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[AUTONOMOUS]

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IN ASSOCIATION WITH
SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN HOSPITAL (SPMCWH)- SVIMS, Tirupati, AP, INDIA.

Menopause and the Brain: More Than Just Hormonal Changes

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Associate Professor

Introduction :

For many years, menopause has been viewed primarily as a hormonal transition. However, emerging research suggests that menopause also has important effects on the brain. Recent analyses involving approximately 11,000 brain scans indicate that menopause is associated with measurable changes in brain regions responsible for memory, cognition, and emotional regulation. These findings are helping researchers better understand why many women experience symptoms such as forgetfulness, mood swings, difficulty concentrating, and sleep disturbances during midlife.The decline in estrogen during menopause plays a significant role in these changes. Estrogen is not only a reproductive hormone but also supports brain function by influencing communication between nerve cells, maintaining energy metabolism, and protecting neurons. As estrogen levels decrease, some women may notice temporary problems with attention, learning, or recalling information. These symptoms, often referred to as "brain fog," are common and usually improve with time.Brain imaging studies have shown changes in areas such as the hippocampus, which is essential for memory formation, and the prefrontal cortex, which is involved in decision-making and emotional control. Importantly, researchers also report evidence that the brain has the ability to adapt and recover after the menopausal transition. This natural process, known as neuroplasticity, highlights the brain's remarkable capacity to reorganize and compensate for hormonal changes.Lifestyle plays a vital role in supporting brain health during menopause. Regular physical exercise improves blood flow to the brain and helps preserve memory-related brain structures. Quality sleep is essential for memory consolidation and emotional well-being, while a balanced diet rich in fruits, vegetables, whole grains, healthy fats, and omega-3 fatty acids provides nutrients that support cognitive

Vision

To emerge as one of the premier pharmacy colleges in the country and produce pharmacy professionals of global standards.

Mission

1. To deliver quality academic programs in Pharmacy and empower the students to meet Industrial Standards.
2. To build student community with high ethical undertakestandardstoin thrust areas of national and international needs.R&D
3. To extend viable outreach programs for the health care needs of the society
4. To develop industry institute interaction afonsdter entrepreneurial spirit among graduates.

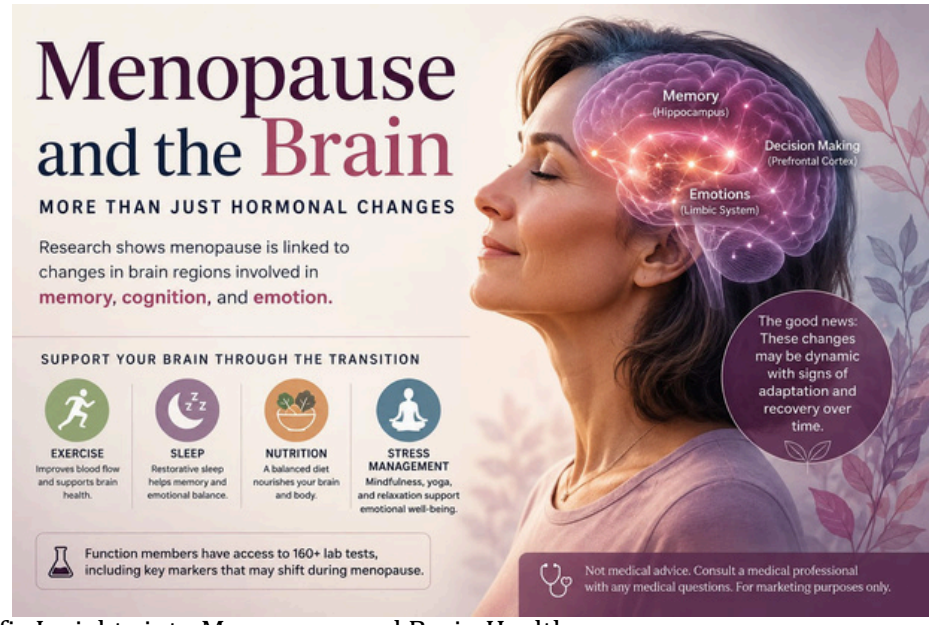
Standard Practice

Drug Information Center Drug Formulary Management ADR Reporting Patient Counseling Drug Information Resources Prescription Audit Medication Error Reporting Antimicrobial Stewardship Journal Club Activities

function. Managing stress through mindfulness, yoga, meditation, or relaxation techniques may also reduce the impact of menopause on mental health. Some women may benefit from medical interventions, including Menopausal Hormone Therapy (MHT), when appropriate and prescribed by a healthcare professional. The decision to use hormone therapy should be individualized after evaluating potential benefits and risks. Menopause is a natural stage of life—not a disease. Understanding that it affects both the body and the brain can help women recognize their symptoms, seek appropriate medical advice, and adopt healthy lifestyle habits. With increasing awareness and ongoing research, women can navigate this transition with greater confidence, maintaining both cognitive and emotional well-being.

Take-Home Message:

Menopause is more than a hormonal change—it is a neurological transition. While temporary changes in memory and mood are common, healthy lifestyle choices, adequate medical support, and awareness can help women protect their brain health and enjoy a fulfilling, healthy life after menopause.



Scientific Insights into Menopause and Brain Health

1. **Estrogen is a Neuroprotective Hormone**
   - Enhances communication between neurons (synaptic plasticity).
   - Increases cerebral blood flow.
   - Supports glucose metabolism, the brain's primary energy source.
   - Reduces oxidative stress and neuroinflammation.
   - Promotes the growth and survival of neurons.

2. Brain Regions Affected During Menopause

- Brain Region Function Menopausal Changes
- Hippocampus Memory formation Reduced activity and altered volume
- Prefrontal Cortex Executive function, attention, decision-making Decreased activation leading to "brain fog"
- Amygdala Emotional regulation Increased emotional sensitivity and anxiety

3. Brain Energy Metabolism

- Reduced cerebral glucose metabolism.
- The brain may compensate by increasing the utilization of ketone bodies as an alternative fuel.
- These changes are believed to be adaptive rather than necessarily pathological.

4. Brain Fog is Real

Studies estimate that:

- 40–60% of women experience subjective cognitive complaints during the menopausal transition.
- Common symptoms include:
- Difficulty concentrating
- Forgetfulness
- Slower information processing
- Reduced verbal memory

5. Sleep and Cognitive Function

- Sleep disturbances affect nearly 40–60% of postmenopausal women.
- Poor sleep contributes to:
- Reduced attention
- Memory impairment
- Mood disorders
- Increased daytime fatigue

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Cyclospora cayetanensis An Emergent Public Health Threat and an Enigma for Traceback Investigation.

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Introduction :

The article discusses Cyclospora cayetanensis, a foodborne parasite that has become an important emerging public health concern worldwide. This organism causes an intestinal illness called cyclosporiasis, which is mainly associated with the consumption of contaminated fresh fruits and vegetables. In recent years, outbreaks caused by Cyclospora have increased, especially due to the growing global demand for fresh produce and international food trade. Unlike many bacterial foodborne pathogens, Cyclospora creates unique challenges for detection, outbreak investigation, and identifying the exact source of contamination.

Cyclospora cayetanensis

Cyclospora cayetanensis is a microscopic, single-celled protozoan parasite that infects the human small intestine. Humans are the only known hosts for this parasite. Infection occurs when a person consumes food or water contaminated with mature infectious oocysts of the organism. After entering the digestive system, the parasite invades intestinal cells and multiplies, leading to gastrointestinal illness.

A unique feature of Cyclospora cayetanensis is that freshly passed oocysts in human feces are not immediately infectious. They require time outside the human body, usually days to weeks under suitable environmental conditions, to become infectious through a process called sporulation. This characteristic makes direct person-to-person transmission unlikely and suggests that environmental contamination plays a major role in spreading the disease.

Cyclosporiasis and Clinical Symptoms

Cyclosporiasis is the illness caused by infection with Cyclospora cayetanensis. The disease primarily affects the gastrointestinal system. Symptoms usually appear about one week after consuming contaminated food or water.

The most common symptom is prolonged watery diarrhea, which may continue for several weeks if untreated. Other symptoms include abdominal cramps, nausea, loss of appetite, weight loss, fatigue, bloating, increased gas, and sometimes fever. Symptoms may disappear and return again because the parasite can remain in the intestine. People with weakened immune systems may experience more severe or prolonged illness.

Emergence as a Food Safety Concern

Cyclospora cayetanensis has gained attention as an emerging food safety threat because outbreaks have become more frequent and difficult to control. Many outbreaks are linked to fresh produce such as leafy greens, berries, herbs, and vegetables that are eaten raw.

Fresh produce presents a greater risk because it often does not undergo cooking, which would normally destroy many microorganisms. Contamination may occur at different stages, including during cultivation, harvesting, washing, packaging, transportation, or handling. Factors such as contaminated irrigation water, poor sanitation, and inadequate hygiene practices among workers may contribute to contamination.

Challenges in Traceback Investigation

A major focus of the article is the difficulty of tracing Cyclospora outbreaks back to their original source. Traceback investigation is the process of identifying where and how food became contaminated. Compared with bacterial pathogens, investigating Cyclospora outbreaks is especially complicated.

One challenge is the long incubation period between exposure and illness. Since symptoms can appear about a week after eating contaminated food, patients may have difficulty remembering exactly what they consumed. Fresh produce items also often have complex supply chains involving multiple farms, distributors, and processing facilities, making it difficult to identify the exact contamination point.

Difficulties in Detection and Identification

Detecting Cyclospora cayetanensis in food and environmental samples is challenging because contamination levels are usually very low and the parasite cannot be easily grown in laboratory culture. Traditional detection methods require specialized techniques and trained personnel.

Advanced molecular techniques have improved detection by identifying the parasite's genetic material. However, determining whether detected oocysts are alive and capable of causing infection remains difficult. These limitations create challenges for food testing and outbreak prevention.

Role of Molecular Epidemiology

Modern molecular tools have become important for improving Cyclospora outbreak investigations. Genetic analysis helps researchers compare parasite samples collected from different patients and determine whether cases are linked to the same outbreak.

Molecular typing techniques can support epidemiological investigations by identifying relationships between infections. However, because Cyclospora has complex genetic characteristics, developing reliable methods for linking cases and tracing contamination sources remains an ongoing scientific challenge.

Prevention and Control Measures

Preventing Cyclospora contamination requires strong food safety practices throughout the entire production process. Good agricultural practices, clean irrigation water, proper sanitation, worker hygiene, and safe handling procedures are essential for reducing contamination risks.

Consumers can reduce risk by washing fresh fruits and vegetables properly before eating, although washing may not completely remove the parasite because Cyclospora oocysts can attach strongly to produce surfaces. Proper monitoring and preventive measures at the production level are therefore extremely important.

Public Health Importance

The increasing number of Cyclospora outbreaks highlights the need for improved surveillance, better laboratory methods, and stronger collaboration between public health agencies and the food industry. As food distribution systems become more globalized, contaminated produce from one region can quickly affect consumers in different locations.

Understanding the biology, transmission, and detection challenges of Cyclospora cayetanensis is important for developing effective prevention strategies and reducing future outbreaks.

Conclusion

Cyclospora cayetanensis represents a growing challenge in food safety because of its ability to contaminate fresh produce, cause prolonged gastrointestinal illness, and create difficulties during outbreak investigations. The parasite's complex life cycle, delayed infectivity, and challenges in laboratory detection make traceback investigations complicated. Continued advances in molecular technologies, improved agricultural practices, and stronger food safety systems are essential for controlling cyclosporiasis and protecting public health.

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BPaLM Regimen: A Game-Changer Against Drug-Resistant TB

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Pharm D V year

Introduction:

Tuberculosis, an infection caused by Mycobacterium tuberculosis, has been one of the leading infectious diseases contributing to morbidity and mortality worldwide. According to reports on global infectious diseases, millions of new cases of TB are diagnosed and reported every year, especially in developing countries like India.

One of the biggest problems in effectively combating TB has been the emergence of Multi-Drug-Resistant Tuberculosis, whereby the bacteria become resistant to first-line antitubercular agents such as isoniazid and rifampicin. The conventional treatment regimens for MDR-TB are long, toxic, costly, and often accompanied by poor compliance and poor outcomes.

In this regard, BPaLM has been a breakthrough in TB therapeutics, providing a shorter, more effective, and patient-friendly approach to treating drug-resistant TB.

Overview of BPaLM Regimen:

The BPaLM regimen is a new, all-oral, short-course regimen recommended by the World Health Organization (WHO) for the treatment of MDR-TB and RR-TB patients.

BPaLM stands for:

B – Bedaquiline
Pa – Pretomanid
L – Linezolid
M – Moxifloxacin

Composition of Regimen:

The BPaLM regimen comprises four anti-TB medications:Bedaquiline (B) – diarylquinoline that inhibits mycobacterial ATP synthase, resulting in a lack of energy for the TB bacteria.

Pretomanid (Pa) – nitroimidazole that disrupts cell wall synthesis and produces a reactive nitrogen species.

Linezolid (L) – an antibiotic that belongs to the oxazolidinone class, which inhibits protein synthesis.

Moxifloxacin (M) – a fluoroquinolone that inhibits DNA gyrase and TB bacteria replication.

Mechanism of Action (Combined Effect):

·The BPaLM regimen uses a multi-targeted approach, resulting in increased bactericidal activity and a low chance of developing resistance:
·Disruption of the bacteria's energy production
·Inhibition of protein synthesis
·Interference with DNA replication
·Destruction of cell wall integrity
·The BPaLM regimen ensures rapid clearance of bacteria and improved outcomes.

Duration and Administration:

Duration: 6 months
Method of Administration: Oral administration
No injections are needed
This is a huge improvement from the traditional MDR-TB regimen, which needed a longer period and injections.

Advantages of BPaLM Regimen:

1. Shorter Duration
Shortens the period from 18-24 months to 6 months
Improves compliance and increases chances of completing treatment
2. All-Oral Regimen
Eliminates painful injections
Improves patient comfort and compliance
3. Higher Efficacy
Shows improved cure rates in clinical trials
Shows efficacy even in drug-resistant TB strains
4.Less Toxicity
Has a lower incidence of severe side effects compared to traditional regimens
5.Better Quality of Life
Does not interfere with daily activities
Does not require hospitalization

Adverse Effects and Monitoring:

While this regimen has shown a high level of efficacy, monitoring is still a must:

Drug-Specific Adverse Effects:

Linezolid:
Peripheral neuropathy, optic neuropathy, and myelosuppression
Bedaquiline:
Prolongs QT interval, cardiac risks
Pretomanid:
Hepatotoxicity, gastrointestinal side effects
Moxifloxacin:
Prolongs QT interval, central nervous system side effects

Monitoring Parameters:

·LFTs

·CBC count

·ECG for QT prolongation

·Neurological status

Patient Selection Criteria:

BPaLM regimen is recommended for:

- MDR-TB patients
- Rifampicin-resistant TB cases
- Patients without extensive drug resistance

Not suitable for:

- Severe extrapulmonary TB (in some cases)
- Patients with intolerance to regimen drugs
- Certain comorbid conditions (requires evaluation)

Global and National Impact:

The introduction of BPaLM is a significant step forward for global TB control measures. It is also a step forward for the achievement of:

WHO End TB Strategy

Reduction of TB-related mortality

Improvement of TB treatment accessibility

🇮🇩 In India (NTEP):

The introduction of new MDR-TB regimens, including BPaLM, is a significant step forward for the National

Comparison with Conventional Regimen:

Feature	Conventional MDR-TB	BPaLM Regimen
Duration	18–24 months	6 months
Route	Oral + Injectable	Fully oral
Compliance	Poor	High
Toxicity	High	Reduced
Outcome	Moderate	Improved

Future Perspectives:

·The success of BPaLM is a gateway to:

·The development of even shorter regimens for TB treatment

·The integration of host-directed therapies

·The development of personalized TB treatment regimens

·The success also emphasizes the need for further research into infectious diseases.

Conclusion:

The BPaLM regimen is a paradigm shift in the treatment of DR-TB. The introduction of a shorter, safer, and more effective regimen is a significant step forward for TB patients and for the achievement of TB elimination targets.

The introduction and application of this regimen have the potential to change the face of TB treatment worldwide.

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Bullous Pemphigoid Possibly Induced by Deucravacitinib in a Patient with Psoriasis

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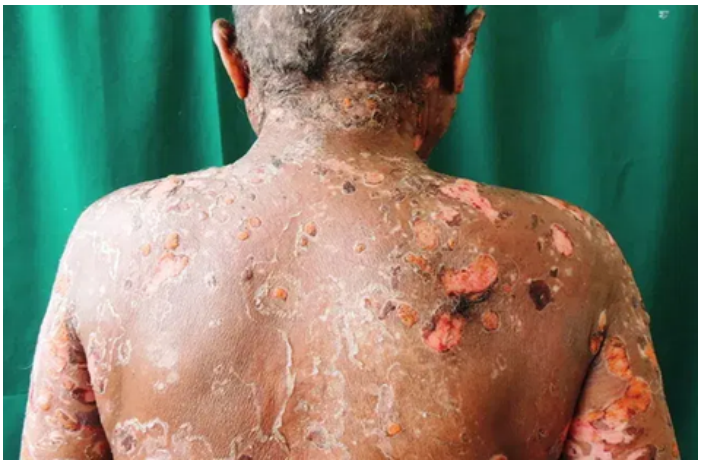


Introduction

Bullous pemphigoid (BP) can be induced by various drugs, cases involving small-molecule inhibitors remain rare. We report the first case of BP occurring in a patient with psoriasis shortly after receiving deucravacitinib, a TYK2 inhibitor. Following treatment with methylprednisolone, minocycline, and ixekizumab, the lesions resolved within one month. Although the precise mechanism remains unclear, it may involve immunological drift and remodeling of skin immune microenvironment, which raises the need for clinical awareness regarding such reactions when using novel targeted immunomodulators.

Bullous pemphigoid (BP) is an autoimmune blistering disorder that can be triggered by various medications, such as immune checkpoint inhibitors and dipeptidyl peptidase-4 (DPP-4) inhibitors.

Case Report

A 35-year-old male presented to our outpatient clinic with newly developed blisters and bullae on the trunk and upper limbs. He had a history of psoriasis for over ten years and intermittently received traditional Chinese medicines for treatment, but the lesions relapsed repeatedly. The patient denied any medication use in the past six months. In September 2025, he initiated deucravacitinib treatment at a local hospital. One week later, while the pre-existing lesions showed no significant improvement, he developed pruritic blisters on the trunk and upper limbs. The patient subsequently discontinued deucravacitinib, but the blisters progressed continuously, leading to his visit to our center.

The patient weighed 100 kg (BMI 29.2 kg/m^2). Physical examination revealed tense blisters on an erythematous base over the chest, abdomen, waist, and bilateral upper extremities. Erosions, crusts, and hemorrhagic bullae were observed. BP Disease Area Index (BPDAI) activity score was 27. Some erythematous plaques were covered with scale. Psoriatic plaques were present on scalp,elbows, back, waist, and lower limbs, with a psoriasis area and severity index (PASI) score of 13.6. No joint involvement was identified. Histopathological examination demonstrated a subepidermal blister and infiltration of eosinophils within the blister cavity and surrounding blood vessels in the superficial dermis. Autoantibody tests revealed elevated anti-BP180 and anti-BP230 antibodies. Anti-p200 antibody test was negative. These findings confirmed the diagnosis of BP. The patient received methylprednisolone (32 mg daily), minocycline, and nicotinamide for BP, combined with Ixekizumab for psoriasis. At the one-month follow-up, methylprednisolone was tapered to 8 mg daily, and other therapies

were continued. Physical examination showed that blisters had dried and resolved without new lesions.

Discussion

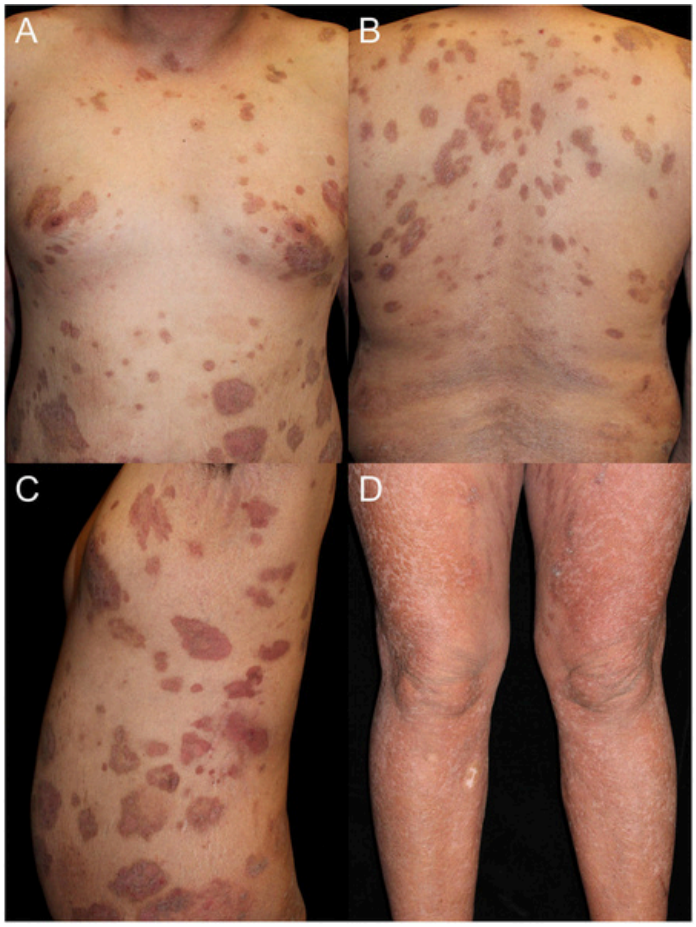
The first reported case of BP possibly triggered by deucravacitinib in a patient with psoriasis. In this case, the Naranjo score was calculated as 3, suggesting a possible association between deucravacitinib and BP.

Deucravacitinib, a selective tyrosine kinase 2 (TYK2) inhibitor, acts by inhibiting the JAK-STAT pathways involved in psoriasis pathogenesis.

Ixekizumab was selected for the treatment of psoriasis for several reasons. First, it can provide rapid disease control. Second, compared with other biologics used for psoriasis, IL-17 inhibitors have been associated with fewer reported cases of BP, suggesting a relatively lower risk of BP induction. In addition, systemic corticosteroids were simultaneously administered to suppress the inflammatory response and reduce the disease activity of BP.

Conclusion

The need for monitoring paradoxical autoimmune reactions during treatment with novel targeted immunomodulators. Individualized risk-benefit assessment could be made in patients with chronic psoriatic lesions before initiating TYK2 inhibitors. However, as a single case report, the causal relationship between deucravacitinib and BP cannot be firmly established, and theobservation does not alter the overall safety and therapeutic benefit of deucravacitinib. Future large-scale studies could investigate the incidence and precise mechanisms of such paradoxical immune reactions.



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FOUNDAYO

C. Greeshma
Pharm D II Year

- **Generic name:** orforglipron
- **Drug Class:** GLP-1 receptor agonist
- **Company:** Eli Lilly
- **Approval date:** April 1, 2026
- **Dosage form:** Tablets
- **Dose:** 0.8 mg, 2.5 mg, 5.5 mg, 9 mg, 14.5 mg, 17.2 mg
- **Price:**12000-29000 depends on dose
- **Indication:** Chronic weight management in adults with obesity or overweight + comorbidity
- **Adjunct Therapy :** Reduced-calorie diet + physical activity
- **Unique Feature:** Oral GLP-1 pill, flexible dosing (no food/water restrictions)
- **Trial Outcome:** Up to 12.4% weight loss at highest dose

DESCRIPTION:

FOUNDAYO contains orforglipron, a GLP-1 receptor agonist. The molecular formula for orforglipron calcium is C48H47F2N10O5.Ca and the molecular weight is 902.0 g/mol. Orforglipron calcium is a white to practically white to light brown solid that is hygroscopic. Orforglipron calcium is insoluble in water.

CLINICAL PHARMACOLOGY :

- Mechanism of Action: FOUNDAYO is a GLP-1 receptor agonist that binds to and activates the human GLP-1 receptor. GLP-1 is a physiological regulator of appetite and caloric intake.

· GLP-1 receptors are present in brain regions that regulate appetite. In animal studies, orforglipron distributed to and activated neurons in brain regions that regulate appetite and food intake.

Pharmacodynamics:

FOUNDAYO reduces body weight, with greater fat mass loss than lean mass loss. FOUNDAYO decreases food intake. This effect is likely mediated by decreased appetite. FOUNDAYO delays gastric emptying. The delay is largest after the first dose and diminishes over time. Cardiac Electrophysiology At 1.4 times the mean of maximum concentrations provided by the maximum recommended FOUNDAYO dose (17.2 mg) once daily, clinically significant QTc interval prolongation was not observed.

Pharmacokinetics :

The pharmacokinetics of orforglipron is similar between healthy subjects and patients with overweight (BMI ≥27 kg/m2) or obesity. Steady state exposure is achieved after approximately 1 week of once daily administration.

Absorption:

Maximum concentration of orforglipron is reached 4 to 8 hours post dose. Orforglipron tablet exposure increases in a dose-proportional manner. The geometric mean absolute bioavailability of orforglipron was 77% after a 0.8 mg dose.

Effect of food:

· No clinically relevant food effect on orforglipron exposure was observed.

Distribution :

The mean steady-state volume of distribution of orforglipron is approximately 285 L, following intravenous dosing in healthy subjects. Orforglipron plasma protein binding is greater than 99%. FOUNDAYO is only for oral use.

The mean systemic clearance of orforglipron is 7.15 L/hour. The elimination half-life is approximately 29 to 49 hours after an oral dose.

Metabolism:

Orforglipron is metabolized primarily via hepatic CYP3A4 to several oxidative metabolites.

Excretion:

After administration of a single oral dose of 2.5 mg orforglipron, 87% of the dose was recovered in feces (all metabolites) and less than 1% of the dose was recovered in urine.

Drug Interaction Studies:

Strong CYP3A4 Inhibitors: The maximum dosage of FOUNDAYO is 9 mg once daily when used concomitantly with a strong CYP3A4 inhibitor. Avoid concomitant use with strong CYP3A4 inhibitors that also inhibit OATP1B

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CYP3A4 Inducers:

Avoid concomitant use with strong CYP3A4 inducers. Monitor FOUNDAYO effectiveness and escalate dosage as needed when used concomitantly with moderate CYP3A4 inducers.

Simvastatin:

Do not exceed simvastatin 20 mg once daily when used concomitantly with FOUNDAYO.

FOUNDAYO delays gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications.

The most common side effects of FOUNDAYO include:

Nausea , stomach (abdominal) pain ,heartburn ,constipation, headache ,gas ,diarrhea, swollen belly ,hair loss ,vomiting feeling tired , indigestion ,belching.

Contraindications:

FOUNDAYO is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC and symptoms of thyroid tumors .

Step	Dose	When to increase
Starting dose	**0.8 mg once daily**	Start here
Step 2	**2.5 mg once daily**	After at least **30 days** on 0.8 mg once daily
Step 3	**5.5 mg once daily**	After at least **30 days** on 2.5 mg once daily
Step 4	**9 mg once daily**	After at least **30 days** on 5.5 mg, if needed based on response and tolerability
Step 5	**14.5 mg once daily**	After at least **30 days** on 9 mg, if needed based on response and tolerability
Step 6	**17.2 mg once daily**	After at least **30 days** on 14.5 mg, if needed based on response and tolerability

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World health day-2026

World Health Day 2026 highlights the importance of scientific research, international cooperation, and evidence-based healthcare. The campaign encourages people to trust science and work together to protect the health of humans, animals, plants, and the environment through the One Health approach. It emphasizes that strong healthcare systems, research, and global collaboration are essential for preventing diseases and improving health for everyone.

Field visit - 2026

On 11 April, our college organized a field visit on the topic Organic Farming to provide students with practical knowledge about sustainable agricultural practices. The visit gave us an opportunity to observe how crops are grown without the use of synthetic fertilizers, pesticides, or harmful chemicals. During the visit, the farmers explained various organic farming techniques such as compost preparation, vermicomposting, natural pest control, crop rotation, and the use of biofertilizers. We also learned about the importance of maintaining soil fertility, conserving water, and protecting the environment through eco-friendly farming methods.

The field visit was highly informative and helped us understand the benefits of organic farming for human health, biodiversity, and sustainable agriculture. It encouraged us to appreciate environmentally responsible farming practices and inspired us to support a healthier and greener future.

Farewell Day Celebrations [B.Pharm]-2026

Farewell Day was celebrated with great joy and enthusiasm to bid a warm farewell to the outgoing final-year students. The event brought together students, faculty members, and staff to celebrate the memories, achievements, and friendships built throughout the course. The program began with a welcome address, followed by cultural performances, including songs, dances, and fun activities organized by the junior students. Faculty members shared inspiring words, appreciated the hard work of the graduating students, and wished them success in their future careers. The final-year students also expressed their gratitude to the college, teachers, and classmates for their guidance and support.

The celebration concluded with the presentation of mementos, group photographs, and refreshments. The farewell was a memorable occasion filled with happiness, gratitude, and emotions, marking the end of one chapter and the beginning of a new journey in the professional lives of the graduating students.

World Ovarian Cancer Day - 2026

On the occasion of World Ovarian Cancer Day, observed on 8 May 2026, our college organized an awareness programme to educate students about ovarian cancer and the importance of early detection. The programme aimed to increase awareness about the symptoms, risk factors, preventive measures, and available treatment options for ovarian cancer.

The event began with a welcome address by the faculty, followed by an informative session delivered by healthcare professionals and faculty members. They explained the importance of regular health check-ups, maintaining a healthy lifestyle, and seeking timely medical advice for early diagnosis. Students actively participated in the programme by asking questions and engaging in discussions on women's health and cancer awareness.

Rabindranath Tagore Jayanti Celebration-2026

On the occasion of Rabindranath Tagore Jayanti, our college organized a special programme to commemorate the birth anniversary of the great poet, philosopher, writer, and Nobel Laureate Rabindranath Tagore. The event aimed to inspire students by highlighting his remarkable contributions to literature, education, art, and Indian culture.

The programme began with a floral tribute to Rabindranath Tagore, followed by a welcome address by the faculty. Students participated enthusiastically in various cultural activities, including speeches, poetry recitations, songs, and performances based on Tagore's literary works.

The celebration concluded with a vote of thanks, appreciating the efforts of the organizers and participants. The programme was meaningful and inspiring, helping students gain a deeper understanding of Rabindranath Tagore's enduring legacy and his significant contribution to society.

International Yoga Day - 2026

On the occasion of International Yoga Day, our college organized a special programme to promote the importance of yoga for physical, mental, and emotional well-being. The event aimed to encourage students and staff to adopt yoga as a part of their daily lives for a healthier and more balanced lifestyle.

The programme began with a welcome address, followed by a yoga session conducted by a certified yoga instructor. Students, faculty members, and staff enthusiastically participated in performing various yoga asanas, breathing exercises (pranayama), and meditation techniques. The instructor explained the health benefits of regular yoga practice, including improved flexibility, stress management, better concentration, and overall fitness.

Pharm D farewell Day Celebrations - 2026

The Pharm.D Farewell Day was organized by the junior students to bid a heartfelt farewell to the outgoing batch. The programme was conducted to honor the graduating students, celebrate their achievements, and create lasting memories before they embarked on their professional careers.

The event began with a warm welcome, followed by a variety of cultural performances, including songs, dances, games, and entertainment organized by the juniors. Faculty members shared motivational messages and conveyed their best wishes for the future success of the graduating students. The outgoing students expressed their gratitude to the management, faculty, and juniors for arranging such a memorable farewell and for their support throughout their academic journey.

The celebration concluded with the presentation of mementos, group photographs, and refreshments. The farewell programme was filled with joy, laughter, gratitude, and emotions, making it a memorable occasion for both the outgoing students and their juniors. The event reflected the strong bond, friendship, and mutual respect shared among the students of the Pharm.D department.

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