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L-R: Dr Ayodele Teriba, CEO, Economic Associates, Lagos, and guest speaker; Prof. (Mrs) Mbang N.Femi-Oyewo, chairman, BOF-PSN; and Pharm. Lekan Asuni, chairman BOF-PSN 2020 Mid-Year Meeting Planning Committee at the 2nd Public Lecture of the BOF-PSN, held at Shoregate Hotels, GRA, Ikeja, Lagos recently.

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LOVE YOURSELF

FIP charges national governments on resolving global medicine shortages

- Establishes antimicrobial commission

By Temitope Obayendo

The International Pharmaceutical Federation (FIP) has directed national leaders and governments across the globe to, as a matter of urgency, embark on investigation and implementation of strategies to mitigate global medicine shortages, noting that doing so

would enhance equitable access to medicines for their citizens.

The global pharmaceutical body made the decision at the recent FIP World Congress held virtually, urging governments to instruct medicine regulatory authorities to investigate and develop proposals on resolving the challenge.

It further encouraged countries to develop evidence-based risk mitigation strategies, which it said, might include contingency plans, pandemic planning and capacity redundancy, appropriate to their national needs and strategic

continued on page 21

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Dozie David Atueyi

Executive Editor
07038576107

Patrick Iwelunmor

Editor
08135439281

Ola Aboderin

Sub-Editor
07033179360

Moses Dike

Business Development Manager
08028396755

Temitope Obayendo

Online Editor
08026748215

Adebayo Oladejo

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Andy Benson-Idima

Graphic Artist
08037151780

CORRESPONDENCE:

All correspondence on editorial matters should be directed to: The Editor:-08135439281

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Pharmanews Limited
8 Akinwunmi Street, Mende,
Maryland, Lagos
P.O.Box 2213, Ikeja
Tel: 08057235128, 08055212962.

E-mail: pharmanews@yahoo.com,
info@pharmanewsonline.com
Website: www.pharmanewsonline.com

Pharm. (Chief), Emeka Adimoha, an astute, self-driven and resourceful professional, is a 1995 graduate of Pharmacy, from the University of Nigeria, Nsukka, Enugu State.

Born 8 August 1972 Adimoha, a high chief with a rich cultural background, hails from Ebenasaa Autonomous Community in Orsu Local Government Area of Imo State.

Since his graduation at age 23, he has had a notable career in the pharmacy profession, spanning the hospital, community and industrial areas of practice. He is also much at home in the production and regulatory environment.

Currently, he is doing a postgraduate programme in Drug Design and Development. This is in addition to a production training in tableting, hard and soft gelatin capsule manufacturing, which he underwent in Indonesia, in 2016.

Adimoha worked as a locum pharmacist at Tonyson Pharmacy & Stores Limited, Ebute-Metta (1997 -1998); production manager, Ugolabs productions, Kano (1999 -2003); production manager, PZ Industries PLC (Roberts Pharmaceuticals; 2003-2006), and pioneer production manager, OrangeKalbe Industries Ltd (2006 -2009).

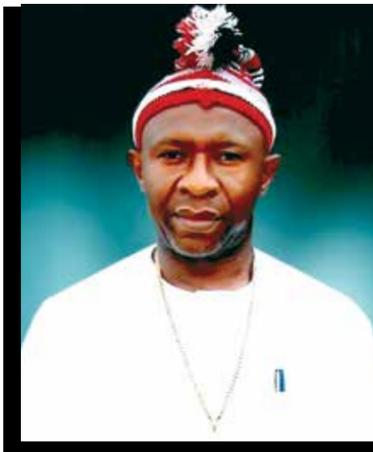
He is currently the superintendent pharmacist and a director at Shalina Healthcare Nigeria Limited, where he has helped in birthing the multimillion dollar Shalina Pharma manufacturing plant currently under construction.

Adimoha is a member of the Pharmaceutical Society of Nigeria (PSN) and the Association of Industrial Pharmacists of Nigeria (NAIP). He currently serves as the national treasurer of NAIP after serving as its director of programmes (2013 -2017). He is also a member of the Nigeria Finance Council and an associate member of the Institute of Cost Management.

Adimoha is a 2019 NAIP Eminent Persons awardee. By his professionalism and mentoring, he has inspired and supported a number of pharmacists, while some are still being mentored, including two from his family. Adimoha is also a recipient of Outstanding Leadership Award from the Nigeria Association of Foreign Trained Pharmacists (NAFTraPH).

As a testimony to his active membership and contributions to the society, he has received several awards and recognitions, including Award of Excellence from Lagos Archdiocesan Council of Catholic Women Organisation (LACCWO), Award of Excellence from Nigerian Red Cross Society CKC Detachment and a High Chieftaincy title from his hometown, among others.

Adimoha enjoys travelling, reading and brainstorming. He is happily married with children.



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Your Global Health Journal

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After initially testing the waters with the approved resumption of students in exit classes on 4 August, the federal government eventually gave approval for the reopening of schools and other learning facilities in the country. This was after shutting down educational institutions across the country earlier in March to curb the spread of the COVID-19 pandemic.

Announcing the reopening during a briefing on 3 September, the National Coordinator of the Presidential Task Force on COVID-19, Dr Sani Aliyu, said the task force had recommended phased return of students. Speaking at the Nnamdi Azikwe International Airport, Abuja, Aliyu also said, "However, we strongly recommend that states conduct a risk assessment to ensure all schools are at a level of compliance and create a monitoring mechanism to assess, create, and monitor this level of preparedness."

The government also gave comprehensive guidelines on such reopening to ensure the protection of learners, teachers, education personnel and their families, as well as to restore pre-pandemic capacities. Since then, many of such institutions of learning have reopened across the country and educational activities have resumed in earnest.

While it would appear that this audacious decision by the

Schools reopening: A dicey expediency

government was predicated on the dwindling figures of new COVID-19 infections in the country, we believe that there is a more serious justification that borders on safeguarding the future of these young minds, and the nation as a whole. Indeed, while calls from medical experts and other concerned individuals and groups against the announced reopening seemed germane - considering that the coronavirus is still very much on rampage - it must be emphasised that the prolonged stay at home was beginning to cause some other severe harms to the children, their families and their tutors.

Several reports have confirmed that within the period of the school closure, there was an alarming upsurge in juvenile delinquencies, sexual exploitation of girls and young women, teenage pregnancies, early marriages, and child labour. Parents were also having an excruciating time coping with the excesses and risky behaviours that naturally ensue from the unfettered exuberance of their youngsters.

It was in consideration of these factors that both the World Health Organisation (WHO)

and the United Child Nations Children's Fund (UNICEF) jointly expressed support for the reopening of schools. Dr Matshidiso Moeti, WHO Regional Director for Africa, said: "We must not be blindsided by our efforts to contain COVID-19 and end up with a lost generation." Similarly, UNICEF Regional Director for Eastern and Southern Africa, Mohamed M. Malick Fall, warned: "The long-term impact of extending the school shutdown risks ever greater harm to children, their future and their communities."

It is necessary to emphasise, however, that now that the majority of the scholars are back to their classes, all stakeholders in the educational sector must bear in mind that the reopening of schools is not a better alternative but a lesser of two evils. As reports continue to show, the virus that causes COVID-19 is still a major threat in the country. Therefore, efforts must be taken by the government and education authorities across the country to ensure strict compliance with the guidelines stipulated for the reopening.

Achieving this compliance will require enlisting the support

of school managements, parents and the students themselves. It will also involve an integrated approach, comprising critical components such as continued sensitisation and monitoring to ensure that schools do not breach necessary safety rules for any reason. These rules include physical distancing measures, such as staggering the beginning and end of the school day, cancelling school events that create crowding, and spacing desks; providing hand washing facilities; enforcing wearing of masks; discouraging unnecessary touching; and ensuring that sick students and teachers stay at home.

It is our view that enforcing and monitoring compliance with these guidelines will guarantee safe teaching and learning amidst the coronavirus challenge. As Mr Boss Mustapha, Secretary to the Government of the Federation (SGF) and Chairman, Presidential Task Force (PTF) on COVID-19, recently warned, government at all levels and other stakeholders in the education sector must be guided by experiences from countries such as Germany, France, the United States, and the UK where the opening of schools in some cities led to an increase in confirmed cases and fatalities. All hands must be on deck to ensure that no state or community in Nigeria suffers the same fate.

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God wants you rich

By Sir Ifeanyi Atueyi

The question has often been asked by people of God as to whether God wants us rich or not. I believe that the answer we give ourselves to this important question determines how our lives are influenced financially. First, what does it mean to be rich? In this context, it means to have God's power and favour to meet any need. It means that God will meet any need we have, including spiritual, physical and material needs.

We enjoy complete prosperity or abundance when we have all our needs and not just some of them met. Being rich does not mean accumulation of material things or living an extravagant life. Philippians 4:19, which we often quote, has a wonderful promise of God supplying all our needs. There are many kinds of needs and this promise has not excluded any of them. In fact, it is like a blank cheque given to us to fill the amount of cash ourselves.

If you have your financial and physical needs satisfied but your spiritual need of salvation is

not covered, then you are poor. Matthew 16:26 asks, "For what is man profited, if he shall gain the whole world, and lose his own soul?" What of a man who has acquired millions of naira but dying of a terminal disease? At that point, the millions are of no use to him because his needs are not fully met. He is actually poorer than a man living from hand to mouth but has his good health. On the other hand, a healthy man who is saved and yet homeless and starving is not rich either.

God does not just promise to meet some of our needs but all our needs. What are your own needs? Just believe God's promise to meet those needs, as long as you satisfy the conditions because most of God's promises are conditional. They are not free-for-all.

There is another truth about having our needs met. In Matthew 6:33, Jesus said, "But seek ye first the kingdom of God and his righteousness; and all these things shall be added unto you." Those things to be added include food, drinks, clothes, houses, cars, and any other things you actually need and not your wants. God wants us to focus on His will for our lives. If we take care of God's business, He will take care of our business. Psalm 37:4 says, "Delight thyself also in the LORD; and he shall give thee

the desires of thine heart." We can expect to have our desires met as long as our first desire is to please God.

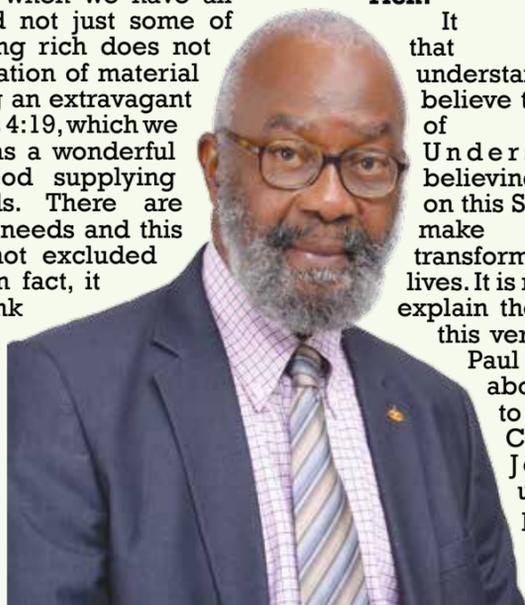
Secret of Riches

The big question is how are Christians redeemed from poverty? One verse of the Scripture makes it very clear. 2 Corinthians 8:9 says, "For ye know the grace of our Lord Jesus Christ, that, though he was rich, yet for your sakes he became poor, that ye through his poverty might be rich."

It is vital that Christians understand and believe this message of prosperity. Understanding, believing and acting on this Scripture will make tremendous transformation in our lives. It is necessary to explain the context of this verse. Apostle Paul was talking about giving to the poor Christians in Jerusalem undergoing persecution and he was raising funds to support

them. So, Paul was talking of the financially poor and not spiritually or physically poor Christians, as may be wrongly interpreted. Therefore, with the above understanding, we must believe that God included prosperity in His redemption plan. It means that prosperity was included in the work on the Cross. On the Cross of the Calvary Jesus took away our poverty which was due to our sin. Poverty is a product of sin which Jesus took upon Himself. Deut. 28:47, 48(NKJ) says, "Because you did not serve the LORD your God joyfully and gladly in the time of prosperity, therefore in hunger and thirst, in nakedness and dire poverty, you will serve the enemies the LORD sends against you."

Christ took on these curses because on the cross he was hungry, thirsty, and naked. In John 19:28, He cried out, "I am thirsty". The soldiers stripped him of his clothes and He was naked. Therefore, we should not suffer the curse of poverty again. As earlier said, this promise is conditional. The promise is actually for those who have received Jesus Christ as their Saviour and Lord and believe that He is the Son of God. It is not for those who merely confess Jesus is Lord because mere confession is not enough. You must believe in your heart.



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Organisational culture surpasses vision

By George O. Emetuche

"Culture is much more important than vision. Some leaders have great a vision but have created a toxic culture where that vision will never happen." - Phil Cooke

Pause for a while and read the opening quote once more. As businesses and activities try to return to normalcy - after the lockdown - it is imperative that we discuss this important topic that dwells on vision and culture. The topic is broad because it affects all facets in the organisation. It touches sales and marketing, human resources and administration, production, finance, maintenance and so on. Once you fix organisational culture, you fix a lot of things in the organisation.

Culture encompasses the ideas, customs and social behaviours of a people. Culture includes beliefs, capabilities, laws and habits of individuals in a group.

Therefore organisational culture includes values and behaviours that contribute to the unique social and psychological environment of a business. Organisational culture influences the way people interact, the context in which knowledge is shared and the attitude of people to changes.

Organisational culture represents collective values, beliefs and principles of organisational members.

Flamholtz and Randle (2011) suggest that one can view organisational culture as corporate personality. They see organisation culture as consisting of values, norms and beliefs which influence the behaviour of people as members of an organisation.

From the definition of culture, you will agree that it is deeply rooted in beliefs, values, capabilities, norms, and laws. These elements are the ingredients that make or mar a people. Once there are errors in these elements, then there will be serious issues.

Vision is a destination. Vision defines direction; it is what you see.

Culture is not what you see, it is what you do and how you do it. The factor that gives results is not necessarily what we see. What we see is important, but the main element that ensures results is what we do. Action is eloquence, so says William Shakespeare.

As a business and management scholar, I know the importance of vision. In fact, I have written a lot on vision, mission, goals and objectives. But in all these, I strongly believe that nothing works when beliefs, behaviours, capabilities, laws and habits are on the wrong side. When these elements are in the wrong direction, they simply create a wrong environment.

If you have the best vision in the world but have a wrong environment, then you need a miracle to achieve your vision!

Crux of the matter

The problem, most times, may not be in what we see (vision) but in what we do (culture). A lot of folks have the ability to create a great vision but lack the ability to ensure the right culture that will make the vision happen. This is the crux of the matter. This is the bane of development in Nigeria. This is why we have great vision of being the giant of Africa but have failed to actualise it.

Nations and business organisations that want to be outstanding must develop the right culture. The right culture develops the right people and the right people ensure that the vision is pursued intelligently

and vigorously. This is how to succeed as a people.

I often recommend that organisations should ensure that they harmonise their vision and culture in a way that everyone can see and understand the bigger picture. When there is harmony in these constructs, then the organisation is on the right path.

Business leaders should invest efforts in building winning organisational cultures. This is a vital assignment. When the vision is crystal clear and the right culture is in place, then the organisation is set to win.

Organisations that have the right culture in place will bounce back stronger and better in the post COVID-19 marketplace.

Build a winning culture
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George O. Emetuche, CES, is a Brian Tracy endorsed bestselling author, accredited training consultant, life coach, sales and marketing expert.

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Food, mood and the cognitive process

generous experiential exemplifications of this reality from one's association with school children.

this second part of the journey. For a man who, earlier in the journey, had been throwing verbal jibes at anyone who dared to criticise his driving, to suddenly simmer down, we knew that something had tampered with the flow of blood to his brain. The digestive process had taken a toll on him and like a python, which had swallowed a cow, he needed some metabolic reprieve to be able to gather himself together.

Wikipedia aptly provides a physiological explanation for our driver's condition: "In response to the arrival of food in the stomach and small intestine, the activity of the parasympathetic nervous system increases and the activity of the sympathetic nervous system decreases. This shift in the balance of autonomic tone towards the parasympathetic system results in a subjective state of low energy and a desire to be at rest, the opposite of the fight-or-flight state induced by high sympathetic tone. The larger the meal, the greater the shift in autonomic tone towards the parasympathetic system, regardless of the composition of the meal."

As controversial as this topic may be - even amongst scientists themselves - the intention is to show that there are still a few more things the Federal Road Safety Corps can do, through public enlightenment (in collaboration with other relevant agencies), to safeguard the lives of Nigerians who eat in motion.

Unhealthy eating patterns are very common in Africa, despite the abundance of nutritious grains, tubers, fruits and vegetables. Illiteracy, coupled with poverty, makes many people on the continent to consume all sorts of unwholesome concoctions in the name of foods and soups, not minding the neurobiological and psychological implications of their actions.

Important food nutrients have been proven to affect brain chemistry, by impacting mood, memory and cognitive functions. Blood sugar fluctuations and nutritional imbalances also result from eating indiscretions.

In Nigeria, for instance, the term "swallow" refers to meals that are made from ground grains and eaten with assorted soup. The heaviness of this type of meal has an almost immediate effect on both the metabolic and cognitive processes, as more metabolic activities are directed to the stomach region, causing the cognitive process to slow down.

This explains why people sleep or feel drowsy after heavy meals like *eba* and *egusi* or *fufu* and vegetable. It is therefore a very fundamental rule to observe the culture of having light meals

in the morning, especially for office people and students who deploy most of this time to highly intellectual activities during the productive hours of the day.

Having heavy meals in the morning can hamper concentration, thereby triggering confusion and a distorted cognition. Though scientists and medical researchers are not unanimous in accepting the link between food, mood and their impact on cognition, doctors and nutritionists seem to agree that there is indeed a significant link between them. The term postprandial stupor or somnolence best captures the scenario.

Distorted cognition, caused by heavy eating, may lead to life-threatening situations. One can hypothetically put forward the argument that people, like teachers who require a lot of brain work, cannot afford to eat anyhow, lest they suffer spontaneous mood swings that could result in total breakdown of pedagogical communication between them and their students. The same is applicable to students sitting for exams. Eating heavy is the worst thing that can happen to them. Any food that impairs their concentration or that induces the feeling of drowsiness is not ideal for them. There are

I have also had reasons to suspect that some of the accidents that happen along our expressways are caused by the habit of heavy eating amongst drivers, especially those driving trucks and other heavy-duty vehicles. I recently raised very serious concerns during the course of a journey I had undertaken from Lagos to Benin. As soon as we arrived in Ore, where drivers usually make a stopover for refreshment and refuelling, I was shocked by the volume of food on the table of our driver, who was obviously battling obesity. He had almost eight wraps of *fufu* right in front of him as he heaped them each upon the other to form a mountain. In a matter of minutes, that mountain was demolished in a stream of *ogbono* soup.

As a passenger, I was disturbed because I knew the remaining part of that journey would be a horror. Though we managed to get to Benin, our driver was slower and drove at an almost snail-paced speed, much to the consternation of the passengers. Our vigilance throughout this second half of the journey kept him going, although there were moments when he almost dozed off.

Unsurprisingly, even the driver's words were fewer within

H. PYLORI IS A RISING CONCERN IN NIGERIA AND IT NEEDS A DIFFERENT APPROACH

International Treatment Guidelines

(According to the American College of Gastroenterology)

According to European¹³ and North American²¹ guidelines, there is a first-line therapy for treating H. pylori infection. It consists of a standard triple therapy including a proton pump inhibitor (PPI) with any two antibiotics among amoxicillin, clarithromycin given for 7-14 days to adults.

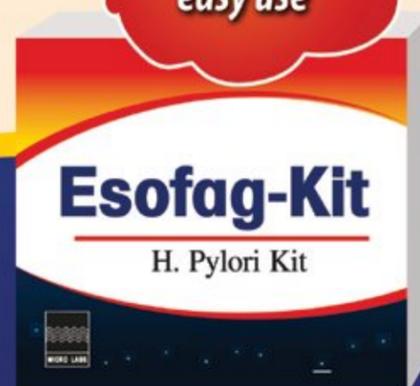
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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

BOF-PSN seeks national policy framework on drug security

By Temitope Obayendo

The Board of Fellows of the Pharmaceutical Society of Nigeria (BOF-PSN) has stressed the need for the formulation of a national policy framework for ensuring drug and health security, as well as economic development.

The group urged all pharmacists and Fellows of the PSN to rise to the occasion by playing their key roles in nation building, especially during such a critical period as the ongoing pandemic.

Chairman, BOF-PSN, Prof. (Mrs) Mbang N. Femi-Oyewo, led the call at the 2nd Public Lecture organised virtually by the Board recently.

She said: "As a profession, we play a key role in the economy of Nigeria. The pharmaceutical industry and indeed pharmacists contribute to the country's revenue through our products and services to the entire healthcare sector.

"Policy framework that will ensure development of drug/health security, economic growth and others must be in place. As Fellows and elders of the profession, it is therefore important to understand our roles and consciously take up the responsibility.

Opening the lecture, Femi-Oyewo said: "I welcome everyone and wish you all an insightful lecture as we formulate/identify solid policy framework for the development of our great nation, amidst current global challenges and even future challenges."

Speaking on the theme of the public lecture, "Policy Framework for National Development Amidst Current Global Challenges: Whither Nigeria?", the guest speaker, Dr Ayodele Teriba, CEO, Economic Associates Lagos, recommended that Nigeria must reorder economic policy priorities to experience growth.

The international scholar and multiple award winner further stated that in order to restore growth and stability to the economy, which has hitherto been nosediving, Nigeria must ensure adequate internal and external liquidity.

Teriba sub-divided the theme into four parts, namely: "Global Realities - COVID-19 pandemic intensifies the twin-gluts; National Realities - It is high time we changed the narratives; Policy Challenges: liquidity-growth-stability nexus - getting the level of liquidity 'right'; and Liquidity Tailwinds - global and domestic silver linings."

He identified the lack of pharmaceutical remedy as a major concern in the COVID-19 outbreak, as it made the world revert to non-pharmaceutical remedies, like the use of facemasks and other personal protective equipment to flatten the curve.

He advised those at the helm of affairs to identify national assets that could be invested in, such as people, landed properties, Diaspora connections, attraction of foreign investors, and others that will



Dr Ayodele Teriba, CEO, Economic Associates Lagos and guest speaker; and Prof. Mbang N. Femi-Oyewo, chairman, BOF-PSN, at the BOF-PSN 2nd Public Lecture, transmitted virtually from Shoregate Hotels, GRA, Ikeja, Lagos, recently.



A cross-section of the planning committee members of the BOF 2nd Public Lecture, transmitted virtually from Shoregate Hotels, GRA, Ikeja, Lagos.

enhance economic growth.

"Nigeria should look at assets development, because we are very rich in assets; but we are neglecting them. If we recognise Diaspora as an asset class, we should invest in them, because global liberalisation is a megawave which we can't resist," he quipped.

Earlier in his welcome address, Chairman, BOF-PSN 2020 Mid-Year Meeting Planning Committee, Pharm. Lekan Asuni explained the essence of the public lecture, saying it provides BOF an avenue to discuss and contribute to contemporary issues of national interest.

He said: "This annual event

provides the Board of Fellows of the Pharmaceutical Society of Nigeria an opportunity to shape and contribute to discourse on contemporary issues of national interest.

"The current pandemic situation has significantly impacted several sectors of the economy including our everyday life. Therefore, we have carefully chosen the theme of this year's lecture.

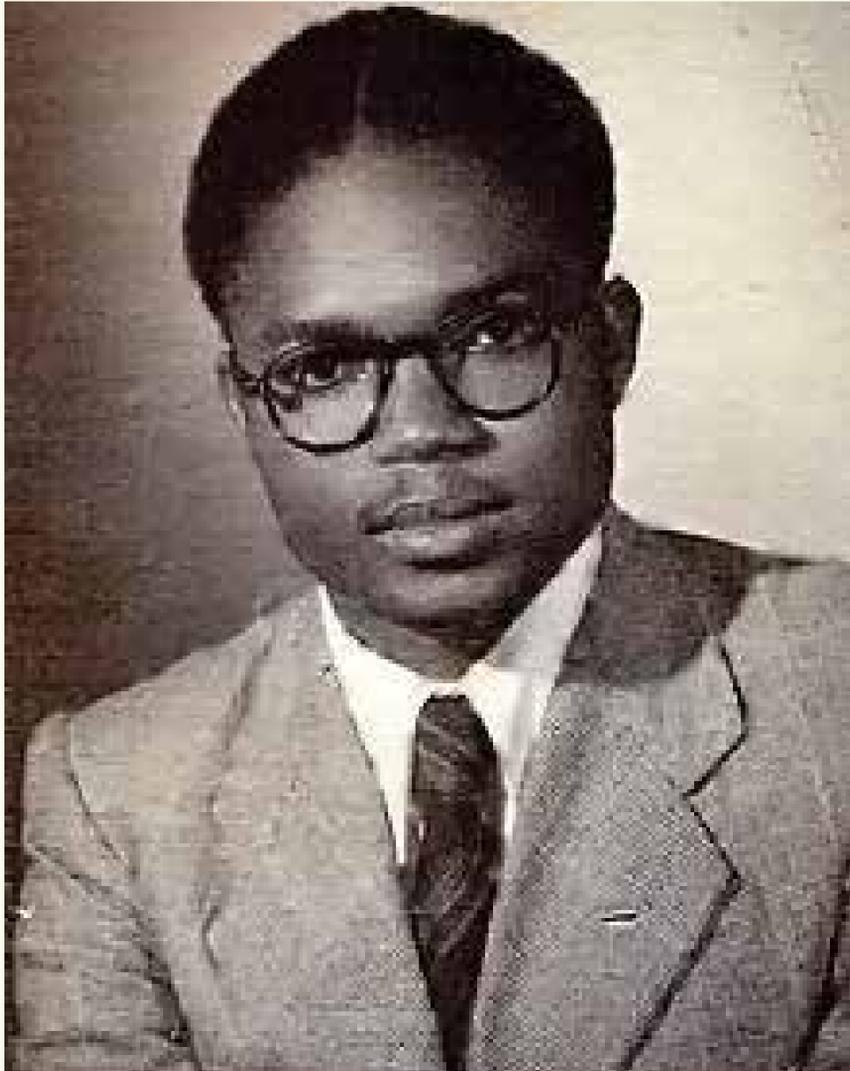
"The planning started in late 2019 and the initial plan was to have in-person attendance in Awka, Anambra State. But here we are, it is virtually aligned to the new normal and the first

of its kind in the series of the Board's Annual Public Lecture."

Some of the dignitaries in attendance at the virtual meeting were: PSN President, Pharm. (Mazi) Sam Oluwabunwa; Chairman of Anambra State Traditional Council and Trustee, National Traditional Rulers' Council, His Royal Majesty, Nnaemeka Alfred Ugochukwu Achebe, Obi of Onitsha; NAFDAC Director General, Prof. Moji Adeyeye; Pharm. (Sir) Ifeanyi Atueyi, publisher, Pharmanews; Distinguished Prof. Cecilia Igwilo; Vice-Chancellor, Chrisland University, Abeokuta, Prof. Chinedum Babalola; and Pharm. Bruno Nwanko, former PCN chairman.

Chukwuedu Nathaniel Nwokolo – distinguished genius of tropical medical research

By Solomon Ojigbo



Chukwuedu Nathaniel Nwokolo

Paragonimiasis is a food-borne parasitic infection caused by the lung fluke - most commonly the *Paragonimus westermani* specie. It infects an estimated 22 million people yearly worldwide. The disease is more prominent in Asians, Africans and Hispanics because of their tropical habitats and cultures.

However, prior to 1972, little was known about the occurrence of the disease in Africa, and particularly in Nigeria, until Chukwuedu Nathaniel Nwokolo, a renowned physician, specialist in tropical medicine and medical researcher discovered and identified the parasite specie (*Paragonimus uterobilateralis*) in eastern Nigeria, just after the Nigerian civil war.

Chukwuedu Nwokolo is also credited with mapping out the endemic areas/ distribution of the lung disease in eastern Nigeria, as well as in mid-western Nigeria. He also carried out extensive study of the disease in Africa and led the establishment of clinical research programmes for its control. He founded SICREP: Sickle Cell

Research Programme to effectively fight the disease in Nigeria and globally. Among Chukwuedu Nwokolo's notable scholarly works is his book "Introduction to Clinical Medicine (Medicine in the Tropics)" and his contribution to the famous book, "Principles of Medicine in Africa - 3rd Edition" (Cambridge University Press).

Nwokolo was an advisor to the World Health Organisation on tropical diseases and to the Federal Government of Nigeria at the National Science and Technology Development Fund.

Background and education

Nwokolo was born on 19 April 1921, at Amaimo, Imo State Nigeria, to the family of Nathaniel Ezuma Nwokolo and Matilda Nwokolo. His parents worked for the Church Missionary Society as evangelists. He was the first male child amongst seven children. His father, Nathaniel, was a church teacher; and his mother, Matilda, was trained at the Niger Church Missionary Society (CMS) Onitsha.

Nwokolo had his primary

education at Ezinihite-Mbaise in Imo State, and his secondary education at Government College, Umuahia. In 1939, he entered Higher College, Yaba, to study Medicine. Incidentally, most of the students who went to Government College, Umuahia, went on to Yaba College, which was the only science-based institution of higher learning at the time.

Nwokolo's medical course lasted seven years, which included internship programmes at the General Hospital, Lagos, and Aba General Hospital. Nwokolo qualified as a medical doctor in 1946, after graduating in flying colours. He won the Walter Johnson prize in public health and consequently got his LMS - Licenciate of the School of Medicine.

After his internship at the Lagos General Hospital, Nwokolo was posted to General Hospital Enugu, from 1947 to 1948, and then proceeded to work at the department of medicine at the University College Hospital as an assistant medical officer from 1949 to 1950. Thereafter, he proceeded to England for further studies.

After moving to London, Nwokolo studied at Queen Mary's Hospital, Sidcup, and worked in medicine and surgery house jobs in Dover. He soon became qualified to register and practise in Great Britain. He then became a senior house physician in the geriatrics unit of Queen Mary's Hospital, Sidcup. In 1953, Nwokolo obtained the Membership of the Royal College of Physicians qualification. He was one of the very few Africans to achieve such a feat, and the second Nigerian to do so - the first being Dr Olu Mabayoje.

In 1953, Nwokolo returned to Nigeria where he joined the civil service and appointed special grade medical officer and specialist in internal medicine. He served mainly at Enugu General Hospital.

While in the civil service, Nwokolo carried out medical research in the wards, as well as in the field. He did major research in endomyocardial fibrosis, endemic goitre, sickle-cell disease and other areas of national need. On the strength of his research and the papers he published, he was made a Fellow of the Royal College of Physicians (FRCP.) in 1960, based on recommendations by his supervisors, Professor Alexander Brown and Professor Harold Scaborough, a visiting scholar from University of Wales.

Nwokolo was also invited to teach as senior lecturer at University College, Ibadan, by Professor Brown. After demonstrating brilliance and dedication to research, Nwokolo was recommended by Professor Brown for a research fellowship in gastroenterology at the University

of Minnesota, sponsored by the Rockefeller Foundation.

In 1964, Nwokolo returned from the United States after his Fellowship programme, and was appointed associate professor of medicine at the University of Ibadan. Subsequently, he set up a sub-department of gastroenterology, with senior registrar, Dr Lewis. Nwokolo led research on various gastro-intestinal problems, using intestinal biopsies and procedures he learnt at the University of Minnesota. However, in 1966, Nwokolo and his family left Ibadan for Enugu, just before the Nigerian civil war.

During the civil war, Nwokolo became the first head of the department of medicine and associate dean of medicine at the new medical school in Enugu. Nwokolo also carried out research, especially relevant to the terrible war conditions of starvation and malnutrition. After the war, Nwokolo was reappointed to his position as head of the department of medicine. He was appointed full professor in 1971 and later became Professor Emeritus in 1982 at the University of Nigeria, Nsukka.

Nwokolo received many awards and recognitions during his outstanding career in the civil service and academia. He was honoured in 1964 with the Edinburgh, Scotland "Free Man of the City" award and "Key to the City of Edinburgh", having been inducted as a Fellow of the Royal College of Physicians of Edinburgh. He also received the Nigerian National Order of Merit Award (NNOM) and the Officer of the Order of the Federal Republic (OFR) Award for his immense contribution to public health in 1982 by President Shehu Shagari.

On 10 March, 1998 Nwokolo was recognised by University of Calabar Teaching Hospital (UCTH) for the Mary Slessor Distinguished Merit Award for service to humanity. This was in recognition of his research works, and the introduction of the Drug Revolving Fund at University of Calabar Teaching Hospital, a patient-funded system that was adopted by state governments in Nigeria; as well as for the system's acceptance in core line with the Bamako Initiative. He was the longest serving chairman of University of Calabar Teaching Hospital's board of management.

In 1996, Nwokolo was made Knight of Saint Christopher by the Anglican Church Diocese on the Niger. He was happily married to Lady Njideka Nwokolo, née Okonkwo - whom he married on Saturday, 4 July, 1953.

Nwokolo had seven children, four girls and three boys. He died in the United States on 18 May 2014 at the age of 93.

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1. Paragonimiasis is a food-borne parasitic infection caused by the lung fluke - most commonly the Paragonimus westermani specie. It infects an estimated 22 million people yearly worldwide. The disease is more prominent in Asians, Africans and Hispanics because of their tropical habitats and cultures. However, prior to 1972, little was known about the occurrence of the disease in Africa, and particularly in Nigeria, until Chukwuedu Nathaniel Nwokolo, a renowned physician, specialist in tropical medicine and medical researcher discovered and identified the parasite specie (Paragonimus uterobilateralis) in eastern Nigeria, just after the Nigerian civil war. Chukwuedu Nwokolo is also credited with mapping out the endemic areas/ distribution of the lung disease in eastern Nigeria, as well as in mid-western Nigeria. He also carried out extensive study of the disease in Africa and led the establishment of clinical research programmes for its control. He founded SICREP: Sickle Cell Research Programme to effectively fight the disease in Nigeria and globally. Among Chukwuedu Nwokolo's notable scholarly works is his book "Introduction to Clinical Medicine (Medicine in the Tropics)" and his contribution to the famous book, "Principles of Medicine in Africa - 3rd Edition" (Cambridge University Press). Nwokolo was an advisor to the World Health Organisation on tropical diseases and to the Federal Government of Nigeria at the National Science and Technology Development Fund.

COVID-19 IS HIGHLY CONTAGIOUS

STAY SAFE TO STOP THE SPREAD

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

Choosing a career or vocation the "write" way



By Dipo MacJob (DrWrite)

As wonderful and as important education within the four walls of any citadel of learning is, there is one big lacuna I have discovered they all have in common - they do not really admit students based on their core talents. You simply are given admission to study a particular course if you meet or score above the cut-off point. No considerations are particularly given to the intrinsic talent and wiring of the new intake, whether or not the course he or she wants to study is in sync with his or her personality traits.

The pressure from parents also doesn't help matters. The push for every child to choose a profession in Law, Medicine or Engineering is what many can relate to. That appeared to be the ticket out of poverty back then but the scenario has changed a bit right now.

Many are struggling academically in various institutions of higher learning because they are studying courses that have no bearing whatsoever on their gifting. Some have had to drop out of school because they could no longer cope with the pressure. For others who barely made it to the final year, they got a testimonial that could not positively get the attention of any organisation

regarding employment.

One important advantage of graphology (personality assessment of an individual through the handwriting) is its relevance as a tool in career or vocational guidance. If guidance counsellors, parents and tutors really have some understanding of the power of the handwriting, they can assist or guide these youngsters in choosing right course the "write way".

One reason why you have a lot of frustrated workers out there in the marketplace is because majority found themselves doing jobs that they had to pick up out of necessity and survival instinct or desperation. If the key stakeholders adopt this tool early enough, we just might have lowered crime rate in the country ultimately, either directly or indirectly, because many more would find some kind of fulfillment in their jobs than staying idle. Of course, this would not completely solve the crime problem in the country.

Without coming across as insensitive, I am not unaware that many found themselves in this life situation against their wish.

Notwithstanding, life has a way of navigating us back to our real "calling" to still make impact, exert influence and earn an income that is fulfilling, provided we don't "throw in the towel" just yet.

Who should get the teaching job?

Attached are the handwriting samples of the two shortlisted candidates for the post of school teacher. Of the two, which of them would you recommend for the job, assuming the vacancy is specifically for the role of a pre-nursery teacher?

This is a handwriting sample for Lorie. She said my handwriting looks like chicken scratch. I don't think that my handwriting is bad at all. In fact I can always read it. She also knows that I have to wear a brace on my wrist for a while.

*A time there was in England's griefs began,
When every root of ground main-
tained its man,
For him light labor spread her
wholesome store,
Just gave what life required, but
gave no more,
His best companions, innocence and
health,
And his best riches, ignorance of
wealth.*

M. Mamie Range
May. 19. 1893.

Keep your fingers crossed till you find out the answer in the next edition. Until then, always remember that "if you must get it right, you must do it the 'write way'."



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Management options for GIT ulcer

Ulcer, according to Dr Olusola Talabi, a consultant physician, is a bridge of the mucosa lining of the gut, particularly the stomach, duodenum and oesophagus. He added that there must be a bridge in the mucosa lining for ulcer to occur.

Generally, ulcers are sores that are slow to heal or keep returning. They can take many forms and can appear both on the inside and the outside of the body. They can be found on places of the body people can see, such as a leg ulcer found on the skin; or in places they can't

see, such as a peptic ulcer in the lining of the stomach or upper intestine.

Injuries, diseases, and infections can cause them. What they look like depends on where they are found and how they happened. While some go away on their own, others cause serious problems if they are not well treated.

Also, ulcers can be described as sores on the lining of the stomach or small intestine. Sore also could be on the oesophagus (throat). Most ulcers are located in the small intestine. These ulcers are

called duodenal ulcers. Stomach ulcers are called gastric ulcers. Ulcers in the throat are called esophageal ulcers.

Symptoms of an ulcer

Common ulcer symptoms include:

Discomfort between meals or during the night (duodenal ulcer)

Discomfort when eating or drinking (gastric ulcer)

Stomach pain that wakes people up at night

Feel full fast

Bloating, burning or dull pain in the stomach

Comes and goes days or weeks at a time

The discomfort lasts for minutes or hours

If the ulcer becomes perforated (torn), it becomes a bleeding ulcer. This can cause the following symptoms:

Nausea

Vomiting blood

Unexpected weight loss

Blood in the stool

Pain in the back

What causes an ulcer?

Most ulcers are caused by *Helicobacter pylori* (*H. pylori*). This is a bacterial infection. Acids from the foods we eat can make the pain and discomfort worse. Long-term use of aspirin or anti-inflammatory medicines (ibuprofen) can cause ulcers. Stress and spicy foods can make an ulcer worse.

How is an ulcer diagnosed?

A doctor may ask about symptoms. He or she may do an endoscopy. This procedure

involves inserting a thin, flexible tube attached to a camera down your throat and into the stomach. They will test the blood, breath or stool for *H. pylori*. He or she also can test a sample of the stomach lining. Doctor also will ask if the patient regularly take aspirin or anti-inflammatory medicines.

Can an ulcer be prevented or avoided?

An ulcer caused by an *H. pylori* infection cannot be prevented. However, the risks can be reduced by limiting aspirin and anti-inflammatory medicines. Avoiding foods that are acidic (orange juice) and spicy to reduce discomfort. Avoid caffeine and alcohol.

Types of ulcers

While the most common types of ulcers are peptic ulcers, there are many types, including:

- arterial ulcers
- venous ulcers
- mouth ulcers
- genital ulcers

Arterial ulcers

Arterial (ischemic) ulcers are open sores that primarily develop on the outer side of your ankle, feet, toes, and heels. Arterial ulcers develop from damage to the arteries due to lack of blood flow to tissue. These forms of ulcers can take months to heal and require proper treatment to prevent infection and further complications.

Arterial ulcers have a "punched out" appearance

continued on page 13

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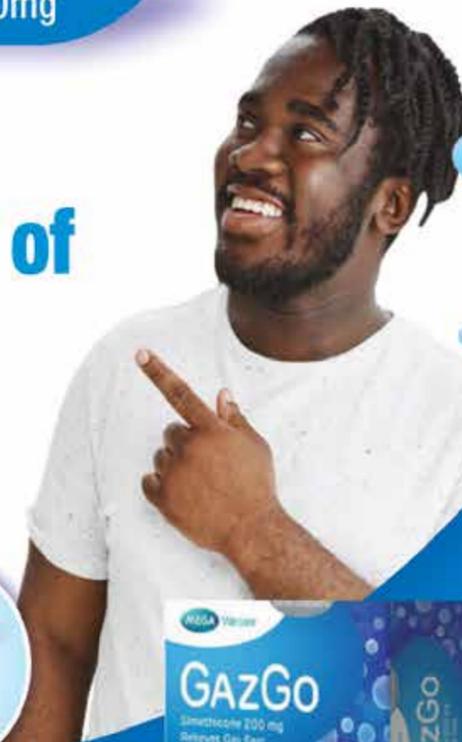
Fullness



Painful Pressure



Bloating





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Children: As directed by a physician



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THE BEGINNINGS 3

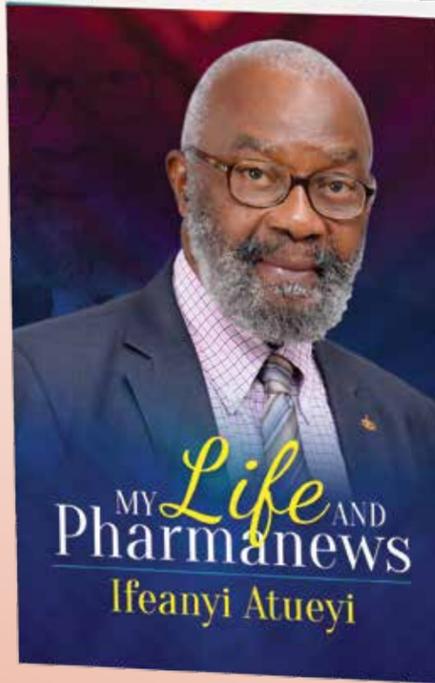
(Excerpts from **MY LIFE AND PHARMANEWS** by Sir Ifeanyi Atueyi)

Naturally, being such a committed Christian, Sundays were very special to my mother. It was a day to abstain from any form of work and focus solely on religious activities. We attended church punctually and regularly. If anyone visited us around the time for going to church, she would ask him or her to go with an apology that they came at the wrong time.

So seriously did my mother take Sundays that she believed that even serious academic or brain work must not be done on this solemn day. I recall that, one Sunday evening, as I was busy with a homework, she asked me what I was doing and I replied that I was doing my arithmetic homework. She simply took me outside and pointed at the moon, showing me, according to her, a man breaking firewood with an axe. She asked me if I knew why the man was placed there and I said I didn't. Then she explained that it was because he worked on a Sunday. His punishment was to continually split firewood on the moon. She asked if I would like to be like that man and when I answered in the negative, she warned me against doing arithmetic on Sunday because it was serious work. I could study English, but certainly not arithmetic.

Values of a Lifetime

My mother's love for her children was unparalleled and it was her primary desire to see us become successful in life. To this end, she not only went through



a lot of hardship to provide for our needs, but also ensured that she took time to equip us with principles for a successful life, most of which were anchored on her knowledge of the Scriptures.

I recall a particular incident immediately after my father's death. In those days, when a man died, there was a prolonged period of mourning; the widow would wear black clothes for one year and face various challenges. My mother went through this phase, but for me, being just a young boy, life quickly resumed normalcy.

I remember going to play ball with my peers, two compounds away from our house one afternoon. Gradually, darkness enveloped the entire area and not only could we no longer see the ball but we could not even see one another.

That was the first total eclipse to ever occur in Nigeria, and it was on May 20, 1947. But since nobody in the village knew what an eclipse was, much less the possibility of a total one, panic and terror gripped every heart. Just then, I heard the piercing scream of my mother from our house, "Ifeanyi o! Ifeanyi o! come o, come o, let us die together o! Let us die together o!" To her, the apocalypse that she had read and had been taught in the church had finally come. But that was the least of her worries.

Her primary worry was that I would not die away from her. Interestingly, neither of us could see each other because of the pitch darkness but my mother's anguished cry was enough to remind me of how much she loved her children.

I equally recall that the reason I was never initiated into the masquerade system or ever accepted a traditional chieftaincy (*ozo ulasi*) title was because of my mother who

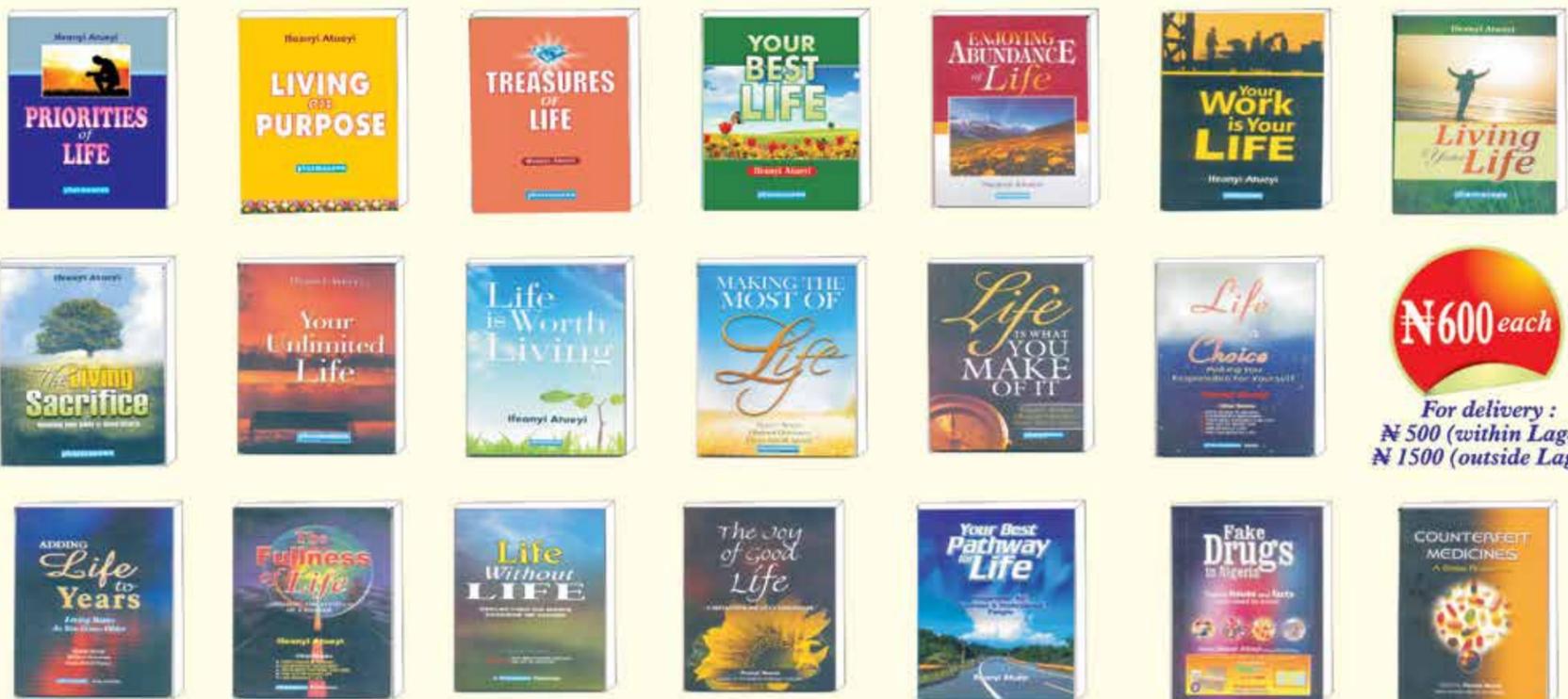
strictly warned me that such activities were for the heathen. Ulasi is the deity worshipped by pagans in my town. My mother was especially opposed to the masquerade system because of the initiation ceremony that involved oath-taking. When my peers were getting involved in masquerade activities, she bluntly told me that the day I joined them was the day she would kill herself.

This is why even though I am currently the oldest in my clan of Umuano, in Umuapani, I am not involved in such activities and do not hold the "ozo" title. It is not common to see someone of my age and social status who has no red cap. All this is primarily through the influence of my mother, aside from my own personal convictions.

Let me mention here that I accepted the traditional title conferred on me by His Royal Majesty, Arc. Dr. Aliyu Ocheja Obaje, CBE, CON, CFR, the Attal-gala of the Igala Kingdom on 1st October, 2009, in recognition of my relentless contributions to pharmaceutical journalism in Nigeria. I did so because the honour came with no baggage of traditional rituals; it was simply one of the honours in Pharmacy. However, I did not accept the chieftaincy title by the Baale of Mende, where I have been residing since 1970, because it did not fit into my lifestyle and values.

continues next edition

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

Management options for GIT ulcer

continued from page 11

accompanied with a number of symptoms, including:

- red, yellow, or black sores
- hairless skin
- leg pain
- no bleeding
- affected area cool to the touch from minimal blood circulation

Treatment for arterial ulcers depends on the underlying cause. Primary treatment includes restoring blood circulation to the affected area. While antibiotics may help reduce symptoms, your doctor may recommend surgery to increase blood flow to your tissues and organs. In more severe circumstances, your doctor may recommend amputation.

Venous ulcers

Venous ulcers — the most common type of leg ulcers — are open wounds often forming on your leg, below your knee and on the inner area of your ankle. They typically develop from damage to your veins caused by insufficient blood flow back to your heart.

In some cases, venous ulcers cause little to no pain unless they're infected. Other cases of this condition can be very painful.

Other symptoms you may experience include:

- inflammation
- swelling
- itchy skin
- scabbing
- discharge

Venous ulcers can take months to fully heal. In rare cases, they may never heal. Treatment focuses on improving flow to the affected area. Antibiotics can help prevent infection and reduce symptoms, but they aren't enough to heal venous ulcers.

Alongside medication, your doctor may recommend surgery or compression therapy to increase blood flow.

Mouth ulcers

Mouth ulcers are small sores or lesions that develop in your mouth or the base of your gums. They're commonly known as canker sores.

These ulcers are triggered by a number of causes, including:

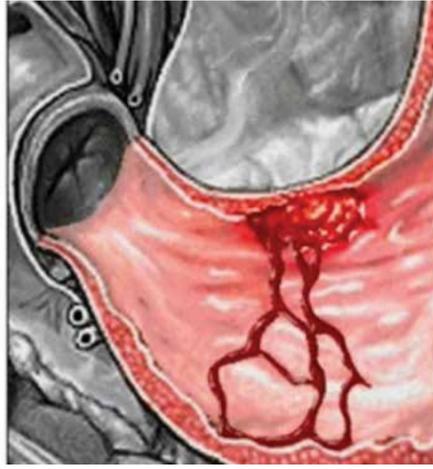
- biting the inside of your cheek
- food allergies
- hard teeth brushing
- hormonal changes
- vitamin deficiencies
- bacterial infection
- diseases

Mouth ulcers are common and often go away within two weeks. They can be uncomfortable but shouldn't cause significant pain. If a mouth ulcer is extremely painful or doesn't go away within two weeks, seek immediate medical attention.

Minor mouth ulcers appear as small, round ulcers that leave no scarring. In more severe cases, they can develop into larger and deeper wounds. Other serious symptoms associated with this type of ulcer may include:

- unusually slow healing (lasting longer than three weeks)
- ulcers that extend to your

Bleeding is a common symptom of ulcers.



lips

- issues eating or drinking
- fever
- diarrhoea

Mouth ulcers often go away on their own without treatment. If they become painful, your doctor or dentist may prescribe an antimicrobial mouthwash

including the penis, vagina, anus or surrounding areas. They are usually caused by sexually transmitted infections (STIs), but genital ulcers can also be triggered by trauma, inflammatory diseases, or allergic reactions to skin care products.

or ointment to reduce your discomfort.

If your condition is the result of a more serious infection, seek medical attention to receive the best treatment.

Genital ulcers

Genital ulcers are sores that develop on genital areas,

In addition to sores, symptoms that may accompany genital ulcers include:

- rash or bumps in the affected area
- pain or itching
- swollen glands in the groin area
- fever

Similar to types of ulcers, treatment depends on the underlying cause of your condition. In some cases, these sores will go away on their own, so if diagnosed with an STI, your doctor may prescribe antiviral or antibiotic medication or ointment. If you feel you've been exposed to a STI, seek immediate medical attention.

Peptic ulcer

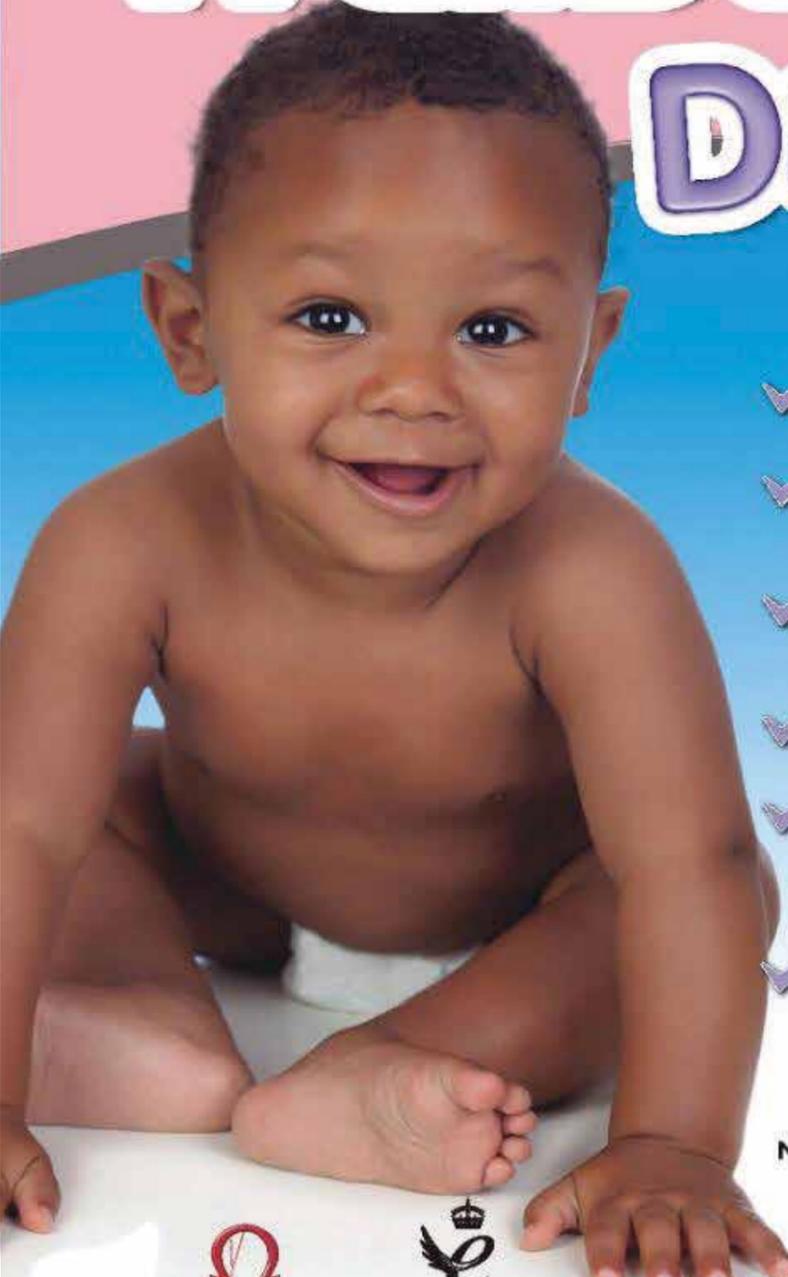
Peptic ulcer disease represents a serious medical problem.

Approximately 500,000 new cases are reported each year. Interestingly, those at the highest risk of contracting

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Management options for GIT ulcer

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peptic ulcer disease are those generations born around the middle of the 20th century. Ulcer disease has become a disease predominantly affecting the older population, with the peak incidence occurring between 55 and 65 years of age.

In men, duodenal ulcers were more common than gastric ulcers; in women, the converse was found to be true. 35 per cent of patients diagnosed with gastric ulcers will suffer serious complications. Although mortality rates from peptic ulcer disease are low, the high prevalence and the resulting pain, suffering, and expense are very costly.

Peptic ulcer disease is one of several disorders of the upper gastrointestinal tract that is caused, at least partially, by gastric acid. Patients with peptic ulcer disease may present with a range of symptoms, from mild abdominal discomfort to catastrophic perforation and bleeding.

There are three types of peptic ulcers:

gastric ulcers: ulcers that develop inside the stomach

oesophageal ulcers: ulcers that develop inside the esophagus

duodenal ulcers: ulcers that develop in the upper section of the small intestines, called the duodenum.

Causes of peptic ulcers
Different factors can cause



the lining of the stomach, the esophagus, and the small intestine to break down. These include:

Helicobacter pylori (*H. pylori*), a type of bacteria that can cause a stomach infection and inflammation

frequent use of aspirin (Bayer), ibuprofen (Advil), and other anti-inflammatory drugs (risk associated with this behavior increases in women and people over the age of 60)
smoking
drinking too much alcohol
radiation therapy
stomach cancer

Symptoms of peptic ulcers

The most common symptom of a peptic ulcer is burning abdominal pain that extends

from the navel to the chest, which can range from mild to severe. In some cases, the pain may wake you up at night. Small peptic ulcers may not produce any symptoms in the early phases.

Other common signs of a peptic ulcer include:

- changes in appetite
- nausea
- bloody or dark stools
- unexplained weight loss
- indigestion
- vomiting
- chest pain

Tests and exams for peptic ulcers

Two types of tests are available to diagnose a peptic ulcer. They are called upper endoscopy and upper

gastrointestinal (GI) series.

Upper endoscopy

In this procedure, your doctor inserts a long tube with a camera down your throat and into your stomach and small intestine to examine the area for ulcers. This instrument also allows your doctor to remove tissue samples for examination.

Not all cases require an upper endoscopy. However, this procedure is recommended for people with a higher risk of stomach cancer. This includes people over the age of 45, as well as people who experience:

- anaemia
- weight loss
- gastrointestinal bleeding
- difficulty swallowing

Upper GI

If you don't have difficulty swallowing and have a low risk of stomach cancer, your doctor may recommend an upper GI test instead. For this procedure, you'll drink a thick liquid called barium (barium swallow). Then a technician will take an X-ray of your stomach, oesophagus, and small intestine. The liquid will make it possible for your doctor to view and treat the ulcer.

Because *H. pylori* is a cause of peptic ulcers, your doctor will also run a test to check for this infection in your stomach.

Other tests for *H. pylori*.

Another test to detect the bacteria is called a urea

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Management options for GIT ulcer

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breath test. You swallow a substance containing carbon (in many cases, a small amount of radioactivity is present). **If *H. pylori* are present in your stomach, you will have a positive breath test.**

Stool samples can be tested for proteins that are associated with the bacteria.

Sometimes, more than one test is needed to diagnose your condition.

Expected duration

Ulcers caused by a medication should begin healing shortly after you stop taking the drug. Anti-acid medicine may be used for two to six weeks to help healing and relieve pain.

Ulcers caused by *H. pylori* can heal after the bacteria are killed. Typically, you will take antibiotics along with acid-suppressing medicine for two weeks. Then you may take acid-suppressing medication for another four to eight weeks.

Gastric ulcers tend to heal more slowly than duodenal ulcers. Uncomplicated gastric ulcers take up to two or three months to heal completely. Duodenal ulcers take about six weeks to heal.

An ulcer can temporarily heal without antibiotics. But it is common for an ulcer to recur or for another ulcer to form nearby, if the bacteria are not killed.

Prevention

Peptic ulcers are not usually preventable the first time around.

Infection with *H. pylori* is extremely common. It is probably spread from person to person. Crowded living space appears to be a risk factor.

Good hygiene may limit the spread of *H. pylori* somewhat. This includes washing your hands thoroughly before eating and after using the bathroom.

Recurrent ulcers from *H. pylori* can usually be prevented if you get appropriate treatment for your first ulcer. This should include antibiotics that kill the bacteria.

You may help to prevent peptic ulcers by:

- Avoiding smoking
- Avoiding excessive alcohol use
- Limiting the use of NSAIDs for pain

When to call a professional

Call for medical advice if you have continuing abdominal pain or indigestion. Also call if you need to take antacids frequently to prevent these symptoms.

Seek emergency care if you experience:

- A sudden sharp pain in your abdomen
- Bloody or black vomit
- Maroon or black stools
- Prognosis

With proper treatment, the outlook for peptic ulcers is excellent.

To prevent another ulcer, people who have had a peptic ulcer should avoid:

- Aspirin (unless a low dose is



needed to prevent a heart attack or stroke)

- NSAIDs
- Excessive alcohol
- Smoking

Why do people usually have recurrence of peptic ulcers?

According to Dr Olusola Talabi, a consultant physician, people usually have a recurrence of ulcers because of improper treatment. According to him, when one has an ulcer, one is supposed to undertake a proper diagnosis.

“For example, if a patient presents him or herself to the doctor as having stomach pains, the doctor is not supposed to place a hand on the stomach and give treatment for ulcer. There ought to be a proper diagnosis”.

He continued: “Recurrence usually happens because there was never a proper care. If it's an ideal society where oxidation is properly treated, the ulcer patient is supposed to go through endoscopy, where a tube is passed to look at the stomach from a screen. On the lining of the stomach on the screen, one will see where the ulcer is and one will be able to administer proper treatment. You look out for the mucosa bridge. If you cannot define a mucosa bridge, you cannot call it ulcer.”

Also, Dr Aisosa Ehigiator, a medical practitioner in Benin, urged patients with ulcer to ensure routine checkups in order to avoid complications. He also urged them to avoid frequent use of painkillers.

Speaking in the same vein, Dr Anomneze Emmanuel, a consultant gastroenterologist who works in a private clinic in Lagos, said other causes of ulcer which are prevalent in Nigeria, include purchase of over the counter drugs for relieving joint and body pain, referred to as Nonsteroidal Anti-inflammatory Drugs (NSAIDs) which include drugs like ibuprofen, diclofenac, Pirocican, Aspirin, *Alabukun* and the likes.

Corroborating these views, Pharm. Gorge Nwagha, a pharmacist in Lagos, said, “When you have been diagnosed of having stomach ulcer, the doctor will advise against taking certain foods,

consuming certain drugs and supplement, excessive alcohol consumption, spicy food and some beverages. Caution is also given against irregular meals and too much meal at a time.

Peptic ulcer treatment

You shouldn't treat an ulcer on your own without first seeing your doctor. Over-the-counter antacids and acid blockers may ease some or all of the pain, but the relief is always short-lived. With a doctor's help, you can find an end to ulcer pain as well as a lifelong cure for it.

The chief goals of ulcer treatment are reducing the amount of acid in the stomach and strengthening the protective lining that comes in direct contact with stomach acids. If your ulcer is caused by bacterial infection, your doctor will also treat that.

Medications

Medications are usually used to treat mild-to-moderate ulcers.

Antibiotics. If your ulcer is caused by *H. pylori* bacteria, antibiotics can cure the ulcer. Usually, the doctor will prescribe triple or quadruple therapy, which combines several antibiotics with heartburn drugs.

Triple therapy combines two antibiotics, such as amoxicillin and clarithromycin, with a proton pump inhibitor. The doctor can substitute metronidazole (Flagyl) for amoxicillin if you're allergic to penicillin. If you've had repeated bouts of these antibiotics, or if you live in an area where there's resistance to clarithromycin or metronidazole, quadruple therapy treatment with two antibiotics (like metronidazole and tetracycline) plus bismuth and a proton-pump inhibitor works best. No matter what the plan is, you should take all medications for 10-14 days.

Proton pump inhibitors. PPIs are acid reducers. These medications include esomeprazole (Nexium) and omeprazole (Prilosec).

H2 blockers. These medicines are also called histamine receptor blockers or H2-receptor antagonists. They block a natural chemical called histamine, which tells your stomach to make acid. H2 blockers include cimetidine (Tagamet), famotidine (Pepcid),

and ranitidine (Zantac).

Bismuth. This medication covers the ulcer and protects it from stomach acid. It can also help kill *H. pylori* infections. Doctors usually prescribe it with antibiotics.

Antacids. They may ease your symptoms for a short time, but they don't treat ulcers. Taking an antacid can also keep antibiotics from working. Talk to your doctor before taking an antacid for peptic ulcer disease.

Surgery

If you have a serious ulcer that keeps returning and doesn't get better with medication, your doctor may suggest surgery.

You'll need emergency surgery if you have a bleeding ulcer (also called a hemorrhaging ulcer). The surgeon will identify the source of the bleeding (usually a small artery at the base of the ulcer) and fix it. You'll need emergency surgery to close a perforated ulcer, or holes in the wall of your stomach or duodenum (the first part of your small intestine).

Some people opt for surgery to lower the amount of stomach acid their body puts out. Before you do that, have an in-depth discussion with your doctor about the possible complications. Your ulcer could come back, it could cause problems with your liver, or you could get “dumping syndrome,” which causes chronic abdominal pain, diarrhea, vomiting, or sweating after eating.

Alternative treatments

Although alternative therapies have been shown to aid in the relief of symptoms, you should only use them as supplements to conventional treatment.

Tips for living with ulcers

If you have an ulcer, be careful when choosing over-the-counter pain relievers. Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen can irritate an ulcer and prevent a bleeding ulcer from healing. Avoid powdered headache medication, too. It usually contains powdered aspirin. Your best choice may be acetaminophen, which doesn't cause or worsen stomach ulcers.

Don't overdose on iron supplements. You may need them if you have bleeding ulcers, but taking too much can irritate your stomach lining and the ulcer. Ask the doctor how much iron you need.

Learn how to manage stress. Relaxation techniques like deep breathing, guided imagery, and moderate exercise can help ease stress and promote healing.

Article compiled by Adebayo Oladejo, with additional contributions from medicinenet.com, Canadian Society of Intestinal Research, Healthwise.com, Michigan University, Bloomberg, Wikipedia, NCB, American Family Physicians, WebMD, www.drug.com, Cleveland Clinic, Mayo Clinic, WHO.

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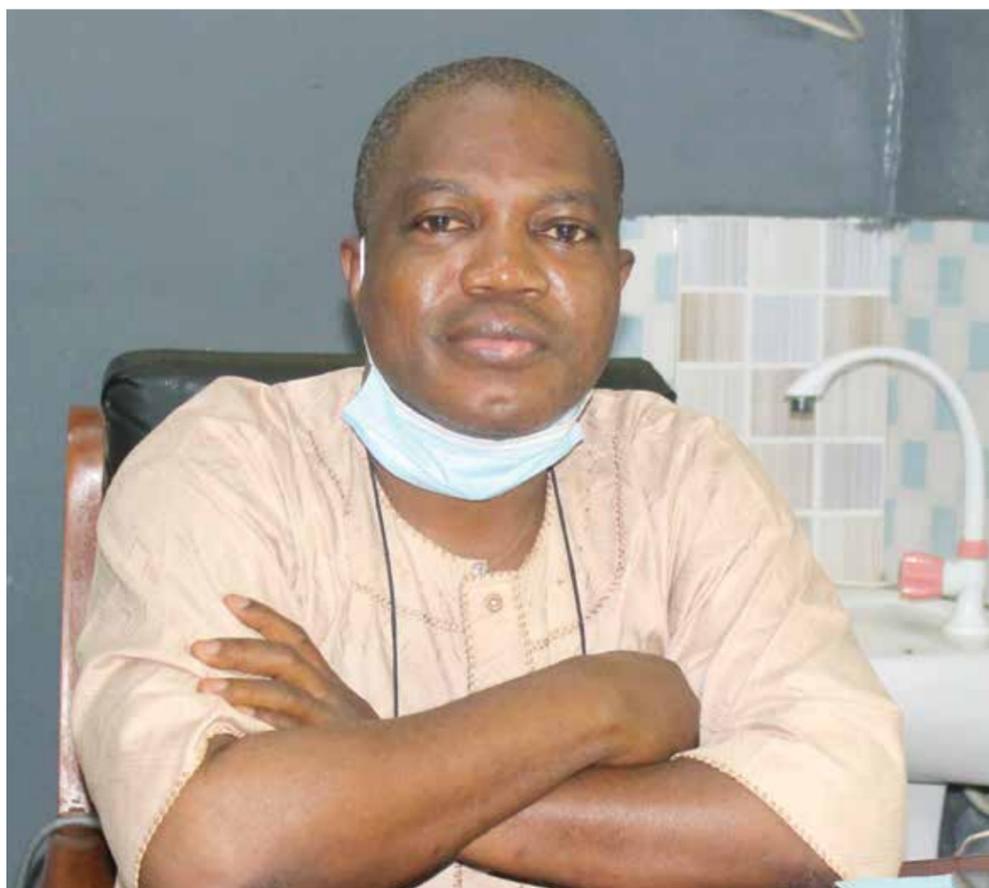
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Why post-partum haemorrhage is common in Nigeria – Gynaecologist

Patrick Iwelunmor



Dr Abikoye Emmanuel Olabisi

Dr Abikoye Emmanuel Olabisi is a trained gynaecologist, with many years of experience. He is the medical director of Better Life Hospital, Abaranje-Okerube, Ikotun, Lagos. In this exclusive interview with *Pharmanews*, he calls on government to invest more in the preventive aspect of medicine, while admonishing pregnant women to stop patronising quacks before, during and after childbirth, adding that most of the cases of post-partum haemorrhage which eventually lead to high maternal mortality are caused by unlicensed caregivers' inappropriate attempts to manage the third stage of pregnancy. Excerpts:

Sir, can you give us a brief background to your medical journey right from school?

It's been an interesting journey. It started from my younger days in primary school in my hometown, Edidi to be precise. It's a local government area in Kwara State. From there, I proceeded to St. Augustine's College, Kabba, now in Kogi State. From there, I enrolled for my A Level exams at Kwara State Polytechnic, Ilorin, where I sat for the IJMB (Interim Joint Matriculation Board) exam, with which I got a Direct Entry to study Medicine at the University of Ibadan in 1992.

I graduated from medical school in the year 2000. I spent a longer time due to strike actions by ASUU. I did my internship at the University College Hospital (UCH), Ibadan. I did my NYSC at a primary health centre in Jigawa State.

After my NYSC, I was employed by the Osun State Ministry of Health at one their primary health centres. During this period, I wrote an exam in Obstetrics and Gynaecology. I later found myself at the Lagos University Teaching Hospital where I specialised in gynaecology. As I speak, I am a registered gynaecologist. I started this practice in 2009.

What do you think is the commonest cause of maternal mortality?

The commonest causes of maternal mortality, from the experience we have gathered in this practice, are bleeding episodes. One of the most rampant is what we call post-partum haemorrhage – bleeding after delivery of the child.

It's obvious to us now that most of these cases are as a result of mismanagement. Mismanagement on the part of the caregivers, due to their level of experience; and also on the part of the patient, especially in environments like ours where, most pregnant women patronise quacks, under whose care, the third stage of labour is often not managed appropriately. And before you know it, they would have bled to a level of being in shock.

At this level, even an expert cannot perform any magic. It is usually critical. Some may be saved but most don't survive it.

What should government do about the menace of these quacks?

The government needs to be very decisive without playing politics. They should support the security agents to do their jobs and those identified as quacks should be decisively dealt with - not that they should be arrested and released to continue their nefarious activities after some ransom must have been collected from them.

Government needs to be decisive, as any form of laxity on their part would not help the system. They must be ready to go all out to stop them because, it is clear that there is no magic that they can perform, especially herbal homes and auxiliary nurses.

A woman can deliver safely on her own, even at home but the problem is that when a complication arises, an unqualified or untrained person may not be able to handle it. This is the problem. It is safer and better to deliver in a hospital, manned by qualified health personnel.

What do you think informed the initial decision of the federal government to exclude private hospitals from COVID-19 management?

Just as in the case of retroviral diseases, which treatments are under the control of government, the decision of government was purely to ensure that

the appropriate things were done. Our system being what it is, can be hijacked by people without good intentions who may start carrying out all sorts of unwholesome practices, making claims that have not been scientifically proven.

Just like the management of HIV/AIDS, the drug has to be effective, not causing any damage to the patient. Government was only trying to play safe, not to worsen an already precarious situation. With COVID-19, at the beginning, there was no specific drug. All efforts had been geared towards developing a vaccine for prevention. The drugs that people are using were not specifically developed to cure the disease but to improve the symptoms and conditions of patients.

Moreover, as a novel virus, which mode of operation was still being studied, government did not want to make hasty generalisations or take the wrong and uninformed decisions, bearing in mind that COVID-19 is a highly infectious disease which could spread calamitously, if allowed to be handled by everyone.

Mind, you most private hospitals don't have the isolation centres to accommodate patients. But as soon as isolation centres were being set up by government both at state and federal levels, some private hospitals were commissioned to handle cases.

What is your opinion on the hydroxychloroquine controversy?

I have also seen doctors who have come out to say that these medications work effectively in the treatment of COVID-19. Like I said earlier too, these drugs are still in their experimental stages as far as COVID-19 management is concerned.

In our own system, we are well used to chloroquine. In fact, I

wouldn't know if that is the reason the African continent is not as hard-hit by the virus, compared to Europe and other continents. We have had a long history of battling malaria with chloroquine which, though has been banned, is still in circulation.

Sincerely speaking, I think these medications are still in experimental stages. Before you can certify drugs to be specifically meant for particular disease conditions, they must have gone through the appropriate stages. These are the reasons the federal government and the Nigeria Centre for Disease Control (NCDC) are telling us to be cautious.

What do you think is responsible for citizens' apathy in adhering to COVID-19 guidelines?

COVID-19 is not yet eradicated and the earlier the people know this, the better for them. My candid advice to people is that they should not jettison the safety measures that they are supposed to adhere to, in order to ensure their own safety, health-wise.

I have said it several times that the African continent is favoured, even though we lost quite a number of our people. When we compare the mortality in our environment to that in other continents, like the USA and the many parts of the western world, you will see that we are very lucky and that is why many people are saying the virus does not exist. If they were in those places where the virus has killed people in their millions, they wouldn't be saying so; they would have appreciated the magnitude of this pandemic.

What is your advice to the federal government on how to prepare for future health emergencies?

What has happened in recent times is an eye-opener and I think those in government should rise up to their responsibilities, especially in the prudent management of public funds accruing to them, not only in the health sector but also in other sectors. What we have experienced in the health sector is years of neglect and ill-preparation. We should be grateful to God that this pandemic did not hit us the way it ravaged other continents, because it could have been a disaster.

At a time, many countries were struggling to survive. They even prepared to come and evacuate their citizens from African countries because they envisaged we might not be able to withstand the onslaught of the virus, bearing in mind the comatose nature of our health system. Fortunately for us, our story is even better than theirs. They suffered more and had more casualties, against all expectations.

Government should prudently manage public funds and they should give adequate percentages to all sectors but they should seriously improve that of the health sector to make adequate provisions for emergencies. They should strengthen the preventive department of medicine and research should be ongoing in order to prepare for what may happen next.

We lost more nurses to COVID-19 than other diseases- FOLGONM Chairperson

By Temitope Obayendo



Mrs Ola Soremekun

Mrs Ola Soremekun is the newly elected chairperson of the Forum of Local Government Nurses and Midwives, Lagos State Chapter. In this exclusive interview with *Pharmanews*, she laments the huge number of nurses who died while caring for COVID-19 patients and suggests that they should be immortalised. She also speaks on diverse issues affecting the nursing profession in Nigeria, with particular emphasis on the bane of quackery. Excerpts:

Congratulations on your emergence as the new Lagos FOLGONM Chairperson. How do you feel about this new achievement?

Well like any individual who has successfully attained a goal, I am happy. However, I know that my role as the spokesperson of our group is a daunting one. The shoes I am stepping into are big and must fit.

Right now I am thinking of how best to communicate the union's vision, direction and goals to everyone, in an attempt to introduce better harmony, cohesion and unity of purpose among our members. I also intend to be a good listener who seeks out the views and ideas of fellow executive members as well as those of the generality of our members.

You emerged at a critical time, considering the ongoing global pandemic. With the experience gathered so far from this outbreak, how should nursing at the grassroots be positioned for maximum delivery?

The Lagos State government has prepared our members, with extensive training on COVID-19 protocols, which has equipped us with the needed knowledge to continue to create public enlightenment campaigns across its 20 local governments and 37 local council development areas, as part of measures to halt community transmission of COVID-19.

We are still telling our people that regardless of the gradual easing of the lockdown,

the COVID-19 pandemic is real and every member of the community needs to obey the guidelines of preventing being infected.

It is not about the individual alone but about all of us. We all need to take responsibility for our lives. It is disheartening seeing community members throwing caution to the winds after the partial lifting of the lockdown.

People troop to banks, markets, malls and functions, without exercising caution, despite the ravaging effects of the pandemic.

Public enlightenment campaign is still continuing and I hope our people will obey all rules and regulations on COVID-19 to keep our communities safe. We were part of the process right from the beginning and we are not relenting on our efforts to stem the tide.

2020 is designated as the year of nurses and midwives. In what ways has this mission been actualised at the primary health centres?

2020 was designated as "The Year of the Nurse and Midwife" by the WHO, to push for better recognition for nurses and midwives in an effort to increase the global nursing workforce.

Nurses and midwives make up more than half the healthcare workforce worldwide, and the WHO estimates that this year there will be a shortage of nearly nine million nurses.

As the world faces growing healthcare shortages,

particularly with advent of COVID-19, among other diseases plaguing the world, there are ambitious efforts being made to reach a goal of universal health coverage around the world by 2030.

All countries, Nigeria inclusive, must understand that nurses need to be on the frontline for any success to be achieved. We had hoped to have fantastic programmes which would have drawn more attention to nurses but, alas, we've lost more members to COVID-19 than any

other disease worldwide.

We have said that clapping is not enough. Something unique should be done for our members particularly, those we lost to one disease or the other while caring for others. The case of Justina Ejelonu readily comes to mind and, recently, Com. Amusan, who died while caring for persons suffering from COVID-19. These people, like Nightingale, are martyrs who fell in the battle to curtail Ebola and COVID-19 among others.

What is your plan for local government nurses in Lagos?

As I said earlier, I have a vision before contesting and the realisation of the vision is paramount to me. Collectively, my team intends to draw more attention to the plight of nurses, with the hope that we will find better succour and satisfaction from working as nurses, either with the government or in private practice.

We can speak with one voice when we are united and work towards achieving our goals together. This we intend pursuing.

I believe in dialogue, as it is always better to jaw-jaw than war-war. The foundation of a new dawn has been laid with our emergence and we are poised for better performance and uplifting of our profession.

There is this perception about the attitude of nurses in public hospitals - that they are not caring enough. How do you intend to correct this among your members?

Attitude of nurses! Well, the issue of the attitude of nurses has always been a recurring decimal. I must let you know that most of the havoc said to have been committed by nurses are actually done by quacks who pose as nurses and this is why we must work harder to eliminate all these quacks who

tannish the image of nurses.

The movie industry too has been involved in projecting nurses in a bad image. Some musicians are not left out of this irritating behaviour too.

Be that as it may, it would not be surprising that a professional group as large as nursing should have one or two bad eggs. However our association has established committees whose responsibility is to ensure that nurses adhere strictly to the rules and regulations guiding our practice. In today's nursing practice, we've had a few who have been used as scapegoats to serve as deterrent to other would-be law breakers.

Nursing, like other healthcare professions, has stringent rules and regulations guiding its scope of practice. Some nurses have been suspended, some dismissed while some have had their licences withdrawn when they were found guilty of one offence or the other. The new face of nursing is a sunny disposition and patients are treated as kings.

Still on the roles of nurses in the COVID-19 pandemic, what are the challenges being encountered? How would government intervention help the situation going forward?

You and I know that the virus that causes COVID-19 pandemic burst onto the world stage unexpectedly, quickly becoming a global pandemic and grinding entire cities, states, and economies to a halt.

The suddenness of the coronavirus caught many off-guard; but fortunately, the largest trained contingent of healthcare workers around the world were already on the job, trying to stem the tide of this terrifying pandemic.

As nurses, we were there for the Spanish Flu, Polio, Ebola, and now, we stand between COVID-19 and the rest of the world. We are always prepared for any health challenges, contagious or not.

As nurses, we are always prepared for leadership roles in policy decisions of health systems and government agencies, and can prepare for, identify, respond to, and direct recovery efforts for global pandemics that require an informed, internationally coordinated response.

In other words, nurses are (and have always been) uniquely equipped to deal with the prolonged crisis of a pandemic, and our presence on the frontlines is one of our greatest defence against diverse diseases.

Without nurses, nothing much can be achieved in terms of health indices. As professional nurses, we care yesterday, today and tomorrow; and caring for others in ill-health and other situations (from cradle to the grave) is what we do and that's our responsibility.

FIP charges national governments on resolving global medicine shortages

continued from front page

buffer stockpiles.

The recommendation, contained in a recent Statement of Policy, specifically urged governments to develop an inter-regional cooperation mechanism to define medicine shortages, based on duration of shortage, as well as health and economic impacts, from the perspective of patients.

According to the FIP's policy statement, national leaders are to: "Create policies at an interregional level (e.g., ASEAN, EU) encouraging the production of APIs and medicines inherently and consistently reported for shortages in the region, in order to build resilience in times of public health emergencies.

"Implement measures to create a regulatory and economic framework that promotes the diversification of production of APIs, raw materials and medicines in order to improve resilience in the supply chain and guarantee that all markets, regardless of their size or resources, are able to provide equitable access to medicines for their citizens.

"Develop harmonised reporting criteria in order to guarantee interoperability of the national reporting systems on medicines shortages and data comparability, including a list of shortages and an early warning system involving all supply chain stakeholders, about existing and anticipated shortage."

Mr Lars-Åke Söderlund, chair of FIP's Medicines Shortages Policy Committee and president of FIP's Community Pharmacy Section, observed that the causes of shortages are several, multidimensional and sometimes unpredictable.



Mr Dominique Jordan

Söderlund noted that there is a growing concern among all stakeholders - patients, healthcare professionals, governmental organisations, pharmaceutical wholesalers and the pharmaceutical industry — about the future of medicines supplies worldwide.

He added: "There is evidence that shortages are worsening with time, creating ever more difficulties

for healthcare professionals, and compromising patient safety. Shortages have been reported in countries of all income levels, occurring across all healthcare settings and involving essential life-saving medicines, very commonly used medicines and both high- and low-price medicines".

Söderlund emphasised that the commitment of FIP and its member organisations, as stated in the new policy statement, is "to develop evidence-based guidelines and competency development programmes targeting pharmacists' roles in mitigating the impact of medicines shortages."

FIP further recommends the global use of a single definition of medicine shortages and a set of harmonised criteria to identify and monitor shortages at national, regional and international levels, to enhance understanding of the problem globally through more accurate, reliable and comparable data.

It tasked each country on

establishment of a publicly accessible means of providing information on medicine shortages, as well as the development of a global process to determine the list of critical or vulnerable products.

In a similar development, the apex pharmaceutical body has also established the Antimicrobial Resistance (AMR) Commission to explore opportunities that will increase the impact of Pharmacy on AMR in all settings and scopes of pharmacy practice.

Inaugurated at the opening ceremony of the 2020 FIP World Congress, the commission is expected to drive a new FIP Pharmacy AMR Roadmap to guide actions globally and regionally, in consultation with members of FIP. The recommendations are to be published later this year.

The FIP CEO, Dr Catherine Duggan, also stated that the AMR Commission will concentrate on the implementation of the FIP Development Goal on Antimicrobial Stewardship, which is one of 21 Development Goals launched by FIP earlier to support the transformation of the pharmacy profession around the world.

She further revealed that: "The FIP Pharmacy AMR Roadmap will guide actions globally, sustaining momentum and tracking and evaluating the progress of this global health priority for pharmacy.

"The FIP Development Goal on Antimicrobial Stewardship looks at the role of pharmacists, pharmaceutical scientists and pharmaceutical educators in reducing AMR.

"The new FIP Commission on Antimicrobial Resistance will facilitate the essential contribution of pharmacists to AMR action plans around the world, which include surveillance and monitoring of antimicrobial use and resistance, and antibiotics distribution and regulation."

We developed our molecular test kit to meet Nigerians' need - NIMR DG

By Temitope Obayendo

The Nigerian Institute of Medical Research (NIMR) says it has launched a locally developed molecular test kit to close the wide gap in testing for COVID-19 among Nigerians.

NIMR Director General, Professor Babatunde Salako, said the equipment, called SARS CoV-2 Isothermal Molecular Assay (SIMA), was specifically developed to meet the testing need of rural-dwellers and researchers on the field.

Salako made the remarks at the unveiling ceremony of the test kit, on 18 September 2020, at the NIMR auditorium, Yaba, Lagos.

He said SIMA has the capacity to test 32 samples and produce results in less than 40 minutes.

"The molecular laboratories we have today come with heavy equipment, which are not moveable; so the idea of point-of-care testing was developed.

"Our new COVID-19 kit is more relevant now that schools are reopening, as it can be used in tertiary teaching hospitals to upscale COVID-19 testing in Nigeria," Salako said.



NIMR Director General, Prof. Babatunde Salako (3rd from right), Dr Chika Onwuamah (3rd from left) flanked by other dignitaries at the launch of SIMA, held recently at the NIMR auditorium in Lagos.

Salako further stressed the importance of the test kit in mitigating the spread of the novel coronavirus, saying, "While no effective vaccine has been developed to date, case detection remains the surest way of controlling the pandemic."

Dr Salu Olumuyiwa of the Centre for Human Zoonotic Virology, College of Medicine,

University of Lagos, also corroborated the statement of the NIMR DG on SIMA, saying it has been evaluated by three labs in the state, and their findings are impressive.

"In summary, the kit was tested and compared on different platforms and the overall result was 71%. It was done in biology and the correlation was over 50%; at Chavy, we had a

correlation of 100%. On the overall, the assay you developed is very crucial to identify cases in our community", he stated.

He however noted that some level of improvement is required.

The inventor of the test kit, Dr Chika K. Onwuamah, highlighted the comparative benefits of the kit over others, saying it is effective and fast, with detection in minutes.

"It has simple workflow and amplification at a low temperature (40°C). It is an affordable equipment test reagent, which is proven to be versatile as PCR. It is also sensitive and specific, with multiple detection formats," Onwuamah said.

The SIMA project was sponsored by Fate Philanthropy Coalition against COVID-19, which awarded NIMR a grant of N20m to support the "in-house design and development of point-of-care isothermal real-time test detecting SARS-CoV-2 to identify infected persons."

When asked about the cost of test per person through SIMA, Salako said though the institution doesn't have the intention to be in charge of the commercialisation, as it plans handing it over to a private firm, users can be assured of a moderate price, as against the current price of N50,400 which a PCR test goes for.

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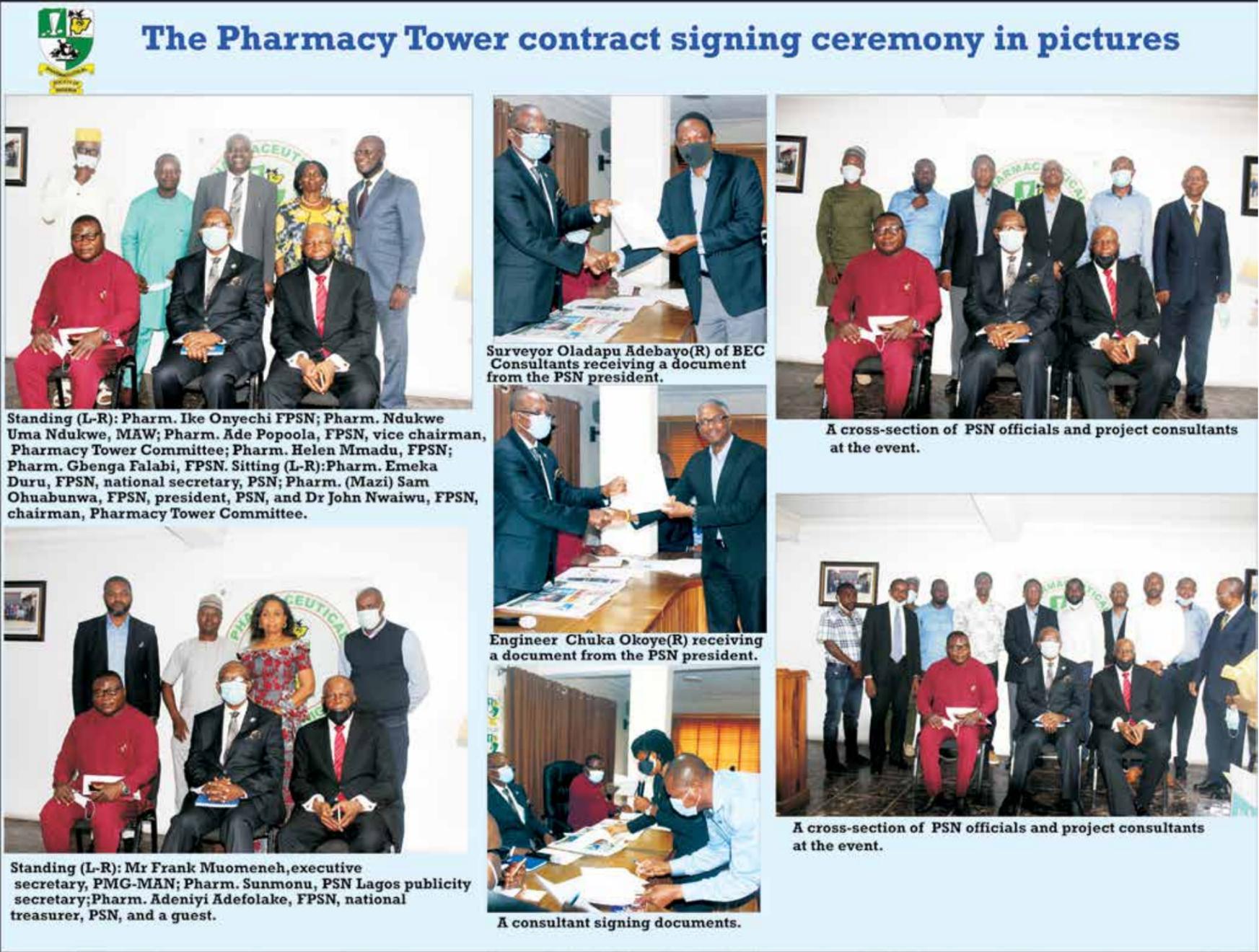
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The Pharmacy Tower contract signing ceremony in pictures



Standing (L-R): Pharm. Ike Onyechi FPSN; Pharm. Ndukwe Uma Ndukwe, MAW; Pharm. Ade Popoola, FPSN, vice chairman, Pharmacy Tower Committee; Pharm. Helen Mmadu, FPSN; Pharm. Gbenga Falabi, FPSN. Sitting (L-R): Pharm. Emeka Duru, FPSN, national secretary, PSN; Pharm. (Mazi) Sam Ohuabunwa, FPSN, president, PSN, and Dr John Nwaiwu, FPSN, chairman, Pharmacy Tower Committee.

Surveyor Oladapu Adebayo(R) of BEC Consultants receiving a document from the PSN president.

A cross-section of PSN officials and project consultants at the event.

Engineer Chuka Okoye(R) receiving a document from the PSN president.

A cross-section of PSN officials and project consultants at the event.

Standing (L-R): Mr Frank Muomeneh, executive secretary, PMG-MAN; Pharm. Sunmonu, PSN Lagos publicity secretary; Pharm. Adeniyi Adefolake, FPSN, national treasurer, PSN, and a guest.

A consultant signing documents.

▶Industry News◀

Getz Pharma reiterates commitment to providing quality, affordable drugs to Nigerians

By Ranmilowo Ojalumo

Getz Pharma, an international and research-driven pharmaceutical company, has said that it will continue to live up to its mandate of formulating, developing, manufacturing, testing and marketing of a wide range of quality and affordable medicines to Nigerians at all times.

This was disclosed during a courtesy visit of the company's management team in Nigeria to Pharmanews office in Maryland, Lagos.

While familiarising Pharmanews with the operation of Getz Pharma, the company's Business Manager, Dr Oloruntoba said: "Getz Pharma is a legal entity in Nigeria and we have our presence in over 33 countries in the world. We are also extending to other countries in Africa, like Ghana, Sierra Leone, and Liberia.

"Our vision for the Nigerian market is very simple. We want everyone to be able to have access to affordable, quality drugs at any point in time. For instance, we are the first company to bring a non-drowsy drug called Fexet that is being used in the aviation industry.

"We brought another drug called Montiget to Nigeria. The good thing is that the drugs are of high quality. They have the same bioequivalence with the innovative drugs because we are



L-R: Pharmanews Copy Editor, Mr Ola Aboderin; Assistant Product Manager, Getz Pharma, Mrs Anuoluwapo Abigail Ojo; Business Manager, Getz Pharma, Mr Funsho Oloruntoba; Pharmanews Publisher, Pharm. (Sir) Ifeanyi Atueyi; Pharmanews Editor, Mr Patrick Iwelunmor; Pharmanews Business Development Manager, Mr Moses Dike, and the Area Sales Manager, Getz Pharma, Mr Opone Harrison Chukwunalu, during Getz Pharma's visit to Pharmanews office, recently.

a branded generic. "Another good thing about us is that whatever drugs we sell in Nigeria are the same drugs that are sold in other countries."

While expatiating on the rationale behind the highly-rated webinar that the company held recently, Oloruntoba said it was among a series of international webinars initiated under the "Getz Velocity - Virtual engagement,

learning outcome" theme. He explained: "Whether we like it or not, things are changing, with the emergence of COVID-19. Even during this period, many companies have closed down and many people have equally lost their jobs. Many people cannot meet their obligations at home. So, we decided to look at how people can begin to do things during the new normal and still get results.

"Many people had a template before COVID-19 and they can easily change to the new normal but there are some people that don't have a template they can leverage on. The new normal has shown that you don't necessarily need to be in the office before you can work. You can work from home and that is what many organisations are doing now.

"But for you to be able to do this, you need the basic knowledge. This was what informed the webinar - to sensitise people to what needs to be done to survive in the new normal."

Oloruntoba also revealed the company's plan to set up a factory in Nigeria in the near future. He said: "In every country that Getz Pharma gets to, we are always one of the fastest growing companies. The record is there and that is because of our innovation and the way we always get things done. As at the time we started in

continued on page 45

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The minty side of life

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

M*entha piperita*, a member of the Lamiaceae family, is distributed all over the world and can be found in many environments. It is one of the world's oldest and most popular herbs. Commonly called mint leaf, it is known as *na'a naa* in Hausa and *ewe minti* in Yoruba.

Constituents

The main compounds of the mint leaf are essential oils. The monoterpenes include *menthol*, *menthone*, *menthyl acetate*, *1,8-cineole* (eucalyptol), *menthofuran*, *isomenthone*, *neomenthol* and *limonene*, while β -caryophyllene is the main sesquiterpene. Other components are beta-pinene, *pulegone*, and L-carvone.

Preparations

Mint leaves can be eaten fresh or added to cooked dishes. The leaf, fresh or dried, is the culinary source of mint. Fresh mint is usually preferred over dried mint. It is used in teas, beverages, jellies, syrups, candies, and ice.

Alcoholic drinks sometimes feature mint for flavour or garnish. Mint essential oil and menthol are extensively used as flavourings in breath fresheners, drinks, antiseptic mouth rinses, toothpaste, chewing gum, desserts, and candies, such as mint (candy) and mint chocolate.

Pharmacological actions and medicinal uses

Mint was originally used as a medicinal herb to treat stomach ache and chest pains. It is used as an alternative or complementary therapy, mainly for the treatment of gastrointestinal disorders like flatulence, indigestion, nausea, vomiting, anorexia, and ulcerative colitis.

Mint is used to treat biliary disorders, enteritis, gastritis, gastric acidities, aerophagia, spasms of the bile duct, gallbladder, and gastrointestinal tract. Mint also aids digestion, notably of fats. In recent years, it has been often recommended for treating obesity. Mint tea is also a strong diuretic.

It is well documented that the essential oil and extracts of *Mentha* species possess antimicrobial, fungicidal, antiviral, insecticidal, and antioxidant properties. The antimicrobial and anti-inflammatory properties of essential oils from mint leaf make it effective in the management of upper respiratory tract diseases; thus it is more commonly used for aromatherapy in the management of cough, sore throat, nasal infections and congestion.

The essential oil from *Mentha* spp. is used topically to treat oral mucosal inflammation, myalgia, neuralgia, discomfort from menstrual cramps, secondary amenorrhoea and oligomenorrhoea, and diverticulitis. It is also used as an anti-inflammatory and expectorant. Mint leaf is useful in the management of nipple cracks in breastfeeding mothers, as well as in treating rough heels and hair breakage.

Mints are supposed to make good companion plants,



Mentha piperita

repelling pesty insects and attracting beneficial ones. It is also used as an environmentally friendly insecticide for its ability to kill some common pests, such as wasps, hornets, ants, and cockroaches. Mint is used to treat mosquito and bee bites.

Adverse effects

Although it is used in many

consumer products, mint may cause allergic reactions in some people, inducing symptoms such as abdominal cramps, diarrhoea, headaches, heartburn, tingling or numbing around the mouth, anaphylaxis or contact dermatitis.

Economic uses and potentials

The economic importance of mints is very evident. Mint oil and its constituents and derivatives are used as flavouring agents throughout the world in food, pharmaceutical, herbal, perfumery and flavouring industries. Mint oil is an ingredient in household products like toothpaste, bathing soap, air freshener, chewing gum, sweets and inhalers.

In the local market, mint leaves cost as much as ₦650 per portion or ₦500 per kg. Mint leaf is economically viable both at cultivation, distribution and manufacturing sectors.

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

Shalina unveils Broda Shaggi as Shal'Artem ambassador

By Adebayo Oladejo

Noted for its diverse range of quality products, Shalina Healthcare Limited has unveiled famous Nigerian comedian and actor, Animashaun Samuel Perry, otherwise known as Broda Shaggi, as the brand ambassador for its Shal'Artem antimalarial drug.

Speaking at the media unveiling event, the Managing Director, Shalina Healthcare, Mr Somnath Malakar, said he was delighted to have Broda Shaggi as a brand ambassador, describing him as a humour merchant with a cheerful, loving personality.

According to the Shalina boss, there is a huge similarity between what the company does and what Broda Shaggi as a brand stands for.

"Broda Shaggi stands out from the crowd. He relates across the different strata of the society. The same goes for our antimalarial brand. There are more than 100 antimalarial brands in the market, but ours stands out because of the promise of value proposition and quality proposition. And I think that is how good brands coincide in terms of success story," he said.

Malakar noted that malaria remains a critical disease that causes illness and death in children and adults in Africa, with about 91 per cent of all malaria deaths in the world today occurring in the region.

He disclosed further that malaria case management remains a vital component of the malaria control strategies, adding that Shalina Healthcare provides range of WHO recommended Artemisinin-based combination products at an affordable price, saying Shal'Artem contains WHO approved formulations which are used as the first line treatment in uncomplicated falciparum malaria.

Speaking further, Malakar said that the collaboration with Broda Shaggi will help Nigerians



Animashaun Samuel Perry "Broda Shaggi", signing an MOU with the Managing Director, Shalina Healthcare Limited, Mr Somnath Malakar, and Regional Marketing Manager (West Africa), Pharm. Folorunso Alaran, at the company's corporate office in Lagos.

connect and understand the brand Shal'Artem even more because, Broda Shaggi as a brand relates with every Nigerian.

"His simplicity, his ability to stand out in the midst of several others and the way he reaches out across the strata of the society... and for that time frame when people listen to him and see his video, they tend to forget the real problems of life, the pain they are going through; that is relatability," he said.

Continuing, the Shalina boss said the deal will see the actor as the face of the brand for the next three years, with an option to renew the contract upon the expiration of the endorsement deal.

Similarly, the duo of Pharm. Folorunso Alaran, regional

marketing manager (West Africa), and Pharm. Emeka Adimoha, superintendent pharmacist, Shalina Healthcare, said Shal'Artem drugs are indicated for the treatment of P. falciparum malaria cases resistant to both chloroquine and sulphadoxine pyrimethamine combination, adding that Shalina is a trusted name in quality medicine in Nigeria..

According to Alaran: "Shal'Artem has come of age. As a company, it is the first choice in the treatment of malaria. Amongst the various brands in the market, we make bold to say that we have the largest number of variants. For every single member of the family - from infancy to adulthood - there is a Shal'Artem designed particularly for them".

In his remarks, Broda Shaggi promised to enhance the Shal'Artem brand positively, saying his target henceforth is to take Shal'Artem closer to the masses, since its reputation as a quality antimalarial product has been well accepted by all.

Speaking further, Shaggi, who is well-known for his "Oya hit me" comedy skits said he was delighted that more privately-owned companies have started noticing him, as well as his effort in the entertainment

industry, stressing that he would do everything within his capacity to be a good ambassador of the company.

"For my brand, my main objective is to pass the message across. I am not a pharmacist, I am an actor. I have to understand more about more about the drug and bring it down to the level of people who really need it. Shal'Artem is very popular, so it will be very easy for me to pass the message across," Shaggi said.

With an end-to-end supply chain, Shalina Healthcare Limited is presently in nine countries on the African continent, including Angola, Democratic Republic of Congo, Central African Republic, Nigeria, and Ghana.

Channel your entrepreneurial disposition towards clinical practice, Nwizu tasks Nigerian pharmacists

continued from page 23

continue expanding their frontiers. Pharmacists in the United States identify care gaps and move in to fill those gaps. As a result, their service is always meaningful and appreciated.

Another difference is the practice culture, which I think stems from the difference in training. The US PharmD training requires over 1600 hours of experiential learning. Pharmacists who practise in clinical settings undergo additional experiential learning (residency training) for a year or more. In fact, more hospitals and health systems now require residency training or more to be qualified for higher level clinical pharmacy practice. The result is that the clinical pharmacists in the US are comfortable in clinical settings, direct patient care and are skilled in interacting with physicians and other members of the healthcare team.

With the Nigerian pharmacist, I have noticed a stronger entrepreneurial disposition. Something in the training or culture pushes them to create business opportunities for themselves. This mindset is not common in the US. In my interaction with clinical pharmacists in Nigeria, what I see lacking is not the knowledge, but it is in the practice. The lack of

clinical practice then erodes the knowledge. It becomes a case of the chicken and the egg - which came first. We must find ways to make our knowledge translate to patient care. We must also find ways to bring our entrepreneurial mindset to clinical pharmacy practice.

In what ways can Nigerian pharmacists improve the practice of Clinical Pharmacy?

I think it is important for pharmacists in Nigeria to understand the history of the development of clinical pharmacy in the United States and indeed other parts of the world, so as to successfully build our own models. This model may be tweaked to suit our own practice environment, but it is important that we think through our strategies.

We must realise that frontiers are conquered one at a time. There are multiple areas of care gaps in the Nigerian health system and pharmacists can position themselves to fill those needs. I believe we can focus on the skills needed to identify problems and articulate solutions, bearing in mind the culture we are in. We need more meaningful projects or research supporting the involvement of clinical pharmacists in direct patient care.

Our curriculum also needs

to include courses that develop skills needed to expand the frontiers of pharmacy services. These skills include leadership, project management, and process improvement.

Finally, and as mentioned earlier, we must bring our entrepreneurial spirit to the advancement of clinical pharmacy practice.

How would you advise younger pharmacists who are aspiring to practise in the Diaspora?

The pharmacy profession in the United States is now very competitive, due to a saturated market. Obtaining the PharmD is now required to be considered for most jobs. There are opportunities to obtain the PharmD in Nigeria as well as in the US. There are universities in the United States that offer the PharmD degree programme to pharmacists who are still practising in their own countries. This is worth exploring.

It is important that what you do where you are right now counts. Whether you are a student or currently employed, it is important that you seek to improve the practice where you are. Some of these changes do not require a lot and do not have to be huge. Always ask yourself the question, "How

can I do what I am currently doing, better?" "How can I improve my service to the patients or doctors or nurses or even my fellow pharmacist?"

Think efficiency, think effectiveness. Do not waste your time. This will come in very handy as you seek employment in the United States. Most employers want pharmacists who have such leadership skills.

Mentorship is very important. Finding the right mentor can be a powerful tool for professional growth. Consider people you already know or ask for referrals when choosing a mentor. Your mentor should be someone who has enough time to dedicate to developing a positive mentorship relationship. As a result, avoid choosing someone solely because of their popularity.

Finally, cultivate the habit of learning. Learning does not stop when you graduate. Pharmacy practice requires lifelong learning. You can do this by participating in planned or deliberate learning activities, such as degree programmes, professional continuing education etc. It can also be in non-pharmacy related education. You will be surprised how this may tie into clinical pharmacy practice and serves you well in as you apply to different opportunities.

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Faith it, until you make it

By Pharm. Sesan Kareem

Faith is the standard operating procedure of human life. God has made it an integral part of human existence, so that anyone in the world can achieve his vision and experience growth with all its benefits and blessings. Put your trust in God always and enjoy unshakable confidence in Him. With faith, it is possible to live our lives intelligently.

Faith is a state of mind that leads you to believe in yourself. Lack of faith often leads to fear, doubt, unbelief, anxiety, depression, lack of confidence and unproductiveness.

Let me share with you the story of one of the world's best motivational speakers, who happens to be my online mentor. His name is Lewis Brown. He was born in Miami, Florida, in an abandoned building, on a hard linoleum floor with his twin brother. They were both adopted six weeks after their birth. When he was in the 5th grade, he was labelled as "educable mentally retarded" and stayed in this category until he got out of high school.

Lewis, however, met a high school teacher that changed his life. One day, the teacher said to him, "Young man, go to the board and write what I am about to tell you". He said, "I can't do it sir." The teacher said, "Why not?" and he replied, "Because I'm

educable mentally retarded". The teacher came from behind the desk and he looked at him and he said, "Don't ever say that again, someone's opinion of you does not have to become your reality."

That was the intervention that changed his life. And for the first time in a long time, he was able to have faith in himself and that was the beginning of a new dawn in Lewis' life.

The first step towards greatness is to have faith in God and in yourself. Faith is helpful in overcoming fear, just as the above story has highlighted. Faith is complete confidence in something, which is not subject to logical or experimental proof. Faith is the acceptance of an established criterion as a basis of reality.

Have you ever seen God? No, but you have faith in Him. You must have full faith in yourself, in order to fulfil your destiny. Faith enables you to overcome your weaknesses, American writer and well-known author, Christian Bovee, remarked, "They are the weakest, however strong, who have no faith in themselves or their own powers."

Put your fortune in good hands, your own hands. Whether you think you can or think you cannot, you are right. Have a living faith in the power God has deposited in you.

Faith embodies more than belief. Faith elevates one's being, while belief is limited to a mental state or emotion; but they both work *pari passu*. Since faith implies a trusting reliance upon future events or outcome, it is synonymous with belief. You must have faith in a brighter and rewarding future.

Faith is also different from hope. Hope is *maybe*, faith is *must be*. Hope is good, faith is better. Faith is having deep conviction in your heart that you can accomplish any goal you set for yourself.

Belief is the brother of faith. Belief is the simplest form of mental representation and one of the building blocks of conscious thought. Below are tips on how to believe in yourself:

Learn how to make decisions based on your experience.

Set realisable goals for yourself.

Recognise when you achieve your goals, so that you will build your confidence.

When you fail, find out the reasons you did.

Use realistic expectations to judge your success.

Listen to critics, but never let them convince you that you are less than you are.

Give your time and energy to others, it really helps in developing yourself.

Don't give up on your



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

dreams, goals or aspirations, for you never know how right they truly are until you put them into action.

Believe in yourself, you will do your best.

ACTION PLAN: Study biographies of great people and learn how they were able to achieve great feats with the power of faith. Use the power of affirmation, based on the principle of repetition and emotion to develop your belief system. Be faithful with your faith.

AFFIRMATION: I can do anything I set my mind on. I am blessed and highly favoured.

Sesan Kareem helps leaders and business entities to imbibe the belief system and motivation to grow, thrive and excel in our ever-changing world.

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My popularity made doctors think I was practising unethically - Ogundare

By Moses Dike

In this exciting interview, Pharm. Jacob Ogundare, eminent community pharmacist and managing director of Jacco Pharmacy, Ibadan, recounts some of the highpoints of his career in community pharmacy practice, as well as some of the principles that have helped to shape his life over the years. The octogenarian, who is also a Fellow of the Pharmaceutical Society of Nigeria, equally delves into his early life, education and lifestyle measures that help him to keep fit and trendy in old age. Excerpts:

Please tell us about your early life and education.

I was born in Lagos on 23 July 1940. My father was a businessman in Lagos. When I was eight years old, my parents returned to our hometown in Esie, Kwara State, when my father was crowned as Chief Bale Kofoworola of Esie Town. This chieftainship was the second-in-command to the king, the Elesie of Esie Town.

Esie is the home of stone images, a "tourist attraction" town. All the past presidents of Nigeria had visited Esie to see the "miracle" of the stone images. Esie Town is only 25km from Ilorin, the Kwara State capital. Thousands of foreigners visit the town annually.

I am the last of four children of my parents. I started primary school late at the age of ten years at St. Michael's School, Esie, the only school where even children from other nearby villages attended. When I was in primary six, some of us were selected to write entrance examination into some secondary schools in the northern part of Nigeria. I was the only one that was admitted to Government College, Keffi, now in Nasarawa State. My West African Examination Council (WAEC) result was excellent.

I gained admission to the School of Pharmacy, Ahmadu Bello University, Zaria, now in Kaduna State. I was the secretary to the Pharmacy Students Union for two terms of two years. I was a member of the university football team and table tennis. I graduated in 1968.

You recently joined the league of octogenarians when you marked your 80th birthday in July. What does this new age mean to you and what lessons of life have you learnt these past years?

An adage says, "Experience is the best teacher". When I look back, there are some things I could have done differently which perhaps would have altered the course of my life.

For instance, when I travelled to India in 1986, I met a number of pharmaceutical companies. All I was discussing was to import some selected products, instead of negotiating for partnership to bring one or two of them to Nigeria. Few years later, two of the companies came to Nigeria to partner with Nigerian companies and their products are very popular in Nigeria till today.

Maybe if I had taken the right decision, my life could have changed. It is a regrettable experience of life. So, the position you are today is a product of your decision or indecision and whatever it is, it affects and influences not only your life but several thousand others, either positively or negatively. Move nearer to God and be prayerful to be able to divinely take right decisions, at the right moment and at the right occasion. May



Pharm. Jacob Ogundare

God continue to guide us aright.

What have been your major principles of life these years and what are the values that have helped to shape your attitude to life?

Life is not a bed of roses, it is full of challenges. When I look back to those years, I give glory to God and sincerely appreciate His divine grace upon my life. God has sustained me through the "thick and thin" of life. Hence, I tightly hold on to four principles. These are: Prayerfulness, which is the essential ingredient to move closer to God; humbleness - being humble in character and behaviour; integrity, which steadfast adherence to a strict moral or ethical code; and honesty, which is the quality of being truthful and dependable.

These are the pillars that have helped to guide and shape my life. Prayers and the other principles greatly helped to shape my attitude to life and my career. Therefore, I express sincere appreciation to my amiable and hardworking wife who solidly stood by me. But now I give glory to God, I am back on my feet again.

What factors motivated you to choose community pharmacy of all fields of pharmacy practice and how would you describe your experience in it?

In the majority of cases, money is the determinant factor to choose a career, and pharmacy

practice is not an exception. When I started community pharmacy in Lagos, I had to partner with a businessman from my area who had plenty of money. I opened a pharmacy opposite Jankara market in 1970.

Community pharmacy practice has its exciting and interesting moments. You meet with different types of people - the rich and the poor - and thereby you make many friends. One day, a woman patient was brought to me, with her eyes heavily swollen, and she was scratching her body profusely. Having asked several questions, I discovered it was an allergy. So, I gave her some drugs and let her stay in the pharmacy for about one-and-a-half hours.

By the end of her stay, she had recovered considerably. By the following day, she had recovered completely. That was the beginning of my fame among the people in that area. And I become their "doctor". It was so serious that one practising medical doctor in that area closed his clinic and relocated.

However, after a while, I resigned and parted way with the businessman due to frequent misunderstandings. I was employed by J.L. Morison Sons and Jones in 1972. In that year I was made area manager for the southwest and transferred to Ibadan to open the Ibadan branch. I resigned from Morison in 1977.

The Lagos experience motivated me to start my own

pharmacy in Ibadan - Jacco Pharmacy International Limited - at Ago-Taylor. My experience in Ibadan was very much similar to the Lagos experience. In fact, my experience revealed that people prefer to go to a pharmacy for treatment than to a clinic.

Jacco Pharmacy was a household name in Ibadan and Oyo State generally. I later included pharmacy wholesale to my business. I have no regret to practise community pharmacy.

If you were not a community pharmacist, what else would you have preferred to become?

In my last year in the university, I had a singular opportunity to visit Wellcome Pharmaceutical Limited, a pharmaceutical manufacturing company in Ikeja, Lagos, during a holiday. I always spent my holidays in Lagos. I was taken round the facilities by Pharmacist Adedipe, who was the production pharmacist. Since then, I developed interest in pharmaceutical manufacturing, but money is always a big factor; hence I started with community pharmacy practice.

When the opportunity came, I sold my retail and wholesale business and with financial resources from certain quarters, I started pharmaceutical manufacturing in 1986. It was located in my hometown, Esie. However, before the project fully took off, it failed, due to circumstances beyond my control. I later transferred the project to Ibadan. Today, I thank God for His mercies endure forever.

The concept of community pharmacy practice in Nigeria is having its share of challenges, ranging from the encroachment by charlatans and patent medicine vendors to fake drugs issues and so on. How do you think these issues can be successfully tackled?

The laws of Pharmacy are in the hands of pharmacists, particularly since the Pharmacists Council of Nigeria (PCN) controls and regulates the patent medicine vendors. They are the greatest challenge and obstacle to the pharmacy profession. The PCN and NAFDAC should descend heavily on them, including the charlatans.

When I was the Chairman of the then National Association of General Practice Pharmacists (NAGPP) now known as Association of Community Pharmacists of Nigeria (ACPN), in Oyo State, my team did not give them any breathing space. We descended heavily on them and they feared my team whenever we were out.

The number of patent medicines allowed for them to sell should be drastically reduced. Any violation by them should be dealt with. Let them realise that we are in control. Thank God they failed to hijack the pharmacy profession.

The last 80 years for you, like every other person, must

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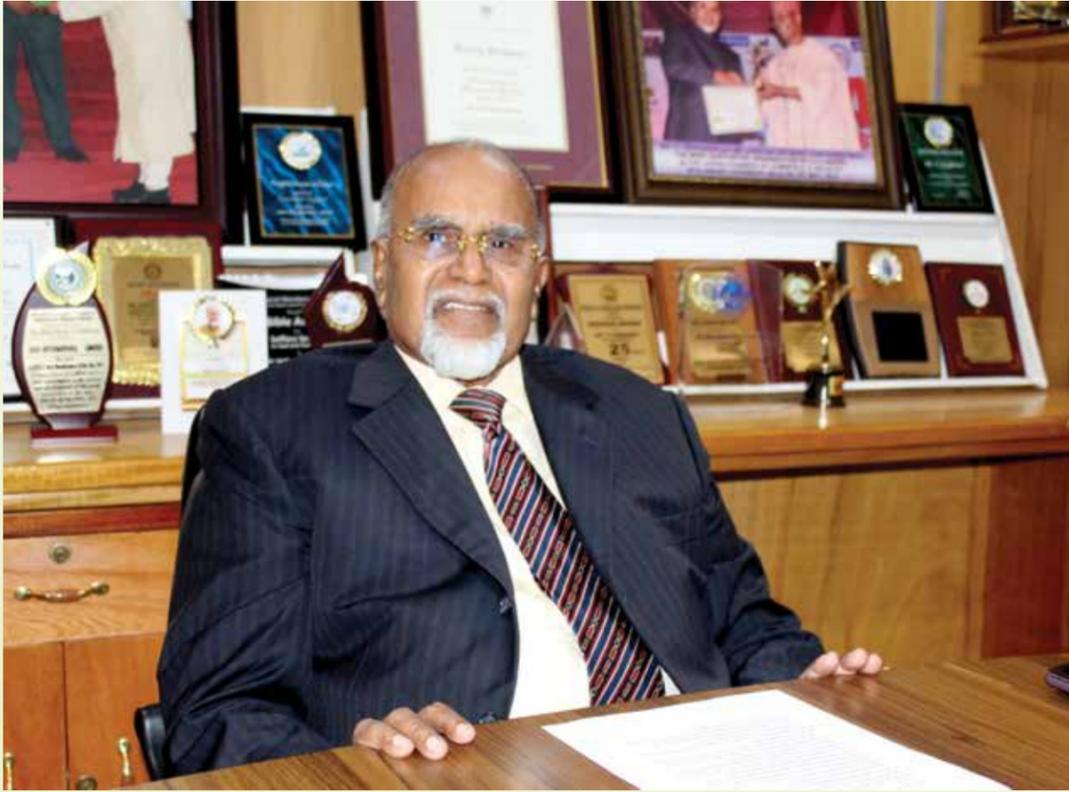


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Nigeria's fiscal policy unfriendly to pharma manufacturers – Verghese

By Patrick Iwelunmor and Matthew Anani



Chief Varkey Verghese

With over 40 years of doing business and living in Nigeria, Chief Varkey Verghese, an Indian of high repute, has come to see himself as a Nigerian and a stakeholder in the nation's progress. An alumnus of some of the world's most prestigious business schools, his leadership and management skills have inspired him to establish many successful business enterprises, including the JAWA Group of Companies, one of Nigeria's leading pharmaceutical manufacturing companies. In this exclusive interview with *Pharmanews*, he dissects issues bordering on his foray into pharmaceutical manufacturing, the COVID-19 experience and the challenges bedevilling the pharmaceutical industry in Nigeria. Excerpts:

Can you please tell us about your leadership motivation and orientation?

My motivation is that I have been in Nigeria for the last 40 years and I had the privilege of working in a group earlier for about 12 years. The chairman of that company was a very young and enterprising man. I was a group director in that company and was relating with him very closely. This gave me the opportunity to learn a lot of things from him which put me in good stead for the future.

After 10 years, I started my own company with the earnings I had saved from my previous work. I started JAWA with some partners and we had two other companies – one was dealing in imports, while the other was in chemicals. After a while, I consolidated my personal business and concentrated on pharmaceutical manufacturing.

My leadership orientation stemmed from my background, first as a graduate of the agricultural sciences; after which I attended quite a number of business schools, including the Administrative Staff College, India; INSEAD Paris; the Lagos Business School, and Harvard, amongst others. The trainings, management programmes and leadership skills that these institutions imparted to me helped to shape my leadership orientation.

What can you say is the JAWA story regarding the COVID-19 pandemic?

In terms of our COVID-19 experience, we saw the need to go into the production of hand sanitizers and disinfectants. We had started the hand sanitizer production during the Ebola days,

and so, it was not difficult for us to reactivate the idea when COVID-19 became an issue.

Having met production requirements by NAFDAC standards, it was expedient that we produced in large quantities. In fact, it is one of our biggest contributions in the fight against COVID-19. Even NAFDAC patronised us. Many banks and corporate organisations in Nigeria are still buying from us. Our product, WOSAN, comes in different sizes, according to the requirements of our customers.

How would you say the pandemic has affected the pharmaceutical industry generally?

For us in the pharmaceutical industry, when the COVID-19 issue started, there was a lockdown. Many factors slowed down production. There was restriction of movement and transportation was not freely available. Most of us had to operate at about 50 per cent of our normal capacity. The first three months were very tough but those who had stocks were able to sell in the midst of the pandemic because the demand was there. Later months witnessed a gradual improvement due to the partial easing of the lockdown.

Do you think the federal government responded appropriately to the emergency?

To me, it looked like they responded adequately because the Presidential Task Force was set up immediately under the able leadership of the Secretary to the Government of the Federation, Boss Mustapha. Things started moving. At the state level, they mobilised

people, particularly in Lagos State, where they did their best.

A part from the commendable efforts of government at the state level, quite a number of private organisations donated palliatives and other equipment required to manage the situation. GT Bank set up a COVID-19 centre. Also, the Indian Community in Nigeria set up a hospital in Ajao Estate; while the Lagos State Government also moved fast to identify some private hospitals which could complement their efforts.

All those steps led to the creation of so many testing centres. Apart from the testing centre in Yaba, you could go to any of the government-approved private hospitals for testing.

Many had expected that Africa would be the worst hit but against the run of play, more advanced countries like France and the United States suffered more casualties. What do you think was responsible for this?

Basically, I have discussed with quite a number of Indian doctors in Nigeria about this issue and they all feel that the African continent has better immunity against such diseases. Scientifically, COVID-19 is a weak virus, compared to viruses like Ebola but it can only wreak havoc when one's immunity is compromised.

The kind of food that Nigerians take - you know, you have a lot of herbs for your soup - like *ugwu* (pumpkin leaf) and bitter leaf. These are very powerful herbs which can build immunity. It basically boils down to the fact that if your immunity is good, COVID-19 cannot affect you. Even if it does, the effects would be inconsequential. It is a God-given protection that you Africans are enjoying with such immunity.

Do you think there is hope in herbal medical research and development for breakthroughs in the management of infectious diseases such as COVID-19?

Frankly, there is hope. Going by the different herbal endowments that the continent has. You will agree that most of the basic medicines that we produce in Africa come from herbs. That is why I think the government is supporting NIPRD to carry out more research in the area of herbal medicine.

Despite NAFDAC's tireless crusades, the distribution of fake and substandard drugs is still an issue. What do you think is really wrong?

Yes, fake and substandard drugs are still in circulation. NAFDAC is trying its best but I feel the federal government should equip them better, in terms of providing more task force, funding and other logistics to enable them function optimally. The task force should be supported by the police and other relevant security agencies so they can take some fast actions because fake drugs don't fall from heaven but through our land, air and water borders.

People import fake and banned drugs like tramadol and codeine, only to declare them as motor spare parts. Only a well-equipped NAFDAC, in collaboration with other security agencies, can fish out such concealments. The federal government should provide more funding for NAFDAC to function properly, otherwise, the dangerous trend will continue.

What would you consider the biggest challenge facing the pharmaceutical industry in Nigeria?

What is most important is that local pharmaceutical manufacturers are not given protection, in terms of the fiscal policy being operated in Nigeria. Manufacturers pay duty on virtually everything. Apart from duty, we also pay Value Added Tax, even on raw materials. This is unheard of in any other country.

In most countries, you enjoy tax and duty holidays on certain types of import but in Nigeria, it is a different ball game. After paying all these bills, the cost of production becomes too high.

The federal government should also prioritise the development of our local capacities in terms of creating the enabling environment for manufacturers to source their raw materials within the country. It is not everything that we should import from overseas. You will agree with me that since the government banned the importation of IV fluids, local manufacturers have risen to the occasion and have been producing. They can even export to other countries in the West African sub-region.

What is your candid advice to indigenous pharmaceutical manufacturers, especially in view of the harsh economic realities, occasioned by COVID-19?

Yes, the situation is harsh but the federal government has done quite a number of things to help the situation. They have given a hundred billion naira long-term loan to the pharmaceutical industries to upgrade their manufacturing capacity and expand local production.

It is a very welcome thing that they have done. Quite a number of pharmaceutical industries are going for it and they will use it to expand and improve their factories, put up some new facilities, amongst other things. This is very encouraging. I have been doing business in Nigeria in the last 40 years and I encourage us not to lose hope but to continue working hard because the future will be brighter than it is today.

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Difference between positive and negative pressure containment systems

By Fozi Alkailani

Isolators are an arrangement of physical barriers that use containment as a strategy to create an enclosed working space detached from the surrounding environment. Isolators enable manipulation of the processes within the enclosed space from the outside without compromising integrity.

Isolators have to perform two functions. They are a key control measure in protecting operators and the environment from exposure to potent molecules, many of which can be hazardous to health. They can also help to protect the product from microbiological contamination and related factors during material handling and operations.

Isolators use a variety of methods to ensure the integrity of the clean environment, including positive and negative pressure systems that are maintained through closed-loop control of the chamber pressure. In this post, we highlight the differences between positive and negative pressure systems and their uses in pharmaceutical and biotech industries.

The first significant point of difference between the two is that positive pressure containment systems protect the process while negative protects the person.

Positive pressure essentially

means that the pressure inside the containment system is greater than the pressure outside it. To illustrate, when you deflate a balloon, air rushes out because the air pressure in the balloon is higher than the pressure of the ambient air. Positive pressure is achieved by running exhaust air at 10 - 15 per cent lower than supply air.

Positive pressure containment systems are used in industries where the integrity of the process must be kept sacrosanct. In the pharmaceutical industry, positive pressure containment systems are used in sterile processes when protecting the process is of particular importance, and the priority is keeping any possible germs or contaminants out of the isolator. In the event of a leak, clean air is forced out of the isolator, rather than contaminants being allowed in.

Isolators are fitted out with gas board systems to remove oxygen (O₂), and moisture (H₂O) from helium, argon, nitrogen, or whichever combination is called for to create an ideal inert (chemically inactive) atmosphere. For example, when working with flammable products that react readily to oxygen.

Isolators for aseptic applications have a positive

pressure of at least +60 Pa that serves not only as a physical barrier, but also a dynamic pressure barrier to protect the Isolator Class A (ISO 5) from particulates.

Negative pressure containment systems are used to protect the operator and the environment from unsafe material, including a wide range of potent or hazardous molecules, active ingredients and volatile drugs. In hospitals, they are also used to quarantine seriously contagious patients.

Negative air pressure systems are the perfect choice to minimise airborne toxins from escaping the isolator and entering the cleanroom environment. Windows are sealed, and as a result of the lower pressure, air flows into the isolator rather than outside it. To illustrate, when you push an empty bottle into a bucket of water right side up, water flows into the bottle because it has a lower pressure than the water surrounding it.

Negative air pressure is maintained in the work area, relative to the interchange compartment. Negative pressure containment systems are of two types - recirculating air or total

exhaust.

In a negative air pressure containment system, the air pressure in the isolator is lower than the pressure outside it. This is achieved by running the inlet air at 10-30 per cent lower than the supply air.

Negative pressure is maintained from -30 to -20 Pa, to prevent particles from escaping the isolator. This serves as the physical barrier, but also a dynamic pressure barrier to protect the cleanroom Class A (ISO 5) from escaping particulates.

Negative pressure containment systems can be equipped with just about any type of pharmaceutical process that is needed.

Fabtech's containment systems can be used for tablet and capsule manufacturing, injectables, APIs and customised solutions from the laboratory to production scale. Get in touch with Mr Fozi to know more information about our containment systems.

Fozi Al Kailani is the regional Manager of Fabtech Technologies Africa Limited. Contact:

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Purposeful pharmaceutical research and national development

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

All research works certainly have a purpose behind them but not all of them can be described as appropriate and rightly directed. A research work is purposeful and appropriate when its outcome can be used to solve problems of national development.

National development is the ability of a country to improve the social welfare of the people by providing social amenities like good education, infrastructures, medical care and social services; while purposeful research is the process of arriving at dependable solutions to problems through the planned and systematic collection, analysis and interpretation of data.

The developed countries have taken great strides to ensure that their citizens enjoy good amenities and that is why we have constant emigration of our people to Europe and the United States of America, as they have developed a system that takes care of all inhabitants. These countries are the leaders in scientific breakthroughs, as well as technological and infrastructural development.

Conversely, the developing countries, as exemplified by Nigeria, are still backward in their developmental efforts and struggling with the basic needs of life. They have problems with virtually everything and they depend on the developed countries for infrastructures, medical care and education of their citizens.

Necessity of national development

National development is very critical to the survival and growth of any nation. According to the Kothari Commission (1964-66), it is hinged on six basic features, which include confidence in nation, continuous rise in standard of living of the masses, reduction of unemployment, equal opportunities for social, political and economic development, good and impartial administration and mutual understanding and sense of cooperation amongst the masses.

Thus, a country is said to be developed when it is able to provide a qualitative life for its citizens; when there is equitable distribution of wealth, provision of good healthcare, education, housing and other essential services that improve individual and collective quality of life.

Quite regrettably, Nigeria has failed to meet up with the development strides that can make it to be classified as a developed nation. In the last six decades, Nigeria keeps battling with the problems of development, in spite of huge human, material and natural resources in her possession. We have failed to meet up in all the indices of development and our rating remains very low, even among the nations that are less endowed.

Catalogue of failed plans

Interestingly, the failure of Nigeria over the years cannot be

ascribed to lack of development plans; we have them in abundance. Two years after independence, we had the first National Development Plan Policy, which was formulated between 1962 and 1968, with the objectives of development opportunities in health, education, employment and improving access to the opportunities created.

This plan failed due to lack of resources, as only 14 per cent of the expected external funding was received; and there was the civil war, which led to the collapse of the First Republic. The second National Development Plan (1970-1974) came after the civil war and priorities were on agriculture, industry, transport, manpower, defence, electricity, communication, water supply and provision of social services. From all indications, we really do not need to argue about the success or failure of this plan.

The third plan was for the period between 1975 and 1980 and was more ambitious than the previous ones, as there was emphasis on rural development, reactivation of the agricultural sector and so on, but like its predecessors, it failed to achieve the set targets.

The fourth development plan (1981-1985) aimed to achieve improvements in the living conditions of the populace, with targeted increase in the real income of the average citizen, more even distribution of income among individuals and a reduction in the level of unemployment and underdevelopment. Unfortunately, like the previous ones before it, the objectives of the plan were not achieved. The enormous wealth from oil exploration was not invested to build a viable industrial base for the country. Our leaders forgot the eternal words of Ernest Agyemang Yeboah that "They that milk the cow every day without feeding it will must never complain about how it keeps growing lean."

All the programmes that were launched to harness these plans ended up in failure - from "Operation Feed the Nation" to "Green Revolution". The various strategies that were adopted to put the country on the path of development did not produce any concrete result. These strategies included the Structural Adjustment Programme (SAP), Vision 2020, National Economic Empowerment and Development Strategy (NEEDS) and others, including the slogan from the current administration with Vision 2020. None of these has achieved anything that development connotes.

Forces of failure

We need to ask ourselves why these development plans have failed and the factors that are responsible for the failure. To start with, there is lack of executive capacity for the implementation or execution of the plans that are usually painstakingly drawn up. The people entrusted with the implementation usually lack the requisite authority or they are utterly incompetent.

The plans are usually drawn up without consultations that will address the need of the people from bottom up. There is no good governance and development plans become a mirage and unachievable, as it takes good leadership to translate ideas into reality. For most of our leaders, there is no sense of commitment.

According to Mimiko (1998), the leaders are only interested in access to power and privileges and not development.

There is high level of corruption and indiscipline in all government agencies and departments, which serve as a bottleneck to the execution of development plans. How will a good plan become successful in the hands of corrupt executors?

The Nigerian economy is monolithic in terms of foreign exchange earning. The country rises and falls according to the dictates of the foreign oil market. Today, we are in trouble because of the low price of crude oil. If we can recall, in the 1950s and the 1960s, agriculture was the mainstay of the economy; but this was neglected as soon as we discovered oil in commercial quantities. Our economy is not diversified and that is why we suffer from dislocations and lack of sustainable development.

Backlash on health

It is not a surprise then that, today, Nigeria has one of the worst health indices in the world. We have failed in all measurements of development, which are Gross Domestic Product (GDP), Gross National Income (GNP), Life expectancy, Education index, Mean years of schooling index and Income Index put together as Human Development Index (HDI).

From the UNDP's 2018 report, Nigeria's HDI value was 0.534, which put the country in the low human development category and a positioning of 158 out of 189 countries. The most disturbing part is that this rating falls below that of the Democratic Republic of Congo (HDI = 0.459), Ethiopia (HDI = 0.470) and the entire sub-Saharan Africa, at 0.507.

For the same measurement, the life expectancy at birth and the mean years of schooling was 54.3 years and 6.5 years respectively, compared with Congo (60.4 and 6.8), Ethiopia (66.2 and 2.8) and sub-Saharan Africa (61.2 and 5.7). Clearly, Nigeria has sub-optimised her potential in terms of development. We have failed to provide the requisite leadership for Africa to move forward after the horrendous years of slavery and colonisation. The most worrisome aspect is: who cares? Certainly not the current leadership at all levels.

Panacea of research

Research is man's ability to creatively or innovatively create new things that galvanise society



into developmental strides. This creativity or innovativeness is anchored on research which is best described as the careful examination of an object and situation for the purpose of effecting societal development and improvement. It is a systematic work undertaken to increase the stock of knowledge including knowledge of humanity, culture and society, and the use of this stock of knowledge to define new applications (OECD, 2012).

According to Duncan Macdonald, "The common facts of today are the products of yesterday's research". Research has also been described as a "systematic and objective search for knowledge, to establish theories and prove the truth of ideas, hypotheses and assumptions." These definitions or descriptions hold for all manners of research, whether social, educational or scientific. It is a search, according to Lucky Osaretin Odia (2013), which requires care and diligence for new facts.

In a seminar paper, Lucky Osaretin Odia (2013), asked four questions to link research work with national development. These are:

Is a nation's level of development a function of research initiative structure?

Is a nation's degree of progress a function of its research administrative efficiency?

Does the pattern/quality of research funding determine a nation's level of development?

Does a nation's level of investment in research and development determine its pace of advancement in science and technology?

All these questions were answered in the affirmative through a thoroughly conducted research. The linkage between research and national development has been proved in this paper and by other authorities before and after its publication.

(Continues next edition)

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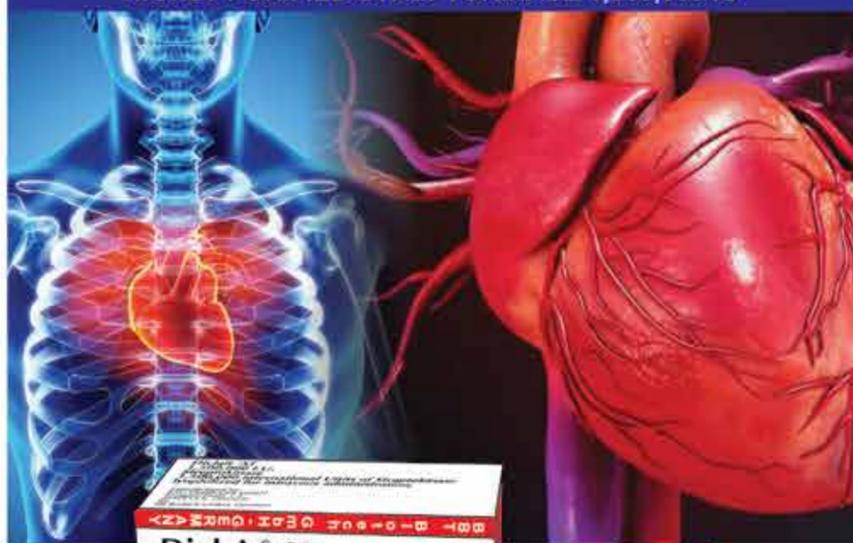


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UNN's COVID-19 drugs near advanced stage - NAPA chairman

By Ranmilowo Ojalumo

As the world continues to battle the COVID-19 pandemic, pharmacists at the University of Nigeria, Nsukka (UNN) are intensifying efforts towards developing drugs that can treat the symptoms of the deadly virus.

According to the Chairman, UNN Chapter of the Nigeria Association of Pharmacists in Academia (NAPA), Dr Chukwuemeka Ubaka, pharmacists in the institution have embarked on various research works, which have reached advanced stages, adding that the university will hopefully come up with active molecules that will treat the virus by next year.

Disclosing this to *Pharmanews* in an interview, Ubaka explained that pharmacists in the institution are determined to curb the spread of the virus in Nigeria.

He said: "At the University of Nigeria, Nsukka, three key efforts have been put into action as part of pharmacists' contribution to the fight against COVID-19. First, members of the faculty, either as a department or as individuals have engaged themselves in the massive production of quality hand sanitizers.

"This became necessary and timely because the market was flooded with very poor-quality sanitizers and disinfecting agents. But pharmacists at UNN produced sanitizer gels and sprays at World Health Organisation (WHO) approved standards, which were made available to nearby hospitals and pharmacies."

The UNN NAPA chairman added, as a second strategy, that academic pharmacists at the institution were largely involved, at individual levels, in the increase of awareness of the disease among various groups of people, including the university community, places of worship and other virtual professional groups globally.

"Thirdly, various research groups in the faculty are deeply involved in the discovery of active compounds for the symptomatic treatment of COVID-like respiratory diseases. A number of these research groups are nearing funding by local and international bodies, while reaching very advanced stages before pre-clinical trials", the NAPA chairman said.

Ubaka stated that the results of the research efforts are expected to be out by next year to combat the deadly pandemic, saying the remaining days in the year is short for the completion of the work.

"Currently, some members have identified potential active compounds that could help in the management of the viral infection, but the end of the year is way too short a time to get a drug for treating COVID-19.

"Drug development is a very long and highly expensive process. At best, by next year,



Dr Chukwuemeka Ubaka

we hope one of the studies would have come up with active molecules or herbal products that could have a safe and effective action against such viral infections", Ubaka said.

He also charged the Nigeria government to continue to fund

My popularity made doctors think I was practising unethically - Ogundare

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have been dotted by some high and low moments. Looking back generally, what would you consider as your most memorable moments?

Life is full of ups and downs. I have experienced my own share of these in many positive and negative ways. Fellowship award is a distinguished honour given by a professional body to a member who has served that body meritoriously. The award of "Fellow" given to me in 1994 is considered a "memorable occasion" to me. It shows a point of greatest achievement in my professional career, and also that the PSN realised my selfless services to the body.

It is a great honour and I sincerely appreciate it. I travelled to Jos, Plateau State, with my amiable and loving wife to receive the award.

When I left Lagos for Ibadan, I started my own pharmacy in Ibadan - Jacco Pharmacy International. My experience was similar to the Lagos experience. One day, a mother brought her child by 9 am, almost in comatose state. After careful questions, I realised that the child was having a severe case of malaria. I gave the child malaria drug plus other drugs.

At our closing time of 8 pm, the mother, the father and family members came to thank me. The child had started playing. It was disclosed that they had taken the child to a clinic a few days before. So, I became popular. Then the doctors around Ago-Taylor and Odo-Ona conspired and organised people to monitor me, to see if I was practising unethically, like giving injection.

"Thank God you practised your Pharmacy and healthcare

COMING EVENTS

93rd PSN National Conference Holds in Osogbo, Osun State

The Pharmaceutical Society of Nigeria (PSN) is set to hold its 93rd National Conference, tagged Omoluabi 2020, from 2 to 7 November, 2020 at the De Distinguished Event Centre, Osogbo, Osun State.

The Conference themed: "Technological Revolution: Adaptation in Pharmaceutical Manufacturing, Pharmacy

Practice & Regulation", will also be hosted virtually.

The PSN National Secretary, Pharm. (Chief) Emeka Duru, explained reasons for the introduction of the virtual conference, saying it is to provide opportunity for more pharmacists, including those in the Diaspora to attend and be part of the conference.

local research towards finding solutions for the management of the virus, stressing that Nigerians are likely to appreciate local drugs or vaccines than imported ones.

He said: "The race for an effective and safe vaccine globally is on. There will be compromises as clinical stages are being rushed and the effects of these vaccines might only be seen after long time use by the population. The Nigerian citizenry are not yet disposed to taking these vaccines when they begin to arrive, but perceptions

might change. Therefore, it will be important for Nigeria government to continue to fund local research on local solutions for the management of the virus and this could be better accepted by its citizens.

"It is also becoming difficult to insist that people should retain the personal protective strategies; but if an effective treatment or vaccine is available, it might help to reduce the incidence and mortality of this disease", the NAPA chairman stressed.

delivery", one of the people arranged to monitor me once said to me. Thus, Jacco Pharmacy became a household name in Ibadan. I added wholesale to my business. Thank God, I practised community pharmacy successfully without any negative incident.

Tell us a little about your family. Did any of your children take after you to study Pharmacy or any health-related disciplines?

Parents should not impose any career on their children. It is important to guide and advise them. Some children do demonstrate or show inclination towards certain careers, if you watch them closely. If parents impose any career, they may not do well with it in life. It is better to let them choose their own career.

Incidentally, none of my children studied Pharmacy or any health-related disciplines. We are a family of six children and all of them are graduates in different disciplines. All honour and glory to God.

What activities do you currently engage in to maintain your health?

I have an immobile gymnastic bicycle at home which I ride three or more times a week for about 30 to 45 minutes each time. To complement my exercise, I do eat plenty of vegetables and fruits, such as oranges, apples and bananas regularly. I also do take some vitamin pills, vitamin B-complex, phytonutrients and some special dietary supplements.

I do sincerely give thanks and give glory to God for His divine grace upon my life, being healthy and physically fit and strong.



Pharm. Jacob Ogundare

What advice do you have for the younger generation of pharmacists on coping with their professional challenges?

The younger generation of pharmacists are very much impatient. Re-orientation of attitudes towards life generally has to start from schools, by inviting professionals outside the school to teach moral standard and ethical codes of life. They themselves must imbibe a strong character; they must refuse to be discouraged by everyday challenges. They must be performing their duties with intense concentration, and must be hard-working, focused and diligent.

Whatever religion they practise, they must be very prayerful. If they sincerely believe and have faith, prayers will help them greatly to overcome the challenges of life. They should also learn to ask for advice from experienced senior colleagues. Lastly, they should give due respect to their senior colleagues, so as to maintain the dignity and standard of their profession.

PSN-YPG wins FIP's Best Health Promotion Campaign Award

By Temitope Obayendo

The Pharmaceutical Society of Nigeria Young Pharmacists Group (PSN-YPG) has clinched the FIP's Best National Health Promotion Campaign Award, with its 2019 Mental Health Awareness Campaign, done in Lagos.

This was disclosed at the opening ceremony of the FIP World Congress, held virtually on 13 September, 2020, as the COVID-19 pandemic prevented physical gathering for the annual event.

The PSN-YPG Mental Health Awareness Campaign, innovated for suicide prevention promotion on World Mental Health Day 2019, was adjudged the best by the FIP panel for successfully reaching about 1200 residents of Surulere directly through volunteer interactions and also through the announcers. About 200 persons were also referred to partner organisations using the flyers.

The FIP also commended the PSN-YPG's choice of location, describing it as strategic, as it targeted the Akerele community, which has a large population of youths between the ages 15 and 29. According to the WHO, suicide is the second leading cause of death among this population.

Additionally, the health promotion also referred people suspected to have ongoing mental health issues to partner organisations, such as the Mentally Aware Nigeria Initiative (MANI) and Betalife, two non-governmental organisations (NGOs) involved in mental health advocacy and rehabilitation.

Speaking at the opening ceremony on behalf of PSN-YPG, Pharm. Yinka Oguns, coordinator of PSN-YPG Lagos, said about 80 per cent of suicides occur in low and middle income countries, stressing that suicide is the second leading cause of death among 15 to 29-year-olds in the world, Nigeria inclusive.

"Despite the staggering statistics, awareness is relatively low and mental health issues are spoken about in hushed tones. This campaign enabled pharmacists, as key players in public health, to shed more light on this issue, and we are very proud to receive this international award," she said.

Oguns revealed how a group of 40 young pharmacist volunteers, trained on managing mental health issues, worked in collaboration with the Suicide Prevention Institute of Nigeria, as well as mental health advocacy and rehabilitation organisations, to execute the project.

She also mentioned how the team conducted online mental health education series on the PSN-YPG Lagos social media platforms - Twitter, Facebook, Telegram and WhatsApp - for seven days, from 2 to 9 October, 2019.

"This was a seven-day streak of information dissemination about fundamental issues on mental health disorders - their prevalence, presentations and management. We were able to reach over 1150 people with the mental health campaign."

It will be recalled that the Bureau of the International Pharmaceutical Federation (FIP) in 2015 resolved to introduce a new award to be known as the Health Promotion Campaign Award, to recognise a health promotion campaign developed and run by a member organisation of FIP (or one of its chapters), stating that the award will be presented at its annual congress.

It defined health promotion campaign as a structured approach aimed at providing information

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Mental health awareness campaign

and/or education to individuals, groups and communities to empower them in adopting health behaviours and improve their health status.

The FIP listed other criteria for the award, including that, at least one of the organisers of the campaign must be a member of FIP (or one of its chapters).

It added: "The campaign should have been concluded or assessed less than a year before the time of the nomination."

The FIP Bureau noted that the executive committee will review nominations received based on the following criteria:

"The clinical, economic and or humanistic impact of the campaign (ideally supported by evidence, for instance published in the media, a professional journal or preferably, in a peer-reviewed journal).

"Its format, its comprehensiveness and articulation, the wide

participation of individual pharmacists, and the support and engagement of the public and other stakeholders in the campaign".

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Pharmacists are unsung heroes of COVID-19 outbreak – Emereonye

By Adebayo Oladejo

In every war, those at the frontline suffer the most. The COVID-19 pandemic is no exception. Pharmacists have been vital healthcare providers in the outbreak as they are often the first port of call for many patients, thereby placing them among the most at risk. These were the sentiments expressed by Pharm. Livy-Elcon Emereonye, a community pharmacist and managing director, Letonia International Limited, in this interview with **Pharmanews**, Emereonye, a radical public health analyst with a B.Pharm from Olabisi Onabanjo University, Ago-Iwoye, and an MSc from the University of Lagos, also highlights the challenges facing community pharmacy practice in Nigeria. Excerpts:

Tell us about your pharmacy. What prompted your choice of location, and how was it at the beginning?

The name is Letonia International Limited, located in Agege, Lagos State. The reason for my choice of location when we started newly was passion for service and the desire for wealth creation.

At the beginning, I must be sincere, it was not easy. In fact, it was very tough, to the extent that we could not have more than three sachets of paracetamol tablets. But as the going got tough, we became more creative and got going, and the result is what we are seeing today.

Tell us about your relationship with the people of this community.

As a person, I value human relationships very well, and as a community pharmacist and healthcare professional, I relate well with people professionally, working always to meet their health needs. To prevent disease and promote good health, we engage in regular corporate social responsibility (CSR) activities. We conduct periodic free health checks, amongst others. We hope to do more within the limits of our ability.

Comparing your aspirations in the university with what you are doing presently, would you say studying Pharmacy was a good decision for you?

Yes, studying Pharmacy was a very good decision. Being a pharmacist is one of the best things that happened to me, and we are doing great exploits to God's glory.

There are frequent reports of community pharmacies closing down or being put up for sale by the owners. What could be causing this, and how can community pharmacy business be made more profitable and sustainable in the country?

The problem is not peculiar to community pharmacies alone. Business is an art and success is in the being, not in the profession. Having said that, harsh economic realities and tough business environments can lead to the closure of a community pharmacy. Also, personnel management is the greatest challenge to entrepreneurship, especially in Nigeria.

Community pharmacy practice is lucrative and profitable to those who have the requisite training and business acumen. And to make it more sustainable, government and



Pharm. Livy-Elcon Emereonye

indeed the people should not only appreciate the pharmacist as the most educated and most accessible healthcare professional but should go a step further to protect them from every form of danger and attack.

What have been your major involvements in pharmaceutical activities, especially leadership, roles in the past?

I started my professional leadership role from the university as PANS president, at Olabisi Onabanjo University, Ago-Iwoye, Ogun State, and it has been one activity after another from internship to date. I have held official posts at PSN state level, and also served in her technical group, apart from other roles at different committee levels.

The theme of the 93rd PSN conference, Omoluabi 2020, is "Technological Revolution: Adaption in Pharmaceutical Manufacturing, Pharmacy Practice and Regulation". From your experience and interactions, how apt is this theme, considering the challenges facing the country?

The theme is very apt and timely, bearing in mind the threats and opportunities of COVID-19 and the resultant

"new normal."

What areas of the pharmacy profession do you think stakeholders at the conference need to address?

It is like putting the cart before the horse. Our annual conference is one of the best conferences in Nigeria and it has been like that, through tough and hard times for 92 years. Also, seasoned speakers and panelists have been chosen for this one too and I am sure they will do justice to this one as well.

What should community pharmacists be doing to enable them contribute more to healthcare delivery, especially at this period of COVID-19?

They have done so much and they are still doing more even, at their cost and expense. Community pharmacists are at the forefront of the fight against COVID-19 and most of us did so without a "thank you" from anybody, including the government. In other words, it would have been worse without the community pharmacists and to do more, the government at all levels should come to their aid.

If you were not to be a pharmacist, what other profession would you have opted for and why?

If it is a conditional phrase! I am a very passionate pharmacist and would remain a pharmacist, though I have interest in psychology and literature, and this is why I am fully into literary work.

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COVID-19 downturn: Azoji suggests survival strategies for pharma industry

- Says his vision is to move Neimeith to greater heights

By Temitope Obayendo

To keep the Nigerian pharmaceutical industry afloat and committed to its obligations, despite the harsh economic conditions caused by the outbreak of the COVID-19 pandemic, there are essential strategies that government and other stakeholders in the industry must adopt, Pharm. Matthew Azoji, managing director/CEO, Neimeith International Pharmaceuticals Plc, has said.

Azoji, in an exclusive interview with *Pharmanews*, tasked the federal government on the extension of the executive order to patronise made-in-Nigeria goods to pharmaceuticals, provision of low interest rates loan to local pharma manufacturers, optimisation of Africa Continental Free Trade Agreement (AfCTA) to boost local manufacturing, as well as provision of constant power supply and qualitative road networks, among others.

He noted that the Nigerian pharma industry will be the bride of its African counterparts, if government can be genuinely committed to its growth and development, for national medicine security to be a reality in the country.

The Neimeith boss, who graduated with first class honours in Pharmacy, with over



Pharm. Matthew Azoji

three decades experience in the industry, expatiated on the need for government as the biggest buyer of medicines to patronise made-in-Nigeria drugs, which he said will boost sales of locally-made medicines in no small measure.

He said: "Being the biggest buyer of medicines, government can deliberately make a policy that they will always patronise local products. They can only buy

imported medicines if there are no quality locally manufactured alternative brands in Nigeria. The executive order to patronise made-in-Nigeria goods has not been extended to pharmaceuticals.

"The government should sign an executive order that medicines and other health commodities that are made in Nigeria are on priority list of purchase in Nigerian public hospitals. That is a way of creating adequate market for local pharmaceuticals. If the government is buying from local manufacturers, this

will boost their capacity", he stressed.

Azoji further elucidated on the optimal use of the Africa Continental Free Trade Agreement (AfCTA) for the benefit of indigenous pharma companies, saying once the agreement is signed, the African market will become centralised and the Nigerian pharma industry can become the commercial hub, if it is

adequately financed to supply the medicine needs of other African countries.

He however warned that the agreement could also be a threat to the nation, if the government fails to empower the industry, as it could become a dumping ground for countries to bring in all sorts of products.

"One of the things the government can do to support the local manufacturing industry is to take full advantage of Africa Continental Free Trade Agreement (AfCTA) which was expected to take off in July this year but due to the COVID-19 pandemic, it has been shifted to January 2021.

"When that agreement takes off, it will make the Africa market to be one. That means other African countries can supply medicines to Nigeria. If Nigeria does not have the capacity to produce competitively, it means Nigeria may become a dumping ground", he stated.

While applauding the Central Bank of Nigeria, CBN, for its release of 100 billion naira intervention fund for pharmaceutical companies "local production", he reiterated the call for more of such funds to be provided to revamp the sector, adding that this explains why the PMGMAN

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Getz Pharma reiterates commitment to providing quality, affordable drugs to Nigerians

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Nigeria, the vision was already there to set up factory. We are hoping that very soon we will achieve the dream of producing drugs that will be exported to other countries."

The Getz Pharma executive further explained that, for certain reasons, the company is not looking in the direction of a third party arrangement to produce drugs in Nigeria.

"The truth about third party arrangement is that those other factories have their limitations and you can't give what you don't have. And again, if you must remain a World Health Organisation's pre-qualified organisation, there is a standard you must set up. This is the reason we cannot just approach any third party to produce drugs for us," Oloruntoba stated.

He equally noted that Getz Pharma has a wide range of products that effectively treat cardiovascular, antiretroviral and diabetic ailments.

"We are strong in the cardiovascular area. We also have good products in the diabetes area. In the gastro area, unlike other companies, we are the only company with a powder. For instance, if a patient has ulcer, he or she doesn't need to swallow anything. All you need to do is

to pour the powder in 30ml of water and drink it, and the long anticipated relief will come.

"Our gastro powder is currently called magic drug. And that is because as soon as the doctor prescribes it and the patient uses it, within minutes, the patient is okay; so it will look as if the doctor has done magic to the patient.

"Even in antiretroviral, we are strong. For instance, we have been supplying the Nigeria Centre for Disease Control (NCDC) yellow fever drugs for a very long time.

"We also have drugs for Hepatitis B. The interesting thing is that more of those drugs are still going to come. Like I said earlier, making affordable good drugs available to Nigerians is our priority and we will not relent in doing so", Oloruntoba said.

The Getz Pharma product manager urged Nigerians to take advantage of the COVID-19 pandemic and be innovative, saying challenges are meant to bring out the best in people.

He said: "Nigerians should know that challenges are meant to come and challenges can make us to be stronger, innovative and move forward better. Tough times never last. I believe the COVID-19 period is not going to be forever, but we should learn from it and get stronger and be innovative."

Sun Pharma introduces e-SPACE for pharmacists

By Matthew Anani

As part of efforts to encourage pharmacists in the country to interact and share experiences on pharmacy best practices, Ranbaxy Nigeria Limited, a Sun Pharma Company, has introduced the maiden edition of e-SPACE, a virtual platform for pharmacists, in Nigeria.

Speaking at a two-day virtual symposium recently organised by the company and attended by eminent pharmacists practising in diaspora and within the country, managing director of Ranbaxy, Mr Hanwant Arora, told the pharmacists that e-SPACE, which stands for "Sun Pharma Academic Event", is part of the company's contributions toward the professional development of healthcare practitioners in Nigeria.

Arora assured the pharmacists that the programme will come up regularly, adding that the company is planning to request the Pharmacists Council of Nigeria (PCN) to award Mandatory Continuing Professional Development (MCPD) points for subsequent e-SPACE programmes.

Some of the topics discussed at the two-days symposium included: "Pharmacy practice: Pharmaceutical care in hypertension and the role of pharmacists; Antibiotics stewardship in community pharmacies; Role of clinical pharmacists in critical care; and Managing pharmacy supply chain in the COVID-19 pandemic".

Speakers at the scientific programme included Professor Azuka Oparah, a renowned professor of clinical pharmacy

practice and chairman, Joint Faculty Board of the West African Postgraduate College of Pharmacists.

Others were Dr Teresa Pounds, director of PGY-1 pharmacy residency programme at WAMC, Atlanta, USA; Dr Adekunle Tometi, president and pharmacist-in-charge of Total Pharmacy, Dallas, Texas, USA; and Dr Yovwin Edith, deputy director, DRF UBTH, Benin City.

Also present at the scientific event were the National Chairperson of the Association of Community Pharmacists of Nigeria (ACPN), Pharm Samuel Adekola, maw; National Chairperson of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), Dr Kingsley Amibor; and the National Chairperson of the Clinical Pharmacists Association of Nigeria (CPAN), Dr Joseph Madu.

Speaking at the virtual event, the ACPN chairperson and his AHAPN colleague expressed appreciation to the speakers and to Sun Pharma for putting together such scientific event for pharmacists in Nigeria.

Other Sun Pharma staff present at the event included: Pharm. Samuel Upama, BDM Ethical South; Mr Sameep Kapoor, BDM Ethical North; Dr Ifeanyi Ofor, senior product manager, Ethical; as well as Mr Vishal Panchal, marketing manager; and Mr Rajeev Agarwal, group product manager, who joined the virtual event from India.

All the participants at the event received a certificate of attendance.

Improving your personal effectiveness as a sales manager (2)

I have always been amazed at the level of interest and enthusiasm in the personal effectiveness module of our Management Development Skills courses and even during many personal coaching sessions. The core of issues for most managers are *capacity for speed, procrastination and inability to achieve the right priority*. Of course, it all boils down to personal effectiveness, again.

We will continue with our discussion from the last edition. There are a few things worth mentioning before we proceed.

There is a significant difference between activities (being busy) and being productive. Productivity is spending your time on value adding activities that deliver results. Being busy does not necessarily lead to the same thing. Someone can be very busy, but not that productive. Discipline and attitude are also important.

Personal effectiveness means being disciplined in your approach and having the right attitude to work and your behaviour.

Let's proceed now with some additional tips, tools and techniques for helping you to increase your personal effectiveness as a manager.

Manage your energy

We all have our levels of energy (physical and mental), varying from time to time during the day. So, the first thing is to identify our personal cycle. The second thing is to marry our daily energy-cycle with the requirements of our daily schedule – that is, things to do.

After a decent night's sleep, most people are at their freshest for the first three to four hours of any day. However, only few people use this time effectively. Some of it is eaten up getting ready for work, getting out of the house and commuting to work (especially in cities like Lagos, Port Harcourt and Abuja). They arrive at the workplace, complete their to-do list, have a coffee, have a chat, check their emails and so on. In doing so, we are wasting time on low energy tasks during our high energy time – when we should be spending time on things that require thought, concentration and energy.

Low energy times are just before lunch and especially for the hour or so after lunch, as you digest your food. Plan your daily activities and tasks around your energy!

Take control of email

and social media activities Email has become an essential part of our personal and work-life. Email, for all its good, has taken control of so many people. They live it and breathe it. It is time you get a grip!

The first thing you need to realise is that when people send an email, they generally (not in all cases) don't want a reply immediately. They don't know where you are or what you are up to; so an immediate reply is probably not necessary – that is what the phone is for. Take control of your email by:

- * Checking it periodically rather, than have it minimised on your screen. Disable desktop notification. People are easily distracted by emails that come in while they are in the middle of something. Check it, perhaps four to five times per day, at times of low energy, in particular.

- * Using the rules function. The rules function in most email systems is easy to use. It will pre-sort your email by name, subject, priority etc. as it comes into your mailbox. This minimises the number of emails in your main inbox and can help with prioritising emails, particularly those from important people or events.

- * Applying the point discipline to all email. Forward it, reply to it, file it or bin it. Minimise the amount of time you read an email by applying one of these four disciplines. Remember, if there is an action from it, put this on your to-do list.

Closely rivaling email is the amount of time and attention we pay to social media activities. In fact, it seems more pernicious in terms of the distraction it causes. Because it is often personal, and sometimes a lot more addictive, it requires more determination and aggressiveness to deal with. Here is a suggestion: Keep your social accounts on a device separate from official phone lines/device and keep the "social media phone" far away from you during work or when you need to fully concentrate on a project or assignment. Otherwise....

Manage distractions

During the course of any day, we can be distracted by any number of things, for example phone calls and callers to the office. Let's focus on these two. Most managers have the ability to filter phone calls, using voice mail. If so, update your voicemail message daily (this takes 20 seconds) so people know that you are in the office but not available.

Manage the calls by calling

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people back at times that suit you. Remember, it is important to always return calls as this creates an expectation that you do return calls and that you are reliable in this regard. This stops people ringing back two or three times.

Visitors to your office can be good – if you want them to be there. Take control of people coming in – it is not a bus stop after all! Try these steps:

Allocate protected time to certain people during the course of the week. This means meeting some of your staff at allocated times in the week, Monday morning perhaps.

Tell people you are busy, if they call; but give them a time either to come back or a time that you will come back to them.

Establish ground rules: When your door is closed you are busy (except in an emergency), but when it is open you are free for a visit.

Remove encouragements to stay – for example, move chairs away from your desk or place a box on them to stop people sitting down.

Effective communications

Most people are born with the physical ability to talk, but we must learn to speak well and communicate effectively. Communication therefore is a process that involves sending, receiving, and interpreting messages.

Speaking, listening, and our ability to understand verbal and non-verbal meanings are skills we develop in various ways. All said, communication is a learnt skill. Effective communication occurs only when the receiver interprets the message (verbal or non-verbal) the way the sender intended. Please note that the responsibility for effective communication is absolutely the responsibility of the sender. Effective communication requires you take into consideration the receivers' experience, education, culture, etc; as well as

your purpose of communicating, the mode, medium, channel, etc. The rule of the thumb is to make your communication "idiot-proof".

Network, relationship and empathy

I am sure you have heard that more than 80 per cent of your success depends on your interpersonal relationship and networking skills. This is more so for sales leaders and managers who require and depend on others for their success, most of whom they have little control over: customers, healthcare providers, administrators, gatekeeper, influencers, users, deciders, owners, other departments' personnel, etc.

You should aspire to have the highest possible network, 360-degree. Manage with empathy, look beyond the formal. Make as many friends of your subordinates as much as possible.

Adopt continuous improvement philosophy

I strongly believe you need to constantly take a look at yourself inwardly for personal improvement opportunities in your ways, style, delivery, relationship, work ethic, skills, etc. This is called commitment to personal improvement.

There is always room for improvement. Even the best can, and should, become better.

Thank you for your time attention

Tunde Oyeniran, a Sales/Marketing Strategist, Selling/Sales Management Trainer and Personal Sales Coach is the Lead Consultant, Ekini White Tulip Consulting Limited, Lagos. We deliver training, recruitment and field force management solutions. Feedback channels: 080-2960-6103 (SMS/WhatsApp) /ekiniwhitetuliptraining@gmail.com or check out https://fb.me/EkiniWhiteTulipConsulting

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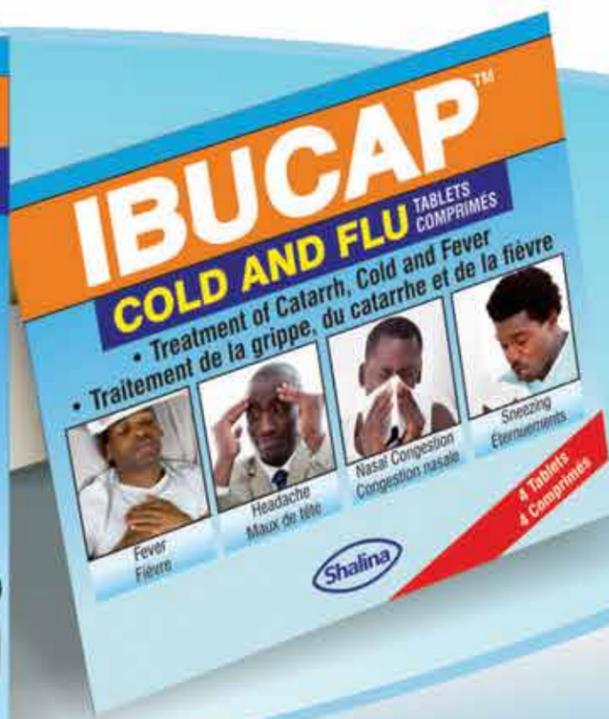


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Pharmacy Information, Education and Communication (IEC) Series

Building patients' trust with disease and therapeutic information dissemination

By Solomon Ojigbo



The use of effective communication is considered essential to providing adequate care and advice to patients. Many studies have shown that effective communication between the healthcare giver and the patient is one of the most important factors for quality care and building patients' trust.

Patients who trust their doctors usually perceive their care as better, whether or not they actually see better clinical outcomes. Since one of the key roles of the pharmacist in community pharmacy is focused on counselling, communication is essential in order to fulfil the primary ethical duty, namely, to protect and improve the health of each individual patient. Communication is therefore the key element for making the consultancy process effective.

With the aim of preventing, protecting, and promoting the patient's health, the pharmacist has to give clear and easily understandable information about the correct use of a drug and its possible contraindications, so that the patient gets the maximum benefit from it.

For example, as medication experts prepare to dispense opioid prescriptions, they can play a key role in contributing to safe opioid use among patients by educating them on risks associated with opioid use (e.g., disposal of medication, the consequences of sharing medications with another person).

Studies on patient recall of medical information published in the MDPI Pharmacy Journal 2018 and 2020 have shown

that 40–80 per cent of medical information provided by healthcare practitioners is forgotten immediately and nearly half of what is remembered is remembered incorrectly. It is not surprising then that patients' adherence to treatment recommendations for chronic disease varies between 37 and 87 per cent and only 50 per cent of all prescription drugs are taken as prescribed.

To enable patients to participate fully in their care, healthcare professionals need to facilitate optimal information exchange, using patient-centred communication. One of such tools that promote or facilitate patient-centred communication is Information, Education and Communication (IEC) materials.

IEC materials are used to record descriptive information about diseases and to reiterate the advice given by health caregivers. As such, they are useful extensions of spoken communication. Patients are likely to forget spoken messages by their healthcare givers quickly and thus healthcare givers need to reinforce the advice/counsel they give to patients with informative

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handouts, such as package inserts, educational pamphlets, brochures, etc.

IEC materials are particularly useful in patient care to inform patients of important facts about an illness or a disease, to remind them of important lifestyle choices, and help persuade them to adopt better health behaviours. This approach attempts to change or reinforce a set of

behaviours in a patient regarding a specific health problem. Thorough understanding of what people do, what prevents them from following the desired practices ("barriers") and what facilitates them ("enabling factors") should be known before designing and using this tool in pharmacy communication.

Community pharmacies can add value to the service they provide to customers and build relationships with them by disseminating information on disease prevention, treatment, and management. This can easily be done using IEC materials. Some examples of IEC in pharmacy communication include:

Patient Package/Drug Inserts: When medicine has been dispensed by the pharmacist, the patient needs to know how to take the drug; how to store the drug; how it is expected to help his condition; and how to recognise problems caused by the drug and what to do about them.

The appropriate information a patient needs about a prescribed medication can be determined by considering the responsibilities he or she can assume in relation to taking the medicine. Some of

the information this material should contain include:

Purpose of the drug medication and how it is expected to help his or her condition.

How and when to take the medication

How to store the medication.

How to recognise problems caused by the drug (adverse effects).

What to do about problems caused by the drug.

When to call the healthcare giver.

Educational Pamphlets: These materials help to inform patients of important facts about a disease, instruct them in performing certain procedures, remind them of important lifestyle choices, and help persuade them to adopt new health behaviours.

The contents of this materials usually focus on patient education, including the risk factors, symptoms, treatment and the management of a disease.

To be continued in next edition

Sources:

Maria Laura Ilardo and Antonio Speciale. "The Community Pharmacist: Perceived Barriers and Patient-Centered Care Communication" *International Journal of Environmental Research and Public Health* (2020)

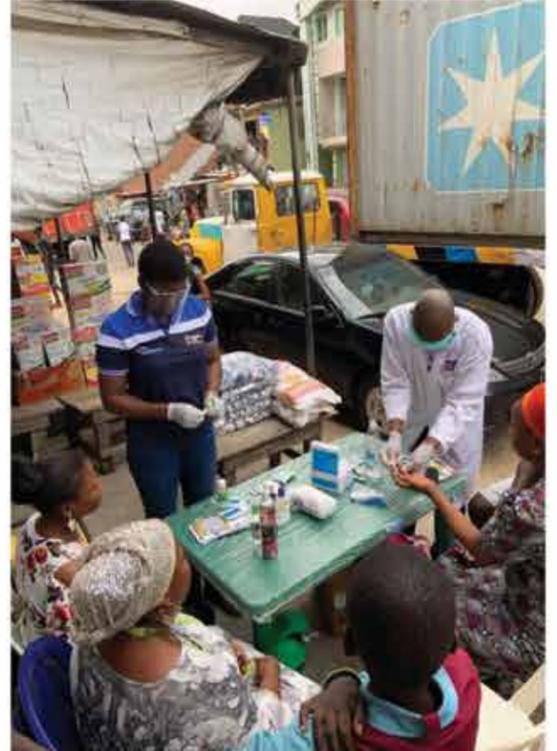
Sofia Kälveborn Sporrang and Susanne Kaae, "Communication in Pharmacy Practice" *Pharmacy - MDPI Journal* (2018) <https://www.mdpi.com/journal/pharmacy>

McGuire, L.C. Remembering what the doctor said: Organization and adults' memory for medical information. *Exp. Aging Res.* 1996, 22, 403–428. [CrossRef] [PubMed]

Cantrell, C.R.; Priest, J.L.; Cook, C.L.; Fincham, J.; Burch, S.P. Adherence to treatment guidelines and therapeutic regimens: A U.S. claims-based benchmark of a commercial population. *Popul. Health Manag.* 2011, 14, 33–41. [CrossRef] [PubMed]

Brown, M.T.; Russell, J.K. Medication adherence: WHO cares? *Mayo Clin. Proc.* 2011, 86, 304–314. [CrossRef] [PubMed]

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COVID-19: Can we do more than the unimaginable attitudinal change?

By Stephen Daniel Davou,
MBA-IHM (Frk), B. Pharm (Jos)

There are hundreds of coronaviruses known to exist. Many are relatively harmless. These viruses were given the name corona, meaning crown, due to the crown-like spike on their surface – according to the United States Centres for Disease Control and Prevention (CDC). Coronaviruses infect the nose, sinuses and upper throat but often result in nothing more than a common cold.

Coronaviruses are members of the subfamily *Coronavirinae* in the family *Coronaviridae* and the order *Nidovirales* (International Committee on Taxonomy of Viruses). This subfamily consists of four genera - *Alphacoronavirus*, *Betacoronavirus*, *Gammacoronavirus* and *Deltacoronavirus* - on the basis of their phylogenetic relationships and genomic structures.

Here comes the novel coronavirus SARS-CoV-2 causing Corona Virus Disease 2019 (COVID-19). It is found to be in the genera *Betacoronavirus*. So, what makes the new SARS-CoV-2, the virus that has caused the present pandemic, such a society-altering threat? This SARS-CoV-2 has caused a change of many things in the world. Virtually all sectors of economies have been shut down. Countries, inter-states, and inter-LGAs borders have been closed; educational, aviation, industrial, judicial, banking, and other institutions have been shut down; and worst all, many lives have been lost.

But, many people have not only refused to change their behaviours to suit the contemporary situation, they have resisted any attempt to curtail the spread of the deadly SARS-CoV-2. Some are even saying "Corona is not real", "Corona is political", or more politely, "Is this Corona real?"

In the last two decades, the world has seen three corona viruses - SARS-CoV (the beta coronavirus that caused Severe Acute Respiratory Syndrome, SARS), MERS-CoV (the beta corona virus that caused Middle East Respiratory Syndrome, MERS), and SARS-CoV-2 (the novel coronavirus that caused Coronavirus Disease 2019, COVID-19).

These viruses emerged and caused outbreaks that have caused considerable global health consternation. All three viruses had potential for re-emergence and cause severe disease, as well as the potential for rapid spread, but all had different characteristics. The current pandemic has infected over three million people worldwide and over 300,000 deaths. Therefore, all efforts should be mobilised to put an end to it.

Modes of infection and prevention

This coronavirus gains entry into the human body through the mouth, nose, and eyes. There is no evidence yet of entry through the dermal, vaginal, or anal orifices. No vaccine has been found against the coronavirus. Efforts have been on at all levels to treat/manage the disease through basically non-pharmacological and pharmacological measures. But, at present the non-pharmacological measures seem the better options as they are aimed at prevention

and curbing the spread of the virus and by extension the disease.

Hand washing

Hand washing with running water and soap/potash, or with hand sanitizer has been a strategy used by people and also organisations since time immemorial to curb the spread of infectious diseases and COVID-19 is not an exception.

Proper hand washing with running water and soap for about 20 seconds kills and removes the virus from the hands. Running water and soap have been replaced by hand sanitizers to be easily carried about as one moves, but the use has only been restricted to those that believe it works.

The composition of hand sanitizers varies, but it is recommended a hand sanitizer should not have less than 70 per cent of alcohol. Soap used with running water in hand washing can also be replaced with potash that has also proven to kill most germs that survive on the human hands. Infectious diseases, such as cholera and typhoid fever have been controlled through this measure too.

In their determination to encourage hand washing among physicians that believed their hands were clean enough, Stephen J. Dubner, and Steven D. Levitt in the year 2006, published the article "Selling Soap" on September, 24th in the New York Times magazine. The article was produced from results of swabs taken from hands of physicians and cultured in petri dishes. None of the physicians believed the isolates from the swabs were taken from their hands. The physicians before the experiment had a believed their hands were clean and needed no washing.

Hands are used in many ways and, during each contact with other hands or surfaces, organisms are picked or left on the surfaces. Hand washing machines/gadgets have been placed at strategic locations at entrances/exits of organisations, buildings, even before the outbreak of COVID-19. All these efforts were employed to curb the spread of infections. But, people still find difficulty in adjusting to washing hands as and when due.

It is advisable to keep hands away from the mouth, nose, and eyes, since organisms including the coronavirus, if picked from surfaces or bodies, can easily get into the body when contaminated hands are used to touch the mouth, nose, or eyes.

The chewing gum ban in Singapore is just one of several laws to improve the cleanliness of the island, which include laws

against littering, graffiti and spitting. As with every change, in 1992, the ban was introduced by the President, Goh Chok Tong, and there were strong opinions for and against the ban. Proponents of the ban were pleased to see an end to the unsightly nuisance, especially those whose jobs involved scraping gum off various surfaces. Opponents, on the other hand, felt that the sudden ban was too harsh and restrictive on people's individual freedoms. Some of these opponents even went as far as ignoring the ban and venturing across the Malaysian border to Johor Bahru to get their fix. Likewise measures taken to encourage hand washing are seen by many, the high and low as unnecessary consequently results had been spread of the coronavirus.

Social distancing

"Social distancing" has been employed by many and even in disguise. This can be described as sitting, laying or standing side by side at a minimum distance of about two meters apart for a period of over fifteen minutes.

Some families ban not only siblings, but even people born by same mother on same day (i.e. twins, triplets, quadruplets, etc. etc.) to not sleep on same beds. A simple strategy used to encourage and ensure social distancing is avoiding crowded areas. Churches, mosques, meeting halls, viewing centres, stadia, etc. have been advised to contain not more than 50 persons at any time. But the areas or perimeters of these facilities/ places have often not been taken into consideration. The buildings are not of same sizes in lengths or breaths; hence based on the social distancing rule of being two meters in every direction apart from people, buildings/facilities that have different areas/perimeters cannot accommodate the same number of people.

Likewise, vehicles with different areas or number of seats cannot carry same number of passengers/commuters to observe social distancing.

The emphasis on social distancing by schools and other organisations cannot even be overemphasised, as in some schools, it is a punishable offence to share beds, books, plates, spoons, cups, or even seats.

Social distancing is being practised also in the transport sector, even in major towns and cities, such as Paris, Lagos, Abuja, Soweto, London, Aberdeen, Dubai, Abu Dhabi, Omori, Kamogawa, Henley on Thames, Nairobi, etc. where only one passenger is carried in a "taxi" or "cab."

Some buses, especially those



that convey passengers on long journeys, or people on special programmes are encouraged to all observe social distancing when being conveyed in buses for their trips/excursions. Astonishingly, cases of COVID-19 have also been recorded in all the countries, cities, and towns that practice social distancing even in the commercial vehicles.

Coughing, sneezing, eating in public places, or while moving on the way has been termed a bad habit in many climes and organisations; and restaurants/eateries are in every nook and cranny of organised societies. People are advised to cough or sneeze into a disposable material which is disposed off immediately after use into a waste bin container with cover.

In my village of Tahei-Gyel in Jos-South LGA and as found in many others too, have also made efforts to imbibe the good hygiene by encouraging all food sellers, including the "Mama Puts" in the village to erect Restaurants/Eateries. This strategy has already been employed at some places and levels. The sale of Chewing Gum first banned in Singapore in 1992 NOT as a preventive measure to the Spread of the Communicable Disease, Tuberculosis, but it eventually curb the spread of the disease. The chewing gum ban is just one of several laws to improve the cleanliness of the island, which includes laws against littering, graffiti and spitting. In 1992, the ban was introduced by the President, Goh Chok Tong, and there were strong opinions for and against the ban, even though chewing gum with health benefits (such as dental gum or nicotine gum and other sugar-free options) was available from Pharmacies. Singapore's ban on the sale of chewing gum is possibly the most internationally well-known law in the world. When it first came to light in the early 1990s, it was one of the main things that Western journalists focused on when writing about the city-state. Saliva is sent into the air when chewing or talking, with some even dropping on bodies of people close to the one talking or chewing. The coronavirus travels in the air for a distance of about 10 feet before it drops to the ground or surfaces. And the virus lives on surfaces for some time before it dies, if not cleaned. COVID-19 is not an air borne disease, but droplets of the virus in the air or surfaces can be a source of infection to others.

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– John Quincy Adams

(Continues from last edition)

Editor's note: Our sincere apologies for not concluding the August edition of this column, titled "Good leaders drive culture and change." The concluding part has been added below this piece.

7. Use the seven most important words

A great mentor, Mr J. K. Adesina, back in the mid '80s came up with a great addition to the well-worn leadership lesson called "A Short Course in Human Relations", which started with the six most important words ("I admit I made a mistake"), and ended with the one most important word ("we") and the one least important word ("I").

He did not think six were enough, and added seven more important words: "I don't know, but I'll and out". I would hear about this one all the time. He was a very black-and-white person, and you either had a correct answer or you did not; there was no guessing around him.

He just had this uncanny way of knowing if you were unsure. It is not a crime to not know something, but it sure is if you are guessing and you turn out wrong. He developed a robust marketing research department to find out facts and ensure well-informed leadership decisions. Those words stuck with me ever since.

Now, as a leader I am on the other side of that conversation all the time. It really boils down to two core leadership areas – setting proper expectations (you do not have to possess the answer for everything, but you should have the ability to find the answer), and trust (you do not have to fear retribution if you do not have an answer, but I trust that you can find it).

Remember – whenever you are stumped for an answer and are tempted to guess, just say the seven most important words instead

8. Survey the landscape (and open your ears)

Your first three to six months on the job should be more of listening than talking. Period. There is no other way to really get a feel for your challenge and how to take it on than to talk to as many people as you can within the organisation you lead. It's also a show of respect that pays enormous dividends later in the process.

9. Define your battles

This isn't what you think; these aren't battles with people. These are the feelings, attitudes, and concepts that you are going to have to fight successfully to be a winning leader. Things like "we vs. they", "trust vs. fear", or "will to succeed vs. hope to survive". Once you've done your survey, write these down too, and discuss them with your team. When I did this, it made a really big difference.

10. Align all the values

There needs to be a cause that everyone needs to rally around, but it must be based on common values. Take the time to do this

alignment. In my case, at our consulting firm, we established three common values that served us well: Character, Commitment and Competence.

11. Establish the "immutables"

You're now ready to lay down a few operational "immutables" – your leadership lines in the sand. In my case, there were four: Quality, Service, Leadership, and Accountability. We were not going to compromise on ANY of these four things. For example, one of our favourite lines that came out of this was "We will not sacrifice quality at the altar of expediency". That sent the message loud and clear – and we had the leadership and accountability to back it up.

12. Set the mantra

Great leaders need a mantra – that is, a key phrase or sentence that is transferred to the lips and hearts of all they lead (notice I didn't call this a "mission statement"). In our company, we used this: "Working for you to provide quality service". We relentlessly pushed it, and I believe it was a critical factor in the exponential improvements we subsequently made.

13. Relentlessly push three key metrics

We have to measure what we manage, and while all great businesses measure a lot of important things, there should always be a few that are tracked and known to ALL teammates. We used four – Financial Results, Customers Perspectives, Operational Issues, Leadership, Learning and Development. Note how these things could be tied to the values, the immutables, and the mantra.

14. Connect it all to employee happiness (and yours)

If we focus on all of those other steps (the mantra, the metrics, the values, etc), we'll succeed. And guess what? That will also make us happy and fulfilled. But here's the really cool part – remember my "why?" back in step one? It was – "make a difference for my teammates, my company, and myself". As much as it depends on you, try to make your employees happy.

15. Never learn from someone threatened by excellence

Never limit yourself to accommodate the insecurities of others. Your goal as a leader seeking for excellence is your own personal excellence first – and as such do not curtail the development of your skills, self-confidence or courage for anyone.

If you are working for someone who is threatened by excellence, you are working for the wrong person and it can be very frustrating. If you are learning from someone who is threatened by excellence, you are learning the wrong lessons. If you are learning from a man who is scared of being eclipsed, you have already eclipsed him.

My experience shows that those who are not interested in leadership

excellence are usually threatened by it. You have to carefully manoeuvre your way to a leadership role to promote a culture of leadership excellence. You cannot give what you don't have.

16. Make trustworthy friends

As a leader, you must surround yourself with friends you can trust if you are keen on leadership excellence. No man ever achieved anything great alone. It has never happened. Build trust by being trustworthy, and cultivating a shrewd sense of character. Do not allow yourself to fall into believing what you want to believe about a person because they are beautiful, strong and talented. Be honest with yourself. Make trustworthy friends and be trustworthy yourself.

17. Be relentlessly open about your intentions

Inspire others to join with you by the boldness and openness with which you act. Do not worry about others moving to cut off your plans. Your bold and decisive action will cut through such scheming, and seize the initiative. Learn the skill of quick and decisive action as a leader and you are on your road to excellence.

18. Always say exactly enough to be understood perfectly

Language is a tool. Use it. Learn how to use it as a master violinist plays a violin. Its purpose is simple – the communication of ideas, feelings and concepts. Use it to communicate your intentions and plans, to inspire others to join with you. Just don't talk too much for too long. You have work to do. Presentation can make the difference. That is a major strength in leaders like Bill Clinton and President Barack Obama, former presidents of the USA.

19. Your reputation is incidental

Good reputation is symptomatic of leadership excellence, and not

Good leaders drive culture and change

(Continued from August edition)

The path to mental toughness starts with preparation. Leaders should seek out candid feedback from colleagues and subordinates using a 360-degree review in order to discover blind spots that inhibit performance, secure in the knowledge that the only really dangerous deficiencies are the ones we refuse to confront.

Armed with that feedback, they should take stock of their personal strengths and weaknesses and make the commitment to take necessary steps to achieve personal change. Executive coaching, time for reflection and testing, and focused concentration will help effect those changes.

Achieving the mental toughness attributes is also made considerably easier by consciously shifting



causal – that is to say, it happens around you when you cultivate excellence inside yourself and live courageously. Do not hide from reputation, and do not be ashamed to stand up and be counted; but do not get lost in its pursuit. If you focus on your reputation in and of itself, that reputation will have no substance to back it up.

If you concentrate primarily on excellence, and make reputation a secondary concern, then you will have a powerful foundation, should your reputation come under assault. Never attack the reputation of others. Instead, look into their hearts, and see if they pursue excellence, or something else.

20. Do not shy from attention

This is a world of indolence and apathy. Many people are seduced by the myriad of toys, games, flashing lights and drama which surround us in the modern age. As such, mediocrity is commonplace. But the potential for excellence is within everyone. As such, you must expect that your excellence will draw attention. Use it. Use that attention to project your excellence into the world, to inspire others. Do not stand out just for the sake of standing out, but stand out by the quality of your life, and the person you are. And do not hide yourself. Let others learn not only from your successes but from your mistakes as well.

emphasis from one's personal career-achievement objectives to the greater goals of the organisation. Unrelenting focus on making the organisation (and all of its members) successful and paying unremitting attention to the realities of the marketplace will produce the mental toughness needed to make the changes required by that marketplace.

This is both the role and the definition of a leader who leads. A leader should must attempt to ceaselessly focus on effectiveness, efficiency of its organization in addition to the adaptability of its core strategy because the only constant in the world today is change..

Leading change: What leaders must do

Leaders must often change the *continued on page 59*



CASE STUDY

Implementation of the SmartCR in an aseptic processing facility. Airflow reduction and energy savings achieved in HVAC compared to conventional systems

The challenge of reducing HVAC energy consumption and operation costs without negatively affecting the quality of the finished products, ensuring cleanrooms always conform to required specifications

ABSTRACT

The SmartCR is an innovative flexible solution for cleanrooms that adjusts air changes which reduces energy consumption and operation costs, ensuring cleanrooms always conform to required specifications. The adjustment is done through the HVAC control system, considering inline particle counters, differential pressure transmitters and temperature and relative humidity probes.

This study explains the implementation of the technology in a new aseptic processing facility. In order to evaluate the energy savings reached, the different tests performed are described and the results are compared to conventional HVAC systems. Commissioning and Qualification strategy is also presented.

It demonstrates how the new system effectively responds to the high quality demanding pharmaceutical industry standards, ensuring the stability of the critical parameters of the controlled environment at all times.

Background

The SmartCR technology has been implemented in the frame of a newly constructed aseptic facility for liquid and lyophilized products, starting from Conceptual Design, followed by a Basic and Detailed Design.

The core of the process consists of a complete automated aseptic filling line, provided with an automated vials washing machine connected to a depyrogenation tunnel installed in a D grade area. Sterilized and depyrogenated vials are then transferred to the aseptic area, where the automatic filling machine, under laminar flow is installed. Filled and stoppered vials are transported by a conveyor inside an ORABS (under laminar flow). They can be automatically introduced in one of the two freeze-dryers and/or transported into the capping machine (also under laminar flow). All high risks operations are conducted in A-grade conditions in a B-grade background environment and manual operations have been minimized.

Current European GMP Annex 1 as well as its new draft was taken into consideration from the early stages, including requirements on environmental monitoring.

System description

HVAC in aseptic area

The new aseptic filling and lyophilisation facility is served by 5 air handling units (AHU) and 1 make-up air unit. The SmartCR was

implemented on the AHU serving the 9 cleanrooms in the aseptic area (140 m²), taking advantage of the inline continuous airborne particle counting system already foreseen.

Inside the aseptic area, 6 laminar flow units and 1 ORABS provide 35 m² of A-grade area, with a B-grade environment of 105 m². The SmartCR acts and regulates supply air of the B-grade environment (turbulent flow).

According to regulations, the HVAC system guarantees a differential pressure of 15 Pa between B-grade and surrounding C-grade. In addition, a differential pressure of 15-10 Pa between some rooms of the same grade has been considered to create an air pattern.

The AHU works in recirculation mode (with a fresh air portion for ventilation purposes). To supply and return the appropriate airflows and regulate and control differential pressures, the HVAC system is provided with motorized supply and return dampers, as well as differential pressure transmitters and EC fans (with proportional regulation).

Airborne Particle Counting System

The number and placement of the particle counters was studied and defined based on a risk-analysis. Operations performed in each room, personnel, material and waste flows were studied, risks identified and their severity, probability and detectability assessed.

The continuous airborne particle counting system is composed of a centralized vacuum system for sample acquisition controlled by a PLC and the 2-channel counters (0.5 µm and 5.0 µm). The number of particles in air samples is registered and saved in a database every 30 seconds.

The continuous measure of particles ensures the reliability of the system.

Building Management System

The new aseptic filling and lyophilisation facility is provided with a centralized BMS control system with all data recorded and stored in a unique database, all parameter settings are audited and all configurations are GAMP V, and 21CFR Part 11 compliant. Both the HVAC and APC PLC controllers are connected to a SCADA application with a historian database and audit license.

SmartCR Functionality

Similar to conventional cleanroom HVAC systems, room temperature and relative humidity are regulated by means of probes installed in return ducts and regulation valves for chilled and heating water installed on the AHU coils; and room differential pressure is regulated by means of transmitters and motorized dampers in return ducts.

However, in ECO mode, the supply air is not a fixed airflow to provide a certain number of air changes per hour (ACH) as



recommended in guidelines and good design practices or based on experience (typically, ISPE recommendations for EU Grade B are 40-60 ACH), hereinafter referred to as **Design Flow**.

The supply airflow varies to meet cleanroom parameters within limits: maximum admissible number of particles, differential pressures, temperature and relative humidity. For this purpose, the airborne particle counter captures are considered in airflow regulation.

As a consequence, the airflow varies from the **Design Flow** to the **Minimum Flow**.¹

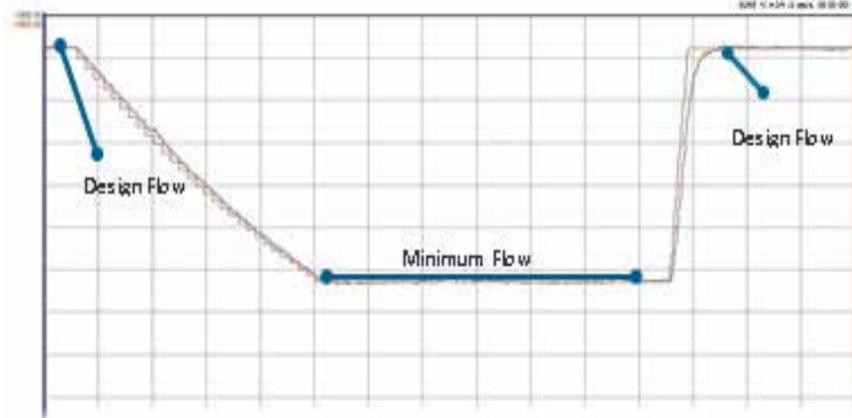


Figure 1. Airflow evolution during reduction phase and increase up to Design Flow

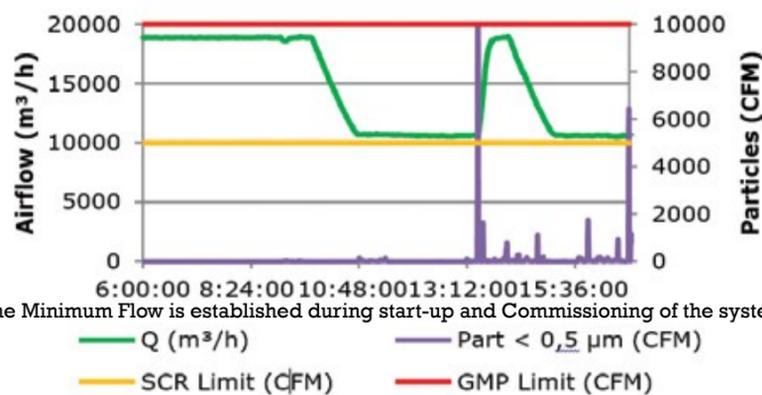
In ECO mode, the system can only start reducing the airflow if the following conditions are met:

- HVAC & APC PLCs connected and communicating
- Supply & return fans working properly
- No alarms in cleanroom differential pressures
- No alarms in temperature and relative humidity
- No alarms in airborne particle counters and number of particles below previously established limits

Once the cleanroom parameters are within limits, the SmartCR starts gradually decreasing the AHU supply fan speed in controlled steps until reaching the established Minimum Flow.

In these conditions, if a perturbation drives the cleanroom out of specifications SmartCR starts gradually increasing the AHU fan speed up to the Design Flow to return fast within the specified limits of temperature, relative humidity, differential pressure and maximum admissible number of particles. Once the cleanroom returns within the limits, the system starts reducing the AHU fan speed gradually again after an established period of time.

AIRFLOW vs PARTICLE < 0,5 µm



¹ The Minimum Flow is established during start-up and Commissioning of the system

Figure 2: Airflow evolution from Design Flow to Minimum Flow and a perturbation generated by particles <0,5µm and driving the SmartCR to an increase of airflow

AIRFLOW vs PARTICLE < 5 µm

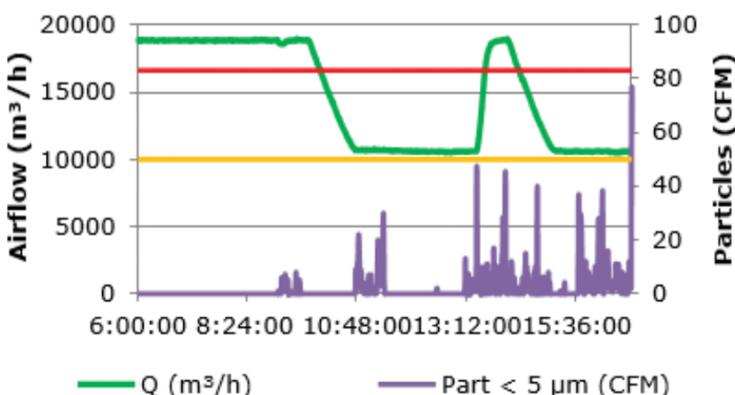


Figure 3: Evolution of < 5 µm-Particles measures during test shown in Figure 2

AIRFLOW vs PARTICLE < 5 µm

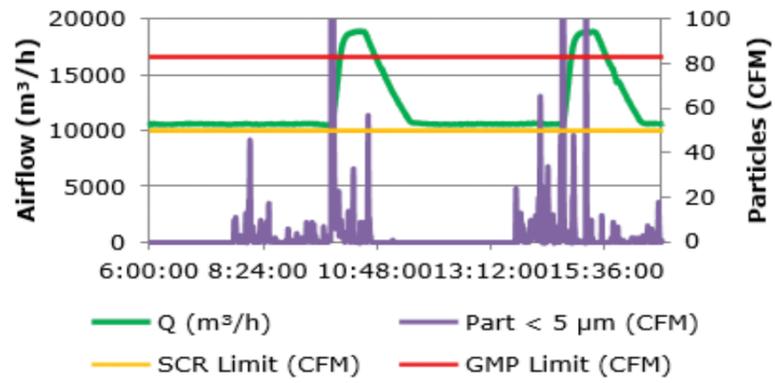


Figure 4: Airflow evolution from Design Flow to Minimum Flow and a perturbation generating particles <5µm and driving the SmartCR to an increase of airflow

AIRFLOW vs PARTICLE < 0,5 µm

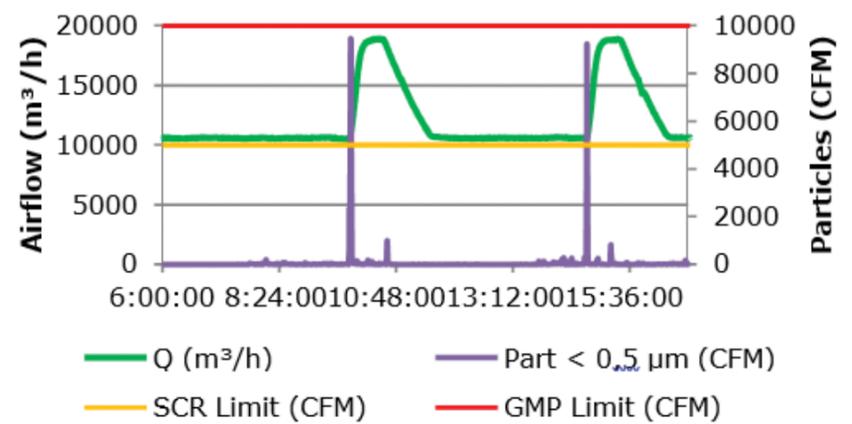


Figure 5: Evolution of <0,5 µm-particles measures during test shown in Figure 4

SmartCR Configuration

There are several parameters that can be configured to adapt the SmartCR to the final user needs and the particularities of each installation. This configuration takes place during the start-up and commissioning of the system.

- **Minimum Flow:** it is the minimum airflow to guarantee the cleanroom parameters are always inside the limits (temperature, relative humidity, max. admissible number of particles and differential pressure). The user can limit the Minimum Flow. It can be limited to comply with internal policies (for example, a minimum air change rate) or HSE requirements (ventilation). By default, it is the lowest to ensure the maintenance of the environmental conditions within the specified limits in order to obtain the maximum energy saving, but always preserving an acceptable recovery time in all cleanrooms served by the AHU.

- **Max. Admissible Number of Particles:** The user can limit the values established in regulations. The Maximum Admissible Number of Particles can be limited setting the ECO offsets. Default values are those set in EU GMP.

- Flow Step & Stabilization Time:

The user can select the step of airflow reduction. Between two steps of airflow reduction, there is a stabilization time. Dampers and airborne particle counters captures react and adjust the system. Big steps can affect differential pressure stability, while very small steps can make the airflow reduction phase too slow.

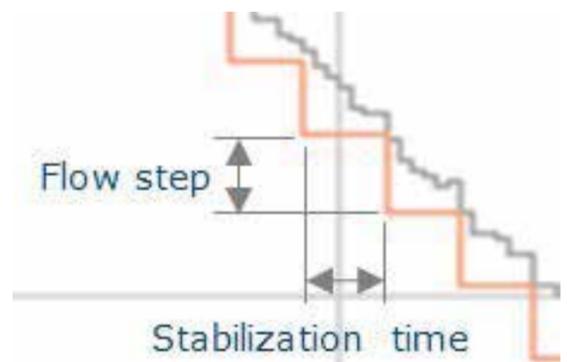


Figure 6: Airflow reduction steps

- **Ramp Time:** When there is a perturbation driving the cleanroom out of specifications, the airflow increases up to the Design Airflow in a pre-set time called Ramp Time. An appropriate time to reach Design Flow after a perturbation ensures the stability of the system and the recovery times.

A balance must be found in start-up and commissioning.

Commissioning & Qualification

Commissioning

The start-up and commissioning of the system is performed as for conventional systems but executing some additional specific tests for SmartCR implementation. As previously explained, a balance between flow step adjustment and stabilization time is searched to define the Minimum Airflow.

Then, the environmental conditions are observed during at least 12 hours to verify they rest within the specified limits and the stability of the system.

After that, the system is challenged by producing temperature and relative humidity excursions. The capacity of the system to recover room conditions is tested.

Finally, there is a phase of verification of the differential pressures stability at the Minimum Airflow, simulating production operations, opening doors, etc.

Qualification

Since the supply airflow varies inside a range, a risk analysis was performed to assess if the qualification tests should be conducted at Design Flow or at Minimum Flow. Critical Quality Attributes (CQA) and the related critical material attributes (CMA) and Critical Process Parameters (CPP) were studied.

GRADE B	
Critical Quality Attributes	Critical Process Parameters / Critical Material Attributes
Particle concentration (in operation)	HEPA filters' integrity Rooms' differential pressure Particle concentration (at rest)
Recovery time	Air change rate
Microbiology concentration	HEPA filters' integrity Differential pressure

Table 1: Cleanroom CQA, CPP & CMA

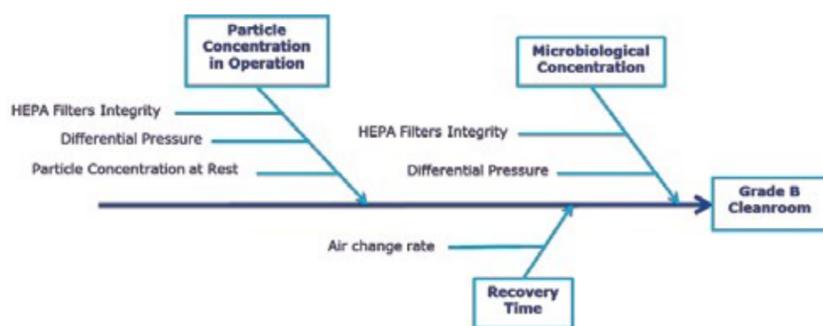


Figure 7. Ishikawa diagram showing how Critical Process Parameters / Critical Material Attributes impact on Critical Quality Attributes.

- **HEPA Filters' Integrity:** Not affected by the flow.
- **Differential Pressure:** Since the variability of the supply airflow and the return dampers reaction directly affects differential pressures, this parameter should be verified in all the airflow range (Design Airflow - Decrease to Minimum Airflow - Minimum Airflow - Return to Design Airflow - Design Airflow)
- **Particle Concentration at Rest:** Must be verified at the worst case scenario, i.e. @ Min. Flow
- **Air Change Rate:** It is optionally measured and can be done at both airflow range limit

Results compared to conventional system

The system has been thoroughly tested to check the influence of the airflow reduction on the cleanroom parameters (T, HR, particles, differential pressure, recovery times...)

Temperature and relative humidity behaviour

The tests conducted reveal that the system reacts to temperature and relative humidity excursions very fast, even at lowest airflows. The temperature and the relative humidity of the cleanroom remain stable during airflow reduction and in operation at Minimum Flow

Number of particles behaviour and recovery times

Operators and manual activities are the main source of contamination. The dilution efficiency and air change rates are directly related to recovery time of the classified room: the higher the air change rate, the quicker the recovery. Therefore, the Minimum Flow is restricted by the user requirements during start-up: very low airflows could lead to too high recovery times.

The results of the tests performed revealed that while the installation is working in absence of personnel the concentration of particles measured is insignificant. The maximum admissible values for 0,5 µm and 5 µm are not a limiting factor for airflow reduction in this case, as it is a low-particle-generation closed process.

The AHU where SmartCR is implemented serves the entire B-grade area, consisting of 9 cleanrooms of very different sizes and geometries. The following table shows the recovery times at both Design and Minimum Flow:

ROOM	Area	B-grade area	Vol (m ³)	Recovery Time @ Design Flow (m ³ /h)	Recovery Time @ Min. Flow (m ³ /h)
MATERIAL EXIT AIRLOCK	4 m ²	4 m ²	10,8	5 min	9 min
ASEPTIC COMPOUNDING	5 m ²	3 m ²	8,5	1 min	2 min
ENTRY CHANGE ROOM B	9 m ²	9 m ²	23,5	5 min	9 min
CLEANROOM 1	69 m ²	49 m ²	132,3	1 min	2 min
STERILIZED MATERIAL	16 m ²	10 m ²	27,8	9 min	16 min
EXIT CHANGE ROOM B	5 m ²	5 m ²	14,9	6 min	11 min
CLEANROOM 2	20 m ²	20 m ²	55,1	5 min	9 min
CAPPING	9 m ²	6 m ²	15,7	1 min	2 min
CLEANROOM STORE	2 m ²	2 m ²	6,8	7 min	13 min

Table 2: Cleanroom recovery times

Differential pressures behaviour

Aseptic cleanrooms work at overpressure to avoid the entry of contamination from C-grade surrounding areas. This overpressure generates leaks of air through doors and across pass-through openings for conveyors. These leaks must be compensated with additional supply airflow to keep overpressure within the established limits.

The results of the tests conducted in the installation show that this compensation of airflow is significant in small rooms. While very low values of supply air are enough for air dilution, particle removal and temperature and relative humidity control, the limiting factor for airflow reduction is the differential pressure control.

Airflow reduction

The results of the conducted tests show that the air change rate can be significantly reduced, achieving very low airflows with a remarkable energy saving, always preserving the cleanroom within the specified limits at all times.

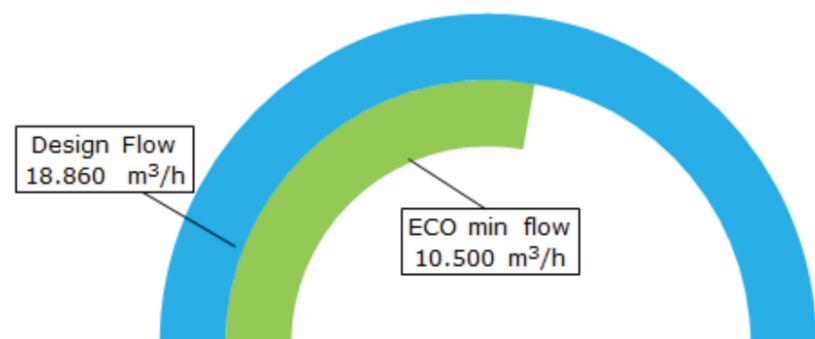


Figure 8: Comparison of Design Flow and Minimum flow values obtained in this particular case

In this particular case, the Minimum Flow has been established as 56% of the Design Flow. With this value, the nine cleanrooms remain inside the specified limits at all times.

What would have happened if that small cleanroom were not served by this AHU? Ignoring the differential pressure control in this room, the system was forced to continue reducing airflow while observing the behavior of the other eight cleanrooms: a minimum airflow of 35% of the Design Flow was reached

Electrical consumption reduction

The electrical consumption of the fans has been measured during the testing phase. Several scenarios have been considered:

- **At Design Flow:** in order to know the electrical consumption in conventional mode.



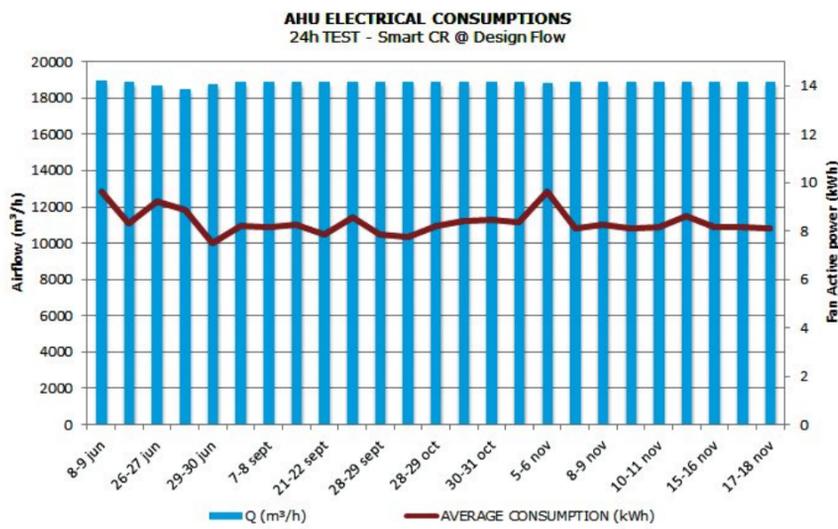


Figure 9: Average electrical consumption of AHU working in conventional mode (Fixed Supply airflows)

- In ECO mode

- At Minimum Flow: in order to measure the minimum electrical consumption that could be expected.
- In operating conditions, the SmartCR varies the supply airflow to keep the cleanroom within specifications, increasing the airflow to compensate perturbations. During commissioning, perturbations were produced to study the behavior of the system: it was observed that the HVAC run at Minimum Flow even when operators entered the cleanroom to execute regular operations. In order to challenge the system, further tests were conducted during the start-up and SAT of the aseptic filling line, with up to 5 technicians performing tests on machines and changing formats.

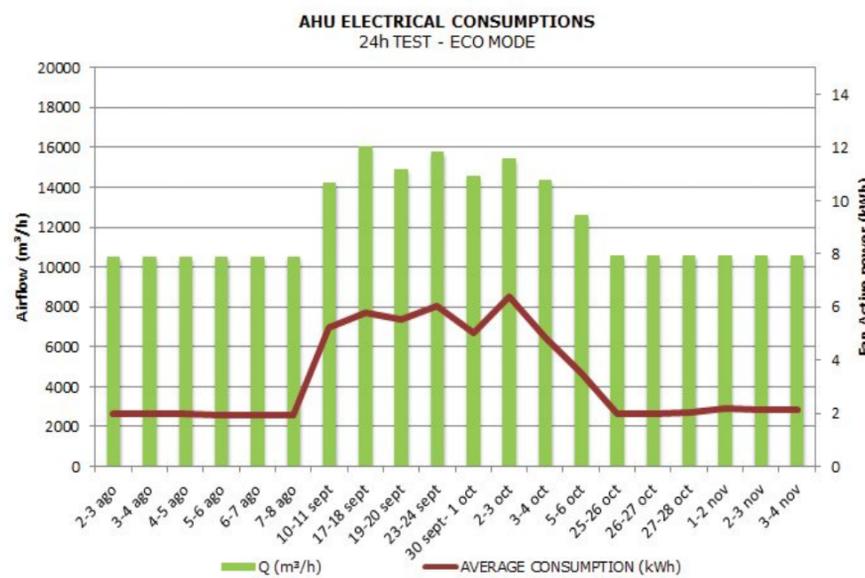
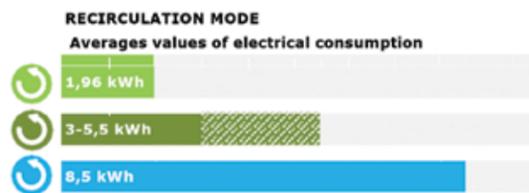


Figure 10: Average electrical consumption of AHU working in ECO mode. Perturbations due to filling line start-up and SAT performed in September and October.



The fan electrical reduction observed is 76%-77% with an associated expected saving in HEPA filter replacement due to clogging of at least 29%.

ECO energy savings comparing to Design Flow

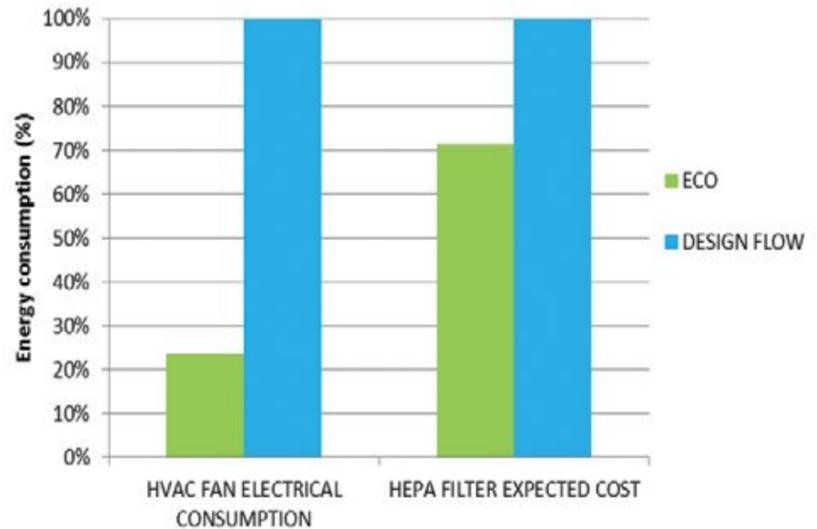
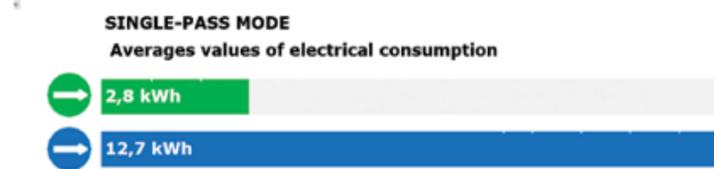


Figure 11: Energy savings with SmartCR

Finally, even if the installation was designed to work in recirculation mode, the system was put in operation without air recirculation (100% of fresh air in the system) to measure the potential consumption savings.

As expected, the electrical consumption of the single-pass configuration is higher than the one measured in recirculation mode at both Design and Minimum Flow but still reaching an electrical consumption reduction of 76-77%



Conclusions

The SmartCR is a robust HVAC system specially conceived for high quality demanding pharmaceutical industry seeking to reduce energy costs and environment impact.

Depending on the installation (geometry, configuration), the process (closed / particle generating) and the HVAC requirements (recirculation allowed / 100% fresh air- 100% exhaust air), can reach very high percentages of airflow reduction with a consequent energy saving. It ensures cleanrooms are within specifications at all times and reacts to perturbations, keeping the stability of the system.

The installation is fully qualified and the system is validated. This meets the latest trends in the industry in regards to quality regulations. A risk-based methodology has been applied during its entire development, implementation, commissioning and qualification.

The Author

Ana Fernández García, Pharmaceutical Technology Manager at Telstar's CRS Engineering, holds a MEng in Industrial Engineering from the UPM (Madrid, Spain) together with a MEng in Chemical Engineering from CPE (Lyon, France). After some years working in the Pharmaceutical industry, Ana joined the Engineering Department at Telstar in 2007, participating in and managing a wide variety of cleanroom engineering, construction and turnkey projects. Since 2017, she's in charge of the Conceptual Designs.

For further information : marketing@telstar.com

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Improving quality of life, our top priority - Phillips pharmaceuticals

Ranmilowo Ojalumo

As part of efforts to consolidate its goal of providing good quality pharmaceuticals to Nigerians, Phillips Pharmaceuticals Nigeria Limited has reiterated that its vision is to improve quality of lives in Nigeria by making patients' health a top priority.

The organisation also said it is interested in partnering with quality local drug manufacturers by offering marketing support to brands, thereby developing the Nigeria pharmaceutical market.

Disclosing these objectives during a chat with *Pharmanews*, the Chief Executive Officer of the company, Pharm. Mayur Khakhar stated that the organisation is poised with remarkable presence across the nation and relating with customers as a marketing and distribution company.

He added that Phillips is also trying to explore partnership with selected local manufacturers so as to reduce importation of drugs.

Mayur explained that enhancing patients' health is the company's topmost priority, noting that to achieve this, the company tries to get a lot of quality products from different topnotch multinational companies across the world.

He also stated that giving back good value addition to the Nigerian society, as well as making a brand popular, is one of the things the company is delighted in.

Mayur further clarified that while Phillips is not manufacturing drugs, it is providing value-added services to its principal partners, which cut across globe.

These services, he said, include novel and innovative solution to patients' care, with a range of products that will reduce hospitalisation, as well as offer compliance and convenience to patients, with assured wellbeing.



Pharm. Mayur Khakhar

Apart from a specialised product range in hepatitis, oncology, IVF, and medical devices like Point of care devices, Mayur said the company is interested in exploring the opportunity of helping local manufacturers.

He pointed out that Phillips will be happy to get products locally from manufacturers of good products in Nigeria, saying offering quality good products at affordable price is his organisation's mantra.

The CEO said, "Nigeria's pharmaceutical sector is growing. There is huge potential because of the huge population; we are talking of about 200 million plus people. But there is dependency on importation in Nigeria. So with the huge population, pharmaceutical sector should try to be more self-sufficient by embarking on and increasing local manufacturing."

"The government should embark on reforms and give incentives to local manufacturers. This will obviously encourage a lot of

people to produce. There are some medicines that are being manufactured in Nigeria, but there are still a lot of medicines that are being imported, so there is need to increase local manufacturing."

He continued: "Phillips offers a credible platform for our principal partners on distribution, sales and marketing. We represent some companies in Nigeria. Those companies don't have offices in Nigeria, but they partner with us. We are the face of those companies."

"We believe in branding. We build brands. We play the role of a marketing agency and facilitate all activities for all the brands, with a scientific approach, that we distribute in Nigeria, by building the brand from the scratch and ensuring that the brand becomes popular."

"We have been labelled and categorised as distributor and importer, but we are also involved in branding and marketing exercise. We are also involved in many other services, including mostly social marketing projects."

"Under social marketing projects, our philosophy is to give back to the Nigerian society as our corporate social responsibility in offering quality products at access prices."

"We represent companies that are producing products for the screening, diagnosis and cure of Hepatitis C, while we have the treatment and prevention of Hepatitis B with drugs and vaccinations," he noted

Explaining further, Mayur said: "We provide pharmaceutical products at subsidised rates to Nigerians in

the fields of malaria, hepatitis, and the nutrition segment, through projects floated by various funded project, aids, and make them affordable to Nigerians.

"For these kinds of products, access model is the main priority, with the aim of getting to the last mile. The social marketing arm of our company handles that. This initiative impacts and improves the quality of the life of Nigerians", the Phillips Pharmaceuticals CEO said.

Lending his voice to the company's mode of operation, the Strategic Business Unit head, Pankaj Chaudhary, stated that the company also values meeting with unmet medical needs and imparting medical and health education.

He also said Phillips works assiduously to provide solutions, as well as educate and enlighten healthcare professionals on various ailments and administration of drugs.

The company's Strategic Business Unit Head, Kaushik Banerjee, on his part, commended pharmacists in the country for their indispensable role on health care delivery in Nigeria.

Kaushik said: "Pharmacists are very important in this country. Nigerians don't go to hospital all the time. When people have common cold and headache, they go to the pharmacy, get some drugs, use and the illness will go."

"We are conscious of this and that is why we keep community pharmacists engaged on scientific aspects regularly, so that they can be well-equipped and able to treat patients that come to them, thereby putting smiles on the faces of all Nigerians."

Meanwhile, the company's Project Head, Dhananjay Jagtap, has called on Nigerians to endeavour to know their Hepatitis B and Hepatitis C status, by ensuring that they get tested and treated.

He added that the organisation is currently working closely with the Clinton Health Access Initiative on Viral hepatitis.

According to Jagtap, hepatitis is one of the major diseases in Nigeria and the prevalence of hepatitis B is 8.1 per cent, which is almost 16 million of the total population; whereas, the number of Nigerians that have been tested positive for HIV is around 3.6 or 4million.

"So, Hepatitis B prevalence is four times the number of HIV, as per the NIAS Survey in 2019," he said.

Jagtap added: "Unfortunately, unlike HIV, Hepatitis B can easily transmit from one person to another because it is a virus. There is no cure for Hepatitis B yet but there is treatment and vaccine."

"Nigerians should endeavour to get tested, get vaccinated and get treated for Hepatitis B. People should also know that there is cure for hepatitis C now but there is no vaccine."

COVID-19 downturn: Azoji suggests survival strategies for pharma industry

continued from page 45

has been clamouring for a loan of 300 billion naira to enable the pharma industry develop itself so that it can produce competitively.

Having highlighted success strategies for the industry, Azoji zero in on his vision for Neimeth, saying his primary goal is to move the organisation to greater heights.

He said: "Since I came, the Board has approved a five-year plan and the vision of Neimeth has changed. The new vision statement is "To be a leading innovative healthcare provider out of Africa" and our new mission is: "To promote healthy confident living".

"The new executive management in Neimeth met a good company, but our vision is to move Neimeth from a good

company to a great company. To attain this vision, we have set out a lot of milestones and I believe they will be realised. Already we have started on a good note. Just last year, we won the Pearl Award for excellent performance in the Nigerian Stock Exchange. We also won the Top 25 Business Award from Business Day, and we are sure of others", he stated.

Azoji also said that being a visionary organisation, Corporate Social Responsibility (CSR) has been one of the core values of Neimeth, stressing that this explains its introduction of different initiatives for the benefit of the people in its immediate environment.

"You would have probably heard about what we call FITGFAH - Fight the good fight against hypertension. That is one of the programmes of Neimeth to enable people identify

hypertension early in life, by offering free hypertension screening and blood sugar test and treatment. There are other CSR programmes offered by Neimeth in line with one of our core values as a company - focusing on the community", he explained.

The Neimeth boss further noted some of the company's efforts in the wake of the coronavirus pandemic, to flatten the curve, such as the provision of information to people in their community on personal hygiene, the donation of personal hygiene products to the Lagos State ministry of Health, and the launch of an awareness campaign on the prevention of the coronavirus disease, in partnership with the Federal Road Safety Commission (FRSC) by donating public enlightenment kiosks.

Good leaders drive culture and change

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operating culture of their companies. Broadly, a company's operating culture is "the way we doing things around here," and can involve new tasks, new roles, new processes, policies or procedures, new technology, and so on. Often, changing an operating culture is primarily about changing work-related attitudes. Regardless of its exact nature, competitive businesses must be flexible, adept and quick to make change.

There are four key challenges associated with leading change. They can be thought of as the functions of leaders during change. Each function requires certain qualities of character in the leaders. Success or failure depends on how well the leadership team accomplishes each of the following:

1) Evaluation of the status quo

This aspect of leadership concerns the mandate for change. Leaders should strive to create "a burning platform" for change. The status quo, or current state of affairs, must be carefully described and evaluated.

Two aspects of this challenge are conducting the diagnosis and creating dissatisfaction. Leaders must first diagnose the status quo and determine why change is necessary. Leaders should assemble evidence in support of the change. This begins with the leader taking stock of his or her own role in the change. Accountability on the part of the leader will result in more credibility when the leader asks for others to be held accountable.

In addition, the status quo should be evaluated for the overall organisation, as well as its component parts. In diagnosis, leaders must draw attention to performance, which should be described with objective metrics.

Leaders must also **create dissatisfaction with the status quo**. Performance metrics are also useful for creating dissatisfaction with the status quo. A sense of urgency will come from understanding how performance will suffer if the change does not occur. It is important for leaders to create dissatisfaction with humility and without assigning blame.

Change is a necessary part of every organisation. Everyone involved in the change effort must be

"in the same boat" and understand why the status quo will lead to failure.

A leader cannot effectively evaluate the status quo, without the key leadership qualities of humility, focusing on the whole, and avoiding the blame game

2) Designing the future you wish through articulation of a vision

Leaders who want to drive change must behave like an architect by designing and communicating a compelling vision for the future. The change process involves moving from Point A to Point B, from the status quo to a desirable, future goal state.

Two components of articulating a vision are describing goals and inspiring others. Change is destined to fail unless leaders can communicate clearly a set of desired goal states. Everyone must understand "where we are going." This includes broad strategic objectives and also specific, concrete goals.

Communicating should be done through examples and metaphors. For example, the change process can be construed as an adventure or a journey, complete with maps, speed bumps, forks in the road, wrong turns, obstacles to overcome and an attractive destination.

Effective change leaders inspire others to believe in their vision. Self-confidence is vital. Leaders must convince themselves first. Inspiring others also requires empathy. Leaders are more persuasive if they understand how their vision is perceived from different vantage points.

In addition, any consequences of the change should be described for all levels of the organisation. What does the change mean for individuals, teams, business units, the organisation as a whole? Whenever possible, leaders can also emphasise high principle. For example, providing safer products or higher quality is the "right thing to do" for the business but also for its own sake.

A leader cannot effectively design the future with a vision statement, without the key qualities of empathy, self-confidence, courage and focus on the whole.

3) Lead the implementation process

Implementation concerns the nuts and bolts of making the change happen. Successful implementation requires leadership at all levels of the organisation.

Generally, there are two components to leading the implementation process. Leading an implementation process almost always means going first. Fear, which is a key obstacle to change, can be overcome in the organisation when leaders have the emotional mastery and courage to go first in making their own changes.

Leading by example is also a form of accountability. When leaders hold themselves accountable, they are better able to demand that others are also accountable. Leaders must insert themselves into the trenches of the change efforts.

Another key facet of implementation is commitment. Lack of commitment is a major source of failure. Leaders may have the right plans in place but unless the followers are committed to the plans, the change will almost always fail. A fundamental law of change management states, "Leaders can impose some of the changes on all of the people, and all of the changes on some of the people. But leaders cannot impose all of the changes on all of the people." Rather, *participation* is the mother of commitment. Full implementation is possible only through carefully planned opportunities to involve the broader team.

In addition, implementation is a trial-and-error process. As changes are becoming reality, new ideas about how to proceed are likely to emerge. Some ideas that come from the "front-line" will be worth keeping. Leaders must provide opportunities for learning, sharing ideas, and spreading best practices. Managing participation takes courage because leaders must give up some control, and it involves lack of arrogance because leaders must remain open to ideas of others.

A leader cannot effectively execute or implement strategy without the key qualities of emotional mastery, humility, accountability and courage.

4) Assess results, sustainability of change

Ultimately, change efforts should translate into positive results. Positive, sustainable change will require that the organisation cycles through the change processes several times. Change Leaders are responsible for assessing results and determining where the change has been successful and where it has not.

Effective leaders learn from experience. Objective performance metrics are the most important results for leaders to evaluate. They are the "bottom-line" of change efforts. It is important for leaders to remain objective and neutral about performance. Leaders should assess results without an interest in seeing one kind of result or another.

Learning, which is the key to long-term success, comes from both good and bad results. When parts of the organisation where the change has been successful are identified, those lessons can be applied elsewhere. When parts of the organisation

are identified where change has not been successful, leaders can attempt to understand the root causes of non-performance without assigning blame. Leaders should own the entire change process for the organisation as a whole.

It is tempting to believe that organisational change will occur as a revolution. However, this is rarely the case. Instead, organisational change occurs as an evolutionary process. Leaders must recognise that long-term success will require that they cycle through the leadership functions of change several times.

Leaders must re-analyse the status quo, re-articulate their vision, persist in implementation, and continually assess results. Learning from experience is the key ingredient in evolutionary change. Lessons from one round of change can be applied to later ones.

Leaders can build on the results from their assessment in several ways. For example, a coalition can be built. Some parts of the organisation will achieve positive results early on. Those individuals can be included in further rounds of change as examples, mentors, role models and emerging leaders.

Also, best practices can be identified and spread throughout the entire organisation. Sometimes, different parts of the organisation will face different obstacles, and what has worked in one part will not work elsewhere. But learning is the means to achieving positive, sustainable change.

Leaders can also identify the needs of the broader team as they embark on



another round of change processes. For example, further change may require additional resources, skill development or communication. As the organisation cycles through the change process, it is important for leaders to reinforce a focus on the entire organisation. Leaders should find a way to humbly communicate the idea and genuine feeling that "we are all in this together," and that implementing change is a process that enables all of us to grow and learn together.

The success or failure of change efforts is indeed dependent on how successful leaders are at assessing and reassessing how aligned and cohesive everyone feels. There is often no choice in whether to change, but leaders can and must listen constantly for obstacles and opportunities. A leader cannot effectively assess results and sustain the change without key qualities of empathy, lack of blame, accountability and focus on the whole.

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PCN intensifies enforcement, set to close illegal medicine stores, unregistered pharmacies

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Pharm. (Dr) Elijah Mohammed

Mohammed said: "During the lockdown necessitated by the pandemic, PCN could not carry out inspection and enforcement activities due to restriction of movements. Unfortunately, the period was characterised by proliferation of illegal medicine shops across the country.

"However, the PCN engaged with the office of the Inspector General of Police (IGP) and secured official waiver (pass) from the IGP to enable resumption of the enforcement and other regulatory activities of the PCN. So far, the PCN national enforcement activities have resumed and they are being intensified to ensure that such illegal medicine shops are closed

down."

The registrar also revealed that, contrary to the allegation made by some pharmacists that the Council is being insensitive to the plight of pharmacists in sealing their pharmacies for minor offences, most of the sealed premises pharmacies were patent medicine shops which upgraded to pharmacies without meeting the registration requirements.

He stressed that some of the deficiencies observed in these premises actually violate the extant laws and regulations of the Council.

According to him, such violations include: "Absence of

a superintendent pharmacist on ground to supervise pharmaceutical activities within the premises; poor storage facilities, use of pharmacy students to stand in for superintendent pharmacists and access of unauthorised staff to the poison cupboards."

For some premises owned by pharmacists, he said it was discovered that some of them were working in other places while superintending their own premises at the same time, while others refused to display their premises licences or evidence of registration, as required by law.

When asked about the

plan of the PCN to close open drug markets in the country, Mohammed said while the implementation of the National Drug Distribution Guidelines (NDDG) is being supervised by the Federal Ministry of Health, there is need for cooperation among stakeholders.

"The regulatory agencies, that is, the PCN and NAFDAC, have their statutory roles which complement one another in the process of the implementation of the NDDG.

"The PCN is discussing and providing necessary support to stakeholders involved and monitoring ongoing activities in the development of their approved sites. We will continue to play our role until the full implementation of the Coordinated Wholesale Centre is achieved. We believe that with government's support and the cooperation of stakeholders, the challenge posed by these markets will be surmounted in no distant future", he maintained.

Mohammed further refuted the allegation that the agency was more lenient with patent medicine dealers than pharmacists, saying: "It is not true that PCN is more tolerant in deploying its regulatory activities toward patent medicine dealers than pharmacists. Records of enforcement activities by the PCN in the past five years are very clear on this."

He described some of the offences that would warrant the closure of a patent medicine shop as follows: "Selling medicines outside the approved list; poor

storage facilities; carrying out activities that are beyond their scope of operation, such as clinical services; operating in locations other than the approved location for siting the shop; and setting up PPMV shops, without recourse to the guideline that requires following due process, until the shop is registered".

He also listed offences that will warrant the closure of a pharmacy to include: "Poor documentation and disposal of poisons and substances of abuse, access of unauthorised staff to the poison cupboard, "Register and Go", non-display of premises licence or lack of evidence of registration." He explained that the display of premises certificate helps the public to identify premises that are registered.

Speaking on the impact of the pandemic on the pharmaceutical industry, which has brought about hike in prices of medicines across the country, he emphasised the need for concerted efforts to develop the pharma industry by encouraging research and development in local alternatives whilst also developing the local production of Active Pharmaceutical Ingredients (APIs) which are raw materials that would feed the industries.

He said this measure would go a long way to reduce costs and provide medicine security, as well as employment with improved access to quality, safe and efficacious medicine. He added that the support and provision of an enabling environment by the relevant authorities will also enhance the achievement of the goal in no small measure.

Pharmacy Tower is mission accomplished - Oluabunwa

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pioneer Neimeth MD reiterated the role that "the God-factor" has continued to play in every progressive affair of the pharmacy family in Nigeria, adding that the grace of God is the greatest assurance for the definite actualisation of the project.

"When you know the level of grace you are carrying, you are not afraid to embark on any good project because, with God on our side, there is no limit to what we can achieve. The Pharmacy Tower project is already a success", he said.

Chairman of the Pharmacy Tower Committee, Dr John Nwaiwu, thanked all those who have continued to contribute towards the success of the project.

He particularly extolled the leadership direction of the PSN president in ensuring that funds were mobilised for the project internally without considering the option of taking a loan. He affirmed the committee's unalloyed commitment to the full completion of the project.

On his part, Pharm. Emeka Duru, national secretary of the PSN, expressed gratitude to God for the level of passion being demonstrated by the leadership of both the PSN and the Pharmacy Tower Committee towards the project, adding that, it is one project that will outlive the current leadership of the



Chairman, Pharmacy Tower Committee, Dr John Nwaiwu; PSN President, Pharm. (Mazi) Sam Oluabunwa; and Pharm. Emeka Duru, national secretary, PSN, during the official contract signing ceremony of the Pharmacy Tower with partners at the Pharmacy House in Anthony Village, Lagos.

apex pharmaceutical body and positively affect many generations of pharmacists to come.

Dignitaries who spoke during the event included engineer Chuka Okoye who serves as the project manager, Gabriel Idahosa, the financial adviser, as well as Surveyor Oladapo Adebayo of BEC Consultants.

Vice Chairman of the

Pharmacy Tower Committee and Group Managing Director of reals Pharmaceutical Ltd, Pharm. Ade Popoola, thanked the PSN for the great leadership role it has continued to play in bringing the dream project to reality by ensuring that the formal signing ceremony was a success. He called on all pharmacists to participate actively towards the success of the

project.

The event, which ended with a closing prayer by the Secretary of the PSN, Lagos Branch, Pharm. Kola Sunmonu, had in attendance other distinguished pharmacists like Ike Onyechi, MD Alpha Pharma and Frank Muonemeh, executive secretary of the Pharmaceutical Manufacturing Group of the Manufacturers' Association of Nigeria (PMG-MAN).

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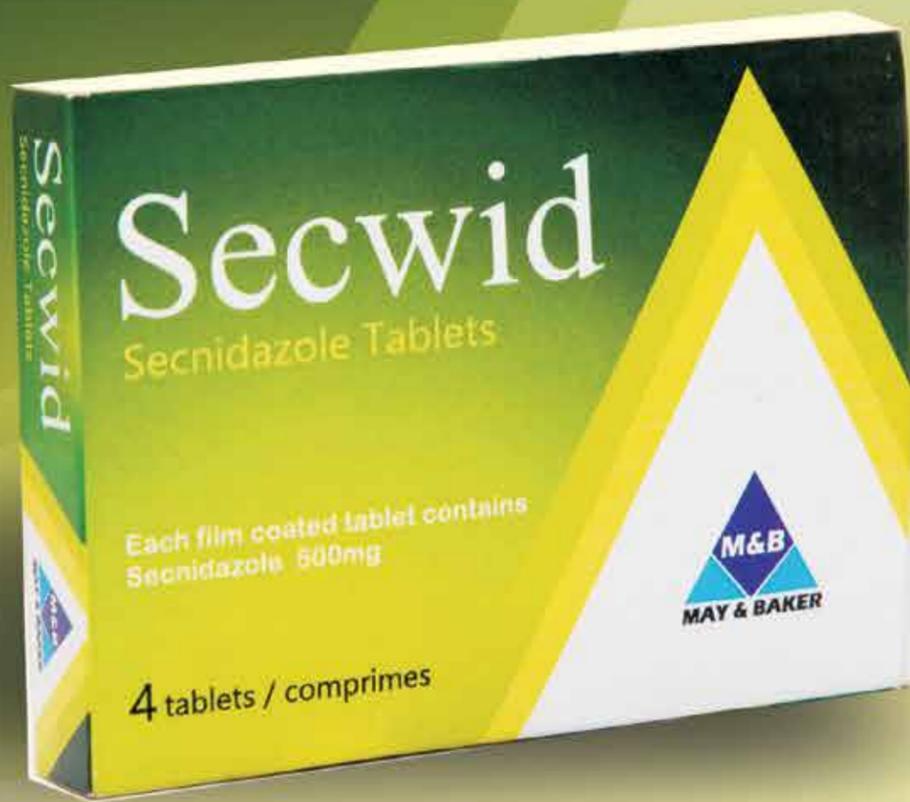
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PCN intensifies enforcement, set to close illegal medicine stores, unregistered pharmacies

By Temitope Obayendo

Following the proliferation of illegal medicine stores arising from the temporary inability of officials of the Pharmacists Council of Nigeria (PCN) to conduct routine national enforcement during the COVID-19 lockdown, the Council says it has renewed and intensified its operations to close all illegal medicine stores and unregistered pharmacies in the country.

The PCN Registrar, Pharm. Elijah Mohammed, who made the disclosure to *Pharmanews* in an exclusive interview, lamented the havoc wreaked by unscrupulous businessmen during the lockdown necessitated by the pandemic.

He has however assured Nigerians that the reign of charlatans is over, as the PCN is set to seal any drug store or pharmacy that fails to meet up with its extant laws and regulations.

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L-R: Mr Kingsley Ugwu, general manager; Pharm. Adebayo Afon, managing director and chief executive officer, Afonchies Pharmaceutical Limited; and Mrs Annie Jikeme-Milton, human resources manager, at the unveling of Actikid Multivitamin in Lagos, recently.

Pharmacy Tower is mission accomplished - Ohuabunwa

By Patrick Iwelunmor

President of the Pharmaceutical Society of Nigeria (PSN), Mazi Sam Ohuabunwa, has said that the proposed Pharmacy Tower is already a mission accomplished, going by the level of zeal and determination the leadership of the apex pharmaceutical body is deploying towards its actualisation.

declaration during the recent contract signing ceremony with the project partners at the Pharmacy House, in Anthony Village, Lagos.

Thanking the Tower Building Committee for the great job it has done so far on the project, the

Ohuabunwa made this continued on page 60