SUMMER INTERNSHIP REPORT

At

MANKIND PHARMA

From: 12 May 2025 to 19 July 2025

A REPORT BY:

Prashant Benke

Master of Business Administration

Pharmaceutical Management-16

IIHMR-U/02/2024-26/0627

2024-2026

Under Mentorship of

Dr. Himadri Sinha

Professor, Provost, Dean-SDS

IIHMR UNIVERSITY, JAIPUR

Mankind

Serving Life

31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Benke Prashant Popat** 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.

Abhishek Khare
DGM - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Mr. Prashant Popat Benke of academic year 2024-26 of School of Pharmaceutical Management has prepared 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: 26/07/2025

Dr. Himadri Sinha
(Professor, Provost & Dean – SDS)

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

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

Name- Benke Prashant /Roll No-0627
Stream- MBA PM 16

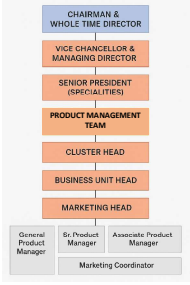
Faculty Mentor- Dr. Himadri Sinha Professor, Provost, Dean-SDS
Organization Mentor- Ms. Swati Singh Product Manager

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



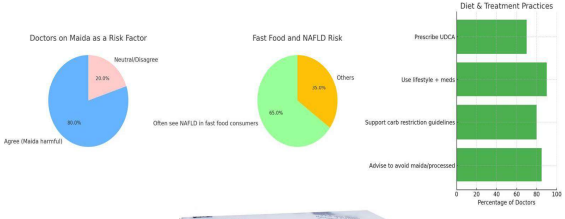
Vision To be a global pharmaceutical company, most admired for its affordability, quality, and accessibility of products.

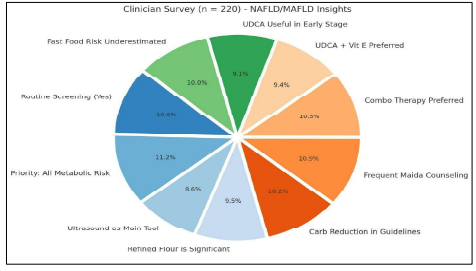
Mission To deliver affordable and innovative medicines that improve people's lives worldwide.

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.

Compiled Report

Name of the Organisation: Mankind Pharma

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

Name of the Student: Prashant Popat Benke

Roll no: 0627 **Stream: MBA in Pharmaceutical management**

Activity Done	1. Project Orientation & Understanding • Underwent a detailed briefing on NAFLD (Non-Alcoholic Fatty Liver Disease) and MAFLD (Metabolic dysfunction-associated fatty liver disease) — their pathophysiology, epidemiology, diagnostic criteria, and current treatment paradigms. • Learned about UDCA (Ursodeoxycholic Acid), its pharmacological mechanism, therapeutic role, and clinical positioning in liver disease management. • Understood Mankind Pharma's strategic interest in this therapeutic segment and its commercial goals. 2. Questionnaire Design & Validation • Worked with medical affairs and marketing teams to draft a survey tool that could capture: o Awareness levels regarding NAFLD/MAFLD among doctors o Clinical practices and diagnostic approaches o Existing therapeutic preferences and gaps in treatment knowledge o Attitudes toward UDCA and its prescribing rationale • Participated in iterative feedback sessions to revise the tool for medical accuracy, logical flow, and simplicity. • Included both close-ended (for data quantification) and open-ended (for deeper insights) questions. 3. Target Respondent Mapping • Identified suitable target profiles for the survey: o Specialists: Gastroenterologists, Hepatologists o Generalists: Internal medicine practitioners and family physicians • Created a hospital and clinic database with segmentation based on: o Geography (urban, semi-urban areas)

	◦ Type of setup (multi-specialty hospitals, private clinics) ◦ Patient volume and specialties handled 4. Stakeholder Outreach & Communication • Initiated contact with doctors via calls, emails, referrals, and in-person visits. • Clearly communicated the purpose, confidentiality, and academic relevance of the study to build trust. • Handled logistics and scheduling of interviews, accommodating doctors' preferences and availability. • Managed consent documentation and ensured ethical standards were maintained throughout interactions. 5. Survey Execution (Data Collection) • Conducted over 220 number of structured interviews • Used a professional, unbiased approach to avoid leading the respondent and maintained neutrality during sensitive or conflicting responses. • Maintained real-time records using digital survey forms or Excel sheets, depending on the setup. 6. Data Cleaning & Validation • Post-interview, cross-checked all entries to correct: ◦ Incomplete responses ◦ Typographical errors ◦ Redundancies or inconsistencies • Organized data into clean, analysable formats, categorized by doctor specialty, region, prescription frequency, and familiarity with UDCA. 7. Preliminary Data Analysis & Reporting • Drew insightful observations on: ◦ Patterns in prescribing UDCA ◦ Variations in awareness between specialists vs generalists ◦ Common misconceptions or overlooked areas in fatty liver management • Identified barriers to UDCA adoption such as lack of updated knowledge, availability, or patient compliance issues.

Linking theory (Classroom learning) with practice at your organisation	My internship at Mankind Pharma provided a valuable opportunity to translate the theoretical knowledge gained during my MBA in Pharmaceutical Management into practical, real-world application. The experience allowed me to witness firsthand how academic concepts are implemented in field research, data analysis, and strategic decision-making within the pharmaceutical industry. 1. Medical & Scientific Understanding • In class, I learned about liver physiology, the pathophysiology of NAFLD/MAFLD, and how conditions like insulin resistance, obesity, and dietary habits contribute to fatty liver disease. • During the internship, this foundation helped me create scientifically accurate survey questions, interpret physicians' clinical responses, and understand the rationale behind their treatment choices. 2. Pharmacological Knowledge • Through academic modules, I understood the mechanism of action, clinical indications, and safety profile of UDCA (Ursodeoxycholic Acid). • In the field, this enabled me to evaluate doctors' perception and confidence in UDCA, and identify gaps in awareness or hesitancy in prescribing, which may not be evident from academic literature alone. 3. Market Research Methodology • My coursework included training in survey design, sampling techniques, and data interpretation using real-world data and statistical tools. • During the internship, I applied these methods to design structured surveys, conduct physician interviews, and organize and analyze responses to identify trends and insights relevant to the market landscape. 4. Bridging Theory and Practice • In theory, we studied ideal treatment algorithms and disease management models. In practice, I observed how doctors often adapt these models based on patient demographics, affordability, and clinical judgment. • This contrast helped me understand the real-world barriers to implementing textbook recommendations and highlighted the importance of contextual marketing and educational initiatives. 5. Strategic Insights & Marketing

	• The curriculum emphasized how data-driven insights inform brand positioning and marketing strategies.
Gaps identified on the working area.	During the survey, I noticed a number of important gaps in real-world practice and awareness: 1. Doctors Give General Diet Advice, Not Detailed Plans • Most doctors said that diet is very important for patients with fatty liver. • However, they mostly gave broad suggestions like "avoid oily food" or "eat healthy." • They didn't provide specific diet charts or meal plans that patients can easily follow. • As a result, many patients may not know what exactly to eat or avoid to improve their liver health. 2. Many Doctors Still Use the Old Term "NAFLD" • A lot of doctors were not aware of the updated term "MAFLD", which includes people with metabolic problems like diabetes or obesity. • They still use "NAFLD," even though global medical guidelines now recommend using MAFLD. • This shows a gap in up-to-date medical knowledge, and more training is needed to keep doctors informed. 3. No Patient Education Materials in Clinics • Most clinics and hospitals did not have printed materials like: o Diet charts o Information leaflets o Posters on liver health • Because of this, patients only get verbal advice, which they may forget or not fully understand. • Simple printed guides or charts would help patients follow their diet and treatment better. 4. Very Little Teamwork with Dieticians • Even though lifestyle change (like diet and exercise) is the main treatment for fatty liver, doctors rarely worked with or referred patients to dieticians or nutritionists. • Some doctors said they don't have dieticians in their clinic or hospital, while others felt patients would not follow up. • This lack of teamwork can reduce the chances of successful treatment. • Patients would benefit more if doctors and dieticians worked together. 5. Confusion About Using UDCA

	• Some doctors prescribed UDCA (a medicine for liver protection), but many were **unsure about:
	  ◦ The right dose
	  ◦ How long to give it
	  ◦ Which patients benefit the most
	• There is a lack of clear guidance and awareness about how to use UDCA properly in fatty liver cases.
	• Doctors need simple and updated information about when and how to use UDCA.
	6. Mixed Opinions on Herbal and Ayurvedic Products
	• Many doctors had different views on liver supplements like herbal or ayurvedic products.
	• Some doctors allow their use, while others are not confident because:
	  ◦ They feel there is not enough scientific proof
	  ◦ They are unsure if it's safe or effective

Suggestions for improvement	Based on my interactions and observations, the following suggestions can help improve outcomes and support both doctors and patients: • Conduct Regular CMEs (Continuing Medical Education): Pharma companies or medical associations can organize awareness programs to update doctors on new guidelines, including the shift from NAFLD to MAFLD. • Create Simple Educational Tools: Develop user-friendly handouts, diet charts, and posters for doctors to share with patients. This will help patients follow correct dietary habits. • Promote Collaboration: Encourage multidisciplinary care involving physicians, dieticians, pharmacists, and lifestyle coaches for effective management. • Use of Digital Platforms: Develop mobile apps or online portals to help patients manage their liver condition, track diet, and understand medication use. Clinical Trials and Evidence Sharing: Promote research studies and share data regarding the effectiveness of UDCA and other treatment options to guide doctors better.
Key Learnings	This internship at Mankind Pharma was not just a professional engagement, but a transformative learning experience that helped me grow both technically and personally. Over the 10-week period, I was exposed to the real-world dynamics of the pharmaceutical industry, especially within the context of market research, doctor engagement, and strategic healthcare communication. Below are the major learnings I gained from this opportunity:

	1. Deep Understanding of Pharmaceutical Market Research
	• I learned how real-world market research is conducted in the pharmaceutical sector—from designing a relevant questionnaire to identifying key respondents and collecting meaningful data.
	• I saw how primary data from doctors is used to make strategic decisions related to:
	  o Product positioning
	  o Medical marketing
	  o Awareness initiatives
	• I understood how market research is not just about data collection, but about understanding mindsets, habits, and perceptions that influence prescribing behavior.
	
	2. Professional Communication with Healthcare Professionals
	• This internship helped me develop the skill of communicating professionally and respectfully with senior doctors, including specialists like gastroenterologists, hepatologists, and internal medicine practitioners.
	• I learned to approach conversations with clarity, confidence, and empathy, making sure that the doctors understood the purpose of the study and felt valued during the interaction.
	• This helped me build rapport and credibility, which is essential in field research and stakeholder engagement.
	
	3. Insight into Doctors' Real-World Clinical Thinking
	• One of the most eye-opening experiences was observing how doctors think and make decisions.
	• Unlike textbook-based approaches, doctors often rely on a combination of:
	  o Clinical experience
	  o Patient population trends
	  o Resource availability
	  o Personal judgment
	• This helped me understand the practical challenges in disease management, and why there's often a gap between ideal recommendations and real-world treatment.
	
	4. Importance of Updated Medical Knowledge
	• I realized the significance of staying up-to-date with current guidelines, terminology, and treatment practices.

	• Many doctors were not yet familiar with newer classifications like MAFLD or the latest updates in UDCA therapy.
	• This highlighted the critical role of pharma companies in providing ongoing medical education, and how such gaps in knowledge can affect patient care.
	
	5. Bridging the Gap Between Theory and Practice
	• The internship gave me a firsthand view of how real-life practice often differs from classroom theories.
	• I learned that it's not enough for companies to promote products—they must also:
	  o Understand the ground reality
	  o Educate doctors
	  o Support them with tools and materials
	  o Build trust through science and value
	• This realization helped me see the bigger picture: pharmaceutical companies act as a bridge between science and everyday medical practice.
	6. Improvement in Soft Skills
	This experience also helped me develop and refine several essential soft skills:
	• Public Speaking & Professional Interaction: Talking to doctors, presenting findings, and discussing scientific topics improved my verbal communication.
	• Data Interpretation: I learned how to extract insights from raw data and identify patterns in prescribing behavior and awareness.
	• Planning and Organization: Managing interviews, scheduling visits, and organizing responses taught me how to plan and execute tasks efficiently.
	• Time Management: Balancing multiple responsibilities over a tight 10-week timeline taught me how to prioritize tasks and meet deadlines consistently.

Signature of the Student

Approved by the IIHMR University's Mentor

Weekly Reporting

Name of the Organisation: Mankind Pharma

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

Name of the Student: Prashant Popat Benke

Roll no: 0627 **Stream: MBA in Pharmaceutical management**

Week no: 1: **From:12 May 2025 to 17 May 2025**

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
Linking theory (Classroom learning) with practice at your organisation	Classroom sessions focused on understanding NAFLD/MAFLD pathophysiology, role of insulin resistance, and emerging treatment options. This theoretical knowledge was applied during the survey by: Analysing real-world treatment trends followed by practitioners
Gaps identified on the working area.	• Many doctors acknowledged the dietary role but lacked specific recommendations based on quantified evidence. • There was inconsistency in awareness of the updated MAFLD criteria over the traditional NAFLD terminology.
Suggestions for improvement	• Conduct programs to update practitioners on the shift from NAFLD to MAFLD and latest dietary guidelines. • Develop simple dietary charts or handouts for physicians to share with patients.
Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 2 From:19 May 2025 to 24 May 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Suggestions for improvement	• Conduct programs to update practitioners on the shift from NAFLD to MAFLD and latest dietary guidelines. • Develop simple dietary charts or handouts for physicians to share with patients.
Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 3 From: 25 May 2025 to 31 May 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 4 **From: 1 JUN 2025 to 7 JUN 2025**

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Suggestions for improvement	• Conduct programs to update practitioners on the shift from NAFLD to MAFLD and latest dietary guidelines. • Develop simple dietary charts or handouts for physicians to share with patients.
Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 5: **From: 9 JUN 2025 to 14 JUN 2025**

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Week no:6: **From:16 JUN 2025 to 21 JUN 2025**

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Suggestions for improvement	• Conduct programs to update practitioners on the shift from NAFLD to MAFLD and latest dietary guidelines. • Develop simple dietary charts or handouts for physicians to share with patients.
Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 7 From 23 JUN 2025 to 28 JUN 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 8. From 30 JUN 2025 to 5 JUL 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Week no: 9 From-7 JULY 2025 to 12 JULY 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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Plan for the next week	Schedule interviews with dieticians or nutritionists to complement physician perspectives.

Week no: 10 From 13 JULY 2025 to 19 JULY 2025

Activity Done	Conducted a structured survey among practicing doctors (gastroenterologists, hepatologists, general physicians) to gather insights on the role of dietary components (refined flour, excessive carbohydrates, saturated fats, salt, and herbal supplements) in the pathogenesis of NAFLD/MAFLD and the therapeutic role of UDCA (Ursodeoxycholic acid) as part of pharmacological strategies.
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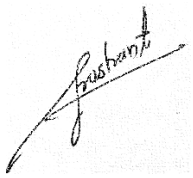

Signature of the Student

Approved by the IIHMR University's Mentor