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PHARMA TAB

CLINICAL PHARMACY NEWSLETTER

C.L. BAID METHA COLLEGE OF PHARMACY
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Theme: Non-Communicable Diseases - The Silent Pandemic

PROUD MOMENT

Hearty Congratulations

We are delighted to extend our heartiest congratulations to our esteemed Principal, **Prof. Dr. C. N. Nalini,** on being conferred with the prestigious "**AVRS Women in Science Award 2026**" by the Antiviral Research Society, in collaboration with Hindustan University, on 7th August 2026.This recognition honors her outstanding contributions to education, research, and the advancement of pharmaceutical sciences.



Prof. Dr. C. N. Nalini, Principal, received "AVRS WOMEN IN SCEINCE AWARD 2026" by Antiviral Research Society2026, in collaboration with Hindustan University on 7th August 2026

Editor's Desk

Non-Communicable Diseases – Prevention Begins with Awareness

Non-communicable diseases (NCDs) are no longer simply a growing health concern—they are a defining challenge for modern healthcare. With NCDs accounting for 74% of global deaths in 2023 (WHO), the need to move beyond disease treatment toward prevention, early intervention, precision in pharmacotherapy, and long-term patient-centred care has never been greater.

Prevention begins with awareness—understanding modifiable risk factors such as unhealthy diet, physical inactivity, tobacco use, harmful alcohol consumption, obesity, and uncontrolled blood pressure or blood glucose. Early screening, timely diagnosis, healthy lifestyle choices, and appropriate treatment can significantly reduce complications and improve long-term outcomes.

Through medication optimization, adherence support, prevention of drug-related problems, therapeutic monitoring, and evidence-based patient education, clinical pharmacists can help translate advances in science into meaningful patient outcomes. This issue brings together a collection of articles focusing on NCDs, along with our regular sections. We hope you find the content informative, engaging, and valuable for your academic and clinical practice.

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Important Health Awareness Days (October - December 2026)

World Sight Day ..... 08 October
Theme: Every Story Counts

World Mental Health Day ..... 10 October
Theme: Lived Experiences Heard: Real Voices, Real Change

World Arthritis Day ..... 12 October
Theme: Chronic Pain at Midlife: From recognition to evidence-based care

World Osteoporosis Day ..... 20 October
Theme: Build, Protect and Strengthen: Lifelong Bone Health

World Iodine Deficiency Day ..... 21 October
Theme: not yet officially confirmed

World Polio Day ..... 24 October
Theme: Every Child, Every Vaccine, Everywhere.

World Stroke Day ..... 29 October
Theme: Every MInute Counts

World Pneumonia Day ..... 12 November
Theme: Every Breath Matters: Prevent Pneumonia, Save Lives

World Diabetes Day ..... 14 November
Theme: Early action on diabetes

World AMR Awareness week ..... 18–24 November
Theme: One Health, one action: Prevent AMR now

World COPD Day ..... 18 November
Theme: Short of Breath, Think COPD

World AIDS Day ..... 01 December
Theme: not yet officially confirmed

International Day of Disabled Persons ..... 03 December
Theme: not yet officially confirmed

DRUGS APPROVED BY US FDA

Drugs Approved by US Food and Drug Administration (US FDA) during the period of July to September 2026.

Drug Name	Approved Date	Indication	Status in India
Trutakna (atacicept-vymj)	07/07/2026	For Immunoglobulin A Nephropathy	Not yet approved by CDSCO in India
Revtorpyk (Gedatolisib)	14/07/2026	For Breast Cancer	
Lipfendra (enlicitide decanoate)	15/07/2026	For High Cholesterol, High Cholesterol - Familial Heterozygous	
Jideytro (Zidesamtinib)	22 07/2026	For Non Small Cell Lung Cancer	
Lytenava (Bevacizumab-vikg)	24/07/2026	For Macular Degeneration	
Simtriyo (Centanafadine)	24/07/2026	For Attention-Deficit/Hyperactivity Disorder (ADHD)	
Orzeyful (Oveporexton)	02/08/2026	For Narcolepsy Type 1	
Zenbexus (Iberdomide)	13/08/2026	Multiple Myeloma	
Rasonque (Daraxonrasib	26/08/2026	Pancreatic Cancer	
Lisraya (Brepocitinib)	27/08/2026	For Dermatomyositis	
Bixlenvo (bictegravir and lenacapavir)	27/08/2026	For HIV-1 Infection	
Zanvastro (Zilganersen)	03/09/2026	For Alexander Disease	
Etcamah (Camizestrant)	04/09/2026	For Breast Cancer	
Isembyld (Apitegromab-mstn)	11/09/2026	Spinal Muscular Atrophy	

Source: https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and new-therapeutic-biological-products/novel-drug-approvals-2026

Alert: Every ADR Reported Strengthens Medication Safety.

New Drug-Safety Signals Reported by CDSCO

CDSCO's Adverse Drug Reaction-related Notifications for July–September 2026

Drug	Adverse Drug Reaction (ADR)	CDSCO Notification Date
Oxcarbazepine	Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS syndrome)	14 September 2026
Ibuprofen	Fixed Drug Eruption (FDE)	21 July 2026
Aceclofenac	Fixed Drug Eruption (FDE)	21 July 2026
Tranexamic Acid	Back pain	21 July 2026
Vancomycin	DRESS syndrome	06 July 2026
Metronidazole	Fixed Drug Eruption (FDE)	06 July 2026
Azithromycin	Fixed Drug Eruption (FDE)	06 July 2026
Tetracycline	Fixed Drug Eruption (FDE)	06 July 2026
Cotrimoxazole	Fixed Drug Eruption (FDE)	06 July 2026
Oral Itraconazole	Symmetrical Drug-Related Intertriginous and Flexural Exanthema (SDRIFE)	06 July 2026
Piperacillin + Tazobactam	Blurred vision	06 July 2026

Source: Central Drugs Standard Control Organization (CDSCO), Ministry of Health & Family Welfare, Government of India – Adverse Drug Reaction-related Notifications, 2026.

These safety signals demonstrate the continuing importance of pharmacovigilance and early recognition of adverse drug reactions. Several of the alerts involve potentially significant cutaneous reactions, while DRESS syndrome is a serious systemic drug hypersensitivity reaction that requires prompt recognition and appropriate clinical management.

Pharmacist Role: Recognize - Record - Report - Prevent

Precision Medicine in NCD Management: Moving from Conventional to Personalized Care



MAHASHREE. S
IV Pharm D

Introduction:

Non-communicable diseases (NCDs), including diabetes, cardiovascular diseases, cancer and chronic kidney disease (CKD), are major causes of long-term morbidity and mortality. Conventional NCD management mainly follows population-based guidelines, standardized drug selection and predefined dosing. However, patients with the same diagnosis may differ in disease progression, treatment response and susceptibility to adverse drug reactions because of genetic background, age, comorbidities, renal and hepatic function, lifestyle and environmental factors.[1][2] Precision medicine addresses this variability by integrating genomic, molecular, clinical, phenotypic and environmental information to provide individualized treatment rather than assuming that one strategy suits all patients.

From Conventional to Precision Medicine:

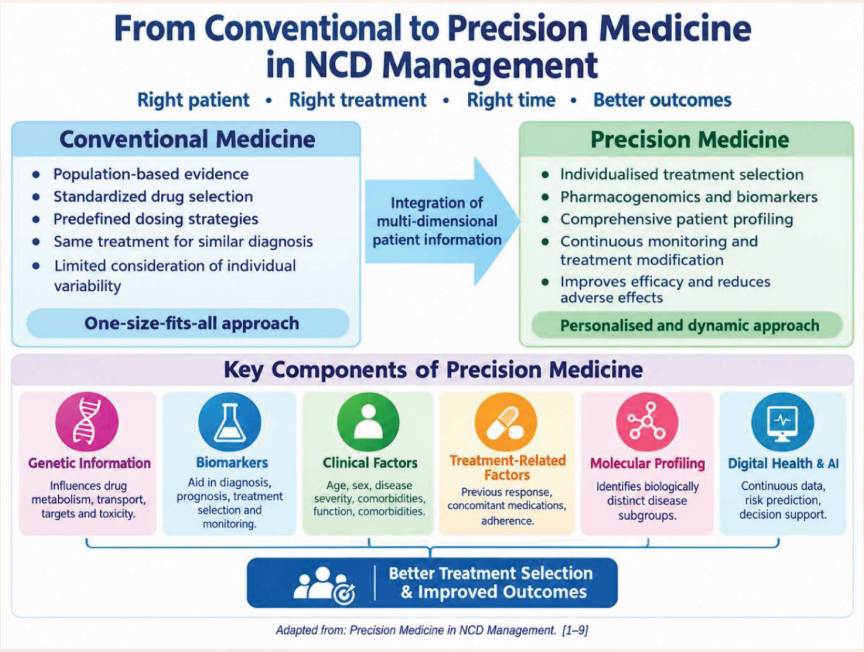
Conventional medicine uses evidence from population-based clinical trials to develop treatment guidelines. However, population-level efficacy does not mean identical response in every patient. Pharmacogenomic studies have identified genetic variants associated with differences in drug response, such as antihypertensive therapy.[3] A well-studied example is CYP2C19 and clopidogrel. The Popular Genetics trial showed that genotype-guided antiplatelet therapy could maintain clinical protection while reducing bleeding.[4] However, TAILOR-PCI did not demonstrate a statistically significant reduction in its primary ischemic endpoint.[5] These findings show that genetic associations require clinical validation before routine use.

Foundations of Precision Medicine:

Precision medicine is not limited to genetic testing. It combines: Genetic information: influences drug metabolism, transport, targets and toxicity Clinical characteristics: age, sex, disease severity, renal/hepatic function and comorbidities. Treatment-related factors: previous treatment response, concomitant medications and adherence. Biomarkers: can support diagnosis, prognosis, treatment selection and monitoring. Molecular profiling: can identify biologically distinct disease subgroups.In CKD, transcriptomic and machine-learning approaches have identified molecular categories associated with different rates of disease progression, suggesting that molecular information may complement conventional clinical staging.[6]

Precision Pharmacotherapy:

Precision pharmacotherapy aims to individualize drug selection, dose, response monitoring and treatment modification. Drug choice and dosing may be influenced by genetic variants, biomarkers, renal/hepatic function, drug interactions, age, body composition and previous treatment response. The goal is to reduce both ineffective treatment and drug toxicity. In diabetes, pharmacogenomic research has investigated whether genetic variants influence response to metformin, although pharmacogenomic-guided diabetes treatment is still developing.[2]



Adapted from: Precision Medicine in NCD Management. [1–9]

Disease-Specific Applications:

Diabetes: Precision care integrates HbA1c, continuous glucose monitoring, renal function, cardiovascular risk, lifestyle and treatment response. Pharmacogenomic research may help identify differences in response to drugs such as metformin.[2]

Cardiovascular disease: CYP2C19 genotyping can identify genetic differences affecting clopidogrel activation and response. Genotype-guided selection of P2Y12 inhibitors has been evaluated in patients undergoing PCI.[4][5]

Cancer: Molecular profiling identifies actionable genetic alterations and can help match patients with targeted therapies, supporting individualized treatment selection.[7]

Chronic kidney disease: Molecular and transcriptomic profiling may identify biologically distinct CKD subgroups and complement eGFR and albuminuria for individualized risk assessment.[6]

Hypertension: Individualized management combines blood-pressure patterns, cardiovascular risk, renal function, comorbidities and treatment response. Pharmacogenomic approaches are being investigated to explain variability in anti-hypertensive response.[3]

AI and Digital Health:

Artificial intelligence (AI) and machine learning can analyse large genomic, clinical and digital datasets. Potential applications include risk stratification, treatment-response prediction, adverse event prediction, drug selection, dose optimization and clinical decision support. However, AI requires clinical validation, transparency and human oversight and should support rather than replace clinical judgment Digital technologies such as continuous glucose monitors, wearable devices, ambulatory blood-pressure monitors, ECG patches and remote monitoring systems provide longitudinal physiological data. This enables a continuous "measure → analyse → intervene → re-measure" approach and supports dynamic treatment adjustment.[8]

Role of Clinical Pharmacist:

Clinical pharmacists can support precision medicine through personalized drug selection, pharmacogenomic interpretation, dose optimization, drug–drug interaction assessment, adverse-drug-reaction monitoring, therapeutic drug monitoring, adherence assessment and patient counselling. They can act as a bridge between patient-specific information, medication decisions and clinical outcomes.

Indian Perspective:

India has substantial genetic diversity, making population-specific pharmacogenomic research important. The Genome India project generated genomic data from 10,000 healthy individuals representing 83 population groups. Indian genomic studies have also identified potentially actionable pharmacogenomic variants.[9] Implementation will require affordable testing, validated biomarkers, trained professionals, appropriate data infrastructure, privacy protection and equitable access.

Challenges and Future Perspectives:

Major challenges include high costs, healthcare inequalities, limited clinical validation, data integration, privacy concerns, ethical issues and the need for trained healthcare professionals. Genetic or AI-based findings developed in one population may also not perform equally well in another population.Future precision medicine may integrate genomics, transcriptomics, proteomics, metabolomics, clinical phenotype, digital biomarkers and AI. The focus should remain on clinically meaningful improvement in patient outcomes rather than technology alone.[6–9]

Conclusion: Precision medicine represents a shift from population-based treatment toward individualized clinical decision-making. Pharmacogenomics, biomarkers, molecular profiling, digital monitoring and AI can help identify differences between patients and support personalized treatment. However, these approaches require clinical validation, affordability, appropriate governance and professional expertise. Ultimately, precision medicine aims to move from "same disease, similar treatment" toward "same disease, different biology, individualized treatment and continuous reassessment."

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The Evolving Role of Clinical Pharmacists in NCD Management - *from prescription to prevention*



NANDHINI DEVI D G
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Introduction:

Non-communicable diseases (NCDs), including cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are major causes of global morbidity and mortality. In 2021, NCDs accounted for approximately 43 million deaths worldwide, including 18 million premature deaths before age 70[1]. This growing burden calls for care beyond prescriptions, focusing on prevention, early detection, treatment optimization and patient-centred support, where clinical pharmacists can play an important role.

From Prescription to Prevention:

NCD management does not end with prescribing a medicine. Long-term outcomes are influenced by medication adherence, lifestyle, disease monitoring and timely identification of complications. Modifiable risk factors such as tobacco use, physical inactivity, unhealthy diet, harmful alcohol use and air pollution increase NCD risk. Therefore, prevention and early intervention are essential components of NCD management.[1]

In India, the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) focuses on health promotion, population-based screening, early diagnosis, treatment, referral and continuity of care. Population-based screening is provided for people aged 30 years and above for conditions including hypertension, diabetes and selected cancers, with risk-factor assessment and referral when required.[2]

Medication Review and Optimisation:

Patients with NCDs often require long-term therapy and may use multiple medicines for co-existing conditions. Clinical pharmacists can review medication regimens, identify drug-related problems, assess interactions and adverse effects, and support appropriate therapy in collaboration with prescribers.[3]

Improving Medication Adherence:

Poor adherence can reduce the effectiveness of long-term treatment. Pharmacists can identify barriers such as complex schedules, forgetfulness, adverse effects, cost and lack of understanding. Counselling, reminders, regimen simplification and tailored support can help improve adherence. A 2025 systematic review of 26 randomised controlled trials found that 18 studies reported a significant association between pharmacist-led interventions and improved medication adherence. [4]



Source: Adapted from clinical pharmacist in NCD management (1-5)

Patient Counselling and Lifestyle Modification:

Pharmacists can educate patients about correct medication use, adherence, adverse effects, interactions, diet, physical activity, tobacco cessation and harmful alcohol use. This helps patients participate actively in their own disease management.[3]

Screening and Monitoring:

Within the appropriate professional scope and healthcare setting, pharmacists can support monitoring of blood pressure, blood glucose, weight, BMI and lipid levels. Regular monitoring can help identify uncontrolled disease and facilitate timely referral or treatment review.[2]

Prevention of Complications:

Effective NCD management aims not only to control disease but also to prevent long-term complications. Pharmacists can support treatment goals, adherence, recognition of adverse effects and regular follow-up, particularly in conditions such as hypertension and diabetes.[3]

Evidence Supporting the Pharmacist's Role:

Evidence increasingly supports pharmacist involvement in chronic disease care. A 2025 systematic review and meta-analysis of 95 randomized controlled trials involving 31,168 participants found that pharmacist interventions were associated with reductions in systolic and diastolic blood pressure among patients with hypertension. Patient education, feedback to healthcare providers and reminders were commonly used interventions.[5]

The Future: From Pharmacist to Prevention Partner:

The future of NCD management is increasingly focused on continuous and integrated care. Digital health, tele pharmacy and technology-assisted follow-up can provide additional opportunities for monitoring and patient support. Pharmacists can also act as a link between patients, physicians and other healthcare professionals by identifying medication-related problems, communicating relevant findings and supporting continuity of care.[3]

Conclusion:

The growing burden of NCDs demands a shift from treating disease after complications arise towards prevention, early detection and continuous patient support. Clinical pharmacists are well positioned to contribute through medication review, adherence support, counselling, monitoring and prevention of complications. The role of the clinical pharmacist is therefore evolving from prescription to prevention—helping patients achieve safer, more effective and sustainable long-term health outcomes.

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ALERT!

DRUG SAFETY ALERT

File No: P.17019/03/2026-DSA ***Dated: July 27, 2026***

Drug Safety Alerts The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following

S. No.	Suspected Drug	Indications	Adverse Drug Reaction
1.	Polymyxin B	For the treatment of Infections of the urinary tract, meninges and blood stream caused by susceptible strains of Pseudomonas aeruginosa. It may also be used as sub- conjunctival injection in the treatment of infections of the eye caused by susceptible strains of Pseudomonas aeruginosa. It may be indicated in serious infections caused by susceptible strains of the organisms- Haemophilus influenzae specifically meningeal infections, Escherichia coli specifically urinary tract infections, Aerobacter aerogenes specifically bacteremia, Klebsiella pneumoniae specifically Bacteremia.	Hypotension

Source: https://www.ipc.gov.in

COMBATING THE SILENT PANDEMIC OF NON-COMMUNICABLE DISEASES



SHIVAANI M.S
IV Pharm D

Introduction:

Non-communicable diseases (NCDs) are chronic conditions that are not transmitted from person to person and generally develop over a prolonged period. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are the major NCDs and are a significant global health concern because of their increasing prevalence, long-term complications, premature mortality and socioeconomic burden.[1]

NCDs are often called a "silent pandemic" because they may progress gradually without obvious symptoms. Conditions such as hypertension, diabetes and abnormal blood lipid levels can remain undetected for years until complications develop. Although age, family history and genetic predisposition are non-modifiable factors, many important risk factors are modifiable. Therefore, early identification and prevention are essential.[1]

Major Risk Factors: Where Prevention Begins:

Unhealthy diet is an important driver of NCDs. Excessive intake of salt, added sugars, saturated and trans fats and highly processed foods, together with inadequate consumption of fruits, vegetables, whole grains and pulses, can contribute to obesity, hypertension, diabetes and cardiovascular disease. A balanced and diverse diet with appropriate portion sizes is central to prevention.[2]

Physical inactivity and sedentary behaviour increase the risk of overweight, cardiovascular disease and type 2 diabetes. Regular activities such as walking, cycling, household activities or structured exercise, combined with reduced prolonged sitting, can improve metabolic health.[3]

Tobacco and harmful alcohol use are major preventable threats. Tobacco is strongly associated with cardiovascular diseases, cancers and chronic respiratory diseases, while harmful alcohol consumption contributes to several chronic conditions. Tobacco avoidance, cessation support and prevention of harmful alcohol use are therefore important preventive measures.[4]

These behavioural risks may lead to metabolic warning signs, including raised blood pressure, overweight/obesity, raised blood glucose and abnormal blood lipids. Since these abnormalities may have few early symptoms, regular screening and monitoring can identify individuals at increased risk before serious complications occur.[1]

From Risk Factors to Prevention:

Combating NCDs requires action before disease becomes established. Regular physical activity, a balanced diet, maintenance of healthy body weight, tobacco cessation, avoidance of harmful alcohol use and periodic health screening can help prevent or delay NCDs and their complications.

Prevention also requires action at multiple levels. Governments and healthcare systems can strengthen primary healthcare, screening programmes and tobacco-control measures. Schools, colleges, workplaces and communities can promote healthy eating, physical activity and health education. At the individual level, monitoring blood pressure, blood glucose and other risk indicators, together with appropriate medical follow-up, can support early intervention. Digital health technologies and telemedicine can further facilitate health education, monitoring and continuous follow-up.[1][6]

The Pharmacist: A Key Partner in NCD Prevention:

Pharmacists are highly accessible healthcare professionals who frequently interact with individuals and patients. They can help identify modifiable risk factors such as tobacco use, unhealthy dietary habits, physical inactivity, obesity and poor medication adherence.

Within their professional scope, pharmacists can support screening and monitoring of blood pressure, blood glucose, body weight and cardiovascular risk indicators and refer individuals with abnormal findings for appropriate medical evaluation. They can also counsel patients on healthy eating, physical activity, tobacco cessation, responsible alcohol use and weight management.[5,6] For patients already living with NCDs, pharmacists can promote medication adherence, identify adverse drug reactions and drug-related problems, provide medication counselling and encourage regular follow-up.

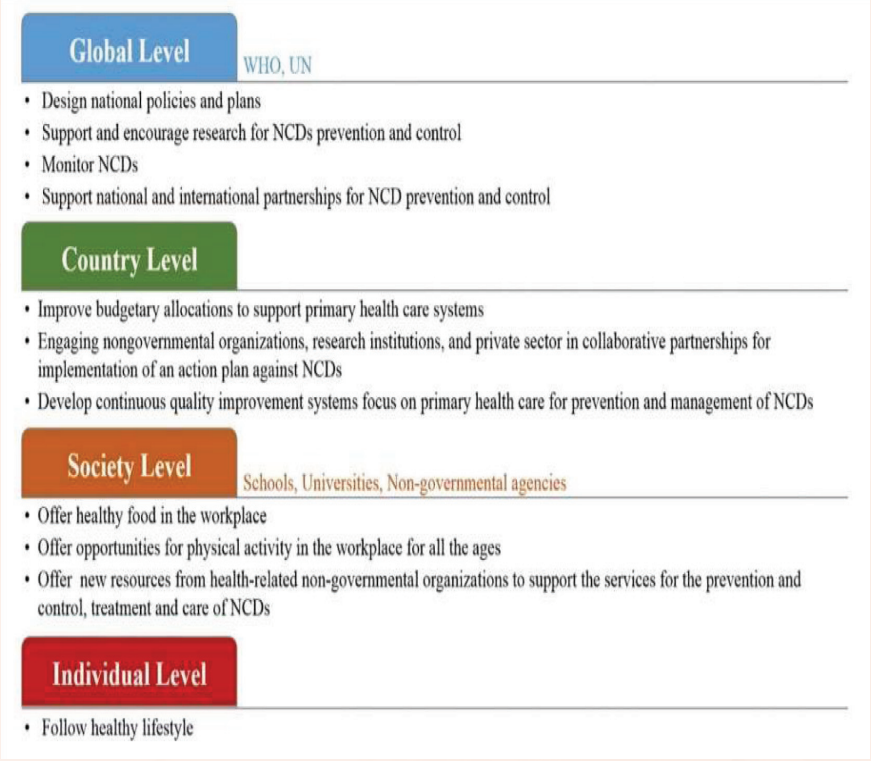
Conclusion:

The silent pandemic of NCDs requires a shift from reactive treatment to proactive prevention. Early identification of risk factors, healthy lifestyle practices, appropriate screening and continuous care can help reduce the burden of NCDs. Pharmacists, through their accessibility, medication expertise and patient-counselling skills, can play an important role in translating prevention strategies into everyday healthcare practice. Combating NCDs is not only about treating disease—it is about identifying risk early, preventing complications and empowering people to make healthier choices. [1][5]

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WHO Updates Malaria Guidelines – September 2026

The World Health Organization (WHO) released an updated edition of its Guidelines for Malaria on 10 September 2026, incorporating the latest evidence and recommendations for malaria prevention, treatment and vaccination.

Key updates include intermittent preventive treatment for HIV-positive pregnant women, single-dose primaquine for blocking malaria transmission in areas of moderate-to-high transmission, a new artemether–lumefantrine formulation for children weighing less than 5 kg, and updated recommendations on malaria vaccination schedules in areas with perennial transmission.

Source: World Health Organization. WHO Guidelines for Malaria. 10 September 2026.

WEBSITES OF INTEREST

*by, **Dr. Keren Ann George,** Assistant Professor*

https://ncd.mohfw.gov.in/

The National Program for Prevention and Control of Noncommunicable Diseases is a Government of India initiative focused on the prevention, screening, diagnosis, treatment, and monitoring of major NCDs. The website provides information on national NCD programs and activities in India. It is useful for understanding the country's approach to preventing and controlling NCDs.

https://ncdalliance.org/

The NCD Alliance is a global network dedicated to preventing and controlling noncommunicable diseases. The website provides resources on major NCDs, their risk factors, prevention, and global health policies. It also highlights international initiatives and advocacy efforts aimed at reducing the impact of NCDs. The platform is useful for understanding the global response to NCDs.

DEPARTMENTAL ACTIVITIES

One-Day International Seminar

C. L. Baid Metha College of Pharmacy successfully organized a One-Day International Seminar titled "AI – Driven Transformation in Pharmaceutical Sciences: From Drug Discovery to Digital Health Care" on July 4, 2026. The event featured expert-led sessions exploring cutting-edge advancements, including AI-driven drug discovery, generative and agentic AI in pharma, and data-driven digital healthcare transformations. Distinguished speakers from global and national institutes, including The Ohio State University, Sathyabama Institute, and Karyon Bio, shared valuable industry insights. Attended by students, faculty, and research scholars, the seminar provided a comprehensive look at how artificial intelligence is reshaping modern pharmaceutical sciences and healthcare systems. The event concluded with active discussions and interactive learning sessions, marking a major success for the institution's academic initiatives.



Dignitaries on stage during the inaugural session



Dr. CN Nalini**, Principal Felicitated the speaker **Dr. Anoosha Paruchuri



Distinguished speaker delivering an engaging session on AI applications in Pharmaceutical Sciences



Faculty, research scholars and students,at the one day seminar on 4th July 2026.

DEPARTMENTAL ACTIVITIES

World Hepatitis Day – Seminar

C. L. Baid Metha College of Pharmacy organised a seminar on World Hepatitis Day with the theme "Hepatitis: Let's Break It Down." on 28th July 2026. **Dr. M. Vijay Balaji,** Consultant Gastroenterologist & Hepatologist, Voluntary Health Services, delivered an insightful guest lecture highlighting hepatitis prevention, early diagnosis, vaccination, and timely treatment, promoting greater awareness of liver health among students and faculty.





Dr. C. N. Nalini Principal, Speaker Dr. M. Vijay Balaji, and Dr. N. Ramalakshmi Vice Principal during the seminar on 28th July 2026, World Hepatitis Day



Faculty and Students attended seminar on "Hepatits Prevention and Management " on World Hepatitis Day

Leprosy Awareness Program

CL Baid Metha College of Pharmacy organized a Leprosy Awareness Program on 30th July 2026. The Speaker **Mr. Joseph Kulandai Raj**, District Health Educator, Chennai, Directorate of Public Health and Preventive Medicine emphasized the importance of community awareness, timely treatment and collective responsibility in achieving a leprosy free society.





DEPARTMENTAL ACTIVITIES

One-Day International Symposium

On 31st July, a One-Day International Symposium on "Artificial Intelligence in Pharmaceutical Sciences: Accelerating Innovation from Molecule to Medicine" was successfully inaugurated at C. L. Baid Metha College of Pharmacy, Chennai, in collaboration with the IPA Tamil Nadu State Branch. The program featured an inspiring address by the Chief Guest **Dr. R. Ilavarasan**, followed by insightful sessions led by experts from across the world, highlighting the transformative role of AI in drug discovery, precision pharmacotherapy, medication safety, pharmacy practice, education, and research.





Eminent speakers, ***Mr. A. Shankar Trustee, Dr. C N Nalini Principal, Dr. N. Ramalakshmi,*** *Vice Principal at the One-Day International Symposium on 31st July 2026.*





Mr. A. Shankar *Trustee felicitated the distinguished speakers during the One-Day International Symposium*





Delegates actively participated at the One Day International Symposium on 31st July 2026.

DEPARTMENTAL ACTIVITIES

WORKSHOP on MASTERING CLINICAL THERAPEUTICS THROUGH REAL WORLD - PATIENT

C. L. Baid Metha College of Pharmacy organized a workshop on "Mastering Clinical Therapeutics Through Real-World Patient Cases" on 06th August 2026 at the M. L. Schroff Seminar Hall. The session was delivered by **Dr. Noohu Abdulla Khan, Ph.D.,** Assistant Professor, Department of Clinical Pharmacy, College of Pharmacy, King Khalid University, Abha, Kingdom of Saudi Arabia.

The workshop provided an engaging and practical learning experience, with a focus on real-world patient cases, clinical reasoning, therapeutic decision-making, and the application of pharmacotherapy knowledge in clinical practice. The interactive session offered students and faculty valuable insights into case-based clinical therapeutics, helping them strengthen their clinical reasoning skills and confidence in making rational, evidence-based, and patient-centred therapeutic decision





Prof. Dr. C. N. Nalini, *Principal;* ***Dr. Shailaja K.****, Professor & Head, Department of Pharmacy Practice;* ***Dr. Noohu Abdulla Khan, Ph.D.****, Resource Person*







Faculty and Pharm. D students during the workshop on "Mastering Clinical Therapeutics Through Real-World Patient Cases" held on 06th August 2026.

DEPARTMENTAL ACTIVITIES

Anti-Drug Awareness & Pledge Programme

C. L. Baid Metha College of Pharmacy successfully conducted an Anti-Drug Awareness & Pledge Programme to create awareness among students about the harmful effects of drug abuse and the importance of making healthy, responsible choices. **Mr. Vishal,** Inspector of Police, Thoraipakkam Police Station, shared valuable insights and words of guidance with our students, emphasizing the importance of staying away from drugs and contributing to a drug-free society.











__Mr. Vishal,__ Inspector of Police, Thoraipakkam Police Station, addressed the students and emphasized the importance of staying away from drugs and actively contributing to the creation of a drug-free society.

DEPARTMENTAL ACTIVITIES

World Patient Safety Day

As part of World Patient Safety Day observance, on 17th September 2026, Pharm D students conducted an awareness program at Stanley Medical College and Hospital to promote safe and responsible medication practices among patients and caregivers. Through infographic-based counselling and educational pamphlets, the students highlighted the importance of safe medication use, adherence to prescribed dosages, prevention of medication errors, and timely reporting of adverse drug reactions. The interactive counselling sessions helped improve awareness regarding medication safety and encouraged patients to actively participate in their own healthcare.











Pharm D Interns conducted Patient Safety awareness and medication counselling at Stanley Medical College and Hospital on World Patient Safety Day, 17th September 2026.

Upcoming Conferences

*by **Dr. Daniel Sundar Singh,** Associate Professor*

1. **The upcoming 75th Indian Pharmaceutical Congress (IPC)** will be held on 18-20 (Friday -Sunday), December 2026 at the Yashobhoomi Convention Centre in Dwarka, New Delhi.

   Visit for further details: https://www.scientificipca.org/

2. **12th International Conference on Clinical Pharmacy (CPCON-2027)** takes place from January 9–10, 2027, with a pre-conference workshop on January 8, 2027.

   Visit for further details: https://cpcon.manipal.edu/

DEPARTMENTAL ACTIVITIES

World Pharmacovigillance Week
(17th-23rd September 2026)

National Pharmacovigilance Week – Awareness Program

As part of the 6th National Pharmacovigilance Week, a poster presentation was conducted on the theme "Promoting Rational Use of Medicines through Pharmacovigilance – A Step Towards Safer Healthcare." Fifth-year Pharm. D students actively participated by preparing colourful and informative posters and presenting them at the Drug Information Centre, Stanley Medical College and Hospital. The program aimed to create awareness about adverse drug reaction (ADR) reporting, rational use of medicines, and patient safety, highlighting the important role of pharmacovigilance in promoting safer healthcare practices.



Pharm D 5th year students presented awareness posters on pharmacovigilance at the Drug Information Centre, Stanley Medical College and Hospital on National Pharmacovigilance week, on 17th September 2026.



Pharm D 5th year students participated in an ADR Reporting and Discussion Session at the Drug Information Centre, Stanley Medical College and Hospital, Chennai, on 23rd September 2026- National Pharmacovigilance week,

DEPARTMENTAL ACTIVITIES

World Pharmacists' Day

As part of World Pharmacists Day 2026, C. L. Baid Metha College of Pharmacy initiated plantation by Chairman **Mr. S. A. Ramesh**, Trustee **Mr. A. Shankar, Mr. Arun Kumar,** and Principal **Prof. C. N. Nalini,** followed by an awareness rally inaugurated by **Mr. A. Shankar,** Trustee. The celebration continued with an impactful student street play highlighting the role of pharmacists in combating Antimicrobial Resistance (AMR), followed by the Pharmacist Oath administered by Vice Principal Prof. **Dr. N. Ramalakshmi** and taken by the Management, Principal **Prof. Dr. C. N. Nalini,** faculty members, and students. The Best Pharmacist Award was presented to **Mr. Suresh Gadiya,** Vimal Enterprises. The program concluded with the distribution of awareness pamphlets to the community.



***Mr. S. A. Ramesh**, Chairman planted a sapling*



***Mr. A. Shankar** Trustee inaugurated the awareness rally*



Faculty and students participated in the Street play by Pharm D students

CONGRATULATIONS



***Mr. Suresh Gadiya** of Vimal Enterprises received the "Best Pharmacist Award" from **Mr. S. A. Ramesh**, Chairman, C.L. Baid Metha College of Pharmacy on 25th September 2026*

AS RESOURCE PERSON



***Dr. Keren Ann George,** Assistant Professor, delivered an insightful session on "Building a Pharmacist Before the Degree Does – Skill Stacking: What the Syllabus Won't Teach You" at the Medzen Pharma Summit 2026, held on 22nd August 2026 at Anna Centenary Library, Chennai.*

STUDENTS ACHIEVEMENTS

CONGRATULATIONS

Pharm D Students Shine at Conference on Diabetes Evolution 2.0 (C.O.D.E 2.0)



Kanchana A, *Pharm.D 5th Year, presented a poster at the C.O.D.E 2.0 Conference and secured 2nd Prize, along with a cash award of ₹5,000 on 6th September 2026.*



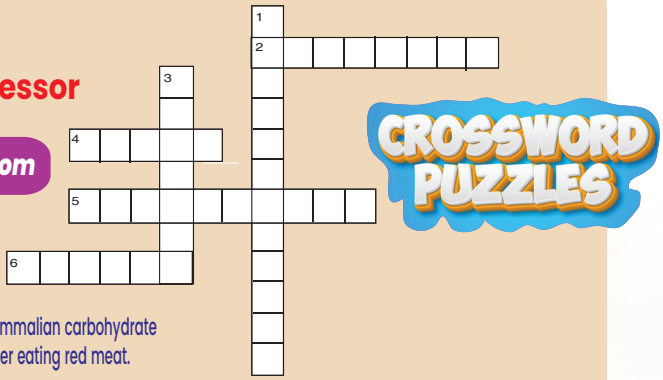
Shyam Sundhar, *Pharm.D Intern, secured 3rd Prize along with a cash award of ₹3,000 for the poster presentation at the C.O.D.E 2.0, on 6th September 2026.*

STUDENTS CORNER

- Prepared by, **Dr. Dhivya K, Associate Professor**

Send your answers to pharmatabclbaid@gmail.com

First five winners name will be displayed in the next issue



Winners

of Previous Issue
(June 2026, Volume7 Issue 2)

Congratulations

1. **Sandya Anand** Pharm D 4th Year
2. **Aadhira J** Pharm D Intern
3. **Vinoth Kumar** Pharm D 4th Year
4. **Pushkal Kanna BR** Pharm D 3rd Year
5. **Srinithi P** Pharm D 4th Year

Across

2. Tick-bite-associated IgE allergy to a mammalian carbohydrate that causes delayed anaphylaxis hours after eating red meat.
4. Adult-onset autoinflammatory syndrome from somatic UBA1 mutations in myeloid cells with vacuoles, E1 enzyme and X-linked features.
5. Aldosterone synthase inhibitor approved as combination therapy for hypertension.
6. Wake-promoting hypothalamic neuropeptide whose type 2 receptor is targeted by oveporexton in narcolepsy type 1

Down

1. Next-generation oral selective estrogen receptor degrader for ESR1-mutated HR+ breast cancer.
3. Tight-junction protein family whose 18.2 isoform is targeted by zolbetuximab in gastric and gastroesophageal junction cancers.

Answer for the Word Puzzle previous issue (June 2026, Volume 7 Issue 2)

Across
4. 3DPrinting 5. Digital Twin 6. Metabolomics

Down
1. SNOMED CT 2. BigDataAnalytics 3. Telepharmacy

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