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

Improving Amyloidosis Care through timely Diagnosis: Challenges and Solutions

Dr Jyothi Basini
Professor and Head

Introduction :

Amyloidosis is a rare and progressive disorder characterized by the extracellular deposition of misfolded proteins, known as amyloid fibrils, in various organs and tissues. These deposits disrupt normal cellular function, leading to irreversible damage to the heart, kidneys, liver, peripheral nerves, and gastrointestinal tract. The major forms include light-chain (AL) amyloidosis, transthyretin (ATTR) amyloidosis, and amyloid A (AA) amyloidosis. Although recent advances in diagnostics and targeted therapies have significantly improved patient outcomes, delayed diagnosis remains one of the greatest challenges in amyloidosis care. Most patients experience non-specific symptoms for months or years before the disease is correctly identified, resulting in advanced organ involvement at the time of treatment. Therefore, improving early diagnosis is essential for transforming patient care and reducing disease-related mortality.

Barriers to Earlier Diagnosis

Several factors contribute to delayed diagnosis. First, amyloidosis is a rare disease, and many healthcare professionals encounter only a few cases during their careers. Consequently, it is often overlooked during routine clinical evaluation. Second, its symptoms—such as fatigue, weight loss, edema, neuropathy, proteinuria, and heart failure—closely resemble those of more common disorders like diabetes, hypertension, or chronic kidney disease.

Another challenge is the multisystem involvement of amyloidosis. Patients often consult cardiologists, nephrologists, neurologists, gastroenterologists, and hematologists separately, resulting in fragmented care and delayed recognition of the underlying disease. In addition, limited availability of specialized diagnostic tests, including Congo red staining, mass spectrometry, genetic testing, and advanced cardiac imaging, further prolongs diagnosis, particularly in resource-limited settings.

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

Strategies for Earlier Diagnosis

Transforming amyloidosis care requires increasing awareness among healthcare professionals. Continuing medical education (CME), updated clinical guidelines, and case-based training can improve recognition of "red flag" features such as unexplained left ventricular hypertrophy, bilateral carpal tunnel syndrome, nephrotic-range proteinuria, autonomic dysfunction, macroglossia, and peripheral neuropathy without diabetes.

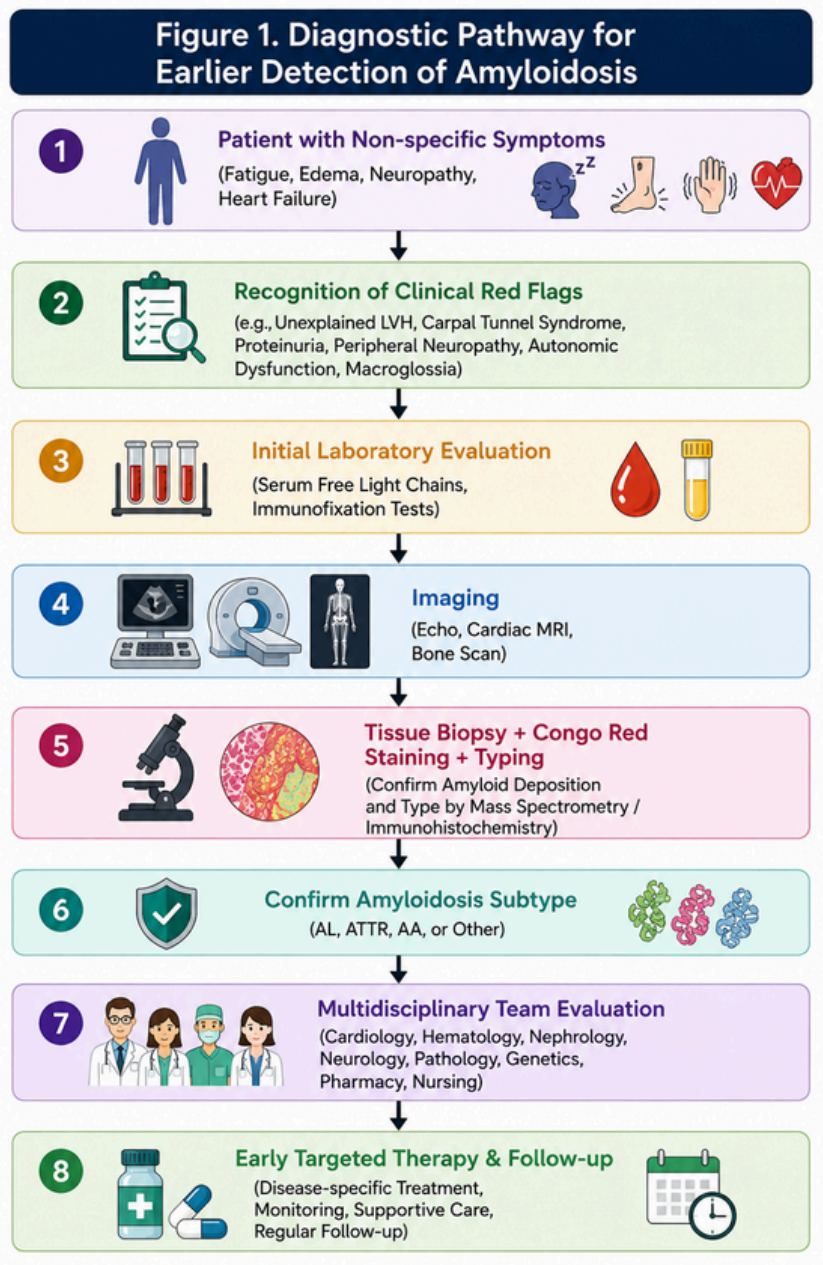
Modern diagnostic techniques have revolutionized disease detection. Serum free light-chain assays and immunofixation electrophoresis are essential for diagnosing AL amyloidosis, while tissue biopsy with Congo red staining remains the diagnostic gold standard. Cardiac magnetic resonance imaging (MRI) and technetium-labeled bone scintigraphy enable early detection of cardiac ATTR amyloidosis. Artificial intelligence (AI) is also emerging as a valuable tool for analyzing electronic health records and imaging data to identify patients at high risk before severe organ damage develops.Multidisciplinary amyloidosis clinics represent another important advancement. Collaboration among cardiologists, nephrologists, hematologists, neurologists, pathologists, radiologists, pharmacists, and genetic counselors facilitates comprehensive evaluation, accurate diagnosis, and individualized treatment planning. Such integrated care models reduce diagnostic delays and improve long-term outcomes.

Table 1. Major Barriers and Strategies for Earlier Diagnosis of Amyloidosis

Barrier	Impact on Diagnosis	Recommended Strategy
Rare disease	Low clinical suspicion	Physician education and
Non-specific symptoms	Misdiagnosis	Recognition of clinical red flags
Multisystem involvement	Fragmented care	Multidisciplinary amyloidosis clinics
Limited diagnostic facilities	Delayed confirmation	Improve access to specialized
Lack of awareness	Late referral	Clinical guidelines and awareness
Geographic and financial barriers	Poor access to specialists	Telemedicine and regional referral
Limited genetic testing	Missed hereditary cases	Expand genetic counseling and family screening
Delayed referral	Advanced organ damage	Standardized referral pathways

Future Perspectives

Precision medicine is transforming the management of amyloidosis. Novel therapies, including transthyretin stabilizers, RNA-silencing agents, monoclonal antibodies, and plasma cell-directed therapies, have significantly improved survival, especially when initiated early. Future efforts should focus on integrating artificial intelligence into routine clinical practice, expanding genetic screening programs for hereditary ATTR amyloidosis, strengthening telemedicine networks, and improving access to specialized diagnostic centers.



Conclusion

Early diagnosis is the cornerstone of effective amyloidosis management. Overcoming barriers such as limited awareness, non-specific clinical presentation, fragmented healthcare systems, and restricted access toadvanced diagnostics is essential for improving patient outcomes. By combining clinician education, multidisciplinary collaboration, advanced diagnostic technologies, artificial intelligence, and patient awareness, healthcare systems can achieve earlier diagnosis, timely treatment, and better quality of life for individuals living with amyloidosis.

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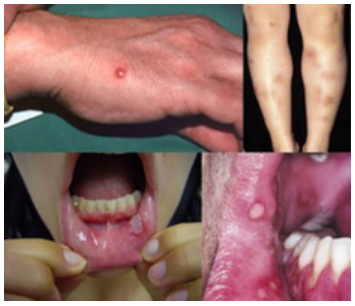
EARLY DIAGNOSIS IS AN SHIELD AGANIST BEHCETS COMPICATIONS

D.M.Gnana Sudha
Pharm D IV Year



INTRODUCTION

·Behcet Disease is a rare, chronic, multisystem inflammatory disorder characterized by recurrent oral ulcers, genital ulcers, eye inflammation, and involvement of the skin, joints, blood vessels, gastrointestinal tract, and nervous system.It is classified as a systemic vasculitis because it can affect blood vessels of all sizes. The disease was first described by Turkish dermatologist Hulusi Behçet in 1937. Although the exact cause remains unknown, genetic predisposition and abnormal immune responses are believed to play important roles.Treatment depends on the severity and organs involved. Mild disease is managed with topical therapies and colchicine, while severe manifestations require corticosteroids, immunosuppressive drugs, and biologic agents such as TNF-α inhibitors.Early diagnosis and appropriate treatment are essential to prevent complications, particularly vision loss and vascular damage.

Background and Context

Behçet Disease is most prevalent along the ancient Silk Road region, including Turkey, the Middle East, East Asia, and the Mediterranean countries. The disease commonly develops between the ages of 20 and 40 years and affects both men and women.

·Research suggests that individuals carrying the HLA-B51 genetic marker have an increased risk of developing the disease.

· Environmental factors such as bacterial and viral infections may trigger an abnormal immune response in genetically susceptible individuals. Because symptoms appear intermittently and involve multiple organ systems, diagnosis is often delayed.

Findings and Analysis

Clinical Examination

Physical examination revealed:

- Multiple aphthous ulcers on the oral mucosa
- Healing genital ulcer scars
- Erythema nodosum-like lesions on the lower limbs
- Mild swelling of both ankle joints

Ophthalmological Examination

Eye examination showed:

- Anterior uveitis
- Retinal vasculitis
- Reduced visual acuity in the left eye

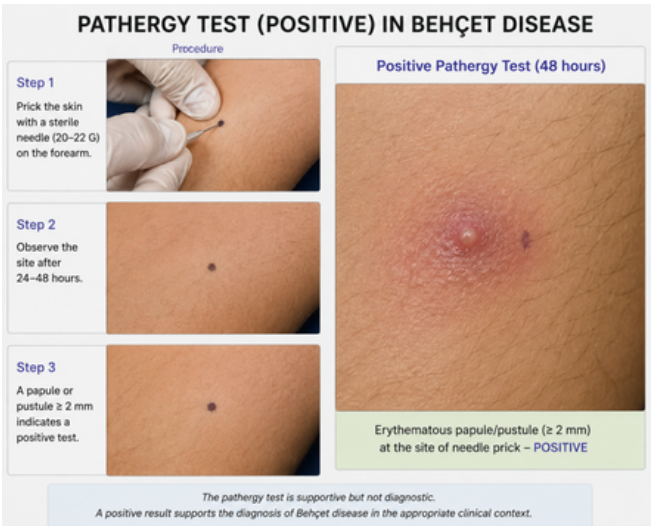
Laboratory Investigations

Results included:

- Elevated Erythrocyte Sedimentation Rate (ESR)
- Elevated C-Reactive Protein (CRP)
- Mild leukocytosis
- Negative rheumatoid factor
- Negative antinuclear antibody (ANA)

Pathergy Test

A pathergy test was performed by pricking the skin with a sterile needle. Within 48 hours, a small inflammatory papule developed at the site, indicating a positive result.



Diagnostic Criteria Assessment

According to the International Criteria for Behçet Disease (ICBD), the patient scored sufficient points based on:

- Recurrent oral ulcers
- Genital ulcers
- Ocular involvement
- Skin manifestations
- Positive pathergy test

The patient was diagnosed with Behçet Disease.

Discussion

Behçet Disease is a complex autoimmune-mediated vasculitis that can involve nearly every organ system.

The positive pathergy test suggested heightened immune reactivity, a characteristic feature seen in many patients with Behçet Disease. The combination of mucocutaneous lesions, ocular manifestations, and joint symptoms strongly supported the diagnosis.

Treatment was initiated using:

- Corticosteroids to control acute inflammation
- Colchicine for mucocutaneous and joint symptoms
- Azathioprine as an immunosuppressive agent
- Regular ophthalmological monitoring

Conclusion

Behçet Disease is a chronic multisystem inflammatory disorder that presents with a wide range of symptoms affecting multiple organs.

Early recognition is essential because delayed diagnosis may result in severe complications such as blindness, neurological damage, and vascular disease.

This case demonstrates the importance of considering Behçet Disease in patients presenting with recurrent oral ulcers combined with genital, ocular, or skin manifestations.

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2. Greco A, et al. Behçet's Disease: New Insights into Pathophysiology, Clinical Features and Treatment Options. Autoimmunity Reviews.
3. International Team for the Revision of the International Criteria for Behçet's Disease (ICBD).

BREXPIPRAZOLE

S. Chaitanya Lahari
Pharm D IV year

Generic name: Brexpiprazole
Drug class: Atypical Antipsychotics
- Dopamine Receptor Partial Agonists
Brand name: Rexulti
Company: Otsuka Pharmaceutical Co., Ltd.
Approval date: Central Drugs Standard Control Organisation [CDSCO] on February 16, 2026
Dosage form: Oral tablets, Once daily
Price: ranging from roughly ₹85 to ₹425 per strip
Indication: treatment of schizophrenia in adults and as an adjunctive therapy for major depressive disorder in adults.

Description:

Brexpiprazole [marketed as Rexulti]is an atypical antipsychotic that functions as a serotonin-dopamine activity modulator (SDAM). Physicochemically, it is a nonhygroscopic, white to off-white crystalline powder that is practically insoluble in water. Administered orally once daily with or without food, the typical maintenance dosage ranges from 2mg/day to 3mg/day for the adjunctive treatment of major depressive disorder (MDD) in adults, 2mg to 4mg/day for the treatment of schizophrenia.

Clinical pharmacology:

The mechanism of action of brexpiprazole is unknown. The efficacy of brexpiprazole may be mediated through a combination of partial agonist activity at serotonergic 5-HT1A and at dopaminergic D2 receptors with antagonist activity at serotonergic 5-HT2A receptors.

Pharmacokinetics:

Absorption: After single dose administration of REXULTI tablets, the peak plasma brexpiprazole concentrations occurred within 4 hours after administration; and the absolute oral bioavailability was 95%. REXULTI can be administered with or without food.

Distribution: The volume of distribution of brexpiprazole following intravenous administration is high (1.56±0.42 L/kg), indicating extravascular distribution. Brexpiprazole is highly protein bound in plasma (greater than 99%) to serum albumin and α1-acid glycoprotein, and its protein binding is not affected by renal or hepatic impairment.

Metabolism

Based on in vitro metabolism studies of brexpiprazole using recombinant human cytochrome P450 (CYP1A1, 1A2, 2A6, 2B6, 2C8, 2C9, 2C19, 2D6, 2E1, and 3A4), the metabolism of brexpiprazole was shown to be mainly mediated by CYP3A4 and CYP2D6.In vivo brexpirazole is metabolized primarily by CYP3A4 and CYP2D6 enzymes. After single and multiple-dose administrations, brexpiprazole and its major metabolite, DM-3411, were the predominant drug moieties in the systemic circulation. DM-3411 is considered not to contribute to the therapeutic effects of brexpiprazole.

EXCRETION

Approximately 25% and 46% of the administered radioactivity was recovered in the urine and feces, respectively. Less than 1% of REXULTI Product Monograph Page 38 of 59 unchanged brexpiprazole was excreted in the urine and approximately 14% of the oral dose was recovered unchanged in the feces.

After multiple once daily administration of brexpiprazole, the terminal elimination half-life of brexpiprazole and its major metabolite, DM3411, is 91.4 hours and 85.7 hours, respectively.

Drug interaction studies:

· REXULTI should be used with caution in combination with drugs known to prolong QTc interval or cause electrolyte disturbances.

· Dosage adjustments are recommended in patients who are known CYP2D6 poor metabolizers and in patients taking concomitant CYP3A4 inhibitors or CYP2D6 inhibitors or strong CYP3A4 inducers.

·Alcohol/CNS Drugs Given the primary CNS effects of brexpiprazole, as with most psychoactive medications, combination use of REXULTI with alcohol or other CNS drugs with overlapping undesirable effects such as sedation, should be avoided.

Contraindications:

REXULTI is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation.

Adverse reactions:

· Atypical antipsychotic drugs, such as REXULTI, have been associated with cases of sleep apnoea, with or without concomitant weight gain.

Complex sleep-related behaviors such as somnambulism and sleep-related eating disorder have been associated with the use of atypical antipsychotic drugs.

Warning and precautions:

Increased mortality in elderly patients with dementia.

Use in specific populations:

1.Geriatrics: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, and cardiac function, concomitant diseases, and other drug therapy. Antipsychotic drugs increase the risk of death in elderly patients with dementia-related psychosis.

2.Pediatrics: The safety and effectiveness of REXULTI in patients under the age of 18 years have not been established and its use is not recommended. Weight gain has been observed with atypical antipsychotic use in pediatric and adolescent patient populations. Independent of any drug-specific effects, weight gain can be associated with adverse changes in other metabolic parameters (e.g., glucose and lipid metabolism). Abnormal childhood weight and metabolic status can have adverse effects on cardiovascular outcomes in adulthood.

Storage and handling :

Store REXULTI tablets between 15°- 30°C (59°-86°F) and Keep out of reach of children.

Reference:

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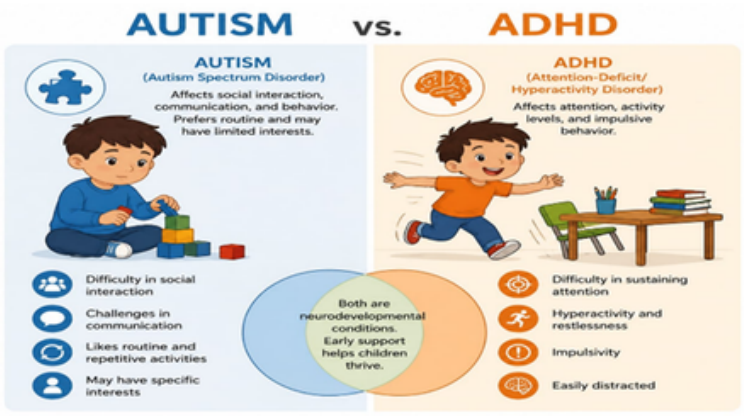
MATERNAL PARACETAMOL[ACETAMINOPHEN] USE DURING PREGNANCY AND RISK OF AUTISM & ADHD IN OFFSPRING

G. Sravani
Pharm D IV Year



Introduction

Paracetamol is a common OTC medicine used to relieve moderate aches, pain, fever. It is also used by pregnant women worldwide to relieve symptoms. In September 2025 – US PRESIDENT warned against the usage during pregnancy declaring the risk of AUTISM & ADHD for children. He had stated that AMISH and CUBAN committees have no autism because they don't use this drug as much as in US or UK. However there is evidence of autism in both Amish and Cuban. Fewer people are diagnosed probably because they are not getting proper checkups or reporting…. A recent study conducted a lot of research to evaluate the overall quality and validity, association between the paracetamol use and risk of autism.

Understanding Autism and ADHD

AUTISM : A neuro developmental disorder affecting communication , social interaction and behaviour that mainly occurs through a complex interaction of genetic and environmental factors (infection during pregnancy ,microplastics .

ADHD : A condition characterized by in attention , hyper activity and impulsivity.

BACKGROUND

Paracetamol readily crosses the placenta and potentially affect the foetus. The existing theories suggest that prolonged exposure may influence the foetal brain development. Mainly happens through oxidative stress or hormone disruption but needs some more research to confirm this.

EVIDENCE BASED STUDIES

Findings Suggesting Increased Risk

Studies by Yuelong Ji et al.(2019) and other research have reported a dose dependent association between maternal paracetamol and a potential risk of autism and ADHD in offspring – DOSE RESPONSE EFFECT.

Biomarker based studies: Estimating the cord blood levels shows the stronger association than self-reported medication use. Paracetamol intake particularly in third trimester decreases the hematopoietic stem cells in the baby`s cord blood which affects the immune system. The baby`s cord blood contains the paracetamol and its unmetabolized products which proves that the drug passes to the baby.

Findings Suggesting Minimal or No Risk

Sibling comparison analysis:

A Swedish study of 2.48million children and Japan study of 200,000 children used a sibling-controlled analysis and observed that link was due to shared family or genetic factors, not the medication itself. Some appeared related to the maternal condition (fever, infection) rather than medication itself.

CLINICAL INTERPRETATIONS

The current findings are inconsistent. The clinical reality is that Ibuprofen / Aspirin - these are not recommended as they carry risks to baby like problems in blood circulation and lungs, kidney development.

Associations do not confirm causation but the patterns are consistent across multiple aspects – THERE`S A PATTERN BUT NO PROOF….

POTENTIAL DOSE –RELATIONSHIP observed long term use may leadsto higher risk of causing liver dysfunction, kidney dysfunction and anemia in mother, also to the baby.

Conclusion

While some studies suggest a potential association b/w prenatal paracetamol exposure and increased risk of Autism and ADHD, THE EVIDENCE DOES NOT CONFIRM A CASUAL RELATIONSHIP PARACETAMOL IS STILL CONSIDERED GENERALLY SAFE FOR SHORT TERM USE IN PREGNANCY.

CLINICAL RECCOMENDATIONS:

The NATIONAL HEALTH SERVICES recommended to Control the pain primarily by trying the natural measures i.e. getting fresh air , drinking water.

If these measures don't work then take the paracetamol at lower dose. RECOMMENDED DOSE of Paracetamol: 1 or 2 tablets of 500mg each per dose upto 4 times in a 24-hr period.

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Prenatal Exposure to Acetaminophen and Risk for ADHD and ASD: Systematic Review & Meta-Analysis." American Journal of Epidemiology, 2017. "Maternal paracetamol (acetaminophen) use during pregnancy and risk of autism spectrum disorder and ADHD in offspring: umbrella review of systematic reviews." BMJ, 2025. "Acetaminophen use for fever in children associated with autism spectrum disorder. " National Library of Medicine2016

Menorrhagia to Twins: A Rare Thrombasthenia Case

S. Apsar
Pharm D V Year

Introduction

Glanzmann thrombasthenia (GT) is a rare autosomal recessive bleeding disorder caused by quantitative or qualitative abnormalities of platelet glycoprotein IIb/IIIa (integrin αIIbβ3). This receptor is essential for fibrinogen-mediated platelet aggregation. Consequently, affected patients have impaired primary hemostasis even though the platelet count is usually normal.

Typical manifestations include epistaxis, gum bleeding, easy bruising, prolonged bleeding after trauma or procedures, gastrointestinal bleeding, and heavy menstrual bleeding. Menorrhagia can be particularly important in adolescent and reproductive-age women because repeated blood loss may result in iron deficiency and symptomatic anemia.

Case Presentation

A 24-year-old woman was referred to a hematology and obstetric service because of a long history of excessive menstrual bleeding and recurrent anemia. Since adolescence, her menstrual periods had lasted approximately 8–10 days and were associated with heavy flow and passage of clots. She also reported occasional epistaxis and prolonged bleeding after minor dental procedures.

Previous investigations had repeatedly shown anemia with a normal platelet count. Routine coagulation tests were not significantly abnormal. Because the severity of mucocutaneous bleeding appeared disproportionate to the routine laboratory findings, a platelet function disorder was suspected.

Specialized platelet aggregation testing showed markedly impaired aggregation with multiple agonists, while ristocetin-induced agglutination was relatively preserved. Flow-cytometric assessment demonstrated markedly reduced platelet GPIIb/IIIa expression. These findings supported a diagnosis of Glanzmann thrombasthenia.The patient was counseled regarding pregnancy-associated bleeding risks.

Investigations

Investigation	Illustrative finding	Significance
Hemoglobin	9.8 g/dL initially	Mild-to-moderate anemia associated with chronic blood loss
Platelet count	Normal	Supports a qualitative platelet disorder rather than thrombocytopenia
PT/INR	Within reference range	No major extrinsic pathway abnormality
aPTT	Within reference range	Within reference range
Peripheral smear	Platelet morphology generally unremarkable	Consistent with GT
Platelet aggregation	Markedly impaired/absent aggregation with multiple agonists	Characteristic functional abnormality
Ristocetin response	Relatively preserved	Helps distinguish GT from some von Willebrand disorders
Flow cytometry	Reduced GPIIb/IIIa expression	Supports GT diagnosis
Iron studies	Reduced iron stores	Consistent with chronic menstrual blood loss
Obstetric ultrasound	Viable dichorionic diamniotic twins	Confirmed twin gestation

Diagnosis

The final diagnosis was Glanzmann thrombasthenia associated with severe menorrhagia and iron-deficiency anemia, complicated by a twin pregnancy. The diagnosis was supported by the bleeding history, normal platelet count, characteristic platelet aggregation abnormalities, and reduced GPIIb/IIIa expression.

Management During Pregnancy

- Regular assessment and treatment of iron deficiency and anemia.
- Avoidance of medications that impair platelet function, particularly aspirin and non-selective NSAIDs unless specifically indicated by a specialist.
- Advance consultation with hematology, obstetrics, anesthesia, and transfusion medicine.
- Preparation of an individualized plan for major bleeding and delivery.
- Use of antifibrinolytic therapy such as tranexamic acid when clinically appropriate and prescribed by the treating team.
- Platelet transfusion reserved for significant bleeding or selected procedures, recognizing the risk of alloimmunization and platelet refractoriness.

Outcome

The mother remained hemodynamically stable after delivery, with no clinically significant uncontrolled postpartum hemorrhage. The newborn twins were assessed by the neonatal team and remained clinically well. The mother was discharged with hematology and obstetric follow-up, counseling regarding future pregnancies, and advice to maintain documentation of her diagnosis and previous transfusion/hemostatic treatment

Conclusion

This human case illustrates how longstanding menorrhagia may lead to the recognition of Glanzmann thrombasthenia and how a subsequent twin pregnancy can be successfully managed with careful preparation. Early diagnosis, correction of iron deficiency, individualized hemostatic planning, appropriate transfusion support, and close postpartum surveillance are central to reducing maternal bleeding complications.

REFERENCES:

1. International Society on Thrombosis and Haemostasis (ISTH) resources on inherited platelet disorders and Glanzmann thrombasthenia.
2. World Federation of Hemophilia resources on inherited bleeding disorders and management principles.
3. Peer-reviewed reviews and case reports addressing pregnancy, delivery, menorrhagia, and postpartum hemorrhage in Glanzmann thrombasthenia.

World Hepatitis Day -2025

On the occasion of **World Hepatitis Day 2025**, our college organized an awareness programme to educate students about hepatitis, its prevention, early diagnosis, and treatment. The event emphasized the importance of regular health check-ups, vaccination, safe hygiene practices, and healthy lifestyles in preventing hepatitis.

Workshop and Hands on Training on "Optimizing Pharmaceutical Formulation by QbD"

Workshop and Hands-on Training on "Optimizing Pharmaceutical Formulation by Quality by Design (QbD)" to enhance students' understanding of modern pharmaceutical formulation and development. The programme provided participants with both theoretical knowledge and practical exposure to the principles and applications of QbD in the pharmaceutical industry.

The workshop covered key concepts such as Quality Target Product Profile (QTPP), Critical Quality Attributes (CQAs), Critical Material Attributes (CMAs), Critical Process Parameters (CPPs), risk assessment, and design of experiments (DoE). During the hands-on training session, participants gained practical experience in applying QbD tools and techniques for formulation optimization and quality improvement.

Independence Day-2025

The **79th Independence Day** with great pride and patriotic spirit. The celebrations began with the hoisting of the National Flag by the Principal, followed by the National Anthem. Faculty members, students, and staff came together to honor the sacrifices of the nation's freedom fighters and reaffirm their commitment to the values of unity, integrity, and service.

The programme featured inspiring speeches, patriotic cultural performances, and student activities that reflected the spirit of freedom and national pride. The celebration served as a reminder of our collective responsibility to contribute to the progress and development of the nation while upholding the ideals of democracy, peace, and harmony.

National Engineers Day-2025

National Engineers Day-2025 with great enthusiasm to commemorate the birth anniversary of Sir M. Visvesvaraya, one of India's most distinguished engineers and Bharat Ratna awardee. The event highlighted the vital role of engineers in driving innovation, sustainable development, and nation-building.

The programme featured expert talks, technical presentations, and interactive activities that encouraged students to explore emerging technologies and develop innovative solutions to real-world challenges. Faculty members inspired students to uphold the values of creativity, professionalism, and ethical responsibility in their engineering careers.

National Pharmacist Day -2025

National Pharmacists Day 2025 with great enthusiasm to recognize the invaluable contributions of pharmacists in ensuring safe, effective, and rational use of medicines. The programme highlighted the evolving role of pharmacists as essential members of the healthcare system in promoting patient care, medication safety, and public health.

The celebration included awareness sessions, expert talks, and student participation activities focusing on pharmaceutical care, drug safety, and the importance of patient counseling. The event encouraged students to strengthen their professional knowledge, uphold ethical pharmacy practices, and contribute meaningfully to improving healthcare outcomes.

Career Orientation Programme on "Clinical IT domains for Pharmacy Graduates & Demo on SAS"

Career Orientation Programme on "Clinical IT Domains for Pharmacy Graduates & Demo on SAS" to provide students with valuable insights into emerging career opportunities at the intersection of pharmacy, clinical research, and information technology. The programme aimed to familiarize participants with the growing demand for pharmacy professionals in Clinical IT, pharmacovigilance, clinical data management, and related healthcare sectors.

The session included an informative presentation on career pathways, industry expectations, and essential skill sets required for success in Clinical IT domains. A live demonstration of SAS (Statistical Analysis System) introduced students to its applications in clinical data analysis, regulatory reporting, and clinical research, offering practical exposure to industry-standard tools.

National Sports Day -2025

National Sports Day 2025 with great enthusiasm to commemorate the birth anniversary of Major Dhyan Chand, the legendary hockey player whose exceptional achievements continue to inspire generations of athletes. The celebration emphasized the importance of sports, physical fitness, teamwork, and discipline in fostering a healthy and balanced lifestyle.

The programme featured a variety of sports competitions and recreational activities, encouraging enthusiastic participation from students and faculty members. The event promoted the values of sportsmanship, perseverance, leadership, and healthy competition while highlighting the role of physical activity in overall well-being.

Address: Venkatramapuram (Via) Tanapalli,
TIRUPATI - 517561
Andhra Pradesh (India) Phone: 7702484511,
7702484513 ,9440729490 Fax: 08577-281560

Email: shcp7@yahoo.com
VISITOR COUNTER
Web Counter
CONNECT WITH US
feedback@shcpfeedback@gmail.com