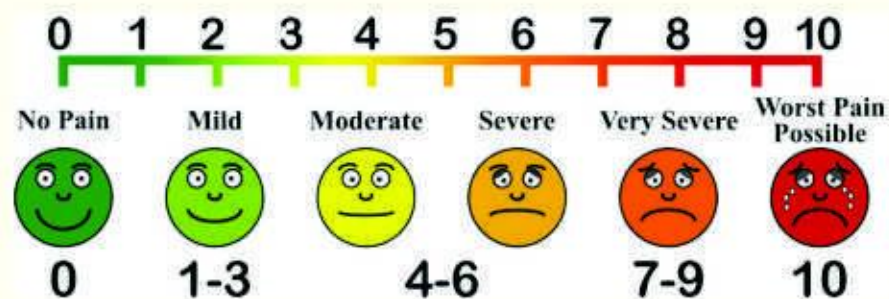


EXPERT STANCE



PAIN SCALE

0-10 SCALE OF PAIN SEVERITY

Severity	Description of Experience
10 Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9 Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8 Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7 Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6 Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5 Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4 Moderate	I am constantly aware of my pain but I can continue most activities.
3 Uncomfortable	My pain bothers me but I can ignore it most of the time.
2 Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1 Minimal	My pain is hardly noticeable.
0 No Pain	I have no pain.

DIC ACTIVITIES

1. WORLD HEALTH DAY 07-APRIL-2019

World health day was celebrated in Govt.School Tirupur and Health Day acknowledged by various events with interests in public health issues, best health care practices etc.



2. DISCUSSIONS

We conducted discussion in every week on the particular topic which may include new disease or new drug.

3. International Day of Yoga

The International Day of Yoga was celebrated on June 21 Yoga is a physical, mental and spiritual practice.



PHARMA NEXUS NEWS LETTER

DEPARTMENT OF PHARMACY PRATICE

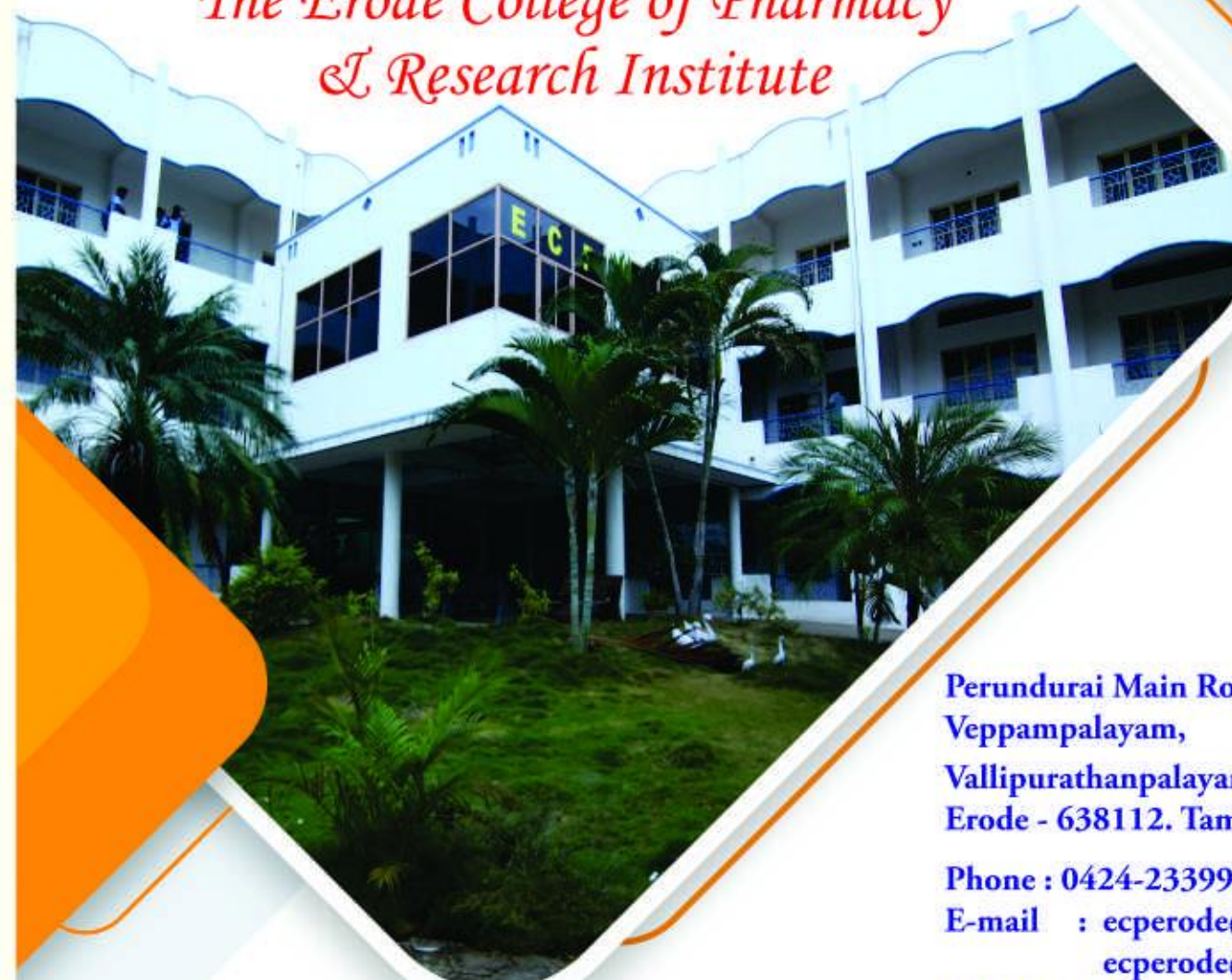
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VISION

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

MYCETOMA

Mycetoma is a chronic, progressively destructive morbid inflammatory disease usually of the foot but any part of the body can be affected. Infection is most probably acquired by traumatic inoculation of certain fungi or bacteria into the subcutaneous tissue. Mycetoma was described in the modern literature in 1694 but was first reported in the mid-19th century in the Indian town of Madura, and hence was initially called **Madura foot**. Mycetoma commonly affects young adults, particularly males aged between 20 and 40 years, mostly in developing countries. People of low socioeconomic status and manual workers such as agriculturalists, labourers and herdsmen are the worst affected. It caused by aerobic actenomyces bacteria (actenomycetoma) or fungi (eumycetoma).

SIGNS AND SYMPTOMS

It is characterized by a triad of

- Localized swelling
- Production of grains and granules
- Painless subcutaneous mass
- It usually spreads to involve the skin, deep structures and bone resulting in destruction, deformity and loss of function, which may be fatal.

TREATMENT

The treatment for mycetoma depends on whether it is caused by bacteria (actinomycetoma) or fungi (eumycetoma).

- ❖ Actinomycetoma is usually treatable with antibiotics, and surgery is usually not needed.
- ❖ Eumycetoma is usually treated with long-term antifungal medication, but treatment may not be completely effective. In this case, surgery or amputation are sometimes needed to cut away the infectious tissue.

COMPLEMENTARY THERAPY

Ayurveda treatment:- In Indian system of medicine, there are multiple line of treatment to be advised according to clinical stage. Conservative line- application of herbal paste containing kulith, gulwel, lavan, dantimul, saatu -nimba tail application. Parasurgical therapy-kshar application [chemical cauterisation] and agnikarma [thermal cauterisation].

Panchkarma- in acute and uncomplicated cases raktamokshan [blood letting]. Surgical modalities-chedan and bhedan [incision & drainage] followed by shodhan & ropan.

GET QUIZZIFIED!

1. Which of the following drugs is associated with the reaction of Stevens-Johnson syndrome?

1. Valproic acid 2. Quinidine 3. Isoniazid 4. Ethosuximide

ans) 4

2. Which of the following drugs is associated with the reaction of Tendon dysfunction?

1. Digitalis 2. Niacin 3. Tetracycline 4. Fluoroquinolones

ans) 4

3. A drug ending in the suffix (pril) is considered a _____.

1. H 2. ACE inhibitor 3. Antifungal 4. Beta agonist

ans) 2

4. Which of the following is not related to a drug toxicity of Prednisone?

1. Cataracts 2. Hypotension 3. Psychosis 4. Acne

ans) 2

5. Which of the following drugs is associated with the reaction of extreme photosensitivity?

1. Digitalis 2. Niacin 3. Tetracycline 4. Fluoroquinolones

ans) 3

DRUG SHELF

Brand Names : Wakix
Pharmacologic Category : Central Nervous System Stimulant
Dosing : Adult

Narcolepsy: Oral: Initial: 9 mg once daily; every 7 days the once daily

Mechanism of Action

Pitolisant is a potent histamine H3-receptor antagonist/inverse agonist producing CNS arousal by enhancing histaminergic brain neurons. Additionally, pitolisant increases acetylcholine, noradrenaline, and dopamine release in the brain.

Pharmacodynamics/Kinetics

Absorption : Rapid and well absorbed
Protein binding : >90%
Metabolism : Hydroxylation, CYP3A4, CYP2D6, and conjugation
Half-life elimination : 10 to 12 hours
Time to peak, serum : ~3 hours
Excretion : Urine ~63%, expired air 25%, feces <3%

Adverse Reactions

Headache, Increased heart rate, Insomnia anxiety, hallucination, irritability, sleep disturbance, cataplexy, Skin rash, Nausea, abdominal pain, decreased appetite, xerostomia