

# *SHREENATH* *PHARMA* *MAGAZINE*

Volume 1, Issue 5, October 2019



# Table of Content

# From the Editor's Desk.....	3
# Pharma News.....	4
# Molecule of the month.....	6
# Caught in the Hustle.....	8
# Articles 101.....	10
# Talk the talk.....	13
# Upcoming Events.....	15



## From the Editor's Desk

Dear Readers,

Coming to the fifth edition... I'd like to thank all the readers, subscribers and contributors for the motivation at the beginning of this publication.

This issue of October 2019 contains an interview of Dr. Rommel Idnani enlightening a doctors view towards the pharmacy world as doctors and pharmacists function together through a dynamic system. Further, describing Nicotine as the molecule of the month. Along with the above mentioned articles we have pharma news updates from the industry and campus.

Looking forward to your contribution for this magazine. We will be glad to share your thoughts with our readers.

As the light brightens up the smiles with joy and cheerfulness, hinting the onset of a cozy winter, wishing all readers a Happy Diwali!

Happy reading

Forum Jalundhwala

**Editorial Team:** Atharva Magdum  
Sahil Bhatia  
Ravi Kukreja  
Mayur Khiyani  
Along with Pharmacad & Pharmocracy

**Coverpage & Design:** Vaishnavi Pawar



# Torrent Pharma recalls 74000 bottles of hypertension treatment tablets from Puerto Rico, USA

Torrent Pharma Inc to recall 73,896 bottles of hypertension treatment tablets from the US and Puerto Rico due to a US health regulator's report of deviations from good manufacturing norms.



Torrent Pharma Inc is recalling 17,088 bottles of Losartan Potassium /Hydrochlorothiazide tablets, USP 50mg/12.5mg, 8,688 bottles of Losartan Potassium/Hydrochlorothiazide tablets, USP 100mg/25mg, as well as recalling 39,432 bottles of Losartan Potassium tablets, USP in the strength of 100 mg

The reason for the recalls according to the report is, "CGMP Deviations: FDA lab confirmed presence of an impurity, N-Methylnitrosobutyric acid (NMBA) in the finished product above the interim acceptable daily intake level of 9.82 parts per million."

Reference:<https://www.businesstoday.in/sectors/pharma/torrent-pharma-recalls-74k-bottles-of-hypertension-treatment-tablets-from-us-puerto-rico/story/384386.html>

## Cipla acquires novel anti-infective drug Elores from Venus Remedies

### Anti-Infective Drugs



Cipla Ltd acquired a novel and patented anti-infective product.

"We recently acquired Zemdri, and with the acquisition of Elores, we have added to our offering of new generation antibiotics"; Cipla Managing Director and Chief Executive Officer Umang Vohra was quoted.

Elores is to be used for treatment of life threatening infections caused by gram-negative bacteria. This medicine is part of Cipla's strategy to fight anti-microbial resistance. The formulation is a combination of ceftriaxone, sulbactam and Disodium ethylenediaminetetraacetic acid (EDTA).

Elores preserves the efficacy of the antibiotic using disodium EDTA, which is an antibiotic resistance breakers (ARB), which is not an antibiotic itself but overcomes resistance barriers of the bacteria and in the process facilitates anti-microbial activity of the drug.

Reference:<https://www.livemint.com/companies/news/cipla-acquires-novel-anti-infective-drug-elores-from-venus-remedies-11571331349696.html>



## Aurobindo Pharma gets USFDA approval for expectorant tablets

Aurobindo Pharma has received final approval from the United States Food and Drug Administration (USFDA) to manufacture its generic Guaifenesin extended-release tablets in the strengths of 600 mg and 1,200 mg.

Guaifenesin extended-release tablets help to loosen phlegm, and thin bronchial secretions to rid bronchial passageways of bothersome mucus and make coughs more productive.

Reference: <https://health.economictimes.indiatimes.com/news/pharma/aurobindo-pharma-gets-usfda-nod-for-its-expectorant-tablets/71739721>

## Alembic Pharma gets USFDA approval for Desonide ointment

Alembic Pharmaceuticals on Thursday said its joint venture firm Aleor Dermaceuticals has received the nod from the the United States Food and Drug Administration (USFDA) for Desonide Ointment.

Desonide Ointment, 0.05 per cent, is a low strength corticosteroid meant to be used for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.

Reference: <https://health.economictimes.indiatimes.com/news/pharma/alembic-pharma-gets-usfda-nod-for-desonide-ointment/71736169>



## FDA, FTC warn company marketing unapproved CBD products with unverified medicinal claims



U.S. Food and Drug Administration and the Federal Trade Commission posted a joint warning letter to Rooted Apothecary LLC of Florida for illegally selling unapproved products containing cannabidiol (CBD) online with unverified claims.

The unverified claims as mentioned, were treatment of teething pain and ear aches in infants, autism, attention-deficit/hyperactivity disorder (ADHD), as well as Parkinson's and Alzheimer's disease, etc.

The company also unlawfully claimed that some of its products were dietary supplements on its social media websites and through its online store.

Reference: <https://www.pharmatutor.org/pharma-news/2019/fda-ftc-warn-company-marketing-unapproved-cannabidiol-products-with-unsubstantiated-claims-to-treat-teething-and-ear-pain-in-infants-autism-adhd-parkinsons-and-alzheimers-disease>



# MOLECULE OF THE MONTH

## NICOTINE

It is something associated with a lot many things...paints a different picture everywhere when it comes to your mind, so let's just talk about it. For all those dark nights pictured in movies where the character sits puffing smoke stressing its eyes over a sky line or the horizon giving of a mellow shade, nicotine is actually a stimulant and potent Para sympathomimetic alkaloid that is naturally produced in the night shade family of plants. Smoking comes to one's mind when nicotine is mentioned because of the tobacco that contains it. Products such as cigarettes, cigars, pipe tobacco, chewing tobacco and wet and dry snuff and the dried leaves from the tobacco plant all contain Nicotine. This article mainly revolves around tobacco as it is the most abused source of Nicotine, however other sources of Nicotine are tomatoes, potato (highest content), aubergines and bell pepper. Nicotine alkaloids are also found in the leaves of the coca plant.

The action of nicotine is mostly through the para sympathomimetic tracks of the nervous system, the very reason people witness the "high". The nicotine molecule stimulates the sympathetic as well as the parasympathetic ganglia concurrently and hence serves no useful

purpose and hence is not highly employed in therapy. It provides a stimulant as well as depressant effect, which is determined by the mood of the user, the environment and the circumstances of use. Studies show that low doses have a depressant effect whereas high doses have a stimulant effect.



It stimulates the central nervous system causing irregular heartbeats and blood pressure, induces vomiting and diarrhoea and first stimulates and then inhibits glandular secretion. It is metabolized primarily by liver enzymes and is influenced by diet, age, sex, use

of oestrogen containing hormone preparation... after a puff, high levels of nicotine reach the brain in ten to twenty seconds, faster than intravenous administration producing rapid behavioural reinforcements. The rapidity of rise of nicotine permits the smoker to titrate the level of nicotine and related effects during smoking.

Nicotine stops new brain cells forming in the hippocampus, a brain region involved in memory. This partly explains the cognitive problem experienced by many heavy smokers during withdrawal. Exactly how nicotine kills is not clear, but there is loss of plasticity. Foetal research shows that it can induce apoptosis- programmed cell death –in immature cells. Previous research had suggested that it can be beneficial for patients with a variety of diseases associated with brain cell loss. This is thought to be because nicotine can attach to cholinergic receptors, a neurotransmitter involved in memory.

Cigarette smoking was encouraged by the governments on both sides during the cold war as it reduced stress and anxiety and produced a calming effect during the cold war. Soldiers were provided with rations on smokes and the cigarettes become a major trade with cash having minimal value around the blood shedding borders. Cigarettes was a major traded



and sought for product in prisons for a long time, with favours exchanged over them. Nicotine binds to receptors also known as the "nicotine acetylcholine receptors" which are located on the smokers' muscles and throughout the brain. At low doses, nicotine can stimulate central and peripheral systems resulting in an increase in heart rate or blood pressure. Nicotine stimulates receptors to start reaction that results in further release of neurotransmitters. These chemicals are the ones that move between nerves, muscles or glands to affect many bodily functions, mood and behaviour.

It is a highly addictive drug, but with repeated use, tolerance develops rapidly. Smokers can absorb twice as much the amount of nicotine over non-smokers before complains of nausea, diarrhoea and weakness begin.

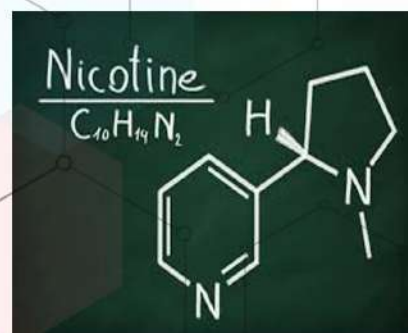
Two hours after ingesting nicotine, the body will remove around half of the nicotine. This short half- life means that immediate effects of nicotine go away quickly, the "high" is dead and people soon feel like they need another dose.

It is not all bad of a substance as it can be oxidized to nicotinic acid which is present in minute amounts in all living cells, the corresponding amide is also an essential B vitamin.

Nicotine replacement therapy such as nicotine gum, transdermal patches, nasal sprays, inhaler, sublingual tablets, and lozenge are buffered to alkaline pH to facilitate absorption of nicotine through cell membrane. Absorption from these patches is slower and the increase in the blood levels is gradual than while smoking. This helps reduce the abuse liability. However these have some side effects such as skin irritation, itching, dizziness, headache, rapid heartbeat and nausea. It is highly advised not to smoke a cigarette when receiving nicotine patch therapy or any other NRT as an overdose may occur.

Reference:[K D Tripathi] [7th Edition] Essentials of Medical Pharmacology

[https://www.google.com/search?hl=en&sxsrf=ACYBGNRAriFqMvy6LHBxFz75HNBmljqu0A%3A1572253379714&source=hp&ei=w662XY7FKYT0rAGs87LgCg&q=nicotine&oq=nic&gs\\_l=psy-ab.3.0.35i39j0i20i263j0l5j0i131j0l2.3411.4516..5828...0.0..0.139.509.0j4.....0....1..gws-wiz.....10..35i362i39.ESwoe3HCl6M](https://www.google.com/search?hl=en&sxsrf=ACYBGNRAriFqMvy6LHBxFz75HNBmljqu0A%3A1572253379714&source=hp&ei=w662XY7FKYT0rAGs87LgCg&q=nicotine&oq=nic&gs_l=psy-ab.3.0.35i39j0i20i263j0l5j0i131j0l2.3411.4516..5828...0.0..0.139.509.0j4.....0....1..gws-wiz.....10..35i362i39.ESwoe3HCl6M)



**-A.Magdum**





## CAUGHT IN A HUSTLE...

Wont be talking about something so very different or breath teasingly surprising, but this really went across after reading an article from the Times Of India blog about a whole medical college owned by a medical company. "Pharma bribing doctors is old hat, now it can produce them", it read. The cherry on top is the fact that the college was made possible by the Gujarat government by the Gujarat government handing over the civil hospital of Dahod, a publicly funded hospital to a private trust to run a medical college.

Pharmaceutical companies give expensive gifts, distribute cash and pay for extravagant pleasure trips of doctors willing to push their products. What's alarming is that there is no law to punish those guilty of the unethical practice and the government refuses to blink and as a result the patient ends up buying costly medicine. The medications necessity, side effects and approach is side lined along with the sense of duty, resulting in the suffering of the very obvious scared yet optimistic patient. Companies' ramp up drug prices to recover the amount spent on promotion.

When we say "bribe", we have a particular way of envisioning this particular process going on... but here there are incentive, and these incentives can be dangerous. Pharmaceutical companies will provide food or physicians, supply drug samples, payments for trials, payment to give lectures, free travels, sponsored holiday packages under claims of a conference, and even reimbursement for costs associated with continuing medical education. By making the pockets and minds heavy with these endeavours, doctors tend to help out these pharmaceutical companies by supplying their medications. Pharma companies help doctors save money and further develop their careers. Furthermore, by paying their medical educations, companies also control the information that these doctors receive. Attending sponsored events and accepting funding for travel or lodging for educational symposia were associated with increased prescription rates of the sponsors medicine. According to the research and surveys conducted by newspapers, these attempts of the pharma companies at play are quite successful and bear them a pleasant fruit. Some stated that, out of all the types of physicians, cardiologists, who specialize in saving lives receive most gifts from these companies.



A pharmaceutical company founder was accused of paying doctors millions in bribes to prescribe a highly addictive spray. Some of the most sensitive evidence in the month long federal trial included a video of employees dancing and rapping around an executive dressed as a giant bottle of the powerful sprays which was the centre of the circus in the whole case.

The Uniform Code of Pharmaceutical Marketing Practices prepared by the pharmaceuticals department to control unethical marketing practices in pharma has been in work since December 2014, the code is stuck in Niti Aayog after the law ministry rejected the draft. Doctors caught taking gifts in cash or as foreign trips and sponsorships can be hauled up by the state medical councils or MCI and have their license revoked if found guilty. In December 2015, the government gave an extension claiming it would work "with teeth" in the form of a penal provisions. And coming back to the Zydus Medical College, affiliated to Shri Govind Guru University, Godhra was started in 2008 with 150 seats. Now there is a Zydus Medical Hospital attached to it. This college charges Rs. 6.85 lakh per year for 132 government seats, Rs. 15 lakh per year for 15 management quota seats and Rs. 19.5 lakh for 23 NRI seats. Not only are the fees higher than the government-society run colleges, the hospital treatment tends to provide with an extensive bill too.

And the government doesn't stop at handing over a public facility to a pharma company to run a medical college, according to the details of the scheme announced at the onset, the government will also provide an assistance of 37.5 crore to parties given government hospitals to start medical colleges. Now, not to make this a scenario where everyone in the room throws their hands up blaming the government, but it seems the government is somehow reluctant to climb the staircase and take action.



Doctors involved in the decision over the inclusion of drugs in the hospitals formulary are also a major target. As major business comes through these portals, and the high end costlier drugs make a huge revenue for the company through these portals, can't "not" blame the hospital play a part in this chain, but we speculate...

The medical code of ethics for doctors says the doctors cannot accept or endorse brands, however the oath seems more hypocritical when pharma companies are allowed to own hospitals and pay doctors a salary. This is not the condition in any other country and India seems to be a trendsetter. Medical students exposed to pharma marketing throughout their education, their scepticism towards practices of the pharma industry and their ability to determine industry bias is decreased. The loss of trust also hits back...

Reference: Times of India, Mumbai Mirror-10 Oct

**-A. Magdum**



# Articles 101



## Digitalization in Pharmaceutical world

"Necessity is the mother of invention" are the wise words by the ancient Greek philosopher Plato. The current global scenario seems to have a different essence to the proverb- "Necessity is the mother of digitalization". Digitalization has a wide spread roots deep down from data storage to innovation and yet exploring. Today, digitalization is not just analog to digital format but it has become an essential tool for business. From the journey of Homo sapiens to Homo sapiens sapiens, firstly industrial revolution (17th century) and then digitalization (ongoing) has shaped the world better. With the evolving technology the health has become a major concern.

Pharmaceutics-the imperial part of medicine, has become crucial aspect for enhancing life quality of not only humans and animals but also plants. Digitalization is fundamentally changing healthcare industry like the big Pharma focus is shifting towards high value and low quantity product like; advanced medicine and devices, biomedicines, innovative chemicals. Digitalization has eased skilful designing and study of chemicals and medicines. Small scale applications like; Chems sketch and large scale (industrial level) applications like CDD Vault, HSC Chemistry, etc help for the same. There are some great opportunities to explore in chemical innovation 'Beyond the pill', pharmacy which takes a stake in Digital health. Other Pharma giants like; Novartis, GSK and Novo Nordisk are establishing partnership with IBM, Google and Qualcomm for digito-pharmaceutical growth.

The Pharma digitalization has widely 2 ecosystems: Pharma IoT (Internet of things) and Pharma Industrial Internet (4.0). Wearable technology example: For Parkinson's disease and Multiple sclerosis patient- help in medication management and are sensor based devices. In addition there are patient care devices like Insulin pump system which collect



data, analyze and provide personalized therapy. Machine learning and Artificial Intelligence (AI) has developed immensely. As there are 3D organs available today, in the near future a virtual clinical care service provider can be expected. There might be an AI engineered chemical entity that can modify itself to overcome the major growing issue of drug resistance and there might be a treatment to virus. Apart from the innovation of drug various probabilities and interactions involving the pharmacodynamics and pharmacokinetics can be predicted.

Digitalization is a catalyst of any business model, innovation is the key and Pharmaceuticals is the core of healthcare. With the advantage of freedom of digitalization comes responsibility for its safe use. Various protocols are set in specific units for rational and ethical use of technology. Various international and governmental organizations have initiated for the digital growth specifically in R&D. Various biometric security has made verification easy, technically Pharmacovigilance and authentication. Software based auto sampling and auto resulting reduced result time and also give an accurate and precise results example: GCMS, UPLC. In R&D department the possible pharmaceutical outcomes are determined by Permutation and Combination which is again a part of digitalization.

In India, the digital pharmaceutical marketing is wiping the traditional marketing system. This new technology aids in scientific detailing, using complex algorithms for better insight. Computer aided drug designing is used to discover, modify and analyze drugs and biologically active molecules. Digitalization has led to advancement in clinical pharmacy example: Bar-coding system. Software development for statistical calculation involving study of drugs on human subjects and animals has revolutionized the spectrum of digitalization. Talking about regulatory affairs, now-a-days use of paper has come to minimum since we have some portals where data for approval of drugs can be uploaded very quickly and efficiently, which helps reduce paper work, resource used, money spent, time required for an assignment. As far as Quality assurance is concerned, digitalization has played an important role in assuring quality of the product example: development of specification, quality control procedures, etc.

Mobile applications and social media have accelerated the digitalization. Indian pharma companies have begun switching to latest digital ideas for better understanding and functioning example: Sun pharma launched 'RespiTrack' mobile application for patient cognizance on asthma and to ensure their follow-ups to treatment supervision. 'Abbott healthcare' has introduced several tools like Knowledge Genie, a heart and liver application and for vertigo exercise. The reshaping of Pharmaceutical marketing is on the radar of the 'Digital India' campaign. The recent upgrades in the same are: Artificial intelligence for interactive response, voice assistance in manufacturing department/ industries, data and quality management. Newer concepts in the digital sector are e-detailing, e-services.



The Indian Government promotes 'Digital India' movement, E-pharmacy seen as a strong part of it. India's 'Pharma Vision 2020' targets to build the nation a global leader in end-to-end drug manufacturing.

Lack of authentic information on drug trade is still an issue but Barcoding has changed the scenario. Digital transformation in Pharmaceutical sector achieved by eight life sciences technologies deliver innovative value which involves: Data management, Block chain, Cloud EPR and EMP, Robotic processes, Machine learning, Cognitive, Natural language processing and Digital analytics and delivery.

Due to digital evolution, India ranks 4th in the World, pertaining to the volume of sales, the growth rate of the Pharmaceutical industry is 13% per year, India contribute to 20% to 25% of the global generic drugs. After the 'Digital India' campaign India has become very active in the sector of digitalization in Pharmaceutical department, as in, increasing private sector investments (up to 8.8% of sales) in R&D. Looking at the bigger picture in regards with the digitalization there will be a drastic step up in the near future. It won't be a surprise if India leads the same.

Ending with the fun fact: Coca-Cola was invented by a pharmacist named John Pemberto

And a question: Can you be the change you wish to see ?

Ms. Jahanvee Kumar  
Student of T.Y. B.Pharm.  
Gahlot Institute of Pharmacy

#### References

- <https://www.google.com/url?sa=t&source=web&rct=j&url=https://digital.hbs.edu/platform-rctom/submission/digitalization-in-the-pharmaceutical-industry-pfizer/&ved=2ahUKEwj5YGV0MPIAhWVheYKHZLUBicQFjABegQIDxAH&usg=AOvVaw3peofQArvg1uSeyMiwjxhW>
- <https://digital.hbs.edu/platform-rctom/submission/digitalization-in-the-pharmaceutical-industry-pfizer/>
- <https://www.europeanpharmaceuticalreview.com/article/51733/pharma-digitalisation-challenges/>
- [https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/328307444\\_Digitalisation\\_in\\_Pharmacy&ved=2ahUKEwj5YGV0MPIAhWVheYKHZLUBicQFjAMegQIAxAB&usg=AOvVaw3-0Mj3\\_Npedei34LIHrMSr&cshid=1572413438720](https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/328307444_Digitalisation_in_Pharmacy&ved=2ahUKEwj5YGV0MPIAhWVheYKHZLUBicQFjAMegQIAxAB&usg=AOvVaw3-0Mj3_Npedei34LIHrMSr&cshid=1572413438720)
- <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/the-road-to-digital-success-in-pharma>
- <https://www.i2econsulting.com/how-digital-transformation-is-changing-pharma-healthcare-industry/>
- <https://www.google.com/url?sa=t&source=web&rct=j&url=https://innovareacademics.in/journals/index.php/ijpps/article/view/24757/14860&ved=2ahUKEwj5YGV0MPIAhWVheYKHZLUBicQFjAPegQIBxAB&usg=AOvVaw359rpBDKev-YaPJNfWzVc8&cshid=1572413508301>
- <https://www.google.com/url?sa=t&source=web&rct=j&url=https://digitalmarketinginstitute.com/blog/16-03-2018-6-ways-digital-is-transforming-pharma-and-healthcare&ved=2ahUKEwj5YGV0MPIAhWVhe>



# TALK THE TALK

## Dr. Rommel Idnani

**M.B.B.S,MD from Mumbai university, Special interest in Diabetes & Non interventional cardiology, Fellowship in diabetology, Member of ACP(American College of physicians), Fellowship in Boston Emergency Medicine.**



**Since doctors and pharmacist share territories, how do you see the pharma world?**

I am actually against this statement. Doctors and pharmacists share territories to some extent, for example, my patients are generally from Khar, Bandra and Santa Cruz. However I have patients from Dahisar, Virar, Vasai, Andheri, Colaba, Dadar, etc. also. The patients may or may not purchase medicines from shops near my clinic, whereas patients from many different places come to me for diagnosis and therapy. Basically doctors and pharmacists work in synergy. The doctor diagnoses the patient, suggests treatment and prescribes the drugs. The pharmacist checks the prescription, reconfirms with the doctor if there is any error, and explains to the patient the correct way to take the medicine, and any contraindications or adverse drug reactions, if any, are taken care of.

**What would you say is the major satisfaction in your job?**

I would say that there are many small victories in my day-to-day practice, which are a source of immense satisfaction. When a patient is cured, or feels better after therapy, and when they come into the clinic and say "Ab sab theek hai," with a smile on their face, it really makes me happy.

**Pharma companies and doctors have always been a dynamic equilibrium in the healthcare business, what are your views on one trying to exploit the other?**

Pharmacists and doctors have a very symbiotic relationship. Without pharmacists, doctors wouldn't be able to function, and vice-versa. Speaking from the MCI point of view, there have been a lot of incentives given by pharmaceutical companies. It all depends on your ethics, and whether you would like to explore that area at all. If the company is reputed and is providing a quality healthcare drug, or if the doctor is participating in a pharmaceutical molecule research trial, I feel doctors should have a contractual relationship with the company, so that along with their practice, they can make some extra side income, which I feel is of no harm. However, if a doctor prescribes low quality drugs just because of the incentives, this is something which I am absolutely against and don't believe it should exist.

From the point of view of a reliable and ethical pharmaceutical company, the medicines sold by the doctor generate revenue for the pharmacist and consequentially the company. This will contribute to hopefully lowering the price of the drug so it becomes budget-friendly for patients, and also helps in the research element the company is involved in.



**Since Zydus has taken over a medical college, should pharma companies dabble into medicinal education, will that be a better world?**

If it will help people who don't have enough opportunities, for example providing them with scholarships, more facilities and equipment, better infrastructure in general, and give a good standard instead of substandard facilities, and not for the doctors themselves, then yes definitely. That would make a better world.

**Speaking of India, is the situation of the doctors that bad to fall victim to practices such as mob fury.**

The mob fury which a lot of doctors have faced has been condemned by our association, that is Maharashtra Medical Association, and by the MCI. Having said that, there will always be a black sheep. Violence is definitely never the answer. However, there are a few doctors who might give in to practices that are not beneficial for the patient's health. There must be an enquiry as to why the situation happened, because it is always a different story. There are cases where innocent doctors tried their best, but faced mob fury. There are also cases in which I know that the doctor is at fault, therefore they faced mob fury. I reiterate, violence is never the answer, but like they say- "Taali do haath se bajti hai."

**How can the government intervene in this? What can be a possible middle ground in this situation? What would be your suggestion?**

Number one- God forbid such an incident happens, there should be a proper government official who enquires into the case, and puts the wrongdoer behind bars, whether it is the doctor or the mob. At the same time, there should be more security involved for doctors, which is currently being denied by the present government. I feel the government sidelines Doctors in this aspect. It's not the case of a doctor being beaten up, it is a human being who is being beaten up. In government hospitals where such incidents are rampant, there should be more arrangements for security. Some doctors

have started taking matters into their own hands. They keep guns with themselves. I think it is ridiculous because as a doctor you must have the mindset that I will do my work diligently and honestly, and be positive that nothing of that sort will happen to you.

**Have you been on any of the pharmaceutical company organized conferences? Could you give your take on it?**

If the company is say, sponsoring a doctor for a research oriented conference, or for Continuing Medical Education (CME), if I feel the conference is going to benefit the cluster of doctors present over there and the participation of a doctor attending the conference as a keynote speaker, or as the audience, I feel there is nothing wrong with that. However if the doctor is taking the opportunity just to go and have a good time in a different city, then it is debatable. The choice lies with the company to only pick the doctors who are genuinely interested in the material that is going to be learnt in the conference, instead of just picking the doctor who agrees to sell the drug, and is only there to have a good time, and not attend the conference at all.

**Could you please say something for the students who'd be reading this?**

Pharmacists and Doctors, both are very noble professions and important pillars of the healthcare system. I feel the ethical working of a doctor, who tries to put a smile on the patients' faces, and a pharmacist ensuring that quality medicines are dispensed at a subsidized rate, considering India's economy, this will immensely benefit the patient, which is the ideal and end goal. Thank You. All the best

**-As Told to S.Bhatia**



# Upcoming Events



## NATIONAL PHARMACY WEEK (NPW)-2019

### Competitions for Pharmacy Students and Practicing Pharmacists

The Indian Pharmaceutical Association (IPA) has been celebrating the National Pharmacy Week during the 3<sup>rd</sup> week of November every year. The major focus of the NPW celebrations is to create awareness among the public, other healthcare providers and the authorities, about the NPW theme. The 58th National Pharmacy Week (NPW) will be celebrated from 17<sup>th</sup> to 23<sup>rd</sup> November, 2019.



#### PHARMACIST: YOUR MEDICATION COUNSELLOR



##### Patient Information Leaflet Making Competition

Leaflets should be prepared based on the prescriptions uploaded on the IPA website



##### Comic Poster Making Competition

The original poster which should be submitted should be of the size 46cm x 61cm (18 inches x 24 inches) with background white colour.



##### Patient Counselling Video Making Competition

There should be a minimum of 2 participants playing roles, as Pharmacist, Patient/Patient Caregiver. The original video which should be submitted should be of a duration upto 2 minutes (max) and of a size no more than 25MB

**LAST DATE FOR SUBMISSION OF ENTRIES**  
**10<sup>th</sup> November, 2019**

**A Cash prize along with an e-Certificate will be given to the 3 best entries in each category. The winner's names and entries will be published on IPA's website, Pharma Times, IPA CPD e-Times and Panache.**

For the Competition Entry Form and the detail guidelines for each Competition, click on "Announcements" on [www.ipapharma.org](http://www.ipapharma.org) or use the link <https://ipapharma.org/portfolio/announcement/>

For submission of entries and any queries, Email to:  
[ipasf2019activities@gmail.com](mailto:ipasf2019activities@gmail.com) and [ipacpdetimes@gmail.com](mailto:ipacpdetimes@gmail.com)



**INDIAN PHARMACEUTICAL ASSOCIATION**  
**[www.ipapharma.org](http://www.ipapharma.org)**

**To contribute and for article specification connect with us on:**  
**Email:**[pharmamagazine.shreenath@gmail.com](mailto:pharmamagazine.shreenath@gmail.com)  
**Facebook:** Shreenath Pharma Magazine  
**Website:**[www.shreenathpharmamagazine.com](http://www.shreenathpharmamagazine.com)