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Official Desk

Renewal of Registration, E-Certificate & CPE

Sri. Gangadhar V. Yavagal
President
Karnataka State
Pharmacy Council

In exercise of power conferred under clause of Section 34 of the Pharmacy Act,1948 all the Registered Pharmacists shall renew their Registration.

To create the awareness for all the Registered Pharmacist about the annual renewal system online, the Council has tried its level best from August 2016 by corresponding through inland letters, emails, sms, newsletters, website and other media like T.V and newspapers. Other than these sources, the Council has conducted various meetings in Pharmacy Colleges across Karnataka as well as at the Council office at Bengaluru.

The Council also extended the last date of renewal till 30th June 2017 at the request of the Registered Pharmacists. Registered Pharmacists who have not renewed can still restore / reactivate their Registration online by paying a nominal fee.

I am happy that the Council has got an overwhelming response from the Registered Pharmacists for annual renewal of their Registration.

Besides renewals, the Council has initiated to issue a new technology enabled certificate in lieu of surrendering their old Registration certificate. Those Registered Pharmacists who have not applied for E-Certificate or Technology Enabled Certificate can apply online by surrendering their old certificate before 30-11-2017 only through Registered Post to the Council office.

A large number of Pharmacists have surrendered their certificates for obtaining the new certificates. The council is in the process of printing and despatching the new technology enabled certificates.

The Council has proposed to launch the Continuing Pharmacy Education (CPE) program by January 2018 as per Pharmacy Practice Regulation 2015 for the Registered Pharmacists once the entire Registration system is streamlined.

Hence, I hope that this new initiatives of our Council will boost the Registered Pharmacist as a whole so as to serve the community better. ❑

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Attention-Registered Pharmacists

In exercise of power conferred under Rule 65(15)(b) of Drugs and Cosmetics Rules, the definition of "registered pharmacist" means a person who is a Registered Pharmacist as defined in clause (i) of section (2) of Pharmacy Act, 1948 (Act No. 8 of 1948).

As per clause (i) of section 2 of Pharmacy Act, 1948 and Pharmacy Practice Regulation 2015 a "registered pharmacist" is one whose name for the time being is entered in the Register maintained by the State Pharmacy Council which he/she is for the time being residing or carrying on his profession or business of pharmacy.

Therefore, if a person's name is not in the latest list displayed by the council, such a person discharges duties contemplated under Drugs Cosmetics Act, there will be violation of Rule 65 (3)(1)(g) and 65 (15)(b) of Drugs and Cosmetics Rules.

Hence, it is the obligation of Registered Pharmacists to be aware about the professional responsibilities to be fulfilled to retain their names as per the above Act and Rules. ❑

Guest Column*

Alzheimer's Disease

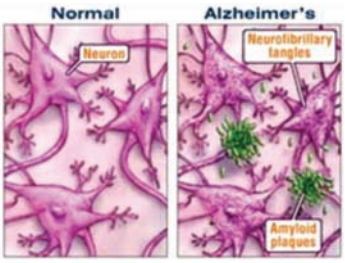

Dr. Kshama Devi

Alzheimer disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and eventually the ability to carry out the simplest of tasks. With the disease progressing gradually, patients find themselves more and more dependent on their immediate family members for survival.

Alzheimer's has become a growing public health concern among the aged population in developing countries, whose aging population is estimated to reach 70% of the world's population aged 60 and above. Alzheimer's is the most common cause of dementia among older adults. In most people with Alzheimer's, symptoms first appear in their mid-60s. Alzheimer's is not just a disease of old age. Many people with early onset are in their 40s and 50s. Women seem to be more likely than are men to develop Alzheimer's disease.

Alzheimer's in India is quickly becoming more and more common as there is fast growth in the elderly population. According to a report published (2016), in India there are nearly 50 lakh dementia patients of whom, roughly 70 to 80 per cent have Alzheimer's.

Symptoms



Memory problems are typically one of the first signs of Alzheimer's disease, though initial symptoms may vary from person to person. People with Alzheimer's have trouble doing everyday things like driving a car, cooking a meal, or paying bills. They may ask the same questions over and over.

The most striking feature of Alzheimer's is the loss of short-term memory among patients. It starts as a minor forgetfulness and progresses into a disorder in which persons can't even identify their near and dear ones. Patients lose both visual and verbal memories such as forgetting telephonic conversations, names of recent acquaintances, misplacing objects and losing way in known surroundings.

Six out of 10 people with Alzheimer's will wander and become lost. People can wander or become confused about their location at any stage of the disease

How Alzheimer's affects brain

Alzheimer's is the most common kind neurodegenerative disease, which is caused due to accumulation of toxic proteins in the neurons. The brain of individuals with Alzheimer's has an abundance of plaques and tangles formed by these toxic proteins. Scientists do not know exactly what role plaques and tangles play in Alzheimer's disease. Most experts believe that they disable or block communication among nerve cells and disrupt processes the cells need to survive. The progressive destruction and death of nerve cells causes memory failure, personality changes, problems in carrying out daily activities and other symptoms of Alzheimer's disease.

Risk factors

Scientists believe that for most people, Alzheimer's disease is caused by a combination of genetic, lifestyle and environmental factors that affect the brain over time. The risk of developing disease may be more in seniors who smoke, have high blood pressure, are obese, or have elevated cholesterol levels when they are middle-aged. The researchers have suggested a strong link between serious head injury and future risk of Alzheimer's.

One promising line of research suggests that strategies for overall healthy aging may help keep the brain healthy and may even reduce the risk of developing Alzheimer's. These measures include eating a healthy diet, staying socially active, avoiding tobacco, consumption of excess alcohol and exercising both the body and mind.

Complications

Memory and language loss, impaired judgment, and other cognitive changes caused by Alzheimer's can complicate treatment for other health conditions. As Alzheimer's disease progresses to its last stages, brain changes begin to affect physical functions, such as swallowing, balance, and bowel and bladder control.

Treatment

Alzheimer's disease is life-changing for both the diagnosed individual and those close to him or her. Patients of this dreaded condition require constant care and medical attention. Adapting the living condition to the needs of a person with Alzheimer's is an important part of any treatment plan. For someone with Alzheimer's, establishing and strengthening routine habits and minimizing memory-demanding tasks can make life much easier.

While there is currently no cure, treatments are available that may help relieve some symptoms. Both drug and non-drug treatments may help with cognitive and behavioral symptoms. Research has shown that taking full advantage of available treatment, care and support options can improve quality of life.

References

1. http://www.who.int/ 2. http://www.alzheimerindia.org/
3. http://www.mayoclinic.org/

*Dr. Kshama Devi is also a member of the Editorial Board for the DIRC Newsletter.

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Case Report

Drug Induced - Stevens Johnson Syndrome And Toxic Epidermal Necrolysis Overlap

Pudi Chiranjeevi[1], RaagaRavali Tenneti[2], Mamatha K[2], Purnima Ashok[1]

1Department of Pharmacy Practice, KLE University's College of Pharmacy, Bengaluru-10, INDIA.
2Department of Pharmacy Practice, M S Ramaiah College of Pharmacy, Bengaluru-54, INDIA.

Abstract

Stevens–Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) are characterized by epidermal detachment and erosive mucosal lesions but now both are considered as same conditions which differ in severity of cutaneous involvement. Epidermal detachment with <10% of body surface area (BSA) are considered SJS and with 30% or more are epidermal detachment considered TEN. The SJS-TEN overlap is an intermediate condition with skin detachment of 10-30% of Body Surface Area (BSA).

A 35 year old male patient came to emergency department with a history of maculopapular rashes all over the body and fever since 2 days. Patient gives a past history of hematoma excision one month back for which the patient was started on Phenytoin extended release tablet 300mg. After 3 weeks of initiation of therapy the patient developed fever and rashes all over the body. On examination, ulcerated erosions and crusting of both eyelids discharge from eyes and conjunctival congestion is present. Erosions were present all over the body, more on oral and genital mucosa. Endoscopy was done which revealed few erosions on esophagus and erythematous erosions on duodenum. Serum phenytoin and serum bicarbonate levels were 0.31microgram/ml and 28.6mmol/L (21-32mmol/L) respectively. Dermatologists' opinion was sought and their examination revealed multiple target lesions with peeling of skin over abdomen face and back, crusting of lips, ulcerated erosions on oral mucosa involving hard palate, lips and erosions on tongue, ears and eyes. Lesions were also observed on scrotum and penis along with scrotal swelling. On day one SCORTEX SLOVE scoring was done by the dermatologist, the total score was found to be 2 and erosions involving 10-30% of BSA with which the patient was diagnosed as SJS-TEN overlap secondary to phenytoin and started treatment with Betamethasone 2 amp stat, Inj.Cefixime 1g intravenously, Inj.Hydroxyzine 10 mg intramuscularly, FramycetinSulphatecream and Calamine lotion for local application. Patient was referred to ophthalmologist in the view of erosions in eyes for which they prescribed a lubricant ointment with a combination of (Hypromellose 2%, sodium chloride 0.49%, potassium chloride 0.075%, calcium chloride 0.048%, magnesium chloride hexahydrate 0.03%, sodium acetate 0.39%, sodium citrate dihydrate 0.17%), Amoxicillin eye drops and Prednisolone eye drops. Once the patient is haemodynamically stable and symptomatically improved, the patient was discharged from hospital.

Health care professionals must be cautious regarding the adverse effects of the drugs especially the one Stevens–Johnson Syndrome and Toxic Epidermal Necrolysis overlap which is extremely fatal and life threatening condition.

Keywords: Stevens–Johnson Syndrome, Toxic Epidermal Necrolysis, Phenytoin, Maculopapular rash, Adverse effect.

World Blood Donor Day - 14th June 2017

What can you do? Give blood. Give now. Give often

Blood Safety and Availability

Blood transfusion saves lives and improves health, but many patients requiring transfusion do not have timely access to safe blood. Providing safe and adequate blood should be an integral part of every country's national health care policy and infrastructure.

WHO recommends that all activities related to blood collection, testing, processing, storage and distribution be coordinated at the national level through effective organization and integrated blood supply network. The national blood supply system should be governed by national blood policy and legislative framework to promote uniform implementation of standards and consistency in the quality and safety of blood and blood products.

In 2013, 68% of reporting countries, or 122 out of 179, had a national blood policy. Overall, 58% of reporting countries, or 105 out of 181, have specific legislation covering the safety and quality of blood transfusion, including:

- 79% with high-income countries
- 64% with middle-income countries
- 41 % with low-income countries.

Key facts*

- Of the 112.5 million blood donations collected globally, approximately half of these are collected in countries with high-income home to 19% of the world's population.
- In countries with low-income up to 65% of blood transfusions are given to children under 5 years of age. Whereas in countries with high-income the most frequently transfused patient group is over 65 years of age, accounting for up to 76% of all transfusions.
- Based on samples of 1000 people, the blood donation rate is 32.1 donations in countries with high-income, 14.9 donations in countries with upper-middle-income, 7.8 donations in countries with lower-middle-income and 4.6 donations in countries with low-income.
- An increase of 10.7 million blood donations from voluntary unpaid donors has been reported from 2008 to 2013. In total, 74 countries collect over 90% of their blood supply from voluntary unpaid blood donors; however, 71 countries collect more than 50% of their blood supply from family/replacement or paid donors.
- Only 51 of 180 reporting countries produce plasma-derived medicinal products (PDMP) through the fractionation of plasma collected in the reporting country. A total of 96 countries reported that all PDMP are imported, 17 countries reported that no PDMP were used during the reporting period, and 16 countries did not respond to the question.

Through its Blood and Transfusion Safety programme, WHO supports countries in developing national blood systems to ensure timely access to safe and sufficient supplies of blood and blood products and good transfusion practices to meet the patients' needs. The programme provides policy guidance and technical assistance to countries for ensuring universal access to safe blood and blood products and work towards self-sufficiency in safe blood and blood products based on voluntary unpaid blood donations to achieve universal health coverage.

Reference: http://www.who.int/

Drug of the Quarter

Drug : **Prucalopride**

Class : Gastrointestinal agent

Dosage Form : Tablet

Strength : 1mg/2mg

DCGI Approval : 13-04-2017

Indication: This drug is used for symptomatic treatment of chronic constipation in adults in whom laxatives fail to provide adequate relief.

Dose Information

Adult Dosing:

Chronic constipation, when laxatives fail to provide adequate relief: 2 mg orally once daily; re-evaluate the utility of continued therapy if efficacy is not seen after 4 weeks.

Pediatric Dosing:

Prucalopride succinate is not used in pediatric patients.

Pharmacokinetics

Absorption

- Tmax, oral: 2 to 3 hours
- Bioavailability, oral: Greater than 90%
- Effects of food: No significant effect on bioavailability

Distribution

- Protein binding, plasma proteins: 30%
- Vd: 567 L

Metabolism

- Not significantly metabolized, 92% to 94% unchanged in plasma

Excretion

- Fecal: 5% unchanged
- Renal: 60% to 65% unchanged
- Total body clearance: 317 mL/min

Elimination Half Life

- 1 day

Contraindications

- Renal impairment requiring dialysis
- Intestinal perforation or obstruction due to structural or functional disorder of gut wall, obstructive ileus or severe inflammatory conditions of intestinal tract (eg, Crohn disease, ulcerative colitis, toxic megacolon/megarectum)

Cautions

- Caution in patients with history of Arrhythmias.
- Use during breastfeeding is not recommended.
- Caution in patients with Ischemic cardiovascular diseases.
- Use in children and adolescents younger than 18 years is not recommended.
- Use in severe and clinically unstable concomitant diseases (eg, cardiovascular or lung diseases, neurological or psychiatric disorders, cancer or AIDS and other endocrine disorders) is not recommended.
- Use in patients with galactose intolerance (rare hereditary problems) and glucose-galactose malabsorption is not recommended.
- Dose adjustment recommended during severe hepatic impairment.
- Dose adjustment recommended during severe renal impairment.
- Use in men is not recommended.
- Use during pregnancy is not recommended.

Storage

- Store the medicine in a closed container at room temperature, away from heat, moisture and direct light. Keep away from freezer
- Keep out of the reach of children.
- Do not keep outdated medicine or medicines which are no longer needed.

Mechanism of Action / Pharmacology : Prucalopride is a dihydrobenzofurancarboxamide and selective agonist of serotonin (5-HT4) receptors resulting in gastrointestinal prokinetic stimulation that increases colonic motility as measured by the number of giant migrating contractions.

Adverse Effects

Common

- Gastrointestinal: Abdominal pain, diarrhea, nausea
- Neurologic: Headache

Drug-Drug Interactions

Category	Drug/s (Example)	Interaction Effect	Management
Macrolide Antibiotic	Erythromycin	Increase exposure of serum concentrations of Erythromycin.	Use caution if concomitant use is required.

Effects in Pregnancy and Lactation:

Pregnancy: Study report or clinical data during pregnancy are not available. Weigh the potential benefits of Prucalopride against potential risks before prescribing this drug during pregnancy.

Breast-feeding: Study report or clinical data on weaning children are not available.

References:1. http://www.micromedexsolutions.com/ 2.http://www.cdsco.nic.in/ 3.http://www.rxlist.com/

Drug Safety Alerts - Pharmacovigilance Programme of India (PvPI)

The preliminary analysis of serious unexpected serious adverse reaction (SUSARs) from the PvPI database reveals that the following drugs are associated with the risks as given below.

Sl. No.	Suspected Drugs	Category	Indication/Use	Adverse Reactions
June 2017				
1.	Paracetamol	Analgesic/ Antipyretic	Mild to moderate pain including dysmenorrhoeal pain, headache; pain relief in osteoarthritis and soft tissue lesions; pyrexia including post immunisation pyrexia; acute migraine attack.	Baboon Syndrome.
2.	Lamivudine	Anti-retroviral	HIV infection in combination with at least two other antiretroviral drugs	Hearing Loss.
3.	Mebeverine	Anticholinergic/ Antimuscarinic	For Irritable Bowel Syndrome (IBS)	Retrosternal Pain.

Sl. No.	Suspected Drugs	Category	Indication/Use	Adverse Reactions
			May 2017	
4.	Tinidazole	Amebicide	Amoebiasis, trichomoniasis and giardiasis, anaerobic infections, necrotizing ulcerative gingivitis, bacterial vaginosis, H.Pylori associated peptic ulcers, abdominal surgery prophylaxis	Hyperpigmentation.
5.	Amlodipine	Antianginal / Antihypertenesive	Angina, hypertension, coronary artery disease.	Psoriasis.
6.	Hydroxyzine	Antianxiety / Antiemetic	For management of pruritus due to allergic conditions such as chronic urticaria and atopic contact dermatoses and in histamine –mediated pruritus.	Bullous Pemphigoid.
7.	Amitriptyline	Antidepressant	Moderate to severe depression, migraine prophylaxis, tension type headache, neuropathic/chronic pain, fibromyalgia.	Gingival discolouration.
			April 2017	
8.	Dexamethasone	Adrenal Glucocorticoid	Adjunct in the emergency treatment of anaphylaxis, short term suppression of inflammation in allergic disorders, adrenocortical insufficiency, ocular inflammation, autoimmune disorders, rheumatic disorder, cerebral oedema, unresponsive shock, bacterial meningitis along with antibiotics.	Hiccups.
9.	Cabergoline	Antiparkinsonian	For the treatment of Parkinson's disease, hyperprolactinemia and inhibition of lactation.	Skin Hyperpigmentation.
10.	Sodium Valproate	Antiepileptic	Generalised tonic-clonic seizures, partial seizures, atonic seizures, absence seizures, myoclonic seizures, acute mania, migraine.	Psoriasis.
11.	Amoxycillin	Antibiotic / Anti-Infective Agent	Urinary tract infections, upper respiratory tract infections, bronchitis, pneumonia, otitis media, dental abscess, osteomyelitis, Lyme disease in children, endocarditis prophylaxis, postsplenectomy prophylaxsis, gynaecological infections, gonorrhea, helicobacter pylori eradication.	Eye Irritation.

Healthcare professionals, Patients/Consumers are advised to closely monitor the possibility of the above adverse events associated with the use of above drugs.

If such events are encountered please report to the NCC-PvPI either by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (http://www.ipc.gov.in) or by PvPI Helpline No. 1800-180-3024.

Reference: www.ipc.gov.in

Meanings: Baboon Syndrome- A distinctive erythematous rash which occurs in skin folds after systemic exposure to a food or drug, **Bullous Pemphigoid**- An acute or chronic autoimmune skin disease, involving the formation of blisters, **Retrosternal Pain**-Pain which occurs behind the sternum bone, **Hyperprolactinemia-** Acondition of elevated serum prolactin.

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Drug Alert

(Vide Notification.G.S.R. 367(E) dated 13th April 2017)

The Government of India has revoked the suspension of the manufacture, sale and distribution of Dextropropoxyphene and formulations containing Dextropropoxyphenefor human use.

The manufacturer shall indicate in a conspicuous manner on the package-inserts, promotional literature and label of the Dextropropoxyphene and its formulations as mentioned below:

(i) "Use of drug for cancer pain only."

(ii) "Daily administered dose shall not exceed 300mg. per day."

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Drug News – Around the Globe

1. Drug: Betrixaban* **Country: USA**

Betrixaban is an anticoagulant drug.

Approved Indications: Betrixaban is approved for the prophylaxis of venous thromboembolism (VTE) in adult patients hospitalized for an acute medical illness who are at risk for thromboembolic complications.

Side-effects: Bleeding[1].

2. Drug: Atomoxetine** **Country: USA**

Atomoxetine is an antibacterial drug belonging to fluoroquinolone group.

Approved Indications: Atomoxetine oral is approved to treat attention-deficit/hyperactivity disorder (ADHD) in pediatric and adult patients.

Side-effects: Stomach upset, decreased appetite, nausea or vomiting, dizziness, tiredness and mood swings[1].

3. Drug: Tocilizumab** **Country: USA**

Tocilizumab is an anti-rheumatic drug.

Approved Indications: Tocilizumab injection is approved to treat adults with giant cell arteritis. This new indication provides the first USFDA-approved therapy, specific to this type of vasculitis.

4. Drug: Valbenazine* **Country: USA**

Valbenazine is a central nervous system agent.

Approved Indications: Valbenazine oral capsule is approved to treat adults with tardive dyskinesia. This is the first drug approved by the USFDA for this condition.

Patient should be informed about the drug effects before driving or operating heavy machines or doing any other dangerous activities.

Side-effects: Sleepiness and heart rhythm problems (QT prolongation)[1].

References:

1. www.fda.gov
2. http://www.worldpharmanews.com/

Note: * Not available in India

**** Available in India**

Meaning: Tardive dyskinesia: A neurological disorder characterized by repetitive involuntary movements, usually of the jaw, lips and tongue, such as grimacing, sticking out the tongue and smacking the lips.

Continuing Pharmacy Education (CPE)

Dispensing Instructions to the Pharmacists

Insomnia-Drugs

Insomnia is a sleep disorder that is characterized by difficulty falling and/or staying asleep or both. They don't feel refreshed when they wake up from sleeping. This can lead to fatigue and other symptoms.

Types of Insomnia

There are two types of insomnia: primary insomnia and secondary insomnia.

- **Primary insomnia:** Primary insomnia means that a person is having sleep problems that are not directly associated with any other health condition or problem.
- **Secondary insomnia:** Secondary insomnia means that a person is having sleep problems because of something else, such as a health condition (like asthma, depression, arthritis, cancer or heartburn); any pain medication they are on or any substance like alcohol which they are using etc.

Causes

Acute insomnia

- Significant life stress (job loss or change, death of a loved one, divorce, moving)
- Illness
- Emotional or physical discomfort
- Environmental factors like noise, light or extreme temperatures (hot or cold) that interfere with sleep
- Some medications (for example those used to treat colds, allergies, depression, high blood pressure, and asthma) may interfere with sleep
- Interferences in normal sleep schedule (jet lag or switching from a day to night shift, for example)

Chronic insomnia

- Depression and/or anxiety
- Chronic stress
- Pain or discomfort at night

Symptoms

People who experience insomnia usually report at least one of these symptoms:

- Sleepiness during the day
- General tiredness
- Irritability
- Problems with concentration or memory

Treatment: There are both pharmacological and non-pharmacological treatments for insomnia.

Non-pharmacological measures like sleep hygiene training may be recommended. Sometimes, behaviors that interfere with sleep are causing insomnia. Sleep hygiene training can help you change some of these disruptive behaviors, such as:

- Avoiding caffeinated beverages near bedtime.
- Avoiding exercise near bedtime.

- Minimizing time spent on your bed when you're not specifically intending to sleep, such as watching TV or surfing the web on your cell phone.

Pharmacological treatments include many prescription medicines. Some are meant for short-term use, while others are meant for longer use. Below is a brief overview of few drugs.

Drugs/ Category	Use	Warnings*	Less serious side effects	Advice
Doxylamine **Oral forms available:** Tablet	Used as a short-term night time sleep aid.	Prescription to be reconfirmed in case of patients with glaucoma, breathing problems (such as emphysema or bronchitis), or problems with urination due to an enlarged prostate.	Somnolence	Advise patient to take prescribed dose 30 min before bedtime. This medicine may affect mental alertness and or co-ordination. Advice the patient to avoid driving vehicle or operate machinery while taking this medicine. Advise to avoid alcohol.
Flurazepam **Oral forms available:** Capsule	Treatment of insomnia.	Prescription to be reconfirmed in case of patients with kidney disease, liver disease, glaucoma, lung disease or breathing problems, or a history of alcohol or drug abuse, depression or mental health problems.	Disorder of taste, ataxia, dizziness, lethargy, somnolence, blurred vision, apnea.	Advise not to stop taking this medicine abruptly unless otherwise advised by doctor. Advice the patient to avoid driving vehicle or operate machinery while taking this medicine. Advise to avoid alcohol.
Zaleplon **Oral forms available:** Capsule	Treatment of short-term insomnia.	Prescription to be reconfirmed in case of patients with mild liver disease, any breathing problems or a history of depression, alcoholism or drug abuse.	Dizziness, headache	Patient should take this medicine immediately before bedtime or when the patient has gone to bed and experienced difficulty falling asleep. Patient should not take this medicine with or immediately after a heavy/high fat meal.

Note *Make sure that the patient has informed the doctor regarding the pregnancy and lactating status.

Storage: Advice the patient or caretaker to store the medicine in a closed container at room temperature, away from heat, moisture and direct light. **Ensure to k**eep all medicine out of the reach of children.

References:

1 Handbook of Pharma SOS, Educational Series-III, 7th Edition 2016, published by Karnataka State Pharmacy Council, Bengaluru.

2. www.micromedexsolutions.com, Micromedex (R) 2.0, 2002-2017, Truven Health Analytics Inc.

3. http://emedicine.medscape.com/

Meanings: Dizziness - The feeling of being lightheaded or unbalanced, **Somnolence**-sleepiness or drowsiness.

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ಫಾರ್ಮಸಿಸ್ಟ್‌ಗಳಿಗೆ ನೀತಿ ಸಂಹಿತೆ (Code of Ethics for Pharmacists)

1. ಮಾನವ ಕುಲದ ಸೇವೆಗಾಗಿ ನನ್ನ ಜೀವನವನ್ನು ವಿಧಿಪೂರ್ವಕವಾಗಿ ಪ್ರತಿಷ್ಠೆ ಮಾಡುತ್ತೇನೆಂದು ನಾನು ಗಂಭೀರ ಪ್ರತಿಜ್ಞೆ ಮಾಡುತ್ತೇನೆ.
2. ಮಾನವ ಕುಲದ ನಿಯಮಗಳಿಗೆ ವಿರುದ್ಧವಾಗಿ ನನ್ನ ಭೇಷಜೀ (ಫಾರ್ಮಸಿ) ಜ್ಞಾನವನ್ನು ಭಯದ ವಾತಾವರಣದಲ್ಲಿ ಕೂಡಾ ನಾನು ಉಪಯೋಗಿಸಲಾರೆ.
3. ಮಾನವ ಜೀವಕ್ಕೆ ಅತ್ಯಂತ ಹೆಚ್ಚಿನ ಮರ್ಯಾದೆಯನ್ನು ಗರ್ಭಧಾರಣೆ ಸಮಯದಿಂದಲೇ ನಾನು ಕಾಪಾಡಿಕೊಂಡಿರುತ್ತೇನೆ.
4. ಜಾತಿ ಮತಗಳ, ರಾಷ್ಟ್ರೀಯತೆಯ, ಕುಲದ, ಪಕ್ಷ ರಾಜಕೀಯದ ಅಥವಾ ಸಾಮಾಜಿಕ, ಸ್ಥಾನಮಾನದ ಗಣನೆಗಳು, ನನ್ನ ಕರ್ತವ್ಯ ಮತ್ತು ನನ್ನ ರೋಗಿಗಳ ಮಧ್ಯೆ ಪ್ರವೇಶಿಸಲು ನಾನು ಅನುಮತಿ ನೀಡಲಾರೆ.
5. ನಾನು ನನ್ನ ಪರಿಚರ್ಯೆಯನ್ನು ಅಂತಃಸ್ಸಾಕ್ಷಿ ಮತ್ತು ಘನತೆಯೊಡನೆ ಪರಿಕರ್ಮಗೊಳಿಸುತ್ತೇನೆ.
6. ನನ್ನ ರೋಗಿಯ ಆರೋಗ್ಯವೇ ನನ್ನ ಪ್ರಥಮ ಗುರಿಯಾಗಿರುತ್ತದೆ.
7. ಅಂತರಂಗದಲ್ಲಿ ನನ್ನಲ್ಲಿ ಬಿಚ್ಚಿಟ್ಟ ರಹಸ್ಯಗಳನ್ನು ನಾನು ಗೌರವಿಸುತ್ತೇನೆ.
8. ನನ್ನ ಉಪಾಧ್ಯಾಯರಿಗೆ ಸಲ್ಲತಕ್ಕ ಗೌರವ ಮತ್ತು ಕೃತಜ್ಞತೆಗಳನ್ನು ನಾನು ಅವರಿಗೆ ಸಲ್ಲಿಸುತ್ತೇನೆ.
9. ಭೇಷಜೀ (ಫಾರ್ಮಸಿ) ಪರಿಚರ್ಯೆಯ ಗೌರವ ಮತ್ತು ಶ್ರೇಷ್ಠ ಪರಂಪರೆಯನ್ನು ನನ್ನ ಶಕ್ತಿಯಲ್ಲಿರುವ ಎಲ್ಲಾ ವಿಧದಿಂದಲೂ ನಾನು ಕಾಪಾಡುತ್ತೇನೆ.
10. ನನ್ನ ಸಹೋದ್ಯೋಗಿಗಳನ್ನು ಎಲ್ಲಾ ಗೌರವ ಮತ್ತು ಘನತೆಯೊಂದಿಗೆ ಕಾಣುತ್ತೇನೆ.
11. ಭಾರತದ ಭೇಷಜೀ (ಫಾರ್ಮಸಿ) ಪರಿಷತ್ತಿನಿಂದ ನಿಗದಿಪಡಿಸಿದ ನೀತಿ ಸಂಹಿತೆಯಿಂದ ಬಂಧಿಸಲ್ಪಡುತೇನೆ.

ಉಲ್ಲೇಖ: ಸೆಕ್ಷನ್ 3.1, ಫಾರ್ಮಸಿ ಪರಿಕರ್ಮ ನಿಬಂಧನೆಗಳು, 2015 (Pharmacy Practice Regulations, 2015)

❑

KSPC News

KSPC Registration Certificate and KPCRPWT Certificate issued to the Drugs Controller of Karnataka

The new technology enabled KSPC Registration E-Certificate and KPCRPWT Certificate was issued on 6th April 2017 at the Council office to Sri. Bhagoji T Khanapure, Drugs Controller for the State of Karnataka by Sri. Gangadhar V Yavagal, President, Karnataka State Pharmacy Council and Prof. B.G. Shivananda, Registrar, Karnataka State Pharmacy Council along with the Sri. K. Suresh, Assistant Drugs Controller, Drugs Control Department, Bengaluru.

KPCRPWT compensation

The death compensation of Sri. M. N. Prabhakar with registration number 4775 was handed over to his son Sri. Ramesh by Sri. Gangadhar V Yavagal, President, Karnataka State Pharmacy Council and Sri. Gundu Rao D.A, Vice-President, Karnataka State Pharmacy Council at the Board room of the Council on 30th March 2017. ❑

Additional Information on any article is available on request
Contact: **KARNATAKA STATE PHARMACY COUNCIL**
Drug Information and Research Center
514/E, I Main, II Stage, Vijayanagar, Bengaluru-560 104. Ph : 080- 23383142, 23404000, 46729800 (800 to 899 lines)
E-Mail : kspcdic@gmail.com, Visit us at : www.kspcdic.com, www.karnatakadruginfo.com

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