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INDEPENDENCE DAY



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@ ONLINE

Mr.Sunil S Chiplunkar



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NEWLY APPROVED
DRUGS



INSPIRATIONAL
PHARMACIST

Dr Parvinder Singh

Quiz

Karnataka State Pharmacy Council

ELECTION 2023

Dr. Kaushik Devaraju M Pharm PhD

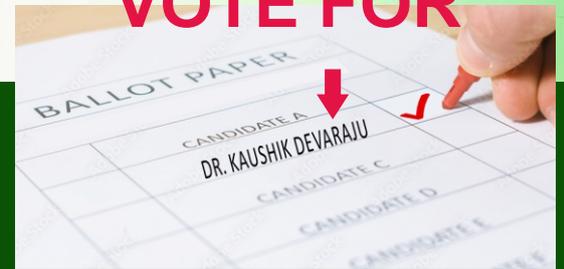
Pharmacist organizations require hard working, smart and visionary leadership. I confidently represent such champion leadership. I have honed my leadership skills by starting the organization: Karnataka Regd. Pharmacists Association (KRPA), that is now a bellwether pharmacist body that strives to provide progressive inputs including through webinars, Youtube videos, Sport events, lobbying, live events, and the monthly KRPA e-bulletin. Thus, I am achieving and contributing to noble profession of pharmacy through team play and effective leadership.

I have completed my M Pharm (Regulatory Affairs) and PhD in pharmacy and thus appropriately qualified to provide energetic and youthful leadership with a dash of humility.

Achievements:

1. Got Elected as President for 2 terms for Karnataka Registered Pharmacist Association at 2016 and 2019
2. Selected among Top 100 Young Leader from Karnataka and participated in Lead Prayana organised by Deshpande foundation for 14 day in 2016-2017.
3. Got Selected to Grand Finale of Smart India Hackathon which was held on 2nd & 3rd 2019 at Hyderabad
4. Founder and CEO of TUVVIE  Tuvvie®
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5. Under his leadership Karnataka Registered Pharmacists Association has got Swachhta Saarthi fellowship 2021-2022 from INVEST INDIA, Office of the Principal Scientific Advisor to government of India.
6. Winner of Amritha Startups Award 2021 & Runner up of Startup Karnataka Elevate 2021
7. Advisory Member of Vidyakula International School

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LIFELONG LEARNING FOR CAREER GROWTH

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Mr. Sunil S Chiplunkar

M Pharm (Pharmacology) MBA (Marketing) PGDHRM (PhD)
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Email: 1969sunilchiplunkar@gmail.com

(With inputs from Dr. Prashanth S, Deputy Dean, Academics, JSSAHER, Mysuru and Mr. Sunil S Chiplunkar, VP Business Development, Group Pharmaceuticals, Bangalore)

The world changeth!

The world always changeth! Change is the only constant!! These words are not just clichés, change is happening every moment in our world. This is having high impact on the way things are getting done. For instance, learning is now more 'on-the-go' with electronic media becoming the conduit of learning. Internet based courses is the way to go for many working people to acquire new skills and certifications. Change has come at the speed of light! All thanks to the internet information superhighway!!

Charting the unfamiliar terrain

Learning is all about acquiring new knowledge and unknown skills; this helps the learner stay relevant to his field of work. For instance, in today's world, medical representatives are technology savvy, using the tablet PC to promote products - and they also navigate ms excel with ease to analyse sales figures. Similarly, many MRs create their presentations using ms powerpoint.

Learning requires the learner to go from familiar zone to unfamiliar zone with a self-starter attitude. This requires hand-holding to ensure the learner can approach the unfamiliar zone with confidence and guidance. If a helping hand is not present, the learner may move into the panic zone and give up the learning schedule. So the helping hand facilitating transition from comfort knowledge zone to unfamiliar new-knowledge zone is a key aspect in the learning process. Many institutions like JSSAHER, Mysuru are now playing the trusted role of a helping hand for learners in the online space and campus life.

Online systems of learning and career growth

Career or occupation of a person is foundational to quality of life and satisfaction. In today's world, pharmacists have to be internet savvy and know newer shades of drug information including chronopharmacology to provide pharmaceutical care and counselling.

People in all vocations, need to constantly update - for providing useful value-addition in their daily work. This cannot come only through reading habit. A rigorous course work with facilitated learning is required to ensure that the learnings will augment career growth.

Online portals have opened up a new convenient vista of learning to career people on the move! All that a learner requires is a smartphone to access the course contents, read, watch videos and answer quizzes or assignments to reinforce learning.

Lifelong learning

Lifelong learning is inevitable in this changing world. Online learning systems are facilitating lifelong learning with convenience. An example of a lifelong learner is Mr. Sunil S Chiplunkar - at the age of 50 plus years he has pursued PhD at JSSAHER, Mysuru, since facilities such as industry academia collaboration are available in progressive institutions like JSSAHER, Mysuru. Lifelong learning through a 'hybrid model' is the futuristic way.

Conclusion

In conclusion, online education emerges as a beacon of hope, providing the means to continuously acquire new knowledge and skills, and in turn, drive career growth. Thus, individuals are flocking to various trusted online education providers such as JSSAHER, Mysuru to boost their career fortunes in an ever changing world.

Unleashing Career Progression through Online Education

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Application of **AI/ML** in the broad context of **Drug Development: FDA**

With burgeoning adoption of artificial intelligence (AI), and due to the increased number of submissions that reference AI and machine learning (ML), US FDA on May 2023 has released a discussion paper to open a communication with stakeholders, including industry and academia, to foster mutual learning and discussion and seek feedback on AI/ML in drug development.

The FDA has been actively engaged in the development and use of AI/ML in drug development and has published several guidance documents on the use of AI/ML in drug development, and it has also worked with pharmaceutical companies to develop and validate AI/ML tools.

In this discussion paper, three main topics were discussed: (1) Landscape of current and potential uses of AI/ML, (2) Considerations for the use of AI/ML, (3) Next steps and stakeholder engagement. The paper lights the potential use of AI/ML in:

- ❖ **Target identification:** AI/ML can be used to identify new drug targets by analyzing large datasets of biological data. This can help to accelerate the drug discovery process and identify targets that were previously unknown.
- ❖ **Drug design:** AI/ML can be used to design new drug molecules by predicting their structure and properties. This can help to reduce the time and cost of drug discovery and development.
- ❖ **Efficacy and safety prediction:** AI/ML can be used to predict the efficacy and safety of new drugs by analyzing large datasets of clinical trial data. This can help to reduce the number of patients who need to be enrolled in clinical trials and the risk of adverse drug reactions.
- ❖ **Clinical trial design:** AI/ML can be used to design clinical trials that are more efficient and effective. This can help to speed up the drug development process and improve the quality of clinical trial data. AI/ML is being used to analyze data from clinical trials and observational studies to make inferences regarding the safety and efficacy of drugs.
- ❖ **Post-market surveillance:** AI/ML can be used to monitor the safety of drugs after they are approved. This can help to identify and address potential safety concerns quickly and effectively

For future engagement in the use of AI/ML in drug development, the focus will be on:

- ❖ **Data sharing:** Increased data sharing will be essential for the development and validation of AI/ML tools for drug development. The FDA is working to facilitate data sharing between pharmaceutical companies, academic institutions, and other stakeholders.
- ❖ **Standardization:** The development of standards for AI/ML tools will be essential for ensuring that these tools are used in a consistent and reliable way. The FDA is working with industry and academia to develop standards for AI/ML tools for drug development.
- ❖ **Regulatory oversight:** The FDA will need to develop new regulatory frameworks for AI/ML tools for drug development. The FDA is working to develop a regulatory framework that is flexible and adaptable to the rapid pace of innovation in AI/ML.

For a detailed understanding, click the link below to download the discussion paper

<https://www.fda.gov/science-research/science-and-research-special-topics/artificial-intelligence-and-machine-learning-aiml-drug-development>

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DIABETIC FOOT ULCER

Diabetes is known as one of the lifestyle disorder and getting the attention of doctors, scientists and other healthcare professionals due to the complications associated with it. One of the less read or discussed complications is diabetic foot ulcer (DFU). It is an open sore or wound on the foot of a person with diabetes, most commonly located on the plantar surface, or bottom of the foot. Diabetic foot ulcers occur in approximately 15% of persons with diabetes. Of those who develop a foot ulcer, 6% will be hospitalized due to infection or other ulcer-related complication.

Prevalence and risk factors of diabetic foot ulcer:

Recent studies shown that global diabetic foot ulcer prevalence rate is 6.3% and it is higher among males (4.5%) than in females (3.5%). Based on types of Diabetes Mellitus, it is 6.4% higher in type 2 diabetic patients than in type 1 diabetics (5.5%). North America had the highest prevalence (13.0%) Oceania had the lowest (3.0%), and the prevalence in Asia, Europe, and Africa were 5.5%, 5.1% and 7.2%, respectively. Certain groups of people have a greater risk of developing foot ulcers including Native Americans, African Americans, Hispanics, older men, insulin-dependent diabetics, and persons with diabetes-related kidney, eye, and heart disease.

Diabetic peripheral neuropathy and peripheral artery disease (PAD) are strong risk factors associated with the development of diabetic foot ulcers. Other risk factors include cigarette smoking, poor glycaemic (sugar) control, and previous foot ulcerations. The risk of foot ulceration and limb amputation increases with age and the duration of diabetes

Types of Diabetic Ulcers

- ★ **Neuropathic ulcers** occur where there is peripheral diabetic neuropathy, but no ischemia caused by peripheral artery disease.
- ★ **Ischemic ulcers** occur where there is peripheral artery disease present without the involvement of diabetic peripheral neuropathy.
- ★ **Neuroischemic ulcers** occur where the person has both peripheral neuropathy and ischemia resulting from peripheral artery disease.

Stages of diabetic foot ulcer:

- ★ **Grade 0** - Foot symptoms like pain, only.
- ★ **Grade 1** - Superficial ulcers involving skin and subcutaneous tissue.
- ★ **Grade 2** - Deep ulcers involving ligaments, muscles, tendons, etc.
- ★ **Grade 3** - Ulcer with bone involvement.
- ★ **Grade 4** - Forefoot gangrene.
- ★ **Grade 5** - Full-foot gangrene.

Causes of diabetic foot ulcer:

Peripheral neuropathy (nerve damage) and lower extremity ischemia (lack of blood flow) due to peripheral artery disease are the primary causes of diabetic foot ulcers. Diabetic peripheral neuropathy is a precipitating factor in almost 90% of diabetic foot ulcers. Chronically high glucose (blood sugar) levels damage nerves, including the sensory, motor and autonomic nerves. Diabetic neuropathy also damages the immune system and impairs the body's ability to fight infection. Sensory nerves enable people to feel pain, temperature, and other sensations. **When sensory nerves of a diabetic person are damaged (sensory neuropathy)**, they may no longer be able to feel heat, cold, or pain in their feet. A cut or foot sore, a burn from hot water, or exposure to extreme cold might go completely unnoticed because of numbness and lack of sensation. The sore or exposed area may then become infected and not heal properly due to the body's impaired ability to fight infection. Peripheral neuropathy also causes **muscle weakness and loss of reflexes**, especially at the ankle. This may change the way a person walks and lead to foot abnormalities and deformities such as bunions, hammertoes, and charcot foot. These play an important role in the pathway of diabetic foot ulcers since they contribute to abnormal pressures in the plantar area (heel and bottom) of the foot, predisposing it to ulceration.

Diabetes also damages blood vessels by causing inflammation and atherosclerosis, or hardening of the arteries. Narrowing of the arteries causes ischemia, a condition in which the blood circulation in the arteries is restricted and the availability of oxygen, glucose, and critical nutrients to tissues in the body is substantially reduced. When poor circulation affects the arteries of the feet and hands, it is called **peripheral artery disease**, or PAD. By restricting the supply of oxygenated, nutrient-rich blood to the site of the ulcer, peripheral artery disease increases the risk an ulcer will become infected and heal slowly--or not at all. Peripheral artery disease (PAD) is 28 times more common in patients with diabetes, and about half of patients

with a diabetic foot ulcer will also be found to have co-existing PAD. Identifying PAD in patients with foot ulceration is important because its presence is associated with slower (or lack of) healing of foot ulcers as well as other serious complications. Diagnosing PAD is challenging in patients with diabetes, as they frequently lack typical symptoms, such as intermittent claudication (rest pain), even in the presence of severe tissue loss

Signs and Symptoms

Common signs and symptoms of a diabetic foot ulcer include:

- ❖ Appearance of drainage on the person's socks
- ❖ Redness and swelling in the area
- ❖ Odor if the ulcer has progressed significantly

Non-pharmacological treatment:

- ❖ Smoking cessation
- ❖ Lowering consumption of alcohol
- ❖ Reducing high cholesterol
- ❖ Controlling blood glucose levels
- ❖ Wearing the appropriate shoes and socks
- ❖ Inspecting feet every day--especially the sole and between the toes for cuts, bruises, cracks, blisters, redness, ulcers, and other signs of abnormality

Treatment:

A diabetic foot ulcer acts as a portal for systemic infections such as cellulitis, infected foot ulcers, and osteomyelitis. These are especially dangerous to patients with diabetes, whose impaired immunity increases their risk for local and systemic infection. Therefore, debridement and antibiotic therapy should be initiated as soon as possible. Blood sugar should also be monitored closely and controlled, because hyperglycemia may increase the virulence of infectious microorganisms.



The goal of treatment is to accelerate the healing process and decrease the chance for infection (or prevent a recurrence of infection). Treatment usually consists of:

- ❖ Optimal glucose control.
- ❖ Debridement - removal of all hyperkeratotic (thickened) skin, infected and nonviable, including necrotic (dead), tissue, slough, foreign debris, and residual material from dressings.
- ❖ Systemic antibiotics for deep infection, drainage, and cellulitis.
- ❖ Off-loading - Relieving the pressure from the ulcerated areas by having the patient wear special foot gear, a brace, specialized castings, or using a wheelchair or crutches.
- ❖ Creating a moist wound environment.
- ❖ Treatment with growth factors and/or cellular therapy if the wound is not healing.

Wound Care

- ❖ Wounds and ulcers heal faster and have a lower risk of infection if they are kept covered and moist, using dressings and topically-applied medications.
- ❖ Products including saline, growth factors, ulcer dressings, and skin substitutes are highly effective in healing foot ulcers.
- ❖ There should be adequate circulation to the ulcerated area.
- ❖ Tight control of blood glucose is critical during the treatment of a diabetic foot ulcer. This will enhance healing and reduce the risk of complications.

Healing time may range from weeks to several months, depending on:

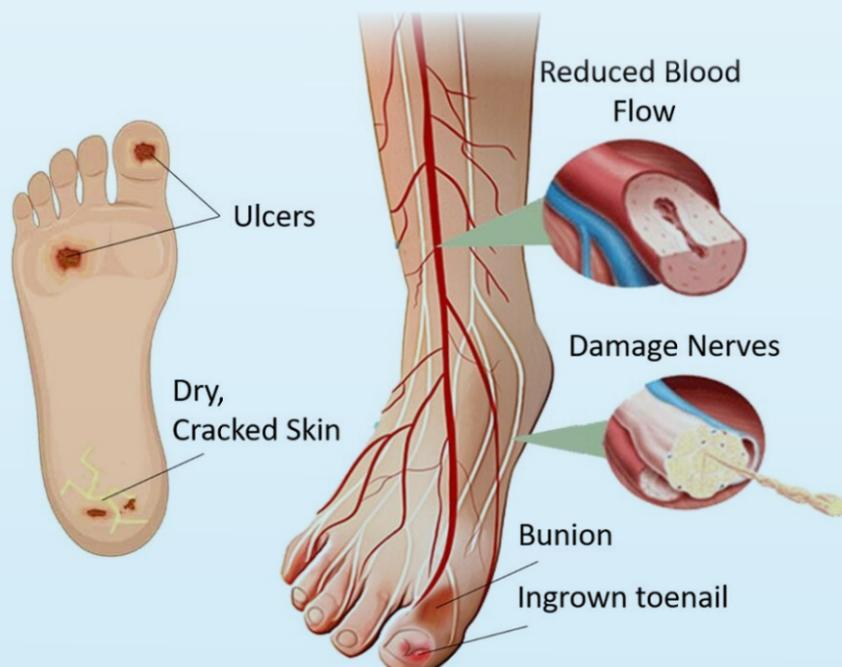
- ❖ Wound size and location
- ❖ Pressure on the wound from walking or standing
- ❖ Degree of swelling
- ❖ Issues with proper circulation
- ❖ Blood glucose levels
- ❖ What treatments are being applied to the wound

Surgical Options:

- ❖ If proper precautions and diabetes is not managed through the lifestyle modification then diabetic foot ulcer is treated by conducting surgery. Surgery may be required to:
- ❖ Remove pressure on the affected area, including shaving or excision of bone(s).
- ❖ Correct deformities, such as hammertoes, bunions, or bony "bumps."
- ❖ Treat infections such as osteomyelitis, an infection of the bone, by surgically removing the infected bone.



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ಆದರೆ ಕನ್ನಡಿಯನ್ನ ನೋಡಲು ಬೇಕಲ್ಲ ಕಣ್ಣು
ಕನ್ನಡಿಯಲ್ಲಿ ಪ್ರತಿಬಿಂಬಿಸುತ್ತೆ ಅದರ ಎದುರಿಗಿದ್ದ ವಸ್ತು
ಆದರೆ ಕಣ್ಣಲ್ಲಿ ಪ್ರತಿಬಿಂಬಿಸುತ್ತೆ ಇಡೀ ಜಗತ್ತು

ಆಕಾಶದಲ್ಲಿ ಮೋಡ ಸುರಿಯುತ್ತಿದೆ ನೀರಿನ ಮುತ್ತು
ಅದೇ ರೀತಿ ಹೃದಯ ನೊಂದಿದಾಗ ಕಣ್ಣೀರು ಹರಿಯುತ್ತೆ ಅತ್ತು
ಮೋಡ ತೇಲಿದಾಗ ಮಳೆ ಹನಿ ನಿಲ್ಲುತ್ತೆ
ಅದೇ ರೀತಿ ಮನಸ್ಸು ಹಗುರವಾದಾಗ ಕಣ್ಣೀರು ತಣಿಯುತ್ತೆ

ವಾಸ್ತವದಲ್ಲಿ ನಮ್ಮ ಕಣ್ಣಿನಿಂದ ನಮ್ಮ ಮನಸ್ಸಿನ ಕಣ್ಣು ತೆರೆಯಬಹುದು
ಇಲ್ಲಿ ನಾವು ನಮಗೆ ಬೇಕಾದ ಚಿತ್ರಗಳನ್ನು ಮೂಡಿಸಬಹುದು
ನಮ್ಮ ಮೆದುಳಿನಿಂದ ಜೋಪಾನವಾಗಿಟ್ಟ ಚಿತ್ರವನ್ನು ಅಳಿಸಬಹುದು
ಹಗಲು ಮತ್ತು ರಾತ್ರಿ ಕಣ್ಣು ಮುಚ್ಚಿ ಇಲ್ಲವೇ ಕಣ್ಣು ತೆರೆದು ಕಣ್ಣಿನಿಂದಲೇ ಕನಸು ಕಾಣಬಹುದು

ಕಣ್ಣೇ ನಮ್ಮ ಜೀವನದ ದರ್ಪಣ
ಇದೇ ಪ್ರದರ್ಶಿಸುತ್ತೆ ನಮ್ಮ ಮನಸ್ಸಿನ ಕೋಲಾಹಲ
ಸುಖ-ದುಃಖದ ವಿಶ್ಲೇಷಣೆ
,ಮಾಡಬಹುದು ಈ ಕಣ್ಣಿನಿಂದಲೇ ಅಲ್ಲವೇ?

ಇದೇ ಅಲ್ಲ ನೀಡುತ್ತೆ ಮುಖಕ್ಕೆ ಗುರುತು ಮತ್ತು ಆಕಾರ್ಶಣೆ
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ಮಾಡಬೇಕು ಕಣ್ಣಿನ ರಕ್ಷಣೆ
ಬಳಸಿ ಕನಿಷ್ಠ ಮೇಕಪ್ ಮತ್ತು ಮಾಡಿ ಸಮಯ ಸಮಯಕ್ಕೆ ಇದರ ಪರೀಕ್ಷಣೆ

ಕಣ್ಣು ದಾನಕ್ಕಿಂತ ಉತ್ತಮ ಇದೆಯೇ ಯಾವುದಾದರು ದಾನ?
ಮತ್ತೇಕೆ ಹೆದರುವೆವು ಬರೆಯಲು ಕಣ್ಣು ದಾನದ ಪಾಠಂ
ಅದೂ ಮಾಡಲಿರುವ ದಾನ ಮರಣದ ನಂತರ



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Minjuvi

The minjuvi, Sponsored by Specialised Therapeutics Alim Pty Ltd. The main active ingredient present in it is Tafasitamab, it is used with combination with lenalidomide for treatment of adults with relapsed B-cell lymphoma. Tafasitamab is a fragment crystallisable (Fc)-enhanced monoclonal antibody that targets the CD19 antigen expressed on the surface of pre-B and mature B lymphocytes. Upon binding to CD19, Tafasitamab mediates B-cell lysis through *engagement of immune effector cells like natural killer cells, $\gamma\delta$ T cells and phagocytes and by direct induction of cell death (apoptosis)*. The Fc modification results in enhanced antibody-dependent cellular cytotoxicity and antibody-dependent cellular phagocytosis. They are available in powder for solution, for infusion they are available in 200 mg concentration in a single vial for Intravenous infusion use, and has been approved on 3 July 2023 for marketing in Australia.

Tecvayli

The Tecvayli, sponsored by Janssen-cilag Pvt Ltd. The main active ingredient present in it is Teclistamab, it issued for treatment of multiple myeloma. Teclistamab is a bispecific antibody that targets the CD3 receptor expressed on the surface of T-cells and B-cell maturation antigen (BCMA), which is expressed on the surface of malignant multiple myeloma B-lineage cells, as well as late-stage B cells and plasma cells. In vitro, Teclistamab activated T-cells, caused the release of various proinflammatory cytokines, and resulted in the lysis of multiple myeloma cells. They are available in Solution for injection and are available in 10 mg/mL and 90 mg/mL concentration in a single vial for subcutaneous use, and has been approved on 14 June 2023 for marketing in Australia.

Imjudo

The Imjudo, sponsored by AstraZeneca Pty Ltd. The main ingredient present in it is Tremelimumab, it helps in treating hepatocellular carcinoma. Tremelimumab is a selective, fully human immunoglobulin G (IgG)2 antibody that blocks CTLA4 interaction with CD80 and CD86, thus enhancing T-lymphocyte activation and proliferation, resulting in increased T-lymphocyte diversity and enhanced antitumour immune activity. They are available in Concentrated solution

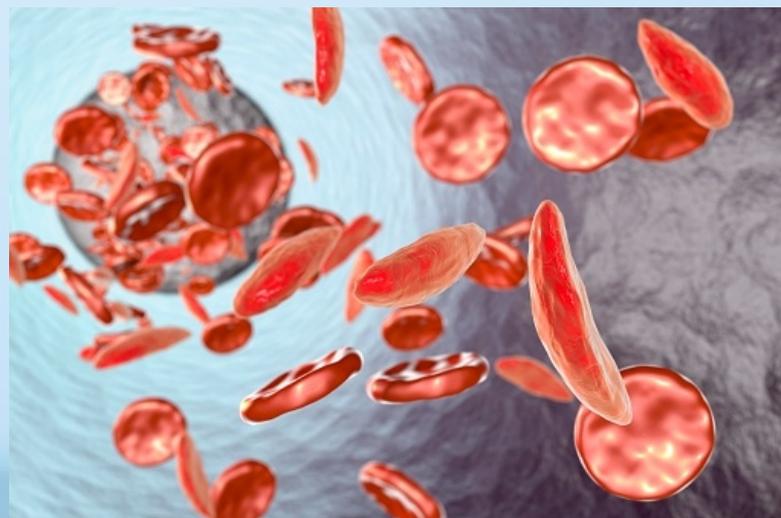
for injection and are available in 25 mg/ 1.25 mL and 300 mg/ 15 mL in a single vial for Intravenous infusion, and has been approved on 30 June 2023 for marketing in Australia.

Intrarosa

The Intrarosa, sponsored by Theramex Australia Pty Ltd. The main ingredient present in it is Prasterone, it helps in treatment of vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms, by increase in the number of superficial and intermediate cells and decrease in the number of parabasal cells in the vaginal mucosa is noted. In addition, the vaginal pH decreased towards the normal range, thus facilitating the growth of the normal bacterial flora. They are available in forms of Pessary with 6.5 mg concentration. It has been approved on 26 June 2023 for marketing in Australia.

Esperoct

The Esperoct, sponsored by Novo Nordisk Pharmaceuticals Pty Ltd. The main ingredient present in it is Turoctocog alfa pegol, it helps in treatment to reduce the frequency of bleeding episodes. When Turoctocog alfa pegol is activated by thrombin at the injury site, the a3 region and the B domains containing the PEG are cleaved off, producing active recombinant factor VIII (rFVIIIa), which is similar in structure to native factor VIIIa. This replacement therapy raises factor VIII plasma levels, temporarily correcting the factor VIII deficiency and bleeding tendency. The are available in forms of Powder for injection with 500 IU, 1000 IU, 1500 IU, 2000 IU, and 3000 IU [International units]. It has been approved on 19 June 2023 for marketing in Australia.



EUROPIAN GOVERNMENT

AREXVY

The Arexvy, sponsored by GlaxoSmithKline Biologicals S.A. The main ingredient present in it is lyophilized recombinant respiratory syncytial virus glycoprotein F. Arexvy is a vaccine for adults 60 years of age and older to protect them against lower respiratory tract disease (LRTD; diseases of the lungs such as bronchitis or pneumonia) caused by respiratory syncytial virus (RSV). Arexvy contains a version of a protein found on the surface of the virus called RSVPreF3. They are available in form of intra dermal injections with standard doses. Arexvy received a marketing authorisation valid throughout the Europe on 06 June 2023.

Withdraw drugs

EUROPIAN GOVERNMENT

Lagevrio

The Lagevrio, sponsored by Merck Sharp & Dohme B.V., with molnupiravir as the active ingredient which was used in treatment for covid-19 in adults. It is an antiviral medicine that reduces the ability of SARS-CoV-2 (the virus that causes COVID-19) to multiply in the body. It does this by increasing the number of alterations (mutations) in the virus' genetic material (known as RNA) in a way that impairs the ability of SARS-CoV-2 to multiply. The company stated that its decision was based on the CHMP's view that the data provided do not allow the committee to conclude on a positive benefit-risk balance for Lagevrio. It was withdrawn from the market on 21 June 2023 from the pharmacies in Europe.

Dyrupeg

The Dyrupeg, sponsored by CuraTeQ Biologics s.r.o., with pegfilgrastim as the active ingredient which was used in treatment for neutropenia. The drug is very similar to a human protein called granulocyte colony stimulating factor (G-CSF). It works by encouraging the bone marrow to produce more white blood cells, increasing white blood cell counts and so treating neutropenia and helping the body fight infection. The company withdrew the drug from European pharmacies on 8 June 2023 by stating that it could not provide EU GMP certification of its manufacturing facility within the required time limit.

Zefylti

The Zefylti, sponsored by CuraTeQ Biologics s.r.o., with filgrastim as the active ingredient which was used in treatment for neutropenia. The drug is very similar to a human protein called granulocyte colony stimulating factor (G-CSF). Filgrastim acts in the same way as naturally produced G-CSF by encouraging the bone marrow to produce more white blood cells, increasing white blood cell counts. The company withdrew the drug from European pharmacies on 8 June 2023 by stating that it could not provide EU GMP certification of its manufacturing facility within the required time limit.

NEWLY APPROVED DRUGS

AUSTRALIAN GOVERNMENT - July

Andexxa

The Andexxa, sponsored by AstraZeneca Pty Ltd. The active ingredient present in it is Andexanet alfa and used as the prothrombin. Andexanet alfa is a recombinant form of human

Factor Xa (FXa) protein that has been modified to lack FXa enzymatic activity. The active site serine was substituted with alanine, rendering the molecule unable to cleave and activate prothrombin, and the gamma-carboxyglutamic acid (Gla) domain was removed to eliminate the ability of the protein to assemble into the prothrombinase complex, thus removing any anti-coagulant effects. Andexxa are available in form of Powder for injection with 200mg dose. Andexxa received a marketing authorisation valid throughout the Australia on 12 July 2023.

Retevmo

The Retevmo, sponsored by Eli Lilly Australia Pty Ltd. The active ingredient present in it is Selpercatinib and used for RET fusion positive non-small cell lung cancer. Selpercatinib is an orally available, small molecule inhibitor of the rearranged during transfection (RET) receptor tyrosine kinase. Chromosomal rearrangements involving in-frame fusions of RET with various partners can result in constitutively activated chimeric RET fusion proteins that can act as oncogenic drivers, promoting cell proliferation and survival in tumour cell lines. Point mutations in RET can also result in constitutively activated RET proteins that can promote cell growth and survival in tumour cell lines. Retevmo is available as Immediate release hard capsule with 40mg and 80mg doses. Retevmo received marketing authorization valid throughout Australia on 14 July 2023.

Alhemo

The Alhemo, sponsored by Novo Nordisk Pharmaceuticals Pty Ltd. The active ingredient present in it is Concizumab and used to prevent bleeding in haemophilia B patients. Concizumab is an antibody against tissue factor pathway inhibitor (TFPI). Physiologically, TFPI dampens the initiation of coagulation by reducing formation of, and directly inhibiting, activated factor X (FXa). Concizumab binds to the Kunitz 2 (K2) domain of TFPI and inhibits these actions of TFPI. For patients with haemophilia, who have inadequate propagation of coagulation due to deficiency of factor VIII (FVIII) or factor IX (FIX), removing TFPI inhibition may allow adequate formation of FXa to generate sufficient thrombin for haemostasis. Alhemo is available as Solution for injection 10 mg/mL, 40 mg/mL and 100 mg/mL doses. Alhemo received marketing authorization valid throughout Australia on 03 July 2023.

TAVNEOS

The Tavneos, sponsored by Vifor Pharma Pty Ltd. The active ingredient in it is Avacopan and is indicated for the treatment of adults with anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis [granulomatosis with polyangiitis (GPA), and microscopic polyangiitis (MPA)]. Avacopan is a selective antagonist of the human complement 5a receptor (C5aR1 or CD88) and competitively inhibits the interaction between C5aR1 and the anaphylatoxin C5a. The specific and selective blockade of C5aR1 by avacopan reduces the pro-inflammatory effects of C5a, which include neutrophil activation, migration, and adherence to sites of small blood vessel inflammation, vascular endothelial cell retraction and permeability. Tavneos is available as hard capsule 10 mg dose, and has received marketing authorization valid throughout Australia on 28 July 2023.

IDEFIRIX

The Idefirix, sponsored by Hansa Biopharma Pty Ltd. The active ingredient in it is Imlifidase and is indicated for desensitisation treatment of adult kidney transplant candidates. Imlifidase is a cysteine protease derived from the immunoglobulin G (IgG)-degrading enzyme of *Streptococcus pyogenes* that cleaves the heavy chains of all human IgG subclasses and IgG-type of B-cell receptor (BCR) but no other immunoglobulins. The cleavage of IgG leads to elimination of Fc-dependent effector functions, including complement dependent cytotoxicity (CDC) and antibody dependent cell mediated cytotoxicity (ADCC). By cleaving all IgG, imlifidase reduces the level of donor specific antibody (DSA), thus enabling transplantation. Idefirix is available as Powder for concentrate for solution for infusion with 11 mg strength. Idefirix received marketing authorization valid throughout Australia on 21 July 2023.

EUROPIAN GOVERNMENT

COLUMVI

The Columvi, sponsored by Roche Registration GmbH. The active ingredient present in it is Glofitamab and used to treat diffuse large B-cell lymphoma (DLBCL). glofitamab is an antibody that has been designed to recognise and attach to CD20, a protein that is present on the surface of B cells (including the cancer cells), and to CD3, a protein found on the surface of healthy T cells. T cells are another type of white blood cell that are part of the immune system and can destroy cancer cells by binding to the CD20 and CD3 proteins, the medicine acts as a bridge to bring together the cancer cells and T cells. This encourages the T cells to destroy the cancer cells and helps control the disease. Columvi is available in IV form with 2.5mg/ml, 10 mg/mL doses. Columvi received marketing authorization valid throughout Europe on 07 July 2023.

LYTGOBI

The Lytgobi, sponsored by Taiho Pharma Netherlands B.V. The active ingredient present in it is Futibatinib and used to treat cholangiocarcinoma. Futibatinib is a tyrosine kinase inhibitor that blocks receptors called fibroblast growth factor receptors (FGFRs), which are found on the surface of cells and help regulate cell growth. Cancer cells with changes in the FGFR gene have an abnormal form of this protein which makes them grow uncontrollably. By blocking FGFRs, futibatinib can prevent the growth of such cancer cells. Lytgobi is available in 4 mg film-coated tablets. Lytgobi received marketing authorization valid throughout Europe on 04 July 2023

PYLCLARI

The Pylclari, sponsored by Curium Pet France. The active ingredient present in it is Piflufolastat (18F) and used in detection of prostate cancer cells. Piflufolastat (18F), binds to PSMA, which is found in large numbers on the surface of most prostate cancer cells. When this diagnostic medicine is given to a patient, it binds to PSMA and is taken up by the cells. Because it contains radioactive fluorine (18F) it gives off radiation, which can be detected during a PET scan. Doctors can then see where in the body the cancer cells are present. Pylclari does not treat prostate cancer. Pylclari received marketing authorization valid throughout Europe on 24 July 2023..

WITHDRAWAL DRUGS EUROPIAN GOVERNMENT

JESDUVROQ

The Jesduvroq, sponsored by GlaxoSmithKline Trading Services Limited, with Daprodustat as the active ingredient which was used in treatment for the symptoms of anaemia caused by chronic kidney disease. daprodustat, acts on an enzyme called hypoxia-inducible factor prolyl hydroxylase (HIF-PH). This stimulates the natural response that normally occurs when oxygen levels are low, including the production of erythropoietin and red blood cells, thereby reducing the symptoms of anaemia. In its letter notifying the Agency of the withdrawal of the application, the company stated that its decision was based on the recommendation that Jesduvroq be authorised for use only in adults on dialysis and the resulting implications for the company's strategy. It was withdrawn from the market on 12 July 2023 from the pharmacies in Europe.

GAZYVARO

The Gazyvaro, with Obinutuzumab as the active ingredient. Roche Registration GmbH withdrew its application for the use of Gazyvaro as a pre-treatment to reduce the risk of cytokine release syndrome (CRS) associated with Columvi (glofitamab), a cancer medicine used to treat adults with a blood cancer called diffuse large B-cell lymphoma (DLBCL). The company withdrew the application on 4 July 2023.



Gagan D URS
IV PharmD JSS College of Pharmacy, Mysuru



Mahima Prakash MD
IV Pharm D, JSS College of Pharmacy,
Mysuru



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JSS COLLEGE OF PHARMACY
MYSURU
Celebrating Golden Jubilee
1973-2023

ALUMNI MEET

PROGRAM SCHEDULE
12TH AUG 2023 AT 9:00 AM

| Time | ACTIVITY |
|-----------------------|------------------------------|
| 9:00am to 9:45am | REGISTRATION |
| 9:45am to 10:00am | WELCOME DANCE |
| 10:00am to 10:30am | INAUGURATION |
| 10:30am to 11:00am | PHOTO SESSION |
| 11:00am to 11:30am | TEA BREAK |
| 11:30am to 12:00 Noon | PLANT SAPLING |
| 12:00pm to 12:30pm | COLLEGE TOUR |
| 12:30pm to 1:30pm | LUNCH |
| 1:30pm to 2:00pm | STUDENT - ALUMNI INTERACTION |
| 2:00pm to 2:30pm | FUN GAMES |
| 3:30pm to 4:00pm | TEA BREAK |
| 4:00pm to 5:00pm | ALUMNI TALENT |
| 5:00pm to 6:00pm | CULTURAL ACTIVITIES |
| 7:30pm Onwards | GALA DINNER |

The Golden jubilee mega alumni meet was held on 12th August 2023. The chief guest for the function was Dr. Roopa G, Deputy Mayor and our proud alumni !!



Plant sapling was organised on the occasion of Golden jubilee alumni meet on 12th August 2023. All the alumni got an opportunity to do plant sapling





Al-Ameen College of Pharmacy



One day National Seminar was conducted by the Department of Pharmacy Practice, Al-Ameen College of Pharmacy, Bangalore in collaboration with Clinosol Research Pvt. Ltd., Hyderabad on 31st July 2023, the topic was "Road Map to Industry: Bridging the Gap between Clinical Pharmacy Students and the Industry."

Department of Pharmacy Practice
AI-AMEEN COLLEGE OF PHARMACY
In Association with
CLINOSOL RESEARCH
Organizing

One Day National Offline Seminar On:
ROADMAP TO INDUSTRY:
Bridging the gap between Clinical Pharmacy students and the Industry

SPEAKERS:

- Dr. MIRZA R BAIG
- Mr. C. S. MUJEEBUDDIN
- Mr. ALHAS JA JIJU. K

31st July, 2023
Time: 10:00 AM to 5:00 PM
Venue: Conference Hall, Al-Ameen College of Pharmacy, Opp Ialbhag Main Gate, Bangalore-27

Dr. Mirza R Baig
Mr. C S Mujeebuddin
Mr. Alhas Ja Jiju. K



Session 1:
"Essentials of clinical pharmacy, research methodology, and study design"
Dr. MIRZA R BAIG, M. Pharm., PhD (Clinical Pharmacy)
Professor & Head
Department of Clinical Pharmacy & Pharmacotherapeutics,
Dubai Pharmacy College for Girls, Dubai

Session 2:
"Future of Real-World Studies"
Mr. C.S. MUJEEBUDDIN, M. Pharm., M. Sc (Clinical Research)
Founder and CEO of Clinosol Research Pvt. Ltd.

Session 3:
"Challenges and Opportunities in Pharma Industry for clinical Pharmacy students"
Mr. ALHAS JA JIJU. K, M. Pharm (Pharmacy Practice)
Associate Director, Medical Affairs (clinical operations), Arco Lab Pvt. Ltd.

Eligibility: Final year of Pharm.D, M.Pharm, B.Pharm students
Registration fee: Rs. 300/-
<https://forms.gle/Og9MGYVr2omnaJ1d4>

AI-AMEEN COLLEGE OF PHARMACY
For More details Contact: Dr. Vijiya T (9966120799)



Department of Pharmacy Practice, NSS Unit & IIC of Al-Ameen College of Pharmacy, Bangalore in collaboration with St. Philomena's College of Nursing organized an awareness campaign on the eve of World Breastfeeding Week from 1st-7th Aug-2023. The purpose is to create awareness among mothers, promote practice and provide education about the importance of exclusive breastfeeding.

Boys volleyball team of Al-Ameen College of Pharmacy, Bangalore participated in the RGUHS Zonals (Bangalore Zone) volleyball tournament hosted by St. John's Medical College, Bangalore on 5th Aug-2023. Boys played very well won the THREE Qualifying matches but couldn't make it to the Quarter finals. We wish them better luck next time.

DEPARTMENT OF PHARMACY PRACTICE
AL-AMEEN COLLEGE OF PHARMACY

WORLD CARE SERVICE
WORLD SERVICE ORGANIZATION
INSTITUTIONS INNOVATION COUNCIL

WORLD CARE SERVICE
WORLD SERVICE ORGANIZATION
INSTITUTIONS INNOVATION COUNCIL

ENABLING BREASTFEEDING
Making a difference for working parents

"Let's make breastfeeding and work, work!"

1st - 7th Aug 2023

WORLD BREASTFEEDING WEEK





ADICHUNCHANAGIRI UNIVERSITY



Sri Adichunchanagiri College of Pharmacy

CAMPUS BUZZ





NITTE COLLEGE OF PHARMACEUTICAL SCIENCES

NITTE COLLEGE OF PHARMACEUTICAL SCIENCES



"INNOVATION UNLEASHED: TRANSFORMING IDEAS INTO STARTUPS - A SESSION ON PROTOTYPE VALIDATION"

The Institution's Innovation Council of NCOPS, Bengaluru, conducted a session on "Innovation/Prototype Validation - Converting Innovation into Start-up" on 04th July 2023. Mr. Ratish Dixit, Co-founder and Director of Nabigeta Solutionist, Bangalore, shared insights on innovation, start-up objectives, and reasons for start-up failures. He highlighted the importance of timely decision-making and strategy implementation with real-life examples like Blinkit and IPL (India Premier League).



"NURTURING EARLY STAGE ENTREPRENEURS: EXPLORING ACCELERATORS AND INCUBATION OPPORTUNITIES FOR STUDENTS & FACULTIES"

The Institution's Innovation Council of NCOPS, Bengaluru, organized a session on "Accelerators/Incubation Opportunities for Students & Faculties- Early Stage Entrepreneurship" on 07th July 2023. Dr. Bhavisha Wala, Program Lead of BIRAC Regional Entrepreneurship Center (BREC) at Centre for Cellular and Molecular Platforms (C-CAMP) Bangalore, highlighted the significance of incubators and accelerators in shaping start-ups. Accelerators expedite the growth of existing companies, while incubators nurture early-stage ideas and transform them into businesses. Dr. Vishal Bharadwaj, Scientific Consultant at C-CAMP, Bangalore, provided insights into various funding agencies such as BIRAC funding and SEED funding, along with examples of funded start-ups.





Dayananda Sagar College of Pharmacy



Faculty Development Program – Department of Pharmacy Practice

The College of Pharmaceutical Sciences at Dayananda Sagar University, under the Department of Pharmacy Practice, successfully organized a comprehensive 5-day Faculty Development Program (FDP) from July 18th to 22nd, 2023. The FDP aimed at enhancing the skills and knowledge of educators and trainers in the field of pharmacy practice. The event began with a warm Welcome Address by Dr. NM Raghavendra, the Principal of COPS, who highlighted the importance of the Faculty Development Program in fostering professional growth. Dr. Pushpa Sarkar, Dean of the School of Health Science, added her expertise to the session, emphasizing the significance of continuous learning and professional development for educators and trainers.



Faculty Development Program- Department of Pharmaceutics

The College of Pharmaceutical Sciences, Dayananda Sagar University, Department of Pharmaceutics successfully conducted a comprehensive 5-day Faculty Development Program (FDP) from July 24th to 28th, 2023. The program aimed to enhance the skills and knowledge of educators and trainers in the field of pharmaceutics.

The event began with a warm and inspiring Welcome Address by Dr. NM Raghavendra, the Principal of COPS, who emphasized the significance of continuous learning and professional development in the field of education. Dr. Pushpa Sarkar, Dean of the School of Health Science, added to the session's enrichment with her expertise, highlighting the importance of FDPs in improving the overall quality of education and training.

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DIABETIC PORTFOLIO



Quiz

1. What is the difference between a stimulant and a depressant?

- A. Stimulants speed up the central nervous system, while depressants slow down the central nervous system.
- B. Stimulants are addictive, while depressants are not addictive.
- C. Stimulants are used to treat ADHD, while depressants are used to treat anxiety.
- D. Stimulants are legal, while depressants are illegal.

2. What is the most common side effect of taking lithium?

- A. Tremors
- B. Hand shakes
- C. Weight gain
- D. Blurred vision

3. A patient is taking an antibiotic for a bacterial infection. Which of the following side effects is most serious?

- A. Diarrhea
- B. Rash
- C. Nausea
- D. Black stool

4. Which of the following is a Gram-negative bacteria?

- A. Bacillus anthracis
- B. Escherichia coli
- C. Streptococcus pyogenes
- D. Mycobacterium tuberculosis

5. Which of the following is a sexually transmitted disease (STD) caused by a bacteria?

- A. HIV
- B. Syphilis
- C. Gonorrhoea
- D. Herpes simplex virus

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 **31th August 2023** to this E Mail ID- krpaindia@gmail.com

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

6. Which of the following is a fungus that can cause a serious lung infection in immunocompromised patients?

- A. Aspergillus fumigatus
- B. Candida albicans
- C. Cryptococcus neoformans
- D. Pneumocystis jiroveci

7. Which of the following is a virus that can cause chickenpox and shingles?

- A. Varicella-zoster virus
- B. Epstein-Barr virus
- C. Cytomegalovirus
- D. Human papillomavirus

8. Which of the following is a vaccine that protects against measles, mumps, and rubella (MMR)?

- A. Diphtheria, tetanus, and pertussis (DTaP) vaccine
- B. Haemophilus influenzae type b (Hib) vaccine
- C. Rotavirus vaccine
- D. MMR vaccine

9. Which of the following is a fungus that can cause a serious skin infection in people with diabetes?

- A. Candida albicans
- B. Aspergillus fumigatus
- C. Cryptococcus neoformans
- D. Pneumocystis jiroveci

10. Which of the following is a vaccine that protects against typhoid fever?

- A. Diphtheria, tetanus, and pertussis (DTaP) vaccine
- B. Haemophilus influenzae type b (Hib) vaccine
- C. Rotavirus vaccine
- D. Typhoid vaccine



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INSPIRATIONAL PHARMACIST

Dr Parvinder Singh



Parvinder Singh was born in 1943. He received his early education (1954-1959) at Doon School, Dehra Dun, India. Later, he went to the Washington State University from where he obtained a Master's degree in Pharmacy. He was awarded a Ph.D. in Pharmacology from the University of Michigan. This was in the year 1967 when Parvinder Singh became Dr. Parvinder Singh.

Meanwhile in 1966, his father Bhai Mohan Singh had bought the pharmaceutical company, Ranbaxy. Dr. Singh joined the company in 1967. During those days, most of the pharmaceutical companies were simply manufacturing drugs that were already in the market. There was lack of product patents in India. A closed market structure enabled Indian companies to manufacture existing drugs and reap profits.

However, Dr. Singh had a vision and foresight that companies must engage in research if they are to succeed in the long run. He formed the first pool of research scientists. Ranbaxy was transformed from a simple Process based drug company into a true research based company. This changed the mindset of the government and other Indian companies. They were now less inclined to oppose the international Patents regime. They started developing new research capabilities to take advantage of India's brainpower.

Dr. Singh was appointed as the Joint Managing Director of Ranbaxy in 1977 and elevated as Managing Director in 1982. He rose to the position of Vice Chairman & Managing Director in 1987 and took over as Chairman and Managing Director in 1993. It was now that he gained total control over the company after an unseemly boardroom battle with his father, Bhai Mohan Singh. In the years that followed, the company's turnover rose from a meager Rs.36 crore to Rs. 1,400 crore. The market capitalization of the company rose from a miniscule Rs. 3.5 crore to a stupendous Rs. 7,300 crore. This it speaks volumes of Dr. Singh's unending zeal towards building shareholder value and enhancing returns to investors.

Mr. Singh transformed Ranbaxy at a time when most large Indian drug companies were of foreign origin. Today, Ranbaxy is not only India's largest pharmaceutical company, but also one which has penetrated some of the toughest markets in the world like the UK, the US and Africa. Currently, the company exports to over 40 countries worldwide. The company has production facilities in six countries, sells its products in about 25 countries, and has as many as 19 joint ventures and alliances.

Dr. Parvinder Singh was a visionary who took Indian business to the world. He was a man of simple tastes and spiritual inclination. Despite his busy schedule, he made time for his spiritual practices. As a member of several key committees constituted by the Government of India, Dr. Singh played an active role in the formulation of policy related to science and technology. He was an active member on the governing bodies of several leading educational and management institutions in India. He was committed to uplifting the standards of education in pharmacy. Dr. Singh piloted the setting up of the National Institute of Pharmaceutical Education and Research, the premier pharmacy institution in India.

In the early 1990s, Dr. Singh set up a state-of-the-art R&D centre to prepare his firm for the future. Ranbaxy made every attempt to acquire a thorough knowledge of the global customer and the US Food and Drug Administration and the UK's Medicines Control Agency rules and regulations. Though Dr. Singh's new drug discovery plan is yet to bear fruit, there is no doubt that he pioneered a bold new way of globalization.

Dr. Singh was also greatly committed to corporate ethics and corporate governance. Despite being a family owned company, Ranbaxy's day-to-day operations were clearly run by the professional management – most of which was handpicked by Dr. Singh himself. This professional team went on to create an Indian MNC where today nearly a sixth of the Ranbaxy family is of non-Indian origin.

In November 1998, Dr. Parvinder Singh was recognized as the Businessman of the Year. Dr. Singh was a thoroughly human person. But he was extremely demanding which it came to the contribution to the company. His true commitment to professionalization can also be gauged by the fact that, in March 1999, he appointed D. S. Brar, a non-family man, as his successor to the top post of managing director of the company. By doing so, he not only reinforced his strong belief in professionalizing a family business but also became the torchbearer for professional managers. It was this zeal for research and development, coupled with his unbounded enthusiasm for internationalization that has made Ranbaxy a genuine Indian MNC.

By the mid of 1999, Dr. Parvinder Singh was fighting a losing battle with cancer and was undergoing extensive treatment in the US and Japan. He quietly worked in the shadow of death. With immense gratitude we would like to dedicate this work

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