

PhaRMeD

Trade News

ORAL HEALTH & HYGIENE SECTION



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Animals as Dialysis Machines ?

Among the most interesting of the Royal College of Art's 'Summer Show' projects was Revital Cohen's surprising new take on the 'man-machine' aesthetic that is every sci-fi enthusiast's wet dream: man and animal. But why on earth would you want to use dogs for medical devices?

Revital's designs serve two purposes: they disconnect people from the impersonal technology associated with medical procedures, but they also find a use for animals that goes beyond the norm and in some cases may help to save thousands of innocent lives - both human and animal.



The idea of transforming animals into medical devices at first glance seems like a macabre extension of sending canaries down mines but Revital's proposals seem to strive for a beautiful symbiosis between humans and animals, a mutual dependence in which man and beast exist in perfect harmony (albeit brought together through illness). So are her ideas just pipe dreams or could they actually work in the real world?

The first part of the project revolves around the concept of the 'Respiratory Dog'. The vast majority of greyhounds bred for racing are killed after their short

career at the track ends (an estimated 7,500 to 20,000 were euthanised in 2003 alone). Revital advocates training the animal to become a respiratory assistance dog instead of simply killing it: the greyhound's lung movements are converted into mechanical ventilation as it runs on a treadmill, the treadmill itself functioning as both interface and on/off switch. Rapid chest movements pump a bellows that pushes air into the patient's lungs, establishing a mutually reliant relationship between man and animal - both keeping each other alive.

The second scenario envisions substituting a dialysis machine with a sheep. Revital's scenario imagines that through a complex medical process toxins might be removed from the patient's body through a sheep connected via blood lines to the subject and placed at the bedside at night. During the day the dialysis sheep is allowed to roam in the donor patient's garden, grazing to cleanse its kidneys and drinking water containing salt minerals, calcium and glucose. During the night waste products from the patient's blood are pumped out of the body, filtered through the sheep's kidney and the blood is returned, cleaned, to the patient.



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The U.S. Food and Drug Administration (FDA)

is calling for the strongest type of warning to be placed on drugs which are used to treat epilepsy.

Because of fears about the risk of suicidal thoughts and behaviour associated with epilepsy drugs, the FDA wants a "black box" warning on the drugs.

The FDA wants the warning to apply to all epilepsy drugs, even those that do not have documented risk factors.

An advisory panel of outside experts will be asked by the FDA to consider that the drugs should carry the proposed boxed warning.

The call comes shortly before a public meeting on the issue and follows a recent FDA analysis which concluded the medicines are associated with a higher risk of suicidal thoughts and behaviour in patients who take drugs called anti-epileptics to treat epilepsy, bipolar disorder, migraine headaches, and other conditions.

The FDA's analysis found patients taking anti-epileptic drugs had twice the risk of suicidal behaviour or ideation compared to patients receiving a placebo and this was observed as early as one week after starting the anti-epileptic drug and continued through 24 weeks.

This applied to all the 11 drugs tested but the risk for suicide was higher in the patients with epilepsy compared to patients who were given the drugs for psychiatric or other conditions.

At that time doctors were warned that patients taking or starting any anti-epileptic drug should be closely monitored for notable changes in behaviour that could indicate the emergence or worsening of suicidal thoughts or behaviour or depression.

Ranbaxy

Ranbaxy Laboratories Limited (RLL), announced today that the company has received tentative approval from the U.S. Food and Drug Administration to manufacture and market Valganciclovir Hydrochloride Tablets, 450 mg. Total annual market sales for Valganciclovir HCl Tablets were \$239 million (IMS - MAT: March 2008).

Ranbaxy believes that it has First-to-File status on Valganciclovir tablets, thereby providing a potential of 180-days of marketing exclusivity, offering a significant opportunity in the future.

Valganciclovir HCl Tablets are indicated for the treatment of cytomegalovirus (CMV) retinitis in patients with acquired immunodeficiency syndrome (AIDS). Valganciclovir HCl is also indicated for the prevention of cytomegalovirus (CMV) disease in kidney, heart and kidney-pancreas transplant patients at high risk (Donor CMV seropositive/Recipient CMV seronegative [(D+/R-)]).

Viagra

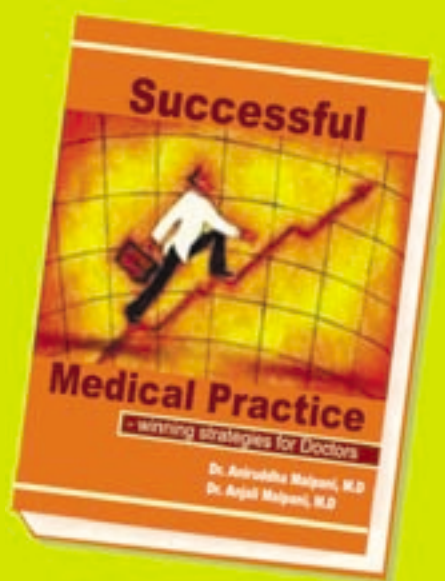
The revelation that athletes are using the drug Viagra to enhance their sporting prowess has prompted the World Anti-Doping Agency (WADA), which monitors the use of drugs in sport, to consider adding Viagra to its list of illegal substances.

Viagra (Sildenafil) is intended to alleviate erectile dysfunction but from a scientific standpoint, whether it also enhances athletic performance is unclear.

WADA is currently conducting research into the drug but results are not expected until next year - the drug is currently not an illegal substance in world sport.

That Viagra has the nickname 'Vitamin V' in sporting circles is an indication of its popularity and experts say Viagra and a similar drug, Cialis are regularly found in the urine samples of male competitors.

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A call to get rid of the damaging market in healthcare once and for all came today from BMA Chairman Dr Hamish Meldrum in his keynote speech opening the British Medical Association's annual conference held this year in Edinburgh.

Speaking to more than 400 UK doctors, Dr Meldrum said: "We've had the market in England for nearly 20 years. Where's the evidence that it works?"

Dr Meldrum continued: "Where's the balance sheet that shows that the argued-for and promised increase in efficiencies and decrease in costs outweigh the transaction costs and bureaucracy of the market? Show me the evidence that for most of what we do - emergency care, long-term conditions and primary care - the market improves rather than detracts.

"Instead we get competition not collaboration; fragmentation not continuity; inefficiency not efficiency. Not good for doctors, not good for patients, not good for the NHS."

Devolution had always been portrayed as the three Celtic nations breaking away from England. He said: "In the case of the NHS it's been the other way round; England has broken away from the rest of the UK" He urged doctors to look at the Scottish model which operates without a competitive market among healthcare providers.

"The BMA wants to see an NHS untarnished by a market economy, true to its beginnings, giving the public a fair, caring, equitable and cost-effective health service. Not a service run like a shoddy supermarket war. If it can be done here in Edinburgh, it can be done in England.

"Let's stop pretending that healing the sick is like trading a commodity. Let's stop diverting doctors' energies into unholy bidding wars for jobs they already do. Let's follow the Celtic lead and get rid of the market in healthcare once and for all. What a pity Ara Darzi missed his golden opportunity to do that."

"I'm not saying that everything's perfect north of the border, but at least there seems to be a shared agenda, a willingness and an eagerness to pull together that you don't see south of Hadrian's wall or east of Offa's dyke."

Dr Meldrum said that the BMA had come up with a credible alternative to the English system with much greater patient, public and professional decision making, freed from day-to-day political interference, at both a national and local level. Allied to this would be a system of collaborative commissioning, with doctors from primary and secondary care working together, with patients, to determine the best way to ensure that the best use is made of the finite resources of the NHS.

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TOOTH ANATOMY

What Are the Different Parts of a Tooth?

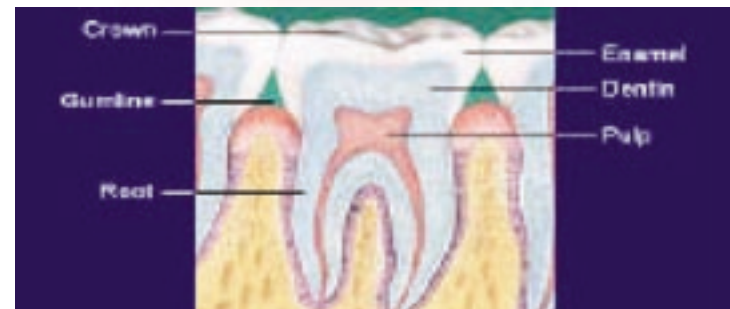
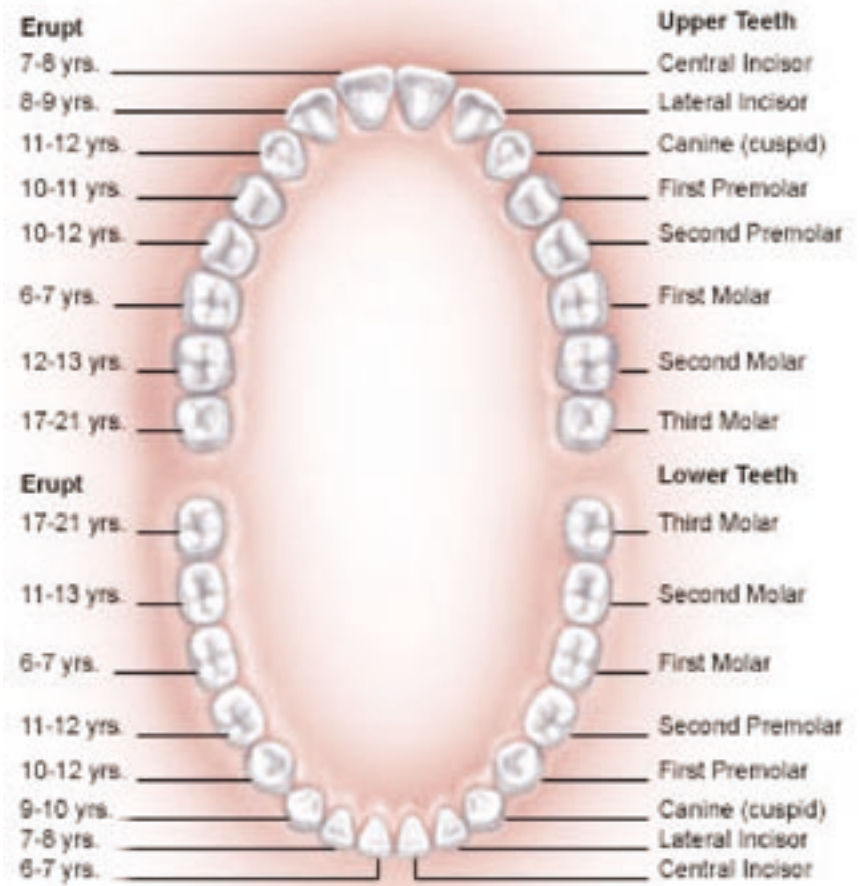
- **Crown:** the top part of the tooth, and the only part you can normally see. The shape of the crown determines the tooth's function. For example, front teeth are sharp and chisel-shaped for cutting, while molars have flat surfaces for grinding.
- **Gumline:** where the tooth and the gums meet. Without proper brushing and flossing, plaque and tartar can build up at the gumline, leading to gingivitis and gum disease.
- **Root:** the part of the tooth that is embedded in bone. The root makes up about two-thirds of the tooth and holds the tooth in place.
- **Enamel:** the outermost layer of the tooth. Enamel is the hardest, most mineralized tissue in the body — yet it can be damaged by decay if teeth are not cared for properly.
- **Dentin:** the layer of the tooth under the enamel. If decay is able to progress its way through the enamel, it next attacks the dentin — where millions of tiny tubes lead directly to the dental pulp.
- **Pulp:** the soft tissue found in the center of all teeth, where the nerve tissue and blood vessels are. If tooth decay reaches the pulp, you usually feel pain.

What Are the Different Types of Teeth?

Every tooth has a specific job or function (Use the dental arch in this section to locate and identify each type of tooth):

- **Incisors:** the sharp, chisel-shaped front teeth (four upper, four lower) used for cutting food.
- **Canines:** sometimes called cuspids, these teeth are shaped like points (or cusps) and are used for tearing food.
- **Premolars:** these teeth have two pointed cusps on their biting surface and are sometimes referred to as bicuspid. The premolars are for crushing and tearing.
- **Molars:** used for grinding, these teeth have several cusps on the biting surface.

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- Restores natural whiteness
- Prevents stains from adhering
- Fights tartar, cavities & plaque

In the News

नया कोलगेट सिबाका लाल दंतमंजन लॉन्च जिसमें समाए हैं लौंग, कपूर, नीम और तुलसी

ग्रामीण तथा अर्ध-शहरी परिवारों को लक्षित कर पेश
दंतमंजन का 50 ग्राम पैक मात्र 9 रु में उपलब्ध

ऑरल केयर बाजार में अग्रणी कोलगेट-पामॉलिव (इंडिया) लिमिटेड ने नया कोलगेट सिबाका लाल दंतमंजन बाजार में लॉन्च किया है जिसमें लौंग, कपूर, तुलसी और नीम हैं। यह संपूर्ण परियंत्रित उत्पाद है जो दांतों को मजबूत बनाने के साथ साथ मसूड़ों को स्वस्थ और ससों को तरोताजा रखता है। ग्रामीण और अर्ध शहरी बाजारों को लक्षित कर पेश इस दंतमंजन के 50 ग्राम पैक की कीमत महज 9 रु रखी गई है।

भारतीय ग्राहकों की पसंद को ध्यान में रखकर खासतौर से पेश नए कोलगेट सिबाका लाल दंतमंजन में पारंपरिक भारतीय लड्डू बूटिया है। यह तबालू रहित लाल दंतमंजन है जिसमें लौंग, कपूर, नीम और तुलसी जैसे प्राकृतिक तत्व हैं।

ग्रामीण और अर्ध शहरी बाजारों को लक्षित कर पेश नए कोलगेट सिबाका लाल दंतमंजन के 50 ग्राम पैक की कीमत महज 9 रु और 150 ग्राम पैक की कीमत 26 रु है।

कोलगेट-पामॉलिव (इंडिया) लिमिटेड के बारे में

कोलगेट-पामॉलिव (इंडिया) लिमिटेड वैज्ञानिक दृष्टि से प्रमाणित ऑरल केयर उत्पादों की अग्रणी प्रवृत्ति है जो वैश्विक कीमतों पर बहुत से लाभ देता है। इसकी उत्पाद रेंज में 'कोलगेट' ब्रैंड नाम से टूथपेस्ट, टूथपाउडर और टूथब्रश शामिल हैं और साथ ही यह कोलगेट ऑरल फार्मास्यूटिकल्स के दोनो तले कई प्रकार की डेंटल थैपेपी की भी पेशकश करती है। आज ये उत्पाद अंतर देशी भारत में दांतों की सफाई का अहम हिस्सा बन चुके हैं। कंपनी 'पामॉलिव' ब्रैंड नाम से भी कई तरह के पर्सनल केयर उत्पादों को उपलब्ध कराती है। 2003 से 2007 के दौरान लगातार चार वर्ष से कोलगेट को ब्रैंड इन्विटी द्वारा कायर गए मॉस्ट ट्रस्टेड ब्रैंड सर्व में इन्गी श्रेणियों में भारत में सर्वाधिक विश्वसनीय ब्रैंड घोषित किया गया है। इससे पहले भारत की सर्वोच्च ब्रैंड की पहचान के लिए ए एड एम - नोड वार्षिक सर्वे में भी 1992 से 2001 के दौरान ने में आठ वर्ष तक इसे अक्ल ब्रैंड का दर्जा मिला था है। कोलगेट के कारोबार तथा इसके उत्पादों के बारे में और अधिक जानकारी के लिए इंटरनेट पर इसकी वेबसाइट www.colgate.co.in देखें।



SMS Quiz

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मजबूत दांत, स्वस्थ मसूड़े, तरोताजा सांस

Bright Smiles Bright Futures™

Colgate - Palmolive (India) Limited under the “Bright Smiles Bright Futures™” initiative, today launched a training program for Anganwadi workers in Thane district. The program will cover Anganwadi workers in 14 talukas in Thane district. Under the program, 3,700 Anganwadi workers will be trained over two months on the basics of oral hygiene in order to inculcate essential oral care habits in children.



Each two-hour comprehensive training programme, conducted by a dentist deputed by the IDA, will comprise of a lecture, a slide presentation, brushing demonstration, question and answer session. The participants will be educated on various dental diseases through practical illustrations. Comprehensive teacher training guides will be supported by informative classroom posters. After two months, a post-program survey will be conducted to ascertain the impact of the program on awareness levels.

According to Dr. Ashok Dhoble, Secretary General, Indian Dental Association, “An epidemiological survey reveals that 90 per cent of the population suffers from various types of dental diseases, with caries dominating in children and periodontal disease prevalent amongst adults in India. These dental diseases can best be prevented through early detection and primary prevention. Against this backdrop, dentist-population ratios of 1:37,500 in urban areas and one for over 100,000 persons in rural zones are extremely inadequate. Dental health services are, therefore, simply not within the reach of the rural masses. Under the Integrated Child Development Scheme (ICDS), one Anganwadi worker is allotted to a population of 1000. Training the Anganwadi workers will ensure that a wider section of society is educated on basic oral hygiene.”

Mr. Vinay Hegde, Executive Vice President, Marketing, Colgate-Palmolive (India) Limited said, “Over the last 29 years, the Indian Dental Association and Colgate-Palmolive India have partnered together to conduct various oral health

awareness programs across the country. The Anganwadi worker-training program is yet another initiative to reach out to the rural masses. Through the Anganwadi worker training program, we are aiming to develop a sustainable teacher training module, that will help the Anganwadi workers to understand and propagate the importance of preventive oral care by inculcating good oral hygiene habits among children.”

Based on the response and evaluation in the first two months, the program will be replicated in other districts.

Conformity

Byazid. The Moslem saint. Would sometimes deliberately act against the outward forms and rituals of Islam. It once happened that, on his way back from Mecca. He stopped at the Iranian town of Rey. The towns folk, who revered him. Rush to welcome him and created a great stir in the town.

Bayazid. Who was quite tired of this adulation, waited till he reached the market place. There he bought a loaf of bread and began to munch it in full view of his followers. It was a day of fasting in the month of Ramzan. But Bayazid knew that his journey justified the breaking of the law. Not so his followers. They were so shocked at his behavior that they promptly left him and went back to their homes.

Bayazid impishly remarked to a disciple, “Did you see how, the moment I did something contrary to their expectations, their veneration vanished?”

Levels of Learning

- L1. A. We are stuck with the rules.
- B. We venerate a person as long as he conforms to our expectations.
- C. We place more importance on rules than on wisdom.
- L2. A. Share a similar experience of yours.
- B. Share your response to the above incident.
- C. Share a similar experience of someone known to you.
- L3. A. Why do I fail to understand what is behind the rule?
- B. What is the nature of ‘conformity’?
- C. Why do I turn my back when someone acts contrary to the rules I believe in? Conformity

JAIPUR DECLARATION

THE ROLE OF THE COMMUNITY PHARMACIST IN ENHANCING THE ACCESSIBILITY TO ESSENTIAL MEDICINES IN INDIA

A joint declaration between the Delhi Society for Promotion of Rational Use of Drugs (DSPRUD), the Rajasthan Society for Promotion of Rational Use of Drugs (RSPRUD), the

WHO-India Essential Drugs Programme, the Delhi Pharmaceutical Trust (DPT),

SEARPharm Forum and the All India Organization of Chemists and Druggists (AIOCD)

Whereas

- Non-availability of Essential Drugs to a large section of society in developing countries is a matter of concern to the WHO, the concerned governments, the pharmacists and the public at large.
- Nearly 70% of the population of India is deprived of Essential Drugs for a variety of reasons including poverty, illiteracy and apathy towards one's own health, non-availability or inequitable distribution of health professionals in different regions of the country and inadequate facilities for providing proper professional advice about usage of drugs.
- India has nearly 500,000 registered pharmacists for a population of a little over 1 billion, i.e. one pharmacist for about 2000 persons, which compares favourably with the position in most developed countries in so far as numbers are concerned.
- Even though pharmacists are available in adequate numbers in the country and, as in other countries, are the most easily accessible 'health outlets' for the general public, the quality of expertise available with the community pharmacists in India is such that public confidence is not up to the mark.
- The minimum educational qualifications and training presently necessary for one to become a registered pharmacist in India under the Pharmacy Act 1948 is a 2-year Diploma in Pharmacy course after the 10+2 stage of general or basic education with Science.
- As the core curriculum for the Diploma in Pharmacy course is unable to meet the current requirements

of a pharmacist, who has to deal with some of the most potent medicaments, the knowledge base of a community pharmacist in India needs upgradation so that he acquires the necessary capabilities and skills to be able to advise the members of the public in correct and safe use of essential drugs.

Now therefore

The participants in a meeting held at Jaipur on February 17, 2002 declared through this joint effort that:

- There is need for improving access to medicines and their safe and effective utilization by the vast population of the country.
- The existing community pharmacists can be important instruments in bringing about this change.

- In order to enable such persons to discharge their functions properly, the community pharmacists in India should be provided with theoretical and practical knowledge followed by pre-registration training on the lines recommended by the WHO in their publication entitled "The Role of the Pharmacist in the Health Care System" (WHO/PHARM.94.569). In particular, attention needs to be given to :

n Initiate or modify drug/non drug therapies by:

- (i) independent action (non-prescription drugs that can be provided by pharmacists without a prescription; non drug therapies, e.g. life style changes, medical devices); and
- (ii) collaborative action (always for medically prescribed drugs).

n Prepare and supply medication for use (including selection of drug products, prescription assessment, dispensing, compounding, packaging, labeling); design and implement pharmaceutical care plan (education, counseling); design and monitor procurement and drug distribution systems, including storage and disposal (e.g. country wide, local, institutional); educate all health promotion and education; and establish appropriate practice guidelines and standards

- In the interim period, the existing community pharmacists may be provided with continuing education facilities on priority basis specially in the following areas:

- (a) Basic information about common diseases and their pathophysiology;
 - (b) Standard treatment guidelines for common diseases;
 - (c) Basic patient counseling for improving compliance;
 - (d) Essential knowledge on health education, prevention of disease, national health programs, family planning, preventive methods for deadly communicable diseases like tuberculosis, AIDS, etc.
- The list of drugs included in Schedule H of the Drugs and Cosmetic Rules, i.e. those that can be dispensed only on the prescription of a registered medical practitioner, needs pruning to a much smaller number so that common remedies for relatively minor ailments are available over-the-counter from the community pharmacist without a doctor's prescription, a practice successfully followed elsewhere in the world.
 - A positive list of medicines for which the pharmacist could be authorized to advise the patients should be prepared in collaboration with the state health and regulatory authorities and the professional organizations of community pharmacists.
 - A negative list of medicines which will never be sold without prescription should also be prepared

in collaboration with the state health and regulatory authority and the professional organizations of community pharmacists.

- This declaration which may be called the JAIPUR DECLARATION, should be circulated amongst professional associations of pharmacists, pharmaceutical scientists, chemists and druggists, doctors, nurses and others concerned for eliciting their views and suggestions for making the program more practical and result-oriented.

Thus

In cooperation with DSPRUD, WHO-India Essential Drugs Program, RSPRUD, DPT, SEARPhar, Forum and AIOCD this meeting has drawn up a set of guiding principles for community pharmacists to enable them to achieve the objectives of the JAIPUR DECLARATION.

The participants believe that community pharmacists can help in improving the accessibility to medicines and upgrading the quality of pharmaceutical services to the public at large in cooperation with other interested parties.

EDITORS NOTE

Pharmed Trade News Offers Partnership To All Concerned Organizations For Implementation Of This Declaration

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धूमपान छोडिये

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