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## A HOLISTIC APPROACH OF UNANI MEDICINE IN GERIATRIC CARE MANAGEMENT

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### ABSTRACT

Aging is a multidimensional process and refers to the process by which organisms proceed through a physical deterioration of the body. It begins with conception and continues throughout life until death occurs. It leads to gradual, progressive and generalized impairment of functions resulting in the loss of adaptive response to stress and in increasing the risk of age-related diseases. Essentially geriatrics is concerned with the people aged 65 years and above. Geriatric care is mentioned in Unani literature under the heading of *Tadabeer Mashaikh*. According to Unani concept in *Sin e Shaikukhat* (old age) decline in *Hararate Ghariziya* (innate body heat) occurs due to increase in *Tahleel* of *Ratoobate ghariziya* (dissolution of innate moisture) decline of *Quwa* (faculties) occurs which leads to *Nuqsaan e Afaal e Tabayiya* (decline in normal functions). Alteration in *Mizaj* (temperament) is also held responsible for disease susceptibility among people of old age. Greater the harmony between *Mizaj* (temperament) and environment of an individual, more perfect will be the state of health. Keeping in view the altered physiology of the aged people, the Unani scholars have discussed Unani modalities separately to improve the conditions for maintaining the vitality of aged persons by protecting it from untoward stimuli and strengthening it to cope with the diverse physiological climate. In the present paper the concept of ageing, principles of geriatric care, its prevention and management in Unani system of medicine will be discussed in detail.

**Key words:** Geriatric, Unani, Management, *Tadabeer Mashaikh*, *Hararate Ghariziya*

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## Adverse Drug Reactions: Reporting System in India

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### ABSTRACT

Profuse armamentariums are well placed into the market after the number of clinical trials done for efficacy and safety in Indian population. New drug formulations and medical devices for the usage of cardiovascular diseases are approved by Drugs Controller General (India) DCG (I) of Central Drugs Standard Control Organization (CDSCO) as per the schedule Y of Drugs and Cosmetics Act 1940 and Rules 1945 there under after the prior demonstration of the drug's safety, efficacy and dose definition. (1)

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#### ABSTRACT

Lately there has been protests in India by chemists & druggists aimed at curbing the legalization of e-pharmacy practice in India. Rather than looking from a financial standpoint, this letter tries to highlight certain aspects that can adversely affect the health of Indian population.

**Keywords:** e-Pharmacy; Community Pharmacy; Public Health; Medication safety.

## AN OBSERVATIONAL STUDY ON DIABETIC FOOT ULCER MANAGEMENT AND PREVENTION

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#### ABSTRACT

##### Objective:

The purpose of the study is to investigate diabetic foot ulcer problems in patients and provide recommendations for its management and prevention.

##### Methods:

The study population included diabetic patients from the department of surgery, patients with diabetic foot ulcer, and those with prescribed antibiotics for the same. The data collected included lab investigation reports, details of prescribed antibiotics, co morbidities, and risk factors collected from medical records.

The Study analyzed patients under the classifications of Gender, Age, Type of Diabetes, Duration of Diabetes, Co-morbid conditions, Risk Factors, Type of procedures done, Culture Test, Organisms isolated, Sensitivity and Resistant drugs, Number of Antibiotics prescribed, HbA1c Level, Urine Analysis for Protein and Albumin, Length of Hospital stay, and Total cost paid by the patient.

##### Results:

Diabetic foot ulcers were more common in males (71.9%) than females (28.1%). 28(96.56%) patients had high HbA1c levels. 19(39.58%) patients had single and 29(60.42%) had multiple organisms in their culture report. A correlation was found between the occurrence of diabetic foot ulcer and the duration of diabetes ( $p=0.000$ ). Length of Stay ranged from 3 days to 41 days for the Diabetic Foot Ulcer patients.

##### Conclusion:

Treatment provided for foot ulcers is often inadequate, resulting in unavoidable complications and extended healing times. Study suggests recommendations for hospitals for better management of patients with diabetic foot ulcers.

**Key Words:** Diabetic Foot Ulcer, Diabetic Foot Infections, Debridement, Diabetic complications.

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TA-Petlad, Dist.-Anand*****Address for Correspondence: editorjohp@gmail.com*****ABSTRACT**

**Background:** The World Health Organization (WHO) states that hypertension is the primary or secondary cause of 50% of cardiovascular diseases which can be prevented by lowering blood pressure effectively, therefore once hypertension (HT) is diagnosed, starting rational antihypertensive (AHT) therapy on a long term basis along with regular follow up is immensely important. The objective of this study was to analyze the utilization pattern of anti-hypertensive drugs prescribed with evaluating the exiting blood pressure levels in hypertensive patients.

**Methodology:** Hypertensive Patients of either sex & receiving at least one AHT therapy were included. The independent - t test was used to examine the significant difference between male and female for following condition: age, duration of hypertension, body mass index, systolic and diastolic blood pressure. Data were analyzed by stating Mean  $\pm$  SD, percentage and use of Binary logistic regression model.

**Results:** The average duration of hypertension was  $6.91 \pm 6.4$ . Average number of AHT drugs prescribe was 1.56. Out of 253 hypertensive patients 103 had a BMI  $> 25 \text{ kg/m}^2$ . Among 253 patients 133 received mono AHT therapy with calcium channel blockers (CCBs) most commonly utilized. Prescriptions pattern of any AHT drugs was not associated with gender or duration of hypertension & with SBP-DBP. Our Study revealed that higher no of patient fall in pre hypertensive condition with age between 40-69 years, while in stage-1 HT condition with age 50-79 years and in stage-2 HT with age range 40-79 years.

**Conclusion:** lesser % of the patients prescribed combination therapy compared with recommended guidelines. Pharmacoeconomic consideration might be the reasons for lesser inclination for use of combination therapy in the hospital. AHT therapy received by patient was effective and beneficial as per stages of HT.

**Key words:** Hypertension, prescribing pattern, calcium channel blockers, Beta blockers Rationale prescribing

**Impact of findings on practice statements:** A definite role of clinical pharmacist and pharmacologist by suggesting rationale prescribing pattern to the physician about Antihypertensive therapy for treatment, management; patient care & counselling for hypertensive condition. There is strong need of the clinical pharmacist as healthcare team member in various clinical or hospital settings who can provide latest information about medication adherence and reducing systolic and diastolic blood pressure.

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## ABSTRACT

The patient population in the intensive care unit is severely ill and undergoes multiple complex interventions. Hence these patients are highly vulnerable to experience adverse outcomes. The objectives of the present study were to examine the incidence and prevalence of drug related problems in critically ill patients of the intensive care unit and to carry out reactive interventions to reduce the incidence of drug related problems of potential clinical significance. A prospective descriptive study was carried out for 6 months in the intensive care unit of a 750 bedded multispecialty tertiary care hospital. The patients admitted in the intensive care unit with at least one drug prescription were included in the study. Medication chart review was carried out and the drugs most frequently associated with drug related problems (DRPs) were identified. DRPs were classified using PCNE classification. A total of 560 drugs were prescribed during the study period. Most commonly prescribed categories of drugs were antihypertensives (13.57%), anti-infectives (13.21%), anti-ulcer drugs (10.17%), anticoagulants and anti-platelet drugs (5.89%) and anti-asthmatics (5.17%). Drug interactions (72%), dosing in renal impairment (8%), unnoticed indication (6%), inappropriate drug choice (4%) were the most frequently occurring DRPs. The present study demonstrated that the critically ill patients in the intensive care unit suffer from a large number of DRPs that may be solved or prevented by appropriate intervention. Routine medication therapy review to identify drug related problems is strongly recommended to improve the treatment outcome of patients in the intensive care unit.