

Early Rising May Be Linked to Mental Health Issues in Institute of Pharmaceutical Science an Observational Study Draws Inference from a Legal to Cultural Principles through Independent Variables

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Abstract

Pharmaceutical apex body has shown extraordinary diversity as evidenced by AICTE, PCI, DTE circulating norms and innumerable unique combination norms. Pharmacy teacher has provided student care that optimizes the use of knowledge, promote health, wellness, and bad habit prevention. Teacher care for students in all health care settings but the subject pharmacy teacher movement initially began inside class and institute occasionally been reported. Pharmacy teacher has worked in collaboration with colleagues, non-teaching and other institution professionals. We report here characterization of novel parameter for identification and analysing of other effects in pharmaceutical institution while classes begin 9 am instead of 11 am and tertiary care teaching pharmacy institution.

Objective

The main objective of the present study include preventing the mental related problems, monitoring of uncertainty between class hours, identifying and minimizing dizziness related problems, improving student safety initiatives, providing better therapy to the large number of students, improving the student health related outcomes [1,2].

Methodology

a) **Study Design:** It is a prospective observational study.

b) **Study Period:** The present study was conducted for a period of academic calendar 2016-2017.

c) Academic calendar for various activities for difference classes and different pharmaceutical departments.

Data

I used data from the 2016-2017 academic calendars, which collect detailed time table from individuals age 18 and above. Collected information about students who woke up and went to bed early [3,4] Five criteria for the selection of this project students who go to bed between 10 p.m. and 11 a.m. and get up before 6.45 a.m, students who wake up 5.00- 5.30, students who are willing to participate in the study with hesitation, students who eat balanced breakfast such as cooked flattened rice flakes, cooked rava and idly (Time 8.30-9.00), students who do vajrasana pose (10 min).

Class wise distribution of college boy's population

In this study total of 10 students were enrolled after consultation and information of project. The college boy population is 5. The class wise boy students population ranges from 1 student were in the class group of B.Pharm first year, 1 student were in the class group of B.Pharm second year, 1 student were in the class group of B.Pharm third year, 1 students were in the class group of B.Pharm final year, 1 student were in the age group of M.Pharm first year.

Class wise distribution of girl's students

In this study total of 10 students were enrolled in the study. The girls population is 5. The class wise girls students population ranges from the 1 student were in the class group of B. Pharm third year, 1 student were in the class group of B.Pharm final year and 1 student were in the class group of M.Pharm first year and 1 student were in the class group of M. Pharm second year, 1 student were in the class group of PhD part time year.

Result

We report here ten novels various diagnosis cases from pharmaceutical institution and it is reported for the first time through this pattern from India. A comparison of the findings characterized in this study with students with early morning body clocks, students with personal unrhythm 1, students in puberty shift 1, students with sleep time 1, students feel unnatural, students

temporal misalignments 1, student with sleep loss along with Smartphone 1, students risks with obesity, students with smoke 1, students with cold drink 1. A total 10 students were screened during the study period. This analysis belonging to using a various forms earlier reported and among these individual variations points to the fact that college start time 8.50 am effects are 3, college start time 9.00 am effects are 3, college start time 9.10 am effects are 4. This clearly indicates that the students who are entering pharmacy education and wish to pursue a behavioral additional specialization expect good and close monitoring.

Conclusion

In this research clearly indicates that traditional 9 am lecturers should be scrapped and students should be allowed starting their day later, in this paper we report that early morning interfering with young pharmacy students, body clocks. According to finding lecture should start no earlier than 11 am for students to be able to perform at their best. Students do better if they can target their study time to align with their personal rhythm and at the time of day when they know they are most effective. Working with this project and analysed the study pattern of 10 students and found academic performance was at its best between 11 am and 9.30 am. Traditionally, education and work start at fixed times; however, young pharmacy students are likely to struggle with learning at a time which feels unnatural to them. "The temporal misalignment between the sleep timing shift and educational institutions' usual hours causes significant sleep loss earlier mentioned. Sleep loss,

in turn, impairs academic performance and also elevates risks of obesity, depression, and may be drug abuse. The findings conflict with another recent study that suggested students should readjust their biological clocks to cope with early mornings by avoiding the lights from smart phones and laptops at night.

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References

1. Buchanan J L (2012) Prevention of depression in the college student population: A review of the literature. Archives of Psychiatric Nursing 26(1): 21-42.
2. Eisenberg D, Hunt J, Speer N (2013) Mental health in American colleges and universities: Variation across student subgroups and across campuses. Journal of Nervous and Mental Disease 201(1): 60-67.
3. Hudson JI, Hiripi E, Pope HG, Kessler RC (2007) The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. Biol Psychiatry 61(3): 348-358.
4. Zisook S, Lesser I, Stewart JW, Rush AJ, Gilmer WS (2007) Effect of age at onset on the course of major depressive disorder. Am J Psychiatry 164(10): 1539-1546.



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