

EXPERT STANCE

Adverse Drug Reaction Probability Scale	Yes	No	Do Not Know
Are there previous conclusive reports on this reaction?	+1	0	0
Did the adverse event appear after the drug was administered?	+2	-1	0
Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered?	+1	0	0
Did the adverse reaction reappear when the drug was re-administered?	+2	-1	0
Are there alternative causes (other than the drug) that could, on their own, have caused the reaction?	-1	-2	0
Did the reaction re-appear when a placebo was given?	-1	+1	0
Was the drug detected in the blood (or other fluids) in concentrations known to be toxic?	+1	0	0
Was the reaction more severe when the dose was decreased?	+1	0	0
Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0
Was the adverse event confirmed by an objective evidence?	+1	0	0

≥9 Definite; 8 to 5 Probable; 1 to 4 Possible; ≤0 Doubtful

DIC ACTIVITIES FOR THIS MONTH

Patient counselling centre



Total 950 patients were came to the patient counseling centre and given counseling to the patients on the month of January to March for diseases such as hypertension, diabetes mellitus, coronary artery diseases etc.

Journal club activities

Journal club presentation were done for every week of January to March and 25 students have attended the journal club.



Drug of the week



Drug of the week were conducted on the each week of January to March and discussed about new CDSCO approved drugs. In the presentation these newly approved drugs compared with currently used drugs in market.



PHARMA NEXUS NEWS LETTER

DEPARTMENT OF PHARMACY PRATICE

Volume : 3

Issue : 9

January – March 2019

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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

PEMPHIGUS VULGARIS

Pemphigus vulgaris is an autoimmune disorder that involves blistering and erosion of the skin and mucous membranes. It occurs almost exclusively in middle-aged or older people. The primary lesion of pemphigus vulgaris is a soft blister filled with clear fluid that appears on healthy or irritated skin. Many cases begin with blisters in the mouth, followed by skin blisters that may come and go. The blisters inside the mouth can make it hard for the person to eat. The rupture of blisters on the skin may be painful and limit the person's daily activities. Complications due to infections can be serious and the damaging nature of the blisters can cause loss of body fluids and protein.

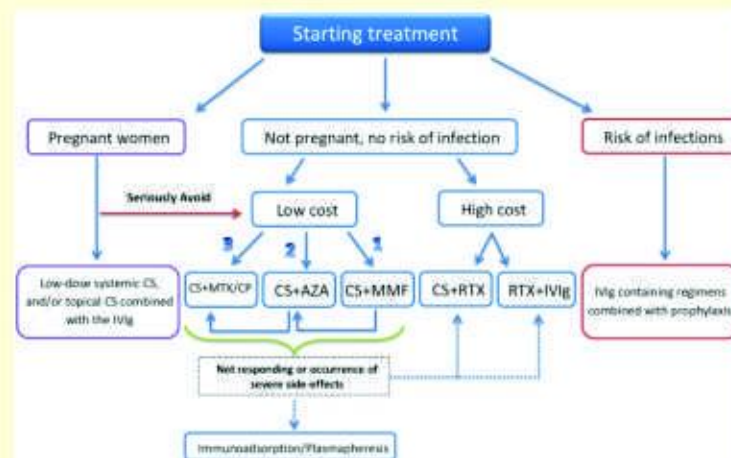
In the case of pemphigus vulgaris, the immune system mistakenly produces antibodies against specific proteins in the skin and mucous membranes, known as desmogleins. These proteins form the glue that keeps skin cells attached and the skin intact. When desmogleins are attacked, skin cells separate from each other and fluid can collect between the layers of skin, forming blisters that do not heal.

SIGNS AND SYMPTOMS

- painful blisters that start in the mouth or skin areas
- skin blisters near the surface of the skin that come and go
- oozing, crusting, or peeling at the blister site

TREATMENT

The most common first line therapy for pemphigus vulgaris is steroids (corticosteroids), such as prednisone. Most common choices to be added to steroid treatment (first line adjuvant therapies) include Rituximab, Azathioprine, Mycophenolatemofetil (MMF). Other choices may include Intravenous immunoglobulin therapy (IVIg), Cyclophosphamide, methotrexate, or dapsone, Immunoabsorption (blood purification procedure that removes disease causing antibodies). Antibiotics, antivirals, and antifungals may be used to prevent or fight an infection.



COMPLEMENTARY THERAPY CABIN

Arogyavardhini Rasa and Gandhaka Rasayana 1g each twice daily and combination of powders of Guduci, Khadira, and Vasa 3 g each twice daily were taken orally. Concentrated Pancavalka Kvatha was prescribed for local application. Patient was put on medicated light diet (Peya, Mudgyusa) and Sritasitajala (Boiled and cool water).

GET QUIZZIFIED!

1. What type of cardiomyopathy is seen in sudden death of young athletes?

- Hypertrophic Cardiomyopathy
- Restrictive Cardiomyopathy
- Dilated Cardiomyopathy

ANS- a) Hypertrophic cardiomyopathy

2. Which is the most sensitive and specific marker for a myocardial infraction?

- AST
- LDH
- Troponin I

ANS - c) Troponin I

3. What is the key complication in first 24hrs of an MI?

- Fibrinous Pericarditis
- Coronary Artery Aneurysm
- Arrhythmia

ANS-c) Arrhythmia

4. What is the most common cause of hyperthyroidism?

- Toxic Nodular Goitre
- Grave's disease
- Thyroiditis

ANS-b) Grave's Disease

5. Which is a more sensitive measure of thyroid function?

- Free T4
- Free T3
- TSH

ANS-c) TSH

DRUG SHELF

Tolterodine Tartrate

Brand Name

Detrol[®]; Detrol[®] LA

Class

Antimuscarinic

Indication & Dose

Overactive Bladder: 2mg twice daily as conventional tablets or 4 mg once daily as extended-release capsules

Pharmacology

Tolterodine tartrate generally exhibits pharmacologic actions similar to those of other antimuscarinics. The drug is a nonselective competitive antagonist at muscarinic receptors present in the bladder, salivary glands, and other organs. Tolterodine tartrate decreases contraction of the detrusor muscle of normal and overactive urinary bladder.

Pharmacokinetics

Absorption: At least 77% of a radiolabeled dose of tolterodine tartrate is rapidly absorbed from the GI tract.

Distribution: 113 L

Metabolism: metabolized by the CYP isoenzyme 3A4

Elimination half-life: about 2.4 hours while the elimination half-life of the 5-hydroxymethyl metabolite is 3 or 3.3 hours.

Adverse Effects

chest pain, dysuria, infection, flu-like symptoms, and sinusitis. Hyponatremia also has been reported in at least 2 geriatric patients receiving tolterodine.