme Court case in India, relating to marketing of Dolo 650 (a popular brand of paracetamol 650 mg). This case may lead to larger enquiry into relationships between prescribers and pharmaceutical product promoters. An interesting event has been the participation of Mr. Harish Jain M Pharm, President, KDPA (Karnataka Drugs and Pharmaceuticals Manufacturers Association), Bangalore, in a debate on UCPMP in the Union Govt. of India channel: SANSAD CHANNEL on 19.8.2022. The link is: <https://youtu.be/wCRPJDbKCKg> [KRPA congratulates pharmacist Mr. Harish Jain M Pharm for his endeavours in pharmaceutical domain.](#)

Pharmaceutical marketers including medical representatives are keen to know how the UCPMP concept will take shape in future.



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Leptin Resistance

HOLD'S THE KEY OF OBESITY

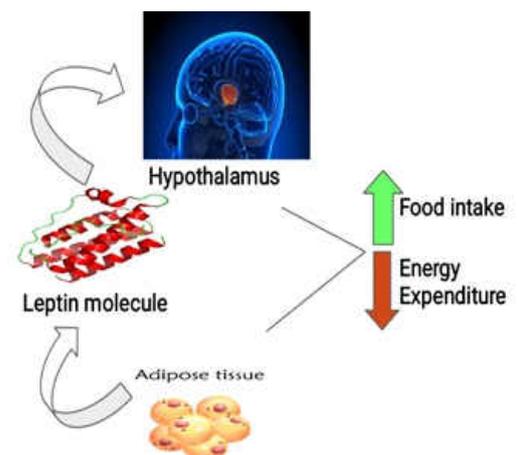


Recent century witnessed obesity as one of the major risk factors for many therapeutic and clinical conditions among humans. According to WHO, body mass index $>30\text{kg}/\text{m}^2$ is termed as obesity. It might be due to the accumulation of more body fat or adiposity and the cases of obesity were raised exponentially during the last three decades. According to recent survey, more than 1.9 billion adults aged 18 year and older are obese worldwide. Out of that 39% of them are men and 15% are women. Additionally, an estimate highlight that 38.2 million children under the age of 5 were obese over 340 million children and adolescents aged 5-19 were also reported to be obese. So, it is a high time to contemplate about this serious issue and find the main reason underlying behind this evil in the human body. Mechanistically obesity is accompanied by rises in macrophages and other immune cells (eosinophils, lymphoid cells 2) in adipose tissue and such immune cells secrete proinflammatory cytokines. Various factors are involved in gaining of body fat and retaining excess weight, includes diet, lack of exercise leptin deficiency/ leptin receptor mutation, genetical predisposed, mongenic defects, polygenic traits, environment factor, social factor, etc. Regarding the pathophysiology of obesity, it indicates the secretions of inflammatory markers by the excessive fat accumulated adipose tissues. Obesity is one of the risk factor many co-morbid disease conditions such as hypertension, type 2 diabetes, infertility, dyslipidemia, heart diseases sleep apnea, metabolic syndrome fatty liver disease and osteoarthritis, etc.

Leptin and obesity

Leptin is a Greek word 'leptos' meaning "thin" and it is a polypeptide hormone originated from adipose tissue for maintaining of normal body weight. As per recent research leptin resistance/ lipodystrophy are the major factor for inducing obesity. In the mechanistic view, this hormone secreted into blood and ultimately act on brain's hypothalamus to regulate bodies food intake.

In the absence of leptin, intake of food is more and reduces the energy expenditure.



Leptin is primarily found in adipocytes of white adipose tissue, also produced by brown adipose tissue, mammary epithelial cells, PD1 cells (these are cells lining the fundus of the human stomach produce ghrelin) placenta (syncytiotrophoblasts), ovaries, skeletal muscle, stomach (lower part of fundic glands).

Biochemically lep genes, located on chromosome 7 (which transcribes a 167 amino acid peptide with a molecular weight of 16 kD) are the originator of Leptin. It is belonging to type 1 cytokine superfamily and contain 148 amino acid protein that is primarily secreted from adiposity in proportion to fat mass structurally. It is characterized by long chain four helical bundle structure similar to growth hormone, prolactin and interleukin-3.

As per current research, fasting serum leptin concentration was found in males 6.9 ± 0.3 ng/ml whereas 15.2 ± 1.3 ng/ml in females. Interestingly, total fat mass did not differ between groups (males 20.5 ± 0.5 kg; females 20.4 ± 1.5 kg), suggesting that females have higher leptin levels per unit fat mass.

If a person has an unusually high level of leptin but it's not utilized by the body cells (as similar as type 2 diabetes) and brain doesn't respond to leptin action then they keep eating excessive food leads to the accumulation of fat in the body. Leptin acts in the hypothalamus by altering number of neurotransmitters like neuropeptide Y (NPY) inhibits luteinizing hormone (LH) secretion and powerful stimulator of appetite. When leptin level decreases then NPY level increases.

The obesity and leptin are interlinked to cause infertility. Leptin and low testosterone could play a vital role in production of estrogen. The increase in estrogen synthesis reciprocally inhibits the

testosterone levels and hypothalamic pituitary gonadal axis. Leptin causes secretion increases at a certain level it may act to trigger luteinizing hormone [LH] at puberty. Congenital leptin deficiency results in delayed puberty and is responsible for class 3 obesity (BMI 35-39.9) in children. It is also co-associated with other diseases like frequent bacterial infections, type 2 diabetes, fatty liver, imbalance of lipids (cholesterol and triglycerides) and also lack of sex hormone production.

The hypoleptinemia is a very rare condition where low leptin level associated with medical condition is called congenital leptin deficiency. It is genetically inherited and occurs during birth which prevents adipose tissue from producing leptin, resulting in no fat in the body, no leptin signals and uncontrolled starvation and hyperphagia.

Therapeutic or non-therapeutic managements
Therapeutically leptin deficiencies can be managed by intramuscular injection of exogenous leptin. Research reveals that congenital leptin deficiency can be improved by reducing food intake nearly 1/3 in terms of calories consumed with exogenous leptin also leads to decreased body weight and hyperphagia. Currently, Metreleptin is a major marketed source for synthetic analog of hormone leptin, which was first approved in Japan in 2013, in UK in 2014 and in Europe in 2018, specifically indicating to leptin resistance and lipodystrophy.

Leptin deficiencies can also be overcome by indirect methods such as lifestyle modification in terms of food habits, Yoga and exercise. The regular intake of vitamin C (Cantaloupe, Citrus Fruit, Broccoli, Red cabbage, Kiwi, Bell Peppers, citrus fruits, etc.), proteins (Fish, Seafood, Skinless, white-meat poultry, lean beef, low-fat milk, low-fat yogurt, Fat-free cheese) and regular practice of yoga and other physical exercises.



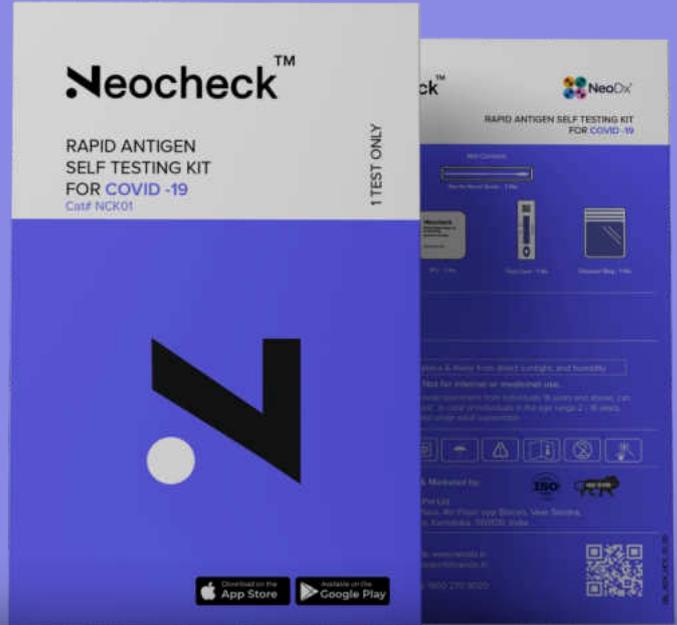
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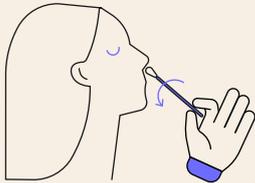
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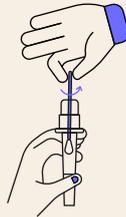
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1



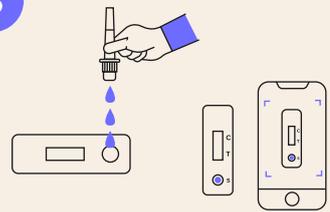
Register on the App and take Sample with Safe Swab

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



Fast



Video Instructions



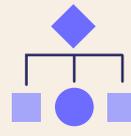
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GOOD DISTRIBUTION PRACTICES FOR PHARMACEUTICAL PRODUCTS



The Indian pharmaceutical market remains attractive and is expected to grow to US\$ 55 billion by 2020 according to the McKinsey & Company report titled "India Pharma 2020: Propelling access and acceptance realizing true potential". Although India is one of the most significant emerging markets, there are challenges around product quality and regulatory complexity.

Distribution is an essential activity in the integrated supply-chain management of pharmaceutical products

Importance of good distribution practice:

Good distribution practices ensure maintaining product safety and quality during distribution across the supply chain and this practice is of significant importance for the pharmaceutical industry. ...

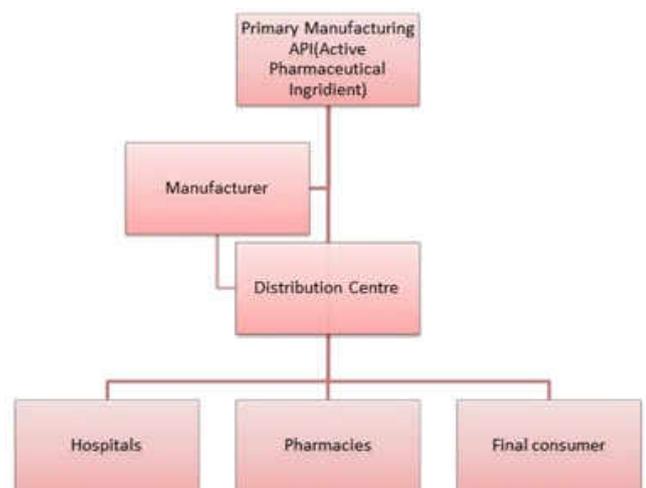
The challenges of the pharmaceutical products supply chain is and due to its specified shelf life and storage conditions.

GDP compliance:

Good Distribution Practice (GDP) is that part of quality assurance which ensures products are consistently stored, transported and handled under suitable conditions as required by the marketing authorization (MA) or product specification.

WHO guidelines on good storage practices pharmaceuticals:

Storage areas should be designed or adapted to ensure appropriate and good storage conditions. In particular, they should be clean and dry and maintained within



acceptable temperature limits. Pharmaceutical products should be stored off the floor and suitably spaced to permit cleaning and inspection.

General principles of storage of pharmaceutical products:

Proper environmental control (i.e., proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation) must be maintained wherever drugs and supplies are stored in the premises.

GDP warehouse:

Good Distribution Practices (GDP) is a quality system for warehouse and distribution centers dedicated for medicines. Internationally accepted pharmaceutical GDP regulations stipulate that distributors of pharmaceutical products must align their operations with the standards

At present transportation of drugs are carried out by third parties like contractors and sub-contractors in most cases. Contamination, cross contamination, mix-ups, adulteration and presence of spurious drugs are an issue in the unregulated distribution chain. Involvement of unauthorized entities in the distribution chain is also a concern.

The pharmaceutical distribution system in India is undergoing a paradigm shift and we will continue to see improvements, through compliance with the latest standards and the implementation of the latest technologies for supply chain management.

Good distribution practices ensure maintaining product safety and quality during distribution across the supply chain and this practice is of significant importance for the pharmaceutical industry. Good Distribution Practices (GDP) Compliance report for Pharmaceutical Industry demonstrates Quality commitment & sound practices in the entire pharmaceutical distribution supply chain.

The various dosage forms (eg tablets, syrups, injectables etc.) are to be transported and stored at different environmental conditions hence all medicines cannot be handled with a general rule. viz the requirement of handling tablets, syrups and injectable shall widely vary.

Cold chain product range of medicines are stored at temperature between 2 to 8 °C. For cold chain products, therefore the degree of carefulness shall be more due to the fear of product failures during quality control testing by customers. The GDP guidelines are intended to be applicable to all persons and outlets involved in any aspect of the storage and distribution of pharmaceutical products from the premises of the manufacturer of the product to the person dispensing or providing pharmaceutical products directly to a patient or his or her agent.

The GOOD DISTRIBUTION PRACTICE guidelines

.....

Are intended to be applicable to all persons and outlets involved in any aspect of the storage and distribution of pharmaceutical products from the premises of the manufacturer of the product to the person dispensing or providing pharmaceutical products directly to a patient or his or her agent.

OBJECTIVE

The objective of these guidelines is to ensure the quality and identity of pharmaceutical products during all aspects of the distribution process. These aspects include, but are not limited to procurement, purchasing, storage, distribution, transportation, documentation and record-



keeping practices

SCOPE

This includes all parties involved in trade and distribution of pharmaceutical, including the manufacturers of bulk, finished products, wholesalers, as well as others such as suppliers, distributors, Government institutions, international procurement organization, donor agencies and certifying bodies, logistics providers, traders, transport companies and forwarding agents and their employees as well as health workers

GENERAL PRINCIPLES

According to Drugs & Cosmetics Act 1940 and Drugs & Cosmetic Rules 1945, Rules 64 and 65 specify the conditions to be fulfilled to sell, stock, exhibit or offer for sale or distribute the drugs. An agreement shall be in place with all the individual agencies involved in the storage, transportation and distribution regarding...

- Regulation of the distribution of pharma products
- Organization and management, personnel.
- Quality system
- Premises, warehousing and storage
- Temperature, environment and stock control.
- Transportation, shipment containers and labeling
- Dispatch and receipt.
- Documentation, complaints & contract activities
- Recalls and returns, self-inspection
- Spurious pharmaceutical products & importation

The guidelines will mandate a documented quality policy, detailing intentions & requirements of distributors regarding quality, authorized by the management and regulation of storage premises like warehouses.

Various jobs in the distribution chain will be detailed and will require an organizational chain. Procedures for procurement and release shall be in place for documentation so that the products are traceable in the supply chain and help in monitoring product recall.

Courtesy: Secondary Research & newsletter

DEBASISH M BANERJEE is a Pharma/Healthcare Professional with proven ability to Conceptualize Innovative Strategies, Nurture talents, Build large teams and lead business operations. A dynamic and result driven



professional with over 40 years of progressive work experience in Pharma / Life Sciences vertical (Wockhardt, Astra, Torrent, Cadila, BE, Geno, SAF Fermion, Jagdale Industries), Also a cohesive team player with strong communication, interpersonal and logical decision making skills.

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ವಿವಿಧ ಸಿಹಿ ತಿಂಡಿಯನ್ನು ತಂದೆ
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ನಿನ್ನ ಸೊಬಗಿನ ಕಿರೀಟದಲ್ಲ ನರ್ತಿಸುವ ನವಿಲಿನ ಗಲಿ
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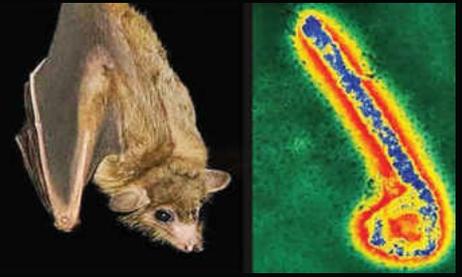


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Marburg

Virus Disease



Introduction

Marburg virus disease (MVD) is a rare but severe hemorrhagic fever which affects all primates. MVD is caused by the Marburg virus, a genetically unique zoonotic (animal-borne) RNA virus of the filovirus family. The species of Ebola virus are the only other known members of the filovirus family. Marburg virus was first recognized in 1967, when outbreaks of hemorrhagic fever occurred simultaneously in laboratories in Marburg and Frankfurt, Germany and in Belgrade, Yugoslavia (now Serbia). The reservoir host of Marburg virus is the African fruit bat, *Rousettus aegyptiacus*. Fruit bats infected with Marburg virus do not show obvious signs of illness.

Transmission

After this initial crossover of virus from host animal to people, transmission occurs through person-to-person contact. The virus spreads through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with: Blood or body fluids (urine, saliva, sweat, faeces, vomit, breast milk, amniotic fluid, and semen) of a person who is sick with or died from Marburg virus disease, or Objects contaminated with body fluids from a person who is sick with or has died from Marburg virus disease (such as clothes, bedding, needles, and medical equipment).

Signs and Symptoms

After an incubation period of 2-21 days, symptom onset is sudden and marked by fever, chills, headache, and myalgia. Around the fifth day after the onset of symptoms, a maculopapular rash, most prominent on the trunk (chest, back, stomach), may occur. Nausea, vomiting, chest pain, a sore throat, abdominal pain, and diarrhoea may appear. Symptoms become increasingly severe and can include jaundice, inflammation of the pancreas, severe weight loss, delirium, shock, liver failure, massive haemorrhage, and multi-organ dysfunction.

Diagnosis

Antigen-capture enzyme-linked immunosorbent assay (ELISA) testing, polymerase chain reaction

(PCR), and IgM-capture ELISA can be used to confirm a case of MVD within a few days of symptom onset. Virus isolation may also be performed but should only be done in a high containment laboratory with good laboratory practices. The IgG-capture ELISA is appropriate for testing persons later in the course of disease or after recovery. In deceased patients, immunohistochemistry, virus isolation, or PCR of blood or tissue specimens may be used to diagnose MVD retrospectively.

Treatment

There is no specific treatment for Marburg virus disease. Supportive hospital therapy should be utilized, which includes balancing the patient's fluids and electrolytes, maintaining oxygen status and blood pressure, replacing lost blood and clotting factors, and treatment for any complicating infections.

Prevention

Preventive measures against Marburg virus infection are not well defined, however, avoiding fruit bats (*Rousettus aegyptiacus*), and sick non-human primates is one way to protect against infection.

Measures for prevention of secondary, or person-to-person, transmission are like those used for other hemorrhagic fevers. If a patient is either suspected or confirmed to have Marburg virus disease (MVD), infection prevention and control measures should be used to prevent direct physical contact with the patient. These precautions include wearing protective gowns, gloves, and masks; placing the infected individual in strict isolation; and sterilization or proper disposal of needles, equipment, and patient excretions.

Improving the use of diagnostic tools is another priority. It is advised to conduct rapid testing of samples in disease control centers equipped with Biosafety Level 4 laboratories (laboratories equipped with the highest level of biosafety precautions) to confirm or rule out Marburg virus infection.

Dr. A Pramod Kumar
Drug Safety Associate





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WORLD BREASTFEEDING WEEK

AUGUST 1st-7th

Foster a Healthy Tomorrow Through Breastfeeding

- World Breastfeeding Week (WBW) is celebrated from August 1st - 7th every year
- WBW establishes a stage to support the loaded benefits of breastfeeding across the globe
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- Breastfeeding promotes child health & protects mothers from ovarian and breast cancer risk

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Sri Adichunchanagiri College of Pharmacy
Cordially invites you to the celebration of
WORLD ENTREPRENEURS DAY 2022
22nd August

OUR AWESOME SPEAKERS

Prof. Megha B
Department of HR & OB,
Coordinator-Centre for Entrepreneurship,
Ramalah Institute of Management

Prof. Yashaswini B Murthy
Department of HR & OB,
Coordinator-Centre for Entrepreneurship,
Ramalah Institute of Management

Venue: Lecture Hall-IV, SACCP
Time: 10.30 AM

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Cliaid-[®]T

Cilnidipine 10 mg + Telmisartan 40 mg Tablets

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DIABETIC PORTFOLIO



GO TO EVENTS



25th ANNUAL NATIONAL CONVENTION OF
ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA,
MYSURU

"Empowering Academia for
Advancing Pharmacy Education"



JSS College of Pharmacy, Mysuru has organised APTI 25th National Convention from September 2 to 4 at JSS AHER, Mysuru.

Pharmacy Education played a pivotal role in preparing competent pharmaceutical care professionals to meet the healthcare needs of the public, and pharmacists had an essential role in ensuring the effective and responsible use of medicines. Pharmacists monitor medicine use and support patients to adhere to medication regimens and to use medicines responsibly, and pharmaceutical scientists can develop novel medicines and therapeutic strategies.

APTI focuses on promoting pharmaceutical education in the country and facilitated many academic activities. It was driven by educational reforms to produce healthcare professionals who are more equipped and better prepared to meet current and future needs and to face existing and emerging healthcare challenges.

Technology had increasingly become a feature of our lives Education field is no exception to it. ICT had been extensively proposed as means to reform pharmacy education.

The APTICON is aimed at Empowering Academia for Advancing Pharmacy Education among academicians, professional scientific leaders, and regulators to set future milestones for education. The scope of the Conference addressed the educational and developmental needs to create competent pharmacists and pharmaceutical scientists Good Pharmacy Education provides a conceptual framework for the design, implementation, and assessment of contemporary educational programs for pharmacists throughout the world.

The objectives of the 25th APTICON 2022 are to:

1. Describe the importance of Accreditation and Ranking for Pharmaceutical institution
2. Define Teacher Quality
3. Develop strategies on how to adopt technology in education
4. Create a blueprint for promoting research culture
5. Leadership and Good Governance

The APTICON is a three-day convention that fosters an innovative environment and offered a collaborative platform for academicians, researchers, scientists, and students of pharmacy to adopt a vision to guide the future activities of the profession.



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- Helps to Control Hair Fall



- Supports Anti-Ageing
- Supports Skin Health
- Supports to Strengthen Nails



- Supports in Healthy weight management
- Supports in Boosting metabolism
- Supports in Appetite control



- Supports to Manage Healthy Body Weight
- Supports to Maintain Healthy Digestive System
- Supports to Boost Energy Levels



- Effective Colon Cleanser
- Supports in Improving Metabolism
- Helps to Remove Gut Toxins



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- Improves Digestive, Prostate Heart, Eye & Brain Health
- Helps to Boost Male Health



- Helps to Improve Vital Health & Digestion
- Helps to Manage Cholesterol
- Powerful Antioxidant
- Helps to Support Antiaging



- Supports in better sleep
- Supports Healthy sleep cycle



- Supports Urinary Tract Health
- Supports Kidney Functions
- Powerful Antioxidant



- May help to support in Joint Health
- May help to support Mobility, Comfort, Strength, Flexibility & Lubrication



- Helps to boost Metabolism
- Helps to Manage Glucose Metabolism



- Supports Healthy Gall Bladder Functions
- Support's Healthy Liver Functions
- Helps to Detox Liver
- Helps to Lower Cholesterol Levels



- Helps to Boost Lipids
- Helps to Lower Cholesterol Levels
- Helps to Manage Glucose Metabolism



- Anti-oxidant (Free Radical Scavenger)
- Supports Mental Health
- Supports to Anti-Ageing & Helps Detoxification



- Helps to Boost Immune System
- May help to Improve Digestion
- Potent and powerful Antioxidant
- Helps to Increase Platelets Counts



- Anti-oxidant (Free Radical Scavenger)
- Supports Mental Health
- Supports to Anti-Ageing & Helps Detoxification



- Helps to Boost Energy Level
- Helps to Boost Immunity
- Powerful Antioxidant
- Good Source of Veg Protein



- Helps to Improve Energy
- Helps to Improve Skin Health
- Helps to support Bone Health



- Helps Boost Immunity
- Helps Neutralize Free Radicals



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- Powerful Anti-Oxidant



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- Helps to enhance performance



- Helps to Increase Energy
- Helps to Boost Immunity
- Helps to Improve Strength & Stamina



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- Helps supports in repair of Joint Cartilage



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- Supports Healthy Respiratory functions



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- Helps to boost immune system



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Industry-academia pacts a must for Indian pharma to propel research: Sunil Attavar

Nandita Vijay, Bengaluru

Friday, September 9, 2022, 08:00 Hrs [IST]

Indian pharma can propel research to market entry initiatives with industry-academia pacts. Pharmacy colleges have the knowledge resources like teachers, students, and access to global libraries. They also have the time and cross-discipline access. The industry today has the need, reach and speed. Combining the two can be a winning formula, said Sunil Attavar, former president, Karnataka Drugs and Pharmaceutical Manufacturers Association.

Pharma industry expects colleges to build strong data security and a seamless long-term commitment with information that is robust to verification. Similarly, colleges should expect long-term commitment and a fair return on gain, timely investment. This will go a long way in creating trust, enabling India move up the value chain with a research culture, he added.

Jai Anusandhan, which is Prime Minister Narendra Modi's call to make research and innovation as fundamental for India, the recently concluded APTICON 2022 in Mysuru saw organisers make a clarion call for industry and academia to collaborate.

Speaking on Jai Anusandhan, Attavar provided ways on how industry-academia could team up to propel research commercialization by setting up a collaboration cell with an IP commercialization division. "There is a need to propagate the expertise that a college excels in. We need to put in place a stringent review programme, make timely investments where projects should be people-agnostic. Further, it is extremely important to celebrate the success of commercialisation," he said.

Atmanirbhar Bharat requires Anusandhan and this is only possible when academia and industry come together. Globally around 24 per cent of the discoveries come from universities. Several key discoveries have occurred in academic settings. Virtually all-important innovative vaccines that have been introduced in the last 25 years have been created by the Public Sector Funded Research Institutes. Most biotech start-ups are incubated in colleges. Unfortunately, India ranks a distant 22nd in patent filing. Therefore, industry and academia can jointly appeal to the government to allow CSR funding for research in universities, he noted.

Research on new discoveries is tough and expensive. Therefore, pharma industry-academia collaborations can start small with smart solutions. They can focus on dossiers, incremental innovation, analytical development, work on phytochemical products and dosage innovations, he said.

The future of pharma is going beyond just pills and powders. Quoting an analysis of 1,745 start-ups and emerging companies identifying top 10 pharma innovation, Attavar said that the trends covered artificial intelligence, big data, flexible production, precision medicine, additive manufacturing, blockchain, extended reality, real-world data, digital therapeutics, and curative therapies. Now pharmacy teachers must be up-to-date, collaborate and interact with the industry,

Giving an example of successful industry-academia collaboration, he shared the experience of Group Pharma which worked with many universities to launch innovative oral care products. Currently, with JSS Advanced Higher Education Research, the company is working on a patented dental denture stomatitis herbal emugel, now in the scalable phase. Another product, fennel gum gel is under formulation development at JSSAHER, Ooty. "With several success stories of industry-academia pacts, Indian pharma needs to shift towards innovation from mass manufacture to retain its tag as Pharmacy of the World," said Attavar.

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 Sept. 2022 to this E Mail ID- krpaindia@gmail.com
5. A confirmation mail will be sent to you on receiving your e-mail.

1. Drugs that could be used in nausea and vomiting caused by palliative cancer treatment include:
 - a. Metoclopramide
 - b. Haloperidol
 - c. Prochlorperazine
2. Which of the following hormone is also known as 'emergency hormone;?
 - a. Cortisol
 - b. Growth Hormone
 - c. Prolactin
 - d. Adrenaline
3. Which one of the following statements is correct about effects of antibiotics on viruses?
 - a. Viruses are "non-living" entities but it can interact with antibodies
 - b. Taking antibiotics cures viral infections
 - c. Viruses do not possess metabolic pathways on which antibiotics can function, whereas bacteria have such pathways
 - d. Viruses are resistant to antibiotics
4. When did the history of pharmacy begin?
 - a. 1526 B.C
 - b. 1676 B.C
 - c. 1986 B.C
5. What is used as an antidote for Heparin poisoning?
 - a. Protamine sulfate
 - b. Methylene blue
 - c. Reglan
6. TPN used for intensive care units is:
 - a. Total Parenteral Nutrition
 - b. Total Pharmaceutical Neutralizer
 - c. Total Patient Number
7. Which of the following is a major fatal contradiction of using penicillin?
 - a. Blood hemorrhage
 - b. Anaphylactic reaction to ANY penicillin
 - c. Watery diarrhea
8. Ticarcillin is a type of:
 - a. Aminopenicillins
 - b. Ureidopenicillins
 - c. Carboxypenicillins
9. Cholestatic Jaundice is mostly associated with which type of penicillin?
 - a. Amoxicillin
 - b. Nafcillin
 - c. Flucloxacillin
10. Iodex, a pain relief balm, has the smell of -----
 - a. Methyl salicylate
 - b. Ethyl Salicylate
 - c. Propyl Salicylate



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to the winner of Twenty Ninth Edition

KRPA Quiz Competition

Sangeeta Gurupadappa Nalavadi
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INSPIRATIONAL PHARMACIST DILIP SHANGHVI

: THE FOUNDER OF SUN PHARMACEUTICALS

Dilip Shanghvi is an Indian billionaire businessman, one of the country's richest men and the founder of Sun Pharmaceuticals. According to the Forbes, as of October 2021, Shanghvi is the 14th richest man in India with a net worth of US\$14.3 billion. The Government of India awarded him the civilian honour of the Padma Shri in 2016 and India Today magazine ranked him 8th in India's most powerful people of 2017 list.

Shanghvi is from a Kolkata-based Gujarati Jain family. The son of Shantilal and Kumud Shanghvi, he was born in the small village of Amreli in the Indian state of Gujarat. Shanghvi graduated from the University of Calcutta with a Bachelor of Commerce degree. He grew up and attended college with his parents in the Burrabazar neighbourhood of Kolkata. He completed his education at J. J. Ajmera High School and received his diploma from Bhawanipur Education Society College, respectively.

Shanghvi began his career by assisting his father with his business, a wholesale distributor of medications, primarily generic pills, in Kolkata. It was while working in this capacity that he had the idea of producing his own medicines rather than reselling goods created by others. With a capital investment of INR 10,000, the 27-year-old Shanghvi ultimately launched his first manufacturing facility in 1982. Sun Pharmaceutical Industries is the name of his business. The facility, which was close to Mumbai in his home state of Gujarat's Vapi, produced just one psychiatric medication. But thanks to Sanghavi's

commercial sense and drive, things quickly took off, and by 1997, Sun Pharma had even managed to buy the American firm Caraco Pharma.

In 2007, Sun Pharma also purchased Israel's Taro Pharma. Israel Makov, a former CEO of Teva Pharmaceuticals, was selected by Shanghvi to succeed him as chairman and CEO when he stepped down in 2012; Managing Director Shanghvi was appointed. Sun Pharma, Ranbaxy, and Daiichi Sankyo (the majority shareholder in Ranbaxy) came to an agreement in April 2014 that Sun Pharma would buy all of the company's outstanding shares for \$3.2 billion in Sun stock and that Sun Pharma would assume \$800 million in debt owed by Ranbaxy. The transaction closed in March 2015, making Sun the largest drug company in India and the fifth-largest in the world, and Daiichi the company's second-largest shareholder.

The 21-member central board committee of the Reserve Bank of India welcomed Shanghvi in January 2018 as a new member. He serves as IIT Bombay's board of governor's chairman. In 2017, he was appointed a trustee of Oxford University's Rhodes scholarship programme. The Reluctant Billionaire, a journalist Soma Das's first and only biography of Dilip Shanghvi, was published in 2019. The book, was published by Penguin Random House, was nominated for a Tata Literature Award in the category of Best Business Book in November 2019.



Dr. Ravina Ravi, Research Scholar,
Dept. of Pharmacy Practice
JSS College of Pharmacy,
JSS AHER, Mysuru

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