

SUMMER INTERNSHIP PROGRAM
at
Mankind Pharma Limited



From 12/05/2025 to 18/07/2025

A REPORT BY

SAGAR DADAJI BHAKNE

Master of Business Administration

Pharmaceutical Management

Roll no: IIHMR-U/02/2024-26/0695

2024-26

under the Mentorship of

Mr. Akshay Kumar Mishra (Prof.)



31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Sagar Dadaji Bhakne** student of MBA Pharmaceutical Management from **IIHMR University Jaipur** has successfully completed his training program with **Mankind Pharma Ltd.** in PMT Department from **13th May 2025 to 25^h July 2025**.

He was found to be diligent, sincere & dedicated during his training period.

We wish him all the best for future endeavors.

For Mankind Pharma Ltd.


Abhishek Khare
DGM - Human Resources



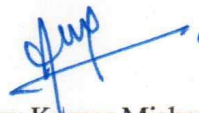
IIHMR University Faculty Mentor Approval

This is to certify that Mr. Sagar Dadaji Bhakne of academic year 2024-26

Of School of Pharmaceutical Management has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 30th JULY, 2025

A handwritten signature in blue ink, appearing to read 'Akshay', with a long horizontal stroke extending to the right.

Dr. Akshay Kumar Mishra
(Asst. Professor)

About The Organisation

Mankind Pharma Ltd., established in 1991 and based in New Delhi, is one of India's top 5 pharmaceutical companies. It offers affordable, high-quality medicines and OTC products across 34+ countries, supported by 25+ manufacturing units and 6 R&D centers. Popular brands include Prega News, Unwanted-72, and Manforce.

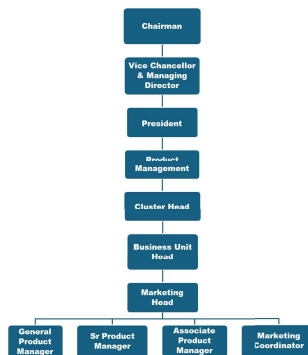
Vision

To be a global leader admired for Affordability, Quality, and Accessibility.

Mission

To deliver cost-effective, innovative healthcare solutions that improve lives

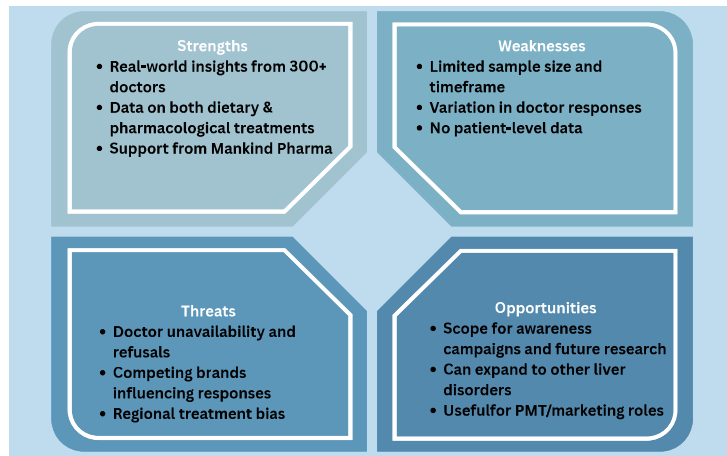
Organogram



Key Learnings During Internship

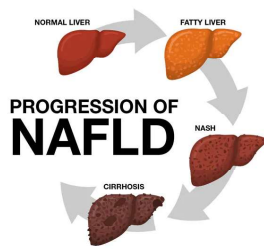
- Gained confidence in interacting with doctors and conducting surveys
- Understood UDCA usage in NAFLD/MAFLD treatment
- Learned real-world market research and data collection
- Improved communication, reporting, and time management

SWOT Analysis



About disease

- NAFLD is fat accumulation in the liver without alcohol intake, mainly due to obesity and diabetes.
- MAFLD is a newer term that includes fatty liver with metabolic dysfunction like insulin resistance.
- Both can be managed through diet (weight loss, low sugar) and medicines like UDCA and Vitamin E.



Challenges Faced During Internship

- Difficulty in meeting busy doctors on time
- Rejection or incomplete survey responses
- Long travel and unfamiliar clinic locations

Internship Learnings – Theory vs Practice (Survey Project Focus)

- Applied survey design knowledge through field surveys with 300+ doctors
- Used classroom concepts of market research in real-time data collection and analysis
- Theoretical knowledge of NAFLD/MAFLD helped understand doctor responses on UDCA

Suggestions

- Increase sample size for broader regional coverage
- Include patient feedback for a 360° view
- Compare prescription patterns between specialists (MD vs Gastro)
- Add follow-up interviews for deeper clinical insights

Clinical Dietary Counseling Practices

Refined Wheat Flour Restriction

Survey shows that a majority of clinicians frequently counsel NAFLD patients to specifically restrict refined wheat flour (maida), beyond just general caloric control advice.

Guideline Inclusion Support

There is strong consensus among responding clinicians that NAFLD guidelines should formally include specific recommendations for refined carbohydrate reduction.

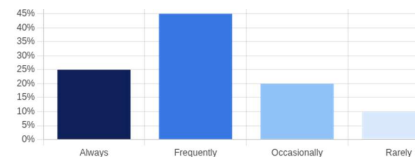
Clinical Outcomes

Most respondents believe reducing refined wheat flour intake would lead to meaningful clinical improvements, particularly as part of a comprehensive dietary approach.

Clinical Insight

Counseling specifically on refined flour appears to be an emerging focus area, distinct from general nutritional advice about calorie reduction alone.

Frequency of Refined Flour Restriction Counseling



Expected Impact on NAFLD Outcomes

Major improvement		30%
Part of effective dietary Approach		55%
Minimal Impact		15%

WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 1

From: 12/5/25 to 17/5/25

Activity Done	• Visited 30 doctors in Sausar and Chhindwara. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
Gaps identified on the working are	• Physician lack of awareness regarding MAFLD terms and newer treatment options such as UDCA. • Questionnaire timing during peak OPD hours resulted in hasty or partial responses.
Improvement suggestions	• Use simple survey language to facilitate ease of understanding in all specialties. • Create awareness through brief educational leaflets on MAFLD/UDCA to facilitate participation

	• Conduct survey interactions during off-peak hours (e.g., early morning or after OPD hours)
Prepare for next week	• Target 70–80 total doctor responses. • Increase survey coverage to Betul, Multai, and Itarsi. • Proceed with literature review on ICMR/API guidelines and clinical trials with UDCA and nutraceuticals • Start data categorization by treatment preferences and location.

Signature of the Student:

Approved by the IIHMR University's Mentor

WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 2

From: 19/5/25 to 24/5/25

Activity Done	• Visited 30 doctors in Nagpur and Katol. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 3

From: 26/5/25 to 31/5/25

Activity Done	• Visited 30 doctors in Balaghat and Saoner • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 4

From: 2/6/25 to 7/6/25

Activity Done	• Visited 30 doctors in Warud and Chandrapur. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 5

From: 9/6/25 to 14/6/25

Activity Done	• Visited 30 doctors in Jabalpur and Katni. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 6

From: 16/6/25 to 20/6/25

Activity Done	• Visited 30 doctors in Umreth and Chouri. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 7

From: 23/6/25 to 27/6/25

Activity Done	• Visited 30 doctors in Narshinghpur and Mokhed. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 8

From: 30/6/25 to 6/7/25

Activity Done	• Visited 30 doctors in Morena and Burhanpur. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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Approved by the IIHMR University's Mentor

WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 9

From: 7/7/25 to 11/7/25

Activity Done	• Visited 30 doctors in Bhino and Vidhisha. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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Improvement suggestions	• Use simple survey language to facilitate ease of understanding in all specialties. • Create awareness through brief educational leaflets on MAFLD/UDCA to facilitate participation

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WEEKLY REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

Week no: 10

From: 14/7/25 to 18/7/25

Activity Done	• Visited 30 doctors in Mandla and Harrai. • Conducted clinical surveys with General Practitioners and Gastroenterologists. • Collected responses regarding treatment preferences for NAFLD/MAFLD. • Identified key treatment approaches and physician awareness gaps
Linking theory (Classroom learning) with practice at your organisation	• Applied concepts of Market Research and Pharmacology to design and conduct clinical surveys. • Utilized knowledge from Health Communication to interact with doctors and interpret feedback. • Coursework in connected therapeutics and clinical guidelines to comprehend the basis for treatment decisions such as GLP-1, SGLT2 inhibitors and dietary recommendations
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Signature of the Student:

Approved by the IIHMR University's Mentor

COMPILED REPORT

Name of the Organisation: Mankind Pharma Limited

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Sagar Dadaji Bhakne

Roll no: 0695

Stream: Pharmaceutical Management

From: 12/5/25 TO 18/7/25

Activity Done	Worked on a field-based clinical research and market assessment project called "Market Assessment and Physician Perception of UDCA in the Management of NAFLD/MAFLD" during my 10-week summer internship. This project was carried out throughout Central India, with a particular emphasis on various Madhya Pradesh and Maharashtra regions. With a focus on the use of ursodeoxycholic acid (UDCA) as a treatment modality, the main goal was to comprehend how doctors view and treat non-alcoholic fatty liver disease (NAFLD) and metabolic dysfunction-associated fatty liver disease (MAFLD). 300 medical professionals from a range of specialties, including internal medicine specialists, gastroenterologists, diabetologists, and general practitioners, were the target of the survey. The cities and towns of Sausar, Chhindwara, Nagpur, and other semi-urban and rural areas were among those where the doctors were interviewed. Jabalpur, Betul, Dewas, Burhanpur, Mandla, Seoni, Umreth, Khandwa, Warud, and Hoshangabad. In order to complete this project, I created a structured questionnaire with the goal of gathering crucial information about diagnostic techniques, preferred forms of treatment (pharmacological, dietary, or combination), and general opinions regarding UDCA's role in treating fatty liver diseases. Sections on the use of more recent treatments, such as GLP-1
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receptor agonists, metformin, silymarin, and nutritional supplements like vitamin E and omega-3 fatty acids, were also included in the questionnaire.

I interviewed doctors in-person during field visits, which accounted for a sizable amount of my work. Compared to remote surveys, this method produced more accurate responses, deeper clinical insights, and a stronger rapport. Every week, Microsoft Excel and SPSS software were used to enter and analyze the collected data.

I concentrated on spotting regional preferences, treatment trends, and differences between medical specialties. Additionally, a comparison between drug-based therapies and diet-based interventions was carried out.

To cross-reference field findings with national and international treatment protocols, I conducted a literature review concurrently using reliable sources such as PubMed, WHO guidelines, the Indian Council of Medical Research (ICMR), EASL (European Association for the Study of the Liver), and API (Association of Physicians of India) recommendations.

To better convey the results, I produced a variety of graphical visualizations, including pie charts, heat maps, and bar graphs, in addition to gathering and analyzing the data. Both my final internship report and my PowerPoint presentation featured these images. Additionally, I created an academic poster in A4 size that highlighted the main conclusions, patterns, and consequences of the research for scholarly publication.

I kept in constant communication with my organization supervisor and faculty mentor during the internship to go over results, adjust the questionnaire design as necessary, and make sure the work was both academically and practically relevant. I was able to improve my interpretation and presentation abilities by attending weekly review meetings.

I gained useful experience with market research tools, clinical trend analysis, doctor

	interaction, and real-world data collection during this internship. It also made it easier for me to comprehend how academic concepts like pharmacology, healthcare administration, and research methodology can be used in practical healthcare decision-making. In conclusion, the internship was a rewarding experience that improved my communication, data analysis, field research, and reporting abilities and provided me with profound understanding of current NA-related clinical procedures
Linking theory (Classroom learning) with practice at your organisation	Bridging theory (Classroom learning) and practice at your organisation The summer internship gave me a great chance to implement the theoretical learning I achieved through my MBA in Pharmaceutical Management in an actual healthcare environment. During my 10-week project "Market Assessment and Physician Perception of UDCA in the Management of NAFLD/MAFLD", I realised that most of the ideas from classroom learning were directly applicable and highly useful in achieving success in my fieldwork. One of the most significant topics I utilized was Clinical Research Methods. Throughout the academic sessions, we learned to design clinical studies, construct research questions, and draft structured questionnaires. The learning came in handy when I designed an exhaustive questionnaire to obtain physician perspectives on NAFLD/MAFLD diagnosis and treatment. The concepts of primary data gathering, questionnaire development, and ethics in research were applied while conducting field visits and doctor interviews. Another key area of study was Market Assessment and Analysis. Through case studies in the classroom and marketing classes, I learned how to analyze market trends, segment customers, and understand buying or prescribing behavior. These ideas were applied at internship level, where I examined physician preferences for drugs such as UDCA, Metformin, GLP-1 agonists,

and nutraceuticals. Regional variations and specialty-wise differences in treatment practices became evident, which enabled me to apply segmentation and trend analysis methods in a real-world healthcare setting.

My knowledge of Pharmacology and Therapeutics played a crucial role in my fieldwork. It gave me a strong foundation in understanding drug mechanisms, their clinical uses, potential side effects, and contraindications—all of which were essential when discussing treatment approaches with physicians. This foundational knowledge enabled me to question them confidently, understand their answers better, and realize why they like using some drugs in the treatment of NAFLD/MAFLD.

I also used principles of Nutraceutical Marketing and Strategy, which we thoroughly discussed in class. Throughout the internship, I saw that doctors view nutraceuticals such as Vitamin E, Omega-3, and herbal extracts. I understood how awareness levels, cost considerations, and scientific support affect the prescription of nutraceuticals. These observations clearly linked to classroom lessons about over-the-counter (OTC) product strategies and doctor-brand relationships.

The internship further assisted me in practicing effective Healthcare Communication. Training in the classroom focused on how to communicate effectively with healthcare workers. I applied the skills in field visits and doctor interviews, where I needed to be professional, brief, and develop rapport immediately. Every interaction was a chance to enhance my confidence, listening ability, and flexibility.

Data Interpretation and Reporting was also one of the areas where classroom knowledge was utilized. With applications such as Microsoft Excel and SPSS, I \Azerbaijan was capable of interpreting survey data, making visual charts, and interpreting

	results. These capabilities enabled me to create weekly analysis reports and graphs for presentation and academic submission purposes. Last but not least, Project Management skills like time planning, task prioritization, and documentation were necessary in fulfilling fieldwork, data entry, and reporting within deadlines. These were skills we had practiced through classroom assignments and group projects, which directly assisted in handling this real-world healthcare project.
Gaps identified on the working area	The working area has gaps. A number of significant gaps in clinical practice, communication, healthcare infrastructure, and market regulation were discovered during my 10-week internship project, "Market Assessment and Physician Perception of UDCA in the Management of NAFLD/MAFLD." Patient outcomes, data accuracy, and the efficacy of medical interventions are all directly impacted by these disparities, which differ greatly between geographic locations, particularly between urban and rural healthcare setups. 1. Physicians' Lack of Awareness Lack of knowledge regarding the revised terminology "MAFLD" (Metabolic Dysfunction-Associated Fatty Liver Disease), which has replaced NAFLD in more recent guidelines, was one of the most obvious gaps I saw. Many medical professionals, especially those in rural and semi-urban areas, continued to use the older term and were not aware of the diagnostic standards linked to MAFLD. Additionally, being aware of cutting-edge pharmacological alternatives like GLP-1 receptor agonists, SGLT-2 and UDCA inhibitors were also scarce. Many general practitioners had never prescribed or thought of using these medications to treat fatty liver. This indicates the need for frequent Continuing Medical Education (CME) sessions and updates on clinical guidelines, as well as a glaring educational gap.

2. Absence of Organized Patient Monitoring

The foundation of treating NAFLD/MAFLD is dietary and lifestyle changes, but many healthcare settings, particularly rural clinics, lacked organized systems to track patient adherence to these changes. There were no official systems in place for dietician consultations, follow-up reminders, or progress to MAFLD. Furthermore, there was a lack of knowledge regarding innovative pharmacological substitutes such as UDCA inhibitors, SGLT-2, and GLP-1 receptor agonists. Many general practitioners had never considered or prescribed these drugs to treat fatty liver. This highlights a clear educational gap and the necessity of regular Continuing Medical Education (CME) sessions and updates on clinical guidelines.

3. Lack of Coordinated Patient Monitoring

Dietary and lifestyle modifications are the cornerstone of treating NAFLD/MAFLD; however, many healthcare settings, especially rural clinics, lacked systematic systems to monitor patient adherence to these modifications. No formal procedures for follow-up reminders, dietician consultations, or progress tracking were in place.

4. Survey Fatigue and Difficulties in Gathering Data

Doctor survey fatigue was one real-world issue that arose during fieldwork. Many physicians had busy outpatient departments and little time for surveys or research. Some survey responses were therefore hurried, lacking in detail, or incomplete. Particularly in government hospitals with large patient loads or solo practice clinics, inconsistent data quality surfaced. This made it clear that survey procedures needed to be streamlined, either by employing digital forms, scheduling interviews in advance, or rewarding participation with praise or academic credit.

4. Regional Variations in Clinical Practice

The knowledge and treatment practices of practitioners in urban and rural areas were clearly different. Urban physicians had access to newer medications, were more

	knowledgeable about current Indian and international treatment protocols (ICMR, EASL, WHO), and were more receptive to the requirement 5.Uncontrolled Market for Nutraceuticals The absence of regulation in the nutraceutical market was another noteworthy deficiency. Doctors voiced concerns about the lack of standard dosages, brand confusion, and inconsistent quality of widely used nutraceuticals like Omega-3, Silymarin, and Vitamin E. Some medical professionals weren't sure which brand to suggest, and On the efficacy of the product, there was no agreement. This necessitates improved scientific support, more stringent quality control, and standardization in the nutritional market. In summary, the gaps that have been found highlight important areas for advancement in pharmaceutical regulation, patient Managementment systems, healthcare accessibility, and physician education. Better disease Managementment results and more trustworthy healthcare research data may result from filling in these gaps
Improvement suggestions	My 10-week internship project, "Market Assessment and Physician Perception of UDCA in the Managementment of NAFLD/MAFLD," revealed several gaps and findings. Based on these, I offer the following recommendations to support improved healthcare practices in the Managementment of NAFLD/MAFLD, increase physician awareness, and improve clinical outcomes. These suggestions are in line with both empirical findings and theoretical best practices from public health policy and healthcare Managementment. 1. Programs for Physician Education Physicians' ignorance of the updated terminology (MAFLD) and the more recent pharmacological agents, like UDCA and GLP-1 receptor agonists, was one of the most important needs that was found. Regular

awareness workshops, academic webinars, and CME (Continuing Medical Education) programs should be held at district and at the state level. To make sure that physicians in rural and semi-urban areas remain current on the most recent clinical guidelines and evidence-based treatment practices, these sessions can be planned in partnership with ICMR, API, medical colleges, and pharmaceutical companies.

2. Integration of Patient Counseling

Poor patient adherence to lifestyle changes is a significant obstacle to the effective Management of NAFLD/MAFLD. Promoting the inclusion of dieticians and nutritionists in routine clinical practice is crucial to improving this. Counselors should be assigned by hospitals and clinics to advise patients on proper diet, exercise, and follow-up schedules. To encourage patient adherence, digital health resources such as WhatsApp-based counseling, SMS reminders, and smartphone apps can also be implemented. When implemented methodically, behavioral change techniques can produce long-term benefits.

3. Control over Nutraceuticals

It was noted during fieldwork that the nutraceutical industry is not properly regulated, which causes doctors to be perplexed about which brands to recommend. This compromises treatment results and puts patient safety at risk. Therefore, it is imperative that regulatory bodies such as the FSSAI, CDSCO, and AYUSH take action to standardize clinical claims, product labeling, dosage guidelines, and brand certification. Publishing a list of nutraceuticals that have been approved or clinically validated can also help doctors make more informed decisions and encourage sensible prescribing.

4. Better Instruments for Gathering Data

Incomplete or inconsistent responses resulting from manual data entry and time constraints were one of the difficulties faced during the survey data collection process. The

	development of mobile-based survey tools is necessary to improve efficiency and accuracy. Digital platforms that offer voice input, offline functionality, real-time data sync, and pre-loaded questions can save time, cut down on human error, and improve the organization and dependability of data collection. Researchers and organizations can save time by using these tools, which can also create auto-analysis dashboards.
Key Learnings	The 10-week internship on the project "Market Assessment and Physician Perception of UDCA in the Management of NAFLD/MAFLD" was a valuable educational opportunity that helped close the knowledge gap between the theoretical information learned in MBA classes and real-world experience in the medical field. In-depth fieldwork, clinical survey analysis, and communication with more than 300 doctors from different Central Indian regions were all part of the project. I gained a deeper comprehension of data analysis, pharmaceutical marketing, professional documentation, and disease Management as a result of this experience. Exposure to clinical and field settings was one of the internship's most beneficial features. I was able to learn how treatment decisions are made in actual practice by meeting doctors from a variety of geographic areas, including rural, semi-rural, and urban. I obtained practical experience approaching physicians in a professional manner, conducting interviews, and continuing to communicate in a courteous but instructive manner. Every encounter improved my interpersonal and communication abilities, which are critical for anyone hoping to work in medical affairs, pharmaceutical marketing, or healthcare administration. Second, the internship significantly increased my knowledge of MAFLD (Metabolic Acidosis) and NAFLD (Non-Alcoholic Fatty Liver Disease).

Fatty Liver Disease Associated with Dysfunction. I gained knowledge of the fundamental causes of the illness, its diagnostic standards, and the significance of pharmacological and nutritional therapies. This also involved getting to know medications like Metformin, SGLT2 inhibitors, GLP-1 receptor agonists, UDCA (ursodeoxycholic acid), and vitamins like vitamin E and silymarin. I gained a better understanding of why particular therapies are recommended for particular patient profiles through discussions with doctors, as well as how cost, availability, and awareness affect prescription choices.

Pharmaceutical marketing insights were the subject of yet another important lesson. I saw how a variety of factors, including patient affordability, brand reputation, product availability, and physician awareness, influence the promotion of medications and nutraceuticals. I was aware of the difficulties pharmaceutical companies have breaking into new markets, particularly when it comes to more recent treatments like GLP-1 agonists or specialty medications like UDCA.

Furthermore, I learned how businesses differentiate their products and win over prescribers thanks to the nutraceutical industry's variation in quality and branding. Additionally, the internship improved my ability to analyze data. I spent a lot of time entering, cleaning, analyzing, and visualizing survey data using Microsoft Excel and SPSS. I produced summary tables, pie charts, and graphs to aid in the interpretation of physician responses from various specialties and geographical areas.

Finally, the internship improved my proficiency in formal presentation and documentation. For institutional submission, I created a comprehensive academic report, a well-organized 20-slide PowerPoint presentation, and a succinct A4-sized academic poster.

In conclusion

My 10-week internship on "Market Assessment and Physician Perception of UDCA in the Management of NAFLD/MAFLD" has been a thorough educational experience that has enabled me to apply theoretical knowledge to practical medical procedures. I was able to obtain firsthand experience with clinical decision-making, survey methods, pharmaceutical marketing, and physician behavior by interacting with more than 300 doctors in Central India. I was able to apply classroom theories on clinical research, market evaluation, pharmacology, and data interpretation in a real-world field environment.

Additionally, the internship identified a number of shortcomings in current practice, including a lack of knowledge about MAFLD terminology and unequal access to updated treatment guidelines, unstructured patient follow-up systems in rural areas, and an unregulated nutraceutical market. These insights led me to propose suggestions like the need for CME programs, structured follow-up tools, mobile-based data collection platforms, and standardized nutraceutical regulations. Implementing such solutions could bridge the gaps between healthcare knowledge and patient outcomes.

Throughout the internship, I enhanced my communication and interpersonal skills by engaging with busy clinicians, strengthened my data analysis abilities using Excel and SPSS, and improved my report writing and presentation skills by preparing professional deliverables such as a detailed report, PowerPoint slides, and an academic poster. Most importantly, I developed confidence in conducting field research and interpreting real-world clinical and marketing insights.

In conclusion, this internship served as a vital platform for personal and professional development. It has equipped me with valuable skills and practical understanding that will contribute significantly to my future career in pharmaceutical Management, healthcare research, and market strategy.

Key Learnings

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