P.K.M Educational Trust (R)

R.R. COLLEGE OF PHARMACY

Since 1993

Chikkabanavara, Bengaluru-560090

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore, and recognised by PCI, AICTE and Govt of Karnataka

PROCTOR COMMITTEE

Date: 04/07/2023

Circular

PROCTORING COMMITTEE

All the staffs are hereby informed to attend the meeting on **08/07/2023** at 04.00 pm, for discussing about the following agendas.

Agenda:

- Suggestions for effective proctoring system.
- Discussion regarding previous semester results.
- Any other matter with the permission of chair.
- Discussion regarding next (Even) semester.

Venue: Principal chamber

(Mr.Nagaraj.S/Durgadasheemi)

Coordinator

Principal

PRINCIPAL
R.R. College of Pharmacy
Chikkabanavara, Bangalore

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PROCTOR COMMITTEE

Date: 08/07/2023

PROCTORING COMMITTEE

Minutes of Meeting

Proctoring Committee meeting was held on **08/07/2023** at 4.00 pm to discuss and decide upon the following agenda at Principal chamber.

Agenda:

- Suggestions for effective proctoring system.
- Discussion regarding previous semester results.
- Any other matter with the permission of chair.
- Discussion regarding next (Even) semester.

1. Chairman welcomed all staff members.
2. Discussed regarding the previous semester results.
3. Chairman sir has given suggestions to all the proctors regarding how to council students and How to solve their problems.
4. Chairman sir has given suggestions for improvement of results.

Chairman assigned the work to Mr. Nagaraj. N. Durgadasheemi, Co-ordinator for further on going activities.

(Mr.Nagaraj.N.Durgadasheemi)

Principal

PRINCIPAL
R.R. College of Pharmacy
Chikkabanavara, Bangalore

Coordinator

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PROCTOR COMMITTEE

The Following Members Attended the Meeting

2022-23

PROCTORING CELL		
SL.NO.	**NAME OF THE TEACHER**	**DESIGNATION**
1	**Dr.Narayanaswamy. V.B**	Chairman
2	**Mr. Nagaraj.N.Durgadasheemi**	Coordinator
3	**All class teachers**	Member
4	**All class representative**	Member

(Mr.Nagaraj.N.Durgadasheemi)

Coordinator

Principal

PRINCIPAL
R.R. College of Pharmacy
Chikkabanavara, Bangalore

Meeting Attendance

PROCTORING CELL			
SL. NO.	NAME OF THE TEACHER	DESIGNATION	SIGNATURE
1	Dr.Narayanaswamy. V.B	Chairman	
2	Mr. Nagaraj.N.Durgadasheemi	Coordinator	
3	All class teachers	Member	
		I Semester B.Pharm	
		III Semester B.Pharm	
		V Semester B.Pharm	
		VII Semester B.Pharm	
		I Pharm D	
		II Pharm D	
		III Pharm D	
		IV Pharm D	
		V Pharm D	
		VI Pharm D	
	Dr. Deepakraj Urologym	I Semester M. Pharm	
		III Semester M .Pharm	
4	All class representative	Member	
	Banashree Ray.	I Semester B.Pharm	
		III Semester B.Pharm	
	Roshan & Ranjitha	V Semester B.Pharm	
	Avishek Sah.	VII Semester B.Pharm	
	M. Anusha & S. Ramesh.	I Pharm D	
	Nikitha & FARDEEN KHAN	II Pharm D	
	Poojitha Haldar.	III Pharm D	
	Rameeza.	IV Pharm D	
		V Pharm D	
		VI Pharm D	
		I Semester M. Pharm	
	Sunitha. T. H	III Semester M .Pharm	

PRINCIPAL
R.R. College of Pharmacy
Chikkabanavara, Bangalore

A REPORT ON

PARENTS TEACHER MEETING FOR THE ACADEMIC YEAR -2022-23.

ON

09th September, 2023

Submitted to

R R COLLEGE OF PHARMACY

By

Mr. Nagaraj. N. Durgadasheemi
Assistant Professor
Dept. of Pharmaceutical Chemistry
And
Coordinator
Proctor Committee

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Chikkabanavara, Bangalore

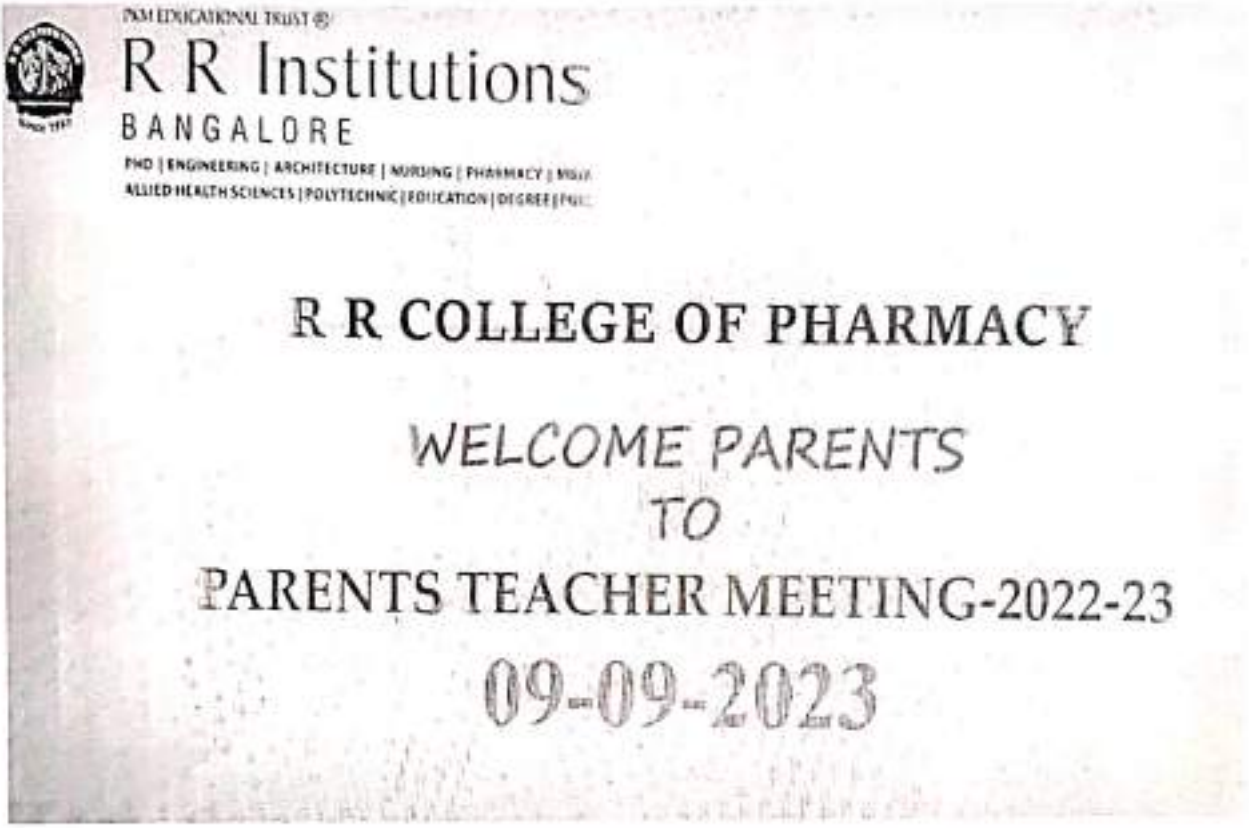
PARENTS TEACHER MEETING FOR THE ACADEMIC YEAR -2022-23.

Parent Teacher Meeting for the academic year 2022-23 was conducted on 09th September, 2023. 43 local parents were reported for meet and for non-local parents were contacted telephonically and discussed their ward progress in the first sessional.

The Parent Teacher Meeting was conducted as per the following schedule-

- Registration of parents at the registration desk at 10:00 am.
- Distribution of feedback forms at the registration desk.
- Commencement of PTM with speech by Mr. Nagaraj. N. Durgadasheemi, Coordinator, Proctor committee.
- Speech delivered by Dr. Vachala.S.D, Prof & HOD, Dept. Of Pharmaceutical Chemistrt
- Question answer session of the Parents with Dr. Vachala.S.D.
- Interaction between Parent and Teachers about the progress of the ward.
- Vote of thanks to the parents by Mr. Subhash.P.G, Associate professor, Dept. Of Pharmaceutics.
- Conclusion of the meeting at 12:30 pm followed by Tea and snacks for the parents.

INVITATION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R R Institutions
BANGALORE
PHD | ENGINEERING | ARCHITECTURE | NURSING | PHARMACY |
ALLIED HEALTH SCIENCES | POLYTECHNIC | EDUCATION | DEGREE |
R R COLLEGE OF PHARMACY
WELCOME PARENTS
TO
PARENTS TEACHER MEETING-2022-23
09-09-2023

PARENTS TEACHER MEETING FOR THE ACADEMIC YEAR -2022-23.

09-09-2023






Nagaraj N Durgadasheemi
Coordinator
Proctor committee

Principal
PRINCIPAL
R.R. College of Pharmacy
Chikkabanavara, Bangalore

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PROCTOR COMMITTEE

PARENT TEACHER INTERACTION MEETING-2022-23

YEAR: I st year Pharm. D. **DATE:** 09/9/23

Sl.No.	Name of the Student	Name of the Parent	Parent Contact No.	Signature
1.	Sreelekshmi	SURESH KUMAR	8088264242	
2.	Shrushti	Veerangappa. M	9902560577	
3.	Poornima.	Sujatha. S N	8296970427	Sujatha S N
4.	Lavanya.	Kantharaju	8050899979	
5.	Shaavani	Prasanth Kumar	9845134913	
6.	Keerthi	Shesharekha. B	9380703857	
7.	Kushal.	Tulasi	9845830044	
8.	Anjana Dileep	Surya Dileep	9446707978	
9.	shashank.	Shylaja. G.S	7899117908	
10.	Darshitha.	V. R Prabhakar Reddy	9449551557	

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PROCTOR COMMITTEE

PARENT FFEDBACK FORM-2022-23

a) Name of the Parent: V.R. PRABHAKAR REDDY

b) Occupation of Parents: CHEMIST (SELF EMPLOYED)
Father: SELF EMPLOYED Mother: HOUSE WIFE

c) Address: 13/36, 2nd main, JYOTHI NAGAR, CHIKKABETTAHALLI
V± DYARANYAPURA (POST) - B-IORE - 560097
Contact No: 9449551554.. e-mail ID: V.R.Prabhakarreddy@gmail.com.

d) Name of the Student/Ward: V.R DARSHITA REDDY

e) Course/ College: PHARM.D, R.R. COLLEGE OF PHARMACY

Instructions: Tick the appropriate

Sl. No.	Parameters	Excellent	Very Good	Good	Average	Below Average
1	Fair and accurate admission process	✓				
2	Facilities given to your wards	✓				
3	Interaction with teachers	✓				
4	Hostel facilities	N/A				
5	Exposure for career orientation	✓				
6	Overall Environment of college	✓				
7	Communication regarding performance of your ward	✓				
8	The Teaching-learning Environment	✓				
9	System of Monitoring Students progress	✓				
10	Competence & Commitment of Faculty	✓				
11	Response to community needs and extension programmes	✓				
12	Infrastructure facilities		✓			
13	Learning resources such as Library, internet, Computer etc.	✓				
14	Enhancement of Student's personality	✓				
15	Change in the behaviour of my ward after joining the college	✓				

Signature of the Parent

09/09/2023

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PROCTOR COMMITTEE

PARENT FFEDBACK FORM-2022-23

a) Name of the Parent: ...Shylaja.G.S.....

b) Occupation of Parents:

Father: ....Business..... Mother: ....Teacher.....

c) Address: #157, 5th Main 4th Cross, Rukminimagar, Bangalore-73

Contact No: ..7899117908..... e-mail ID: shylajags41@gmail.com

d) Name of the Student/Ward: ..Shashank.N.S.....

e) Course/ College: ..RR. College of Pharmacy [Pharm.D].....

Instructions: Tick the appropriate

Sl. No.	Parameters	Excellent	Very Good	Good	Average	Below Average
1	Fair and accurate admission process		✓			
2	Facilities given to your wards		✓			
3	Interaction with teachers		✓			
4	Hostel facilities		NIA			
5	Exposure for career orientation		✓			
6	Overall Environment of college			✓		
7	Communication regarding performance of your ward		✓			
8	The Teaching-learning Environment	✓				
9	System of Monitoring Students progress		✓			
10	Competence & Commitment of Faculty		✓			
11	Response to community needs and extension programmes			✓		
12	Infrastructure facilities			✓		
13	Learning resources such as Library, internet, Computer etc.		✓			
14	Enhancement of Student's personality	✓				
15	Change in the behaviour of my ward after joining the college		✓			

Shylaja G.S

Signature of the Parent

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PROCTOR COMMITTEE

PARENT TEACHER INTERACTION MEETING-2022-23

YEAR: I Mpharm **DATE:** 9/9/23

Sl.No.	Name of the Student	Name of the Parent	Parent Contact No.	Signature
01	Ansari Aashif Raza	Ansari Imtiyaz	9004110507	
02	Arundhati Kashyap	Amar Singh Kashyap	9016963509	
03	Deepika H L	Radha	9108461816	
04	Mainak Khan	Bidhan Khan	7319396225	
05	Maneswari Boro	Ramu Boro	6280261627	
06	Prathibha IB	Babu reddy	9900272595	
07	Samir Panda	Ashok Kumar.	8145529639	
08	Subhadeep Saha	Nimai Chandra Saha	9647752698	
09				

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PROCTOR COMMITTEE

PARENT FFEDBACK FORM-2022-23

a) Name of the Parent: ..Radha..B.....

b) Occupation of Parents:

Father: .....Transports..... Mother: ..House wife.....

c) Address: ....Honnagarahatti Gate..nagadi main Road.....

Contact No: .....9535436473..... e-mail ID: ..radha654@gmail.com.....

d) Name of the Student/Ward: ..Deepika..H.L.....

e) Course/ College: ....RR college of Pharmacy.....

Instructions: Tick the appropriate

Sl. No.	Parameters	Excellent	Very Good	Good	Average	Below Average
1	Fair and accurate admission process			✓		
2	Facilities given to your wards		✓			
3	Interaction with teachers		✓			
4	Hostel facilities					
5	Exposure for career orientation			✓		
6	Overall Environment of college		✓			
7	Communication regarding performance of your ward			✓		
8	The Teaching-learning Environment		✓			
9	System of Monitoring Students progress			✓		
10	Competence & Commitment of Faculty		✓			
11	Response to community needs and extension programmes	✓				
12	Infrastructure facilities		✓			
13	Learning resources such as Library, internet, Computer etc.	✓				
14	Enhancement of Student's personality			✓		
15	Change in the behaviour of my ward after joining the college		✓			

Radha

Signature of the Parent

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PROCTOR COMMITTEE

PARENT FFEDBACK FORM-2022-23

a) Name of the Parent: ....ANSARI.....MOHD....IMTIYAZ.....

b) Occupation of Parents:

Father: ...Readymade Business Mother: .....Housewife.....

c) Address: ...Room.no.322.....Arg...Nagar.....60 feet Road Malvan mumbai 400017.

Contact No: ...9004110507..... e-mail ID: .....ansariaashif0250@gmail.com

d) Name of the Student/Ward: ...ANSARI.....AASHIF.....RAZA.....

e) Course/ College: .....M-Pharmacy.....(pharmacology...) II nd Semester

Instructions: Tick the appropriate

Sl. No.	Parameters	Excellent	Very Good	Good	Average	Below Average
1	Fair and accurate admission process	✓				
2	Facilities given to your wards	✓				
3	Interaction with teachers	✓				
4	Hostel facilities	✓				
5	Exposure for career orientation	✓				
6	Overall Environment of college	✓				
7	Communication regarding performance of your ward	✓				
8	The Teaching-learning Environment	✓				
9	System of Monitoring Students progress	✓				
10	Competence & Commitment of Faculty	✓				
11	Response to community needs and extension programmes	✓				
12	Infrastructure facilities	✓				
13	Learning resources such as Library, internet, Computer etc.	✓				
14	Enhancement of Student's personality	✓				
15	Change in the behaviour of my ward after joining the college	✓				

Signature of the Parent

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PROCTOR COMMITTEE

ALLOTMENT OF PROCTORS FOR THE YEAR 2022-23.

SL.NO	CLASS	STUDENT ROLL NO.	PROCTORS	SIGNATURE
1	I &II SEM B.PHARM	1-13	**Mr. K. Mahalingan**	
		14-26	Dr. S.D Vachala	
		27-39	Mr. Nagaraj. N. D	
		40-52	Mr. VijayKumar . J	
		53-65	Mr.Kiran R	
		66-79	Mr.Aanand Gupta	
2	III &IVSEM B.PHARM	1-15	**Mrs. Geethapriya C**	
		16-30	Mrs. Srilatha K S	
		31-45	Mrs. Sujatha.P.M	
		46-60	Mrs. Manjula K S	
		61-75	Mr. Dhanunjaya E	
		76-90	Ms.Gulnar Tabassum	
		91-104	Mrs. Akhilalakshmi N	
3	V& VI SEM B.PHARM	1-14	**Mrs .Pruthvi N**	
		15-28	Ms.Pushpa D Poojar	
		29-42	Mr.Harish.N	
		43-56	Ms .Shilpashree A T	
		57-70	Dr. Saritha Surapaneni	
		71-86	Ms.Monika Dey	
4	VII&VIII SEM B.PHARM	1-13	**Mr. Subhash P G**	
		14-26	Mrs. Poornima. A.N	
		27-39	Dr. Meghana Rani S	
		40-52	Dr.Febin Geo Raju	
		53-65	Mrs. Mallampati Sushma	
		66-75	Dr.Manasa Reddy	

5	I YEAR PHARM.D	1-15 16-30	Mrs. Savithri T. B Ms.Sumashree A	
6	II YEAR PHARM.D	1-13 14-26 27-38	**Mrs. Akila. E** Mr. Vishal C. S Dr.Jayashree K	
7	III YEAR PHARM.D	1-10 11-19	**Mr. Syed Nizamuddin** Dr.Sania Noor	
8	IV YEAR PHARM.D	1-15 16-30	**Ms. Nayana P Kunderi** Dr. E. Satheesh kumar	
9	V YEAR PHARM.D	1-16 17-32	**Dr. Susheela Rani.S** Dr.Pruthvi.V. Thakur	
10	VI YEAR PHARM.D	1-14	Dr.Shyam Nandan Yadav	
11	I & II SEM M.PHARM	1-15 16-21	**Dr. A Geethalakshmi** Dr. Peter kandel	
12	III & IV SEM M.PHARM	1-11	Mr. Javvaji Ramanjaneyulu	

28/2/2023

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR.K.MAHALINGAN

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
1	22RP061	AARIF MUSHTAQ KHAN	7889809570	
2	22RP117	ABHILASH AMRUTHESHWAR	8310603306	
3	22RP040	ABIR BASU MAJUMDER	9641700341	Abir Basu Majumder
4	22RP087	AISWARYA LAKSHMANAN	9594964674	Aiswarya.
5	22RP069	AJADH FAIZ P	8281344706	
6	22RP024	AJAY K JOSE	9496212707	
7	22RP016	AJU SHINTO K	8089936438	
8	22RP107	ALFIYAMOL S	9645940361	
9	22RP022	ANEEK SAHA	8101549819	
10	22RP088	ANUDIPA DATTA	6360098657	Anudipa
11	22RP012	ANUSKA ROY	9123617232	Anuska
12	22RP018	ARJUN K P	7994758923	
13	22RP078	ASHU KUMARI R	6360913672	

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Since 1998

PROCTOR COMMITTEE

NAME OF THE PROCTOR: DR.VACHALA

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
14	22RP049	BABY LALRUATPUII	9366675645	
15	22RP052	BANASHREE RAY	60269392 91	Banashree Ray
16	22RP112	BHOOMIKA MUTHURAJ	9019519948	Bhoomikaj
17	22RP113	BINDU RATHOD S	7975602912	
18	22RP046	BISHAL MUHURI	7630890988	
19	22RP057	BISHOP BASAK	6363492041	
20	22RP039	CHAITHRA Y S	9945318414	
21	22RP089	CHANDRATAP D E	7626097550	Chandratap De
22	22RP054	DAMESHA NONGSIEJ	9863521087	
23	22RP017	DEEPESH CHAUDHARY	8197841301	
24	22RP111	DEEPTI N	7975645012	deepti
25	22RP042	DHANISH T K	964-5369176	
26	22RP056	DIYA KRISH	9778164237	

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR. NAGARAJ.N.D

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
27	22RP014	FEBA ANCY GEORGE	9188056878	
28	22RP106	HEMANTH S L	7022220816	
29	22RP118	H NANDHINI	7022346951	H. Nandhini
30	22RP060	JYOTHI B	8088780926	Jyothi.B
31	22RP010	KEERTHANA KRISHNAN	9745167572	
32	22RP068	KESHAV RANJAN	8102389556	Keshav
33	22RP026	KRISHNENDU SINGHA	8016039048	Singha
34	22RP059	KRITIKA BASU	8597546901	Kbasu
35	22RP067	KUMARI KUSUM LATA	8092251780	kusum.
36	22RP108	LATHA K H	9886462146	Latha K.H.
37	22RP021	LIZA SINHA	9863440835	Lizasinha
38	22RP058	MAUMITA CHAKMA	9863056902	Maumita Ch.
39	22RP062	MOHAMMAD MOHASIN	9541054240	

Nagaraj

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Since 1999

PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR. VIJAY KUMAR . J

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
40	22RP081	MOHAMMED MEHZARUDDIN	7899632032	Mehzar.
41	22RP043	MOUMITA NATH	6009967287	Moumita.
42	22RP035	NANDANA SANEESH	7034 267197	N.
43	22RP110	NANDINI H	7204926099	Nandini. H
44	22RP030	NANGKHRAWKUPAR NONGBSAP	7085453163	N. Nongbsap
45	22RP085	NDIBE ANTHONY CHINEMEREM		
46	22RP066	NINGBORLANG NONGBRI	6009295140	Ningborlang
47	22RP045	NIRANJAN KUMAR SAH	9263401336	
48	22RP023	OZA TUSHAR SHYAMSUNDAR	9665546128	Oza
49	22RP011	POULAMI MONDAL	6295132634	Poulami Mondal
50	22RP072	PUJA KUMARI	7319107260	Puja Kumari
51	22RP034	RAHULDEV BARMAN	6297211877	Rahuldev Barman.
52	22RP004	RAJ SHEKHAR AZAD	9117568986	Rajshekhar Azad

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR. KIRAN R

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
53	22RP055	RAJSHEKHAR DAS	9679686902	Rajshekhar Das
54	22RP074	RANIT SARKAR	6295646153	Ranit Sarkar
55	22RP109	RANJITHA R	7411031832	R'S.
56	22RP038	RITIK KUMAR	8076022251	Ritik
57	22RP080	RIYA K K	9037455962	Riya
58	22RP036	RIYA PURUSHU	9400764397	Riya
59	22RP079	RIYA SUSAN PHILIP	7014319470	Riya
60	22RP065	ROHAN RAJ	9531820273	Rraj
61	22RP008	SAMIP POUDEL	9108482954	
62	22RP050	SAMRAT KUMAR NATH	8787642463	
63	22RP070	SERAM LINTHOINGANBI CHANU	8009522662	S. Linthoi
64	22RP028	SHARATH GOWDA M	8050999210	
65	22RP083	SHEIKH MOHAMMAD ABBAN	7006873582	Abban

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR.ANAND GUPTA

I SEM B.PHARM-2022-23

Sl. No.	Adm. No.	Name of the Student	Phone No.	Signature
66	22RP105	SHIVA S	9148509631	
67	22RP115	SHREYA B S	8431979906	
68	22RP082	SINGH RASHMI DIGVIJAY	9699462850	
69	22RP037	SOUMEN PATRA	6297615730	
70	22RP044	SOUMYADEEP DATTA	9339950294	
71	22RP077	SUBHAJYOTI SARKAR	9883044913	
72	22RP013	SUBHODEEP GHOSH	6295972308	
73	22RP033	SUNANDA SEN	9932815270	
74	22RP076	SUPRIYA MONDAL	9832104750	
75	22RP084	TANUJA AJIT THOMBARE	9590519897	
76	22RP063	UZAIR REYAZ	7051426897	
77	22RP075	VEENA M	9353034686	
78	22RP051	VIKASH KUMAR	7644970363	
79	22RP025	VISMAYA K P	9188399341	

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MRS.GEETHAPRIYA

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
1	21P3325	ADITYA SING	Discontinued	
2	21P3326	AJAY YADAV	7398494906	
3	21P3327	AKSHITA	7483874905	Akshita
4	21P3328	ALEENA P B	8921212962	
5	21P3329	AMRIT KUMAR	8617000029	
6	21P3330	ANGELIN AEDEN FERNANDES	7208556704	Angelin
7	21P3331	ANGITA CHAUDHARY	8105802583	
8	21P3332	ANJALI SUDHEER	8281428547	
9	21P3333	ANUSHA K	8147468970	
10	21P3334	ARMAN SIDDIQUE	9679169000	
11	21P3335	ARUN KUMAR S M	9686415272	
12	21P3336	ASMA TAJ A	8749021205	
13	21P3337	BHAVYA G	8123010366	Bhavya G
14	21P3338	BHOOMAWATI RANA	7080711699	Bhooma
15	21P3339	BINAYAK PAUL	9002270448	Binayak Paul

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MRS. SRILATHA.K.S

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
✓ 16	21P3340	BINDUSHREE K S	7348963934	Bindushree
✓ 17	21P3341	BISHNUMAYA THARU	9779840477	
✓ 18	21P3342	CHETHAN L	6361111092	Chethan.L
✓ 19	21P3343	CHETHAN R	7892960686	
✓ 20	21P3344	DEEPASHREE M	9019755999	
✓ 21	21P3345	DIVYASHREE N K	9380873466	
✓ 22	21P3346	GAGAN C L	7899525270	GaganCL
23	21P3347	GAGANA C	7676006029	Gagana.C
24	21P3348	GAYATHRI S	8217866529	Gayathri.S
25	21P3349	HARSHA VARDHINI K R	7022600855	Harsha Vardhini K R
26	21P3350	HARSHAVARDHINI S	9566321819	
27	21P3351	HIMADRI SEKHAR MAITY	8670034986	
28	21P3352	IMDAD ALI	7363037554	Imdad Ali
29	21P3353	IRSHAD P	7594958240	
30	21P3354	JEBIPON DEHINGIA	7636837654	

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NAME OF THE PROCTOR: MRS. SUJATHA.P M

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
31	21P3355	JUI MALAKAR	8732815185	Jhinalak
32	21P3356	JYOTI KUMARI SAH	7633972989	Jyoti
33	21P3357	KASHEM JAKARIA	8974175441	Kash
✓ 34	21P3358	KATAYOON ABBASI	8123865724	Katayoon
✓ 35	21P3359	KUSUMA N S	7204613763	Kusuma
✓ 36	21P3360	LAVANYA S	9663574825	Lavanya. S
✓ 37	21P3361	LIYAKATH ALI A	8940249723	Liyakath Ali. A
✓ 38	21P3362	M D FAHIM FAISAL CHOUDHURY	9362882704	Fahim Faisal
✓ 39	21P3363	MADHURI	8088552592	Madhu
✓ 40	21P3364	MANASA REDDY B P	discontinued	
✓ 41	21P3365	MANASHJIT BORAH	6003395129	Manashjit Borah
✓ 42	21P3366	MD IMTHIYAZ	8618277547	Imthiyaz
✓ 43	21P3367	MD WASHIM AKRAM	9641796865	Wasim
✓ 44	21P3368	MOHAMMAD ASHIK R	9072210841	
45	21P3369	MOHAMMED KALITH R	8525883721	R. Kalith

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NAME OF THE PROCTOR: MRS. MANJULA.K.S

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
46	21P3370	MOSTAKIM SK	9832996256	
47	21P3371	MUHAMMAD AFSAL P	8547332193	
48	21P3372	MUNNA CHAUDHARY	(Discontinued)	
49	21P3373	NARASIMHA MURTHY K M	9553811886	
50	21P3374	NEHA GUPTA	9113876427	
51	21P3375	NIRAJ KUMAR	8207449101	
52	21P3376	NITAI SAHOO	7063650321	
53	21P3377	OKAFOR CHUKWUDALU KIZITO	9164159881	
54	21P3378	PALLAVI H R	6363383330	
✓ 55	21P3379	PANKAJ KUMAR YADAV	6201518993	
✓56	21P3380	PAVITHRA M	8951629243	
✓57	21P3381	PRIYA SHIVAKOTI	9366476768	
✓58	21P3382	PRIYANKA TRIPATHI	9335517802	
59	21P3383	PROTIK DEY	8123809288	
✓60	21P3384	PULAK GOPE	9862357123	

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NAME OF THE PROCTOR: MR. DHANUNAJYA.E

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
61	21P3385	RAHUL	6304780515	Rahul.
✓62	21P3386	RAKSHITHA B S	7676684649	
✓63	21P3387	RAKSHITHA B V	7483438581	Rakshi
✓64	21P3388	RAKSHITHA R	9611652066	Rakshitha.R
✓65	21P3389	RANJITHA K P	9449457671	Ranjy
66	21P3390	RUCHI GUPTA	8217793274	Ruchi
67	21P3391	SANJAY SAHANI	9125112088	
68	21P3392	SAYAN NATH	9733269875	Sayn
69	21P3393	SHAHSHOOR C P	7510796769	
70	21P3394	SHARON JAMES KURIAN	9961232350	Sharon.
71	21P3395	SHILPA M	7022061934	Shilpa.
72	21P3396	SHILPA SHREE D C	7619179098	ShilpaShreeDc
73	21P3397	SHRAWAN GURUNG	8918704173	Shrawan Gurung
✓74	21P3398	SINDHU T	6363964384	Sindhu.T
✓75	21P3399	SNEHA SHAPKOTA	8014261680	

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NAME OF THE PROCTOR : MS.GULNAR TABASSUM

III SEM B.PHARM -2022-23

Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
76	21P3400	SREEJA S	6362069662	
77	21P3401	SUBHADEEP GARU	8328782950	
78	21P3402	SUMAN MAJI	8972375912	Suman Maji
79	21P3403	SUPRITH K R	8618777474	Suprith K R
80	21P3404	TANUSHREE MAITI	7890860900	
81	21P3405	THANUJA B N	6363315556	Thanu
82	21P3406	THEJASWINI K S	8904489717	Thejaswini
83	21P3407	VEENA G K	6363853945	
84	21P3408	VISHNUDAS S. BIRADAR	9113948067	Vishnudas
85	21P3409	VIVEK R	7892743001	Vivek
86	21P3410	YUBRAJ YADAV	9779825499823	
87	21P3411	AVIJIT GHARA	9064543763	Avijit Ghara
88	21P3412	DIPTESH JANA	96098 70246	Diptesh
89	21P3413	HAMIDA KHATUN	9907593668	Hamida Khatun
90	21P3414	LISHA BERA	9547275455	Lisha Bera

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NAME OF THE PROCTOR: MRS.AKHILALAKSHMI

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Sl. No.	Reg. No.	Name of the Student	Phone No.	Signature
91	21P3416	PAMPA DEBNATH	6009914580	
92	21P3417	ROHIT KUMAR BHUNIA	6297951894	
93	21P3418	SAHENSA SARDAR	9883853931	
94	21P3419	SANGA SING		
95	21P3420	SHABAZ AHMAD GOJAREE	8999032790	
96	21P3421	SHANTIMOY GHANTA	8388025227	
97	21P3422	SOHAM DUTTA	8197879844	
98	21P3397	SHRAWAN GURUNG	9083692514	
99	21P3423	SOHAM LAHA	9402353145	
100	21P3424	SOURAV ROUTH	9863549958	
101	22RP116	C BINDHUSHREE (LT)	9886606519	
102	22RP048	H RAMTHARMGHAKI (LT)	9366668512	
103	22RP119	P RAGHU (LT)	7411769113	
104				
105	22RP124	KUSUMA. J	6364902151	

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NAME OF THE PROCTOR: MRS. PRUTHVI.N

V SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
1.	17P8521	DOLPHINIA LAREEN KURBAH	8553516582	
2.	17P8529	LAJIEDLANG MAWBLEI		
3.	17P8541	MOHAMMED MUBASHIR C		
4.	18P5411	ANANDHA KRISHNAN M		
5.	18P5413	ANJAY C	4207619769	
6.	18P5421	CLEVER LYNGDOH	7676182162	
7.	18P5422	DARSHAN K		
8.	18P5430	HRIDAY DAIMARI	6364035795	
9.	18P5434	KHAN ZARNAWAZ DANISH	8709499056	
10.	18P5442	MOHAMED ARIF M	9585731232	
11.	18P5445	MOHAMED SHALEEH S		
12.	18P5473	RAVI KUMAR SAH		
13.	18P5484	SARGA K	7510314674	
14.	18P5500	YADAV RAKESH GULABCHAND	8050070335	

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NAME OF THE PROCTOR: DR.SARITHA SURAPANENI

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Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
57	20P3891	PRATIK SHEE	7908078421	Pratik Shee
58	20P3893	RAJESH A	6363645844	RA
59	20P3894	RAJESH DEY	8050255739	Roey
60	20P3895	RANJITHA V	8105557174	Ranjitha.
61	20P3896	RAVI RANJAN	8507007129	Ravi Ranjan.
62	20P3897	RAYEES C	9946141059	Rayeesch
63	20P3900	ROSHAN	7795292008	Ron
64	20P3901	S M AFZAL	+34 9133760	S.M.Afzal
65	20P3902	SHARANYA P	8088099819	SP
66	20P3903	SHARU REJI	9074217453	
67	20P3904	SHARUQ DEVOOR		
68	20P3905	SHASHANK R GOWDA	8549916314	SR
69	20P3906	SHREYA DEY DAS	7679860298	Shreya.
70	20P3908	SNEHA ROSE SUNIL	9745486270	Sneha

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NAME OF THE PROCTOR: MS.SHILPASHREE.A.T

V SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
43	20P3865	KAMINENI DIVYA	8123044018	
44	20P3866	KEERTHIRAJ C S	8296411644	
45	20P3867	KOHINUR AKHTAR	6002339939	
46	20P3868	LIKITH U	6361407058	
47	20P3869	MADINENI JHANSI	7036253901	
48	20P3871	MALLESH GOWDA V	6363734345	
49	20P3875	MIDHUN V M	8921901117	
50	20P3881	MUSKAN A MULLA	7676948519	
51	20P3884	NEVIN VARGHESE MATHEW	9778372733	
52	20P3885	NIRANJAN T	8431512687	
53	20P3886	NITISH KUMAR G	8197374703	
54	20P3888	PRAJWAL D	9845380178	
55	20P3889	PRAJWAL H N	9900293681	
56	20P3890	PRAKASH ANNAPPAYYA ACHARI	9743349925	

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PROCTOR COMMITTEE

NAME OF THE PROCTOR: MR. HARISH.N

V SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
29	20P3843	ARPITHA H R	8296746966	Arpitha.H.R
30	20P3844	ASHFAQ AHAMMED K S	9148515800	Ashfaq
31	20P3845	ASWATHY MOHAN	6235131833	
32	20P3846	ATHMIKA H S	9449687049	Athmika
33	20P3849	BHAGAVATHI.G.S	7022380840	
34	20P3853	CHANDANA K	9380153514	Chandana.K
35	20P3854	DEEKSHA M	7619460326	Deeksha.M
36	20P3855	DIVYASHREE SHANMUKHAPPA ANVERI	8951599328	Divyashree.S.A
37	20P3857	G N APPANNA REDDY	8217249995	
38	20P3858	G V RAMYASREE	9573702595	
39	20P3859	GAANAVI B R	6363689883	Gaanavi
40	20P3860	GOWTHAMI M		
41	20P3863	HARSHITHA S	9742202172	Harshitha.S
42	20P3864	HEMIM AHAMMED	6294661980	Hemim

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NAME OF THE PROCTOR: MS.PUSHPA.D.POOJAR

V SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
15.	19P4053	AHMED MASHUD CHOUDHURY	9366154710	A. Mashud
16.	19P4054	AJAY KUMAR YADAV	8147317211	
17.	19P4079	HIMASHREE DEBBARMA	17005893088	
18.	19P4096	MUHAMMED ANAS K P	[illegible]	
19.	19P4097	MUHAMMED NIHAL K	7593909138	
20.	19P4098	NABIN KHAWASH	9019137362	
21.	19P4111	SAMIM EFTEKAR	8637347452	
22.	19P4120	SHUVADIP SAHU		
23.	19P4125	SREEKUTTI S	9645831611	
24.	19P4130	SUMAN MANNA	9735443533	
25.	20P3833	AAQIB KHURSHID	6005963915	
26.	20P3834	ABHISHEK JAYAKUMAR	8330836439	
27.	20P3836	AISHWARYA R	8951238358	
28.	20P3839	AMISHA	8549911476	

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NAME OF THE PROCTOR: MS.MONIKA DEY

V SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
71	20P3910	SOWMYA T J	8867453735	Soumya-TJ.
72	20P3911	SREELAKSHMI S	9778209049	
73	20P3912	SRUSHTI H V	9482440076	Srushti.H.V.
74	20P3914	SUDEEP GOWDA K	9741618337	
75	20P3915	SUDEEP K M	9972985578	
76	20P3916	SUNIDHI SRINIVAS	9380841813	
77	20P3918	TONHAZ SOBIN HUSSAIN	9678135494	
78	20P3920	USHA R	9606695634	R. Usha
79	20P3921	V SRIRANGAPRIYA	9535461009	
80	20P3922	VARSHA S	8217096909	
81	20P3923	VARUN K H	7483488383	
82	20P3927	YOGANANDA S H	8073759101	
83	20P3928	MD NAIMUDDIN HAWARI	6362640806	
84	20P3929	NABIULLAH ANSARI	8235227606	
85	21P3425	ANJANA P	9074976998	
86	21P3426	R LALRUATDIKA	9971363594	

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NAME OF THE PROCTOR: MR.SUBHASH.P.G

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Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
1	17P8505	AKHIL A A	9633814973	
2	17P8527	JANIN ASHOK	9747637431	
3	17P8528	JESWIN ANTOP A	8593821368	
4	17P8536	MOHAMED FAYAS K	9539587079	
5	17P8542	MOHAMMED SALIH	9645048962	
6	17P8543	MUHAMMED AJMAL M	8086856018	
7	17P8544	MUHAMMED FAYIZ T T	7034951609	
8	18P5401	ABEETHA S	6364048399	
9	18P5418	BISHAL THAPA	9436932941	
10	18P5426	EBRAHIMSHA M	9488381972	
11	18P5437	M D DILWAR HOSSAIN	7076211530	
12	18P5452	MUHAMMED FAYIS K	9207474062	
13	18P5454	MUHAMMED UNAIS T	9961621435	

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NAME OF THE PROCTOR: MRS. POORNIMA.A.N

VII SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
14	18P5459	NAVANEETHAN P	8870675940	
15	18P5461	NIYAS T K	8086391696	
16	18P5462	PHAHJINGSHAI MYNSONG	9980622876	
17	18P5464	POULAMI CHATTERGI	9051305236	P. Chatterjee
18	18P5472	RAM RATAN RAY	7002747202	
19	18P5477	SABINA PARVIN	7044622637	Sabina.
20	18P5478	SABYASACHI PRADHAN	9123051352	Pradhan
21	18P5483	SANOOP M S	7676614719	
22	18P5487	SHIKHA SIVANAND	8714129031	
23	18P5491	SOMNATH DUTTA	6296812881	S. Dutta
24	18P5496	SUBINAY MAITI	7797961540	Subinay Maiti
25	18P5505	BIBEK KUMAR SAH	8296626724	
26	19P4051	AARTI SHARMA	8088512709	

Poornima A.N

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NAME OF THE PROCTOR: DR. MEGHANA RANI

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Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
27	19P4052	ABHIJIT DEBNATH	7865777631	
28	19P4055	AJMAL V T	7034040643	
29	19P4056	AKASH NAYAKA M	9972641366	
30	19P4057	AMAL MIRSHAD	9544211146	
31	19P4060	ANKAN SAMANTA	9775520219	
32	19P4061	ANKESH BETAL	8250699237	
33	19P4062	ANKIT KUMAR	6205044719	
34	19P4063	ARGHA PRAVA SAHOO	9731211131	
35	19P4065	ARKENDU MONDAL	7797845588	
36	19P4066	ARPAN DAS	8167650229	
37	19P4069	A VISHEK SAH	7633983379	
38	19P4070	B R VISHNU REDDY	9731394304	
39	19P4072	BHAVANA NM	8618082622	

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NAME OF THE PROCTOR: DR. FEBIN GEO RAJU

VII SEM B.PHARM -2022-23

Sl. No.	Reg.No.	Name of the Student	Phone No.	Signature
40	19P4074	BUDHIYAR YADAV	7549686131	Budhiyar
41	19P4076	DIKSHA KUNWAR	7453025631	Diksha
42	19P4077	FAKIR CHAND LASKAR	7076128223	Laskar
43	19P4078	HAREKRISHNA SAHOO	8167379128	HKS
44	19P4080	JOHN MITHI	9863616930	
45	19P4081	LAMPHI IA I BHA SAPUH	9366599351	Lamphi
46	19P4082	LIJI CHACKO	8921749708	
47	19P4084	MALLESHA	8861277493	
48	19P4085	MALUR VARUN KUMAR	7989015866	
49	19P4086	MANJUNATH G V	8197812242	Manju
50	19P4089	MD KAUSHAR ALAM	9955011941	Kaushar
51	19P4090	MOHAMED BINHAS K M	9605887656	
52	19P4091	MOHAMMED NOUFAL	9449366620	M. Noufal

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70	19P4133	VIJAYALAKSHMI K S	8197480982	Vijayalakshmi
71	19P4134	VISHWANATH K K	7618715998	
72	19P4135	YASHODHA K J	6360456019	Yashodha K.J
73	19P4136	LALZUITLUANGI	9256960331	Zluangi
74	20P3831	GOUTHAM K S	9886239761	Goutham
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10	22MP014	AISWARYA SASINDRAN	9496192576	
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18	22MP002	SAMIR PANDA (PH.COL)	8145529639	Samir Panda
19	22MP003	SUBHADEEP SAHA (PH.COL)	8240196791	Subhadeep Saha
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21	22MP005	MAINAK KHAN (PH.COL)	7319396223	Mainak Khan
22	22MP006	PRATHIBHA.I.B	9900272595	Prathibha.
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24	22MP008	ANSARI AASHIF RAZA MOHD IMTIYAZ	9004110507	Aashif

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5	21PU005	PUSHPA SAHANI	8660133204	
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7	21PU007	RIMA KUMARI PRAJAPATI	9606249564	
8	21PU008	SUPRITH D	8884942077	
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10	22PD028	J AJITH BABU	8807208753	
11	22PD021	JENI DEBNATH	7629958133	
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27	22PD008	SHRAVANI ANANTH KUMAR	9019165152	Shravani
28	22PD019	SHRUSTI	9380372508	Shrusti
29	22PD031	TANZIYA RAHAF	9035750058	Tanziya
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8	20Q0673	NABONITA CHAKRABORTY	9679537605	
9	20Q0679	RISHAV KHAN	6361884206	
10	20Q0681	SOUVIK ROY	9339170300	
11	21Q0661	ABIR MAHAJAN	8730095551	
12	21Q0662	ADARSHA JANA	6297579584	
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19	21Q0669	CHANDAN G H	7337773578	Chandan H
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21	21Q0671	DAKSHINI B	9844818296	
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23	21Q0673	HARSHITH GOWDA P	7204183529	
24	21Q0674	JYOTHIKA R	8431744177	Jyothika. R
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4	19Q0686	DONAPINKY WAHLANG	8837390569	
5	20Q0662	ABHRA KUMBHAKAR	8900504253	
6	20Q0663	ADITHYA KUMAR GANGATKAR	8123512078	
7	20Q0666	FARDEEN KHAN S	7259122534	
8	20Q0669	MANOJ KUMAR M	9741879657	
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10	20Q0674	NIKITHA	8217581259	

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14	20Q0678	R R SELVAMMATHY	8248055849	
15	20Q0680	SIVANI SIVA SANKAR	9744042548	
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17	20Q0683	SWATI LAXMAN NAIK	9686599847	
18	20Q0684	THARUN D N	8451028997	
19	20Q0685	VIGNESH S	6374305574	

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4	17Q2508	BISWAJIT ACHARYYA	9774284486	
5	17Q2517	RITWAM MUKHOPADHYAY	9663837168	
6	18Q1076	SWETHA HARSHINI M	9361729570	
7	18Q1079	MOHAMMED LUQMAAN AHMED	9380263484	
8	18Q1080	WASIM ALI	9155164471	
9	19Q0662	ALEENA SHINE	7034507532	
10	19Q0663	ANIMESH DAS	7337779749	
11	19Q0664	ARINDAM BERA	8001328335	
12	19Q0665	BHAVANA M	6363266225	
13	19Q0666	GOUTHAM KRISHNA K	8921387320	
14	19Q0667	HANAMANTARAY	9148127826	
15	19Q0669	JAIN MARIYA JESTIN	8330884983	

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19	19Q0674	NOUFAL RIZHWAN H	8300441885	
20	19Q0675	PORTIA HALDER	9609302055	
21	19Q0676	POSHAN YADAV	8088201378	
22	19Q0679	SAYANTAN DAS	7384655148	
23	19Q0680	SOMA DEBBARMA	9362670412	
24	19Q0681	SONA K V	7558089661	
25	19Q0683	SUMAN SINGH	9091396157	
26	22PB001	P ARAVINTH RAJ	9486607993	
27	22PB002	SUNIL SARKAR	8259830223	
28	22PB003	MD SAMIM AKTAR	7479261774	
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4	17Q2505	ANURAG M	9606774313	
5	17Q2506	ARPITA DEY	8597176324	
6	17Q2509	G SHIVANI	6360371645	
7	17Q2513	PARVATHY PAVANAN	9074452906	
8	17Q2518	SANDESH UPRETY	9606245433	
9	17Q2521	SUBIN KUMAR S	7034267246	
10	17Q2526	KRISHNA YADAV	8867424117	
11	18Q1052	AMAYA PRASANNAN	9061208429	
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13	18Q1055	CHRISTINA GRACE CHACKO	6366203361	
14	18Q1056	DHANYA REJI	8590043340	
15	18Q1057	EZEKIEL ETHAN SARI SHABONG	8794922401	
16	18Q1058	FEMI S V	6385538073	

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19	18Q1064	MANVI GULATI	8368796373	
20	18Q1067	NAKSHATHRA R NATH	8606569428	
21	18Q1069	NITESH YADAV	9945110817	
22	18Q1070	P VARALAKSHMI	8088888199	
23	18Q1072	RAMSEENA	884816313O	
24	18Q1074	SALEH NASIR	9470713623	
25	18Q1075	SHILPI MAITY	7584869852	
26	18Q1078	WINNIEZA SONOWAL	8971165735	
27	20B0152	SAYAN CHATTERJEE (II-PB)	7318616899	
28	21B0141	AJAY KUMAR RAJWADE	9977136896	
29	21B0142	LAV KUSH	8467836121	
30	21B0143	NARESH MONDAL	8457008100	
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32	21B0145	VIJETH	8971459117	

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4	17Q2502	AJMAL FAVAD	9946788851	
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6	17Q2507	ASNA SUBAIR	9148407162	
7	17Q2510	GOUTHAMAN SUNIL	8592881504	
8	17Q2512	NARENDRA VARMA J	8951443567	
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FORMULATION AND CHARATERIZATION OF CURCUMIN PERIO DONTAL FILMS FOR LOCAL DELIVERY OF ANTIMICROBIALS

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Abstract

A novel periodontal film for the treatment of periodontitis was developed in the present work, for local delivery of herbal drug Curcumin was used, which is affective against infecting microorganisms in the periodontal pocket. Calibration curves for Curcumin was developed in phosphate buffer PH 6.6, FT-IR investigations demonstrated that the chosen drug and polymers had no interaction. Thermal analysis technique accomplished for identification of various physical properties and thermal transitions of drug and the polymeric materials Periodontal films were prepared by solvent casting technique using Eutragit and HPMC as polymers, Dibutyl phthalate as plasticizers and PEG 800 as surface active agent. The formulated periodontal films were assed for folding endurance, percent moisture loss, surface pH, viscosity, thickness, uniformity of weight, content uniformity as well as in-vitro release To explain release kinetics, evidence of in-vitro delivery from constructed periodontal films was fitted into various equations and kinetic models. Zero first-order equations and Higuchi models were employed as kinetic models. By fitting the data to the Korsemeyer-Peppas model, the release mechanism was discovered. The optimal formulation (F 4) was placed in vivo to study in vivo drug release by placing Curcumin periodontal film(F 4) in rabbit's gingival sulcus for 14 days and the drug release was analysed by HPLC method. The AUC peaks showed that the drug concentration was sufficient enough to inhibit the growth of bacteria.

Keywords: Curcumin periodontal film, Periodontitis, Controlled release and Gingivitis.

INTRODUCTION

Periodontal diseases are well recognised as a serious global public health concern. It is impossible to stress the importance of everyday dental care in preserving healthy teeth and gums. Periodontal disease can affect anyone of any age, ethnicity, colour, gender, or socioeconomic status. Gingivitis and periodontitis are hazardous periodontal diseases that, if left untreated, can result in tooth loss. Periodontal is a term that literally means "around the tooth." Periodontal disease is an infection of the gums and bone that supports the teeth caused by bacteria . Periodontitis can affect a single tooth or a group of teeth. It starts when bacteria in plaque (the sticky, colourless film that grows on teeth all the time) inflames the gums. Periodontal disorders can range from minor gum inflammation to severe disease. 1 Periodontitis is a condition in which the alveolar bone around the teeth gradually deteriorates, leading to tooth loosening and eventual tooth loss if left untreated. Germs that attach to and proliferate on the surfaces of the teeth, as well as an overly aggressive immune response to these microorganisms, cause periodontitis.2 Periodontitis is diagnosed by probing the soft gum tissues around the teeth with a probe and visually inspecting x-ray films to assess the degree of bone loss . Periodontists are periodontitis specialists, and their profession is known as "periodontology" or "periodontics." Periodontal disease is caused by bacterial plaque, a sticky, colourless coating that forms on teeth over time . Smoking, cigarette use, inheritance, pregnancy and puberty, stress, medicines, clenching or grinding teeth, diabetes, and a poor diet are all factors that contribute to periodontal disease. Periodontal pathogens can only thrive in environments where the atmosphere and nutritional content are ideal for their growth, and once established, the disease causes significant changes in

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DETERMINATION OF CALCIUM IN DIFFERENT MILKSAMPLES

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ABSTRACT:-
We developed a simple micro technique to measure calcium in milk samples by UV spectrophotometry. This technique is based upon the property of calcium to be absorb UV light proportional to their concentration. This method is suitable as a fast, cost effective alternative screening method to estimate calcium in milk samples.

The methods are based on the colored complex formed by calcium with Bromopyrogallol red in presence of Tween 80 as a surfactant. The section between calcium and Bromopyrogallol was investigated for the spectrophotometric determination of amount of calcium. The nonionic surfactant Tween 80 was useful to increase the sensitivity. Water is used as a solvent throughout the work. Sample used is the raw milk of cow, Goat and Buffalo milk, other samples include milk powder of cow and Goat is estimated.

KEYWORDS: **Calcium, Bromopyrogallol red, Tween 80,Shimadzu UV 1800 Model.**

INTRODUCTION:-

Spectroscopy is the measurement and interpretation of Electro Magnetic Radiation (EMR) absorbed or emitted when the molecules or atoms or ions of sample move from one energy state to another energy state. This change may be from ground state to excited state or excited state to ground state. Electromagnetic Radiation is made up of discrete particles called photons.

Ultraviolet spectroscopy is concerned with the study of absorption of UV radiation which ranges from 200 nm to 400nm. Compounds which are coloured absorb radiation from 400 nm to 800 nm but compound which are colourless absorb radiation in the UV region. In both UV as well as Visible spectroscopy, only the valence electron absorbs the energy there by the molecule undergoes transition from ground state to excited state. This absorption is characteristic and depends on the nature of electron present. The intensity of absorption depends on the concentration and path length as given by Beer-Lambert`s law.

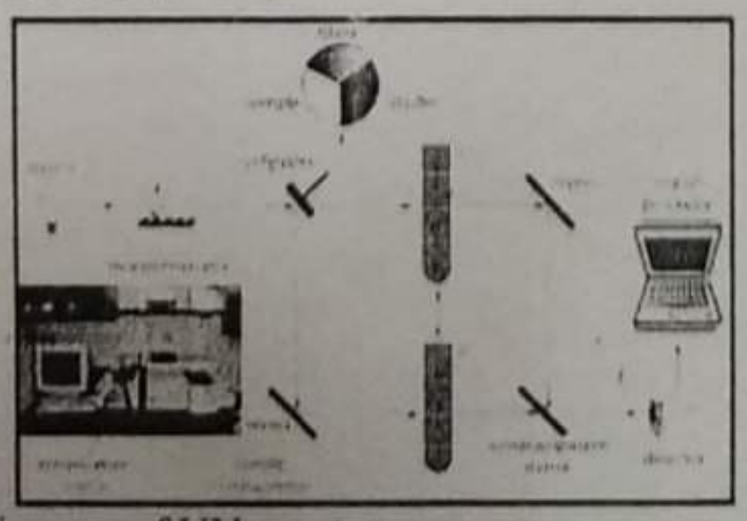

Figure: 1 Schematic diagram of UV spectroscopy

Sample taken for the study:-

Cow raw milk, Buffalo raw milk, Goat raw milk, Cow milk powder and Goat milk powder.

RGUHS
Journal of Pharmaceutical Sciences

C Geetha P L *et al.*, RJPS 2023;13(1):15-23

ORIGINAL ARTICLE

In silico Studies, Synthesis and Antibacterial Activity of Heterocyclic Compounds with Mannich Bases

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Abstract

Aim: The present study aimed to identify the potent 1,2,3-triazole derivatives for synthesis and also assess their anti-bacterial activity.

Methodology: In silico design of novel analogues was carried out for ten derivatives using Auto Dock Vina and compared with standard drug Ciprofloxacin. Swiss ADME software was used to analyze 'Lipinski Rule of Five' and drug likeness properties. Three derivatives which obeyed rule of five, having desired physico-chemical properties and highest docking score were synthesized (PDB code: 2K35). The synthesis was carried out in two step process to determine their antibacterial activity. The synthesized compounds were structurally elucidated using Fourier-transform infrared spectroscopy (FTIR), Nuclear Magnetic Resonance (1H NMR), and Mass spectroscopy .

Results: Antibacterial activity of different compounds was observed by disc diffusion method against two organisms, *E. coli* and *Streptococcus*. Among the tested compounds, 4A showed significant antibacterial activity. Compounds 6A and 8A also exhibited appreciable antibacterial activity against *E. coli* while compound 6A showed appreciable antibacterial activity against *Streptococcus*.

Conclusion: According to data obtained from the present study, piperazine incorporated triazole derivatives were found to possess effective antibacterial activity. Further modifications of triazole based compounds at different positions to generate new molecules with potent anti-tumor activities will be described in future.

Keywords: Benzotriazole, Amines, Antibacterial, Organisms

Introduction

Mannich bases are of great importance in medicinal chemistry and can be used for the synthesis of numerous heterocyclic compounds with different biological activities such as, anti-microbial,[1-4] anti HIV,[5] antibacterial,[6-8] anticancer,[9-12] anti-proliferative,[13,14] anti-tubercular,[15,16] anti-oxidant,[17] anthelmintic,[18] antipsychotic,[19] antimalarial.[20] Mannich base is a beta-amino ketone.[21,22] It is a type of nucleophilic addition reaction, which is formed by an amine, formaldehyde (or an aldehyde) and a carbon acid.[23] The literature survey had demonstrated that Mannich bases are very reactive and therefore have been utilized for the development of nitrogen containing mixes. Furthermore, triazole can be found in a variety of natural goods, metabolic products of fungus and primitive marine creatures, etc. Because of their importance in industry, agriculture, and biological activity, we synthesized a group of compounds containing 1,2,3 -Triazole derivatives in coordination with piperazine associated with various primary aromatic amine (Table 1) moieties

RGUHS
Journal of Pharmaceutical Sciences

C. Geethapriya Loganathan *et al.*, RJPS 2022;12(4):38-45

ORIGINAL ARTICLE

Molecular Docking, ADME Studies, Synthesis, and Anti-oxidant Activity of Novel Quinazoline-4(3H)-one Derivatives

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Abstract

Background: Free radicals are linked to numerous human diseases. Free radicals can be neutralised by antioxidants, thereby reducing their negative effects. We sought to learn more about the antioxidant and free radical scavenging abilities of quinazoline derivatives in this study.

Aim of the study: Drug discovery and development is a time-consuming, interdisciplinary and expensive process. Advances in computational procedures have empowered *in silico* routines, and specifically structure-based drug design technique, to accelerate new target choice for the improvement of lead compounds. Hence, the present work aimed to identify the potent quinazolinone compounds for synthesis.

Methodology: The synthesis was carried out from the reaction of anthranilic acid and primary aromatic amines with Vilsmeier reagent ($DMF/POCl_3$). Five derivatives which obeyed rule of five, having desired physio-chemical properties were synthesized (PDB code: 6DE4). The reaction occurred in few minutes under microwave irradiation providing good yields. The synthesized compounds were isolated, recrystallised by using suitable solvents, purified by Thin Layer Chromatography (TLC) and characterized by Fourier-transform infrared spectroscopy (FT-IR), Proton-Nuclear Magnetic Resonance (^1H NMR), and mass spectroscopy.

Results: All the synthesized compounds (3a, 4a, 8b, 9b, 10b) were evaluated for their anti-oxidant activities by 2,2-diphenyl-1-picrylhydrazyl (DPPH), Hydrogen peroxide (H_2O_2) assays. All of them showed significant anti-antioxidant activity, with 8b exhibiting the maximum activity compared to others.

Conclusion: On comparison with standard ascorbic acid, quinazolinone derivatives were found to possess effective *in vitro* antioxidant activity. These quinazoline analogues could be considered as useful templates for further development to obtain more potent antioxidant activity.

Keywords: One pot, Anthranilic acid, Docking studies, Anti-oxidant

Introduction

Quinazoline derivatives are classes of fused heterocyclic of extensive interest due to their varied biological activity including anti-inflammatory,[1,2] antibacterial,[3-8] antituberculosis,[9] antimalarial,[10] anti-HIV,[11] antiviral,[12] antiobesity,[13] antipsychotic,[14] antidiabetic,[15] anticytotoxin,[16] antispasmodic activities.[17] The look for new molecules with antioxidant property is a popular area of research due to the fact that they could protect the human body from free radicals and retard the development of many continual diseases, including vascular diseases. Anti-oxidant activity is effective in the preventing complicated diseases like atherosclerosis, stroke, diabetes, Alzheimer's disease

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Synthesis, Molecular Docking Study, and Adme Properties of 1, 2, 3-Triazole Derivatives.

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ABSTRACT:

In-silico design of novel analogues were carried out using Auto Dock Vina,Swiss ADME software will be used to analyse 'Lipinski Rule of Five' and drug likeness properties. Three derivatives which obeyed rule of five and having desired physico-chemical properties and highest docking score were synthesized (PDB code: 2K35).The synthesis has been carried out in single step process to determine their anti-microbial activity.Antimicrobialactivity was observed in the different compounds by disc diffusion method, among this the compound S-B shows significant anti-microbial activity and compound S-A and S-Calso shows appreciable anti-microbial activity.Thesynthesized compoundswere structurally elucidated using FTIR ,1H NMR, and elemental analysis. Furthermore modification of triazole-based compounds at different positions to generate new molecules with potent antitumor, antioxidant, and antimicrobial activities will be described in future.

Keywords: Benzotriazole,Benzene,Antimicrobial,Organisms

I. INTRODUCTION:

Triazoles and their derivatives are of great importance in medicinal chemistry and can be used for the synthesis of numerous heterocyclic compounds with different biological activities such as. anti-microbial[1,7] , anti-tumor [2] anti-tuberculosis [3] , anti-inflammatory[4] , analgesic[5] ,Anti-Lung cancer[6]anti-HIV-1 [8], cytotoxic [9], antihistaminic [10], anti-proliferative [11,12,13,14,15]. anti- oxidant [16,17,18,19]. activities and also inhibitors of glycogen synthase kinase-3 [20], antagonists of GABA receptors [21,22], agonists of muscarine receptors [23], neuroleptic [24].Thus, the design and synthesis of novel triazole derivatives are the prospective direction of medicinal chemistry for the scientists working in this field .The struggle against infectiousdiseases has become a never-ending process as microorganisms undergo rapid genetic changesand develop resistance to numerous medicines and therapeutic agents for many diseases fasterthan new treatments are become accessible. Because of their widespread application in industryand agriculture, the triazole class has sparked a lot of interest in recent decades. Furthermore, triazole can be found in a variety of naturalgoods, metabolic products of fungus and primitive marine creatures etc. Because of their importance in industry, agriculture, andbiological activity, the coordination chemistry of triazole and benzotriazole derivatives wasinvestigated. The above statement inspired our interest to synthesize a group of compounds containing 1,2,3Triazole derivatives associated with various primary aromatic amines (table-1) moiety and to evaluate their antimicrobial potency (table-7).Insilico design were carried out using soft ware Auto Dock Vina(table-2) (fig 1-10), Three derivatives which have highest docking score were synthesized (table-3) and elucidated with FTIR ,1H NMR, (table-4 & 5)and elemental analysis.Antimicrobialactivity was observed in the synthesized compounds byusing disc diffusion method, among this compound S-B shows significant anti-microbial activity and compound S-A and S- Calso shows appreciable anti-microbial activity.ADME properties and drug-likeness prediction carried out using Swiss ADME(table-8)

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A COMPREHENSIVE DOCKING STUDY REVIEW OF PHARMACOGNOSTIC, PHYTOCHEMICAL AND PHARMACOLOGICAL STUDIES OF ACACIA AURICULOFORMIS A.CUNN.EX BENTH. WITH IMMUNOMODULATORY ACTIVITY.

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ABSTRACT

Immunomodulatory treatment is often required beneath the conditions of impeded safe responsiveness and when the resistant components have got to be actuated. Even while normal immunomodulatory chemotherapy is available, it is so expensive that it is frequently out of reach of average socioeconomic people. As a result, the balancing of safe framework by conventionally used medicinal plant products has become a topic for recent logical studies all over the world. The perennial shrub Acacia auriculiformis A.Cunn. ex Benth. is widely dispersed throughout the world and has a variety of therapeutic potentials. It has been used traditionally to treat a variety of medical issues, including allergies, rheumatism, sore eyes, pains, and rashes. Due to its low toxicity (LD_{50} = 3741.7 mg/kg) and high efficacy, Acacia auriculiformis has also been shown to have numerous pharmacological effects, including central nervous system depressant activity, antioxidant, antimicrobial, antimalarial, anti-filarial, cestocidal, antimutagenic, chemopreventive, spermicidal, wound healing, hepatoprotective, and antidiabetic. The presence of the main components- flavonoids (Auriculoside) and triterpenoid saponin glycosides (acaciasides- acaciaside A & B) in various portions of this plant is also demonstrated by numerous phytochemical analysis. Researchers have been doing several investigations on this medicinally significant plant for many years in an effort to elicit the diverse biological actions. Significant effectiveness was shown in the numerous plant extracts tested for diverse pharmacological actions. The plant's bioactive phytoconstituents that have been isolated from various plant sections are emphasised for different pharmacological activity. It is also said that the plant underwent pharmacognostical standardisation using multiple standards characteristics. This plant's low toxicity and the presence of important bioactive phytoconstituents including flavonoids and triterpenoid, saponin glycosides are what make it useful as a drug treatment for numerous illnesses. In-depth, details regarding the pharmacognostic, phytochemical, and pharmacological studies of Acacia auriculiformis to date as well as the plant's immunomodulatory properties are included in this article.

KEYWORDS: Immunomodulatory, Acacia auriculoformis, antimicrobial, antioxidant, cestocidal, Antifungal, Antifilarial.

1. INTRODUCTION

The development of human history demonstrates that traditional medicine is used for therapeutic purposes. According to the World Health Organization (WHO), because to poor or nonexistent access to medical care, 70% to 80% of the population relies mostly on animal and plant-based remedies. In addition to being employed as traditional remedies, substances derived from wild plants and animals are also used as raw materials in the creation of contemporary allopathic and herbal therapies.[1]

A disease is treated using immunotherapy, also known as immunomodulatory activity, by inducing, advancing, or overcoming a resistant response. Immunostimulants are defined as immunotherapies that are designed to induce or intensify a safe response. Conversely, immunotherapies designed to lessen or suppress are referred to as immunosuppressants.[52]

Immunotherapies based on cells have proven effective in treating various malignancies. Natural killer cells (NKs), cytotoxic T lymphocytes (CTL), dendritic cells,

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INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

EVALUATION OF IMMUNOMODULATOR Y ACTIVITY OF HYDRO-ALCOHOLIC EXTRACT OF LEAVES OF CESTRUM NOCTURNUM IN WISTAR RATS

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Immunomodulatory, Cestrum Nocturnum, Total Leucocyte count, Interleukin, Hydroalcoholic, Delayed Type Hypersensitivity.

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ABSTRACT

Objective: To investigate immunomodulatory activity of hydro-alcoholic extract leaves of Cestrum nocturnum in wistar rat. ***Method:*** Cestrum nocturnum leaves extract in hydroalcoholic solution were prepared by Soxhlation method for 8 hrs at 55-60^{0}C and stored at 22^{0}C in a sealed airtight container. Hydro-alcoholic leave sextract of Cestrum nocturnum was screened for immunomodulatory activity and given to the wistar rat at a concentration of 200 mg/kg and 400 mg/kg of body weight in different groups of 6 mice each orally once a day for 14 days. Levamisole is also given to another group to support the result at a dose of 50mg/kg of body weight orally once a day for 14 days. DTH, HA, TLC, DLC are calculated for the rats. ***Results:*** Oral administration of the extracts for 14 days caused a significant (5< 0.01) reduction of paw edema by using the extract in different concentration, by the Delayed hypersensitivity reaction. Cellular events finally result in increased production of cytokines viz. IL-2, IL-6, IL-12, IFN-γ and TNF-α10-12. It is established that, IL-12 and TNF-α plays a vital role in both innate and adaptive immunity. present experimental findings with DTH and HA titer clearly demonstrated that the treatment of Cestrum nocturnum enhanced the proliferation of T cell and B-lymphocytes, ultimately leading to improvement of both the arms of immunity. The extract also improved other altered biochemical parameters associated with immunity. Also, the changes in food intake, water intake, and weight of internal organs were also restored to normal by the prolonged effect of extract treatment.

Citation: ***Abhijit Sasma and Deeparani Urolagin.*** **2022.** "Evaluation of immunomodulator y activity of hydro-alcoholic extract of leaves of cestrum nocturnum in wistar rats". *International Journal of Current Research*, 14, (11), 22705-22709.

INTRODUCTION

All through human history, vast arrays of natural compounds, particularly those from plant sources, have provided a wealth of immunomodulator. In many ways, they help preserve all life forms and their relations, even in the midst of adversities and mutual antagonisms[1]. Ayurveda, Siddha and Unani are the branches of systems in medicine that provides health care to a large part of population of India. Of these three systems of medicine Ayurveda is the most ancient systems of medicine today. The term Ayurveda, a Sanskrit word, comprises of two parts ayur (life) and veda (knowledge). The ancient Ayurvedic medicinal system was highly developed, and many have considered it to be the first medicinal system. Sushruta was probably the first doctor to practice and teach surgery. In recent times, an interest in natural remedies, including Ayurveda, has been reawakened[2]. The plant kingdom is a treasure house of potential drugs. Drugs from the plants are easily available, less expensive, safe and efficient and rarely have side effects. According to World Health Organization (WHO), medicinal plants would be the best source to obtain variety of drugs. However, plants should be investigated to better understand their properties, safety, and efficiency. Medicinal plants contain some organic compounds which provide definite physiological action on the human body and these bioactive substances include tannins, alkaloids, carbohydrates, terpenoids, steroids and flavonoids. These compounds are synthesized by primary or rather secondary metabolism of living organisms. Plant products have been part of phytomedicines since time immemorial. This can be derived from barks, leaves, flowers, roots, fruits, seeds[3]. Polysaccharides have drawn increasing attention from researchers and consumers, due to their obvious antitumor, antioxidant, anti-HIV/AIDS and immunostimulatory activities. Therefore, the discovery and evaluation of polysaccharides with antitumor and immunostimulatory properties has become an important focus of research10. Literature indicates that the herbal antioxidants concurrently exhibit significant immunomodulatory activities. It is therefore of great interest to investigate immunomodulatory effects of herbal polysaccharides that exhibit antioxidant activity with low toxicity[4]. Immunology is a branch of biomedical science that examines the structure, function and all the other aspects of the immune system in all organisms. The earliest concept of immunity was revealed during the plague of Athens in 430 BC. During the 18th century, Pierre-Louis Moreau de Maupertuis made experiments with scorpion venom and observed that certain dogs and mice were immune to the venom. All these functionalities of the acquired immunity were observed and were later exploited by Louis Pasteur in his development of vaccination and his proposed germ theory of disease.

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ORIGINAL PAPER

Chitosan-Graft-Poly (N-Isopropylacrylamide)Co-Polymer as a Carrier for Targeted Delivery and Enhanced Catalytic Activity of Capecitabine

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Accepted: 16 September 2022

Abstract

The efficient biodistribution and controlled release of medications or genes at specific site are made possible by the use of stimuli-responsive or intelligent polymers. Pathologically challenged tissue has fundamental qualities that are very different from those of typical, healthy cells. These characteristics have been useful in creating endostimuli-responsive nanocarriers for the efficient delivery of drug cargoes. The site-specific release of medications delivered by nanocarriers can take advantage of the tumour microenvironment's increased temperature and acidic pH. Capecitabine, is enzymatically catalysed to 5-FU, the active compound by sequential enzymatic steps with the last step catalyzed by the tumor-associated angiogenic factor thymidine phosphorylase which is more abundantly expressed in many types of human tumours than in healthy tissues catalyses. Thus, the site specific delivery of capacitabine to tumor microenvironment enhance its catalytic activity and increase the selectivity of 5-FU for tumor cells and decrease plasma levels of 5-FU. The goal of this research was to synthesize the co-polymer chitosan-g- poly (N-isopropylacrylamide) (CS-g-PNIPAm) and evaluate it as a dual responsive carrier for targeted Capecitabine delivery. For this, the co-polymer was synthesized, its responsiveness was optimized to tumour microenvironment conditions of pH and temperature. The Capecitabine was subsequently encapsulated in the synthesised co-polymer, and the physicochemical properties of the produced nanoparticles were assessed. When comparing the physiological pH and temperature to acidic pH (6.8) and higher temperature (39 °C), the in vitro stimuli driven drug release investigation found that the percent drug release was greater at acidic pH (6.8) and higher temperature (39 °C). MTT assay as well asfluorescence microscopic study demonstrated significantly increased drug release in tumor microenvironment while showed minimal effect at physiological conditions. In conclusion, the synthesizedco-polymer appear to be an an efficient dual pH and temperature responsive carrier for targeted delivery of anti-cancer drug Capecitabine to enhance its catalytic activity. Higher levels of FU are thus produced within tumours with minimal exposure of healthy tissue to FU.

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GC-MS ANALYSIS AND MOLECULAR DOCKING STUDIES OF AN ANTINEPHROLITHIATIC COMPOUNDS IDENTIFIED FROM STEM OF MUSA PARADISIACA PLANTAIN JUICE

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Abstract

According to traditional knowledge, there are many different diseases that can be treated with medicinal herbs. The plant *Musa paradisiaca* (Plantain) which is a member of the musaceae family is widely utilised in traditional medicine on all seven continents. This study performed by GC-MS to analyse plantain juice active compounds, and the molecular docking approach with Auto Dock 4.0 was used to test the antinephrolithiatic activity of the discovered phytochemicals. The numerous phytoconstituents found in the plantain juice were found in the GC-MS results. Octadecadienoic acid, 1H-Cyclopropal [3,4] Benz [1,2-e], Dasycarpidan-1,1-methanol, Strychane 1-acetyl-20-hydroxy-16-methylene and 10-Heptadecenoic acid. The 3ETA protein demonstrated the highest binding affinity (-9.4) for Octadecadienoic acid. According to the findings, the lead compounds have the potential to be utilized as antinephrolithiatic agents. Due to their little or nonexistent adverse effects, plant-based formulations are regarded a safe option and environmental friendly.

Keywords: GC-MS, Molecular Docking, Plantain Juice, Nephrolithiasis.

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Research Article

HYPERPIGMENTATION; A CONSPECTUS

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ABSTRACT

Hyperpigmentation simply known as skin pigmentation is one of the most common disorders occurring within the human population characterized by darkening of the skin or due to hyperactivity of melanin within the body. This review article will highlight the detailed information regarding the effects, treatment and the factors involved in the hyperpigmentation.

INTRODUCTION

The most common phenotypic disorders in humans characterized by round dark patches around the skin. An uneven pigmentation of the skin or hyperpigmentation usually produces high melanin (pigment that produces color)(1).

The most commonly includes lentigines, post-inflammatory hyperpigmentation, dark eye circles and melasma. Age spots, Melasma and Post- inflammatory hyperpigmentation are the distinct types of hyperpigmentation(2).

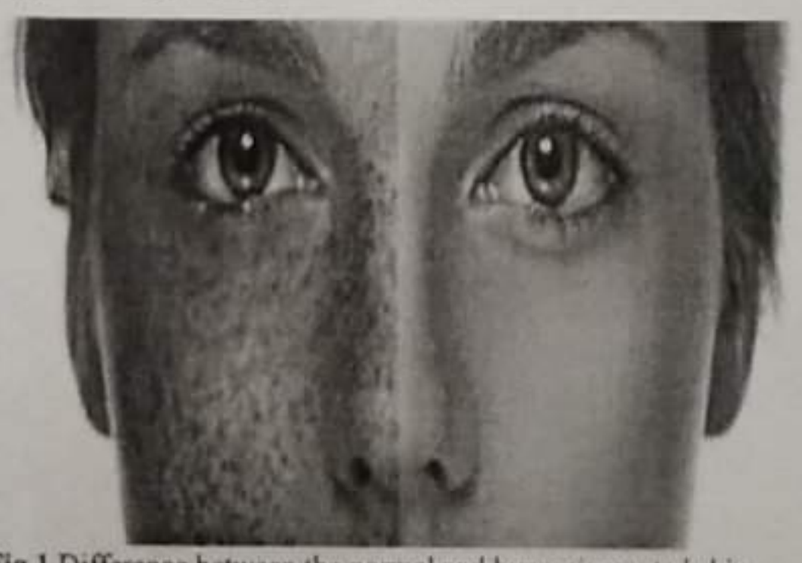

Fig 1 Difference between the normal and hyperpigmented skin

Age spots are commonly called as liver spots it is the most common disease that is related or occurs when exposed to sun. Age spots are commonly called as liver spots it is the most common disease that is related or occurs when exposed to sun were as melasma is caused by hormonal changes and may develop during pregnancy, these appears most commonly in the areas of stomach and face and post inflammatory hyperpigmentation appears due to injury or inflammation to the skin most commonly acne(2).

Factors influencing Hyperpigmentation

The following factors that causes the hyperpigmentation are classified as: Physical methods, chemical method and physiological method. Physical method include: sun exposure, skin inflammation, Melasma, Adverse drug reactions and medical condition Addison's disease which affects the areas of certain parts of the body such as folds of skin, lips, elbows and knees, Knuckles, toes and inside of the cheek(30).

Chemical factors includes the chemical changes within the body such as high iron content in the body called Heamochromatosis, use of oral contraceptive or pregnancy, Drug usage that increases sensitivity to sunlight, trauma to skin or superficial burn injury. Melanocortin-1 receptor (M4-R) are the primary receptors considered to regulate human pigmentation via induction of CAMp/protein kinase A pathway by melanocortins alpha MSH and ACTH(3)(4), beta- MSH are also involved ion melanogenesis although it has low affinity for MC1-R1, MC4-R receptors is preferred one for melanocortins(5). Studies have found that there are over 3600 receptors per cells have potent receptor affinity for B-MSH on epidermal melanocytes and 7200 receptors per cell for undifferentiated keratinocytes and 72,700 receptors per cells for differentiated keratinocytes(6)(7)(8).

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EVALUATION OF DIURETIC ACTIVITY OF SHANKAPUSHPI ETHANOLIC EXTRACT IN WISTAR RATS

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ABSTRACT

Aim: The present investigation aimed to determine the diuretic activity of Shankapushpi ethanolic extract in Wistar rats.

INTRODUCTION

Clitoria ternatea (Fabaceae) generally known as Butterfly pea. The condiment *Clitoria ternatea L.* generally known as butterfly pea showed its anti-inflammatory action in macrophage cells by suppressing inflammatic due to presence of polyphenols. Kaempferol, B- sitosterol, Sankhapushpine, N- hexaconazole, and Hydroxy cinnamic acid are major chemical constituents. it helps in enhancing diuretics, attention, learning capabilities, internal fatigue, wakefulness, stress, anxiety, depression, etc. and has been extensively screened for different pharmacological activities.

METHODOLOGY

The ethanolic extract of *Clitoria ternatea* (leaves) were orally administered to mainly Wistar rats. Furosemide were used as diuretic reference. Urine output was recorded up to 5 hours. the urinary excretion rate and Ph and electrolyte was determined. Toxic study was carried out to determine the cure of the medicine and phytoconstituents presence was analyzed by phytochemical tests.

RESULTS

Phyto chemical evaluation revealed the presence of alkaloids, carbohydrates, tannins, phenols, and terpenoids.

EVALUATIONOFHUPERZINEANDRESVERATROLINRATMODELS OFCOGNITIVEIMPAIRMENT

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ABSTRACT

The present study, designed to investigate the role of huperzine and resveratrol in stress andintracerebroventricular injection of streptozotocin (*i.c.v.* STZ) induced changes of cognitivefunction in rat. The cognitive impairment was induced by the application of chronic swimmingstress *i.e.,* 15 minutes / day, for 25 consecutive days. The pre-treatment of huperzine (20 and 40mg/kg); resveratrol (20 and 40 mg/kg); thalidomide (25) and piracetam (300 mg/kg) wereadministered by oral gavage (*p.o.*) method for 10 consecutive days from day of 15th to 25th day.The changes of stress and *i.c.v.* STZ induced cognitive dysfunction were assessed by Morriswater maze (MWM) test from the day of 21st to 25th day. Furthermore, the stress and *i.c.v.* STZinduced biochemical changes *i.e.,* acetylcholinesterase activity (indicator of neurotransmitterchanges),TBARS(lipidperoxidationprocess)and

"EFFECT OF *CORIANDRUM SATIVUM* LINN EXTRACT ON EXPERIMENTALLY INDUCED ALLERGIC CONDITIONS AND MAST CELL DEGRANULATION ON INVESTIGATIONAL ANIMALS".

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Abstract

Background:

Coriandrum sativum Linn. is a plant belongs to the family **Apiaceae** has been extensively used in Indian traditional medicine It is used in pharmaceuticals, nutraceuticals and industrial uses.The health promoting perceptive of coriander attributed to its rich phytochemicals.

Objectives:

The present study was designed to evaluate the anti-allergic activity of hydroalcoholic extract of areal parts of *Coriandrum sativum* Linn in experimental animals.

Methodology:

The antiallergic activity of hydro-alcoholic extract of *Coriandrum sativum* Linn was evaluated in compound 48/80 induced mast cell degranulation in rat mesentery and milk induced leucocytosis and eosinophils in mice was studied.

Results:

The hydro alcoholic extract of areal parts of the plant of *Coriandrum sativum* Treatment of HAECS (100 and 200 mg/kg *p.o.)* showed significant ($p<0.001$) protection against compound 48/80 (1 mg/kg *s.c.*) induced mast cell degranulation in and mesenteric pans. Administration of milk (4 ml/kg *s.c*) to group of mice showed significant ($P<0.001$) increase in leucocytes and eosinophils. the different doses of of HAECS (100 and 200 mg/kg *p.o.*) was found to decrease significantly ($p<0.001$) reduced the milk (4 ml/kg *s.c.*) induced elevated levels of blood total leucocyte and eosinophils counts.

Conclusion:

This study confirmed the traditional use of title plant in treatment of allergic diseases exhibiting significant anti allergic activity. Hence, further studies on the exact molecular mehanisms(s) of actions of *Coriandrum sativum* Linn are recommended.

Keywords: *Coriandrum sativum* Linn; Anti-allergic; Mast cell; Compound 48/80;

3-Benzothiazole Derivatives -Green synthesis, Insilico Screening, ADMET Prediction and Evaluation of Invitro Anthelmintic agents.

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PHYTOCOGNOSTIC AND PHARMACOLOGICAL REVIEW OF *ALBIZIA AMARA*

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ABSTRACT

An essential medicinal herb called *Albizia Amara* can be found all over India. Pharmaceutical components of high importance are present throughout the entire plant. The current articles provide information on bioactive ingredients and the therapeutic value of *Albizia Amara*. This plant has a long history of usage in traditional medicine, particularly for the treatment of leprosy, toxic illnesses, gonorrhea, skin diseases, diarrhea, skin conditions, and poisonous bites. The plant extracts of *Albizia Amara* contained a wide range of bioactive substances, including macrocyclic spermine alkaloids, triterpene saponins, phenols, flavanols, glycosides, tannins and sterols, according to additional phytochemical research. Plant extracts also have pharmacological effects like anticancer, antihyperlipidemic, antibacterial, antimicrobial and antioxidant capabilities. This will be a perfect plant resource for the treatment of different endemic diseases due to the presence of several pahytoconstituents, pharmacological activity and extensive distribution.

Keywords: *Albizia Amara*, medicinal plant, Bioactive Compounds, Pharmacological properties.

Unlocking the Brain's Fortress: Trojan Horse Liposomes as a Revolutionary Approach to Drug Delivery

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ABSTRACT:
The effective delivery of therapeutic agents to the brain is hindered by the blood-brain barrier (BBB), a highly selective and impermeable barrier that restricts drug entry. Researchers have explored various strategies, including Trojan horse liposomes, to overcome this challenge. This comprehensive review provides an in-depth overview of current research on Trojan horse liposomes for brain drug delivery, focusing on advantages, limitations, and future prospects. The BBB's physiology and function are explained to highlight its significance as a barrier. Traditional drug delivery limitations pave the way for Trojan horse liposomes as a potential solution. The review explores liposome formulation, composition, and functionalization, elucidating how they exploit endogenous transport systems to cross the BBB. Considerations in liposome design, such as surface modifications and targeting ligands, are discussed. Research findings on Trojan horse liposomes' efficacy in delivering therapeutics across the BBB using *in vitro*, *in vivo*, and preclinical models are presented, along with specific examples of drugs and diseases targeted. Advantages, such as enhanced drug delivery and reduced toxicity, are analyzed, while challenges like liposome stability and immunogenicity are addressed. Future prospects, including nanotechnology advancements and personalized medicine, are explored. Existing challenges such as large-scale manufacturing and clinical translation are considered. The conclusion emphasizes Trojan horse liposomes' potential for brain drug delivery and underscores the importance of overcoming BBB limitations through continued research efforts.

Keywords: Blood-brain barrier, Drug delivery, Liposomes, Targeting, Trojan

INTRODUCTION

The major challenge in drug delivery to the brain is the existence of the blood-brain barrier (BBB). Capillaries in the brain are lined with specialized endothelial cells that lack fenestrations (pores) and are tightly sealed with junctions, forming the BBB(Daneman & Prat, 2015). This barrier restricts approximately 98% of small-molecule drugs from crossing into the brain, while only minute amounts of large-molecule drugs are able to do so. Additionally, there is the blood-cerebrospinal fluid barrier, which is formed by the epithelial cells of the choroid plexuses(Abbott et al., 2010).

Various techniques have been developed to overcome these barriers and enhance the amount and concentration of therapeutic compounds in the brain. However, the challenges don't end with just crossing the BBB. Even if a compound manages to cross the barrier, it may not reach a therapeutically relevant concentration in the brain. This can be due to the drug's low permeability through the barrier or it's binding to other proteins in the body, which can render it inactive or prevent it from passing through the barrier(Ballabh et al., 2004).

Moreover, enzymes present in the brain tissue can also lead to the deactivation of the drug, even if it successfully enters the brain. These problems must be carefully addressed and considered

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Research Article

Pharmaceutics for effective drug dosage

Enhancing Nateglinide Delivery Through Mucoadhesive Buccal Tablets: Formulation and Assessment

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Abstract: Diabetes is a chronic illness that affects how the body converts food into energy. Numerous organs may be harmed as a result of poor diabetes control. The primary goal of the research project is to prepare and assess mucoadhesive buccal tablets of nateglinide for type 2 diabetes treatment, employing HPMC K100, Chitosan, and sodium alginate as mucoadhesive polymers alone and in a mixture through direct compression. The assessment parameters include thickness, hardness, weight variation, friability, drug content, swelling index, surface pH, *in-vitro* drug release, and *ex-vivo* mucoadhesive strength. FTIR analysis indicated no drug-excipient interaction. Physical parameters (thickness, hardness, weight variation, friability) adhered to pharmacopoeia standards, while drug content ranged from 83.65 to 99.76%. The swelling index varied from 100±7.64 to 147.5±2.89%. Formulation F5 (Sodium alginate) exhibited the highest drug discharge (92.1±2.37%), while F8 (HPMC K100 and Sodium alginate) demonstrated sustained discharge (79.1±2.13% at 8 h) and the highest mucoadhesive strength (33.0±2.00 g). Discharge kinetics followed zero-order (F1, F3, F4, F7, and F9) and Korsemeyer Peppas models (F2, F5, and F6). The study concludes that the potential of these formulations for controlled drug discharge and oral mucosal adhesion in diabetes management.

Keywords: Buccal, Chitosan, Diabetes, Nateglinide, Sodium alginate, Tablets

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Exploring *Aloe Vera* Leaves Mucilage in Clarithromycin Mucoadhesive Microspheres: Investigating Particle Size and Swelling Index through Design Expert Software

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ABSTRACT

The research aimed to investigate the mucoadhesive properties of Aloe vera leaf mucilage (AVLM) when combined with Clarithromycin (CMN) to create mucoadhesive microspheres. The study involved the preparation of nine batches of CMN mucoadhesive microspheres using carbopol 934P (C-934P) and varying amounts of AVLM. To analyze the effects of AVLM and C-934P levels on particle size (PS) and swelling index (SI) as response variables, a central composite design was employed with design expert software. The results indicated that the PS of the microspheres ranged from 35.2±0.3 to 48.1±0.6µm, with batch B-1 having the smallest PS and B-8 showing the largest size. The PS was determined using the formula: $+49.37+0.3500A+1.73B-0.8750AB-0.2500A^2-8.10B^2$, where A represents the AVLM level and B represents the C-934P level. On the other hand, the SI of the microspheres varied from 56.8 to 61 and increased with higher polymer content. The formula for the SI was: $+59.10+0.2500A+1.90B-0.1500AB+0.2500A^2-0.3000B^2$. The study found that AVLM levels significantly influenced the PS and SI of the microspheres. Moreover, the researchers observed a controlled release of CMN from the microspheres, with satisfactory entrapment efficacy, mucoadhesion, and drug contents, meeting various constraints. Additionally, the microspheres demonstrated potential for targeted drug delivery to the stomach due to C-934P, and the presence of AVLM further enhanced this effect. Scanning electron microscopy images confirmed that the microspheres had a spherical shape with a relatively smooth surface. Overall, the study established the potential of AVLM-based mucoadhesive microspheres for controlled drug delivery, with promising results using CMN as a model drug.

Keywords: Clarithromycin, *Aloe vera* leave *mucilage,* Microspheres, Mucoadhesive, Particle size.

INTRODUCTION

The study's primary focus is to explore innovative methods of enhancing the gastric availability of drugs with patient consent. The researchers aim to develop gastro retentive microspheres, a convenient and easily administered dosage form, to improve the delivery of Clarithromycin (CMN), a broad-spectrum antibiotic. CMN is commonly used in standard eradication treatment for *H. pylori* infection, often combined with other antibiotics and acid-suppressing agents[1].

For effective mucoadhesive systems, the choice of polymer plays a crucial role. Oral drug administration is preferred by many patients due to its convenience, and various polymers have been investigated for mucoadhesive applications, although some of them are rare and expensive. In this study, the researchers have identified Aloe vera leaf mucilage (AVLM) as a new natural polymer with potential mucoadhesive properties. AVLM has also been found to possess antiviral properties, suggesting its potential use in antiviral therapy. By incorporating AVLM into mucoadhesive microspheres of CMN, the researchers aim to achieve a sustained systemic availability of the drug over an extended period[2].

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Research Article

Formulation and *in vitro* Evaluation of Verapamil Hydrochloride Floating Tablets

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Abstract: The present research work aims to formulate and evaluate novel sustained-discharge floating tablets of verapamil hydrochloride (VPH) which is used for the treatment of hypertension. We aim to use a direct compression technique to formulate the floating tablets. The characterization of the formulation of VPH was carried out by employing FT-*IR* and DSC studies, which showed that there was no chemical interaction between the drug and polymers, such as HPMC K100M, chitosan, and sodium alginate. The tablets are designed to have good *in-vitro* buoyancy, and they remain afloat in the dissolution medium. The best formulation (F7) is chosen based on its maximum drug discharge (91.91±2.25%) and drug content (97.20±2.71%) over 12h. The discharge kinetics of the drug from the tablets are analyzed using various mathematical models, such as zero order, first order, Higuchi, and Korsmeyer's equations. These models help explain and predict drug discharge behavior over time. The study concludes that a proper balance between the sustained-release polymer and the gas-forming agent is essential for efficient *in-vitro* buoyancy and sustained drug discharge. Formulation F7, which utilized sodium alginate, appears to be the most promising in terms of drug discharge and content.

Keywords: Chitosan, Floating, Release, Tablets, Verapamil.

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RESEARCH ARTICLE

Out-of-Trend Statistics in The Pharmaceutical Industry: A Gain Leap in Assuring the Quality of The product

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ABSTRACT:

The primary goal of the evaluation is to ensure the product's quality by locating and managing "out of trend" (OOT) areas, utilising various techniques in the pharmaceutical sector. Regression control charts, time points, and slope control charts can all be used to identify or detect OOT. At the time of handling, OOT is divided into three categories: analytical alert, process control alert, and compliance alert. The electrical OOT Tracking Software from Ample Logic, created using low-code technology, is used to manage OOT. Identification of OOT stability results is an increasingly important topic in the pharmaceutical industry. In a perfect world, finding or detecting an OOT would be easy. However, an oversimplified system might not be sensitive enough to detect a genuine OOT. It should be chosen based on how the approach would impact the parameter being evaluated. This article outlines several tactics, such as how to recognise an unexpected single result or unusual variance. When numerous tests and time points call for OOT constraints, OOT detection can be a difficult problem. Additionally, it includes components and software that help manage OOT discoveries.

KEYWORDS: Error, Factors, Process, Significant, Trend.

INTRODUCTION:

A stability result that deviates from the anticipated pattern when compared to other stability batches or to past data obtained during a stability investigation is referred to as being out of trend (OOT))[1-3]. An out-of-trend (OOT) approach is required to reliably find and eliminate outliers from estimates for expiry and stability[4,5]. OOT points are considered to be unrepresentative of the test sample since they are described as being due to analytical, transcriptional, or other sorts of error.

If any OOT points exist, not addressing them will lead to projected rates of change that are neither representative of the therapeutic product nor its active ingredient.

OOT occurrences may be caused by a variety of factors. The process average may suddenly change or include an unusual data point. The standard deviation of the data could increase or decrease. The overall conclusion drawn from the data might gradually be expanded by well-known independent variables or (factors) that introduce further variety into the crucial quality features (also known as dependent variables or responses)[6].

Keep in mind that while OOT is frequently seen as a negative event, it can sometimes be advantageous. If variability declines or the average moves in the direction of the goal, this can be an advantageous trend. A fair trend would be demonstrated by stable data that remain

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From Concept to Assessment:

Creating an Oral In-Situ Gelling System with Sucralfate

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Abstract

The study aimed to develop and assess an oral in situ gelling system for Sucralfate through a comprehensive approach. Preformulation studies were conducted, encompassing API characterization, solubility, melting point, and absorption maxima determination, along with compatibility assessments. Employing an ion-activated method, a range of formulations (F1-F9) were created, with varying concentrations of Gelrite and HPMC K100M as excipients. Evaluation of these formulations covered numerous physicochemical attributes, such as appearance, clarity, pH, gel strength, viscosity, in-vitro gelling capacity, gelling time, in-vitro floating behavior, drug content, and drug release profiles. The concentration of polymers significantly influenced properties, with increased polymer concentration enhancing gel strength and viscosity but reducing cumulative drug release. Among the formulations, F4 was identified as the optimal choice, exhibiting balanced gelling capacity, viscosity, and high drug content (99.85%), ensuring sustained drug release for over 12 h. The drug release pattern adhered to a zero-order kinetic model, while the release mechanism followed Fickian diffusion, implying diffusion-controlled drug release through the polymer matrix. In conclusion, the study's systematic approach successfully delivered a promising in situ gelling system for Sucralfate, shedding light on polymer effects and drug release behaviors.

Keywords: Dosage form, Gel, Floating, Stomach, Sucralfate, Viscosity

1. Introduction

"In-situ," a term rooted in Latin, conveys the concept of something being "in its original place" or "in position." This notion finds application in the realm of drug delivery through the development of in-situ gelling systems. These systems are designed to sustain drug release and maintain consistent plasma profiles. The distinctive feature of in-situ gelling systems lies in their ability to transition from a liquid state at room temperature to a gel state upon encountering body fluids or a change in pH. This transition provides the advantage of easy administration in liquid form at the site of application, which contrasts with the challenges posed by rigid gels (Rathod et al., 2014).

These gels offer the benefit of extended drug residence time at the absorption site. This is facilitated by their transformation into strong gels following swelling. Several formulation methods can be employed to create in-situ gels, including pH-triggered, ion-activated, photo polymerization, temperature-triggered, and enzymatic cross-linking methods. Each of these techniques capitalizes on specific triggers or conditions to

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Hepatoprotective Activity of Alcoholic Extract of Actinidia Deliciosa (Kiwi Fruit) Against Carbon tetrachloride Induced Liver Damage in Albino Rats

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Abstract

In the early 20th century, herbal medicine was a prominent health care system because there were no antibiotics or pain relievers. With the development of systems of allopath medicine, herbal medicine gradually lost its popularity among humans, and it was based on the therapeutic effect of synthetic drugs. Almost a century has passed bad we have seen the limitations of the allopathic system. Herbal medicine has been gained momentum recently and this is evident in the fact that some herbal medicines have reached heights on par with systemic drugs. It can be concluded that knowledge of alternative and complementary medicine systems such as Ayurveda, botany, pharmacology and photochemistry, biochemistry, ethnology and toxicology is an integral part, treatment option for common liver diseases such as cirrhosis, fatty liver diseases and chronic hepatitis are problematic. The effectiveness of treatment such as interferon, colchicine, penicillamine and corticosteroids is very low and the incidence of side effects is very high. Too often, the treatment worsens the disease. Conservative's doctors often many of their patients to wait cautiously, infact waiting for the time when the disease has progressed to point where heroic measures need to be taken. Physicians and patients needs effective therapeutic agents with low rates of side effects. Plants are capable of forming such group. For the past 5000 years, humans have relied on natural products as their primary source of medicine. However, the past 2 centuries have brought about an explosion in understanding how natural products are made and how they interact with other organisms. The world health organization (WHO) estimates that 80% of the world healthy population currently uses herbal medicines for some aspects of primary health care (kokanee ck et al; 2011)

Key words:

Hepatoprotective, kiwi fruit (Actinidia deliciosa), ccl4

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DRUG UTILIZATION EVALUATION OF ANALGESICS AMONG IN - PATIENTS OF TERTIARY CARE HOSPITAL

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Article Received on 20/09/2022 **Article Revised on 10/10/2022** **Article Accepted on 31/10/2022**

ABSTRACT

Introduction: Analgesic is a drug which selectively reduces or relieves the pain sensation by acting on CNS or peripheral system without altering consciousness. **Objectives:** The fundamental objective of our study is to evaluate the drug use pattern among the inpatient in a tertiary care hospital. **Methodology:** A cross-section study was carried out among 200 in-patients in a tertiary care hospital Bangalore. The patient data were collected from the patient case profile and prescriptions and noted in a data form. The data were analyzed to find out the demographic detail, number of analgesics prescribed per patient, analgesic which are commonly prescribed, co-morbidities of patients, frequency of interaction and patient with discharge medication. Patient with or without co-morbidities state were also included. **Results:** In 200 patients with analgesic, majority number of patient i.e., 57% was males (114) and 86 (43%) were females. The usual co-morbidities were Diabetes, Hypertension in which 30% were with comorbidities and 70% were without comorbidities. The most frequently prescribed analgesic drugs were paracetamol (58%), tramadol (26.5%), diclofenac (23%) followed by aceclofenc (10.5%). The distribution of use analgesic of analgesic was more in orthopedic (38%) and less in general medicine (7%). The duration of analgesic prescribed for less than 3 days was 99 and 4-6 days was 93 and 7-10 was 8 patients. **Conclusions**: The present research studies give important recommended views into overall pattern of analgesic drugs used in inpatient in a tertiary care hospital. The analgesic was prescribed mostly and more frequently was paracetamol (58%) and tramadol was 26.5%. To avoid the unnecessary use of analgesic drugs physician should be encourage decreasing use of generic name which may increase incidence of other health problems.

KEYWORDS: Analgesics, Drug utilization evaluation, OTC.

INTRODUCTION

Drug utilization evaluation (DUE) was defined by the world health organization (WHO) in 1997 as the marketing, distribution, prescription and use of drug in a society with emphasis on the resulting medical, social and economic consequences.[1] Predetermined standards are used to assess the quality of medication prescribing before administrative or educational actions are implemented to change patterns of drug usage that do not meet these standards. The effectiveness of these interventions will be measured as part of the program.[2,3] Adverse drug responses and noncompliance with medications are common reasons for adult and pediatric hospitalizations.[4,5,6] DUE enables us to better understand how and why medicines are used in the way that they are, allowing us to improve drug usage and health outcomes. DUE has the potential to aid the health-care system in better understanding, interpreting, and administering medications. DUE data could help health-care organizations and hospitals create instructional programs to improve prescribing and drug usage.[7]

QUALITY OF USE

This is evaluated by comparing actual use to national prescription recommendations or local drug formularies, as determined by audits. The choice of drug (compliance with recommended assortment), drug cost (compliance with budgetary recommendations), drug dosage (awareness of inter-individual variations in dose requirements and age-dependence), awareness of drug interactions and adverse drug reactions, and the proportion of patients who are aware or unaware of the

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TO EVALUATE THE DRUG UTILIZATION PATTERN AND PHARMACOECONOMICS ON ACUTE CORONARY SYNDROME IN A TERTIARY CARE HOSPITAL

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ABSTRACT
cross sectional study was carried out among 200 inpatients in a tertiary care hospital Bangalore. Patients diagnosed with ACS from the cardiology department were included in the study. Out of 200 patients with ACS, majority were males (136) and females were (64). The common co-morbidities related to ACS were Diabetes, Hypertension, Dyslipidemia and the majority of the patients were diagnosed with Anterior Wall MI followed by Unstable angina. The most frequently prescribed drugs were (Antiplatelet 45.8%) followed by Antihyperlipidemic (21.7%) followed by Antianginal (17.01%) and Antihypertensive (15.4%). The average number of drugs per prescription was (6.94%). Drugs prescribed by generic name was (4.62%). Antibiotic constituted only (17%) of the total number of encounters. The frequency of the use of the injectable preparation was (52%). The percentage of drug from the essential drug list was (100%). Polypharmacy was observed in our study. The current research provides valuable insights into overall pattern of drugs used in acute coronary syndrome The study encouraged physicians to prescribe more generic drugs to reduce avoidable cost burdens to patients as well as to decrease polypharmacy especially in geriatric patients.

KEYWORDS: ACUTE CORONARY SYNDROME, DRUG UTILIZATION EVALUATION, PHARMACOECONOMICS.

INTRODUCTION
Cardiovascular disease (CVD) is the leading cause of death, accounting for over one-fourth of all deaths. Diabetes mellitus, dyslipidemia, obesity, sedentary lifestyle, valvular heart disease, and smoking were the substantial risk factors in most studies. The American Heart Association has defined good cardiovascular health as a combination of six risk factors that can be improved with lifestyle changes. They are comprised of smoking status, physical activity, weight diet, blood glucose, cholesterol, and blood pressure.[1] According to the World Health Organization, 17.9 million people died from cardiovascular disease in 2016.[2]

ACS is classified according to Echo-cardiogram changes into: -

- ST- segment elevation ACS (STEMI).
- Non-ST-segment elevation MI (NSTEACS).

1. Non-ST-segment elevation MI (NSTEMI).
2. Unstable Angina.[4]

Drug utilization evaluation, according to the World Health Organization, is an ongoing systematic, criterion-based program of medicine evaluation that aids in applicability. DUE improve medication by:

1. Promoting optimal medication therapy
2. Preventing medication-related problems
3. Rational use of drug, management of cardiovascular risk factors.[8]

In this study, drug utilization is assessed using WHO prescribing indicators, which aid in determining drug rationale. The study also focuses on increasing prescriber awareness and understanding how drugs are used on a specific patient population by examining the prescribing pattern.[9]

Pharmacoeconomics are often defined as the measurement of each price and consequences of therapeutic decision making. Pharmacoeconomics provides a guide or decision makers on resources allocation. Pharmacoeconomics will assist within the planning process and help assign priorities where, for example, medicines with a worse outcome are also obtainable at a lower price and medicines with outcomes and higher cost can be compared. When economic evaluations are conducted, it's vital to categorize varied

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STUDY OF RATIONAL PRESCRIBING PATTERN AND DRUG MANAGEMENT FOR GERIATRIC PATIENTS IN A TERTIARY CARE HOSPITAL

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ABSTRACT

It was a prospective observational study carried out on geriatric patients at Sapthagiri Institute of Medical Science & Research Center for a period of 6 months where case report form are used to collect the patient details who are of 60 years and above and meeting the inclusion criteria. Among 150 cases, 57% were females and 43% were males. Among them 66% of patients were reported to have 2 diseases, 24 % of patients were diagnosed with 3 disease while patients having >3 diseases were reported to be 10%. The chronic cases of diseases related to hypertension and diabetes were counted to be greater in frequency (DM: 23 %, HTN: 49% DM+ HTN: 28 %). Amlodipine (5 mg) was prescribed rationally for most of the hypertensive patients. Along with that, Human Actrapid (Insulin) and Metformin (oral hypoglycemic agent) was prescribed rationally for more number of diabetic patients. This study found out that Amlodipine (5mg) was prescribed rationally for most of the hypertension patients. Along with that Human Acrapid (insulin) and Metformin (oral hypoglycemic agent) was prescribed rationally for more number of diabetic patients. Hence, drug utilization and prescription studies of these drugs are conducted to help prescribers to make appropriate changes if needed to ensure that the drugs are prescribed rationally. This result also emphasized the rational use of geriatric medicine mostly related to the chronic condition of hypertension and diabetes. It shows the acceptability and tolerability of drugs prescribed for geriatric individuals.

KEYWORDS: Hypertension, Diabetes, Insulin, Rational.

INTRODUCTION

Prescribing is the most important tool used by physicians to cure illness, relieve symptoms and prevent future disease. Prescribing is also a complex task that requires diagnostic skills, knowledge of common medicines, understanding of the principles of clinical pharmacology, communication skills, and the ability to make decisions based on judgments of potential benefit and risks, having taken into account available evidence and specific factors relating to the patient being treated. Rational prescribing decisions are often based on evidence that must be interpreted in the context of many other factors not encountered in any clinical trial. Rational prescribers should attempt to:- maximize clinical effectiveness, minimize harms, avoid wasting scarce healthcare resources, respect patient choice.[1]

Richard W Besdine (MD),[2] Warren Alpert Medical School of Brown University states that the effects of aging must be taken into account during the diagnosis and treatment of older adults. Clinicians should not-

- Mistake pure aging for disease (eg, slow information retrieval is not dementia)
- Mistake disease for pure aging (eg, ascribe debilitating arthritis, tremor, or dementia to old age)
- Ignore the increased risk of adverse drug effects on weak-link systems stressed by illness
- Forget that older adults often have multiple underlying disorders (eg, hypertension, diabetes, and atherosclerosis) that accelerate the potential for harm.[2]

Geriatric or geriatric medicine is a specialty that focuses on health care of elderly people; It aims to promote health by preventing and treating diseases and disabilities in older adults. Geriatrics also refers to medical care for older adults, an age group that is not easy to define precisely. "Older" is preferred over "elderly," but both are equally imprecise; > 65 is the age often used, but most people do not need geriatrics expertise in their care until age 70, 75, or even 80.There are 2 main approaches to optimize the drug therapy in older adults: -(a) using appropriate drugs as indicated and to maximize cost

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A PROSPECTIVE STUDY ON CLINICAL OUTCOMES OF POLYPHARMACY IN TERTIARY CARE HOSPITAL

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ABSTRACT
The cross sectional study conducted to assess the clinical outcomes of polypharmacy in tertiary care hospital showed a total more than 200 cases with the above mentioned risk, of which male patients were higher than females. The final group of patients assessed comprised of patients diagnosed with multiple diseases in combination along with singular disease like IHD, CKD, HTN etc. Most of the study patients had a maximum of 20 drugs and minimum of 5 drugs being administered regularly, causing interaction and other side effects in their treatment regime, The study aimed to find the outcomes of the population having polypharmacy along with the goal to educate these population for better life and health care.

KEYWORDS: Polypharmacy, drug interactions.

Polypharmacy is the condition resulting from using five or more drugs, some of them may clinically inappropriate.[3] Poly pharmacy is commonly seen in elderly patients due to increasing number of chronic diseases, treatment by multiple prescribing, high cost of prescription medications, re-use of old medications, availability of OTC medications, use of herbal and vitamin formulations, inadequate patient knowledge of medications and medical conditions etc. Poly pharmacy increases the incidence of adverse drug reactions, drug interactions, non – adherence which again leads to increase in length of hospitalizations that again increases the health care cost.[1]

There are different factors that contribute to polypharmacy in the geriatric patients. Some doctors may prescribe more drugs for geriatric than they may have in the past only because of that there is diverse availability of the drugs.[3] Although the new drug discoveries of a wide group of pharmaceutical products for a wide variety of conditions has saved many patients, it has also led to both overuse and inappropriate use of prescription that made many people unfortunate. And many of the medicines which were once available for the patients with prescription only are now available as OTC medicines. Herbal and other dietary formulations are also increasing in their use day by day especially among the geriatric patients.

There is a situation existing that a patient of age over 60 is more likely to have many serious disorders and each need at least one drug. Those with more than one disease condition may receive treatment from different doctors whom may prescribe a different medication to treat the same symptoms. In addition to this, patients may buy the drugs from more than one pharmacy, and each pharmacist only checks for the potential effects of only those medications that the pharmacist in charge knows the patient is supposed to be taking.[3] Another factor called the prescribing cascade occurs when an elderly patient develops side effects from a medication he is taking however; his healthcare provider interprets the symptoms not as a side effects of the drug but as symptoms not as side effects of the drug but as symptoms of another medical condition. Thus, he then prescribes another drug creating the potential for even more side effects. The study was conducted with the aim of assessing the clinical outcomes of polypharmacy in adult patients in tertiary care hospital.

METHODOLOGY
A cross- sectional study was carried out in In-patient Department of Sapthagiri Institute of Medical Science

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INNOVATIVE APPROACHES TO ENHANCE GASTRIC RETENTION OF RABEPRAZOLE USING *Macrocystis pyrifera* EXTRACT

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ABSTRACT

The work aimed to formulate and assess floating tablets of Rabeprazole (RBZ) for treating peptic ulcers. Effervescent tablets were produced (F1-F9) with variations in the concentration of synthetic polymer HPMC K15 for F1, F2, and F3; natural polymer *Macrocystis pyrifera* extract (sodium alginate) for F4, F5, and F6; and combinations of these polymers for F7, F8, and F9. The research involved several stages, including pre-formulation studies of the pure drug. The tablets were assessed for compatibility, pre-formulation, and post-formulation studies. The compatibility study indicated that there were no interfaces between drug and polymers. The floating tablets passed all the pre- and post-compression constraints. Among them, F6 exhibited a drug content of 99.67 ± 0.11% and sustained drug release over 8 h. All formulations displayed favorable floating behaviour and remained afloat for more than 24 h. The study concludes that a combination of synthetic (HPMC K15) and natural (*Macrocystis pyrifera* extract) polymers found to extend the RBZ residence time in the stomach and achieve sustained drug discharge. This approach could hold promise for improving the treatment of peptic ulcers.

Keywords: Effervescent, floating, RBZ, sustained release, tablets, ulcer

INTRODUCTION

Peptic ulcers, characterized by stomach or duodenal lining damage, stem from an imbalance between protective and aggressive factors in the gastric mucosa (Lanas and Chan, 2017). Endogenous defensive factors like mucus secretion and antioxidants interact with aggressive factors like acid and pepsin secretions, leading to ulcer development. Environmental factors like smoking, poor diet, alcohol consumption, NSAID use, and *H. pylori* infection contribute to the condition (Davis and Robson, 2016). This results in various symptoms including pain, early satiety, nausea, bloating, and more. Rabeprazole (RBZ), classified as a proton pump inhibitor (PPI), plays a crucial role in treating acid-related disorders like GERD and peptic ulcers. By covalently binding and inactivating the gastric proton pump, it effectively reduces gastric acid production, which in turn elevates gastric pH. This mechanism is particularly relevant in managing peptic ulcer disease, especially when combined with *H. pylori* eradication therapy. These drugs, including RBZ, are benzimidazole derivatives that need to concentrate in the acidic secretory canaliculus of parietal cells. They endure conversion to active sulfenamide compounds, allowing them to form covalent inhibitory bonds with specific cysteine residues on the active parietal cell proton pump (H+/K+-ATPase) (Pace and Pallota, 2007).

FORMULATION OF ANTI-MICROBIAL HERBAL CREAM BY USING VITEX NEGUNDO LEAF EXTRACT

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ABSTRACT:
Vitex negundo belongs to family verbenaceae and grows as small tree with thin grey bark. The plant is widely distributed and also has pharmacological actions against wide spectrum of disease in traditional system of medicines. All parts of the plant especially its leaves contain number of secondary metabolites such as alkaloids, phenols, flavonoids, glycosidic irridoids, tannins and terpenes. The main aim of the study is to formulate and evaluate herbal cream using Vitex negundo extract to give anti-microbial ,anti-inflammatory, astringent bronchodilator, CNS depressant, detoxicant, diuretic, anticancer, anti-diabetic, hepato-protective, etc. Vitex negundo are medicinal plants used from ancient times in various herbal cosmetics such as Ayurveda, Siddha and Homeopathy. Vitex negundo provides beneficial effects on skin such as anti-microbial, anti-inflammatory and skin lightening agent. The cream was formulated with Vitex negundo extract with varying the weight of the components to give different formulations of F1, F2, and F3. The herbal cream was evaluated for parameters such as appearance, pH, homogeneity, viscosity, acid value, saponification value. The F2 herbal formulations was found to be safe and a better formulation in comparison with others.

KEY WORDS: Vitex negundo, herbal cream, anti- bacterial, (E.coli, Streptococcus, Pseudomonas).

INTRODUCTION

The use of plants and plant preparations has been in existence since prehistory. There are several reports on the use of plants in traditional healing. The available synthetic antibiotics are found to have serious side effects like bone marrow depression, anemia and damage to vital organs like liver and kidney. So it is mandatory to identify newer antibiotics from herbal sources which are devoid of such serious side effects. The rapid increase in bacterial resistance to various organisms is due to emergence of resistant genes. This occurs because the chemicals used as antibiotics are inadvertently used. The World Health Organization (WHO) reported that about 80% of the world's population depend mainly on traditional medicine and the traditional treatment involve mainly the use of plant extract. This practice commonly found in rural areas where synthetic drugs are not available or where available, are too expensive to purchase. Traditional medicine in developing countries uses a wide variety of natural products in the treatment of common infections. In India, a large number medicinal plants occur in the wild state. Medicinal plants have been used as source of medicine in virtually all cultures. During the last decade, the use of traditional medicine has expanded globally and is gaining popularity. It has continued to be used not only for primary health care of the poor in the developing countries, but also in countries where conventional medicine is predominant in the national health care system. Existence of human being on earth is possible because of the vital role played by plant kingdom. Many traditional societies all over the world value a large number of plant species for a wide variety of reasons like food, shelter, medicine etc. Plant materials used as folk medicine have become the objective of public attention. The plant and the most of its parts like leaves, barks, roots, seeds, flowers etc are useful to mankind in several ways. The most important utility is where they can be used as medicine. Higher plants are untapped reservoir of various chemicals awaiting intensive exploitation for their biological properties. *Vitex negundo* belongs to verbenaceae and is woody, aromatic and medicinal shrub or a small tree growing 2-5 meters in height. It is one of the common plant used in Indian system of medicine. It is used in Ayurveda as anti-inflammatory, analgesic and anti-itching agent internally and

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FORMULATION OF HERBAL CREAM BY USING MIRABILIS JALAPA LEAF EXTRACT

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ABSTRACT:-

Mirabilis jalapa belongs to family Nyctaginaceae and grows as small tree with thin green bark. The plant is widely distributed and also has pharmacological actions against wide spectrum of disease in traditional system of medicines. All parts of the plant especially its leaves contain number of secondary metabolites such as terpenes, proteins, flavonoids, alkaloids, and steroids. The main aim of the study is to formulate and evaluate herbal cream using Mirabilis jalapa extract to give anti- microbial ,anti-inflammatory, virus inhibitory activity, anti tumor activity, anti cancer activity etc. Mirabilis jalapa are medicinal plants used from ancient times in various herbal cosmetics such as Ayurveda, Siddha and Homeopathy. Mirabilis jalapa provides beneficial effects on skin such as anti-microbial, anti-inflammatory and skin lightening agent. The cream was formulated with Mirabilis jalapa extract with varying the weight of the components to give different formulations of F1, F2, F3. The herbal cream was evaluated for parameters such as appearance, pH, homogeneity, viscosity, acid value, saponification value. Stability studies carried out for 15 days at 25°C on the herbal cream was found to be stable. The formulation F3 was shown to be more stable and good permeability properties when compared to other formulations. Thus, the F3 herbal formulations was found to be safe and a better formulation in comparison with others.

KEYWORDS :- Mirabilis jalapa, Herbal Cream, Antibacterial (E.Coli, Streptococcus, Pseudomonas

INTRODUCTION

Since ancient times, herbs have been used for treating skin conditions and a wide variety of their dermatological disorders including inflammation, photo toxicity, atopic dermatitis and alopecia areata. Herbal extracts are added to the cosmetic preparation due to several associated properties such as antioxidant capacity, pigmentation inhibition, and antimicrobial activity which are beneficial for attenuation and prevention of various skin disorders. Preparations of herbal ingredients has been traditionally used for long time for skin care purposes. These herbs act as active ingredients of skin care formulation and are more bio compatible than the synthetic material. The synthetic material in the cosmetic can cause dangerous effect especially on long term use. Cosmetics are the products that are used for application on the body or the purpose of cleansing, beautifying or altering appearance and enhancing the beauty. Cosmetics are developed to reduce wrinkles and control oil secretion. Herbal creams are cosmetic preparations which are semisolid emulsions of one or more herbs and are designed to apply to the skin or mucous membrane. It can be defined as "a semisolid dosage form containing one or more herbs dissolved or dispersed in a suitable base". These are of softer consistency, lighter in nature and used to enhance the human appearance. Cold creams are useful for keeping skin moisturized all time, especially in winters. Vanishing creams are low fat moisturizer that dissolves in the skin that leaves no visible trace when rubbed into the skin. Herbal creams are used to protect against exogenous and endogenous harmful agents, and enhance the beauty and attractiveness to the skin.

INTELLECTUAL PROPERTY INDIA
PATENTS | DESIGNS | TRADE MARKS | GEOGRAPHICAL INDICATIONS

सत्यमेव जयते

क्रम सं/SL No :044154951

पेटेंट कार्यालय,भारत सरकार
पेटेंट प्रमाण पत्र
(पेटेंट नियमावली का नियम 74)

The Patent Office, Government Of India
Patent Certificate
(Rule 74 of The Patents Rules)

पेटेंट सं. / Patent No.	:	435808
आवेदन सं. / Application No.	:	202141055807
फाइल करने की तारीख / Date of Filing	:	02/12/2021
पेटेंटी / Patentee	:	Dr. Deeparani Urolagin

प्रमाणित किया जाता है कि पेटेंटी को, उपरोक्त आवेदन में यथाप्रकटित *PROCESS FOR POLYHERBAL FORMULATION USING VITIS VINIFERA, IXORA COCCINEA AND PIPER LONGUM FOR ANTICANCER POTENTIAL* नामक आविष्कार के लिए, पेटेंट अधिनियम, 1970 के उपबंधों के अनुसार आज तारीख दिसम्बर 2021 के दूसरे दिन से बीस वर्ष की अवधि के लिए पेटेंट अनुदत्त किया गया है।

It is hereby certified that a patent has been granted to the patentee for an invention entitled *PROCESS FOR POLYHERBAL FORMULATION USING VITIS VINIFERA, IXORA COCCINEA AND PIPER LONGUM FOR ANTICANCER POTENTIAL* as disclosed in the above mentioned application for the term of 20 years from the 2nd day of December 2021 in accordance with the provisions of the Patents Act,1970.

अनुदान की तारीख : 27/06/2023
Date of Grant :

पेटेंट नियंत्रक
Controller of Patents

टिप्पणी - इस पेटेंट के नवीकरण के लिए फीस, यदि इसे बनाए रखा जाना है, दिसम्बर 2023 के दूसरे दिन को और उसके पश्चात प्रत्येक वर्ष मे उसी दिन देय होगी।

Note. - The fees for renewal of this patent, if it is to be maintained, will fall / has fallen due on 2nd day of December 2023 and on the same day in every year thereafter.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE
UNDER GRADUATE PROJECT APPROVAL ORDER

Sub:	Orders for approval of research grants to the UG students of affiliated institutions of RGUHS to carryout research projects for the year 2022-23reg
Ref:	1. University notification No: RES/UG-RESEARCH/98/2021-22 dated 17-03-2022
	2. Approval of the 81st Finance committee meeting held on 29-09-2022.
	3. Approval of the 174th Syndicate meeting held on 20-10-2022.
Project Code	UG22PHA429 Pharmacy
Principal Investigator	AARTI SHARMA
College	RR COLLEGE OF PHARMACY
Name of the Guide	Sujatha P Muchalambe
Research Project Title	Development and evaluation of novel anti aging cream containing Zinc oxide nano particles and herbal extract
Research Grants Sanctioned	15000 (Fifteen Thousand)
Duration of the Pro	Three months from the date of issue of amount through NEFT/RTGS.

One of the main objectives of the University is to promote research activities in the University affiliated colleges. In this regard University had invited applications for financial assistance for conducting the research projects by the UG students of colleges affiliated to RGUHS for the year 2022-23, wherein university received 546 research proposals. The Subject Experts as suggested by the concerned BOS UG chairpersons and the Expert Committee comprising of all the BOS UG chairpersons have scrutinized the research proposals and shortlisted them based on the criteria set out by the University. Such of the proposals which have fulfilled the norms, have been recommended by the Expert Committee for sanction of research grants.

The Syndicate in its meeting held on 20-10-2022 has approved to sanction the grant-in-aid as per the recommendations of Expert Committee for 355 selected proposals in Medical, Dental, Pharmacy, AYUSH, Nursing, Physiotherapy, Homoeopathy and Allied Health Sciences for UG students for the year 2022-23.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
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	3. Approval of the 174th Syndicate meeting held on 20-10-2022.
Project Code	UG22PHA402 Pharmacy
Principal Investigator	SHILPA D C
College	RR COLLEGE OF PHARMACY
Name of the Guide	DR. S D VACHALA
Research Project Title	Insilico prediction, characterization and molecular docking of novel aryl and heteroaryl substituted chalcones as potent antitubercular agents.
Research Grants Sanctioned	15000 (Fifteen Thousand)
Duration of the Pro	Three months from the date of issue of amount through NEFT/RTGS.

One of the main objectives of the University is to promote research activities in the University affiliated colleges. In this regard University had invited applications for financial assistance for conducting the research projects by the UG students of colleges affiliated to RGUHS for the year 2022-23, wherein university received 546 research proposals. The Subject Experts as suggested by the concerned BOS UG chairpersons and the Expert Committee comprising of all the BOS UG chairpersons have scrutinized the research proposals and shortlisted them based on the criteria set out by the University. Such of the proposals which have fulfilled the norms, have been recommended by the Expert Committee for sanction of research grants.

The Syndicate in its meeting held on 20-10-2022 has approved to sanction the grant-in-aid as per the recommendations of Expert Committee for 355 selected proposals in Medical, Dental, Pharmacy, AYUSH, Nursing, Physiotherapy, Homoeopathy and Allied Health Sciences for UG students for the year 2022-23.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE
UNDER GRADUATE PROJECT APPROVAL ORDER

Sub:	Orders for approval of research grants to the UG students of affiliated institutions of RGUHS to carryout research projects for the year 2022-23reg
Ref:	1. University notification No: RES/UG-RESEARCH/98/2021-22 dated 17-03-2022
	2. Approval of the 81st Finance committee meeting held on 29-09-2022.
	3. Approval of the 174th Syndicate meeting held on 20-10-2022.
Project Code	UG22PHA428 Pharmacy
Principal Investigator	AVISHEK SAH
College	R R COLLEGE OF PHARMACY
Name of the Guide	Dr A Geethalakshmi
Research Project Title	Formulation and evaluation of brain targeting drug loaded in-situ gelling systems through intranasal administration for Schizoprenia
Research Grants Sanctioned	10500 (Ten Thousand Five Hundred)
Duration of the Pro	Three months from the date of issue of amount through NEFT/RTGS.

One of the main objectives of the University is to promote research activities in the University affiliated colleges. In this regard University had invited applications for financial assistance for conducting the research projects by the UG students of colleges affiliated to RGUHS for the year 2022-23, wherein university received 546 research proposals. The Subject Experts as suggested by the concerned BOS UG chairpersons and the Expert Committee comprising of all the BOS UG chairpersons have scrutinized the research proposals and short listed them based on the criteria set out by the University. Such of the proposals which have fulfilled the norms, have been recommended by the Expert Committee for sanction of research grants.

The Syndicate in its meeting held on 20-10-2022 has approved to sanction the grant-in-aid as per the recommendations of Expert Committee for 355 selected proposals in Medical, Dental, Pharmacy, AYUSH, Nursing, Physiotherapy, Homoeopathy and Allied Health Sciences for UG students for the year 2022-23.

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Sub:	Orders for approval of research grants to the UG students of affiliated institutions of RGUHS to carryout research projects for the year 2022-23reg
Ref:	1. University notification No: RES/UG-RESEARCH/98/2021-22 dated 17-03-2022
	2. Approval of the 81st Finance committee meeting held on 29-09-2022.
	3. Approval of the 174th Syndicate meeting held on 20-10-2022.
Project Code	UG22PHA468 Pharmacy
Principal Investigator	MOHAMMAD NOUFAL
College	RR COLLEGE OF PHARMACY, BANGALORE
Name of the Guide	MRS AKILA E
Research Project Title	GC-MS and molecular docking analyses of phytochemicals from the leaf of underutilised plant, Chenopodium giganteum D. revealed candidate anti-cancerous and anti- inflammaory agents.
Research Grants Sanctioned	15000 (Fifteen Thousand)
Duration of the Pro	Three months from the date of issue of amount through NEFT/RTGS.

One of the main objectives of the University is to promote research activities in the University affiliated colleges. In this regard University had invited applications for financial assistance for conducting the research projects by the UG students of colleges affiliated to RGUHS for the year 2022-23, wherein university received 546 research proposals. The Subject Experts as suggested by the concerned BOS UG chairpersons and the Expert Committee comprising of all the BOS UG chairpersons have scrutinized the research proposals and shortlisted them based on the criteria set out by the University. Such of the proposals which have fulfilled the norms, have been recommended by the Expert Committee for sanction of research grants.

The Syndicate in its meeting held on 20-10-2022 has approved to sanction the grant-in-aid as per the recommendations of Expert Committee for 355 selected proposals in

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	2. Approval of the 81st Finance committee meeting held on 29-09-2022.
	3. Approval of the 174th Syndicate meeting held on 20-10-2022.
Project Code	UG22PHA412 Pharmacy
Principal Investigator	AKASH NAYAKA M
College	R R COLLEGE OF PHARMACY
Name of the Guide	GEETHA PRIYA C
Research Project Title	Molecular Modelling, ADMET Prediction, Synthesis, Characterization and Invitro Anthelmintic Study of 3-Benzothiazole Derivatives
Research Grants Sanctioned	13000 (Thirteen Thousand)
Duration of the Pro	Three months from the date of issue of amount through NEFT/RTGS.

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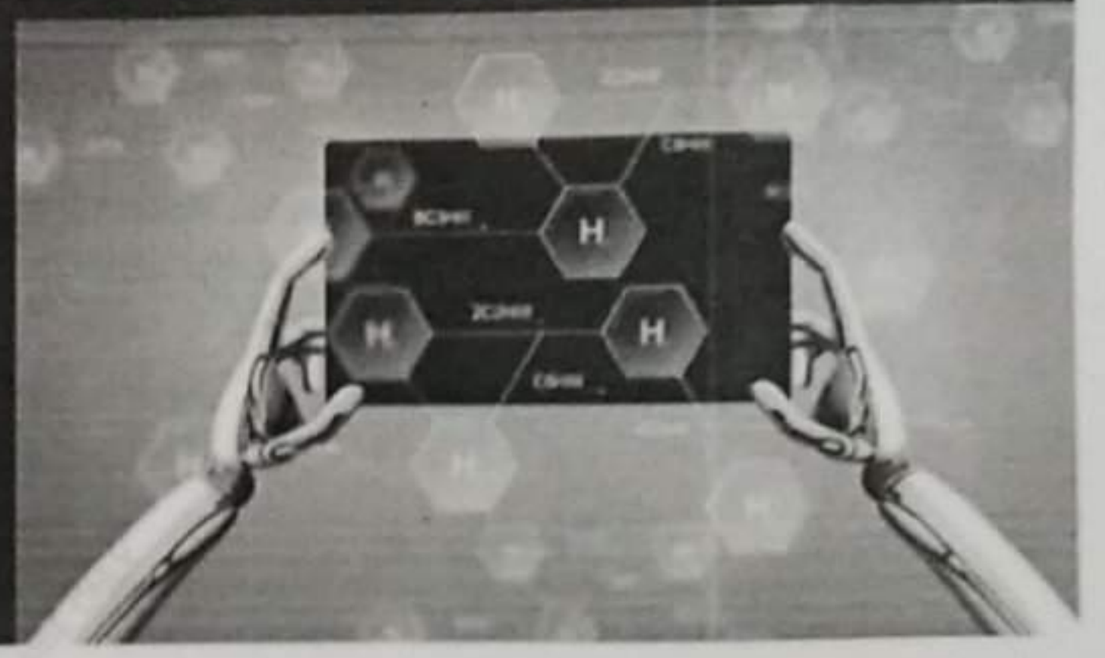
333 Book. chapter & Conference

The book covers a wide range of topics related to Quality by Design (QbD), ensuring that readers gain a comprehensive understanding of this important field. It begins by introducing the fundamental principles of QbD and goes on to delve into various facets, providing detailed insights into its implementation and practical applications. By emphasizing the theoretical underpinnings of QbD, this book equips readers with a solid foundation upon which to build their knowledge. It delves into the core concepts and theories that drive QbD strategies, enabling students to develop a robust understanding of the subject matter. Through its comprehensive coverage, the book explores the different components of QbD, including risk assessment, design space, and control strategy. It also explores the tools and methodologies used in QbD, such as experimental design, statistical analysis, and process optimization techniques. This ensures that readers gain a practical understanding of how to apply QbD principles in real-world scenarios. Designed specifically for undergraduate students in pharmacy and other scientific disciplines, this book provides a comprehensive examination of QbD strategies.



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Quality by Design (QbD) Strategies

Enhancing Product Quality and Process Efficiency

Dr. Hindustan Abdul Ahad, Professor and HoD, Pharmaceutics at RR College of Pharmacy, Bangalore, India. He published 390 articles, published 9 books, Guided 4 PhDs and guiding 7 more. He was recognized as the best researcher and best educationist awards, contributed to accreditation processes and organized FDPs in his 23 years of academic journey.

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Dr. Deeparani Urolagin*,

: happy to inform you that your valuable chapter titled *"Joints"* with **Chapter ID** *"E1S16G26-31AUPP18RSSP13"* submitted to II
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