

6. **INSOMNIA: EARLY HOURS OF THE MORNING**  
 0  No difficulty.  
 1  Waking in early hours of the morning but goes back to sleep.  
 2  Unable to fall asleep again if he/she gets out of bed.
7. **WORK AND ACTIVITIES**  
 0  No difficulty.  
 1  Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.  
 2  Loss of interest in activity, hobbies or work – either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).  
 3  Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.  
 4  Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.
8. **RETARDATION** (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)  
 0  Normal speech and thought.  
 1  Slight retardation during the interview.  
 2  Obvious retardation during the interview.  
 3  Interview difficult.  
 4  Complete stupor.
9. **AGITATION**  
 0  None.  
 1  Fidgetiness.  
 2  Playing with hands, hair, etc.  
 3  Moving about, can't sit still.  
 4  Hand wringing, nail biting, hair-pulling, biting of lips.
10. **ANXIETY PSYCHIC**  
 0  No difficulty.  
 1  Subjective tension and irritability.  
 2  Worrying about minor matters.  
 3  Apprehensive attitude apparent in face or speech.  
 4  Fears expressed without questioning.
13. **GENERAL SOMATIC SYMPTOMS**  
 0  None.  
 1  Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.  
 2  Any clear-cut symptom rates 2.
14. **GENITAL SYMPTOMS** (symptoms such as loss of libido, menstrual disturbances)  
 0  Absent.  
 1  Mild.  
 2  Severe.
15. **HYPOCHONDRIASIS**  
 0  Not present.  
 1  Self-absorption (bodily).  
 2  Preoccupation with health.  
 3  Frequent complaints, requests for help, etc.  
 4  Hypochondriacal delusions.
16. **LOSS OF WEIGHT** (RATE EITHER a OR b)  
 a) According to the patient:      b) According to weekly measurements:  
 0  No weight loss.      0  Less than 1 lb weight loss in week.  
 1  Probable weight loss associated with present illness.      1  Greater than 1 lb weight loss in week.  
 2  Definite (according to patient) weight loss.      2  Greater than 2 lb weight loss in week.  
 3  Not assessed.      3  Not assessed.
17. **INSIGHT**  
 0  Acknowledges being depressed and ill.  
 1  Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.  
 2  Denies being ill at all.
- Total score:

#### GET QUIZ:

- 1) In which condition, the patchy loss of hair occurs on the scalp or other parts of the body?  
 a) Alopecia universalis    b) Alopecia areata      c) Traction alopecia

ANS- b) Alopecia areata

- 2) What causes loss through excessive pulling or stretching of the hair?  
 a) Telogen effluvium      b) Traction alopecia      c) Alopecia totalis

ANS- b) Traction alopecia

- 3) Which chemical element is never found within the structure of normal, natural hair?  
 a) Argon      b) Nitrogen      c) Phosphorous

ANS- a) Argon

- 4) What often causes excessive thinning of the hair?  
 a) Thyroid imbalance      b) Iron deficiency      c) Hereditary factors      d) All of these

ANS- d) All of these

- 5) What is the another name for dandruff?

- a) Scurvy      b) Scurf      c) Eczema

ANS- b) Scurf

#### FACT ABOUT CALCIUM OXALATE KIDNEY STONE

Some people think that cutting out all foods that have oxalate — or all foods with calcium — will keep stones from forming. However, this approach is not healthy. It can lead to poor nutrition and can cause other health problems. A better plan is Eat and drink calcium and oxalate-rich foods together during a meal. Doing this helps oxalate and calcium “bind” to one another in the stomach and intestines before reaching the kidneys, making it less likely for kidney stones to form in the urine.

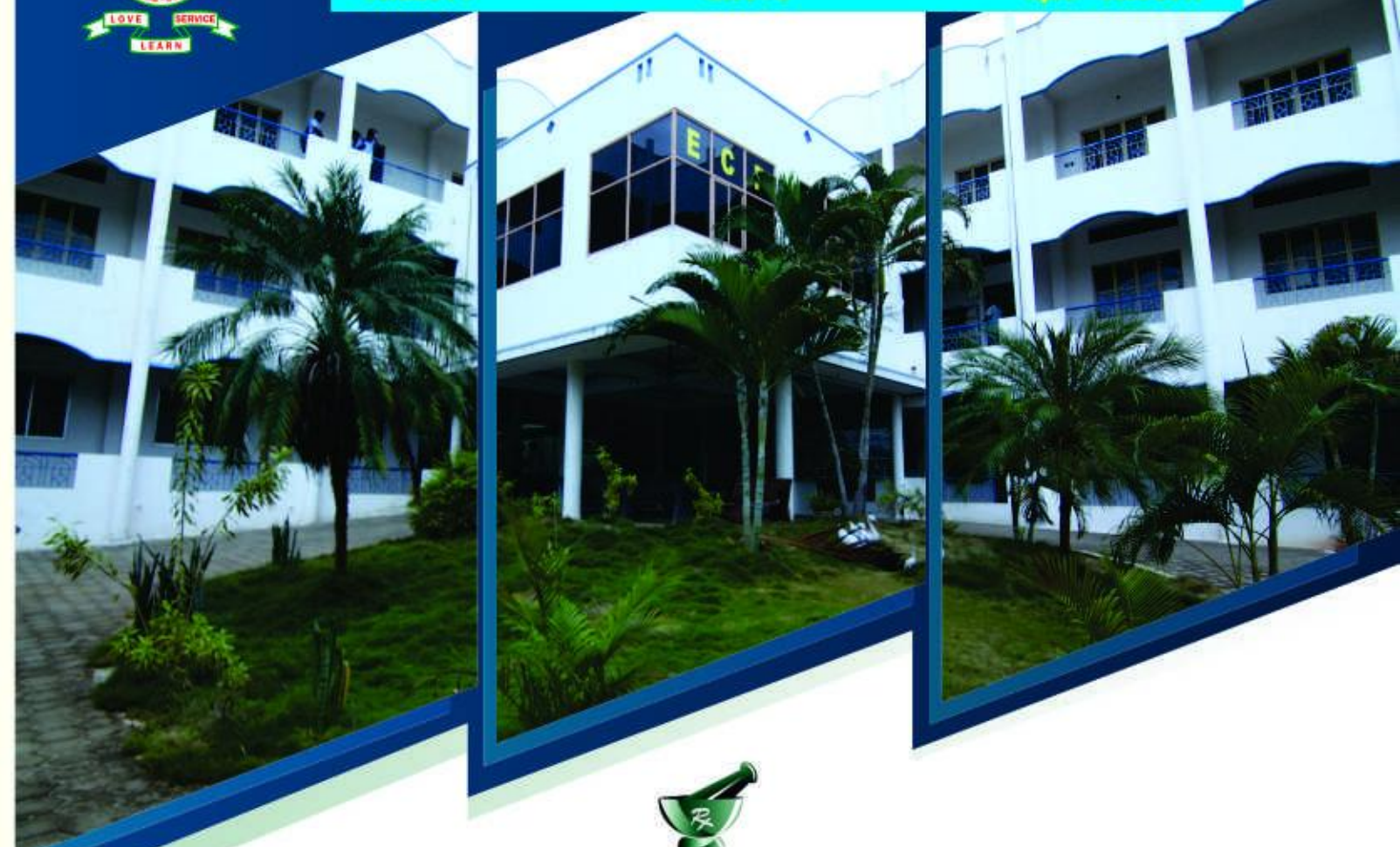
# PHARMA NEXUS NEWS LETTER

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#### VISION

To establish as a centre of excellence in education, research, innovation, training, and entrepreneurship in pharmaceutical science through systematic and relentless approach.

#### MISSION

To educate and train the students in the knowledge and practice of pharmaceutical science by providing motivation learning, research and professional attitude for serving the society globalist through systematic and relentless approach without compromising on ethics and quality.

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**PEO's**

1. Graduates will be equipped with profound knowledge of pharmaceutical sciences with leadership qualities and able to discharge professional duties to meet the needs of pharmaceutical industry and clinical services to the community.

2. Graduates should be able to acquire skills in dosage forms development and have regular interaction with the industries in the area of research and development and offer training and consultancy.

3. To inspire the students to pursue higher education and to appear for competitive exams and other value added programmes for their holistic development.

4. Graduates will be effective communicators, with other healthcare professionals for dispensing medicines with professional ethics and social responsibilities.

5. Graduates will be able to become a lifelong learner to absorb newer technologies and plays pivotal role in the society.

**DISEASE DESK**

**Cystic fibrosis** is a hereditary disease that affects the lungs and digestive system. The body produces thick and sticky mucus that can clog the lungs and obstruct the pancreas. **Cystic fibrosis** (CF) can be life-threatening, and people with the condition tend to have a shorter-than-normal life span.

CF is a genetic disease that mainly affects the lungs and digestive system, but it can result in fatal complications such as liver disease and diabetes. The defective gene responsible for CF leads to the creation of thicker, stickier mucus of than usual. This mucus is difficult to cough out of the lungs. This can make breathing difficult and lead to severe lung infections. The mucus also interferes with pancreatic function by preventing enzymes from properly breaking down food. Digestive problems result, potentially leading to malnutrition. This thickening of mucus can also cause male infertility by blocking the vas deferens, or the tube that carries the sperm from the testes to the urethra. CF is serious, with potentially life-threatening consequences. The most common cause of death in people with CF is respiratory failure.

**SIGNS AND SYMPTOMS**

- salty-tasting skin
- persistent coughing
- shortness of breath
- wheezing
- poor weight gain in spite of excessive appetite
- greasy, bulky stools
- Nasal Polyps or small, fleshy growths found in the nose

**TREATMENT**

- Antibiotics to treat and prevent lung infections
- Anti-inflammatory medications to lessen swelling in the airways in your lungs
- Mucus-thinning drugs to help you cough up the mucus, which can improve lung function
- Inhaled medications called bronchodilators that can help keep your airways open by relaxing the muscles around your bronchial tubes
- Oral pancreatic enzymes to help your digestive tract absorb nutrients

**COMPLEMENTARY THERAPY**

Ayurvedic herbal and mineral agents aimed at liquefying accumulated mucus, preventing srota blockage and preventing and controlling infection include Indrayav (Holharrhina antidysentrica), Patol (Tricosanthe dioica), Kutki (Picrorrhiza kurroa), Saariva (Hemidesmus indicus), Patha ( Cissampelos pareira) and Musta (Cyperus rotundus). Multi herbal formulations which are useful include Arogya- Vardhini, Triphala-Guggulu, Punarnavadi-Guggulu, Gokshuradi-Guggulu and Panch-Tikta-Ghrut-Guggulu, Trkatu; and Triphala. In managing this condition, these often have to be given on a long-term basis, sometimes life-long, in small dose.

**DRUG SHELF**

Brand name : EYLEA  
 Pharmacologic Category : Antineoplastic agent, Vascular Endothelial Growth Factor (VEGF) Inhibitor  
 Dosing : Adult

**Colorectal cancer, metastatic:** IV: 4 mg/kg every 2 weeks (in combination with fluorouracil, leucovorin, and irinotecan [FOLFIRI]), continue until disease progression or unacceptable toxicity

**Mechanism of Action**

Ziv-aflibercept is a recombinant fusion protein which is comprised of portions of binding domains for vascular endothelial growth factor (VEGF) receptors 1 and 2, attached to the Fc portion of human IgG1. Ziv-aflibercept acts as a decoy receptor for VEGF-A, VEGF-B, and placental growth factor (PIGF) which prevent VEGF receptor binding/activation to their receptors (an action critical to angiogenesis), thus leading to antiangiogenesis and tumor regression.

**Pharmacodynamics/Kinetics**

**Half-life elimination:** ~6 days (range: 4 to 7 days)

**Adverse Reactions**

Hypertension, Fatigue, Weight loss, Diarrhea, stomatitis, decreased appetite, Proteinuria, Leukopenia, neutropenia, Increased serum AST, Weakness, Hyperpigmentation, Increased serum creatinine

**Hamilton Depression Rating Scale (HDRS)**

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one "cue" which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

0 <input type="checkbox"/> Absent.	0 <input type="checkbox"/> Absent.
1 <input type="checkbox"/> These feeling states indicated only on questioning.	1 <input type="checkbox"/> Self reproach, feels he/she has let people down.
2 <input type="checkbox"/> These feeling states spontaneously reported verbally.	2 <input type="checkbox"/> Ideas of guilt or rumination over past errors or sinful deeds.
3 <input type="checkbox"/> Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.	3 <input type="checkbox"/> Present illness is a punishment. Delusions of guilt.
4 <input type="checkbox"/> Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.	4 <input type="checkbox"/> Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.
<b>3 SUICIDE</b>	<b>11 ANXIETY SOMATIC</b> (physiological concomitants of anxiety) such as: gastro-intestinal – dry mouth, wind, indigestion, diarrhea, cramps, belching cardio-vascular- palpitations, headaches respiratory – hyperventilation, sighing urinary frequency sweating
0 <input type="checkbox"/> Absent.	0 <input type="checkbox"/> Absent.
1 <input type="checkbox"/> Feels life is not worth living.	1 <input type="checkbox"/> Mild.
2 <input type="checkbox"/> Wishes he/she were dead or any thoughts of possible death to self.	2 <input type="checkbox"/> Moderate.
3 <input type="checkbox"/> Ideas or gestures of suicide.	3 <input type="checkbox"/> Severe.
4 <input type="checkbox"/> Attempts at suicide (any serious attempt rate 4).	4 <input type="checkbox"/> Incapacitating.
<b>4 INSOMNIA: EARLY IN THE NIGHT</b>	<b>12 SOMATIC SYMPTOMS GASTRO-INTESTINAL</b>
0 <input type="checkbox"/> No difficulty falling asleep.	0 <input type="checkbox"/> None.
1 <input type="checkbox"/> Complains of occasional difficulty falling asleep, i.e. more than 1 <sup>st</sup> hour.	1 <input type="checkbox"/> Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen. Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.
2 <input type="checkbox"/> Complains of nightly difficulty falling asleep.	2 <input type="checkbox"/>
<b>5 INSOMNIA: MIDDLE OF THE NIGHT</b>	
0 <input type="checkbox"/> No difficulty.	
1 <input type="checkbox"/> Patient complains of being restless and disturbed during the night.	
2 <input type="checkbox"/> Waking during the night – any getting out of bed rates 2 (except for purposes of voiding).	