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MY FULBRIGHT JOURNEY

My journey began in 2010, when I met Chris Sippel, International Director at the University of Findlay, at a Mazza museum reception. He later encouraged my idea for collaboration between UF's College of Pharmacy and pharmacy colleges in India.

In 2012, I submitted a Fulbright grant to facilitate student and faculty exchanges with Indian pharmacy colleges to support their PharmD program. The US Fulbright foundation approved the proposal, but Indian Government did not select it for funding at that time.

Although I was not funded by Fulbright in 2012, I continued pursuing my proposed project idea. In 2013, I led a full-day conference at St. Peters College of Pharmacy in Warangal, India. In 2015, I organized the first Coumadin Clinic workshop, demonstrating how pharmacists can determine INR for outpatients on warfarin. This led to India's first publication on point-of-care INR measurements¹ with patients from Rohini Hospital, Warangal.

In 2014, the first group of St. Peters students completed a one-month pharmacy rotation at the University of Findlay. Subsequently, MOUs were signed with Vishnu College of Pharmacy, Manipal College of Pharmacy, Karnataka College of Pharmacy, and Vignan Pharmacy College in India. Over the past decade, more than 50 students from the US and India have participated in this exchange

program for personal and professional development.

In 2018, our team shared findings on how pharmacist interventions can enhance blood pressure management within hospitals². The following year, I was honored to be inducted as a Fellow of the Indian Pharmacists Association, recognizing my dedication to advancing the pharmacy profession in India.

Covid's arrival in February 2020 disrupted the exchange program, with personnel changes and budget issues affecting all but one partnership—Vignan College of Pharmacy. Professor Satheesh Gottipati, Dean at Vignan, holds a New Jersey pharmacist license and practiced in the US for ten years before returning to India. We first met in 2015 as Vignan launched its clinical pharmacy program. His US pharmacy experience and dedication to advancing practice in India made him an ideal collaborator. We meet annually during student exchanges and have submitted joint conference abstracts^{3,4}.

A decade later, when I submitted a Fulbright grant titled "Improving Patient Care by Empowering Community Pharmacist in India," I could show my links with Indian institutions and commitment to the project. The project aimed to empower advanced pharmacy students in community settings to enhance patient outcomes.

Since 2008, India has offered PharmD degrees after six years of education and clinical training. Although this expanded pharmacists' roles, they remain underutilized, mainly dispensing drugs rather than collaborating with doctors for optimal therapy. This proposal focused on hypertension and diabetes, two common conditions that can be effectively managed with proper medication and lifestyle changes. India has 77 million people with diabetes (8.9% of adults aged 20-79), projected to reach 100 million by 2030⁵. Around 30% of Indians have hypertension, but only 10% in rural areas and 20% in urban areas have their blood pressure controlled⁶.

The Fulbright foundations in both the United States and India supported this project, making me one of 160 Fulbright-Nehru award recipients across all disciplines in 2023. The award covered travel, living expenses, medical insurance, and research



costs, allowing me to spend 16 weeks in India across two visits. In addition to airfare and other travel-related expenses, the award provided a \$4,000 monthly stipend and funds for housing and meals.

I was notified of the award in early April. At the time, my Indian collaborator, Satheesh Gottipati, was visiting the University of Findlay with his Vignan students. I shared the good news with him, and we began planning how to conduct the study. We had already secured approval from our respective institutions.

Satheesh trained his pharmacy interns, who were responsible for measuring blood pressure and counseling patients daily. He also tested the blood pressure monitors for the study before patient recruitment began. We enrolled 180 patients: 90 in the non-intervention group and 90 in the intervention group. Data collection began in September 2023. Within two months, we observed improved blood pressure control in the intervention group. By February 2024, when abstracts for the Federation of Pharmacist Association were due, 44 of the 90 patients (48.8%) in the intervention group were normotensive, while none of the patients in the non-intervention group had achieved normotension.

After phase 1 was completed, we began phase 2 by offering the same intervention to patients from the original non-intervention group. All 90 patients, who remained hypertensive, enrolled in phase 2. After six months, 72.2% had become normotensive, 28.8% were pre-hypertensive, and none remained hypertensive. We presented the phase 2 results at the American Pharmacist Association meeting in Spring of 2025.

This was an incredible conclusion to the journey that began for me in 2010. I was familiar with and impressed by the Asheville studies, which demonstrated the value of pharmacist interventions in improving patient outcomes in the United States. Unless consumers and payers understand the value of these services, they are unlikely to pay for them. In India, demonstrating the value of pharmacy services is especially important because

pharmacists currently have limited professional standing.

On June 16th, 2026, our work was published in the *Journal of Hypertension and Management*⁷. While this publication provides a meaningful conclusion to my professional career at the University of Findlay, it also marks the beginning of my post-retirement journey: educating stakeholders in India's healthcare system to recognize pharmacists as integral members of the healthcare team.

Many readers of this article may be eligible to apply for Fulbright grants, which support professionals at various career stages in countries around the world. For more information, please visit [Fulbright.org](https://fulbright.org).

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