

EXPERT STANCE :

Generic name	Use	Reason for ban	Brand name(s)
1. Analgin	Pain-killer	Bone-marrow depression	Novalgin, Baralgin
2. Cisapride	Acidity, constipation	Irregular heart beat	Ciza, Syspride
3. Droperidol	Anti-depressant	Irregular heart beat	Droperol
4. Furazolidone	Anti-diarrhoeal	Cancer	Furoxone, Lomofen*
5. Nimesulide	Pain-killer, fever	Liver failure	Nise, Nimulid
6. Nitrofurazone	Anti-bacterial cream	Cancer	Furacin, Emfurazone
7. Phenolphthalein	Laxative	Cancer	Jetomisol-P*
8. Phenylpropanolamine	Cold & cough	Stroke	D'Cold*, Vicks Action 500*
9. Oxyphenbutazone	NSAID	Bone marrow depression	Sioril
10. Piperazine	Anti-worms	Nerve damage	Piperazine, Helmazan*
11. Quiniodochlor	Anti-diarrhoeal	Damage to sight	Enteroquinol

DIC ACTIVITIES FOR THIS MONTH

WORLD HEALTH DAY 07-APRIL-2019



The day witnessed various events held in Govt. school tirupur to spread the message of good health and promote best health care practices.

YOGA DAY – 21-JUNE-2019

The theme for yoga 2019 celebration is Climate Action and it was organized by Govt. district head quarters hospital Tirupur . Our students actively participated in the programme.



INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING – 26- JUNE-2019

On international day against drug abuse and illicit trafficking – 26- june-2019, our students actively participated in the programme by preparing charts and placards, showing the theme against misusing of drugs. They aimed to educate people about the illicit use of drugs and they counter balanced role in shaping a normative culture of safe use of drugs.



The Erode College of Pharmacy & Research Institute



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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

MULTICENTRIC CASTLEMAN DISEASE (MCD)

Multicentric Castleman disease (MCD) is a rare disease that affects the lymph nodes and related tissues. It is a form of Castleman disease that is "systemic" and involves multiple regions of lymph nodes (as opposed to unicentric Castleman disease, which involves a single lymph node or single region of lymph nodes). In some cases, MCD is caused by human herpesvirus-8 (HHV-8) and is referred to as HHV-8-associated MCD. In other cases, the cause is not known and it is referred to as HHV-8 negative MCD, or idiopathic MCD (iMCD). Treatment of MCD is challenging, and treatment options and outcomes depend on the type and severity in each person.

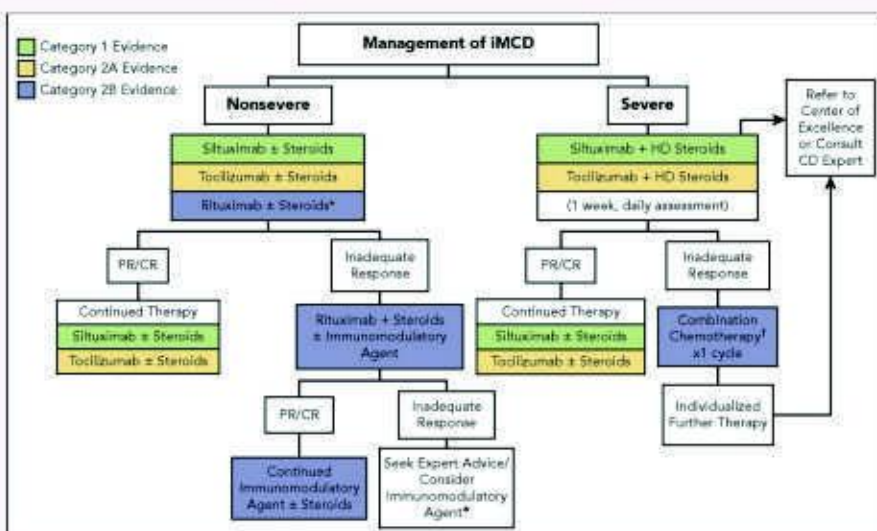
SIGNS AND SYMPTOMS

- Fever Enlarged lymph nodes
- Night sweats
- Loss of appetite and weight loss
- Weakness and fatigue
- Shortness of breath
- Nausea and vomiting
- Enlarged liver or spleen
- Peripheral neuropathy
- Skin abnormalities such as rashes and/or pemphigus.

TREATMENT

HHV-8-associated MCD is typically initially treated with rituximab to fight against B lymphocytes. Antiviral medications (particularly for those with HIV) and/or chemotherapy may also be recommended.

Idiopathic MCD (iMCD) is typically initially treated with siltuximab or tocilizumab (which aim to control activity of interleukin-6) with or without corticosteroids. In very severe cases, adjuvant combination chemotherapy is also recommended.



COMPLEMENTARY THERAPY CABIN

MULTICENTER CASTELMAN DISEASE

Complementary Therapy

- Echinacea Echinacea has long been used for immunomodulatory and immunostimulatory role.
- Verbascum Thapsus (Mullein) It have a specific role on respiratory system particularly the lungs by having positive influence on mucus membrane and alveoli.
- Thymus vulgaris (Thyme) It can be orally ingested and used as gargle to reduce bacterial and viral infection of respiratory tract. GlycyrrhizaGlabra (Licorice) It used for anti inflammatory properties Beta glycyrrhetic acid a major metabolite.

GET QUIZZIFIED!

1.What do Heydig Cells produce?

- a) Testosterone b) Androgen binding globulin c) Semen ANS-

ANS- c) Testosterone

2.Which joint disease associated with morning stiffness and improves on activity?

- a) Osteoarthritis b) Rheumatoid Arthritis c) Gout

ANS: b) Rheumatoid Arthritis.

3) Where is gonadotropin releasing hormone produced ?

- a) Anterior Pituitary b) Hypothalamus c) Posterior Pituitary

ANS-b)Hypothalamus

4)Which is found in the highest concentration in the urine?

- a) Uric acid b) Glucose c) Urea d) Creatinine

ANS-c)urea

5) Which type of RNA is the smallest?

- a) m RNA b) tRNA c) rRNA

ANS-t RNA

DRUG SHELF

Darolutamide

Brand name

NUBEQA

Class

Antineoplastic Agent, Antiandrogen

Indication & Dose Prostate cancer, nonmetastatic, castration-resistant: Oral: 600 mg twice daily

Pharmacology

Darolutamide is a competitive androgen receptor inhibitor. Darolutamide also inhibits androgen receptor translocation and androgen receptor-mediated transcription. Androgen receptor inhibition results in decreased proliferation of prostate tumor cells and increased apoptosis, leading to a decrease in tumor volume.

Pharmacokinetics

Absorption : Rapid

Bioavailability: ~30%

Time to peak: ~4 hours

Distribution : 119 L; PB: 92%;

Metabolism : metabolized by the CYP3A4, as well as by UGT1A9 and UGT1A1; active metabolite is keto-darolutamide.

Elimination half-life : 20 hours

Excretion: Urine: 63.4% feces: 32.4%

Adverse Reactions Neutropenia , Increased serum aspartate aminotransferase , increased serum bilirubin ,Asthenia , Ischemic heart disease ,cardiac failure , Skin rash.