

Table – 10: Course of study for (Pharmacology)

Course Code	Course	Credit Hours	Credit Points	Hrs./wk	Marks
Semester I					
MPL 101T	Modern Pharmaceutical Analytical Techniques	4	4	4	100
MPL 102T	Advanced Pharmacology-I	4	4	4	100
MPL 103T	Pharmacological and Toxicological Screening Methods-I	4	4	4	100
MPL 104T	Cellular and Molecular Pharmacology	4	4	4	100
MPL 105P	Pharmacology Practical I	12	6	12	150
-	Seminar/Assignment	7	4	7	100
Total		35	26	35	650
Semester II					
MPL 201T	Advanced Pharmacology II	4	4	4	100
MPL 202T	Pharmacological and Toxicological Screening Methods-II	4	4	4	100
MPL 203T	Principles of Drug Discovery	4	4	4	100
MPL 204T	Experimental Pharmacology practical- II	4	4	4	100
MPL 205P	Pharmacology Practical II	12	6	12	150
-	Seminar/Assignment	7	4	7	100
Total		35	26	35	650

Table – 12: Course of study for M. Pharm. III Semester
(Common for All Specializations)

Course Code	Course	Credit Hours	Credit Points
MRM 301T	Research Methodology and Biostatistics*	4	4
-	Journal club	1	1
-	Discussion / Presentation (Proposal Presentation)	2	2
-	Research Work	28	14
Total		35	21

* Non University Exam

Table – 13: Course of study for M. Pharm. IV Semester
(Common for All Specializations)

Course Code	Course	Credit Hours	Credit Points
-	Journal Club	1	1
-	Research Work	31	16
-	Discussion/Final Presentation	3	3
Total		35	20

Table – 14: Semester wise credits distribution

Semester	Credit Points
I	26
II	26
III	21
IV	20
Co-curricular Activities (Attending Conference, Scientific Presentations and Other Scholarly Activities)	Minimum=02 Maximum=07*
Total Credit Points	Minimum=95 Maximum=100*

*Credit Points for Co-curricular Activities

ADVANCED PHARMACOLOGY - II (MPL 201T)

Scope

The subject is designed to strengthen the basic knowledge in the field of pharmacology and to impart recent advances in the drugs used for the treatment of various diseases. In addition, the subject helps the student to understand the concepts of drug action and mechanism involved

Objectives

Upon completion of the course the student shall be able to:

- Explain the mechanism of drug actions at cellular and molecular level
- Discuss the Pathophysiology and pharmacotherapy of certain diseases
- Understand the adverse effects, contraindications and clinical uses of drugs used in treatment of diseases

THEORY

	60 Hrs
1. Endocrine Pharmacology	12 Hrs
Molecular and cellular mechanism of action of hormones such as growth hormone, prolactin, thyroid, insulin and sex hormones	
Anti-thyroid drugs, Oral hypoglycemic agents, Oral contraceptives, Corticosteroids	
Drugs affecting calcium regulation	
2. Chemotherapy	12 Hrs
Cellular and molecular mechanism of actions and resistance of antimicrobial agents	
such as β -lactams, aminoglycosides, quinolones, Macrolide antibiotics. Antifungal, antiviral, and anti-TB drugs.	
3. Chemotherapy	12 Hrs
Drugs used in Protozoal Infections	
Drugs used in the treatment of Helminthiasis	
Chemotherapy of cancer	
Immunopharmacology	
Cellular and biochemical mediators of inflammation and immune response. Allergic or hypersensitivity reactions. Pharmacotherapy of asthma and COPD.	
Immunosuppressants and Immunostimulants	

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| 4 | <p>GIT Pharmacology
 Antiulcer drugs, Prokinetics, antiemetics, anti-diarrheals and drugs for constipation and irritable bowel syndrome.
 Chronopharmacology
 Biological and circadian rhythms, applications of chronotherapy in various diseases like cardiovascular disease, diabetes, asthma and peptic ulcer</p> | 12
Hrs |
| 5 | <p>Free radicals Pharmacology
 Generation of free radicals, role of free radicals in etiopathology of various diseases such as diabetes, neurodegenerative diseases and cancer.
 Protective activity of certain important antioxidant
 Recent Advances in Treatment:
 Alzheimer's disease, Parkinson's disease, Cancer, Diabetes mellitus</p> | 12
Hrs |

REFERENCES

1. The Pharmacological basis of therapeutics- Goodman and Gill man's
2. Principles of Pharmacology. The Pathophysiologic basis of drug therapy by David E Golan et al.
3. Basic and Clinical Pharmacology by B.G -Katzung
4. Pharmacology by H.P. Rang and M.M. Dale.
5. Hand book of Clinical Pharmacokinetics by Gibaldi and Prescott.
6. Text book of Therapeutics, drug and disease management by E T. Herfindal and Gourley.
7. Applied biopharmaceutics and Pharmacokinetics by Leon Shargel and Andrew B.C.Yu.
8. Handbook of Essential Pharmacokinetics, Pharmacodynamics and Drug Metabolism for Industrial Scientists
9. Robbins & Cortan Pathologic Basis of Disease, 9th Ed. (Robbins Pathology)
10. A Complete Textbook of Medical Pharmacology by Dr. S.K Srivastava published by APC Avichal Publishing Company.
11. KD.Tripathi. Essentials of Medical Pharmacology
12. Principles of Pharmacology. The Pathophysiologic basis of drug Therapy by David E Golan, Armen H, Tashjian Jr, Ehrin J,Armstrong, April W, Armstrong, Wolters, Kluwer-Lippincott Williams & Wilkins Publishers

PHARMACOLOGICAL AND TOXICOLOGICAL SCREENING METHODS-II (MPL 202T)

Scope:

This subject imparts knowledge on the preclinical safety and toxicological evaluation of drug & new chemical entity. This knowledge will make the student competent in regulatory toxicological evaluation.

Objectives:

Upon completion of the course, the student shall be able to,

- Explain the various types of toxicity studies.
- Appreciate the importance of ethical and regulatory requirements for toxicity studies.
- Demonstrate the practical skills required to conduct the preclinical toxicity studies.

THEORY

60 Hrs

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| 1. | Basic definition and types of toxicology (general, mechanistic, regulatory and descriptive)
Regulatory guidelines for conducting toxicity studies OECD, ICH, EPA and Schedule Y
OECD principles of Good laboratory practice (GLP)
History, concept and its importance in drug development | 12
Hrs |
| 2. | Acute, sub-acute and chronic- oral, dermal and inhalational studies as per OECD guidelines.
Acute eye irritation, skin sensitization, dermal irritation & dermal toxicity studies.
Test item characterization- importance and methods in regulatory toxicology studies | 12
Hrs |
| 3. | Reproductive toxicology studies, Male reproductive toxicity studies, female reproductive studies (segment I and segment III), teratogenicity studies (segment II)
Genotoxicity studies (Ames Test, in vitro and in vivo Micronucleus and Chromosomal aberrations studies)
In vivo carcinogenicity studies | 12
Hrs |
| 4. | IND enabling studies (IND studies)- Definition of IND, importance of IND, industry perspective, list of studies needed for IND submission. | 12
Hrs |

Safety pharmacology studies- origin, concepts and importance of safety pharmacology.

Tier1- CVS, CNS and respiratory safety pharmacology, HERG assay. Tier2- GI, renal and other studies

- 5 Toxicokinetics- Toxicokinetic evaluation in preclinical studies, 12 saturation kinetics Importance and applications of toxicokinetic Hrs studies.
Alternative methods to animal toxicity testing.

REFERENCES

1. Hand book on GLP, Quality practices for regulated non-clinical research and development (<http://www.who.int/tdr/publications/documents/glp-handbook.pdf>).
2. Schedule Y Guideline: drugs and cosmetics (second amendment) rules, 2005, ministry of health and family welfare (department of health) New Delhi
3. Drugs from discovery to approval by Rick NG.
4. Animal Models in Toxicology, 3rd Edition, Lower and Bryan
5. OECD test guidelines.
6. Principles of toxicology by Karen E. Stine, Thomas M. Brown.
7. Guidance for Industry M3(R2) Nonclinical Safety Studies for the Conduct of Human Clinical Trials and Marketing Authorization for Pharmaceuticals (<http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm073246.pdf>)

PRINCIPLES OF DRUG DISCOVERY (MPL 203T)

Scope:

The subject imparts basic knowledge of drug discovery process. This information will make the student competent in drug discovery process

Objectives:

Upon completion of the course, the student shall be able to,

- Explain the various stages of drug discovery.
- Appreciate the importance of the role of genomics, proteomics and bioinformatics in drug discovery
- Explain various targets for drug discovery.
- Explain various lead seeking method and lead optimization
- Appreciate the importance of the role of computer aided drug design in drug discovery

THEORY

60 Hrs

1. An overview of modern drug discovery process: Target identification, target validation, lead identification and lead Optimization. Economics of drug discovery. Target Discovery and validation-Role of Genomics, Proteomics and Bioinformatics. Role of Nucleic acid microarrays, Protein microarrays, Antisense technologies, siRNAs, antisense oligonucleotides, Zinc finger proteins. Role of transgenic animals in target validation. 12 Hrs
2. Lead Identification- combinatorial chemistry & high throughput screening, in silico lead discovery techniques, Assay development for hit identification. 12 Hrs
Protein structure
Levels of protein structure, Domains, motifs, and folds in protein structure. Computational prediction of protein structure: Threading and homology modeling methods. Application of NMR and X-ray crystallography in protein structure prediction
3. Rational Drug Design 12 Hrs
Traditional vs rational drug design, Methods followed in traditional drug design, High throughput screening, Concepts of Rational Drug Design, Rational Drug Design Methods: Structure and Pharmacophore based approaches

- Virtual Screening techniques: Drug likeness screening, Concept of pharmacophore mapping and pharmacophore based Screening,
- 4 Molecular docking: Rigid docking, flexible docking, manual docking; Docking based screening. De novo drug design. Quantitative analysis of Structure Activity Relationship History and development of QSAR, SAR versus QSAR, Physicochemical parameters, Hansch analysis, Fee Wilson analysis and relationship between them. 12 Hrs
- 5 QSAR Statistical methods – regression analysis, partial least square analysis (PLS) and other multivariate statistical methods. 3D-QSAR approaches like COMFA and COMSIA Prodrug design-Basic concept, Prodrugs to improve patient acceptability, Drug solubility, Drug absorption and distribution, site specific drug delivery and sustained drug action. Rationale of prodrug design and practical consideration of prodrug design 12 Hrs

REFERENCES

1. MouldySioud. Target Discovery and Validation Reviews and Protocols: Volume 2 Emerging Molecular Targetsand Treatment Options. 2007 Humana Press Inc.
2. Darryl León, Scott Markelln. Silico Technologies in Drug Target Identification and Validation. 2006 by Taylor and Francis Group, LLC.
3. Johanna K. DiStefano. Disease Gene Identification. Methods and Protocols. Springer New York Dordrecht Heidelberg London.
4. Hugo Kubiny. QSAR: Hansch Analysis and Related Approaches. Methods and Principles in Medicinal Chemistry. Publisher Wiley-VCH
5. Klaus Gubernator, Hans-Joachim Böhm. Structure-Based Ligand Design. Methods and Principles in Medicinal Chemistry. Publisher Wiley-VCH
6. Abby L . Parrill. M . Rami Reddy. Rational Drug Design. Novel Methodology and Practical Applications. ACS Symposium Series; American Chemical Society: Washington, DC, 1999.
7. J. Rick Turner. New drug development design, methodology and, analysis. John Wiley & Sons, Inc., New Jersey.

CLINICAL RESEARCH AND PHARMACOVIGILANCE (MPL 204T)

Scope:

This subject will provide a value addition and current requirement for the students in clinical research and pharmacovigilance. It will teach the students on conceptualizing, designing, conducting, managing and reporting of clinical trials. This subject also focuses on global scenario of Pharmacovigilance in different methods that can be used to generate safety data. It will teach the students in developing drug safety data in Pre-clinical, Clinical phases of Drug development and post market surveillance.

Objectives:

Upon completion of the course, the student shall be able to,

- Explain the regulatory requirements for conducting clinical trial
- Demonstrate the types of clinical trial designs
- Explain the responsibilities of key players involved in clinical trials
- Execute safety monitoring, reporting and close-out activities
- Explain the principles of Pharmacovigilance
- Detect new adverse drug reactions and their assessment
- Perform the adverse drug reaction reporting systems and communication in Pharmacovigilance

THEORY

60 Hrs

1. Regulatory Perspectives of Clinical Trials: 12
Origin and Principles of International Conference on Hrs
Harmonization - Good Clinical Practice (ICH-GCP) guidelines
Ethical Committee: Institutional Review Board, Ethical
Guidelines for Biomedical Research and Human Participant-
Schedule Y, ICMR
Informed Consent Process: Structure and content of an
Informed Consent Process Ethical principles governing informed
consent process
- 2 Clinical Trials: Types and Design 12
Experimental Study- RCT and Non RCT, Hrs
Observation Study: Cohort, Case Control, Cross sectional
Clinical Trial Study Team
Roles and responsibilities of Clinical Trial Personnel: Investigator,
Study Coordinator, Sponsor, Contract Research Organization and
its management

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| 3 | <p>Clinical Trial Documentation- Guidelines to the preparation of documents, Preparation of protocol, Investigator Brochure, Case Report Forms, Clinical Study Report Clinical Trial Monitoring-Safety Monitoring in CT</p> <p>Adverse Drug Reactions: Definition and types. Detection and reporting methods. Severity and seriousness assessment. Predictability and preventability assessment, Management of adverse drug reactions; Terminologies of ADR.</p> | 12
Hrs |
| 4 | <p>Basic aspects, terminologies and establishment of pharmacovigilance</p> <p>History and progress of pharmacovigilance, Significance of safety monitoring, Pharmacovigilance in India and international aspects, WHO international drug monitoring programme, WHO and Regulatory terminologies of ADR, evaluation of medication safety, Establishing pharmacovigilance centres in Hospitals, Industry and National programmes related to pharmacovigilance. Roles and responsibilities in Pharmacovigilance</p> | 12
Hrs |
| 5 | <p>Methods, ADR reporting and tools used in Pharmacovigilance</p> <p>International classification of diseases, International Non-proprietary names for drugs, Passive and Active surveillance, Comparative observational studies, Targeted clinical investigations and Vaccine safety surveillance. Spontaneous reporting system and Reporting to regulatory authorities, Guidelines for ADRs reporting. Argus, Aris G Pharmacovigilance, VigiFlow, Statistical methods for evaluating medication safety data.</p> | 12
Hrs |
| 6 | <p>Pharmacoepidemiology, pharmacoconomics, safety pharmacology</p> | 12
Hrs |

REFERENCES

1. Central Drugs Standard Control Organization- Good Clinical Practices, Guidelines for Clinical Trials on Pharmaceutical Products in India. New Delhi: Ministry of Health;2001.
2. International Conference on Harmonization of Technical requirements for registration of Pharmaceuticals for human use. ICH Harmonized Tripartite Guideline. Guideline for Good Clinical Practice.E6; May 1996.

3. Ethical Guidelines for Biomedical Research on Human Subjects 2000. Indian Council of Medical Research, New Delhi.
4. Textbook of Clinical Trials edited by David Machin, Simon Day and Sylvan Green, March 2005, John Wiley and Sons.
5. Clinical Data Management edited by R K Rondels, S A Varley, C F Webbs. Second Edition, Jan 2000, Wiley Publications.
6. Handbook of clinical Research. Julia Lloyd and Ann Raven Ed. Churchill Livingstone.
7. Principles of Clinical Research edited by Giovanna di Ignazio, Di Giovanna and Haynes.

G.PULLA REDDY COLLEGE OF PHARMACY
HYDERABAD

PHARMACOLOGICAL PRACTICAL - II
(MPL 205P)

1. To record the DRC of agonist using suitable isolated tissues preparation.
2. To study the effects of antagonist/potentiating agents on DRC of agonist using suitable isolated tissue preparation.
3. To determine the strength of unknown sample by matching bioassay by using suitable tissue preparation.
4. To determine the strength of unknown sample by interpolation bioassay by using suitable tissue preparation.
5. To determine the strength of unknown sample by bracketing bioassay by using suitable tissue preparation.
6. To determine the strength of unknown sample by multiple point bioassay by using suitable tissue preparation.
7. Estimation of PA_2 values of various antagonists using suitable isolated tissue preparations.
8. To study the effects of various drugs on isolated heart preparations.
9. Recording of rat BP, heart rate and ECG.
10. Recording of rat ECG.
11. Drug absorption studies by averted rat ileum preparation.
12. Acute oral toxicity studies as per OECD guidelines.
13. Acute dermal toxicity studies as per OECD guidelines.
14. Repeated dose toxicity studies- Serum biochemical, haematological, urine analysis, functional observation tests and histological studies.
15. Drug mutagenicity study using mice bone-marrow chromosomal aberration test.
16. Protocol design for clinical trial.(3 Nos.)
17. Design of ADR monitoring protocol.
18. In-silico docking studies. (2 Nos.)
19. In-silico pharmacophore based screening.
20. In-silico QSAR studies.
21. ADR reporting

REFERENCES

1. Fundamentals of experimental Pharmacology-by M.N.Ghosh
2. Hand book of Experimental Pharmacology-S.K.Kulakarni
3. Text book of in-vitro practical Pharmacology by Ian Kitchen
4. Bioassay Techniques for Drug Development by Atta-ur-Rahman, Iqbal choudhary and William Thomsen
5. Applied biopharmaceutics and Pharmacokinetics by Leon Shargel and Andrew B.C.Yu.
6. Handbook of Essential Pharmacokinetics, Pharmacodynamics and Drug Metabolism for Industrial Scientists.

Semester III
MRM 301T - Research Methodology & Biostatistics

UNIT – I

General Research Methodology: Research, objective, requirements, practical difficulties, review of literature, study design, types of studies, strategies to eliminate errors/bias, controls, randomization, crossover design, placebo, blinding techniques.

UNIT – II

Biostatistics: Definition, application, sample size, importance of sample size, factors influencing sample size, dropouts, statistical tests of significance, type of significance tests, parametric tests (students "t" test, ANOVA, Correlation coefficient, regression), non-parametric tests (Wilcoxon rank tests, analysis of variance, correlation, chi square test), null hypothesis, P values, degree of freedom, interpretation of P values.

UNIT – III

Medical Research: History, values in medical ethics, autonomy, beneficence, non-maleficence, double effect, conflicts between autonomy and beneficence/non-maleficence, euthanasia, informed consent, confidentiality, criticisms of orthodox medical ethics, importance of communication, control resolution, guidelines, ethics committees, cultural concerns, truth telling, online business practices, conflicts of interest, referral, vendor relationships, treatment of family members, sexual relationships, fatality.

UNIT – IV

CPCSEA guidelines for laboratory animal facility: Goals, veterinary care, quarantine, surveillance, diagnosis, treatment and control of disease, personal hygiene, location of animal facilities to laboratories, anesthesia, euthanasia, physical facilities, environment, animal husbandry, record keeping, SOPs, personnel and training, transport of lab animals.

UNIT – V

Declaration of Helsinki: History, introduction, basic principles for all medical research, and additional principles for medical research combined with medical care.