GENERAL PHARMACY

UNIT 1

General Pharmacy

Introduction to the Profession of Pharmacy



History of Pharmacy in India: Ancient and Medieval

Roots:

Medicines were prepared from plants, minerals, and animal materials within traditional systems, especially Ayurveda.

Charaka:

The Charaka Samhita records medicinal substances, formulations, and methods of preparation within ancient medical practice.

Sushruta:

The Sushruta Samhita describes surgery, medicines, wound care, and related therapeutic preparations.

Practice:

Physicians and trained assistants prepared medicines manually; modern pharmacist roles had not yet developed.

Medieval India:

Unani medicine became established and developed alongside continuing Ayurvedic and other traditions.

Continuity:

Herbal medicines remained important while new substances and preparation methods entered practice.





HISTORY OF PHARMACY IN INDIA: BRITISH, MODERN, AND PRESENT

BRITISH PERIOD:

Western medicine, hospitals, dispensaries, imports, and modern manufacturing methods expanded.

PROFESSIONAL TRANSITION:

Pharmacy gradually separated from medicine preparation as education, industry, and specialized practice developed.



MODERN FOUNDATIONS:

Scientific formulation, domestic manufacture, quality testing, and organized pharmacy education grew.

REGULATION:

Laws began controlling medicine import, manufacture, distribution, and sale; professional registration followed.



PRESENT PRACTICE:

Pharmacists work in community, hospital, clinical, industrial, research, regulatory, academic, and public-health settings.

CORE CONTRIBUTION:

They support accurate dispensing, medicine information, monitoring, counselling, and rational medicine use.



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PHARMACY EDUCATION: OBJECTIVES, REGULATION, AND REGISTRATION

PURPOSE:

Build scientific knowledge and practical competence for medicines, patient care, manufacturing, research, and regulation.



LEARNING:

Develop laboratory skills, ethical practice, communication, public-health awareness, innovation, and safe medicine use.

PCI:

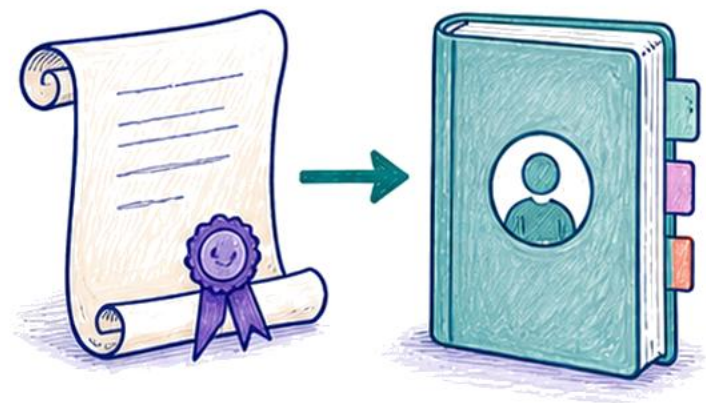
Prescribes minimum educational standards and approves relevant courses, institutions, and examinations under the Pharmacy Act.

STATE COUNCILS:

Register eligible pharmacists and maintain State Registers; PCI maintains the Central Register from State information.

REGISTRATION:

An approved qualification does not itself complete registration; applicable State requirements must also be met.



QUALITY:

Educational approval and professional registration are legally distinct processes.

PHARMACY EDUCATION: ROUTES, CURRICULUM, AND TRAINING

ENTRY ROUTES:

D. Pharm, B. Pharm, and Pharm. D are alternatives, not compulsory stages.

DURATION:

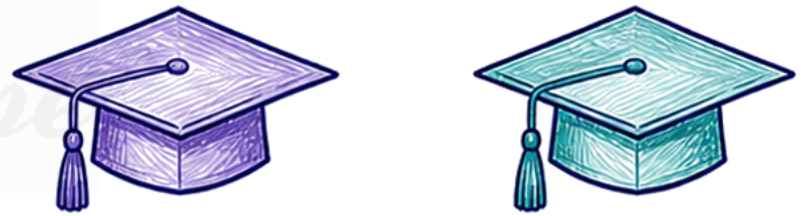
D. Pharm is two years plus prescribed practical training;
B. Pharm is four years;
Pharm. D is six years.



ADVANCED STUDY:

M. Pharm offers specialization; Ph. D. involves original research under university rules.

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CORE SUBJECTS:

Pharmaceutics, chemistry, pharmacology, pharmacognosy, analysis, biochemistry, microbiology, pharmacokinetics, practice, and jurisprudence.

TRAINING:

Laboratory, industry, hospital, and community experience may be joined by seminars, projects, and research.



SAFEGUARD:

Check current PCI and institutional rules for eligibility, training, examinations, and registration.

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