



NANDHA PHARMA ALERT

An Exclusive Newsletter from Drug Information Center,
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IN THE HIGHLIGHTS:

- Artificial intelligence in Medical Field
- Meloheostasis
- Department Activity

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was bony hard ,non tendorand hyperpigmented .skin temperature was normal in knee joint about 20 degree flexion deformity present. No other abnormalities wasdetected in the right lower limb and upper limb

pain radiograph of left leg shows extensive,dense ,undaulting or irregular cortical hyperostosis,resembling candle wax,extending along the length of bone ,resulting in deformity of the bone and narrowing of the medullary cavities.plain radiographs of the bones on the right lower sideways normal. Laboratory findings for CBC ,Serum ,calcium, phosphorous,alkaline phospertase,erythrocyte sedimentation rate ,C-reactive protein,fetoproteins,carcinoembryonic antigen where within normal limits.

The pathologic report describes non specific, dense cortical bone .The hyperostotic bone consisted of mature and immature bone elements.treatment pamidronat 30mg daily for 6 days aswell as analgesic where given to the patient. Physiotherapy started for the deformity.After 3 months in follow up ,the patiewnt reported alleviation of the pain

CONCLUSION:

All routine laboratory findings usually normal.It is only diagnosed by characteristic candle wax type appearance in X-ray film .Their is no definite treatment available for this disease.only symptomatic treatment can improve the condition of the patient more fruitful result obtain with pamidronat and physiotherapy.

REFERENCE:

Murray RO,Mc Credie J. Melorheostosis and the sclerotomes;a radiological correlation. Skeletal radiol.1979;4:57-71 (pubmed)

- **Mr.V.C. Aripasad, B.Pharm**

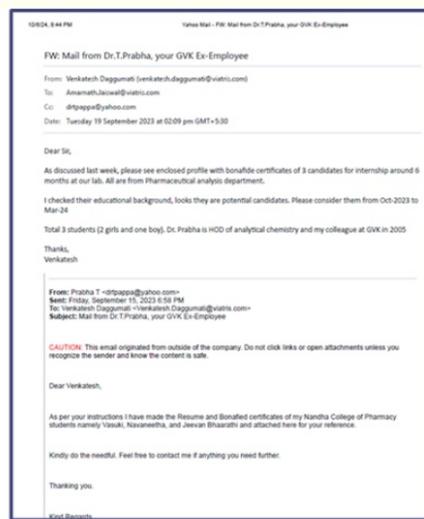
Our Activities

Internship Placement Achievement

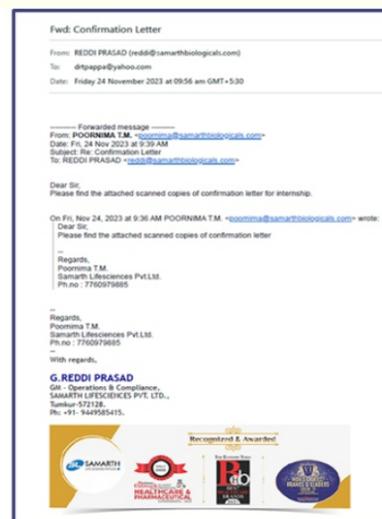
We are delighted to share that the students of Nandha College of Pharmacy, Erode, have successfully secured internships with reputed pharmaceutical organizations, further enhancing their professional learning and industry exposure. Our students have been placed in: Glenmark Pharmaceuticals Limited, Mumbai (Maharashtra), Mylan/Viatrix Laboratories, Hyderabad (Telangana), and Samarth Life Sciences Pvt. Ltd., Tumkur (Karnataka). These prestigious opportunities at leading pharmaceutical industries will provide our students with hands-on training, technical expertise, and professional grooming, enabling them to effectively bridge the gap between academic knowledge and industrial practice. The institution sincerely thanks its industry partners for their continued support and extends hearty congratulations to the students for this commendable achievement.



Glenmark Pharm. Ltd., Mumbai



Mylan/Viatrix Lab. Ltd, Hyderabad



Samarth life sciences Pvt. Ltd, Bangalore

ARTIFICIAL INTELLIGENCE IN MEDICAL FIELD

Introduction:

Artificial Intelligence (AI) in varying forms and degrees has been used to develop and advance a wide spectrum of fields,such as banking and financial market .education,supply chains ,manufacturing ,retail and e-commerce and healthcare.with the technology industry AI has been an important enablers for many new business innovations.These includes web search (e.g.Google),content recommendation (e.g.Netflix),product recommentation(e.g.Amazon),targeted advertising(e.g.Facebook),and autonomous vechicles(e.g Testa)

What is AI?

AI is a wide –ranging branch of computer science concerned with building smart machine capable performing tasks that typically require human intelligence. Some applications of AI include automated infaces for visual perception , speech recognition desion making,and translation between the languages. AI is an indisciplinary science Huge strides have been made in application of AI system to drug discovery and providing personalizd treatment option. Companies such as verge genomics ,focused on the application of machine learning algorithms to analyze human genomic data and identify drug to combat neurological disease such as Parkinsons disease ,Alzheimer and amotropic lateral Sclerosis (ALS) in a cost –effective way .Assisting doctors search hospital protocols,list of available clinical tools and available drugs through the use of mobile application,thus improving work flow in the hospital .Additionally ,applications of artificially intelligent system in health care is broadly classified into three categories:

- Patient–Oriented AI
- Clinician–Oriented AI and
- Administrative and Operational –Oriented AI

Present Day Use Of AI:

The most recent application of AI in global health care is the prediction of emerging hotspot using contract tracing and flight traveler data to fight off the novel coronavirus (COVID-19) pandemic

Contact tracing is a disease control measure used by government authorities to limit spread of the disease. Contact tracing work by contacting and informing individuals that have been exposed to the person who has contracted the disease and instructing them to quarantine to prevent further spread of the disease. As reported by the Apple newsroom, tech giant like Google and Apple have been joined forces to create a contact tracing platform that will use artificial intelligence system through the use of applications programming interfaces commonly referred to as APIs on smartphones. The platform will enable the user who chooses to enroll to report their location services will then allow the platform to contact people who may have been in the vicinity of the infected person.

APPLICATIONS:

Availability of data

Creating blast models

Data preprocessing

Presenting blast models

Fragmented data

CONCLUSION: The future of AI in medicinal science. AI system can help free up the time for busy doctors by transcribing notes, entering and organizing patient data into portals (such as EPIC) and diagnosing patient potentially serving as a mean for providing second opinion for the physician. Artificially Intelligence System can also help patient with follow up care and availability of prescription drug alternatives. AI also has the capability of remotely diagnosing patients thus extending medical service to the remote areas beyond the major urban centres of the world. The future of AI in health care is bright and promising and yet much remains to be done.

Most global pharmaceutical companies have invested their time and money on using AI for drug development of major diseases such as cancer or cardiovascular disease.

REFERENCE:

<https://www.ncbi.nlm.nih.gov>

**- Ms.S.Abinayasri,
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PRALSETINIB

Pralsetinib is a RET receptor tyrosine kinase inhibitor for the treatment of metastatic RET-driven non-small cell lung cancer.

MECHANISM OF ACTION:

Rearranged during transfection (RET) is a transmembrane receptor tyrosine kinase containing extracellular, transmembrane and intracellular domain whose activity is required for normal kidney and nervous system development. Constitutive RET activation is achieved through chromosomal rearrangement producing 5 fusion of dimerizable domain to the 3 RET tyrosine kinase domain leading to constitutive dimerization and subsequent autophosphorylation; the most common fusions are KIF5B-RET and CCDC6-RET, although more than 35 genes have been reported to fuse with RET. Constitutive activation leads to increase downstream signaling and is associated with tumor invasion, migration and proliferation.

PHARMACOKINETICS:

Absorption: Pralsetinib given at 400 mg once daily results in the mean steady state C_{max} of 2830 ng/ml (coefficient of variation, CV, 52.5%) and AUC_{0-24h}. The C_{max} and AUC of pralsetinib increased inconsistently with increasing dose between 60 and 600 mg once daily, with a median T_{max} across this range between two and four hours.

Volume of distribution: Pralsetinib has a mean apparent volume of distribution of 228 L.

Protein binding: Pralsetinib is 97.1% bound to plasma proteins regardless of concentrations.

Metabolism: Pralsetinib is metabolized in vitro primarily by CYP3A4 and to the lesser extent by CYP2D6 and CYP1A2. Pralsetinib given as a single oral dose of 310 mg in healthy volunteers leads to the detection of metabolites both oxidation and glucuronidation although these constituted less than 5% of the detected material.

Route of elimination: PRALSETINIB is primarily eliminated through the fecal route with a small amount found in the urine.

Half life: Pralsetinib has a plasma eliminated half life of 14.7 + 6.5 hours following a single dose and 22.2 + 13.5 hours following doses.

Clearance: Pralsetinib has a mean apparent steady state oral clearance of 9.1 L/h.

Adverse effects:

Common

- Cardiovascular: Edema
- Gastrointestinal: Constipation, Diarrhea
- Hepatic: ALT/SGPT LEVEL RAISED ASPARTASE Amino transferase serum level raised
- Musculoskeleton: Musculoskeleton pain
- Respiratory: Cough, Pneumonia
- Other: Fatigue

Serious

- Cardiovascular: Hypertension
- Dermatologic: Impaired wound healing
- Hematologic: Hemorrhage, grade 3 or greater
- Hepatic: Hepatotoxicity
- Immunologic: Sepsis
- Respiratory: pneumonitis

**- Mr.Kaviarasan
B.Pharm**

MELORHEOSTASIS

Meliorheostasis also called as a candle bone disease, melting wax Syndrome, Leri disease is a rare chronic bone disorder first described in 1922 by Leri and Joanny. It causes the abnormal growth of new bone tissue on the surface of the existing bone. The new bone has a characteristic appearance on X-ray often described as a "flowing" or like dripping wax. Men and women are equally affected and no hereditary features have been discovered. The disorder begins in childhood.

CASE REPORT:

A 35-year old woman presented with the history of left leg dull and aching pain with mild swelling and irritation of the left knee movement. Her limb pain presented since last 20 years. The swelling and restriction of joint movement gradually progressed. There is no relevant family history or trauma. On Physical Examination the patient had hard swelling in the left leg. The swelling