



# PHARMA COMMUNIQUÉ

(An internal circulation of news, knowledge and professional updates)

of  
BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

NAAC Accreditation ('B' Grade with 2.40 CGPA score)

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## PATRON DESK

Hearty Congratulations. It's a matter of great joy and pride that the institute of Pharmacy has attained one more milestone in the pursuit to deliver quality education in the region by getting NAAC accreditation with B grade. Cooperation, coordination and hard work are the key secrets to achieve goals as a team, and without doubt, these Qualities are seen in each and every member of the institute. Hope the team will strive to reach further greater level of success in the coming future. Congrats to all of you!



**Dr R V Kulkarni**

Administrative Officer BLDE Association

Hearty Congratulations to all the staff, we have work hard to achieve this accreditation, I really appreciate the effort put by the staff working at various capacities and the results are paying off. I wish this success lead to a greater achievement in the years to come. Keeps the momentum going. Congratulations!



**Dr. N.V Kalyane,**

Principal, BLDEAs SSM COP & RC

## EDIOTORIAL DESK

Being responsible makes an individual attain success, the responsible trait judges an individual's reliability and boost self esteem and confidence. For an employee these traits are of significant importance as the employees have been consistently being allocated with various tasks and assignments of important nature, and accomplishment of which leads to their promotions and recognition. A responsible employee will honour his commitments and accept consequences for his action. Accomplishment of any given objective demands a disciplined and responsible approach without which nothing can be achieved. I take this opportunity to congratulate and express pleasure that our institute's responsible and disciplined efforts has resulted into the attainment of NAAC accredited status and which will now take us to a new level of responsibility and disciplined behaviour. Indeed, greater the responsibility greater will be the success.



**Dr. R. B. Kotnal,**

## INSTITUTE CREDENTIALS

## Journal Publications

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## Conference Presentation

1. S.Z Inamdar, Priya J, Pradeepthi K, Afrah M , Ashar HS. "Ibuprofen Induced Endometrial Hyperplasia-A Case Report" Presented at National Workshop on "Current Perspectives on Pharmacovigilance and Hemovigilance" Theme: Medication Use without Harm for Enhanced Patient Care, on 28<sup>th</sup> -29<sup>th</sup> Sept 2018 at NET College of Pharmacy , Raichur. [ FIRST Best Poster Award]
2. S.Z Inamdar, Kirankumar CH, Abdulaziz K, Pradeepti K. "Evaluation of Prescribing Pattern

In Gastroenteritis.” Presented at, and National Workshop on Current Perspectives on Pharmacovigilance and Hemovigilance” Theme: Medication Use without Harm for Enhanced Patient Care, on 28<sup>th</sup> -29<sup>th</sup> Sept 2018 at NET College of Pharmacy , Raichur. [ Third Best Poster Award]

3. S.Z Inamdar, Ravina RM, Pradeepthi K, Ammu S, Akhila M. “A Case Report on Metoprolol Induced Psoriasis.” Presented at , National Workshop on “ Current Perspectives on Pharmacovigilance and Hemovigilance” Theme: Medication Use without Harm for Enhanced Patient Care, on 28<sup>th</sup> -29<sup>th</sup> Sept 2018 at NET College of Pharmacy , Raichur.
4. S.Z Inamdar, Pooja T Pradeepthi K Abhishek. B, ,Bhagyashree G. “Piperacillin-Tazobactam Induced Skin Rashes: Case Report”. Presented at ,National Workshop on “ Current Perspectives on Pharmacovigilance and Hemovigilance” Theme: Medication Use without Harm for Enhanced Patient Care, on 28<sup>th</sup> -29<sup>th</sup> Sept 2018 at NET College of Pharmacy , Raichur.
5. B S Hunasagi “Effect of Terminalia Arjuna on Cognitive Impaired Mice” World Congress on Alzheimer’s Research and Therapeutic Advances 05-06 September, 2018 / Dubai, [Second Best paper Award]
6. Dr. SM Biradar “The Evidence Based Study of Acacia Catechu-Catechin on Behavioral, Biochemical and Molecular Changes in Memory Deficit Brain (Alzheimer’s Disease Model)” World Congress on Alzheimer’s Research and Therapeutic Advances 05-06 September, 2018 / Dubai, [First Best Talk Award]

## VIEWPOINT

### Student Attitude and Teaching Tips

*Dr. Santosh Karajgi*

Abstract:

Student attitude on learning is a critical issue in the era of whatsapp and facebook and has a significant effect on traditional teaching methodology. This article highlights the impact of socio economic, emotional and negative attitude of students towards

teaching learning process and teaching tips for educators regarding how to engage slow learners in learning process.

Key Words: student, attitude, teaching tips, learning

#### Student attitude on learning:

Attitude can change each stage of a person’s life including education. The ability and eagerness of a student to learn depends on his/her attitude. If negative attitude of a student does not change, it is evident that a student is doubtful to continue his learning beyond what is necessary i.e. study will be limited to the syllabus. Altering a student’s negative attitude towards education is an approach that involves deciding the factors governing the attitude and making use of this information to bring about transformation that creates interest towards learning. (1)

How teachers arrive on a decision about student’s attitude towards learning and education? The answer is uncomplicated: it is when the students do not have inspiration and enthusiasm; they fail to grasp the subject. Students at a particular age level appear to longing a positive attitude and the motivation to learn. Once teachers reveal the attitude of the students on learning, the next challenge is to make use of the information to develop a positive attitude. Higher class students i.e. final year students can make out the upcoming results of their learning, such as better career opportunities and money. However, the first year students are too immature to see the big picture. To them, level of thinking is limited; need of progress and return is immediate. At least the students have to learn, be open and take part in the course of learning and realize the happiness involved in learning. A positive learning attitude needs involvement, inspiration and fulfillment. The fact is these changeable moments depend on the age of the learner. Student approach on learning good or bad, have an effect on their viewpoint in the direction of learning has an influence not only on their extent of education but their justification for education. Two teaching methods, direct teaching and supportive teaching, present the example how students are either motivated or discouraged by the method of teaching. (2)

**Golden rules for engaging students in learning activities:**

With reference to this, the following inter related aspects play an important role in planning and implementing the learning activities may help towards increased engagement of students behaviorally, emotionally and cognitively; thereby indirectly affecting positive attitude of students in learning and further achievement.

**Meaningful activities:**

Activities will not be meaningful until students take it seriously and believe that a particular activity is worthy of time and effort. To make sure that, the activities are individually meaningful; we can connect students with their earlier knowledge and familiarity, highlighting the importance of an assigned activity in personally applicable manner and also, usefulness of the assignment in actual life applications i.e. real life examples. (3)

**Inculcating a sense of competence:**

Motivate the students positively and boost the confidence so that the students develop self belief and eradicate the doubts (am I capable of doing this?). Efficient performance of initial activities has a positive impact on consequent performances, resulting in a significant improvement in student attitude. (4) To strengthen the student’s competence in learning activities, the assigned activities should:

- Be a little beyond the learner’s present level of expertise
- Make learners clearly express their understanding on the topic
- Show model examples of the people who struggled at first but achieved the goal and show model examples of the people who tried and succeeded in achieving the goal
- Include the advice that helps the students to make up improvement

**Provide Autonomy Support:**

Self sufficiency is also one of the important factors in cultivating learner’s prudence over their involvement and ambitions. Student involvement levels are likely to rise when the teachers give up control (without losing authority) rather than merely compelling with commands and instructions. (5) Autonomy support can be put into action by

- Inviting and welcoming learners opinion and thoughts for the assigned activity

- Employing an informative, non controlling supple language with students
- Giving sufficient time frame for understanding and captivating the matter through self learning

**Promote Collaborative Learning:**

An additional commanding tool for the engagement of students in learning is joint collaborative learning. Engagement of students will be greater extent than ever, when they work effectively with each other. This can be achieved by making productive work-groups where each of the students knows his role in that setting. This fosters the individual responsibility and group responsibility as well. This collaborative and joint learning promotes understanding, co operation and communication along with amplified learning abilities. Here the role of quick learner is very important and definitely will be more effective as compared to classroom teaching by the teacher. Advanced learners voluntarily take part in this process to promote collaborative learning and this is a mutual benefit for both advanced learner and slow learner. Teaching faculty should encourage and facilitate this type of joint learning through group discussions.

**Positive Student Teacher Relationships:**

Another additional noteworthy factor is harmonious student teacher relationship. When the students are in close and caring interactions with their teaching faculty, especially students from lower socio-economic layers, better engage in learning activities. Teacher-Student relationships better improved by:

- Caring the social, economical and emotional needs of the students
- Showing positive and enthusiastic attitude towards the students
- Creating friendly environment for teaching-learning process by spending valuable time
- Treating all students fairly and equally
- Avoiding unnecessary delay, promise breaking and deception

**Framing Mindset Orientations:**

Student’s standpoint on their learning activities also decides the height of involvement. Convince the students that they should not follow an activity mere-

ly to get a good grade, make happy their parents, look smart, compete with others, but they are here to learn and understand the things in an effective way and for lifelong learning. This mindset framing can be achieved by ignoring individual performance i.e. reducing importance to grades, neglecting social comparison and recognizing only student performance and effort. (6)

### Teaching Fundamentals:

Direct teaching is used to inculcate facts and to master fundamental aptitudes. Here, the teacher outlines the curriculum, teaches the subject based on specific syllabus and recaps what is taught. Disadvantage of this type of teaching is that it can wipe out creativity and contribution as a part of learning process. In contrast, the supportive teaching method involves the teams of students working jointly to complete assignments. Nevertheless, it contributes to the advanced learner or leader student; on the other hand it can pressurize the introvert slow learner. A balance between both methods will be fruitful to a great extent.

Making a list of crucial and key elements is a good teaching practice and a great approach to improvise the teaching technique. (7)

- Knowledge of the content: Identify the material; if it is new, study a lot before teaching.
- Intentionality and Preparation: Know the core thing you are wishing to teach and prepare each lesson comprehensively.
- Differentiation and instruction: Use differentiated lesson plans and assessment modes depending upon learner's styles.
- Flexibility: Asses the students formally and informally and readjust the method when the plan is not working.
- Classroom Management: Plan your classroom routine with care, so that teaching-learning process will be productive.
- Growth of mindset and culture of error: Make it clear to learners that, learning is a process of taking risks and making mistakes.
- Convincing capacity: Constantly work on how to convey the subject through proper choice of words, tone, gestures and facial expressions and

be ready for alternative plan to cope up with students when they still don't learn.

- A society with mutual respect: Students can learn only under the conditions in which they feel themselves safe. Therefore be patient and teach the things peacefully without becoming angry.
- Student Centered and Student Created environment: Create a freedom where the students participate actively in planning, creating, implementing and evaluating. It should be more than just four wall covered around them and a teacher.
- Real life examples: Both student and teachers are real life community. Therefore, the contents, discussions and conversations are initiated from the external world and finally end in the world outside the College. Providing with examples from real life would be a great helping hand while teaching.
- Continuous Professional development: Constructively always upgrade knowledge by attending seminars, workshops, conferences, media, research activities, perhaps most importantly collaboration with colleagues.
- Joy: Be joyful in classroom teaching always. Have a high regard to it and enjoy yourself in guiding others.

Discuss your teaching plan with your higher authorities, HODs, teaching colleagues. Propose a professional development task if possible. Encourage the students for self feedback and feedback on yourself. Listing of experiences is a useful practice that can open up new pathways for collaboration, discussion and insightful thinking about the profession.

### Student Success:

Nervousness and difficulty in concentration, problems in remembrance are the reasons for downward strength of student's effectiveness towards learning. Parents and teachers can easily identify those students struggling with their learning abilities in high school levels and college levels by assignment works such as essay writing, quiz, homework, project assignments and assessment of these parameters. Five points can help to bring such students back on track. (8)

**A five point plan for slow learners:**

- Personalized care: Care towards individual student stress management.
- Highlighting the strengths: Learners with low output should be made to recognize their areas of challenge, define them and the ways to solve them. Show them the positive aspects of their level of knowledge and highlight them to boost their confidence level. Motivate them to work on their strength and weakness.
- Early Implementation of strategies: Try to implement the plans for slow learners at the entry point itself. Suggestions should be provided to each student at the early stage so that they can work on their memory, concentration and weak areas.
- Providing additional supports: Support students with necessary guidance and supervised exercises to plan, manage and self evaluation of the outcomes. This helps them to improving their abilities, gives confidence to handle multiple task in future with more independence.
- Other factors like born disabilities such as slow writing and slow reading ability, problems in solving mathematical problems, trauma background, physical or mental sickness, family problems, alcoholism, drug addiction, which are serious problems needing special attention and counseling is very essential.

**Encouragement of intrinsic motivation:**

Facilitating students to learn through group activities constructs their compassion of competence an influential intrinsic motivator. Martin Luther King Jr. said that, “Everyone can be great because everyone can serve” a thought which recognizes the impact and influence of doing things for others. Students feel self intrinsic satisfaction when help others. Struggling students in learning feel more confident in reading and learning activities and by helping others, who are weaker than them or who can learn something from them. (9)

**Smart strategies for successful learning:**

**During class students should ask themselves:**

What are the main thoughts of today’s lesson?  
Which topic was confusing, remained unclear or dif-

ficult to understand?

Am I making proper notes of the session?

If something I am not following correctly shall I make it clear with my teacher?

What question I should ask my teacher?

How to solve the problems arise during learning session?

What strategies I should plan while preparing for tests/assignments?

Before the test/assignment students should ask themselves:

Am I reading and highlighting the important part of the text?

What is the syllabus for the test?

What are the important questions for the test?

What areas I am confident and in what areas I am still in confusion?

What should be the time management strategy for different subjects?

Do I have essential materials viz. books, lecture notes, computer, online access etc.?

Have I chosen a right place which is sufficiently calm and non-distracting for reading?

What learning patterns and strategies I should follow?

Have I to simply read or review more than once or twice?

Shall I take a practice test with my friend? Or combined study with my friend?

Shall I write note cards?

At what grade I should aim?

After the test a student should ask himself:

What questions did I get wrong? And why did I get them wrong?

What question I did not attempt? Why?

Was I well prepared for the test?

What could I have done it differently?

Shall I take a feedback from my teacher regarding my performance?

Have I corrected my mistakes after discussion with my teacher?

**End Point:**

After reading the article, the author hopes that, advanced learners help voluntarily their counterpart slow learners and teachers while teaching keep in mind the socio-economic, emotional and family background of slow learning community of students.

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### Evolving Role Of The Indian Pharmacist As A Public Health Practitioner

Vishwanath B Nayak 4<sup>th</sup> yr Pharm D

The growth in pharmacy practice in India propelled by offering of clinical educational programs such as the Doctorate in Pharmacy (Pharm.D) has opened up tremendous opportunities for pharmacy graduates to become public health professionals, investigating major issues related to medication use, be-

haviors and problems that affect lives of the Indian population. Assessing the impact of medicines in large groups of individuals highlights the need to improve pharmaceutical health care access and quality, as well as encourage the development of pharmaceutical care, a new professional role, where the pharmacist can improve health care of all Indian citizens.

One of the big challenges for the Indian health care system remains the irrational use of medicines and self-medication practices. A cross sectional survey of these practices in the rural town of Sahaswan Uttar Pradesh from 2010-2012. Almost half of the 600 subjects surveyed reported self - medicating themselves. Self-medication was most common for headache and other pain, fever, urinary tract infections and respiratory tract infections. The drugs most commonly purchased for practicing self medication were non-steroidal anti-inflammatory drugs, medications used for gastro intestinal problems and antibiotics. Prevalence of self-medication was high primarily among illiterate males aged above 15 years with a low income. Patient health awareness programs and counseling/assistance by community pharmacists and pharmacist continuing education are necessary for controlling self-medication. There is a need for planning interventions to promote rational self-medication through mass media and other avenues.

One other issue is that of educating patients about appropriate treatment options available to them. This may be a challenge in especially rural populations with low literacy levels. Patient information leaflets are universally-accepted resources to educate the patients/users about their medications, disease and lifestyle modification.

At a system level, one of the pressing concerns in India is the development of a good pharmacovigilance system. Pharmacovigilance is a useful tool to assure the safety of medicines and protect consumers from their harmful effects.

Pharmacovigilance and pharmacy practice seems to be a tremendous need for the population to be made more aware of appropriate ways to use medications rationally and effectively. This is a role for young pharmacy graduates to embrace and help alleviate significant drug-related problems in India ranging

from poor adherence to treatment regimens all the way to potentially inappropriate and dangerous self medication practices. At a system level, there needs to be more investments made into developing pharmacovigilance systems and better reporting of medication-related problems and side effects. There should be a multidisciplinary approach towards drug safety that should be implemented throughout the entire duration spanning from drug discovery to usage by consumers.

The development and empowerment of the pharmacist can occur only if appropriate steps are taken to ensure that pharmacy licenses are awarded only to qualified pharmacy graduates and adequate educational training is imparted so that pharmacists remain and are rewarded for being the best sources of information related to medication use. Successful policies in this regard and implementation of appropriate regulation will ensure the development of a safer and more effective pharmaceutical public health system, which can in turn, directly translate to improved health of all Indian citizens.

**MED FLARE**

**PvPI Drug Safety Alerts**

The preliminary analysis of ADRs from the PvPI database reveals that the following drugs are associated with the risks as given below.

S. no	Suspected Drug	Indication	Adverse Reaction
1	Clindamycin	Respiratory tract infections, penicillin-resistant staphylococcal infections and many anaerobes such as bacteroides, skin, soft tissue and dental infections	Acute Generalised Exanthematous Pustulosis
2	Triamcinolone	Corticosteroid	Skin Peeling
3	Poly-myxin B	Antibiotic	Mottled Skin
4	Diclofenac	Acute musculo-skeletal pain, arthritis, gout, spondylitis, migraine, post-operative pain	Mottled Skin

5	Terbinafine	Treatment of fungal infections	Acute Generalised Exanthematous Pustulosis
6	Nitrofurantoin	Urinary Tract Infection (UTI), Cystitis	Vasculitis
7	Acetazolamide	Adjunct in treatment of chronic For use as part of open-angle glaucoma, secondary glaucoma, as a part of preoperative treatment of acute angle-closure glaucoma	Drug Hypersensitivity Syndrome
8	Linaagliptin	Type 2 Diabetes Mellitus	Acute Generalised Exanthematous Pustulosis
9	Diloxanide	Amoebiasis	Glossitis

**Comparative Status of Global Drug Alerts with PvPI Database**

S. no	Name of the Drug	Risk	International status	Indian status
1	Loperamide	Risk of serious cardiac adverse events	The National Pharmaceutical Regulatory Agency (NPRA), Malaysia, has updated the package inserts for all products containing Loperamide with warnings and safety information related to the risk of serious cardiac adverse events with high doses	Two cases of tachycardia reported



Drug Information

2	Mefloquine	Risk of long-lasting and permanent neurological and psychiatric adverse events	Health Canada has recommended that the product information for Mefloquine should be updated to explain the risk of vestibular damage more clearly. A checklist to assist healthcare professionals in deciding whether to prescribe Mefloquine to individual patients will be developed to prevent mefloquine from being prescribed to patients who are contraindicated (for example past or ongoing neurological or psychiatric conditions)	The PvPI has not received any reports of severe neurological reactions with the use of Meoquine but two cases of dizziness and one case of mania have been observed
3	Dipeptidylpeptidase-4 (DPP-4) inhibitors	Potential risk of heart failure	Health Canada reviewed the potential risk of heart failure with the use of dipeptidylpeptidase-4 (DPP-4) inhibitors (Alogliptin, Saxagliptin, Sitagliptin and Linagliptin) following a risk communication released by the US FDA. The review included all DPP-4 inhibitors available in Canada	Two cases of cardiac failure reported

RAVULIZUMAB-CWVZ [Brand: Ultomiris]	
<b>Drug Classes:</b>	Blood Modifier Agent Monoclonal antibody
<b>Route</b>	Intravenous
<b>Mechanism of Action</b>	Ravulizumab-cwvz is a humanized monoclonal antibody terminal complement inhibitor that specifically binds to the complement protein C5 with high affinity, thereby inhibiting its cleavage to C5a (the proinflammatory anaphylatoxin) and C5b (the initiating subunit of the terminal complement complex [C5b-9]) and preventing the generation of the terminal complement complex C5b9. Ravulizumab-cwvz inhibits terminal complement-mediated intravascular hemolysis in patients with PNH
<b>Adult Dosing</b>	<p><b>Important Note</b></p> <p>Vaccinate patients for meningococcal disease according to current ACIP guidelines to reduce the risk of serious infection. Provide 2 weeks of antibacterial drug prophylaxis if immediate therapy is required and vaccines are administered less than 2 weeks prior</p> <p>Paroxysmal nocturnal hemoglobinuria</p> <p>(40 to less than 60 kg) Loading dose, 2400 mg IV infusion; begin maintenance dosing in 2 weeks</p> <p>(60 to less than 100 kg) Loading dose, 2700 mg IV infusion; begin maintenance dosing in 2 weeks</p> <p>(100 kg or greater) Loading dose, 3000 mg IV infusion; begin maintenance dosing in 2 weeks</p> <p>(40 to less than 60 kg) Maintenance dose, 3000 mg IV infusion every 8 weeks beginning 2 weeks after loading dose; occasional variance within 7 days of scheduled infusion allowed, except for first maintenance infusion; resume subsequent doses according to original schedule</p> <p>(60 to less than 100 kg) Maintenance dose, 3300 mg IV infusion every 8 weeks beginning 2 weeks after loading dose; occasional variance within 7 days of scheduled infusion allowed, except for first maintenance infusion; resume subsequent doses according to original schedule</p> <p>(100 kg or greater) Maintenance dose, Maintenance dose, 3600 mg IV infusion every 8 weeks beginning 2 weeks after loading dose; occasional variance within 7 days of scheduled infusion allowed, except for first maintenance infusion; resume subsequent doses according to original schedule</p> <p>Switching from eculizumab, administer loading dose 2 weeks after last eculizumab infusion, then administer maintenance doses once every 8 weeks, starting 2 weeks after the loading dose.</p> <p><i>Safety and efficacy in paediatric patients have not been established</i></p>

<b>Dose Adjustments</b>	Intravenous route Paroxysmal nocturnal hemoglobinuria a) <b>Usual Dosage</b> 1) Administer doses via IV infusion based on weight, per the table below. Administer a loading dose, then start maintenance dosing 2 weeks later. Maintenance doses are administered once every 8 weeks. The dosing schedule is allowed to occasionally vary within 7 days of the scheduled infusion day (except for the first maintenance dose) but the subsequent dose should be administered according to the original schedule :												
	<b>Weight-based Dosing Regimen*</b>												
	<table border="1"> <thead> <tr> <th>Body Weight (kg)</th> <th>Loading Dose (mg)</th> <th>Maintenance Dose ^ (mg)</th> </tr> </thead> <tbody> <tr> <td>40 to less than 60</td> <td>2400</td> <td>3000</td> </tr> <tr> <td>60 to less than 100</td> <td>2700</td> <td>3300</td> </tr> <tr> <td>100 or greater</td> <td>3000</td> <td>3600</td> </tr> </tbody> </table>	Body Weight (kg)	Loading Dose (mg)	Maintenance Dose ^ (mg)	40 to less than 60	2400	3000	60 to less than 100	2700	3300	100 or greater	3000	3600
	Body Weight (kg)	Loading Dose (mg)	Maintenance Dose ^ (mg)										
	40 to less than 60	2400	3000										
	60 to less than 100	2700	3300										
	100 or greater	3000	3600										
* Administer via IV infusion.													
^ Begin once-every-8-weeks maintenance dosing starting 2 weeks after the loading dose.													
b) <b>Switching from Eculizumab</b> 1) For patients switching from eculizumab, administer the loading dose of ravulizumab-cwvz 2 weeks after the last eculizumab infusion, and then administer maintenance doses once every 8 weeks, starting 2 weeks after loading dose													
<b>Pharmacokinetics</b> Distribution: Vd: 5.34 L Excretion: Total body clearance: 0.08 L/day Elimination Half Life: 49.7 days													
<b>Adverse Effects</b>	<p><b>Common</b></p> <ul style="list-style-type: none"> <li>Neurologic: Headache (32% )</li> <li>Respiratory: Upper respiratory infection (39% )</li> </ul> <p><b>Serious</b></p> <ul style="list-style-type: none"> <li>Endocrine metabolic: Increased body temperature</li> <li>Neurologic: Meningococcal infectious disease (1.1% )</li> <li>Other: Fever (7% )</li> </ul>												

<b>Pregnancy and Lactation</b>	<p><b>Pregnancy Category</b></p> <ul style="list-style-type: none"> <li>Fetal risk cannot be ruled out. (TH)</li> </ul> <p><b>Breast Feeding</b></p> <ul style="list-style-type: none"> <li>Micromedex: Infant risk cannot be ruled out.</li> </ul>
<b>Contraindications</b>	Unresolved Neisseria meningitidis infection
<b>Patient Education Medication Counseling</b>	<ul style="list-style-type: none"> <li>Tell patient to report symptoms of meningococcal infection, sepsis, or other infection</li> <li>Side effects may include headache, diarrhoea, nausea, and pyrexia</li> </ul>
<b>Black Box Warning</b>	<p><b>Intravenous (Injectable)</b></p> <p>Warning: Serious Meningococcal Infections</p> <p>Life-threatening meningococcal infections/sepsis have occurred in patients treated with ravulizumab-cwvz. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for meningococcal vaccination in patients with complement deficiencies. Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ravulizumab-cwvz, unless the risks of delaying ravulizumab-cwvz therapy outweigh the risk of developing a meningococcal infection. Vaccination reduces, but does not eliminate, the risk of meningococcal infections. Monitor patients for early signs of meningococcal infections and evaluate immediately if infection is suspected. Ravulizumab-cwvz is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the ravulizumab-cwvz REMS, prescribers must enroll in the program</p>
	<b>Reference</b>

**KUDOS**

**Staff Achievements**



Mr. Virupanagouda P Patil, Asst. Prof. Dept. of Pharmacology, delivered guest lecture on Antihyperglycemic activity of Areca catechu flowers in Interactive workshop on “Arecanut and Human Health” at CPCRI (Central plantation Crops Research Institute), Kasargod, Kerala July 2018



Dr S M Biradar Asso. Prof. received Best First talk award for his work entitled “The Evidence Based Study of Acacia Catechu-Catechin on Behavioral, Biochemical and Molecular Changes in Memory Deficit Brain at World Congress on Alzheimer’s Research and Therapeutic Advances at/ Dubai, September, 2018



Shri B S Hunasagi, Asso. Prof received Second Best Poster award for his work on “Effect of Terminalia Arjuna on Cognitive Impaired Mice” at World Congress on Alzheimer’s Research and Therapeutic Advances at Dubai September, 2018



Shri S.C Marapur Asst. Prof. presented paper entitled “A-Amylase And A-Glucosidase Inhibitory Activities of Folklore Herbal Medicine at World Congress on Alzheimer’s Research and Therapeutic Advances at Dubai September, 2018

**Students Achievements**



Priya Jamkhandi [4<sup>th</sup> Yr Pharm D] received 1<sup>st</sup> Best E-poster Presentation Award for her work on “Pharmacovigilance and Drug Safety” under the guidance of Dr S Z Inamdar at “Pharmacovigilance and Hemovigilance” conference at NET College of Pharmacy Raichur



Kiran CH [5<sup>th</sup> Yr Pharm D] received 3<sup>rd</sup> Best E-poster Presentation Award for his work Drug safety in Gastroenteritis under the guidance of Dr S Z Inamdar at “Pharmacovigilance and Hemovigilance” conference at NET College of Pharmacy Raichur

### In Current Scenario Finding Right Balance For Pharmacist In Safe Discharge Practices

*Chirasani Swapna e<sup>3</sup> Dr S.Z Inamdar*

A hospital is a health care organization providing patient treatment with specialized medical and nursing staff and medical equipment. The discharge summary is an integral part of continuing patient care. Apart from containing essential information regarding current admission, also conveys key findings and plans to clinicians who will be taking over the care of the patient. This would mean communicating significant information about patients to ensure appropriate and safe follow-up management. The inclusion of important data such as diagnosis, discharge drugs, complications, laboratory results and follow-up plans have been considered to be vital clinical information by hospital physicians and GPs.

Hospital discharge summaries can be hand-written or in electronic format. These formats have their merits and demerits. Hand-written summaries have been found to be well-accepted by primary health care physicians although engage the factor of legibility. Although the use of electronic discharge summaries has considerably improved both the content and timing of discharge summaries reaching follow-up physician or staff. Electronically stores data about a patient such as demographic details, lab investigations etc. They have been found to contain higher number of errors in patient progress, additional diagnosis and other components.

The patient transition from hospital to home is a complex and vulnerable process, ineffective and lack of communication during patient discharge influence post discharge continuity of care, treatment outcomes and patient satisfaction and a higher number of hospital readmissions may occur. Improving discharge services such as early discharge planning, medication reconciliation, telephone calls after discharge can prevent avoidable AEs after discharge. The most effective interventions seem to be pre-discharge and post-discharge interventions with educational components. At hospital discharge, patients with multiple medical problems are prescribed multiple medications with complex dosing and sched-

ules. Medication errors occur often during transition of care from one care such as the transition from hospital to home. Patients with medication discrepancies have significantly higher rates of rehospitalization compared to those without medication discrepancies.

Clinical Pharmacists play a significant role in patient discharge process to address DRPs, during and after hospitalization. They can counsel patients at discharge, detect and resolve medication discrepancies, and screen for non adherence and ADEs after discharge. Counseling patients before and after discharge reduces medication discrepancies. Appropriate discharge planning strategy should be implemented to minimize adverse events, DRPs, medication discrepancies (prescribing errors, omitted errors, committed errors, dispensing errors and others type of errors) and preventable readmissions. Due to lack of communication gap between health care professional, patient and patient representative various barriers (physician related, drug related and environmental related barriers) have been encountered during the patient discharge process. Communication among the physician, health care assistant, and patient is essential to the delivery of health care. The quality and warmth of communication between the physician and patient correlate with patient satisfaction, compliance, and knowledge of the diagnoses and treatment plan, as well as the desire for a quick recovery. Patient knowledge of the proper use of medications and their associated side effects enhances compliance.

Patients are frequently discharged from the hospital with changes to their previous medications regimens. As a result, medication discrepancies ADEs and Non adherence are common during transition of care. So finally proper discharge process is significant in the interception of potential discrepancies during discharge practices which can influence treatment outcomes. In current scenario, the clinical pharmacist work together with physicians, other health care professionals and play a vital role to assess the status of patient's health problems and determine whether the prescribed medications are meeting patient needs, to ensure the appropriateness, effectiveness and safety of medication use in safe discharge practices to optimize post discharge continuity of care.

## INSTITUTE CHRONICLE

### One Day Workshop On Curriculum Design And Implementation



One day workshop on Curriculum Design and implementation was organised by BLDEA's SSM College of Pharmacy and Research Centre on 07/07/2018 at BLDEA's V. P. Dr. P G Halakatti College of Engineering and technology, Vijayapur. Dr. Munir Ahmed, Director, Collegiate Education, RGUHS was chief guest and Resource Person. Dr. R V Kulkarni, Administrative Officer, BLDE Association was Guest of Honor. Dr. V. P. Huggi, Principal, Dr. N V Kalyane, Principal, Dr. R B Kotnal, SOP Cell Coordinator and other staff members various institute were present during workshop.

### Training Program For Students



A week long [18<sup>th</sup>-26 July 2018] training program for BLDEA's AVS Ayurveda Mahavidyalaya students was organized by BLDEA's SSM College of Pharmacy & Research Center, to provide exposure and insight on working principles of analytical instruments used for evaluation of drug and drug products. Faculty from various departments viz Pharmaceutical Chemistry, Pharmaceutics, Pharmacognosy, Pharmacology and Practice were involved in imparting training to the ayurveda students. The sessions were informative and were appreciated by the students. Dr. Santosh Karajgi was the Co-ordinator of the program and the training was organized by IQAC in association with Administrative affairs committee of SOP Cell, BLDE Association.

### Independence Day Celebration



The NSS Unit of B.L.D.E.A's S.S.M College of Pharmacy and Research Centre, Vijayapur Celebrated "INDEPENDANCE DAY" on 15/08/2018. All the staff members and students of D. Pharm, B. Pharm, Pharm.D and M. Pharm have actively participated in the event.

### NSS Activity, Siddapur Village



Mr Shripad S Potadar briefing the students Department of Quality Assurance and NSS Unit, BLDEA's SSM College of Pharmacy & Research Centre, Vijayapur, On 24/08/2018 visited and conducted NSS camp with the theme 'STOP OPEN DEFECATION IN VILLAGES " Camp was took place at college adopted village Siddapur Tq and Dst Vijaypur. NSS Volunteers and faculties of Dept. of Quality Assurance were actively involved in the camp. The program was coordinated by Mr.Prashant N. Jorapur, NSS program officer and Staff members of Quality Assurance Department Dr.R B.Kotnal Professor & HOD, Mr. Shripad S. Potadar, Asst. Prof and 55 students.

Our staff members took classes to primary and high-school students of siddhapur Govement School about how to aware the villagers about to stop open defecation, and our students made a group of 5 persons each and spread the awareness about deadly diseases which spreads mainly by open defecation,

covered entire village and also surveyed the number of families having toilets in their home and whether using it properly or not. And our students also tried to find out why the villagers not using toilets even it present in home, and tried there level best to spread the awareness among the villagers about to “STOP OPEN DEFICATION ”

### World Pharmacist Day 2018



Shri D.S Guddodagi & Dr Vijaykumar K Flag off the “World Pharmacist day” Rally

BLDEA’s SSM College of Pharmacy and Research Centre Vijayapur in association with Chemist and Druggist Association Vijayapur celebrated World Pharmacist Day on 25/09/2018 with the theme of “Pharmacists: Your Medicines Experts”. The event was organized by Continuing Pharmacy Education, Training and Services (CPETS) unit of the college, with a prearranged Health care camp at Bomanhalli and a Pharmacy awareness rally where more than 400 students, Teaching Staff and Community Pharmacist enthusiastically participated and celebrate the occasion. The rally was inaugurated by Shri D.S.Guddodagi, Chairman Governing Council, BLDEA SSM College of Pharmacy and Research Centre, Dr.Vijaykumar Kalyanappagol, Medical Superintendent Shri B.M Patil MCH&RC, Dr R.V.Kulkarni Administrative officer, BLDE Association, Dr. R.B Kotnal SOP Cell Coordinator BLDE Association and Dr. N.V.Kalyane Principal BLDEA SSM College of Pharmacy and Research Centre, in the presence of Dr S.Z. Inamdar, Secretary CPETS, along with staff and students of the college. The rally started at 10.00 am from college campus and concluded at Gagan Mahal by 1:00 pm, during the course of rally students expressed the pharmacist role as medicine experts in diverse service areas of health care setting. The concluding session of the

rally at Gagan Mahal witnessed performance by the students and felicitation program organized by the college to appreciate selected fellow Pharmacist from public and private sector for their dedicated professional services. Shri S.S Biradar Asst Prof explained about history of world pharmacist day celebration, FIP and social responsibilities of pharmacist in all sectors. Miss Sunanda Asst. Professor proposed vote of thanks on the occasion. The following Pharmacist from community and hospital were felicitated with an Appreciation Award for their professional services on the occasion;

- Shri Mehaboob S Tazeemtarak, Community Pharmacist, Vijaypur
- Miss Savita C Hadagli, Hospital Pharmacist, Corporate Hospital.
- Shri S.R Kattimani, Hospital Pharmacist, Govt. Hospital, Honganhalli Taluk, Vijayapur

### Health Care Camp



### Health Care camp at Bommanahalli Village

The occasion also witnessed a health care camp organized by college CPETS unit in association with Shri BM Patil MCH&RC, The CPETS members Dr. Mallinath P, Shri Santosh Awasthi, Shri Sripad Potadar and NSS coordinator Shri Prashant Jorapur along with Pharm D Interns assisted the medical team for the successful conductance of health care camp at Bommanallhi village. The students also performed educational skit for the villagers with respect to appropriate use of prescription medicine, maintenance of hygiene and how Pharmacist can play an assistive role in the preservation of health and health promotion. The student community contributed a lot of zeal, passion and sense of professional belonging to promote health through deliverance of pharmaceutical care services and professional responsibility which was quite evident through celebrating of world pharmacist’s day.

Swachha Campus Swasth Campus



NSS unit of BLDEA's SSM COP & RC organized a cleanup camp "Swachha Campus Swasth Campus" at BLDEA'S University Campus Vijayapur in Association with Shri.B.M.Patil Institution of Nursing Sciences and KCP Science and SB arts College Shri. Prashant N Jorapur NSS program officer, coordinated the camp, teaching nonteaching staff members of the Institutions and students gathered to clean the University premises as a part of Swacch Bharat Abhiyan

Events Forecast

S no	Event	Date	Venue
1	KAPTICON 2018	26-27th Oct 2018	NET College of pharmacy Raichur
2	6th World Congress on Nanomedical Sciences (ISN-SCON-2018) at Delhi	8-12th Dec 2018	Vigyan Bhawan, Delhi
3	International Conference on Challenges and opportunities for Clinical Pharmacists (ICCP)	17-18th Dec 2018	College of Pharmaceutical Sciences, Dayananda Sagar University, Bengaluru-560078
4	IPC -Delhi	21-23rd Dec 2018	Amity University, Noida

Archives Vault

History of Pharmacy



Days of the Papyrus Ebers

Though Egyptian medicine dates from about 2900 B.C., best known and most important pharmaceutical record is the "Papyrus Ebers" (1500 B.C.), a collection of 800 prescriptions, mentioning 700 drugs. Pharmacy in ancient Egypt was conducted by two or more echelons: gatherers and preparers of drugs, and "chiefs of fabrication," or head pharmacists. They are thought to have worked in the "House of Life." In a setting such as this, the "Papyrus Ebers" might have been dictated to a scribe by a head pharmacist as he directed compounding activities in the drug room. [Ref: "Great Moments in Pharmacy" by George A Bender Paintings By Robert A. Thom. Copyright ©Parke, Davis & Company 1965, Library of Congress Catalog Number: 65-26825]

Student Diary

Drug Utilization- Paediatrics Prospective

G.Urmila, B.S.Kbaja Hussain

Pediatrics is the branch of science that deals with the medical care of infants, children and adolescents. Studies on the process of drug utilization focus on factors related to prescribing, dispensing, administering and taking of medication and its associated events. Drug utilization plays a significant role in helping the health-care system to understand, interpret and improve the prescribing administration and use of medications. Children are more vulnerable to the various adverse events related to the use of drugs. Though many studies have been carried out to evaluate the drug prescribing pattern in adult patients, but similar studies in pediatric population are limited. Pediatric populations are prone to suffer from recurrent infections of the respiratory tract and gastrointestinal system. Lower respiratory tract infections are the leading cause of death in children below five years of age. Acute respiratory infection, acute watery diarrhea and viral fever are the common childhood illnesses accounting for the major proportion of pediatric visits.

Prescribing practices are a reflection of health professional's abilities to determinate among the various choices of drugs and determine the ones that will most benefit the patients: Children compose about 40% of India's population. Drug therapy is considered to be main element of paediatrics health care management. Successful medical treatment of

paediatric patient is based upon a correct diagnosis and best possible course of drug therapy, which usually involves a medication regimen. Prescriptions can be described as rational and non-rational with the latter having possible consequences such as adverse drug reactions, increased frequency of drug-drug interactions and increased healthcare costs. Adverse drug reactions in children particularly could contribute to morbidity and mortality because of the immaturity of their immune system and their inability to communicate adequately.

Numerous studies have also described irrational patterns of drug use that include poly-pharmacy, use of drugs that were not related to the diagnosis, patient non-compliance, overuse and misuse of antibiotics, and unnecessary use of injectable drugs. Such practices may result in a waste of resources, inappropriate patient demand, antimicrobial resistance, and increased drug-related morbidity and mortality. The study is therefore aimed at investigating the prescribing and dispensing practices at a representative sample of health care facilities using WHO drug use indicators and comparing the results obtained between the primary and secondary health care facilities in the state.

The pharmaceutical care is necessary in pediatric population due to their altered physiology; pharmacokinetics and pharmacodynamics from adult populations. Markets for children's medicines tend to be small and the range of doses used may be wide for any drug formulation because many drugs prescribed widely for infants and children are not available in suitable dosage forms, leading to a lack of attention to pediatric medicines. Knowledge of drug administration in children and infants lags behind that of adults for many reasons including developmental differences that affect the pharmacodynamics and pharmacokinetic profiles of drugs, ethical and financial reasons, research capabilities, and regulatory guidelines and constraint. Another study conducted on pediatric drug prescribing in Trinidad revealed that 44% of patients had received one or more antibiotics and pediatric patients received 70.8% antibiotics.

Childhood interventions thus must have a sustained

impact over a very long time period to affect these outcomes. Studies have indicated that children are prescribed drugs frequently, with a mean number of drugs is high. The administration of drugs to children requires a knowledge and expertise primarily because the doses prescribed for children are often in an amount which is not commercially available in pediatric label. For all drug users rational therapy is important, but it is of utmost importance for children. Several drugs were frequently used for children; though they were have been investigated in adults only. Nevertheless pharmacokinetics as well as pharmacodynamics in children differs from that of adults. Children are among the most vulnerable groups to possible harmful effects of drugs as they are physiologically different from adults.

All the healthcare professionals should take charge and work in collaboration to prevent such events which results in decrease in quality of life and increase the duration of stay in the hospital among Pediatric population.

### Wisdom Pearls





Photo Features

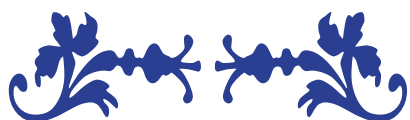
One Day Workshop on Curriculum Design and Implementation



World Pharmacist Day Rally



Health Care Camp



Swacha Campus Swasth Campus



**Independence Day Celebration**



**Pharmacovigilance and Hemovigilance Conference**



Staff and Students of BLDEAs SSM College of Pharmacy and Research Centre attended Conference at NET College of Pharmacy Raichur

**Vision**

To Provide Quality Pharmaceutical Education, Practice and Research with Global Standards and to meet health care needs of Backward Region of North Karnataka

**Mission**

Empowering Graduates in application based Knowledge with high degree of Professional Integrity and Ethics



BLDE Association's Shri Sanganabasava Mahaswami  
COLLEGE OF PHARMACY & RESEARCH CENTRE



**Build a lucrative career in the fast growing PHARMA industry**

## The Bijapur Liberal District Education Association

The Bijapur Liberal District Education Association (BLDEA) was founded in the year 1910 with the objective of imparting quality education. BLDEA currently runs 75 educational institutions and is thereby making a significant contribution to India's development. Since inception, the association has been working with a deep sense of commitment to bring about multi-lateral development in a wider section of population through an extensive network of educational institutions. BLDEA's College of Pharmacy, established in the year 1982 to cater to the needs of pharmacy education, is known for quality education.

BLDEA's SSM College of Pharmacy College and Research Center

### Vision

To provide quality Pharmaceutical Education, Practice & Research with global standards and to meet health care needs of backward region of North Karnataka.

### Mission

To empower graduates in application based knowledge with high degree of professional integrity and ethics.

### Courses offered

#### I. Diploma in Pharmacy (D. Pharm)

**Course duration: 2 years**

**Eligibility:** Pass in 10+2 or any equivalent examination of any other approved Board, with Science as major subjects (PCM or PCB).

#### II. Bachelor of Pharmacy (B. Pharm)

##### a) Admission to 1st year B. Pharm

**Course duration: 4 years**

**Eligibility:** Pass in PUC in Karnataka or any equivalent examination of any other approved Board, with minimum 40% marks in any combination PCM/PCB/PCMB.

(In case of SC/ST & Group-A the minimum requirement is 35%).

#### b) Admission to direct II year B. Pharm

Pass in D. Pharm examination conducted by BEA Bangalore, or any authority approved by the Pharmacy Council of India.

#### III. Doctor of Pharmacy (Pharm. D.)

##### a) Admission to Doctor of Pharmacy (Pharm. D.)

**Course duration: 6 years**

**Eligibility:** Pass in 10+2 or D. Pharm Examination.

##### b) Post Baccalaureate (Pharm. D.)

**Course duration: 3 years**

**Eligibility:** Pass in B. Pharm Examination.

### Scope for Pharm .D

#### A candidate who completes Pharm D...

- Can find a job in the clinical sector
- Can play an active role in heading a hospital's pharmacy set-up
- Gets job opportunities in industries that deal with clinical trials
- Can register as a pharmacist all over the world
- Can find placement in Pharmaco Vigilance Sector and
- Is eligible to appear for NAPLEX in US and can become a registered pharmacist even in other countries.



**Admissions Open**



#### IV. Master of Pharmacy (M. Pharm)

**Course duration: 2 years**

**Eligibility:** Pass in B. Pharm with 55% marks.

- Pharmaceutics
- Pharmaceutical Chemistry
- Pharmacology
- Pharmacognosy
- Pharmacy Practice
- Pharmaceutical Technology
- Quality Assurance

#### V. Ph.D Programme

- Pharmaceutics
- Pharmaceutical Chemistry
- Pharmacognosy

#### Features

- Highly qualified and experienced teaching staff
- Well-ventilated classrooms with modern audio-visual teaching aid
- Sophisticated laboratories with modern instruments/equipment
- Museum exhibiting past and present developments in pharmacy
- Dhanvantri garden with about 100 medicinal herbs/shrubs
- Scientific society, a forum for regular interaction with eminent personalities to discuss current trends in Pharmacy
- Well furnished hostels for boys & girls
- Library & e-library, Recreation center
- Bank Loans
- State-level Ranks- 4
- Research Grants - 1.32 Crore
- Wi-Fi Campus
- Attached Hospital within campus
- Concession in fees for meritorious students of Vijayapur Dist.
- Swimming track within campus
- Fee waiver for students of Vijayapur District who secure CET ranking below 2500 conducted by KEA, 10% of total seats will be reserved for all courses of Pharmacy in this category
- Pharm. D Interns will be paid stipend of Rs. 8000 per month
- Academic Excellence Award will be conferred for class toppers



### Library

Library has a huge collection of books, journals and CDs. The cyber center, which is also a part of the college, helps students to familiarize with internet & HELINET usage.

### Placement Cell

All efforts are made to place our students in reputed companies, thus assuring them a secured and bright future. Over the last 5 years, our students have been placed in several reputed multi-national and Indian companies such as Ranbaxy, Astra, Pfizer, Torrent, FDC, Cipla, Himalaya, etc. Several of our students are employed in corporate hospitals too.

### Prospects

The pharmaceutical industry in India is growing at a rapid pace, as a result of spurt in the number of hospitals, nursing homes and pharmaceutical companies. It indicates the increasing scope in this sector. A course in Pharmacy definitely offers reasonably good career opportunities by way of job opportunities in the job market and scope for self employment. The job opportunities for pharmacy graduates in India and in International level are as follows:

1. Pharmaceutical Industry: R&D, F&D, production, quality control, quality assurance or marketing of new drugs for clinical use (medical representatives).
2. Basis for Higher Education: M. Pharm or Ph.D holders can engage in research work like developing new drug molecules in pharmaceutical industry and analyzing them for application.
3. Government Departments: Drug control administration as a Drug Inspector or Government Analyst and Hospital Pharmacist in Armed Forces, Railways and Primary Health Care Centers. Pharmacists also have job opportunities in the Department of Health and Family Welfare, Pest Control Division of Agriculture, Department of National Defence, Provincial Research Councils and the Provincial Departments of Agriculture or Environment
4. University: Teaching and Research.
5. A career abroad: Hospital and clinical pharmacist, QA & QC scientist, regulatory expert, academics, production officer, etc.
6. Consulting Services: Pharmacy graduates can work as consultants for industry and academic centers.
7. Self employment: A diploma or degree holder in Pharmacy, after registering with the State Pharmacy Council, can set-up and run a pharmacy or chemists & druggists shop (retail as well as wholesale).
8. Clinical Research: Worldwide opportunity in contract research organisations.



### Salary Potential

Approximate earnings per month of the newly employed Pharmacy graduates.

- Along with contributory provident fund, D.A., insurance, medical reimbursement, and other allowances and benefits as per government rules, average salary of a Pharmacist is around Rs 20,000.
- Research scientists: Rs. 50,000 - 60,000
- Medical representatives: Rs. 20,000 - 25,000 + incentives
- Manufacturing Pharmacists: Rs. 20,000 +
- Hospital Pharmacists: Rs. 20,000 - 25,000
- Government jobs: Rs. 20,000 onwards
- Academicians: Rs. 40,000 onwards



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