



DIRC Newsletter



Vol. 17

No. 1

January - March 2015

Newsletter of Drug Information and Research Center, KSPC



Member of International Society of Drug Bulletins (ISDB)

Official Desk



Probiotics

Over the past decade, probiotic supplements have gained popularity and are now used often to promote, improve and maintain digestion. According to the World Health Organization and the Food and Agriculture Organization of the United Nations, probiotics are defined as "live microorganisms, which when given in adequate amounts, confer a health benefit on the host."

Probiotics are strains of nonpathogenic microorganisms normally present in the human gut or as components of foods, beverages and supplements. They are often present in fermented products such as dairy products (ie, yogurt, yogurt drinks, butter milk), some juices, soy beverages and plants and in dietary supplements available in a variety of dosage forms such as capsules, tablets and powders. In both probiotic foods and dietary supplements, the bacteria may be present already or may be added during the preparation of the product.

Some common and growing uses of Probiotics include improving the gastro intestinal immune response, infectious gastroenteritis, antibiotic-associated diarrhea, pediatric intestinal diseases, allergic and atopic diseases, respiratory infections etc.

Probiotic supplements may also contain the species Lactobacillus, Bifidobacterium and Saccharomyces. Various preparations are available and contain one or more species.

Prior to using any probiotic supplement, individuals— particularly those with concurrent medical conditions—should seek advice from their health care provider to ascertain the appropriateness. Also, women who are pregnant or breastfeeding should always consult their physicians.

Available resources show that, probiotic supplements are well-tolerated; however, some patients may experience mild episodes of bloating and flatulence, which tend to decrease over time. Episodes of diarrhea have been reported in the pediatric population. Patients who have any concerns about adverse effects should be encouraged to seek advice from their respective health care provider. Those individuals with compromised immune systems should be advised not to use probiotics because of the potential for systemic infections.

Pharmacists should be familiar with different types of probiotics available in the market. They should refer to each product's labeling and the clinical literature that supports specific indications. Patients should be reminded to adhere to the prescription or manufacturer's dosage guidelines and directions for use.

Source: 1. <http://www.medicinenet.com/> 2. <http://www.webmd.com/>



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ಶ್ರೀಮತಿ ಡಾ|| ಅನುರಾಧಾ ಕಾಮತ್‌ರವರ

ಜನವರಿ 1 ತರಂಗ ಸಂಚಿಕೆಯಲ್ಲಿ ಪ್ರಕಟವಾಗಿದ್ದ

“ಔಷಧ ತಜ್ಞರಿಗೊಂದು ಸಲಾಮ್”

ವಿಶೇಷ ಲೇಖನವನ್ನು ಕೃತಜ್ಞತೆಯಿಂದ ಕಂತಿನಲ್ಲಿ ಈ ಸಂಚಿಕೆಯಿಂದ ಪ್ರಕಟಿಸುತ್ತಿದ್ದೇವೆಂದು ತಿಳಿಸಲು ಆಶಿಸುತ್ತೇವೆ.

ರಿಜಿಸ್ಟ್ರಾರ್, ಕೆಎಸ್‌ಪಿಸಿ

Drug of the Quarter

Drug : Canagliflozin
Class : Sodium Glucose Co-Transporter 2 Inhibitor
Dosage Form : Tablet
DCGI Approval : 17th Nov 2014
FDA Approval : 29th March 2013
Indication : As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Dose Information

Adult Dosing: Starting dose is 100 mg orally once daily before first meal of day. If tolerated and additional glycemic control is needed, dosage may be increased to 300 mg/day.

Pediatric Dosing: Safety and effectiveness not established in pediatric patients younger than 18 years.

Pharmacokinetics

Absorption

- T_{max}, Oral: 1 to 2 hours, single-dose; 4 to 5 days, steady-state
- Bioavailability- Oral: 65%
- Effects of food: No effect

Distribution

- Protein binding, Albumin: 99%
- Volume of Distribution (V_d): 119 L

Metabolism

- Hepatic: extensive via O-glucuronidation

Excretion

- Fecal: 41.5%

- Renal: 33% (primarily metabolites)
- Renal clearance: 1.3 to 1.55 mL/min
- Dialyzable: Negligible (hemodialysis)
- Total Body Clearance: 192 mL/min

Contraindications:

- Patients undergoing dialysis
- Hypersensitivity to canagliflozin
- Patient with severe renal impairment.

Mechanism of Action/Pharmacology:

Canagliflozin is a sodium-glucose cotransporter 2 (SGLT2) inhibitor that lowers the renal threshold for glucose and increases urinary glucose excretion by interfering with the reabsorption of renally-filtered glucose across the tubular lumen of the proximal renal tubules

Adverse Effects

Common

- ❖ Renal: Polyuria, Urinary tract infectious disease
- ❖ Reproductive: Female genital Mycosis

Serious

- ❖ Cardiovascular: Hypovolemia
- ❖ Endocrine metabolic: Severe Hyperkalemia, Severe Hypoglycemia
- ❖ Gastrointestinal: Pancreatitis
- ❖ Immunologic: Hypersensitivity reaction
- ❖ Renal: Renal impairment
- ❖ Reproductive: Male genital Mycosis
- ❖ Other: Angioedema

Drug-Drug interactions

Category	Drug/s (Example)	Interaction Effect	Management
UDP-Glucuronosyltransferase enzyme inducers	Rifampin, phenytoin, phenobarbital, ritonavir	Decreases canagliflozin plasma concentrations.	Use caution if concomitant use is required.
Antiarrhythmic/ Cardiac glycoside	Digoxin	Increases Digoxin plasma concentrations.	Use caution if concomitant use is required.

Severity: *The interaction may be life-threatening and/or require medical intervention to minimize or prevent serious adverse effects.

Effects in Pregnancy and Lactation:

Pregnancy: U.S. Food and Drug Administration's Pregnancy Category: C (All Trimesters)

Note: Category C- Either studies in animals have revealed adverse effects on the fetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals

are not available. Drugs should be given only if the potential benefit justifies the potential risk to the fetus.

Breast-feeding: Study report or clinical data on weaning children are not available.

References:

1. <http://www.micromedexsolutions.com/>
2. <http://www.rxlist.com/>



Drug News – Around the Globe



1. Drug: Edoxaban*

Country: USA

Edoxaban is an anticoagulant drug which acts as a direct factor Xa inhibitor.

Approved Indications: Edoxaban is approved to treat the risk of stroke and dangerous blood clots (systemic embolism) in patients with atrial fibrillation that is not caused by a heart valve problem. Earlier this drug was approved to treat deep vein thrombosis (DVT) and pulmonary

embolism in patients who have already been treated with an anti-clotting drug administered by injection or infusion (parenterally).

Side-effects: Bleeding and anemia¹.

2. Drug: Liraglutide**

Country: USA

Liraglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist.

Approved Indications: Liraglutide is approved as a treatment option

for chronic weight management in the following populations: those with a body mass index (BMI) of 30 kg/m² or greater and those with a BMI of 27 kg/m² or greater plus one or more weight-related comorbidities (eg, hypertension, dyslipidemia, type 2 diabetes). It is to be used in conjunction with a reduced calorie diet and increased physical activity. It is not to be used for the treatment of type 2 diabetes.

Side-effects: Nausea, diarrhea, constipation, vomiting, low blood sugar (hypoglycemia) and decreased appetite.^{1,2}

3. Drug: Peramivir* **Country: USA**

Peramivir is an antiviral agent that inhibits several influenza virus A and B strains. This drug inhibits the influenza virus neuraminidase, an enzyme that releases viral particles from infected cells. Neuraminidase inhibitors are commonly used to treat flu infection.

Approved Indications: Peramivir is approved for the treatment of acute uncomplicated influenza in patients who have been symptomatic for not longer than 2 days. It is administered as a single intravenous (IV) dose, which may offer the advantage of increased compliance.

Side-effects: Diarrhea.^{1,2}

4. Drug: Ceftolozane-Tazobactam* **Country: USA**

Ceftolozane-Tazobactam is a combination product, where ceftolozane belongs to a cephalosporin antibacterial drug and tazobactam a beta-lactamase inhibitor.

Approved Indications: This combination product is approved to treat adults with complicated intra-abdominal infections and complicated urinary tract infections including pyelonephritis.

Side-effects: Nausea, diarrhea, headache and fever.^{1,2}

5. Drug: Secukinumab* **Country: USA**

Secukinumab is an antibody which belongs to a class of Antipsoriatic drugs. This drug binds to a protein (interleukin (IL)-17A) which is involved in inflammation and there by inhibits its ability to trigger the inflammatory response that plays a role in the development of plaque psoriasis.

Approved Indications: Secukinumab injection is approved to treat adults with moderate-to-severe plaque psoriasis.

Side-effects: Diarrhea and upper respiratory infections^{1,2}.

6. Drug: Panobinostat* **Country: USA**

Panobinostat is a histone deacetylases (HDACs) antagonist, which belongs to a class of Antineoplastic agents.

Approved Indications: Panobinostat is approved for the treatment of patients with multiple myeloma. It is used in combination with bortezomib, an antineoplastic agent and dexamethasone a corticosteroid medication.

Side-effects: Diarrhea, tiredness, nausea, swelling in the arms or legs, decreased appetite, fever, vomiting and weakness¹.

7. Drug: Ranibizumab** **Country: USA**

Ranibizumab is a selective vascular endothelial growth factor (VEGF) antagonist which belongs to a class of ophthalmic agents.

Approved Indications: Ranibizumab injection is approved to treat diabetic retinopathy in patients with diabetic macular edema. It is intended to be used along with appropriate interventions to control blood sugar, blood pressure and cholesterol.

Side-effects: Bleeding of the conjunctiva, eye pain and increased pressure inside the eye (intraocular pressure)^{1,2}.

8. Drug: Ceftazidime-Avibactam* **Country: USA**

Ceftazidime-Avibactam is a fixed-combination drug containing ceftazidime, a cephalosporin antibacterial drug and avibactam, a new beta-lactamase inhibitor.

Approved Indications: Ceftazidime-Avibactam injection is approved to treat adults with complicated intra-abdominal infections in combination with metronidazole and complicated urinary tract infections, including kidney infections (pyelonephritis) who have limited or no alternative treatment options.

Side-effects: Vomiting, nausea, constipation and anxiety¹.

References: 1. www.fda.gov/ 2. www.factsandcomparisons.com/

Note - * Not available in India, ****** Available in India

Meanings: Factor-Xa- A trypsin-like serine protease that plays a key role in the blood coagulation cascade, **Histone Deacetylases (HDACs)** - A vast family of enzymes that have crucial roles in numerous biological processes, **Multiple myeloma-** A cancer of the blood plasma cells.



Continuing Pharmacy Education (CPE)

Dispensing Instructions to the Pharmacists

Anti-Migraine Drugs

Migraine is a chronic neurological disease characterized by severe painful headache felt as a throbbing pain at the front or side of the head. The pain can be so severe that it interferes with the daily activities which can last for few hours up to several days. The exact cause of migraine is unknown, although they are thought to be the result of temporary changes in the chemicals and blood vessels in the brain.

Some trigger factors for migraine includes,

- Diet: consumption of certain foods or drinks like chocolate, hard cheese, red wine or alcohol or foods that contain gluten, nitrates, artificial sweeteners etc.
- Environmental: Sunlight, bright or flashing lights, loud noises, smoke or certain odors
- Psychological: Depression, anxiety, anger, tiredness, stress, changes in sleep or eating patterns etc.

- Medicines: Oral contraceptives, hormone replacement therapy (HRT).
- Others: Stress, fatigue, anxiety, during pregnancy, menopause or during a monthly period.

Treatment and prevention

Some lifestyle changes might help to reduce migraine frequency like reducing stress, good sleep, drinking plenty of water, avoiding certain foods, regular physical exercise etc.

Migraines can't be cured, but medicines are prescribed to manage the condition.

These include:

- Pain relievers- eg: paracetamol, ibuprofen
- Triptans- Almotriptan, Sumatriptan, Rizatriptan, Naratriptan
- Anti-emetics to control symptoms such as nausea and vomiting.

Along with the pain relievers some preventive medications like Beta blockers, Anti-depressants, Anti-seizure drugs are also given to prevent or reduce the frequency of migraine.

There are various types of molecules of medicine in each class. Below we give a brief overview of oral drugs under triptan class.

Drugs	Use	Warnings*	Less serious side effects	Advice
Almotriptan	Treats to relieve migraine and cluster headaches.	Prescription to be reconfirmed in case of patients with a history of kidney disease, liver disease, diabetes, high blood pressure, high cholesterol or habits of smoking.	Nausea, vomiting, xerostomia, dizziness, paresthesia, somnolence.	Caution the patient not to take almotriptan within 24 hours of taking another anti-migraine medicine.
Sumatriptan	Treats to relieve migraine and cluster headaches.	Prescription to be reconfirmed in case of patients with a history of heart disease, blood vessel disease, heart rhythm disorder, or severe liver disease.	Bad taste in mouth, nausea, vomiting, dizziness, nasal irritation, pain in throat.	Advise the patient that this drug is intended to relieve and not to prevent migraine headaches.
Rizatriptan	Treats to relieve migraine headaches. Does not prevent migraines.	Prescription to be reconfirmed in case of patients with a history of heart attack, stroke or transient ischemic attack, uncontrolled high blood pressure, angina (chest pain), ischemic bowel disease, peripheral vascular disease, kidney disease or liver disease.	Nausea, asthenia, dizziness, somnolence, fatigue.	Caution the patient not to exceed two doses of this drug within 24 hours. Advise the patient to avoid driving vehicle or operate machinery while taking this medicine.
Naratriptan	Treats migraine headaches.	Prescription to be reconfirmed in case of patients with a history of severe kidney disease, liver disease, high blood pressure, angina, diabetes or bowel disease.	Nausea, dizziness, paresthesia, somnolence, fatigue.	Advise to use naratriptan only when patient has a migraine headache. This medicine is not to be used on a regular schedule.

Note: *Make sure that the patient has informed the doctor the pregnancy and lactating status.

References:

1. Handbook of Pharma SOS, Educational Series-III, 6th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore..
2. www.micromedexolutions.com, Micromedex (R) 2.0, 2002-2015, Truven Health Analytics Inc.
3. http://www.drugs.com/

Meanings: Cluster headache- A neurological disorder characterized by recurrent, severe headaches on one side of the head, typically around the eye. □

Drug Usage in Special Population - Pediatrics and Geriatrics

Anti-Psychotic Drugs (oral)

Drug (Oral)	Use in Children (Paediatrics)	Use in Elderly (Geriatric)
Amitriptyline	Safety and effectiveness in children below the age of 12 years have not been established.	Dosage adjustment necessary in patients with hepatic disease.
Chlordiazepoxide	Safety and effectiveness in children below the age of 6 years have not been established.	Dose reduction may be required in geriatrics and in patients with impaired renal function or hepatic disease.
Chlompromazine	Safety and efficacy have been established. Safe to use in children.	Dosage adjustment necessary in patients with hepatic disease.
Diazepam	Safety and effectiveness in neonates below 30 days of age or less have not been established.	No dosage adjustment required. Use with caution in hepatic disease.
Fluoxetine	Safety and effectiveness in children below the age of 7 years have not been established.	Dose reduction may be required in geriatrics.
Haloperidol	Safety and effectiveness in children below the age of 12 years have not been established.	Dosage adjustment necessary in geriatric patients.
Lithium	Safety and effectiveness in children below the age of 12 years have not been established.	Dose reduction may be required in geriatrics.
Quetiapine	Safety and effectiveness in children below the age of 10 years have not been established.	Dosage adjustment necessary in geriatric patients.
Sodium valproate/ Valproic acid	Safety and effectiveness in children below the age of 10 years have not been established.	Dosage adjustment necessary in geriatric patients.

Reference: Drug Usage in special Population-Pediatrics and Geriatrics, Educational Series-II, 5th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore. □

Drug Usage in Special Population - Pregnancy and Lactation

Anti-Psychotic Drugs (oral)

Drug (Oral)	Use in Pregnancy (Teratogenicity)	Use in Breastfeeding (Lactation)
Alprazolam	USFDA Category D. Not recommended to use during pregnancy.	Excreted in breast milk. Medical advice is necessary.
Amitriptyline	USFDA Category C. Limited data on Amitriptyline use during pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Excreted in breast milk. Medical advice is necessary.
Chlordiazepoxide	ADEC Category C. Insufficient data to confirm its safety in pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Data not available. Medical advice is necessary.
Chlormazine	USFDA Category C. Limited data on Chlormazine use during pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Excreted in milk. Medical advice is necessary.
Diazepam	USFDA Category D. Clinical data reveals fetal harm when administered.	Excreted in milk. Medical advice is necessary.
Fluoxetine	USFDA Category C. Limited data on Fluoxetine use during pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Excreted in milk. Medical advice is necessary.
Haloperidol	USFDA Category C. Limited data on Haloperidol use during pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Excreted in milk. Medical advice is necessary.
Lithium	USFDA Category D. Clinical data reveals fetal harm when administered.	Excreted in milk. Medical advice is necessary.
Quetiapine	USFDA Category C. Insufficient data to confirm its safety in pregnancy. Use only if the potential benefit outweighs the potential risk to the fetus.	Excreted in milk. Medical advice is necessary.
Sodium valproate/ Valproic acid	USFDA Category X. Not recommended to use during pregnancy.	Excreted in milk. But safe to use since this drug poses minimal risk to the infant.

USFDA Category C: Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans. Drug should be given only if the potential benefit justifies the potential risk to the fetus.

USFDA Category D: There is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

USFDA Category X: Studies in animals or human beings have demonstrated fetal abnormalities or there is evidence of fetal risk based on human experience or both and the risk of the use of this drug in pregnant women clearly outweighs any possible benefit. This drug is contraindicated in women who are or may become pregnant.

ADEC Category C: Drugs which have caused or suspected to have caused or may be expected to cause an increased incidence of human fetal malformations or irreversible damage. These drugs may also have adverse pharmacological effects.

Reference: Drug Usage in special Population-Pregnancy and Lactation, Educational Series-I, 5th Edition 2014, published by Karnataka State Pharmacy Council, Bangalore. □

Drugs Approved by DCGI from June to September 2014

S.No.	Drug	Indication	Date
1.	Gemcitabine HCl injection ready to use infusion bags (Approved as infusion bags)	Treatment of advanced ovarian cancer, in combination with carboplatin for patients who relapsed at least 6 months after platinum-based therapy.	17.06.2014
2.	Tadalafil Orally Disintegrating Strip 10mg & 20mg (Additional dosage form)	Treatment of erectile dysfunction.	30.07.2014
3.	Hydroxychloroquine Sulphate USP 400 mg tablets (Additional Indication)	Treatment of uncontrolled type 2 diabetes patients on sulfonylurea and metformin combination as an adjunct to diet and exercise.	
4.	Nevirapine extended release tablet 400mg (Additional Strength)	Treatment of HIV-1 infection in adults in combination with other anti-retroviral agents.	01.07.2014

S.No	Drug	Indication	Date
5.	Cerebrolysin solution for injection. Each ml contains: Porcine brain derived peptide preparation (Cerebrolysin concentrate) 215.2mg	Treatment for amelioration of cranial injury, cerebrovascular pathological sequelae and aprosexia in dementia.	25.07.2014
6.	Artesunate powder for injection 60mg/vial along with 6ml ampoule of phosphate buffer solution (pH 8.0;0.30M)	Treatment of severe falciparum malaria in areas where there is evidence if quinine resistance.	02.07.2014
7.	Lactobacillus brevis CD2 Lozenges 100mg (corresponding to not less than 1 billion) of live, lyophilised, lactic acid bacteria, Lactobacillus brevis CD2. (Additional indication)	Prevention of radiotherapy and chemotherapy induced oral mucositis in cancer patients.	08.09.2014
8.	Rivaroxaban tablet 15/20mg (Additional strength/indication)	1. Treatment of deep vein thrombosis and for prevention of recurrent DVT and pulmonary embolism. 2. For the prevention of stroke and systemic embolism in patient with non-valvular atrial fibrillation.	2.9.2014
9.	Hydroxychloroquine Sulphate Tablet 300mg (Additional strength/indication)	Treatment of Rheumatoid arthritis, Systemic Lupus Erythematous & Polymorphic Light Eruption in patients with lower body weight i.e 45 to 60kg.	08.09.2014
10.	Ginkgo biloba extract tablet 120mg (Additional strength)	Treatment of dementia, vertigo and tinnitus in adult patients.	12.09.2014
11.	Bendamustine Hydrochloride lyophilized injection 25mg (Additional strength)	Treatment of patients with chronic lymphocytic leukemia.	19.9.2014
12.	Metformin ER tablet 750mg (Additional strength)	Treatment to improve glycemic control in adult patients with type 2 diabetes as an adjunct to diet and exercise.	25.9.14
13.	Sorafenib Tosylate tablet 200mg (Additional indication)	Treatment of patients with locally advanced or metastatic differentiated thyroid carcinoma refractory to radioactive iodine.	25.9.14
14.	Deferasirox Dispersible tablet 100/400mg (Additional indication)	Treatment of chronic iron overload in patients with non-transfusion dependent thalassemia (NTDT) syndromes aged 10 years and older.	26.9.2014

to be continued...

ಔಷಧ ತಜ್ಞರಿಗೊಂದು ಸಲಾಮ್

ಫಾರ್ಮಸಿಸ್ಟ್ ಅಥವಾ ಕೆಮಿಸ್ಟ್ ಎಂದರೆ ಮೆಡಿಕಲ್ ಸ್ಟೋರ್‌ನಲ್ಲಿ ಔಷಧ ಮಾರಾಟ ಮಾಡುವವರಷ್ಟೇ ಅಲ್ಲ, ಆರೋಗ್ಯ ಕ್ಷೇತ್ರದಲ್ಲಿ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನರಂಗದಲ್ಲಿ ಪ್ರತ್ಯಕ್ಷವಾಗಿ, ಪರೋಕ್ಷವಾಗಿ ರೋಗಿಗಳ ವ್ಯಕ್ತಿಗತ ರೋಗ ನಿವಾರಣೆಗಾಗಿ, ಆರೋಗ್ಯ ಸುಧಾರಣೆಗಾಗಿ, ಸಮಷ್ಟಿಯ ಹಿತಕ್ಕಾಗಿ ಅಹರ್ನಿಶಿ ದುಡಿಯುವವರಲ್ಲಿ ಔಷಧತಜ್ಞರೂ ಒಬ್ಬರು ! ಔಷಧತಜ್ಞ ಅಥವಾ ಕೆಮಿಸ್ಟ್ ಅಥವಾ ಫಾರ್ಮಸಿಸ್ಟ್ ಇವರೇ ವೈದ್ಯ ಮತ್ತು ರೋಗಿಯ ನಡುವಿನ ಮುಖ್ಯ ಕೊಂಡಿ !

ಔಷಧತಜ್ಞ ಅಥವಾ ಫಾರ್ಮಸಿಸ್ಟ್ - ಯಾರಿವರು?

- ಸರಿಯಾದ ಕ್ರಮದಲ್ಲಿ ಔಷಧ ಸೇವನೆಯ ಬಗ್ಗೆ ತಿಳಿಸುವವರು.
- ಸೂಕ್ತ ರೀತಿಯಲ್ಲಿ ಔಷಧ ಸಂಗ್ರಹಿಸಿ ಇಡುವ ಬಗ್ಗೆ ಕಿವಿಮಾತು ಹೇಳುವವರು,
- ಔಷಧವನ್ನು ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಬಳಸುವುದು ಹೇಗೆಂದು ವಿವರಿಸುವವರು.
- ಔಷಧದ ಕುರಿತಾದ ಬೇಕು - ಬೇಡ, ಪಠ್ಯಾ-ಅಪಠ್ಯಗಳ ಬಗ್ಗೆ ಎಚ್ಚರಿಕೆ ನೀಡುವವರು.
- ಆರೋಗ್ಯಕರ ಜೀವನಕ್ಕೆ ಬೇಕಾದ ಸಾಮಾನ್ಯ ಕ್ರಮ, ನಿಯಮಗಳನ್ನು ಮಾರ್ಗದರ್ಶನ ಮಾಡುವವರು.

ಎಚ್ಚರಿಕರ ಎಚ್ಚರ

- ವೈದ್ಯ ಅಥವಾ ಔಷಧತಜ್ಞ (ಫಾರ್ಮಸಿಸ್ಟ್) ಹೇಳಿದರೆ ಮಾತ್ರ ಎರಡು ಅಥವಾ ಅದಕ್ಕಿಂತಲೂ ಹೆಚ್ಚಿನ ಔಷಧಗಳನ್ನು ಮಿಶ್ರಮಾಡಿ ಬಳಸಬಹುದು. ಕೆಲವು ಬಾರಿ ವಿವಿಧ ಔಷಧಗಳ ಮಿಶ್ರಣವು ವಿರುದ್ಧ ಪರಿಣಾಮ (ಡ್ರಗ್ ಇಂಟರ್‌ಆಕ್ಷನ್) ಉಂಟು ಮಾಡುವುದರಿಂದ ಈ ಕುರಿತು ವೈದ್ಯ ಅಥವಾ ಔಷಧತಜ್ಞರ ಮಾಹಿತಿ ಪಡೆದೇ ಬಳಸಬೇಕು.

- ಯಾವುದೇ ಔಷಧವನ್ನು ಮದ್ಯದೊಂದಿಗೆ ಸೇವಿಸುವುದು ಹಿತಕರವಲ್ಲ. ಇದರಿಂದ ದುಷ್ಪರಿಣಾಮ ಉಂಟಾಗುತ್ತದೆ.

ನಿಮಗಿದು ಕಿವಿಮಾತು

- ಯಾವುದೇ ಸಣ್ಣ-ಮಟ್ಟ ಕಾಯಿಲೆಯಾದರೂ ಸ್ವಚಿಕಿತ್ಸೆ ಕೂಡದು.
- ಅಂಥ ಸಂದರ್ಭಗಳಲ್ಲಿ ವೈದ್ಯಕೀಯ ತಪಾಸಣೆ ಮಾಡಿ ಅನಂತರ ಫಾರ್ಮಸಿಸ್ಟರ ಬಳಿ ಔಷಧ ಪಡೆಯಬೇಕು.
- ನನಸಿಡಿ! ದೇವರ ಸೃಷ್ಟಿಯಲ್ಲಿ ಪ್ರತಿ ವ್ಯಕ್ತಿಯೂ ಒಬ್ಬನಿಂದ ಇನ್ನೊಬ್ಬ ಭಿನ್ನ ಆದ್ದರಿಂದ ಒಬ್ಬ ವ್ಯಕ್ತಿಗೆ ನೀಡಿದ ಔಷಧವನ್ನು ಇನ್ನೊಬ್ಬ ವ್ಯಕ್ತಿ ವೈದ್ಯರಿಂದ ತಪಾಸಣೆ ಮಾಡಿಸದೆ ಹಾಗೂ ಫಾರ್ಮಸಿಸ್ಟ್‌ಗಳ ಬಳಿ ತಿಳಿಸದೆ ಉಪಯೋಗಿಸಬಾರದು.
- ಕೆಲವು ಕಾಯಿಲೆಗಳಿಗೆ ದೀರ್ಘಕಾಲೀನ ಔಷಧ ಅವಶ್ಯ. ಉದಾ: ಮಧುಮೇಹ, ಅಧಿಕ ರಕ್ತದೊತ್ತಡ, ಅಂಥ ಸಂದರ್ಭಗಳಲ್ಲಿ ಕಾಯಿಲೆ ತಹಬಂದಿಗೆ ಬಂದ ತತ್ಕ್ಷಣ ಒಮ್ಮೆಲೇ ಔಷಧಿ ನಿಲ್ಲಿಸಿದರೆ, ರೋಗಲಕ್ಷಣಗಳು ಮತ್ತೆ ಮರುಕಳಿಸುವ, ರೋಗ ಉಲ್ಕಾಣವಸ್ಥೆ ತಲುಪುವ ಸಾಧ್ಯತೆಗಳೇ ಅಧಿಕ. ಇದು ಅಪಾಯಕಾರಿ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಮುತುವರ್ಜಿ ಅಗತ್ಯ.
- ಕೆಲವು ಔಷಧಗಳು ಉದಾ: ಸೂಕ್ಷ್ಮಾಣು ಜೀವಿಯ ಸೋಂಕನ್ನು ನಿಯಂತ್ರಿಸಲು ನೀಡಿರುವ ಔಷಧ (ಬ್ಯಾಕ್ಟೀರಿಯಾ ನಿರೋಧಕ ಶಿಲೀಂಧ್ರ ನಿರೋಧಕ ಇತ್ಯಾದಿ) ಇವುಗಳನ್ನು 5-10 ದಿನ ಅಥವಾ ವೈದ್ಯರು ಸೂಚಿಸಿದಷ್ಟು ದಿನ ಹಾಗೂ ಸಮಯ ಅದೇ ರೀತಿಯಲ್ಲಿ ಸೇವಿಸಬೇಕು. ಈ ಔಷಧವನ್ನು ಒಂದೆರಡು ದಿನಗಳಲ್ಲಿ ಸೇವಿಸುವುದರ ಒಳಗೆ ರೋಗಲಕ್ಷಣಗಳು ಗುಣಮುಖವಾಗುತ್ತವೆ. ಹಾಗೆಂದು ಔಷಧವನ್ನು ತತ್ಕ್ಷಣ ನಿಲ್ಲಿಸಿದರೆ ಸೋಂಕು ಪೂರ್ಣ ರೂಪದಲ್ಲಿ ಗುಣವಾಗುವುದಿಲ್ಲ.

ಮಾತ್ರವಲ್ಲ, ಮತ್ತೊಮ್ಮೆ ಸೋಂಕು ಉಂಟಾದಾಗ ಸೋಂಕಿನ ತೀವ್ರತೆಯೂ ಹೆಚ್ಚಾಗುತ್ತದೆ. ಜೊತೆಗೆ ಮೊದಲು ಕೊಟ್ಟ ಔಷಧಿಗಳು ಸರಿಯಾಗಿ ಪರಿಣಾಮ ಬೀರದೇ ಹೋಗಬಹುದು. ಆದ್ದರಿಂದಲೇ ಕೆಮಿಸ್ಟ್‌ಗಳು ಔಷಧಿ ಅಂಗಡಿಯಲ್ಲಿ ಔಷಧ ನೀಡುವ ಸಂದರ್ಭದಲ್ಲಿ ಪೂರ್ಣ ಪ್ರಮಾಣದ ಔಷಧಿಯನ್ನು ವೈದ್ಯರು ಔಷಧದ ಚೀಟಿಯಲ್ಲಿ ಬರೆದಿರುವಂತೆ ಸೇವಿಸಲು ಹೇಳುತ್ತಾರೆ. ಈ ಕುರಿತು ನಿರ್ಲಕ್ಷ್ಯ ಮಾಡಬಾರದು.

- ಕೆಲವು ಔಷಧಿಗಳನ್ನು ಸೇವಿಸಿದಾಗ ಮಂಫರು ಬರುತ್ತದೆ. ಅಂಥ ಔಷಧಿಗಳನ್ನು ನೀಡುವಾಗ ಕೆಮಿಸ್ಟ್‌ಗಳು ವಾಹನ ಚಲಾಯಿಸದಂತೆ, ಯಂತ್ರಗಳೊಂದಿಗೆ ಕೆಲಸ ಮಾಡುವ ಸಂದರ್ಭದಲ್ಲಿ ಮುಂಜಾಗ್ರತೆ ವಹಿಸುವಂತೆ ಅವರಿಗೆ ನೀಡುತ್ತಾರೆ.
- ಯಾವುದೇ ಔಷಧ ಸೇವಿಸಿದಾಗ ಅಲರ್ಜಿ ಅಥವಾ ಅಹಿತಕರ ಲಕ್ಷಣಗಳು ಕಂಡು ಬಂದಿದ್ದರೆ ಮತ್ತೊಮ್ಮೆ ಅಂಥ ಔಷಧ ಸೇವಿಸುವ ಸಂದರ್ಭ ಬಂದರೆ ವೈದ್ಯರಲ್ಲಿ ಹಾಗೂ ಕೆಮಿಸ್ಟ್‌ಗಳಲ್ಲಿ ಈ ಕುರಿತು ಮಾಹಿತಿ ನೀಡುವುದು ಅವಶ್ಯ.
- ಯಾವುದೇ ಇತರ ವೈದ್ಯಕೀಯ ಪದ್ಧತಿಯ ಔಷಧ ಸೇವಿಸುತ್ತಿದ್ದಲ್ಲಿ ಮತ್ತೊಂದು ವೈದ್ಯಕೀಯ ಪದ್ಧತಿಯ ಔಷಧವನ್ನು ಅದರೊಂದಿಗೆ ಸೇವಿಸುವ ಸಂದರ್ಭ ಬಂದರೆ ಈ ಕುರಿತು ವೈದ್ಯರು ಹಾಗೂ ಕೆಮಿಸ್ಟ್‌ಗಳಿಗೆ ತಿಳಿಸುವುದು ಅಗತ್ಯ. ಪಾರಂಪರಿಕ ಔಷಧಿಗಳಿರಬಹುದು, ಗಿಡಮೂಲಿಕೆಯ ಔಷಧಿಗಳಿರಬಹುದು, ಹೋಮಿಯೋಪಥಿ, ಯುನಾನಿ ಮೊದಲಾದ ಔಷಧ ಪದ್ಧತಿಯ ಔಷಧಿಗಳಿರಬಹುದು. ಮಾತ್ರವಲ್ಲ, ಡಯಟರಿ ಸಪ್ಲಿಮೆಂಟ್ (ಪರ್ಯಾಯ ಆಹಾರ ಉತ್ಪನ್ನ) ಗಳನ್ನು ಬಳಸುತ್ತಿದ್ದರೂ ತಿಳಿಸಬೇಕು.
- ಮೂಲಿಕೆಯ ಔಷಧಿಗಳಿರಬಹುದು ಅಥವಾ ನೈಸರ್ಗಿಕ ಔಷಧಿಯ ಅಥವಾ ಸೌಂದರ್ಯ ವರ್ಧಕ ಉತ್ಪನ್ನಗಳಿರಬಹುದು. ಇವುಗಳು ಕೂಡ ಅಲರ್ಜಿ ಉಂಟುಮಾಡುವ ಸಾಧ್ಯತೆ ಇರುವುದರಿಂದ ಬಳಸುವ ಮುನ್ನ ವೈದ್ಯರ ಮತ್ತು ಕೆಮಿಸ್ಟ್‌ಗಳ ಬಳಿ ಮಾಹಿತಿ ಪಡೆಯುವುದು ಅವಶ್ಯ.
- ಜಾಹೀರಾತುಗಳನ್ನು ನೋಡಿ ಮರುಳಾಗಿ ಔಷಧಿ ಅಂಗಡಿಯಲ್ಲಿ ಅಂಥ ಔಷಧಿಗಳನ್ನು ಪಡೆದು ಸೇವಿಸುವುದು ಹಿತಕರವಲ್ಲ. ಈ ಬಗ್ಗೆ ವೈದ್ಯರು ಹಾಗೂ ಕೆಮಿಸ್ಟ್‌ಗಳ ಜೊತೆ ಸಮಾಲೋಚಿಸುವುದು ತೀರಾ ಅವಶ್ಯ.
- ಔಷಧವನ್ನು ಔಷಧದ ಅಂಗಡಿಯಿಂದ ಮನೆಗೆ ತಂದಾಗ ಔಷಧದ ನೈಸರ್ಗಿಕ ಬಣ್ಣದಲ್ಲಿ ಬದಲಾವಣೆ ಅಥವಾ ಇನ್ನಿತರ ಸಂದೇಹಾಸ್ಪದ ಬದಲಾವಣೆ, ವ್ಯತ್ಯಾಸಗಳಿದ್ದರೆ ತತ್ಕ್ಷಣ ಕೆಮಿಸ್ಟ್‌ಗಳಲ್ಲಿ ವಿವರಣೆ ನೀಡಿ ಅದನ್ನು ಹಿಂತಿರುಗಿಸಬೇಕು. ಕೆಮಿಸ್ಟ್‌ಗಳು ಅದನ್ನು ಆಯಾ ಔಷಧಿಯ ಕಂಪೆನಿಗೆ ತಿಳಿಸುತ್ತಾರೆ ಅಥವಾ ಎಫ್.ಡಿ.ಎ. (ಪುಡ್ ಆಂಡ್ ಡ್ರಗ್ ಆಡ್ವಿಜೆಸ್ಟ್ರೀಶನ್) ಗೆ ತಿಳಿಸುತ್ತಾರೆ.
- ಔಷಧವನ್ನು ಸರಿಯಾಗಿ ಉಪಯೋಗಿಸುವ ಕುರಿತಾಗಿ ಕೆಮಿಸ್ಟ್‌ಗಳು ಔಷಧ ನೀಡುವ ಸಂದರ್ಭದಲ್ಲಿ ಮಾಹಿತಿ ನೀಡುತ್ತಾರೆ. ಇದರಿಂದ ಔಷಧದ ಪೂರ್ಣ ಪ್ರಮಾಣದ ಪರಿಣಾಮ ಸಿಗುತ್ತದೆ. ಅಂತೆಯೇ ಔಷಧಿಗಳನ್ನು ಸಂಗ್ರಹಿಸುವ ವಿಧಾನ (ಉದಾ: ಕೆಲವು ಔಷಧಿಗಳನ್ನು ಫ್ರಿಜ್‌ನಲ್ಲಿಡಬೇಕು), ಆಹಾರದ ಮೊದಲೋ ಆಹಾರದ ಅನಂತರವೂ, ಬಿಸಿ ನೀರಿನಲ್ಲಿಯೋ, ತಣ್ಣೀರಿನಲ್ಲಿಯೋ, ದಿನದಲ್ಲಿ ಎಷ್ಟು ಬಾರಿ ಸೇವಿಸುವುದು ಇವೇ ಮೊದಲಾದ ಮಾಹಿತಿಗಳನ್ನು ಕೆಮಿಸ್ಟ್‌ಗಳನ್ನು ಅವಶ್ಯ ಪಡೆಯಬೇಕು.
- ಔಷಧಿಗಳನ್ನು ಖರೀದಿಸುವಾಗ ಲೈಸೆನ್ಸ್ ಹೊಂದಿರುವ ಔಷಧದ ಅಂಗಡಿ (ಡ್ರಗ್ ಹೌಸ್ ಅಥವಾ ಮೆಡಿಕಲ್/ಫಾರ್ಮ್‌ಸಿ)ಗಳಿಂದಲೇ ಖರೀದಿಸಬೇಕು. ಎಲ್ಲಾ ಔಷಧಿಗಳನ್ನು ಒಂದೇ ಔಷಧದ ಅಂಗಡಿಯಲ್ಲಿ ಖರೀದಿಸುವುದು ಒಳ್ಳೆಯದು. ಕೆಮಿಸ್ಟ್‌ಗಳು ಔಷಧ ನೀಡುವ ಮುನ್ನ ಔಷಧದ ಹೆಸರು, ಸೇವಿಸುವ ಕ್ರಮ, ಎಕ್ಸ್‌ಪೈರಿ ದಿನ, ಔಷಧದ ಮುಖಬೆಲೆ, ಔಷಧದ ಬಾಟಲ್ ಅಥವಾ ಸ್ಟ್ರಿಪ್‌ಗಳಲ್ಲಿ ಯಾವುದೇ ವ್ಯತ್ಯಾಸ, ಸೀಲ್ ಒಡೆದಿರುವುದು ಇತ್ಯಾದಿಗಳನ್ನು ಪರೀಕ್ಷಿಸಿ ನೀಡುತ್ತಾರೆ. ಈ ಕುರಿತು ರೋಗಿಗಳೂ ಪರಿಶೀಲಿಸಬೇಕು.
- ಕೆಮಿಸ್ಟ್‌ಗಳು ನೀಡಿದ ಔಷಧಿಗೆ ಬಿಲ್ ಕೊಡುತ್ತಾರೆ. ಅದನ್ನು ಎಚ್ಚರಿಕೆಯಿಂದ ಇಟ್ಟುಕೊಳ್ಳಿ ಯಾವುದೇ ಆರೋಗ್ಯ ಸಮಸ್ಯೆ ಉಂಟಾದರೆ,

ಪಾರ್ಶ್ವ ಪರಿಣಾಮಗಳು ಕಂಡುಬಂದರೆ, ಔಷಧಿಗಳಲ್ಲಿ ವ್ಯತ್ಯಾಸವಾಗಿದ್ದಲ್ಲಿ, ಪುನಃ ಕೆಮಿಸ್ಟ್ ಬಳಿ ಬಿಲ್ ತೋರಿಸಿ ಔಷಧಿಗಳ ವ್ಯತ್ಯಾಸವನ್ನು ಸರಿಪಡಿಸಿಕೊಳ್ಳಬಹುದು.

- ಔಷಧವನ್ನು ಹೇಗೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ತಿಳಿಯದ ಸಂದರ್ಭದಲ್ಲಿ ಕೆಮಿಸ್ಟ್ ಆ ಕುರಿತು ತಿಳುವಳಿಕೆ ನೀಡುತ್ತಾರೆ. ಕೆಲವು ಔಷಧಿಗಳನ್ನು ಖಾಲಿ ಹೊಟ್ಟೆಯಲ್ಲಿಯೇ ತೆಗೆದುಕೊಳ್ಳಬೇಕು, ಕೆಲವು ಔಷಧಿಗಳನ್ನು ಆಹಾರದ ಅನಂತರ ಮತ್ತು ಕೆಲವು ಔಷಧಿಗಳನ್ನು ಊಟದ ಸೇವನೆಯ ನಡುವಿನ ವೇಳೆ ಸೇವಿಸಬೇಕು. ಔಷಧಿಗಳನ್ನು ಬಿಸಿ ಚಹಾ, ಕಾಫಿ, ಹಾಲು, ಅಧಿಕ ನಾರಿನಾಂಶವಿರುವ ಆಹಾರವಸ್ತುಗಳೊಂದಿಗೆ ಸೇವಿಸಕೂಡದು.
- ಔಷಧಿಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಇಡುವ ವಿಧಾನವನ್ನು ಕೆಮಿಸ್ಟ್‌ಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಇಡುವ ವಿಧಾನವನ್ನು ಕೆಮಿಸ್ಟ್‌ಗಳ ಬಳಿ ಕೇಳಿ ತಿಳಿಯಬೇಕು. ಸೂರ್ಯನ ಬಿಸಿಲು, ಶಾಖ, ಬೀಳದ ಕಡೆ ಹಲವು ಔಷಧಿಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಇಡಬೇಕು. ಕೆಲವನ್ನು ಫ್ರಿಜ್‌ನಲ್ಲಿಡಬೇಕು. ಇದರಿಂದ ಔಷಧದ ಪ್ರಭಾವ ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಉಂಟಾಗುತ್ತದೆ.
- ಸ್ನಾನ ಗೃಹದ ಕಿಂಡಿ, ಕಪಾಟುಗಳಲ್ಲಿ ತೇವಾಂಶ ಹಾಗೂ ಉಷ್ಣಾಂಶ ಅಧಿಕವಿರುವುದರಿಂದ ಅಲ್ಲಿ ಔಷಧ ಇಡುವುದು ಸೂಕ್ತವಲ್ಲ.
- ಇದೇ ಕಾರಣಕ್ಕಾಗಿ ಅಡುಗೆಕೋಣೆಯ ಕವಾಟುಗಳೂ ಔಷಧ ಸಂಗ್ರಹಿಸಿಡಲು ಸೂಕ್ತವಲ್ಲ.
- ಬಾಲ್ಕನಿಯ ಬಳಿಯ ಕಿಟಕಿಗಳಲ್ಲಿ, ಕಿಟಕಿಗಳ ಪಕ್ಕದ ಸ್ಥಳದಲ್ಲಿ ಔಷಧಿಗಳನ್ನು ಇಟ್ಟರೆ ಸೂರ್ಯನ ನೇರ ಕಿರಣ ಮತ್ತು ಶಾಖ ತಗಲುವುದರಿಂದ ಇಂಥ ಸ್ಥಳ ಸೂಕ್ತವಲ್ಲ.
- ಅಂತೆಯೇ ಅತೀ ತಂಪಾಗಿರುವ ಸ್ಥಳ ಉದಾಹರಣೆಗೆ, ಫ್ರಿಜ್‌ನಲ್ಲಿಯೂ ಔಷಧಿಗಳನ್ನು ಇಡಬಾರದು.
- ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಶೇಖರಿಸದೇ ಇಟ್ಟ ಔಷಧಿಯು ತನ್ನ ಪ್ರಭಾವವನ್ನು ಗುಣಮಟ್ಟ ಪರಿಣಾಮವನ್ನು ಕೊನೆಯ ದಿನಾಂಕ (ಎಕ್ಸ್‌ಪೈರಿ ದಿನ) ದ ಮೊದಲೇ ಕಳೆದುಕೊಳ್ಳುತ್ತದೆ.

ಅವಘಡಗಳನ್ನು ತಪ್ಪಿಸಲು ಹೀಗೆ ಮಾಡಿ

- ಔಷಧಿಗಳನ್ನು ಮಕ್ಕಳ ಕೈಗೆ ಸಿಗದಂತೆ ತೆಗೆದಿಡಿ.
- ಮಕ್ಕಳು ಹಿರಿಯರಿಗೆ ತೋರಿಸಿಯೇ ಔಷಧ ಸೇವಿಸಬೇಕು
- ಉಳಿದ ಔಷಧಿ ಹಾಗೂ ಎಕ್ಸ್‌ಪೈರಿಯಾದ ಬಳಿಕ ಉಳಿದ ಔಷಧಿಗಳನ್ನು ಕೈಗೆಟುಕದಂತೆ ಎಸೆಯಬೇಕು. ಯಾಕೆಂದರೆ, ಕಸದ ಬುಟ್ಟಿಯಲ್ಲಿ ಎಸೆದರೂ ಇದರಿಂದ ವಿವಿಧ ರೀತಿಯಲ್ಲಿ ದುಷ್ಪರಿಣಾಮಗಳು ಉಂಟಾಗುತ್ತವೆ.

ಔಷಧ ಸೇವನೆ ಹೀಗಿರಲಿ

- ಔಷಧ ಚೀಟಿ (ಪ್ರಿಪ್ರಿಪ್ಷನ್) ಯಲ್ಲಿ ವೈದ್ಯರು ಬರೆದಿರುವಂತೆ, ಕೆಮಿಸ್ಟರ ಬಳಿ ಕೇಳಿ ತಿಳಿದು ಔಷಧ ಸೇವಿಸಬೇಕು.
- ಔಷಧ ಸೇವನೆ ಆಹಾರಕ್ಕೆ ಮೊದಲೋ ಅನಂತರವೋ ಅಥವಾ ಎರಡು ಬಾರಿ ಆಹಾರ ಸೇವನೆಯ ಮಧ್ಯದ ಸಮಯದಲ್ಲೋ ಎಂದು ಕೆಮಿಸ್ಟರ ಬಳಿ ಕೇಳಿ ತಿಳಿಯಬೇಕು.
- ಬಿಸಿ ಹಾಲು ಹಣ್ಣಿನ ಜ್ಯೂಸ್, ಪೇಯಗಳ ಜೊತೆ ಔಷಧಿ ಸೇವಿಸಿದರೆ, ಔಷಧ ದೇಹದಲ್ಲಿ ಅಂದರೆ, ಉದರ ಮತ್ತು ಕರುಗಳಿನಲ್ಲಿ ಹೀರಿಕೊಳ್ಳುವ ಪ್ರಮಾಣದಲ್ಲಿ ವ್ಯತ್ಯಾಸ ಉಂಟಾಗುತ್ತದೆ. ಆಗ ಔಷಧದ ಪ್ರಭಾವವೂ ಕಡಿಮೆಯಾಗುತ್ತದೆ. ಜೊತೆಗೆ ಎಸಿಡಿಟಿ, ವಾಯುಬಾಧೆ ಇತ್ಯಾದಿ ಉಂಟಾಗುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು ಆದ್ದರಿಂದಲೇ ಬಿಸಿ ಹಾಲು, ಚಹಾ, ಕಾಫಿ, ಹಣ್ಣಿನ ಜ್ಯೂಸ್, ಪೇಯಗಳ ಜೊತೆಗೆ ಔಷಧ ಸೇವಿಸಲೇ ಬೇಡಿ.

ಕೃತಜ್ಞತೆಗಳು

ಡಾ|| ಅನುರಾಧ ಕಾಮತ್, ಶ್ರೀ ಭುಬನೇಂದ್ರ ಕ್ಷೀನಿಕ್, ಉಪ್ಪುಂಡ, ಉಡುಪಿ
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ಮುಖ್ಯ ಸಂಪಾದಕರು, ತರಂಗ ಸಂಪುಟ 33, ಸಂಚಿಕೆ 1, ಜನವರಿ 1, 2015

to be continued...

KSPC News



Karnataka State Pharmacy Council completes 50,000 Registration



Registered Pharmacists with their Certificate

1. Sharada Vilas College of Pharmacy, Mysuru on 7th March 2015

Sharada Vilas College of Pharmacy, Mysuru organized a valedictory function of "National conference on "Preparedness and response to bioterrorism- Role of Health Care Professionals" and Annual Day Celebrations 2015 on 7th March 2015 at Prof. Chinnaswamysetty conference Hall, Mysuru.



Sri. D.A. Gundu Rao, President, Karnataka State Pharmacy Council, Bengaluru was the Chief Guest. He highlighted the importance of Pharmacist during a bioterrorism attack and the key role in planning and execution of Pharmaceutical distribution and control of the drug therapy management for patients. Sri. D.A. Gundu Rao released the annual magazine "Savi Sinchana 2014" and presented a set of KSPC publications.

2. Srinivas College of Pharmacy, Mangalore, 22nd December 2014

Decennial celebration of Srinivas College of Pharmacy at Panambur was held on 22nd December 2014 at Panambur Beach, Mangalore.

Dr. E.V.S Subrahmanyam, Professor & Programme Co-ordinator, Srinivas College of Pharmacy & Member of Karnataka State Pharmacy Council,



Bengaluru welcomed the gathering. Mrs. Paramita Das anchored the program, Mr. Viresh K. Chandur, proposed vote of thanks.

3. Dharwad Pharmacist celebration

Sri. D.A. Gundu Rao, President, Karnataka State Pharmacy Council, Bengaluru was one of the guests for the CEP programme conducted by the Dharwad District Chemist & Druggists Association (R). He delivered a talk on 'Community Pharmacy in India at Cross Roads'. He explained how the challenges would be in the coming days and the need to adopt professional outlook both in appearance and service.



Other guests present where Sri. Raghurama Bhandary, Drugs Controller for the State of Karnataka, Dr. Ramesh Adepu, Professor, JSS College of Pharmacy, Mysore, Sri. V.V. Kapparshettar, President, Dharwad District Chemist & Druggists Association. More than 1000 delegates attended the programme.

Visitors of Honour

M/s. Rosalind Miller, MPharm MSc, a Research Scholar from Department of Global Health and Development, London visited this council on 30th Jan 2015 to discuss the function of the State Council and Community Pharmacy, as a part of her study.

Sri. Bhagavan P.S., Registrar, KSPC briefed her on the issue and she was presented a set of KSPC publications.

Mr. Samson P. George, Drug Information Pharmacist and

Ms. Usha M.J., Technical Assistant also took part in the appraisal discussion.



Editorial Board

Mr. Banavi V. S., Mr. Bhagavan P.S., Mr. Gangadhar V. Yavagal, Mr. Gundu Rao D.A., Prof. Hariprasanna, Prof. Dr. Lakshmi P.K., Mr. Nagaraj M. S., Prof. Sirse Krantikumar, Dr. Srinath M. S., Mr. Samson P. George

Additional Information on any article is available on request

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