SUMMER INTERNSHIP PROGRAM

At

Mankind PHARMACEUTICAL

` From 11th of May 2025 to 21st July 2025

A REPORT BY

Raval Devam MayankKumar

Master of Business Administration (Pharmaceutical Management)

2024-26

under the Mentorship of

Dr. Saurabh Kumar Banerjee
Professor & Dean

IIHMR UNIVERSITY

Mankind

Serving Life

31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Reval Devam Mayank Kumar** 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 25th 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.

MANKIND PHARMA LIMITED
New Delhi
110020

Abhishek Khare
DGM - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Raval Devam Mayank Kumar** 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: 30/7/25

Dr. Saurabh Kumar Banerjee

Dean, School of Pharmaceutical Management

IIHMR University, Jaipur

NAFLD/MAFLD MARKET SURVEY

Stream MBA PM
Roll no 0688
Organization Mankind Pharma

Name Raval Devam MayankKumar
Faculty Mentor Dr. SaurabhKumar Bannerjee
Organization Mentor Ms. Swati Madam

MANKIND PHARMA

Mankind was founded in 1995. Head-office of Mankind is located in New-Delhi.
World's Top Ranked Indian Pharmaceutical Company

Top Therapy Areas: Cardio, Diabetic, Derma, & Antibiotics

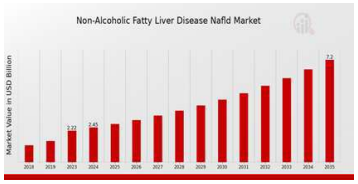
OTC MARKET	PRESCRIPTION MARKET
Manforce	Moxikind-CV
Prega News	Telmikind
Unwanted - 72	Amlokind
AcneStar	Neurokind

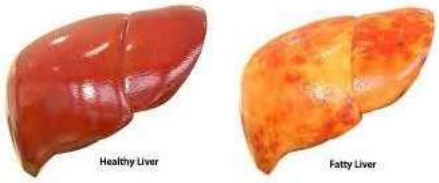
VISION To be a global pharmaceutical most admired for its Affortability, Quality products

MISSION To be able to provide cost effective innovative superior products across the globe

ACTIVITIES PERFORMED:

Performed NAFLD & MAFLD survey of total 250 Doctors With prominent specialties like Gastroenterologists, Consultant Physicians, General Physicians, BAMS doctors, Pediatrics And Pulmonologists On A Structured Discussions on given 14 question's on quessonaires to get their valuable Insights.





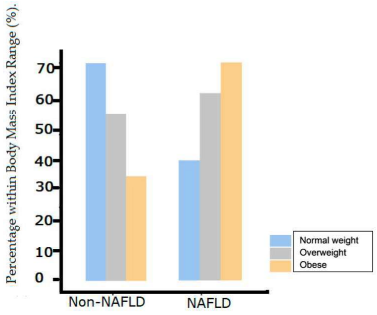
KEY FEEDBACKS:

SCREENING : Priority on Obese, Diabetic & Metabolic Syndrome Patients.

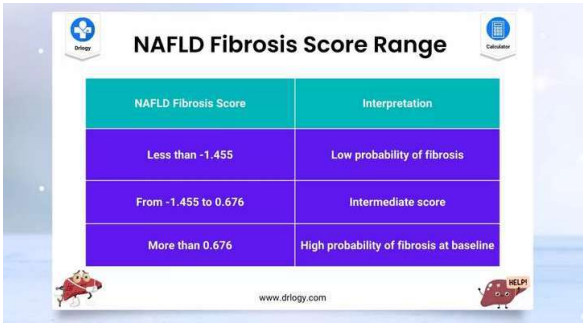
COMMON DIAGNOSTIC TOOLS: Ultrasound & Fibroscan, Rarely MRI.

DIETARY FACTORS: Major causative is Maida (Refined Flour).

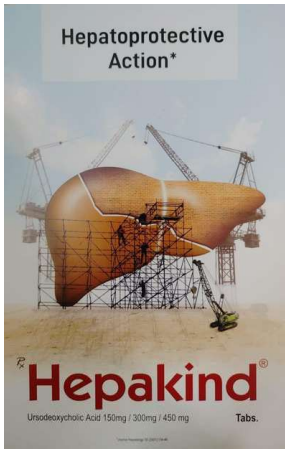
TREATMENT APPROACHES: Lifestyle Changes + Pharmacotherapy , UDCA, Saroglitazar-2 Inhibitor,
Vitamin - E & Pioglitazone, Nutraceuticals Are Emerging.



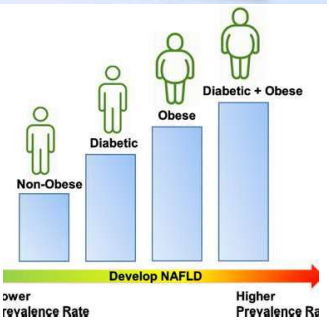
TREATMENT INITIATION: Early Stage before fibrosis In NASH Stage.



COMMON QUERY RAISED:
1) DIfference Between Fibrosis & Cirrhosis
2) Essential Diagnostic Tools
3) Role Of Maida V/S Total Calorie



PROBLEMS:
1) Low Compilance WIth Lifestyle Changes
2) Low MAFLD Awareness
3) High Diagnostic Costs In Rural Areas
4) Lack Of Approved Therapies



THANK YOU NOTE:

At last I would like to thank my Industry Mentor
Ms Swati Madam also my college mentor Dr. Saurabh sir for guiding throughout he internship. At last, I would also thank my family also.

Compiled Reporting Format

Name of the Organisation: Mankind Pharma

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

Name of the Student: Raval Devam MayankKumar

Roll no: 0688 Stream: Pharmaceutical Management (PM 16)

Activity Done	1) Conducted preliminary market survey on awareness levels regarding NAFLD/MAFLD among the general physicians, consultant physicians and gastroenterologists. 2) Collected data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 4) Designed and distributed questionnaire forms to selected healthcare professionals. 5) Analyzed early trends in responses and feedback from field visits. 6) Meet with doctors on regular interval basis to conduct the NAFLD/MAFLD Survey. 7) Communicated to the doctors about the organization's survey. 8) Analyzed the responses using MS Excel to identify which are the options selected by the doctors. 9) Understood about the market of the NAFLD/MAFLD

	disorder and other likewise.

Linking theory (Classroom learning) with practice at your Organisation	1) Epidemiology and Public Health Knowledge: Classroom learning on epidemiology and disease burden helped me understand the increasing prevalence of NAFLD/MAFLD in India, which aligned with the rationale behind conducting clinician surveys for awareness and screening behavior. 2) Pharmacology and Therapeutic Guidelines: Knowledge of liver-related pharmacotherapy and understanding mechanisms of action of drugs (like Vitamin E, Pioglitazone, etc.) provided clarity when discussing current clinical approaches and unmet treatment needs with physicians. 3) 3. Research Methodology and Questionnaire Design: The theoretical framework of questionnaire development and validation enabled me to understand the structure and purpose of Mankind's NAFLD survey tool, including question flow, clarity, and bias reduction. 4) Health Communication and KOL Engagement: Concepts of effective doctor–industry communication were applied during interactions with clinicians, especially while presenting the survey objective and gathering quality insights respectfully. 5) Pharmaceutical Marketing Strategy: Understanding product positioning and therapeutic area branding helped me relate the survey's strategic role in identifying how Mankind can better align its products in the liver therapy segment. 6) Clinical Guidelines and Evidence-Based Practice: Academic exposure to AASLD and EASL guidelines on NAFLD/MAFLD helped me comprehend physician responses and identify gaps between the best global practices and local implementation. 7) Disease Awareness Campaigns and Behavioral Change

	Models (Theories like the Health Belief Model were relevant in understanding how awareness and perception of disease severity among doctors influence their diagnosis and treatment behavior). 8) Ethical Considerations in Data Collection: Classroom learning on research ethics and informed consent was practically applied while conducting surveys and ensuring transparency, confidentiality, and voluntary participation of doctors. 9) Data Analytics and Interpretation Skills: Concepts from biostatistics helped me understand how collected data would be processed and interpreted for actionable insights in therapy area expansion and brand planning. 10) Industry-Institute Collaboration and Real-World Evidence (RWE) → The experience bridged the gap between theoretical knowledge and real-world application by showing how pharma companies use real clinician feedback to drive evidence-informed decisions.

Gaps identified on the working area.	1) Lack of Awareness Among Clinicians: Many doctors are still unfamiliar with the updated terminology of MAFLD (Metabolic dysfunction–associated fatty liver disease) and its diagnostic differences from NAFLD. 2) Limited Patient Education: Clinicians often lack the time or resources to counsel patients adequately on lifestyle changes and diet modifications critical for MAFLD/NAFLD management. 3) Inconsistent Screening Practices: There is no standardized approach among doctors for screening high-risk populations (e.g., diabetic or obese patients) for fatty liver disease. 4) Poor Integration of Diagnostic Tools: Some clinics lack access to or underutilize non-invasive diagnostic tools like Fibro Scan or liver ultrasound due to cost or availability issues. 5) Limited Use of Clinical Guidelines: Many healthcare providers are not updated on the latest MAFLD clinical guidelines, leading to variation in treatment protocols. 6) Inadequate Record Keeping and Data Collection: Patient data related to liver health is not systematically documented, making it difficult to track disease progression or outcomes. 7) Low Prioritization of Liver Health: Liver health is often overlooked in routine check-ups unless liver enzyme levels are highly abnormal. 8) Weak Coordination with Dieticians and Endocrinologists: There is a lack of interdisciplinary collaboration in managing metabolic disorders associated with MAFLD. 9) Stock Gaps in Therapeutic Products: Essential liver

	supplements or hepatoprotective medications are sometimes unavailable in hospital or clinical pharmacies. 10) Lack of Patient Follow-up: Follow-up rates for MAFLD patients are low, leading to poor long-term disease management and adherence to treatment.
Suggestions for improvement	N.A
Plan for the next week	N.A

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Area/ Department/ Project of Summer Internship Program:

Name of the Student: Raval Devam MayankKumar

Roll no: 0688

Stream: Pharmaceutical Management (PM 16)

Week no 1 From 12/5/25 to 17/5/25

Activity Done	1) Conducted preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. 2) Collected data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 4) Designed and distributed questionnaire forms to selected healthcare professionals. 5) Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Low awareness among pharmacists about the disease and its dietary management. 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better. 3) Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	1) Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) Collect additional insights into prescription trends and patient outcomes. 3) Begin drafting a comparative matrix of interventions (dietary vs pharmacological). 4) Analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student: Raval Devam MayankKumar

Roll no: 0688

Stream: Pharmaceutical Management (PM 16)

Week no 2 From 19/5/25 to 24/5/25

Activity Done	1) Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and gastroenterologists. 2) Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 4) Designed and distributed questionnaire forms to selected healthcare professionals. Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Lack of precise awareness about the disorder 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better.

Reporting Format (Weekly)

	3) Collaboration with consultant physicians to counsel dietary intervention guidelines.
Plan for the next week	1) To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) To Collect additional insights into prescription trends and patient outcomes. 3) To continue drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze further-more regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

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Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student: Raval Devam MayankKumar

Roll no: 0688

Stream: Pharmaceutical Management (PM 16)

Week no 3 From 26/5/25 to 31/5/25

Activity Done	1) Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. 2) Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions and designed by improvising and distributed questionnaire forms to selected healthcare professionals. 4) Analyzed early trends in responses and feedback from field visits
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Low awareness among pharmacists about the disease and its dietary management. 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better. 3) Educational materials and tools for pharmacists to counsel patients better. 4) Collaboration with dietitians to ensure consistent dietary intervention guidelines.
Plan for the next week	1) Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) Collect additional insights into prescription trends and patient outcomes. 3) To Begin drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student: Raval Devam MayankKumar

Roll no: 0688

Stream: Pharmaceutical Management (PM 16)

Week no 4 From 2/6/25 to 7/6/25

Activity Done	1) Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. 2) Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions and designed by improvising and distributed questionnaire forms to selected healthcare professionals. 4) Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Pharmacology learnings helped assess existing drug interventions and dietary supplement use
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Low awareness among pharmacists about the disease and its dietary management. 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better. 3) Collaboration with dietitians to ensure consistent dietary intervention guidelines.
Plan for the next week	1) To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) Collect additional insights into prescription trends and patient outcomes. 3) To Begin drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze the regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student:

Roll no: 0688

Stream: Pharmaceutical Management

Week no 5 From 9/6/25 to 14/6/25

Activity Done	1) Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. 2) Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions and designed by improvising and distributed questionnaire forms to selected healthcare professionals. 4) Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Low awareness among pharmacists about the disease and its dietary management. 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better. 3) Collaboration with dietitians to ensure consistent dietary intervention guidelines. 4) Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	1) Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) Collect additional insights into prescription trends and patient outcomes. 3) To Begin drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student:

Roll no: 0688

Stream: Pharmaceutical Management

Week no 6 **From: 16/6/25 to 21/6/25**

Activity Done	1) Further Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. 2) Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions and designed by improvising and distributed questionnaire forms to selected healthcare professionals. 4) Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Low awareness among pharmacists about the disease and its dietary management. 3) Inconsistent patient education regarding lifestyle and diet interventions. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Educational materials and tools for pharmacists to counsel patients better. 3) Collaboration with dietitians to ensure consistent dietary intervention guidelines. 4) Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	1) To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) To Further continue Collect additional insights into prescription trends and patient outcomes. 3) To Begin drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Area/ Department/ Project of Summer Internship Program: Marketing S u r v e y

Name of the Student:

Roll no: 0688

Stream: Pharmaceutical Management

Week no 7 From: 22/6/25 to 28/6/25

Activity Done	1) Further Extended preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. 2) Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 4) Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use. 4) Used tools from Market Research and Consumer Behavior subject
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Poor early diagnosis and screening And Weak lifestyle intervention infrastructure. 3) Very Few combination therapy options. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.

Reporting Format (Weekly)

Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Develop or support first-in-class or best-in-class pharmacotherapies. 3) Develop educational programs (apps, videos, local workshops).
Plan for the next week	1) To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) Collect more additional insights into prescription trends and patient outcomes. 3) To continue drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

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Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Area/ Department/ Project of Summer Internship Program: Market Survey
Name of the Student:
Roll no: 0688
Stream: Pharmaceutical Management (PM 16)
Week no 8 From: 30/6/25 to 6/7/25

Activity Done	1) Further Extended preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. 2) Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. 3) Later Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 4) Did Further Analyses of early trends in responses and feedback from targeted field visits
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. 2 Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use
Gaps identified on the working area.	1) Many patients remain undiagnosed because early stages are silent. 2) Lack of widespread screening programs, especially in primary care. 3) No approved pharmacotherapy (until very recently).
Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. 2) Develop or support first-in-class or best-in-class pharmacotherapies. 3) Develop educational programs (apps, videos, local workshops).

Reporting Format (Weekly)

	4) Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	1) Collect a little bit more additional insights into prescription trends and patient outcomes. 2) To continue drafting a comparative matrix of interventions (dietary vs pharmacological). 3) To analyze regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student: Raval Devam MayankKumar

Roll no: 0688

Stream: Pharmaceutical Management (PM 16)

Week no 9 From: 7/7/25 to 11/7/25

Activity Done	1) Further Extended preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. 2) Later Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 3) Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. 3) Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. 2) Poor early diagnosis and screening And Weak lifestyle intervention infrastructure. 3) Very Few combination therapy options. 4) Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	1) Need for structured CME programs focusing on NAFLD/MAFLD for HCPs.

Reporting Format (Weekly)

	2) To Establish or support first-in-class or best-in-class pharmacotherapies.
Plan for the next week	1) To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) To Collect bit more additional insights into prescription trends and patient outcomes. 3) To continue drafting a comparative matrix of interventions (dietary vs pharmacological). 4) To Analyze bit more regional variation in awareness and treatment protocols.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

Area/ Department/ Project of Summer Internship Program: Market Survey
Name of the Student: Raval Devam MayankKumar
Roll no: 0688
Stream: Pharmaceutical Management (PM 16)
Week no 10 From: 14/07/25 to 19/7/25

Activity Done	1) Further concluded preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. 2) Later Reviewed medical literature and guidelines (EASL, AASLD) to map interventions. 3) Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your Organisation	1) Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. 2) Used tools from Market Research and Consumer behavior subjects to frame the survey and understand physician prescribing behavior. 3) Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	1) No Approved drug for NAFLD/MAFLD as lack of FDA approved drug specifically. 2) MAFLD terminology not yet widely adopted in Indian medical institution. 3) Very Few combination therapy options. 4) Inadequate Patient Education.

Reporting Format (Weekly)

Suggestions for improvement	1) Boost implementation of global NAFLD/MAFLD guidelines 2) Improvement in Developing first-in-class or best-in-class pharmacotherapies. 3) Need to Develop an educational program in the form of some apps, videos, local workshops.
Plan for the next week	1) To conclude the survey coverage to include more specialists (gastroenterologists, hepatologists). 2) To conclude Collection of additional insights into prescription trends and patient outcomes. 3) To do final drafting of a comparative matrix of interventions (dietary vs pharmacological).

Signature of the Student:

Approved by the IIHMR University's Mentor