

# Frontline PHARMACISTS

## Newsletter

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## EDITORIAL



Dear Healthcare Colleagues,

Pharmacies have traditionally been vital in ensuring accessible healthcare, acting as a bridge between patients and healthcare professionals. In the evolving landscape of modern medicine, the role of pharmacists has grown significantly, positioning them as essential advocates for health and well-being. Today, community pharmacists go beyond merely dispensing medications—they serve as educators, advisors, and even key responders in public health crises. However, their path is marked by challenges. Addressing the increasingly complex needs of patients requires ongoing professional growth, the adoption of advanced technologies, and collaboration with other healthcare providers. Areas such as improving medication adherence, managing polypharmacy in the elderly, and tackling chronic diseases continue to present opportunities for pharmacists to create meaningful impacts.

To flourish in this modern age, community pharmacies need to adopt innovative approaches. By incorporating telepharmacy services, broadening preventive care initiatives, and leveraging artificial intelligence for tailored medical solutions, pharmacies can revolutionize the way they serve their communities. Central to these advancements is a steadfast dedication to patient-focused care. As we move forward, let us honor the relentless efforts of community pharmacists in improving lives. Moreover, let us aspire to a future where their invaluable contributions are fully acknowledged and supported, paving the way for healthier societies for generations ahead.

This edition addresses topics including regulatory aspects of narcotic drugs, along with insights into Chronic Kidney Disease (CKD), Cervical Cancer, Epilepsy, and Diabetes. Effective pharmacy practice in CKD includes medication management to slow disease progression, patient education on lifestyle changes, and monitoring for drug interactions, ensuring optimal care. Pharmacists play a key role in HPV vaccination drives, counseling on screening, and supporting treatment adherence, promoting early prevention and improved outcomes. Pharmacists also enhance epilepsy care through tailored medication plans, patient education on seizure management, and minimizing adverse effects, contributing to better quality of life.

I am pleased to frontward the present issue for considerate. On behalf of the IPA Kerala State branch and editorial team, I would like to extend thanks to the professionals who have contributed to the “Frontline Pharmacists”. Your valuable suggestion would help us to improve the quality of this publication.

Please write to “[drkironss@gmail.com](mailto:drkironss@gmail.com) or [frontlinepharmacists@gmail.com](mailto:frontlinepharmacists@gmail.com)”

Best regards  
Dr. Kiron SS

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## MY PHARMACY LICENSING JOURNEY IN GERMANY



**Dr. Ashima Ravindran,**  
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Germany.

I came to Germany in February 2021 to pursue a Master's program at a public university on merit. Initially, I had considered English-speaking countries, but eventually, I chose Germany. At that time, I didn't know any German and only needed to pass IELTS for admission. However, after arriving, I quickly realized how essential the German language is in everyday life. People mostly speak German in offices, shops, and even for part-time jobs. Unless you live in a very international city like Berlin, it is quite difficult to manage without speaking the local language.

I began learning German from scratch, starting at A1 and progressing to B2. These levels cover general language skills and are not tailored to any specific profession. Looking back, I wish I had started learning German before moving here. Initially, learning from non-native speakers without much communication practice wasn't very effective. To improve faster, I made an effort to interact regularly with native German speakers.

After completing B2, I prepared for C1 German and passed the Fachsprachprüfung (C1-level technical language exam) conducted by the state Pharmacy Chamber (Apothekerkammer). This oral exam tests communication skills with patients, including discussions about symptoms, diseases, and medications. To be eligible, all academic documents must be officially translated and recognized in Germany. Preparation typically takes around six months to 1 year.

Passing the Fachsprachprüfung granted me a temporary pharmacy license valid for two years, allowing me to work in pharmacies or hospitals. Within this period, I must pass the Kenntnisprüfung, the main licensing exam for pharmacists in Germany. This is a comprehensive oral exam lasting 1 to 2 hours, covering pharmacology, clinical pharmacy, pharmaceutical chemistry, and German pharmacy law. One of the main drawbacks when comparing the Indian curriculum is that, in Germany, pharmacists are also extensively trained in handling plant-based products and homeopathic medicines. Therefore, thorough preparation in these areas is essential for the examination. Most of the plant-based preparations and homeopathic remedies are available over the counter (OTC), and pharmacists are expected to recommend or identify suitable options based on the patient's symptoms, while carefully considering the patient's other existing medical conditions as well. Preparation may take 6 months to a year or two, and only three attempts are allowed.

Pharmacists in Germany are highly respected and well-paid professionals. Salaries are set through Tarifverträge (collective wage agreements) ensuring minimum pay levels. Pharmacies must have at least one licensed pharmacist present during opening hours. The standard work week is 39 hours, typically 8 hours per day, with some Saturdays included. Overtime, night shifts, and holiday duties are compensated additionally.

#### Community Pharmacy Setting:

Community pharmacies (Apotheken) in Germany are the first point of contact for most patients seeking healthcare advice. Pharmacists are responsible not only for dispensing prescription medicines but also for recommending over-the-counter (OTC) products, including a wide range of plant-based (phytotherapy) and homeopathic remedies. They are trained to counsel patients based on symptoms, while considering individual medical histories, allergies, and concurrent therapies. Pharmacists must ensure that medications are used safely and effectively, and they are legally obligated to offer pharmaceutical care and medication reviews. In addition, community pharmacists in Germany actively participate in vaccination programs (e.g., flu vaccines) and health promotion campaigns.

#### Hospital Pharmacy Setting:

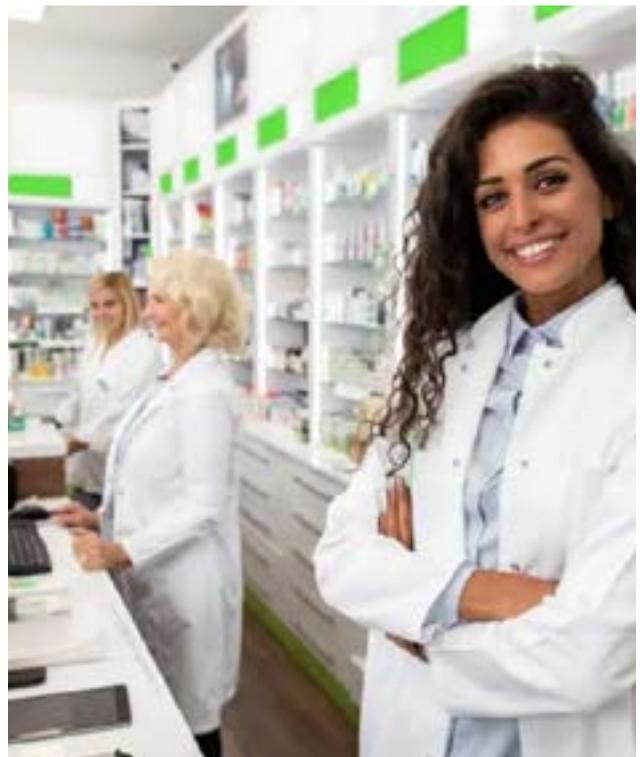
Hospital pharmacists in Germany operate within a more clinical framework. They are deeply involved in medication management, drug procurement, sterile preparation (e.g., IV mixtures, chemotherapy), and interdisciplinary collaboration with doctors and nurses. Pharmacists in hospitals oversee formulary management, conduct medication error prevention programs, and ensure compliance with hospital drug policies. In recent years, the role of hospital pharmacists has expanded towards providing clinical pharmacy services directly to patients, such as monitoring drug therapy, assessing potential interactions, and supporting therapeutic decisions in specialized units like ICU, oncology, and transplant wards.

#### Clinical Pharmacy Weiterbildung (Specialization Training):

In Germany, after completing the primary pharmacy degree and licensing (Approbation), pharmacists can pursue Weiterbildung (postgraduate specialization) in Clinical

Pharmacy ("Klinische Pharmazie"). This structured training enhances a pharmacist's ability to work directly with patients and healthcare teams. It focuses on advanced topics like pharmacotherapy management, clinical pharmacokinetics, pharmaceutical care, patient-centered counseling, and interdisciplinary collaboration. The Clinical Pharmacy Weiterbildung is highly recommended for pharmacists who wish to work in hospitals, specialized clinics, or academic institutions. It usually involves a combination of theoretical coursework, practical clinical rotations, and a final examination through the State Chamber of Pharmacists (Landesapothekerkammer).

It was not an easy journey - tiring paperwork, long delays in the process, limited number of exam attempts, language barriers, and regional slang were significant challenges. Staying on track was crucial. It took around 3.5 years, sometimes waiting for a whole new exam batch, but it was one of the most defining experiences of my career.



# KEY ROLES OF DRUGS CONTROL ADMINISTRATION TO CONTROL NARCOTIC DRUGS: EMPHASIS AND CHALLENGES



**Dr Pradeep.M.R.**

Retired Deputy Drugs Controller, Kerala State.

The Drugs Control Administration (DCA) plays a vital role in regulating and enforcing laws related to narcotics, psychotropic substances, and pharmaceutical drugs in India. Its primary responsibility is to ensure that drugs are manufactured, distributed, and sold under legal and quality-controlled conditions, preventing misuse, illegal distribution, and drug abuse.

Despite its importance, the DCA faces multiple challenges and handicaps that hinder effective enforcement and regulation.

## Current roles

### 1. Licensing and Regulation

- Issues licenses for the manufacture, sale, and distribution of drugs, including narcotics and psychotropic substances, under the Drugs and Cosmetics Act, 1940.
- Ensures compliance with the NDPS Act, 1985, which regulates the handling of narcotic and psychotropic drugs for medical and scientific use.

### 2. Quality Control & Inspection

- Conducts regular inspections of pharmaceutical companies, hospitals, wholesale & retail pharmacies to ensure compliance with quality and legal standards.
- Prevents the sale of spurious, substandard, and adulterated drugs, which can be a major public health hazard.
- Monitors the production of opioid-based analgesics, sedatives, and stimulants to prevent misuse.

### 3. Monitoring Narcotics and Psychotropic Substances

- Regulates the manufacture, sale & usage of controlled substances like Morphine, Pethedine, Fentanyl, Sufentanyl etc in hospitals & stores through allotment orders. Periodic verification of sales and distribution of Psychotropic drugs like Alprazolam, Tramadol, Nitrazepam, Diazepam, Clonazepam etc in the Schedule H1 category.
- Ensures that these substances are only sold against valid prescriptions to prevent their diversion into illegal markets.
- Maintains a strict database of authorized manufacturers, wholesalers, and retailers handling narcotic drugs.

### 4. Curbing Illegal Drug Trade and Drug Abuse

- Works with law enforcement agencies, Narcotics Control Bureau (NCB), and the Excise Department to prevent drug trafficking and smuggling.
- Conducts raids and seizures of illegal pharmaceutical drugs used for recreational abuse.
- Identifies and shuts down illegal manufacturing units producing counterfeit or unauthorized narcotic drugs.
- Collaborates with rehabilitation centres and NGOs to support drug de-addiction programs.

### 5. Regulation of Online drug sales

- Keeps a check on e-pharmacies and online drug markets to prevent illegal sales of prescription-based narcotics.

- Enforces regulations to curb the misuse of dark web marketplaces for drug transactions.

## **6. Public awareness & de-addiction programs**

- Conducts awareness campaigns on drug abuse and its consequences, particularly in schools, colleges, and high-risk areas.
- Promotes safe prescription practices among doctors and pharmacists to prevent misuse.
- Coordinates with health departments and social welfare organizations to implement de-addiction programs.

Handicaps & Challenges in effective enforcement

Despite its significant role, the DCA faces multiple hurdles in ensuring effective regulation and control over narcotic and psychotropic substances.

### **1. Lack of Sufficient Manpower**

- Inadequate number of drug inspectors and enforcement officers to monitor the vast pharmaceutical industry.
- Difficulty in conducting regular inspections across thousands of pharmacies, manufacturers, and distributors.

### **2. Growing Challenge of Online & Cross-Border Drug Trade**

- Increasing use of dark web platforms, social media, and courier services for illegal drug sales.
- Difficulty in tracking and shutting down illegal online pharmacies operating across international jurisdictions.

### **3. Coordination Gaps with Other Law Enforcement Agencies**

- Lack of real-time data sharing between the DCA, NCB, Excise, and police departments, leading to delays in enforcement.
- Need for a centralized digital tracking system to monitor narcotics transactions and offenders.

### **4. Misuse of Prescription Drugs & Loopholes in Regulation**

- Over-the-counter sales of opioid analgesics, sedatives, and stimulants without proper prescription, especially in small pharmacies.
- Need for stricter prescription verification mechanisms to curb unauthorized sales.

### **5. Inefficient Drug Disposal Mechanisms**

- Lack of efficient procedures to dispose of expired or confiscated narcotic drugs, leading to potential leakage into illegal markets.
- Need for secure disposal facilities and strict inventory tracking systems.

### **6. Limited Technological Integration**

- Lack of advanced digital surveillance tools like AI-based monitoring of drug sales and block chain tracking of pharmaceuticals.
- Need for real-time online licensing systems to prevent forged or fake approvals.

### **7. Legal and Judicial Delays**

- Lengthy prosecution processes in drug-related cases, allowing offenders to escape strict punishment.
- Need for fast-track courts to handle serious violations of the NDPS Act.

## **Recommendations for Strengthening the DCA**

### **1. Increase Manpower & Training**

- Recruit more drug inspectors and enforcement officers.
- Conduct specialized training in digital surveillance and modern enforcement techniques.

### **2. Strengthen Coordination Between Agencies**

- Establish a National Drug Enforcement Database connecting the DCA, NCB, Excise, and Police.
- Conduct joint operations against major drug cartels and illegal pharma networks.

### **3. Tighter Control Over Prescription Drugs**

- Implement digital prescription tracking systems to prevent fake prescriptions.

- Stricter penalties for pharmacies selling controlled drugs without prescriptions.

#### **4. Improve Online Drug Monitoring**

- Use AI and machine learning to monitor dark web drug markets.
- Regulate e-pharmacies with mandatory KYC verification before selling controlled substances.

#### **5. Faster Legal Action & Stronger Punishments**

- Establish fast-track courts for drug-related offenses under the NDPS Act.
- Increase penalties for repeat offenders and illegal pharma operators.

#### **6. Enhanced Disposal & Tracking of Confiscated Drugs**

- Introduce automated inventory tracking systems for seized drugs.
- Set up secure incineration and disposal units under strict supervision.

The DCA plays a crucial role in regulating, monitoring, and preventing the misuse of narcotics and psychotropic substances. However, manpower shortages, online drug trade, weak coordination, and slow legal processes hinder its efficiency. Strengthening technological enforcement, inter-agency collaboration, prescription monitoring, and legal frameworks can significantly improve India's ability to combat drug abuse and trafficking effectively.

## **WORLD CANCER DAY: UNITING FOR A HEALTHIER, CANCER-FREE FUTURE**



**Dr. Sowparnika Treasa Sabu**  
Scientist, ICMR Headquarters, New Delhi

#### **Introduction:**

World Cancer Day, observed globally on February 4th, is an initiative led by the Union for International Cancer Control (UICC) to raise awareness, promote prevention, and inspire action in the fight against cancer. With cancer being one of the leading causes of morbidity and mortality worldwide, this day serves as a reminder of the need for collaborative efforts between healthcare professionals, pharmaceutical industries, policymakers, and the public to reduce the burden of this disease.

The Growing Burden of Cancer: A Global and

#### **Indian Perspective**

Cancer is responsible for nearly 10 million deaths annually, making it a major public health challenge. According to WHO, the most common types of cancer globally include:

- Lung cancer (caused mainly by tobacco use)
- Breast cancer (the most common in women)
- Colorectal and stomach cancers

In India, the incidence of cancer is steadily rising. According to ICMR-National Cancer Registry Programme (NCRP), the most common cancers in India include:

- Breast cancer (27.7%) – most prevalent among women
- Lung and oral cancers – common in men,

largely attributed to tobacco use

- **Cervical cancer** – still a major concern due to low screening rates  
Prevention and Early Detection: Key to Reducing Cancer Mortality  
Cancer prevention strategies play a vital role in reducing its incidence and impact.

- **Lifestyle Modifications:**

- Smoking cessation and reduced alcohol consumption.
- Regular physical activity and a balanced diet to prevent obesity-related cancers.

- **Screening and Early Diagnosis:**

- Early detection through mammography, Pap smears, colonoscopies, and PSA tests significantly improves survival rates.
- HPV vaccination reduces the risk of cervical cancer.

- **Public Awareness and Education:**

- Campaigns highlighting the importance of screening and self-examination empower individuals to take proactive measures.  
Pharmaceutical Advances in Cancer Treatment

The pharmaceutical industry plays a pivotal role in advancing cancer care, with continuous innovations in:

- **Targeted Therapies:**

- Drugs such as trastuzumab for HER2-positive breast cancer and imatinib for chronic myeloid leukemia (CML) target specific genetic mutations, improving treatment efficacy.

- **Immunotherapy:**

- o Immuno-oncology drugs like nivolumab and pembrolizumab enhance the body's immune response against cancer cells, offering hope for difficult-to-treat cancers.

- **Precision Medicine:**

- The use of genomic profiling enables personalized treatment plans, improving outcomes and reducing side effects.

- **Biosimilars and Generics:**

- o The availability of affordable biosimilars increases access to cancer therapies, especially in low- and middle-income countries.

### Oncology Drugs Approved by the FDA in January 2025

Throughout the month of January, the FDA has granted approval to several therapies to treat diseases including breast cancer, mantle cell lymphoma (MCL), acute myeloid leukemia (AML), and myelodysplastic syndrome (MDS). (1)

#### T-DXd for HER2-Low and -Ultralow Metastatic Breast Cancer

The FDA has approved fam-trastuzumab deruxtecan-nxki (T-DXd; Enhertu) for unresectable or metastatic, HR-positive breast cancer with HER2-low or HER2-ultralow expression as determined by an FDA-approved test, in patients whose disease progressed after one or more lines of endocrine therapy in the metastatic setting.<sup>2</sup>  
Acalabrutinib-Based Regimen for Previously Treated MCL

Acalabrutinib (Calquence) was approved by the FDA in two settings for MCL: in combination with bendamustine (Rituxan) and rituximab (BR) for previously untreated adults ineligible for autologous hematopoietic stem cell transplantation (HSCT), and as a single agent for previously treated adults.<sup>3</sup>  
Datopotamab Deruxtecan for Advanced Breast Cancer

Datopotamab deruxtecan-dlnk (Dato-DXd; Datoway) received approval from the FDA for adults with unresectable or metastatic, HR-positive, HER2-negative breast cancer that has progressed after endocrine therapy and

chemotherapy.<sup>4</sup>

Treosulfan With Fludarabine for alloHSCT Conditioning in AML and MDS

The FDA approved treosulfan (Grafapex) plus fludarabine for adult and pediatric patients with AML or MDS as a preparative regimen for allogeneic hematopoietic stem cell transplantation (alloHSCT).<sup>5</sup>

The Role of Clinical Trials and Research

Ongoing clinical trials are vital in discovering novel cancer treatments.

• **ICMR's Contribution:**

• ICMR plays a key role in conducting clinical trials for new cancer drugs and promoting cancer surveillance programs in India.

• **Pharma-Driven Innovation:**

• Collaboration between academic institutions and pharmaceutical companies fosters research into new therapeutic options.

The Role of Pharmacists and Healthcare Providers

Pharmacists and healthcare providers are instrumental in cancer care and management.

• **Pharmacovigilance:**

• Monitoring adverse drug reactions (ADRs) from chemotherapy and immunotherapy ensures patient safety.

• **Patient Counseling:**

• Pharmacists counsel patients on managing side effects and adhering to treatment plans.

• **Palliative Care:**

• Ensuring access to pain management drugs (e.g., opioids) improves the quality of life for terminal cancer patients.

Challenges in Cancer Management

Despite advances, several challenges remain:

• **High Treatment Costs:**

o Cancer care is financially draining for many patients, limiting access to advanced therapies.

• **Limited Screening Programs:**

• In India, low screening rates result in late-stage diagnosis and poorer survival outcomes.

• **Access Disparities:**

• Rural areas still face limited access to specialized oncology care.

The Way Forward: A Call for Collaborative Action

**To effectively tackle cancer, multidisciplinary collaboration is essential:**

• Healthcare Providers:

• Need to promote early screening and patient education.

• **Pharmaceutical Industry:**

• Continued investment in R&D for new cancer therapies.

• **Government and Policymakers:**

• Implementation of cancer prevention and control strategies.

• **Civil Society and NGOs:**

• Increasing awareness campaigns to promote early detection.

**Conclusion**

World Cancer Day is more than just a date—it is a global movement for awareness, prevention, and action. With ongoing pharmaceutical innovations, robust public health strategies, and collaborative efforts, the goal of a cancer-free future becomes achievable. Let us use this day to reaffirm our commitment to reducing the burden of cancer through better prevention, early diagnosis, and improved access to quality care.

Together, we can close the care gap and create a healthier tomorrow.

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## GLP-1 AGONISTS: REVOLUTIONIZING DIABETES AND OBESITY CARE – WHAT PHARMACISTS NEED TO KNOW



### **Ms. Zuha Shyma**

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In recent years, a new class of drugs has dramatically reshaped the landscape of type 2 diabetes and obesity management — the glucagon-like peptide-1 (GLP-1)

receptor agonists. These medications, including semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro, Zepbound), were initially introduced to improve glycemic control

in individuals with type 2 diabetes mellitus (T2DM) [1]. However, their ability to promote significant weight loss and cardiovascular benefits has broadened their clinical relevance, placing them at the forefront of endocrinology and general medicine [2].

GLP-1 receptor agonists mimic the action of the naturally occurring GLP-1 hormone, which enhances insulin secretion, suppresses glucagon release, slows gastric emptying, and increases satiety [1]. These physiological effects help control blood glucose and result in substantial and sustained weight loss. Clinical trials such as the STEP and SURPASS programs have demonstrated that patients on semaglutide or tripeptide can experience 10–20% weight reductions, improved cardiovascular outcomes, and better overall metabolic profiles [2]. As a result, these medications are now being used not only for diabetes but also for managing obesity, even in non-diabetic individuals [3].

Several factors have contributed to the rising popularity of GLP-1 drugs. Their clinical effectiveness is unmatched among currently available anti-obesity and antidiabetic agents [2]. Additionally, the growing recognition of obesity as a chronic disease has led to broader acceptance of long-term pharmacological management, with GLP-1 receptor agonists at the center of this paradigm shift [4].

Pharmacists have a crucial role in optimizing the use of GLP-1 drugs. Beyond dispensing, they act as educators, counselors, and safety gatekeepers. One of their key responsibilities is to ensure that patients understand how to use these medications correctly, especially as they are primarily injectable and require proper dose titration to minimize gastrointestinal side effects such as nausea, vomiting, and constipation [1]. Patient counseling also involves setting realistic expectations about the weight loss timeline and blood glucose improvements, as benefits are typically

observed over weeks to months [3].

Pharmacists also play an essential role in monitoring adherence and response. Additionally, they are well-positioned to identify inappropriate or off-label use of these drugs, especially among individuals using them solely for cosmetic weight loss without clinical indications [1].

Another significant concern is accessibility. GLP-1 agonists are often expensive and not universally covered by insurance, making them unaffordable for many patients. Pharmacists can assist in navigating assistance programs, suggesting cost-effective alternatives when possible, and reinforcing the importance of lifestyle changes such as diet and exercise alongside pharmacological therapy [1].

While the clinical benefits of GLP-1 agonists are substantial, their rapid rise has not been without controversy. Issues such as over-prescription, equity in access, and long-term safety remain under discussion [5]. There is also concern that reliance on medication could overshadow the importance of non-pharmacological approaches to weight and diabetes management [4]. Furthermore, increased demand has led to periodic shortages, disrupting care for those needing these medications [5].

Looking ahead, the future of GLP-1 therapy appears even more promising. Next-generation drugs like tirzepatide, which acts as a GLP-1 and GIP receptor agonist, have shown superior results in glucose control and weight loss [2]. Triple agonists are also in development. Oral GLP-1 formulations and longer-acting injectables are being introduced, which may enhance convenience and adherence. These agents are also being investigated for additional indications, including non-alcoholic fatty liver disease (NAFLD), polycystic ovary syndrome (PCOS), and heart failure, further broadening their

potential impact [1].

In conclusion, GLP-1 receptor agonists are redefining the standard of care in chronic metabolic diseases. Their ability to simultaneously address hyperglycemia, obesity, and cardiovascular risk makes them one of the most powerful tools in modern therapeutic practice [5]. This evolution allows pharmacists to play a central role in

patient education, medication management, and interdisciplinary care. Staying informed about these developments and adapting to new responsibilities is essential as pharmacy practice continues shifting from a product-oriented model to a patient- and outcomes-centered model [1].

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## REDEFINING PATIENT CARE: ESTABLISHING BEST PRACTICES IN MEDICATION COUNSELLING



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In today's evolving healthcare system, pharmacists play a crucial role not only in dispensing medications but also in ensuring their proper use through structured patient counselling. As the last point of contact before medication reaches the patient, pharmacists are uniquely positioned to promote medication

safety, adherence, and understanding. A structured counselling approach ensures that the patient becomes an informed and active participant in their own healthcare<sup>1</sup>.

**Foundation of Effective Patient Counselling**  
For patient counselling to be meaningful,

it must be rooted in three essential pillars: a compassionate, patient-centered mindset; updated clinical knowledge and communication skills; and a private, dedicated space that allows for effective interaction. Counselling should never be hurried or impersonal—it should empower the patient to use their medication safely and effectively.

A dedicated counselling area, preferably a quiet room with minimal distractions, should be available in every healthcare setting<sup>2</sup>. This space should include reference materials, computer access to drug databases, patient education leaflets, and sufficient seating for the patient and caregiver.

### **Step-by-Step Patient Counselling:**

#### **A Recommended Approach**

The patient counselling process begins the moment a patient arrives at the pharmacy.

Below is a recommended step-wise approach:

#### **1. Warm Reception:**

Welcome the patient with a smile, offer them a seat, and create a friendly environment.

#### **2. Professional Introduction:**

Introduce yourself as the pharmacist and explain your role in helping them understand their medications.

#### **3. Prescription Review:**

Collect the prescription and verify the patient's identity. If the patient is unavailable, counsel the caregiver, although this should be minimized.

#### **4. Clarify Prior Information:**

Ask if the patient has already been briefed about the medication by the doctor or another health professional.

#### **5. First-Time Use Check:**

Determine whether this is the patient's first time using the prescribed medicine.

#### **6. Medication Identification:**

Show the patient the medication and state its name clearly.

#### **7. Purpose and Function:**

Explain what the medication is for, how it works, and the importance of taking it as prescribed<sup>3</sup>.

#### **8. Dosage and Instructions:**

Provide clear instructions on how and when to take the medicine, including route, frequency, and duration.

#### **9. Precautions and Side Effects:**

Discuss common side effects, possible adverse reactions, and what steps to take if they occur.

#### **10. Storage Advice:**

Instruct the patient on proper storage methods and stress keeping medicines out of children's reach.

#### **11. Missed Doses and Refill Info:**

Explain what to do if a dose is missed and provide information about prescription refills, especially for restricted drugs.

#### **12. Safe Use and Disposal:**

Emphasize the importance of not sharing medicines and returning unused medication to the pharmacy for proper disposal.

#### **13. Engage and Clarify:**

Ask the patient if they have any doubts or questions. Check for understanding by asking them to repeat key instructions.

#### **14. Closure and Follow-up:**

Hand over the medication respectfully, thank the patient, and encourage them to reach out in case of any future concerns. If the patient has a chronic condition, gently remind them of their next visit.

### **Importance of SOP and Advocacy**

Developing a Standard Operating Procedure (SOP) for patient counselling helps ensure consistency, quality, and compliance with hospital pharmacy standards. Advocating for its implementation involves training pharmacy staff, integrating counselling protocols into daily workflow, and aligning with institutional goals of patient safety and quality improvement.

SOPs can also support documentation, facilitate audits, and serve as a teaching resource in academic institutions. Regular assessment of counselling practices and gathering feedback from patients helps refine and enhance the service further<sup>4</sup>.

### **Conclusion**

Patient counselling is a fundamental responsibility of pharmacists and forms the cornerstone of rational drug use. When done well, it reduces medication errors, improves therapeutic outcomes, and builds trust in the healthcare system. Pharmacists must continue to grow as communicators,

educators, and advocates for patient empowerment. Through effective counselling, pharmacists ensure that patients understand their medications—how to take them, what to expect, and what to avoid. This process not only minimizes medication errors and adverse drug reactions but also improves adherence and optimizes therapeutic outcomes. When patients are informed and empowered, they are more likely to participate actively in their own care, leading to better health results and reduced burden on healthcare systems. Moreover, consistent and compassionate communication during counselling builds trust between patients and healthcare providers, fostering a more transparent and patient-centred approach to care<sup>5</sup>. As the scope of pharmacy practice continues to expand, pharmacists must evolve as skilled communicators, health educators, and advocates for patient empowerment. Ongoing training in patient interaction, cultural competence, and health literacy is essential to uphold the profession's role in promoting safe and effective medication use.

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## Practice Quiz (Cervical Cancer, CKD, Epilepsy)



**Dr. Suja Abraham**

Professor & HOD, Department of Pharmacy Practice Nirmala  
College of Pharmacy, Muvattupuzha

1. Which virus is most commonly associated with cervical cancer?  
a) Hepatitis B  
b) HIV  
c) HPV  
d) Herpes simplex
2. Which of the following is the screening test for cervical cancer?  
a) Mammography  
b) Pap smear  
c) Colonoscopy  
d) Endoscopy
3. The recommended age for starting HPV vaccination is:  
a) 9–14 years  
b) 18–25 years  
c) 30–45 years  
d) After menopause
4. Which of the following is used to estimate kidney function?  
a) ALT  
b) Creatinine clearance  
c) Amylase  
d) PSA
5. GFR stands for:  
a) Glucose filtration rate  
b) Glomerular filtration rate  
c) Glomerular fluid rate  
d) General fluid retention
6. Which of the following is an early sign of CKD?  
a) Hematuria  
b) Polycythemia  
c) Proteinuria  
d) Jaundice
7. The dietary recommendation for CKD patients includes:  
a) High protein  
b) High potassium  
c) Low sodium  
d) Low carbohydrate
8. Anemia in CKD is mostly due to:  
a) Iron overload  
b) Erythropoietin deficiency  
c) B12 deficiency  
d) Folate deficiency
9. Which drug is commonly used to reduce proteinuria in CKD?  
a) Beta-blockers  
b) ACE inhibitors  
c) Diuretics  
d) NSAIDs

10. Most common complication of CKD is:  
a) Hypotension  
b) Hyperlipidemia  
c) Hyponatremia  
d) Hyperkalemia
11. Dialysis is typically initiated when GFR is:  
a) >60 mL/min  
b) 45–60 mL/min  
c) 30–45 mL/min  
d) <15 mL/min
12. Which vitamin is commonly supplemented in CKD?  
a) Vitamin B1  
b) Vitamin C  
c) Vitamin D  
d) Vitamin K
13. The most common type of seizure in epilepsy is:  
a) Absence seizure  
b) Myoclonic seizure  
c) Tonic-clonic seizure  
d) Atonic seizure
14. Status epilepticus is a seizure lasting:  
a) >1 second  
b) >5 minutes  
c) >1 hour  
d) >1 day
15. Which drug is NOT an antiepileptic?  
a) Phenytoin  
b) Carbamazepine  
c) Diazepam  
d) Olanzapine
16. Which antiepileptic drug is associated with gingival hyperplasia?  
a) Levetiracetam  
b) Lamotrigine  
c) Phenytoin  
d) Valproate
17. A sudden brief lapse of awareness with staring is typical of:  
a) Tonic seizure  
b) Absence seizure  
c) Complex partial seizure  
d) Myoclonic seizure
18. Sudden withdrawal of antiepileptic drugs can lead to:  
a) Hyperglycemia  
b) Seizure recurrence  
c) Mood elevation  
d) Anorexia
19. Which antiepileptic drug is safest in pregnancy?  
a) Valproic acid  
b) Phenytoin  
c) Levetiracetam  
d) Phenobarbital
20. Auras in epilepsy are:  
a) Auditory Hallucinations  
b) Early warning signs of a seizure  
c) Headache  
d) Post-seizure confusion

*\*Please refer the answer key on page number 25*

## IPA KERALA STATE - ASSOCIATION NEWS

31st January – 2nd February 2025

Persona 2025 Camp at Ahalia School of Pharmacy, Palakkad

The Persona Camp '25 was an unforgettable experience that I shall cherish for years to come. It had an engaging scheme where we got to expand our knowledge and sharpen our skill set. It was an event with various brilliant minds in attendance – dealing with our thoughts and questions, making us introspect our lives, and looking deeply into ourselves. A key factor that made this camp immensely successful was that it gave much importance to building interpersonal skills. It made me think about life after graduation and

how it is an asset that could guide me into a brighter future and career advancement. I was able to communicate and connect with students from all walks of life, and each interaction taught me something new about life. I journeyed by train with my colleagues and for the first few hours, we deafened everyone there with our singing abilities. Once we reached our destination, everything was so well organised beyond my expectations. We were guided into our rooms without much delay. The rooms were all clean and the whole campus was impeccable.



*Welcome dance by students of Ahalia College of Pharmacy, Palakkad*

Persona '25 was organized by IPA, Kerala State Branch, from 31 January to 2 January 2025, and in its heart was a personality development programme. We were brought into the rhythm of the programme by Mr. John Joseph. Rather than preaching an entire sermon, he showed true leadership skills and had such command over the audience and brought us into full swing. The initial games were played with much fervour, making the whole session vibrant.



*Dr. Mohanan Kunnummal , Vice Chancellor KUHS inaugurating the Persona 2025*

The word 'punctuality' is now etched in my mind – a coined word used by Mr. George M.P., former State Drug Controller. I now dread not being punctual for anything. His classes were more introspective, and I had never thought of life in such a way before. His words were all hitting home and made me question most things I had overlooked. The following day, Dr. Rajeshwari R. conducted a session on communication skills. Though I was initially hesitant about attending a session on this topic (communication isn't one of my core strengths, also dancing), I was brought to ease with her talking and found the session engaging. The session by Mrs. Rajeshwari K.V. mainly centred around emotional intelligence. Her presentation was very much grounded, and the incidents in her life that she shared made me tap into my own emotions. Dealing with my emotions was something I had yet to master, and the next session by Mr. Prasad M., Psycholinguistic Trainer, taught me many life lessons through some fun games and interactions. It was the session most enjoyed by many. Problem-solving session by Ms. Haritha Nair was also effective.

The Ahalia Campus was so vast that I couldn't explore much of it. I especially loved the visit to the Heritage Museum. It was so well maintained. The whole campus was tranquil and serene. The treasure hunt at the sculpture park was so engaging. I kind of wished to walk around instead of running, as I couldn't notice much of the sculptures in the hurry-burry. The Punarjani auditorium was grand and also helped to beat the heat outside. The food was way better than I thought it would be and I had a grand time with my friends. DJ night was awesome though the time was short. Looking forward to another camp by IPA with this much grandeur. When we are growing up, there are all sorts of people telling us what to do, when really what we need is space to work out who to be.

-----  
Refection by: Joan Salil Third Semester, B.Pharm., Mar Dioscorus College of Pharmacy, Trivandrum

18th January 2025

## PHARMA CONCLAVE AND AWARD CEREMONY

Indian Pharmaceutical Association, Kerala state branch organized Certificate awarding ceremony of "Orientation to Pharma industry", a training program for Pharmacy students and Pharma Conclave at Chemists College of Pharmaceutical Science & Research Ernakulam on 18th January 2025

Justice Shri. N Nagaresh, Judge of High Court of Kerala was the Chief guest. He inaugurated the ceremony with lamp lighting and acclaimed role played by the Indian Pharma industry in the global healthcare scope. He appreciated IPA in carryout such program to encourage students toward Pharm industry, a dynamic and rewarding world. Mrs. Neeba Babu was the master of the ceremony. After prayer the Prof. Dr. C Vijaya Raghavan, Principal gave the welcome speech. Welcome speech was followed by Presidential address by Dr. P Jayashekar, President, IPA Kerala State Branch. Dr. John Joseph, Hon. Secretary, IPA Kerala State Branch presented 'Orientation to Pharma Industry - 2024' report.

Chief Guest launched the website of IPA Kerala State Branch. The Justice Shri Nagaresh honored Dr. Sujith Kumar K, Drugs Controller Kerala with Outstanding Achievement Award (Pharmaceutical Regulatory Affairs) and Shri. AN Mohan with Lifetime Achievement Award. Dr. Sabitha M, Principal, Amrita School of Pharmacy presented with the Certificate of Appreciation from National President of IPA for instituting the outstanding IPA and IPASF activities at Amrita School of Pharmacy. Mr. Prasanth kumar, Associate Professor of Pharmaceutics, Moulana College of Pharmacy, Perinthalmanna was honored by

the Chief Guest for his sincere contribution in Social Media committee and designing IPA KSB website. Shri. Saju John, Deputy Drug Controller, Kerala State gave the key note address. Shri. E A Subramanian, MD KSDP Ltd, Alappuzha enlightened the participants with his speech. Cash prizes and Merit Certificates were distributed to first five top scorers of OPI 2024 participants. Certificates were given to the OPI 2024 participants & faculty coordinators.

Shri. K P Purushothaman, President, KPMA Shri. M Sasidharan, General Secretary, C&DES, Shri. P K Harikumar Joint Secretary, IPA Kerala State Branch and Ms. Rajalakshmi Chairperson, IPASF State Executive Council felicitated the event. The inaugural session was closed with the vote of thanks by Dr. John Thomas, Vice Principal, CCPSR.



Inaugural ceremony was followed by an invited talk on “Entrepreneurship scopes in Pharma industry and trade by Sri . M. Vijayakumar, MD Auxesia Life Sciences Pvt Ltd. The session was chaired by Dr. Pradeep MR, Deputy Drugs Controller ( Retd) ,Kerala chaired the session.

Panel Discussion on the topic “Pharma Industry: Threats and Opportunities”.

Shri. Saju John, Deputy Drug Controller, Kerala State chaired the session and Smt. Raji M K, Associate Professor, CCPSR moderated the session The panelists were Mr. Purushothaman ( MD Chethana Pharamceutics) , .Shri. Ashok kumar (MD Megasys Biotek Pvt Ltd,) Shri. Aju Mohan DeputyProduction Manger , KSDP Shri. P V Cherian, Senior Manager Administration, Sance Laboratories, Kottayam Shri. Shine Varghese Pathadan, Vice President – Operations, Megasys Biotek, Pvt. Ltd., Thrissur

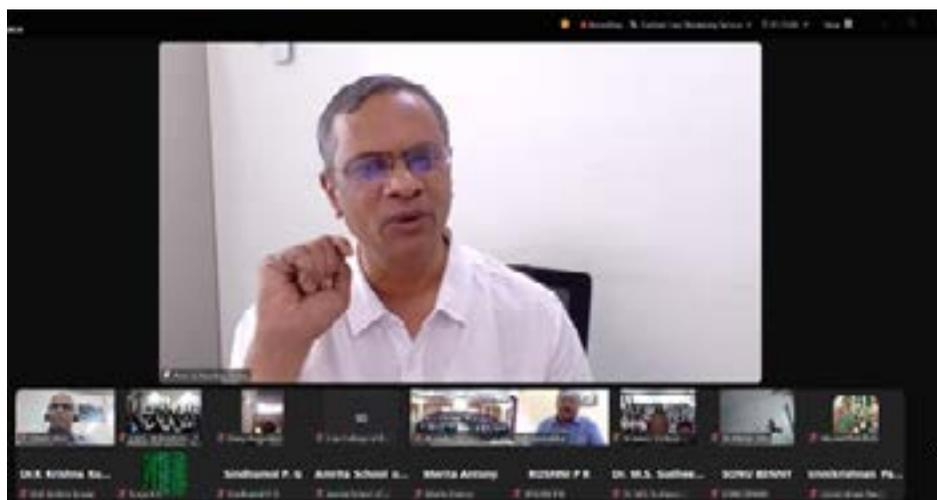
Panel Discission 2: Pharmaceutical Trade: Challenges for Sustainable Growth was chaired by Shri. Shajil Kumar M, Press Club Secretary, Ernakulam and Smt. Divya Raj, Assistant Professor, CCPSR moderated the session. The panelist were Shri. A N Mohan, (President, AKCD), Shri. Jayaraj L R, General Secretary, AKCDA, Shri. Shisi A, Treasurer, IPA Kerala State Branch), Shri. K P Vasantharaj, Treasurer, AKCDA, Shri. Cinu C R, Assistant Manager HR, Apollo Pharmacies Ltd. and Shri. Mansoor K P, Business Manager, HLL Lifecare Ltd.

Both of the sessions were interactive and chair, moderators and panelists were presented with a memento and certificate for their valuable involvement.



*Dr. Sabitha M, Principal, Amrita School of Pharmacy receiving The Institutional Excellent Award of IPA from the Chief Guest*

28th February 2025  
National Science Day 2025 Celebration



The Indian Pharmaceutical Association Kerala state branch organized a webinar on “National Science Day 2022 on 28th February 2025 to commemorate the birthday of Sir CV Raman, great Scientist of India. The theme of the NSD 2025 “Empowering Indian Youth for Global Leadership in Science and Innovation for Viksit Bharat’

The webinar was well attended by the students and faculty members by watching live streaming of the program in the auditorium.

The Chief Guest of day and keynote speaker, Dr. Narahari Sastry, Eminent Scientist of India and Shanti Swarup Bhatnagar Prize awardee and Professor of Biotechnology Chemistry , IIT Hyderabad who presented a talk on “Impact of Artificial intelligence on pharmacy academia and industry” He highlighted the significance of AI in Pharmaceutical research , industry and academia.

Dr. K Krishnakumar , Principal, St. James College of Pharmaceutical Science, Chalakudy introduced the Chief Guest and

Keynote speaker. Ms. Sonu Benny Research scholar of Amrita School of Pharmacy, Kochi was the master of ceremony and outlined the significance of NSD. Dr. John Joseph, Hon. Secretary of IPA Kerala state branch and Principal, Lisie College of Pharmacy Kochi while welcoming the gathering narrated the significance of National Science Day and urged students to take up science education and research more seriously

Dr. P. Jayasekhar President IPA Kerala state branch gave NSD message urged the faculty to inculcate a research mind-set in the students. Teaching- research nexus is an important tool where the faculty can bring his/ her research in the classroom to stimulate research in our students. Problem solving and critical thinking ability are to be fostered and promoted nicely in the classrooms.

The Stanford/Elsevier Top 2% Scientists - 2024 Dr Bijo Mathew and Dr. Sabitha M of Amrita School of Pharmacy were invited to share their research experience. Dr Bijo encouraged the participants for quality publication in indexed journals and Dr. Sabitha outlined the steps in

writing good proposal to tap research grants from Funding agencies.

Two young researchers were invited to present their e cutting-edge research findings in the webinar. Dr. Sherin Hameed, Associate professor College of Pharmaceutical Sciences Govt. Medical College, Thiruvananthapuram shared the research findings of her doctoral work on Molecular design and anti-inflammatory profiling of novel 1,3,4-thiadiazol-2-imine congeners” . Dr. Jooly

Kurien outlined her Ph.D work on “Harnessing Nature with Science: Fenugreek Seed Mucilage Muco-adhesive Beads for Effective Diabetes Management”

Dr. David Paul Assistant Professor Department of Pharmaceutical Analysis NIPER, Kolkata proposed a vote of thanks. The live streaming of the webinar was done in the seminar hall/ auditorium of about 12 colleges so that pharmacy students and faculty could watch together and interact.

## 7th March 2025

### HLL- Pharmaceutical care Conclave on HLL Lifecare Limited – Transforming Pharmacies to Pharmaceutical Care Centres of Excellence

The Pharmaceutical Care Conclave on the theme “HLL Lifecare Limited – Transforming Pharmacies to Pharmaceutical Care Centers of Excellence” was organized on 7th March 2025 at Bolgatty Palace and Island Resort, Cochin. The event was a collaborative effort by HLL Lifecare Limited (A Government of India Enterprise) and the Indian Pharmaceutical Association,(IPA) Kerala State Branch, held as part of the Continuous Professional Development Program (PDP) with an aim at advancing HLL AMRIT Pharmacies into Pharmaceutical Care Centers of Excellence.

Dr Anitha Thampi, Chairman & Managing Director, HLL Lifecare Ltd graced the event as the Chief Guest. The Guests of Honour included Shri Ajit N, Director (Marketing) HLL Lifecare Ltd and Prof. Manjiri Gharat, FIP India Envoy 2025-26, Immediate Past Vice President of FIP & IPA. Principal, K.M. Kundnani Pharmacy Polytechnic, Ulhasnagar Maharashtra.

The HLL lifecare Ltd and IPA Kerala State branch entered into an agreement to provide

Professional Development program on Good Pharmacy Practice as per the provision of Pharmacy Practice Regulations 2015. The 15 modules of training program were delivered on weekends with pre-test and post- test from November 2024. Out of 95 pharmacists registered for the PDP, from all over India, 74 successful candidates completed the PDP successfully to receive Certificates of CPE credits

Registration for participants commenced at 8:30 am, followed by the professional sessions starting at 9:30 am, focusing on key areas such as Pharmaceutical Care, Patient Safety, Prescription Audit, and Drug Information Service. Mr Thomas Abraham, Deputy Vice President HR welcomed the gathering and outlined the program to the participants of the conclave came from all over India. Prof. Manju C.S from the Department of Pharmacy Practice, Govt. Medical College, Kozhikode, delivered a session on “Paradigm Shift: Pharmaceutical Care”. Dr. Kiron S.S, Professor of Pharmacy Practice, Govt. Medical College, Kannur, spoke on “Pharmacovigilance in

Pharmacy Practice". Dr. Manjula Devi A.S, Professor of Pharmacy Practice, College of Pharmacy, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, presented on "Ensuring Patient Safety: A Systematic Approach to Materiovigilance in Pharmacy Practice". Dr. Shamna M.S, Assistant Professor of Pharmacy Practice, Govt. Medical College, Kottayam, discussed "Prescription Audit in Pharmacy Settings". Dr. Suja Abraham, Professor & HoD of Pharmacy Practice, Nirmala College of Pharmacy, Muvattupuzha, provided an Introduction to Micromedex Application. Mr. Amarnath N, Marketing Head (South), DAIKNOW Pvt. Ltd, Bengaluru, conducted a demo on Micromedex Software. The Pharm D students from Amrita School of pharmacy, Kochi served as volunteers of the conclave.

After the lunch break, a panel discussion was held on the theme "Transforming HLL AMRIT Pharmacies to Pharmaceutical Care Centers of Excellence", featuring experts from academia, industry, and regulatory sectors. The session was moderated by Shri. M.P. George, Vice President of IPA KSB & Former Drugs Controller, Kerala State. The panelists included: Shri. Benny Joseph, Vice President & Group Head (Pharma), HLL Lifecare Ltd, Dr. Pradeep M.R, Deputy Drugs Controller (Retd.), Kerala State, Smt. Anriya Tom, Associate Professor of Pharmacy Practice, Nirmala College of Pharmacy, Muvattupuzha, Smt. Remya Gayathri, Assistant Professor of Pharmacy Practice, Chemists College of Pharmaceutical Sciences & Research, Kochi. The Valedictory Session commenced at 3:45 pm with a prayer. Dr. Roy Sebastian, Senior Vice President (HR), HLL Lifecare Limited, extended a warm welcome to the gathering. Shri. M.P. George, Vice President of IPA KSB & Former Drugs Controller, Kerala State, presented a Report on the PDP on Good Pharmacy Practice. The Presidential Address was delivered by Dr. P. Jayasekhar, President of IPA Kerala Branch & Former Dean, College of Pharmacy, National University of Science

& Technology, Muscat. The Keynote Address was given by Dr. Anitha Thampi, Chairman and Managing Director of HLL Lifecare Ltd. Prof. Manjiri Gharat, FIP India Envoy 2025-26, Immediate Past Vice President of FIP & IPA, and Principal of K.M. Kundnani Pharmacy Polytechnic, Ulhasnagar, Maharashtra, presented the Concept Presentation on "Community Pharmacies – Going beyond Dispensing". . Shri. Ajit N, Director (Marketing), HLL Lifecare Ltd, was the Distinguished Guest Speaker .

The HLL Lifecare Ltd management is committed to transform the Amrit Pharmacy outlets into professionally managed patient-centred pharmaceutical care centres. The participants were much thankful the management of HLL life care for providing such meaningful training program and empowering them to carry out patient counselling as a first step towards Pharmaceutical care centres of excellence.

The best performers of the PDP were bestowed with Merit Certificates and citation mementos by the Dr. P. Jayasekhar and Dr Roy Sebastian. All successful participants of the PDP were given certificates of CPE points. The resource person and organisers were given certificate of recognition and citation memento by HLL lifecare Ltd. The participants presented their reflections the PDP conclave and assured best practices in the workplaces. Dr. John Joseph, Hon. Secretary of IPA & Professor Emeritus, Lisie College of Pharmacy, Kochi proposed vote of thanks. . The program concluded with dinner along the scenic banks of the "Queen of the Arabian Sea".



*Award ceremony: R to L Dr Roy Sebastian, Mr MP George, Mr. Ajith N, Dr. P.Jayasekhar, Prof Manjiri Gharat, Dr, John Joseph*



*Prof. Manjiri Gharat being folliculated by Shri . Ajit N Director, HLI Lifecare Ltd.*



IPA-HLL Lifecare PDP team with participants of Amrit Pharmacies.

### Drug Design and Discovery Discussion Group Webinar series

Date	Resource person	Topic
07 JAN 2025	 Dr. Somasundaram Assistant Professor Department of Pharmacology & Toxicology NIPER Kolkata	<i>Study of Pulmonary Arterial Hypertension induced right ventricular failure in rats</i>
21 JAN 2025	 Dr. Parasuram Parvadi Associate Professor, Dept of Pharmaceutical Chemistry, M. S Ramaiah University of Applied Science, Bangluru	<i>Applications of Artificial Intelligence in drug discovery</i>
18 FEB 2025	 Dr. Madhue. Nicholas Founder & CEO Arobel International Pvt. Ltd. Telagana	<i>Process Development and Validation</i>
18 MARCH 2025	 Dr. Nagula Shankaraiah Associate Professor, Department of Medicinal Chemistry, NIPER- Hyderabad	<i>Development of New Chemical Entities in Cancer Drug Discovery: Molecular Hybridization Strategy</i>
25 MARCH 2025	 Dr. T.R.Santhosh Kumar Scientist G, Cancer Research, Rajiv Gandhi Centre for Biotechnology Trivandrum, Kerala Meeting	<i>Cell Engineering for Cancer Drug Discovery and Targeted Cell Therapeutics</i>

**Answer key of Practice Quiz**

1.c, 2.b, 3.a, 4.b, 5.b, 6.c, 7.c, 8.b, 9.b, 10.d, 11.d, 12.c, 13.c, 14.b, 15.d, 16.c, 17.b, 18.b, 19.c, 20.b

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# Frontline PHARMACISTS



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