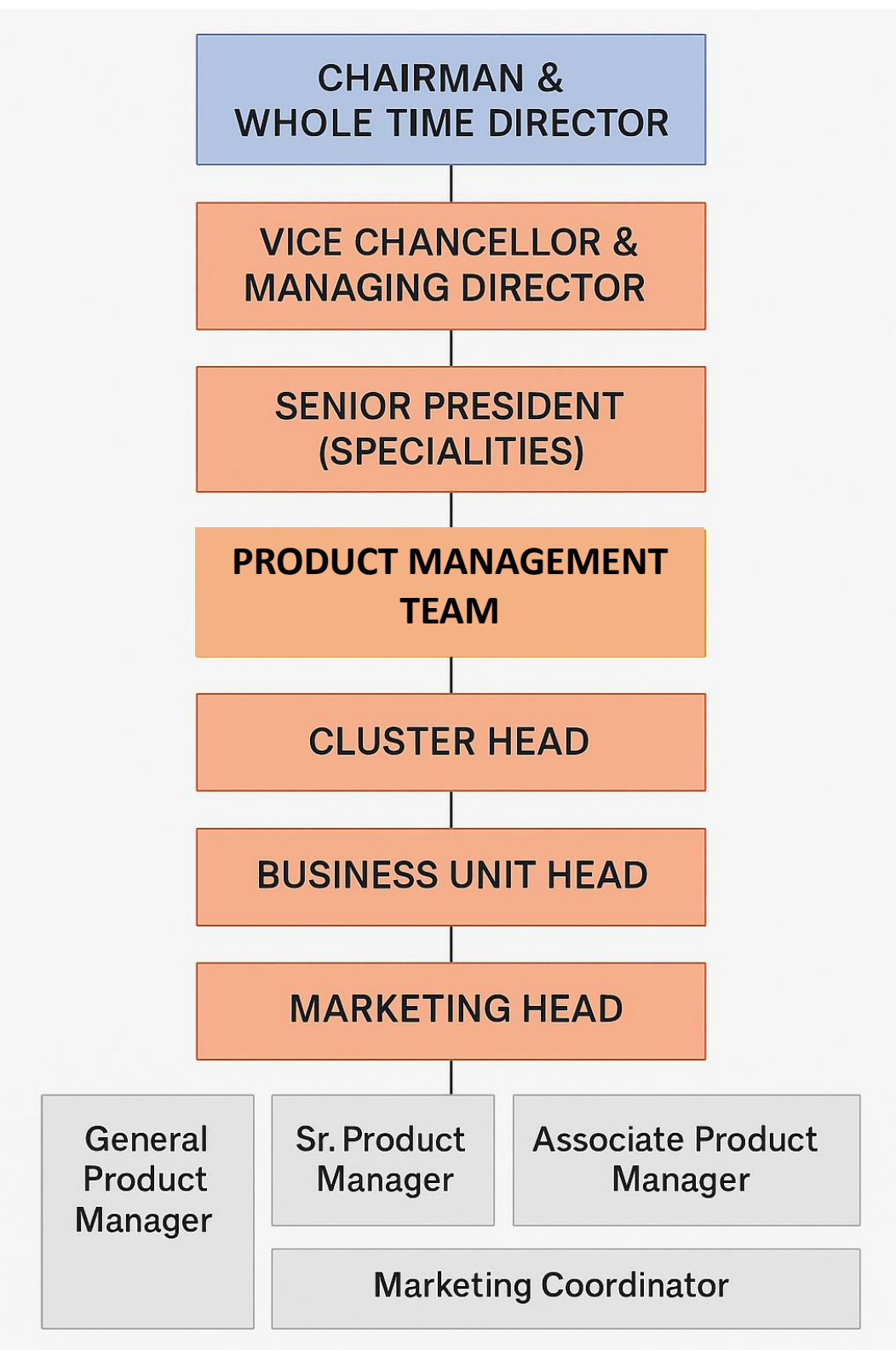


Mankind Pharma

Established in 1995, headquartered in New Delhi, India.

- One of the fastest-growing pharmaceutical companies in India.
- Offers a wide range of prescription medicines, OTC products, and nutraceuticals.
- Strong presence in key therapy areas like gastroenterology, liver care, antibiotics, cardiology, and diabetes.
- Known for delivering affordable and quality healthcare to the masses.
- Operations span across 30+ countries globally.
- Focused on innovation, patient care, and doctor engagement.

Organization Structure



Vision

To be a global pharmaceutical company, most admired for its affordability, quality, and accessibility of products.

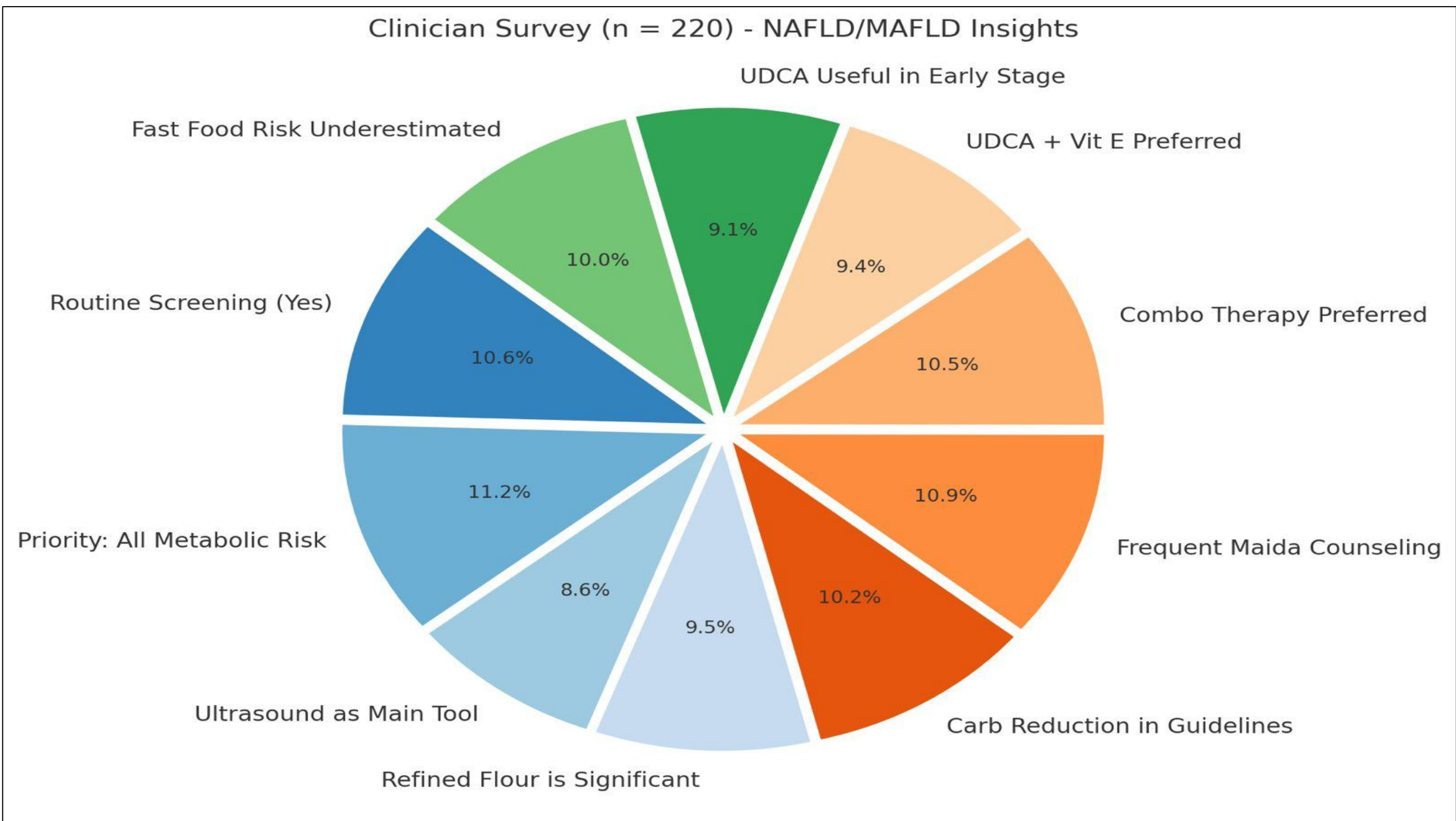
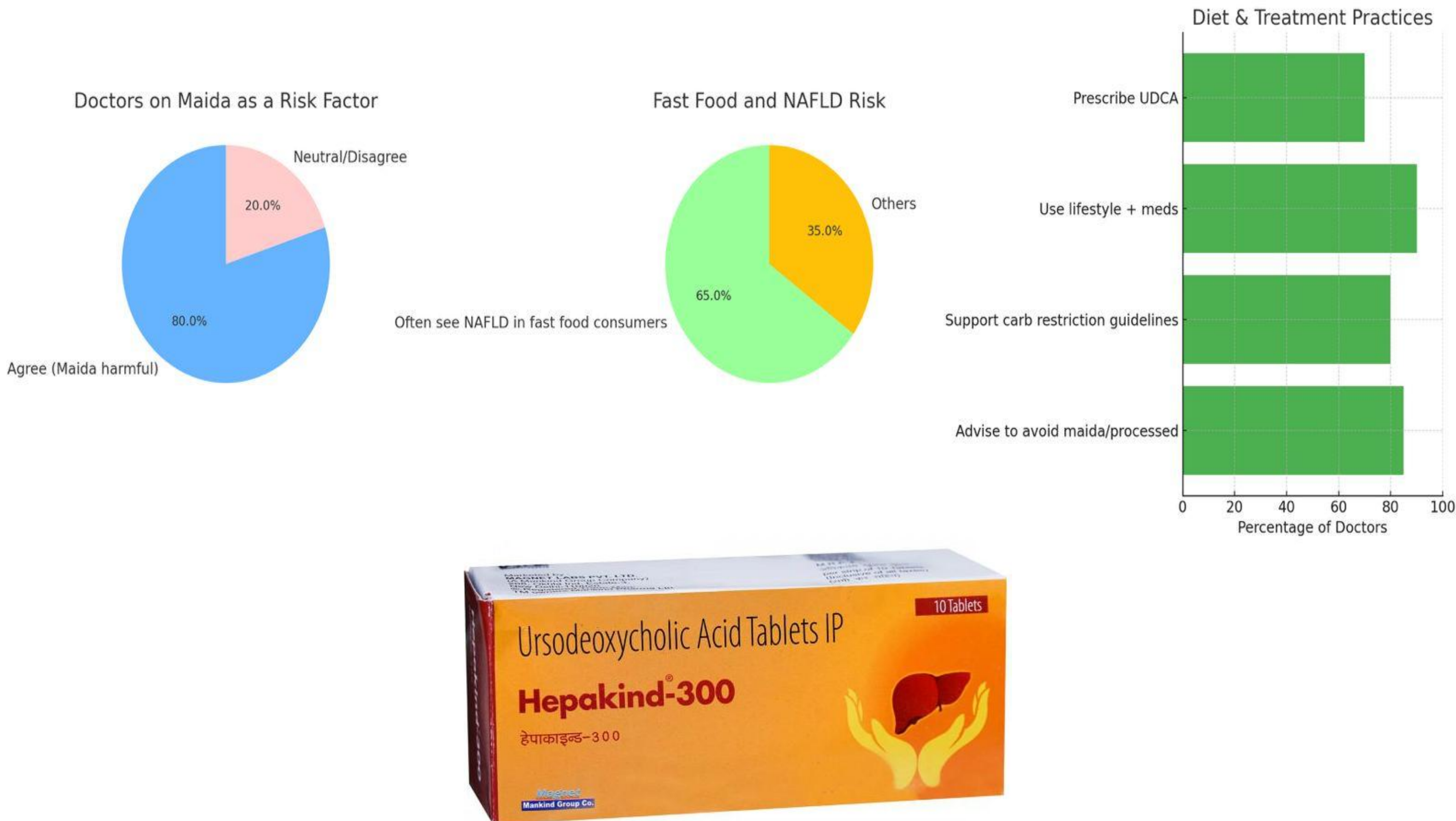
Mission

To deliver affordable and innovative medicines that improve people’s lives worldwide.

Internship Project

Primary Market Research on NAFLD/MAFLD: Awareness, Dietary Risks & UDCA Use

- Conducted a field-based market survey with doctors across clinics and hospitals.
- Gathered data on how NAFLD/MAFLD is diagnosed and treated in real-world settings.
- Focused on the role of dietary counseling, especially refined carbs (maida) and fast food.
- Evaluated how doctors use UDCA and their views on its efficacy
- Provided insights to support Mankind Pharma’s product positioning in liver health.



SWOT Analysis

Strengths

- ✓ Proven safety and tolerability over decades
- ✓ Effective in early-stage NAFLD/NASH
- ✓ Reduces hepatic inflammation, bile acid toxicity, and apoptosis
- ✓ Fits well in combination therapies (e.g., with Vitamin E and lifestyle)

Weakness

- ✓ Limited efficacy in advanced fibrosis/cirrhosis
- ✓ Slow onset of action — requires long-term adherence
- ✓ Not consistently included in international NAFLD guidelines
- ✓ Higher cost in branded versions may reduce accessibility

opportunities

- ✓ Rapidly growing burden of MAFLD in India
- ✓ High demand for safe liver-supportive agents
- ✓ Ideal for early intervention + diet counseling models
- ✓ Surveys show doctors open to prescribing UDCA in early disease

Threats

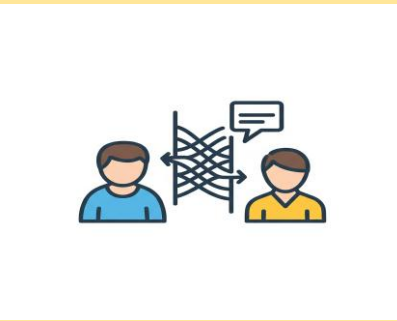
- ✓ Competition from Saroglitazar, Pioglitazone, GLP-1 agonists
- ✓ Patients may prefer herbal or OTC liver products
- ✓ Poor compliance due to asymptomatic nature of early NAFLD

Challenges during internship



Many doctors were busy during OPD hours, so I had to wait or revisit.

Managing time and traveling between locations was quite exhausting.



Some doctors were initially hesitant to share detailed responses.



Managing multiple visits in one day was physically and mentally tiring.



Sometimes the clinic staff didn’t allow me in without an appointment.



Finding clinics or navigating new areas was sometimes hard.

Practical Exposure vs Theoretical Learning

Aspect	Practical Exposure (Internship)	Theoretical Learning (Classroom)
Knowledge Application	Applied concepts in real-life doctor interactions and surveys	Learned concepts from books, lectures, and assignments
Communication Skills	Spoke with doctors and staff, improved confidence and clarity	Practiced presentations and roleplays in controlled settings
Field Understanding	Understood actual market behavior, doctor needs, & feedback	Studied ideal strategies, market analysis, case studies
Time Management	Managed schedules, field visits, and survey deadlines	Worked on fixed class timelines and exam schedules
Challenges Faced	Faced rejection, OPD delays, travel fatigue, entry issues	Mostly discussed hypothetical challenges
Learning Style	Experiential and people-focused learning	Textbook-based and concept-focused learning
Real Outcome	Collected data, built confidence, observed pharma-doctor relations	Gained theoretical base, terminology, and frameworks

Key Learnings

- Understood NAFLD/MAFLD causes and treatment basics
- Learned professional doctor communication and survey skills
- Gained confidence in explaining medical terms simply
- Saw real challenges in liver disease and dietary counseling
- Improved field visit handling and time management
- Learned to deal with rejection calmly and professionally

Recommendation

- Give doctors simple tools (charts, leaflets) to explain diet to patients.
- Share more info about UDCA’s benefits during doctor meetings.
- Include tips on patient counseling in awareness campaigns.
- Add questions in future surveys about herbal remedies and follow-up care.
- Offer starter kits with UDCA samples and patient leaflets.
- Talk more about early liver damage to encourage screening.
- Focus on Tier-2 & Tier-3 cities where awareness is low.
- Provide clinic standees/posters on fatty liver awareness.