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Department of Pharmacy Practice

VIVEKANANDHA PHARMACY COLLEGE

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CLINICAL INSIGHTS VPC EDITION

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MONSOON HEALTH NATURALLY

As the monsoon season settles in through September and October, the cooling rains bring a welcome change in temperature. However, this damp transition also creates a breeding ground for seasonal infections, water-borne illnesses, and respiratory bugs.

The Naturopathic Way

Monsoon Immunity: Defending against seasonal bugs. The rainy season brings a sharp rise in vector-borne diseases like dengue and water-borne infections like gastroenteritis and typhoid from food and water contamination. Naturopathy teaches us to fortify our internal terrain so the body can naturally ward off these environmental stressors.

Strict Hygiene Rules: Ensure all of you carry hand sanitizers and wash their hands thoroughly before every meal to cut down the transmission of germs. Hydration Safety: Avoid drinking tap water outside. Stick strictly to boiled, filtered water. Carry reusable insulated flasks to ensure access to safe drinking water throughout the day.

Mosquito Defense: Eliminate any stagnant water in flower pots, coolers, or puddles around the home. Use natural mosquito repellents containing citronella or lemon grass oil to shield children during outdoor activities.

The Yoga Sanctuary

Asana Focus: Kapalbhati & matsyasana for respiratory health damp, humid weather often exacerbates asthma, sinus congestion, and seasonal allergies in young children and teenagers. Incorporating targeted yoga practices helps clear the respiratory tract and expand lung capacity. Kapalbhati Pranayama (Shining Skull Breath): This invigorating breathing technique features forceful exhalations and passive inhalations. It effectively clears mucus from the respiratory passages, cleanses the sinuses, and boosts energy levels, removes suffering from morning sluggishness.

Matsyasana (Fish Pose): By arching the back and elevating the chest, this pose deeply stretches the intercostal muscles and opens the lungs. It encourages deep, diaphragmatic breathing and helps relieve the chest tightness commonly triggered by rainy weather.

Nourish From Within

Rainy Season Diet: Immunity-Boosting Foods During these wet months, digestive fire (Agni) naturally weakens. It is crucial to modify your family's diet to keep digestion smooth and immune responses sharp.

Avoid Bakery & Street Foods: Avoid complete raw salads, pre-cut fruits, instead go with half boiled veggies, fresh cut fruits and avoid street and bakery food during these months. The high humidity speeds up bacterial growth on uncooked items.

Cooked, Warming Meals: Focus on easily digestible, warm meals. Incorporate plenty of garlic, ginger, black pepper, and turmeric into daily cooking. These kitchen staples possess powerful antimicrobial and anti-inflammatory properties that guard against the common cold.

Herbal Tea: Brew a comforting evening tea using tulsi (holy basil), mint leaves, ginger, and a drop of honey to soothe irritated throats after a rainy commute.

Reference:

1. World Health Organization. Dengue and severe dengue [Internet]. Geneva: World Health Organization; 2025 [cited 2026 Sep 21]. Available from: WHO Dengue and severe dengue.
2. World Health Organization. Food safety [Internet]. Geneva: World Health Organization; 2026 [cited 2026 Sep 21]. Available from: WHO Food Safety.
3. Centers for Disease Control and Prevention. Preventing typhoid fever and paratyphoid fever [Internet]. Atlanta: CDC; 2026 [cited 2026 Sep 21]. Available from: CDC Typhoid Prevention.

By
Dr. G. SANTHAKUMAR, BNYS.,
Medical Superintendent,
Swamy Vivekanandha Nature Cure Hospital,
Sankagiri.



MONTHLY DRUG SAFETY ALERT

The preliminary analysis of Adverse Drug Reactions (ADRs) from the PvPI data base 2026, revealed that the following suspected drugs areas associated with the ADRs as given below.

S.no	Suspected Drugs	Indications	Adverse Drug Reactions
1.	Clonidine	Indicated in the treatment of hypertension.	Hyponatremia
2.	Polymyxin B	Urinary tract infections caused by <i>P. Aeruginosa</i> and <i>E. Coli</i> , bloodstream infections caused by <i>P. Aeruginosa</i> , <i>E. Aerogenes</i> and <i>K. Pneumoniae</i> , Meningeal infections caused by <i>P. Aeruginosa</i>	Hypokalemia
3.	Clomipramine	Antidepressant- Obsessive Compulsive Disorders, phobic states and depression (when sedation is required).	Akathisia
4.	Famotidine	Indicated in the treatment of duodenal & peptic ulcer, Zollinger-Ellison syndrome.	Fixed Drug Eruption
5.	Metoprolol	i) functional heart disorders, ii) Migraine prophylaxis, iii) Cardiac Arrhythmias, iv) Prevention of cardiac death and re-infarction after the acute phase of myocardial infarction v) Stable symptomatic CHF.	Hyperkalemia

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the nearby ADR monitoring centre (SVMCH&RI, Tiruchengode) or send mail to our ADR Monitoring Centre (svcpvmchamc@gmail.com) or NCC-PvPI, IPC by filling Suspected Adverse Drug Reactions Reporting Form / Medicines Side Effect Reporting Form for Consumer, through Android Mobile App “ADR PvPI” and PvPI Helpline No. 1800 - 180-3024.

Reference:

1. Home - Indian Pharmacopoeia Commission. [online] Available at: <https://www.ipc.gov.in>.

By
Dr. P. DINESHKUMAR, Pharm.D(PB).,
 Assistant Professor,
 Department of Pharmacy Practice, VPC.

DRUG SAFETY ALERT

FERRIC CARBOXY MALTOSE: THE “IRON” THAT CAN LOWER PHOSPHATE

New 2026 Safety Update

On September 1, 2026, the U.S. FDA announced that labeling for ferric carboxy maltose injection (Injectafer) was updated to include a boxed warning for symptomatic hypophosphatemia.



Ferric carboxy maltose

Route: Intravenous

Common therapeutic use: Iron replacement for appropriate patients with iron deficiency/iron-deficiency anemia.

What is the safety concern?

Ferric carboxy maltose can cause hypophosphatemia, which in some patients can be severe and prolonged.

The FDA reports that serious consequences can include:

- Severe fatigue
- Muscle weakness or pain
- Bone or joint pain
- Confusion
- Seizures
- Cardiac arrhythmias
- Osteomalacia
- Fractures
- Hospitalization in severe cases

The surprising part

A patient may initially think:

“I am still tired after my iron infusion—maybe my anemia hasn't improved.”

But fatigue and weakness can also occur with hypophosphatemia.

That makes recognition particularly important.

Who is at Greater Concern?

The updated FDA labeling recommends particular attention to patients:

- At risk for low phosphate
- Receiving repeat courses
- Receiving another course within 3 months
- With pre-existing hypophosphatemia

Importantly, hypophosphatemia has also occurred in patients with normal baseline phosphate levels and without apparent risk factors.

Pharmacist's Safety Check

Before administration

Assess ➤ Identify risk ➤ Check phosphate when indicated

During follow-up

Monitor ➤ Recognize symptoms ➤ Communicate

Patient counselling

Tell patients to report:

Unusual fatigue + muscle weakness/pain + bone/joint pain

rather than automatically assuming that these symptoms are simply persistent anemia.

“Iron or Phosphate?”

A patient receives IV ferric carboxymaltose.

Three weeks later, the patient says:

“My hemoglobin problem was treated, but I am extremely tired, my muscles hurt, and I have new bone pain.”

What should make the pharmacist think beyond anemia?

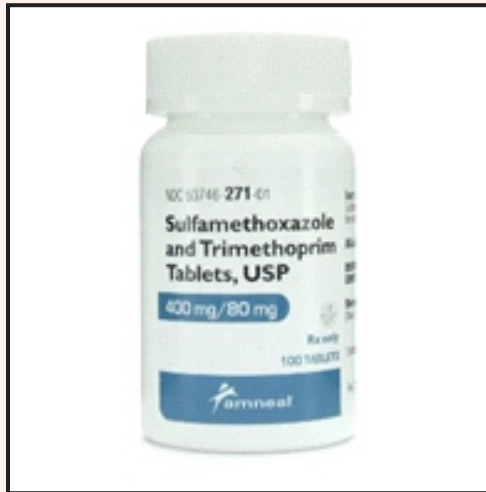
- A. Hyperglycemia
- B. Hypophosphatemia
- C. Hypernatremia
- D. Hypercalcemia

✓ **Answer: B. Hypophosphatemia**

The FDA specifically warns that symptoms of hypophosphatemia may overlap with symptoms patients might otherwise attribute to their underlying condition.

By
Dr. R. A. HIRIJA, Pharm.D.,
Assistant Professor,
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DRUG PUZZLE



“The INR Mystery” – Can You Identify the Hidden Drug Interaction?

Clinical Case

A 68-year-old man with atrial fibrillation is taking:

- Warfarin 5 mg once daily
- Metformin
- Atorvastatin

His INR has been stable at 2.4 for several months.

He develops a urinary tract infection and is prescribed an antibiotic.

Five days later:

- INR = 6.8
- Bruising is noticed on his arms
- He reports mild gum bleeding
- No change in his warfarin dose
- No alcohol binge
- No major dietary change

Your Challenge

Which antibiotic is most likely responsible?

- A. Amoxicillin
- B. Trimethoprim–sulfamethoxazole
- C. Azithromycin
- D. Nitrofurantoin

Think before revealing the answer!

✓ **ANSWER: B. Trimethoprim–Sulfamethoxazole**

The combination of warfarin + trimethoprim–sulfamethoxazole (TMP-SMX) can produce a clinically important increase in anticoagulant effect and INR.

Why?

TMP-SMX can increase warfarin exposure/effect through CYP2C9 inhibition, particularly affecting the more potent S-warfarin, with additional contribution from other mechanisms.

Pharmacist's Learning Point

Whenever an interacting antimicrobial is started in a patient receiving warfarin:

Check ➤ Assess interaction ➤ Monitor INR ➤ Communicate ➤ Educate

The important lesson is not simply to memorize an interaction—it is to recognize that a new medicine can destabilize previously stable anticoagulant therapy.

By

Dr. S. RUBAN , Pharm.D.,

Assistant Professor,

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A quick-scan round-up of 2026's most India-relevant new FDA drug approvals — diabetes, infectious disease, oncology, and dermatology/CNS — with why each one matters. US approval only; Indian availability needs separate CDSCO clearance.

DIABETES & METABOLIC DISEASE

Awikli <i>insulin icodec-abae</i>	26 Mar 26	Once-weekly basal insulin for type 2 diabetes — a major adherence upgrade for India's huge diabetic population.
Foundayo <i>orforglipron</i>	1 Apr 26	First oral GLP-1 for chronic weight management — removes the injection barrier.
Baxfendy <i>baxdrostat</i>	15 May 26	Aldosterone synthase inhibitor for hypertension not controlled on standard drugs.

INFECTIOUS DISEASE

Utebzi <i>tebipenem pivoxil</i>	17 Jun 26	Oral carbapenem for complicated UTI — key option amid rising antimicrobial resistance.
Zaynich <i>cefepime/zidebactam</i>	29 May 26	Cephalosporin + beta-lactamase inhibitor for resistant complicated UTIs.
Hepcludex <i>bulevirtide-gmod</i>	22 May 26	First entry-inhibitor for chronic hepatitis delta infection.
Idvynso <i>doravirine/islatravir</i>	20 Apr 26	Two-drug once-daily HIV-1 regimen for virologically-suppressed adults.

ONCOLOGY

Zenbexus <i>iberdomide</i>	13 Aug 26	Protein degrader combo for relapsed multiple myeloma.
Etcamah <i>camizestrant</i>	4 Sep 26	For HR+/HER2- metastatic breast cancer with ESR1 mutation.
Rasonque <i>daraxonrasib</i>	26 Aug 26	New option for metastatic pancreatic cancer.
Jideytro <i>zidesamtinib</i>	22 Jul 26	For ROS1+ non-small cell lung cancer after prior ROS1 therapy.

By

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SPEED BADGES — REGULATORY DESIGNATIONS BEHIND THE HEADLINES

Foundayo <i>orforglipron</i>	1 Apr 26	Approved via the Commissioner's National Priority Voucher — first-ever NME cleared under this new pathway, in just 50 days (fastest NME approval since 2002).
Zenbexus <i>iberdomide</i>	13 Aug 26	Priority Review + Breakthrough Therapy + Orphan Drug + Accelerated Approval, reviewed jointly with Swissmedic under Project Orbis.
Hepcludex <i>bulevirtide-gmod</i>	22 May 26	Priority Review + Breakthrough Therapy + Orphan Drug + Accelerated Approval — first-ever HDV therapy.
Jideytro <i>zidesamtinib</i>	22 Jul 26	Breakthrough Therapy + Orphan Drug — cleared ahead of its PDUFA target date.
Utebzi <i>tebipenem pivoxil</i>	17 Jun 26	Priority Review + Fast Track + Qualified Infectious Disease Product (QIDP) under the GAIN Act.

Priority Review	~6-month FDA review instead of the standard 10 months, for drugs offering major improvement over existing therapy.
Breakthrough Therapy	Intensive FDA guidance for serious conditions showing substantial improvement over available therapy in early trials.
Orphan Drug	For diseases affecting <200,000 US patients — grants 7 years of market exclusivity plus tax credits.
Accelerated Approval	Approval based on a surrogate endpoint likely to predict clinical benefit; confirmatory trials required post-approval.
Fast Track	Facilitates development and rolling review for drugs addressing an unmet medical need.
QIDP (GAIN Act)	For antibiotics/antifungals targeting serious/resistant infections — adds 5 years of exclusivity.
CNPV (new, 2025)	Commissioner's National Priority Voucher pilot — expedited review (target ~2 months) for national health priorities.

MADE IN INDIA, APPROVED IN THE US — BIOSIMILAR WINS

Dr. Reddy's rituximab biosimilar <i>rituximab (Fresenius Kabi partner)</i>	1 Aug 26	Approved for B-cell cancers and autoimmune conditions; already sold in India, EU, UK, Canada and 25+ emerging markets.
Ranluspec <i>ranibizumab-hkdz (Lupin)</i>	17 Jun 26	Interchangeable biosimilar for wet AMD, diabetic macular edema, diabetic retinopathy and retinal vein occlusion.
Armlupeg <i>pegfilgrastim-unne (Lupin)</i>	28 Nov 25	Biosimilar to Neulasta, used to reduce infection risk during chemotherapy.

Indian manufacturers: Dr. Reddy's, Lupin, Intas/Accord and others — are increasingly first movers in the US biosimilar race for oncology and ophthalmology biologics, a trend directly relevant to India's own biosimilar regulatory pathway under CDSCO's 2016 Guidelines.

Sources: FDA press releases, company announcements (BMS, Gilead, GSK, Spero Therapeutics, Eli Lilly, Lupin, Dr. Reddy's), Center for Biosimilars, GaBI Online. US approval status only — confirm Indian regulatory status separately via CDSCO.

By

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MNEMONICS IN CLOTTING FACTORS

Remember the factors... Build the pathway... Better patient care!

Intrinsic Pathway (Contact Activation)	
Factor	Mnemonic
XII	H ageman factor
XI	P TA (Plasma thromboplastin antecedent)
IX	C hristmas factor
VIII	A nti-haemophilic factor A
Mnemonic: "HPCA" (12 – 11 – 9 – 8)	

Extrinsic Pathway (Tissue Factor)	
Factor	Mnemonic
VII	S table factor
	Tissue factor (not a numbered factor)
Mnemonic: "ST" (VII – Tissue factor)	

Common Pathway (Final Pathway)	
Factor	Mnemonic
X	S low moving (Common pathway)
V	V ery important
II	P rothrombin
I	F ibrinogen
XIII	S tabilizes fibrin
Mnemonic: "SVPFS" (10 – 5 – 2 – 1 – 13)	

Overall Mnemonic (All Factors)
"Hepatitis Sins Viciously Prove Fibrin Stays" (12 – 11 – 9 – 8 – 7 – 10 – 5 – 2 – 1 – 13)

Vitamin K Dependent Factors
"Four Frogs" (II – VII – IX – X)
Factors with Short Half-life
"7 and 8" (Factor VII and VIII)

Key Points
• Intrinsic: XII, XI, IX, VIII • Extrinsic: VII (Tissue factor) • Common: X, V, II, I, XIII • Vitamin K dependent: II, VII, IX, X • Short half-life: VII, VIII



— Remember the Mnemonics • Master the Pathway —

By
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DEPARTMENT HIGHLIGHTS



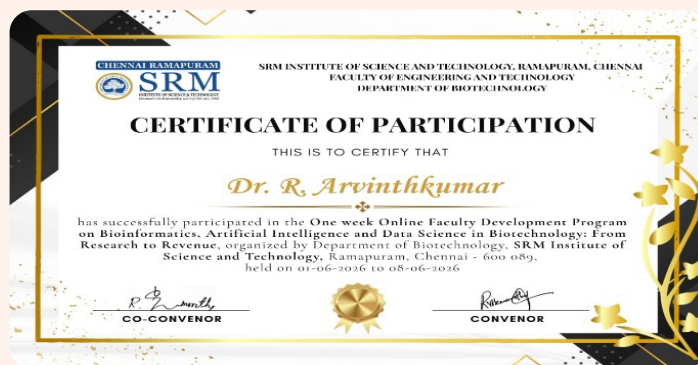
Dr. R. Arvinthkumar & Dr. S. Ruban, actively participated 5 days Faculty Development Programme, On April 27 to 30, 2026 and May 4, 2026. Topic on "Translational Research Excellence: From Grant Proposal to Clinical Practice and Innovation", Organized by, Faculty of Pharmacy, Karpagam Academy of Higher Education, Coimbatore.



Dr. K. Krishnaveni, Dr. R. Arvinthkumar, Dr. P. Dineshkumar, Dr. S. Ruban & Dr. R. A. Hirija actively attended One day National Seminar on topic entitled "AI In Precision Pharmacotherapy: Innovation, Implementation and Impact (NSAIPPIII- 2026)" held on 12th June 2026, at Vellalar College of Pharmacy.



Dr. K. Krishnaveni, Dr. C. Arokiarani, Dr. R. Arvinthkumar, Dr. P. Dineshkumar & Dr. S. Ruban actively participated in 10th National Level Conference "Clinical Pharma Practice Indian & Global Scenario- 2026" on 20th June 2026, at Swamy Vivekanandha College of Pharmacy.



Dr. R. Arvinthkumar, Dr. P. Dineshkumar, Dr. S. Ruban and Dr. R. A. Hirija successfully participated in One week Faculty Development Programme on Bioinformatics, Artificial Intelligence and Data Science in Biotechnology: From Research to Revenue, organized by Department of Biotechnology, SRM Institute of Science and Technology, Chennai from 01.06.2026 – 08.06.2026.



We organized an International Seminar on the topic “Innovative Pharmacy Practice for the Era of Precision Healthcare” at Srinivasa Mahal on 3rd July 2026. The seminar was held at Vivekanandha Pharmacy College, Sankari, and sponsored by the Association of Pharmaceutical Teachers of India (APTI). The event was accredited with 10 Continuing Education Programme (CEP) credit points by The Tamil Nadu Dr. M.G.R. Medical University. A total of 580 delegates participated in the seminar.



We organized a Guest Lecture on the topic “Clinical Interventions and Antimicrobial Stewardship: A Clinical Pharmacist's Contribution to Accredited Healthcare” on 06.08.2026 at VPC Seminar Hall.



We actively attended 4th National Symposium on “Innovative Breakthrough in Pharmacare – Nurturing the Future Pharmacist (IBP-NFP-2026)” on 13th & 14th August 2026. Theme: “AI-Driven Computational Pharmacology and In-silico Drug Design – Emerging Modern Therapeutics”organised by Department of Pharmacology, VPC.



We conducted an “Anti-Drug Awareness Programme”, on 10.08.2026 at our institution to create awareness among students about the harmful effects of drug abuse and its impact on physical and mental health.



Dr. R. Arvinthkumar& Dr. R. A. Hirija, actively attended a One Day National Seminar on the topic “The Role of Artificial Intelligence in Pharmacy Practice and Patient Care Innovations” at SSM College of Pharmacy, Jambai, Erode District on 29.08.2026.



Dr. P. Dineshkumar, actively participated in the National level e-Faculty Development Program (FDP), organized by VEL Pharmacy College, VISTAS, Manjankaranai, Thiruvallur, Tamil Nadu from 17.08.2026 to 22.08.2026.



Dr. R. A. Hirija, successfully participated in IP Awareness / Training Program under National Intellectual Property Awareness Mission (NIPAM) on 17.08.2026.



Dr. R. A. Hirija, actively attended an Online Webinar on the topic "How to Report an Echocardiogram and Career Opportunities for Echocardiographers", conducted by CliMed Academy on 16.08.2026.



Dr. R. A. Hirija, actively attended 107th SPSR International Webinar on "A Food-Compatible Polysaccharide-Iron Complex with Enhanced Stability and Clarity for Beverage Fortification" on 30.08.2026.

PUBLICATIONS

1. **Arokia Rani C**, Mounika K, Thirumurthy RK, Mohanapriya K. Termite soil (Putruman) as a potential pharmaceutical excipient and bioactive material: a pharmaceutical chemistry perspective. *Int J Versatile Res Anal.* 2026;4(5).
2. Mounika K, Thirumurthy R, Mohanapriya K, **Arokia Rani C**, Sivashankari S, **Hirija RA**. Blocking and inhibition of *Cutibacterium acnes*: a modern strategy for acne prevention and treatment. *Int J Res Publ Rev.* 2026;7(6):4877-4882.
3. Mounika K, Thirumurthy R, Mohanapriya K, **Arokia Rani C**, Sivashankari S, **Hirija RA**, Manjushree S, Pavithra Devi S, Sangeetha V, Shahin S. A comparative review of Siddha therapeutics and modern pharmaceutical perspectives Navapasanam in Siddha medicine: traditional knowledge, pharmaceutical perspectives and therapeutic potential. *Int J Res Publ Rev.* 2026;7(6):4848-4876.
4. Mounika K, Thirumurthy R, Mohanapriya K, **Arokia Rani C**, Sivashankari S, Kanmani R, Kaviya C, Madhumitha G, Monika P. Role of cobra venom and its health benefits. *Int J Pharm Sci.* 2026;4(7):888-903. doi:10.5281/zenodo.21189960.
5. Mallikarjun, Narmadha D, Sobana Tamil Selvan, Piranesh V, Kowsalyadevi M, Snehal Dasharath Pawar, **Ruban S**, Prithivirajan Senthilkumar. AI-driven drug discovery: transforming modern pharmaceutical sciences. *Bioscan.* 2026;21(2):2102-2129.
6. Lakshmanan L, Jayakumar D, Pawar SD, Supria KAS, Keerthana S, **Arvinthkumar R**, Mounika K, Nandhakumaran S. Long-acting injectable (LAI) systems-current progress in chronic disease therapy. *Int J Drug Deliv Technol.* 2026;16(51s):1893-1906. doi:10.25258/ijddt.16.51s.153.
7. **Dineshkumar Palanivel**, Mouleeswaran Rajendran, Sakthi Sundaram Subramaniam, Dinesh Kumar Allimuthu, Yamuna Ramesh Babu, Dhivya Rajamanickam, Gowri Saravanan, Harinee Murugesan. Psychedelic-assisted therapy: a pharmacological perspective on psilocybin and ketamine in depression. *International Journal Research Publication Analysis.* 2026;2(7). doi:10.101555/ijrpa.6929.
8. Dhanasekar J, Snehal Dasharath Pawar, Lathamani L, **Arvinthkumar R**, Mounika K, Mohanapriya K, **Arokiarani C**, Jeevitha K. Drug repurposing: expanding therapeutic potential of existing drugs. *The Bioscan.* 2026;21(3):338-362. doi:10.63001/tbs.2026.v21.i03.S.I(3).pp338-362.
9. **Dineshkumar Palanivel**, Mouleeswaran Rajendran, Dineshkumar Allimuthu, Prithivirajan Senthilkumar, Yamuna Ramesh Babu, Dhivya Rajamanickam, Gowri Saravanan, Harinee Murugesan.. A wound healing potential of 5-amino salicylic acid by tissue regeneration of using excision wound model in albino Wistar rat. *YMER.* 2026;25(7):417-421.

BOOK CHAPTER

1. **Dr. K. Krishnaveni** published a book chapter titled "Clinical Trials and Drug Development: AI-Accelerated Clinical Research and Evidence Generation" in the book "From Mortar and Pestle to Machine Learning" (ISBN: 978-81-989710-0-5).
2. **Dr. R. Arvinthkumar** published a book titled "Text Book of Clinical Research" (ISBN: 978-81-69149-09-9).

PATENTS

1. **Dr. C. Arokiarani & Dr. R. Arvinthkumar**, got a Indian patent on "Device for Developing Mini Transdermal Patches for Diabetic Wounds" on 18.08.2026.
2. **Dr. C. Arokiarani & Dr. S. Ruban**, got a Indian patent on "AI Based Device for Detection Cancer and Neurological Disorders" on 18.09.2026.

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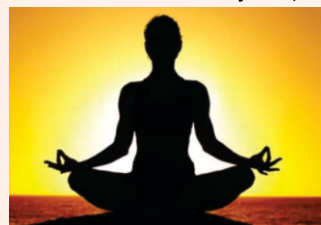
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