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

SUPERBUG SURGE: INDIA AT THE EPICENTRE OF SUPERBUG EXPLOSION- FINDS LANCET STUDY

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A new, large-scale international study published in the prestigious Lancet eClinical Medicine journal says that 83% of Indian patients carry multidrug-resistant organisms (MDROs). The study, co-authored by researchers from AIG Hospitals, warns that India is at the epicentre of a superbug explosion, necessitating immediate policy changes and a national movement on antibiotic stewardship. The findings were released to coincide with Antimicrobial Stewardship Week from November 18 to November 25. The multicentre study, which analysed over 1,200 patients across four countries, found that the MDRO carriage rate in Indian patients undergoing a common endoscopic procedure (ERCP) was the highest reported among all participating nations. **In India, 83% of patients carried MDROs in Italy, 31.5%, in the United States 20.1% and in the Netherlands 10.8%**. The resistant bacteria discovered in Indian participants included 70.2% with ESBL-producing organisms, that means common antibiotics won't work, and a staggering 23.5% with carbapenem-resistant bacteria, which are resistant even to last-resort antibiotics. The study highlights that this dramatic prevalence cannot be explained by medical history or underlying illnesses alone, even after adjusting for age and comorbidities. Dr. D. Nageshwar Reddy, Chairman of AIG Hospitals and co-author of the study, said, **"When over 80% of patients... are already carrying drug-resistant bacteria, it means the threat is no longer limited to hospitals, it is in our communities, our environment, and our daily lives."** This suggests a deep-rooted community-level problem linked to factors such as antibiotic misuse, easy over-the-counter availability of antibiotics without prescription, incomplete treatment courses and widespread self-medication. The presence of MDROs forces hospitals to use stronger and more toxic drugs, prolongs recovery, increases the risk of complications, and leads to substantially higher treatment costs. Dr. Reddy provided a compelling real-life example of the impact. A non-MDR (multidrug-resistant) patient with a severe infection recovered quickly on standard antibiotics, was discharged in about 3 days, and incurred an overall cost of roughly INR 70,000. In contrast, an MDR patient with the same problem did not respond to first-line antibiotics, required escalation to high-end drugs, developed sepsis needing ICU care, stayed for over 15 days, and had a total cost that rose to INR 4-5 lakh. For

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 standards to undertake R&D in thrust areas of national and international needs.

3. To extend viable outreach programs for the health care needs of the society

4. To develop industry institute interaction and foster 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

India, where nearly 58,000 new born deaths each year are linked to resistant infections, and where untreatable bacteria are frequently encountered in ICUs and cancer centers, the study provides **"unmistakable evidence that antimicrobial resistance (AMR) has become a national health emergency".**

Six key actions the general public must follow diligently to help slow the spread of resistance:

1. Never take antibiotics without a doctor's prescription
2. Avoid self-medication, pharmacy-driven antibiotics, and leftover tablets.
3.Don't demand antibiotics for viral illnesses, pointing out that antibiotics are ineffective against most fevers, colds, and coughs.
4. Always complete the full antibiotic course: Stopping midway allows bacteria to become stronger and resistant.
5. Maintain strong hygiene habits: Regular handwashing, clean drinking water, and safe food handling reduce infections and the need for antibiotics.
6.Keep vaccinations up to date: Vaccines prevent infections, which means fewer antibiotics are needed.
7.Handle pets and livestock responsibly: Do not use antibiotics in animals without veterinary advice, as resistant bacteria can spread between animals and humans.

The authors warn that without immediate intervention, India risks entering a post-antibiotic era where common infections, routine surgeries, and everyday medical procedures could become life-threatening. The study, they conclude, is a critical wake-up call for all stakeholders to act swiftly before the crisis deepens irrevocably.

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MRI-GUIDED CRYOABLATION

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Pharm D IV Year

Introduction :

Cryoablation freezes and destroys cancer cells, noncancerous tumors, and abnormal tissues. At Stanford Health Care, we couple cryoablation with magnetic resonance imaging (MRI) to precisely target abnormal growths while sparing healthy tissue. MRI-guided cryoablation involves fewer side effects and a lower risk of complications than open surgery

MRI-guided cryoablation is a nonsurgical procedure that targets abnormal tissue without damaging surrounding healthy tissue. Cryoablation destroys cancerous and noncancerous tumors by freezing them. We also use MRI-guided cryoablation to treat vascular malformations (blood vessel irregularities).MRI-guided cryoablation is a nonsurgical procedure that freezes and destroys tumors or abnormal tissue while sparing healthy tissue

HISTORY:

Cryoablation originated in the 19th century, evolved with modern cryoprobes in the 1960s, and gained popularity with MRI guidance in the 1990s-2000s for precise tumor treatment. The first centre was developed in Australia to harness MRI technology to freeze tumours instantly has transformed a Canden grandmother's life.

PROCEDURE:

PLANNING: Choose probe number and position based on tumor size

Ensure iceball covers tumor 5-10mm margin

TARGETING: Place probes under MRI guidance. Verify probe location and spacing

MONITORING: Activate probes; iceball forms

Monitor iceball growth every 3minutes

Adjust power to protect critical structures.

CRYOALBATION PROTOCOL: 15min freeze (argon gas) ; 10min thaw (helium gas) ;15min freeze

FORMATION AND SURVEY: Monitor iceball formation and remove probes. Final MRI scan to check ablation site

SCOPE:

Expanding role in early-stage cancers

Use in patients unfit for surgery

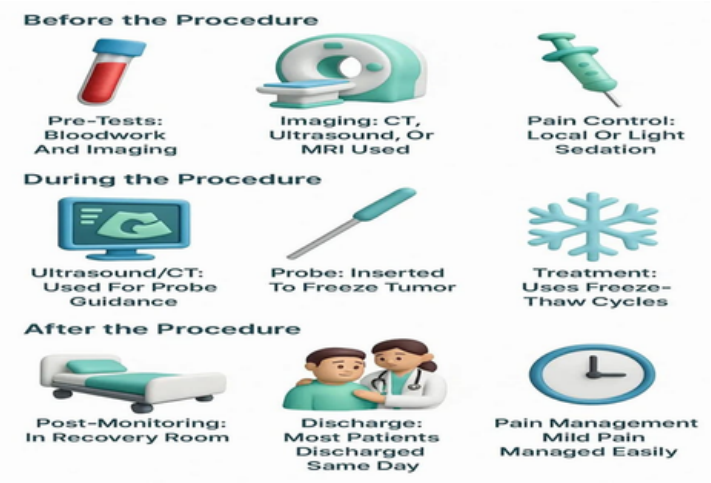
Integration with robotic guidance systems

- Research in combin**HIGH PRECISION** due to superior soft-tissue visualizing with MRI
- MINIMALLY INVASIVE (small incision, faster recovery)
- **LESS BLOOD LOSS** compared to open surgery
- **REAL-TIME MONITORING** of ice ball formation
- Can be repeated if needed
- Often performed as **OUTPATIENT OR SHORT HOSPITAL STAYING**

cryoablation with immunotherapy

Potential application in recurrent tumors

THERAPEUTIC USES:



MRI-guided cryoablation is used in treating:

- Prostate cancer
- Breast Cancer
- Liver tumors
- Kidney tumors
- Bone tumors
- Diabetes
- Soft tissue tumors
- Painful metastases

BENEFITS:

- **HIGH PRECISION** due to superior soft-tissue visualizing with MRI
- **MINIMALLY INVASIVE** (small incision, faster recovery)

- **LESS BLOOD LOSS** compared to open surgery
- **REAL-TIME MONITORING** of ice ball formation
- Can be repeated if needed
- Often performed as **OUTPATIENT OR SHORT HOSPITAL STAY**

LIMITATIONS:

- **HIGH COST** due to MRI suite and specialized equipment
- **LONGER TIME** procedure compared to CT guided methods
- Not suitable for very **LARGE TUMORS**
- **LIMITED AVAILABILITY** in smaller hospitals

RISK OF COMPLICATIONS:

- Bleeding
- Infection
- Damage to nearby organs Nerve injury

📌**CASE STUDIES**:

- A 52-year-old woman diagnosed with a small recurrent breast tumor (1.5 cm) after previous lumpectomy.
- IndicationSmall, localized tumorPatient not suitable or unwilling for repeat surgeryTumor clearly visible on MRI
- Procedure StepsPatient positioned inside MRI suite.Local anesthesia given (no general anesthesia needed)
- .Under real-time MRI guidance, a cryo-probe (thin needle) is inserted into the tumor
- .Argon gas is used to freeze the tissue
- Tumor is frozen to about –40°C to –160°C, forming an ice ball that covers the lesion.
- Freeze–thaw cycles (usually 2–3 cycles) destroy cancer cells .MRI confirms complete coverage of the tumor. Probe removed and small dressing applied.
- Duration1–2 hours procedure Same-day discharge (day-care treatment)
- Outcome Tumor destroyed without surgical incision Minimal pain and scarring
- Patient resumed normal activity within 24–48 hours

Conclusion:

- MRI-guided cryoablation is a safe, precise, and minimally invasive treatment for selected tumors, offering better tissue visualization and accuracy. Despite cost and availability challenges, its expanding applications make it a promising advancement in interventional oncology-V.

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ZIKA VIRUS

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Pharm D IV year

Introduction

Zika virus is a mosquito-borne flavivirus that became a major global public-health concern because of its link to severe congenital defects (especially microcephaly) and neurological complications such as Guillain-Barré syndrome (GBS). It was first identified in Uganda in 1947 in a Rhesus macaque monkey, followed by evidence of infection and disease in humans in other African countries in the 1950s. Before 2007, it caused only sporadic, mild human infections; a pandemic-style outbreak later emerged in the Pacific and then spread to the Americas.

1.Definition:

Zika virus (ZIKV) is a single-stranded RNA virus in the Flaviviridae family, closely related to dengue, yellow fever, West Nile, and Japanese encephalitis viruses.

2. Transmission of Zika virus:

Primary route:

Bites by infected mosquitoes, mainly Aedes aegypti and secondarily Aedes albopictus, which also transmit dengue and chikungunya.

These mosquitoes bite mostly during the day, especially around early morning and late afternoon.

Other routes:

Sexual transmission: From an infected person (usually male) to partners via semen; the virus can persist in semen for weeks to months.

Maternal–fetal (vertical): A pregnant woman can pass Zika to the fetus at any trimester, leading to congenital Zika syndrome.

Blood transfusion: Documented cases exist, so blood-donation screening (e.g., nucleic-acid testing) is used in endemic areas.

Possible: via breast milk, but this is not confirmed as a major route, and breastfeeding is still recommended.

3. Epidemiology and major outbreaks:

First recognized human outbreak: Yap Island (Pacific) in 2007, with many asymptomatic cases and a few with rash, fever, and arthralgia.

2013–2014: Large outbreak in French Polynesia, where clusters of GBS were first strongly linked to Zika.

2015–2016: Explosive spread across Latin America and the Caribbean, especially Brazil, where a sharp rise in microcephaly alerts led the WHO to declare a Public Health Emergency of International Concern in 2016.

Since then, case numbers have declined, but Zika remains a threat in tropical and subtropical regions worldwide.

4. Clinical features in adults and children:

Most infections (about 50–80%) are asymptomatic.

Symptomatic illness is usually mild and self-limited (3–7 days), and may include:

·Low-grade fever

·Maculopapular rash (often itchy)

·Arthralgia or arthritis (small joints)

·Myalgia

·Headache

·Non-purulent conjunctivitis

Uncommon but important complications:

Guillain-Barré syndrome (GBS): Acute autoimmune neuropathy causing ascending paralysis; incidence is estimated around 2–2.4 per 10,000 Zika infections.

Transverse myelitis and ADEM: Acute inflammatory disorders of the spinal cord or brain.

Rare reports of myocarditis, atrial fibrillation, and other systemic manifestations.

5. Congenital Zika syndrome (CZS):

When Zika infects a pregnant woman, the fetus can develop congenital Zika syndrome, a distinct pattern of severe birth defects.

Key structural features:

Microcephaly: Smaller than normal head size, often with brain malformation.

Brain disruption sequence: collapsed skull, overlapping sutures, redundant scalp skin.

Intracranial calcifications, ventriculomegaly, cerebellar hypoplasia, and abnormal cortical development.

Congenital contractures (arthrogryposis), eye defects (microphthalmia, coloboma, optic atrophy), and hearing loss.

6.Pathophysiology of Zika Virus:

Infected Aedes mosquito bite
↓
Virus inoculation into skin
↓
Infection of skin cells
(dendritic cells, keratinocytes, fibroblasts)
↓
Local viral replication
↓
Spread to regional lymph nodes
↓
Viremia (virus in bloodstream)
↓
Systemic dissemination
↓
Target organ involvement:
├── CNS (neuronal cells)
├── Placenta (trophoblasts)
└── Immune system
↓
Crosses placental barrier (in pregnancy)
↓
Fetal neural progenitor cell infection
↓
Inhibition of neurogenesis + apoptosis
↓
Brain developmental defects
↓
Congenital Zika syndrome (microcephaly)
Parallel immune mechanism:
Viral infection → Immune activation → Autoimmune response
↓
Peripheral nerve damage
↓
Guillain-Barré syndrome

7. Diagnosis of Zika infection:

Timing and type of test matter:

Molecular tests (NAAT, mainly RT-PCR): Detect Zika RNA in blood, urine, semen, amniotic fluid, or CSF.

Best done within about 7 days of symptom onset in nonpregnant patients; in pregnancy, the window may be longer.

Serology (IgM and IgG):

IgM appears within the first week but can persist for months; it also cross-reacts with other flaviviruses (dengue, West Nile, etc.), so interpretation is tricky

Plaque reduction neutralization tests (PRNT) are used to confirm Zika specifically and distinguish it from other flaviviruses.

Specific guidance:

For symptomatic travelers: NAAT in serum or urine within 7 days; if negative, then IgM and PRNT.

For pregnant women: combined testing for Zika and dengue, often with NAAT on serum and urine, plus IgM and PRNT when needed.

For babies with suspected CZS: NAAT and IgM on blood, urine, and CSF when available, plus imaging and specialist evaluations.

8. Management and treatment:

There is no specific antiviral drug approved for Zika infection.

Treatment is supportive:

Rest, fluids, and symptomatic relief (e.g., acetaminophen for fever and pain).

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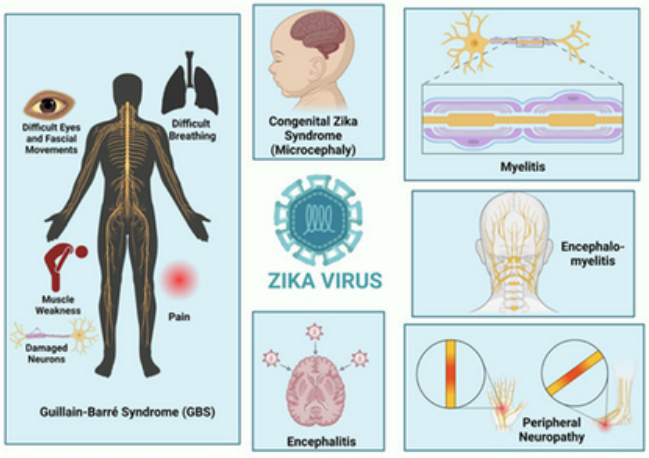

THE ROLE OF GUT MICROBIOME IN CHRONIC DISEASES

M. Sathya prasanna
Pharm D V Year

ABSTRACT

The human gut microbiome, a diverse community of microorganisms residing in the gastrointestinal tract, plays a critical role in maintaining host health. Emerging evidence suggests that dysbiosis, or imbalance in the gut microbiota, is associated with a variety of chronic diseases including metabolic disorders, cardiovascular diseases, autoimmune conditions, gastrointestinal disorders, and neurodegenerative diseases. This review discusses the current understanding of the gut microbiome's role in chronic diseases, underlying mechanisms, and therapeutic implications.

INTRODUCTION

The gut microbiome contributes to essential physiological processes such as digestion, immune system modulation, and metabolic regulation. Chronic diseases, which represent a major global health burden, have been linked to alterations in gut microbial composition and function. Understanding these relationships may provide new avenues for prevention and treatment.[1]

METHODOLOGY

This review is based on a comprehensive literature search conducted in PubMed, Scopus, and Web of Science databases. Keywords included "gut microbiome," "chronic diseases," "metabolic disorders," "cardiovascular disease," "autoimmune," and "neurodegenerative." Peer-reviewed articles published between 2000 and 2025 were considered. Studies were selected based on relevance, quality, and impact on understanding the gut microbiome's role in chronic disease.

Gut Microbiome and Metabolic Disorders

Metabolic disorders, such as obesity and type 2 diabetes, are associated with microbial dysbiosis. Individuals with obesity often have reduced microbial diversity and altered ratios of Firmicutes to Bacteroidetes.[2] Gut microbiota influences host energy metabolism by regulating nutrient absorption, short-chain fatty acid (SCFA) production, and insulin sensitivity.[3]

Gut Microbiome and Cardiovascular Diseases

The gut microbiome influences cardiovascular health through the production of metabolites such as trimethylamine N-oxide (TMAO), derived from microbial metabolism of dietary choline and carnitine.[4] Elevated TMAO levels are linked to increased risk of atherosclerosis, hypertension, and heart failure. Conversely, SCFAs exert cardioprotective effects by regulating blood pressure and lipid metabolism.

Gut Microbiome and Autoimmune Diseases

Autoimmune diseases such as rheumatoid arthritis, multiple sclerosis, and inflammatory bowel disease (IBD) are associated with disruptions in gut microbial composition. Alterations in microbial diversity can influence immune tolerance and trigger aberrant immune responses.[5] Specific bacterial taxa, such as reduced Faecalibacterium prausnitzii, have been implicated in IBD pathogenesis.[6] Recent studies suggest microbiome-derived bile acids may contribute to immune dysregulation and tissue damage in rheumatoid arthritis.[9]

Gut Microbiome and Neurodegenerative Disorders

The gut-brain axis provides a bidirectional communication pathway between the gut microbiome and the central nervous system. Dysbiosis has been linked to neurodegenerative conditions such as Parkinson's and Alzheimer's diseases.[7],[10],[11] Gut bacteria influence neurological function through production of neurotransmitters, modulation of systemic inflammation, and alteration of the blood-brain barrier integrity. Systematic reviews also identify key microbial taxa implicated in these conditions.[12],[13]

DISCUSSION

The results highlight that gut microbial imbalance contributes to the onset and progression of multiple chronic diseases. Key mechanisms involve microbial metabolites, immune modulation, and signaling through the gut-brain axis. The evidence underscores the gut microbiome as a therapeutic target. Emerging strategies such as probiotics, prebiotics, dietary interventions, and fecal microbiota transplantation (FMT) show promise in modifying disease outcomes.[8]

CONCLUSION

The gut microbiome plays a pivotal role in chronic diseases, influencing metabolic, cardiovascular, autoimmune, and neurological pathways. Advances in microbiome research may enable personalized therapeutic interventions. Further longitudinal studies and clinical trials are necessary to translate findings into effective treatments.

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YEZTUGO (Lenacapavir)

Y.Charishma
Pharm D V Year

1. DRUG

GENERIC NAME - Lenacapavir (lenacapavir sodium)
BRAND NAME-YEZTUGO
MANUFACTURER - Gilead Sciences, Inc.
MECHANISM
HIV-1 capsid inhibitor:-
long-acting antiviral for pre-exposure prophylaxis (PrEP). It interferes with HIV capsid functions: nuclear import of HIV-1 DNA, virus assembly/release, and capsid core formation.

2. REGULATORY APPROVAL & INDICATIONS

FDA Approval: Approved in the United States on ~ June 18, 2025, as the first long-acting, twice-yearly injectable PrEP option for HIV prevention.
Indication: To reduce risk of sexually acquired HIV-1 in adults and adolescents weighing ≥35 kg, who are at risk for HIV-1 acquisition, and who are confirmed HIV-1 negative prior to initiation.

3. DOSAGE & ADMINISTRATION

Phase. Dosage Notes
Initiation (Day 1) 927 mg by subcutaneous injection (2 × 1.5 mL injections) + 600 mg orally (2 × 300 mg tablets)
Initiation (Day 2) 600 mg orally (2 × 300 mg tablets)
Continuation / Maintenance 927 mg by subcutaneous injection every 6 months (± 2 weeks) (i.e., every 26 weeks) from last injection.
If injection delayed >2 weeks Oral bridging: 300 mg orally once every 7 days until injections can resume (but not exceeding up to 6 months interim). Resume injections within 7 days of last oral dose.
Missed injections (long lapse) If more than 28 weeks have passed since last injection and no oral bridging, re-initiate with the full initiation regimen (Day 1 + Day 2) if clinically appropriate.
Tablets may be taken with or without food.
Injection route: subcutaneous only. There is a serious risk of tissue injury (e.g. necrosis, ulceration) if administered improperly (e.g., intradermal).

4. PHARMACOKINETICS

Parameter Detail
Absorption Following oral dosing: bioavailability is low-(4-7%) for tablet form; after injection, long half-life; Tmax = ~4 hours for tablets and long period for injection route.
Distribution High protein binding (>98.5%); large volume of distribution; low blood-to-plasma ratio (~0.5-0.7) for the tablet form.
Metabolism Metabolized via CYP3A mainly, also UGT1A1 (minor) and other biotransformation pathways (oxidation, hydrolysis, etc.).
Elimination Major route: feces (~76% unchanged drug in feces); minimal urinary excretion (<1%). Long half-life especially after injection: drug remains in body for many weeks; residual concentrations may persist for up to 12 months or longer after last injection.

5. CONTRAINDICATIONS

Known or suspected HIV-1 infection or untested HIV status. Must test negative before starting and with each injection.
Use with caution with certain drug interactions (see section on interactions). Some combinations not recommended.

6. WARNINGS & PRECAUTIONS

Concern Details
Drug resistance If YEZTUGO is used in someone with undiagnosed HIV-1, or if infection occurs during treatment, resistant HIV-1 variants can emerge. Must transition to full ARV regimen if infection is confirmed.
Residual drug levels Because of long half-life after injection, drug stays in system for extended period (~up to 12 months or more), which increases risk if HIV-1 is acquired during that time or with drug interactions.
Injection site reactions Very common. May include nodules, pain, swelling, induration. Duration of nodules/indurations can be prolonged. Intradermal administration (incorrect route) can lead to serious local tissue injury.
Comprehensive risk management Use as part of broader prevention strategy: safer sex practices, STI prevention, adherence to schedule, HIV tests prior to each injection.

7. ADVERSE EFFECTS

Adverse Reaction Frequency / Notes
Injection-site reactions Very common (≥5%); includes nodules, induration, pain, swelling, etc.
Headache ≥5% incidence in trials.
Nausea ≥5% incidence.
Other less common: rash, gastrointestinal upset, perhaps systemic side effects etc. Full label has the detailed breakdown.

8. DRUG INTERACTIONS

Type Effect / Recommendations

CYP3A inducers (strong or moderate) May significantly decrease YEZTUGO concentrations → risk loss of efficacy. Dosage modifications recommended when starting or using such inducers.

P-gp, UGT1A1, CYP3A inhibitors Combined P-gp + UGT1A1 + strong CYP3A inhibitors may increase YEZTUGO levels → risk of toxicity. Some co-administration not recommended.

YEZTUGO's effects on other drugs YEZTUGO is a moderate CYP3A inhibitor and a P-gp inhibitor; may increase exposure of sensitive substrates of these enzymes. Especially with drugs started within ~9 months after last injection. Monitor accordingly.

9. USE IN SPECIAL POPULATIONS

Population Details / Data

Adolescents / Weight ≥35 kg Included in indications. Dosing similar if weight ≥35 kg.

Pregnancy Data still limited. There is a pregnancy exposure registry. In trials, pregnancy outcomes and drug concentrations during pregnancy/trimesters were similar to non-pregnant, and major birth defects were within background rates.

Hepatic / Renal impairment Not much data in severe impairment. Because metabolism involves liver and major elimination is fecal, caution advised. Consult label.

Geriatric Not specifically studied in older populations beyond those in trials; safety profile likely similar but watch for interactions.

10. CLINICAL TRIALS & EFFICACY

PURPOSE 1 & PURPOSE 2 Trials: Phase 3 trials that compared twice-yearly YEZTUGO injections versus daily oral PrEP (FTC/TAF or comparable) in different populations (cisgender women, men and gender-diverse persons). Results: very high protection; very few HIV infections in YEZTUGO arms.

Endpoints: HIV-1 seroconversions, safety, tolerability, adherence. Efficacy maintained over months.

11. STORAGE & HANDLING

Tablets: 300 mg tablets, stored at 20-25 °C (68-77°F); allowed excursions to 15-30 °C (59-86°F). Keep in original container; protect from moisture; child-resistant cap.

Injection: Single-use vials; clear yellow sterile solution; with polyethylene glycol 300 as solvent. Administer by healthcare providers using proper needles; supplied with syringes and withdrawal/administration needles.

12. OVERDOSE

No specific clinical reports of overdose. In case of accidental overdose: monitor for adverse events, supportive measures. No known antidote. Consult toxicology resources. (Standard for new long-acting drugs

13. PATIENT COUNSELING POINTS

Must confirm HIV-1 negative status before starting, and before each injection.

Explain need for adherence to the injection schedule — missing or delaying doses increases risk of HIV acquisition and resistance.

If unable to get injection on time, oral bridging is possible; explain regimen.

Inform about injection-site reactions; what is normal and when to report severe reactions.

Discuss interaction with other drugs, especially those that affect CYP3A, P-gp, UGT1A1; bring list of other meds.

Safe sexual practices and STI prevention remain important, even with PrEP. YEZTUGO does not protect against other STIs.

Adverse Drug Reaction Reported From OCTOBER To DECEMBER- 2025

TOTAL NUMBER OF ADRS REPORTED - 173

S.No	DEPARTMENT	ADVERSE DRUG REACTIONS	REPORTED BY
1	Endocrinology	Tab DAPAGLIFAZON caused weight loss	M Prathyusha
2	Endocrinology	Tab GLIMIPIRIDE caused hypoglycemia	J Hemalatha
3	Medical Oncology	Tab DAUNORUBICAN & CYTARABINE induced neutropenia	GV Tejaswani
4	Endocrinology	Tab ATORVASTATIN induced myalgia	J Hemalatha
5	Nephrology	Tab CLINIDIPINE induced pedal edema	S Imdadullah
6	Endocrinology	Tan METFORMIN induced paresthesia and tingling sensation	P Jayasree
7	Endocrinology	ZOLENDRONIC ACID induced severe body pains post infusion	P Jayasree
8	Endocrinology	METHYLPRDNISOLONE induced facial puffiness	M Prathyusha
9	Nephrology	Tab LASIX induced hypokalemia	B Sowmya
10	Medical Oncology	L-ASPARGINASE induced hypersensitivity skin reaction	M Swathi

WORLD AIDS DAY – 2025

World AIDS Day is observed globally on December 1 each year to raise awareness about HIV/AIDS, a major public health issue that affects millions of people worldwide. This day serves as an opportunity to unite in the fight against HIV, show support for people living with HIV, and remember those who have lost their lives to AIDS-related illnesses.

The theme of World AIDS Day often focuses on increasing access to prevention, treatment, care, and support services while working towards eliminating stigma and discrimination associated with the disease.

National Pollution Prevention Day

National Pollution Prevention Day under the aegis of IQAS and in association with Department of Pharmacy practice conducted on 02/12/2025 .

Sustainable living means making everyday choices that reduce harm to the environment while conserving natural resources for future generations. It involves using energy and water efficiently, reducing waste, choosing renewable resources, and supporting eco-friendly products and practices. By adopting sustainable habits—such as recycling, minimizing pollution, and protecting biodiversity—we can help combat climate change and create a healthier, greener future for both people and the planet.

Fifth National Pharmacovigilance week 2025

IN ASSOCIATION WITH
INDIAN PHARMACOPOEIA COMMISSION, PHARMACOVIGILANCE PROGRAMME OF INDIA

S. No	Date	Training Events	Participants
1.	17/9/2025	Sensitization on importance of adverse drug reaction to school children (S.V. Elementary school, Tirupati and Govt. Girls high school, Chinnabazar street, Tirupati)	500
2.	18/9/2025	Primary Health Center, Kammapalli and Community Health Center, Naravaripalli Visit	25
3.	19/9/2025	Sensitization to the patients attending OPD (Deputy Coordinator, Pharmacovigilance Associate, Pharmacology Senior residents, Junior residents, Clinical pharmacists and Pharm D interns)	150
4.	20/9/2025	Quiz Competition	17 teams (each team of 3)
5.	22/9/2025	Drawing competition	13
		Poster competition	16
		Short film competition	7 Teams(each team of 5-10)
6.	23/9/2025	Prize Distribution for Winners and Runners	50

Day - 1

Sensitization to the school students (S.V. Elementary school, Tirupati and Govt. Girls high school, Chinnabazar street, Tirupati).

· Approximately 500 students were sensitized.
· Awareness was given regarding:
· PvPI toll free number (1800 180 3024)
· QR code scanner (ADRMS PORTAL)
· Consumer Reporting Form.
· Importance of reporting Adverse Drug Reactions.

Fifth National Pharmacovigilance week 2025

IN ASSOCIATION WITH
INDIAN PHARMACOPOEIA COMMISSION, PHARMACOVIGILANCE PROGRAMME OF INDIA

Day - 2

Sensitization to the Health care workers like Asha workers (in Primary Health Center, Kammapalli and Community Health Center, Naravaripalli).

- **Approximately 25 Asha workerswere sensitized.**
- **Awareness was given regarding:**
- **PvPI toll free number (1800 180 3024)**
- **QR code scanner(ADRMS PORTAL)**
- **Consumer Reporting Form.**
- **Importance of reporting AdverseDrug Reactions.**

Day 3

Sensitization to the patients attending OUT PATIENT AND IN PATIENT DEPARTMENTS by Deputy Coordinator and Pharmacovigilance Associate, Clinical pharmacists and Pharm D students.

- **Approximately 150 patients were sensitized.**
- **Awareness was given regarding:**
- **PvPI toll free number (1800 180 3024)**
- **QR code scanner (ADRMS PORTAL)**
- **Consumer Reporting Form.**

Importance of reporting Adverse Drug Reactions

Outcome of the training

A total of 807 members including Pharm D students, MBBS students, school students, general public were trained in the 5TH NPW 2025 with involvement of Coordinator AMC, Dr. K Umamaheswara Rao, Professor & HOD of Pharmacology dept. and Deputy coordinator of AMC, Dr. C.Pallavi, Associate professor, Pharmacology. Firstly we have raised a circular (attached), to all the students for active participation in 5th NPW 2025. It is unexpected that many of the students have shown their interest in Pharmacovigilance and participated in the competitions.

VIJAY DIWAS– 2025

Vijay Diwas is observed to mark India's historic victory in the 1971 war and to honour the courage, dedication, and supreme sacrifice of our Armed Forces. On this occasion, students reflected on the strength of a capable nation and an empowered defence force in building a secure and self-reliant India. The program aimed to instill patriotism, national pride, and respect for the valor of our soldiers, inspiring youth to contribute responsibly towards the progress and security of the nation.

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