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

of
BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

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PRINCIPAL'S MESSAGE

Every New Year brings more hopes, challenges and enthusiasm. This year it was all about the disease threats. Fear occupied the minds while peace was unaffordable. Orson Scott Card, an eminent novelist, quotes in one of his books "The lives of all people flow through time, and, regardless of how brutal one moment may be, how filled with grief or pain or fear, time flows through all lives equally". There are many hidden aspects in this quote, but it deeply correlates with what we are facing today. The pandemic time is brutal filled with grief, pain and fear, which is flowing equally through all the lives around the world. Whatsoever, no matter how hard the time is, it shall too pass. I wish all the readers and students to have strength, integrity and courage to face these tougher times.



Dr. R. B. Kotnal,

EDITOR'S NOTE

COVID-19, a mighty virus spreading across the world and bringing newer challenges every single day has taught us important lessons of our time. Habitually, we do not realize the uncertainty of our existence due to ignorance fueled by the highly eventful lives and inexplicable pleasures set up in a way that entirely masks the reality. The pandemic harshly exposed the reality by taking millions of individuals to the door of suffering and death. The optimal time for introspection has come. What did we learn from this global disaster? We can find the appropriate answers only when we deeply understand this question. The answers are unlimited and distinguished. If dictated in simple terms, the three factors-physical, mental and economical are mostly hit by the pandemic. The physical and mental sufferings followed by economical inconsistencies are traveling uphill while the quality of life reaching downhill. The egoistic traits of humans that we can conquer anything are now gradually subsided. The value of food, water, air and freedom are being recognized and seeking spirituality is becoming the tool to combat the habit of ingratitude. Saving money and reducing luxury are part of lifestyle at the moment. The things such as togetherness, integrity, affection, generosity, kindness are the moral weapons that are essential to face the upstream of this pandemic. Let's hope for the best.



Dr. S. Z. Inamdar,

INSTITUTE CREDENTIALS

Journal Publications

1. Sudha B. Patila, Syed Z. Inamdar, Kusal K. Dasb, Krishnamachari G. Akamanchic, Aravind V. Patild, Arun C. Inamadare, Kakarla Raghava Reddyf, Anjanapura V. Raghug, Raghavendra V. Kulkarni Tailor-made electrically-responsive poly(acrylamide)-graft-pullulan copolymer based transdermal drug delivery systems: Synthesis, characterization, in-vitro and ex-vivo evaluation *Journal of Drug Delivery Science and Technology* 1773-2247 2020 <https://www.scopus.com/sourceid/22204> and 10.1016/j.jddst.2020.101525
2. Akamanchi Krishnacharya, Raghavendra V. Kulkarni Sulfated tungstate/dioxygen: A new catalytic system for oxysulfonylation of styrenes to form β -ketosulfone *New journal of Chemistry* 1144-0546 2020 <https://www.scopus.com/sourceid/24824> and <https://doi.org/10.1039/D0NJ01763A>
3. Raghavendra V, Sudha B. Patil, Syed Z. Inamdar, KakarlaRaghava Reddy, Anjanapura V. Raghu, ArunC.Inamadar, Kusal K. Das, Mallanagouda S. Biradar Synthesis and characterization of an electro-sensitive poly(acrylamide)-grafted-pectin hydrogel for drug delivery application through skin *Drug Delivery Letters* 2210-304X <https://www.scopus.com/sourceid/21100903428> 10.2174/2210303110666200206114632
4. Santosh Karajgi, C.C.Patil, R.B.Kotnal and R.V.Kulkarni Effect Student Mindset on Teaching Learning Process *Parishodh* 2020 2347-6648
5. Nagathan Chanabasappa, Biradar Shridharkumar ,Preparation and Evaluation of Sothaghna Lepa Possessing Antimicrobial Activity *Journal of Drug Delivery and Therapeutics* 2250-1177
6. Ravindra P. Birajdar, Sudha S. Patil, Vijaykumar V. Alange, Raghavendra V. Kulkarni Electro-modulated transdermal drug delivery through functionally modified polyacrylamide-grafted-gum tragacanth: Synthesis and characterization *Current Smart Materials* 0141-8130 10.1016/j.ijbiomac.2017.04.023
7. SM Biradar, M. Naveed, Keerti Sai, Prithvi Raju Study of Study of Prescribing Pattern, Identification of Drug Related Problems and Therapeutic Intervention in Cardio Vascular Diseases (CVD) Patients *Journal of Drug Delivery and Therapeutics* 2413-6077
8. S. M. Biradar, Ummehani M, Pooja Bijjaragi, P. Kavya, S. Dhanavidya, B. Shivakumar, Anand P. Ambali, Hunasagi B. S., N. V. Kalyane and Santosh R. Awasthi Drug utilization study and Clinical Pharmacist Interventions in Asthma and Chronic Obstructive Pulmonary Disease (COPD) Patients of a Tertiary Care Hospital *International journal of pharmacy and biological sciences* 2321-3272
9. Preparation and Evaluation of Sothaghna Lepa Possessing Antimicrobial Activity C V Nagathan, S S Biradar Preparation and Evaluation of Sothaghna Lepa Possessing Antimicrobial Activity *Journal of Drug Delivery and Therapeutics* 2250-1177
10. Santosh Karajgi Pooja Chincholi Somashekhar M. Laxmi S. Deginal New Validated Method For The Estimation Of Capecitabine In Pharmaceutical Dosage Forms By Area Under Curve Processing Technique *International Journal of pharmaceutical research* 0975-2366 <https://www.scopus.com/sourceid/19700174645> and 10.31838/ijpr/2020.SP2.335

Book / Chapter Publication

- Books and Chapters in edited Volumes / Books published with ISBN
- 1. Raghavendra V.Kulkarni, Smita Jain Neha Chauhan Swapnil Sharma Kakarla Raghavareddy Veerasadhu wrote a chapter

on The link between anxiety and Alzheimer's disease: Critical facts in "Nanomaterials in Diagnostic tools and devices with ISBN 9780128179239 published under Elsevier Ltd Editors SuvardhanKanchi and D. Sharma,

2. Raghavendra V.Kulkarni,Manu Sharma Aishwarya Rathore,Sheelu Sharma Veera Sadhu Kakarla Raghava Reddy wrote a chapter on Recent progress in mucoadhesive polymers for buccal drug delivery applications in "Nanomaterials in Diagnostic tools and devices"with ISBN 9780128179239 published under Elsevier Ltd Editors SuvardhanKanchi and D. Sharma

Conference Presentation

- Faculty participation (Guest lecturers or Workshop/FDP/QIP/STP, etc) as Resource person/Chairperson/Evaluator/Judge, etc
1. Dr.R.B.Kotnal Presented a Talk at Pharma Disha-An orientation program for PG Students Program at Bharati College of Pharmacy, Mandya on 4-5th Feb. 2020
 2. Dr.H.Shivkumar participated as Resource Person presented a topic on "Introduction to Clinical Research "for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 06/03/2020
 3. Dr.V.P.Patil participated as Resource Person presented a topic on "Stake holders :Role and Responsibilities " on 07/03/2020 and topic"Essential documents in clinical research " on 11th 12th March 2020 for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur
 4. Dr.Sunanda Nandikol participated as Resource Person presented a topic on "Guidelines in Clinical Research " on 08/03/2020 and topic

"Ethics and ethical guidelines in clinical trial " on 09/03/2020 for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur

5. Dr.SZ Inamdar participated as Resource Person presented a topic on "Clinical Trials "for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 10/03/2020
6. Dr K.Pradeepthi participated as Resource Person presented a topic on "Pharmacovigilance "for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 13/03/2020
7. Dr.H.M.Nanjapaahiah participated as Resource Person presented a topic on "Introduction to Clinical Research "for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 14/03/2020
8. Mr.Sushilkumar Londhe participated as Resource Person presented a topic on "Protocol design, ICF ,Case narrate" on 15 /03/2020 and topic "Study set-up Process " on 18/03/2020 for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur
9. Dr.Mallinath P participated as Resource Person presented a topic on "Clinical Monitoring "for the value added course on Clinical Trial for 30hr organized by BLDE University jointly ventured by BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 16/03/2020

10. Mr. B.S.Hunasagi participated as Resource Person on “Online tools for Teaching-Learning & Assessment :A galaxy of Multidimensional Approach” organized by IQAC BLDEA’s SSM College of Pharmacy & Research Centre,Vijayapur on 06/06/2020
- **Faculty participation in /seminar/FDP/QIP/workshop etc**
1. Hasti Kenia L presented a poster Novel method for determination of Hardness of Water in KCP,Science college ,Vijayapur on 18-19th Feb 2020
2. Shridhar Kumar Biradar has Presented Oral presentation on ANANAS comosusa Cholesterol Reducer for AICTE sponsored International Conference organized BY Bhaskar Pharmacy College Hyderabad,Telangana on 3-4th Jan 2020
3. Porna Gopinath has presented an Oral Presentation on Infantile Tremour Syndrome and won 3rd Prize at AICTE sponsored International Conference organized BY Bhaskar Pharmacy College Hyderabad,Telangana on 3-4th Jan 2020
4. Dr.H.Shivkumar &Dr.S.Z.Inamdar attended Workshop on BCEM Module 1 sponsored by RAATI,RGUHS at HKES’ BHMS College from 27th Jan To 29th Jan 2020
5. Dr.R.B.Kotnal inaugurated the Anushandhan 2020 National level Seminar on Research Methodology and Synopsis writing at AVS Ayurvedic Medical College Vijayapur
6. Mrs. Ashwini G presented E-poster on Formulation and invitro evaluation of Transdermal Patches containing Ketoprofen in International conference on advances in Pharmaceutcal and health sciences held from 20-22nd Feb 2020at K.S.Hedge Auditorim Nitte Deralakatte ,Mangalore
7. Mrs. Sudha Patil presentated an E-Poster on development and evaluation of an electro-modulated Transdermal drug delivery system using poly-grafted pullulan hydrogel in International conference on advances in Pharmaceutcal and health sciences held from 20-22nd Feb 2020at K.S.Hedge Auditorim Nitte Deralakatte Mangalore
8. B.Kohima presented a poster on To Study the impact of rehabilitation training programme in COPD patients in International conference on advances in Pharmaceutcal and health sciences held from 20-22nd Feb 2020at K.S.Hedge Auditorim Nitte Deralakatte ,Mangalore
9. K.Purna Gopinath presentated a poster on development evaluation of mobile based app for drug information services in Tertiary Care Hospital at 2 days National level conference on pharmacy and health care: a paradigm shift from traditional knowledge modern techniques organized by St.Paul College of Pharmacy Hyderabad On 19-20th Feb 2019
10. V.Akhila Presentated a poster on Drug related problems in Pediatrics patients in International conference on advances in Pharmaceutcal and health sciences held from 20-22nd Feb 2020at K.S.Hedge Auditorim Nitte Deralakatte ,Mangalore
11. Chaithra L won first prize on oral presentation with the title Sciciserion scar pregnancy at 2 days National level conference on pharmacy and health care: a paradigm shift from traditional knowledge modern techniques organized by St.Paul College of Pharmacy Hyderabad On 19-20th Feb 2019
12. Dr.R.B.Kotnal,Dr.E.N.Gaviraj Dr. SM Biradar Dr. S.Z.Inamdar and Mr.Sushelkumar attended one day national level seminar on “understanding the parameters of standard operating procedures for quality improvement quality assessment and effective DVV Process ”at BLDE Association’s SB Arts and KCP Science college organized on 26th Feb
13. Dr. Gaviraj EN,Dr.Santosh Karajgi Participated as delegates in Faculty development programme on Intellectual property rights held on 8th Feb. 2020 Organized by IPR Cell,IQAC & Research & Development unit of BLDE
14. Hasti Kenia presented a poster on Novel method for determination of Hardness of Water at KCP,Science college ,Vijayapur on 18-19th Feb 2020

15. Dr.Sunanda Nandikol attended Online Training for Pharmacy on COVID -19 by RGUHS Bangalore on 21/04/2020
16. Mr.Sushilkumar Londey attended Online Training for Pharmacy on COVID -19 by RGUHS Bangalore on 21/04/2020
17. Mr.Sushilkumar Londey attended international webinar on “Importance of Continuous learning by pharmacy professionals including Clinical Pharmacists organized by KRP associations on 22/05/2020
18. SM Metri attended the webinar on “Clinical research and Pharmacovigilance “organized by DR.D Y Patil College of Pharmacy ,Akurdi in collaboration with DCS Center of skill and Entrepreneurship Development for Clinical Research & Pharmacovigilance on 29/04/2020
19. Basavaraj Hunasagi attended webinar with the title Online Teaching and Assessment organized by cognizance Academia on 27th April 2020
20. Dr.Sunanda Nandikol, Mr.Sushelkumar Londey attended webinar on “ The Pharmacist and COVID-19.” during the Pandemic, hosted by KRPA & partner organizations on 01/05/2020
21. Dr.Sunanda Nandikol, Dr.K Pradeepthi, Arunkumar Walikar, Vinoreddy , Dr.Basavaraj Hunasagi, sushilkumar Londhe, Dr.E.N.Gaviraj attended International Webinar on “Decipher and Comprehend Novel COVID 19 organized by BLDEA’s SSM COP & RC Vijayapur on 19/05/2020.
22. Sushelkumar Londey attended webinar for FDP on “OUTCOME BASED EDUCATION SOFTWARE” organized by vmedulife software services on 28/05/2020
23. Dr.S.M.Biradar, Dr.Sunanda Nandikol attended the international webinar on “Pharmacist counseling for patient benefit “organized by Karnataka Registered Pharmacist Association and Vishveswarapura institute of Pharmaceuitcal sciences ,Bangalore on 29/05/2020
24. Dr.K. Pradeepthi, Ashwini G, sushilkumar Londhe attended a webinar on “Role Of Accreditations and Rankings in Higher Eduaction” a Pharma Talk organized by School of pharmacy and technology Management ,SVKMS NMMS Hyderabad on 30/05/2020
25. Vinod Reddy, Ashwini G attended a survey on Challenges effectiveness and satisfaction of online class room teaching organized by Akshaya Institute of Pharmacy Tumkur during May 2020
26. Vinodreddy , Dr.K. Pradeepthi ,Ashwini G attended a webinar on Regulatory Affairs :opportunities and challenges “organized by shivalingeswar college of pharmacy Maharashtra on 30/05/2020
27. Arunkumar Walikar attended ISFCON-2020 Two days online international conference on COVID-19: Challenges in Testing Prophylaxis and Management organized by ISF College of Pharmacy MOGA on 22/05/2020 to 23/05/2020
28. Arunkumar Walikar attended 5 days e-Faculty Development Program on “Building Research & Innovative Culture among Pharmacy Teachers” from 18th May to 22nd May 2020 organized by Dr.D.Y.Patil Institute of Pharmaceutical Sciences and Research Pimpril Pune in association with Association Of Pharmacy Teachers of India
29. Vinod M Attended a webinar on Corona Virus Disease Evolution and pathogenicity ,Organized by ISPOR Narayana Pharmacy College student chapter and Indian Pharmaceutical Association local Branch ,Nellore AP on 23/05/2020
30. Arunkumar Walikar attended webinar Academic Ethics & Plagiarism a course of Study offered by Association of Pharmaceutical Teachers of India, conducted online by Prof Vidita a Vaidya on 19/05/2020
31. Arunkumar Walikar attended an international webinar on Updates fro effectives community pharmacy , organized by Karnataka Registered Pharmacists Associations on 16/05/2020
32. Arunkumar Walikar , Hasti Kenia attended 3days webinar series on Advances in Pharmaceutical Research organized by Sinhgad Institute of Pharmacy Pune, during 11th May to 13th May 2020

33. Arunkumar Walikar attended CPR Webinar on “Understanding Practice School and its concept in UG Pharmacy Education “ organized by PCI New Delhi in association with RGUHS Bengaluru and JSS Academy of Higher Education and Research ,Mysuru on 23/05/2020
34. Dr.Siddaruda Biradar attended webinar on COVID-19 & Ayurveda: Principle, Practice and Policy :and inauguration of Amity Ayurveda center in New York USA on 21/05/2020 Organized By Amity science Technology and innovation Foundation ,Amity University Uttar Pradesh ,Noida
35. Hasti. Kenia attended and completed a course on Foundation course in Educational Methodology (Online) a course of study organized by Association of Pharmaceutical Teachers of India April-May 2020
36. Hasti Kenia attended 6days Online STTP on “Target based drug design strategies utilizing CADD tools & Ecofriendly microwave assisted Green Synthesis” organized by ISF College of Pharmacy MOGA
37. Hasti Kenia attended webinar on “How to read scientific Literature “organized by Human Atlas Initiatives on 08/05/2020
38. Hasti Kenia has successfully completed online introductory course in PK modeling and simulations organized by APTI on May 2020
39. Hasti Kenia attended National Level Online webinar on “How to create Educational Vedios”organised by Knowledge Publications and chemtoons YouTube channel on 10/05/2020 and 24/05/2020
40. Hasti Kenia, Prashant Jorapur attended international webinar on Intellectual Property Rights –a 360view , organized by BLDEA'S SB Arts and KCP Science College Vijayapura on 29th May 2020
41. Dr.Santosh Karajgi attended 5 days e-Faculty Development Program on “Building Research & Innovative Culture among Pharmacy Teachers “ organized by Pimpri ,Pune in association with APTI from 18-22 May 2020
42. Dr.SR.Karajgi attended e-Faculty Advancement Initiative theme: Road Ahead, Scope of Online Teaching Advancement –a series of online training offered by association of Pharmaceutical Teachers of India Odisha branch in association with APTI Central on 26th -29th May 2020
43. Dr.Santosh Karajgi attended webinar on “Post COCIS-19:science and technology “ organized by SRM University –AP in association with India's National newspaper, “The Hindu “ held on 29th May 2020
44. Dr.Santosh Karajgi attended a panel Discussion on a “New Normal for Pharmacy Field in Covid-19 Pandemic organized by Amity Institute of Pharmacy .Health and Allied Sciences Domain, Amity University Uttar Pradesh,Noida on 17th May 2020
45. Dr.Santosh Karajgi attended CPE Webinar on “Understanding Practice school and its concept in UG Pharmacy Education” organized by the PCI,New Delhi in association with RGUHS and JSS Academy of Higher Education and Research ,Mysuru on 23/05/2020
46. Dr.Santosh Karajgi Attended the International Webinar on “Importance of Knowledge updatation for Community and Hospital Pharmacists organized by KSPC on 08/05/2020
47. Dr.Santosh Karajgi attended 2 week online workshop on “Comprehensive e-learning to e-training guide for Administrative work” from 25th May -05 June 2020
48. Dr.Basavaraj Hunasagi attended a National Webinar on COVID-19: Current challenges and Future Prospects of Pharmaceutical Industry and Education organized by School of Pharmacy ,ITM Baroda University Vadodara ,Gujarat on 29th and 30th May 2020
49. Dr.Basavaraj Hunasagi , Prashant Jorapur attended a national Webinar on COVID -19 Ayurveda:Principle,Practice and Policy” and Inauguration of Amity Ayurveda Research Center in new York USA organized by Amity Sciences ,Technology and Innovation Foundation ,Amity University ,UP ,Noida on 21 May 2020

50. Dr.Basavaraj Hunasagi attended and completed Academic Ethics and Plagarism ,a course of study offered by ATPi,conducted online by Prof.Vitita V on 19th May 2020
51. Dr.Basavaraj Hunasagi attended Webinar on Quality by design organized by Rajarshi Shahu College of Pharmacy on 25th May 2020
52. Dr.Basavaraj H attended the webinar on Teaching Practical with Virtual Lab:Lt Platform organized by Prin.K M Kundnani College of Pharmacy in association with university of Mumbai on 20th May 2020
53. Dr.Basavaraj Hunasagi attended Webinar “Intellectual Property Rights for the development of Academic pharmaceutical research “ organized by SGMSP’s Sharadchandra Pawar College of Pharmacy in association with Thridip IPR,LLP,Pune ,Maharashtra on 09/05/2020
54. Dr.Basavaraj Hunasagi attended and successfully completing Fulbright Fellowships offered by USIEF a coarse a study offered by APTI conducted online by Dr.Sudarsan Dash ,Dr.Munria Momin and Ms.Bhavana Jolly on May 2020
55. Dr.Basavaraj Hunasagi attended and successfully completing “Foundation Course in Educational Methodology (online)”a coarse a study offered by APTI during April-May 2020
56. Dr.Basavaraj Hunasagi attended webinar on Basics of herbal immunity booster for COVID-19 organized by Dr.Subhash Technical Campus-Junagadh on 31/05/2020
57. Dr.Basavaraj Hunasagi attended webinar on “Pharmaceutical Product Lifecycle Management ” organized by Y.B.Chavan College of Pharmacy on 24/05/2020
58. Dr.Basavaraj Hunasagi attended webinar on “Writing a Thesis: For BPharm and MPharma Projects” organized by MYBO GROUP on 17th May 2020
59. Dr.Basavaraj Hunasagi attended webinar on Pharmacist in 21st century and artificial intelligence “ organized by Shri Prakashchand Jain college of Pharmacy and research centre,Palaskhede ,Jammer in Association with ISF college of Pharmacy ,Moga on 29th May 2020
60. Dr.Basavaraj Hunasagi, Prashant Jorapur attended webinar on “Regulatory affairs : opportunities and challenges ” organized by shivalingeswar college of pharmacy on 30th May 2020
61. Dr.Basavaraj Hunasagi attended webinar on “Pharmaceutical Product Lifecycle management” organized by Y.B.Chavan college of Pharmacy on date 24/05/2020
62. Dr.Basavaraj Hunasagi attended webinar on “ Teaching Practical with Virtual Lab: Lt Platform” organized by Prin.K.M.Kundnani college of Pharmacy in association with university of Mumbai on 20th May 2020
63. Dr.Basavaraj Hunasagi attended and successfully completed Foundation course in Educational methodology (online) a course a study offered by APTI during April-May 2020
64. Dr.Basavaraj Hunasagi attended a practical guide to QbD Product development a course of study offered by APTI ,on May 2020
65. Prashant Jorapur attended live webinar on “Role of Accrediations and ranking in higher education” by Dr.Meena Chintamaneni on 30th may 2020 organized by school of Pharmacy and technology management SVKM’s NMIMS, Hyderabad campus
66. Prashant Jorapur attended live webinar series on “New Normal for Pharmacy Field in COVID-19pandemic “organized by Amity Institute of Pharmacy ,Health and Allied sciences Domain, Amity University Uttar Pradesh Noida on 17th May 2020
67. Mr.Prashant Jorapur has attended the six days e-Faculty And Student Development from 25th to 30th June 2020 organized by Dept Of Pharmacy Practice, G.Pulla Reddy College of Pharmacy, Hyderabad in Associations with Indian Pharmaceuticel Associations (IPA)-TS Branch, with the Theme: ”Recent Updates in Pharmacy Practice ”.

68. Dr.Sunanda Nandikol has attended the six days e-Faculty And Student Development from 25th to 30th June 2020 organized by Dept Of Pharmacy Practice, G.Pulla Reddy College of Pharmacy, Hyderabad in Associations with Indian Pharmaceutal Associations (IPA)-TS Branch, with the Theme: "Recent Updates in Pharmacy Practice".
69. Dr.K. Pradeepthi, Dr.S R Karajgi ,SM Metri has attended the six days e-Faculty and Student development from 25th to 30th June 2020 organized by Dept Of Pharmacy Practice, G.Pulla Reddy College of Pharmacy, Hyderabad in Associations with Indian Pharmaceutal Associations (IPA)-TS Branch, with the Theme: "Recent Updates in Pharmacy Practice".
70. Dr.S. M Biradar, Basavaraj Hunasagi ,Prashant Jorapur Dr.Sunanda Nandikol , Ashwini G EN Gaviraj ,(all the teaching staff members)attended Webinar on "Online tools for Teaching-Learning & Assessment :A galaxy of Multidimensional Approach" organized by IQAC BLDEA's SSM College of Pharmacy & Research Centre,Vijayapur on 06/06/2020
71. Dr.Sunanda Nandikol has participated in An Online National Workshop on "Critical Appraisal of Biomedical Literature in Clinical Pharmacy "organized by Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Guntur in association with IPA-Educational Division, Group Pharmaceuticals & Karnataka Registered Pharmacists Association on 20th June 2020
72. Dr.Sunanda Nandikol attended webinar on "Drug Abuse and Llicit Trafficking –Pull the plug on Drugs organized by Karnataka PharmD Association in Associations with KSPC held on 26/06/2020
73. Arunkumar Walikar Attended FDP Skill Development in Pharmacy Education, Research & Practice on 1-5th June 2020 organized by GIET School of Pharmacy IQAC in association with IPA-Rajahmundry Branch.
74. Arunkumar Walikar , Hasti K attended 5 days online FDP from 30th May 2020 to 3rd June 2020 on the topic "Evolution from offline to online Teaching " organized by Satish Pradhan Dnyanasadhana College Thane
75. Arunkumar Walikar attended one week e FDP on Pharmaceutical Product Development :Challenges and Opportunities from 15th June 2020 to 19th June 2020
76. Arunkumar Walikar attended webinar on Emerging regulatory challenges –impact on excipient on 5th June 2020 organized by International Pharmaceutical excipient council of India
77. Dr.S.M.Biradar attended webinar on "Impact on COVID-19 on Teaching Fraternity organized by B.E.T.Sadathunnaisa Degree College Bengaluru on 10th June 2020
78. Dr.Santosh Karajgi, SM Metri , attended FDP program "Skill development in Pharmacy Education, Research and Practice " organized by GIET School of Pharmacy IQAC in association with IPA-Rajahmundry Branch on 1-5th June 2020
79. Dr.Santosh Karajgi attended Prepping tomorrow's Teachers, organized by PCI in association of Pharmaceutical Teachers of India and KLE Academy of Higher Education and Research on 6th June 2020
80. Dr.Santosh Karajgi attended one week AICTE-ISTE approved short term Training Programme on "Outcome Based Education & NBA "organized by R&D Cell and IQAC of Shree L.R.Tiwari College of Engineering. on 6th June 2020
81. Dr.Santosh Karajgi attended web series on E-Shodh Sindhu web of science certification series organized by shodh sindhu on 15th June 2020
82. Dr.Santosh Karajgi Attended webinar conference on "Global Response to COVID-19 organized by IIHS on 20th June 2020
83. Dr.Basavaraj Hunasagi attended webinar on

Research avenues in Pharmacognosy and Photochemistry organized by MET's Institute of Pharmacy ,Adgaon,Nashik on 02/06/2020

84. Dr.Basavaraj Hunasagi attended webinar on Outcome Based Education organized by shivalingeswar college of Pharmacy on 20/06/2020
85. Dr.Basavaraj Hunasagi attended webinar on "advancement in Microcontroller and its Real Time application " organized by Department of Electrical engineering and electronics and communication engineering Poornima institute of engineering & technology on 5th June 2020
86. Dr.Basavaraj Hunasagi attended webinar on "Are you living emotionally intelligent life, professionally or personally?" organized by shivalingeswar college of pharmacy on 6th June 2020
87. Dr.Basavaraj Hunasagi attended webinar on "Plagiarism :An act of academic offence " organized by shivalingeswar college of pharmacy on 11th June 2020
88. Dr.Basavaraj Hunasagi attended national maestro symposium on "Medicopharma in curbing COVID-19 "on 7th june 2020 orgained by Star Mission Jabalpur under PRISAL FOUNDATION

VIEWPOINT

ASHP Guidelines on the Pharmacist's Role in Providing Drug Information

Akhila V, Pharm D Intern

The provision of drug information (DI) is among the fundamental professional duties of all pharmacists. Latest practice trends, including improved facility of medication therapy management services and efforts to get provider status, have placed pharmacists in gradually complicated patient-care roles and required a higher level of capability by all pharmacists in meeting DI needs. Drug information might be patient specific, academic (for educational purposes), or population based. The aim of delivering carefully evaluated, evidence-based recommendations to support specific medication-use

practices is to improve the quality of patient care, improve patient outcomes, and safeguard the careful use of resources. The main effort of these guidelines is to define ongoing DI activities, incorporating the application of a systematic approach, proper documentation methods, and use of high-quality DI resources. This information is planned to assist pharmacists in providing optimal DI services in a range of practice settings, including hospitals and health systems, outpatient care centers, managed care environments, medical communication departments, and university or academic-based drug information centers. Some of the activities described in these guidelines are the subjects of other American Society of Health-System Pharmacists (ASHP) policy and guidance documents, which should be referred to for additional information. Pharmacists providing DI should use professional judgment in evaluating ASHP's policy and guidance documents and in adapting them to meet their health care organizations and patients' needs and circumstances.

Drug Information Activities

To be an effective provider of DI, the pharmacist must exercise excellent oral and written communication skills and be able to

1. Expect and evaluate the DI needs of patients and health care professionals.
2. Obtain appropriate and complete background information as described under the section Systematic Approach for Responding to Drug Information Requests.
3. Use a systematic approach to address DI needs by effectively searching, retrieving, and critically evaluating the literature (i.e., assessment of study design, statistics, bias, limitations, and applicability).
4. Appropriately synthesize, communicate, document, and apply pertinent information to the patient care situation.

A variety of DI activities may be performed by pharmacists, depending on the practice setting and need. Every pharmacist should have the skills to perform the following DI activities:

1. Providing DI to patients, caregivers, and health care professionals.
2. Creating and maintaining currency of a variety of print and online educational resources for patients (e.g., tip sheets, pamphlets) and health care professionals (e.g., in-service documents, newsletters) on topics such as optimal medication use, general health, or select clinical questions.
3. Educating health care professionals on safe and effective medication-use policies and processes, including development of resources to communicate this information.
4. Leading or participating in continuing education services for health care professionals.
5. Precepting and educating pharmacy students and residents.
6. Participating in quality improvement research projects and drug cost analyses.
7. Contributing to the biomedical literature and providing peer review for other contributors.

Systematic Approach for Responding to Drug Information Requests

A systematic approach for responding to DI requests was first introduced by Watanabe, et al. in 1975. This approach has been modified and expanded over the years to safeguard that all related information is considered prior to formulating a response. The importance of gathering relevant patient data and understanding the context of a question prior to answering a DI request is described in the literature. Of note, a full systematic approach may not be practical for all requests, especially for urgent clinical needs in the direct patient care setting. In addition, consideration should be given to the ethical and legal aspects of responding to DI requests, including patient's privacy concern.

A systematic approach may be outlined as follows

1. Identify the requestor. To obtain complete information and develop a response with the appropriate perspective, consider the health

literacy and professional background of the requestor.

2. Define the true question and information need. Identify the true question and information needed by asking probing questions of the requestor. For example, "Why is the question being asked?" and "Does the question pertain to a specific patient?" may help reveal important details of the true question. This kind of information helps in optimizing the search process and assessing the appropriate time frame of response need.
3. Obtain complete background information. Obtain more complete background information, including examining the medical record for patient data, if applicable, to change the response to meet the requestor's need.
4. Categorize the question. Classify requests as patient-specific or academic and by type of question (e.g., product availability, adverse drug event, compatibility, compounding/formulation, dosage/administration, drug interaction [drug-drug, drug-disease, drug-laboratory], drug product identification, pharmacokinetics, therapeutic use/efficacy [FDA approved vs. unlabeled indications], safety in pregnancy/nursing toxicity/poisoning) to aid in tailoring the search strategy and selecting resources.
5. Perform a systematic search. Perform a systematic search of appropriate tertiary, secondary, and primary resources, including electronic resources, as necessary
6. Analyze the information. Evaluate, interpret, and combine information from the resources used. Other information needs should be anticipated as a result of the information gathered.
7. Disseminate the information. Provide an oral or written response, or both, as needed by the requestor that specifically applies the information to the particular situation. The information, its urgency, and its purpose may influence the method of response. Supporting documentation (e.g., primary literature) should

be included when possible.

8. Document. Document the request, information resources used, the information found in each source, time spent on the response, and the response itself as appropriate for the request and the practice setting.
9. Follow-up. Perform a follow-up assessment to determine the utility of the information provided and whether the information resulted in changes in medication-use practices or patient outcomes.

Keeping Current Knowledge

Pharmacists are challenged with keeping up to date with an increasing number of new drugs and literature. Drug information and literature evaluation skills are crucial for building clinical knowledge and providing evidence-based recommendations. It is the responsibility of the pharmacist to commit to lifelong learning and try to keep abreast of advances both in the methods of delivering DI and the information itself. In addition to keeping up to date with clinical knowledge, it is important for pharmacists to keep current on changes in pharmacy practice as the health care system evolves. Recommendations for staying current include the following:

1. Subscribe to table of contents of or full access to relevant journals, as appropriate.
2. Subscribe to appropriate email list servers (e.g., Food and Drug Administration Drug Information Updates, National Guideline Clearinghouse, Centers for Disease Control and Prevention, Medline Plus).
3. Receive email alerts from relevant health-related web-sites (e.g., MedWatch, Medline Plus).
4. Bookmark important websites and check regularly for updates (e.g., Institute for Safe Medication Practices, ASHP Drug Shortages Resource Center).
5. Choose pertinent continuing education activities and methods that challenge learning.
6. Maintain active membership in local, state, and national pharmacy associations/societies.
7. Pursue board certification from the Board of Pharmacy Specialties.

Outcome of Medication Reconciliation at Hospital Admission And Discharge

Ravina RM, Pharm D Intern

Medication related errors or discrepancies are the leading source of harm to the patient's well-being. Most these errors occur due incomplete medication history or overview of patient's medication at the admission or at the time of discharge from the hospital. This error can be minimized by incorporating process of 'medication reconciliation' by every hospital setting, with the assistance of clinical pharmacists or other health care professionals. It is formal approach to the patients by HCPs to ensure an accurate and complete transfer of medication information at interfaces of care or during transition in hospital.

Medication reconciliation at admission involves a systematic approach to obtain a complete and accurate list of a patient's current and past medications. These include all prescription medications and over-the-counter drugs as well as herbals, vitamins, supplements, vaccines, parenteral nutrition, and blood derivatives. Medication information is gathered from different sources: the patient, his/her caretakers, the medical hospital record, the patient's community pharmacy, the general practitioner (GP), and other community caregivers. Medication reconciliation at hospital discharge means that newly prescribed, continued, discontinued, and modified medications as well as the reasons for those changes are communicated to pharmacists and other community caregivers. Moreover, patient counseling is considered as best tool to inform the patient about their previous and new medications, about any reasons for changing its duration, frequency, route, and dose, and about the time the medications should be taken and precautions.

Through medication reconciliation errors of inadvertent omission of medications needed at home, failure to restart home medication after discharge, duplication of therapy at discharge, errors associated with incorrect doses or timing, and adverse drug-drug or drug-disease interactions can

be avoided. Medication reconciliation intercepts a significant number of discrepancies. It decreases the rate of medication errors, reduces potential adverse drug events, and thus reduces work and re-work. Medication reconciliation process of gathering, organizing, and communicating medication information is complicated by several factors. Not least are the numbers of disciplines involved in the process: clinicians, nurses, hospital pharmacists, community pharmacists, community caregivers and patients themselves. Vague agreements or no agreements at all about the tasks of every person involved lead to inefficiencies and a failure to implement sufficiently

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
1	Ramipril	Hypertension, Heart failure, Myocardial infarction, Stroke prevention
2	Clopidogrel	Acute coronary syndrome, MI, Stroke, cardio embolic stroke, coronary artery disease
3	Azithromycin	Acute infective exacerbation of chronic obstructive pulmonary disease (Mild to Moderate), Bacterial conjunctivitis, Bacterial sinusitis, acute (Mild to Moderate), Typhoid fever, Pertussis, Mycobacterium avium complex infection, lung disease, HIV infection - Toxoplasma encephalitis, Gonorrhoea.
4	Domperidone	Abnormal gastric motility, associated with diabetic gastroparesis or chronic and subacute gastritis, Gastrointestinal symptom, Associated with use of dopamine agonists; Prophylaxis.

5	Ondansetron	Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis, Postoperative nausea, and vomiting; Prophylaxis, Radiation-induced nausea, and vomiting; Prophylaxis.	
6	Telmisartan	Atrial fibrillation, Recurrence; Prophylaxis - Hypertension, Cardiovascular event risk, Reduction, Kidney disease.	
7	Verapamil	Atrial fibrillation and flutter, Hypertension, Paroxysmal supraventricular tachycardia, Stable angina, chronic, Unstable angina, Variant angina.	
8	Methimazole	Hyperthyroidism, Thyroid storm, Thyrotoxicosis, Drug-induced	
9	Methotrexate	Psoriasis (Severe), Recalcitrant, disabling, Rheumatoid arthritis (Severe), In patients with an insufficient response or intolerance to first-line therapy, including full-dose NSAIDs.	
10	Hydroxychloroquine	Lupus erythematosus, Malaria, Rheumatoid arthritis	
11	ceftriaxone	Acute otitis media, Bacterial meningitis, Epididymitis, Gonorrhoea, Infection of bone, Infection of skin and/or subcutaneous tissue, Infectious disease of abdomen, Lower respiratory tract infection, Pelvic inflammatory disease, Sepsis, Urinary tract infectious disease.	Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis, Hypersensitivity reaction.
12	Tramadol	Pain, in patients requiring a long-term daily around-the-clock opioid analgesic	Constipation, Nausea, Vomiting, Xerostomia.

Drug Information

13	Furosemide	Chronic kidney disease, Congestive heart failure – Edema, Hypertension.	Hyperuricemia, Hypomagnesemia.
14	pantoprazole	Gastroesophageal reflux disease, Gastric hypersecretion, Helicobacter pylori gastrointestinal tract infection, Zollinger-Ellison syndrome	Abdominal pain, Diarrhea, Flatulence.
15	Dexamethasone	Allergic condition, Asthma, Collagen disease, COVID-19.	Hypertension (Diabetic macular edema), Cushing's syndrome, Decreased body growth.
16	Mannitol	Irrigation of urinary bladder, Raised intracranial pressure, Raised intraocular pressure.	Congestive heart failure, Acute injury of kidney, Oliguric, Anuria, Hypokalemic nephropathy, Nephrotoxicity
17	Glyburide	Type 2 diabetes mellitus	Weight increased, Epigastric fullness, Heartburn, Nausea
18	Lovastatin	Coronary arteriosclerosis, Hypercholesterolemia, Primary and mixed	Arthralgia, Increased liver enzymes, Systemic lupus erythematosus
19	streptomycin	Urinary tract infectious disease, Pneumonia, Plague, Infective endocarditis, Hemophilus influenza infection	Rash, Urticaria, Facial paresthesia
20	Doravirine/Lamivudine/Tenofovir Disoproxil fumarate	HIV infection, Treatment-experienced patients, HIV infection, Treatment-naive patients	Dizziness, Nausea

FOSTEMSAVIR	
Drug class	Antiretroviral
Dosage Forms & Strengths	Tablet, extended release 600mg
Indication	Indicated in combination with other antiretroviral (ATV) drugs for treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current antiretroviral treatment (ART) regimen owing to resistance, intolerance, or safety considerations. 600 mg PO BID Dosage Modifications Any severity of hepatic or renal impairment, including hemodialysis: No dosage adjustment required.
Mechanism of Action	Prodrug of temsavir; first-in-class HIV-1 attachment inhibitor that works by binding directly to the glycoprotein 120 (gp120) subunit on the surface of the virus By binding to this location on the virus, fostemsavir blocks HIV from attaching to host immune system CD4+ T cells and other immune cells, thereby preventing HIV from infecting those cells and multiplying.
Absorption	Bioavailability: 26.9% Peak plasma time: 2 hr Peak plasma concentration: 1700 ng/mL Trough concentration: 478 ng/mL AUC: 12,900 ng·h/mL.
Distribution	Protein bound: 88.4% (primarily to albumin) Vd: 29.5 L

Metabolism	Hydrolysis (esterases): 36.1% Oxidation (CYP3A4): 21.2% UGT: <1%.
Mechanism of Action	Prodrug of temsavir; first-in-class HIV-1 attachment inhibitor that works by binding directly to the glycoprotein 120 (gp120) subunit on the surface of the virus By binding to this location on the virus, fostemsavir blocks HIV from attaching to host immune system CD4+ T cells and other immune cells, thereby preventing HIV from infecting those cells and multiplying.
Elimination	Half-life: 11 hr Clearance: 17.9 L/hr Excretion: Urine (51%; <2% unchanged); feces (33%; 1.1 unchanged)
Administration	Oral Administration May take with or without food Swallow tablets whole; do not chew, crush, or split <i>Missed dose</i> Advise patients to avoid missing doses as it can result in development of resistance If dose is missed; take as soon as remembered Do not double next dose or take more than prescribed dose owing to risk of QT prolongation.
Storage	Store at 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F) Tablets may have slight vinegarlike odor.

Adverse Effects	>10% Creatinine >1.8 x ULN or 1.5 x baseline (19%) 1-10% Nausea (10%) Direct bilirubin >ULN (7%) Hemoglobin <9 g/dL (6%) Cholesterol ≥300 mg/dL (5%) Lipase >3x ULN (5%) Triglycerides >500 mg/dL (5%)
Warnings	Contraindications Hypersensitivity to fostemsavir or any of its components Co administered strong CYP3A inducers (eg, enzalutamide, carbamazepine, phenytoin, rifampin, mitotane, St John's wort), as significant decreases in temsavir (the active moiety of fostemsavir) plasma concentrations may occur, which may result in loss of virologic response.
Cautions	Immune reconstitution syndrome reported with combination antiretroviral therapy; an inflammatory response to indolent or residual opportunistic infections (eg, <i>Mycobacterium avium</i> infection, cytomegalovirus, <i>Pneumocystis jirovecii</i> pneumonia, or tuberculosis) may occur, which may necessitate further evaluation and treatment; autoimmune disorders (eg, Grave disease, polymyositis, Guillain-Barré) also reported Monitor liver enzymes in patients coinfecting with hepatitis B or C virus; elevated hepatic transaminases observed in greater proportion of coinfecting individuals; maintain/initiate effective hepatitis B therapy when initiating fostemsavir to avoid hepatitis B reactivation.

Pregnancy & Lactation	Pregnancy
	Antiretroviral pregnancy registry (APR): Clinicians are encouraged to register patients by calling 1-800-258-4263
	Human data are insufficient regarding use during pregnancy to adequately assess a drug-associated risk of birth defects and miscarriage
	<i>Animal studies</i>
	Oral administration to pregnant rats and rabbits during organogenesis resulted in no adverse developmental effects at clinically relevant temsavir exposures
	Lactation
	The CDC recommends that HIV-1-infected mothers in the United States not breastfeed their infants to avoid risking postnatal transmission of HIV-1 infection
	Unknown if excreted in breast milk, affects milk production, or effects breastfed infants.

scar pregnancy” under the guidance of Dr S Z Inamdar at 2 days national level conference on Pharmacy And Health Care: A Paradigm Shift From Traditional Knowledge to Modern Techniques organized by St.Paul College of Pharmacy Hyderabad On 19-20th Feb 2020

ALUMNI MEMOIR

Clinical Pharmacists: The Major Support to Indian Healthcare System in Near Future

Kartik Nuchi; Pharm D Alumni 2018

Pharmacy practice is still in the initial stages of development in India but launching of Doctor of Pharmacy (Pharm D) study program has brought serious discussions about clinical pharmacy in the country. As the profession is in budding stage in the country, the patients, physicians, nurses, other healthcare providers, recruiters in pharmaceutical industries, prospective students, and their parents have numerous questions about this profession and study course.

Before launching of the study program (i.e. Pharm D), the role of a pharmacist in the nation was mostly considered to be “dispensing/manufacturing/marketing of the drugs” and clinical pharmacy education was mostly given under the study program of Master of Pharmacy (M. Pharm) (Pharmacy Practice/Clinical Pharmacy). Furthermore, there had been no professional clinical pharmacy services (CPS) provided in the country. Therefore, the concepts of CP and Pharm D are quite new in India.

Roles of clinical pharmacist can be;

Provision of drug and poison information

Nowadays, various electronic databases and drug information software’s are used for the provision of unbiased and latest medicine/poison information in the western world. Such software’s/databases give easy, quick, and updated information about drugs/poisons. Some good examples include - MICROMEDEX™, Clinical Pharmacology™ (by Elsevier), Medscape™, etc. Further to add, their mobile and apps are also available for quick information related to medicine. There is much scope to use such drug information tools in Indian set-up.

KUDOS

Teacher /Students /Achievements

- 1) Our distinguished staff members Dr. R V Kulkarni and Dr. B Shivakumar got felicitated by Rotary Club of Vijayapur for their contribution in the field of Pharmacy on 20/01/2020 at our college
- 2) Porna Gopinath, Pharm D Intern received 3rd best oral presentation award for his work on “Infantile Tremor Syndrome” under the guidance of Dr S Z Inamdar at AICTE sponsored International Conference organized BY Bhaskar Pharmacy College Hyderabad, Telangana on 3-4th Jan 2020
- 3) Chaithra L Pharm D 4th year won 1st best oral presentation award for her work on “Cesarean

The tools can also be used to check drug interactions. The government authorities are advised to take initiative for providing such tools to educational institutes and drug information centers.

Medication history interview

Accurate medication history of the patient is important to assess – the medical concordance, rationale for the drugs prescribed previously, patient understanding toward medicines, evidence for drug abuse, patient acceptance for the treatment, documenting allergies and adverse drug reactions (ADRs), etc.

Clinical review

In clinical review, pharmacists must check the drug therapy to ensure that the patient is getting the most appropriate dose, dosage, dosage form, duration of therapy for their medical/disease state. Also, he must correlate the signs and symptoms of the patient, laboratory results, medical diagnoses, and therapeutic goals with the medication history for better patient care. The CPs can play a significant role to solve such serious issues.

Patient counseling

Patient counseling can be considered as the most important CPS from the patient's point of view. The pharmacists may provide the information about current clinical condition/proceedings of the patient and educate him about the safe and appropriate use of medicines, thereby enhancing his therapeutic outcomes. Generally, there are many questions in patient's mind about disease, drugs, lifestyle modifications, diet, treatment, duration of therapy and medical devices, e.g., metered dose inhalers for asthma patients or insulin pen for diabetics. Here, the pharmacists can educate the patients about all such areas as a part of CPS.

A CP may provide information on on-going care to the patient to ensure continuity of supply of drugs, continuity of medication concordance aids, communication of special problems, appropriate monitoring of the dosages and for minimal disruption. Benefits of patient counseling include patient satisfaction, prevention of medication errors, better clinical outcomes, and psychological support to the patient. Patient education especially plays

an important role in chronic diseases. The major problems in front of India include diabetes, hypertension, dyslipidemia, breast cancer etc. and patient education/counseling does matter in all such disease conditions.

Ward round participation

As a member of healthcare team, the pharmacists can attend ward rounds. The goals are improved understanding of patient's history, progress, clinical details, to provide the information on clinical aspects of patient's therapy and to improve discharge planning. The pharmacists can also help in decision-making to select the quality low-cost medicine; optimize the quality of patient care and clinical outcomes; ensure medicine selection as per formulary and local guidelines.

Community pharmacy

Community pharmacy services generally involve dispensing of drugs, promotion of healthy lifestyles, support for self-care, provision of practice leaflets to the patients, medicines use review, smoking/alcohol cessation programs etc. CPs can participate in various community service programs such as smoking cessation, alcohol consumption cessation, health promotion, health nutrition, etc. As community pharmacy services are not common in India or are being provided by other professionals, after implementing, it will be very much helpful for the common man of India. There is lot of scope for research in community pharmacy in India.

INSTITUTE CHRONICLE

World Environmental Day 2020



NSS Unit of BLDEA's SSM College of Pharmacy and Research Center has celebrated Woeld

Environment day on 5th June 2020, with the aim of giving a new face to environmental issues while making people active agents of fair and sustainable development; raising the awareness on the importance of community in environmental action; promoting partnerships to ensure a safe, thriving future for nations. The theme for World Environment Day 2020 is, 'Time for Nature,' with a focus on its role in providing the essential infrastructure that supports life on Earth and human development. Chief Guest of the function was Dr.M.S.Biradar Vice –chancellor BLDE University and Dr.Arvind Patil, Principal Shri B.M.Patil Medical College & Hospital & Research Centre, Vijayapura More than 60 students and 25 staff members attended the Programme

International Yoga Day 2020



NSS UNIT BLDEA's Shri Sanganabasava Mahaswamiji College Of Pharmacy And Research Center Vijaypur Celebrated International Yoga Day through Webex To help people in their bad situations themselves by getting relief from stress through yoga. To strengthen the global coordination among people through yoga. To make people aware of physical and mental diseases and its solutions through practicing yoga YOGA GURU Shri .Basavaraj Doddamani , International Yoga mahasadhakaru were invited to the function as resource person and did practice some yoga for the session and trained students and staff on june 21 2020 Meeting number (access code): 166 269 2772

ARCHIVES VAULT

History of Pharmacy



Damian and Cosmas–Pharmacy's Patron Saints

Twinship of the health professions, Pharmacy and Medicine, are nowhere more strikingly portrayed than by Damian, the apothecary, and Cosmas, the physician. Twin brothers of Arabian descent, and devout Christians, they offered the solace of religion as well as the benefit of their knowledge to the sick who visited them. Their twin careers were cut short in the year 303 by martyrdom. For centuries their tomb in the Syrian city of Cyprus was a shrine. Churches were built in their honor in Rome and other cities. After canonization, they became the patron saints of Pharmacy and Medicine, and many miracles were attributed to them. [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

Angiotensin Converting Enzyme Inhibitors Induced Hyperkalemia

Ancy John, PharmD Intern

Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs) are used primarily to treat hypertension and are also useful for conditions such as heart failure and chronic kidney disease, independent of their effect on blood pressure. Though ACEIs have various advantages, side effects such as dry cough, angioedema, and

hyperkalemia must be monitored. The monitoring of serum potassium level is not adequately done post administration of ACEi, and the reason might be due to less incidence of this adverse effect among patients. The incidence is said to be less than 2% and the rise in the potassium level is usually between 0.1–0.2 mmol/L. The risk following hyperkalemia ranges for mild to severe conditions, but it is mostly on the mild edge and is usually found through other tests or complaints of nonspecific symptoms such as orthostatic hypotension, helplessness, nausea, and fatigue rather than through regular monitoring. In some patients, hyperkalemia can be harmful and might require first aid or inpatient treatment, and hence, patients on ACEi must be monitored adequately. Regardless of the low incidence, it is advice to monitor the baseline serum potassium levels and glomerular filtration rate (GFR) in view of the risk of hyperkalemia in patients.

A 50-year-old female patient was hospitalized with complaints of breathlessness, bilateral lower limb swelling, intermittent chest pain on exertion. Blood pressure on the day of admission was 90/60 mmHg and pulse rate were 102 bpm. Ejection fraction was 15-20%. Patient also complains of cough with expectoration. The patient has a history of hypertension for 4 years. The diagnosis was dilated cardiomyopathy with cardiac heart failure. The treatment given include intravenous Amoxicillin-Clavulanic Acid (1.2g) TID followed by Furosemide (20mg) BD, and oral therapy included Ramipril (2.25mg) OD, Digoxin 0.25mg half a day, Aspirin 75mg OD, Atorvastatin 20mg OD. Serum potassium on the day of admission was 5mmol/L (Ref:3.3-5.1mmol/L). On the fifth day of treatment, the serum potassium was elevated (7.2mmol/L) and the sixth day of treatment, the serum potassium remained elevated (7.4mmol/L). This was suspected to be due the drug Ramipril (ACEi). Intervention was made and assessment and evaluation of adverse drug reaction was made using the standard causality and severity assessment scales. On causality assessment using Naranjo's scale, the score obtained

was 4 indicating a possible adverse drug reaction a severity assessment followed by using Hartwig's, it was a moderately severe adverse drug reaction. On intervention with physician the drug was stopped. During discharge, oral Telmisartan 40mg was advised to be continued.

When initiating ACE inhibitors or ARB therapy, obtaining an estimate of glomerular filtration rate and serum potassium concentration, as well as assessing whether the patient has excessive potassium intake from diet, supplements, or drugs that can also increase serum potassium. Serum potassium monitoring shortly after initiation of therapy can help in preventing hyperkalemia. If hyperkalemia develops, timely recognition of cardiac dysrhythmias and effective treatment to antagonize the cardiac effects of potassium, redistribute potassium into cells, and remove excess potassium from the body is important.

Understanding the mechanism of action of ACEinhibitors and ARB coupled with judicious drug use and clinical vigilance can minimize the risk to the patient of developing hyperkalemia. Should hyperkalemia occur, prompt recognition and management can optimize clinical outcome.

Few Clinical Guidelines Exist for Treating Post-COVID Symptoms

Akhila V, PharmD Intern

As doctors struggled through several surges of COVID-19 infections, most of what we learned was acquired through real-life experience. While many treatment options were promoted, most flat-out failed to be real therapeutics at all. Now that we have a safe and effective vaccine, we can prevent many infections from this virus. However, we are still left to manage the many post-COVID symptoms our patients continue to suffer with.

Symptoms following infection can last for months and range widely from "brain fog," fatigue, dyspnea, chest pain, generalized weakness, depression, and a host of others. Patients may experience one or all

these symptoms, and there is currently no good way to predict who will go on to become a COVID “long hauler”.

Following the example of being educated by COVID as it happened; the same is true for managing post-COVID symptoms. The medical community still has a poor understanding of why some people develop it and there are few evidence-based studies to support any treatment modalities.

Earlier this month, the Centers for Disease Control and Prevention issued a set of clinical guidelines addressing treatment of post-COVID symptoms, which they define as «new, recurring, or ongoing symptoms more than 4 weeks after infection, sometimes after initial symptom recovery.” It is important to note that these symptoms can occur in any degree of sickness during the acute infection, including in those who were asymptomatic. Even the actual name of this post-COVID syndrome is still being developed, with several other names being used for it as well.

While the guidelines are quite extensive, the actual clinical recommendations are still vague. For example, it is advised to let the patient know that post-COVID symptoms are still not well understood. While it is important to be transparent with patients, this does little to reassure them. Patients look to doctors, especially their primary care physicians, to guide them on the best treatment paths. Yet, we currently have none for post-COVID syndrome.

It is also advised to treat the patients’ symptoms and help improve functioning. For many diseases, doctors like to get to the root cause of the problem. Treating a symptom often masks an underlying condition. It may make the patient feel better and improve what they can do, which is important, but it also fails to unmask the real problem. It is also important to note that symptoms can be out of proportion to clinical findings and should not be dismissed: we just don’t have the answers yet.

One helpful recommendation is having the patient keep a diary of their symptoms. This will help both the patient and doctor learn what may be triggering

factors. If it is, for example, exertion that induces breathlessness, perhaps the patient can gradually increase their level of activity to minimize symptoms. Additionally, a “comprehensive rehabilitation program” is also advised and this can greatly assist addressing all the issues a patient is experiencing, physically and medically.

It is also advised that management of underlying medical conditions be optimized. While this is very important, it is not something specific to post-COVID syndrome: All patients should have their underlying medical conditions well controlled. It might be that the patient is paying more attention to their overall health, which is a good thing. However, this does not necessarily reduce the current symptoms a patient is experiencing.

The CDC makes a good attempt to offer guidance in the frustrating management of post-COVID syndrome. However, their clinical guidelines fail to offer specific management tools specific to treating post-COVID patients. The recommendations offered are more helpful to health in general. The fact that more specific recommendations are lacking is simply caused by the lack of knowledge of this condition at present. As more research is conducted and more knowledge obtained, new guidelines should become more detailed.

Deep Vein Thrombosis (DVT)

M NagendraNaik, PharmD Intern

Deep vein thrombosis, commonly referred to as “DVT,” occurs when a blood clot or thrombus, develops in the large veins of the legs or pelvic area. Some DVTs may cause no pain, whereas others can be quite painful. With prompt diagnosis and treatment, the majority of DVT’s are not life threatening. However, a blood clot that forms in the invisible “deep veins” can be life threatening. A clot that forms in the large, deep veins is more likely to break free and travel through the vein. It is then called an embolus. When an embolus travels from the legs or pelvic areas and lodges in a lung artery,

the condition is known as a “pulmonary embolism,” or PE, a potentially fatal condition if not immediately diagnosed and treated. Approximately one-half of those with a DVT never have recognizable symptoms. The most common symptom is leg pain and tenderness in the calf muscles. One may also observe swelling or a change in color of one leg to purple or blue. These signs and symptoms may appear suddenly or may steadily develop over a short period of time. If you observe these signs or symptoms, you should contact your doctor immediately.

Symptoms are quite different if the clot breaks loose and travels to the lungs, causing a pulmonary embolism (PE). The symptoms of PE include chest pain, shortness of breath, rapid pulse, or a cough. There may also be a feeling of apprehension, sweating, or fainting. Such symptoms are not specific to a PE, and can occur with pneumonia, heart attack, and other medical condition.

These symptoms can develop slowly or suddenly. If you have any of these symptoms, contact your doctor immediately.

- Sudden swelling of one limb
- Pain or tenderness
- Skin that is warm to the touch
- Fullness of the veins just beneath the skin
Change in color (blue, red or very pale).

DVT is generally caused by a combination of two or three underlying conditions:

- Slow or sluggish blood flow through a deep vein
- Tendency for a person’s blood to clot quickly
- Irritation, inflammation, or injury to the inner lining of the vein.

Both DVT and PE are treated with blood thinning medication. These medicines, called anticoagulants, decrease your blood’s ability to clot and can also stop clots from getting bigger. The use of medication may also prevent new clots from forming. They do not, however, break up existing clots that have already

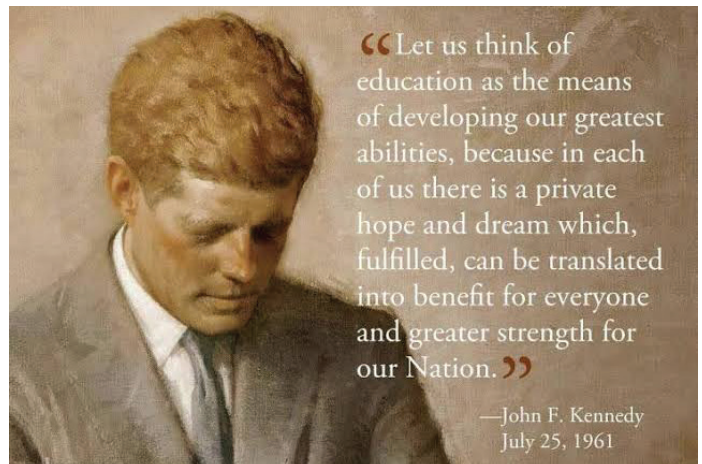
formed. The body’s natural systems will help dissolve the clot to varying degrees. Sometimes patients with DVT are also asked to wear a prescription stocking to help treat the symptoms of swelling and prevent skin changes that can occur over time from the damage to the vein from the DVT. Skin changes can include dermatitis, skin discoloration, scarring and ulcers. This condition is called “post-thrombotic syndrome.” Stocking and devices that use air pressure to inflate long leg cuffs are also used for the prevention of DVT. Some health care providers may recommend sequential compression devices to promote blood flow. Anticoagulant therapy helps prevent clots from forming and diminishes the risk of a pulmonary embolus. It consists of heparin, which may be given intravenously or, more frequently, by subcutaneous injection, followed by warfarin, which can be given orally and continued on an outpatient basis.

WISDOM PEARLS



PHOTO FEATURES

World Environment Day Celebrated : Planting Initiative



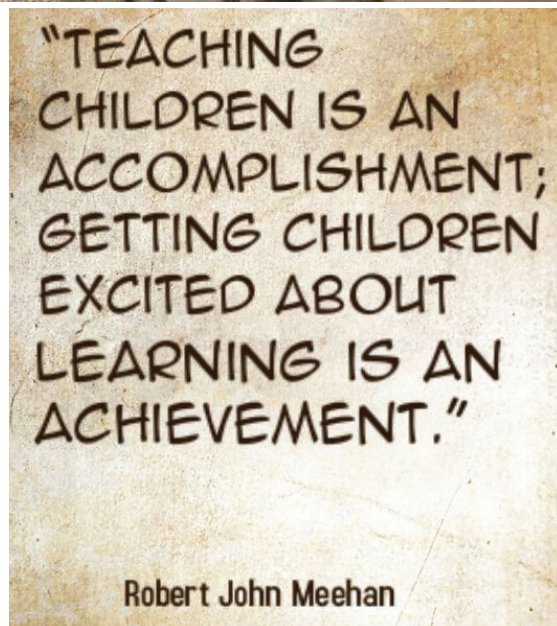
International Yoga Day celebrated at College



BLDEA'S
SHRI SANGANABASAVA MAHASWAMIJI
COLLEGE OF PHARMACY & RESEARCH CENTRE, VIJAYAPURA



Yoga for Health - Yoga at Home.



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



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

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bldeascop@yahoo.com | www.bldeaparmacy.ac.in

For Admissions call Principal @ 09448947496/Vice-Principal 9845619296



BLDE Association's Shri Sanganabasava Mahaswamiji 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.



Admissions Open

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 11nd 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 Pharmacovigilance Sector and
- Is eligible to appear for NAPLEX in US and can become a registered pharmacist even in other countries.



PHARMA COMMUNIQUÉ

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