Summer Training Internship

At

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A Report

By

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MBA PHARMACEUTICAL MANAGEMENT

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ACKNOWLEDGEMENT

The internship chance I had with **GHC Pharmaceutical Pvt. Ltd.** used to be a extraordinary chance for studying and professional development. Therefore, I reflect on consideration on myself a very fortunate individual as I used to be provided with an opportunity to be a phase of it.

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I will attempt to apply won competencies and know-how withinside the great viable way, and I will retain to paintings on their improvement, to achieve favored profession objectives.

KUMAR AADARSH

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Contents

1. INTRODUCTION

The title of this project is **"Innovation and Sustainability in Healthcare Sector**". This project pursuits at the changes in the marketing strategies from conventional to digital and for these digital strategies, no longer solely innovation but sustainable innovation is required to get success. **GHC (Good Health Care) Drugs** and Pharmaceuticals are provided to us in this project, and they have a broad vary of pharmaceuticals and I obtained to work with **GOODCLAUSI- Bacillus Clausii Spore 2 billion cfu,** widely use as a probiotic drink in a condition of diarrhea.

1.1 ORGANIZATION

GHC Drugs and Pharmaceuticals is one of the quickest developing Indian drug organizations, settled in Mumbai. GHC was set up in the year 2020 to bring inventive and excellent prescriptions. GHC is committed to empowering people to live healthier at every stage of life. With one of our global centers in Mumbai, GHC has an active pharmaceutical ingredient, oral solid dose, and injectables facilities that manufacture high-quality medicines for global markets.

1.2 PRODUCT OVERVIEW

GOODCALUSI- a brand contains Bacillus clausii spores 2 billion CFU/5 ml. Dr. In Management of AAD, Lactose intolerance & IBS, presenting GOODCLAUSI Oral Suspension recommend this brand.

1. Bacillus Clausii in Goodclausi is a

- Most widely used Probiotic strain Isolated from Natural source in the soil
- Strain having Poly Antibiotic-Resistant Property
- Restores normal gut flora to help improve immunity
- Facilitates Lactose digestion
- Improves bowel irregularities thus useful in Traveller's Diarrhoea
- Increases absorption of nutrients by the body
- Improves Anti-microbial property thus promotes faster healing
- Ready-to-drink, tasteless, odourless, and colourless liquid vials that ensure compliance and convenience

Goodclausi is available as a Pack of 5X2 Mini bottles of 5ml each

Goodclausi Dosage For infants & Children: 1-2 mini bottles per day to be given at regular intervals & For adults, 2-3 mini bottles a day.

1. Goodclausi contains B. Clausii – SNZ 1971 (Strain MTCC 5980) from the house of India's First Probiotic Manufacturer. Dr. Goodclausi is Lactose-Free, Sugar-Free & Gluten-Free.

So, with all these benefits please prescribe Goodclausi to your next deserving patient.

2. ABOUT THE PROJECT

This assignment is all about making innovative strategies to sustain in the healthcare industry. Each of us is distributed one-of-a-kind manufacturers of GHC and we want to put together a method for advertising and marketing these brands.

We began via gathering more than one articles and journals associated to innovation, sustainability in the healthcare sector. Then we studied them completely and made shows on them. Then we studied in-depth about the ailments and the affected person journey. We the group EAGLE made a presentation on Patient Journey for all the illnesses allotted to us.

Further on, we commenced to make Digital Strategies for the product disbursed to us, and finally, we have carried out the whole advertising and marketing layout or the Annual working sketch for the given product.

Based on this layout we organized content material for the Product Promotion Strategy and content material for Digital Marketing. The promoting of the product is completed on quite a number social media structures like Instagram, Facebook, Twitter, YouTube, Blogs, Email, and LinkedIn.

Then we have been dispensed with some place managers of GHC for the fieldwork. After that, Fieldwork with the discipline pressure was once performed to perceive the market situation and promote the product bodily alongside with the continuation of Digital promotion.

3. OBJECTIVES

- Preparation of Annual Operating Plan (AOP)
- Making Strategies for Digital Marketing
- Content for promoting digital marketing of products on social media platforms
- Field work

4. METHODOLOGY

Now, this project was distributed into 4 parts:

1. Patient Journey
2. Brand Plan
3. Digital Strategies and Content Creation
4. Field Work

4.1 Patient Journey

The affected person journey is a time period used to describe a patient's interplay with the healthcare system which starts off evolved with the affected person growing symptoms, looking for information, and eventually, care from a healthcare issuer and continues from there through diagnosis and treatment, to recovery, adjustment to a new way of life. Was how to affected person ally discuss and get the information about doctors. It might also take time to engage however the more I gave time I received more information about Drs. Very Calmly.

Patient Journey is generally explained in 5 steps:

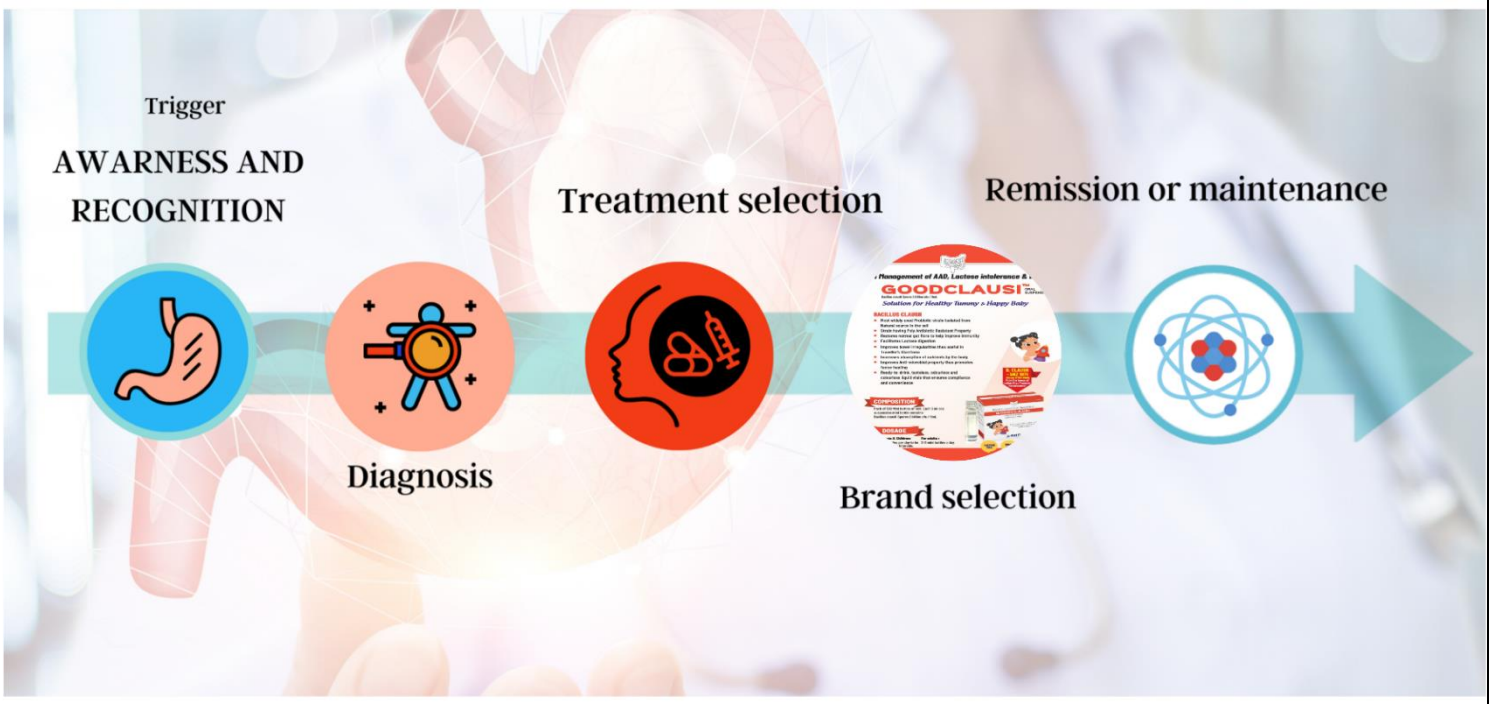
Step 1: Awareness and Recognition

Step 2: Diagnosis

Step 3: Treatment Selection

Step 4: Brand Selection

Step 5: Remission or Maintenance



This Patient journey is about patient (children, infant) suffering from diarrhoea. I made this journey as a story based on patient on a 4 years old female child,

4 years old female child is suffering from watery stool and had rectal temperature of 100.4°F (38°C) or higher Is vomiting. Feelings lacks energy or is irritable and would not want to devour anything. She has symptoms of dehydration, such as dry mouth. Her mother gave sugar and salt solution as a electrolytes and carom for colic pain but still she seemed to be dizziness, dryness and suffering from stomach ache, loose motion and vomiting. Her parents go to pediatric then doctor diagnosed her through consisting symptoms and prescribed her following medicine: -

- Pacimol Suspension 60ml – 1 scoop/3 days

• Goodclausi tm- 2 mini bottle /2 days then 1 mini bottle/three days

And the health practitioner recommends switching to bland, starchy ingredients like strained bananas, applesauce, and rice cereal till the diarrhoea stop.
He additionally suggested to keep away from consuming something which can make it worse, including:

• Greasy ingredients
• Foods which might be excessive in fibre
• Dairy merchandise inclusive of milk and cheese
• Sweets which include cake, cookies, and soda and additionally advocate for washing your hand with warm water and cleaning soap each time you exchange your baby's diaper to save you the contamination from spreading. Keep the diaper-converting vicinity easy and disinfected. Keep your toddler domestic from day care till they're absolutely recovered. Doctor stated to revisit after 3days for in addition check-up.

4.2 BRAND PLAN

STRATEGIES:

1.Identify Target Customers

2.Highlight Problems and Not Solutions

3.Good Social Media Presence

4. Increase consumer attention of The Discount Pharmacy as evidenced with the aid of using a boom in product requests entirely generated with the aid of using information of The Pharmacy's name.

CUSTOMER INSIGHTS

Doctors

Key Customers: General Physician, Consultant Physician, ENT.

Type: Personal Clinic practice, Trade doctors, Nursing home, & Small hospitals.

Needs: To understand the state & suffering of the patient through diarrhoea & promotes fast healing & effective relief.

e.g.; Symptomatic relief from diarrhoea & helps to improve immunity

Patients

Profile:

1. **Patients suffering from symptoms of diarrhea.**
2. **Poly antibiotic resistance property.**

Needs & Trends: Effective & relief from diarrhoea and increase nutrients.

Patients prefer to consult physicians.

Consults a specialist if it's not cured after a required time.

COMMUNICATION STRATEGY

Specialties:	Key Message (communicated through VAF)
Specialty 1: General Physician	1.Improves Anti-microbial property thus promotes faster healing. 2.improves bowel irregularities thus useful in Traveller's Diarrhoea 3. Restores normal gut flora to help improve immunity Facilitates Lactose digestion. 4.Ready-to-drink, tasteless, odourless and colourless liquid vials that ensures compliance and convenience
Specialty 2: Paediatrician	
Specialty 3: Consultant Physician	
Specialty 4: ENT	

BRAND SWOT ANALYSIS

1.**STRENGTH-**

THIS product easy to use orally.

- it is lactose-free sugar-free, gluten-free

so, the product is best for prescribe

- child infant adult anyone can prefer easily and buy from pharma stores.

2. **WEAKNESS-**
   We cannot meet the doctor physically and not have face to face contact. which is difficult for us.
3. **OPPORTUNITIES-**
   Large affected person phase Mild/Moderate and severe.
   Target the opportunity channels and promote it through clinical representatives, advertise on mass media to beautify recall.

4. **THREAT-**
   Not much awareness in the market regarding the product.
   Lot of opposition with inside the marketplace Competitors offense approach can supply us hard time.

KEY STRATEGIC INITIATIVES

Strategy 2

THE INDUSTRY IS SLOW TO INNOVATE ITS MARKETING, CERTAINLY WITH DIGITAL

The traditional nature of pharma is potentially holding back the potential of its marketing initiatives, with budgets sometimes allocated to more traditional methods and digital opportunities not exploited in the full.

Strategy 3

Key challenge

MARKETERS ARE PUT INTO THE LIMELIGHT, MORE SO THAN SALESPEOPLE

B2B pharma has always relied on direct field sales to fuel its new business initiatives but this trend has shifted in recent years. The Marketing Journal suggests that the decline in B2B field sales makes way for more marketing-led initiatives

SAMPLE INVESTMENT PLAN

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	COST
sample	10	20	20	20	20	20	25	25	25	25	20	10	54000
Brand reminder	5			10	10	10	20	20	20	20	5		27000
Printed literature					5	5	10	10	10	10	5	5	13500
Books	15		15	15	15	20	20	25	25	15	15		40500
Journal			15	15	15	15	20	20	20	20	20	20	40500
conference	5		10	10	10	10	20	20	20	10	5		27000

4.3 DIGITAL STRATEGIES & CONTENT CREATIONS

CAMPAIGN

Droves of corporations throughout the globe are the use of messaging apps along with Facebook Messenger or WhatsApp to have interaction with possibilities and spark up significant dialogues.

By the use of self-sufficient system getting to know chatbots to enhance enterprise efficiency, behavior key responsibilities and solution client, affected person or client queries, pharma manufacturers stand to boom productivity.

SOCIAL MEDIA MARKETING STRATEGIES

1. **FACEBOOK/INSTAGRAM/TWITTER**

THESE THREE SOCIAL MEDIA PLATFORMS HAVE FEW THINGS COMMON

1. like here these are the fastest social updating platform.
2. here we can upload the media, blog, flyers related to awareness.
3. here there is certain time period where we can upload media in between 7 pm-8.30 pm
4. using of hashtags, we can share this to specific people who belongs to health care field.
5. we can specially target new generation pediatricians, general physicians by using Facebook beeding, Instagram business or google adscence.

2. FOR LINKEDIN

1. The main content will consist of posts, pictures, videos, news articles, and infographics related to consumer awareness.
2. Sometimes, some informal discussions with experts about disease awareness will be done and shared.
3. Another focal point of the page will be the publishing of regular, well-written articles once or twice every week.
4. Professional and educational activities organized by GHC will also be advertised on the page.

3. FOR YOUTUBE

- for YouTube there are few ways to advertise the brand but for pharma company it should be difficult.
- the best way to use YouTube to make unskipable add and some sort of disease related videos**.**

5. **BLOG CONTENT**

- I have to be sure that information in the blog always relation to disease awareness treatment and cure for children and the guidelines for the parents

BLOG-1

We can all agree that diarrhea is a common situation, but one that is dreaded by most parents. Although it is more often caused by a mild ailment than a serious health problem, the fact remains that this condition is one we would prefer to flush out as quickly as possible.

When a child is suffering. So he is likely to have some symptoms. Some of which are prone to diarrhea. Symptoms include antibiotic associated diarrhea, lactose intolerance, irritable bowel syndrome. What could be the symptoms of all these? So how can we get rid of all these symptoms? About which we will discuss further.

What is Diarrhea?

Diarrhea the word alone can make us feel uncomfortable. Although the person suffering from it is undoubtedly less than joyful, there is no need to worry; in most cases, diarrhea is a minor condition. And following a few simple measures can quickly make diarrhea a thing of the past!

Diarrhea is defined as an increase in the frequency of stools or the appearance of watery or loose stools. Intestinal troubles are relatively frequent in children, and in general, diarrhea is mild and short-lived. There are multiple causes of diarrhea in children, such as the following:

viral infection, such as gastroenteritis (the most common cause);
food intolerance (for example: lactose, bovine protein, gluten, etc.);
introduction of a new food;
excessive intake of food or beverage (for example: sugary juice or drinks);
side effects of medication, such as antibiotics;
disease (especially intestinal).

How Can I prevent Diarrhea
There are various ways to prevent diarrhea in children. For example:

Washing hands often, especially before eating and after daycare or school.
Avoiding contact with people infected with a virus, such as gastroenteritis.
Avoiding food excesses; for example, restricting the amount of juice consumed in a day.
Handling food safely when preparing meals.
Avoiding drinking water if it may be unsafe.
Taking antibiotics with food.

BLOG-2

What is IBS in children?

Irritable bowel syndrome (IBS) is a long-term (chronic) disorder that affects the large intestine or colon. IBS causes painful belly (abdominal) and bowel symptoms. With IBS, the colon appears normal. But it doesn't work the way it should.

What causes IBS in a child?

The exact physical cause of IBS is not known. A child with IBS may have a colon that is more sensitive than normal. This means the colon has a strong reaction to things that should not normally affect it.

What are the symptoms of IBS in children?

Each child's symptoms may vary. Symptoms may include:

- Belly pain that keeps coming back. Pain that continues for more than 3 months is long-term (chronic).
- A change in bowel habits, such as diarrhea or constipation
- Upset stomach (nausea)
- Feeling dizzy
- Loss of appetite
- Swelling (bloating) and gas
- Cramping
- Needing to have a bowel movement right away
- Feeling that not all of the stool has come out during a bowel movement
- Mucus in the stool

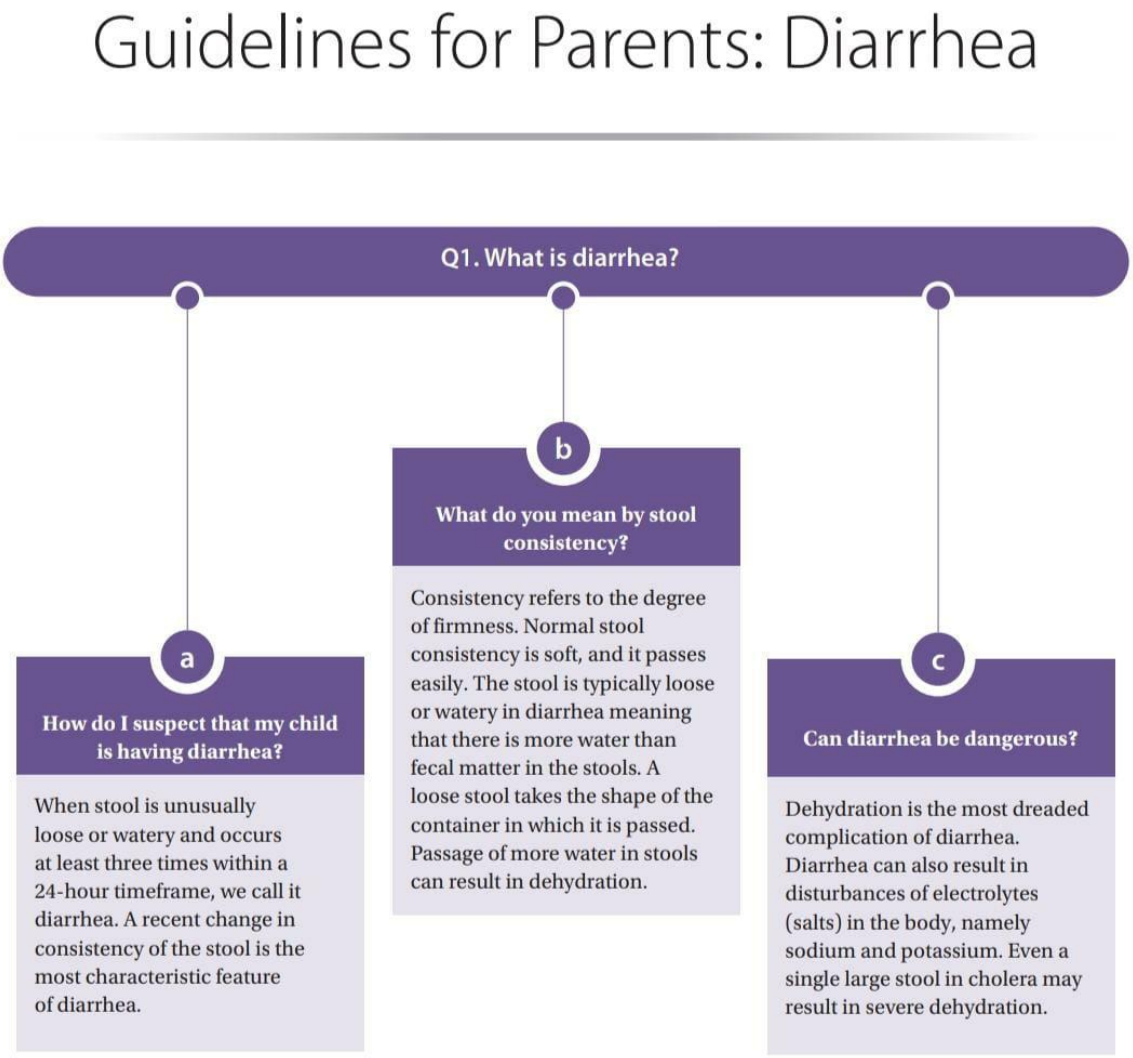
Children may feel IBS symptoms because of:

- Problems with how food moves through their digestive system
- Extreme sensitivity of the inside of their bowel to stretching and motion
- Stress
- Too much bacteria growing in their bowe

|

All of these things can cause IBS symptoms. You should stress to your child that his or her belly pain is real and not imaginary.

Guide lines for the parents related to this disease



Q2

What is not diarrhea?

The number of stools routinely passed in a day, differ with the age and diet of the child, as shown in **Table 1**. Younger is the child, more frequent he/she passes stools. The individual variation in number of stools also is more during first 3 months of age. Diarrhea is diagnosed, when the consistency and frequency of stool become different from what the child normally experiences.

TABLE 1: Normal* stool frequency in Indian children.

Age of child	*No. of stool/day*
0–1 month	5–6
1–3 months	3–4
4–6 months	2
7–24 months	1–2
1–18 years	1

*This is the average number of daily stools passed as rounded off from available Indian studies. Some children can pass more or less than this number and may still be normal.

The following should *not* be considered as diarrhea:

- *In newborn babies*: A thick and sticky dark green to black substance that looks like tar, is the stool that a baby passes within first 24–48 hours after birth. This thick blackish stool, known medically as ***"meconium"***, becomes loose or watery with a yellowish green or greenish brown color after 3–6 days. This is called ***transitional stool***. Transitional stools may be watery enough to resemble diarrhea, but if the baby has no other symptoms and is feeding well, it should not be considered diarrhea. This watery consistency is a result of undigested sugar in breast milk that acts as a laxative. It is also a good sign indicating that mother is producing plenty of milk. Frequent passage of liquid stools also helps to clear the jaundice that some children develop in the first week of life.
- *Breastfed babies*: Babies who have been exclusively breastfed (only breast milk, no other liquid, not even water) often pass frequent, liquid, or soft stool, usually many times in a day. The stools are usually yellowish, golden brown or sometimes even greenish. Sometimes, the baby may pass a loose stool after every meal during the first 2–3 months of life. This happens because intestines of a small baby move very fast to digest frequent milk feeds. When milk goes into the stomach, the colon (part of the intestine) gets triggered to empty itself for the next meal. That is why babies have a bowel movement as soon as they feed, or even while feeding. However, but this is not diarrhea. In some infants, this passage of stool may happen during the process of feeding itself. In another set of babies, this may happen 0.5–1 hour after the feed. However, as the child grows older, this reflex diminishes.
- *Frequent passage of formed stools is not diarrhea*: As mentioned earlier, some children may normally pass stool more frequently than others as a normal habit. The frequency of stool is mainly determined by the type of diet being consumed. Children who are breastfed, children who eat a lot of fruits, vegetables, and whole grain products, or those who consume a lot of fat, sugar or caffeine may pass stool more frequently than children on a low residue diet.

  However, if the passage of stools is accompanied with pain in abdomen or distention of abdomen, you should consult your pediatrician to rule out irritability of the bowel or an infection or allergy.

Q3

Why does my child have diarrhea?

Diarrhea can occur due to many reasons. The most common cause of diarrhea in children is a viral infection of the intestine. Rotavirus is one such virus that causes diarrhea, especially in children younger than 2 years of age. Other causes could be bacterial or parasitic infections, reactions to medicines, allergy or intolerance to certain foods, and disorders of intestines.

As the organ affected by these infections is primarily the intestinal tract (gut), correspondingly the most likely route of entry of infection remains through the oral cavity/mouth. Thus, diarrhea usually develops in the settings of poor sanitation and hygiene, when there is lack of safe drinking water, improper hand hygiene, while preparing the food or feeding the child, leaving the cooked food uncovered, using unclean utensils, bottle feeding, consumption of unpasteurized milk or unhygienic street food, improper disposal of excreta since food can get contaminated **(Fig. 1)**. Initiating semisolid foods or top milk before 6 months of age also increases the risk of diarrhea.

Excessive consumption of fruit juice and sugary or carbonated drinks can also cause diarrhea as lot of unabsorbed sugar passes into the intestines carrying along more quantity of water that is passed in the stools.

We must follow all hygiene and sanitation processes to reduce the risk of diarrhea, but you must understand that sometimes diarrhea may develop despite taking all hygiene precautions.

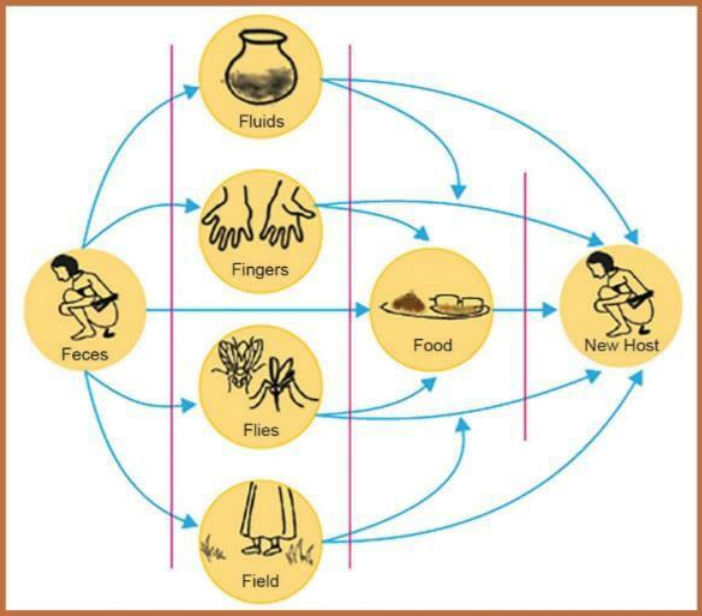


Fig. 1: Transmission of diarrheal infection.
Source: Intensified Diarrhoea Control Fortnight Tool Kit, Child Health Division, Ministry of Health and Family Welfare, Government of India, April 2019. Available from: https://nhm.gov.in/index1.php?lang=1&level=5&sublinkid=1310&lid=691 [Last accessed December, 2020].

Q4

What fluids should I give to my child when she/he has diarrhea?

If your child has diarrhea, she/he loses water and electrolytes in stools. This leads to dehydration, which can be serious if not corrected promptly. In fact, dehydration is the reason to worry than the diarrhea itself.

Therefore, the very first thing to do with the onset of diarrhea is to give your child plenty of fluids by oral route (mouth). This will provide water and electrolytes that are lost in stools. Oral rehydration salt (ORS) solution is one such lifesaving fluid. ORS contains glucose and electrolytes in a specific ratio. It is given to replace the fluid that child is losing because of vomiting and diarrhea. It is safe, simple to prepare and use, easily available in all government hospitals; or can be purchased at most medical stores without a prescription.

a

How should I prepare ORS?

To be effective, the ORS should be prepared exactly as indicated on the packet. One packet of ORS is usually meant to make 1 L of solution, but sometimes smaller packets to make 200 mL of solution are also available. Remember that the entire packet has to be prepared all in once **(Fig. 2)**. It should not be prepared partly, like dissolving one spoon in one glass, as it will change the concentration of the solution, and can be harmful. Readymade liquid preparations of ORS are best avoided as sometimes they may not have the recommended composition of electrolytes and sugar. ORS solution should be given after each loose motion to replace the lost fluid as per the age of the child in the following doses as shown in **Table 2**.

b

How should I administer ORS to my child with diarrhea?

Oral rehydration salt solution should be given slowly with a spoon or in small sips. Giving it rapidly from a glass/cup/tumbler may lead to vomiting. If the child vomits while drinking, wait for 10 minutes and then give it more slowly at the rate of one teaspoon every 1–2 minutes. Once prepared, the ORS can be consumed up to 24 hours. Any remaining ORS should be discarded and be freshly prepared for the next use. Please note that ORS will not cure diarrhea, which usually gets better on its own in 3–7 days in most cases. However, it does prevent and treat the dehydration that is the main reason for concern.

c

Can I also give fluids, other than ORS?

After starting ORS, the second most important fluid that should be given is breastfeeding. Breastfeeding needs to be continued because it not only provides fluid and energy but also provides factors that enhance immunity of the child so that diarrhea gets better soon.

Apart from ORS and breastfeeding, other home available fluids that can be given depending on availability and preference of the child are:

- Rice or pulses-based drink (rice water, *dal* water)
- Vegetable soup
- Yogurt drink with salt (salted *Lassi*)
- Lemon drink (*Shikanji* with added salt and less sugar)
- Coconut water
- Plain water can be given in between.

d

Is there any medicine that I need to give, other than ORS?

Other than ORS, the only recommended medicine in diarrhea is zinc. Zinc should be taken after prescription by a health worker. It is administered 20 mg/day for a total of 14 days to children between 6 months to 5 years of age. For children between 2-6 months of age, 10 mg/day for 14 days needs to be given. It helps in reducing the duration and severity of diarrhea. It is also helpful in preventing further episodes of diarrhea for next 3 months.

e

How should I monitor my child for danger signs?

If your child has diarrhea, you should monitor closely for any alarming sign, such as reduced frequency or quantity of urine, feeling very thirsty or restless, looking more ill, vomiting everything, blood in stool, inability to drink or breastfeed, cold extremities, or change in responsiveness (drowsy or lethargy). If you notice any of these signs, then you should seek immediate medical attention.

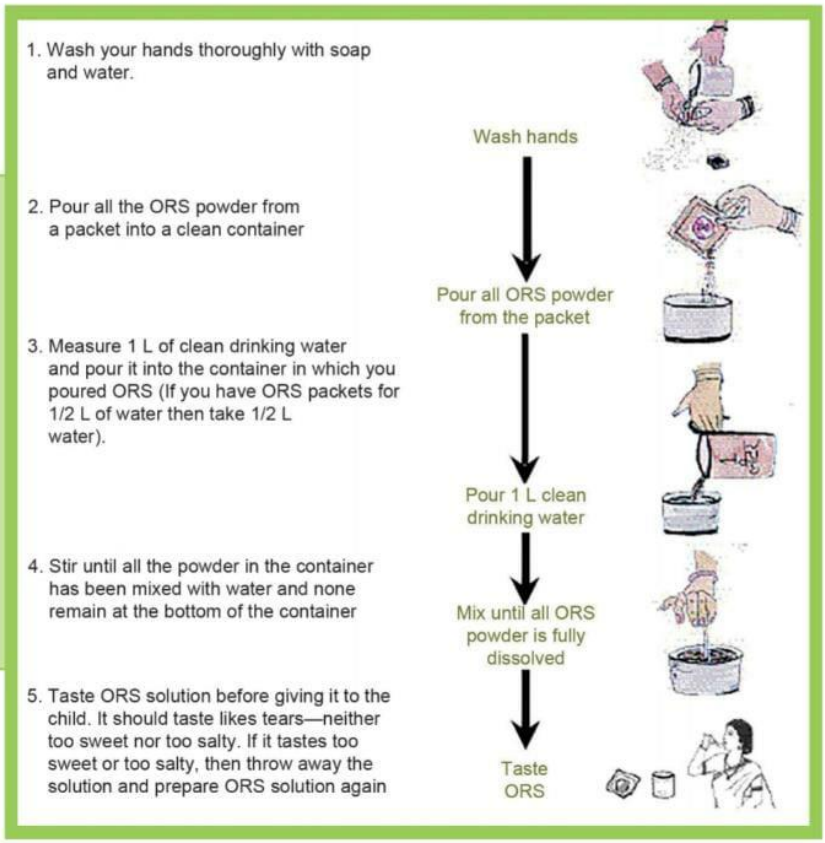


Fig. 2: Steps of preparing oral rehydration salt (ORS) solution.

* This instruction describes how to prepare ORS solution from a regular ORS packet. Small sachets that must be dissolved in 200 mL of water are also available.

Source: Intensified Diarrhoea Control Fortnight Tool Kit, Child Health Division, Ministry of Health and Family Welfare, Government of India, April 2019. Available from: https://nhm.gov.in/index1.php?lang=1&level=5&sublinkid=1310&lid=691 [Last accessed December, 2020].

TABLE 2: Amount of oral rehydration salt (ORS) solution for different age groups.

S. No.	*Age of the child*	*Amount of ORS solution to be given after each loose motion*
1.	Up to 2 months*	5 teaspoons after each loose motion
2.	2 months to 2 years	1/4–1/2 glass (50–100 mL)
3.	2 years to 10 years	1/2 cup to 1 glass (100–200 mL)
4.	Over 10 years	As much as needed, upto 2 L/day

* Diarrhea in infants <2 months of age could also be a feature of some serious infection, and prompt medical advice should be sought from pediatrician while continuing oral rehydration and breastfeeding.

Q5

Does my child need antibiotics to recover from diarrhea?

Antibiotic therapy is mostly not necessary to treat diarrhea in children as most diarrheal episodes are caused by viruses, which do not get killed by antibiotics. Even in cases where bacteria (e.g., *Escherichia coli*) are the cause of diarrhea, most episodes resolve without antibiotics. Most cases of diarrhea are self-limiting, regardless of causative factor.

Inappropriate use of antibiotics neither reduces the severity of diarrhea nor shorten its duration. In fact, overuse of antibiotics can cause side effects and may lead to prolongation of duration of diarrhea, and development of antibiotic resistance.

When to give antibiotics?

In few cases where blood is present in the stool, or if the child is having some other concomitant infection (e.g., pneumonia, ear infection, and urine infection) or having any immunodeficiency or severe malnutrition, antibiotic treatment may be required. Persistent fever, or other symptoms, such as cough or difficulty in breathing, ear pain or pain during urination, may indicate presence of some other infection, which sometimes may need antibiotics or any other medicine. However, only a doctor/healthcare personnel can evaluate the need, type, and duration of antibiotics in such cases. You must visit your pediatrician, if there is any such concern.

Q6

How should I ensure that my child does not become weak because of diarrhea?

One of the main consequences of diarrhea is malnutrition. This could be caused by a decrease in appetite, recurrent vomiting, reduced absorption of food in the intestine, or the body's need for extra food because of the infection. But it could also be the result of the common yet very harmful practice of withholding or diluting food or restricting the child to a liquid diet.

What diet should I give to my child with diarrhea?

Unnecessary curtailing a child's diet results in an inadequate intake of nutrients that could hamper the growth and makes the child weak. Therefore, milk or food intake should not be restricted during or after diarrhea. Children suffering from diarrhea who continue feeding tend to recover more quickly and regain weight better when they recover than children whose diet is restricted.

- To help the child digest food more easily, meals should be given more frequently and in small amounts. This will also reduce the risk of vomiting.
- Breastfeeding must be continued in children who were receiving it before.
- Food such as gruel from rice, pulses, or other cereals which are readily available and can be easily prepared at home are the best option besides breastfeeding.
- After each episode of diarrhea, the child's food intake should be increased from its usual intake for at least a week or two, after the diarrhea stops or until the child is back on its original weight.

Also, it is important that the child continues to consume enough of its regular liquids (including breastfeeding), in addition to the ORS.

Q7 My child develops diarrhea every now and then. What should I do?

Frequent episodes of loose motion will require certain preventive measures. Following steps will be useful:

a. *Care of nutrition*: Taking care of the child's nutrition is important, because good nutrition is one of the crucial factors for preventing any recurrent infection. To make sure that a child gets proper nutrition, it is important that up to the age of 6 months only breastfeeding should be given because it is safe, clean, and have nutrients as per the needs of the baby. Breastfeeding also protects the child from infection. At 6 months of age, breastfeeding needs to be complemented with age-appropriate nutritious food. Consumption of sugary drinks should be avoided (especially marketed fruit juices).

b. *Completing the course of zinc*: Child should complete the 14-day course of zinc prescribed by doctor for his/her episode of diarrhea, even if the diarrhea stops earlier than that. Zinc helps in averting another episode of diarrhea in the next 3 months.

c. *Care of personal and food hygiene*: Most frequent cause of diarrhea occurring repeatedly is lack of personal or food hygiene, and thus it is vital to take care of this aspect to prevent diarrheal episodes **(Fig. 3)**:
   - Wash your hands with soap and clean running water after changing diapers, disposing child's feces, using toilet, and prior to preparing the food or feeding the child can alone bring down the possibility of diarrhea substantially **(Fig. 4)**.
   - Use safe drinking water.
   - Prepare, store, and serve of food in hygienic way that include using clean utensils, keeping the cooked food covered, and consuming freshly prepared food.
   - Do not allow your child to swim at unclean pools.
   - Use toilets and avoid open defecation.

d. *Vaccination*: Up-to-date immunization, especially for rotavirus and measles, helps in preventing diarrhea.

e. *Medicines*: Avoid self-medication, especially antibiotics. These should always be used only in consultation of your doctor.

f. *Diseases*: Certain diseases such as dietary allergies and inflammatory bowel diseases can lead to recurrent diarrhea and need evaluation by a doctor.

In a nutshell, the most effective way to prevent diarrheal infections are breastfeeding, proper handwashing, safe drinking water, and vaccination.

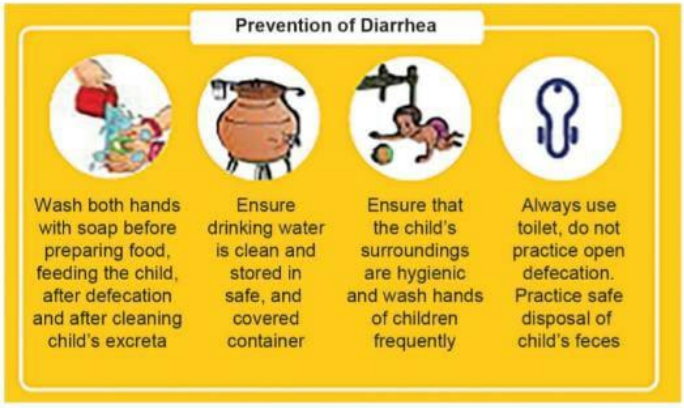


Fig. 3: Ways to prevent diarrhea.
Source: Intensified Diarrhoea Control Fortnight Tool Kit, Child Health Division, Ministry of Health and Family Welfare, Government of India, April 2019. Available from: https://nhm.gov.in/index1.php?lang=1&level=5&sublinkid =1310&lid=691 [Last accessed December, 2020].

Fig. 4: Steps of handwashing.
Source: Intensified Diarrhoea Control Fortnight Tool Kit, Child Health Division, Ministry of Health and Family Welfare, Government of India, April 2019. Available from: https://nhm.gov.in/index1.php?lang=1&level=5&sublinkid=1310&lid=691 [Last accessed December, 2020].

Q8 My child's diarrhea is not resolving despite treatment. What should I do?

a What is persistent diarrhea?

The usual duration of diarrhea is 5–7 days, and in most children, it stops within this period. In children <2 years of age, especially in those who have malnutrition, it may sometime persist beyond 2 weeks, and then it is called persistent diarrhea. When a child develops persistent diarrhea, which is observed in upto 10% cases, it can lead to significant nutritional problems.

b What are the causes of persistent diarrhea?

Persistent diarrhea could be because of an unusual infection that does not go away on its own, or it could be because of damage to gut lining because of an acute episode of diarrhea. Too much juice or carbohydrate sweetened liquid consumption, medication, and altered immune function are some uncommon causes of persistent diarrhea.

c Can allergies cause prolonged diarrhea?

Allergies and intolerances to certain food may cause prolonged diarrhea that may persist over many weeks to months and causes problems with the absorption of nutrients from the gut, known as malabsorption. If children do not absorb enough nutrients from the food, they may become malnourished. To treat these allergies and intolerance, we sometimes need to remove the food that triggers the problem from the child's diet.

For example, people who have a condition called celiac disease cannot tolerate gluten, a protein found in wheat. After proper diagnosis of this condition, a gluten-free diet in these children will improve the symptoms tremendously.

Another example is lactose intolerance, in which milk or milk products trigger digestive symptoms. People with lactose intolerance do not have enough enzymes to breakdown lactose, which is a type of sugar present in milk or milk products.

The other food allergies are those to cow milk, soy products, eggs, and seafood. A healthcare provider should be consulted for dietary advice to allay the symptoms.

The treatment of these prolonged episodes of diarrhea lies between taking care of a possible infection and review of nutritional changes required.

Children with persistent diarrhea may also have deficiency of vitamin A, zinc, and other nutrients, which will need an assessment. Parents must follow the advice of a pediatrician for the best management of persistent diarrhea.

Q9 Are their certain foods and drinks that I should avoid giving to my child during an episode of diarrhea?

a You should *avoid giving drinks with lots of added sugar* such as carbonated drinks, fruit drinks, fruit juices, and plain glucose solutions during an episode of diarrhea.

- High sugar and sorbitol present in these drinks might make diarrhea worse because of the osmotic effect.
- These drinks may even increase electrolyte imbalance in the body because they do not contain the correct sodium and glucose ratio required.

b *Avoid giving caffeinated drinks* like tea, coffee, or carbonated drinks, during diarrhea. Caffeine stimulates gut and has laxative property and can also induce diuresis leading to exacerbation of dehydration.

c *Avoid giving street foods* as poor hygiene can further lead to infection and parasitic infestations compounding the diarrhea.

d Similarly, *processed foods should be avoided*, because of excess salt in these foods that can disturb the electrolyte equilibrium further and can make the dehydration worse.

Q10

Should I stop giving milk or change milk if my child has diarrhea?

One of the most critical nutritional consequence of diarrhea in children is malnutrition. Thus, continuation of feeding is very crucial to provide essential nutrients during diarrheal episode and prevent malnutrition. As emphasized repeatedly earlier, breastfeeding helps to provide important nutrients and fluids to the baby and should never be discontinued when the child is having diarrhea.

As per the observations, compared to milk-free diet, children tend to recover better with milk-fed diet, without any increase in duration of diarrhea or relapse. Routinely, stopping the milk and changing the preparation are therefore not necessary. Breastfeeding must be continued, and if the baby is >6 month old and is on predominant milk diet, mixing it with cereals helps in improving energy density and absorption of nutrients.

However, in cases of persistent diarrhea (persist for >14 days), a few dietary modifications, including reducing the quantity of milk in the diet, may be needed but these should be done only in consultation with your pediatrician.

In most cases, as opposed to general belief, a continuous feeding of undiluted milk can be continued during an episode of acute diarrhea.

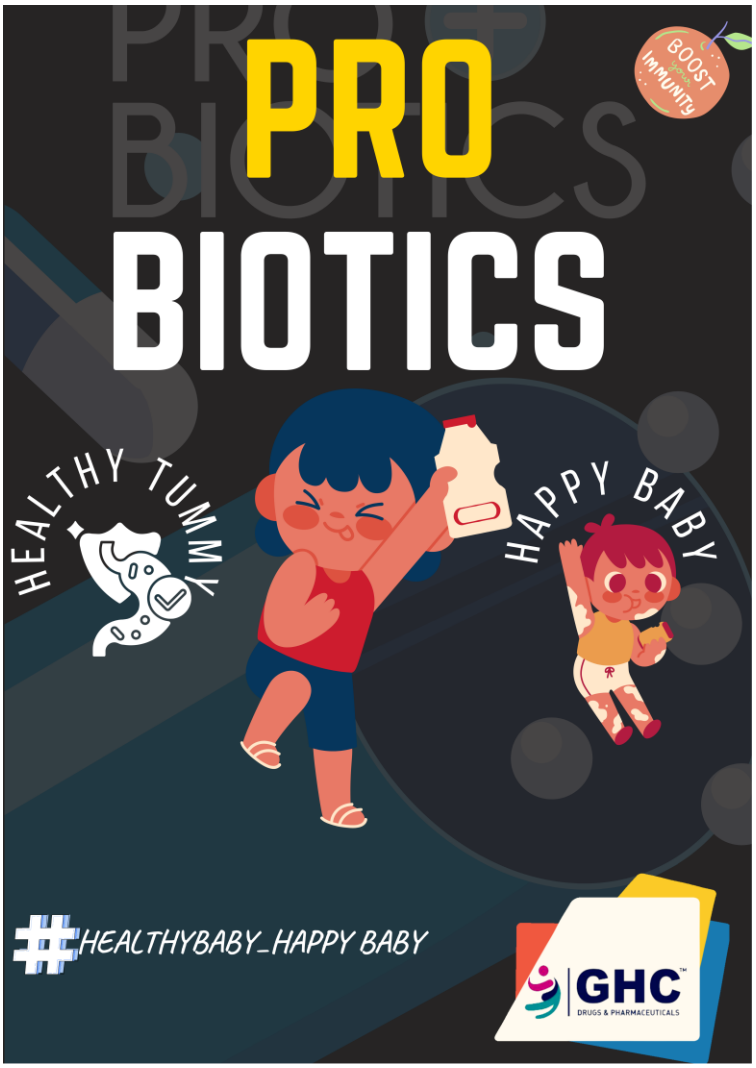
What to *do* in diarrhea?

- Start giving ORS and plenty of suitable home available fluids at the earliest, to prevent dehydration.
- Continue breastfeeding and usual diet of the child during diarrhea.
- Ensure proper sanitation and hygiene, especially handwashing, for the child and caregiver.
- Complete full 14-day course of zinc tablet/syrup as prescribed by your doctor.
- Consult your pediatrician promptly if there is blood in stools, or if the child appears unwell or dehydrated.

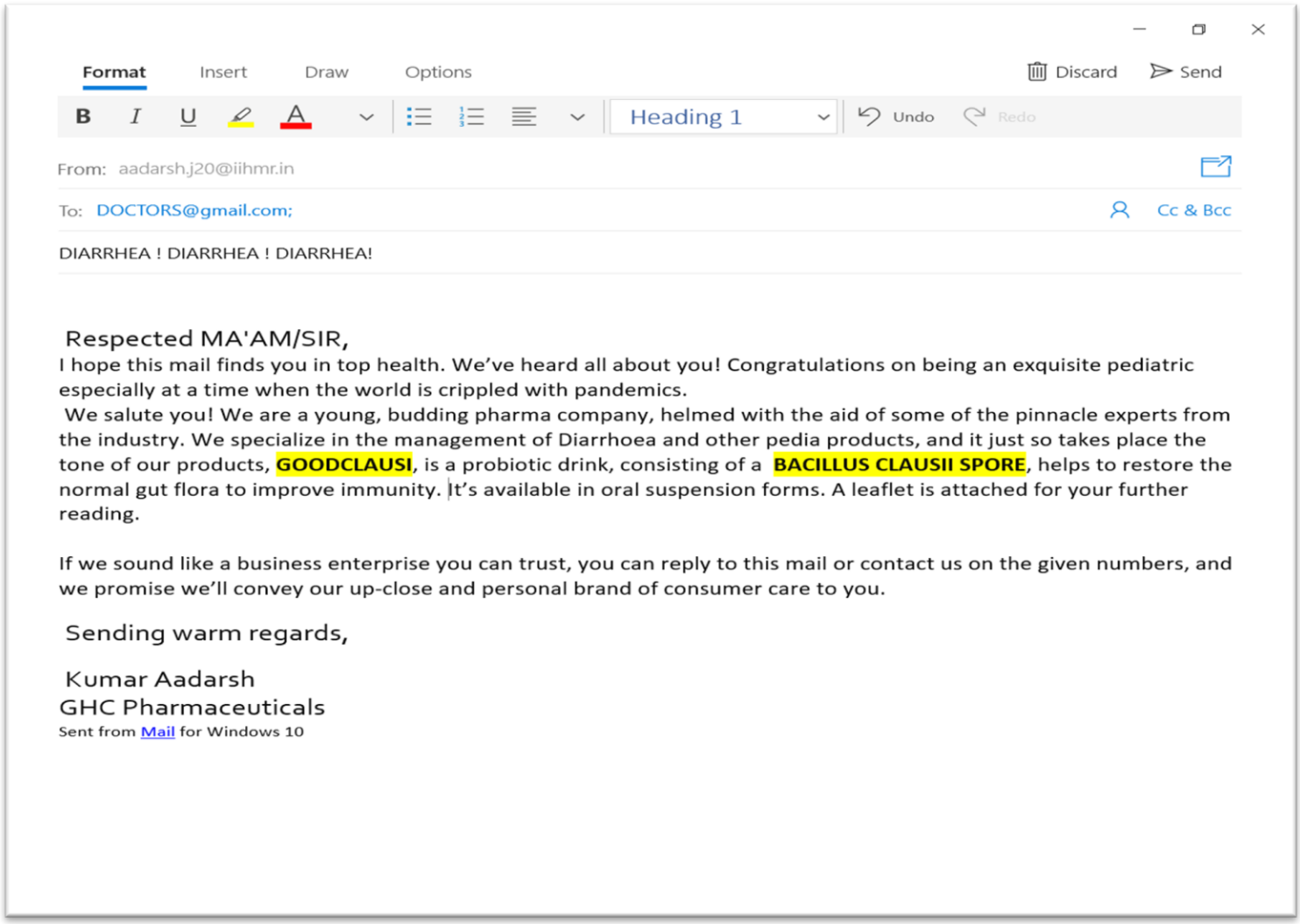
What *not* to do in diarrhea?

- Do not starve the child. Offer him/her small, frequent home-cooked hygienic food.
- Do not give antibiotics or any other drug on your own. Except ORS, any other medicine needs to be prescribed by healthcare provider, if required.
- Do not use sugar/glucose solutions, fruit juices or carbonated drinks for rehydration.
- Do not stop breastfeeding or milk routinely during diarrhea.
- Do not delay consulting a pediatrician if child does not improve on his/her own or if child appears dehydrated or unwell.

6. **I ALSO MADE SOME VIDEO AND FLYER FOR THE SOCIAL MEDIA PROMOTION OF THE PRODUCT.**



7. EMAIL MARKETING, I ALSO PREPARED



Format Insert Draw Options Discard Send

B I U A Heading 1 Undo Redo

From: aadarsh.j20@iihmr.in

To: DOCTORS@gmail.com; Cc & Bcc

DIARRHEA ! DIARRHEA ! DIARRHEA!

Respected MA'AM/SIR,

I hope this mail finds you in top health. We've heard all about you! Congratulations on being an exquisite pediatric especially at a time when the world is crippled with pandemics.

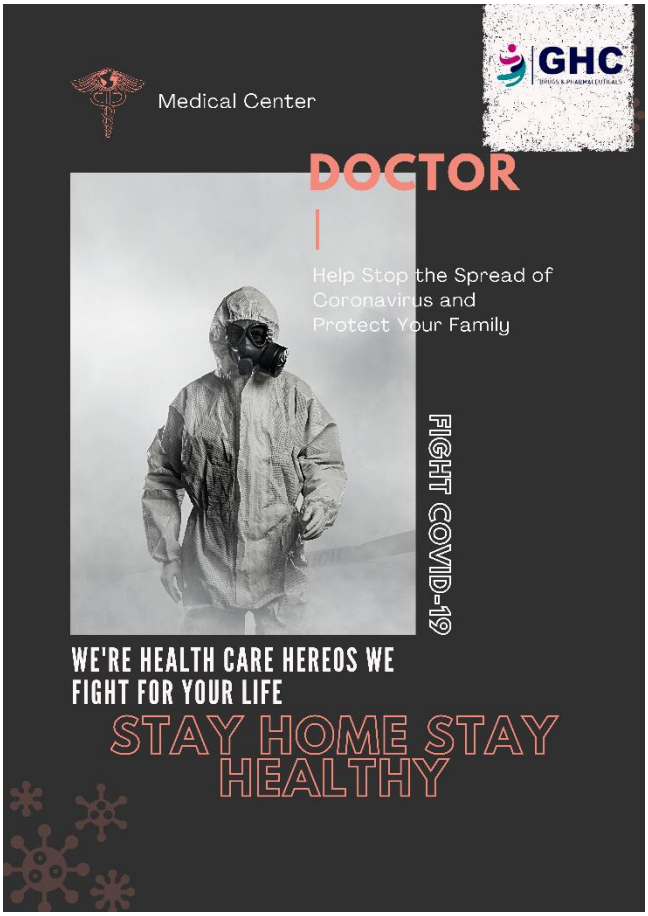
We salute you! We are a young, budding pharma company, helmed with the aid of some of the pinnacle experts from the industry. We specialize in the management of Diarrhoea and other pedia products, and it just so takes place the tone of our products, **GOODCLAUSI**, is a probiotic drink, consisting of a **BACILLUS CLAUSII SPORE**, helps to restore the normal gut flora to improve immunity. It's available in oral suspension forms. A leaflet is attached for your further reading.

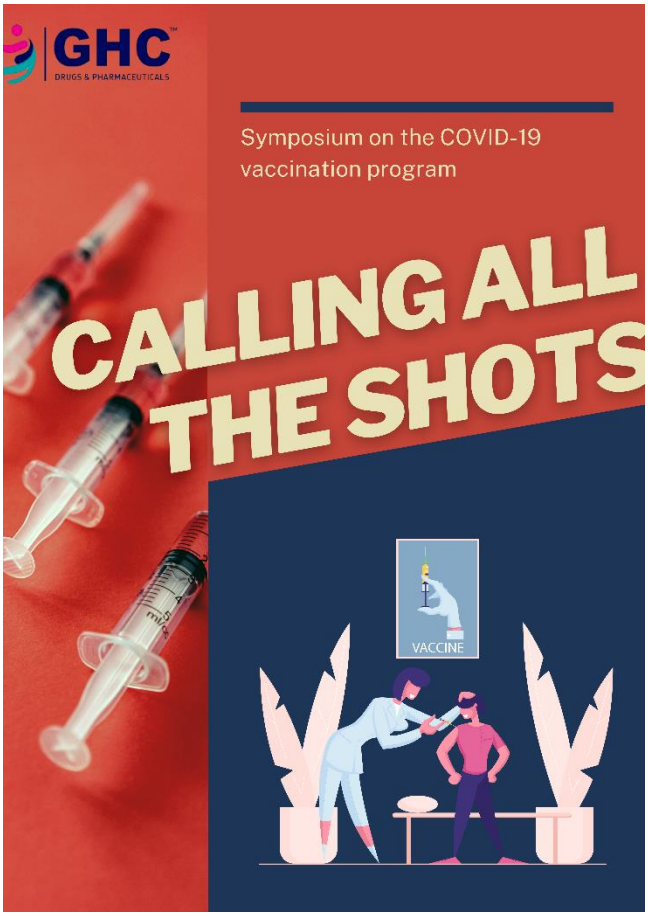
If we sound like a business enterprise you can trust, you can reply to this mail or contact us on the given numbers, and we promise we'll convey our up-close and personal brand of consumer care to you.

Sending warm regards,

Kumar Aadarsh
GHC Pharmaceuticals
Sent from Mail for Windows 10

8. **COMPANY MAIN PRIORITY IS TO HONOR OUR HEALTH CARE HEREOS WHO WORKED NON-STOP DAY AND NIGHT TO CURE THE PATIENT SUFFERING FROM COVID SO, I MADE SOME POSTER FOR THEM.**





4.3 FIELD WORK

-> GHC Pharmaceutical's marketing head **Mr. Prashant Bhamre Sir** assigned me to work under Jaipur area manager **Mr. Ravi Sharma** told me to do market research. He said to do **RCPA (Retail Chemist Prescription Audit)** in the specific area which was assigned to me that was Sanganer, Jaipur, Rajasthan.

THE WORK WHICH WAS ASSIGNED:

- ➔ To make a list of hospitals and clinic in Sanganer area where Paediatric Doctors, Ortho Doctors and General Physician available.
- ➔ Then get the contact info of the doctors.
- ➔ Info of timing when they meet up with pharma people.
- ➔ Then get the info from pharmacy store in hospitals and get their phone.no. and Name.
- ➔ Get the info of drugs of choice in management of diseases.
- ➔ Prescription related to disease which Dr. prescribed.
- ➔ Competition brands price and detail of the product.

So, I made a table detail with the detail of RCPA:

HOSPITAL NAME	HOSPITAL NUMBER	NUMBER OF PEDIA, GENERAL PHYSICIAN AND ORTHO	NAME OF DOCTORS	CONTACT NUMBER
PARDYA HOSPITAL	2732914-273915	1+1+1	Dr. Rajesh Jain(pediatrician) Dr. Pawan Sharma (G.P) Dr. Abhay Singh(ortho)(on call)	
SPARSH HOSPITAL		1+1+1	Dr. Neelab Nehru (pediatrician) (10:30 AM-2:00 PM) Dr. Manish Vaishnau (Ortho) (4:00 PM-6:00 PM) Dr. Govind Singh (G.P) (10:00 AM-2:00 PM)	
REGEN HOSPITAL		1+1+1	Dr. Vivek Sharma(pediatrician) Dr. Prabhakar (G.P) (On call) Dr. Rishabh Sethi (Ortho)	pedia-7597544345 G.P-9314513229 Ortho-9610032456
LC MEMORIAL CHILD CLINIC		1	Dr. Giriraj Sharma	pedia-8000732998
BHARDWAJ CLINIC		1	Dr. Ashutosh Bhardwaj (General Physician)	9694778811

PRISCRIPTION OF DISEASE	SIMILAR PRODUCT, PRICE and company	PHARMACY NAME	PHARMACIST NAME
Diarrhea- 1. isomil 2. neosmile 3. yamu drop 4. Enterogermina 5. Faciflora 6. Sporlac 7. Econorm sachet ortho/neuropain- 1.ofrax 2.oflox-oz 3.Ultranic 4.Ultraset 5.Metrogel-gel 6.Gabaneuron NT	Diarrhoea- 1. Enterogermma (54.44/PIECE) (SANOFI) 2. Faciflora (192 RS) (ZUVENTUS) 3. Sporlac (77 Rs) (SANZYME LTD.) 4. Econorm sachet(52.00) (DR. REDDY) ortho/neuropain- 1.Metrogyl-gel(55 Rs)(TEKAR PHARMA) 2.Gabaneuron NT (261 Rs)(ARISTO)	PARDYA PHARMACY	NARAYAN SHARMA
Diarrhoea- Darolac Sachet Ortho- 1. Osta-D3 drop 2. Osta-D-Cal 3. Calcimax-p 4. Osta -p		APOLLO PHARMACY	RAMESH

Pedia- Diarrhoea-1. Econome Sachet 2. Metrogel syrup 3. Sifolac-o(tablet) 4. Sefidril-safonin G.P-Diarrhoea- 1. Floristore 2.Bifilec Ortho-1. Rubicon-tablet 2. Ultraset-tablet 3. Flexon-Tablet 4. Volini- gel 5. Volitre-gel 6. Siforax-Tablet 7. Clendavian-Capsule	ortho- lidocaine -Rox-30 ml(32 Rs) Rox-jelly(36 Rs) Gabapentin-Gabentin Tab-(273 Rs)	RIDDHI SIDDHI PHARMACY	RAJESH KUMAR SHARMA
Diarrhoea-Enterogermina Okhlamac-oz ORS Sporalac Flora-zn vizlac	diarrhoea-1. Enterogermina 2. Vizlac-liquid	JAI SHREE MEDICAL AND PROVISION STORE	JAI RAM

Diarrhoea- Recogeel Powder Antibiotics ORS	Diarrhoea-- Dr. Reddy Mankind		

NUMBER	DRS. MEETING DAY AND TIME	SCHEME
9782162620	TUESDAY, THURSDAY AND SATURDAY (12:00-1:00 PM)	FOR PRISCRIBED PRODUCT- (10+3) NON PRISCRIBED PRODUCT-DEPEND ON PHARMACIST
9602110812	contact-Ramesh Berwal(for leave)	5+1
7757199079	Dr. Vivek Sharma (11:30-1:30) Monday	
9829533134	5 PM TO 8.30 PM	
	morning-8.30 am-1.30 pm evening- 5.30 pm-8.30 pm	

5. KEY LEARNING AND CONCLUSION

Key learning in digital marketing and brand plan of the product

- To make good clausi the most preferred decongestant in the Indian market: -
- Need to focus on effectiveness
- Counter competition through sales planning

- generating prescription, in order to get incremental order from the retailers Achieving the target month-on-month

LEARNINNG FROM FIELD WORK – Was how to patient ally talk and get the info about doctors. It may take time to interact but the more I gave time I got more info about Drs. Very Calmly.

- This was my great experience to work in the field market and get the info.

6. REFERNCE

- Data from bran plan I got from the company's marketing department
- Field work data I got from different hospitals, clinic and pharmaceutical stores.