



PHARMA COMMUNIQUÉ

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

BLDEA'S SSM COLLEGE OF PHARMACY & RESEARCH CENTRE

Email:bldeapharmabulletin@gmail.com

VOL : 02

ISSUE : 03

JULY - SEPT 2017

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FROM EDITOR'S DESK



I wish all Fellow Pharmacists a "Happy Pharmacists Day". BLDEA's College of Pharmacy celebrated this day and made it special by organizing a rally in Vijayapur city and awareness Camp at nearby village of Atalatti.

As designated by the FIP Council several years ago at the FIP Congress in Istanbul, 25 September marks the annual World Pharmacists Day. FIP encourages the world's pharmacists to use this day to organize activities that promote and advocate for the role of the pharmacist in improving health in every corner of the world.

"From research to health care: Your pharmacist is at your service" was the theme of this year's World Pharmacists Day.

"This theme was chosen to reflect the numerous contributions the pharmacy profession makes to health. From research and development of medicines, to educating future pharmacists and pharmaceutical scientists, and providing direct care, we do all this in the service of our patients and communities," said FIP President Dr Carmen Peña.

World Pharmacists Day is used by FIP's members and others around the globe to highlight the value of the pharmacy profession and impact on improving health to authorities, other professions and the media, as well as to the general public. FIP has produced resources for this year's campaign in the six official United Nations languages: Arabic, Chinese, English, French, Russian and Spanish. These include an animation and other materials for print and social media. Our students and faculty members participated enthusiastically and dedicated themselves to serve the people around.

Regards,

Dr. R. B. Kotnal
Chief Editor



Teaching Faculty

OUR CREDENTIALS

PUBLICATIONS

1. Patil C.C, Safiya Zafar. Development and Evaluation of gastro retentive floating Acyclovir tablets.international journal of pharmaceutical science and research:2017;2(4).
2. Patil C.C, Bhavin Patel. Formulation and Evaluation of Transdwermal drug delivery systemof Ramipril. Research Journal of Pharmacy sand Therapeutics:2017; 9(12).
3. H.M. Nanjappaiah, V.P. Patil, I.S. Muchchandi, V.M. Chandrashekar, H. Shivakumar. Screening of adaptogenic potential of Dioscorea bulbifera tubers. Asian Journal of Pharmacy and Pharmacology.2017.
4. H.M Nanjappaiah. Patil V.P., MuchchandiI S., Chandrashekar V.M. Shivakumar H. Screening of Antistress and Anxiolytic Activities of Piper longum Fruits Extract. UK Journal of Pharmaceutical and Biosciences.2017.

VIEWPOINT

TAX RATES UNDER GST FOR PHARMACEUTICAL & SURGICAL PRODUCTS

Dr. R. B. Kotnal

The introduction of Goods and Services Tax (GST) would be a very significant step in the field of indirect tax reforms in India. By amalgamating a large number of Central and State taxes into a single tax, it would mitigate cascading or double taxation in a major way and pave the way for a common national market. From the consumer point of view, the biggest advantage would be in terms of a reduction in the overall tax burden on goods, which is currently estimated to be around 25%-30%. Introduction of GST would also make Indian products competitive in the domestic and international markets. Following table shows the GST slabs for Pharmaceutical and surgicals.

Sl. No.	Category of Medicine/ Pharmaceutical	GST Rate for Medicines
1	Human Blood and its components All types of contraceptives	Nil
2	<ul style="list-style-type: none"> • Animal or Human Blood Vaccines, • Diagnostic kits for detection of all types of hepatitis, • Desferrioxamine injection or deferiprone, • Cyclosporin, • Medicaments (including veterinary medicaments) used in bio-chemic systems and not bearing a brand name, • Oral re-hydration salts, • Drugs or medicines including their salts and esters and diagnostic test kits, • Formulations manufactured from the bulk drugs, 	5%,
3	<ul style="list-style-type: none"> • Organs for organo-therapeutic uses, dried, whether or not powdered form, • Extracts of glands or other organs or of their secretions for organo-therapeutic uses, • Heparin and its salts, • Other human or animal substances prepared for therapeutic or prophylactic uses, not elsewhere specified or included in animal blood prepared for therapeutic, prophylactic or diagnostic uses, • Antisera and other blood fractions and modified immunological products, whether or not obtained by means of biotechnological processes, • Toxins, cultures of microorganisms (excluding yeasts) and similar products, 	12%,

	<ul style="list-style-type: none"> • Medicaments consisting of two or more constituents which have been mixed together for therapeutic or prophylactic uses, not put up in measured doses or in forms or packings for retail sale, including Ayurvedic, Unani, Siddha, homoeopathic or Bio-chemic systems medicaments, • Medicaments consisting of mixed or unmixed products for therapeutic or prophylactic uses, put up in measured doses (including those in the form of transdermal administration systems) or in forms or packings for retail sale, including Ayurvedic, Unani, homoeopathic siddha or Biochemic systems medicaments, put up for retail sale, • Wadding, gauze, bandages and similar articles (for example, dressings, adhesive plasters, poultices), impregnated or coated with pharmaceutical substances or put up in forms or packings for retail sale for medical, surgical, dental or veterinary purposes, • Pharmaceutical goods such as Sterile surgical catgut, similar sterile suture materials (including sterile absorbable surgical or dental yarns) and sterile tissue adhesives for surgical wound closure; sterile laminaria and sterile laminaria tents; sterile absorbable surgical or dental haemostatics, • Sterile surgical or dental adhesion barriers, whether or not absorbable, etc., 	
4	<ul style="list-style-type: none"> • Nicotine polacrilex gum is the only medicine or pharmaceutical product taxed at 18% GST rate 	18%
5	<ul style="list-style-type: none"> • No pharmaceutical or medicines have been taxed at 28% GST 	28%

The GST rate on a commodity has been fixed such that the incidence due to the new rate is approximately equal to the earlier tax incidence due to VAT and excise duty. VAT was 5% and excise duty –

where applicable – was 6% of 65% of the MRP. The MRP included the VAT and excise duty. No seller can sell at more than the the MRP.

The GST on formulations (tablets/capsules/liquids) used in allopathic medical care and other health-related items fall in three categories: GST at 12%, 5% and zero. Human blood and its components, and all types of contraceptives have no GST on them.

The GST on formulations is 12% for most medicines, as compared to the earlier 9.5% effective rate (VAT + excise duty). A few medicines which earlier had no excise duty, like ORS, vaccines and insulin, but had 5% VAT, now have a 5% GST incidence.

In summary, medicines with 12% GST will have a 2.30% increase over pre-GST MRP. Medicines with 5% GST will continue to be sold at the pre-GST MRP.

This is the scenario in a state like Gujarat and is true for much of India. In a few states, VAT and excise duty are at different rates on certain items. If VAT and excise duty were both at zero, the increase post-GST will be zero, 5% or 12% depending on which GST category the item is in now. If excise duty was at the usual rate of 6% and VAT was zero, the increase in MRP post-GST will be 0.90 % or 7.6%, depending on whether the item is now in the 5% or 12% GST slab

Reference

1) [*https://thewire.in/171168/gst-drug-prices/*](https://thewire.in/171168/gst-drug-prices/) accessed on 27/9/2017

PHARMACEUTICAL CARE - THE CURRENT CHALLENGES

Rosy P, S.Z Inamdar, Pradeepti K

Currently, the pharmaceutical care is said as the pharmacists’ cooperation to obtain the maximum advantage from the pharmacological treatment provided to the patients, being therefore responsible for monitoring their pharmacotherapy. Several factors influence the importance of pharmaceutical care. Possibly the most influential factor is the understanding of the impact of medication related

morbidity and deaths. Among ambulatory patients, medication related morbidity and deaths contributes to 3-10 per cent of hospital admissions, half of which are due to medication related errors which were preventable.

The major challenges currently in providing better pharmaceutical care are: Over the last few decades the number of medicines on the market has increased spectacularly, bringing some real innovations and along with it significant challenges in providing better quality and rational use of medicines. In developing and industrialized countries efforts to provide pharmaceutical care, are facing new challenges. These include the growing costs of healthcare, limited financial funds, lack of human resources in the healthcare teams, ineffective health systems, enormous amount of disease and the varying societal, technical, financial and political settings which most countries encounter. Common aim of pharmaceutical world and pharmaceutical profession should be to protect the health of patients by safeguarding quality, proven safety and efficacy of all medicinal products. Another major challenge is in ensuring the rational use of medications. The drug use is said to be rational when the patients receive medications suitable to their clinical needs, in doses that meet their own individual needs for a sufficient period of time and at the lowest cost. In addition, there is increasing apprehension over the increase in the global broadening of antimicrobial resistance, which is a major public health problem.

Pharmaceutical care, rational use of medications and effective medicines supply management are key mechanism of an available, sustainable, reasonably priced and equitable healthcare system which safeguards the efficacy, safety and quality of medicines. Pharmacists have the power to improve therapeutic outcomes and patients' quality of life within available assets. Hence they must keep themselves at the front position of the healthcare system. The progress towards pharmaceutical care is a decisive factor

in this process. While efforts to converse the exact information to patients are equally important as to providing the medicine itself, pharmacists also have to make a very important involvement in providing patient care through supervising the drug therapy provided and by involving in providing simultaneous non-prescription or alternative therapies.

Over the past 40 years, the pharmacist's position has changed from that of a compounder and dispenser to one that manages drug therapy. This involves the duties to ensure that quality medications are selected, procured, stored, distributed, provided and administered, so that they contribute to the health of patients. The range of pharmacy practice now includes patient centered care with all the diverse functions like counseling, providing drug information and monitoring drug therapy, as well as scientific aspects of pharmaceutical services, including medicines supply managing. Pharmacists can thus now make a vital contribution to patient care by providing the additional role of managing drug therapy. Pharmacist can be in overall an caregiver, decision-maker, communicator, community leader, manager, lifelong learner, and role model with a social commitment.

Pharmaceutical care thus provided makes a formalized relationship among the pharmacist, patient and healthcare provider with the clear purpose of improving patient outcomes. This increased commitment in the medication use process requires pharmacists to take on the assessment and evaluation of medication regimens, monitor medication use to ensure desired outcomes, counsel to ensure optimal use of medications, interact with healthcare providers and to detect and report any drug related issues or problems to reduce such incidents in the mere future. In fulfilling this new and prolonged role of providing better pharmaceutical care, the pharmacists should be well trained and should practice the fundamentals of patient care such as patient history taking, conducting basic physical assessment (i.e., vital signs)

and assessing therapeutic markers for the purpose of monitoring medication safety and efficacy. The vital end product of this process is the prevention of medication related problems, thereby ensuring more positive patient outcomes and more quality health care provisions.

QUALITY CONTROL AND QUALITY ASSURANCE IN PHARMACEUTICAL INDUSTRY

Dr. Santosh Karajgi,

Background:

There has been always a confusion exists between the terms Quality Control and Quality Assurance. Quality is a measure of drug safety and efficacy in relation with pharmaceutical industry. Most of the pharmaceutical industries have both quality control departments and quality assurance departments and consider them as different departments.

Quality control department is responsible for the checking of all aspects related to drug products. But quality assurance department is one which monitors the quality control process, i.e. re analysing the products or reports passed by the quality control department.

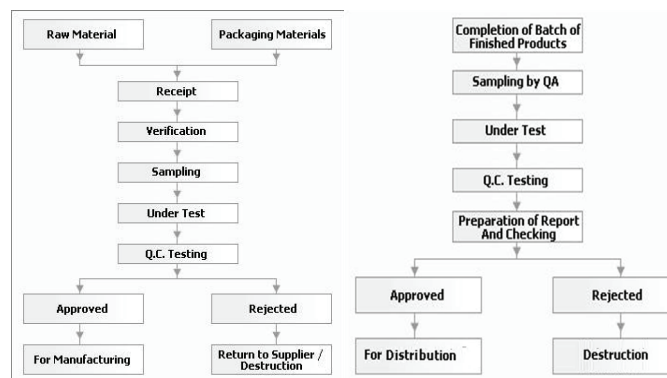
Quality Control Process:

Quality control is a part of Good Manufacturing Practice (GMP), concerned with sampling, testing and specifications. It is involved in the evaluation of the quality throughout the process as per pharmacopoeial guidelines starting from raw material testing, API and drug product, finished product and packaging materials. Quality control department performs both routine activities and non routine activities. Routine activities include raw material analysis, product material analysis, intermediate state analysis, finished product analysis and stability studies. Non routine activities are calibration and preventive maintenance of instruments, preparation of working and reference standards and method development including validation. All these activities are achieved

through instrumental analysis, chemical analysis on raw materials and finished goods, microbial analysis and packaging material analysis. The regular functions of quality control department are

- ✓ Preparation of specifications for the testing of materials and products
- ✓ Carrying out sampling and testing of materials and products
- ✓ Environment monitoring, for example, humidity testing during the production process
- ✓ Conducting stability studies
- ✓ Investigating the test failures
- ✓ Development of Assay procedures and method validation
- ✓ Evaluation of Complaint Samples

All of the above quality control procedures strictly adhere to Good Manufacturing Practices (GMP) and Good Laboratory Practices (GLP). Quality control involves Material control, Production control, Control of manufacturing practices viz. personnel, building and equipment, control of records etc., Production procedure control including IPQC tests on tablets, capsules, syrups, suspensions, semisolids, injectables and other formulations, Packaging control and Distribution (to the market) control. The most important pharmaceutical characteristics of quality control are focussed on Identity, Purity, Potency, Uniformity, Stability, Safety and efficacy, Physiological availability, Therapeutic activity.



Flow Chart for Raw Material Analysis and Finished Product Analysis

Quality Assurance Process:

The main objective of Quality Assurance department is to establish a Total Quality Management System (TQMS) to monitor how the unit complies GMP and GLP standards and controls the processes. The department takes an audit of the policies and procedures through maintenance of records and analysis which ensures that, the procedures and specifications are appropriately followed and maintained. The quality assurance department has the authority to approve or reject the drug products manufactured, processed, packed or distributed. The department can perform retests or reexamine approved components, drug product containers and closures after long storage or exposure to adverse conditions. Department's function is also to review and approve/reject any document that gives work instructions and set requirements such as procedures, protocols, test methods, and specifications including changes to these documents. It should ensure investigation is conducted and root cause is eliminated for production and control record errors, discrepancies, and failure to meet specification, including quality attributes, review complaints to determine if it relates to a failure to meet specification, if so investigate and report to FDA if it is serious and unexpected. The most important function is to report on product, process and system risks and report on outcome of regulatory inspections and ensure responses are complete and managed to verifiable closure and keep management informed. The following are the shortlisted points regarding overall functions of Quality Assurance Department.

- ✓ To prepare and approve Quality Policy, Quality Objectives, Quality Manual and Validation

Master Plan.

- ✓ To monitor all validation and stability activities are completed as per the schedule.
- ✓ To ensure that all changes impacting the product and the established systems are documented and reviewed to analyze the impact.
- ✓ To ensure that all deviations and Market complaints are logged, investigated to identify the root cause so as to take actions to prevent recurrence.
- ✓ Preparation of Annual product quality reports, trending of data, determining product and process performance.
- ✓ Review of related batch manufacturing records and QC testing data Prior to release of any batch.

References:

1. Manohar A. Potdar. *Pharmaceutical Quality Assurance, 2007 (Second Edition)*, Nirali Prakashan.
2. <http://thebpharmacistpharma.blogspot.in/2009/05/quality-control-procedure-in.html>
3. http://www.aasocham.org/upload/event/recent/event_1197/Session_1_QA-and-QC-in-Pharma-Mr-Pradipta-Sahoo-Cipla.pdf
4. <http://www.pharmatutor.org/smart-question-and-answers/scope-of-quality-assurance-and-chemistry-in-pharmaceutical-industry.html>

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. Health care professionals, Patients/Consumers are advised to closely monitor the possibility of the above adverse events associated with the use of above drugs.

Suspected Drugs	Indication	Adverse Drugs Reactions
Tinidazole	Amoebiasis, trichomoniasis & giardiasis, anaerobic infections, necrotising ulcerative gingivitis, bacterial vaginosis, H. Pylori associated peptic ulcer, abdominal surgery prophylaxis	Hyperpigmentation

LIST OF BANNED DRUGS 2017

The following list of irrational fixed dose combinations /single drugs banned for lack of safety data.

Amlodipine	Angina, hypertension, Coronary artery disease	Psoriasis
Hydroxyzine	For the management of pruritus due to allergic conditions such as chronic urticaria and atopic contact dermatoses and in histamine mediated pruritus	Bullous Pemphigoid
Amitriptyline	Moderate to severe depression, migraine prophylaxis; tension type headache, neuropathic/ chronic pain, fibromyalgia	Gingival discoloration
Triamcinolone	Corticosteroid	Skin Peeling
Clindamycin	Respiratory tract infections, penicillin resistant staphylococcal infections and many anaerobes such as bacteroides, skin, soft tissue and dental infections	Acute Generalised Exanthematous Pustulosis
Polymyxin B	Polymyxin B	Mottled Skin
Diclofenac	Acute musculo-skeletal pain; arthritis; gout; spondylitis; migraine; post-operative pain	Nicolau Syndrome
Paracetamol	Mild to moderate pain including dysmenorrhoeal pain, headache; pain relief in osteoarthritis and soft tissue lesions; pyrexia including postimmunisation pyrexia; acute migraine attack	Baboon Syndrome
Lamivudine	HIV infection in combination with at least two other antiretroviral drugs	Hearing Loss
Mebeverine	For Irritable Bowel Syndrome (IBS)	Retrosternal Pain
Inactivated Influenza Vaccine	Active immunisation against influenza in individuals at risk	Papulovascular Exanthema
Papulovascular Exanthema	Active immunisation against Measles and Rubella in individuals at risk	Arthritis/ Joint Pain
Terbinafine	Treatment of fungal infections	Acute Generalised Exanthematous Pustulosis (AGEP)
Nitrofurantoin	Urinary tract infections; cystitis	Vasculitis

Fixed dose combinations	
	Nimesulide + levocetirizine
	Ofloxacin + ornidazole injection
	Gemifloxacin + ambroxol
	glucosamine + ibuprofen
	Etodolac + paracetamol
	Corticosteroids with any other drugs for internal use
	Penicillins with sulphonamides
	Vitamins with analgesics/ anti-inflammatory drugs
Single drugs	
	Amidopyrine
	Penicillin skin/eye ointment
	Tetracycline/oxytetracycline, demeclocycline liquid oral preparation
	Nialamide
	Nimesulide (children below 12 years old)

KUDOS



Dr. Syed Zia ul haq Inamdar, Associate Professor, Department of Pharmacy Practice have been awarded with Doctor of Philosophy from Shri JJT University, Jaipur, for his work on “Pharmaceutical Care Assessment of Drug Therapy Related Problems in Type 2 Diabetes Mellitus” under the esteem guidance of Dr. R.V Kulkarni, Prof and Head Department of Pharmaceutical Technology and Vice Principal BLDEAs SSM COP and RC, Vijaypur.

[Ref File No. IPC/NCC-PvPI/DSA/2017-18/07, File No. IPC/NCC-PvPI/DSA/2017-18/06, File No. IPC/NCC-PvPI/DSA/2017-18/08]

CLASS TOPPERS

B Pharm [1st year]



Aruna D
73%



Rani B
72%

B Pharm [2nd year]



Sweety Gupta 85.3%
Madhura D 75.4%

B Pharm [3rd year]



Kavitha 80%
Shraddha 79%

B Pharm [4th year]



Hasti Kenia
82.8%



Veeresh
77.5%



Ashiwarya M
78%



Gauri Bajaj
77.7%

Pharm D [2nd year]



Raveena Mehta
78.8%



Ismail Mulla
72.5%



K Shrikanth
80.9%



Apoorva Reddy
79.1%

Pharm D [3rd year]

Pharm D [4th year]



G SriLakshmi
78.8%



Keerti Sai
74.7%

Pharm D [5th year]



Sukanaya
77.2%



Puspavalli
77%



Abhishek B
77%

ALUMNI MEMOIR

MEDICAL WRITING: A QUICK LOOK THROUGH THE WRITER'S DESK

B Manoj Kumar Alumni Pharm D [2015-16] batch

Education comes from within; you get it by struggle and effort and thought.

- Napoleon Hill

Analyzing at least 30-50 articles to find the right topic/content which satisfies the client and framing the content in the manner most appealing to the targeted audience could be taken as a regular day in the job of a medical writer.

New knowledge and information is being added to the field of medicine and clinical research evermore by an endless escalation in the number of research studies, growing clinical experience, and novel ideas. All this information needs to be effectively communicated to different audiences, e.g. the physicians and other healthcare professionals, patients and consumers and the drug regulators. Medical writing is the

discipline of writing scientific documents by writers in the field of medicine – the “medical writers”.

“If you can’t explain it to a six year old, you don’t understand it yourself.”

— *Albert Einstein*

Presenting the article appropriately is as important as the experimental study itself. The importance of good medical writing cannot be ignored as science depends on clear and accurate reporting – an otherwise meticulous research can appear flawed if it is poorly presented. Though medical writers may not be the original scientists who do the actual research, their work with the physicians/scientists results in the generation of data, and help present the information in an appropriate manner. Medical writers are often funded by the pharmaceutical industry or clinical research organizations to develop scientific and educational materials. The content of these materials needs to be accurate, complete, balanced and presented appropriately.

There are many types in medical writing but ultimately fall into these there are three categories.

Medical education

The pencil is mightier than a stethoscope.

— *Earle Parkhill Scarlett, Canadian physician.*

Also called CME, here the role of the medical writer lies in the preparation of education materials is to convey information and data in an accessible and easier way in order to educate healthcare professionals or patients. Examples - training materials for doctor, nurse, or pharmacist education; writing disease-specific website content; or developing educational symposia at national and international congresses. In this category there are opportunities to be creative in medical education by preparing interactive workshops & slide kits.

Scientific publications

“If you submit an article to a major refereed clinical journal and it is accepted upon first submission without a single revision, let me know and I will take you to dinner the next time you are in Portland, Or-

egon.”

— *Robert B. Taylor, Medical Writing: A Guide for Clinicians, Educators, and Researchers*

Here the medical writers work closer with clinical trial investigators to support them in preparing their publications and medical congress materials (presentations, abstracts and scientific posters). Some authors may also require medical writer support for book chapters and review articles.

Regulatory writing

In medical writing, there is no danger in being too precise – only in being imprecise.

— *Edith Schwager (Ibid., Preface, xii)*

Medical writers can be involved in preparation of regulatory documents which are filed with regulatory agencies. These may include clinical trial applications, new drug applications, marketing authorization applications and benefit-risk evaluations. Regulatory writing requires an up-to-date knowledge of the legislation and guidance surrounding drug licensing and approval.

The future is bright, but fools run straight ahead and get blinded then complain, because they didn’t prepare by simply wearing a pair of shades.

— *James Jean-Pierre, the Untold*

The need and the demand for medical writing have been continually increasing over the past few years. Stringent regulatory requirements have raised the need of thorough documentation. Apart from regulatory submissions, several pharmaceutical companies such as GlaxoSmithKline and others have committed to disclose results of all clinical trials in the public domain in support of the data transparency initiative. India is preferred by these companies headquartered in the west for clinical research outsourcing due to its lower cost and infrastructure equivalent to international standards. India is also a promising option for outsourcing the medical writ-

ing work, owing to the availability of a huge talent pool of skilled clinical research professionals. Differences in time zones also prove to be beneficial as the turnaround times for projects are shorter. The Indian pharmaceutical industry has shown a steady growth rate of >20% from 2005 to 2011, according to the Confederation of Indian Industry. Being the 2nd largest English speaking country, this profession is likely to be among the top 10 global markets in the coming 10-20 years. The clinical research market in India is growing at a rate of 25% a year. The industry is observing an upward move for regulatory writing in India in the past few years and Indian medical writers have evolved to become key players and members of the clinical study teams in the drug development process. "The secret of my success is that we have gone to exceptional lengths to hire the best people in the world."

- Steve Jobs

Pharmacists are perfectly poised to bridge the knowledge gap between laboratory data, and opportunities for them in clinical research are only going to expand. "The profession of pharmacy has a lot to offer," says David Cooper, vice president of global staffing at Quintiles Transnational Corp.

During its inception in India Doctors and MDs with published research papers were preferred. As the field progressed lesser number of doctors were employed as they were soon replaced by life science graduates - preferential order starting with the highest qualification first. PhD-PG-Graduate Pharm. D graduates hold all the aces for fitting into the industry. Medical writing involves communicating information about diseases and drugs. An excellent relevant knowledge base, covering the pathophysiology and pharmacology of many diseases is in the curriculum of Pharm.D. An understanding of the drug development process, including the clinical trial process is also extremely useful as a greater part of the industry delves deep into the very domain. Communicate scientific data is important. Phar-

ma.D provides an introductory background in statistics and pharmacokinetics and, although medical writers are not expected to do the calculations, they necessarily are expected to understand the theory to present results in an accurate way and vice versa. Pharm.Ds with an extensive focus on patient care, also provides an appreciating point of view of the patient lacunae, though the Pharm.Ds fit like a glove into industry there is a lot more potential areas where their skills could be improved.

English language is the litmus test for this business. Language as such is not taught to many of the life science graduation programs in India and pharm.D is no exception. The silver lining in this aspect is that students are required to prepare a dissertation project to complete their course which poses as a golden opportunity to wake up the literary giant.

The cardinal sin in medical writing is not grammatical error but obscurity

-Stanley Gilder, in Medical Journal of Australia, 1962. (Ibid., 673)

Regulatory requirements for the drug development process taught in the curriculum are slightly out dated. Students wishing to enter into the industry will find themselves appalled to know how much they lag behind. All the regulatory requirements and acts for the drugs are updated and can be easily found in the internet.

Let him who would move the world first move himself.

- Socrates

What skills do you need?

- Excellent written English and the ability to organise and explain data logically and concisely
- Data interpretation skills
- Attention to detail
- Time management:
- Teamwork
- The ability to work independently

References

- *Medical writing on an accelerated path in India* - Sarika Shirke
- *A Competent Medical Writer?* - Dr Subasini Sharma

INSTITUTE CHRONICLE

GUEST LECTURE



Guest Lecture on "Application of Bio-statistics in Research Methodology"

Dr. Vijaya Sorangvi, Asst Professor, Dept. of Community Medicine, Shri B M. Patil Medical College hospital and Research Centre, Vijayapur. was invited for guest lecture on "Application of Bio-statistics in research Methodology" by Department of Pharmacy practice. Madam gave a very informative lecture regarding utilization of bio-statistics in research methodology to improve the quality of a research. She explained how master chart of a research to be prepared and assembling the data in systematic manner and presenting in a tabular form. Madam explained about selection of statistical methods to analyze the significance of data and rationale of methods to be adopted. Overall the guest lecture was very useful for all the faculty members and students especially PG and Pharm.D projects. Upon utilization of statistics and methods in the research, improve the acceptance rate of manuscript in different national and international journals.

VALUE ADDED PROGRAM AT BLDEA'S SSM COLLEGE OF PHARMACY

Dr B Shivkumar & Sripad P

College has introduced four value added programs from the academic year 2017-18. The MOU has been done with national training expert ATTITUDE PLUS.

- (1) Industrial Orientation and skill development program.
- (2) Personality grooming.
- (3) Sales and Marketing Course structure.
- (4) Grammar and Spoken English

Industrial orientation and skill development program has been conducted for six days in three weeks. About 40 students have been selected for the program. The students of outcome batch showed more confidence and skillful. The completion certificate has been issued from the college to all the 40 students. The MOU has been done with VETA (English Academy). Under this 30 students of 1st year B.Pharm have been selected for Grammar & spoken english program. Personality grooming and Sales & Marketing course structure program will be conducted from 2nd week of October.

INAUGURATION OF DIGITAL DISPLAY



Inauguration of Digital Display Donated by BLDEA' SSM College of Pharmacy & Research Centre, Alumni Association

The institute witnessed much awaited event of the inauguration of the digital display which was contributed and donated by the College Alumni association for displaying information to the students and visitors as step towards ICT enabled environment and digitalization. The inauguration was done by Dr. R.V Kulkarni Administrative officer BLDE association, Honble Guest Dr. Pankaj Chandratreya, Director Indeus Life Sciences, Mumbai and Dr. M. I. Sakri Vice Principal BLDEA's PG Halakatti college of Engineering and Technology in the presence of Dr N.V kalyane Principal BLDEAs COP, Alumni president Shri Arun Walikar, Secretary Dr.SZ Inamdar, Treasure Mr.S.M Metri along with Alumni executive members ,staff and students were present for the occasion.

MARKING OF WORLD PHARMACIST DAY



Celebration of World Pharmacist Day at BLDEA' SSM College of Pharmacy & Research Centre, Vijayapur

BLDEA's SSM College of Pharmacy and Research Centre Vijayapur in association with Chemist and Druggist Association Vijayapur celebrated World Pharmacist Day on 25/09/2017 with the theme of "From research to health care: Your pharmacist is at your service". The event was organized by Continuing Pharmacy Education, Training and Services (CPETS) unit of the college, with prearranged 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, Dr R.V.Kulkarni

AO, 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, Mr Nanajappaiah, NSS Coordinator along with staff and students of the college. The rally started at 10.00 am from college campus and concluded at Gagan Mahal by 12.30 pm, during the course of rally students performed flash mob activity at Gandhi Chowk to promote Pharmacist role in health care setting. The concluding session of the rally at Gagan Mahal witnessed performance by the students and felicitation programme organized by the college to appreciate selected fellow Pharmacist from community and hospital setting for their dedicated professional services. Mr. Chapre from chemist and druggist association proposed vote of thanks. The following Pharmacist from community and hospital were felicitated;

1. Smt Usha kiran Community Pharmacist Vijayapur.
2. Shri Pradeep kumar G Kyatan, Sr Pharmacist District Hospital Vijayapur

The afternoon programme was dedicated for the scheduled visit to Attalatti Village of Vijayapur District, where the CPETS unit student members along with NSS Volunteers performed a skit and educated 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 as their attribute and professional responsibility which was quite evident through celebrating world pharmacist's day.

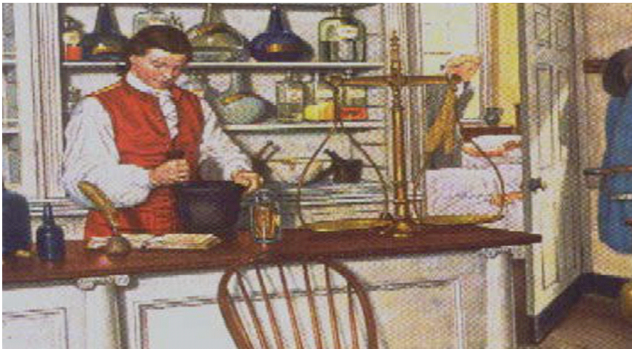
EVENT FORECAST

- The 56th National Pharmacy Week (NPW) - November 19th -25th, 2017 Theme: "Know about your Medicines: Ask your Pharmacist".

- CHEMTECH –South World Expo- December 13th -15th 2017, Hitex Exhibition centre, Hyderabad
- 69th Indian Pharmaceutical Congress 2017- December 22nd -24th 2017, Chitkara, Punjab

For Further Information Contact Editorial Board,

ARCHIVES VAULT



Colonial America's first hospital was established in Philadelphia in 1751, the 1st hospital pharmacy began operations there in 1752, temporarily set up in the Kinsey house, which served until the 1st hospital building was completed. The 1st hospital pharmacist was JONATHAN ROBERTS, but it was his successor, John Morgan, whose practice as a hospital pharmacist and whose impact upon pharmacy and medicine influenced changes that were to become of importance to the development of professional pharmacy in North America. First as pharmacist, later as physician, he advocated prescription writing and championed independent practice of two professions.

STUDENT DIARY

PHARMACY INTERNS: PERCEPTION OF THEIR PROFESSIONAL ROLE

M. Bharathi, M.V. Mounika, P. Meghana, S. Srinivas Reddy



The success of any profession lies in its contribution to society. Education is considered a key element in any profession, because it defines existing values and norms about how the learned skills should be practiced. Education is thus expected to play a role in forming interns' attitude toward the primary roles of a specific profession. The pharmacies are viewed as local health care centers and pharmacists are viewed as the most easily accessible health care professionals. In this view, the pharmacy sector contributes to public health and ensures customer safety. Education seems to play a role in at least the creation of pharmacy interns' positive attitudes toward providing patient counselling. The combination of academic pharmacy education and practical experience in pharmacy work obtained through internship placements has led to pharmacy interns having positive attitudes toward providing counselling in pharmacies. Special counselling programs applied during pharmacy internships have also been shown to improve interns' views about pharmacists' counselling role. The underlying mechanisms by which pharmacy internships influence interns' views about pharmacists' role in counselling patients have not been explored, neither in terms of whether these acquired attitudes continue into post-educational practices nor in terms of how a potential gap in regard to customer perceptions is created. Prior to the internship, interns expressed that professional clinical tasks were the most important tasks that pharmacies and pharmacists performed. Hence, the themes of "Ensuring correct medical treatment" and "Informing about correct use of medicine" and "Pharmaceutical care activities". Outcomes of Pharmaceutical care activities include effective drug therapy based on Evidence Based Medicine, safe therapy based on the knowledge of their clinical circumstances. The patient receives the

most economic drug therapy desired to improve the quality of life – not compromising efficacy or toxicity. The perception of pharmacy interns has significant potential to be an integral component in patient care as observed with advancement of medical care. This concept will give an opportunity to pharmacy interns to work more prominently and in proximity with the patient in Indian health care system providing quality, safety and cost effective health care.



Swachh Bharath Abhiyan



Gandhi Jayanthi Celebration

PHOTO FEATURES



Sankalpa Se Siddhi Oath



Health Awareness Programme at Atalatti



Health Promotion Meeting with Gram Panchayat of Atalatti



Felicitation of Best Pharmacist



Pharmacist Day Rally at Vijayapur



Inauguration of Digital Display



Ted Talk Session



Street Play on Medication Awareness



Ted Talk Session



Guest Lecture

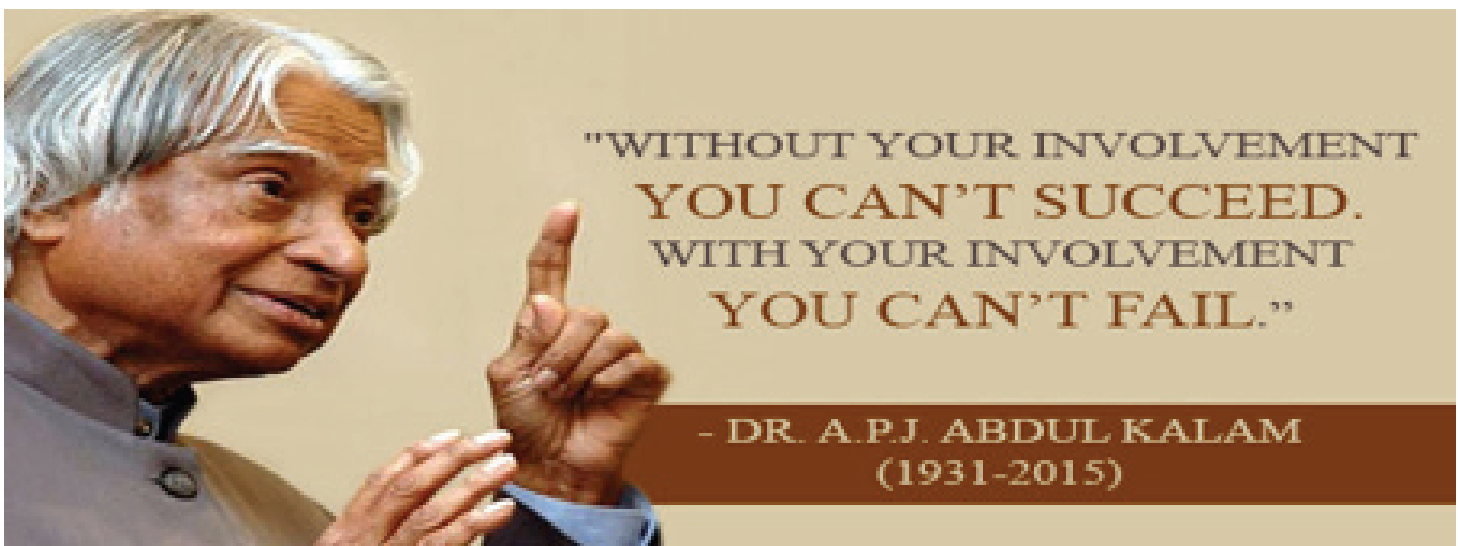
Vision

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

WISDOM PEARLS





BLDE ASSOCIATION

Bijapur Liberal District Educational Association

&

BLDE UNIVERSITY

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VIJAYAPURA- 586103-Karnataka-India Phone : 08352-262770 Fax : 262609
 website : www.bldea.org. www.bldeuniversity.ac.in e-mail : contact@bldea.org. office@bldeuniversity.ac.in



BLDE Association ...

The inception of BLDE Association in 1910 dawned a golden era of revolution, reformation and new awakening owing to the farsighted vision and relentless efforts of eminent lover of knowledge. Their philanthropic mission was to propagate education and rebuild this educationally and economically backward region. The Association has a long glorious tradition of academic excellence in all genres of education and learning from Primary to PG Level-incorporating a number of professional and technical courses. These institutions in their vast expansion and dissemination of knowledge stand testimony to excellence in education and social service.

BLDE UNIVERSITY
 (Deemed to be University)
 Estd : 2008



Shri B.M. Patil Medical College, Hospital & Research Centre, Vijayapura



Shri B. M. Patil Medical College, a constituent college of BLDE University was established in 1986 under the dynamic leadership of Shri. B. M. Patil – a Visionary and Philanthropist. Spread over sprawling campus of 45 acres with beautiful landscaping the Medical College, Hospital & Research Centre have state of art, infrastructural facilities and ultra modern Library. The 1000 bed hospital offers health care services ranging from primary to tertiary. The college is enlisted in FAIMER, WHO Directory and recognized by Medical Council of India & Medical Council of Srilanka.

Courses Offered:

Undergraduate – MBBS, Four and Half years plus One year internship with an annual intake of 150.

Postgraduate (Duration of 3 years) – MD in General Medicine, Pathology, Physiology, Biochemistry, Forensic Medicine, Pharmacology, Microbiology, Community Medicine, Paediatrics,

Dermatology, Anaesthesiology and Radiology. MS in General Surgery, Obstetrics and Gynaecology, Orthopaedics, Anatomy, ENT and Ophthalmology. **Diploma** (duration of 2 years)- DCP, ENT, DLO, DGO, DCH, DA. **Ph.D** - in 14 Subject, **M.Sc**-in 4 Subject, **B.Sc**- in MIT, **Fellowship**- in 6 Subject **Certificate** - in 5 Subject & Diploma in Medical illustration

V. P. Dr. P. G. Halakatti College of Engineering & Technology, Vijayapura



B.L.D.E.A's V.P. Dr. P.G. Halakatti College of Engineering and Technology, Vijayapura, established in the year 1980 is situated on a sprawling campus of 20 acres of land. It is a Premier Engineering College in Karnataka started by private association. The Institution is recognized by Govt. of Karnataka, approved by AICTE, New Delhi and affiliated to Vishveshvariah Technological University, Belgaum. Accredited by NBA

UG Programmes :

Civil, Mechanical, C.S, E & E, E & C, I S, Automobile, Architecture.

P. G. Programmes:

CSE, MTP, MMD, SCS, EMS, LDN, MPT, MCA, MBA.

B.L.D.E.A's A.S. Patil College of Commerce (Autonomous), M.B.A. & B.B.A. Programmes.....



Autonomous institution affiliated to Rani Channamma University, Belagavi and approved by A.I.C.T.E. New Delhi The institute is accredited by NAAC and awarded "A" grade.

Experienced faculty, with all the infrastructure facilities makes following courses attractive to the students.

- Master of Business Administration (M.B.A.)
- Bachelor of Business Administration (B.B.A.)

B.L.D.E.A's College of Pharmacy, Vijayapura



BLDE.A's School of Pharmacy was inception in the year 1982 and College of Pharmacy in 1992, to cater to the needs of Pharmacy Education in the country. Today our School and College of Pharmacy are imparting quality Pharmaceutical education at diploma, degree and PG levels. College is affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Approved by Pharmacy Council of India and AICTE, New Delhi.

M. Pharma Course:

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

B. Pharma

Doctor of Pharmacy (Pharm. D.)

Post Baccalaureate (Pharm. D.)

D. Pharma

B.L.D.E.A's POLYTECHNIC, Vijayapura



The Polytechnic started in 1986 and approved by the Directorate of Technical Education (DTE), Govt. of Karnataka and AICTE New Delhi.

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Shri B.M.Patil Institute of Nursing Sciences, Vijayapura



To cater to the needs of Medical College and Hospital, the Association started the School of Nursing in 1990 and College of Nursing in 1998. Both the colleges are attached to Shri B.M. Patil Medical College Hospital and Research Centre with 1000 beds. Nursing College currently offers following courses

Approved by INC, New Delhi, KNC, Bangalore, Govt. of Karnataka, Affiliated to RGUHS, Bangalore.

1. M.Sc. Nursing

- a. Medical Surgical Nursing
- b. Psychiatric Nursing
- c. Pediatric Nursing
- d. Community Health Nursing
- e. OBG Nursing

2. Basic B.Sc. Nursing

3. Post Basic B.Sc. Nursing

4. Diploma in Nursing & Midwifery



Dr.M.B.Patil B.E
 President, B.L.D.E.Association, Vijayapura
 Hon'ble Minister for water Resources & District Incharge, Vijayapura

PHARMA COMMUNIQUE

Printed & Published by

Principal,

BLDEAs SSM College of Pharmacy and Research centre, Vijaypur-586103

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Printed@ : BLDEA's OFFSET PRINTERS, VIJAYAPUR