# SUMMER INTERNSHIP REPORT

at

**Mankind Pharma**

From 12th May 2025 to 21st July 2025

A REPORT BY

Ayush Chaturvedi

Master of Business Administration

(Pharmaceutical Management)

IIHMU-U/02/2024-26/0618

**2024-26**

Under the Mentorship of

**Dr. Himadri Sinha**

Mankind

*Serving Life*

**31-July -2025**

**To Whomsoever It May Concern**

This is to certify that **Mr. Ayush Chaturvedi** 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 Faculty Mentor Approval

This is to certify that **Mr. Ayush Chaturvedi** of academic year 2024-26 **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: 29/07/2025

**Dr. Himadri Sinha**

**Professor and Dean SDS**

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"Clinical survey on role of Dietary and Pharmacological Intervention in NAFLD/MAFLD"

NAME: Ayush Chaturvedi
BATCH: MBA-PM16
ROLL NO.: 0618
UNIVERSITY MENTOR: DR.HIMADRI SINHA
ORGANIZATION MENTOR: MS. SWATI SINGH

# ORGANIZATION NAME: Mankind Pharma

## ORGANIZATION DESCRIPTION

Mankind Pharma is an Indian multinational pharmaceutical and healthcare company founded in 1995 by Ramesh Juneja and his family, headquartered in Delhi. It is known for providing affordable, high-quality medicines and consumer healthcare products, focusing on rural and underserved markets. Mankind Pharma is now the fourth largest pharma company in India, with a workforce of over 21,000 and a presence in 34 countries. Its core values are quality, affordability, and accessibility, aiming to improve lives through innovation and ethical business practices. The company's diverse portfolio includes over 1,000 products in both pharma and consumer healthcare segments

## MISSION & VISION

Mankind Pharma's mission is to provide cost-effective, innovation-based, superior quality pharmaceutical products across the globe to improve patients' lives. The company focuses on making affordable healthcare accessible to all sections of society while maintaining world-class standards and embracing research-driven innovation.
Its vision is to be a global pharmaceutical company, most admired for its affordability, quality, and accessibility of products. Mankind Pharma aspires to continuous growth, patient-centricity, and global expansion while fostering trust through integrity and sustained excellence in healthcare delivery

## SWOT ANALYSIS

### STRENGTHS

Provided hands-on experience exposure to the pharmaceutical industry, allowing direct interaction with 300 doctors. Developed skills in clinical research, data collection, and analytical reporting, while benefiting from mentorship under an experienced product manager. Enhanced understanding of therapeutic trends in NAFLD/MAFLD

### WEAKNESS

Limited to a short duration (75 days), which restricted the depth of follow-up or long-term project impact. Some challenges in data collection efficiency and variability in survey response quality due to busy clinician schedules

SWOT

### OPPORTUNITY

Established valuable professional connections and gained insight into pharmaceutical marketing and clinical needs. Opportunity for further engagement with Mankind Pharma for future research, product launches, or education initiatives in hepatology.

### THREAT

Competition from other interns or teams working on similar projects. Risk of survey bias or incomplete data. Regulatory or market changes could reduce immediate usefulness of findings for product positioning

## INTRODUCTION

- Hepakind 300 contains Ursodeoxycholic Acid, used to support liver health and treat cholestatic liver diseases effectively.
- It aids in dissolving cholesterol gallstones, improving bile flow and protecting liver cells from damage.
- Clinically recommended as adjunct therapy in Non-Alcoholic Fatty Liver Disease (NAFLD) and related liver conditions.
- The oral tablet formulation ensures easy administration and better patient compliance in chronic liver management.
- Hepakind 300 symbolizes gentle yet effective liver care, promoting liver function restoration and long-term health.

## PACK DESIGN


## MARKET OVERVIEW

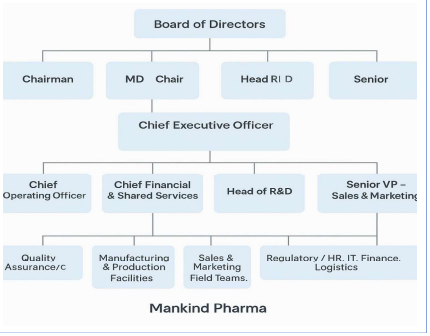
- Hepakind, a liver health supplement by Mankind Pharma, enjoys strong market presence in India's hepatology segment. It is widely prescribed for fatty liver, gallstones, and liver protection due to its active UDCA content. Hepakind benefits from Mankind Pharma's extensive distribution and brand trust amidst rising liver disorders. Clinicians recognize its efficacy and patient compliance, securing its position among leading liver care products nationally, aligned with growing demand for liver disease therapeutics in India.

## CAMPAIGN

**"Flowing Towards a Healthier You"**
**Target Audience:**
- Primary: Gastroenterologists, hepatologists, general physicians, diabetologists.
- Secondary: Patients at risk of or suffering from NAFLD/MAFLD, caregivers.
- Tertiary: Pharmacists and healthcare influencers.

**Strategy:**
- Informative pamphlets and digital content on dietary risks, early screening, and liver health maintenance.
- Social media campaigns with posts/videos on healthy eating, warning signs, and the benefits of liver supplements.
- Patient testimonial videos featuring real stories on lifestyle changes plus Hepakind therapy.

## ORGANISATION STRUCTURE




## COMPETITORS

| Direct Competitors | Indirect Competitors |
|---|---|
| Udiliv (Abbott) | Liv 52 (Himalaya) |
| Ursocol (Sun Pharma) | Silymarin brands (Silybon, Legalon) |
| Ursolid (Lupin) | Hepa Merz |
| Sedogest (Win-Medicare) | Essentiale |
| Ulyses 300 (Alkem) | Livogen |
| | Herbal liver tonics/capsules |

## PESTEL ANALYSIS

**Political:**
- Government healthcare policies impact pharmaceutical regulation and approval processes in India significantly.
- Political stability in India facilitates consistent pharmaceutical business operations and market expansion opportunities.

**Economic:**
- Rising healthcare expenditure in India boosts demand for pharmaceutical products and liver disease treatments.
- Economic fluctuations affect patients' affordability and access to branded drugs like Hepakind in urban areas.

**Social:**
- Increasing lifestyle diseases like NAFLD raise awareness and demand for liver health supplements among urban population.
- Patient preference shifts toward natural and herbal supplements influence pharmaceutical marketing and product development strategies.

**Technological:**
- Advances in pharmaceutical manufacturing technologies improve product quality and reduce production cost effectively.
- Digital healthcare platforms enable wider dissemination of educational campaigns and clinical awareness for liver diseases.

**Environmental:**
- Sustainable manufacturing practices are gaining importance due to environmental regulations and consumer awareness.
- Climate change impacts disease patterns, indirectly influencing pharmaceutical demand and research priorities.

**Legal:**
- Strict drug safety and approval regulations govern the marketing and distribution of pharmaceutical products in India.

## PRODUCT PROFILE

**BRAND NAME:** Hepakind 300
**CONTAINS:** Ursodeoxycholic Acid (UDCA) 300mg
**DOSAGE FORM:** Tablet
**ROUTE OF ADMINISTRATION:** Oral
**INDICATION:** Management of chronic cholestatic liver diseases (such as primary biliary cholangitis and primary sclerosing cholangitis).

**The reason behind the name**
"Hepa" refers to the liver (from "hepat-," the Greek root for liver), while "kind" suggests a gentle, restorative, and caring approach. Hepakind thus signifies a patient-friendly product that is "kind to the liver," promoting liver protection, improved bile flow, and a gentle approach to managing complex liver disorders, supporting hepatocyte health and aiding recovery.

## LEARNINGS & VALUE ADDITION

- Industry Exposure and Practical Insights:
  Through the internship, you gained real-world exposure to pharmaceutical operations, clinical survey methodologies, and healthcare professional interactions, which enriched your understanding beyond academic knowledge.
- Skill Development in Research and Analysis:
  You learned to design, conduct, and analyze clinical surveys, interpret quantitative and qualitative data, and prepare professional reports and presentations, strengthening your research and analytical skills.
- Understanding of Therapeutic Areas:
  Focusing on NAFLD/MAFLD and pharmacological strategies like UDCA gave you specialized insights into a growing therapeutic segment, adding value to your pharmaceutical knowledge base.

## SUGGESTIONS

- Strengthen data analysis and quantification in your report.
- Add visuals like charts for key findings.
- Highlight actionable recommendations for Mankind Pharma.
- Emphasize real-world applicability and doctor feedback.
- Edit for clarity and concise presentation

## CHALLENGES FACED

- Engaging Busy Clinicians: Coordinating and securing timely responses from 300 doctors within 75 days was challenging due to their demanding schedules and limited availability.
- Data Quality and Consistency: Variability in survey completion and subjective interpretations by respondents sometimes affected the consistency and reliability of collected data.
- Limited Follow-up Opportunities: The internship's short duration restricted in-depth follow-ups or longitudinal feedback on survey outcomes and further clinical validations.

## DIFFERENCE BETWEEN PRACTICAL EXPOSURE & THEORITICAL LEARNING

- Practical exposure develops real-world problem-solving skills by applying theoretical knowledge in dynamic workplace settings.
- Theoretical learning builds foundational concepts essential for understanding complex pharmaceutical management principles and strategies.

## LEARNINGS OF INTERNSHIP

- ✓ Gained practical experience in conducting large-scale clinical surveys, including designing questionnaires, data collection from healthcare professionals, and analysing clinical perspectives on NAFLD/MAFLD and pharmacological interventions like UDCA.
- ✓ Enhanced understanding of pharmaceutical market dynamics and stakeholder communication by interacting with doctors and mentors, enabling application of clinical insights to product positioning and strategic marketing in the liver health segment.

# Compiled Reporting Format

**Name of the Organisation:** Mankind

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

**Name of the Student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** MBA Pharmaceutical Management

| | |
|---|---|
| **Activity Done** | **Week 1**: I found that there were not enough individualized treatment plans or patient referrals to nutritionists. I recommended preparing individualized treatment plans and regular referrals to nutritionists.<br><br>**Week 2**: There was inadequate patient education regarding lifestyle modifications and an excessive dependence on medication was observed. I suggested holding patient education sessions and advocated for a well-rounded strategy that incorporates both pharmaceutical and dietary interventions.<br><br>**Week 3**: I suggested establishing standard follow-up protocols after observing a deficiency of follow-up consultations following initial diagnosis.<br><br>**Week 4**: I observed that there was little cooperation between dieticians and gastroenterologists. Hence I recommended the creation of multidisciplinary care teams.<br><br>**Week 5**: Clinicians lacked lifestyle counselling training, and stress and sleep were not emphasized as contributing factors. I suggested providing workshops for clinicians and incorporating stress management into patient care. |

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| | **Week 6**: Delays in early-stage interventions and uneven application of diagnostic criteria were observed. I recommended encouraging early detection and standardizing diagnostic procedures.<br><br>**Week 7**: Poor monitoring of patient adherence and a lack of knowledge among physicians regarding the most recent NAFLD/MAFLD guidelines were noted. It was advised to hold CME sessions and use technology to keep an eye on compliance.<br><br>**Week 8**: It was observed that there were no visual aids for patients and that dietary considerations were not given much priority during consultations. It was recommended giving diet plans and dietary evaluation top priority.<br><br>**Week 9**: Found that treatment methods were not consistent and co-morbid conditions, such as diabetes, were being disregarded. I recommended customizing treatment plans and integrating holistic co-morbidity management.<br><br>**Week 10**: It was discovered that there was insufficient community outreach and that patients were ignorant of the long-term effects of NAFLD/MAFLD. |

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| **Linking theory (Classroom learning) with practice at your organisation** | I continuously connected what I learned in the classroom with real-world application during my ten-week internship at Mankind. "The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD" was the title of the clinician survey I conducted as my main task. This required me to visit different clinics and hospitals, which gave me a practical chance to put the theoretical knowledge I had learned in my studies of pharmaceutical management to use.<br>My personal knowledge of how dietary risk factors like flour affect diseases, particularly fatty liver, was the most important connection between theory and practice. I learned how these factors affect a patient's daily life and how clinicians deal with them in a real-world setting by speaking with doctors, which gave me insightful knowledge that went beyond textbooks. My academic learning was greatly aided by this firsthand experience, which made me aware of the subtleties of clinical judgment and the practical aspects of patient care. This weekly activity's repetition helped me to better understand how theoretical ideas are used and modified in a professional healthcare setting. |
| **Gaps identified on the working area.** | 1. Lack of patient referrals to nutritionists.<br>2. Lack of customized treatment plans.<br>3. Inadequate patient education on lifestyle changes.<br>4. Over-reliance on medication.<br>5. Lack of follow-up consultations after initial diagnoses.<br>6. Minimal collaboration between gastroenterologists and dieticians.<br>7. No emphasis on stress and sleep as contributing factors. |

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| | 8. Lack of lifestyle counselling training for clinicians.<br>9. Inconsistent use of diagnostic criteria.<br>10. Delays in early-stage interventions.<br>11. Limited awareness of updated NAFLD/MAFLD guidelines among doctors.<br>12. Poor tracking of patient adherence.<br>13. Low prioritization of dietary factors in consultations.<br>14. Absence of visual aids for patients.<br>15. Co-morbid conditions like diabetes being ignored.<br>16. Treatment approaches were uniform.<br>17. Patients were unaware of the long-term consequences of NAFLD/MAFLD.<br>18. Lack of community outreach.<br>19. Lack of resources for patient education.<br>20. Insufficient communication between healthcare professionals. |
| **Suggestions for improvement** | 1. Encourage routine referrals to nutritionists.<br>2. Promote personalized treatment plans.<br>3. Conduct patient awareness sessions.<br>4. Promote a balanced approach of both dietary and pharmacological interventions.<br>5. Implement standard follow-up protocols.<br>6. Establish multidisciplinary care teams.<br>7. Integrate stress management and sleep hygiene into patient care. |

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| | 8. Offer workshops for clinicians to enhance their counselling skills.<br>9. Standardize diagnostic practices across clinics.<br>10. Promote early detection and intervention strategies.<br>11. Conduct CME sessions to update doctors on NAFLD/MAFLD guidelines.<br>12. Use technology to monitor patient adherence.<br>13. Prioritize dietary assessment during consultations.<br>14. Provide patients with visual aids and diet plans.<br>15. Incorporate holistic management of co-morbidities.<br>16. Tailor treatment plans to individual patient needs.<br>17. Use counselling to raise patient awareness of long-term consequences.<br>18. Launch preventive care campaigns within the community.<br>19. Develop educational resources for patients.<br>20. Improve communication channels between healthcare professionals. |
| **Key Learnings** | First and the foremost, important lesson was the enormous importance of practical, primary research. A direct clinician survey offered a pragmatic, real-world viewpoint, while classroom instruction supplied the theoretical framework for comprehending diseases such as NAFLD/MAFLD and their management. The discrepancy between ideal clinical protocols and the realities of day-to-day practice—such as time constraints, resource limitations, and differing practitioner |

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| | awareness—was brought to light by this experience. It proved that applying theory in a dynamic, work-related setting is the key to real understanding.<br><br>Secondly, the internship gave me important knowledge about the intricacies of patient care. The survey's findings consistently indicated that a more comprehensive strategy beyond pharmacological interventions is required. Among the most important lessons learnt were the necessity of individualized treatment plans rather than standard ones, the significance of patient education, and the role of diet and lifestyle factors (such as stress, sleep, and flour consumption) in disease management. The information demonstrated that a comprehensive approach including education, lifestyle counselling, and regular follow-ups is necessary for successful patient outcomes, in addition to medication.<br>Lastly, the value of cooperation and communication within the healthcare system was a key lesson learnt. The gaps found indicated the need for standardized diagnostic procedures, multidisciplinary care teams, and improved coordination between specialists such as dieticians and gastroenterologists. I learned from this experience that in order to guarantee smooth and well-coordinated patient care, solid systemic procedures and efficient communication channels are just as important as specialized knowledge. |

**Signature of the Student**

**Approved by the IIHMR University's Mentor**

# Reporting Format

**Name of the Organisation:** Mankind

**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 1 **From:** 12th May'25 to 17thMay'25

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| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 1) Lack of referral of patient to nutritionists by gastroenterology doctors.<br>2) Lack of customized treatment plans by doctors. |
| **Suggestions for improvements:** | 1) Encourage routine referrals to nutritionists as part of integrated gastroenterological care.<br>2) Promote development of personalized treatment plans based on individual patient profiles. |

**Signature of the Student:** Ayush Chaturvedi

**Approved by the IIHMR University's Mentor**

*On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.*

# Reporting Format

**Name of the Organisation:** Mankind

**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 2 **From:** 19th May'25 to 24thMay'25

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| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 3) Inadequate patient education on lifestyle modification<br>4) Over-reliance on pharmacological treatment. |
| **Suggestions for improvements:** | 3) Conduct regular awareness sessions for patients about diet and physical activity.<br>4) Promote balanced use of both dietary and pharmacological interventions. |

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# Reporting Format

**Name of the Organisation:** Mankind

**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 3 **From:** 26th May'25 to 31thMay'25

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| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 5) Lack of follow-up consultations after initial diagnosis.<br>6) Lack of follow-up consultations after initial diagnosis |
| **Suggestions for improvements:** | 5) Implement standard follow-up protocols for NAFLD/MAFLD patients.<br>6) Incorporate structured dietary history forms in patient files. |

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# Reporting Format

**Name of the Organisation:** Mankind

**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 4 **From:** 02nd June'25 to 07thJune'25

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| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 7) Minimal collaboration between gastroenterologists and dieticians.<br>8) Limited use of patient data analytics in treatment planning. |
| **Suggestions for improvements:** | 7) Establish multidisciplinary care teams including dieticians.<br>8) Use patient data to design evidence-based treatment strategies. |

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# Reporting Format

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

| | |
|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 9) No emphasis on stress and sleep as contributing factors.<br>10) Lack of training for clinicians in lifestyle counseling. |
| **Suggestions for improvements:** | 9) Integrate stress management and sleep hygiene into patient care.<br>10) Offer workshops for clinicians on behavioral and lifestyle counseling. |

**Week**: 5 **From:** 09th June'25 to 14thJune'25

**Signature of the Student:** Ayush Chaturvedi

**Approved by the IIHMR University's Mentor**

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# Reporting Format

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 6 **From:** 16th June'25 to 21thJune'25

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|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 11) Inconsistent use of diagnostic criteria among doctors.<br>12) Delay in initiating early-stage interventions. |
| **Suggestions for improvements:** | 11) Standardize diagnostic practices across clinics and hospitals.<br>12) Promote early detection and timely initiation of lifestyle therapy. |

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# Reporting Format

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 7 **From:** 23rdJune'25 to 28thJune'25

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|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 13) Limited awareness among doctors regarding updated NAFLD/MAFLD guidelines.<br>14) Poor tracking of patient adherence to treatment. |
| **Suggestions for improvements:** | 13) Conduct CME (Continuing Medical Education) sessions on the latest guidelines.<br>14) Use mobile apps or telemedicine tools to monitor patient compliance. |

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 8 **From:** 30th June'25 to 05thJuly'25

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|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 15) Low prioritization of dietary factors in consultations.<br>16) Absence of visual aids or diet charts for patient guidance. |
| **Suggestions for improvements:** | 15) Prioritize dietary assessment in initial patient evaluation.<br>16) - Provide printed or digital diet plans to patients. |

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 9 **From:** 07th July'25 to 12thJuly'25

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|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 17) Ignoring co-morbid conditions like diabetes in treatment approach.<br>18) Uniform treatment approaches for all patients. |
| **Suggestions for improvements:** | 17) Incorporate holistic management of co-morbidities.<br>18) - Tailor treatment plans to patient demographics and medical history. |

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**Area/Department/Project of Internship:** Market Research

**Name of the student:** Ayush Chaturvedi

**Roll no:** 0618 **Stream:** Pharmaceutical Management

**Week**: 10 **From:** 14th July'25 to 19thJuly'25

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|---|---|
| **Activity Done:** | I visited the clinics and hospital for the Clinician Survey: The Role of Dietary and Pharmacological Interventions in NAFLD/MAFLD. |
| **Linking theory (Classroom learning) with practice at your organisation:** | Understanding disease caused due to dietary risk factor like flour and doctor valuable insights on influencing fatty liver in their day-to-day life. |
| **Gaps Identified on the work area:** | 19) Patients unaware of the long-term consequences of NAFLD/MAFLD.<br>20) Lack of community outreach or preventive programs. |
| **Suggestions for improvements:** | 19) Use counseling to raise patient awareness about disease progression.<br>20) Launch preventive care campaigns in the community. |

**Signature of the Student:** Ayush Chaturvedi

**Approved by the IIHMR University's Mentor**