PRIMARY MARKET RESEARCH ON NAFLD/MAFLD

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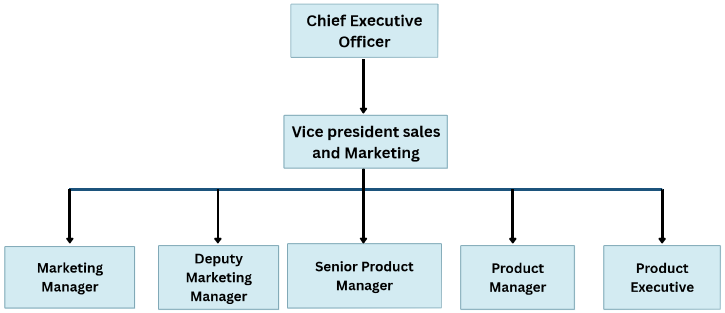
About Company

Mankind Pharma Ltd. is an Indian company founded in 1995 by Mr. R.C. Juneja and Mr. Rajeev Juneja, is one of India's leading pharmaceutical companies, headquartered in New Delhi. Starting with a small team and a vision to provide affordable and quality medicines, Mankind quickly expanded its reach across India, especially in rural and semi-urban areas. Over the years, it has diversified into various therapeutic segments like antibiotics, gastroenterology, cardiology, diabetology, and more. It also launched popular OTC products such as Prega News, Unwanted-72, and Manforce. Today, the company operates in over 35 countries with WHO-GMP certified manufacturing units and a strong R&D base. Mankind Pharma continues to grow with a mission to improve the quality of life and a vision to become a globally admired healthcare provider.

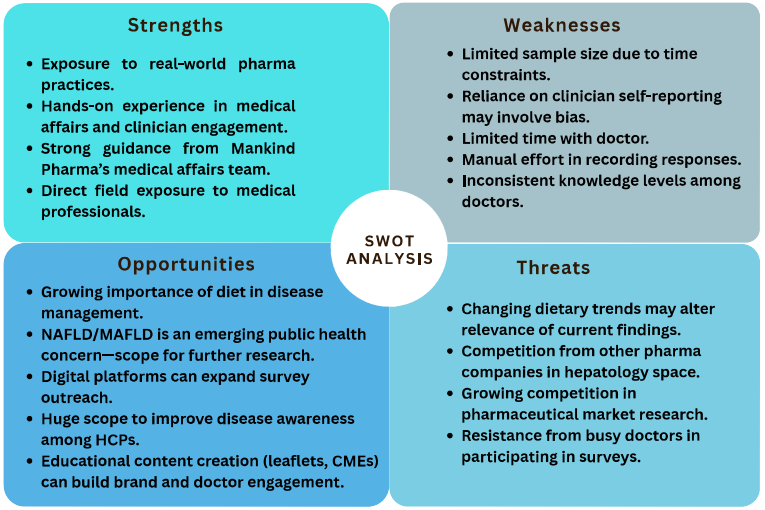
Vision — To be an innovative and research focused healthcare company, most admired for its Quality, Affordability and Accessibility.

Mission — To be able to provide cost-effective, innovative based superior quality pharmaceutical products that improve the lives of the patients.

Organisation Structure



SWOT analysis



Practical VS Theoretical approach

Practical Exposure	Theoretical Learnings
• Used Questionnaire Design to ask questions from the doctors as part of the survey. • Conducted real time clinical surveys from targeted doctors by using market researched techniques. • Interpreted doctors responses on NAFLD/MAFLD using excel. • Direct interaction and discussion with HCPs regarding the prevalence of NAFLD/MAFLD.	• Understanding of various research methods such as descriptive and observative studies design in Research methods module. • Understanding of disease prevalence and incidence in Epidemiology module. • Knowledge gained in data analysis using Excel in Statistics module. • Gained Pharma product knowledge of various diseases in pharmacology module.

Challenges faced during internship

- Time Constraints: Limited consultation time with doctors made in-depth discussions difficult.
- Varied Awareness Levels: Not all doctors were equally familiar with MAFLD, causing inconsistent responses.
- Focus on Technology Over Education: Some doctors prioritized tools like FibroScan over patient education, limiting discussion on lifestyle intervention.
- Manual Data Collection: Collecting and organizing data manually from 200 doctors was time-consuming and prone to error.

Major learnings from internship

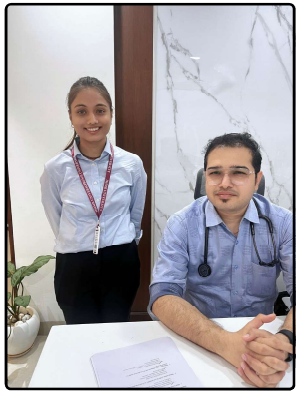
- Enhanced communication skills by interacting with over 200 doctors.
- Learned to connect marketing theories with real-world applications.
- Understood doctors' perspectives on screening, diet, and pharmacological treatment of NAFLD/MAFLD.
- Gained practical experience in field-based market research.
- Evaluation of UCDA usage by doctors and views on efficacy.

Suggestions for improvement

- Introduce digital survey platforms (e.g., tablets or mobile apps) for better efficiency and reduced errors.
- Provide visual aids or infographics to help doctors understand MAFLD screening and management.
- Organize small-scale CMEs or interactive sessions to boost engagement and knowledge sharing.
- Include open-ended questions in future surveys for qualitative insights.

About Clinical Survey

- This clinician survey aims to assess medical perspectives on the role of dietary factors - such as dietary factors such as refined flour high carbohydrates , saturated fats, salts and certain herbal supplements, in the development of NFLD/MAFLD.
- It also explores current pharmacological strategies including the use of UDCA . The insights gathered will contribute to the better understanding of screening practices nutritional risks, and therapeutic approaches for improving liver health.



Key survey questionaries and Findings

Screening practices	• Most clinicians preferred routine or opportunistic screening in high risk groups • Majority prioritized screening for overweight/obese, diabetic, and metabolic syndrome patients. • Ultrasound and FibroScan were the most commonly used diagnostic tools.
Dietary Risk Factors	• Refined flour (maida) was considered a significant contributor to NAFLD. • It was perceived to be equally or more harmful than total calorie excess. • The hazard ratio of 1.33 for high refined grain intake was viewed as clinically significant, warranting dietary counseling.
Fast Food and Ultra-Processed Foods	• NAFLD due to fast food (>20% of daily calories) was encountered occasionally (20–50% cases). • Clinicians believed the impact of fast food is grossly or somewhat underestimated during counseling.
Clinical Dietary Counseling Behavior	• Most clinicians frequently or always advise restricting refined flour (maida). • There was strong agreement on including refined carbohydrate reduction in NAFLD guidelines. • Majority believed reducing refined flour intake would lead to major clinical improvements.
Pharmacological Management and UDCA's Role	• Preferred treatment approach was a combination of lifestyle modification and pharmacotherapy. • Treatment typically initiated at Fibrosis Stage 1–2 or in NASH cases without fibrosis. • Commonly preferred drugs included Saroglitazar, Pioglitazone, UDCA, Vitamin E, and combination therapies.