



# PHARMA REX

An official Newsletter of Department of Pharmacy Practice,  
QIS College of Pharmacy, Vengamukkapalem, Ongole,  
Prakasam District, Andhra Pradesh, PIN: 523 272

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## From The Editor's Desk:

We have a great privilege on releasing the first newsletter of QIS College of Pharmacy (QISCP). This newsletter carries the information of our activities that happened in our Campus. We extend our sincere thanks to our beloved Secretary & Correspondent, President of SNES for the constant support and encouragement to release the departmental newsletter which will serve as a platform for today's Pharmacist to share the knowledge and recent advances pertaining to the pharmacy profession.

## About The QISCP:

QIS College of Pharmacy was established in the year 2006 by Sri Nidamanuri Educational Society, committed for promoting Pharmaceutical education in Prakasam District. The college was affiliated with Jawaharlal Nehru Technological University (JNTUK), Kakinada and approved by AICTE, Pharmacy Council of India, New Delhi. A team of educated, enlightened, experienced professionals with vision, firmly determined to promote a high quality of education would strive to provide every facility for achieving excellence.

## Vision

The vision of QIS College of Pharmacy is to achieve excellence in innovative pharmacy education, practice, services to society and the profession and thus improve the healthcare of the community and country.

## Mission

QIS College of Pharmacy aims to become a center of excellence in providing high quality education, training and research to individuals in acquiring extensive knowledge in the field of pharmaceutical sciences and skills in scientific research so that they can enrich their lives, develop their confidence and become respectable and useful members of society and contribute further to the enhancement of the nation.

## GUEST LECTURES ORGANIZED



- ◆ Dr. R. V. Raghunandhan MBBS, MD, Clinical radiologist, HCG MNR Curie Cancer Centre, Ongole has delivered a guest lecture on "Cancer Awareness" as a part of **National Cancer Awareness Day** on 07<sup>th</sup> November 2017 .
- ◆ Hands on training programme was conducted by Mr. Amaranth Vice-President, Indian vans scientific information on "Micromedex Database" for Pharm. D students at Dhanavantri Seminar hall QISCP on 24<sup>th</sup> October 2017.
- ◆ Department of Pharmacy Practice organized a continuous pharmacy education programme on "Tuberculosis" by Dr. T. Ramesh, District TB Control Officer, Ongole on the eve of **World TB Day** on 24<sup>th</sup> March 2017.
- ◆ Organized Continuous Pharmacy Education Programme on "Role of Clinical Pharmacist in Patient Counseling" by Dr. Challa Siva Reddy, M.Pharm, Ph. D, Professor, KVSRR Siddhartha College of Pharmaceutical Sciences, Vijayawada on 15<sup>th</sup> March 2017.

## TRAINING PROGRAMME CONDUCTED

Training programme to IV year B. Pharm students was conducted on “NSDC Module Domestic Data Entry Operation and Medical Coding” by Mr. V. Purushotham, M. Sc (Biotechnology) from 18<sup>th</sup> to 23<sup>rd</sup> August 2017.

## CO-CIRRICULAR ACTIVITIES

Cancer Awareness work shop was conducted by Pharm. D students at RIMS General Hospital, Ongole on the eve of **National Cancer Awareness Day** on 07<sup>th</sup> November 2017. As a part of programme, students conducted counseling on different types of cancers through poster presentation and distributed patient information leaflets.

As a part of **World Immunization Day**, on 10<sup>th</sup> November 2017, IV year Pharm. D students conducted awareness on immunization schedules in association with RIMS General Hospital, Ongole.



Diabetes awareness programme was conducted on the eve of **World Diabetes Day** by Pharm. D students on 14<sup>th</sup> November 2017. As a part of the programme students conducted a free diabetic screening and counseled about the disease and its long term complications by providing patient information leaflets at RIMS General Hospital, Ongole.

NSS Team and Pharm. D students of QISCP participated actively in **Medical Camp** organized by QIS College of Pharmacy at DRR Municipal High School, Ongole on 3<sup>rd</sup> September 2017.

Pharm. D students actively participated in awareness on **Tuberculosis Rally** organized by Govt. of AP, on the eve of **World TB Day** on 24<sup>th</sup> March 2017.

## CONFERENCES AND WORKSHOPS ATTENDED

III year Pharm D students actively participated in “**National IPA Student Congress**” held at Vikas College of Pharmaceutical Sciences, Rajahmundry on 2<sup>nd</sup> & 3<sup>rd</sup> September 2017.

III year & IV Year B. Pharm Students actively participated in “**Pharmorica**” a largest Pharmaceutical innovative event held at Amaravati, Guntur from 11<sup>th</sup> to 13<sup>th</sup> August 2017.

III year Pharm. D students Sk. Aashmi, Y. Hafeeza, T. Mythili and IV B. Pharm student K. Neeraja participated in the “**National Women Parliament**” held at Ibrahimpatnam from 10<sup>th</sup> to 12<sup>th</sup> February 2017.

## Ph.D AWARDED

**Dr. Ch. M. M. Prasad**, Associate Professor, Department of Pharmaceutical Chemistry, QIS College of Pharmacy was awarded Doctorate of Philosophy, (Ph.D.) under the guidance of **Prof. Y. Rajendra Prasad** by JNTUK-Kakinada for his research entitled “**Synthesis, Biological and Computational Evaluation of Some New Chalcones and Benzothiazepines**” on 24<sup>th</sup> August 2017

**ALIEN HAND SYNDROME**

WHEN YOUR HAND HAS A MIND ON ITS OWN

Alien Hand Syndrome or Dr. Strangelove Syndrome is a phenomenon in which one hand is not under control of the mind. The person loses control of the hand, and it acts as if it has a mind of its own. The term "alien hand" is more liberal and requires having observable involuntary motor activity along with the feeling that the limb is foreign or that it has a will of its own.

**Causes:**

The etiology includes Neurosurgery on the corpus callosum, Brain tumor, Aneurysms, Degenerative diseases of the brain & Rarely stroke.

**Symptoms:**

The hand (affected) provides an action that the person affected is unaware of. It would come to a point of awareness to the affected when the hand behavior catches his or her attention. The affected would believe that they are being possessed of some sort or they would believe that an alien has taken over his or her hand.

**Diagnosis:**

Functional MRI has been used to study brain activity in patients with alien hand syndrome.

**Treatment:****Pharmacological:**

The treatment of Alien Hand Syndrome include therapies directed at muscle control, such as Botulinum Toxin, Neuromuscular Blocking Agents.

**Non Pharmacological:**

Self exercises & Physiotherapy

By

K. Srujana  
IV year Pharm. D**CASE REPORT ON PEMPHIGUS VULGARIS**

Pemphigus vulgaris is a rare autoimmune disease that causes painful blistering on the skin and mucous membranes. Pemphigus vulgaris is the most common type of a group of autoimmune disorders called Pemphigus, where the immune system mistakenly attacks the healthy tissues via self-antibodies. These antibodies break down the bonds between the cells, and fluid collects between the layers of the skin. This leads to blisters and erosions on the skin. Very rarely, certain medications can cause pemphigus vulgaris. These drugs include: Penicillamine (which is a chelating agent that removes certain materials from the blood) ACE inhibitors (which are a type of blood pressure medication).

**Case Report:**

A 57 year old male patient admitted in Dermatology ward with the chief complaints of Multiple fluid filled lesions on upper limbs, trunk, face, head; Erosions over tongue and buccal mucosa, this episode was started 1 months back. The past medical history of the patient was that he was Hypertensive since three years and is under medication ( Enalapril 5mg) and also a K/C/O Pemphigus Vulgaris since 2 years and is on regular treatment. On physical examination the BP (160/100 mmHg) was elevated and BMI is 27.83kg/m<sup>2</sup>. Laboratory investigations have shown Haemoglobin(9.6gm%), Polymorphs(70%), Monocytes(5%), A/G Ratio(3.9mg/dl), RBS(260mg/dl), Creatinine(1.3mg/dl), SGOT (39U/L), SGOT(42U/L) levels were altered.

**Discussion:**

Based on the Chief complaints, past medical history, past medication history, Laboratory investigations the Patient was diagnosed as PEMPHIGUS VULGARIS. Inj.Dexamethasone(10mg)OD, Ointment.Safromycin (1%)BD Tab.Cetirizine(10mg)H/S Ointment. Betnovate BD Inj.Cyclophosphamide(500mg)OD Tab.Cefotaxim (1gm) BD Tab.Azithromycin(500mg)BD Tab.Ecosprin (150mg)OD Tab.Atorvastatin(40mg)OD Tab.Clopidogrel(75mg)OD Tab.Enalapril(5mg) OD Tab.Metoprolol(50mg), BD Tab.Furosemide(20mg) OD were given to treat elevated hypertension. Vitamin supplements like Vitamin B. Complex/Folicacid were given. Also Tab.Pantoprazole(40mg) was given as a prophylactic to avoid gastric ulcers induced by the medications. In this drug regimen given to the patient there is a Major medication error - Enalapril (ACE INHIBITOR) is given which is actually contraindicated in this diseased condition. So, this was reported to the respective Physician, else the patient condition would have got worsen. Drug Interactions were also reported Aspirin-Clopidogrel, Atorvastatin-Azithromycin, Aspirin-Dexamethasone, Aspirin-Enalapril, Clopidogrel-Atorvastatin, Enalapril-Furosemide.

His discharge medication was

Oint. Safromycin(1%) BD  
Tab. Cetirizine(10mg)H/S  
Oint. Betnovate BD  
Inj. Cyclophosphamide (500mg) OD  
Tab. Atorvastatin(40mg) OD  
Tab. Clopidogrel(75mg) OD  
Tab. Enalapril(5mg) OD  
Tab. Metoprolol(50mg). BD

By

T. Mythili  
III Year Pharm. D

**Cardiology/Vascular Diseases**

**Bevyxxa (Betrizaban);** Portola Pharmaceuticals: for the prophylaxis of venous thromboembolism, approved June 2017.

**Dermatology**

**Bavencio (Avelumab);** Pfizer; for the treatment of Merkel cell carcinoma, approved March 2017

**Tremfya (Guselkumab);** Janssen Biotech; for the treatment of moderate-to-severe plaque psoriasis, approved July 2017

**Endocrinology**

**Parsabiv (Etelcalcetide);** Amgen; for the treatment of secondary hyperparathyroidism in adults with chronic kidney disease on hemodialysis, approved February 2017

**Gastroenterology**

**Symproic (Naldemedine);** Shionogi; for the treatment of Opioid-induced constipation, approved March 2017

**Hematology**

**Aliqopa (Copanlisib);** Bayer; for the treatment of follicular lymphoma, approved September 2017

**Besponsa (Inotuzumab Ozogamicin);** Pfizer; for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia, approved August 2017

**Hemlibra (emicizumab-kxwh);** Genentech; for the prevention or reduction of bleeding episodes in patients with hemophilia A, approved November 2017

**Rheumatology**

**Duzallo (Lesinurad and Allopurinol) ;** Ardea Biosciences; for the treatment of hyperuricemia associated with gout , Approved August 2017

**Zilretta (Triamcinolone acetonide extended-release injectable suspension);** Flexion Therapeutics; for the treatment of osteoarthritis knee pain, approved October 2017

**Urology**

**Imfinzi (Durvalumab);** AstraZeneca; for the treatment of advanced or metastatic urothelial carcinoma, approved May 2017

**Vabomere (Meropenem and Vaborbactam);** The Medicines Company; for the treatment of complicated urinary tract infections, approved August 2017

**Vaccines**

**Shingrix (Zoster Vaccine Recombinant, Adjuvanted) ;** GlaxoSmithKline; For the prevention of herpes zoster (shingles), Approved October 2017



*We welcome your Suggestions and feedback via email [pharmacypractice@qiscp.edu.in](mailto:pharmacypractice@qiscp.edu.in)*

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