

NARANJO'S ALGORITHM			
Question	Yes	No	Don't Know
1. Are there previous conclusive reports on this reaction ?	+1	0	0
2. Did the adverse event appear the suspected drug was administered ?	+2	-1	0
3. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered ?	+1	0	0
4. Did the adverse reaction reappear when the drug was re-administered ?	+2	-1	0
5. Are there alternative causes (other than the drug) that could solely have caused the reaction ?	-1	+2	0
6. Did the adverse reaction reappear when a placebo was given ?	-1	+1	0
7. Was the drug detected in the blood (or other fluids) in concentrations known to be toxic?	+1	0	0

GET QUIZ:

- 1) Which one among the following is not correct about Down's syndrome?
 a) It is a genetic disorder b) Affected individual has early ageing c) Affected person has mental retardation

ANS- b) Affected individual has early ageing

- 2) One of the occupational health hazards commonly faced by the workers of ceramics, pottery and glass industry is ?
 a) Silicosis b) Melanoma c) Stone formation in kidney

ANS- a) Silicosis

- 3) The anti-malarial drug Quinine is made from a plant. The plant is?
 a) Neem b) Cinnamon c) Cinchona

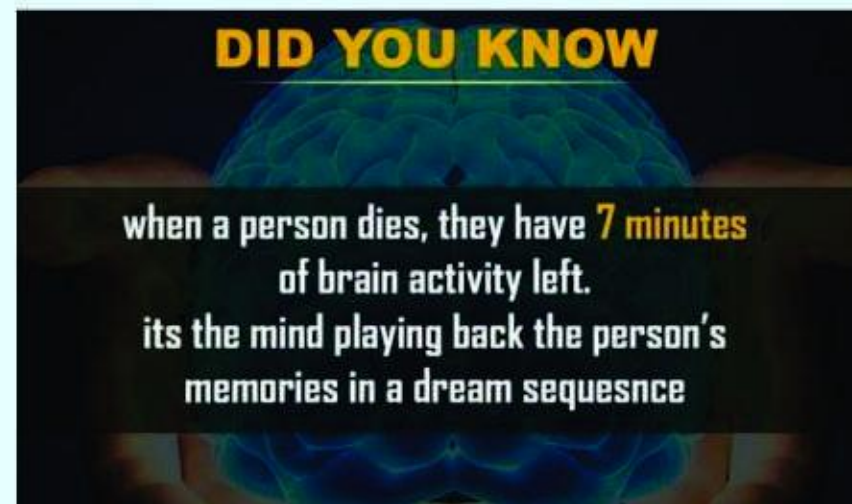
ANS- c) Cinchona

- 4) Acute lead poisoning is also known as?
 a) Plumbism b) Neuralgia c) Byssinosis

ANS- a) Plumbism

- 5) Which of the following disease is not caused by viruses?
 a) Chickenpox b) Hepatitis c) Cholera

ANS- c) Cholera



PHARMA NEXUS NEWS LETTER

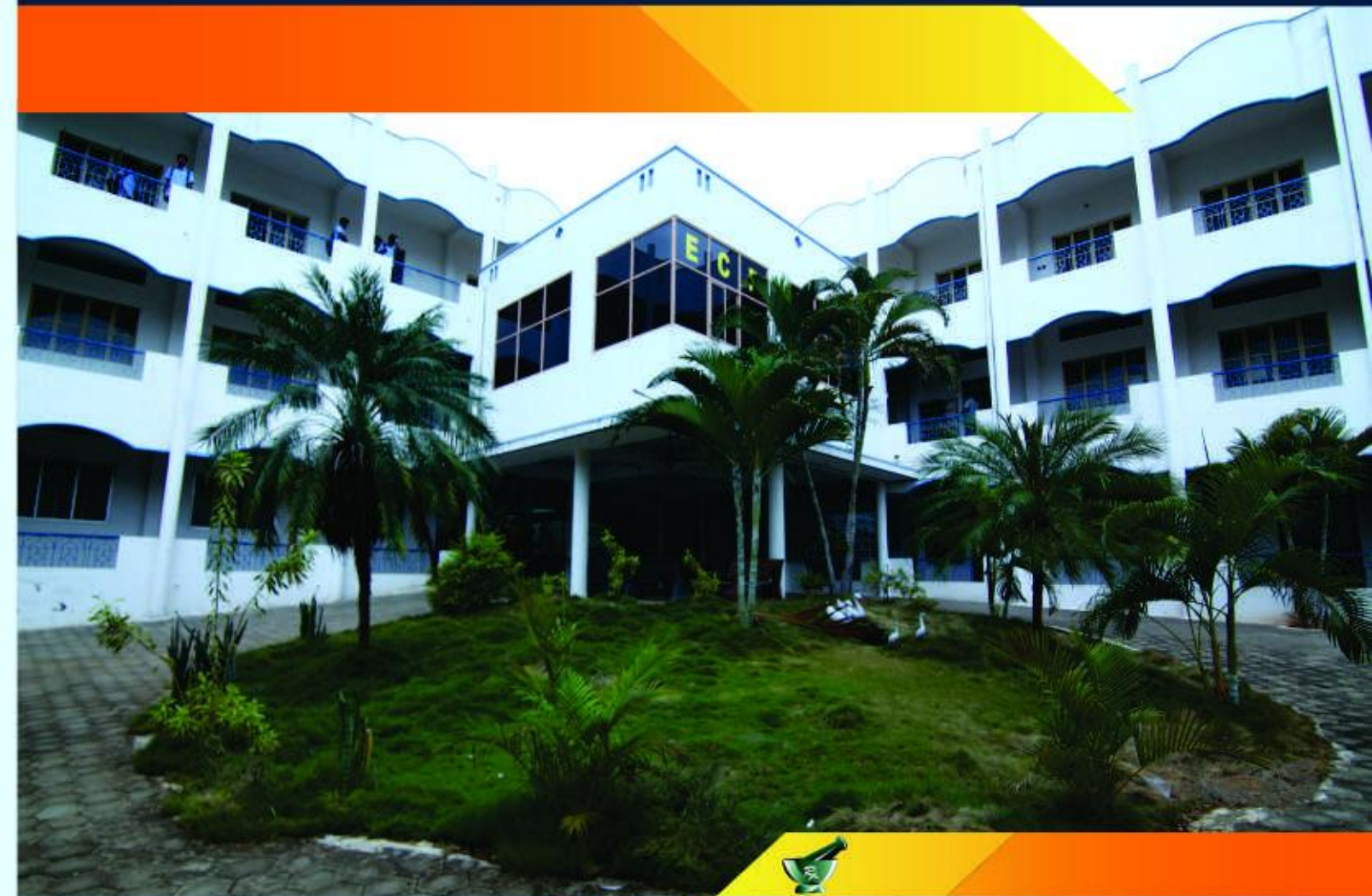
DEPARTMENT OF PHARMACY PRATICE

Volume : 1

Issue : 1

January - March 2017

The Erode College of Pharmacy & Research Institute



Perundurai Main Road,
 Veppampalayam,
 Vallipurathanpalayam (p.o),
 Erode - 638112. Tamil Nadu.

Phone : 0424-2339929, 2339538
 E-mail : ecperode@hotmail.com
 ecperode@gmail.com
 Tele fax : 0424-2339539
 Website : www.ecperode.in

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.

Patron

Dr. K. R. Paramasivam M. Sc., Ph.D

Shri. A. Natarajan B.A., H.D.C.

Lion. R. Kolandaisamy

Editor in chief:

Dr. V. Ganesan M. Pharm., Ph.D

Department editorial board:

Dr. R. Senthil Selvi M. Pharm., Ph.D

Mr. S. Rajarajan M. Pharm

Dr. S. Balamurugan B. Pharm., Pharm. D

Dr. Suthanth B. Pharm., Pharm. D

Ms. S. Geethu

Ms. Amala Anil Kumar

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

ALOPECIA

Alopecia areata is a recurrent nonscarring type of hair loss that can affect any hair-bearing area and can manifest in many different patterns. Although it is a benign condition and most patients are asymptomatic, it can cause emotional and psychosocial distress.

In the majority of cases, hair falls out in small patches around the size of a quarter. For most people, the hair loss is nothing more than a few patches, though in some cases it can be more extreme. Sometimes, it can lead to the complete loss of hair on the scalp (alopecia totalis) or, in extreme cases, the entire body (alopecia universalis). The condition can affect anyone regardless of age and gender, though most cases occur before the age of 30.

SIGNS AND SYMPTOMS

- Gradual thinning on top of head
- Circular or patchy bald spots.
- Sudden loosening of hair.
- Full-body hair loss
- Patches of scaling that spread over the scalp

TREATMENT

The most common form of alopecia areata treatment is the use of corticosteroids, powerful anti-inflammatory drugs that can suppress the immune system. These are commonly administered through local injections, topical ointment application, or orally. Other medications that can be prescribed that either promote hair growth or affect the immune system include Minoxidil, Anthralin, SADBE, and DPCP. Although some of these may help with the re-growth of hair, they cannot prevent the formation of new bald patches.

COMPLEMENTARY THERAPY

- **Acid Flour:** Acid Flour is one of the best remedy for alopecia. Falling of hair after fever, hairs are brittle and rough, hair falling in patches, Itching of the scalp worse from warmth.
- **Sulphur:** Sulphur is a chief remedy for alopecia. Scalp is dry unhealthy due to tinea capitis. Pustular eruptions on the scalp. Hair fall worse after washing. There is also itching and scratching of the scalp causes burning. Scalp is sweaty.
- **Natrum Muriaticum :** Natrum Muriaticum is an another best remedies for alopecia greasy, oily, unhealthy scalp dry eruptions especially on margins of hairy scalp. Natrum muriaticum is frequently prescribed in cases of hairloss especially in anaemic females.
- **Phosphorus:** It is best remedy for Alopecia. Symptom is hair falling with dry scaly dandruff on the scalp with intense itching. Usually phosphorus patients are highly sensitive to external impressions such as light, sound, odors, touch and thunderstorms. Also they are very restless and excitable. Phosphorus predominantly acts on the gastrointestinal tract, hepato-biliary system, blood, kidneys, bones, lungs, nervous tissue etc.
- **Other medicines:** Acid.phos, Graphitis, Mezerium, Psorinum, Selenium, Thuja, Vincaminor.

DRUG SHELF

Brand name : PRALUENT

Pharmacologic Category : Antilipemic agent, PCSK9 inhibitor, Monoclonal Antibody

Dosing : Adult

SubQ: Initial: 75 mg once every 2 weeks or 300 mg once every 4 weeks; for both regimens, if an adequate LDL-C response is not achieved, may increase or modify dosing regimen to a maximum of 150 mg every 2 weeks

Mechanism of Action

Alirocumab is a human monoclonal antibody (IgG1isotype) that binds to proprotein convertase subtilisin/kexin type 9 (PCSK9). PCSK9 binds to the low-density lipoprotein receptors (LDLR) on hepatocyte surfaces to promote LDLR degradation within the liver. LDLR is the primary receptor that clears circulating LDL; therefore, the decrease in LDLR levels by PCSK9 results in higher blood levels of LDL-C. By inhibiting the binding of PCSK9 to LDLR, alirocumab increases the number of LDLRs available to clear LDL, thereby lowering LDL-C levels.

Pharmacodynamics/Kinetics

Onset: Peak effect:Proprotein convertase subtilisin/kexin type 9 (PCSK9) suppression: 4 to 8 hours

Distribution: IV: V_d : ~0.04 to 0.05 L/kg

Metabolism: Expected to undergo proteolysis and be degraded to small peptides and amino acids

Bioavailability:SubQ: ~85%

Half-life elimination: SubQ: Steady-state: 17 to 20 days; reduced to 12 days when administered with a statin

Time to peak:SubQ: 3 to 7 days

Adverse Reactions

Injection site reaction, Diarrhea, Hypersensitivity reaction, Liver enzyme disorder, Influenza , Myalgia, muscle spasm ,