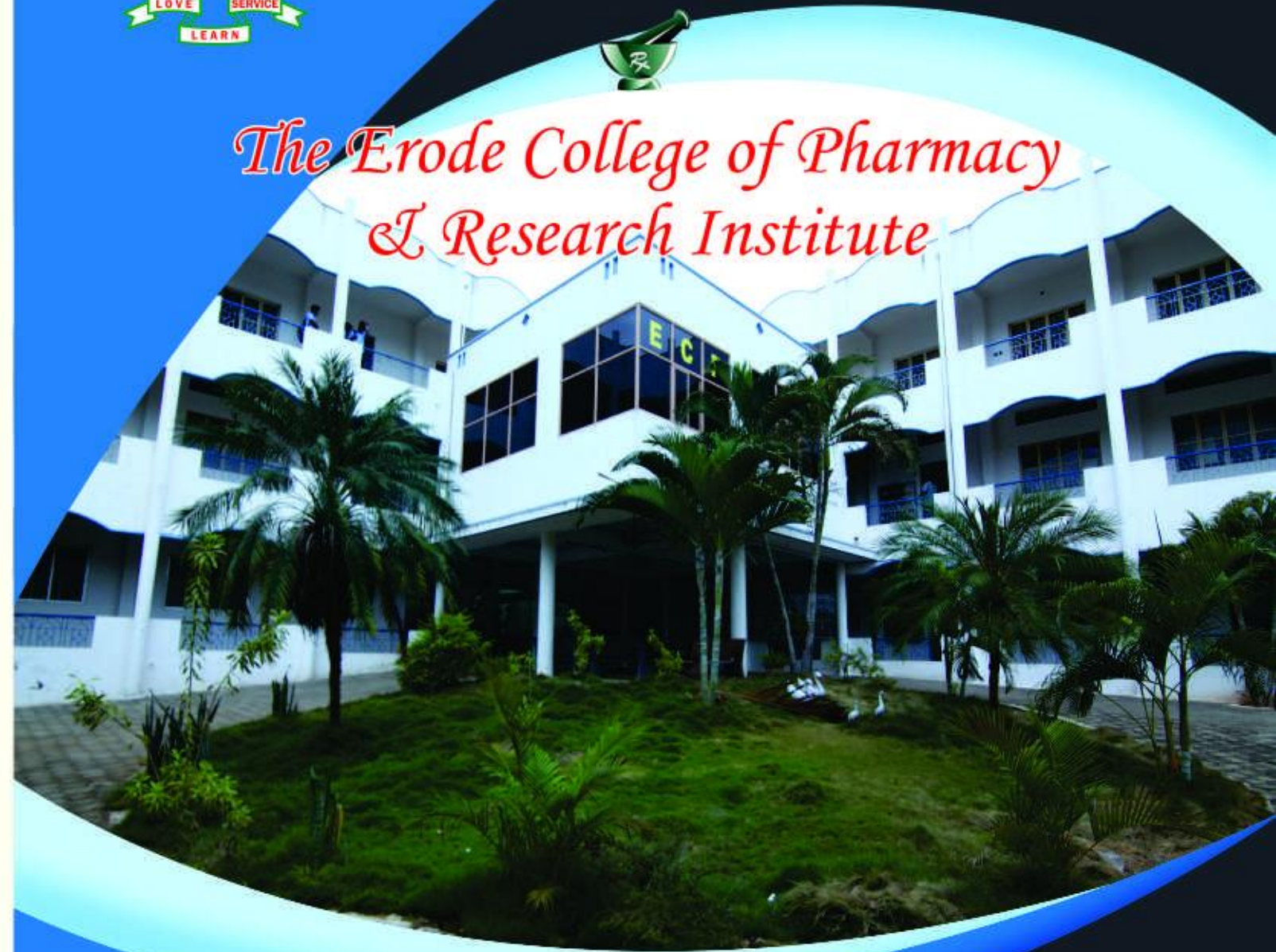




The Erode College of Pharmacy & Research Institute



DASH DIET

Primarily designed to lower blood pressure, but it also promotes weight loss and reduces the risk of heart disease, cancer, strokes, kidney stones, and diabetes.

SUGGESTED SERVINGS / DAY



4-8 WHOLE GRAINS
brown rice,
whole-wheat pasta

4-5 VEGGIES
tomatoes,
carrots,
broccoli

4-5 FRUITS
apples,
pears

6 OR LESS
LEAN MEAT
& FISH
skinless
chicken,
turkey,
salmon,
& tuna

2-3 LOW-DAIRY
PRODUCTS
low-fat milk,
fat-free yogurt

2-3 FATS & OILS
dressings that
are low in
saturated fats
& have zero
trans fats

4-5 NUTS,
SEEDS &
LEGUMES
almonds,
sunflower
seeds,
kidney
beans,
lentils,
& peas

5 OR LESS
SWEETS
(recommended
2 or less
servings
a week)

NUTRITIONALLY
fit with WENDY CHURUPP, RD
nutritionally_fit.com
828-895-7244

EXPERT STANCE

1. Drug information centre

Informations regarding new drugs were collected and distributed to patients, nurses, and physicians.



DIC ACTIVITIES

2. Clerkship ward rounds

Clerkships give students experiences in all parts of the hospital setting, including the operating room, emergency department, and various other departments that allow learning by viewing and doing. Patient's case history was collected from different wards and presentation was done.



3. Patient Counselling Centre

Medicines were dispensed according to the physician's order and diet based counselling, drug based counselling and disease counselling provided to patients.



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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.

Department Editorial Board

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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

SPONDYLOEPIPHYSEAL DYSPLASIA CONGENITA

Spondyloepiphyseal dysplasia congenita is a rare disorder of bone growth that results in dwarfism, characteristic skeletal abnormalities, and occasionally problems with vision and hearing. The name of the condition indicates that it affects the bones of the spine (spondylo-) and the ends of bones (epiphyses), and that it is present from birth (congenital).

People with spondyloepiphyseal dysplasia are short-statured from birth, with a very short trunk and neck and shortened limbs. Their hands and feet, however, are usually average-sized. This type of dwarfism is characterized by a normal spinal column length relative to the femur bone. Adult height ranges from 0.9 meters (35 inches) to just over 1.4 meters (55 inches).

SIGNS AND SYMPTOMS

- ✓ Bone deformities
- ✓ Back and spine issues, such as scoliosis, lordosis, kyphosis
- ✓ Osteoarthritis, hip and joint pain
- ✓ Poor muscle tone and joint problems
- ✓ Club feet, flat feet and feet that turns inward
- ✓ Waddling gait, stiff joints, loose ligaments and decreased ability to walk
- ✓ Craniofacial deformities, Hearing and vision problems, inguinal hernia
- ✓ Respiratory issues

TREATMENTS

- Bracing and/or surgery for spine issues
- Bracing and/or surgery for hip disorders
- Bracing and/or surgery for neck instability
- Bracing and/or surgery for knee instability and foot anomalies
- Staged reconstructive surgery for craniofacial disorders
- Glasses for vision problems.
- Hearing aids for hearing issues; tubes to reduce ear infections
- Medication or pain relievers for joint pain

COMPLEMENTARY THERAPY CABIN

A combination of Ayurvedic oral medicines such as Trayodashanga guggulu-500 mg twice a day, Dashmoolkvatha (decoction of roots of 10 herbs) 40 ml twice a day, Erandapaka 10 g twice a day, Shiva gutika-500 mg twice a day and Dashmoolarista-20 ml (with equal water) twice a day was prescribed.

GET QUIZZIFIED!

1. Which of the following is the antidote for the toxin copper?

- a) Glucagon
- b) Pencillamine
- c) Aminocaproic acid

ANS-b) pencillamine

2. Which of the following are not treated with dexamethasone?

- a) Inflammation
- b) Asthma
- c) Wilson's disease

ANS-c) wilson's disease

3. Which of the following is not a side effect of ace inhibitor?

- a) Rash
- b) Angioedema
- c) Congestion

ANS-c) congestion

4. Which of the following drug is used to stimulate heart?

- a) Aspirin
- b) Morphine
- c) Digitalis

ANS-c) digitalis

5. Epinephrine does not cause increase concentration of

- a) Glucose in blood
- b) Triglycerides in fat cells
- c) Lactate in blood

ANS- b) triglycerides in fat cells

DRUG SHELF

ICATIBANT

Brand Names	:	Firazyr
Category	:	Selective Bradykinin B ₂ Receptor Antagonist
Indication	:	Hereditary angioedema
Dose	:	30 mg

PHARMACOLOGY:

Icatibant is a selective competitive antagonist for the bradykinin B₂ receptor. Patients with HAE have an absence or dysfunction of C1-esterase-inhibitor which leads to the production of bradykinin. Icatibant inhibits bradykinin from binding at the B₂ receptor, thereby treating the symptoms associated with acute attack.

PHARMACOKINETICS

Onset: Median time to 50% decrease of symptoms: ~2 hours

Duration: Inhibits symptoms caused by bradykinin for ~6 hours

Distribution : V_{dss} Adults: 29 ± 8.7 L

Metabolism : Metabolized by proteolytic enzymes to metabolites (inactive)

Bioavailability : ~97%

Half-life elimination : Adults: 1.4 ± 0.4 hours

Time to peak : Adults: ~0.75 hour

Excretion : Urine (<10% unchanged)

Adverse Effects

Injection site reaction, Dizziness, Increased serum transaminase, Fever