



# **KLE** **COLLEGE OF PHARMACY** **VIDYANAGAR, HUBBALLI**



**A CONSTITUENT UNIT OF KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH, BELAGAVI  
DEEMED TO BE UNIVERSITY**



# **INFOPHARMA** **2025-26**



# INFOPHARMA

## 2025-26

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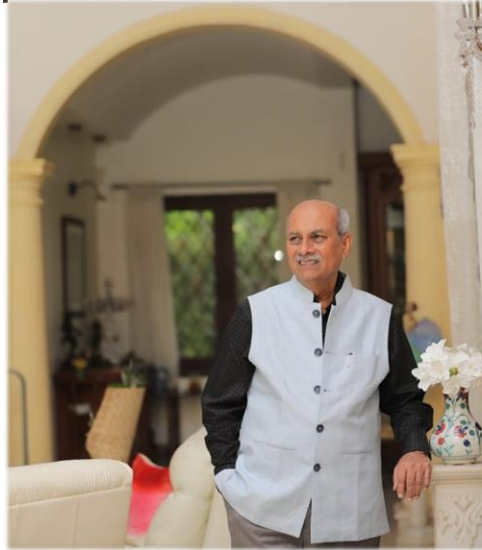
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J.N. Medical College, Belagavi  
KLE V.K. Institute of Dental Sciences, Belagavi  
KLE College of Pharmacy, Belagavi  
KLE College of Pharmacy, Bengaluru  
KLE J.G.M.M Medical College,  
Hubballi  
KLE College of Pharmacy, Hubballi  
KLE Institute of Nursing Sciences, Belagavi  
KLE College of Physiotherapy, Hubballi  
KLE Shri B.M.K Ayurveda Mahavidyalaya,  
Belagavi  
KLE Homeopathic Medical College, Belagavi

# Dr. PRABHAKAR B. KORE

Hon'ble Chairman Emeritus, KLE Society, Belagavi  
Chancellor, KAHER and KLE Technological University



**PRABHAKAR B. KORE**  
MEMBER OF PARLIAMENT  
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**CHANCELLOR** : KLE University &  
**CHAIRMAN** : K.L.E. Society, BELGAUM,  
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## MESSAGE

I am happy to learn that the KLE College of Pharmacy, Hubballi, is releasing the College Magazine "INFOPHARMA - " providing the students an opportunity to vent their hidden talents.

I congratulate the College team for bringing out this magazine and wish every success in its endeavour.

  
Prabhakar B Kore

# **SHRI. AMIT P. KORE**

**Hon'ble Chairman, Board of Management,  
KLE Society, Belagavi**



# Dr. SANDEEP SHRIVASTAVA

Hon'ble Vice Chancellor, KAHER, KLE Society, Belagavi



ಪ್ರೊ. ಡಾ. ಸಂದೀಪ ಶ್ರೀವಾಸ್ತವ  
MS, DNB (Ortho), ACME Ph.D. (HPE), PGM  
ಕುಲಪತಿಗಳು



Prof. Dr. Sandeep Shrivastava  
MS, DNB (Ortho), ACME Ph.D. (HPE), PGM  
Vice-Chancellor

### Message

As we unveil the 2026 edition of our college magazine, I am filled with immense pride and optimism for the journey ahead. At KLE Academy of Higher Education and Research, we stand at the forefront of pharmaceutical excellence, and your dedication continues to propel us toward new horizons.

In an era of rapid scientific advancement, pharmacy is not merely a profession—it is a calling to heal, innovate, and transform lives. You, our brilliant students, are the architects of tomorrow's healthcare revolution. Embrace challenges as opportunities: explore the synergy between time-honoured traditional medicine and cutting-edge modern therapies, pioneer sustainable drug discoveries, and lead with empathy in patient care. Your research, your curiosity, and your resilience will bridge ancient wisdom with futuristic solutions, making a tangible impact on global health.

To our esteemed faculty, your mentorship ignites these sparks into roaring flames. Thank you for fostering an environment of inquiry, collaboration, and ethical practice. Together, let us uphold KLE's legacy of excellence—striving for academic rigor, publications in journals like PubMed, and contributions that resonate in national and international forums.

The year 2026 beckons with promise. Let us march forward united, inspired by our shared vision: to be healers, innovators, and leaders. Dream boldly, work tirelessly, and achieve the extraordinary.

With warm regards,



*Sandeep Shrivastava*  
Vice Chancellor

### KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Deemed-to-be-University established u/s 3 & 12B of the UBC Act, 1956)  
Accredited **A** Grade by NAAC (3<sup>rd</sup> Cycle) Placed in **Category A** by MCI (DoI)

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# Dr. VISHWANATH. M. PATTANSHETTI

Hon'ble Registrar, KAHER, KLE Society, Belagavi



Ref. No. KAHER/26-27/ D- 080426 23

6<sup>th</sup> April 2026

## MESSAGE

It gives me immense pleasure to know that KLE College of Pharmacy, Hubballi college is bringing out the upcoming issue of the College Magazine for the academic year 2025–26. A college magazine is not merely a compilation of articles; it is a vibrant platform that reflects the creativity, intellect, and achievements of our students and faculty.

I commend the editorial team for their dedication and efforts in providing a space where ideas, talents, and perspectives can be shared and celebrated. Such initiatives play a significant role in nurturing critical thinking, encouraging innovation, and strengthening the sense of community within the institution.

I encourage all students to actively participate in such endeavors as they help in holistic development beyond academics.

I extend my best wishes to the entire team for the successful publication of this issue.



Prof. Dr. V. M. Pattanshetti  
Registrar

**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

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✉ info@kledemeauniversity.edu.in 🌐 https://kaher.edu.in

# Dr. A.H.M. Vishwanatha Swamy

Professor and Principal



**KLE COLLEGE OF PHARMACY**

Vidyanagar, HUBBALLI-580 031, Karnataka

A constituent unit of

KLE Academy of Higher Education & Research, Belagavi  
(Deemed-to-be-University)



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Ref. No. : KLE-COP/HBL/2026

Date : 08/04/2026

## Message

It is a matter of pride to present INFOPHARMA 2025-26, the annual magazine of KLE College of Pharmacy, Hubballi. The magazine reflects the institution's commitment to academic excellence, quality enhancement, research orientation, and holistic student development.

INFOPHARMA serves as a valuable platform for students and faculty to share scholarly ideas, innovative practices, and creative expressions. Such initiatives promote critical thinking, professional ethics, and continuous learning, which are essential in the evolving field of pharmaceutical sciences.

I appreciate the efforts of the editorial team in bringing out this publication, which showcases the academic enthusiasm and intellectual culture of the institution.

I hope INFOPHARMA 2025-26 will motivate our students to continue striving for excellence in academics, research, and co-curricular activities. I convey my best wishes to all contributors and hope this magazine continues to strengthen quality education and academic progress.



*(Signature)*  
**Principal**

Principal  
KLE College of Pharmacy  
(A Constituent Unit of KLE Academy  
of Higher Education & Research)  
Vidyanagar, HUBBALLI-580 031

Accredited 'A' Grade by NAAC (3<sup>rd</sup> Cycle)

Placed in Category 'A' by MHRD (GoI)

Recognised by Government of Karnataka

B.Pharm. Course Accredited by National Board of Accreditation (NBA)

Approved by Pharmacy Council of India (PCI)

## ABOUT THE INSTITUTION

KLE College of Pharmacy, Hubballi is established in 1985 by the foresighted ALMA MATER, the Karnataka Lingayat Education Society. It has a distinction of being the first of its kind in Hubli-Dharwad region in an scenic location on the Pune-Banglore highway makes this College a delight for students and has every infrastructure facility to offer the finest of education in Pharmacy.

This Institution offers B.Pharm, D.Pharm, M.Pharm,(Pharmaceutics, Pharmacology,PharmaceuticalChemistry&Pharmacognosy),PharmD,Msc(Biotech) and Ph.D. Programmes.

All the courses conducted in this Institution are recognized by Government of Karnataka, Pharmacy Council of India and All India Council for Technical Education, New Delhi. From the academic year 2009-10, this institution is under the ambit of KAHER Belagavi and I am proud to say here that, KAHER Belagavi is the only private Health University in the Country to get —A+I.

A systematic and well-planned campus layout with excellent infrastructure facilities all go on to make K.L.E. an institute par excellence. Well equipped laboratories, sophisticated pilot plant set up, versatile library, banking facilities, cyber access are mere an iota of the enormous store of fabulous features of this institution. The College has well qualified teaching faculty comprising of 05 professors, 06 associate professors & 09 assistant professors along with well trained non-teaching staff.

With the intention of maintaining high standards the Institution underwent a process of reaccreditation for B.Pharm Course conducted by National Board of Accreditation (NBA), AICTE, New Delhi and successfully achieved it by w.e.f. 13.12.2011.

So far Institution has received over two crores as grants from various Government Funding Agencies such as AICTE, DST, VGST, etc. for the promotion of research activities in the Institution for its continuous research activities.

Alumni of this Institution are well placed in various fields of the profession like Industry, Research, Teaching within India and Abroad.

The institute under the able guidance of the great visionary Dr.Prabhakar B. Kore, M.P. (Rajyasabha), Chancellor and Prof.(Dr.) Sandeep Shrivastava, Vice-Chancellor of KLE University aspires and targets to achieve excellence in the field of education.

**FACULTY 2025-2026****Dr. A.H.M. Viswanatha Swamy**, M-Pharm., Ph.D., **Professor & Principal****Department of Pharmacy Practice**

SL. NO.	NAME OF STAFF	QUALIFICATION	DESIGNATION
01	Dr.A.H.M. VISWANATHA S.	M.Pharm, Ph.D	Professor, HOD & Principal
02	Dr. S.B. NYAMAGOUD	Pharm.D	Assistant Professor
03	Dr. JAYASHEELA H.	Pharm.D	Assistant Professor
04	Dr. AKSHATA M. P.	Pharm.D	Assistant Professor
05	Dr. SHIVALINGAYYA H.	Pharm D	Assistant Professor
06	Dr. TRIVENI UMARANI	Pharm.D	Assistant Professor

**Department of Pharmaceutics**

SL. NO.	NAME OF STAFF	QUALIFICATION	DESIGNATION
01	Dr. S.P. HIREMATH	M.Pharm, Ph.D	Professor
02	Dr.(SMT.) F.S. DASANAKOPPA	M.Pharm, Ph.D	Professor & HOD
03	SHRI.HARISH K.H.	M.Pharm	Associate Professor
04	Dr. V. K. METI	M.Pharm, Ph.D	Assistant Professor
05	SMT.P.S.AKKI	M.Pharm	Assistant Professor
06	Dr. R.D.SAGARE	M.Pharm, Ph.D	Assistant Professor
07	Ms. PRABHU SHREYA AJAY	M.Pharm	Assistant Professor
08	Ms. KAMALADEVI T K	M.Pharm	Assistant Professor
09	Mr. AKSHAY SHAMNEWADI	M .Pharm	Assistant Professor

**Department of Pharmaceutical Chemistry**

SL. NO.	NAME OF STAFF	QUALIFICATION	DESIGNATION
01	Dr. S.S. HONNALLI	M.Pharm, Ph.D	Professor
02	Dr. P.M. RONAD	M.Pharm, Ph.D	Professor & HOD
03	Dr.(Mrs.) A.A. ANKALIKAR	M.Pharm, Ph.D	Associate Professor
04	Dr. G.A. HAMPANNAVAR	M.Pharm, Ph.D	Assistant Professor
05	Dr. PRADEEPKUMAR M.R.	.M.Pharm, Ph.D	Assistant Professor
06	Smt. A.S. MENASINAKAI	M.Pharm,	Assistant Professor
07	Ms. S.I. HIREMATH	M.Pharm,	Assistant Professor
08	Ms. POOJA M. KOGANOLE	M.Pharm,	Assistant Professor
09	Ms. P.N.GOUDA	M.Pharm,	Assistant Professor

**Department of Pharmacognosy**

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01	Dr. K.P.MANJUNATH	M.Pharm, Ph.D	Professor & HOD
02	Dr. H.N.SHOLAPUR	M.Pharm, Ph.D	Assistant Professor
03	Smt. RAJANI BENCHIKERI	M.Pharm	Assistant Professor

**Department of Pharmacology**

SL. NO.	NAME OF STAFF	QUALIFICATION	DESIGNATION
01	Dr. S.K.NIMBAL	M.Pharm, Ph.D	Professor
02	Dr. N.M.JEEDI	M.Pharm, Ph.D	Associate Professor & HOD
03	Dr. S.B.PATIL	M.Pharm, Ph.D	Assistant Professor
04	Dr. L.A. PATTANASHETTI	M.Pharm, Ph.D	Assistant Professor
05	Smt. NEHA MALI	M.Pharm,	Assistant Professor

## Ph.D. SCHOLARS

SL. NO.	NAME OF THE SCHOLAR	CATEGORY (FT/PT)
1.	MR. M MAHESH	FULL TIME
2.	MS. RAKSHITHA N. HEMADRI	FULL TIME
3.	MR. MANAS MISHRA	FULL TIME
4.	MS. TRIVENI J. UMARANI	FULL TIME
5.	MR. SHRIDHAR DAMAMI	FULL TIME
6.	MR. RAMESH TELI	FULL TIME
7.	MR. HARIHARAN K.	FULL TIME
8.	MS. MOTHUKURI STEPHY GRACE	FULL TIME
9.	MS. SNEHA K. HIREMATH	FULL TIME
10.	MS. PRATIKSHA S. AKKI	PT-INTERNAL
11.	MR. HARISH K. H.	PT-INTERNAL
12.	MS. AKSHATA S. M.	PT-INTERNAL
13.	MS. NEHA MALI	PT-INTERNAL
14.	MS. POOJA KOGNOLE	PT-INTERNAL
15.	MS. SUSHMITA HIREMATH	PT-INTERNAL
16.	MS. KAMALADEVI T. K.	PT-INTERNAL
17.	MS. PRABHU SHREYA AJAY	PT-INTERNAL
18.	MS. RAJANI BENCHIKERI	PT-INTERNAL
19.	MS. AKSHATA M. P.	PT-INTERNAL
20.	MR. SHIVALINGAYYA HIREMATH	PT-INTERNAL
21.	MR. PRADEEP B. MIRJE	PT-EXTERNAL
22.	MR. IRANNA GATIBYALI GADAG	PT-EXTERNAL
23.	MR. RAVINDRA ANNASAHEB PATIL	PT-EXTERNAL
24.	MR. VIKAS R. MATHAD	PT-EXTERNAL
25.	MR. TIPPESWAMY A.H.M.	PT-EXTERNAL
26.	MS. TEJASWINI S. M.	PT-EXTERNAL

**NON- TEACHING FACULTY 2025-2026**

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2.	MS. VIJAYLAXMI R. KAJAGAR	OFFICE ASSISTANT
3.	MS. DEEPA MOROPANTAR	OFFICE ASSISTANT
4.	MR. NINGARAJ KAJAGAR	OFFICE ASSISTANT
5.	SHRI. VASANT A. PATIL	LIBRARIAN
6.	SHRI. D.S. SANKANUR	LIBRARY ASSISTANT
7.	SMT. R.S. HIREMATH	LAB TECHNICIAN
8.	SHRI. S.S. SARANGI	LAB TECHNICIAN
9.	SMT. J.M. IBRAHIMPUR	LAB TECHNICIAN
10.	MS. L.P. KALLANAVAR	LAB TECHNICIAN
11.	SMT. SOUBHAGYA CHOUSHETTI	LAB TECHNICIAN
12.	MS. SPOORTI YALIMATH	LAB TECHNICIAN
13.	SHRI. M.B. DESAI	COMPUTER TECHNICIAN
14.	SHRI. G. M. UTTURI	PEON
15.	SHRI. B. I. SARADAR	PEON
16.	SHRI. S. B. HORAKERI	PEON
17.	SHRI. S. S. KAMADOLLI	PEON
18.	SHRI. Y. S. SAVADATTI	PEON
19.	SHRI. N. S. HUNSHIKATTI	PEON
20.	SHRI. I. S. GOURI	PEON
21.	SHRI. S. C. ARALI	PEON
22.	MR. SHRIDHAR PUJAR	PEON
23.	SHRI. S. S. SHIGGAVI	PEON
24.	SMT. J. S. MADIWALAR	PEON
25.	SMT. N. M. SAVADATTI	PEON
26.	SMT. C. Y. GUDESHNAVAR	PEON
27.	MR. ABHISHEK AKKI	PEON
28.	SHRI. M. M. KITTUR	DRIVER

# STUDENTS COUNCIL FOR THE ACADEMIC YEAR 2025-2026

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Principal Mobile: 9448667355

VICE- CHAIRMAN: Dr. S. S. Honnalli, Professor  
Mobile: 9448221635

UNIVERSITY NOMINEE: Dr. V. M. Pattanshetti,  
Registrar,  
KAHER, Belagavi

## CLASS REPRESENTATIVES

CLASS	REPRESENTATIVE
I- B. PHARM	MR. A. M. AKASH
II-B.PHARM	MS. PREETI MIRASHI
III- B.PHARM	MS. SWETHA KUMARI
IV- B.PHARM	MR. CHINMAY C. GUTTIGOLI
I - M.PHARM	MS. AKSHATA BANNIMATH
II - M.PHARM	MS. B. S. MANYA
I -PHARM.D	MS. ISHA KOTHARI
II - PHARM.D	MS. SNEHA S. KURODI
III - PHARM.D	MS. KEERTI S.
IV- PHARM.D	MR. YESHWANT P. KADAM
V- PHARM.D	MS. HEMA YADAV
VI- PHARM.D	MR. ABHINAV NAUTIYAL
I -D.PHARM	MS. PAVITRA SANNAPANNAVAR
II -D.PHARM	MS. NANDINI TUKRUL

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CO-GENERAL SECRETARY:	MR. YESHWANT KADAM IV-PHARM.D
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CO-LADIES REPRESENTATIVE:	MS. AKSHATA BANNIMATH I-M.PHARM MS. HEMA YADAV V-PHARMD

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CO-SECRETARIES:	MS. B S MANYA MS. KEERTI S MR. YESHWANT KADAM MS. HEMA YADAV

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SECRETARY:	MS. PREETI MIRASHI
CO-SECRETARIES:	MR. ABHINAV NAUTIYAL MR. NANDINI TUKRUL

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MS. RAJANI B  
SECRETARY: MS. AKSHATA BANNIMATH  
CO-SECRETARY: MS. ISHA KOTHARI

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SECRETARY & ISSN INCHARGE : MS. SNEHA S. KURODI  
CO-SECRETARIES: MR. A. M. AKASH  
MS. PAVITRA SANNAPANNAVAR

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SECRETARY: MS. JOSHNA BATHULA  
MR. SAHIL K  
MS. SAKSHI

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SECRETARIES: MR. MAHANTESH SAJJAN  
MS. PRIYANKA GANIGER

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SECRETARIES: MR. SHREYAS NETALKAR  
MS. LAKSHMI B

**NSS UNIT 32 COMMITTEE**

STAFF INCHARGE: MS. N M MALI  
SECRETARIES: MR. SUBHAS B  
MS. AMRUTHA

**NSS UNIT 33 COMMITTEE**

STAFF INCHARGE: MS. P N GOUDA  
SECRETARIES: MR. PRASANNA K  
MS. GOURAMMA K



**STUDENTS COUNCIL & NSS UNITS MEMBERS  
FOR THE ACADEMIC YEAR 2025-2026**

## OUTGOING STUDENTS – 2025-26



B.PHARM



D.PHARM



PHARM.D

## M. PHARM



DEPARTMENT OF  
PHARMACEUTICS

DEPARTMENT OF  
PHARMACOLOGY



DEPARTMENT OF  
PHARMACEUTICAL  
CHEMISTRY



DEPARTMENT OF  
PHARMACOGNOSY





Full-Time Ph.D.  
SCHOLARS

NSS  
SECRETARIES



TEACHING  
STAFF

NON-TEACHING  
STAFF



## **PHARMACIST'S OATH**

I swear by the code of ethics of Pharmacy Council of India, in relation to the community and shall act as an integral part of health care team.

I shall uphold the laws and standards governing my profession.

I shall strive to perfect and enlarge my knowledge to contribute to the advancement of pharmacy and public health.

I shall follow the system which I consider best for Pharmaceutical care and counselling of patients.

I shall endeavor to discover and manufacture drugs of quality to alleviate sufferings of humanity.

I shall hold in confidence the knowledge gained about the patients in connection with my professional practice and never divulge unless compelled to do so by the law.

I shall associate with organizations having their objectives for betterment of the profession of Pharmacy and make contribution to carry out the work of those organizations.

While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of pharmacy respected by all, at all times!

Should I trespass and violate this oath, may the reverse be my lot!

## ACHIEVEMENTS OF KLE COLLEGE OF PHARMACY, HUBBALLI

KLE College of Pharmacy, Hubballi has received the Champion Award for maintaining the **Best Medicinal Plant Garden** among private institutes of Hubli - Dharwad, **Best Medicinal Plant Garden 2025**.



## FACULTY ACHIEVEMENTS



Miss. Sushmita Hiremath received **Best Poster Presentation Award** at **Manipal Pharmaceutical Conference (MPCON)** on 28<sup>th</sup> - 30<sup>th</sup> August 2025 organized by Manipal College of Pharmaceutical Sciences Manipal Academy of Higher Education, Manipal, India.

Dr. Pradeep Kumar MR has received **Best Academician Award** organized by **World Congress Climate Change and its Effect-2025**, Nepal on 6<sup>th</sup> – 8<sup>th</sup> September 2025.



Dr. Pradeep Kumar MR has received **Shiksha Vikas Puraskar - 2025** organized by **Chetan Group of Institutions, Hubballi**



Ms. Kamaladevi T Kshatriya and Mrs. Pratiksha Akki has received **Second Prize in Poster Presentation** at **IDEATHON – 2025** organized by KLE College of Pharmacy, Belagavi.



Dr. Pradeep Kumar M R has received **Best Oral Presentation Prof. P. B. Punjabi Award** in **Analytical and Environmental Chemistry Section** at **44<sup>th</sup> Annual National Conference of Indian Council of Chemists** held at **School of Advanced Sciences, KLE Technological University, BVBCET Campus, Hubballi, on 22<sup>nd</sup> – 24<sup>th</sup> December 2025.**



Dr. S. B Nyamagoud has been awarded with **Best Teacher Award** by KAHER, Belagavi for the year 2025 on **Teachers Day.**



Mr. Mahesh Yadav (Full Time Ph.D. Research Scholar) has received **Second Prize** in **Oral Presentation** at International Conference on Pharma Excellence 2025 organized by KLE College of Pharmacy Hubballi on 5th and 6th December 2025.

## STUDENTS' ACHIEVEMENTS

- University Ranks :



Ms. Padmaja Annegundi from Department of Pharmaceutics has been awarded **First Rank in PG Pharmaceutics Gold Medal**.

**Ms. Tanuja Chabbi**, student of M.Sc. Biotechnology has been awarded **First Rank in PG Msc. Biotechnology Gold Medal**



**B Pharm I – IV-year students** have received **Second Place** in **Nukkad Natak Competition** as a part of **Humbo Cultural Events** organized by **KAHER, JNMC Campus-Belagavi**.

**Ms. Anushree C.** from B. Pharm 4<sup>th</sup> year has qualified **GPAT Examination** with Score : 187, AIR : 4187 (NA0222008)



**Mr. Mallikarjun Hugar** has received **First Place** in **Poetry Competition** as a part of **Humbo Cultural Events** organized by **KAHER, JNMC Campus- Belagavi**.



Mr. Chinmay Guttigoli has received **Third Place** in **Poetry Competition** as a part of **Humbo Cultural Events** organized by **KAHER, JNMC Campus-Belagavi**



Miss. Akshata Hebballi received **Best Poster Presentation Award** at **Manipal Pharmaceutical Conference (MPCON)** on **28<sup>th</sup> - 30<sup>th</sup> August 2025** organized by **Manipal College of Pharmaceutical Sciences Manipal Academy of Higher Education, Manipal, India.**

Mr. C Rohit has received **Third Prize** in **Poster Presentation** at **cGMP Conference Manipal** on **10th October 2025** organized by **Manipal College of Pharmaceutical Sciences Manipal Academy of Higher Education, Manipal, India.**



Mr. Prajwal Hiremath has received **First Place** in **1500 meters** as a part of **Humbo Sports Meet 2025** organized by **KAHER, JNMC Campus-Belagavi.**





**Mr. Prajwal Hiremath** has received **First Place** in **Cross Country Run** as a part of **Humbo Sports Meet 2025** organized by **KAHER, JNMC Campus-Belagavi**.

**Mr. Prajwal Hiremath** has received **Third Place** in **800 meters** as a part of **Humbo Sports Meet 2025** organized by **KAHER, JNMC Campus-Belagavi**.



**Ms. Priyanka Chandrashekhar Ganager & Mr. Shreyas Netalakar** of PharmD 4<sup>th</sup> Year participated in the **NSS National Integration Camp** held in **Belagavi** from **24 Feb 2026 to 2 March 2026**.



**Mr. Yeshwant Prakash Kadam** of PharmD 4<sup>th</sup> Year participated in the **NSS National Adventure Camp** held in **Manali** from **05<sup>th</sup> Nov 2025** to **13<sup>th</sup> Nov 2025**.



**MS.ARPITA.F.HIREMATH** (UG Student) received **UG PRAISE AWARD 2026** for her academic excellence, research initiative and scholarly contribution at the undergraduate level by **KAHER**.

**MS.AKSHATA.P.HEBBALLI** (UG Student) received **UG PRAISE AWARD 2026** for her academic excellence, research initiative and scholarly contribution at the undergraduate level by **KAHER**.



**MS.AMRUTA.BALIKAI** (UG Student) received **UG PRAISE AWARD 2026** for her academic excellence, research initiative and scholarly contribution at the undergraduate level by **KAHER**.

VERSE

&

VOICE

## ಸ್ನೇಹ

ಹೃದಯದ ಲಕೋಟೆಯಲ್ಲಿ ಬಚ್ಚಿಟ್ಟ ಈ ಸ್ನೇಹದ ಅಂಚೆಗೆ,  
ವಿಳಾಸವಿಲ್ಲದಿದ್ದರೂ, ನಿನ್ನನ್ನೇ ಬಂದು ತಲುಪಿದೆ.  
ಕಷ್ಟಗಳ ಸಾಗರದಲ್ಲಿ ಮುಳುಗುತ್ತಿದ್ದ ನನ್ನ ದೋಣಿಗೆ,  
ಅಂಬಿಗನಾಗಿ ಸುಖದ ತೀರ ತಲುಪಿದೆ  
ನಾ ಎಲ್ಲೇ ಕುಸಿದರೂ, ತಪ್ಪು ಒಪ್ಪಾಗಿ ಒಪ್ಪು ತಪ್ಪಾದರೂ,  
ಹೆಗಲ ಮೇಲೆ ನಂಬಿಕೆಯ ಹಸ್ತ ಮೂಡಿಸಿದೆ,  
ಬಿಸಿಲ ಮರುಭೂಮಿಯಲ್ಲಿ ದಿಕ್ಕೂಚಿಯಾಗಿ ಸಿಕ್ಕ ನಿನ್ನ ಒಲವು  
ಈಗ ಆರೋಗ್ಯಕರ ಚಟವಾಗಿದೆ  
ಚುಮುಚುಮು ಚಳಿಯಲಿ ಬೆಚ್ಚುಗೆ ನೀಡಿದ ಸ್ನೇಹಕ್ಕಾಗಿ  
ಜಿಟಿಜಿಟಿ ಮಳೆಯಲಿ ಬರೆದ ಸಾಲುಗಳು ಸ್ವಾರಸ್ಯವಾಗಿದೆ.



**-SRINIDHI INAMDAR,  
Pharm.D 4<sup>th</sup> Year**

## **INTO MY GRAVE**

Walking through the woods, i remember  
you.

Seeing those birds rest by, with a  
headless view.

Dust and fog are the only guests, that stays by. Comforted by darkness.



I walk swiftly, in the screaming silence all hide but  
me.

Walking, with my hands sinking and legs flying.

Quietly, the dew showers down, and, the leaves, shiver with those memories, i walk swiftly, but  
reluctant the fear of loss, slowly fades by, till i stop

A wretched door, i see light peeping through.

So, real and unearthly. And, then i see you calling me, but i stood with a dead  
feet.

But you came by, close to me, and whispered.

"close your eyes" and, i felt that light, seeming in and then she rose and,

I felt something on my lips, something that gave me life, and said, "goodbye" and lie down,  
crying.

I see her walking back, and felt my throat choking, till i break. At the threshold of this painted  
world.

The night, falls by till i see the dark sky lighting up

I stand, and pass that unearthly door.

The world beyond, isn't fearful the birds chirping, kids playing, under the  
yellow sky,

But i also, see you often, passing by beautiful, as always i still remember you but do  
you?

I don't walk now, i lie,

All day and night βενεατη,

All your love that you put on me, every morning.

And now, i rest all in peace, into my

grave....

**-CHINMAY C GUTTIGOLI**  
**B.Pharm 4<sup>th</sup> Year**

## ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ

ಅಂದದ ಗುಡಿಯಲ್ಲಿ ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ  
ಹಾಲೇನೇನೇಯ ರತ್ತಯೇ ನೇ  
ಅಪರೂಪದಲ್ಲಿ ಅಪರೂಪದ ಗೆಳತ್ತಯೇ ನೇ  
ಹೃದಯ ತೋಟದಲ್ಲಿ ಅರಳಿದ ಅಂದದ ಹೂವೇ ನೇ  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //



ದೇವರ ಮುಂದಿನ ನಂದಾದೇವವೇ ನೇ  
ಪರಮಾತ್ಮನ ಮುಡಿಯಲ್ಲಿ ಮಿನುಗುವ ಪವಿತ್ರ ಪುಷ್ಪವೇ ನೇ ಕರಗಿದ ಕರ್ಪೂರ  
ಜೊಯೆತ್ತಯೇ ನೇ  
ಪರತ್ತನಕ್ಕ ನಾ ಓದುವ ಪೇರೇಮಗರಂಧ ನೇ  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //

ನಾ ತೈಲ, ಬತ್ತಿ ನೇ,  
ಜೊತೆಗೂಡಿ ದಿವಯಜೊಯೆತ್ತ ಬೆಳಗುವ, ಪರಮಾತ್ಮನಲ್ಲಿ  
ಶರಣಾಗುವ,  
ಅವನ ಪಾದದ ಝಳಾಗುವಾ  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //

ಗರ್ಭಗುಡಿಯಲ್ಲಿನ ದೇವತೆಯೇ ನೇ, ನನೆ  
ಆರಾಧಿಸುವ ಪೂಜಾರಿ ನಾ,  
ನಮಮ ಪ್ರೇತ್ತ ಗುಡಿಯ ಕಳಸ ನೇ, ಆ  
ಗುಡಿಮುಂದಿನ ದೇಪಸಿಂಧ ನಾ,  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //

ರಥ ಬೇದಿಲ್ಲ ಹೊತ್ತಾ ನಡುವ ಎರಡು ತೋಳಲ್ಲಿ ,  
ಜಾರದ ಕಣ್ಣಲ್ಲಿ ಕಣ್ಣುಟು ನಾಂನೇಡು ನೇ ನನೆನಾಂನೇಡೇ,  
ಆಶೀವವದಿಸಲ್ಲ ಆ ದೇವರು ನಮಮ ಈ ಅನಂತ್ ಪ್ರೇತ್ತಗೆ, ನೂರು  
ಜನಮದ ಜೊತೇಡಿಗೆ  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //

ಜಾಗೆ ಹಿಡಿದಿರುವ ನನೆ ಪುಟು ಹೃದಯ ನನದಂದು, ಮೃದು ಮನಸು  
ನನೆ ದು  
ಬೇರೇನೇ ಕಣಾಹಿಸಲಾಗದ ಅಂದ ನನದು  
// ಜಕಣ ಕೆತ್ತಿದ ಶಿಲ್ಪವೇ ನೇ //

-MALLIKARJUN HUGAR,  
M.Pharm

## A SELFLESS SOUL

-MAA

The Day I came \_ ' HER \_ ' Sky was filled with  
colours She held me with Love in her Eyes  
And deep down her Heart a Flower bloomed  
Her Love was the soil and tears the water it needed  
A Flower that would never wither.

As Days turned into years, one thing I realized  
That she made the Moon shine bright at Night  
Filling my World with Silver Lights  
The Lanterns burned bright as her Face smiles  
She was the reason my Heart could Smile.

A Selfless Soul, who fills my Life with Brightest  
Stars Without her, would my Life even feel  
complete?

It would be like a sky without it's colors  
The Flower blooming bright, the Sun shining high  
The gentle Wind and Nature's song  
Makes me think just one thing  
It's \_ 'HER' \_ ' who makes my Life Complete.



**-Mercalene Amanna**  
**B Pharm 3<sup>rd</sup> Year.**

## Second Year: The Quiet Middle

No one really talks about second year.  
 First year gets the excitement.  
 Final year gets the glory.  
 But second year?  
 Second year is where reality quietly sits beside you in class.  
 By now, the campus feels familiar.  
 The corridors are no longer intimidating.  
 You know where to sit, whom to call, which professors to approach.  
 You even laugh a little louder.  
 You celebrate small victories —  
 a good presentation,  
 a cleared exam,  
 a compliment from a teacher.  
 You learn to cheer for yourself in ways you didn't know you could.  
 But second year also brings something else.  
 Awareness.  
 You begin thinking deeply about the choices you made.  
 The course you chose.  
 The path you stepped onto after school — perhaps confidently, perhaps uncertainly.  
 Was it passion?  
 Was it pressure?  
 Was it a decision made too quickly?  
 Sometimes, in the middle of a lecture,  
 your thoughts drift — not out of distraction,  
 but out of reflection.  
 —Is this where I'm meant to be?  
 It's strange.  
 You can feel yourself growing.  
 You handle stress better.  
 You understand people better.  
 You understand yourself — a little better.  
 And yet, there are quiet moments when you miss the simplicity of school,  
 when decisions did not feel permanent,  
 when the future did not feel so close.  
 Second year is not dramatic.  
 It is not loud.  
 It is not cinematic.  
 It is subtle.  
 It is clapping for yourself while still questioning yourself.  
 It is feeling proud and uncertain in the same breath.  
 It is realizing that growth is not always about moving forward boldly —  
 sometimes it is about sitting with your doubts and still choosing to continue.  
 There may be no applause for this phase.  
 No grand recognition.  
 But it matters.  
 Because in this quiet middle,  
 something steady is forming.  
 Second year doesn't announce change — it quietly shapes who we become.



-Mandira R Jadhav, Pharm.D 2<sup>ND</sup> Year

**ಓ ಮನವೇ**

ಓ ಮನವ'ೇ ಬಿಡು ಭ್ರಮೆಗಳ ಕಣವ'ೇ  
 ನಡ' ಜೀವನದ ಕಹಿ ಸತ್ಯದ ಜ'ೊತೆ'ಗ'  
 ಸಂಸಾರವ'ಂಬ ಭ್ರಮಾಗರದಲ್ಲಿ ಸಿಲುಕುವ' ನಾನು  
 ನನನದ'ಂಬ ಭ್ರಮೆಯಲ್ಲಿ ಬದುಕುವ'  
 ಕ'ೊನ'ಗ' ನೇನ'ೊಬಬನ'ೇ ಮರಳಿ ನನನ ಕಮಮದಾರಿಯೆಡ'ಗ'  
 ಹ'ೊೇಗುವ'  
 ತಿಳಿ ತ್ತುವ'ೇ ತ'ೊರ' ಭ್ರಮೆಗಳ ಕಣವ'ೇ  
 ಓ ಮನವ'ೇ ತಿಳಿ ಕಹಿಸತ್ಯದ ಜಗದ ಪರಿಯೇ  
 ನೇ ತ'ಗ'ದುಕ'ೊೇ ನನನ ಉಸಿರನ'ನೇ ನೇನು ಮರಳಿ ಬಿಡುವ'  
 ಇನುನ ಭಾವನ'ಗಳ ಬಂಧನದಲ್ಲಿ ಏಕ' ಸಿಲುಕಿ  
 ಸಾಯುತಿತಿರುವ'ೇ  
 ತ'ೊರ' ಬಾವ ಸಾಗರದ ಅಲ' ನಡ' ಜೀವನಮಮದ ಕಡ'ಗ'  
 ಇದ'ೇ ಜೀವನದ ಕಟು ಸತ್ಯವ ತಿಳಿಯೇ ಓ ನನನ ಮನವ'ೇ,,,



**-Dr. Shivalingayya  
 Hiremath,  
 Department of  
 Pharmacy Practice**

**ನನನವಳು....** ಸಹನ'ಯಲ್ಲಿ

ಸೇತ'ಯಂತೆ', ತಾಳಾ'ಯಲ್ಲಿ

ಶಬರಿಯಂತೆ', ರೌಢಿಲ್ಲಿ ದೌರಪದಿಯಂತೆ'

ಕರುಣ'ಯಲ್ಲಿ ಪರಕೃತಿಯ ಸ'ರೊಬಗಿನಂತೆ',

ನನನ ಬರುವಿಕ'ಯ ಅರಸಿರುವ ಊರ್ಮಮಳ'ಯು ಅವಳು!..

ಮಾಸಿದ ಬದುಕಿಗ' ಬಣಣವಾದವಳು,

ರಂಗಿನ ಕಾಮನಬಿಲುಕಿ ತಂದವಳು.

ಕ'ಶೊನ'ಯ ಬಯಸಿದ ಬದುಕಿಗ' ಬರವಸ'ಯ ಬ'ಳಕಾದವಳು!

ನನನ ಸಾವಿರ ಪರಶ'ನಗ' ಉತ್ತೇರಿ ಕ'ಶೊಟಟವಳು...

ಕಲಪನ'ಗೂ ನಲುಕದ ಸ'ರೊಬಗು ತಂದವಳು

ಅವಳ'ೇ ನನನವಳು....!

ಅವಳ'ಂತ್ರಾ ಹಾಗ'ೇ...

ಪರತಿ ಮನ' ಬಯಸ'ಶೊಕಿ ಮಗುವಿನ ಹಾಗ',

ಯುಗಾದಿಯಲ್ಲಿ ಚಿಗುರ'ಶೊಡ'ೇದ ಮಾವಿನ ಹಾಗ',

ಮಾತಿನಲ್ಲಿ ಕಹಿ ಬ'ೇವಾದರೂ ಮನಸಿನಲ್ಲಿ ಸಿಹಿ ಬ'ಲಿದ ಹಣ್ಣಿವಲಿವೂ

ಗ'ಶೊತ'ಶಿ ಎಂಬ ಗವಮದ ಗೌಡತಿಯ ಹಾಗ'...

ಅವಳ'ಂತ್ರಾ ಹಾಗ'..!

ಸದಾಕಾಲ ನಗುವ ಸೊಯಮಕಾಂತಿ ಹಾಗ',

ಅವಳ ನಗುವ'ೇ ಅವಳಿಗ' ಬಾರಿ ಒಡವ'ಯ ಹಾಗ',

ಅವಳ ಮುನಸು, ತ'ಶೊಂಟಿ ಮಾತು,ಪರತಿ ಬಾರಿಯು ಅವಳನ'ನೇ ನ'ನ'ಯುವ ಹಾಗ',.....!

ಅವಳ'ಂತ್ರಾ ಹಾಗ' ಚಂದದ ಶ್ರೇ ಗಂಧದ ಗ'ಶೊಂಬ'ಯ ಹಾಗ',

ಅವಳ'ಂತ್ರಾ ಹಾಗ' ಅಚಚರಿಯ ಮಳಿಗ' ಹಾಗ',..

ಎನ'ಂದರೂ ಮುಗಿಯದ ಕವಿತೆ ಹಾಗ'!!!!.....

ಅವಳ'ೇ ನನನವಳು..!



**-Chaitanya,  
D.Pharm 2nd year**

## The Biochemistry of a Crush —

In our pharmacology classes, we learn that nothing happens without a mechanism.

Every reaction has a pathway. Every feeling, a chemical basis. Every —high, a measurable cause.

So when someone says they have a crush, I cannot help but smile a little differently.

Because somewhere in my mind, I see dopamine being released — lighting up reward circuits as if the brain itself is celebrating.

I imagine norepinephrine rushing through the bloodstream, raising the heart rate, sharpening focus, turning one ordinary presence into something impossible to ignore.

And oxytocin — soft, silent oxytocin — quietly building attachment, thread by thread, without asking for permission.

Science calls it a cascade. A neurochemical surge. A perfectly explainable event.

And yet — when it happens to you, it does not feel like a mechanism.

It feels like anticipation before a message appears.

It feels like your heartbeat losing its rhythm for reasons you pretend not to understand. It feels like replaying small conversations as though they were significant discoveries.

As students of science, we are trained to analyze, to reduce complexity,

to trace everything back to receptors and responses.

But sometimes I wonder — does knowing the formula make the feeling any less real?

If it is —just dopamine, why does it feel like motivation itself has a face?

If it is —just norepinephrine, why does the world seem sharper, brighter, slightly more alive?

If it is —just oxytocin, why does the thought of one person bring a strange sense of comfort?

Maybe a crush is a legal high. Maybe it is chemistry at its finest.

But maybe — what makes it beautiful is not that it can be explained, but that it can be felt.

Perhaps love begins in synapses. But it grows in meaning.

Between neurons and narratives, between molecules and moments, something transforms.

So is it love, or just neurotransmitters?

As a student of science, I know the answer.

As a human being, I am not so sure.

And maybe that uncertainty is the most fascinating reaction of all.

– Mandira R Jadhav,  
PharmD 2<sup>nd</sup> year.



# THE DEEP DIVE



## AI in Drug Design and Discovery

**Artificial Intelligence (AI)** has emerged as a transformative technology in the field of drug design and discovery, significantly accelerating the development of new therapeutic agents. Traditional drug discovery is a lengthy, expensive, and high-risk process that may take 10–15 years and billions of dollars to bring a single drug to market. AI offers powerful computational tools that enhance efficiency, reduce costs, and improve success rates by analyzing vast biological and chemical datasets with high speed and precision.

AI in drug discovery primarily relies on machine learning (ML), deep learning (DL) and data mining techniques. These methods help in identifying potential drug targets, predicting molecular interactions, optimizing lead compounds, and assessing safety and efficacy profiles. In the initial stages, AI assists in target identification and validation by analyzing genomic, proteomic, and transcriptomic data to identify disease-associated genes or proteins. Algorithms can uncover hidden patterns and biological pathways that may not be easily detectable using conventional approaches.

During the lead identification and optimization phase, AI-driven virtual screening evaluates millions of chemical compounds against biological targets in a short time. Deep learning models predict binding affinity, pharmacokinetic properties, and toxicity, thereby narrowing down promising candidates. Techniques such as Quantitative Structure–Activity Relationship (QSAR) modeling and molecular docking are enhanced by AI to generate more accurate predictions. Generative AI models can even design novel chemical structures with desired properties, expanding the chemical space beyond traditional libraries.

In addition, AI supports clinical trial design and management. Predictive analytics helps in selecting suitable patient populations, optimizing trial protocols, and forecasting potential adverse effects. Natural language processing is used to analyze electronic health records and scientific literature, improving decision-making processes.

Despite its advantages, AI-driven drug discovery faces challenges such as data quality, model interpretability, regulatory acceptance, and ethical considerations. Reliable and diverse datasets are essential for accurate predictions. Furthermore, collaboration between computational scientists, chemists, biologists, and clinicians is necessary to translate AI-generated insights into clinically successful drugs.

### Challenges in AI-Driven Drug Discovery

AI-driven drug discovery faces several key challenges, starting with data quality and reliability. AI models require accurate, complete, and well-annotated datasets, but issues such as noisy, biased, or inconsistent data can reduce prediction accuracy. Limited access to proprietary pharmaceutical data and the lack of standardized formats for biological and chemical information further restrict effective model development.

Data diversity is another concern, as many datasets do not adequately represent diverse populations, disease conditions, or the full chemical space. This limits the generalizability of AI models. Additionally, integrating multi-omics data with clinical datasets remains complex but necessary for improving prediction outcomes.

Model interpretability is also a major limitation. Many AI systems function as —black boxes, making it difficult to understand how predictions are generated. This lack of transparency reduces trust among

researchers and clinicians, highlighting the need for explainable AI approaches.

Regulatory challenges further complicate adoption. Agencies such as the U.S. Food and Drug Administration and the European Medicines Agency require strong validation, yet clear guidelines for AI-based drug discovery are still evolving. Ensuring reproducibility and robustness is essential for approval.

Ethical and legal issues also arise, including concerns about patient data privacy, algorithmic bias, and unclear intellectual property rights for AI-generated molecules. Questions of accountability in case of errors further add to these challenges.

Finally, interdisciplinary collaboration and translation remain critical. AI predictions must be validated experimentally, requiring coordination among scientists from multiple fields. Moreover, converting AI findings into clinically successful drugs is still time-consuming and costly, as traditional preclinical and clinical processes remain essential.

In conclusion, AI is revolutionizing drug design and discovery by integrating computational intelligence with pharmaceutical research. It enhances target identification, accelerates lead optimization, reduces costs, and improves overall productivity. As AI technologies continue to evolve, they are expected to play an increasingly central role in developing safer, more effective, and personalized medicines for the future.

**-Dr. P. M. Ronad**

Department of Pharmaceutical Chemistry



## DEEP VEIN THROMBOSIS (DVT)

Deep vein thrombosis is the formation of a blood clot (thrombus) in a deep vein, usually in the legs (commonly in the calf or thigh), but it can also occur in the pelvis or other deep veins.

Venous thromboembolism (VTE) is a common and potentially fatal condition. It involves blood clots (thrombi) developing in the circulation. This usually occurs secondary to stagnation of blood and hyper-coagulable states. When a thrombus develops in the venous circulation, it is called a deep vein thrombosis (DVT).

Once a thrombus has developed, it can travel (embolise) from the deep veins, through the right side of the heart and into the lungs, where it becomes lodged in the pulmonary arteries. This blocks blood flow to areas of the lungs and is called a pulmonary embolism (PE).

**Risk Factors:** There are several factors that can put patients at higher risk of developing a DVT i.e, Immobility, Recent surgery, Long haul travel, Pregnancy, Hormone therapy with oestrogen (combined oral contraceptive pill and hormone replacement therapy), Malignancy, Polycythaemia, Thrombophilia.

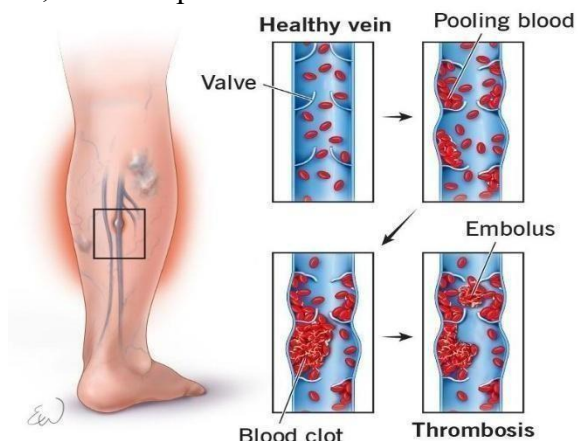
Thrombophilias are conditions that predispose patients to develop blood clots. There are a large number of these i.e, Antiphospholipid syndrome, Factor V Leiden, Antithrombin deficiency, Protein C or S deficiency, Hyperhomocysteinaemia, Activated protein C resistance.

DVTs are almost always unilateral. DVTs can present with Calf or leg swelling, Dilated superficial veins, Tenderness to the calf (particularly over the site of the deep veins), Oedema, Colour changes to the leg.

D-dimer is a sensitive, but not specific, blood test for VTE. This makes it helpful in excluding VTE where there is a low suspicion. It is almost always raised if there is a DVT; however other conditions can also cause a raised d-dimer like Pneumonia, Malignancy, Heart failure, Surgery, Pregnancy.

Doppler ultrasound of the leg is required to diagnose deep vein thrombosis.

The initial management for a suspected or confirmed DVT is with anticoagulation. In most patients, treatment dose apixaban or rivaroxaban. It should be started immediately in patients where DVT is suspected, and there is a delay in getting the scan. The options for long term anticoagulation in VTE are a DOAC, warfarin, or LMWH.



**-Vinay Kalal**  
**B.Pharm, 2<sup>nd</sup>**  
**Year**



## **The Weight of the White Coat: What I Found When the Textbooks Finally Closed**

### *My Final Journey Into the Hospital*

Have you ever held something small... and realized it could change someone's life completely?

I have. It didn't look dangerous and that's the terrifying part. It was just a tiny white pill resting in my palm. A quiet little vial. So unassuming, you could easily forget the immense power locked inside it. For me, it was a single, terrifyingly simple thought that echoed long after my shifts ended:

*What if something goes wrong... just because of a medicine?*

### **Where the Textbook Ends and the Patient Begins**

Look, here's the thing about pharmacy school. You spend years buried under mountains of textbooks. You memorize classifications, mechanisms of action, and complex chemical structures until you see them in your sleep. But entering Gabbur Hospital as a PharmD intern was like stepping out of a perfectly controlled laboratory and into a thunderstorm.

I expected to just stand quietly in the corner and observe. Instead, I began to truly *notice*

A new hospital is always in motion. Systems change. People adjust. And patient safety? It isn't written on walls. It's a responsibility carried by every healthcare professional inside it.

### **The Deep End**

There's a moment in every clinical posting when you realize: you're no longer just a student.

You're part of the system.

For me, that moment came faster than expected.

Because I put in the grueling hours, I earned the chance to assist in both minor and major OTs. I even had the profound luck and the quiet pride of being part of several historic, first-of-their-kind surgeries at the hospital. Standing there, I watched breathlessly as drugs were chosen, timed, and adjusted in a matter of seconds. I saw firsthand how every single decision, every rapid-fire calculation, and every solitary microgram mattered.

If you've never been inside an OT, let me paint the picture for you. The air is cold. The focus is razor-sharp. Everything in that room relies on absolute precision: the timing of the anesthesia, the strict maintenance of sterility, the exact microgram of a dosing calculation. There is zero margin for "I think so" or "Let's try this." In the operation theatre, there is absolutely no space for assumptions. There is only accuracy.

### **Five Simple Words. Five Heavy Responsibilities.**

If you've ever studied pharmacy, you already know them.

The —5 Rights‡ of medication administration:

- Right patient
- Right drug
- Right dose
- Right route
- Right time

On paper, they feel almost... basic. Like a checklist you could recite half-asleep.

But standing in a ward, holding an IV bag, looking at a patient who trusts that everything you're about to do is correct, those five lines suddenly feel very different.

They're not steps anymore. In practice, those five rights instantly transform into five massive responsibilities.

Why? **Because the "right" drug given the wrong way is still a wrong treatment.**

### **The Most Underrated Therapy in Medicine**

Strangely, the most powerful lesson I learned didn't come from the OT. It came from the quietest place

in the hospital right next to a patient's bed.

**A prescription, no matter how brilliantly written by a physician, is entirely incomplete without an explanation**

I lost count of how many patients I met who were gripping a plastic bag full of pills, staring at them with total confusion. They didn't know why they were taking these medicines. They didn't know if they should take them with food, when they were supposed to stop, or what side effects to expect. They were terrified.

And that's when the final piece of the puzzle clicked into place for me: A medicine only truly works when a patient understands it.

Patient counselling is, hands down, the most underrated therapy in modern healthcare. When a pharmacist sits down, looks a patient in the eye, and explains their treatment, we transform their confusion into confidence. We empower them. A well-counselled patient is fundamentally safer than a well-prescribed treatment. Safety doesn't end the second the doctor signs the prescription pad it only begins when the patient truly understands what happens next.

**The Invisible Guardian**

By the end of my internship at Gabbur Hospital, one truth stayed with me clear, sharp, undeniable:

**Medicines don't make mistakes. People do.**

And pharmacists?

We're the ones standing in between.

It's a quiet role. Almost invisible.

No one applauds the error that didn't happen. No one celebrates the adverse drug reaction that was prevented, or the decimal point that was caught just in time.

There are no awards for the things that go right because someone was paying attention.

But those moments? They matter the most.

Because behind every patient who walks out of a hospital safely back to their home, their family, their life there's a series of decisions that *didn't* go wrong.

A dose that was double checked.

A drug interaction that was caught.

A patient who finally understood what they were taking and why.

And somewhere in that chain, quietly, consistently

There was a pharmacist.

**What I Carry Forward**

I walked into the hospital thinking I would learn about medicines.

I walked out understanding something far more important.

**Medicines are powerful. But responsibility is what makes them safe.**

As I step forward not just as a student anymore, but as a future pharmacist I know this much:

My role isn't just to dispense knowledge.

It's to question.

To verify.

To explain.

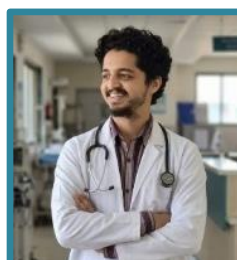
To protect.

To be there in the moments no one sees, doing the work no one celebrates but that changes everything.

Because patient safety may be invisible.

But its impact?

It's written in every life that gets to go on.



**-ANUP NAYAK**  
Pharm.D(P.B) 2023-26

## THE GEN Z

### Revolution in Healthcare

Whenever we think about science and medicine, we usually go back in time — to the 17th or 18th century — and admire the great scientists who changed the world. They deserve every bit of respect. But what we often forget is that they were once young too. They were questioned. They were called rebellious. They challenged beliefs that people thought were normal. And that is exactly how change began.

The difference between then and now? Back then, only a few people dared to think differently. Today, an entire generation does.

Generation Z is not just redefining medicine — we are redefining conversations. We talk about mental health openly. We question unhealthy traditions. We discuss trauma, equality, identity, and emotional well-being without shame. We don't just accept systems because that's how it's always been.

Yet, we are constantly labeled.

Lazy.

Distracted.

Entitled.

But are we really?

We are not lazy — we just refuse to waste energy on meaningless work.

We are not distracted — we are overly informed than any generation before us.

And we are not entitled — we simply believe respect and voice should not depend on age or hierarchy.

Now imagine this generation stepping into medicine.

Into operation theatres.

Into research labs.

Into hospital wards.

We are entering healthcare with digital skills, adaptability, and awareness. We are comfortable with AI, telemedicine, online research, and global collaboration. But more importantly, we understand empathy. We understand anxiety. Burnout. Pressure. We have lived it.

Medicine is no longer just about diagnosing and prescribing. It is about listening. It is about understanding the patient beyond their symptoms. And Gen Z naturally moves toward that kind of care — collaborative, inclusive, and holistic.

Like the scientists of the past, we may be misunderstood today. But progress has always been led by the youth who dared to question.

Gen Z is not just the future of medicine.

We are the transition.

We are redefining what it means to heal, differently.



**-RUKKHAYYA K. J.**  
**B.Pharm 1<sup>st</sup> year**

## IF FRUITS HAD A LABEL CLAIM

Dr. Revati Dharampal Sagare

Assistant Professor, Department of Pharmaceutics



### 1. APPLE (*Malus domestica*) – A Preventive Health Formulation

#### Hypothetical Label Claim:

*Each unit contains soluble dietary fiber (pectin) and polyphenolic antioxidants; supports cardiovascular and gastrointestinal health.*

Apples are rich in pectin, a soluble fiber known to reduce serum cholesterol levels and improve glycemic control. Additionally, apples contain polyphenols such as quercetin, catechin, and chlorogenic acid, which exhibit antioxidant activity by scavenging free radicals.

From a pharmaceutical standpoint, apples act as a long-term preventive formulation, similar to nutraceuticals prescribed for chronic disease risk reduction.

#### Indications:

- Cardiovascular health
- Digestive regulation
- Oxidative stress reduction



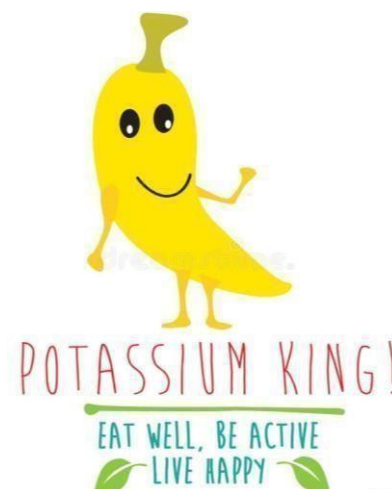
**Pharmaceutical analogy:** Once-daily preventive tablet.

### 2. BANANA (*Musa paradisiaca*) – Electrolyte and Energy Supplement

#### Hypothetical Label Claim:

*High potassium content; supports neuromuscular function and energy metabolism.*

Bananas are an excellent source of potassium, an essential intracellular cation involved in nerve impulse transmission, muscle contraction, and maintenance of normal blood pressure. They also contain natural carbohydrates that provide rapid energy.



In pharmaceutical terms, banana functions similarly to an oral electrolyte and energy supplement, particularly useful during fatigue, illness, or physical exertion.

**Indications:**

- Muscle cramps
- Fatigue and weakness
- Electrolyte imbalance

**Pharmaceutical analogy:** Immediate-release energy capsule

**3. ORANGE (*Citrus sinensis*) – Immunity Enhancement Formulation**

**Hypothetical Label Claim:**

*Contains vitamin C (ascorbic acid); enhances immune response and collagen synthesis.*

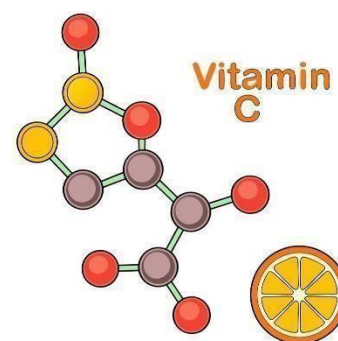
Oranges are widely recognized for their vitamin C content, a water-soluble antioxidant essential for immune defense, wound healing, and iron absorption. Vitamin C contributes to leukocyte function and protects tissues from oxidative damage.

Pharmaceutically, oranges resemble a natural immunity-boosting liquid dosage form, promoting patient compliance due to palatability.



**Indications:**

- Immune support
- Prevention of deficiency states
- Skin and connective tissue health



**Pharmaceutical analogy:** Vitamin C syrup

**4. POMEGRANATE (*Punica granatum*) – Antioxidant Sustained-Release System**

**Hypothetical Label Claim:**

*Rich in polyphenols and anthocyanins; exhibits antioxidant, anti-inflammatory, and cardioprotective activity.*

Pomegranate contains potent antioxidants such as punicalagins and anthocyanins, which demonstrate strong free radical



scavenging activity. Studies suggest benefits in cardiovascular health, metabolic disorders, and cellular aging.

Due to the gradual absorption and prolonged activity of its bioactives, pomegranate can be compared to a sustained-release antioxidant formulation.

**Indications:**

- Cardiovascular protection
- Anti-inflammatory support
- Reduction of oxidative stress

**Pharmaceutical analogy:** Sustained-release antioxidant capsule



**5. DATES (*Phoenix dactylifera*) – Natural Hematinic and Energy-Dense Formulation**

**Hypothetical Label Claim:**

*Rich in natural sugars, dietary fiber, iron, potassium, and bioactive polyphenols; supports energy metabolism, hematopoiesis, and gastrointestinal health.*

Dates are nutritionally dense fruits containing glucose, fructose, and sucrose, making them an excellent source of rapid and sustained energy. They also provide iron, which contributes to hemoglobin synthesis, and dietary fiber, which supports bowel regularity and gut health.

From a pharmaceutical perspective, dates resemble a natural hematinic and energy supplement, often recommended during pregnancy, convalescence, anemia, and physical exhaustion.



**Indications:**

- Iron deficiency and fatigue
- Constipation and digestive health
- Pregnancy and lactation support

**Pharmaceutical analogy:** Natural iron tonic with energy booster.

**Dose (dietary):**

2–4 dates per day as a nutritional supplement.



## ILL-EFFECTS OF INFANT MILK SUBSTITUTE AND BOTTLE FEEDING-

### Introduction

As per scientific evidence, an age of 4 to 6 months for exclusive breast-feeding of infants was included in both international and national codes. However, with the availability of condensed milk, substitute feeding became feasible. Breast-feeding rates declined as women entered the workforce and aggressive marketing campaigns by private companies for infant milk substitutes became widespread. This use of infant milk substitutes has led to rising infant mortality. The age range for exclusive breastfeeding has been deliberately misused by private companies to promote complementary foods from 3 months onwards. Because many working women only had leave restricted to approximately 3 months after pregnancy, they fell easy prey to these companies. Recently, the Government of India increased maternity leave to 6 months to emphasize the importance of later weaning.

### Reasons for Avoiding Early Weaning

- **Increased Infection Risk:** Early weaning promotes external food, which increases the chances of infection.
- **Diarrheal Diseases:** These are common in children who undergo early weaning.
- **Anaemia:** Anaemia is common in children with early weaning because breast milk contains the best bio-available iron.
- **Digestive Readiness:** The enzyme amylase is usually only detected in children at 7 months. Digestion of external carbohydrate food starts only after 6 months; therefore, early weaning may cause problems related to the indigestion of carbohydrates.

### Benefits of Exclusive Breast-Feeding

- **Immune System:** It boosts the mother's immune system.
- **Family Planning:** It helps delay the next pregnancy.
- **Diabetic Health:** It reduces the insulin needs of diabetic patients.
- **Cancer & Bone Protection:** Breast-feeding can help protect the mother from breast cancer, ovarian cancer, and osteoporosis.

### Regulatory Framework and the WHO Code

In 1981, the WHO International Code of Marketing of Breast-milk Substitutes was passed. Subsequently, many countries formulated policies to restrict the advertising of substitutes. In India, "The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act" was passed in 1992.

#### Summary of the WHO Code:

- No advertising to the public.
- No free samples or gifts to mothers.

- No promotion of products in healthcare facilities.
- No contact with mothers by company representatives.
- No gifts or samples to health workers.
- No baby pictures idealizing formula.

### III-Effects of Bottle Feeding

1. **Lack of Antibodies:** Antibodies present in breast milk are not present in any substitute; thus, the baby does not receive protection against infection and illness.
2. **Reduced Bonding:** There is less bonding between the mother and child.
3. **Cleaning Issues:** Risks associated with the difficulty of properly cleaning bottles.
4. **Weight Management:** An inability to maintain proper body weight and calorie burn.
5. **Bottle Propping:** Can cause an unstable flow of milk from the nipple.
6. **Health Risks:** Increased risk of diarrhea, respiratory issues, allergies, and ear infections.

-HANIFABI PATHAN, D.Pharm



## The Silent Guardian: A Lifetime Through the Pharmacist's

"I combine the journey of a girl (Sneha) with the technical role of the pharmacist."

### Introduction

The atmosphere of a pharmacy is unmistakable — a sharp, clean blend of antiseptic, white paper, and the faint, powdery scent of history. To a child, it is a place of mysterious glass bottles and sweet-tasting syrups that chase away a fever. To the elderly, it is a sanctuary of hope and a lifeline to another tomorrow.

For a girl named Sneha, the pharmacy was never just a store; it was the silent backdrop to the story of her life. As she grew from a wide-eyed child to a self-assured woman, the pharmacist stood as the quiet guardian of her journey, turning complex chemistry into simple gifts of health.

#### The Era of Innocence: Childhood and the Pink Syrup

Sneha's story begins in the 1990s, clutching her father's hand as they walked into the local chemist shop. She was six years old, her cheeks flushed with the heat of a fever.

Seasonal flu. To her, the pharmacist was a giant in a white coat who reached into high cupboards to find a small bottle of pink antipyretic syrup.

In these early years, the pharmacist's role was one of comfort. It wasn't just about the medicine. It was about the way the pharmacist explained to her father exactly how many milliliters to measure, ensuring the dose was safe for a growing body. This is the first pillar of pharmacy — pediatric care and safety. The pharmacist acted as the final filter, ensuring that the potent chemicals of medicine were scaled down to the fragile needs of a child. For Sneha, the medicine was a magic potion that allowed her to go back to the playground.

#### The Years of Ambition: Youth and Empowerment

Fast forward fifteen years, and the little girl had become a determined university student. The challenges had changed. Now, Sneha visited the pharmacy not for fever, but for the side effects of a high-pressure life — migraines from late-night studying, skin allergies from new cosmetics, and the need for nutritional supplements to keep her energy high.

During this stage of her life, the pharmacist became an educator and consultant. Sneha realized that the pharmacist was the most accessible healthcare professional in the community. She didn't need an appointment to ask about the interaction between her vitamins and her allergy medication. The pharmacist empowered her with knowledge, teaching her that —more medicine isn't always —better medicine. In the transition from adolescence to adulthood, the pharmacy was her toolkit for independence

#### The Season of Care: Motherhood and Responsibility

In her thirties, Sneha's relationship with medicine shifted again. She was no longer just a patient; she was a caregiver. Walking into the pharmacy with a crying infant on one arm and a prescription for her aging mother in the other, she felt the weight of new responsibility.

The pharmacist now took on the role of a clinical gatekeeper. When Sneha's mother was prescribed three different medications for blood pressure and arthritis, it was the pharmacist who checked for —polypharmacy risks — ensuring that one drug didn't accidentally interact harmfully with another.

They provide the counseling Sneha desperately needed, explaining how to manage chronic conditions at home. At this stage, the pharmacist was the bridge between the doctor's clinic and the reality of daily life.

## The Golden Years: Wisdom and Dignity

Finally, we see Sneha in the winter of her life. Her hair is the color of starlight, and her movements are slow. She visits the pharmacy once a month, not for a cure, but for management and quality of life. The pharmacy visits are now a social ritual. The pharmacist knows her name, her history, and her struggles.

When her eyesight began to fail, the pharmacist took the extra time to label her bottles with large, bold letters and color-coded caps. In the journey of aging, the pharmacist provides more than just pills; they provide dignity. They ensure that Sneha's final chapters are lived with as much comfort and clarity as science can provide.

### The Soul of the Profession

Sneha's journey reminds us that a pharmacist is never — just a shopkeeper. Behind every counter is a professional who understands the delicate dance between life and chemistry. They are the scientists of the street corner, the empathetic ears of the community.

Medicines, on their own, are merely molecules. They cure colds, regulate conditions, and are powerful substances. But when those molecules are placed in the hands of a dedicated pharmacist, they become something more — they become a therapy.

The pharmacist adds the human element to science, ensuring that the right drug reaches the right person, in the right dose, at the right time.

### Conclusion

As future pharmacists, we must remember that we are not just studying pharmacology, pharmaceuticals, or chemistry. We are studying the art of protecting lives like Sneha's. Every prescription we check is a chapter in someone's story — whether it is the child seeking relief, the student seeking energy, or the elderly seeking comfort. We are the stewards of their journey.

In a world of rapidly changing technology and AI, the human touch of a pharmacist remains irreplaceable. Like the silent guardian in Sneha's life, we have the privilege of standing at the crossroads of science and humanity, ensuring that every journey — from childhood to the golden years — is a healthy one.

**-Sanabhanu M Raichur,  
DPharm 1<sup>st</sup> Year**



## —Your New Lab Partner Doesn't Wear a White Coat

It's the night before a seminar.

The topic sounded simple — *Nanoparticles for Drug Delivery*.

But now, you're surrounded by research papers. Particle size. Zeta potential. Polymers. Surfactants. Every study says something slightly different. Slides are still blank. Notes are scattered. And time is slipping away. Then, you try something different.

You open an AI-powered research tool like —*Elicit or Consensus*!. You type your topic. Within seconds, key insights appear. Studies are compared. Patterns emerge. An outline begins to take shape.

Suddenly, the chaos starts making sense.

This moment is becoming increasingly familiar for pharmacy students. Artificial intelligence is quietly entering classrooms, laboratories, and research workflows. **It is not replacing learning — it is reshaping how students learn.**

### When Literature Review Stops Being Overwhelming

Every pharmacy project begins the same way: searching through endless research articles.

One paper leads to another. Each uses different methods, materials, and conclusions. What begins as curiosity quickly turns into overload.

AI-powered research tools such as —*Elicit, Scite, Scholar GPT, Litmaps, and Consensus*” are changing this experience.

Instead of manually filtering through dozens of papers, students can now ask focused questions and receive structured summaries from multiple studies. Key formulation components, commonly used excipients, and evaluation parameters become easier to identify.

Whether working on hydrogels, nanoparticles, or drug delivery systems, literature review is no longer a scattered process. It becomes targeted, organized, and efficient.

What once took hours of effort can now be structured in minutes — **allowing students to focus on understanding, not just collecting information.**

### The Virtual Lab Partner: Smarter Formulation Design

Formulation development has traditionally relied on trial and error.

One batch may show high viscosity. Another may fail in drug release. Optimization becomes a cycle of repeated experiments, often leading to confusion rather than clarity.

AI-driven statistical tools such as —*Design-Expert, Minitab, JMP, and Systat*” are transforming this process. Through Design of Experiments (DoE), students can define key variables—polymer concentration, surfactant levels, stirring speed — and generate optimized experimental designs. Instead of random trials, experiments become strategic.

The shift is significant:

**From guessing... to predicting.**

**From repetition... to optimization.**

**Students don't just develop formulations — they understand them.**

### The Clinical Companion in Your Pocket

Pharmacy is not only about formulations. It is about patients.

Understanding drug interactions, contraindications, and safe dosing is critical. Traditionally, this required flipping through multiple textbooks or databases.

Now, AI-supported platforms such as —*Medscape, Micromedex, and Lexicomp*” provide structured clinical information instantly.

A student studying antibiotics or anticoagulants can quickly access interaction profiles, monitoring parameters, and patient counseling points. This bridges the gap between theory and real-world clinical practice.

**Learning becomes more connected, more practical, and more relevant.**

### **From Notes to Narratives: Better Writing and Presentations**

Even when students understand a topic, presenting it clearly can be a challenge.

Structuring content, refining language, and designing visuals often take more time than the research itself.

AI tools such as —*Grammarly and QuillBot*” help organize ideas and improve clarity, while platforms like —*Canva AI and BioRender*” assist in creating diagrams, slide layouts, and graphical abstracts. Complex scientific concepts can be transformed into clear, concise explanations and visually engaging content.

The result is not just better assignments — but stronger communication skills and greater confidence during presentations.

### **The Rise of the AI-Powered Pharmacy Student**

Pharmacy education is evolving.

Students are no longer limited to textbooks, handwritten notes, and manual data analysis. They now have access to tools that accelerate research, refine experiments, and enhance communication.

But these tools are not replacing learning.

They are amplifying it.

Because the new lab partner doesn't stand beside you wearing a white coat.

It's the software guiding your experimental design.

It's the system organizing your research.

It's the tool helping you see patterns you might have missed.

And once you start using it—

You realize something important.

**You were never studying alone.**



## The Chemistry of a Coffee Break

It's 3:00 AM during finals week. You're halfway through a medicinal chemistry lecture on benzodiazepines, and your brain feels like it's being filled with wet cement. You reach for your third espresso. As a pharmacy student, you know the pharmacology, but what is actually happening at the molecular level to keep you upright?

### The Molecular Imposter: Adenosine Antagonism

The "magic" of caffeine isn't that it creates energy—it's that it's a master of deception. Throughout the day, your neurons fire away, producing a byproduct called adenosine. This molecule binds to A<sub>1</sub> and A<sub>2A</sub> receptors in the brain, signaling your central nervous system to slow down. It's the biochemical "sleep pressure" that makes your eyelids heavy.

Caffeine is structurally similar to adenosine. Because of this, it acts as a competitive antagonist. It slides into those adenosine receptors, effectively "muffling" the signals of fatigue. You aren't actually less tired; your brain just can't hear the exhaustion calling.

### The Dopamine and Glutamate Surge

By blocking adenosine, caffeine also pulls the brakes off other neurotransmitters.

**Dopamine:** Caffeine increases the sensitivity of dopamine receptors in the striatum. This provides that slight "mood lift" and the motivation to finish just five more pages of pharmacology notes. **Glutamate:** As an excitatory neurotransmitter, glutamate activity increases, enhancing firing rates and improving short-term focus—essential for memorizing drug-drug interactions under pressure.

### The Pharmacokinetic Reality Check

As you sip that latte, remember the kinetics:

**Absorption:** Caffeine is rapidly absorbed, reaching peak plasma concentration ( $C_{max}$ ) in about 30 to 60 minutes.

**Metabolism:** It's metabolized in the liver via the CYP1A2 enzyme.

**Half-life ( $t_{1/2}$ ):** For most healthy adults, it's roughly 5 hours. If you're pulling an all-nighter, that midnight cup will still be circulating in your system at 5:00 AM, likely interfering with the 90-minute nap you're hoping to squeeze in.

### The Law of Diminishing Returns

Pharmacy students know better than anyone about upregulation. If you live on caffeine all week, your brain will compensate for the blocked receptors by creating more adenosine receptors. This leads to tolerance: you need more caffeine just to feel "normal," and when you finally stop, the flood of adenosine hitting those new receptors causes the dreaded post-finals withdrawal headache.

**The bottom line?** Caffeine is a brilliant tool for the short-term rigors of pharmacy school, but it's a loan of energy taken from tomorrow—and eventually, the metabolic debt must be paid in sleep.

-SNEHA S KURODI,  
PharmD 2<sup>nd</sup> Year



## THE LAST LINE OF DEFENSE: WHY PHARMACISTS ARE THE GUARDIANS OF MODERN MEDICINE

From global stewardship to precision dosing, pharmacists are becoming essential in the fight against antimicrobial resistance

[fight against antimicrobial resistance](#). Antimicrobial resistance (AMR) is no longer something we read about only in research papers or global health reports. It is becoming part of everyday clinical reality. In hospitals and communities around the world, infections that were once easily treated with antibiotics are becoming harder, more expensive, and sometimes impossible to cure.

This growing challenge is changing how healthcare professionals think about antibiotics. It is also transforming the role of pharmacists in modern medicine.

### A Growing Global Concern

According to the WHO Global Antibiotic Resistance Surveillance Report (2025), one in six bacterial infections worldwide is now resistant to treatment. In some regions, resistance to powerful antibiotics like carbapenems and third-generation cephalosporins has reached alarming levels.

The impact of antimicrobial resistance goes beyond patient care. Economists predict that AMR could cost the global healthcare system nearly one trillion dollars by 2050. By 2030, global economic losses related to AMR may reach trillions annually.

These numbers remind us that antibiotics are not ordinary medicines. When antibiotics are overused or misused, the consequences affect not just one patient but entire communities.

### The Changing Role of Pharmacists

Traditionally, pharmacists were seen mainly as professionals who dispensed medications. Today, their responsibilities are expanding rapidly. Pharmacists are now actively involved in clinical decision-making, patient education, and antimicrobial stewardship.

Antimicrobial Stewardship Programs (AMS) focus on using antibiotics responsibly to slow the development of resistance. Pharmacists play an important role in these programs by reviewing prescriptions, monitoring treatment duration, optimizing doses, and guiding healthcare teams toward safer antibiotic choices.

This shift shows how pharmacy practice is becoming more patient-centered and clinically focused.

### Evidence That Stewardship Works

Research continues to show the positive impact pharmacists can have on antibiotic use. A hospital study published in 2024 reported a significant reduction in antibiotic consumption after pharmacists led stewardship interventions. Other studies have shown improvements in patient outcomes, including shorter hospital stays and fewer complications.

These findings demonstrate that careful medication management can make a real difference in both patient safety and public health.

## Precision Medicine and Pharmacokinetics/Pharmacodynamics Optimization

Modern antibiotic therapy increasingly relies on precision dosing. Pharmacists use pharmacokinetics (PK) and pharmacodynamics (PD) principles to ensure antibiotics work as effectively as possible.

For time-dependent antibiotics such as beta-lactams, maintaining drug levels above the minimum inhibitory concentration (MIC) for most of the dosing interval is critical. For concentration-dependent antibiotics like fluoroquinolones, achieving an adequate peak concentration helps eliminate bacteria more effectively.

Applying these principles allows pharmacists to tailor treatment to individual patients and infections, improving outcomes while reducing the risk of resistance.

## Educating Patients and Communities

Another important responsibility of pharmacists is patient education. Many cases of antibiotic misuse occur because patients stop treatment early, self-medicate, or expect antibiotics for viral infections.

Education and stewardship efforts are already making progress. Reports from 2024 show reduced antibiotic use in long-term care settings after awareness programs introduced.

However, global antibiotic use patterns still need improvement. Increasing the use of first-line —Accessl antibiotics remains an important goal for international health organizations.

## Looking Ahead

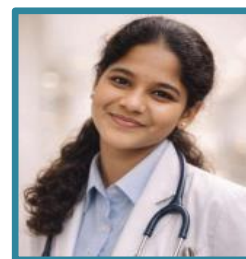
The future of healthcare will depend heavily on how we respond to antimicrobial resistance. Pharmacists will continue to play a key role through stewardship, research, patient counseling, and collaboration with other healthcare professionals.

As pharmacy education evolves, greater emphasis on antimicrobial stewardship and precision dosing will prepare future pharmacists to meet this challenge.

Antibiotics transformed medicine in the twentieth century. Protecting their effectiveness in the twenty-first century will require knowledge, responsibility, and teamwork.

Pharmacists are uniquely positioned to help lead that effort.

**-Vidya S Ganamukhi**  
**PharmD 2<sup>ND</sup> Year**



# DOODLE DEN



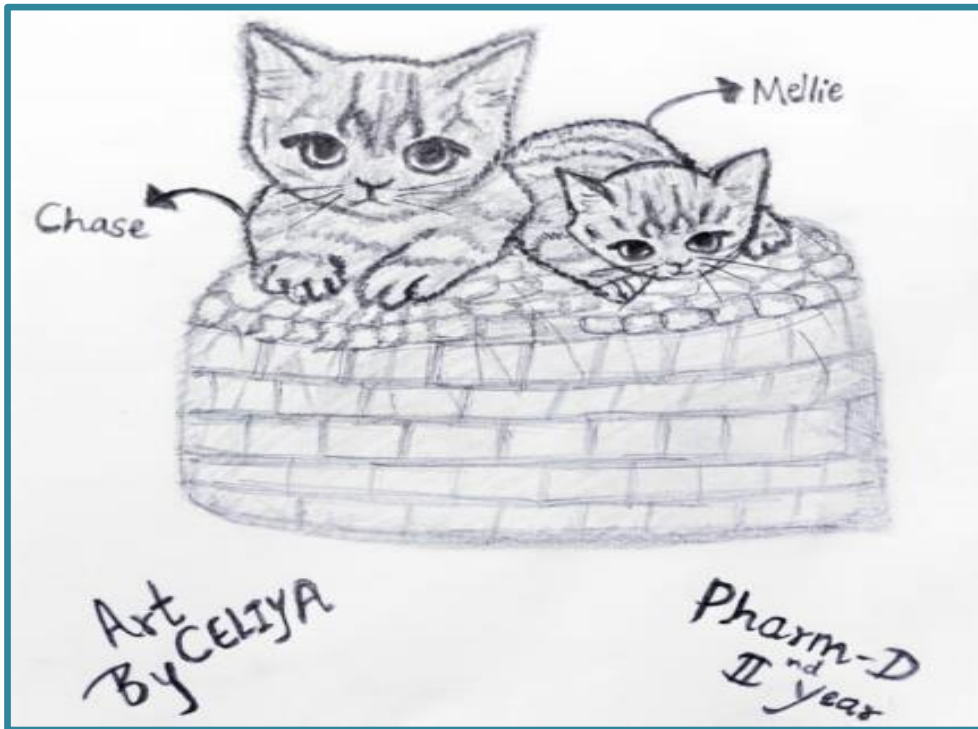
MANDIRA R JADHAV PharmD 2<sup>nd</sup> Year



TEJAS R B B.Pharm 2<sup>nd</sup> year



ABHISHEK CHABBI B.Pharm 1<sup>st</sup> Year



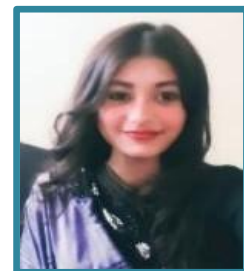
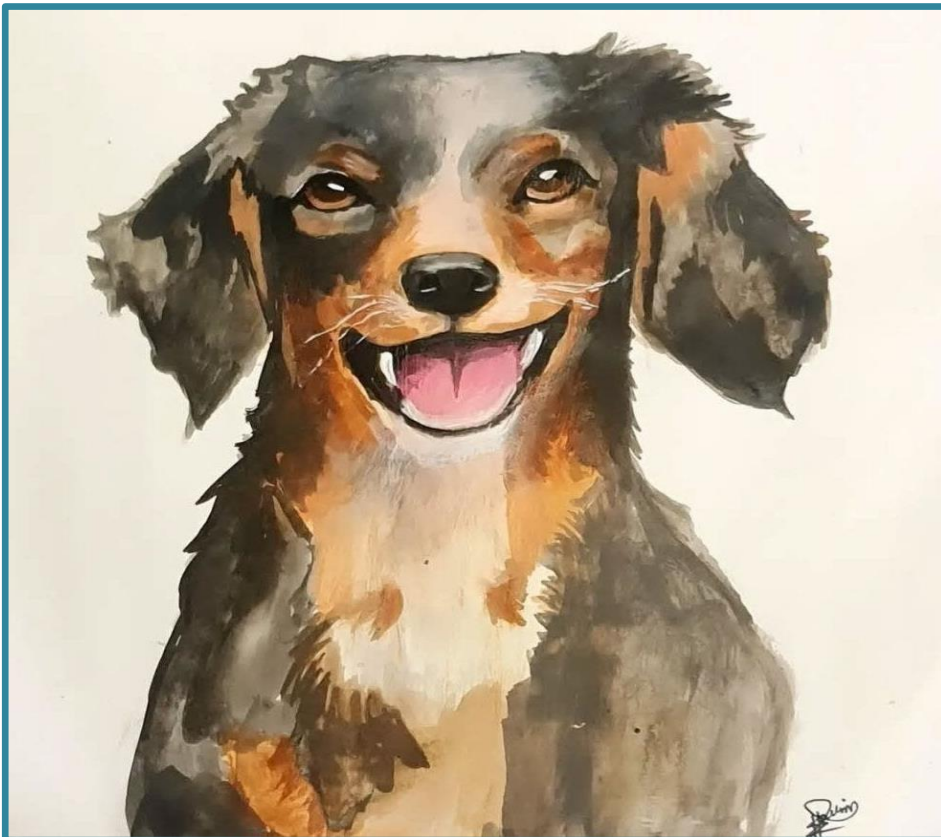
CELIYA J GONSALVES, PharmD 2<sup>nd</sup> Year



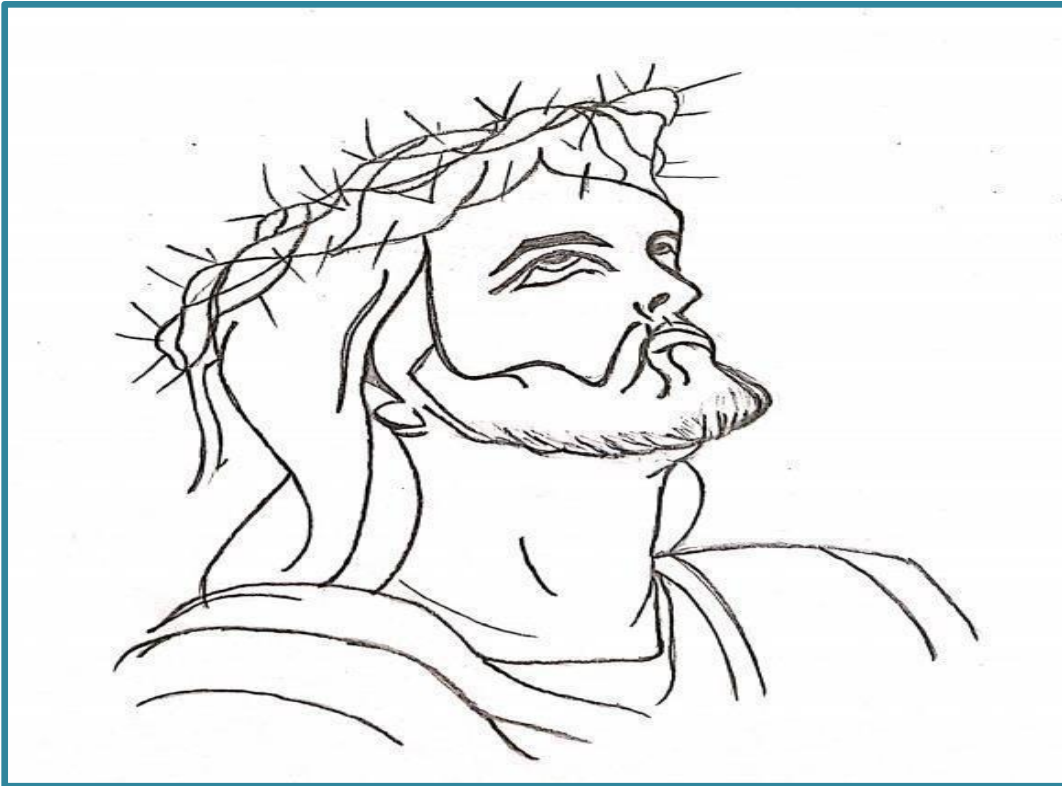
SHRUTI A KHANDKE PharmD 6<sup>th</sup> Year



NEERAJ REEDY, D.Pharm



RUHIN SAYED D Pharm 2<sup>nd</sup> Year



RAKSHITH R M, B.Pharm 2<sup>nd</sup> Year



GOURAMMA N KUMBAR, B.Pharm 2<sup>nd</sup> Year

# INDUSTRIAL VISIT FOR STUDENTS 2025-2026



VISIT TO **BHAVANI PHARMACEUTICALS PVT. LTD**, DHARWAD BY BPHARM 4TH YEAR STUDENTS



VISIT TO **FOOD & DRUG ADMINISTRATION – REGIONAL DRUG TESTING LABORATORY** BY UG & PG STUDENTS OF CHEMISTRY DEPARTMENT



**BOTANICAL GARDEN VISIT BY B.PHARM 3<sup>rd</sup> YEAR STUDENTS**



**VISIT TO PFIZER  
PHARMACEUTICAL  
COMPANY, VERNA, GOA  
ON 10<sup>th</sup> APRIL 2026 BY  
B.PHARM FINAL YEAR  
STUDENTS**

**VISIT TO VERGO  
PHARMA RESEARCH  
LABORATORIES PVT.  
LTD, VERNA, GOA ON  
11<sup>th</sup> APRIL 2026 BY  
B.PHARM FINAL YEAR  
STUDENTS**



## CULTURAL EVENTS 2025-26

### FLOWER DECORATION COMPETITION – 20/8/25



### CLAY MODELLING COMPETITION – 16/9/25





## DANDIYA DECORATION COMPETITION – 27/9/25



# FUN WEEK – SAMANVAY 2026

## DAY 1 – 23/2/26 RETRO DAY



## DAY 2 – 24/2/26 CHARACTER DAY



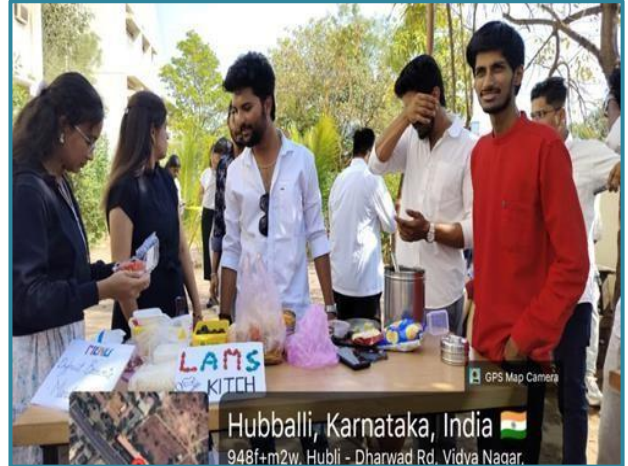
DAY 3 – 25/2/26 PROM/ WESTERN DAY



DAY 4 – 26/2/26 DOLORUM V/S PARADISE DAY  
WHITE V/S RED DAY



## FOOD STALLS



## DAY 5 – 27/2/26 TRADITIONAL DAY





### DAY 6 – DENIM DAY / SIGNATURE DAY



## GARBA EVENT 2025 – 29/9/25



## WOMEN EMPOWERMENT CELL EVENTS

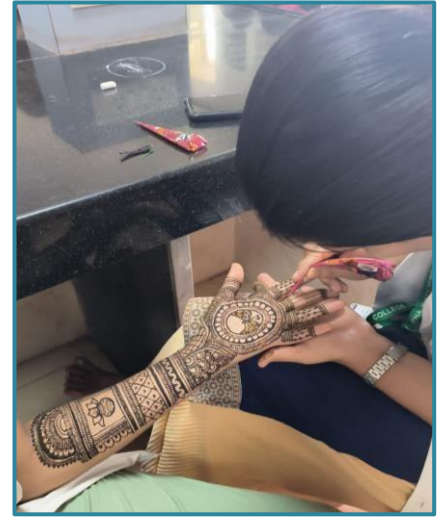
### SEMINAR BY GEETA KADDI - 15/9/25



### PUJA THALI DECORATION COMPETITION – 17/10/25



## MEHENDI COMPETITION – 23/3/26



## ORNAMENT MAKING COMPETITION – 30/3/26





## LITERARY EVENTS 2025-26

### POSTER MAKING COMPETITION – 9/10/25



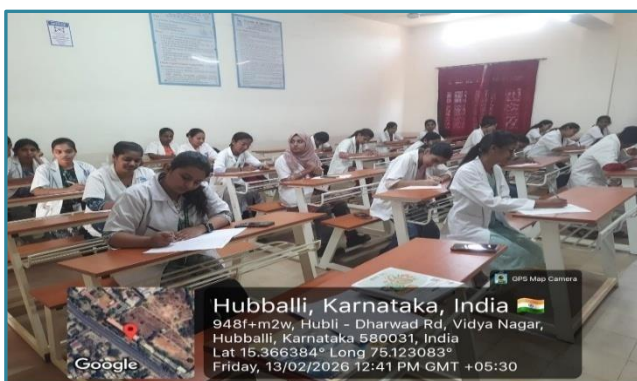
### MODEL MAKING COMPETITION – 6/10/25



### RANGOLI COMPETITION TOGETHER AGAINST RAGGING – 17/2/26



### ESSAY WRITING COMPETITION – 13/2/26



## BOOKMARK MAKING COMPETITION – 28/3/26



## SKETCHING COMPETITION – 06/04/26



# GENDER CHAMPIONSHIP CELL EVENTS 2025-26

## KALASH DECORATION COMPETITION – 27/9/25

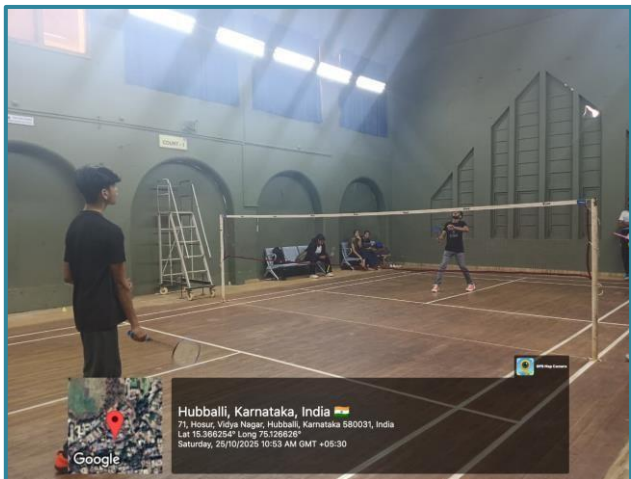


## FIRELESS COOKING COMPETITION – 31/03/2026





## ANNUAL SPORTS MEET – 19/2/26



## NATIONAL DAYS CELEBRATION

### INDEPENDENCE DAY 2025



### REPUBLIC DAY 2026



# 5<sup>TH</sup> NATIONAL PHARMACOVIGILANCE WEEK CELEBRATION

17<sup>th</sup> – 23<sup>rd</sup> SEPTEMBER 2025

17/9/25 – INAUGURATION AND RANGOLI COMPETITION



## 18/9/25 – PLACARD AND POSTER MAKING COMPETITION

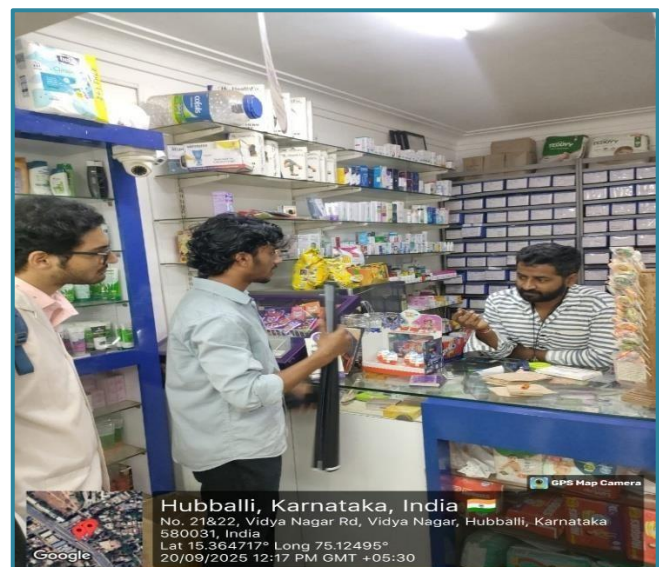


## 19/9/25 – WALKATHON & SKITS/PLAYS & QUIZ COMPETITIONS

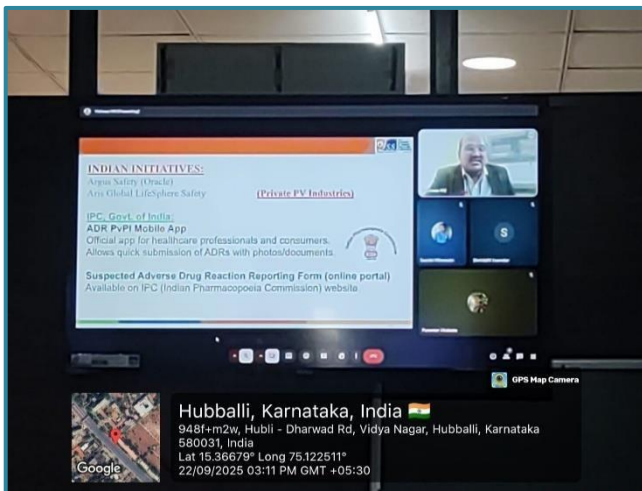




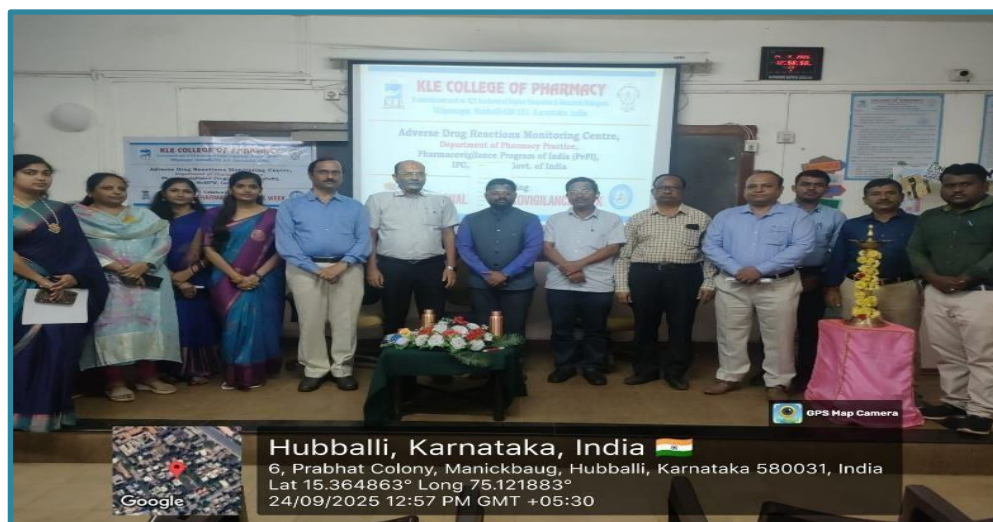
## 20/9/25 – ESSAY COMPETITION/ SENSITIZATION & AWARENESS PROGRAMMES



## 22/9/25 – ORAL PRESENTATION & WEBINAR



## 23/9/25 – ANIMATION/SHORT MOVIE COMPETITION & VALEDICTORY PROGRAMME



# NSS EVENTS 2025-26

## NSS DAY CELEBRATION – 24/9/25



# NSS UNIT – 14 , P.O : Dr. Laxmi P.



# NSS UNIT – 33 , P.O : Ms. P. N. Gouda



# NSS UNIT – 32 , P.O : Ms. N. M. Mali



# NSS UNIT – 7 , P.O : Dr. V. K. Meti



Hubballi, Karnataka, India  
126, Agrahara, Timmasagar, Hubballi, Karnataka 580024, India  
Lat 15.309504° Long 75.112171°  
Tuesday, 24/03/2026 01:25 PM GMT +05:30



Hubballi, Karnataka, India  
8436+594 Cross Venkatesh Gudi, Santosh Nagar, Timmasagar, Hubballi, Karnataka 580024, India  
Lat 15.301995° Long 75.109882°  
Saturday, 28/03/2026 11:53 AM GMT +05:30



Hubballi, Karnataka, India  
8436+594 Cross Venkatesh Gudi, Santosh Nagar, Timmasagar, Hubballi, Karnataka 580024, India  
Lat 15.302044° Long 75.110037°  
Saturday, 28/03/2026 11:43 AM GMT +05:30



Hubballi, Karnataka, India  
8436+594 Cross Venkatesh Gudi, Santosh Nagar, Timmasagar, Hubballi, Karnataka 580024, India  
Lat 15.302003° Long 75.109874°  
Wednesday, 25/03/2026 12:20 PM GMT +05:30

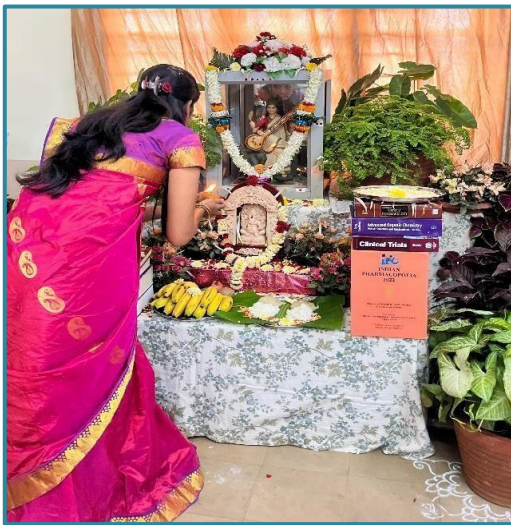


Timmasagar, Karnataka, India  
8456+vq, Timmasagar, Karnataka 580024, India  
Lat 15.30951° Long 75.112094°  
Thursday, 26/03/2026 11:19 AM GMT +05:30

# NSS UNIT – 31 , P.O : Ms. P. M. Koganole



# LORD SARASWATI PUJA – 30/9/25



# EYE DONATION AWARENESS WEEK RALLY – 2/9/25



## LORD DHANVANTARI PUJA



## NAMO YUVA RUN FOR A NASHA MUKT BHARAT – 21/9/25



# PHARMA EXHIBITION 2025 – 30/10/25 & 31/10/25

## Pharma Exhibition for students of Pre-University Colleges of Hubballi



# INTERNATIONAL CONFERENCE – 5/12/25 & 6/12/25

## PHARMA EXCELLENCE 2025 : BRIDGING ACADEMIA, INDUSTRY, AND TECHNOLOGY FOR A HEALTHIER FUTURE



# ANNUAL DAY 2024-25



## BLOOD DONATION CAMP – 25/3/26



*IT IS NOT IN THE STARS TO HOLD OUR DESTINY  
BUT IN OURSELVES... ..*

*---William Shakespeare*





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Vidyanagar, Hubballi-580031  
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**E-Mail:** [princpharmhbl@kledeemeduniversity.edu.in](mailto:princpharmhbl@kledeemeduniversity.edu.in)  
**Website:** [WWW.klescoph.edu.in](http://WWW.klescoph.edu.in)