



Mahatma Gandhi Shikshan Mandal

# Smt. Sharadchandrika Suresh Patil College of Pharmacy,

Estd 1992

Chopda-425107, Dist. -Jalgaon, Maharashtra, India

(Affiliated to North Maharashtra University, approved by Govt. of Maharashtra, AICTE and Pharmacy Council of India)

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NEWSLETTER

## NEWS LETTER 2011-2012

(FOR INTERNAL CIRCULATION ONLY)

### MEET OUR TEAM

(For Internal Circulation Only)

#### EDITORIAL BOARD

Dr. G.P.Vadnere (Principal)

Mrs K. D. Patil

Mrs S. D. Salgar

#### NEWSLETTER COORDINATOR

Mrs S. D. Salgar

Smt. Sharadchandrika Suresh Patil College of Pharmacy Chopda was established in 1992 as self-financed pharmacy college in the North Maharashtra University, (NMU) Jalgaon. The institution has made a steady progress during last 24 years. In the year 2006 with the intention of making this institution a centre of higher learning, started M. Pharm. in Pharmaceutics (2006) later M. Pharm in Pharmacognosy (2007) and centre for Ph. D. in Pharmaceutical Sciences (2011). All the courses conducted in this Institution are recognized by Pharmacy Council of India, New Delhi, and All India Council for Technical Education, New Delhi. B. Pharm., M. Pharm. and Ph. D. courses are affiliated to North Maharashtra University, (NMU) Jalgaon.



Adv. Sandeep Suresh Patil,

#### PRESIDENT DESK: Adv. Sandeep S. Patil

I am happy that Smt. Sharadchandrika. Suresh Patil college of Pharmacy, Chopda is bringing out a College Newsletter. The college in building up teamwork which is very much needed today in the world of competition. It provides a platform for exposing the merits and academic achievements of the faculty. This enhances the documentation culture of the institute. This would definitely create an impact in the minds of readers, by way of providing larger visibility and dimension to the campus. I hope that this culture of releasing Newsletter continues forever....

#### OUR AFFILIATION

North Maharashtra University was established on August 15, 1990 in 2001, NAAC Accredited the prestigious 4 Star Status to the University. A splendid unique and excellent multi professional education campus promoted by the north Maharashtra University .The university was reaccruited by NAAC as 'B' (CGPA 2.88 on 4 point scale) Grade University. Separate hostel facilities for male and female



#### PRINCIPAL DESK: Dr.Gautam P.Vadnere



Prof. Dr. Gautam P. Vadnere,

Smt. Sharadchandrika. Suresh Patil college of Pharmacy, Chopda has been progressing at an exponential rate. Many notable achievements have been recorded. These merits and credits have seldom been known to public and the authority due to the lack of showcasing or projecting through a medium. This newsletter is a medium, first of its kind in the history of college, will bridge the gap between achievements and publicity. Activities published—that too not all—in the newsletter are sufficient to prove my claim that sspcop is progressing at an exponential rate. All credits and thanks go to the dedicated staff and their team work. Signing of with a quotation “If you want to go fast, walk alone, if you want to go far, walk together”.



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### FROM EDITORIAL DESK



Mrs .S. D. Salgar  
Assistant Professor  
(Pharmacognosy)

A thought that has been enduring in mind when it becomes real; is truly an interesting and exciting experience. This news letter was one such cherished work that had its roots in the persuasion. It would be a snapshot of the various activities, advancements and Pharma updates for all associated with Smt.sharadchandrika.Suresh. Patil college of Pharmacy, Chopda. This newsletter is intended to be published once in a year. This inaugural issue is a brief account of the important events held in year 2011-2012.This is only a small step towards a long journey. This maiden issue of newsletter should inspire all of us for a new beginning enlighten with hope, confidence and faith in each other in the road ahead..... Happy Reading!

### GUEST DESK: Dr. S. S. khadabadi



Dr.S.S.Khadabadi  
Gov.college of Pharmacy  
Aurangabad

It is heartening to note that is bringing Smt.sharadchandrika.Suresh. Patil college of Pharmacy out Newsletter encompassing of activities and academic process and achievements. I do hope that the newsletter encourages many more including students to use it as a platform to express their creativity I congratulate you and the members of the Editorial Team for undertaking this task of disseminating information regarding activities of the college.

### “Useful Websites / URL links of Pharmaceutical field

#### Pharmaceutical text books

1. <http://www.pharmatext.org>  
You can download freely most of the ebooks of Pharmaceutical filed. This website has almost all the Pharma books include Martindale, Handbook of excipients, Dekker series, etc.

#### Drug Literature

2. <http://www.tsrlinc.com/services/bcs/search.cfm>  
Very useful website for finding the Biopharmaceutical classification system of most of the drugs. This is preloaded database from Therapeutic Systems Research Laboratories (TSRL).
3. [www.rxlist.com](http://www.rxlist.com)  
Contains drugs information of approved drugs in USA. It will consist the Pharmacokinetics of Pharmacodynamics of approved drugs of USA.
4. <http://emc.medicines.org.uk/>  
Contains drugs information of approved drugs in UK. It will consist the Pharmacokinetics of Pharmacodynamics of approved drugs of UK.



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### COLLEGE TOPPERS



**Surendra Pal**  
M.Pharm  
Pharmaceutics



**RASHMI MISHAL**  
M.Pharm  
Pharmacognosy



**Hema G. Kamalja**  
I Sem  
73.68%



**Sayali Andhale**  
I Sem  
72.00%



**Leena Patil**  
I Sem  
72.00%



**Rajeshwari Sonawane**  
III Sem  
77.66%



**Pranoti Bhosale**  
III Sem  
76.44%



**Deepak S Patil**  
V Sem  
79.36%



**Nilam S Methwani**  
V Sem  
77.50%



**Tushar A Joshi**  
VII Sem  
74.60%



**Kirti A Mantri**  
VII Sem  
73.80%



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### RESULT ANALYSIS 2011-2012

Sr.No.	CLASS	Total number of Student Appeared	Total number of Student Passed	% Result
1	First Year B.Pharma	55	17	32.69
2	Second Year B.Pharma	71	46	64.78
3	Third Year B.Pharma	66	53	80.30
4	Final Year B.Pharm	68	63	92.64
5	M.Pharm (Pharmaceutics)	10	10	100
6	M.Pharm (Pharmacognosy)	06	06	100

### EVENTS ORGANIZED 2011-2012

#### B.Pharm/M.Pharm SEM-I Orientation Programme



B.Pharm/M.Pharm first year newly admitted students orientation programme was organized by our college on 15<sup>th</sup> September 2011-2012 am at our institute. Hon. Management of MGMS, Chopda was chief guests of this function Dr.G.P. Vadnere, Principal of our college has introduced them and made informative to the newly admitted students of B.Pharm/M.Pharm first year.







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## FRESHER WELCOME AND ANNUAL GATHERING 2011-2012



**Fresher Welcome** : “**Flying Stars – 2011**” for first year B.Pharm and M.Pharm students has been organized on 22/09/2011 at SSPCOP Campus in Presence of Hon. Nitin Gavali (Tahsildar,Chopda) and Management Committee member. All the students Participated in the fresher party and enjoyed a lot Along with the farewell there was arrangement for cultural programme. First year students give their introduction to hall and made this event successful. Mr.Rais Shaikh and Miss Poonam Patil was elected as Mr. And Miss Fresher’s respectively



**Annual Gathering** – “**Zest-2012**” was organized by all B.Pharm and M.Pharm students at SSPCOP Campus in Presence of Management Committee member. All the students Participated in the annual gathering and





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## EXTRA- COCURRICULAR ACTIVITIES



## RESEARCH ACTIVITY: Publication/Presentation of faculty

### Paper Published

National : 13

International : 25

### Paper Presented

National : 28

International : 08





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## PROJECT REPORT 2011-2012

### M.Pharm (Pharmaceutics)

Sr. No.	Name of Students	Thesis Title
1	Sagar Balaso Sangale	Formulation and Evaluation of Furazolidone Microsphere
2	Sachin Vinod Chhajed	Development and Formulation of colon Specific Multiparticulate Drug Delivery of Mesalamine
3	Pradip Arjun Mahajan	Formulation and Evaluation of Gastroretentive Bilayered Floating tablet of Ranitidine Hydrochloride
4	Sagar Shantaram Patil	Formulation and Evaluation of Occular In-situ Gel of Moxifloxacin Hydrochloride
5	Ganesh Sharad Lokhande	Formulation and Evaluation of Buccoadhesive Extended Release Tablet of Metoprolol Succinate.
6	Kinjal Dhirubhai Bavisia	Formulation and Evaluation of Gastroretentive Floating Drug Delivery System of Cefuroxime Axetil.
7	Pallavi Ashok Kadam	Formulation and Evaluation of Sustained Release Matrix Tablet of Quetiapine.
8	Pradnya Chavan	Proniosomes as a Drug Carrier System for Transdermal Delivery of Lornoxicam.
9	Suvarnlata Govinda Gajre	Formulation and In Vitro Evaluation of Sodium Alginate Gel Floating Beads of Tizanidine Hydrochloride.
10	Pradnya Jagrut Waghmare	Solubility Enhancement of Etoricoxib By Solid Dispersion Technique and their Fast Dissolving Formulation

### M.Pharm (Pharmacognosy)

Sr. No.	Name of Students	Thesis Title
1	Pathan Eqbalkha Haidarkha	Pharmacognostical, Phytochemical and Pharmacological Study of Lagerstroemia Parviflora.
2	Waghulade Parag Khemchand	Pharmacognostical, Phytochemical and Pharmacological Studies on the whole plant of Curculigo orchoides.
3	Gosavi Prashant Ramgiri	Pharmacognostical and Pharmacological Screening of Abitulon Indicum Linn.
4	Patel Nikita Prakashbhai	Pharmacognostical, Phytochemical and Pharmacological Study of Parpurea Tuberosa
5	Mishal Harshvardhan B.	Pharmacognostical, Phytochemical and Pharmacological Study of Dichrostachys cinerea.
6	Patel Eshaben Rajeshbhai	Pharmacognostical, Phytochemical and Pharmacological Study of Diplocyclospalmatus.



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## PHARMA UPDATES

### Compounding Pharmacies: The Firestorm

Compounding has been making headlines in the national news lately as a result of a compounding pharmacy in Massachusetts that has been linked to a serious meningitis outbreak—and 29 subsequent deaths—and the firestorm shows no signs of slowing down. On November 1, *USA Today* published "Harsh Punishments Rare for Compounding Mistakes" and the article gives all of pharmacy a black eye. Even though the details of this particular case reflect a specific company that has been seriously derelict, the media coverage paints pharmacy in a negative light and creates repercussions for the entire industry.

Many independent pharmacies around the country have developed compounding into a business that supports the needs of their community. These entrepreneurs are filling a market niche with specialized local service. But when a compounding pharmacy, such as the New England Compounding Centre (NECC), acts as a drug manufacturer, producing drugs on a large scale, the story can change dramatically. This high-volume compounding operation endangered the public.

What kind of oversight has there been to regulate compounding pharmacies? This is done on the state level, but compared with other states, the Massachusetts pharmacy board has "suffered from a lack of transparency and efficiency," according to an editorial appearing in the *Boston Globe*. The newspaper reported that while the state has now issued emergency regulations that tighten the oversight of compounding pharmacies, the governor has also appointed a commission to review the problem.

Already, there is a call for the federal government to step in because the state did not react appropriately or quickly enough to avert this disaster. But one must ask if this is really the best plan, especially in light of the fact that more government intervention can result in making the situation worse, not better. What about the many compounding pharmacists who are serving their patients very well with their compounding services? Just because this New England Company aggressively sought to expand under extremely lax oversight, does it mean that all compounding pharmacies should pay the price with federal intervention?

Pharmacy must step up and regain the public trust with more information, more transparency, and better responses to violators. If this is not done by the states and individual pharmacists, with support from the national pharmacy associations, we can expect the situation to create policy that can only threaten the entrepreneurs in the industry. The National Community Pharmacists Association (NCPA) has weighed in on the situation, and it is worthwhile to read the association's stance. Although the NCPA acknowledges that the bill represents an identified problem, they say, "The proposed legislation also appears to create new overly board requirements on traditional pharmacy compounding that could negatively impact both patients' access to essential medications and the community pharmacists who provide them. No doubt, pharmacists across the country will be watching the Massachusetts story closely.





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### Pain Medication Addiction: Who is Responsible?

Drug abuse is a national problem, and it affects the society as a whole. But just whose responsibility is it? Pharmaceutical companies have reformulated the pills so that these medications cannot be crushed, broken, or dissolved, but law enforcement reports that addicts either find other options or take larger quantities of legal prescription pain medications. The newer Opana drug was very recently redone to be crush-resistant. Yet it's a constant battle to stay ahead of the problem.

Pharmacists are caught up in the middle of drug diversion and abuse. They are ones dispensing the pills, dealing directly with patients and potential drug abusers, and often putting their own lives in danger as we have seen in the news. They are the health professionals who work hand-in-hand with local authorities to report abuse and suspected abuse. Another recent news story on PharmacyTimes.com focused on the friends and family who often are the source of illegal pain medications in the first place. A report from the White House's Office of National Drug Control Policy stated that the majority of first-time or casual abusers of prescription drugs get the drugs from friends or family members. According to the data, 68% of those who began misusing pain relievers in the last year were given the pills by a friend or relative for free or took them without permission; 17% got the pills via prescription from 1 or more doctors; and 9% purchased them from an acquaintance, dealer, or over the Internet.

What is most shocking about this report is the fact that these are *first-time* abusers, who then go on to become addicts and commit crimes such as pharmacy robberies.

### The Economic Burden of Diabetes

Diabetes is a national problem—one that touches so many Americans that it has become both an economic and a health crisis. The Centers for Disease Control and Prevention (CDC) estimates that nearly 26 million people have diabetes, and another estimated 79 million adults have prediabetes. These extraordinarily high numbers represent a significant increase over the past few years, especially for the prediabetes category. In 2008, the CDC estimated that 23.6 million Americans had diabetes; the prediabetes number was at 57 million. The implications are alarming—this means that more people will possibly develop diabetes, and health care costs will soar.

In a recent study, the CDC projected that as many as 1 in 3 US adults could develop diabetes by the year 2050 if current trends continue. This would double or triple the amount of individuals with diabetes. And the age group most affected and with the highest number of new cases diagnosed in 2010—adults aged 45 to 64 years—also foreshadows what the future might hold. Health professionals will need to tackle this concern with more patient education, prevention, and research. Pharmacists know that this growth in diabetes will only further complicate drug interactions as more patients present with multiple health problems.

“These are alarming numbers that show how critical it is to change the course of type 2 diabetes,” said Ann Albright, PhD, RD, director of the CDC's Division of Diabetes Translation. “Successful programs to improve lifestyle choices on healthy eating and physical activity must be made more widely available, because the stakes are too high and the personal toll too devastating to fail.” Proper diet, physical activity, and effective prevention programs directed at groups at high risk of type 2 diabetes can considerably reduce future increases in diabetes prevalence, but will not eliminate them, the report says.

But that's only one side of the problem. The economic toll could be astounding in future years and we should take heed. With the mess currently enveloping Washington and the country as Obamacare rolls in, we cannot afford to ignore the reality of diabetes. Already, the cost of diabetes care is estimated at \$174 billion annually, including \$116 billion in direct medical expenses. Research from *Health Affairs* showed that the US national economic burden of diabetes and prediabetes reached \$218 billion in 2007.



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## AN ALUMINI OPINION ON STERILE DOSAGE OUTLOOK 2012

### Mr. Ujjwal Patil

Looking at a list of parenteral drugs approved by the FDA in the past three years, it is evident that approximately 30% of them were lyophilized drugs. And because a majority of injectable substances currently in development are complex molecules, this percentage is likely to grow. Due to the reason that such molecules are sensitive to environmental influences and other materials, lyophilization can offer suitable protection from these problems.

An important focus in aseptic manufacturing both now and in the future will be an emphasis on having the appropriate solutions to lyophilize drug substances. This involves not only production lines, but also the development processes and the best primary packaging. The challenge with lyophilized drugs lies in preparing them for administration, as the drug substance must be dissolved in a diluent prior to use. If the lyophilized substance is in a conventional vial, for example, several steps are necessary. Even for seasoned healthcare professionals, the handling process is not always easy. Such difficulty in handling limits market opportunities. This is especially true in the ever-expanding homecare section. More user-friendly systems are drug-delivery systems that make the dissolution step easier. Presently, the best drug-delivery system is an application in which the lyophilized substance and the diluent are present in a single system. One such example is a dual-chamber system, e.g. a dual-chamber syringe. The aseptically filled freeze-dried drug resides in one chamber, the diluent in the other. Pushing the syringe plunger mixes the two with one stroke. Since these types of systems demand more complex development and manufacturing processes, it's not always feasible to utilize them for a new market introduction. In such cases, to optimize time to market, filling in vials as a first step might be the best solution for the approval process. Switching to a dual-chamber system can then be considered within the framework of lifecycle management. This is especially why the know-how and state-of-the-art facilities for various drug-delivery systems are needed both in early development as well as for later commercial manufacturing.



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### List of New Projects Sanctioned During the financial year 2011-2012 Under Technology systems Development Programme (TSDP) DST

Sl. No.	Dated of Issue of Sanction/	Total Cost/ Duration	File No.	Project Title
1.	05.07.2011	Rs.16,56,960/- (24 months)	DST/TSG/ ME/2009/10 8	Development of a biosensor for estimation of polyphenols in apple juice.
2.	05.07.2011	Rs.14,05,600/- (24 months)	DST/TSG/ AF/2009/6 8	Screening and improving biomass production, lipid accumulation and oil recovery of microalgae from estuary region (Khambhat, Gujarat) by conventional and modern approaches.
3.	05.07.2011	Rs.10,24,800/- (24 months)	DST/TSG/ ME/2010/42	Developing Hydrogen Gas sensor based on conducting polymer nano-composite materials.
4.	05.07.2011	Rs.16,33,920/- (24 months)	DST/TSG/ ME/2010/57	Ion Conducting Polymer-Metal Nano-composite (ICMPN) Based electrochemical sensors for Biological Fluids.
5.	05.07.2011	Rs.20,62,080/- (24 months)	DST/TSG/ ME/2010/62	Validation of auto range capacitance measurement instrumentation as clinical biochemical analyser.





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6.	15.07.2011	Rs.45,38,400/- (24 months)	DST/TSG/P T/2007/71	Studies on high efficient nano-Tungsten oxide solid state electro-chromic
7.	13.07.2011	Rs. 41,58,969/- (36 months)	DST/TSG/G lass/2009/33	Development of new designs and new products based on the indigenous materials, skills and infrastructure of Purdilnagar bead cluster.
8.	13.07.2011	Rs.44,64,687/- (36 months)	DST/TSG/P T/2010/11	Nanosensor Array based on Conducting Polymer Functionalized SWNTs for Real-Time Monitoring of Toxic Air.
9.	15.07.2011	Rs.30,39,600/- (24 months)	DST/TSG/ AF/2009/6 6	Corrosion behaviour of a few industrial metals in selected biodiesels
10.	01.08.2011	Rs.60,18,000/- (30 months)	DST/TSG/N TS/2009/32	Development of Fiber Bragg Grating (FBG) based distributed strain Sensor system for concrete bridges