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## We have developed NIPRIMUNE for COVID-19 treatment - NIPRD DG

By Temitope Obayendo

The National Institute for Pharmaceutical Research and Development (NIPRD) said it has developed a local drug, NIPRIMUNE, an immunomodulatory phytomedicine, for the management of COVID-19 patients in Nigeria.

NIPRD Director General, Dr Obi Peter Adigwe, in an exclusive

interview with *Pharmanews*, said the formulation is currently undergoing various relevant processes that will qualify it as an adjunct therapy in managing COVID-19.

Adigwe revealed that, as an immunomodulatory herbal formulation, the drug will be of immense assistance to people who have underlying illnesses, or whose immune systems are compromised,

making them more vulnerable to COVID-19.

He also disclosed that a significant amount of studies have been undertaken on the product, adding that efforts are currently being made to secure the funding required to complete the necessary clinical studies in

continued on page 19

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**Pharmacist Gbenga Olubowale**, an administrator, resource person and certified master trainer, was born on 13 May, 1968, in Ibadan, Oyo State. He had his secondary education at St. Anthony Secondary School, Ilorin, Kwara State, between 1980 and 1985, and ultimately earned a certificate of merit for "Academic Excellence" from the Kwara State Government in 1986.

After obtaining his B.Pharm degree in Nigeria, Olubowale obtained a M.Sc. Pharmacy degree from Pyatigorsk State Pharmaceutical Academy, Pyatigorsk, Russia in 1995 and a PGD in Global Health Procurement and Supply Chain Management from the Empower School of Health, India, in 2017. He has undergone series of professional, management and leadership trainings locally and internationally.

Olubowale worked as a pharma logistic officer with MedecinsSans Frontiers (MSF- Belgium) based in Grozny, Chechnya, Russia, between 1995 and 1996. On his return to Nigeria, he was an intern pharmacist at both Mopson and Doyin pharmaceuticals Lagos, between 1997 and 1998. He did his National Youth Service programme (NYSC) at National Orthopedic Hospital, Igbobi, Lagos, between 1998 and 1999. He was a member, Lagos State Health Reform Committee (2004), as well as the governing board of Health Facility Monitoring and Accreditation Agency (HEFAMAA), Lagos State (2012 to 2015).

Olubowale has been the promoter of Golby Healthcare Limited since 1999. He is a director at Pharmforte Network Limited and Healthy Alliance Stores Limited (HEALS). He was a consultant master trainer (2012 to 2014) and business growth advisor/unit head (2014 to 2016) with USAID/SHOPS Nigeria Project.

He holds membership of many associations in the pharmaceutical industry, including: Pharmaceutical Society of Nigeria (PSN), Association of Community Pharmacists of Nigeria (ACPN), International Pharmaceutical Federation (FIP); Commonwealth Pharmacists Association (CPA), African Pharmaceutical Forum (APF) and the United States Pharmacopoeia (USP).

Olubowale is a pharmaceutical inspector of the Pharmacists Council of Nigeria (PCN). A committed professional, he has served various health associations in different capacities. These included: secretary and chairman, ACPN, Lagos (2003 – 2009); general secretary, Healthcare Providers Association of Nigeria (HCPAN) (2006 -2008); national secretary, PSN (2008-2011); and chairman, PSN, Lagos (2014-2017). He is a Merit Award Winner (MAW) of PSN Lagos State and a Fellow of the Pharmaceutical Society of Nigeria (FPSN)

Olubowale enjoys reading, listening to music, cooking and travelling. He is married, with children



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pharmanews  
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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

If anyone had retained the least modicum of hope that the present government, with its “change” mantra, could improve on the woeful records of most of its predecessors in prioritising the healthcare rights of Nigerians, then the recent slash in the budgetary allocation to primary healthcare in the country should have effectively blown such expectation to smithereens. In a rather bizarre move that must have left even the most fanatical supporters of the present administration reeling in disbelief and despair, the presidency, in the 2020 revised budget proposal submitted to the National Assembly on 28 May, shrunk the Basic Health Care Provision Fund (BHCPF) from N44.4bn to N25.5bn, a decrease of more than 42.5 per cent.

Incidentally, the BHCPF is meant to cater for all the primary healthcare centres across the 774 local government areas in the country. Its fate in the Appropriation Act (amendment) Bill that was submitted to the legislature is similar to that of the Universal Basic Education Fund, which was reduced by more than 54.2 per cent, from N111.7bn to N51.1bn.

President Muhammadu Buhari, while explaining the rationale for these cuts, which marginally affected some other sectors of the economy, stated that the amendment became necessary in view of the drastic drop in petroleum prices and the

## Healthcare fund reduction: When will government learn?

reduction in Nigeria's crude oil production quota, as triggered by the COVID-19 pandemic. Sadly, but unsurprisingly, the National Assembly wasted no time in assenting to the questionable Bill.

We consider this move by the government totally unacceptable. Two concerns amplify the enormity of this travesty and make it particularly disturbing. The first is that the decision to slash healthcare funding is being taken at a time when the country is still battling a health crisis that has not only refused to show any sign of abating but has also further exposed the decays and dysfunctions in the country's health system. In fact, so appalling is the state of the health sector that, Boss Mustapha, Secretary to the Government of the Federation, who coincidentally doubles as Chairman of the Presidential Task Force on COVID-19, impulsively lamented that the level of infrastructural deficit that confronted him was far beyond what he could have imagined.

Many had hoped that with this belated discovery that the nation's health system was

neither strong enough to meet the basic healthcare needs of the citizenry, nor prepared to withstand any major disease outbreak, the government would finally heed the several calls from stakeholders for improved funding and holistic overhauling of the healthcare sector. Sadly, the reverse is what we are witnessing.

Ironically, even in countries with better health systems, this is the time that governments are channelling more resources into further research and development, as well as infrastructural upgrades, in their health sector. Why any government, parading a moribund health system that is almost being overwhelmed by a ravaging pandemic would consider this the best time to reduce funds for healthcare is a question that would confound the minds of even its most ardent apologists.

The second and more appalling concern in this theatre of the absurd is that while allocations to critical sectors of the economy, such as the healthcare, have been heavily slashed, the presidency ensured that the iniquitously gargantuan amounts budgeted for its

counterparts in the legislature and the judiciary remain largely untouched, with each receiving only a 10 per cent reduction. Even worse is that while the meagre N44.4bn initially budgeted for primary healthcare has been whittled to just N25.5bn, the outrageous N37bn allocation for the renovation of the National Assembly complex has only been reduced to N27.7bn.

Essentially, therefore, the government considers that the renovation of a building that accommodates a few overpaid legislators for a few sitting hours and showing no sign of distress is more important than funding of hundreds of ill-equipped and decaying healthcare centres catering to the health of millions of Nigerians at the grassroots. We join other well-meaning Nigerians in condemning this atrocious and continuous trivialisation of the health of the citizenry.

Nigeria currently has one of the worst health indices in the world. Infant and maternal mortality rates are at abysmal proportions, while many of the citizens continue to die daily from treatable and preventable diseases. All these are the cumulative effects of years of neglect and underfunding of our health institutions, especially the primary healthcare centres. This repeated display of insensitivity and elevation of parochial interests to the detriment of the wellbeing of the general populace must stop.

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## You are what you do

By Sir Ifeanyi Atueyi

One can easily say that you are what you do. This means that what you do defines you. It gives you an identity which gives you your distinct personality as an individual. It is the unique characteristics by which a person is recognised or known.

Matthew 7:16 says, "Ye shall know them by their fruits..." You can identify a tree by the fruits it produces. By observing the outward actions of an individual, you can know the condition of the heart. We can recognise the type of people we are dealing with by evaluating the type of fruits they bear. The concept is that a good tree cannot bear a bad fruit and a bad tree cannot bear good fruit.

Usually we substitute people's names with what they do. It is common to simply call someone Pastor or Doctor or Professor and so on. This underscores the importance of what you do.

What you do may not always be dignifying or honourable. For instance, someone who teaches

is known as a teacher, while someone who steals is addressed and known as a thief. Someone who has the habit of telling lies is addressed and known as a liar. If you have been convicted of an offence and imprisoned you are known as an ex-convict.

Generally, we determine and influence how people know, identify and address us. For instance, I was known and addressed as Christopher from birth. But on 18th September, 1963, I went to a court registry in Aba (now in Abia State) and officially disowned that name for some personal reasons. From that day, I was no longer officially known and addressed as Christopher.

Proverbs 22:1 says, "A good name is to be chosen rather than great riches..." Ask yourself: what emotion your name invokes when it is mentioned? When people hear your name mentioned, what do they immediately think of you? Sometime ago, I was chatting with a friend and I mentioned the name of a neighbour and my friend was surprised that I knew him. He told me that he was a dubious character in his secondary school days and even in the university. I was taken aback. Your name speaks loudly about your reputation, character and integrity. These are more

valuable than all the money in the world.

Since we are known by what we do, how do we want to be known for good and noble things? Every human being was created for good. The Creator designed each human being to fulfil a specific purpose and assignment in life. That assignment determines what you should do and be known for.

God has given us various talents, gifts and abilities to enable us fulfil that purpose.

That assignment is meant to define you and give you an identity. Ignorance of that purpose and assignment causes people to go astray. Proverbs 29:18 says, "Where there is no vision, the people perish..."

When your life is not in alignment with God's purpose, the tendency is to lose restraint and go astray. Going astray implies doing the wrong things. Of course, you will be known for the wrong things you do.

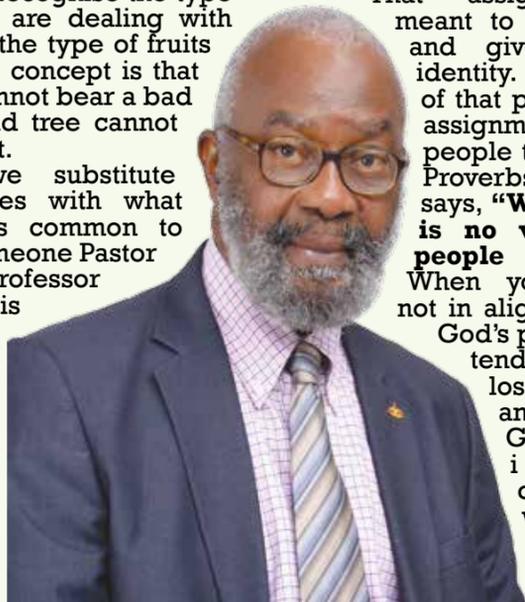
Today, in Nigeria, some people are known and addressed in the manner those of us who are old never imagined. Some groups are named Boko Haram, bandits, kidnappers, yahoo yahoo boys, Fulani herdsmen etc. People going by these names do something inhuman, anti-social, wicked and immoral.

When people don't live their lives in conformity with the Spirit of God, they cannot fulfil the divine purpose. Their natural gifts and abilities are misused and misdirected and they become ready instruments in the hands of the devil.

I said above that your profession or career defines you but it must be clear that your career by itself is not the God's primary purpose for your creation. Your profession or career is your own choice or decision as a means of fulfilling the purpose of your life.

Genesis 1:26 says, "And God said, Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creeps upon the earth."

Whatever you do must be done in a way to please, appreciate and worship God. Your work must be a service that is pleasing to God.



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OCTOBER	GIT Ulcer
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DECEMBER	HIV/AIDS & STD

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

## We established CPAN to foster excellence in clinical pharmacy practice - Madu

By Temitope Obayendo

The National Chairman of the newly formed Clinical Pharmacists Association of Nigeria (CPAN), Dr Joseph Madu, has stated that the mission of the group is to foster excellence in clinical pharmacy practice, research and education in the country, with the ultimate goal of ensuring provision of outstanding patient care by practitioners.

Madu, who stated that CPAN is the umbrella body of clinical pharmacists in Nigeria, irrespective of place of practice, further disclosed that the association will collaborate with other healthcare specialists, governments and non-governmental organisations (NGOs) to develop clinical pharmacy practice guidelines that will be used in all healthcare settings, as essential sources of pharmacotherapy and pharmaceutical care, towards improving the health of the community at large.

According to a statement jointly signed by Dr Madu and Dr Akinbile Adebambo Oladeyin, CPAN's public relations officer (PRO), the association's objectives include maintaining a pool of relevant data on pharmaceutical care, adverse drug reactions or toxicities, pharmacotherapy etc. and making this available to other members of the healthcare team and the general public as the need arises; as well as organising scientific conferences and symposia periodically to discuss the latest trends and advances in clinical pharmacy practice, training and other applications.

It was further mentioned that the association is fully incorporated in Nigeria as a corporate entity with the corporate Affairs Commission of Nigeria.

According to the leadership of the association, "The logo of the association is represented by the BOWL OF HYGEA, which has a snake and stick (representative symbol of pharmacy profession worldwide). The logo of CPAN also features the characters CRxN in leaf green colour. C stands for the word Clinical, Rx stands for Pharmacists, and N stands for Nigeria.

"The association has been formed in response to the need to drive clinical pharmacy practice forward in Nigeria. It aims to support and encourage excellence, partnership and leadership within clinical



pharmacy practice in Nigeria. It also seeks to further

the profession of pharmacy, interests of clinical pharmacists in particular and public interest in general."

The further stated that "the association provides opportunities for networking, collaboration, sharing best practices and inspiring innovation. CPAN will continue to be both supportive and stimulating, offering

flourish."

CPAN's leadership also revealed that the group has commenced utilising its experienced pharmacy practitioners, who work at the leading edge of their practices and are committed to sharing to the pharmacy profession, in developing and delivering some events on behalf of the association.

They added that some of their activities are weekly clinical case presentations and lectures that have been taking place online in all the six CPAN national WhatsApp platforms, and they have been enriching the knowledge of members enviably.

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## Keep sharpening the axe - Prepare to win!

*Give me six hours to chop down a tree and I will spend the first four sharpening the axe. - Abraham Lincoln.*

By George O. Emetuche

Two young men started business at the same time after learning from their boss. The first one, John, hit the market immediately and started making money. The second one, Chima, decided to acquire more knowledge on the technical aspect of their business - which would make him know more about the repairs and maintenance of gadgets and machineries they sell in their business.

It took Chima two years to get done with the learning process in Japan. Within this period, John was the king in the market, making a lot of money; he also opened three new branches in two years!

### The axe does better when sharpened

When Chima concluded the learning process in Japan, he signed a franchise deal with the company that manufactured the gadgets they sold in Nigeria to be their sole representative in Africa. The company was the global market leader in their industry. The Japanese company also gave Chima support by signing a deal to take care of the marketing budget of his company for three years as their sole representative. They also gave him \$5 million (USD) worth of products on credit to

pay as he sold. In addition, the international company sent one of their engineers to work with Chima for one year to ensure he started his business without issues.

Now the eagle had landed! Chima came to the market "through the door" and took over within six months. He not only controlled the Nigerian market, he also took control of the continent in two years!

### Competition bows to preparation

John and other major dealers of the products now buy from Chima because he is the sole representative of the manufacturer. What a great way to launch a business!

How are you preparing to re-launch your business in the post COVID-19 era? Have you gone back to the drawing board? Are you rethinking your strategy? Have you prepared your team, or are you preparing them on how to win in a tough business arena?

Preparation is key to success. You can't prepare enough. Don't be in a hurry to get inside the ring. Take your time to prepare before stepping inside the ring.

The thing that will get you the title is the way you prepare and the way you execute.

Anthony Joshua once said,

"Don't worry about the title; worry about what you've got to do today, tomorrow, the next day, and the title will be waiting for you."

### Lockdown is not knockout!

What have you been doing since the lockdown? You know the answer. But your answer should include getting better as an employer, an employee, a husband, a wife, a son or a daughter.

You must prepare to get better in your endeavours. Greatness does not happen by accident. Success is not served on a platter. You must work your way to the top by going through the right preparations and executing like a master.

### Fight on from your strength zone!

Life is a ring. Yes, it is a battlefield. The people who prepare adequately and execute intelligently win the fight of life.

Prepare to build a beautiful family.

Prepare to be the best father and husband.

Prepare to be the best wife and mother.

Prepare to be the best graduating student.

Prepare to be a son or daughter your parents and the



world will be proud of.

Prepare to launch a new business idea.

Prepare to be the best staff of the year.

Prepare to become a better you.

Things may have slowed down, but this is the best time to get inside yourself and re-launch strongly!

Stay positive.  
Stay safe  
Stay healthy.  
Read a book.

**George O. Emetuche, CES,** Brian Tracy endorsed bestselling author, accredited training consultant, life coach, sales and marketing expert.

*NB: We postponed our Annual Sales and Business Masterclass in Enugu indefinitely because of covid19 safety rules. New date will be announced later. For registration or enquiries, Please reach us today on, 08186083133 or 07060559429,*

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

# THE BIRTH OF PHARMANNEWS

(Excerpts from "MY LIFE AND PHARMANNEWS" by Sir Ifeanyi Atueyi)

Continued from last edition

Rightly has it been said that it is darkest before dawn. Unknown to me, all that was happening in my place of work was a plan by God to pull me to a place where He would finally reveal my life's purpose to me. And so, with the current situation I found myself with my boss, I began to deeply reflect on my future. Although I continued to go to work, there was really nothing exciting for me to do. Therefore, I spent the rest of the year thinking of what next I could do with my life, having explored all aspects of practising Pharmacy without finding fulfilment.

It was while meditating one of those days, that I heard a still, small voice saying, "Since you have experience in journal editing and enjoyed doing it, why don't you go into journal publishing?" Like a streak of light in a very dark tunnel, that idea immediately brightened up my mood and made me feel like I had found the elusive piece in the jigsaw puzzle of my life. I knew the idea was exactly what I needed at that time.

However, almost at the same time, a conflicting thought came to me to ponder the potential backlash I would get from the PSN and my colleagues who would naturally think that it was for this reason that I stopped editing the PSN journal. In fact, it occurred to me that they might think that I had even nursed the ambition from the very beginning and only used my service to the PSN as a decoy to gain experience in journal publishing.

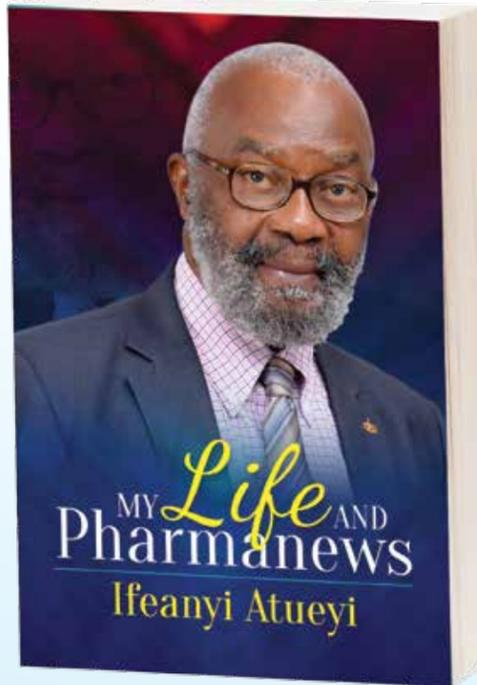
Fortunately, that conflicting thought couldn't withstand the force of the voice that was guiding me. I told myself that I would go ahead with the journal publishing idea and brave the repercussions. Having come to this resolution, it was as if I had just passed the first major test of commitment to the vision that had been given to me, and I began to receive series of ideas and guidelines on how to implement the vision.

By the time we went for the Christmas break in December of that year, the idea had fully formed in my mind. And so, on the 21<sup>st</sup> of December 1978, I picked up a notebook (which I still have to date) and wrote down some of the things I was being directed to do concerning the planned publication.

## A Leap into Destiny

Having got a clear picture of what I was to do, I again found myself becoming full of life and energy. All at once, it appeared that I had found what I had been searching for all my life and I was ready to put all I had into it. I reflected that it had taken me 20 years (from 1958 when I did my WASC to 1978) to know God's purpose for my life and 40 years (1939 when I was born to 1979) to embark on my calling. I made up my mind immediately to resign as soon as the company resumed in January, so I could focus on actualising my dream.

Let me mention here, that I was quite conscious of the importance of the PSN journal and considering the respect I had for it and the PSN leadership; I made sure that



I was not going to do anything that would put *Pharmanews* on the path of collision with the journal. It was for this reason that I avoided the word "journal" in the name of the publication. And it was also for this reason that I chose to concentrate more on industry news (PSN journal carried mainly articles) and also decided on the A3 paper size, which, as far as I know, no other health publication in the world had used as at that time. Even the WHO's *World Health* was published after *Pharmanews*.

Soon after I had concretised my plans, I went to Julius Adelusi-Adeluyi, who had been my mentor, to present the ideas and he was quite pleased with them. He went ahead to suggest that I join "Pharma" and "News" together to form one word "Pharmanews". He also suggested that I choose either blue or green as the official colour of the publication and I went for blue – which has remained the official colour.

However, aside from Juli and some other trusted persons that I informed, I practically kept the vision to myself to avoid distraction, discouragement and opposition. I knew some colleagues would not be happy with me but I chose to be happy with myself and to follow my destiny.

On resumption in January, I tendered my resignation letter which did not come as a surprise to my boss. When he asked me which company I was joining, I told him my plan was to go into publishing. He burst into laughter and then asked me sarcastically, "What will you be doing to take care of yourself and family while publishing?"

In the meantime, I continued to go to work to comply with my mandatory notice of three months. However, after some weeks, my boss told me that I could go without waiting for the three months' resignation notice to elapse. Again, this was a way that God used him to accelerate the pursuit of my vision. The implication was that, while I had been thinking of publishing the first edition of *Pharmanews* in July, the concession granted me

gave me ample time to plan for an earlier take-off in May.

## Heightened Engagement

Now that I had all the time in the world that I needed, I began to work in earnest towards getting the first edition of *Pharmanews* published as soon as I could. My apartment at 45 Sunmola Street, Mende, Maryland, had three bedrooms, and a children's play room. I converted this play room to my editorial office. The time spent on driving to Apapa early in the morning I used in reading, writing articles, proofreading and editing.

I got myself an Olympia typewriter to start typing my work, having acquired some basic typing experience from the typing school

I attended in Enugu, in 1962, during my first long vacation.

As soon as I was through with a draft of the dummy for the first edition, the next task was to get companies to advertise in it. But more importantly, I was hoping some of the advertisers would pay in advance so I could have money for the printing. As revealed in the plan I wrote for *Pharmanews* above, I already had in mind some big companies I wanted to discuss adverts with since I had some of my friends and colleagues working there. Somehow, however, my efforts at getting adverts from the companies I listed weren't yielding the expected results. Some of my friends actually booked advert spaces but none was willing to pay until the first edition was published.

## Mission Accomplished

I continued for some time in my search for a company to give me the money with which to publish the maiden edition of the journal but without success. I actually needed a capital of about N2, 000 to take off. Nevertheless, I was determined not to borrow because, as the reader is already aware, I had developed an aversion for borrowing since my childhood days. Consequently, the challenge of finance posed a dilemma to me for a while.

However, in what would serve as a proof of God's hand in the establishment of *Pharmanews*, as well as the beginning of the wonders that would characterise the survival of the publication for many years to come, I received a leading that ended my search for the start-up capital. One afternoon, I remembered that I had seen the signboard of a pharmaceutical company on Town Planning Way, Ilupeju. Prior to this, I did not know of the existence of the company, and had no contact there. However, something inspired me to go there. And so, I went to the company (which I later discovered to be E. Merck) with the dummy of *Pharmanews*. When I told the receptionist that I wanted to see the managing director, she asked if I had an appointment and, of course, I said

no. Then she offered me a seat while I waited.

When I finally met the MD, one Mr Ufflabaumer, I discovered him to be a huge German. He received me warmly and this encouraged me to clearly share my vision and explain the essence of my visit to his company. I showed him the dummy, with spaces for adverts. Quite surprisingly, the man immediately caught the vision and seemed quite impressed and optimistic about it. He immediately asked me how I intended to send the copies to my target readers (pharmacists and doctors) and I replied that I would wrap the copies in brown paper, label and distribute them through the post office. Right away, he told me not to use brown paper but rather get very good white paper which would carry his adverts. He assured me that placing adverts on the white paper would generate money for me. After that, he went through the dummy and selected page 2 bottom strip advert spaces and asked me to calculate the cost from May to December; the payment for which he said would be made in advance. Not only that, he promised to retain the spaces and to continue to pay upfront every January till he decided to stop. His product was Cosome Cough Syrup.

I left Merck that day with indescribable joy. When I returned to the company the following day to show him the total cost of the adverts, with discount for payment upfront, he was taken aback because I used my name on the invoice. He said, "Mr Atueyi, I cannot deal with you as a person. Have you no company?" When I told him I had none, he said he would not deal with me if I had no company.

Now that I was so close to achieving my dream, I was not ready to allow anything to be a barrier. Fortunately, as at then registering a business name in Nigeria was quite easy. So it did not take me long to decide on a name and register it. I returned to Merck with an invoice bearing "Pharmanews Enterprises." When the MD saw it, he was pleased with me and immediately wrote a cheque for a very huge amount, which was more than enough to cover my projected publishing expenses for a period. I immediately went to the nearest bank, Afriland, Ilupeju, and opened an account in the name of Pharmanews Enterprises.

Let me mention here that God so blessed this seed money from E. Merck that we have never borrowed money from a bank or any person up to this day. That money has continued to grow and multiply all these 40 years of business.

With the problem of finance resolved in an extraordinary way, everything else concerning the first edition of *Pharmanews* went on smoothly. I contracted King & George Printers located at Mobolaji Bank-Anthony Way, Maryland, to do the printing and by May of 1979, the first edition of *Pharmanews* was published – two months earlier than my initial projection.

# Dr Obinna Chukwudi Igwilo – Nigeria's pioneer of advanced robotic surgery

By Solomon Ojigbo

In September 2019, a milestone surgery using the Da Vinci Robotic Technology, was performed at Womack Army Medical Centre, in collaboration with Fayetteville Veteran Affairs Medical Centre (VAMC) in North Carolina, USA. This remarkable surgical procedure was carried out by Dr Obinna Chukwudi Igwilo, a Nigerian trained surgeon.

Although the feat was the first for Fayetteville VAMC, it was a familiar procedure for Igwilo, as he had been performing robotic surgeries since 2014. In this case however, it was his first as well as America's most complex major surgery employing the use of the advance robotic technology – Da Vinci Surgical System. The outstanding achievement by Obinna Igwilo cements Nigeria's place among countries with medical experts in advance robotic surgery.

## The procedure

The Da Vinci surgical technology used by Obinna Igwilo is a state-of-the-art technology designed to enable surgeons perform complex surgeries through minor incisions, using minimally invasive technique with the surgeon at the console operating with system-assisted clear vision and precision.

With Da Vinci technology, the surgeon's hand motion maintains accurate movements in four robotic arms operating inside the body of the patient. Because the surgical technology is precise and minimally invasive, post-surgical bleeding is minimised, less post-operative pain and faster recovery is achieved, while hospital stay by the patient is drastically shortened, leading to reduction in hospital cost. These benefits are responsible for the rapid adoption of the robotic technology by hospitals in the US.

Da Vinci technology was approved by the FDA in 2000 as the first surgical system technology for general laparoscopic surgery in US hospitals. Ever since, it has remained the leading commercially available cutting-



Dr Obinna Chukwudi Igwilo

edge robotic surgical system.

## Background and Education

Obinna Igwilo was born in Abia State, South-East Nigeria. Although he is a native of Ozubulu in Anambra state, he grew up in Aba where he had his secondary education and graduated from Ngwa High School in 1980 with distinction. Indeed he was among the best students in his class and was nicknamed "Archimedes" – after the Greek Mathematician and Physicist – because of the ease with which he handled mathematics. He got admission

to the College of Medicine and Surgery, University of Nigeria, Nsukka, and graduated top of his class in 1986 with MB.BCh degree.

After graduating from medical school, Igwilo proceeded for his medical internship at the University of Nigeria Teaching Hospital, Enugu, Nigeria. He then moved to the United Kingdom in 1987 for his clinical internship at Whipps Cross University Hospital, UK. He completed his residence in general surgery at the University of Illinois Metropolitan Group Hospitals, Chicago (UIC-MGH) in 2001.

**Igwilo has had many other exposures in Europe and America, where he gained specialised skills in endocrine surgery, robotic surgery, advanced laparoscopic or minimally invasive surgery, as well as colorectal and endoscopic procedures. He is board-certified in general surgery and also a member of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). Igwilo is also a Fellow of the Royal Colleges of Surgeons, Glasgow and Edinburg, and American College of Surgeons.**

Igwilo has had many other exposures in Europe and America, where he gained specialised skills in endocrine surgery, robotic surgery, advanced laparoscopic or minimally invasive surgery, as well as colorectal and endoscopic procedures. He is board-certified in general surgery and also a member of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

Igwilo is also a Fellow of the Royal Colleges of Surgeons, Glasgow and Edinburg, and American College of Surgeons. He has had over 34 years of experience and has worked for a number of medical institutions in Europe and in the US, including Cape Fear Valley Medical Center Fayetteville, North Carolina, USA and Illinois Masonic Medical Center, USA.

He is currently working as a consultant General Surgeon at Veteran Affairs Medical Center and WAMC, and has been appraised by his employers for his "active engagement with the training of medical students and surgical residents while also serving as clinical Assistant Professor of Surgery with Campbell University School of Osteopathic medicine".

Igwilo's robotic surgery remains a historic achievement, being the very first to be performed in the 80 years history of Fayetteville Veteran Affairs Medical Centre, Fayetteville (VAMC). This feat was made possible by the collaboration of Fayetteville VAMC and Womack Army Medical Centre in Fayetteville through an ongoing initiative to provide expanded healthcare services to veteran affairs and US Department of Defence (DOD) beneficiaries through shared staff, resources and facilities.

Igwilo's exploits in medical practice abroad has brought pride and inspiration to many Nigerians. This groundbreaking surgery at Fayetteville bears clear testimony to the leading roles being played by Nigerian doctors in the US and around the world in promoting and advancing healthcare.

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## COVID-19 IS HIGHLY CONTAGIOUS

# STAY SAFE TO STOP THE SPREAD

Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

## The F-12 theory in crisis management

Dipo MacJob (DrWrite)

In the last edition, I discussed a novel concept in crisis management, which I called the C.A.M.P Strategy. This comprises:

C: Calm down

A: Ask questions from relevant authorities

M: Motivate yourself to do the needful

P: Phone a friend, family, reach out to others.

I came up with this tool first as a contribution of my own quota in the fight against the COVID-19 pandemic which the entire globe is faced with, knowing full well that one ripple effect of the pandemic is susceptibility to mental health issues. Actually, no one is entirely immune to this except there is a deliberate attempt to become conscious and cautious of what emotions you allow and how best to manage yourself at a time like this. This, perhaps is top on the list of your priorities. If you must save the economy, then you must pay keen attention to saving lives.

Again, as much as we all need to support the government at this time, to say the least, it is important for all tiers of government to project the right voice in tandem with their body language, otherwise so much will be done but little achieved because the government is not coming across as trustworthy. In any relationship, trust is germane to its longevity.

My focus in this edition is targeted at all who have been

home for weeks now and facing depletion of funds in their account, so much that there is some kind of panic about the future. Or maybe your own case is that your account balance is seriously on "red" and there is so much panic within you, not just because of how you will fend for yourself but also because you have the responsibility of taking care of other dependants; For example, family both nuclear and extended, friends, etc.

At this juncture, I would like to introduce to you, for the first time in any publication whatsoever, the F-12 theory in crisis management. The theory states that "What you know and what you need to know will save you from the heat of a serious crisis". In order words, after a major crisis, especially a global kind, there are things that will no longer be relevant as they used to. There will be a major shift in the way we were doing things before now. Everyone needs to be well positioned.

Let me say however that one thing which cannot help anyone at this time, even if it has in anyway helped before, is laziness. You need to be more strategic in the way you do things going forward and part of that is by ensuring that you do all to gain access to quality information that is relevant to the current trends. Therefore, an appreciation of the cardinal pillars of the F-12 Theory in crisis management is key, based on my recommendation, and they are as follows:

**Facts:** If it has to do with crisis, there will always be statements that are fact-based and those that are not. To get facts, there is need for one to stay glued to authentic media sources, especially the ones that are government-owned. That kind of authoritative back up is important to clarify doubts. This is not only safe but also ideal.

**Fiction:** If you have noticed, there are some people who have made it a point of duty to peddle rumours or fabricate conspiracy theories. My advice is that you dissociate yourself from such emotionally draining venture. The truth shall eventually be exhumed someday, its just a matter of time.

**Fright:** Naturally, some people are bound to panic over every kind of change initiated by the government, once it affects their lifestyle in any little way. No matter how much you worry about crisis, you wont solve it that way. You still have to calm down; no need for getting anxious.

**Fury:** There is a tendency for anyone to get furious, except he or she is self-aware enough to manage his or her emotions adequately within rational boundaries. The challenge here is, are you going to be found on the side of fury or not? The choice obviously is yours.

**Fatality:** There are bound to be casualties or eventualities during



any crisis. The moment there is anger, there is danger. Many have died during this COVID-19 season and more people will still die. However, you have a choice to stay alive by choosing to abide by all stipulated guidelines of the relevant authorities, such as the NCDC, and the respective federal and state governments. It is better to err on the side of caution than to err on the side of action. Also, it is always wise not to be on the negative side of the law.

In the next edition, we shall be concluding discussions on the other factors in the F-12 theory. Till then, stay safe, strong and sane.



Instagram (@dipomacjob)

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## Pharmanews should be in Guinness World Records - Enebeli

On behalf of myself and my entire family, I wish to congratulate the management and staff of **Pharmanews**, undoubtedly Africa's foremost pharmaceutical publication on this occasion of the 41st anniversary of **Pharmanews**. Sir Ifeanyi Atueyi has been my mentor, role model and uncle.

A celebration of **Pharmanews** cannot be complete without a mention

## I celebrate your giant strides - Adeniji

As you mark your 41<sup>st</sup> anniversary, I join thousands of well-wishers in Nigeria and globally in celebrating with management and staff. Looking at the giant strides so far achieved, I urge the management to team up with other interested bodies in search of improving on the level of locally manufactured medicines and devices,

## Success of Pharmanews a great blessing - Adima

I gladly join numerous readers globally to celebrate 41 years of uninterrupted monthly publication of **Pharmanews**. I remember vividly as a summer intern in 1979, I proofread editions of **Pharmanews** in the living room-office of the indefatigable publisher, Sir Ifeanyi Atueyi.

This unique opportunity for me is a blessing, seeing **Pharmanews** evolve, globally

## Pharmanews has evolved through the years - Paul-Ozieh

It is with great pleasure that I rejoice with the Publisher, Pharm. Ifeanyi Atueyi, FPSN, FNAPharm and the entire staff of **Pharmanews**, on this occasion of the 41st anniversary of **Pharmanews** - the premier pharmaceutical magazine.

I recall with delight my brief stint at **Pharmanews** between 1994 and 1995, as an associate editor cum training

## Pharmanews, a trailblazer - Nwankwo

**Pharmanews** is indeed a trailblazer and its founder and publisher epitomises entrepreneurship.

Right up to the 80s, pharmacists practised largely as hospital or community pharmacists. A relatively small number were engaged in the few pharmaceutical companies at the time, who were subsidiaries of European or American companies as medical representatives or marketing executives.

It was against this background that I was astounded when my friend, Ifeanyi Atueyi, surprised me with the idea of going into

of the sterling qualities of the founder and prime mover. Sir Atueyi has taught us that tenacity, consistency, humility and family are essential "APIs" to success. Publishing **Pharmanews** monthly consistently for 41 years is no mean achievement!

Guinness book of records, are you taking note?

Sir (Pharm.) Paul Enebeli

improving on curriculum of pharm schools to be in tandem with global best practice and enable pharmacists to be counted among government policies in health matters. Membership of PTF on COVID-19 is an example.

- Pharm. Bade Adeniji

read and consistently published 41 years later. I thank God for the bestowment of intellectual probity packaged with good health on the publisher.

Congratulations to the directors, management and staff of **Pharmanews** for their dedication, foresight and hard work throughout the years.

- Engr Nathan Adima, North Carolina, USA

coordinator. The experience was worth the while. Recently, I stumbled on some past editions of **Pharmanews** and I said to myself that the contents have been consistently, constantly and continually promotive of the pharmaceutical sector.

- Pharm. Abiola Paul-Ozieh

pharmaceutical publishing. We discussed the idea at length. While I was wary, he was determined and I reluctantly encouraged him.

Subsequently, with the support of a corporate advertiser who promised and made upfront payments for advertisements, **Pharmanews** was launched.

Atus, as I call you, I have followed the remarkable growth and diversification of your **Pharmanews**. I heartily congratulate you and the company and wish you more years of ground-breaking achievements and success.

- Pharm. Bruno Nwankwo

## Pharmanews gets better with age - Obiorah

It is truly amazing for me to join numerous patrons in congratulating **Pharmanews** at 41. This pharmaceutical journal has been published monthly without interruption for the last 41 years. **Pharmanews** has indeed become the proverbial good wine that turns out better with age.

In the last one year, there have been many innovations to the **Pharmanews** stable. Despite the difficulties of the last months, occasioned by

COVID-19, the journal is waxing stronger and readership is surging.

It is my fervent prayer that the journal will continue to maintain its position as the foremost pharmaceutical journal in the subregion in the years ahead. My very sincere best wishes to the publisher and his entire staff for their dedication. I pray that the dream of the founder of **Pharmanews** will be sustained.

- Prof. Bona Obiorah

## Pharmanews' resilience worthy of celebration - Ifudu

The news of 41 years of uninterrupted publication of **Pharmanews** may appear normal, knowing the calibre, work ethics and leadership style of Sir Ifeanyi Atueyi. However, being able to publish under the new living/working conditions, courtesy of COVID-19, is quite remarkable and a major

landmark achievement worthy of celebration.

We all need to congratulate the management of **Pharmanews** and most importantly thank God Almighty for the enablement granted the team, led by Sir Ifeanyi Atueyi.

- Prof. Ndu D. Ifudu

## Pharmanews' success legendary - Emenike

The management and staff of NEROS Pharmaceuticals Ltd heartily felicitates with our revered **Pharmanews** Ltd, as you mark your 41st anniversary of your continuous publishing of **Pharmanews**, the "FORBES" of pharmaceutical journal in Nigeria, nay, West African sub-region.

We join your teaming partners, customers, well-wishers and business associates to congratulate you on this epoch making occasion.

Your vision, resilience, innovation and professionalism has been legendary. You have indeed taken pharma/medical journalism to enviable heights

## Pharmanews, a champion in its field - Achonye

"The heights by great men reached and kept, were not attained by a sudden flight, but they, while their companions slept were toiling upward in the night," says Henry Longfellow. **Pharmanews** became a champion in its field of choice, grew to become a giant and there has not been any other ever since. From 1979 **Pharmanews** has been

- a fact confirmed by your wide followership; and in the process garnered numerous awards, nationally and internationally.

Our partnership with you for the past 16 years is eventful and has been mutually rewarding to both sides.

It is our wish that this anniversary will encourage and propel you to break new grounds in the service of your profession and medical world at large.

Congratulations once again.

Poly I Emenike, Ph.D, MON. Chairman/CEO NEROS PHARMA LTD.

a strong voice for pharmacy, a profession Sir Atueyi has great passion for, both at the national and international levels.

Citygate pharmaceuticals joins other admirers and well-wishers to rejoice with you as you celebrate at forty plus one. Pharm. Chief Emeka Achonye (CITYGATE Pharmaceuticals, Aba)

## Pharmanews, an outstanding brand - Emetuche

My wife and I, and our team at The Selling Champion Consulting Ltd, congratulate Sir and Lady Ifeanyi Atueyi, and the entire team of **Pharmanews** on the 41st Anniversary of **Pharmanews**.

One of the attributes of success is consistency. The staff and management of **Pharmanews** have done awesomely well in positioning the award winning magazine as

a reliable health journal for over four decades.

As we celebrate this outstanding brand today, we pray that God will continue to expand PHARMANEWS.

Congratulations,

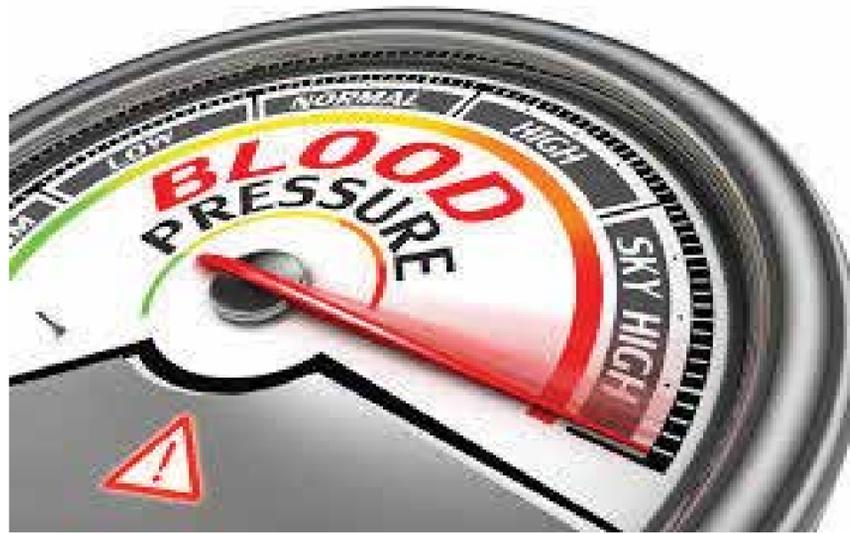
George O. Emetuche, CES, Managing Director, The Selling Champion Consulting Ltd.

# Hypertension: Evolution and management options

The modern history of hypertension begins with the understanding of the cardiovascular system, based on the work of physician William Harvey (1578–1657), who described the circulation of blood in his book “De motu cordis”. The English clergyman Stephen Hales made the first published measurement of blood pressure in 1733. Descriptions of what would come to be called hypertension came from, among others, Thomas Young in 1808 and especially Richard Bright in 1836.

Bright noted a link between cardiac hypertrophy and kidney disease, and subsequently kidney disease was often termed Bright’s disease in this period. In 1850, George Johnson suggested that the thickened blood vessels seen in the kidney in Bright’s disease might be an adaptation to elevated blood pressure. William Senhouse Kirkes in 1855 and Ludwig Traube in 1856 also proposed, based on pathological observations, that elevated pressure could account for the association between left ventricular hypertrophy to kidney damage in Bright’s disease.

Samuel Wilks observed that left ventricular hypertrophy and diseased arteries were not necessarily associated with diseased kidneys, implying that high blood pressure might occur in people with healthy kidneys; however the first report



of elevated blood pressure in a person without evidence of kidney disease was made by Frederick Akbar Mahomed in 1874 using a sphygmograph.

The concept of hypertensive disease as a generalised circulatory disease was taken up by Sir Clifford Allbutt, who termed the condition “hyperpiesia”. However hypertension as a medical entity really came into being in 1896 with the invention of the cuff-based sphygmomanometer by Scipione Riva-Rocci in 1896, which allowed blood pressure to be measured in the clinic. In 1905, Nikolai Korotkoff improved the technique by describing the Korotkoff sounds that are heard when the artery is auscultated with a stethoscope while the

sphygmomanometer cuff is deflated. Tracking serial blood pressure measurements was further enhanced when Donal Nunn invented an accurate fully automated oscillometric sphygmomanometer device in 1981.

### Early classifications

The term essential hypertension (“Essentielle Hypertonie”) was coined by Eberhard Frank in 1911 to describe elevated blood pressure for which no cause could be found. In 1928, the term “malignant hypertension” was coined by physicians from the Mayo Clinic to describe a syndrome of very high blood pressure, severe retinopathy and inadequate kidney function,

which usually resulted in death within a year from strokes, heart failure or kidney failure.

A prominent individual with severe hypertension was Franklin D. Roosevelt. However, while the menace of severe or malignant hypertension was well recognised, the risks of more moderate elevations of blood pressure were uncertain and the benefits of treatment doubtful.

Consequently, hypertension was often classified into “malignant” and “benign”. In 1931, John Hay, Professor of Medicine at Liverpool University, wrote that “there is some truth in the saying that the greatest danger to a man with a high blood pressure lies in its discovery, because then some fool is certain to try and reduce it”. This view was echoed in 1937 by US cardiologist Paul Dudley White, who suggested that “hypertension may be an important compensatory mechanism which should not be tampered with, even if we were certain that we could control it”.

Charles Friedberg’s 1949 classic textbook “Diseases of the Heart”, stated that “people with ‘mild benign’ hypertension defined as blood pressures up to levels of 210/100 mm Hg need not be treated”. However the tide of medical opinion was turning: it was increasingly recognised in the 1950s that

continued on page 13

**Hypertension accounts for 85%-95% of patients with CKD. Studies indicate that ARBs are preferred agents for kidney diseases with proteinuria.**

*(Cardiovasc Diabetol. 2016; 15: 113.)*

**JDA**  
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# CILZEC

Telmisartan 40 / 80mg Tablets

## The Good Morning Anti-hypertensive

INDICATIONS:

Patients with Stage 1 hypertension (ie, 130-139/80-89 mmHg) who have one or more of the following:

- Type 2 diabetes
- Chronic kidney disease

DOSAGE:

The usual starting dose of Cilzec tablets is 40mg - 80mg once a day

▪ **Telmisartan CILZEC** effectively & safely reduces proteinuria in chronic kidney disease patients.

▪ **Proteinuria was reduced by 29.8% after 52 weeks of treatment with telmisartan CILZEC 80 mg in hypertensive type-2 diabetes patients with overt nephropathy.**

*(J Drug Assess. 2016; 5(1):24-28.)*

**PRESCRIBING INFORMATION**

**COMPOSITION**  
Telmisartan Tablets 40mg  
Each uncoated tablet contains: Telmisartan P.O. Eur. 40 mg

Telmisartan Tablets 80mg  
Each uncoated tablet contains: Telmisartan P.O. Eur. 80 mg

**USE IN PREGNANCY**  
When used in pregnancy during the second and third trimesters, drugs that act directly on the renin-angiotensin system can cause injury and even death to the developing foetus. When pregnancy is detected, TELMISARTAN tablets should be discontinued as soon as possible.

**Special Populations**  
Pediatric: Telmisartan pharmacokinetics have not been investigated in patients <13 years of age.  
Geriatric: The pharmacokinetics of Telmisartan do not differ between the elderly and those younger than 65 years.  
Gender: Plasma concentrations of Telmisartan are generally 2.3 times higher in females than in males. In clinical trials, however, no significant increases in blood pressure response or in the incidence of orthostatic hypotension were found in women. No dosage adjustment is necessary.  
Renal Insufficiency: No dosage adjustment is necessary in patients with decreased renal function. Telmisartan is not removed from blood by haemodialysis.  
Hepatic Insufficiency: In patients with hepatic insufficiency, plasma concentrations of Telmisartan are increased, and absolute bioavailability approaches 100%.

**INDICATIONS AND USAGE**  
Telmisartan tablets are indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

**CONTRAINDICATIONS**  
TELMISARTAN tablets are contraindicated in patients who are hypersensitive to any component of this product.

**OVERDOSAGE**  
Limited data are available with regard to overdosage in humans. The most likely manifestation of overdosage with Telmisartan tablets would be hypotension, dizziness and tachycardia. Gastrointestinal (GI) stimulation, if symptomatic hypotension should occur, supportive treatment should be instituted. Telmisartan is not removed by haemodialysis.

**DOSAGE AND ADMINISTRATION**  
Dosage must be individualized. The usual starting dose of Cilzec tablets is 40 mg once a day. Blood pressure response is dose related over the range of 20-80 mg.

**PRESENTATION**  
Telmisartan tablets are available as white or off-white, uncoated tablets containing Telmisartan 20 mg, 40 mg or 80 mg.

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## Hypertension: Evolution and management options

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“benign” hypertension was not harmless. Over the next decade increasing evidence accumulated from actuarial reports and longitudinal studies, such as the Framingham Heart Study, that “benign” hypertension increased death and cardiovascular disease, and that these risks increased in a graded manner with increasing blood pressure across the whole spectrum of population blood pressures.

Subsequently, the National Institutes of Health also sponsored other population studies, which additionally showed that African Americans had a higher burden of hypertension and its complications.

### Early treatment options

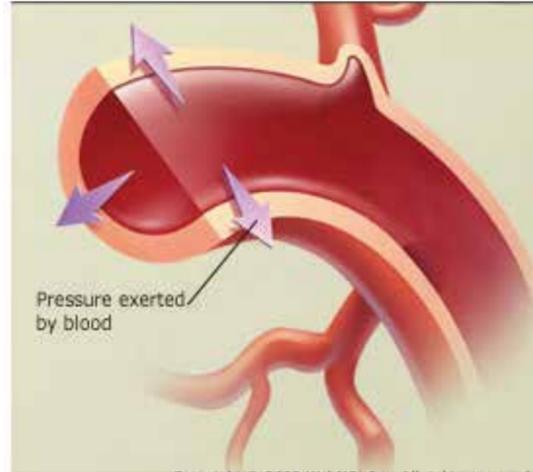
Historically the treatment for what was called the “hard pulse disease” consisted in reducing the quantity of blood by blood-letting or the application of leeches. This was advocated by The Yellow Emperor of China, Cornelius Celsus, Galen, and Hippocrates.

In the late 19th and early to mid-20th centuries, many therapies were used to treat hypertension, but few were effective and these were poorly tolerated. Therapies used in that period included strict sodium restriction (for example the rice diet sympathectomy (surgical ablation of parts of the sympathetic nervous system), and pyrogen therapy (injection of substances that caused a fever, indirectly reducing blood pressure).

The first chemical for hypertension, sodium thiocyanate, was used in 1900 but had many side effects and was unpopular. Other treatments, such as barbiturates, bismuth, and bromides were mainly supportive, rather than therapeutic. Other drugs were used after the Second World War, the most popular and reasonably effective of which were tetramethylammonium chloride and its derivative hexamethonium. Also used in the post-war period were hydralazine and reserpine (derived from the medicinal plant *Rauvolfia serpentina*).

A major breakthrough was achieved in the 1950s with the discovery of well-tolerated oral diuretics, the first of which was chlorothiazide (Diuril). This was derived from the antibiotic sulfanilamide and became available in 1958. A randomised controlled trial sponsored by the Veterans Administration comparing hydrochlorothiazide plus reserpine plus hydralazine versus placebo had to be stopped early because those not receiving treatment developed many more complications and it was deemed unethical to withhold treatment from them.

The study continued in people with lower blood pressures and showed that treatment even in people with mild hypertension more than halved the risk of cardiovascular death. In 1975, the Lasker Special Public Health Award was awarded to the team that developed chlorothiazide. The results of these studies prompted public health



campaigns to increase public awareness of hypertension and promoted the measurement and treatment of high blood pressure. These measures appear to have contributed at least in part to the observed 50 per cent fall in stroke and ischemic heart disease between 1972 and 1994.

### Later treatment options

Soon, more drugs became available to treat hypertension. The British physician James W. Black developed beta blockers in the early 1960s, these were initially used for angina, but turned out to lower blood pressure. Black received the 1976 Lasker Award and

in 1988 the Nobel Prize in Physiology or Medicine for his discovery.

The next class of antihypertensives to be discovered were calcium channel blockers. The first member was verapamil, a derivative of papaverine that

was initially thought to be a beta blocker and used for angina, but then turned out to have a different mode of action and was shown to lower blood pressure. The renin-angiotensin system was known to play an important role in blood pressure regulation, and angiotensin converting enzyme (ACE) inhibitors were developed through rational drug design.

In 1977 captopril, an orally active agent, was described; this led to the development of a number of other ACE inhibitors. More recently angiotensin receptor blockers and renin inhibitors have also been introduced as antihypertensive agents.

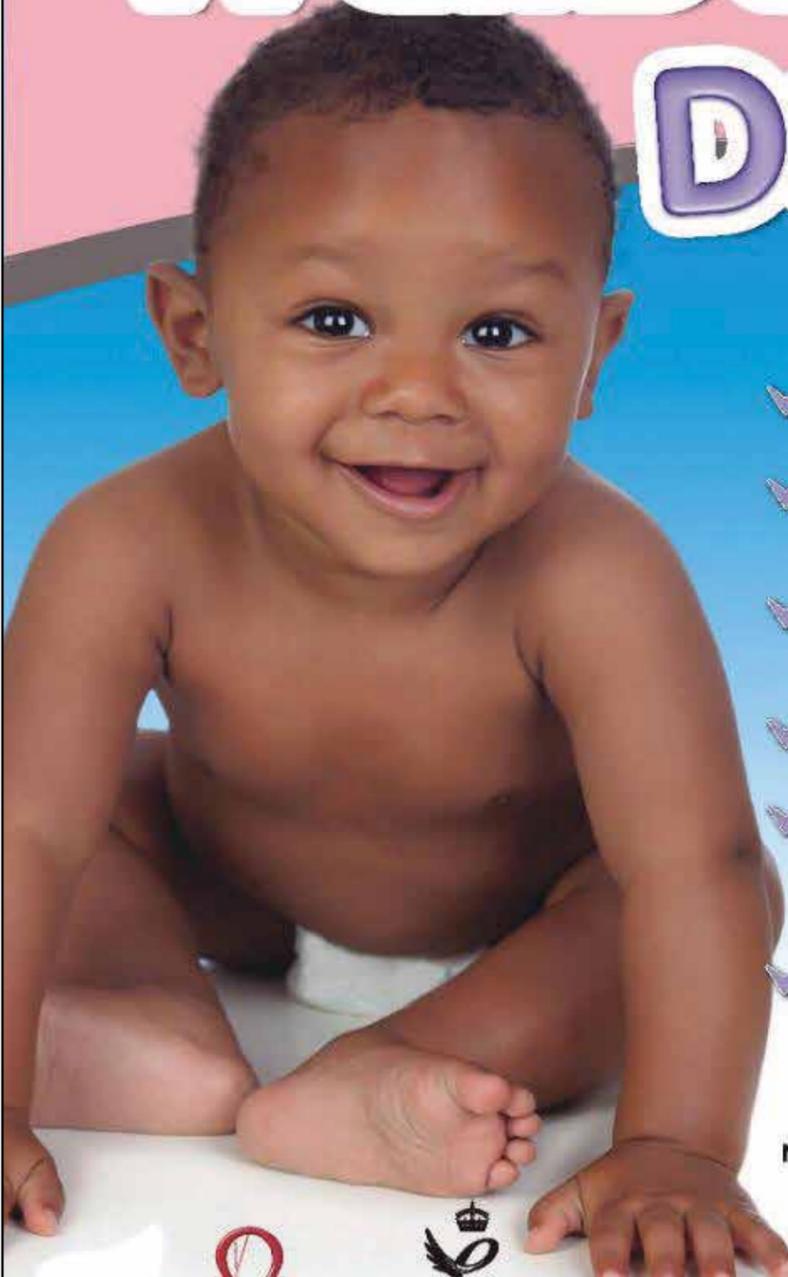
### Worldwide epidemic of hypertension

Hypertension, or high blood pressure, is one of the primary risk factors for cardiovascular diseases, including

continued on page 15

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MD CEO Pharm Matthew O Azoji delivering a welcome address to guests.



Ecoblessed Pharmacy, Onitsha MD(Mr Nnaemeka Onubueze)-key winner in the Neimeth 2019 Distributors' Amazing Promotion, receiving car award for top performance in the Promo.



The car winner in the 2019 Neimeth Distributors' Promotion, with top management of Neimeth & WWCVL. From the left, Deepak Kanwar(wwcvl top mgt), Mr Igbanoi (Dir of Admin), Pharm Mrs. Oputa (ED, sales & mktng), Pharm.M. Azoji (MD, CEO Neimeth), Mr Nnaemeka Onubueze, Mrs Nelson (ED,finance) and Pharm. Sachin Malawade



Cross section of Neimeth International Pharmaceuticals Plc Management staff and some Awardees at the Customers' Forum.



MD, CEO of Neimeth International Pharmaceuticals Plc (Pharm. Matthew Azoji) with Nnaemeka Onubueze (Ecoblessed Pharma Ltd) Onitsha, receiving the National Best Customer Award for 2019 Business Year.



Nnaemeka Onubueze (Ecoblessed, Onitsha) receiving award as best regional customer East from Ifeyinwa Maduka (Head of Business Personal care division)ECOWAS



Representative of Eben Pharmacy Akure (Adeyeri Oluwaseun Janet) receiving award from Mr Ajala as the Best Regional Customer West.



Mr. Deepak Kanwar on behalf of WWCVL Management receives Excellent Business Partnership Award from Neimeth Int'l Pharm Ptc



MD CEO Kien Pharma Ltd, Abuja (Mr. Stanley Eze) receiving award as the Best Regional Customer North, from Pharm. Roseline Oputa (ED, Sales & Marketing).



Cross section of Neimeth Management from the left: Mr. Igbanoi(Dir of Admin), Mr Thoeophilus Oamen (Head of Business - HOB) Healthcare division), Mr Osaretin Asowata (HOB, Ethical division), Mr Babafemi Ajala (Key Account, Corporate & Public Business).



Head of Marketing Pharm Mrs. Chovwe Emaniru addressing the guests on Neimeth products benefits.



MD, Canez Pharma Ltd Onitsha(Augustina Obiakor) receiving award from Mrs.Temitayo Nelson (ED, Finance) Neimeth.



In a cheerful mood Mrs Augustina Obiakor(MD Canez Pharma Ltd-Onitsha) and Mrs Clementina O. Emenalo, Executive Director Warneck Pharma Ltd, Aba.



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## Hypertension: Evolution and management options

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cerebrovascular stroke. Yet, many with hypertension are undetected and live with elevated blood pressure for a long time before it is diagnosed. According to a World Health Organisation's report, the leading causes of mortality worldwide are ischemic heart disease and cerebrovascular stroke.

Suboptimal blood pressure control has been identified as the third ranked factor for disability-adjusted life years. There are many regional reports but very little national data on the prevalence of hypertension. Recent analyses based on existing data from different countries have resulted in a few informative publications.

Based on a pooled analysis of available national and regional data, Kearney et al reported the estimated number of adults with hypertension in 2000 to be 972 million worldwide. They further indicated that the estimated number of hypertensives in developing countries outweighed that of developed countries by almost twofold (639 million in developing countries versus 333 million in developed countries). The report states that the overall prevalence of hypertension in 2000 was estimated to be 26.4 per cent of the world's population (26.6 per cent male and 26.1 per cent female). Kearney et al also predicted that the burden of



hypertension would increase by 60 per cent to approximately 1.56 billion in the year 2025.

With nearly one-quarter of the world's adult population suffering from hypertension, one can conclude that this modifiable, preventable and controllable risk factor has reached epidemic proportions.

Theoretically, the knowledge necessary to prevent and control hypertension – a major public health problem – exists, but control rates are dismal in every part of the world. The lack of baseline data in many countries and lack of national data in most countries make it difficult to develop any reasonable prevention projects.

An extensive review by Kearney et al was only able to obtain national data from 16 countries – all seven G7 countries from established market economies, three from Latin America and the Caribbean (Mexico, Paraguay and Venezuela), one from the Middle Eastern crescent (Egypt) and one each from China, Korea, Thailand, Taiwan and South Africa. There were regional samples available from India, Sweden, Greece, Turkey, Cameroon, Tanzania and Zimbabwe.

### Implications for public health

From a public health point of view, the prevention and control of

hypertension are cost-effective interventions, particularly in older patients. Risk factors for hypertension include dietary habits, such as high sodium or low potassium intake, high alcohol consumption, low levels of physical activity and overweight.

An effort to reverse these habits is the pivotal aspect of suggested lifestyle changes.

When such lifestyle modifications fail to control hypertension, drug treatment is essential. Meticulous attention to evidence-based guidelines is essential when initiating pharmacotherapy. The healthcare provider should be aware of any problems. There is enough evidence to suggest that patient adherence to hypertensive medication is poor.

### Societal responsibility

The increasing levels of hypertension and its prevalence cannot be ignored as "an individual's problem". Uncontrolled hypertension is a major cause of disability and premature death throughout the world, with significant impact on individuals and healthcare systems. This translates into an increasing economic and a high societal burden. Because hypertension is a societal problem, the solutions must also be societal in nature.

### Surveillance

Surveillance is a critical

continued on page 17

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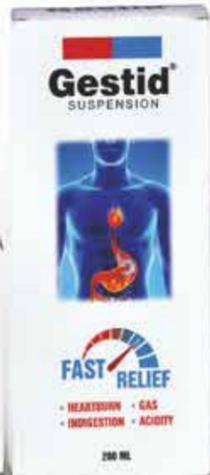
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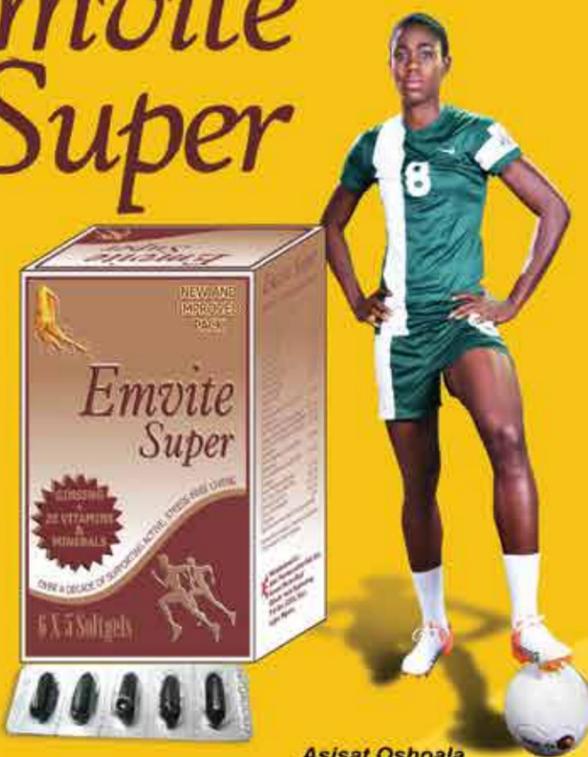
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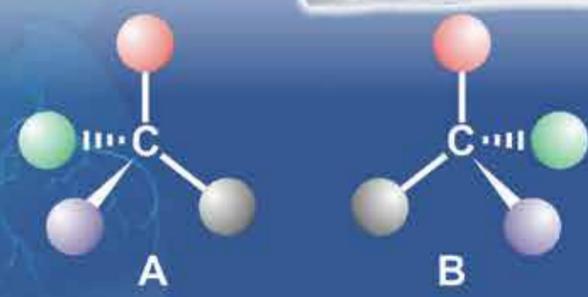


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## Hypertension: Evolution and management options

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aspect of any healthcare system and is especially important for risk factors, such as hypertension, that play a large role in determining population health. Ongoing surveillance is critical to identify new gaps in care so that programmes can evolve to fill these gaps.

In many areas around the world, surveillance is inadequate to develop and monitor programmes that prevent and improve hypertension management. Canada, for example, has not had a national survey that has assessed blood pressure since the Canadian Heart Health Survey. There was another such survey in 2007, with the results being available in 2009. Another important issue is the difficulty of comparing surveys that use different questions or techniques for measuring blood pressure. A Canadian report on the minimum standards for measuring blood pressure for surveys has been published; however, international standards are required and they need to include questions as well as measurements. The World Hypertension League (WHL) or the International Hypertension Society needs to play a leadership role in standardising worldwide hypertension surveillance.

### World Hypertension Day (WHD)

The WHL launched the first World Hypertension Day in 2005 to address the societal responsibility associated with hypertension. More than 25 member countries of the WHL participated in this effort in their respective countries. The aim of the first World Hypertension Day was to improve awareness of hypertension among the general public. In several countries, this was accomplished through media campaigns, lay press, involvement of legislators, and public events such as aerobics and walking. Based on the success of the first World Hypertension Day, the WHL is making it an annual event.

Every year, 17 May is dedicated to World Hypertension Day (WHD). This is an initiative of the World Hypertension League (WHL), an affiliated section of the ISH. The themes for World Hypertension Day are uniquely picked with a goal of increasing high blood pressure (BP) awareness in all populations around the world. The main aim of the day is to educate the public and increase awareness of hypertension, which is also commonly known as high blood pressure.

Hypertension is a major cause of a range of health problems such as strokes, heart attacks and kidney disease, and can also contribute to dementia. Many people who suffer from hypertension are not aware that they have it as there can be no symptoms, often people only find out after suffering a heart attack or stroke.

### The Nigerian dimension

Some medical experts have identified hypertension



as the most common non-communicable disease in Nigeria and called for more awareness of the need for check-ups, healthy diet and lifestyle to guard against it.

According to the experts, who spoke with the News Agency of Nigeria (NAN) in Lagos, when Nigeria joined other nations to celebrate the 2018 World Hypertension Day (WHD), WHD is a day to promote awareness of hypertension and encourage people to prevent and control this silent killer, referred to many as the modern epidemic.

Afolabi Akinkunmi, a cardiologist, said hypertension remained the most frequently diagnosed cardiovascular disorder in Nigeria. Akinkunmi, who works at the Lagos University Teaching Hospital (LUTH), Idi-Araba, lamented that most people had yet to be aware of the disease.

He continued, "Hypertension is the most common non-communicable disease in Nigeria. According to the World Health Organisation (WHO), the prevalence of hypertension is highest in African countries at 46 per cent of adults, aged 25- years and above. It is an indication for the risk of stroke, coronary heart disease, heart attacks, kidney disease, and other related disorders.

"With the passage of time, the blood vessels gradually lose their elasticity, and this may lead to rise in systolic pressure when the heart contracts," he told NAN.

On the causes, Mr Akinkunmi said hypertension could be the consequences of medical conditions. "Hypertension precipitated by other disease conditions in the body is called secondary hypertension.

Secondary hypertension includes adrenal gland tumor, blocked renal artery, obstructive sleep apnea, kidney diseases, endocrine diseases, obesity and nutritional causes," he said.

According to him, environmental factors that contribute to hypertension include smoking, excessive alcohol consumption and eating of high-fat diet, high-salt diet, caffeine and tobacco.

"Metabolic risk factors such as obesity, diabetes and raised bloodlipids can also contribute to the development of hypertension and its complications.

He however advised hypertensive patients to maintain a suitable diet, nutritional supplements, exercise and proper stress management," he said.

Also, Mildred Akanu, a general physician, said that the symptoms of hypertension were rarely apparent, adding that hypertension is not often accompanied by any symptom and its identification is usually through screening or when seeking healthcare for an unrelated problem.

"Most hypertensive drugs do not cure hypertension but can only reduce blood pressure and control the condition," she said.

In his own submission, Ayodeji Abdulrasheed, a dietician, at StaMed Nutritional and Health Services, urged the general public to adopt a healthy diet to reduce cardiovascular related diseases.

Mr Abdulrasheed said there were several types of cardiovascular related diseases but high blood pressure, also known as hypertension, was the number one risk factor for cardiovascular diseases.

According to him, eating food rich in nutrients such

as potassium, calcium and magnesium can help to lower blood pressure and prevent risks of heart failure.

"People living with high blood pressure should adopt diet that is low in saturated fat, cholesterol, and sodium-rich food especially salt.

"For people with high blood pressure, they should watch out for salt in their meals; too much salt or sodium can cause the body to retain fluid, which increases the blood pressure. Such people should always ensure they eat food rich in nutrients which include protein, fibre, fruits, vegetables, whole grains and fish. People should also limit the amount of alcohol intake as alcohol can raise blood pressure, even if the person does have hypertension. Everyone should monitor his alcohol intake and other fizzy drinks."

He also advised people to abstain from smoking as it has a dangerous effect on the heart and also endangers the lives of people around them.

The doctor also urged people with family history of heart related disease to go for comprehensive screening to ensure timely detection that would prevent its danger.

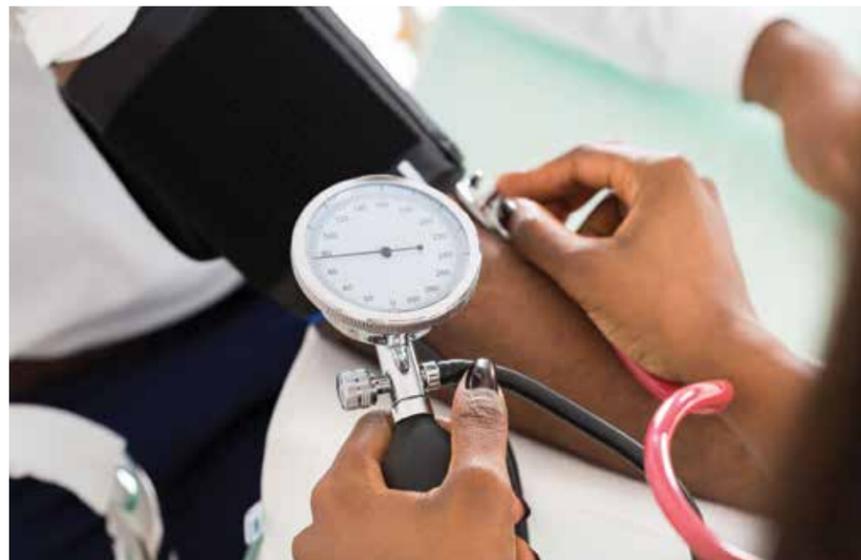
### Conclusion and recommendations

Treatment to target and control rate of hypertension in Nigeria has remained less than optimal. The plausible explanation is that although the efficacy and effectiveness of lifestyle modifications and antihypertensive pharmaceutical treatment for the prevention of hypertension and concomitant cardiovascular disease have been demonstrated in randomized controlled trials, this scientific knowledge has not been fully applied in populations living in low- and middle-income countries. The health system factors, healthcare providers together with the patient factors, play significant roles in this regard

Also, while hypertension is a global epidemic, yet many guidelines and pharmacologic options are available to prevent the morbidity and mortality associated with this disease. Although lifestyle modifications are frequently neglected, they should be started early and continued indefinitely.

Some patients will require more than one antihypertensive agent to control their BP. Combination therapies are effective and are recommended in patients with stage 2 hypertension. Regardless of which drug is used, the most important aspect of treating hypertension is reducing BP to goal. Effective communication between physicians, other healthcare professionals, and patients is paramount in the successful treatment of hypertension

Also, it should be noted that the gap that existed in prevalence of hypertension between the urban-rural communities is gradually being eroded and prevention strategies must be instituted urgently.



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- \* Acute bacterial Sinusitis
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# We have developed NIPRIMUNE for COVID-19 treatment - NIPRD DG

*continued from front page*

humans. Below is the full text of the interview:

**With the outbreak of COVID-19 in the global community, each nation has been seeking local treatment options. As an institution for pharmaceutical research and development, has NIPRD identified any medicinal plant to be developed for the treatment of the infection?**

The National Institute for Pharmaceutical Research and Development (NIPRD) has developed an immunomodulatory phytomedicine called NIPRIMUNE, which is currently undergoing the various relevant processes that will enable it be considered as adjunct therapy in managing COVID-19.

NIPRIMUNE is an immunomodulatory phytomedicine, which can be used to stimulate and improve the immune status of Nigerians, in the face of the prevailing pandemic. In addition, it can be included as an adjunct in the therapy of COVID-19 to aid in the body's natural defences against the virus while clinical interventions are being administered.

It is now well known that people who have underlying illnesses, or whose immune systems are compromised, are the most vulnerable to COVID-19. What this means is that a product like NIPRIMUNE can be invaluable in the toolkit of any physician faced with management options for COVID-19.

So far, a significant amount of studies have been undertaken on this product and efforts are currently being made to secure the funding required to complete the necessary clinical studies on humans.

**There have been several claims on the social media by herbal medicine practitioners on their locally made formulations for the treatment and cure of the infection. As a research and development (R&D) institution, has the agency tried to research into the active ingredients in these local preparations?**

You are right that a good number of Nigerians have made claims regarding the management, treatment and cure of COVID 19. These claimants range from professionals and scientists in academia to traditional medicine practitioners and others.

While some of the claims look plausible, based on existing knowledge on the pathophysiology of the disease, as well as some of the promising drug regimens that are being trialled around the world, some look implausible.

Common to all the claims is that they are based on plants and plant preparations. The value that NIPRD brings to the national response, is its ability to harness its considerable expertise and cognate experience to carry out a systematic evaluation of these claims with a view to identifying those that should be subjected to further assessment.

This can be the rate limiting step to developing efficacious interventions in treating this

pandemic that has challenged the health infrastructures of all nations of the world. NIPRD has, over the years, been actively involved in the development and assessment of herbal medicines. It provides services to Traditional Medicine Practitioners (TMPs) and other phytomedicine developers in the area of safety and efficacy assessments for regulatory registration purposes amongst others.

It was engaged in the past by the federal government to carry out the evaluation and validation of HIV claims. This is incontrovertible evidence of NIPRD's capacity and ability to validate the claims of products perceived to have activity against COVID-19.

In addition to identifying active ingredients whilst validating claims of TMPs, NIPRD also provides an invaluable service to the nation in ensuring that Nigerians are not exploited by being exposed to unsafe and toxic products, as well as spurious claims.

**The search for a viable vaccine is ongoing in different countries to reduce cases and fatalities of the infection of COVID-19 to the barest minimum. Is NIPRD involved in the search for a local or conventional vaccine process for the virus?**

The processes involved in the development of vaccines are very complex, expensive and time-consuming. Whilst recent advances in the various branches of the relevant sciences can significantly shorten the time required to get these products, a significant amount of resources are still required to achieve successful output.

Having said that, all over the globe, there is a concerted effort to ensure an expedited approval for an evidence-based intervention for COVID-19. A significant number of potential vaccines and medicines for COVID-19 have been reported to be in development in various countries across the world.

We have also seen an unprecedented level of collaboration between various entities, across the entire spectrum, towards the development of vaccines and other relevant interventions.

As you are aware, NIPRD was established with the primary objective of enhancing the development and commercialisation of pharmaceutical raw materials, drugs, vaccines and biological products. NIPRD is also mandated to engage in activities relating to capacity building, policy making, data collation, drug distribution and the development of contextual partnerships that can expedite access to healthcare.

As Nigeria's vaccine manufacturing industry is still at its infancy, NIPRD's role in the present pandemic has focused mainly around increasing advocacy for further developing local capacity, as well as coordinating international partnerships to ensure timely access to relevant interventions for our people.

NIPRD has also been involved in developing collaborative efforts with international partners regarding ensuring that Nigerian perspective is brought to the fore in

global vaccine development.

**Considering the spread of the infection in the country, from a researcher's point of view, how close are we to overcoming the burden in Nigeria?**

So far, the evidence suggests that Nigeria has done a commendable job in articulating a national response to the pandemic, especially when you compare our figures to similar data from places like the United States, Brazil, United Kingdom and Italy.

We should however look beyond this crisis, and begin to focus on the opportunities. The Chinese word for "crisis" is composed of two characters, one represents "danger", while the other represents "opportunity". Whilst COVID-19 is currently viewed as a crisis, an opportunity also exists. That opportunity lies in the area of medicines security.

Currently, Africa and indeed most of the developing world, is faced with challenges associated with a lack of medicines security. About 70 per cent of all medicines used in Nigeria are imported into the country, and this goes against the concept of medicines security that argues that unless a people exert sufficient control over how their medicines and healthcare commodities are produced, sustainable access to relevant, affordable, high quality products cannot be guaranteed in that setting.

The dependence on importation for majority of the medicines used in Nigeria is unsustainable and exponentially increases Nigeria's exposure to substandard pharmaceutical products.

Today, Nigeria's cohort of pharmaceutical sector manufacturers, professionals and researchers represent a significant proportion of all pharmaceutical stakeholders in Africa. There is also evidence of some maturity in the Nigerian pharmaceutical sector, as evidenced by the WHO GMP certification as well as other quality indicators achieved in both the private and the public sectors.

Despite all these significant advantages, Nigeria's market share of the continental market is disappointingly low. This means that despite its potential to be a pharmaceutical manufacturing hub, Nigeria is not harnessing resources that can position it to capture the continental market.

With the proper policies, the relevant prioritisation, and collaborative engagement, Nigeria can emerge Africa's manufacturing hub, post COVID-19

**What are the promising phytomedicines that could be put on R&D front burner for the**



**Dr Obi Peter Adigwe**

**cure of the disease?**

Data protection guidelines and intellectual property concerns mean that I cannot publicly disclose key ingredients of NIPRD's or other practitioner's formulations. What I can tell you, however, is that Nigeria is richly blessed with plants that have proven ethnomedicinal properties, and there is a good possibility that one or more of these can emerge as a product that can be used in the management of the disease.

As you are aware, our institutional confidence in the nation's great potential in phytomedicines led us to develop the Contextual Processing Protocol (CPP). In conceptualising the protocol, we designed the CPP to harness phytomedicines and other natural resources that are abundant in Nigeria.

The international phytomedicines' market is a multi-billion dollar per annum market, which Nigeria, despite its potential, has no significant stake in. We therefore developed the CPP with the aim of harnessing the phytomedicinal potential of naturally occurring plants, using local human capital, to expedite the production of finished products for local consumption, as well as for export.

Indigenes and residents of the targeted areas where the natural resources are located will be deliberately involved in the project in order to maximise the socioeconomic benefits of this concept. Significant effort was also made to select products with high viability, and which have significant potential to improve access to healthcare and wellbeing, when processed.

The development of the project has also been designed to harness products from each of the six geopolitical regions in Nigeria. In essence, in addition to the potential for Nigeria's rich biodiversity to contribute to the response to COVID-19, prioritising our phytomedicinal potential can also help the nation achieve critical socioeconomic objectives in job creation, capacity building and revenue generation.

# Neem, the one-tree pharmacy

Pharm. Ngozika Okoye  
MSc, MPH, FPCPharm  
(Nigeria Natural Medicine Development Agency)

**A**zadirachta indica, a member of the Meliaceae family, is commonly known as neem. Coming from the mahogany family, it is called *dogonyaro* in Hausa and Yoruba; and *aku shorop*, *ogwu iba* or *ogwu akom* in Igbo. It is a large evergreen tree that grows up to 20m in height in tropical and semi-tropical regions of the world.

## Constituents

Different parts of neem tree contain many biologically active compounds, including triterpenoids, alkaloids, phenolic compounds, flavonoids, carotenoids, ketones and steroid. Phytochemicals such as quercetin and azadirachtin and liminoids such as nimbin, nimbinin, and nimbidin have been purified from the different parts of the plant. The leaves also contain ascorbic acid, various amino acids, and several other types of compounds.

## Preparations

Different parts of the plant, such as the leaves, stem, bark, roots, fruits and flowers may be prepared as capsule, tea, paste, powder, decoction, infusion or oil. The twigs can be chewed raw. The leaves may be taken alone or mixed with beverages. It may also be used in aromatherapy. Neem may be burnt to ward off insects.

Pharmacological actions and medicinal uses

Several studies have portrayed that neem has hepatoprotective, neuroprotective, nephroprotective,



**Azadirachta indica**

cardioprotective, immunostimulant, contraceptive, anti-inflammatory, antidiabetic, antimicrobial, antihelmintic, antitumor, insecticidal and pesticidal properties.

All parts of the neem tree, including, leaves, seeds, roots, bark and the flowers of the plant are used to cure different ailments, such as stomach ulcers, jaundice, a variety of infectious and parasitic diseases, including leprosy, chicken pox and warts.

The leaves are widely used to alleviate fever, especially from malaria attacks, intestinal complaints, dental problems, headache and heartburn. They are used as insect repellents, appetite stimulants and diuretics.

The twig is used as toothbrush for reducing plaque and gingival inflammation.

Some studies have clearly shown that neem extracts can be potentially useful to control some foodborne pathogens and other spoilage organisms. Neem is commonly used to heal wounds because of its antiseptic properties and fatty acid content.

Studies confirm the antiviral activity of neem by showing that the bark extract extensively blocked HSV-1 entry into cells. Neem leaves can be used to treat infected eyes, asthma, cough and sore throats.

Neem also helps in strengthening hair quality and promotes growth of hair. The

neem oil is believed to relieve skin dryness, skin itchiness and redness and treatment of such skin complaints as furuncles and eczema.

## Adverse effects

Adverse effects that could be attributed to neem include death in infants, allergic reactions, infertility, miscarriage, stomach irritation, increase in fatigue and low blood sugar.

## Economic potentials

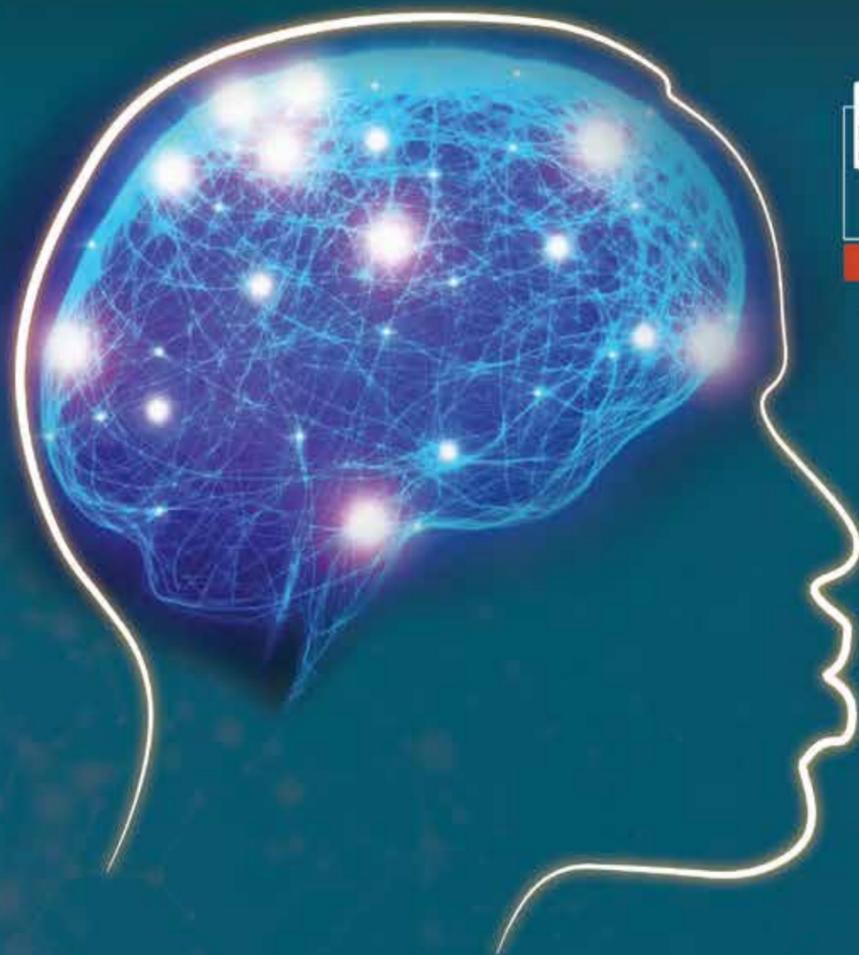
The neem tree is now gaining more importance due to its wide potentialities for industrialisation and commercialisation in the areas of agriculture, cosmetics, medicine, toiletries and various industries. 15 neem trees within the staff quarters of LBRBA in Benue State yielded up to 605.7kg of fruits in six weeks.

The demand for neem products are increasing daily. Some companies are now using Neem products (Neem oil and leaves) for production of cosmetics like facial creams, nail polishes, nail oils, shampoos, conditioners etc. Neem twigs are sold in rural markets as toothbrush. Dried neem leaves, neem tea and neem plus vermonia tea are available for sale for as much as ₦1,000.00, ₦2,000.00.00 and ₦4,000.00, respectively

The neem tree is of great importance as fuel, additive to fertilizers, forage for ruminants and rabbits and for its anti-desertification properties. Neem is widely established in plantations to check desertification in Kano, Katsina and Jigawa States of Nigeria.

Great potentials abound for neem in pharmaceuticals, cosmetics, agriculture including livestock, and landscaping.

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# Public health nurses bemoan non-replacement of retired colleagues

## - Donate PPEs, face masks to Lagos State Government

By Temitope Obayendo

Members of the Professional Association of Public Health Nursing Officers of Nigeria (PAPHNON) have condemned the non-replacement of retired public health nurses in the country, a situation which they say has led to gross shortage of nurses working in the public health sector for a long period of time.

The nurses made the remarks while presenting packs of personal protective equipment (PPE) to the Lagos State government, as a contribution to the containment of the coronavirus, at the Lagos State Ministry of Health, Alausa, Ikeja, recently.

Mrs Adeyemi Oluwatayo the immediate past national chairman of PAPHNON, and a member of the Board of trustees of the association, drew the attention of the state government to the neglect of public health nursing, saying that the non-replacement of several public health nurses who have retired is having a negative effect on healthcare delivery in the state and the country, in general.

She said: "For our impact to be felt more in the society, part of the problem is the fact that majority of the public health nurses that have retired are not replaced. We do not have new intake of public health nurses.

"Besides, for some time now, Lagos State nurses go to Oyo State to train. Public health nurses are versed in knowledge and a lot of us in diaspora are doing very well, and I'm not sure if they are willing to return".

Oluwatayo, who said public health nurses are a specialist group of public health professionals, with NANNM as their primary constituency, appealed to the state government to help fill the vacuum left by retired public health nurses by recruiting well-trained nurses, and creating a conducive environment for public health nursing to thrive as it is done abroad.

"What bothers me most is the fact that the curriculum that is being run here is the same that is run over there (abroad). When our nurse graduates from Nigeria travel outside the shores of this country, they are not expected to do any other programme, not even PGD; they are sent for their MSc programme immediately," she stated.

Presenting the PPE to the trio of representatives of the state government, comprising Permanent Secretary, Mrs Tunwase Adebawale; Director of Pharmaceutical Services, Dr Moyosore Adejumo and Director of Nursing Services, Mrs Dorcas Shonibare, Oluwatayo noted that the donation was the association's way of assisting the government in the management of the raging global pandemic.

She revealed that their



**L-R: Mrs Tunwase Adebawale, representative of the Permanent Secretary; Dr Moyosore Adejumo, DPS; Mr Dorcas Shonibare, DNS; Mrs Adeyemi Oluwatayo, immediate past chairman, PAPHNON, at the presentation of the protective materials, at the Lagos State Ministry of Health, Alausa, Ikeja.**

mission was to ensure that nurses are protected, as frontline health workers in the ongoing pandemic, stating that their safety is paramount.

"As they care for the common man in the state, they also need to be protected," she said.

Receiving the protective materials on behalf of the state's Commissioner for Health, Prof. Akin Abayomi, the trio of Adebawale, Adejumo and Shonibare appreciated the nurses for their efforts in helping to stop the spread of the virus in the state.

Adejumo, also assured the nurses that the government would put the items into good use for the protection of healthcare workers in the state.

Fielding questions from pressmen at the presentation, Shonibare urged nurses to make their safety paramount, as frontline healthcare workers in the fight against COVID-19.

Acknowledging their essential role in the healthcare delivery system, as the only caregivers that stay with patients all the time, she said their health conditions is very germane to the health of the nation, as their services are required to nurse the nation to health.

According to her: "Nurses are the frontline health workers in any pandemic. Other professionals only come to attend to patients and go, but it is only nurses that stay with patients 24/7, nursing them.

"My advice for nurses is that they should protect themselves. We always say there is no emergency in a pandemic, because you must save yourself before you can save others.

"So you can imagine if I have only 30 nurses and 25 tested positive for coronavirus. How

would I use only five nurses to take care of remaining patients? That is why it is important for nurses to be alive and healthy to take care of the other patients", she said.

Members of PAPHNON also belong to the Society for Public

Health Professionals of Nigeria (SPHPN) which is an affiliate of Africa Federation of Public Health Professionals. They are also members of the World Federation of Public Health Professionals.

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## LEADERSHIP INITIATIVES FOR EXCELLENCE (LIFE) SERIES

# Top 10 leadership mistakes

By Prof. 'Lere Baale

*Experience is the name every one gives to their mistakes.*  
– Oscar Wilde

It's often said that mistakes provide great learning opportunities. However, it's much better not to make mistakes in the first place! We are going to look at ten of the most common leadership and management errors, and highlighting what you can do to avoid them. If you can learn about these here, rather than through experience, you'll save yourself a lot of trouble!

### 1. Lack of feedback

Zenab is a talented sales representative, but she has a habit of answering the phone in an unprofessional manner. Her boss is aware of this, but he's waiting for her performance review to tell her where she's going wrong. Unfortunately, until she's been alerted to the problem, she'll continue putting off potential customers.

According to a survey of 1,400 executives, failing to provide feedback is the most common mistake that leaders make. When you don't provide prompt feedback to your people, you're depriving them of the opportunity to improve their performance. To avoid this mistake, learn how to provide regular feedback to your team.

### 2. Not making time for your team

When you're a manager or leader, it's easy to get so wrapped up in your own workload that you don't make yourself available to your team. Yes, you have projects that you need to deliver. But your people must come first. Without you being available when they need you, your people won't know what to do, and they won't have the support and guidance that they need to meet their objectives.

Avoid this mistake by blocking out time in your schedule specifically for your people, and by learning how to listen actively to your team. Develop emotional intelligence so that you can be more aware of your team and their needs, and have a regular time when "your door is always open", so that your people know when they can get your help. You can also use "management by walking around", which is an effective way to stay in touch with your team. Once you're in a leadership or management role, your team should always come first - this is, at heart, what good

leadership is all about!

### 3. Being too "hands-off"

One of your team members has just completed an important project. The problem is that he misunderstood the project's specification, and you didn't stay in touch with him as he was working on it. Now, he's completed the project in the wrong way, and you're faced with explaining this to an angry client. Many leaders want to avoid micromanagement. But going to the opposite extreme (with a hands-off management style) isn't a good idea either – you need to get the balance right.

### 4. Being too friendly

Most of us want to be seen as friendly and approachable to people in our team. After all, people are happier working for a manager that they get on with. However, you'll sometimes have to make tough decisions regarding people in your team, and some people will be tempted to take advantage of your relationship if you're too friendly with them. This doesn't mean that you can't socialise with your people. But, you do need to get the balance right between being a friend and being the boss. Learn how to avoid this mistake. Also, make sure that you set clear boundaries, so that team members aren't tempted to take advantage of you.

### 5. Failing to define goals

When your people don't have clear goals, they muddle through their day. They can't be productive if they have no idea what they're working for, or what their work means. They also can't prioritise their workload effectively, meaning that projects and tasks get completed in the wrong order. Avoid this mistake by learning how to set SMART goals for your team. Use a Team Charter to specify where your team is going, and detail the resources it can draw upon. Also, use principles from *Management by Objectives* to align your team's goals to the mission of the organization.

### 6. Misunderstanding motivation

Do you know what truly motivates your team? Here's a hint: chances are, it's not just money! Many leaders make

the mistake of assuming that their team is only working for monetary reward. However, it's unlikely that this will be the only thing that motivates them.

For example, people seeking a greater work/life balance might be motivated by telecommuting days or flexible working. Others will be motivated by factors such as achievement, extra responsibility, praise, or a sense of camaraderie. To find out what truly drives your people, read our articles regularly in this column and to learn how to be a great motivator of people.

### 7. Hurrying recruitment

When your team has a large workload, it's important to have a full team. But filling a vacant role too quickly can be a disastrous mistake. Hurrying recruitment can lead to recruiting the wrong people for your team: people who are uncooperative, ineffective or unproductive. They might also require additional training, and slow down others on your team. With the wrong person, you'll have wasted valuable time and resources if things don't work out and they leave.

What's worse, other team members will be stressed and frustrated by having to "carry" the underperformer. You can avoid this mistake by learning how to recruit effectively, and by being particularly picky about the people you bring into your team.

### 8. Not "walking the walk"

If you make personal telephone calls during work time, or speak negatively about your CEO, can you expect people on your team not to do this too? Probably not! As a leader, you need to be a role model for your team. This means that if they need to stay late, you should also stay late to help them. Or, if your organisation has a rule that no one eats at their desk, then set the example and head to the break room every day for lunch. The same goes for your attitude – if you're negative some of the time, you can't expect your people not to be negative.

So remember, your team is watching you all the time. If you want to shape their behaviour, start with your own. They'll follow suit.



### 9. Not delegating

Some managers don't delegate, because they feel that no one, apart from themselves, can do key jobs properly. This can cause huge problems as work bottlenecks around them, and as they become stressed and burnt out. Delegation does take a lot of effort upfront, and it can be hard to trust your team to do the work correctly. But unless you delegate tasks, you're never going to have time to focus on the "broader-view" that most leaders and managers are responsible for. What's more, you'll fail to develop your people so that they can take the pressure off you.

### 10. Misunderstanding your role

Once you become a leader or manager, your responsibilities are very different from those you had before. However, it's easy to forget that your job has changed, and that you now have to use a different set of skills to be effective. This leads to you not doing what you've been hired to do – leading and managing.

#### Key points

We all make mistakes, and there are some mistakes that leaders and managers make in particular. These include not giving good feedback, being too "hands-off," not delegating effectively, and misunderstanding your role. It's true that making a mistake can be a learning opportunity. But, taking the time to learn how to recognise and avoid common mistakes can help you become productive and successful, and highly respected by your team.

*Lere Baale is a Director of Business School Netherlands [www.bsn.eu](http://www.bsn.eu) and a Certified Strategy Consultant at Howes Consulting Group [www.howesgroup.com](http://www.howesgroup.com)*

# Financial success: Panacea for a successful life

By Pharm. Sesan Kareem

Can a man really fulfil his duties as a husband, father, son and good citizen without having enough money? Can he make the most of his body, mind and soul, without some level of financial success? Can he be truly happy and life live based on his terms if he is perpetually broke?

To responsibly fulfil his duties, a man must be a regular provider for his family. Love finds its natural expression through giving. A man that cannot provide for his family loses the respect of his wife, children, friends and contemporaries in our world, where you need enough money to buy the good things of life.

For a man to develop a healthy body, he needs enough money to buy nutritious food, wear beautiful clothes, get the best of medical care, stay in a secured and beautiful neighbourhood, and have enough rest and recreation. For him to take good care of his mind, he needs enough money to buy books, go for seminars, travel to distant lands, see the beauty of the world, befriend successful people and fill his mind with truths and possibilities. For him to develop a serene soul, he needs to give and to love.

To give is to love, to love is to give. What brings fulfilment to the soul is giving. While there are a myriad of things man can give, the one thing many people in our world are looking for is money.

## Nature of money

By the way, how do we define enough money? What is enough for me might not be enough for Aliko Dangote. What is enough for Aliko Dangote might not be enough for Bill Gates. Each individual must define what is enough for him and go after it with honesty.

As I interact with people on a daily basis, I have found that the nexus between money and the quality of people's life is quite strong. It seems that, after oxygen, the next thing that is crucial to people's survival and quality of life is money. Many people can't take good care of their health because they don't have enough money. Many intimate relationships are in trouble because of finance. Multitude of people have sound business ideas but they don't have the capital. In fact, the sadness of most people is directly or indirectly related to lack of enough money.

I had to start studying about finance in order to improve myself financially and be able to share some practical knowledge with others to fulfil my purpose in life fully. While I am still on the journey of financial success I have learnt some truths which I have applied in some ways.

## Truths about money

Let me share seven truths I have learnt that can be useful to you, regardless of where you are

on your road to riches.

1. To live a good life requires some level of financial success. Therefore, don't leave it to chance; be intentional in your pursuit of financial stability. The early, the better for us.

2. Our God is rich and free of all needs. Nature is filled with abundance. So, ask largely and have faith in Him. Abundance is your natural birthright.

3. To build sustainable wealth, we must be honest, fair and be good to all. Don't be in a hurry. Building real wealth requires patience, persistence and perseverance. Don't compete; create.

4. Occupation, environment, business, profession, location, age or intelligence has little to do with financial success. While they all play some roles, what really determines our financial success is what we think and do on a daily basis.

5. To achieve financial progress requires thinking in a certain way. We must think big, have genuine purpose, show a high dose of faith and meditate often on our ideal lifestyle. It must be a burning desire.

6. To be truly wealthy requires acting in a certain way. Whatever our hands find to do, we must do it efficiently, with all our hearts. We must exceed our customers' expectations at all times.

7. You must be grateful for where you are and for where you want to be. Many people are stagnant in life because of ingratitude.



For questions or comments, mail or text sesankareem2@gmail.com/08072983163

Gratitude opens doors of opportunities and prosperity.

One of the greatest duties we have in our lifetime is to be rich. It will enable us to take good care of our parents, give our children world class education, build a house of God, help the needy and, most importantly, make the most of ourselves for ourselves and for others. Wallace D. Wattles said it brilliantly, "Whatever maybe said in praise of poverty, the fact remains that it is not possible to live a really complete or successful life unless one is rich."

**ACTION PLAN:** Study resources on financial intelligence and wealth creation. Give all your heart to your pursuit of financial success. Have faith that you can be successful and take action on your learning.

**AFFIRMATION:** I am prosperous. I am blessed and highly favoured

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**SPECIAL WARNING:**

This preparation contains paracetamol. Do not take any other paracetamol-containing medicines at the same time.

**USE IN PREGNANCY/ LACTATION:**

Considered to be the analgesic of choice in pregnant patients. Although it crosses placenta, Acetaminophen is considered to be safe in normal therapeutic doses for short-term use for minor analgesic/antipyretic in pregnancy.

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**SIDE EFFECTS:**

Nausea, Rash, leukopenia are rare.

**CONTRAINDICATIONS:**

Hypersensitivity to paracetamol or any of the other ingredients/components of the product. Severe and active hepatic impairment.

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Considered to be the analgesic of choice in pregnant patients. Although it crosses placenta, Acetaminophen is considered to be safe in normal therapeutic doses for short-term use as a minor analgesic/antipyretic in pregnancy.

*If symptoms persist after three days, consult your physician*

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# Pharmanews at 41: Community pharmacists speak

**A**s part of activities to mark the 41<sup>st</sup> anniversary of the uninterrupted monthly publication of **Pharmanews**, our reporter, **ADEBAYO OLADEJO**, asked some notable community pharmacists in the country what they think of the journal in the last 41 years of its existence. Here's what they had to say:

## Pharmanews must keep flying high - Okocha

I want to say congratulations to **Pharmanews** as it clocks 41. And I want to sincerely rejoice with the workforce for reaching the milestone. This journal has been consistent with its quality of news delivery and professional contents and I am always proud of them. The journal has long been identified as a provider of authentic information,



**Pharm. Bridget Okocha, MD/CEO, Mebik Pharmacy Limited, and former zonal coordinator, ACPN, Surulere Zone**

scientific materials, product listings, and deliveries. My advice to **Pharmanews** at it reaches 41 is to remain that first-hand journal of pharmacy practice in Nigeria and beyond and not let its guard down.

## Pharmanews represents true essence of media influence - Ogbu

On behalf of myself and the entire pharmacists in Rivers State, we felicitate with our Icon and Role Model, Sir. Ifeanyi Atueyi, and all the staff of **Pharmanews** Limited on this auspicious occasion.

**Pharmanews** is the foremost health journal in the country and we are glad to identify with this success. The journal represents the totality of media influence and reach



in the health sector, having been around for the past 41 years.

**- Pharm. Chima Ogbu, chairman, PSN, Rivers State**

## Pharmanews, pride of pharmaceutical sector - Obideyi

I must confess that I am impressed with the quality of the journal, the genuineness of their contents and the reach of the paper. It's been our pride in the pharmaceutical sector and in Nigeria at large.

As the journal clocks 41, I wish them continuity. I wish them great milestone and I wish it moves from strength to strength. Meanwhile, my advice to the journal is that they should beam much light on the academic section of the practice as they are doing to the community



practice, industry and hospital practices. A lot of things are happening on daily basis in the university but are under reported. For example, when a new dean assumes position or when somebody becomes a professor, we don't get to know. So this aspect of the academic should be looked in to.

**- Pharm. Obideyi, chairman, ACPN, Lagos State**

## Pharmanews is a flagship for Nigerian pharmacists - Koolchap

I first came in contact with **Pharmanews** some decades ago, when I was on internship at the Lagos University Teaching Hospital, Idi Araba, Surulere, Lagos. At that time, it was Pharm. Ekanem who was the chief pharmacist and the late Dr Ore Falomo was the chief medical director. The journal was regularly supplied to us with high quality. Since then, I have taken a great interest in this publication and the publisher, Sir Ifeanyi Atueyi. I made him my mentor in writing and publishing.

I thank God for the consistency and high quality of this journal, and now that



it has gone online for easy access anywhere in the world. I say kudos to the team for this great innovation, while I pray for sustainability and continuity. I affirm that this is a pride to us all, as practising pharmacists of Nigerian descent among our colleagues in West Africa and Africa as a whole. I say 41 cheers to **Pharmanews** and the workforce!

**Pharm. Olatunji Koolchap AAA, Independent Pharmaceutical Consultant and Former national secretary, ACPN**

## Pharmanews, great vision, well-nurtured - Ajayi

On behalf of myself and entire staff of Shekinah Specialties Limited, one of Nigeria's retail pharmacy chains, we felicitate with our leader, Pharm (Sir) Ifeanyi Atueyi and the entire **Pharmanews** Limited team on this auspicious occasion of her 41<sup>st</sup> anniversary.

Yours is a great vision well-nurtured and waxing stronger by the day. Little wonder the value you are adding to Nigeria's healthcare sector and the



Pharmaceutical industry in particular has been with remarkable difference. Please keep the light shining as your best is yet to come.

**Pharm. Tolulope Ajayi, MD/CEO, Shekinah**

**Specialties Limited, and vice zonal coordinator, ACPN, King Zone**

## Pharmanews keeps waxing stronger - Onyinye

First and foremost, I want to say congratulations to **Pharmanews** for having been around and doing well for the past 41 years. It has been a joyful thing that we have a journal that we can call our own and it's a thing of joy that the journal is waxing strong on daily basis.

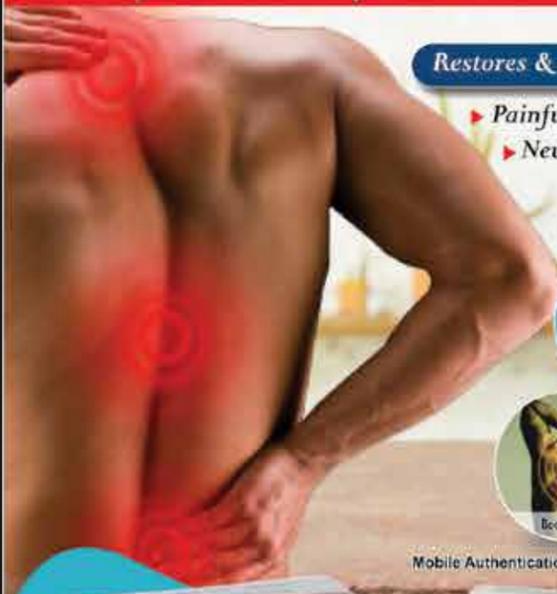


As they clock 41, I pray they get better and I wish that the good Lord that has been with them all these while continue to be with them, while they continue to make us proud in pharmacy sector and healthcare sector generally.

**- Pharm. Onyinye Okafor, coordinator, Apapa ACPN**

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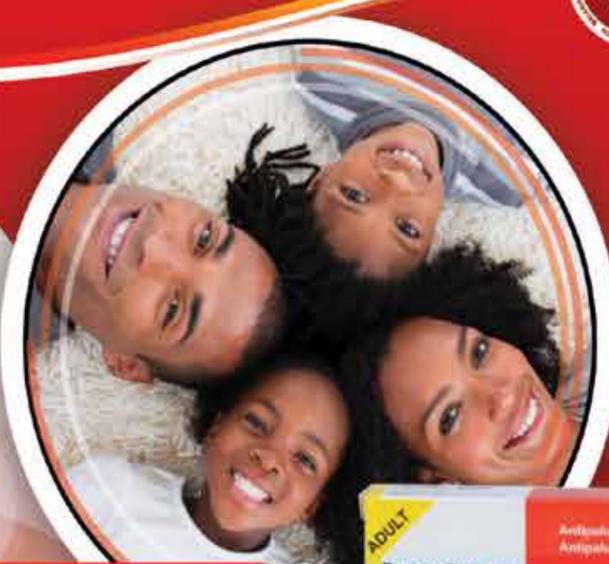


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# Vanguard Pharmacy unveils fifth branch in Ibadan

By Temitope Obayendo



The newly opened Vanguard Pharmacy at Ologuneru, Ibadan.

Vanguard Pharmacy, one of the largest and fastest growing pharmacy retail chains in Nigeria, has opened a new branch in the interior part of Ibadan, the Oyo State capital.

Located along Ologuneru-Eruwa Road, Ibadan, the new branch, which officially opened on 10 April 2020, amidst the COVID-19 pandemic, has been described as affirming the mission of the company in “creating smart health benefits for people to succeed and thrive”.

Speaking at the opening ceremony, the Founder and Chief Executive Officer, Vanguard Pharmacy, Pharm. Taofik Oladipupo Odukoya, said the company is committed living up to the

expectation of creating a one-stop environment that portrays value and culture of excellence.

He explained that the brand is in a transformation and scaling stage, as it intends to roll out more branches before the year ends and many more within the next five years.

“It was indeed challenging to meet the tight construction deadline during the COVID-19 period as our store is designed to seat on about 750 square-meter shop floor space, but the resolve of the entire team made it happen,” he admitted.

The Vanguard Pharmacy boss also revealed that the new outlet has immediately begun to record success in and around the immediate environment.

Also speaking at the occasion, Kawthar Bolajoko

Odukoya, co-founder and executive director, Vanguard Pharmacy, said the expansion is in line with the vision of the brand to “transform pharmacy practice through efficient and innovative delivery of quality products and services that benefit the general public.”

He added: “The global pandemic was not a limiting factor in the success story. The public should expect more branches openings on our journey to transformation”, she remarked.

Also speaking at the opening, Pharm. Femi Banjo, the branch manager, Vanguard Pharmacy, averred: “Our commitment to the community is to provide smart health benefits for people to succeed and thrive. We are

your one stop shop.”

Mr Blessing Ojo-Thomas, head, human resources, added: “Transforming pharmacy practice to ensure people succeed and thrive remains our resolve and we are ever willing to journey all the way, as we continually build our culture of excellence in the heart of our customers.”

In addition, Pharm. Adedoyin A. Osho, head, pharmacy business, noted that the Ologuneru branch is a dream come true, describing it as “a remarkable example of ‘against all odds’. Despite the emergence of COVID-19, the branch came to be in record time. It is our pleasure to always provide quality products, top-notch services and smart health benefits for our community.”



Some customers receiving attention in the pharmacy

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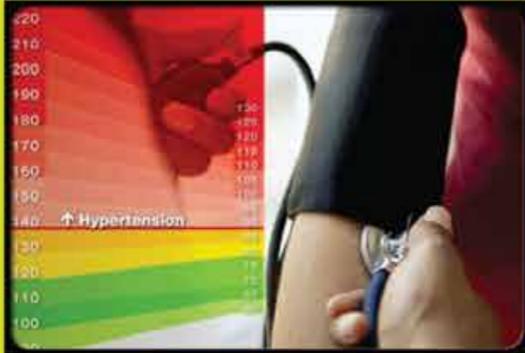
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# What Pharmanews means to us – Pharmacy students

In continuation of our Viewpoint from the last edition, our reporter, **OMOLOLA FAMODUN**, further sought the opinions of the executives and members of the Pharmaceutical Association of Nigeria Students (PANS) on the 41<sup>st</sup> anniversary of **Pharmanews**. Their views are presented below:

## Pharmanews, my information source on latest trends in Pharmacy - Daniel Ataije (PANS national president)

I came in contact with **Pharmanews** in 2017 during my 200 level, serving then as the public relations officer of the chapter association; and, ever since, it's been a regular read almost every month. The journal has contributed exceedingly to my knowledge of health-related issues and diseases through its highly informative health articles. Reading the journal should be a lifestyle among practicing pharmacists and pharmacists-in-training (students).



I'd also like to express my utmost appreciation to the **Pharmanews** leadership and team, led by Sir Ifeanyi Atueyi, for making copies of **Pharmanews** available to chapter associations of PANS for free every month.

## I wish I had discovered Pharmanews earlier - Marvelene Ekott

I discovered **Pharmanews** last year in my school, as a senior colleague of mine was reading a copy of it in his class. You can imagine the surprise. Why did I wait so long to discover such an amazing journal!

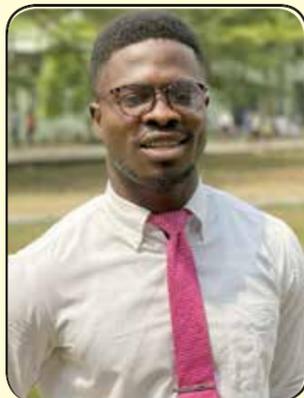
The journal has enlightened me on a lot of pharmaceutical issues around the world. It has also encouraged me to use the media positively more often to share information on good health and wellbeing, instead of spreading fear, panic or fake news.

Also, I've been more motivated to keep birthing, building and believing in innovations, no matter how small. Since I discovered **Pharmanews**, I read it almost always and I've never been disappointed.



## Pharmanews guides me on what to expect in pharmacy practice - Friday Unyinigwung (National director of sports)

It has been a great journey so far with **Pharmanews**, I must say. As a student of Pharmacy, I had always wanted to read publications about the pharmacy profession in Nigeria and how the industry works but to no avail, until 2017 when I came across the publication. It was so captivating and intriguing when I picked it up to read.



I must commend the superb work the journal has been doing, especially covering different aspects of the pharmacy profession, giving us the necessary enlightenment as students of Pharmacy. I remember when my friend came across the journal, he said he would venture into pharmaceutical journalism

after pharmacy school.

**Pharmanews** is doing great, narrowing down to the students body (PANS). The support is wonderful and massive, to say the least.

## Pharmanews has broadened my understanding of Pharmacy - Mabel Ndulaka

I came across the journal of **Pharmanews** in my second year in pharmacy school. I saw some PANSites in class reading it. Through the journal, I have been educated on things concerning the profession and it has given me an idea of what Pharmacy outside the classroom looks like.

I enjoy reading every aspect of the journal, from the advertisements, health care news, and opinions to specific ideas and gist for pharmacists and pharmacy students. It has also broadened my scope on the pharmacy profession.



## Every student needs this "handbook" - Aminu Balami

Let me first start by commending the publishers of **Pharmanews**. It is indeed a great initiative and I thank you for



starting this. **Pharmanews** has helped me a lot by keeping me updated with latest happenings in the pharmaceutical world. It is important to be updated with the pharmaceutical ecology, so that one does not be left behind.

Various publications by the journal have enlightened me about things that weren't too clear for me. And this enlightenment comes at no cost. During one's leisure time, one can quickly read through those publications.

It has even introduced me to practical knowledge that I did not know before discovering the journal. I

came across the journal via a friend's post on Whatsapp months ago. As a pharmacy student, I would like to call on my colleagues from all over the nation to make the journal a "handbook" so to say. The information they are going to learn will help them in the nearest future in ways they may not even know.

## The "quiz of the day" pushes me to learn new things daily - Racheal Obeisun

To be honest, the journal has never been short of amazing. The news updates especially the pharmacy-related ones are always intriguing. The several health tips and reports on research works are always comprehensive and educating. And very importantly, the "quiz of the day" section is usually challenging and it pushes me to learn new things daily.

Well, back then in pharmacy school, senior colleagues in the Editorial Unit of the faculty had always talked about it, but I never paid attention. Until I had to represent my faculty at the Sir Ifeanyi Atueyi Debate competition (that should be 2017). One of the representatives spoke extensively on **Pharmanews** and the contents we get to know about visiting the site and all that. Again, I was given a copy of the journal that month and that was it! I look forward to reading the journal monthly.



## Pharmanews truly eye-opening - Adikom Chimkama



The first time I set my eyes on the journal was in my year one. That was the first time I knew the Pharmaceutical Society of Nigeria (PSN) president, and I was updated on some issues going on in the pharmaceutical society.

Since then, I've never let any edition fly past me. I am particularly interested in the updates on public health, food and nutrition. Most importantly, it keeps me abreast with pharmacy practice which has a direct bearing on my present course of study. It's truly eye-opening.

I'm sincerely grateful to **Pharmanews** for every copy they publish.

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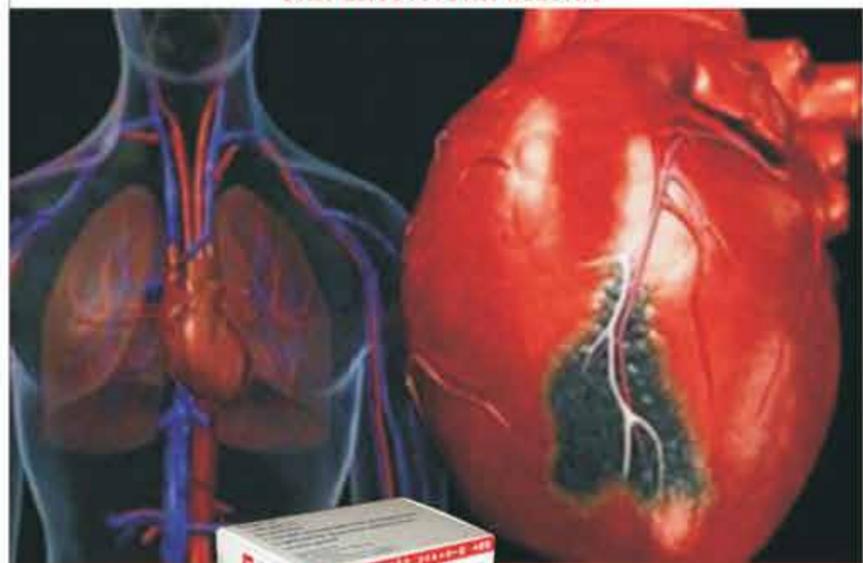


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# DELSU pharmacy faculty soon to become world-class – PANS-DELSU president

By Adebayo Oladejo

“A woman is more than her gender.” Those were the words of Colette Ahamefula, president, Pharmaceutical Association of Nigeria Students (PANS), Delta State University (DELSU), Abraka, Delta State. With such positive energy and assertive drive, it becomes easy to understand how she has emerged the first ever female president of PANS in the institution.

In this exclusive interview with *Pharmanews*, Ahamefula reveals the reason for her uncommon decision to vie for PANS presidency, as well as the challenges and successes of her administration. Excerpts:

## Why did you choose Pharmacy?

My interest in organic chemistry was what set me on the path of studying Pharmacy. There's something fascinating about knowing that you can manipulate a structure to yield something new and exciting; and, luckily for me, there's a lot of that in pharmacy school. Secondly, I have always been interested in the health sector. I have always wanted to help people, touch as many lives as possible in terms of providing satisfactory healthcare services, as well as making a name for myself in the health sector in terms of my future research.

## What was your motivation for contesting for PANS-DELSU presidency, despite being an uncommon decision for a lady?

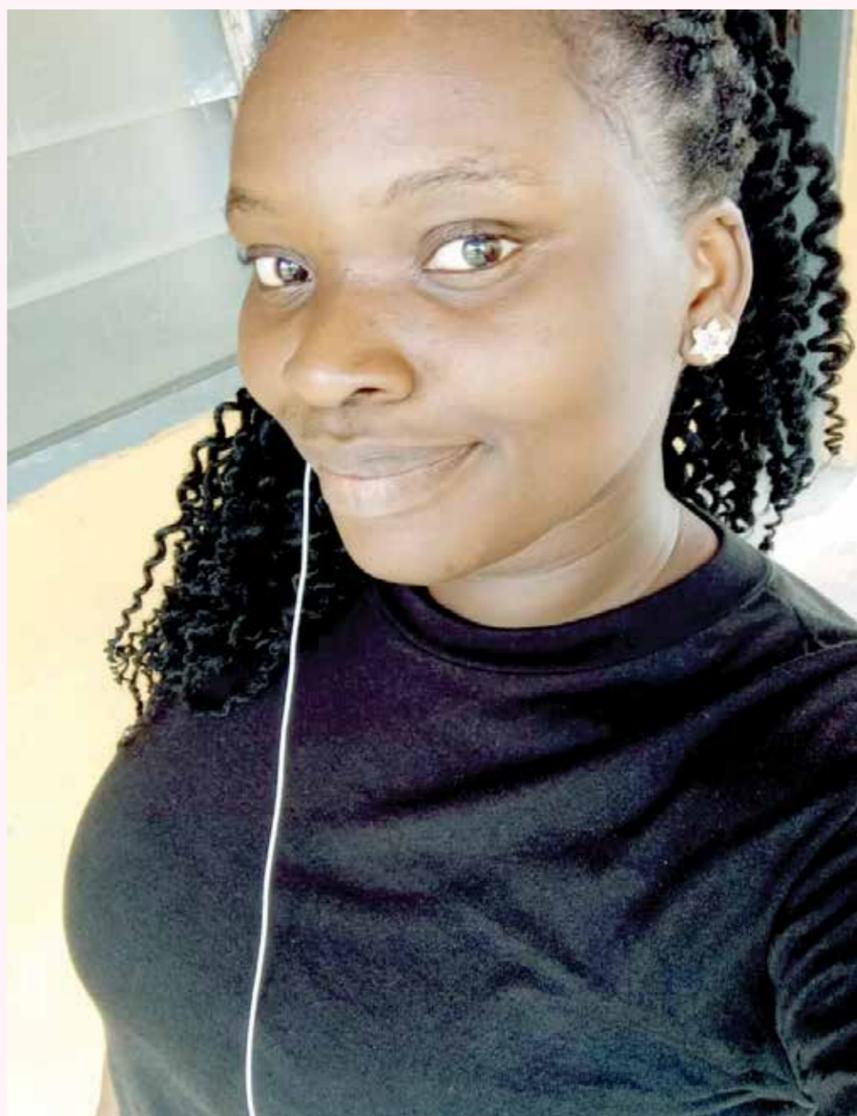
I actually wanted to do something outside of the norm because I felt Pharmacy was a male-dominated course. So, I decided to get involved so that I could pass a message that women too can excel politically like their male counterparts.

I was in 300 level when I disclosed my interest in being the president. Then, I was serving as a member of the house of congress and one thing that really motivated me was the fact that I wanted to make changes in how PANS was being run in my school. I wanted to make a difference, to make sure the students were involved in the matters of PANS and to also ensure they were happy and feel the impact of governance. I wanted to create a legacy and do something that would always be in the students' minds and those of the generations to come that there was a female president at one time.

Having set that standard, I hope I have paved the way for other females who are interested in politics, as we are more than our gender.

## You must have set some goals for yourself at the inception of this administration, how much have you been able to achieve them?

There are two semesters in a year and, so far, in the first semester, I'd say I have been able to realise about 50 per cent of my goals. As for the remainder of my administration, I definitely need to work extra hard to make sure we execute our projects as well as provide an exciting, educational and fun-filled PANS Week and ensure that students



Colette Ahamefula

welfare is top notch before the end of my tenure.

## Majority of the first 45 pharmacy students admitted to this institution left without concluding their programme when the fate of the Faculty suddenly became uncertain. Compared to other schools of pharmacy, how would you assess pharmacy education in DELSU?

Sincerely, it was quite challenging, as we learnt, at that period. And when I say “challenging”, I mean very challenging for Pharmacy, even till now. But I would proudly say we are trying. We aren't there yet and there's so much room for improvement but I know that, with the way things are going, in a couple of years, we will get there. I am also hopeful that, very soon, DELSU pharmacy will be a force to reckon with in the country.

## Can you recount some of your challenges and successes so far?

Well one of my major challenges has been funding. My administration started with

an empty coffer and building it from that position has been daunting and difficult because we are in a country where the economic situation is not favourable.

Another challenge is navigating the intricacies of being the president, that is, leadership. It has not been easy knowing how to reconcile the person I am and how a president should be and also becoming comfortable in my role as president, knowing the best ways to execute plans with a minimum amount of friction. I have really learnt a lot from this which has made me grow, not only in my presidential capacity but also as a person, so I'd count that as a success.

Another success I'm really proud of is the fact that we came third at the 2019 Sir Ifeanyi Atueyi Essay and Debate Competition at University of Ibadan. That was the first of its kind for DELSU and based on that success, we are trying to get our colleagues to be more involved in PANS and pharmacy-related activities outside of our school, especially the Pharmacoposium and the Convention.

## DELSU faculty of pharmacy is relatively one of the youngest faculties in this institution. Aside from pharmacy education, what is your general view of the current state of academic standards in DELSU today?

I would say it is high because the management, as well as the lecturers, are working really hard to provide round-the-clock quality education for us. The institution might be relatively young, but every year we produce students who are doing extremely well in their chosen fields in Nigeria and around the world. This is not a reason for us to relax our guard, but an appeal to do even better and I know that, in the no distant future, DELSU will be known for quality par excellence in academics.

## UNIBEN, which happens to be your closest neighbour, is the only pharmacy school in Nigeria accredited to award the Pharm.D degree. What, in your own view, gave the school an edge over others in the country?

It is an old institution and in terms of academics they are ahead; but I would also say the dedication of both the lecturers and the students played a major role in their effort to achieve that feat. If there's one thing I know and have heard about UNIBEN, it is their zeal to always fight for what they believe in, which I think should be standard in all pharmacy schools across the country.

## What has been the level of support PANS-DELSU is receiving from technical bodies like PSN, ACPN, and others in Delta state?

Over the years, we have received some level of support from technical bodies such as PSN, ACPN, NAHAP, especially when it comes down to support towards our programmes. So I'd like to say a big thank you to them for all the support they have rendered us and for the support they will still render us.

## What is your advice to female pharmacy students seeking to follow your footsteps by vying for PANS presidency amidst several males?

No matter the prejudices, they shouldn't give up. Challenges will arise but they will surely overcome. Know what you want and fight for what you believe in. Also, your merit will always speak for you. Don't ever limit yourself just because you're female; what a man can do, a woman can do better. It's time we women rally together and show the world what we are really capable of.

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# Not yet uhuru for community pharmacy practice in Oyo State – Ajibade

By Adebayo Oladejo

**P**harm. Abiodun Ajibade is the managing director, Alvid Pharmacy Limited, and chairman, Pharmaceutical Society of Nigeria (PSN), Oyo State Branch. A Fellow of the PSN, Ajibade has served the PSN, Oyo State as the assistant secretary, publicity secretary, general secretary as well as being chairman since 2017. In this exclusive interview with Pharmanews, the 1994/95 pharmacy graduate of the University of Ibadan, Ibadan, speaks on sundry issues relating to pharmacy practice in Oyo State. Excerpts:

## Tell us about your Pharmacy. What was the philosophy behind the enterprise?

Alvid Pharmacy Limited is an organisation born out of the need to provide primary healthcare services in the communities we are found. The philosophy of meeting the needs of the populace professionally by presenting the benefits of pharmaceutical care services was the driving force.

Our ambience and mode of operations depict a close relationship with our patients and offers the opportunity for many to choose our services when they have health needs. The pharmacy commenced its operation fully in 2014. We have three branches presently and we are still expanding.

## Where do you hope to take this business to in five years?

As a pharmacist battling survival in the midst of chaotic drug distribution in Nigeria, it is challenging to optimise on our potentials but with focus we are seeing the benefits on the horizon. In the next five years, I see our brands in many localities within and outside the state, with the singular focus of a well-run primary healthcare centre as pharmacies in the communities.

## As a community pharmacist of repute and as the number one pharmacist in Oyo State, how would you assess pharmacy practice in the state?

Honestly, when I first came to Oyo State in 1997, I was not encouraged with what I met on the ground as a community pharmacist. I saw many big houses that were the premises of our elderly colleagues but no longer thriving as pharmacies. The open drug market in the state was flourishing while pharmacists were basically struggling.

The whole environment was not encouraging as price war was also very rife, with non-pharmacists running premises. They were basically trading without useful pharmaceutical care services and dealing heavy blows on our colleagues who had become peasants.

Most pharmaceutical companies were also not helpful as they were giving incentives based on volume purchase to some of the traders who in turn sold mostly below the recommended trade prices of the products. That was how many pharmacists lost out because they could not carry heavy volume. This was the reason I did not venture into community pharmacy practice immediately after leaving my job at May and Baker.

To cut the story short, community pharmacy in Oyo State is now more encouraging, though more challenging, having to put in so much for the needed differentiation. In the last three years, I have been specifically happy for the new buildings and facilities built by colleagues in advancing their practices in different areas. The recognition and visibility of pharmacists in the state has also helped the populace to make useful choices for pharmacists-own community



Pharm. Abiodun Ajibade

pharmacies.

However, the activities of “register and go” pharmacists is also a challenge that we must tackle because of their illegal activities in opening up premises that are not effectively manned, thereby endangering the lives of the populace.

## It can be tough combining community pharmacy practice with active involvement in general pharmacy activities, especially being the number one pharmacist in the state. How have you been coping?

Being an office holder in PSN or any of its technical groups is a big sacrifice and most frustrating when colleagues are not appreciative of this. As the number one pharmacist in the state, I had to make up my mind to see my tenure as my personal and family's contributions to the development of PSN in Oyo State.

I took certain decisions that affected my business and still put me in a disadvantaged position competing and surviving with other colleagues. I had to step down one of my premises at a time when I saw that it could become a failure if I should venture into opening the premises.

Fortunately, though, I had been a part of the executive committee for couple of years and that had exposed me to the requirement of the office and learning from our past leaders. I want to thank my wife and pharmacists that have worked and are working with me and the staff who remained despite various challenges.

Of course, I work at a much higher energy-level, multitasking and ensuring I meet up the daily demand of all my engagements in private business and running the affairs of the association. In addition, as a pastor, I also have to be responsible for my assignment in the house of God. Diligence and commitment, with prayers, have been the tonic for the activities so far.

## You must have set some goals for yourself at the inception of this administration. How many of these goals have you achieved so far and what are the notable challenges facing your administration?

Yes, on the assumption of office as the PSN chairman, I realised the very low recognition for pharmacists in the society and within the government circle. Also, I saw that our colleagues needed a voice to be able to take what belongs to us. I found the need for improvement, especially in areas we were not trained in school, to be more competitive in our daily engagement. In view of these, I aligned the executive to address these challenges through programmes and activities.

We also have various public enlightenment programmes on several media platforms of radio, television and social media. We hosted “Pharmacists and You” on a radio station, to improve awareness for pharmacists and campaign against drug abuse. We engaged in various outreach programmes, especially educating the members of the National Road Transport Workers (NURTW) on the menace of misuse and abuse of drugs. We organised pharmacy weeks, specifically to discuss areas of improvement for the practice and contribution to the development of the state.

Over the years we have had active collaboration with various government agencies, ministries and departments and these efforts have been paying off, as we are no longer strangers to many of them. We get things done easily among the government officials.

On assumption of duty as chairman, I inherited a parcel of land from my immediate predecessor in whose administration I was the general secretary. The land was to be used as the permanent site for the PSN Oyo State. Although I was privy to all the purchase procedures, it was challenging getting the property fully registered because of the bureaucracy. We spent almost three years getting this sorted.

To the glory of God, in January this year, all documentation were completed and now construction work has fully commenced. As at today, the building is being taken to the first floor, once the decking slab is put in place; and very soon the property will be commissioned for the use of the society.

One major challenge I have seen in all our activities is that our members are always not available even at our own programmes. This is one thing that pharmacists would need to improve upon as we must give out time to salvage whatever we want the profession to become for us. You get discouraged that after toiling and killing yourself to improve on the affairs of the society without being on salary, and you don't see your colleagues around. In fact, sometimes, when many visitors and guests are already seated, we will be waiting for the pharmacists themselves who are the host.

## The health sector for years has had to contend with many problems, with medical workers going on strike incessantly to protest at various times, are there measures that can be taken to solve health sector problems without strike actions by health practitioners?

To be candid, our leadership in Nigeria has not been fair to the health sector. When you compare the level of healthcare delivery in Nigeria with other climes, you will appreciate that as a nation, we are lying to ourselves. Every year, healthcare practitioners seek greener pastures outside the country and become celebrities in foreign lands while their colleagues are wasting away here.

The annual budget for healthcare is too meagre, which is why there has been incessant cry for government attention. Although many of the strikes have been based on remuneration, there is need to improve on the facilities, open up areas for advance research and development, and encourage every healthcare practitioner to attain the zenith in the areas of professional calling. Government must obviously show commitment to improving the healthcare sector - the weakness of which is what we are facing during this COVID-19 pandemic.

To effectively stop incessant strikes in the healthcare industry, there must be a roadmap for advancement in our health sector that takes cognisance of the public and private practitioners meeting specific goals. The healthcare being a social service, must cater for all the players so that everyone is able to contribute his or her quota sufficiently in the sector.

The private sector should be strengthened and regulated so that the pressure on the government facilities will be reduced, thereby making healthcare services more accessible at the grassroots.

There must be a new approach to remuneration of the practitioners and this must be agreed to by all the players in the industry. There must be regular updates and amendments from time to time to reflect realities on the ground. This way, there would be confidence on the part of the practitioners regarding government's sincerity over their plight.

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Cross section of guests; from the left, MD CEO Ogbuagu Pharma Ltd, Onitsha (Anthony Ogbuagu) and Director-Iykmavian Pharma Ltd, Lagos (Mr. Anuricha)



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Mrs Ezeanuna, Executive Director - Spine Product Ltd, Lagos



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# Falabi, Ekundayo, decry malaria burden in Nigeria

## - As Drugfield partners Tiptop on Reptogel distribution

By Adebayo Oladejo

The duo of the Group Managing Director, Drugfield Pharmaceuticals Limited, Pharm. Olakunle Ekundayo, and the Chief Executive Officer and Managing Consultant, Tiptop Nigeria Limited, Pharm. Gbenga Falabi, have expressed concern over the rising cases of malaria infection in the country, saying despite efforts made so far by stakeholders in combating the disease, Nigeria ranks among countries with the highest burden of the disease, as well as accounting for almost 24 per cent of all global morbidities.

The concern was raised during the signing of a memorandum of understanding between Drugfield, a market leader in the Nigerian pharmaceutical industry and Tiptop, a new management and marketing consulting firm, towards the distribution of Drugfield's Reptogel mosquito and insect repellent gel in the country.

Speaking at the official partnership signing ceremony, which held recently at Drugfield's head office in Ota, Ogun State, Ekundayo remarked that, with the right strategies and pharmaceutical intervention, malaria is both preventable and treatable.

The Drugfield boss further explained that the signing of the MOU was one of such strategies, noting that the gesture represented a symbiotic and mutual relationship aimed at putting the patient first.

He disclosed that, through the new partnership, more people in the country would easily have access to Reptogel mosquito and insect repellent gel anywhere in the country.

In his words: "Drugfield is a wholly Nigerian company and same goes for Tiptop. So if we team up and make a success, then it's better for us, rather than looking for an outsider when we have our own around us. We also know that Tiptop is a reliable company because its chief executive director, Pharm. Gbenga Falabi, is a seasoned marketer and he has been successful with so many products in the past. So we are hopeful that this won't be an exception."

Also speaking at the event, Falabi, revealed that his relationship with Drugfield had been on for years, adding that the birth of Tiptop, about two years ago, was a significant milestone, as it happened shortly after he left Greenlife Pharmaceuticals Limited in 2018.

According to Falabi, who was the former general manager of Greenlife and past national chairman, Association of Industrial Pharmacists of Nigeria (NAIP), Drugfield is a reputable



**L-R: Pharm. Olakunle Ekundayo, GMD, Drugfield Pharmaceuticals Limited, and Pharm. Gbenga Falabi, CEO, Tiptop Nigeria Limited, at the signing ceremony.**



**A cross-section of Drugfield's managers with Pharm. Olakunle Ekundayo, GMD, Pharmaceuticals Limited (4th from right), and Pharm. Gbenga Falabi, CEO, Tiptop Nigeria Limited (3rd from right), at the signing ceremony.**

pharmaceutical company with a vision to eradicate diseases in the country and beyond, adding that, with the objective of Tiptop being to help keep companies alive and well, he was optimistic that the partnership would help save more lives from the scourge of malaria.

According to the former NAIP boss, the burden of malaria in the country is quite worrisome, stressing that, out of the about 480,000 deaths that occur yearly in Africa from the disease, 60 per cent come from Nigeria.

He added that Drugfield had taken a great step with the production of Reptogel, saying that it will help curb the spread

of malaria, as the disease continues to pose a major challenge to the country by impeding human and infrastructural development.

Speaking further on Reptogel, Falabi, a renowned pharmacist said the product is formulated to protect Nigerians from mosquitoes by creating a "no mosquito zone" for its users, adding that with each application, a consumer could enjoy up to eight hours protection which he said was not possible with other mosquito gels in the market.

"Reptogel is going to be marketed as a fast-moving consumable product, which insecticides fall into. It is safe on the skin; it doesn't cause sweat or give a foul smell. We are recommending that, anything

that keeps anybody outside late or early evening, they need Reptogel; and that is why the company has come up with a 25-gramm pack that can easily fit into people's pockets while ladies can keep it in their purse and bags.

"The message is that when people are going for a vigil, they should use Reptogel. Children in hostels, those in schools or anybody that stays late in the evening when mosquitoes are active needs the product," he said.

Falabi further revealed that the new mosquito repellent gel is quite affordable, adding Drugfield is planning to come up with an 85-gram pack, specially for the family.

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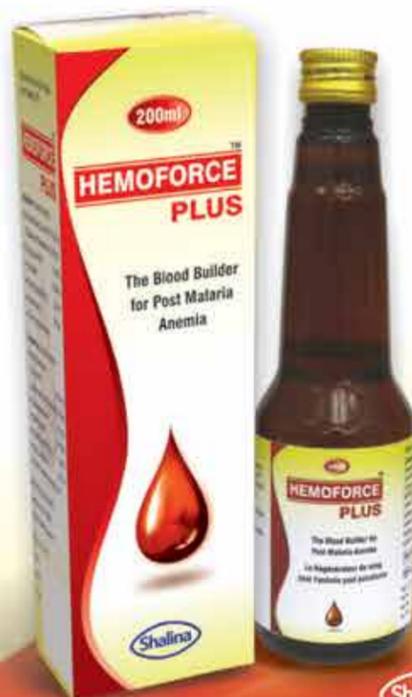
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1. Gbola olayiwola et al. Department of Clinical Pharmacy and Pharmacy Administration, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Nigeria.
2. Narendranathan et al. Indian J Gastroenterol, Vol 3, No 3, July 1984.
3. Rang and Dale's Pharmacology, 6th ed, Page 388.

# Sales management excellence dashboard

I guess it reasonable to assume you want to do well. Chances are that you started as a salesman before transiting to a sales manager. Then my assumption is safe because a key characteristic of sales people is that they are ambitious, competitive and self-driven. Very few people remember or even know the second person to set foot on the surface of the moon. Yet, in majority of competitive situations, the difference between the winner and the runner-up is very marginal.

For sales managers to achieve extraordinary success on their job and in their career, efforts must be made to increase the extra in the extra-ordinary. The first thing managers aiming for extraordinary performance and achievement must know is that doing well on the routine roles of sales management is necessary but inadequate.

What then are the insights that will take your performance beyond the ordinary? Take note of the following:

**Leadership is not a position.** Your title does not necessarily make you a team leader or manager; what makes you so is basically your ability to influence your team and the relevant others positively to achieve team and business objectives. Influence is described as the ability to persuade someone to think or act in the way you want; or any attempt by a person to change the behavior of superiors, peers, or subordinates. Leaders are inspirational and motivating. They know the right things to say to people to help them understand what's needed, and they can convince people to support a cause. Develop leadership skills in yourself and in your team members – and you'll see the performance and productivity of your entire team soar.

**It is about your team.** The very day you became a manager, it was about others and not you. This is obvious in that sales managers can only achieve through their team members. Take care of them, and they are going to take care of you. Have their back and remove obstacles and distractions in their way. You should assume responsibility for solving problems like getting approval for vehicle repairs, errors in salary computation, retrieval of entitlements, as well as minor personal challenges. You should focus on making them

better – making enough calls, improving the quality of calls, product knowledge, selling skills, growing their territory, being inspired for greater results, etc.

**Interpersonal skills are paramount.** A good network within and outside your company, within and outside your department, is absolute necessity for sustainable achievement and personal growth within your career. How many times have you been frustrated by the logistics, accounts or HR departments? You see, the day you become a manager, further success and performance depends 80 per cent on your interpersonal skills, communication mastery and ability to network.

**Understand character and competence.** A person with a sound character exhibits integrity, maturity and an "abundance" mentality. A person with competence has sound knowledge and ability in a given area. To be truly effective, a person must have a balance of these two attributes. If you are perceived as untrustworthy, disloyal, immature or arrogant, you are won't be able to go far, no matter the results you deliver. And if you are nice, humble, loyal, truthful but are perceived as unable to lead and deliver market results, you are not going anywhere either.

**Think and behave as if you owned the company.** You make a lot of decisions every day that affect your company's effectiveness and efficiency. (By the way, making no decision is a decision, so there is nothing like "not making a decision"). While most of these decisions are routine, there are few critical ones where the choice is particularly difficult. Experience has shown me that most things are neither black nor white, but various shades of grey. A useful formula at such juncture is "What would I do if

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**You will be surprised how things around you will change when you start aligning your thinking and decisions to the best interests of the company, rather than your own. Your decisions will all be made better when they are 100 per cent in sync with achieving the company's vision. Most corporate leaders and business owners have one person in their team that they trust implicitly, who they believe makes decisions based on what will move the company closer to its vision. Build up a reputation of always treating the company as if it were your own. The impact on your career will surprise you.**

this business were mine?"

You will be surprised how things around you will change when you start aligning your thinking and decisions to the best interests of the company, rather than your own. Your decisions will all be made better when they are 100 per cent in sync with achieving the company's vision. Most corporate leaders and business owners have one person in their team that they trust implicitly, who they believe makes decisions based on what will move the company closer to its vision. Build up a reputation of always treating the company as if it were your own. The impact on your career will surprise you.

**Make a difference on every job and role.** This requires a conscious decision. Excellence is a habit. Success is a deliberate choice. I have seen managers behaving as if having the title of "sales manager" automatically translates to achievement without showing or taking initiatives, plans of action, supervision of the field force, managing with data, understanding and influencing your territory and customers, strategising for growth or making key issues for success in you market, etc.

Develop a reputation for delivering and executing (above and beyond). Work hard at learning and building skills. Market and sales are dynamic and fluid. The skills of yesterday might be grossly inadequate for tomorrow. Don't be afraid to take the hard job or the bigger challenge. Take on work that the business considers important.

**80 per cent of your time should be spent on the field.** This should be with your sales representatives and in front of your customers, including relevant healthcare professionals. Being on the field will tell you much more

than any report can give you. It enhances your (and the company's) presence in the marketplace, gives you opportunity to positively influence the outcome of your plans and results before they get out of hand, and give you first-hand feel of the dynamic events in the market, including competitive activities. As an experienced person, you will see more than what your reps will see. Whatever else you do, or don't do, always be on the field.

**Put these three key questions in your dashboard:**

(i) How can I get great results from my people? (ii) How can I be more strategic? (iii) How can I motivate and energise my team? In pursuing greater results, take command and create forward movement. Create connectedness and employee engagement. Inspire your team by providing clear direction linked to overall strategy. Continuously develop them to create effective/productive people. Set a good pace by setting and demonstrating high standards of performance, etc.

To energise your team, focus on upstream (growing salespeople, building firm-to-firm relationships, creating a proactive territory strategy, creating internal sales partnership). You can be more strategic when you pay attention to building your confidence, building the confidence of your sales team members and building the confidence of your customers and healthcare professionals and administrators

The advent of COVID-19 has had huge impacts on businesses in Nigeria and indeed the world. Ekini White Tulip Consulting has also been impacted such that we have suspended our open training programmes since March. We plan to recommence them in July, 2020. We shall keep you posted

**Tunde Oyeniran, a Sales/Marketing Strategist, Selling/Sales Management Trainer and Personal Sales Coach is the Lead Consultant, Ekini White Tulip Consulting Limited, Lagos. Feedback Channels: 080-2960-6103 (SMS/WhatsApp)/ekiniwhitetuliptraining@gmail.com or check <https://fb.me/EkiniWhiteTulipConsulting>**

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# From pandemic to pandemonium: COVID-19 ravages the world

By Pharm. (Dr) Lolu Ojo, BPharm, MBA, PharmD, FPCPharm, FPSN, FNAPharm

It is an understatement to say that the COVID-19 pandemic has taken over our lives completely. It is the first incident, in recent history, that will affect the world evenly without sparing anyone. There is nothing that the United Nations Security Council can do about it. There is no veto power, and before the almighty COVID-19, everyone is equal.

The World Health Organization (WHO) is no longer the health matter wizard that we used to know. The super organisation has no answer to the COVID-19 question till date; rather, it has its existence threatened by the handling so far.

The numbers keep on increasing. From the lowly figure of one case by 8 January, 2020, it skyrocketed to 9,847 cases by 31 January and by 24 May, the world had a burden of 5,204,508 cases and 337,687 deaths. In the United States where COVID-19 was not an issue as at the same January, over 1,622,114 cases have been reported, with over 97,049 deaths. Virtually, all countries in Europe and Asia have also witnessed a geometric rise in cases and deaths since the beginning of the year.

In Nigeria, the first incident case was reported on 20 February and the nation went on lockdown in Lagos, Ogun, and the Federal Capital Territory on 30 March, as a precautionary step to contain the spread. Since then, the numbers have ballooned from that first incident case to 10162 cases, with 3007 discharged and 287 dead as at 1 June.

## Backlash and relaxation

The lockdown was a strange order to Nigerians, and it was exceedingly difficult to obey. People whose lives depended on their daily activities could not cope. There was a cry of hunger in the locked down states and a state of anarchy was almost becoming the order of the day. Hungry people turning into or mixing with bandits started robbing people of their possessions in broad day light. Some, like the dreaded "One Million Boys", even got more daring by sending advance notice to their would-be victims, saying: "get ready, we are coming to rob you".

To protect their properties, whole neighbourhoods trooped out at night wielding cudgels, cutlasses and other dangerous weapons to confront the invaders. These ugly trends must have panicked the government of President Muhammed Buhari (PMB) into ordering a relaxation of the lockdown, despite an obvious surge in the number of COVID-19 cases and deaths.

It was a smart move. An immediate concern has been addressed but no one knows what the future portends. What will the government do next? Will Nigerians be more cautious now that they have been released to go to work? We suspect that the spread has gone beyond the occasional contact with returnees from Europe, America, or any of the other affected places, as there is a suspicion of community involvement. If this is the case, there is a palpable fear of what will happen next in Nigeria.

## Frenzied search

Meanwhile, there is a frenetic search for vaccine all over the world, from the profoundly serious one to the utterly mundane and unserious claims of curative medicines. Gradually, the pandemic is giving

way to pandemonium and the centre, according to the late erudite Prof. Chinua Achebe, appears not to be holding any longer.

There were loud cries of dissent when it was announced that Nigeria would be accepting herbal remedy from Madagascar. The president of Madagascar became the number one official salesman for the untested and uncertified "Covid Organic" or COVO, as the herbal remedy was branded. He challenged the WHO's authority to accept or reject the Malagasy COVID-19 formula. He was able to convince Nigeria and other African countries to adopt the concoction for treatment. Nigerians, particularly the medical community, railed against the government for ignoring similar claims in Nigeria while readily embracing that of a foreign country.

There is nothing that government has offered that could pacify the aggrieved professionals on this subject. President of the Pharmaceutical Society of Nigeria, Mazi Sam Oluabunwa, reeled out the statistics: Nigeria has 174 Universities, 20 schools of Pharmacy, other research scientific/pharmaceutical institutions compared to 6 universities and 1 or 2 schools of Pharmacy in Madagascar.

While not opposed to Nigeria receiving help from any country, Oluabunwa insisted that Nigeria should have embraced, encouraged, and motivated the researchers in Nigeria first before rushing to join the orchestra from other climes. There was a report that the Federal government is yet to send the consignment received from Madagascar to NAFDAC for testing.

## Palliatives and Brouhaha

In other parts of the world, President Donald Trump of the USA has offered money, \$1 billion at the last count, to the pharmaceutical companies, with a marching order to produce vaccines before the end of the year. He called a press conference where the CEOs of pharmaceutical companies were issued the fiat to produce the vaccines and ensure that the USA takes priority above any other nation in distribution when the vaccines are available.

Such orders are unusual in a world of multilateralism, but Donald Trump is an unusual man and he has used the COVID-19 pandemic to push the frontiers of his "America First" agenda. France will not allow the Trump order to go unchallenged and its president, Emmanuel Macron, was unequivocal when he summoned Paul Hudson, the Sanofi CEO and told him that it would be "unacceptable" for any country to have priority access to COVID-19 vaccine.

Other world leaders echoed President Macron's view by declaring that COVID-19 vaccine "should not be subject to market laws". President Cyril Ramaphosa of South Africa, who chairs the African Union, has called for a "people's vaccine" that would act as a public good as reported by Financial Times. Other world leaders have also voiced their opinions that any vaccine for Covid-19 should be patent free, produced at scale and produced at no cost to people everywhere. This is another utopian expectation which may not be realistic at this time when nationalism is on ascendance. Who will pay for the research work, manufacture, and distribution of the vaccine?

## Chinese Imbroglia

The COVID-19 has, once again, brought China into intense scrutiny by the world. President Donald Trump has not relented in his tirades against China as the harbinger of the pandemic. He accused China of hiding information about the origin, spread and pathogenicity of the virus. He has used every available opportunity to condemn China and has threatened to halt relationship between the two countries.

Elsewhere in the world, China's offer of assistance to combat the pandemic is being treated with suspicion. In Nigeria, there was a public outcry against the invitation of Chinese health workers to the country. The medical doctors, under the umbrella of Nigerian Medical Association (NMA), vowed not to work with the Chinese and threatened to withdraw their

services if the Chinese doctors were brought to the public hospitals. To date, the whereabouts of the Chinese doctors are shrouded in secrecy and government has changed the story: the Chinese doctors are guests of a construction company, CCECC, and some of them may be technicians!

China is not taking the threat from the USA lightly and is doing everything possible to protect itself against any possible assault. There are reports that China is tightening its hold on Hong Kong and parading its military prowess to warn any ambitious nation against attack. The peace of the world is threatened by a virus!

## Socio-economic dimensions

The economic impact of the pandemic has been indescribable. The aviation industry worldwide is most affected, and all airlines are gasping for breath with their corporate survival severely threatened. A lot of people are trapped in different locations of the world as they could not return to their base as result of freeze in air travels.

The tourism industry is in serious trouble. Hotel rooms are empty, just as restaurants, eateries, clubs, bars, and others have lost their patrons. The hope of returning to normal business is fading. The threat of massive unemployment is real. In USA, the unemployment rate jumped from 10.3% to 14.7% in April and this was reported to be the largest over-the-month increase since 1948. At 14.7%, the rate was also reported to be the highest seen since the Great Depression. Invariably, the US economy lost a staggering 20.5 million jobs (to a virus) in April 2020.

The cost to the public purse in unemployment claim is enormous. In France, about 10 million people lost their jobs in April 2020 and this figure is about half of the entire private sector workers and the figures are similar in other countries in Europe, Asia, and Middle East with economies heading towards depression.

The social impact is equally unimaginable. The restriction in inter-state travels (and curfews in some states) in Nigeria has turned everybody into a refugee. It has been reported that people slept on the two sides of the Bridge connecting Onitsha in Anambra State and Asaba in Delta State to cover less than one kilometre. Similar incidents occurred in Lagos State when people working on the Island could not connect to the mainland where they live.

Even more worrisome is the movement of the *almajiris* from one state to the other. Suddenly, the governors of the northern states realised the need to address the social implications of having children roaming the streets for food



in the guise of seeking Islamic education. They decided to halt the practice but, first, they agreed that the *almajiris* should be relocated to their states of origin and be united with their parents.

This noble intention was turned on its head when the *almajiris* started moving in their hundreds to the southern states. The people of the south are already crying foul and the nation's attention has been turned to the eternal wound of ethnic cleavages which has refused to heal over the years.

## Deeper realities

The lockdown in Nigeria is covering the face of the impending economic troubles for the nation. When normal activities return, many people will find out that they have no work to return to. Most workers, particularly in the private sector, have not received salary in the past three months, while others have been paid only half of their earnings.

Schools are closed for now, but they will soon resume, and school fees must be paid. Tenants will be called upon to pay their due rents and the landlords, whose lives depend on the rent, will not entertain any excuses or pleading.

The COVID-19 woe will soon enter its full cycle. The economy itself is just waiting to show its ugly face. The IMF, World Bank and other financial agencies have already predicted a negative GDP growth for Nigeria in 2020 and this means economic recession again as it was in 2016. The impact will be more that the statistics or agencies can predict. We depend so much on oil for our foreign exchange earning and since oil has, for want of a better word, collapsed, our ability to fund our imports will be severely curtailed.

The devaluation of the local currency has begun. The Central Bank of Nigeria, CBN, has moved the official calculation rate from N307 to N360 per dollar and is doing everything to prevent the free fall of naira that will follow. Imports will be restricted. There will be scarcity of essential products, including medicines. Inflation will skyrocket with higher prices of goods and services. The vulnerable population will suffer more.

All because of a virus, named COVID-19.

Lolu Ojo  
Consultant Pharmacist  
Lagos, Nigeria  
25<sup>th</sup> May, 2020

# Our aim is to improve awareness on diabetes and cardiovascular diseases - Frank Eze

By Temitope Obayendo

**P**harm. Frank Eze is the winner, Young Pharmacist of the Year 2019, an online poll organised by Pharmanews Ltd., for young pharmacists in Nigeria. In this exclusive interview with Pharmanews, Eze, founder of Rethink Initiative, a non-governmental organisation, explained the objective of the organisation and his plans for young pharmacists in the country. Excerpts:

## How did you feel when you realised you had been nominated for the online poll?

First, I will say I was excited and at the same time I was afraid. I was excited because my work was being recognised and people did not just nominate Frank Eze; they nominated Rethink Initiative, based on the objectives and aims of the NGO. However, I was afraid because a lot of persons were looking up to me and the Rethink Initiative.

## When you were eventually shortlisted for the poll, what happened?

Of course, the fear increased when I saw the likes of those I was contesting against - the likes of Funmbi Okoya, Austin Odibor, and others. Although we all are friends but I knew their capabilities. For the first five days, I was confused. But I later summoned courage not to let down those that had nominated me.

The best I knew I did was to put up a good profile of myself and the Rethink Initiative online and sent it to my friends, beginning from my school, Nnamdi Azikiwe University and the Pharmaceutical Association of Nigeria Students (PANS) because of my previous affiliation with them. My last position in PANS before my graduation was the PRO; that really helped me reach out to schools with the influence of my friends in the schools and that of the National PANS PRO and President at University of Port Harcourt.

It was a lot of campaign. Even some of the patients I had during my internship at the National Orthopaedic Hospital Igbobi (NOHI), my chief pharmacist, and other colleagues all participated in the campaign and voting process. So the campaign was massive; in fact, some of the places I got nominations from, I never knew I could be recognised there.

## What do you have to say to all your friends who facilitated your emergence as winner, Young Pharmacist of the Year, 2019?

I would like to thank everybody that supported our campaign and voted us. I also appreciate the management of Pharmanews Limited for this great privilege. The recognition is a big honour not just for me but for the Rethink Initiative. It's been a long way coming; but we didn't know it was going to come so soon. Pharmanews has made it possible and it also means that we have to buckle up and ensure that we become more responsible in whatever we are doing in achieving the objective of the organisation.

I would also like to thank every young pharmacist out there that has voted us in this initiative. As to what they saw in us that prompted them to vote for us, we promise that we won't let them down. This award also means that Pharmanews is really concerned and has it at heart that the pharmacy profession in Nigeria is greatly improved. The ultimate aim is to ensure that the quality of lives of people is improved which is one of the things

that Rethink Initiative is doing. So, it is an alignment.

Also, being the recipient of this award means that I am now an ambassador of Pharmanews. This means that that wherever I go and in whatever I do, I must always ensure that I am found on the positive side and not in negativity because I wouldn't want to do anything to the detriment of Pharmanews which means that I am going to live up to expectation.

This award too means that young pharmacists are really interested in ensuring that the health of the populace is improved and that is why they had to vote

for Rethink Initiative, especially because it is something that is targeted towards the health of the populace. Our aim is to improve knowledge on diabetes and cardiovascular diseases in Nigeria because we believe that in achieving a sustainable development goal, which is good health and well-being for all ages, the prerequisite is literacy.

When you are aware of your numbers, you are aware that diabetes and hypertension are real

Pharm. Frank Eze

and also aware that your health is in your hands, you take the

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# I knew *Pharmanews* would succeed from beginning – Lady Atueyi

at the prestigious School of Nursing, Iyi-Enu Mission Hospital, Ogidi, in present-day Anambra State, stated: “I took it in good faith knowing that he was no longer enjoying his job in a pharmaceutical company. The attitude of his boss made him uncomfortable and he lost interest in working with him. And when he shared with what me at the end of 1978 the idea of starting *Pharmanews*, I saw his passion and encouraged him.”

Asked how she and the *Pharmanews* publisher met and got married, Lady Atueyi beamed with smiles of beautiful nostalgia, as she recalled: “In 1967 we met at the International Red Cross Hospital, Achi (in the present Enugu State), where I was posted to work as a nurse and he was there as a pharmacist. I was so occupied with my work that I was not thinking of a relationship. But something happened one day. I sent the attendant to get the drugs I placed order from the pharmacy and the pharmacist (Mr Atueyi) asked him to tell me to come personally. I was upset and sent the attendant back to get the drugs. He came back and reported that he said that I must come myself to collect the drugs.”

“I became infuriated the more because I needed to serve the patients their medications. But I had no choice but to go myself and I was prepared for a quarrel. When I got there I saw the bearded pharmacist laughing. I ignored him and went straight to the Chief Pharmacist, Mike Odumodu, to complain of the treatment. Even Pharm. Odumodu appeared to be enjoying the whole incident. Anyway, he handed over the drugs to me. From that day, I tagged the bearded pharmacist a mischievous person.”

Unknown to Lady Joan, who was 24 years old then, having

been born to the family of Mr Amos and Mrs Justina Jewe from Mbaise on 27 September, 1943, that seemingly unpleasant first encounter with Sir Atueyi was a strategy he had adopted to get her to notice him, after having admired her qualities for a while. According to her, it wasn't long after that the two of them started to get close.

“Shortly after that, I was recalled to Iyi-Enu Hospital which had been relocated to Okija Grammar School in Okija. I did not know that Okija was the home town of Pharm. Atueyi. One day, I was very surprised to see him looking for me in the hospital. That was the beginning of a serious relationship between us. He paid me continuous visits and introduced me to his family.”

“After a while, I was sent to Gabon to take care of Biafran kwashiorkor children there. I spent one year of pain for missing the love being developed. However, we had solace with regular mails which we were not sure were getting to their destinations. I was very delighted when I was told that I had completed my tenure in Gabon and would be returning to Nigeria.”

The septuagenarian nurse added that, following her return to Nigeria, the relationship got much more serious as they began to make preparations for their wedding, which eventually happened on 30 May 1970, after the traditional aspect had been done earlier.

“Incidentally, on 30 May, this year, we celebrated our 50th wedding anniversary,” she cooed.

Speaking on the success of *Pharmanews* over the years, Lady Atueyi, expressed gratitude to God, stating that it has taken the consistent commitment of the publisher, as well as the support of all around him, including herself, to

achieve the feat. “He always asks for my ideas in any decision he wants to take. I am his confidant and encourager. We have always worked together,” she said.

When asked about her best moment as a co-manager of *Pharmanews*, she revealed that it was in 2019, when the company celebrated 40 years of uninterrupted publication, adding that the recognitions and goodwill from various well-wishers was an unforgettable experience for her.

“It was a very grand occasion and I was embarrassed by the goodwill and love of

people from all walks of life - pharmaceutical, Full Gospel Business Men's Fellowship, our St. Jude's Church, DMGS Old Boys Association, OAU Alumni, Okija people and so on. It was an unforgettable event,” she said.

Lady Atueyi also recalled her worst moment: “My worst period was when pharmaceutical industry was very seriously affected by fake and counterfeit medicines in the nineties. Some foreign companies mainly American and British ones relocated from

the country. Some local ones closed down while the surviving ones were just managing. The effect on *Pharmanews* was disastrous. Adverts in *Pharmanews* vanished and our income was drastically affected. It was difficult for us to meet our obligations.”

She, however, expressed joy that the company was able to surmount the difficult time, as well as other challenges over the years, and has become better, stronger and making greater impacts in Nigeria and beyond.



Lady Joan Atueyi

## COVID-19: IPMIN donates 1000 cartons of noodles to Ilupeju residents

By Matthew Anani

To ease the hardship of the poor and vulnerable in Ilupeju area of Lagos State, as occasioned by the current coronavirus pandemic, the Indian Pharmaceutical Manufacturers and Importers in Nigeria (IPMIN) recently distributed 1000 cartons of noodles to them.

The presentation of the foodstuff, which was well-coordinated, with the presence of security men to ensure social distancing among the recipients, had, in attendance, Chief Varkay Verghese, president of IPMIN and managing director, Jawa International Ltd; Mr Presengit Banerji of Kewalran Charai Group, general secretary, IPMIN; Mr Virendra Jain, treasurer, IPMIN; and Mr Ashorin S.D, vice-president of Sam Pharma.

Speaking on IPMIN's mission in the area, Verghese said it was the association's little way of giving back to their immediate community, especially as the economic effects of the global pandemic continues



Third left, Chief Varkay Verghese, president of IPMIN and managing director, Jawa International Ltd; Mr Presengit Banerji of Kewalran Charai Group, general secretary, IPMIN; Mr Mukesh Dudhiya of Sagar Overseas Ltd; Mr Dananjay Philips Pharma & Mr Hemant Joshi of JMD Pharma, and Exco members of IPMIN presenting a carton of noodles to one residence of the community.

to take its toll on people.

He said: “As an organisation, we are socially responsible and part of

our Corporate Social Responsibility is what we are doing today, as we decided to donate 1000 cartons of

noodles to the poor and needy of Lagos metropolis, at the Ilupeju low income area.

We will continue to do more to help the poor and needy in the society, and we choose Ilupeju because that is where most of our people reside,” he explained.

One of the beneficiaries, an aged woman called Hajia Abibat Suleiman, expressed her heartfelt gratitude to IPMIN, as she prayed for the progress of their business in Nigeria.

Another beneficiary, Mr Chuks Kalu, thanked the leadership of IPMIN for the kind gesture, saying the pack of noodles given him would go a long way in feeding his household.

Kalu, a petty trader in the area, said: “I want to say a big thank you to the leadership of IPMIN for remembering us in this trying time, as we are not finding it easy to feed our children, with low sales and lack of capital to restock”.

Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

**On 1st October 2019, Pharmanews marked the 40th anniversary of the journal's uninterrupted monthly publication, as well as the 80th birthday of the publisher, Sir Ifeanyi Atueyi.**

**The 50 underlisted companies were recognised and given awards for their patronage and support over the years.**

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49. Vixa Pharmaceutical Co. Ltd.
50. World Wide Commercial Ventures Ltd.

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Your Global Health Journal

## Interview

### Our aim is to improve awareness on diabetes and cardiovascular diseases - Frank Eze

*continued from page 41*

necessary steps to watch what you eat, your lifestyle and ensure that you prevent yourself from coming down with these chronic diseases.

**How many years have you practised as a young pharmacist? Where and when did you practise, before your present training?**

I graduated from Nnamdi Azikiwe University in 2016. After that, I did my internship at the National Orthopaedic Hospital Igbobi in 2017. In 2018, I did my NYSC at the Global Fund, under the supervision of the Lagos State Ministry of Health, and I passed out in June 2019. Thereafter, I went to Mercy Gate Community Pharmacy at Berger. That was the last place I practised before this appointment with GSK.

**What is the story behind Rethink Initiative?**

Well, the whole idea about Rethink Initiative had been a long time coming. Since when I was in school, I had always thought of it, since my 200 level, when my father had a diabetic foot. Initially, I thought he was poisoned, because I never knew anything about diabetes then, until the doctor managing him at the orthopaedic hospital explained everything to me then. That was what got me thinking, that a lot of people are in danger of diabetes and hypertension because of ignorance.

In the long run, my father's foot was amputated in 2017 and he died not long after that. It was his death that really catalysed this initiative, and the condition of my mother too, being diabetic. That is why our major

targets are those in the rural areas, who do not understand much about diabetes and hypertension.

**Where have you been in advocating the objectives of Rethink Initiative?**

Since we are in a digital world, I can say we have been to everywhere in the world, because we are very active online. Then, for physical presence, we are currently working with four community pharmacies. For every person that visits the pharmacies, we ask them, "Ma/Sir, when last did you check your blood sugar?" If the person hasn't checked in a long while, we provide them free test strips to check their blood sugar, while their blood pressure is checked too. This is to encourage those who cannot pay to check their blood sugar free of

charge.

We also go to places of worship to enlighten different groups on health education. We are also planning quarterly medical mission, to go out there and enlighten people, though we don't give out drugs.

**Now that you have emerged Young Pharmacist of the Year, 2019, what are the things you have in mind to increase your activities?**

People believe in Rethink Initiative, that was why they voted us. This means we have to increase our availability and work pace. This award has also made me realise that young pharmacists are willing to help; so, one of the things we are going to do now, is to involve more young pharmacists, because about 60 to 70 per cent of them work in community practice, we will involve more of them in conducting free blood sugar test, while we await sponsorship for more test strips to enhance the smooth running of this programme.

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# PSN decries non-recognition of pharmacists' roles in COVID-19 response

continued from back page

dispensing and others, the PSN leader in Lagos maintains that pharmacists' intervention is 70 per cent of clinical disease states, which manifest in the public space globally.

He also frowned at the very negligible number of volunteer pharmacists in the isolation centres, saying bed/remission time would have been lesser if more pharmacists had been employed in the centres to manage the COVID-19 patients. Below is the full text of the interview:

**Congratulations on your assumption of office as the new Chairman of the PSN in Lagos State. How do you feel being the number one pharmacist in the state?**

It is a great privilege and big honour. It is a right progression in the appropriate place. The reason is also not farfetched when you look at the quality of PSN Lagos which accounts for over 40 per cent of the entire membership of the PSN. Some, in fact, consider Lagos State branch as the alter ego of the PSN.

We, as members of the new Executive Committee, with me as the driver, appreciate the enormity and depth of the assignment at hand and we have resolved to deliver like our predecessors. When you look at the line-up of some of our past chairmen - I readily recollect the likes of Pharm. Laide Osundeko, FPSN, who will join the ranks of octogenarians in a few weeks; the late Chief Abioye Oyetunji, FPSN, who later became a Honourable Member of the House of Representatives; and then the amiable duo of late Pharm. Jimi Adesanya, FPSN, who would have been president of PSN in 1997; Pharm. Jimi Agbaje, FPSN, who got to peak levels in national politics and who many still perceive as the best governor Lagos State may never see; my personal motivator, Pharm. Funso Fakulujo, FPSN, an effective mobiliser; to the one who needs no introduction, the indefatigable Pharm. Olumide Akintayo, FPSN who was the first branch chairman to emerge President of PSN. He was my principal because I served under his leadership as national secretary. He handed over to Pharm. Anthony Bola Oyawole, FPSN, another distinguished chairman who continues to influence us all with strategies.

We moved from Oyawole to the Baba himself, the ever lively Pharm. Lanre Familusi, FPSN, a thoroughbred PSNist, an old hand in the affairs of PSN Lagos since the early eighties. We also had Pharm. Akintunde Obembe, FPSN, a strong believer and actualiser of our branch's cardinal philosophy and principles.

In recent times, Pharm. Gbenga Olubowale, FPSN, put footprints in the sands of time as an achiever, by propelling our branch to new heights. I took over from the delectable and hard-working, Pharm. Bolanle Adeniran, the dynamic leader with the Midas touch, who is reputed to be the first female chairman of our branch.

You can see why we tick in Lagos and this puts some pressure on me in terms of deliverables, but we shall succeed because of the great shoulders I can afford to lean

on.

**Your emergence as the new chairman of PSN in Lagos State coincided with the outbreak of the COVID-19 a pandemic, with the state being the epicentre in the country. How has it been piloting the affairs of pharmacists in the state during this trying time?**

Life comes in various chapters. Leadership demands that we turn challenges into opportunities and this we must do, COVID-19 or other disease. The COVID-19 pandemic is a leveller, with regards to its ravaging impact, as it does not discriminate between the first and the third worlds. We continue to encourage pharmacists in all strata. It is a shame that government and the media refuse to acknowledge the silent but extremely critical role of pharmacists in this state in the COVID-19 season.

My colleagues in the industry and some hospitals continue to manufacture all the hand sanitisers, Vitamin C, and other essential drugs that are used to boost wellness and manage COVID-19 in Nigeria, but nobody acknowledges their efforts and roles. More tragic is the unrecognised gallantry of community pharmacists who are the true frontline health workers because their intervention in 70 per cent of clinical disease states, which manifest in the public space globally. These community pharmacists are the first port of call for those who want to access healthcare anywhere in the world, including Nigeria.

It is also noteworthy to mention that community pharmacies were attending to visibly agitated and anxious members of the public who trooped into their facilities for counselling on COVID-19 prevention protocols and other care services.

This was at a time when the doors of most care centres were being shut against them. The level of their risks, which also affects their families, when all sorts of clients visit their pharmacies, is better left imagined because government provides no personal protective equipment (PPE) for them.

Government at all levels must realise that the healthy living and wellness strategies put in place by community pharmacist is what has saved Nigeria from a calamitous COVID-19 experience.

Please, do note that I acknowledge divine intervention first before human efforts in all of these. Despite the frustrations and poor perception of the role of pharmacists, my colleagues have resolved to continue to work ethically to preserve lives in Lagos State and beyond.

**For your tenure of three years, what are your goals for the association and members?**

The strength of the PSN Lagos remains the *continuum* we have in leadership style and outlook. Our executive committee will not depart from this noteworthy style. We have resisted all attempts to destabilise the Lagos State branch by relying on God and the cooperation of our teeming membership.

We shall continue to pursue the welfare policy of our forebears. Our trustees, populated by past chairmen, manage a trust fund which is structured to bring

succour to the families of departed colleagues who are our financial members. We shall pay the family of one of such departed colleagues N1 million before month end for faithfully obliging financial responsibilities to our branch in the last 3 years.

We shall continue the PSN Lagos Identity Card Scheme, with slight amendments, to boost inherent benefit package to our members. The Pharmacy Villa project will be delivered under our watch. Pharm. Olumide Akintayo built up the first phase in a record 78 days from December 2004 to 8 March, 2005 when he exited. These included modest furnishing to leave a legacy of a property valued at N75 million in 2005.

Oyawole, who bought the second plot where the new phase is sited, is on record to have laid the foundation of the structure, which Familusi, Obembe and Olubowale all combined to take to an advanced stage.

My predecessor, Pharm. Adeniran, despite dwindling resources, virtually completed physical work on the new phase through sheer determination and doggedness, which we all respect. It is to Pharm. Adeniran's credit that we now have a property currently valued at about N300 million.

Our executive committee is set to fix necessary outstanding issues, including a terrace in the old wing, to accommodate a foyer for car park on the ground floor and an enhanced lounge of the first floor.

Let me also thank Pharm. Adeniran for equipping the edifice with befitting ultra-modern furniture and especially the 120 KVA power generating set, which is unique in the entire PSN space. Today, we have buses and vehicles to assist the PIC/PCN operations.

I will champion the fulfilment of the dream of the founding fathers of Pharmacy Villa to make it a revenue-yielding venture through events hosting and other outstanding.

I insist on better practice techniques as we strategise to work with PCN, NAFDAC, SMoH, NDLEA and other strategic regulators. There are a range of other programmes which time will not permit me to spell out their details here.

**Since the outbreak of the pandemic in the state, a lot has been happening in the healthcare delivery system and to health workers. How would you describe the response of the state government to the pandemic, and what grey areas would you want to be improved?**

Permit me to salute the sagacity of Lagos State Government (LASG), given the response time to the totality of emergencies in our peculiar health system. Governor Sanwo-Olu has matched the commendable heights his predecessors took governance to in Lagos State. The LASG has put on display the best output relative to all the state governments and even federal government. I am informed that the Ekiti State Government is also doing well in the management of COVID-19, but Lagos still leads the way.

However, despite the many firsts of LASG, there are still a few



**Pharm. Gbolagade Iyiola**  
Chairman of PSN-Lagos State

drawbacks in its handling of the pandemic. First, the very negligible number of volunteer pharmacists in the isolation centres is lamentable. Let me say, with a deep sense of conviction, that bed/remission time would have been lesser if you had more pharmacists in those centres to manage the complications of drug/disease interaction profile, which is commonplace in the management of COVID-19.

Secondly, the LASG, because of the peculiarity of the state as the epicentre of coronavirus, would have led the way in private sector collaborations with community pharmacies and private medical laboratories, as we witnessed in the UK, USA and even nearby Ghana, in the provision of rapid diagnostic kits to improve the wretchedly slow pace of testing, which is still less than 50,000 nationwide. We cannot win this war, if we continue to rely on only tests within the ambit of public sector facilities.

Thirdly, In the post COVID-19 era, LASG must prove that our state is indeed the Centre of Excellence by embracing international best practices in healthcare. We must build new competencies and capacities in our health system. Governor Sanwo-Olu must be bold to distrust the *status-quo* of "senior" and "junior" partners in the health system.

In May 2018, the LASG approved the consultancy cadre for pharmacists in the public sector, but this was suspended on the prompting of the president and national executive council of the Nigerian Medical Association (NMA) who put pressure on former Governor Ambode to rescind the approval of the consultancy cadre.

I recollect, with sadness, the role played by the former Commissioner for Health in Lagos State in that inglorious era. The beat goes on for as long as Governor Sanwo-Olu is yet to reverse this in public interest.

COVID-19 has shown the world that indeed science and technology can fail. Our human development mechanism must therefore appreciate and adequately compensate added qualifications and expertise, which add value and boost the quality of healthcare in a country, which is ranked 187 out of 191 health systems.

Governor Sanwo-Olu must fund the Lagos State University to have a Faculty of Pharmacy and do same in other health professions, where training is presently non-existent, in our bid to build competencies and capacities in a post COVID-19 dispensations.



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For the relief of pains, feverish condition, teething pains, cold symptoms, headache, minor injuries such as sprain and strain.

**Contra-Indications:**  
Peptic Ulceration or history of Peptic Ulcer in Asthmatic patients in who attacks of Asthma, Urtericaria or Acute Rhinitis is precipitated by Aspirin and other non-steroidal anti-inflammatory drugs or by other Drugs with Prostaglandin Synthetase inhibiting activity.

## LOTTEMP PLUS TABLETS

Ibuprofen 200mg  
Paracetamol 325mg

**INDICATIONS:**  
Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, cervical spondylosis, intervertebral disc syndrome and sciatica. Soft tissue injuries such as sprain, strains and sports injuries. Painful inflammatory conditions in gynaecology. Post-operative and post-traumatic inflammation and swelling. Pain and inflammation following surgery. Acute attack of gout, severe headache.

**CONTRA-INDICATIONS:**  
Hypersensitivity to Ibuprofen or Paracetamol. Peptic Ulceration or History of Peptic Ulcers in Asthmatic Patients in whom attacks of Asthma, Urtericaria, or Acute Rhinitis are precipitated by Acetyl Salicylic Acid or by other drugs with Prostaglandin Synthetase inhibiting activity.

# Nutriyin

## Multivitamin Syrup

• Multivitamin Deficiencies,  
• Convalescence & Malnutrition.

**CONTRA-INDICATION:**  
Hypersensitivity to the vitamins

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## RELIABLE ANTIFUNGAL



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- \* ESTABLISHED EFFICACY AND SAFETY
- \* EFFECTIVE IN THE TREATMENT OF DERMATOPHYTOSIS
- \* JOCK ITCH
- \* ITCHING AND RASHES
- \* ECZEMA



Tinea pedis



Tinea cruris



Pityriasis versicolor

### YTACAN PLUS

#### TRIPPLE ACTION CREAM



- CLOTRIMAZOLE**  
Time tested and trusted anti-fungal
- NEOMYCIN**  
Wide-spectrum antibacterial for preventing / treating infections
- BETAMETHASONE**  
Relives inflammation, itching and redness

### KETACON

#### TIME-TESTED ANTIFUNGAL



- \* Exhibits anti-inflammatory, anti-seborrheic and anti-proliferative properties
- \* Ketacon (Ketoconazole 2% cream O.D. for 2 weeks) is effective against Pityriasis versicolor
- \* Decreases erythema and scaling



Tinea Corporis



Ring worm



Tinea Pedis



Ring worm



Tinea Corporis



Tinea Pedis

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# I knew *Pharmanews* would succeed from beginning – Lady Atueyi

By Ola Aboderin

**L**ady Joan Atueyi, wife of the founder and Managing Director of Pharmanews Limited, Sir Ifeanyi Atueyi, has revealed that she actively supported and contributed to the starting of the Pharmanews journal because she was fully convinced that the publication would succeed and achieve its purpose.

Lady Atueyi, who spoke recently in an exclusive interview as part of activities to mark the 41<sup>st</sup> anniversary of the uninterrupted publishing of the journal, said her confidence in the prospects of *Pharmanews* was based on the fact that the vision had divine backing, as well as the understanding that her husband had always been hardworking, determined and purpose-driven.

Regarding the decision of Sir Atueyi to quit paid employment to start *Pharmanews*, Lady Atueyi, a retired nurse who had obtained her training and qualification

*continued on page 47*



**Golden couple, Sir Ifeanyi Atueyi and Lady Joan Atueyi, renewing their wedding vows, as they celebrate 50 years of marital bliss on Saturday, 30 May, 2020, officiated by Rev. Canon A. Omoyelu and Rev. Agbolade. The event was held in Pharmanews office, Maryland, Lagos.**

## PSN decries non-recognition of pharmacists' roles in COVID-19 response

**T**he Pharmaceutical Society of Nigeria (PSN), has berated government for failing to recognise the critical roles of pharmacists in the ongoing war against the novel coronavirus disease in the country.

Speaking in an exclusive interview with *Pharmanews*, the newly elected Chairman of PSN-Lagos State, Pharm. Gbolagade Iyiola said community pharmacists

have been attending to visibly agitated and anxious members of the public, who besiege their facilities for counselling on COVID-19 prevention protocols and other care services

Listing the services being offered by pharmacists to curb the spread of the infection to include mass production of hand sanitisers, patient care and counselling in hospitals and communities, drug

*continued on page 44*