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Akeredolu, Fayemi, others charge FG to explore pharmacists' diverse potentials

- As ACPN holds 39th Annual National Conference in Abuja
By Adebayo Oladejo

Eminent Nigerians, including the Governor of Ekiti State and Chairman, Nigerian Governors Forum, Dr John Kayode Fayemi; the newly re-elected Governor of Ondo State, Mr Rotimi Akeredolu; the Minister for Health, Dr Osagie Ehanire; President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Oluwabunwa; and Registrar,

community pharmacists from across the country, adding that he was ready to work with the ACPN in improving healthcare delivery in Ekiti state.

Acknowledging the vital role of community pharmacists, especially being the closest healthcare professionals to the people, the governor, who was represented by his special adviser on federal matters, Hon

Makinde Araoye, said the theme of the conference, "Optimising Primary Healthcare Delivery in Nigeria: Community Pharmacists' Untapped Potentials," was apt as it would further spur the community practitioners to play more roles in primary healthcare delivery.

While speaking at the

continued on page 22

Pharmacists Council of Nigeria (PCN), Pharm. NAE Mohammed, have advised the Federal Government to explore the untapped potentials of community pharmacists in the country, stressing that they are part of the national assets that can be deployed to meet the healthcare needs of the citizens.

The charge was given at the opening ceremony of the 39th Annual National Conference of the Association of Community Pharmacists of Nigeria (ACPN), tagged "Unity 2020" and held at the International Conference Centre, Abuja, FCT.

Fayemi, who was the chairman of the occasion, said he was delighted to be in the midst of the



Mr Rotimi Akeredolu, the executive governor, Ondo State (right), receiving an award plaque from Pharm. Dejo Osinioki, former national chairman, ACPN, and Pharm. N A E Mohammed, registrar, PCN, at the 39th Annual National Conference of the ACPN, held in Abuja last December.

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Executive Editor
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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. Babatunde Samuel Aremu

Pharm. Babatunde Samuel Aremu, (popularly called Babsam) is a man with an uncommon passion for the pharmacy profession. Born on 3 February 1971 in Lagos, he had his primary education at UPE School 1, Festac Town, between 1978 and 1984, before proceeding to Awori Ajeromi Grammar School, Agboju, where he obtained his WASC in 1989 and emerged as one of best three graduating students for that set.



Having been denied admission to study his dream course, Pharmacy on his first and second attempts, he temporarily dropped his "Pharmacy or nothing" mantra and quickly settled for admission into Yaba College of Technology to study Food Science and Technology. He graduated with a National Diploma in 1994, again as the second best graduating student.

However, he attempted another JAMB, and this time, he was not only given admission to study Pharmacy but was one of the eight candidates admitted on merit into the prestigious University of Lagos, Akoka. He obtained his B.Pharm degree in 1999.

As a pharmacy undergraduate, Babsam distinguished himself both academically and in sport. Upon graduation, he acquired a brief hospital pharmacy experience, first as an internee at UITH, Ilorin, and later as a Youth Corps member EBSUTH, Abakaliki.

Putting the hospital settings behind, Babsam settled for community practice in 2002 when he established the now popular pharmacy in the Ilorin metropolis called Babsam Pharmacy and Stores Limited. The pharmacy now has a branch office.

Babsam has served the pharmacy profession in various capacities and at different levels. He was secretary and chairman, Association of Superintendent Pharmacists (ASP), Kwara State (2002-2006). ASP was a locally built umbrella body of superintendent pharmacists set up to specifically protect the interests of pharmacy professionals who registered and worked for non-pharmacists.

He also served as acting secretary, ACPN Kwara State (2007-2008); general secretary, ACPN Kwara (2008-2011); general secretary PSN Kwara State (2011-2014), chairman, Kwara State Copharm (2014 to date), secretary, Kwara State Copharm (2011-2014), chairman, ACPN Kwara State (2014-2017), NEC member PSN (2011-2014), chairman, LOC for the 33rd ACPN Annual National Conference (2014), member, CPC, ACPN National Conference (2014, 2020), chairman, Accommodation Subcommittee for PSN National conference (Harmony 2013), current national financial secretary, ACPN

Babsam is happily married to Mrs Kehinde Aremu and the union is blessed with children.

Inspiration

"Don't let others tell you what you can't do. Don't let the limitations of others limit your vision. If you can remove your self-doubt and believe in yourself, you can achieve what you never thought possible."
— **Roy T. Bennett**

"The difference between a successful person and others is not a lack of strength, not a lack of knowledge, but rather a lack in will."
— **Vince Lombardi**

"The three great essentials to achieve anything worthwhile are, first, hard work; second, stick-to-itiveness; third, common sense."
— **Thomas A. Edison**

"When you arise in the morning, think of what a precious privilege it is to be alive—to breathe, to think, to enjoy, to love—then make that day count!"
— **Steve Maraboli**

"Do not sit still; start moving now. In the beginning, you may not go in the direction you want, but as long as you are moving, you are creating alternatives and possibilities."
— **Rodolfo Costa**

"When you wake up each morning with a burning passion to accomplish a goal, you've already won the day."
— **George Alexiou**

"There is only one way to success, wealth and achievement and that is through a lot of hard work."
— **John Patrick Hickey**

"We must design how we wish to be perceived, and then we must work even harder to continuously recreate and re-evaluate that perception."
— **Chris Murray**

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The recent decision of the National Agency for Food and Drug Administration and Control (NAFDAC) to shut down six local pharmaceutical companies for non-compliance with its Good Manufacturing Practice (GMP) requirements is a step in the right direction and deserves the commendation of all stakeholders in the industry. NAFDAC's Director General, Professor Mojisola Adeyeye, while announcing the closure in a statement made available to pressmen, said that the agency's decision was in furtherance of its zero tolerance for circulation of substandard and falsified (SF) medicines in the country.

Adeyeye added, very importantly, that NAFDAC did all within its powers to avoid such a drastic measure by not only issuing appropriate notifications to the affected companies on the need to upgrade their facilities and production processes in line with extant requirements, but also demonstrating its readiness to help them achieve the objective. Sadly, as the NAFDAC DG revealed, the companies rebuffed the agency's gestures, with the belief that it was all huff and puff that would sooner or later fizzle out. As they have realised however, NAFDAC seems bent on keeping to its cardinal mandate of ensuring that both locally manufactured and imported pharmaceutical products consistently meet required product specifications for quality, safety and efficacy.

In the first place, it indeed beggars belief that any company manufacturing products as

NAFDAC and the GMP mandate

sensitive as medicines and other pharmaceuticals would wait to be hounded by NAFDAC before seeking to comply with its GMP stipulations. For the avoidance of doubt, GMP, as explained by NAFDAC and the World Health Organisation, is that part of quality assurance which ensures that pharmaceutical products are consistently produced and controlled to the quality standards appropriate to their intended use and as required by their marketing authorisations. The essence is to diminish the risks inherent in any pharmaceutical production and ensure that patients and the general populace are not placed at risk.

These laudable objectives of the GMP cannot and must not be compromised for any reason. Otherwise, the Nigerian health sector may relapse to the infamous pre-Akunyili era when fake and substandard drugs flooded the market and took a monstrous toll on the health and lives of many Nigerians.

While some may argue that the clampdown on the defaulting companies negates the nation's pursuit of self-sufficiency in the production and provision of medicines to the generality of its citizens, it must be emphasised that safeguarding the health of the citizens is much more important than proliferation of local manufacturing companies.

Moreover, it is in ensuring that quality standards are established and complied with that the citizens will have more confidence in locally manufactured products and other countries will associate Nigerian pharmaceutical products with quality. Therefore, while NAFDAC and other regulatory agencies are equally expected to be business-facilitators, it should be noted that the best way to facilitate and promote a business or an industry is make it known for consistent commitment to quality.

It is equally worth mentioning that NAFDAC has shown that its ongoing activities towards pharmaceutical manufacturing companies are not driven by sadistic inclinations but the desire to guide them on the path of total transformation, excellence and prestige. Indeed, as the agency disclosed, over 100 inspected facilities were found to be guilty of non-conformance with the GMP requirements. Yet, rather than wielding its sword of Damocles against them, it simply warned and encouraged them to come up with a plan of action, which the majority complied with. Moreover, the agency went ahead to sensitise manufacturers on the availability of Federal Government intervention funds from CBN to assist the health sector especially for local

pharmaceutical manufacturers to upgrade their facilities and meet GMP requirements. These are highly progressive and commendable gestures.

We urge NAFDAC not to relent in its renewed campaign to rid the country of unwholesome medicines. It must vigilantly and determinedly continue with its surveillance on the activities of drug manufacturing companies and ensure that only medicines that are safe, efficacious and of good quality are accessible to Nigerians. The agency must also continue to assist the local manufacturers in becoming paragons of excellence. Especially with Nigeria as the hub of pharmaceutical manufacturing in the West African sub-region, the pharmaceutical market must be thoroughly regulated and quality assurance activities must be consistently carried out to ensure that only the best are allowed to circulate.

We call on pharmaceutical manufacturing companies in the country to cooperate with NAFDAC in its drive to enforce quality compliance; they will be the ultimate beneficiary as Nigerians and foreigners become much more comfortable with buying made-in-Nigeria medicines. With the supportive posture of NAFDAC and the funds available from the CBN, both the six companies that have been temporarily shut down and others still in business can all join hands together with the agency to ensure that the Nigerian pharmaceutical industry is globally reputed for its unflinching commitment to good manufacturing practice.

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Every problem has a solution

By Sir Ifeanyi Atueyi

Problems are found in all aspects of life. Problems affecting the family are described as family problems. The ones affecting the economy are termed economic problems. In the same way, we have health problems, religious problems, and so on.

Finding solutions to these problems is man's preoccupation and your success or failure in life depends on your speed and efficiency in achieving this. You are blessed if you are able to solve your own and other people's problems.

Any person who aspires to do any type of business must first identify an existing problem or problems and then devise the means of solving them. In selling, we talk of uncovering customers' needs. You expose or identify their problems and what is required to solve them.

Everyone has problems. Generally, we quickly solve them without much effort by using the experience of the past. Sometimes, problems become more difficult when there is no obvious solution and our known strategies are not applicable. These types of problems cause a great deal of stress and anxiety and require different strategies.

In finding solutions to a problem, the very first step is to acknowledge that the problem actually exists. Problems can cause anxiety and therefore many people try to avoid, ignore or even deny them. Unfortunately, avoiding, ignoring or denying the problems will not make them to disappear. Instead, they will continue to grow and develop roots that will make them more difficult to uproot.

Before trying to solve any problem, you must properly define it. Ask yourself, "What is the actual problem?" Focus on the problem and ask yourself the following questions: *What is the situation? What would I like the situation to be? What is the obstacle keeping me from my desired situation?*

Try to define the problem in a sentence. If you succeed in doing that, you have crystallised it. In crystallising your problems, avoid putting your opinions, assumptions and prejudices which are like contamination to the beautiful crystal. Contamination makes the problem difficult to solve. Be specific.

Do not be vague when defining your problem. For example, do not just talk of money being a problem.

How much exactly is the amount needed? What time is it needed? Don't just say, "This quarter". Instead, specify the month, week and, if possible, the day. The more specific you are, the clearer your definition.

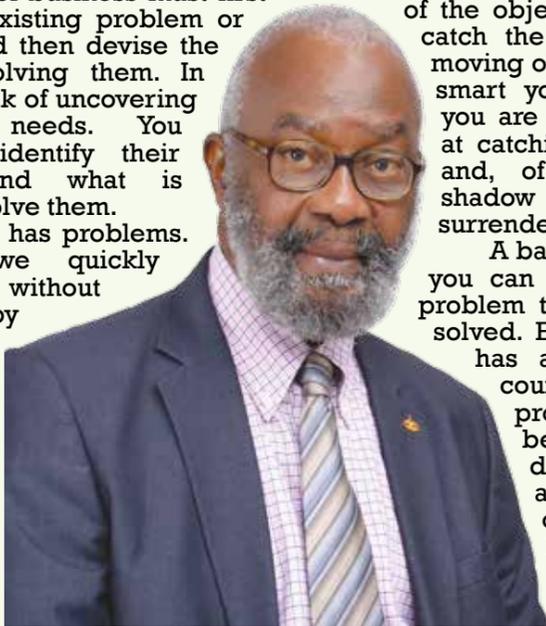
Do not make the mistake of tackling the effects of the problem as the cause. Many problems remain unsolved because people tackle their effects while neglecting the cause. They foolishly invest large amount of resources on the effects of the problem while leaving the actual problem untouched. It is like chasing a shadow instead of the object. You cannot catch the shadow of a moving object, however smart you may be. If you are wise, you aim at catching the object and, of course, the shadow will definitely surrender to you.

A basic truth is that you can never have a problem that cannot be solved. Every problem has a solution. Of course, certain problems may be extremely difficult, and appear overwhelming. But you will still find the solution if you think right, persevere in finding the solution, pray and believe that God will answer you at His own time.

W. Clement Stone, who has spent his entire life solving people's problems, believes without question that every problem has its solution and that anyone can find it who really believes that he can. Stanley Arnold said, "Every problem contains the seeds of its own solution." The secret of problem-solving is to look for those seeds, some of which may be very small, but can lead to the core of the problem.

Man has been given inner powers over his problems. Philippians 4:13 says, "I can do all things through Christ who strengthens me." One of the powers given you is that of being able to hear the voice of God guiding you. Isaiah 30:21 says, "And thine ears shall hear a word behind thee, saying, This is the way, walk in it, when ye turn to the right, and when ye turn to the left."

Direct your thought, prayer and meditation and you can draw so near to God that His guidance will definitely come through. God has a wonderful promise for us in Jeremiah 33:3 where He said, "Call unto me, and I will answer thee, and shew thee great and mighty things, which thou knowest not."



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We start from different lanes

By George O. Emetuche

"Pay now or pay later. Either way you're going to pay."

- John C. Maxwell

I wish you a happy and productive year 2021.

The Olympics athlete is expected to stay on his lane if he wants to win the race. He must also run the race like someone who is prepared to win. The race waits for him. He must run his race! Winning in the race is a function of staying in the track, on your lane and standing out in performance! The best wins!

Life is like a marathon race. Life is also a journey. The main thing is to commence the journey, irrespective of your beginning point. Whether the individual begins now or later, the journey will still be there waiting for him or her.

Starting point shouldn't determine end point

The truth is that the journey of life is not transferable. Everyone is embarking on his or her own journey. Keep moving forward! Take yourself to higher heights. Don't stop doing your best. Plan and implement. Think smart. Work hard. Build capabilities. Build capacity. Do more, better.

Experience has taught me that people begin the journey of life at different points. Some people begin at point zero. Some start theirs at minus one. Some start at plus one, while others start at plus five.

Let me explain. The people who begin the journey at point zero are folks who start on a clean slate. They start at break-even point. They are owing no one and no one is owing them. They embark on their journeys without having to pay anyone for previous debts. They only need to work hard and be focused on chasing their goals. If they do this intelligently and diligently, they will succeed.

The second group are the ones that start at minus one. This group starts from point of deficit! These are folks who are owing before they begin the journey. Some of the people here borrowed money to go to school. Some of them had tough experiences when they were learning trades or skills that will launch them in the journey. The individuals in this group are folks coming from humble beginnings. They are people who know the real meaning of poverty; they have shaken hands with poverty in the past!

Many people belong to this group. And the truth is that a lot of folks in this category become successful because they fight with everything they have - to come out of their disadvantaged situations. Individuals in this category often score high on grit scale. This makes a lot of difference. A study in the US reported by Brian Tracy shows that 87 per cent of self-made millionaires started at the lowest level. In fact, at this level, it's either you fight and live, or stay put and die!

A lot of us started here. Where are you at the moment? Where are you starting from this year? Develop the right mindset and move on.

The third group are folks who start at plus one. Individuals here start from a somewhat advantageous position. Players here were sponsored to school - to any level they wished. If they desired to start businesses, they had access to necessary support. People in this category also have contacts that will make the journey a little easier. If you find yourself in this category, do more to soar higher.

The last stage are folks who start at plus five. Individuals in this group are the ones we describe as

"born with silver spoon"; in fact, I think "golden spoon" is more appropriate! The guys here know the meaning of affluence. They started from very strong positions. They go to Ivy League schools. Their families have big businesses and estates. Folks in this category are wealthy. The children of men and women here are expected to take the family wealth to the next level. If you are in this category, you don't have any excuse. You have what it takes to keep expanding value. You must keep doing your best in order to continue to give value to the society.

Different lanes, same destination

If you go through the four categories we explored, you will notice that everyone starts from different points, but the denominator is the destination. The definition of destination is the same.

Everyone wants to succeed. The aim of the sprinter in a race is to win gold. Winning is the destination.

No matter the point from which you started your life's journey; no matter the advantageous or disadvantageous position, the goal is your destination. Your destination is to succeed. Your goal is to tell a beautiful story about how you reached your destination. Excuses don't make champions. Where you began the journey of life is a means to an end, and not necessarily an end in itself. People succeed out of nothing. People fail out of nothing. Folks succeed in affluence; folks fail in the midst of abundance! This is life. Life is neutral.

Note this: The main element that changes the narrative is the man in the mirror and that man is the individual embarking on the journey. We can change the narrative if we believe and work it. We are called to succeed. Succeed from your lane. Go and win this year!

George O. Emetuche, CES, MNIMN, is a Brian Tracy endorsed bestselling author, accredited



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Spirituality and wellness

by watching the ocean waves roll or listening to the sweet songs of the birds. Essentially, the nature-divinity nexus brought about some kind of therapeutic experience. For some of them,

meditation was all they needed to escape from the emotional trauma that haunted them. The concept of escapism which was very popular with romantic poets also shaped the attitudinal orientation of many writers of that age.

According to WebMD – a popular health-based website – “Any condition that is caused or worsened by stress can be alleviated through meditation, says cardiologist Herbert Benson, MD, well known for three decades of research into the health effects of meditation. He is the founder of the Mind/Body Institute at Harvard Medical School’s Beth Israel Deaconess Medical Center. The relaxation response [from meditation] helps decrease metabolism, lowers blood

pressure, and improves heart rate, breathing, and brain waves. Tension and tightness seep from muscles as the body receives a quiet message to relax.

There is scientific evidence showing how meditation works. In people who are meditating, brain scans called MRI have shown an increase in activity in areas that control metabolism and heart rate. Other studies on Buddhist monks have shown that meditation produces long-lasting changes in the brain activity in areas involved in attention, working memory, learning, and conscious perception.”

In Nigeria and many African countries where people suffer from poverty-induced depression, the sight or possession of money can trigger incredible recovery and this makes some people ignorantly worship money as the centre of their existence. Of course, it can be argued that the possession of money improves mental health because the lack of it could spell doom; yet, money can never give the reassuring peace that comes from embracing God as the backbone of one’s existence.

There is, indeed, a powerful nexus between spirituality and health, especially now that the world is overburdened with many cares, particularly the noisome pestilence of COVID-19. Spirituality offers the best form of solace, even as we explore therapeutic options and take necessary precautions.

It has been scientifically established that human beliefs, which form part of spirituality, may enhance general wellbeing, especially during periods when humans are faced with health challenges.

Psychological fortitude, mental stamina and a strong sense of optimism, driven by one’s religious inclinations, may increase healing speed in persons with trauma and other forms of physical or psychological injury.

Many religions of the world propagate the worldview that embracing and living according to the will of God provide an everlasting insurance cover from the infirmities of this world. For Christians, in particular, there are many biblical references which show that God is self-sufficient in ensuring that those who truly believe in Him enjoy good health, even when they are confronted with the stark reality of sickness. He is referred to as the Balm of Gilead and has been celebrated in many gospel songs as the Master Healer. It is believed that meditation and constant devotion to God through prayer, praise and worship can alleviate certain emotional conditions and bring healing to the mind and body.

During the Romantic Literature

era, most popular poets and writers were deeply connected to the rationalisation of nature as a great source of creative inspiration that let loose the muses in them. To a large extent, many of them found a profound sense of spirituality in nature, from which they later developed the concept of pantheism in Romantic Literature. They held strongly to the belief that nature was the centre of all life and an intertwining part of divinity.

Poets like Wordsworth, Coleridge, Keats, Tennyson and Blake found unparalleled succour in nature whenever they were faced with situations that compromised their emotional freedom. To access emotional healing and stability, they embraced nature. It was either

Many religions of the world propagate the worldview that embracing and living according to the will of God provide an everlasting insurance cover from the infirmities of this world. For Christians, in particular, there are many biblical references which show that God is self-sufficient in ensuring that those who truly believe in Him enjoy good health, even when they are confronted with the stark reality of sickness. He is referred to as the Balm of Gilead and has been celebrated in many gospel songs as the Master Healer

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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The TRIPLE Edge
ADVANTAGE

Technological innovations, artificial intelligence required to grow pharma sector - Prof. Esimone

By Adebayo Oladejo

The Federal Government has been urged to show readiness to boost the pharmaceutical sector, by providing adequate funding for further education and technological advancements.

The call was made by Prof. Charles Okechukwu Esimone, eminent professor of Pharmaceutical Microbiology and Biopharmaceutics and vice-chancellor, Nnamdi Azikiwe University, Awka, Anambra State.

Esimone, a Fellow of the Pharmaceutical Society of Nigeria (PSN) and the Nigeria Academy of Pharmacy, was the keynote speaker at the opening ceremony of the 93rd Annual National Conference of the PSN, tagged "Omoluabi 2020" and held at the De-Distinguished Event Centre, Osogbo, Osun State. He noted that innovation is an inexhaustible engine for economic development.

While speaking on the topic "Technological Revolution: Adaptation in Pharmaceutical Manufacturing, Pharmacy Practice and Regulation", Esimone disclosed that the country is presently faced with crippling industrial actions, intractable insecurity, hikes in the prices of food items, galloping inflation and tumbling oil price, all of which he said drive the government and institutions dangerously close to their yield points, saying to overcome the challenges, the country must turn to technology.

Speaking further, Esimone noted that technological revolution is essential, as technological progress and innovation often cause abrupt changes in the society, adding that a new idea is made practical using technology to solve human problems.

He added, "We must therefore key into the giant technological revolution, which is shaping every facet of the global landscape, and which will exacerbate the gaps between the developing and developed countries. We cannot afford to be left behind."

He also emphasised that technological innovation could help change the pharmaceutical sector, make global pharma production stronger and bring positive revolutions to pharmaceutical manufacturing and pharmacy practice.

The university don, while harping on the importance of artificial intelligence to the pharmaceutical sector, noted that it thrives heavily on research and development, adding that it is highly regulated like the arms industry and thus necessitating protection of trade secrets and intellectual property, in order to safeguard innovations.

He added, "AI, used in research and development, will enhance the identification of life-saving drugs, reduce design time as well as time required for lead optimisation, reduce the time for clinical trials, improve quality control measures

and predictive maintenance accuracy. These will invariably cause a lot of displacement in human labour engagements, with a few machines doing what many humans were hitherto trained and hired to do."

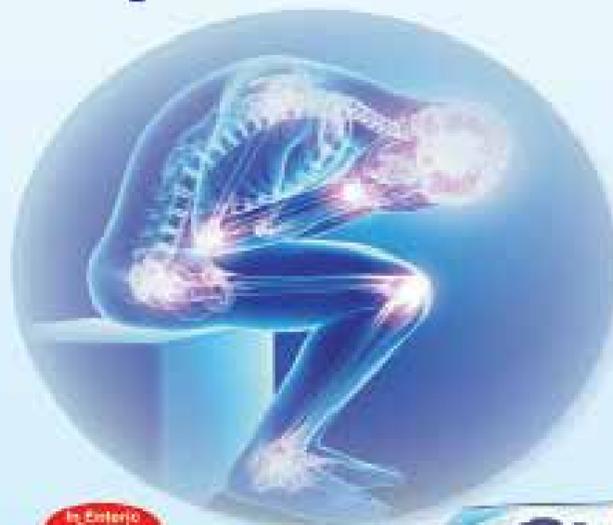
Esimone further noted that AI can help with customer and product segregation, supplier segregation, digital pills, telepharmacy and virtual pharmacies, saying it is impossible to regulate an advanced product with an obsolete technology.

"How would you regulate a digital pill if you do not have human and equipment capacity? How would you regulate a robotic pharmacist? So, you need expertise in technology, and the time to join is now," he added.



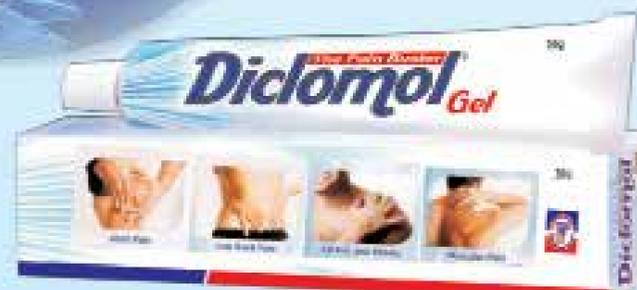
Prof. Charles Okechukwu Esimone
Vice-chancellor, Nnamdi Azikiwe University, Awka,
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Onyema Ogbuagu – Superhero of COVID-19 vaccine

By Solomon Ojigbo



Dr Onyema Ogbuagu

*A deadly plague sweeps through the world with rage
Darkness descends, re-enacting the medieval Black plague
Mighty and small, old and young fall in their thousands
Yet the pestilence craves more with reckless abandon
Sages and mages race to fathom the evil albatross
But a hero from the third world kindles our hope
A new dawn has come, the plague is at bay
And all who live will remember his name...*

After several months of painstaking research and clinical trials, the long awaited vaccine for the deadly coronavirus has finally been produced. The COVID-19 pandemic, which has been tagged the worst public health crisis of our time, has infected more than 80 million people worldwide and claimed more than 2 million lives as at 19 January 2021.

However, due to the diligence and brilliance of the research team of the pharmaceutical giant, Pfizer, and their partner BioNTech, led by Dr Onyema Ogbuagu, the coronavirus vaccine, projected to take two years to develop, has been produced in record time of less than eight months. Before now, the average time to develop and make a vaccine publicly available was about 16 years. In fact, the only other vaccine that has ever come close to matching the current COVID-19 vaccine in pace of development is the mumps vaccine, which still took about four years to get all necessary permissions and licensing.

The Pfizer-BioNTech vaccine

which was first approved for use in the UK on 2 December 2020 is the first internationally recognised COVID-19 vaccine approved by the World Health Organisation (WHO), after having completed all mandatory stages in vaccine development. The Russian and the Chinese vaccines which were earlier released in August, 2020 did not complete the mandatory Phase III trials before they were approved.

Interestingly, the Pfizer-BioNTech vaccine which Ogbuagu helped develop has been shown to be the most efficacious vaccine, recording up to 95 per cent effectiveness even against new emerging strains of the coronavirus. The vaccine was tested on 43,500 people in six countries without any safety concerns being raised during its clinical trials. Pfizer has said it will be able to supply around 1.3 billion doses by the end of 2021. This, according to medical experts, will go a long way in curbing the spread of the virus by providing immunity to many and reversing the recent trend of the daily increase of COVID-19 fatalities

around the world.

Specialty and interests

Dr Onyema Ogbuagu is a Nigerian born American infectious disease specialist and associate professor of medicine at Yale School of Medicine, Yale University, USA. The medical doctor who directs the university's HIV/AIDS clinical trials research programme and the institution's clinical studies around COVID-19 has spent his career investigating some of the world's most pervasive infectious diseases including Ebola, SARS and MERS. He has also provided care for COVID-19 and HIV/AIDS patients.

Ogbuagu and his team were able

to produce the Pfizer vaccine in record time because they did not have to develop it from scratch. The team had previously worked on the MERS viruses which belong to the coronavirus family during the outbreak in 2012; and the SARS virus outbreak in 2003. Moreover, the novel mRNA vaccine development technique which Ogbuagu and his team employed is faster, compared to the well-known protein vaccine development. The mRNA technique does not require a researcher to produce protein or weakened pathogens for the vaccine development.

The genetic material mRNA is easy to make in a laboratory and manufacturing an mRNA vaccine rather than a protein one can save months in time. Ogbuagu's groundbreaking research in the field of modified genetic code and mRNA technology has made him the cynosure of all eyes, and his role as the principal investigator of the Pfizer team which developed the coronavirus vaccine has brought him global recognition.

Background and education

Onyema Ogbuagu was born to the family of Chibuzor and Stella Ogbuagu in New Haven, Connecticut, USA, while they were pursuing their doctorate degrees in Yale. Onyema's father was a former vice-chancellor of Abia State

University, Nigeria, and his mother was a professor of sociology who was the best graduating student of the class of 1974 at the University of Nigeria, Nsukka (UNN).

Born as a twin, Ogbuagu's brother is an accomplished engineer. The family later moved back to Nigeria where the twins had their secondary and university education.

Ogbuagu graduated from the School of Medicine, University of Calabar, Nigeria in 2003. After graduation, he had his medical internship/housemanship at the Ebonyi State University Teaching Hospital, Abakaliki, Nigeria. He then went back to the United States where he also interned at Mount Sinai School of Medicine (Elmhurst), New York, USA. He became a resident doctor at the institution and then rose to become chief resident at the same school.

Ogbuagu became a fellow of infectious diseases, Yale University School of Medicine, and then rose to the height of an associate professor of medicine at the same institution. He has worked there for over five years, focusing on finding a cure for HIV/AIDS. He has been the principal investigator on numerous pharmacokinetic, phase 2 and 3 safety and efficacy trials of novel antiviral compounds.

The associate professor has led several researches in the US and Africa. He worked in the faculty of the human resources for a health programme in Rwanda, where he mentored medical residents and junior faculty in clinical research projects locally relevant in addressing important infectious diseases-related problems (particularly HIV/AIDS and antimicrobial resistance). He has also worked at the Liberia College of Physicians and Surgeons (LCPS).

Awards and recognitions

In 2015, Ogbuagu was a Fellow of the American College of Physicians. In 2017, he was a nominee for Charles W. Bohmfalk Award in Clinical Science, Yale University School of Medicine. In the same year, he won the Steve Huot Faculty Award for Dedication and Excellence, Yale University School of Medicine Internal Medicine Primary Care programme.

In 2019, Ogbuagu was awarded the Gerald H. Friedland award for outstanding international research. In 2020, he emerged as a nominee for Charles W. Bohmfalk Award in Clinical Science, Yale University School of Medicine. Indeed, from all indications, many more awards are bound to follow in the coming months and years!

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Deception detection (2)

By Dipo MacJob (Dr Write)

Which one of the following signatures (A and B) do you suspect as a forged version of an original (i.e signature C)?

Signature A



Signature B



Signature C



In the last edition, we started a discussion on a body of knowledge known as Forensic Document Examination or Questioned Document Examination, which basically involves the evaluation and analysis of various types of documentation for the purpose

of detecting forgery, identifying writers and proving or disproving document authenticity, according to Reed Hayes. One major area a lot of individual business owners, organisations and institutions have fallen victim is in the area of forged documents. Many of such organisations (including financial institutions) have lost huge amounts of money because their personnel are not well trained to spot deception in this context. They are not so sure of which cheque is fake and which one is original many a time.

The essence of this writeup is to give you some inkling into a document which may likely be a questionable document, so that you are better fortified with the necessary immunity to escape the trap of fraudsters, dishonest and ruthlessly dubious individuals out there who want to dispossess you of all you have laboured for over the years. My objective is not to turn you into a forensic document expert like myself but to sensitise you in this area so that you get more non-verbally intelligent. Of course, if there are questions on this topic, you are free to contact me.

Types of forgeries

You perhaps made the best guess at the question I asked at the beginning of this article. Actually, none of these signatures is a forged version. All of them are original but that does not come by guess work; a lot of scientific analysis are embedded.

In my practice as a graphologist

and forensic document examiner, I have observed that most of the cases that I get from clients are related to forged signatures. Therefore, I would be giving a brief insight into some of the various types of forgeries we have. They are as follows:

Simple forgery

When someone writes another person's name without any attempt at imitating the signature, we call that a simple forgery. This kind is often used when an individual's identification is stolen and the perpetrator relies on the negligence of the receiver of the cheque (bank teller or store clerk etc) in diligently checking the identification. However, this can be detected easily, compared with others, provided basic due diligence is followed.

Freehand simulation

This is likely the most frequently used method of forging signatures globally. The forger tries to copy a genuine signature, usually by putting the genuine one somewhere close by while trying to reproduce it.

When attempting a freehand simulation of someone's signature, the forger is confronted with two major tasks. First is adopting writing movements that are unfamiliar; and second is that he has to suppress his or her own writing habits. Unfortunately, this is the very reason why many still get caught, in at least, nine out of ten cases. One key premise on which Forensic Document Examination is based is that no two individuals write exactly the same way.



Tracing

A very common way many attempt forging signatures is by tracing. Be alert at this possibility, especially when you observe or notice that two or more signatures presented for examination are remarkably similar. According to Reed Hayes, "It is generally difficult to prove that a signature was traced, unless the original is carefully examined and there are some signs of indentation or residue resulting from the carbon copy tracing procedure."

In the next edition, we shall continue this discussion by looking at the types of document that are commonly forged. Until then, always remember that "if you must get it right, you must do it the write way."



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Ojo to pharma regulators: Don't be hammer-bearers alone, support industry growth

The Chairman, Research, Documentation and Industry Liaison Committee of the Pharmaceutical Society of Nigeria (PSN), Dr Lolu Ojo, has called on the Pharmacists Council of Nigeria (PCN) and the National Agency for Food and Drug Administration and Control (NAFDAC), to provide more support to the pharmaceutical industry in the current year.

Ojo, who is also the managing director and CEO of Merit Healthcare Limited, stated during a recent chat with *Pharmanews* at his office in Lagos, that the pharmaceutical industry needs more consideration from the government to grow and successfully compete in the global space.

According to the former national chairman of Association of Industrial Pharmacists of Nigeria (NAIP), the year 2020 was largely a year of misfortunes; hence, pharma regulators need to work with other stakeholders towards making 2021 a better and more fulfilling year.

He said: "The outgoing year is a year of disaster and misfortune. It is a year that can be better described as 'annus horribilis', a term used in 1992 by the Queen of England to

Ranmilowo Ojalumo



Dr Lolu Ojo
CEO of Merit Healthcare Limited

describe the events of 1992 in her environment. Things were simply turned upside down and businesses suffered a great deal. However, we have learnt new things and there is a new normal now.

"We expect that business regulation will go hand in hand

with business facilitation in 2021. We have said over and over again that the pharmaceutical industry needs support of the government to grow and compete in the global space. There are lessons to draw from other nations, particularly India and China, where the authorities have helped the industry to become formidable players in the sector. The regulatory authorities are not supposed to be hammer bearers alone,

they have the responsibility to support the industry."

While reviewing the outcome of a town hall meeting between NAFDAC and the pharmacy community, held in September 2020, Ojo, who doubles as the chairman, Pharmacy Education Summit

Planning Committee of the Nigeria Academy of Pharmacy (NAPharm) reiterated that the industry expects so much from NAFDAC, while stressing that industry players also need to cooperate with the agency to make things easier.

"Certainly, there is a better future for the pharmaceutical industry in Nigeria. We are lucky to have the duo of Mazi Sam Oluabunwa and Prof. Mojisola Adeyeye at the helm of affairs in PSN and NAFDAC at this time. The town hall meeting has proved that we can achieve much more if we work together in harmony and this is exactly what we need to do. We must work together for the progress and development of the industry", Ojo said.

He urged pharmacists to remain focused on the ethics and standards of the profession and as well deploy their knowledge to enhance patients' health and foster a healthy nation.

"We should rise up and face the environmental challenges squarely and professionally. We should look at the opportunities that the current conditions present and launch Nigeria into the world pharmaceutical map. The land is green and it is left for us to cultivate it", Ojo enthused.

Engage PCN, NAFDAC on better regulations, Superior Pharma boss urges pharmacists

- Advises ACPN to form bulk purchasing group

US-based Nigerian pharmacist, Ike Okeke, has urged the Pharmaceutical Society of Nigeria (PSN), Association of Community Pharmacists of Nigeria (ACPN) and all other professional bodies in the pharmaceutical sector to engage the Pharmacists Council of Nigeria (PCN) and the National Agency for Food and Drug Administration and Control (NAFDAC) for better regulations that will help reduce cost of drugs and guarantee better health for Nigerians.

Okeke, who is the managing director of Superior Pharmaceuticals Nigeria Limited gave the charge in a statement made available to *Pharmanews* as part of his recommendations for the Nigerian pharma industry to have a significant turnaround in the present year.

"To have a better year 2021 that will enhance the advancement of the Nigerian pharmaceutical industry, I will encourage all the professional bodies in the pharmaceutical sector to continue to engage the regulators (PCN, NAFDAC) in crafting new rules and regulations that will better protect the citizens and lower the cost of drugs," Okeke said.

Expressing his expectations from the Nigerian government and the regulatory bodies in the pharmaceutical sector towards a better year, Okeke posited that NAFDAC can play a vital role in stimulating the pharmaceutical sector by reviewing its tariffs to make it easier for small and medium pharma companies to

survive.

He said: "The tariff charged Nigerian pharmaceutical companies for Good Manufacturing practices (GMP) desk review needs to be waived since this is a duplication of same fees paid by the manufacturers.

"Indigenous production of essential pharmaceuticals products is key to security of lives in Nigeria. The Federal Government of Nigeria (FGN), in conjunction with the local banks should offer affordable loans to pharmaceutical importers who want to go into local manufacturing. This has the capacity to create one million jobs over a 10-year period.

"NAFDAC can lower the barriers to entry of new manufacturers by relaxing some of its rules on Cardiovascular Diagnosis and Therapy (CDT) dossiers and create a department to guide and help the local manufacturers to be compliant with good manufacturing practices", Okeke said.

The Superior Pharma boss also called on the ACPN to form a buying group that can purchase drugs in bulk from manufacturers, importers or distributors, saying such a move will help to reduce cost of purchase and the eventual unit cost of drugs, thereby increasing patronage for registered pharmacies.

His words: "ACPN has a major role to play since they are the first point of contact for most patients. They need to form a buying group that can purchase drugs from manufacturers and importers and/or distributors. The savings from such bulk purchase will then be passed to patients, which will effectively

lower their cost of purchase and help to drive more patients to registered pharmacies instead of open markets and unregulated premises.

"There is also need to improve on product knowledge and disease states management so that they can capture and treat empirically those that they can treat and refer complex cases to doctors and specialists for immediate care."

The Superior Pharma boss also seized the opportunity to reiterate the commitment of his organisation to the development of the Nigerian pharmaceutical industry, noting that the focus of Superior Pharma in 2021 is to provide medicines for life-threatening diseases.

Okeke further revealed that the company is working on newer molecules for prostate cancer, which will be introduced in 2021, adding that the company is also planning to ensure that the products are manufactured locally.

He said: "Our focus is to provide medicines for life-threatening disease like high blood pressure, diabetes, cancer and pain. We introduced Suphage (Metformin-Glymepiride), Panache (Ketorolac) for pain, Suplavat (telmisartan-amlodipine) for blood pressure and Flowel Plus (Tamsulosin-Dutasteride) for prostate enlargement.

"We are working on newer molecules for prostate cancer



Pharm. Ike Okeke
MD, Superior Pharmaceuticals
Nigeria Limited

which we intend to introduce in 2021, like Abiraterone and other novel agents. We will transition the manufacturing of our over-the-counter (OTC) range of products like ciprofloxacin and Artemether-Lumefantrine to local manufacturing, using local, World Health Organisation (WHO)'s preapproved plants. This will help keep our jobs in Nigeria.

"Exporting our jobs has serious security implications for everyone. We will continue to partner with ACPN and NMA to provide product knowledge and basic diagnostic skills for community pharmacists to better serve their patients and detect and prevent cases with high mortality and morbidity. Intervention of community pharmacists is critical for the overall wellbeing of our citizens."

Effective treatment of skin infections

A skin infection occurs when parasites, fungi, or germs, such as bacteria penetrate the skin and spread. When this happens, it can cause pain, swelling, other types of discomfort, and skin colour changes. A skin infection may be mild or serious.

In a study conducted by some Nigerian researchers, which included O.M Odueko, O. Onayemi and G.A Oyedeji, it was found that skin infections are more common among children – the degrees of which vary from one infection to the other. In the study, they found the following percentages: Tinea (17.1 per cent), scabies (16.5 per cent) and impetigo (15.7 per cent). These were the most commonly observed childhood skin diseases and were followed by malaria (9.8 per cent), eczema (7.1 per cent) and diaper dermatitis (7.0 per cent) respectively.

The major predisposing factor to acquiring either tinea infection or scabies or impetigo by any of the affected children was the low socioeconomic conditions of their parents. The high prevalence of eczema in the high social classes could be attributed to the early exposure of the children to artificial milk in infancy. The researchers hoped that aggressive health educational programmes and improvement of the socioeconomic status of the people will bring about a decline in the prevalence of childhood skin diseases in Nigeria.

There are four types of skin infection:

bacterial
viral
fungal
parasitic

Bacterial skin infections include:

Impetigo - a highly contagious bacterial skin infection most common among pre-school children. It is primarily caused by *Staphylococcus aureus*, and sometimes by *Streptococcus pyogenes*.

Erysipelas - an acute streptococcus bacterial infection of the deep epidermis with lymphatic spread.

Cellulitis - a diffuse inflammation of connective tissue with severe inflammation of dermal and subcutaneous layers of the skin. Cellulitis can be caused by normal skin flora or by exogenous bacteria, and often occurs where the skin has previously been broken: cracks in the skin, cuts, blisters, burns, insect bites, surgical wounds, intravenous drug injection or sites of intravenous catheter insertion. Skin on the face or lower legs is most commonly affected by this infection, though cellulitis can occur on any part of the body.

Fungal infections

Fungal skin infections may present as either a superficial or deep infection of the skin, hair,



and/or nails. They affect about one billion people globally, as at 2010.

Parasitic infestations, stings, and bites

Parasitic infestations, stings, and bites in humans are caused by several groups of organisms belonging to the following phyla: Annelida, Arthropoda, Bryozoa, Chordata, Cnidaria, Cyanobacteria, Echinodermata, Nematelminthes, Platyhelminthes, and Protozoa.

Viral

Virus-related cutaneous conditions are caused by two main groups of viruses—DNA and RNA types—both of which are obligatory intracellular parasites.

Athlete's foot

Athlete's foot is a very common infection. The fungus grows best in a warm, moist environment such as shoes, socks, swimming pools, locker rooms, and the floors of public showers. It is most common in the summer and in warm, humid climates. It occurs more often in people who wear tight shoes and who use community baths and pools.

Causes of athlete's foot

Athlete's foot is caused by a microscopic fungus that lives on dead tissue of the hair, toenails and outer skin layers. There are, at least, four kinds of fungus that can cause athlete's foot. The most common of these fungi is *trichophyton rubrum*.

Symptoms of athlete's foot

Signs and symptoms of athlete's foot vary from person to person. However, common symptoms include:

Peeling, cracking, and scaling of the feet

Redness, blisters, or softening and breaking down of the skin

Itching, burning, or both

Types of athlete's foot

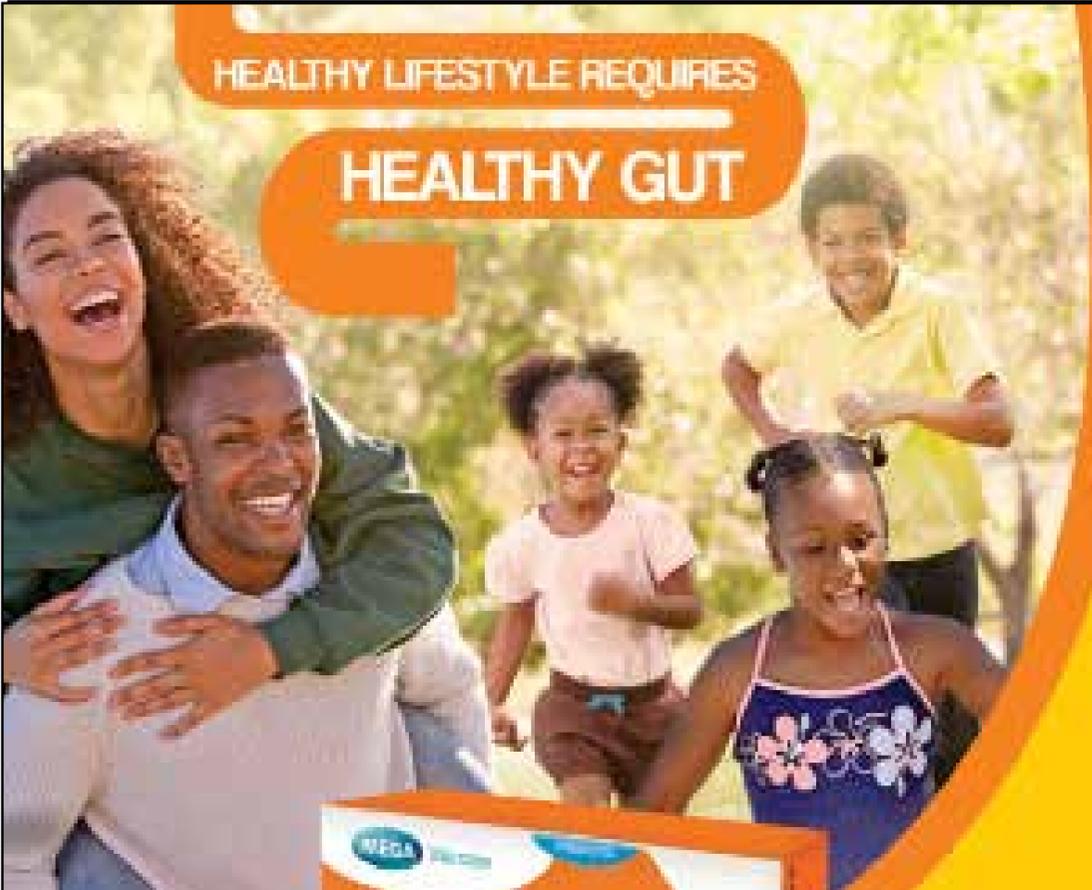
Interdigital: Also called toe web infection, this is the most common kind of athlete's foot. It usually occurs between the two smallest toes. This form of athlete's foot can cause itching, burning, and scaling and the infection can spread to the sole of the foot.

Moccasin: A moccasin-type infection of athlete's foot can begin with a minor irritation, dryness, itching, or scaly skin. As it develops, the skin may thicken and crack. This infection can involve the entire sole of the foot and extend onto the sides of the foot.

Vesicular: This is the least common kind of athlete's foot. The condition usually begins with a sudden outbreak of fluid-filled blisters under the skin. Most often, the blisters develop on the underside of the foot. However, they also can appear between the toes, on the heel, or on the top of

continued on page 13

HEALTHY LIFESTYLE REQUIRES
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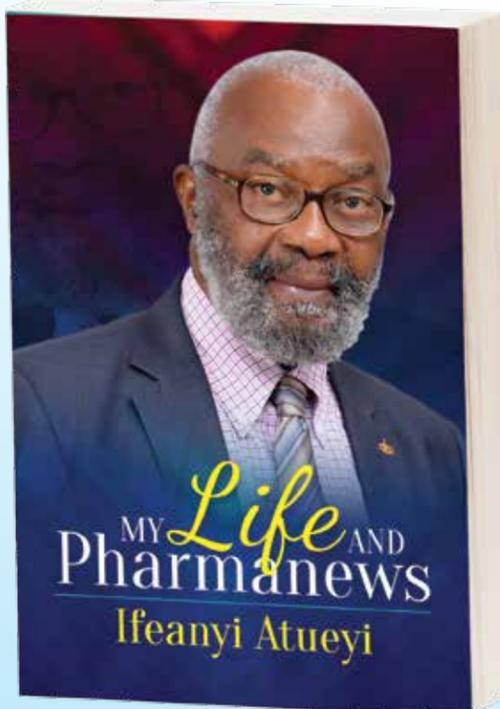
MY EDUCATION AND THE ERINNE'S HOUSEHOLD (2)

At the time I gained admission into secondary school, my mother could no longer cope with the financial demands of my education. What usually happened in such a situation was for the child to give up his ambition of further education and start learning petty trading, farming or teaching. This happened to a good number of my peers, who, despite their intelligence could not further their education because of financial issues or the ignorance of their parents. This was to be my situation, but for Erinne whom God used to come to my rescue.

Shortly after his wedding in 1952 to Dinah Erinne – a remarkably godly and kind-hearted woman (who later was popularly known as Mama EFAC) – and the completion of my primary school education, I was adopted into his household so I could continue with my academic pursuit. His plan for me was to be the first medical doctor from our town and he wasted no time in setting in motion the processes that would bring this to fruition. In fact, I am not sure he had mentored anyone as he did me because he took me as his son.

In 1953, I sat for entrance examination and was admitted into Merchants of Light School, Oba, in January 1954. It was a private school owned by a former Federal Minister of Education, Mr E. I. Oli. The school was a good one, by many standards. However, Dennis Memorial Grammar School (DMGS) Onitsha, was a missionary school and had better equipped science laboratories and science teachers. At that time, my uncle (Erinne) was the Vice Principal and also the

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



Senior Science Master there. So, he decided to arrange my transfer to DMGS.

Therefore, after spending my first year at Oba, I moved to DMGS in 1955. Some of my mates at Oba included Emma Eloka Chukwudum, Eugene Nwana, Sunday Nwankwo, Vincent Achufusi and Christopher Agbanusi.

Life at DMGS

DMGS, founded in 1925, was well-established. By 1955 when I got into the school, my uncle had moved to St. Paul's College, Awka, where he taught until 1957 when he moved to Irete, near Owerri, to start

Bishop Lasbrey College, a teacher training institution.

Just like my primary school days, schooling at DMGS was another notable milestone. Being a mission school, discipline was paramount both to teachers and students. The principal then was Mr S. J. Cookey. My time in the school was generally enjoyable and rewarding in many respects.

To begin with, immediately I got to the school, I met familiar faces who made me comfortable. I joined Lawrence Anisiobi and Alexander Muoka, who had been in the same primary school with me as I earlier mentioned. Emmanuel Chukwuma Okeke was also admitted in 1955. Therefore, there were four of us from Okija.

In our final year (1958), Alexander Muoka was the dining hall prefect and I was Stanley House prefect. Lawrence Anisiobi was the Sub-Prefect of Luggard House, which was across Oguta Road. Usually, when a relation was the dining hall prefect, you were sure to have extra food. Alexander usually had plenty of food and we ate in his office. Emmanuel Okeke, who had, by this time, changed his name to Chukwuma Ezike, was also the dining hall prefect in his own final year (1959). So, I can say that the four of us from Okija performed well during our time.

One very notable thing about my secondary days was

that a measure of discipline was maintained by students concerning dining hall rules. We were taught how to use the cutlery and to eat at the right time. Any student who was not present during the meal times forfeited his share. In fact, a usual announcement after praying for the meal was to "massacre all shares without papers." A written permission must be placed beside the meal if the owner had a good reason to be absent. Groundnut, called "mgbowa", was a favourite nut for all of us. We had a special song of mgbowa. Mgbowa is the groundnut fried with the husks. To date, anytime we have our DGMS Old Boys meeting, we sing mgbowa song to remind us of our school days.

Moreover, in my secondary school, there were abundant opportunities for mental, physical, moral and entrepreneurial development for students. In fact, let me put it this way – at DMGS, the focus was the development of the total man; it was all-round education. We studied Latin in those days and I enjoyed it, too. However, my favourite subject was Chemistry because my uncle himself was a Chemistry expert and he influenced me. Each time I returned home for the holidays, he would ask me to bring my Chemistry books for coaching. He also taught me Physics and a bit of Biology. I was not particularly interested in Physics, but he made it clear to me that if I hoped to do anything in the sciences, especially Medicine, Physics must be taken seriously. This encouraged me to work hard on Physics.

continues next edition

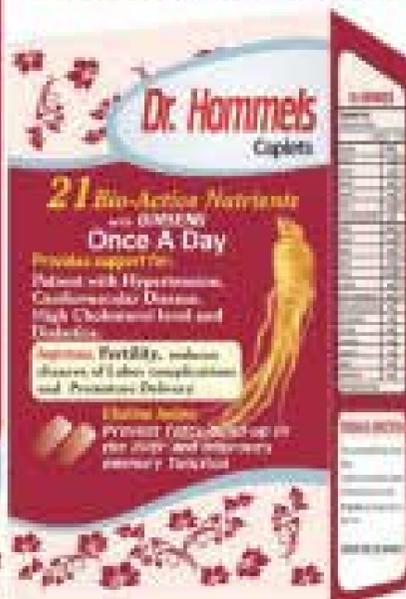
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Effective treatment of skin infections

continued from page 11

the foot.

Diagnosis of athlete's foot

Not all itchy, scaly feet have athlete's foot. The best way to diagnose the infection is to have your doctor scrape the skin and examine the scales under a microscope for evidence of fungus.

Treatment of athlete's foot

Athlete's foot is treated with topical antifungal medication (a drug placed directly on the skin) in most cases. Severe cases may require oral drugs (those taken by mouth). The feet must be kept clean and dry, since the fungus thrives in moist environments.

Prevention of athlete's foot

Steps to prevent athlete's foot include wearing shower sandals in public showering areas, wearing shoes that allow the feet to breathe, and daily washing of the feet with soap and water. Drying the feet thoroughly and using a quality foot powder can also help prevent athlete's foot.

Jock itch

Jock itch, also called tinea cruris, is a common skin infection that is caused by a type of fungus called tinea. The fungus thrives in warm, moist areas of the body and as a result, infection can affect the genitals, inner thighs, and buttocks. Infections occur more frequently in the summer or in warm, wet climates. Jock itch appears as a red, itchy rash that is often ring-shaped.

Jock itch is only mildly contagious. The condition can be spread from person to person through direct contact or indirectly from objects carrying the fungus.

Symptoms of jock itch

Itching, chafing, or burning in the groin or thigh

A circular, red, raised rash with elevated edges

Redness in the groin or thigh

Flaking, peeling, or cracking skin

Diagnosis of jock itch

In most cases, jock itch can be diagnosed based on the appearance and location of the rash. If you are not certain that the condition is jock itch, contact your doctor. The doctor will ask about your symptoms and medical history, and will perform a physical exam. A microscopic exam of the scales of skin can confirm the diagnosis.

Treatment of jock itch

In most cases, treatment of jock itch involves keeping the affected area clean and dry and applying topical antifungal medications. Jock itch usually responds to over-the-counter antifungal creams and sprays. However, prescription antifungal creams are sometimes necessary. During treatment of jock itch, be sure to:

Wash and dry the affected area with a clean towel

Apply the antifungal cream, powder, or spray as directed

Change clothes – especially underwear – everyday

Ringworm

Ringworm, also called tinea corporis, is not a worm, but a fungal infection of the skin. It can appear anywhere on the body and it looks like a circular, red, flat sore. It is often accompanied by scaly skin.



The outer part of the sore can be raised, while the skin in the middle appears normal. Ringworm can be unsightly, but it is usually not a serious condition.

Ringworm can spread by direct contact with infected people or animals. It also may be spread on clothing or furniture. Heat and humidity may help to spread the infection.

Symptoms of ringworm

Ringworm appears as a red, circular, flat sore that is sometimes accompanied by scaly skin. There may be more than one patch of ringworm on the skin, and patches or red rings of rash may overlap. It is possible to have ringworm without having the common red ring of rash.

Diagnosis of ringworm

A doctor can diagnose ringworm based on the appearance of the rash or reported symptoms. He or she will ask about possible exposure to people or animals with ringworm. The doctor may take skin scrapings or samples from the infected area and look at them under a microscope to confirm the

diagnosis.

Boils

A boil is a skin infection that starts in a hair follicle or oil gland. At first, the skin turns red in the area of the infection, and a tender lump develops. After four to seven days, the lump starts turning white, as pus collects under the skin.

The most common places for boils to appear are on the face, neck, armpits, shoulders and buttocks. When one forms on the eyelid, it is called a sty.

If several boils appear in a group, this is a more serious type of infection called a carbuncle.

Causes of boils

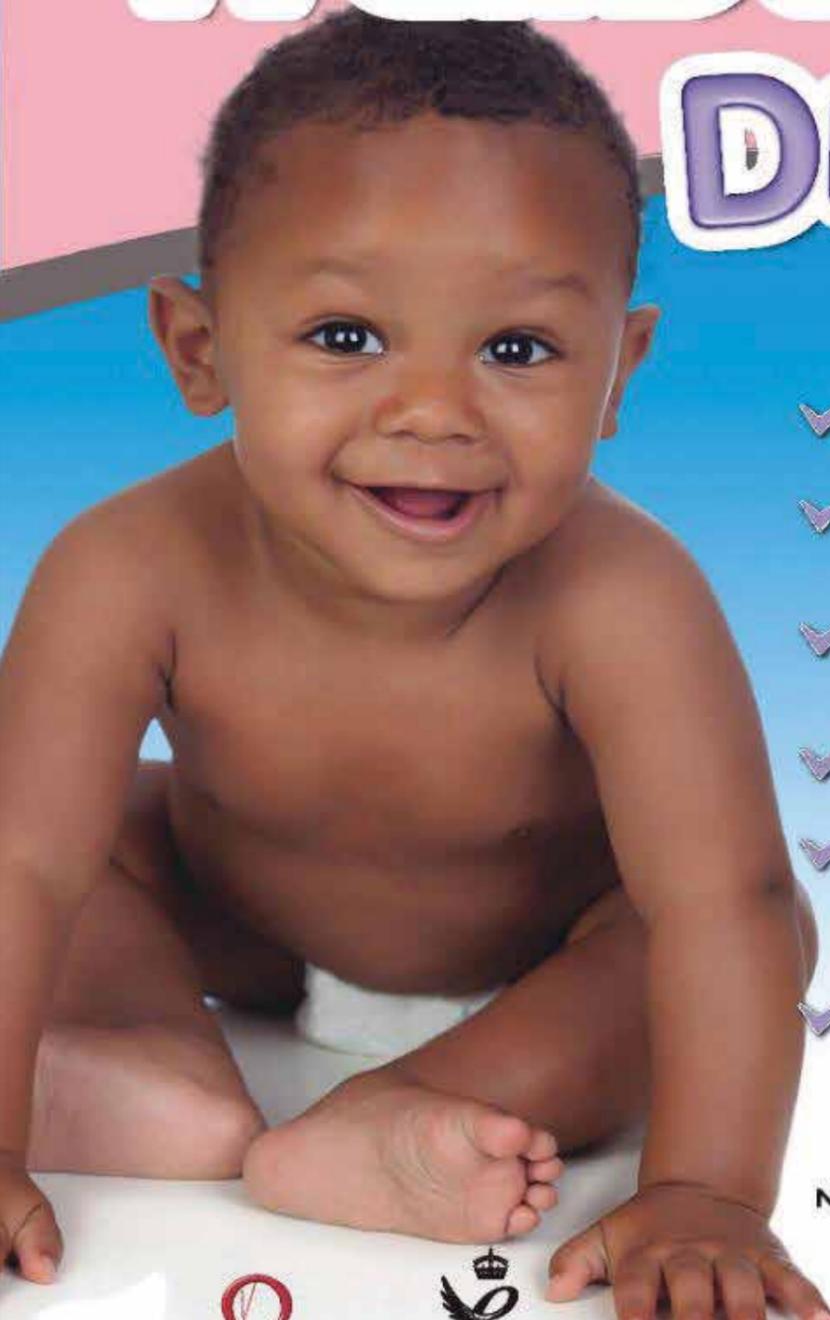
Most boils are caused by a germ (staphylococcal bacteria). This germ enters the body through tiny nicks or cuts in the skin or can travel down the hair to the follicle.

These health problems make people more susceptible to skin infections:

continued on page 15

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Effective treatment of skin infections

continued from page 15

Tuberculoid: A mild, less severe form of leprosy. People with this type have only one or a few patches of flat, pale-coloured skin (paucibacillary leprosy). The affected area of skin may feel numb because of nerve damage underneath. Tuberculoid leprosy is less contagious than other forms.

Lepromatous: A more severe form of the disease. It involves widespread skin bumps and rashes (multibacillary leprosy), numbness, and muscle weakness. The nose, kidneys, and male reproductive organs may also be affected. It is more contagious than tuberculoid leprosy.

Borderline: People with this type of leprosy have symptoms of both the tuberculoid and lepromatous forms.

Diagnosis of leprosy

If you have a suspicious skin sore, your doctor will remove a small sample of the abnormal skin and send it to a lab to be examined. This is called a skin biopsy. A skin smear test may also be done. With paucibacillary leprosy, no bacteria will be detected. In contrast, bacteria are expected to be found on a skin smear test from a person with multibacillary leprosy.

How is Leprosy treated?

Leprosy can be cured. In the last two decades, more than 14 million people with leprosy have been cured. The WHO provides free treatment for all people with leprosy.

Treatment depends on the type of leprosy that you have. Antibiotics are used to treat the infection. Long-term treatment with two or more antibiotics is recommended, usually from six months to a year. People with severe leprosy may need to take antibiotics longer. However, antibiotics cannot reverse nerve damage.

Anti-inflammatory drugs are used to control swelling related to leprosy. This may include steroids, such as prednisone.

Patients with leprosy may also be given thalidomide, a potent medication that suppresses the body's immune system. It helps treat leprosy skin nodules. Thalidomide is known to cause severe, life-threatening birth defects and should never be taken by pregnant women.

Leprosy complications

Without treatment, leprosy can permanently damage your skin, nerves, arms, legs, feet, and eyes.

Complications of leprosy can include:

Blindness or glaucoma.

Disfiguration of the face (including permanent swelling, bumps, and lumps).

Erectile dysfunction and infertility in men.

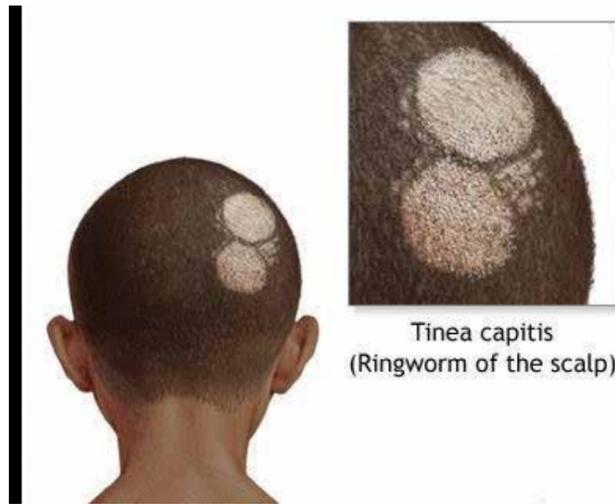
Kidney failure.

Muscle weakness that leads to claw-like hands or an inability to flex the feet.

Permanent damage to the inside of the nose, which can lead to nosebleeds and a chronic, stuffy nose.

Permanent damage to the peripheral nerves, the nerves outside the brain and spinal cord, including those in your arms, legs, and feet.

Nerve damage can lead to a dangerous loss of feeling. A person with leprosy-related nerve damage may not feel pain when the hands,



Tinea capitis
(Ringworm of the scalp)

legs, or feet are cut, burned, or otherwise injured.

Approximately one to two million people worldwide are permanently disabled because of leprosy.

Carbuncles

A carbuncle is a red, swollen, and painful cluster of boils that are connected to each other under the skin. A boil (or furuncle) is an infection of a hair follicle that has a small collection of pus (called an abscess) under the skin. Usually single, a carbuncle is most likely to occur on a hairy area of the body, such as the back or nape of the neck. But a carbuncle also can develop in other areas of the body, such as the buttocks, thighs, groin, and armpits.

Causes

Most carbuncles are caused by *Staphylococcus aureus* bacteria, which inhabit the skin surface, throat, and nasal passages. These bacteria can cause infection by entering the skin through a hair follicle, small scrape, or puncture, although sometimes there is no obvious point of entry.

Filled with pus – a mixture of old and white blood cells, bacteria, and dead skin cells – carbuncles must drain before they are able to heal. Carbuncles are more likely than boils to leave scars.

An active boil or carbuncle is contagious: the infection can spread to other parts of the person's body or to other people through skin-to-skin contact or the sharing of personal items. So it is important to practise appropriate self-care measures, like keeping the area clean and covered, until the carbuncle drains and heals.

Carbuncles require medical treatment to prevent or manage complications, promote healing, and minimise scarring. Contact your doctor, if you have a boil or boils that have persisted for more than a few days.

Risk factors for carbuncles

Older age, obesity, poor hygiene, and poor overall health are associated with carbuncles. Other risk factors for carbuncles include:

Chronic skin conditions, which damage the skin's protective barrier

Diabetes

Kidney disease

Liver disease

Any condition or treatment that weakens the immune system

Carbuncles also can occur in otherwise healthy, fit, younger people, especially those who live together in group settings, such as college dorms and share items such as bed linens, towels, or clothing. In addition, people of any

age can develop carbuncles from irritations or abrasions to the skin surface caused by tight clothing, shaving, or insect bites, especially in body areas with heavy perspiration.

Symptoms of carbuncles

The boils that collect to form carbuncles

usually start as red, painful bumps. The carbuncle fills with pus and develops white or yellow tips that weep, ooze or crust. Over a period of several days, many untreated carbuncles rupture, discharging a creamy white or pink fluid.

Superficial carbuncles – which have multiple openings on the skin's surface – are less likely to leave a deep scar. Deep carbuncles are more likely to cause significant scarring.

Other carbuncle symptoms include fever, fatigue and a feeling of general sickness. Swelling may occur in nearby tissue and lymph nodes, especially lymph nodes in the neck, armpit, or groin.

Complications of carbuncles

Sometimes, carbuncles are caused by methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria, and require treatment with potent prescription antibiotics if the lesions are not drained properly.

In rare cases, bacteria from a carbuncle can escape into the bloodstream and cause serious complications, including sepsis and infections in other parts of the body, such as the lung, bones, joints, heart, blood, and central nervous system.

Sepsis is an overwhelming infection of the body that is a medical emergency and can be fatal, if left untreated. Symptoms include chills, a spiking fever, rapid heart rate, and a feeling of being extremely ill.

Home treatment for carbuncles

The cardinal rule is to avoid squeezing or irritating a carbuncle, which increases the risk of complications and severe scarring.

Warm compresses may promote the drainage and healing of carbuncles. Gently soak the carbuncle in warm water, or apply a clean, warm, moist washcloth for 20 minutes several times per day. Similar strategies include covering the carbuncle with a clean, dry cloth and gently applying a heating pad or hot water bottle for 20 minutes several times per day. After each use, washcloths or cloths should be washed in hot water and dried at a high temperature.

Washing the carbuncle and covering the area with a sterile bandage also may promote drainage and healing and help prevent the infection from spreading. Over-the-counter medications, such as acetaminophen or ibuprofen, can help relieve the pain of an inflamed carbuncle.

It is important to thoroughly wash your hands after touching a carbuncle. Launder any clothing, bedding, and towels that have touched a carbuncle and avoid sharing bedding, clothing, or other personal items.

Medical treatments for carbuncles

See your doctor if a boil or boils do not drain and heal after a few days of home treatment, or if you suspect you have a carbuncle. Also, seek medical evaluation for a carbuncle that develops on your face, near your eyes or nose, or on your spine. Also see a doctor for a carbuncle that becomes very large or painful.

Your doctor may cut and drain the carbuncle, and ensure that all the pus has been removed by washing the area with a sterile solution. Some of the pus can be collected and sent to a lab to identify the bacteria causing the infection and check for susceptibility to antibiotics.

If the carbuncle is completely drained, antibiotics are usually unnecessary. But treatment with antibiotics may be necessary, in cases such as:

When MRSA is involved and drainage is incomplete

There is surrounding soft-tissue infection (cellulitis)

A person has a weakened immune system

An infection has spread to other parts of the body

Depending on severity, most carbuncles heal within two to three weeks after medical treatment.

Impetigo

Impetigo is a highly contagious bacterial skin infection. It can appear anywhere on the body but usually attacks exposed areas. Children tend to get it on the face, especially around the nose and mouth, and sometimes on the arms or legs. The infected areas appear in plaques, ranging from dime to quarter size, starting as tiny blisters that break and expose moist, red skin. After a few days, the infected area is covered with a grainy, golden crust that gradually spreads at the edges.

In extreme cases, the infection invades a deeper layer of skin and develops into ecthyma, a deeper form of the disease. Ecthyma forms small, pus-filled bumps with a crust much darker and thicker than that of ordinary impetigo. Ecthyma can be very itchy, and scratching the irritated area spreads the infection quickly. Left untreated, the sores may cause permanent scars and pigment changes.

The gravest potential complication of impetigo is post-streptococcal glomerulonephritis, a severe kidney disease that occurs following a strep infection in less than one per cent of cases, mainly in children. The most common cause of impetigo is *Staphylococcus aureus*. However, another bacteria source is group A streptococcus. These bacteria lurk everywhere. It is easier for a child with an open wound or fresh scratch to contract impetigo. Other skin related problems, such as eczema, body lice, insect bites, fungal infections, and various other forms of dermatitis can make a person susceptible to impetigo.

Most people get this highly infectious disease through physical contact with someone who has it, or from sharing the same clothes, bedding, towels, or other objects. The very nature of childhood, which includes lots of physical contact and large-group activities, makes children the primary victims and carriers of impetigo.

continued on page 19



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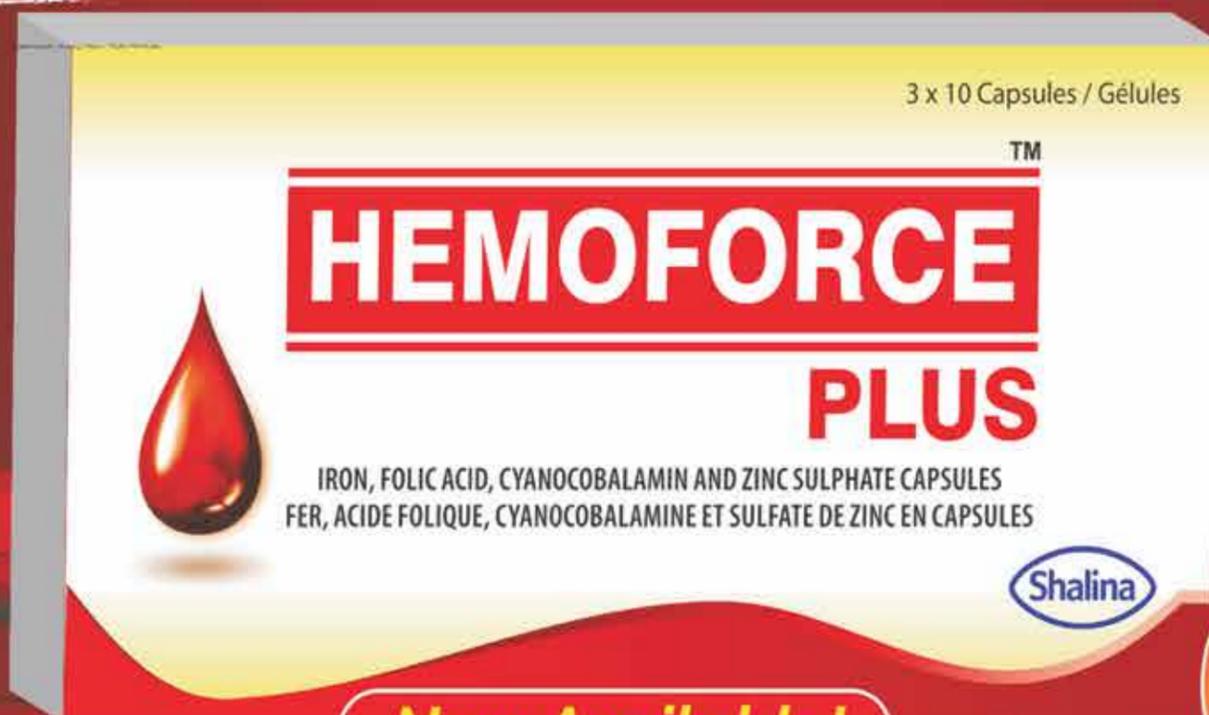


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Effective treatment of skin infections

continued from page 17

Pilonidal cyst

A pilonidal cyst occurs at the bottom of the tailbone (coccyx) and can become infected and filled with pus. Once infected, the technical term is pilonidal abscess. Pilonidal abscesses look like a large pimple at the bottom of the tailbone, just above the crack of the buttocks. It is more common in men than in women. It usually happens in young people up into the fourth decade of life.

Causes

Most doctors think that ingrown hairs cause pilonidal cysts. Pilonidal means "nest of hair." It is common to find hair follicles inside the cyst. Another theory is that pilonidal cysts appear after trauma to that region of the body. During World War II, more than 80,000 soldiers developed pilonidal cysts that required a hospital stay. People thought the cysts were due to irritation from riding in bumpy Jeeps. For a while, the condition was actually called "Jeep disease."

Symptoms

The symptoms of a pilonidal cyst include:

- Pain at the bottom of the spine
- Swelling at the bottom of the spine
- Redness at the bottom of the spine
- Draining pus
- Fever

When to seek medical care for a pilonidal cyst

A pilonidal cyst is an abscess or boil that needs to be drained or lanced, to improve. Like other boils, it does not improve with antibiotics. If any of the above symptoms occur, consult a doctor.

Exams and tests

A doctor can diagnose a pilonidal cyst by taking a history (asking about the patient's history and symptoms regarding the cyst) and performing a physical exam. The doctor may find the following conditions:

- Tenderness, redness, and swelling between the cheeks of the buttocks just above the anus
- Fever
- Increased white blood cells on a blood sample (not always taken)
- Inflammation of the surrounding skin

Home remedies

Early in an infection of a pilonidal cyst, the redness, swelling, and pain may be minimal. Sitting in a warm tub may decrease the pain and may decrease the chance that the cyst will develop to the point of requiring incision and drainage.

Medical treatment for a pilonidal cyst

Antibiotics do not heal a pilonidal cyst. Doctors have any of a number of procedures available, including the following treatments.

The preferred technique for a first pilonidal cyst is incision and drainage of the cyst, removing the hair follicles and packing the cavity with gauze.

Advantage – Simple procedure done under local anaesthesia.

Disadvantage – Frequent changing of gauze packing until the cyst heals, sometimes up to three weeks.

Marsupialization – This procedure involves incision and



draining, removal of pus and hair, and sewing of the edges of the fibrous tract to the wound edges to make a pouch.

Advantages – Outpatient surgery under local anaesthesia, minimises the size and depth of the

wound without the need to pack gauze in the wound.

Disadvantages – Requires about six weeks to heal, needs a doctor trained in the technique.

Another option is incision and drainage with immediate closing of the wound.

Advantages – Wound completely closed immediately following surgery without need for gauze.

Disadvantages – High rate of recurrence (it is hard to remove the entire cyst, which might come back). Typically performed in an operating room, it requires a specially trained surgeon.

Skin and molluscum contagiosum

Molluscum contagiosum is a viral skin infection that causes either single or multiple raised, pearl-like bumps (papules) on the skin. It is a chronic infection and lesions may persist from a few months to a few years. However, most cases resolve in six to nine

months.

Causes

Molluscum contagiosum is caused by a virus (the molluscum contagiosum virus) that is part of the pox virus family. The virus is contagious through direct contact and is more common in children. However, the virus also can be spread by sexual contact and can occur in people with compromised immune systems. Molluscum contagiosum can spread on a single individual through scratching and rubbing.

Symptoms

Common locations for the molluscum contagiosum papules are on the face, trunk, and limbs of children and on the genitals, abdomens, and inner thighs of adults. The condition usually results in papules that:

- Are generally painless, but can itch
- Are small (2 to 5 millimetre

continued on page 21

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Effective treatment of skin infections

continued from page 19
(diameter)

- Have a dimple in the centre
- Are initially firm, dome-shaped, and flesh-coloured

- Become softer with time
- May turn red and drain over time

- Have a central core of white, waxy material

Molluscum contagiosum usually disappears spontaneously over a period of months to years in people who have normal immune systems. In people who have AIDS or other conditions that affect the immune system, the lesions associated with molluscum contagiosum can be extensive and especially chronic.

Diagnosis

Diagnosis of molluscum contagiosum is based on the distinctive appearance of the lesion. If the diagnosis is in question, a doctor can confirm the diagnosis with a skin biopsy -- the removal of a portion of skin for closer examination. If there is any concern about related health problems, a doctor can check for underlying disorders.

Treatment

Molluscum contagiosum is usually self-limited, so treatment is not always necessary. However, individual lesions may be removed by scraping or freezing. Topical medications, such as those used to remove warts, may also be helpful in lesion removal.

Note: The surgical removal of individual lesions may result in scarring.



Prevention

To prevent molluscum contagiosum, follow these tips:

- Avoid direct contact with anyone who may have the condition.

- Treat underlying eczema in children.

- Remain sexually abstinent or have a monogamous sexual relationship with an uninfected individual. (Male and female condoms cannot offer full protection as the virus can be found on areas not covered by the condom.)

Shingles

Shingles (herpes zoster) results from a reactivation of the virus that also causes chickenpox. With shingles, the first thing you may notice is a tingling sensation or

pain on one side of your body or face. Painful skin blisters then erupt on only one side of your face or body along the distribution of nerves on the skin. Typically, this occurs along your chest, abdomen, back, or face, but it may also affect your neck, limbs, or lower back. The area can be very painful, itchy, and tender. After one to two weeks, the blisters heal and form scabs, although the pain often continues.

The deep pain that follows after the infection has run its course is known as postherpetic neuralgia. It can continue for months or even years, especially in older people. The incidence of shingles and of postherpetic neuralgia rises with increasing

age. More than 50 per cent of cases occur in people over 60. Shingles usually occurs only once, although it has been known to recur in some people.

What causes shingles?

Shingles arises from varicella-zoster, the same virus that causes chickenpox. Following a bout of chickenpox, the virus lies dormant in the spinal nerve cells. But it can be reactivated years later when the immune system is suppressed by:

- Physical or emotional trauma
- A serious illness
- Certain medications

Medical science doesn't understand why the virus becomes reactivated in some people and not in others.

Chicken pox

Chickenpox (varicella), a viral illness characterised by a very itchy red rash, is one of the most common infectious diseases of childhood. It is usually mild in children, but adults run the risk of serious complications, such as bacterial pneumonia.

People who have had chickenpox almost always develop lifetime immunity (meaning you can't get it again). However, the virus remains dormant in the body, and it can reactivate later in life and cause shingles.

Understanding chicken pox

Because the chickenpox virus can pass from a pregnant woman to her unborn child, possibly causing birth defects, doctors often advise women considering pregnancy to confirm their immunity with a blood test.

Causes of chicken pox

Chickenpox is caused by the herpes zoster virus, also known as the varicella zoster virus. It is spread by droplets from a sneeze or cough, or by contact with the clothing, bed linens, or oozing blisters of an infected person. The onset of symptoms is seven to 21 days after exposure. The disease is most contagious a day before the rash appears and up to seven days after, or until the rash is completely dry and scabbed.

Reports compiled by Temitope Obayendo with addition information from National Library of Medicines: A prevalence survey of skin diseases in Nigerian children; webmd.com/skin-problems-and-treatments and wikipedia.org/wiki/Skin_infection

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Akeredolu, Fayemi, others charge FG to explore pharmacists' diverse potentials

continued from front page

occasion, the guest of honour who was also an award recipient, Governor Akeredolu, said he was pleased that community pharmacists across the country found him worthy to be their guest of honour at the event, noting that since he became governor, he had been making efforts to ensure that sanity was restored to the healthcare sector in Ondo State, while also supporting pharmacy activities.

Akeredolu, who noted that community pharmacists had so much to do to ensure that the pharmaceutical needs of the nation's teeming populace were met, added that repositioning the healthcare sector, as well as collaborating with other healthcare providers, was the way to ending the challenges of primary healthcare provision in the country.

Acknowledging the vital roles of community pharmacists, the governor said this should motivate them to be more dedicated and passionate about their chosen profession, adding that the practitioners should ensure adequate use of their potentials, saying there are many untapped potentials of the community pharmacists that the government should not lose sight of.

While appreciating the ACPN for the award given to him, the governor pledged his readiness to continually promote and prioritise the well-being of the people of Ondo State.

Also during his remarks at the event, the Minister of Health, Dr Osagie Ehanire, stressed the need for all health professionals to work towards addressing the health challenges of the citizenry, while reiterating the readiness of the Federal Government to involve community pharmacists in its drive towards universal health coverage.

While acknowledging the pivotal roles of the ACPN in primary healthcare delivery in the country, especially during the peak of the COVID-19 pandemic, the health minister spoke on President Buhari's effort at scaling up primary health centres to one per political ward in the country, while urging community pharmacists to renew their commitment towards ensuring quality services in primary healthcare provision.

In his speech at the conference, PSN President, Pharm. Mazi Sam Oluwabunwa, who noted that he was impressed with the level of organisation of the conference by the ACPN despite the impact of COVID-19 and its resultant effects, which he said have been devastating globally, noted that the leadership of the association had exceeded expectations.

Extolling the crucial roles that community pharmacists play in every society, Oluwabunwa enjoined them to avail themselves of capacity



L-R: Pharm. NAE Mohammed, registrar, PCN; Hon Makinde Araoye, special adviser to the Ekiti State governor on federal matters, who represented Dr. John Kayode Fayemi, governor of Ekiti State and chairman, Nigerian Governors Forum; Mr Rotimi Akeredolu, the newly re-elected Governor of Ondo State and Dr Samuel Adekola, national chairman, Association of Community Pharmacists of Nigeria (ACPN), at the 39th Annual National Conference of the Association of Community Pharmacists of Nigeria (ACPN), held in Abuja last December.

development programmes in order to enhance their relevance as primary healthcare providers.

Speaking further, Oluwabunwa advised that healthcare managers in the country should adopt a new paradigm that sees every healthcare professional as a national asset that can be effectively deployed to meet the healthcare needs of the citizens, adding that the current rigidity and limited vision must be jettisoned.

Assuring ACPN of maximum support from the PSN and other relevant stakeholders, Oluwabunwa said: "We assure all community pharmacists that we shall continue to work hand in glove with the ACPN to ensure a more professional and profitable practice environment. Our consultant pharmacists will begin to occupy their hard won places in the healthcare system."

In his own contribution, Registrar of the Pharmacists Council of Nigeria (PCN), Pharm. NAE Mohammed, who equally commended the theme of the conference, assured that the PCN was working round the clock to ensure that the various challenges confronting the ACPN would soon come to an end.

He further stressed the need for community pharmacists to be involved in public health intervention programmes.

Earlier in his address, the National Chairman, ACPN, Dr Samuel Adekola described 2020 as a very challenging year for the association as well as the nation, as the health sector was stretched to its limit amidst the outbreak of the COVID-19

pandemic, adding that many who escaped the onslaught of the virus were not spared some of its other aftermaths like job losses, salary cuts, business collapse and others.

"As a people, our great association lost many members in the passing year than I could remember in the past, some of which were due directly to COVID-19, as well as the gruesome murder of our national publicity secretary, Pharm. Sunday Ike, at his point of duty in Abuja. This was a disheartening reflection of the high level of insecurity that bedevils our dear nation," he lamented.

The highpoint of the event was the presentation of awards of excellence and other categories of awards to five personalities, in appreciation of their commitment and support to pharmacists, pharmacy profession and pharmaceutical activities in the country.

The recipients included Governor Rotimi Akeredolu of Ondo State; Senator Rabi'u Kwankwaso, former governor of Kano State; Sen. Matthew Uroghide, chairman, Senate Committee on Public Accounts; Senator Sadiq Umar, a philanthropist and public affair analyst, and Chief Rufus Foluso Giwa, the late Ondo State business mogul and philanthropist.

While appreciating the ACPN, the duo of Akeredolu, and Sen. Rabi'u Kwankwaso, who was represented by Sen. Rufai Sani Hanga, noted that the awards would propel them to do better for humanity, adding that good work deserves commendation, while pledging to continually

promote and prioritise the well-being of the people.

The conference had in attendance several other personages from the healthcare sector and other walks of life, including Pharm. Bonifaye Ikoh, director of pharmaceutical services, FCT, Abuja; Prof. Mbang Femi-Oyewo, chairman, PSN, BOF, represented by Sir Iyke John Ugwu; Hon. Lucky Orimisan Ayedatiwa, deputy gov elect, Ondo State; Mr Dare Aragbaiye, commissioner for finance, Ondo State; Hon. Donald Ojogo, commissioner for information and orientation; Engr Ade Adetimehin, chairman, APC, Ondo State; Hon Temitayo Oluwatuyi, secretary to the state government, Ondo State; Dr Albert Kelong Alkali, immediate past national chairman, ACPN; Dr. Ejiro Foyibo, deputy president, South, PSN; Mr Muhammad K. Ahmad, chairman of the occasion.

Others were Pharm. Azubike Okwor, former president, PSN; Pharm. UNO Uwaga, former president, PSN; Pharm. Deji Osinoiki, former national chairman, ACPN; Prof. Lere Baale, president, Business School Netherland; Prof. Wilson Erhun, professor of clinical pharmacy, OAU, Ile-Ife; Pharm. Folashade Lawal, managing director, Victory Drugs, Lagos; Pharm. Emeka Okafor, Society for Family Health; Pharm. Olumide Akintayo, former president, PSN; Pharm. Olufemi Ismail Adebayo, former national chairman, ACPN; Pharm. (Mrs) Taiwo Olubukola Aliu, chairman, CPC, and Pharm. Jelili Kilani, chairman, PSN, FCT, among others.



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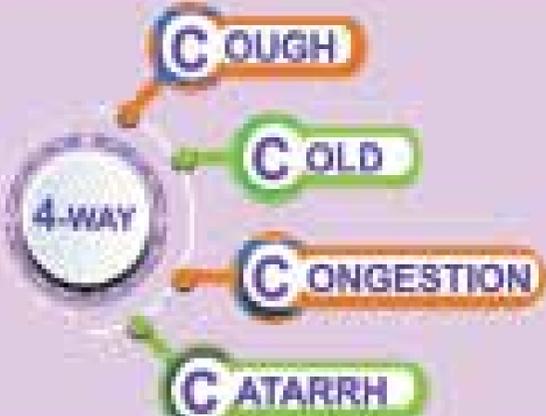
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Boost your immune system and prevent COVID-19

By Chima Ejimofor

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people who fall sick of COVID-19 will experience mild to moderate symptoms and recover without special treatment.

The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or exhales. These droplets, being too heavy, usually quickly fall on floors or surfaces. Being in close proximity to an infected person may cause infection through breathing in the virus. Infection can also occur by touching a contaminated surface and then the eyes, mouth or nose.

The immune system

The immune system is a complex network of cells and proteins that defend the body against infection, disease or other potentially damaging foreign bodies. Its main task is to fight disease-causing germs (pathogens) like bacteria, viruses, parasites or fungi, and to remove them from the body; to recognise and neutralise harmful substances from the environment, and to fight disease causing changes in the body, such as cancer cells.

The main components of the immune system include the white blood cells (lymphoid organs) stored in various parts of the body, including, thymus, spleen, bone marrow and lymph nodes. The skin and the mucous membranes are the first barriers. The stomach also contains powerful acids that kill bad bacteria and other micro-organisms that may be ingested with food. It also houses good bacteria that prevent the outgrowth of harmful species. The liver neutralises toxins absorbed from food, air and drink.

Note the following:

The immune system needs to be able to tell self from non-self.

An antigen is any substance that can spark an immune response.

Antibodies are special proteins that lock on to specific antigens.

Everyone's immune system is different, but as a general rule, it becomes stronger during adulthood.

There are three types of immunity in humans. These are called **innate** (inborn), **adaptive** or acquired (developed as we go through life), and **passive** (borrowed).

Immune disorders fall into three categories:

Immunodeficiencies. These are caused by age, obesity, alcohol or even malnutrition

Autoimmunity. Here, the immune system mistakenly targets healthy cells rather than foreign cells.

Hypersensitivity. Here, the immune system overreacts in a way that damages healthy tissue.

Immune system and nutrition

Good health starts with good nutrition. A healthy immune system is your best defense against any attack. Let your food, not drugs, be your medicine.

The human body is a complex organism and has the ability to grow and heal itself, if we will all take personal responsibility to listen to it and respond with proper nourishment and care.

Despite all the abuses we subject our bodies to in the name of "modernisation" – exposure to environmental toxins, poor nutrition, alcohol consumption, cigarette smoking, sedentary



lifestyle or inactivity etc – the body still usually serves us well for many years before signs of illness may start to appear.

What is oxidative stress?

Oxidative stress is an imbalance between free radicals and anti-oxidants in your body.

Free radicals are oxygen-containing molecules with an uneven number of electrons. The uneven number allows them to easily react with other molecules. Free radicals (also called the "area boys" in our bodies) can cause large scale chemical reactions in our bodies because they react so easily with other molecules. These reactions are called oxidation. They can be beneficial or harmful.

Antioxidants are molecules that can donate an electron to a free radical without making themselves unstable. This causes the free radical to stabilise and become less reactive.

Oxidation is a normal and necessary process that takes place in our bodies.

Oxidative stress is the root cause of all disease and degenerative conditions experienced in our bodies over time. It also contributes to aging!

Free radicals are introduced to our bodies in the course of everyday living. This occurs through natural processes like exercise or inflammation; or through the environment (ozone), certain pesticides and cleaners, cigarette smoke, car, factory and generator fumes, radiation, pollution, diet high in sugar, fat and alcohol etc.

Management and prevention of oxidative stress

While it is impossible to completely avoid free radical exposure and oxidative stress, you can minimise its effects on your body. This is done by increasing your levels of antioxidants and decreasing the formation of free radicals through proper diet/food intake and the use of high-quality nutritional supplements. If

possible, eat five servings per day of a variety of fruits and vegetables like berries, cherries, citrus fruits, prunes, dark leafy greens, broccoli, carrots, tomatoes, olives etc. Also, dietary antioxidant sources include fish and nuts, vitamins E and C, turmeric, onions, garlic, cinnamon, aloe vera etc.

Our lifestyle choices are also very important. Adopt a healthy lifestyle that includes regular exercise routine, adequate sleep, no smoking, reduced alcohol, avoid obesity and overeating, emotional and mental stress, proper intake of alkaline water etc.

Specific immune boosters that will aid in the fight against COVID-19 include Vitamin A (Beta Carotene). This assists with the health of your intestines and respiratory system. Vitamin A-rich foods include carrots, sweet potato, spinach, broccoli and red bell peppers. Vitamin C helps stimulate the formation of antibodies. Examples include citrus fruits, strawberries, red bell peppers and kiwi. Vitamin E promotes the neutralisation of free radicals by working as an antioxidant. Examples include vegetable oils, nuts, seeds and avocado.

Zinc is also very important. There are many zinc-dependent enzymes in our body and its deficiency is often linked with immune dysfunction. Zinc-rich foods include beans, seeds, nuts, meat, poultry and seafood.

Nutritional supplements

Traditional medicine alone without the body's own healing power (a healthy immune system) is ineffective. The need for high quality nutritional supplements which serve a complementary role is now widely recognised. Healthcare practitioners know that selenium, calcium, magnesium and vitamins are simply nutrients that we should be getting from our foods. They are not drugs! They are natural substances that support natural enzymes, antioxidants and the immune system.

Why do we need supplements?

Recommended daily allowances (RDAs) are minimum requirements of ten essential nutrients that help avoid acute deficiency diseases like scurvy (deficiency of vitamin C), rickets (deficiency of vitamin D) and pellagra (deficiency of niacin). The RDAs started in the early 1920s and 1930s. They did a great job in effective eradication of these diseases. Over the years, the list grew to include amounts of nutrients needed for normal growth and development.

No less important is the need for nutritional supplementation AND particularly, its effect on chronic degenerative diseases. The amount of food required to be consumed to get the optimal level of certain nutrients is the most important reason why nutritional supplementation must be embraced by all. Multivitamins are not the same as nutritional supplements. This is because multivitamins are primarily based on RDAs.

It will interest you to know that properly prescribed and administered medication is the fourth leading cause of death in the US. Nutritional supplements are simply nutrients we get from our foods, only at a higher level than is possible from regular eating.

In conclusion, the effectiveness of nutritional supplements in preventing and/or slowing down the progression of degenerative disease is enhanced by lifetime use.

Choosing your nutritional supplements

A few basic guidelines are needed to ensure you are taking high quality supplements.

High quality nutritional supplements are not cheap. See them as a health insurance package. Create a budget for them. Once you lose your health, it is very difficult to regain it, no matter how much money you are willing and able to spend.

Do a proper investigation of the nutritional company. A good company will follow good manufacturing practices (GMP) for pharmaceuticals. They produce what is called pharmaceutical grade supplements. They will put the actual amounts of the nutrients found in their products on the label and give full disclosure of all their ingredients.

The products will carry an expiration date and the company's full address rather than a P.O. Box number.

Where do they market their products? A company marketing internationally usually has to follow higher standards than local companies. Canada, Australia and Western European countries have the highest standards for the manufacturing of nutritional supplements.

Mrs Chima Ejimofor is the lead partner of infinite health consult, and available for health and wellness seminars and talks. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email infinitehealthconsult@gmail.com

NMA's opposition to pharmacist consultant cadre egoistic, says PSN

-Urges FG to ignore NMA's call for withdrawal of circular

By Temitope Obayendo

There seems to be no end in sight to the crisis rocking the implementation of the consultant cadre for pharmacists in the country, as the leadership of the Pharmaceutical Society of Nigeria (PSN) has berated the petition of the Nigerian Medical Association (NMA) to the Federal Government for the suspension of the cadre, describing it as purely self-centered rather than altruistic.

NMA President, Prof. Innocent Ujah, had petitioned the Secretary to the Government of the Federation (SGF), Mr Boss Mustapha, on behalf of the association, requesting the suspension of the consultant pharmacist cadre, arguing that it is "capable of causing disruptions in healthcare delivery system in the hospital, as it blurs the lines of competence and responsibility among different cadres and profession in the healthcare industry".

In the 5 November 2020 communique, titled "Consultant Pharmacist Cadre: Danger to the Fragile Health System" and signed by the NMA president, the association stated several reasons why the consultant cadre should not be implemented for pharmacists.

However, in a swift reaction to the petition, the PSN has urged the Federal Government to ignore the call by the NMA, saying it negates global best practice.

Also, in a related development, a Nigerian medical doctor practising in the United States, Dr Anurika Ndidi, had earlier condemned the NMA and its president for opposing the approved consultant cadre for pharmacists in the country.

In a statement addressed to the

NMA president, Ndidi described the NMA's stance as shameful to the medical profession, saying it smacks of inferiority complex.

She said: "I became ashamed at how low the decision makers in Nigeria stooped to drag against what should be applauded and encouraged. I saw the unnecessary letter as a show of shame to doctors, which makes it look as if we now feel less of ourselves. I was never trained to feel less of myself."

"Thinking that someone becoming a consultant in Nursing or Pharmacy or even Laboratory will take job away from consultants in Medicine is a wrong judgement, Mr President," she flayed.

The PSN, in a statement addressed to the Minister of Health, Dr Osagie Ehanire, and obtained by *Pharmanews*, stated that contrary to the NMA's position, implementing the consultant pharmacist cadre will make the healthcare system better than what it is presently.

"In the light of the foregoing, in line with global best practice and given the immense benefits of the consultant pharmacist cadre to the healthcare system of our dear country, we urge Your Excellency, to ignore the petition of the leadership of NMA and appropriately disregard their call for the withdrawal of the circular of the Consultant Pharmacist cadre in Nigeria. Nigeria's health system shall be better off with this cadre."

"NMA's position is purely egoistic rather than altruistic. Permit us also to add that this growing penchant of the NMA to often

challenge decisions of government and impose its self-centered wishes through blackmail (strike action) must be strongly reprimanded. Otherwise, it might create so much dissonance and entropy where every other professional group would dictate to government not only what it wants but also what it approves for other professional groups", PSN maintained.

Countering the NMA's petition that the circular for the approval of the pharmacist consultant cadre was hastily released without following due process, the PSN insisted that the document followed due process and fulfilled all the requirements as stipulated by the National Council on Establishment (NCE).

"Sir, it is appropriate to inform you that the NCE had in August 2011 given approval for the creation of the Pharmacist Consultant Cadre. This approval followed the receipt and adoption of the recommendations contained in a report of its technical committee on the review of the Scheme of Service and creation of consultant pharmacist cadre in the public service. However, owing to reasons beyond our comprehension, the follow-up circular was not released."

"In 2015, in an apparent attempt at releasing the circular, the Office of Head of Civil Service of the Federation (OHCSF) dispatched a letter dated 28 July 2015 (reference no: HCSF/EPO/EIR/NCE/100/S.6/T/56) to the Permanent Secretary, Federal Ministry of Health (FMOH) requesting for his views/comments and inputs



Pharm. (Mazi) Sam Oluwabunwa
President, PSN

before the release of the circular as approved by the NCE in 2011. The FMOH responded via a letter dated 5th October 2015 (reference no: C4007/T4/315) in which the ministry reaffirmed its full support for the creation of the consultant cadre for pharmacists.

"How on earth can a process of review of the scheme of service which started with the submission of a memorandum to NCE in 2007 culminating in the release of the circular in 2020, thirteen (13) years down the line be said to be hastily done", the PSN queried.

"The leadership of NMA needs to appreciate the fact that modern healthcare delivery is not indigenous to Nigeria but was imported from the developed world where the roles and responsibilities of each healthcare professional are well defined within the framework of its acquired competencies" it stated.

UniUyo pharmacy faculty gears up for PharmD takeoff

- Awaits NUC verification team's result

Ranmilowo Ojalumo

Barring any last minute exigency, the Faculty of Pharmacy, Federal University of Uyo will commence the PharmD curriculum, starting from the institution's 2020/2021 academic session.

The acting Dean of the faculty, Dr Emmanuel Etim, made this disclosure during an interview with *Pharmanews* recently, adding that the faculty is poised for more achievements that will expedite the advancement of the Nigerian pharmaceutical industry.

Etim further revealed that the resource verification team of the National Universities Commission (NUC) visited the institution's Faculty of Pharmacy on 7 December, 2020, for the PharmD resource verification, adding that the institution is currently awaiting the verification team's result, which he said will hopefully be a favourable one.

The dean also pointed out that while the faculty is looking forward to start the PharmD programme, the departments of Pharmaceutical Microbiology and Biotechnology have been created in the faculty, stressing that this will pave way for training of experts in Quality Assurance and Quality control, as well as research into biotechnology.

He said: "There has been some innovative research in the faculty. Recently, two pharmacists from the faculty came out overall first and third place in the entire country, in a competition to harness finished product from raw materials. Given enough motivation, the faculty will achieve more."

Giving further updates on

the faculty, the Etim, an associate professor of Pharmaceutical and Medicinal Chemistry, said: "Let me start with the latest development in the University of Uyo. We have a new vice-chancellor in the person of Prof. Nya Udo Ndaeyo from the Faculty of Agriculture, who was a part-time lecturer in the department of Pharmacognosy and Natural Medicine of our faculty. Before our last accreditation in 2015, the faculty had five departments but the department of Pharmaceutical Microbiology and Biotechnology has now been created."

"Recently, precisely Monday, 7, December 2020, the resource verification team from the National Universities Commission (NUC) visited our faculty for PharmD resource verification. The results of the team is awaited and hopefully our 2020/2021 admission will be for Pharm.D since I expect a positive outcome."

"The creation of the departments of Pharmaceutical Microbiology and Biotechnology is one of such efforts the Faculty of Pharmacy in the University of Uyo has put in place to advance the Nigerian Pharmaceutical Sector."

The departments will pave way for training of experts in Quality Assurance and Quality control, as well as research into biotechnology. Also the migration to Pharm. D will train pharmacists and position them well to tackle the issue of drug monitoring, and improve patient to pharmacists relationship", the associate professor enthused.

The dean however lamented Nigeria's dependence on importation of drugs, stating that

the problem of drug importation in Nigeria will linger unless the government stops paying lip service to industrialisation.

He said: "In attempting drug manufacturing in Nigeria, you realise that everything but water is imported. However, what I am proposing is a situation where other units are up and doing. For example, the Faculty of Agriculture should cultivate and process medicinal plants for use; the Faculty of Engineering should fabricate and produce simple equipment for manufacturing; the chemical industry should produce fine chemicals which could be used for drug compounding. With these types of collaboration, we will bridge the gap in drug importation and manufacturing."

Etim enjoined the Pharmacists Council of Nigeria (PCN) and the Pharmaceutical Society of Nigeria (PSN) to encourage the manufacturers of drugs being imported into the country to establish their factories in Nigeria, adding that the two bodies should prevail on the Nigerian government to reduce import duty for local pharmaceutical companies.

He said: "There is harmony between PCN and PSN, so they should try to convince most companies who export drugs to Nigeria to locate their factories in the country by reducing license processing fee and other incentives. PCN and PSN should try and cause government to reduce importation fee for pharmaceutical companies operating in the country and also ensure that the local drug manufacturers have access to low

interest loans.

"The departments of pharmaceuticals and pharmaceutical technology in faculties of pharmacy and pharmaceutical sciences should be well equipped to carry out some drug production. Learning drug production in schools will cause the students to develop a passion for industrial pharmacy."

"Just as there is waiver for the importation of some commodities, the government should give special waiver for importation of pharmaceutical raw materials and drugs. This will encourage investors in the drug industry and reduce the cost of medications. There should be serious checks at the country's borders to reduce the influx of fake drugs."

The dean also called on pharmacists in the country to stand by the ethics of their profession and avoid cutting corners. He also enjoined pharmacists to participate in the nation's politics so as to get involved in the act of governance.

His words: "Nigerian pharmacists should adhere strictly to the oath of their profession. That oath which we administer during induction should be visited regularly. Pharmacists in community practice are those who fly the flag of this profession. They should be professional in practice, and avoid cutting corners."

"Our young pharmacists should know that money will come but not by registering two or more persons or selling the dignity of our profession. Most importantly, pharmacist should venture into politics so as to be involved in the general act of governance."

Developing a flux culture that supports growth in 2021

By Pharm. Sesan Kareem

There are three keys to growth as an individual or an organisation: Strategy, leadership and culture. Having the right strategy in place will save you time, efforts and resources. Possessing the right leadership mindset to take responsibility for your results will fast track your success and greatness. However, you must also develop the culture required for growth and transformation because strategy and leadership are not enough. Peter Drucker brilliantly opined, "Culture eats strategy for breakfast every day."

Year 2020 has clearly revealed how uncertain our world is, how well-planned strategy can become quickly outdated. Year 2021, provides a new opportunity to think and act differently. Most important, the new year comes with new opportunities to do things differently in order to achieve better results.

By the way, what is culture? Culture is a set of **beliefs** and **behaviours** that define how work gets done, what is appropriate and what is not. Culture is how you do things as an organisation. Beliefs are a set of assumptions people bring to work every day and that manifests throughout the company as "things we hold to be true."

Behaviours are the things people do every day to get work done: the actions that we take and the words we say. An individual's behaviour is a reflection of their belief. Therefore, to transform the way people behave in your organisation and the level of results they achieve, you must first disrupt their belief system. Mandating a new behaviour like openness makes little impact unless it reflects a fundamental shift in the

underlying beliefs. There are two types of culture - stuck culture and flux culture. A stuck culture is one that is stuck in the past with the beliefs, "This is the way we've always done it," "Do not share information with others" and "What works today will work in the future." In a stuck culture, everyone follows the chain of command; there is no room for creativity and people in leadership position can't stand being challenged.

On the flip side, a flux culture builds a foundation of trust and safety, giving people the audacity to push the limits of norms, disrupt things and radically transform how work gets done. A flux culture thrives on the beliefs that, "there is always a better way," "information is quickly shared except on a need-to-keep-secret basis", and "what works today won't in the future, unless it is improved."

In my study, I have found three beliefs that support flux culture in different organisations, regardless of the industry or size. They are openness, agency and action. Organisations like McKinsey, ING Bank Netherlands, Nokia, Amazon, Alibaba, GT Bank, Google, Southwest Airlines and Microsoft are examples of companies that have developed flux cultures that support innovation, disruption and transformation.

First, openness is the availability of information for decision-making in the organisation. The more information that is available and the faster it flows bottom up and top down, the more likely it is that the organisation can make use of it to drive growth and decision-making.

You must commit to sharing information freely within the organisation. Publicly-recognised top performers encourage average

performers and inform poor performers their stand. Create platforms within the organisation to share information quickly. Always ask for feedbacks on processes and policies. However, the only information that should not be shared are on a need-to-keep-secret basis like legal proceedings, intellectual property or salary information.

Second, agency is giving employees the enabling environment to take ownership, as well as the authority to make some decisions within their own sphere of influence. Organisations that give their employees the capacity to act independently and make their own choices help them to see themselves as owners and partners-in-progress of the transformation journey.

By the way, agency is not the same as empowerment, which is the power that comes from leaders at the top to employees at the bottom. Agency is a two-way street: power comes with responsibility and accountability. Companies that give their employees agency over decisions make this understanding explicit: if you get to make a decision, you will be accountable for it. Simply put, agency is more than empowerment.

Third, a bias for action is the most significant advantage of flux culture over stuck culture. Flux culture speeds actively toward change because of the opportunities and possibilities for growth it represents. Flux culture prefers action over inaction, taking risks rather than seeking certainty, climbing new mountains instead of staying in the same place. A bias for action empowers organisations to constantly position themselves for new growth.

As a business leader, you can



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

start changing your culture by identifying the beliefs that hold your team back and develop the system to not act on those beliefs anymore. The system to change includes structure, process, rituals, symbols and stories that form the soul, backbone and lifeblood of your organisation.

To make year 2021 a productive and profitable year for your organisation you must adopt new beliefs and behaviours that support growth and disruptive transformation.

ACTION PLAN: How can you work on yourself to develop a new belief system that supports growth? How can you invest in your employees to develop a new culture that supports disruptive transformation?

AFFIRMATION: I have what it takes to make year 2021 a profitable year. I am blessed and highly favoured.

Sesan Kareem helps business leaders and organisations instill within them, not just the belief system to succeed and the motivation to excel, but also the actionable strategies to grow and thrive in our ever-changing world.

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

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CONTRA-INDICATIONS:

Liver failure, Renal failure, Fructose intolerance. There are no adequate studies of sorbitol in pregnant women.

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PARANEROS Paracetamol 500mg



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SIDE EFFECTS:

Nausea, Rashes, leukopenia are rare.

CONTRAINDICATIONS

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

SPECIAL WARNING:

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

USE IN PREGNANCY/ LACTATION:

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

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CONTRAINDICATIONS

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Our joy at Foundation Pharma is bringing relief to patients - Izunwa

By Moses Dike



Pharm. Kennedy Chukwuemeka Izunwa

Pharm. Kennedy Chukwuemeka Izunwa is a Fellow of the Pharmaceutical Society of Nigeria (PSN) and managing director of Foundation Pharmacy and Stores Limited, based in Lagos. In this special interview as chief executive officer (CEO) of the month, Izunwa, who is also the technical director of the Association of Pharmaceutical Importers of Nigeria (APIN) speaks on why access to medicines is a fundamental human right and how his company is working to ensure that the delicate balance between affordability and quality of their products is maintained at all times in the drug distribution chain. He also airs his views on other pertinent issues relating to drug importation, local drug production and so on. Excerpts:

Tell us about Foundation Pharma - its vision and mission in the Nigerian pharmaceutical landscape.

Foundation Pharma Limited is a duly registered pharmaceutical company in Nigeria with interest in importation and distribution of quality pharmaceutical products to serve the Nigerian population. Our mission is to make sure that quality pharmaceutical products are made available to majority of the Nigerian people, if not all. Helping to create greater access to quality medicines at affordable prices is a very important part of our mission as a responsible corporate entity.

Nigeria, as a developing country, has a myriad of tropical diseases and other healthcare issues plaguing its population. What disease area of therapeutic segments are you currently focusing on with a view to bringing lasting relief to the Nigerian populace?

Currently, we have quite a good range of products with emphasis on the cardiovascular

area. The focus on the area of cardiovascular drugs is informed by the need to help bring quality relief to patients of cardiovascular illnesses at an affordable cost.

If you check what is happening in the country today and you take a statistics of patients with hypertension or related ailments, such as diabetes, heart disease and so on, you will see that there is so much to do. For that reason, we try to get top range pharmaceutical products that will assist our doctors in handling the challenges posed by these disease conditions. We also have very unique products for the treatment of pains associated with inflammation.

Our range is quite wide. So, we have products for the management of pain, cardiovascular diseases and other conditions. We also have a multivitamin product that is very popular in the market.

Cardiovascular diseases are mostly lifelong conditions that have to be managed with drugs taken at recommended intervals over a long period

of the patient's life. Here in Nigeria, there is the challenge of the cost and affordability of these drugs. As a stakeholder in the pharmaceutical intervention to manage these conditions, what are you doing to ensure that your drugs are not only of top quality but also affordable?

Yes, top quality and affordability is a delicate balance that has to be maintained. Top quality is very important. The issue of affordability is also very important because no matter how good the product is, if it's not affordable, there is a problem, as people would not be able to access it. So we try as much as possible to make our products affordable, knowing very well that pharmacy practice for us is essential, not only as a business but a humanitarian service.

For us at Foundation Pharma, our joy is not essentially in making huge profits but in the number of persons we are able to give relief from disease conditions or put smile on their faces. To that extent, we derive our joy from the number of persons that are able to derive maximum benefit and relief from our products. Money may not come immediately but we believe that if we continue to do the right thing, then money will come.

What are your thoughts about the COVID-19 pandemic and how it has affected businesses, especially in Nigeria? Do you agree that it has been a period of boom for pharmaceutical and allied businesses?

Diseases or pandemics cannot be a blessing to anyone. To me, the pandemic is a huge disaster to mankind. It is a huge disaster to the economy, and pharmaceutical companies operate within the economy. Pharmaceutical companies will not be happy that people are suffering from sicknesses because they are selling immune boosters, Vitamin C, multivitamins and all other drugs. No, the emphasis should be more on advocacy than pharmaceutical interventions. What do you gain when you make so much profit from pharmaceutical interventions when you are not even exempted from getting the pandemic that other people are contracting and dying of?

As the technical director of the Association of Pharmaceutical Importers

of Nigeria (APIN), how can Nigeria attain a healthy balance between local drug production and importation? Is banning importation of a wide range of drugs a solution to issues militating against local drug manufacturing?

People who advocate outright ban on imported products are being rather unrealistic. As an experienced pharmacist, my own position has always been that a holistic approach should be put on ground where you ramp-up factors that will encourage local production.

No nation is completely self-sufficient in local drug production. If you are into drug importation, you know you should be aiming at local drug production but you don't just do that. You need to adopt a well-calculated approach. You start by putting infrastructures in place and start producing at least the non-active pharmaceutical components, such as pharmaceutical grade starch and others in sufficient quantity locally. These are areas in which we have strong capacity. We can get sufficient binders locally. From there, you now move to the production of petrochemical products to see if we can get raw materials.

As we are scaling up our local inputs, we begin scaling down on importation so that there will be a seamless transition from importation to local production. Gradually, you turn the table around but it has to be a careful and well-calculated approach with a reasonable timeline. It is not something you do by fiat. If you do it by fiat, you cut people's access to essential medicines and at the end of the day, the patients will suffer.

So at every point in time, we must look at the accessibility of medicines to the patients' population whose wellbeing is paramount in this whole discussion. Access to medicine is a fundamental human right. So it's a crime to inhibit access to medicines to people that need them.

At the same time, an economy that depends fully on importation will never grow. Nigeria is endowed with rich natural and human resources. We can make good use of these resources from God and gradually grow them to turn the table around from an importing country to a country with sufficiency in drug production. We always believe that this is the path to follow and not by fiat. If you do it by fiat, you will hurt the drugs distribution chain and the patients will suffer.

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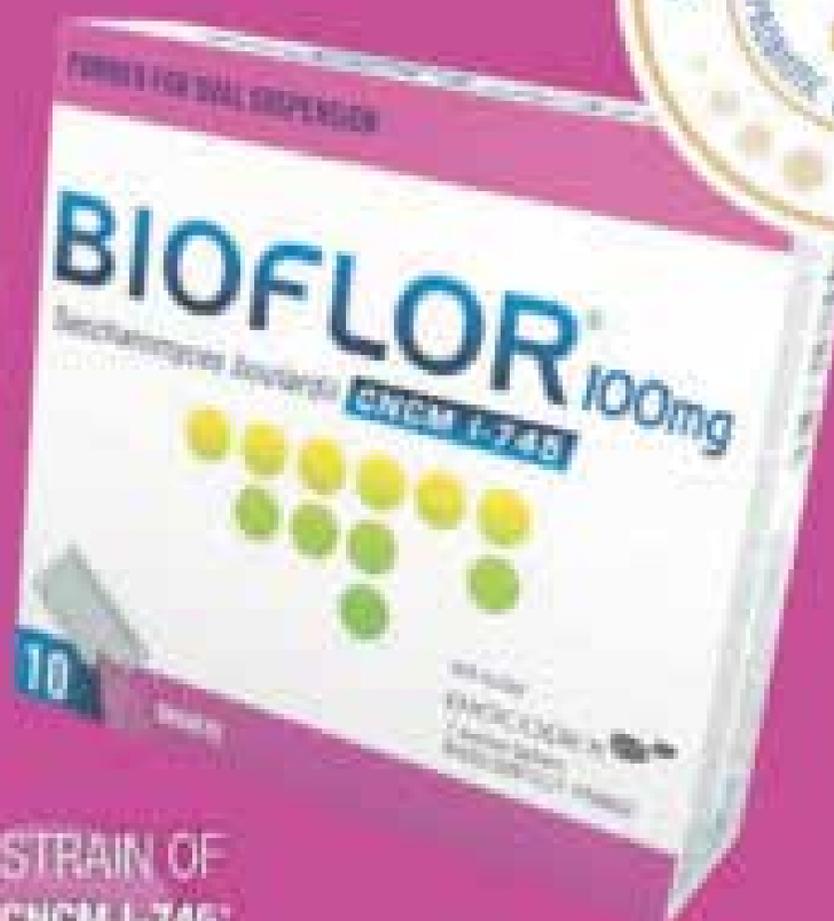
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QUALITY — SERVICE — ECONOMY

National drug formulary review must not be a onetime exercise - Ebube

By Temitope Obayendo

Dr Nkere Ebube is an accomplished scientist, author, pharmaceutical and biotech consultant, and adjunct professor of Pharmaceutics and Pharmaceutical Technology. He was the former president of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA). He has held various executive leadership positions at several pharmaceutical companies in the United States. He received both B. Pharm and M. Pharm degrees from the University of Nigeria, and Ph.D. from the University of Mississippi. He has published extensively in peer-reviewed journals. He is the author of two inspirational books, "Standing Tall" and "The Bridge Builder".

In this exclusive interview with **Pharmanews**, Ebube, who strongly believes that the national drug formulary needs a thorough review, queries results of efforts made so far in reviewing the formulary and emphasizes the need to continue such exercise. The former NAPPSA president also condemns the poor drug distribution system in Nigeria, while highlighting measures to mitigate proliferation of adulterated drugs and illegal distribution of prescription medicines in the country. Excerpts:

As a former president of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) with an extensive experience in pharmacy practice and pharmaceutical sciences, can you elaborate on which area of practice you enjoy the most?

Great question! I certainly enjoy research and development. This stems from my deep sense of scientific and intellectual curiosity, which started early in my career. When I completed my first degree in Pharmacy (B. Pharm) from the University of Nigeria (UNN, Nsukka), I opted for a dual internship and Master of Pharmacy (M. Pharm) programme. Thereafter, I practised community pharmacy for few years in Kano from 1986-1988.

I knew then that I missed the laboratory very much. Later, I joined the National Institute for Pharmaceutical Research and Development (NIPRD) in 1989 as the first scientist. In 1990, I proceeded to the University of Mississippi, United States to pursue a PhD programme in Pharmaceutics.

Following my terminal graduate degree, I joined the academia and later the pharmaceutical industry. Any time that I visit a pharmacy, it is always gratifying to see some of the drugs or products that I helped to develop on the shelves. Similarly, it is fulfilling to see some of the students that I have taught or mentored become successful and occupy responsible positions in the society.

Research and development stimulates critical thinking. I like being mentally challenged, particularly in the areas of unmet medical needs, as well as the opportunity to improve wellness and public health.

Drug formulation or dosage form development is an intricate process, which has been marred in some cases by unintentional errors. How can pharmacists practising in Nigeria always get this right?

This is obviously a loaded question. However, I would attempt to respond to it by taking a holistic view of the entire spectrum of the pharmaceutical product development process by examining the role of pharmacists in each key segment, ranging from dosage form design and formulation development, compounding, drug manufacturing, clinical development, regulatory reviews and approval to ultimately making the drug available to the patient or consumer. These can be broadly grouped into the following common settings or potential areas of practice –the pharmaceutical industry, regulatory agencies and community pharmacy and hospital practice

Inadvertent errors during dosage form development may include calculation errors, weighing errors during batch manufacturing or compounding, dosing errors, analytical errors, etc. In a well-structured and regulated system, medication errors resulting from miscalculations in the product formulations seldom occur due to extremely strict multiple layers of verification processes that guarantee the quality and integrity of the finished dosage form.

The complexity of the product development process involves an intricate interplay of formulation, process, and other biopharmaceutics variables; thus, multiple stage gates and layers of oversight are put in place to achieve the desired dosage form performance, and ensure patient and public safety.

Pharmacists in the pharmaceutical industry can work as formulation or analytical development scientists, quality control chemists, quality assurance associates, clinical study monitors, regulatory affairs associates, and so on. Although the final composition of the formulation for a given product may be determined by the formulation scientists based on sound bio-pharmaceutics, process and risk assessments considerations, the master formula generated is reviewed and approved by multiple functions for accuracy and consistency.

Moreover, the analytical and QC chemists, and QA associates provide additional levels of verification and oversight to guard against errors. Any miscalculations or errors in the formulation that slipped through the cracks can be very costly and may lead to drug product recall.

For pharmacists in the regulatory agency, it is their responsibility to ensure that they review the CMC and the clinical development documents thoroughly to ensure that the science and data support approval



Dr Nkere Ebube

of the drug product for public use. This would include identifying calculations errors and other issues that may impact finished dosage form performance, efficacy, quality, and public safety.

Pharmacists in community practice or in the hospitals, particularly those engaged in compounding, are responsible to ensure that appropriate ingredients are used in appropriate amounts to guarantee quality, efficacy, and safety of the finished dosage form. This involves instituting verification measures to ensure integrity of the batch information and associated records. The pharmacist's oversight also extends to mitigating dispensing errors to avoid untoward hazards to the patient and the public.

I believe that pharmacists in Nigeria, particularly those engaged in compounding, product development, quality assurance or regulatory affairs have the right training to consistently ensure that products presented to the public are safe, effective and of acceptable quality. For imported drugs, extensive analytical testing is required to confirm the drug content, dosage form quality and safety.

It is not uncommon that despite every logical measures and compliance checks to minimise unintended formulation or medication errors, these mistakes happen. It is important to keep track of batch history, follow good cGMP practices, use appropriate statistics to ensure adequate batch sampling, test consistently using sensitive validated analytical methods, and thoroughly investigate any aberrant results using the right rubrics.

Some pharmaceutical companies have maintained

their brands in Nigeria by successfully transferring the manufacturing process of their products to the country. How can this be replicated by other companies to ensure that patients receive high quality drugs?

Obviously, this is a business decision. Ideally, every pharmaceutical company wants to be profitable, keep the cost of goods (COGs) down, maintain a competitive edge or advantage, and incur minimal regulatory risk, without compromising on the quality of their products.

I believe that the decision by a pharmaceutical company to invest in local drug manufacturing and transfer of the brand technology to Nigeria may be determined amongst others by the desire to preserve their brand, guide against adulteration, and navigate through complex logistics constraints, regulatory issues, and the drug distribution networks.

In the long term, it may be cheaper and more profitable for the company to manufacture their products in Nigeria. The initial cost of building the manufacturing facility and conducting technology transfers may likely be offset by a possible increase in market share or sales volume over time. This is particularly true for a differentiated brand that is preferred by patients and consumers in terms of its efficacy, high quality, and safety.

Unfortunately, in most instances, it appears that some of these pharmaceutical companies simply ship their brite stocks to Nigeria and build a packaging facility for their finished goods. Research and Development (R&D), API and drug product manufacturing still occur elsewhere. Although this

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National drug formulary review must not be a onetime exercise - Ebube

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business model will guarantee the continued growth of the brand, it would have minimal impact on the growth of the pharmaceutical sector in Nigeria. These companies should be encouraged to invest in infrastructures, R&D and full operations in Nigeria.

Nigeria has a tremendous opportunity to attract multinational pharmaceutical companies to invest in our country and grow the pharmaceutical sector. I feel that the private sector and the government must work collaboratively to provide requisite enabling environment, infrastructures, incentives, and resources to attract prospective foreign investors. Developing safe and high-quality product brands that meet patients' and consumers' needs must be a key priority for all pharmaceutical companies in Nigeria.

Nigeria is blessed with enormous natural resources and cheap labour. I would encourage all the major pharmaceutical companies to consider investing a portion of their profits in R&D, as well as establishing full manufacturing operations in Nigeria. This would extend the life cycle of their brands and further increase their market share. Furthermore, it would create good paying jobs, grow the pharmaceutical sector, make drugs available and affordable, contribute significantly to the GDP, and enhance the healthcare delivery in Nigeria.

As a pharmacist in the Diaspora, are there some policies you wish the government would adopt and implement to enhance the success of the healthcare sector in Nigeria?

In Nigeria, prescription drugs can be easily obtained from the open market. This continues to present a significant problem and poses considerable safety concerns to the patients and public health. Prescription drugs must be obtained from the pharmacy. The pharmacists have the right training to properly counsel the patient on the appropriate storage conditions, and proper use of the medication, as well as instructions on potential drug interactions and other possible safety hazards.

For several years, I have advocated for a thorough review and update of the national drug formulary. We must tailor the formulary to reflect affordable and safe contemporary drugs based on prevalent diseases in Nigeria. I was informed that a cross-disciplinary committee was set up few years ago to review the national formulary. However, I am not sure that I understand the extent of progress made in this regard. This effort should not be a onetime thing.

Another opportunity for the Nigerian health sector is to set up a serious multi-disciplinary task force to prepare for the next pandemic. We must learn from the Ebola crisis and the COVID-19 pandemic. We cannot afford to be caught unprepared. Nigeria must invest in local vaccine research and development.

The various healthcare professionals must work together to foster a patient-centred healthcare delivery. The academic curriculum in pharmacy schools in



Dr Nkere Ebube

Nigeria needs to be consistently overhauled to encourage new graduates, as well as practising pharmacists, to specialise in specific disease states. Cross-disciplinary, patient-centred training must be embedded in the curriculum and emphasised for each healthcare profession. This way, the different healthcare professionals would learn to work well together early in their training, one another's expertise and contributions to the overall healthcare delivery.

Finally, I would recommend a national licensure examination for pharmacy graduates in Nigeria. This would challenge the students and faculties to enhance the quality of pharmacy education in Nigeria.

Quality assurance is one huge challenge in Nigeria as it is difficult for patients to ascertain the genuineness of drugs available to them, despite the capabilities of the MAS technology. What would be your suggestions to mitigate this issue?

I feel that NAFDAC has done a lot to mitigate the proliferation of adulterated drugs in Nigeria, including assignment of NAFDAC numbers to track authenticity of medicinal products. Although a lot of work still needs to be done, I strongly believe that it is our collective responsibility to strive to achieve high quality standards for all the medications that are consumed in the country.

Availability of authentic drugs can make a difference between life and death, particularly for patients afflicted with life-threatening conditions, such as diabetes and/or cardiovascular diseases. The quality and safety of these life-saving drugs are critical to ensure good and sustainable public health.

Some possible measures to mitigate the proliferation of adulterated drugs in Nigeria would include investing in developing validated, advanced, real-time rapid drug testing technology. This should be made available to drug inspectors, hospitals, pharmacies, and designated drug testing centres to quickly identify, confiscate, and remove adulterated drugs from the distribution networks.

Another is public education

on identification and dissemination of information on the dangers of use of adulterated drugs. There should be easy access to drug information and reporting cases of fake drugs. A public fake drug reporting hotline is essential here.

There is also need to establish a safe drug enforcement task force with oversight by the Pharmaceutical Council of Nigeria (PCN). This group should be empowered to carry out periodic unannounced inspections and incursions, and coordinate activities and efforts with NAFDAC and the Pharmaceutical Society of Nigeria (PSN). Suspected drug samples should be submitted to designated drug testing laboratories and reports

shared with regional and national enforcement and regulatory agencies.

Establishment of regional drug testing centres is also essential. These centres will share data and intelligence reports with NAFDAC and the drug enforcement agency.

Additionally, publishing a list of brands and names of offenders will be of tremendous service. So is establishment of strict controls at the port of entries of drugs into Nigeria. Heavy penalties must be meted to offenders and peddlers of adulterated drugs, including loss of license, fines and/or imprisonment.

Online drug procurement is popular overseas. Given the increasing incidents of cybercrime in Nigeria, would you advise pharmaceutical companies to invest in online drug distribution and sales?

Internet pharmacies and drug purchases are on the rise. It is estimated that approximately 4.5 per cent of all internet searches are linked to health-related questions or information. Online drug sales can be hampered by increasing

rate of cybercrime, fake websites, jurisdiction issues, and drug counterfeiting or misbranding, etc.

Cybercrime is a critical global issue. Advanced countries have sophisticated operations and tools to detect, proactively monitor, and combat incidents of internet crimes. Cybersecurity is beginning to gain some attention in Nigeria.

I strongly believe that online pharmacy in Nigeria can be a lucrative business venture. However, the enormous challenges associated with it may outweigh the potential benefit. Some of the possible limitations would include slow speed of medication delivery, poor drug distribution network, cybercrime, poor traceability, cyber security, logistics constraints, and potential legal issues.

I would suggest that the Pharmaceutical Society of Nigeria (PSN) and the Pharmaceutical Council of Nigeria (PCN) collaborate to organise a workshop on online pharmacy programme. The outcome of the workshop would include development of a blueprint or required framework for a successful online pharmacy programme in Nigeria.

I believe that the success of the online pharmacy programme would require strict collaboration between the private sector, the government, and the international cybersecurity intelligence organisation.

What is your advice to your Nigerian counterparts?

We must keep on learning, be willing to set stretched goals, invest in the future of our young professionals, challenge one another in a professional manner, share best practices, think strategically and outside the box, and by all means stay current.

Never stop thinking, never stop dreaming, and never stop moving forward. Celebrate incremental individual and/or collective successes. Listen to one another, trust one another, and treasure diversity of opinions. Our best years are still ahead!

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3. PN is the widest circulating healthcare journal in Nigeria.
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Training to ensure cleanroom best practices

By Fozi Alkailani



Pharma
Engineering
with Fozi Alkailani



Cleanrooms are spaces with highly-controlled temperature and humidity levels and managing the microbial risk that can cause damage to product, be it pharmaceutical, biotechnology, nanotechnology, research, semiconductors, aeronautics and defence, food and beverage or cosmetics. Use of unauthorised instruments, microorganisms and inadequate setting management are the most common causes of cleanroom contamination. Therefore, work needs to be carried out safely and effectively, following necessary protocols.

People are the main cause for contaminants during a cleanroom —therefore, the actions and measures taken are essential in maintaining room conditions. It is extremely necessary to follow all facility procedures for tasks like gowning cleaning, and chemical handling, without adding self-improvisations.

Cleanrooms, therefore, continue to be the prime focus of regulatory inspections. Thus pharmaceutical, biotechnology, and healthcare companies need to ensure that they have the training and regular internal reviews that are compliant with the country and regulatory laws.

Also, cleanroom contains equipment (Pass box, LAF workbench, Vertical LAF, Mobile LAF trolley etc.) that is designed carefully and specifically for cleanroom's purpose, and the working protocols should be emphasised at the beginning of the orientation. Cleanroom working conditions pose hazards, and it is only crucial that the users understand and appreciate the rules and regulations not only to protect the cleanrooms infrastructure and equipment but themselves too.

The cleanroom training should incorporate:

A text manual with written procedures that is handy and can be referred to during or after the training/ orientation along with a good understanding of Good Manufacturing Practices.

Lectures by experts and consultants taking them through:

The conception of cleanrooms and introduction to microorganisms and microbiological contamination management.

The protocols and practices to be followed in the cleanrooms.

Materials used in cleanrooms.

Entry and exit of Materials

(through static and dynamic Passbox) and Personnel (mist shower and air shower) and working within the cleanrooms.

Maintenance of the facility. Practical walkthroughs for gowning practices. Gowning practices are essential to cleanrooms. The staff entering the cleanroom need to be trained for gowning procedures and personal hygiene protocols. PPE kits must be worn at all times during hazardous work to safeguard self and cleanroom environment.

Incorporate video lessons and latest developments in cleanroom training like using simulation techniques and taking the trainees through virtual cleanrooms that guide them through the process.

Moreover, training should be reviewed to understand whether the process is well-understood by conducting a small quiz or test.

Training methods should be visited often to check if they are effective, updated and not outdated.

Conducting a cleanroom training helps in:
Understanding of correct

gowning procedures and gowning and de-gowning, in that particular.

Creating awareness and improved behaviour that help avoid mishaps.

Improving auditing and assessing cleanroom procedures.

Being up-to-date and having a thorough understanding of the laws and regulations concerning your specific industry

Apart from conducting orientation, it is a must to include the following training to be effective: Personal hygiene in the cleanroom, a good understanding of microbiology learning, effective use of aseptic techniques for sterile work process, effective gowning use and methods, knowing about the current general manufacturing practices, movement within the cleanroom etc.

Fozi Al Kailani is the Regional Manager of Fabtech Technologies Africa Limited. He can be reached on 09077753625 or email: fozialkailani@fabtechnologies.com



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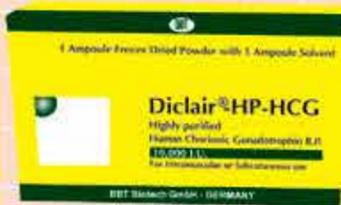
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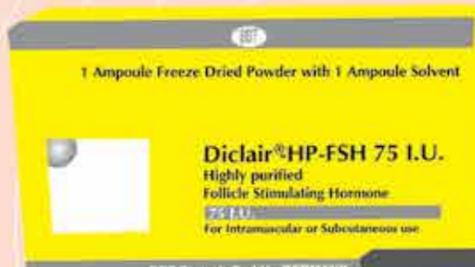


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It's about thyme

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

Thyme is an herb from the mint family. *Thymus vulgaris* L. (Fam. Lamiaceae) appears to be the most popular species of thyme found in Nigeria. It is called *kasahorow* in Hausa.

Constituents

Thyme is rich in fibre, vitamins A and C, calcium, manganese, magnesium, copper, iron and potassium. It also contains oleanolic acid, ursolic acid, lutein, and beta-sitosterol, thymol and carvacrol.

Preparations

Thyme leaves may be used fresh, dried, or ground as an infusion or a tincture. It can be used in a steam tent for help with cold and congestion or as a mouthwash. Thyme leaves may be presented as capsules or in oils. Thyme is a wonderful ingredient that is used in cuisines around the world to flavour different kinds of meat, fish and some food.

Pharmacological actions and medicinal uses

Though it was used in embalming practices and as incense by the ancient Egyptians and ancient Greeks, respectively, thyme is fast gaining a reputation for its medicinal qualities. As far back as 370 BC, Hippocrates, also called the Father of Western Medicine, recommended thyme for respiratory ailments. Thyme was used traditionally to treat respiratory ailments



Thymus vulgaris

like bronchitis, sore throat and cough.

Various studies found out that thyme reduced blood pressure in rats that had high blood pressure. It also reduces cholesterol and has natural diuretic properties. Reports suggest that essential oil of thyme like thymol hold many fungicidal, antibacterial and antiviral properties; thus thyme can be used as a disinfectant and is a common ingredient in mouthwash and natural deodorants. Studies also show that thyme extract can act as pesticide, repelling mosquitoes, rats, mice, and other animal pests.

In a 2013 study, carvacrol was shown to affect neuron activity in ways that boosted the

subjects' feelings of well-being, relieving headache and stress. Thyme has been found, in a study, to improve the symptoms of dyspraxia, especially in children.

Studies revealed that thyme may help prevent cancer, especially that of the colon and breast by potentially increasing cancer cell death and inhibiting the proliferation and migration of cancer cell lines.

Studies have shown that thyme oil can suppress COX-2, which is an inflammatory enzyme that leads to several inflammatory ailments; thus its usefulness in the management of painful symptoms of arthritis and gout as well as dysmenorrhea.

Thyme also supports the formation of white blood cells,

thereby boosting the immune system

Thyme is known to have carminative and antispasmodic properties, and helps relieve intestinal cramps thereby boosting digestive health. Studies show that thyme might have properties to improve vision

Thyme oil is reported to heal sores, wounds, scars, and cuts. It even relieves burns and acts as a natural remedy for skin conditions such as eczema. And since thyme is high in antioxidants, it can slow down the aging process and give healthy and glowing skin. Studies show that when combined with other herbs, thyme may promote hair growth.

In manufacturing, thyme oil is used in perfumes, soaps, cosmetics and toothpastes.

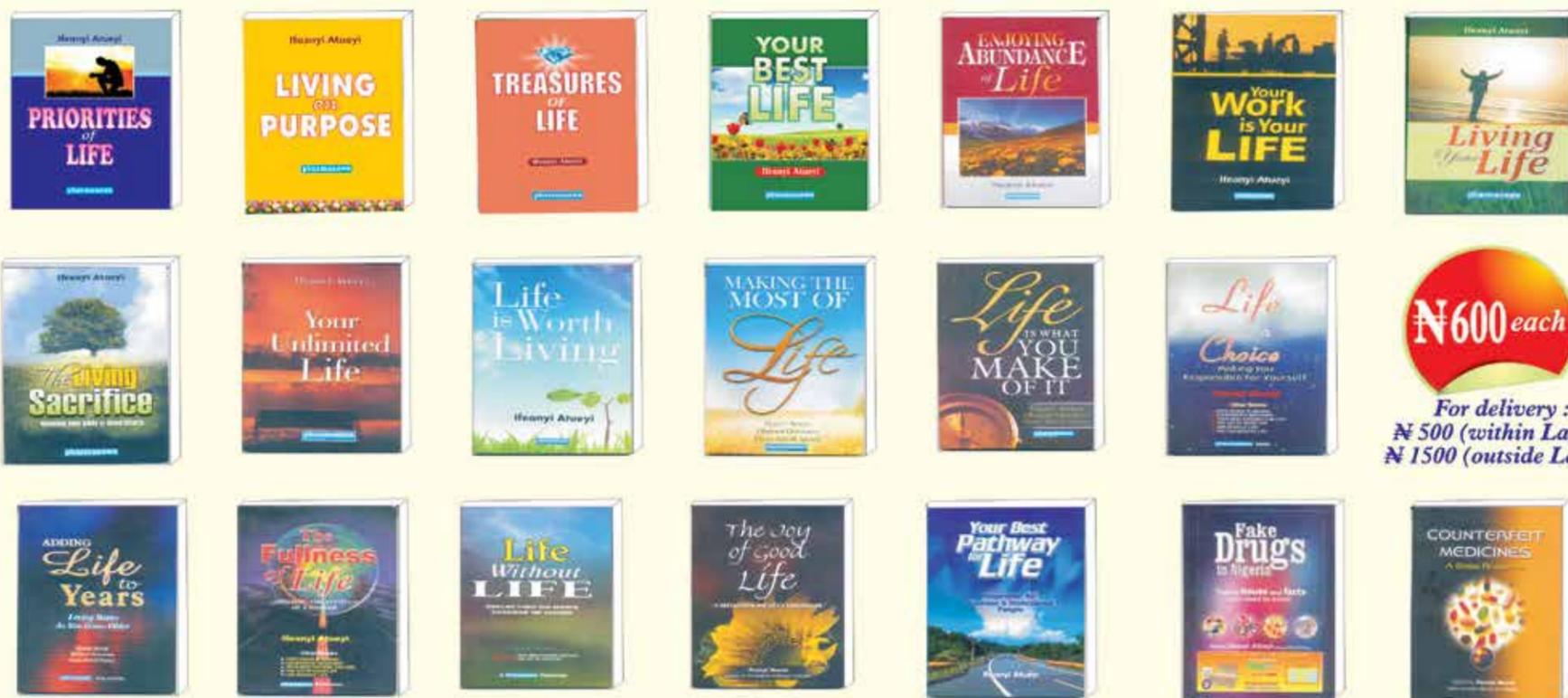
Adverse effects

Thyme may slow down blood clotting. This might increase the risk of bleeding if taken in large amounts. Thyme may also cause skin irritation, allergic reactions, dermatitis and abdominal pain

Economic uses and potentials

Belgium is the third-largest importer of dried thyme in Europe. In 2019, Belgian imports of dried thyme reached 0.9 thousand tonnes, worth €2.2 million. A popular brand of dried thyme leaves cost between ₦900 – ₦1300 per 100g. A bunch of fresh thyme leaves costs ₦500. There are prospects in the cultivation, sales and use of thyme in medicine, cosmetics and beverage.

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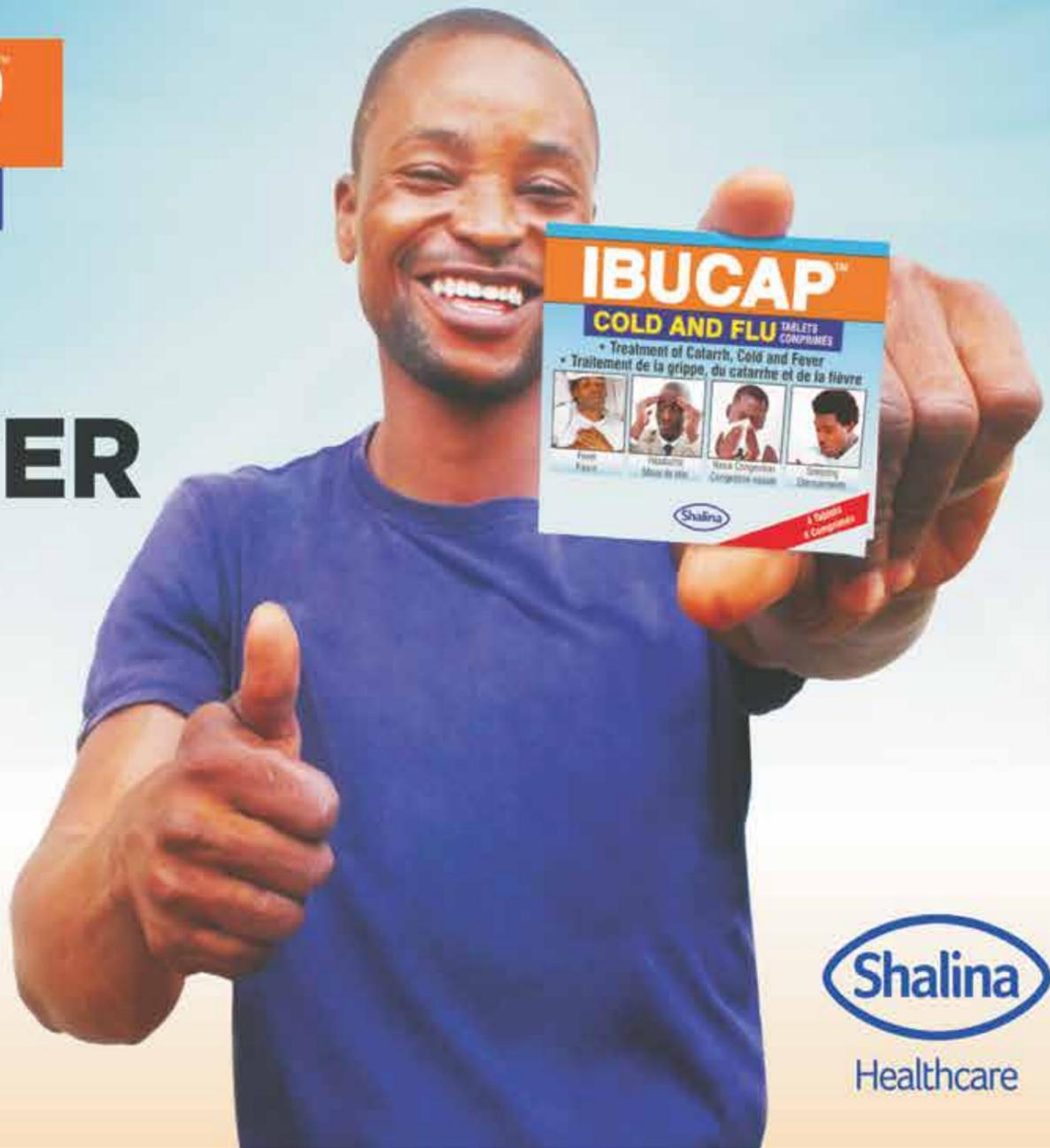
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Gbolagade, Obideyi, others applaud Pharmaton 693's wholesale pharmacy

By Adebayo Oladejo

It was a harvest of encomiums for the management of Pharmaton 693 - a cooperative society formed by a group of pharmacists with the aim of advancing each individual's economic growth with pooled resources - following the society's procurement and opening of its ultramodern wholesale pharmacy outlet in Egbeda, Lagos State.

The official commissioning of the Pharmaton Cooperative Wholesale Pharmacy, which took place at the company's head office in Idimu, Lagos on 25 November 2020, had a large turnout of pharma personalities as well as members of the public.

Speaking at the occasion, Pharm. Olateju Olakiigbe, managing director, Egbeda Pharmacy, Egbeda Lagos, who was the chairman of the occasion, commended the leadership of the society for sustaining the group despite the challenges it had encountered.

The respected elder of the pharmacy profession while applauding the founding fathers of the Pharmaton 693 for conceiving such a big vision, said he was highly impressed with the level of discipline and tenacity of purpose displayed so far by the leadership in the last 27 years.

"I must commend the outgoing and the past leaderships of the society for this vision, and I would like to encourage those at the helm of affairs today not to lose focus and not to let the standard down. I encourage you not to let your guard down. Dream new dreams, and continue working with sincerity of purpose, so that the labour of the past leaders will not be in vain," he advised.

While also speaking at the event, Pharm. Iyiola Gbolagade, chairman, PSN, Lagos State, who was represented by the vice chairman, Pharm. Babayemi Oyekunle, expressed his joy that some pharmacists 27 years ago



L-R: Pharm. Olateju Olakiigbe, managing director, Egbeda Pharmacy, speaking at the occasion, with Pharm. Olabanji Benedict Obideyi, chairman, Lagos ACPN at the commissioning.

could come together and run a viable cooperative society, noting that if other pharmacists could copy the same model, most of the challenges facing the practice of pharmacy in Nigeria would have been resolved.

Equally speaking on the pharmacy launch, Pharm. Olabanji Obideyi, chairman, Association of Community Pharmacists of Nigeria (ACPN), Lagos State chapter, shared same view with Gbolagade when he said members of Pharmaton 693 should sustain the ideals that had been guiding them since inception, adding that pharmacy practice has changed significantly, necessitating thinking outside the box and doing things differently.

Obideyi also noted that there is need for more credible wholesalers around to be able to service the needs of the retailers, which, he said, would help reduce or eliminate patronage of unofficial or unapproved drug markets.

He added: "I want to congratulate Pharmaton 693

Cooperative and advise that more funds be pumped into the pharmacy to enable it increase its stocking level and geared towards making it a pharmaceutical hub, where virtually all the drug needs of retail community pharmacies would be met."

Earlier, in his welcome address, the outgoing president of the cooperative, Pharm. Olusola Jaiyeoba, noted that the society which started with a few disciplined and determined individuals had steadily become an enviable group.

According to Jaiyeoba, who had served as president for two years before coming back to serve for another four years, the society had undergone tremendous transformation and had weathered several storms.

He added that together as a team, the society had attained the laudable position of being one of the best managed community-based cooperative societies in Lagos State and had graduated from a thrift society to a Cooperative

Multipurpose Society Limited (CMSL).

He added that the society transmuted to a multipurpose society in order to widen its operational base and diversify into hitherto untapped areas like asset acquisition, property development and other high interest yielding ventures.

Also speaking, a one-time president of the society, Pharm. Gafar Madehin, disclosed that Pharmaton 693 was instituted in June 1993, because the founding fathers believed that when resources are pooled together, there is a tendency to achieve more and bigger goals, adding that the society derived its name "Pharmaton 693", from the date it was established.

In appreciation of the felicitations and goodwill messages received, Pharm. Kehinde David Oluwafemi, the new president of the cooperative, reiterated the fact that Pharmaton Cooperative Wholesale Pharmacy is solely into wholesale distribution and has no intention of competing with the same retail outlets it ought to service in the area, adding that he is ready to improve on the successes recorded by the outgoing president and other past leaders of the society.

"In the past, we have had very strong presidents and they have laid a solid foundation, especially the last two, Pharm. Gafar Madehin and Pharm. Olusola Jaiyeoba, under whose tenure the society mutated into CMSL. So it is my hope to build on their achievements and by God's grace, I have it as a goal to have at least five retail pharmacies and to modernise this business before leaving office.

The expansive new outlet was declared open by the Chairman of the occasion Pharm. Olateju Olakiigbe.

Also present at the ceremony were officials of the Alimosho Local Government Cooperative Society, zonal ACPN chairmen, representatives of ECOBANK, Pharm. Clement Ogunleye of Teta Pharmaceuticals Limited; members of the Lagos State Neighbourhood Safety Corps and others.

Industry News

Bond donates Oxyurea to health ministry - Reaffirms commitment to quality medicines

By Adebayo Oladejo

In its quest to reduce the scourge of sickle cell disease (SCD) in Nigeria, Bond Chemical Industries Limited, has donated packs of Oxyurea, the company's brand of hydroxyurea, to the Federal Ministry of Health.

Presenting the items to the Minister of Health, Dr Osagie Ehanire, at the ministry's secretariat in Abuja, recently, the Group Managing Director (GMD), Bond, Pharm. Aderemi Omotosho, who was represented by the National Marketing Manager, Mr Andrew Oladipo Aina, explained that the gesture was part of the company's corporate social responsibility, adding that thousands of the country's citizens are still under the burden of SCD, due to ignorance and lack of funds.

He disclosed that Oxyurea is for the management of SCD, adding that aside from increasing the life expectancy of SCD patients, it also reduces the risk of anaemia and need for blood transfusion.



A cross-section of Bond Pharma team with the Health Minister, Dr Osagie Ehanire, during the presentation.

He said: "Oxyurea also reduces the frequency and intensity of bone crises, lowers the episode of acute chest syndrome, reduces the frequency of hospitalisation, reduces the need for blood transfusion, reduces the risk of cerebral stroke, as well as improving the quality of life in SCD

patients."

Stressing the need for active steps to combat the disease, Omotosho called for increased care for sickle cell carriers, saying the lack of proper sensitisation on the importance of genotype testing has continued to lead to

the preventable increase in the number of children born with SCD in Nigeria.

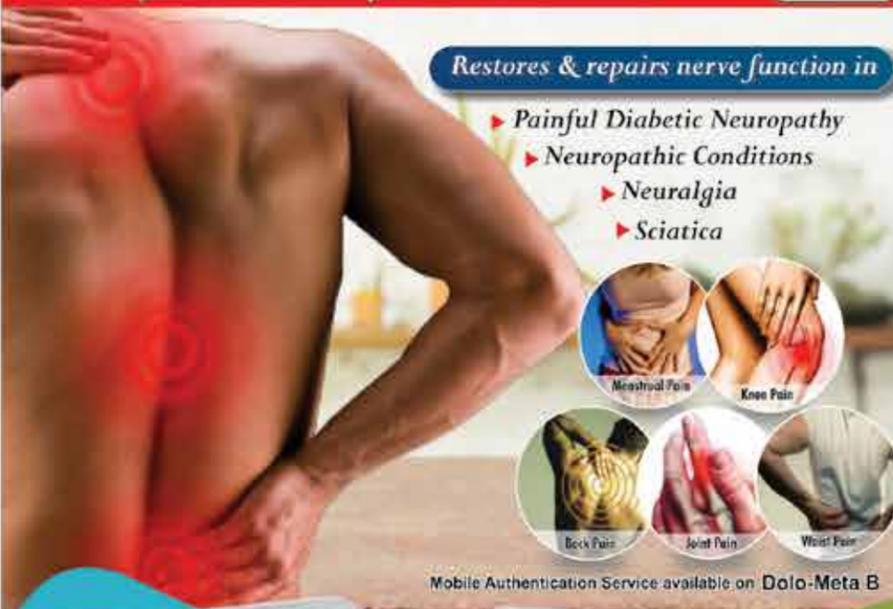
Sickle cell disease causes the normal round and flexible blood cells to become stiff and sickle-shaped, stopping the blood cells and the oxygen they carry from being able to move freely around the body and causing pain. This can cause episodes of severe pain. These painful episodes are referred to as sickle cell disease crises.

Receiving the medicines, the Minister of Health, Dr Osagie Ehanire, appreciated Bond for the good gesture, assuring them of judicious distribution by the ministry.

While noting that comprehensive and holistic management from birth will go a long way in curbing the SCD crisis, he assured that the drug would be distributed across the sickle cell centres nationwide.

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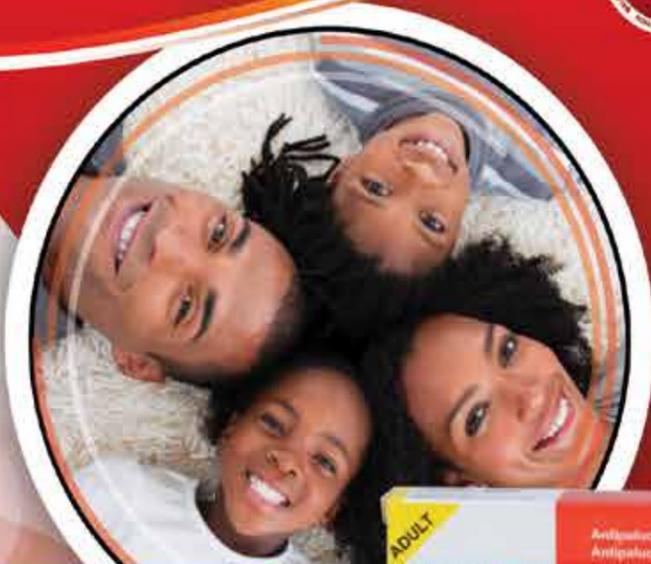


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continued from page 30

There are quite a litany of issues facing the pharmaceutical industry in Nigeria, ranging from infrastructural problems to power issues, high cost of foreign exchange and the rest. Which of these issues do you think should be tackled mainly by government?

All of them are very serious issues. If you talk about infrastructure - if I tell you how long it takes to get a container out of the wharf, you would be surprised. It takes a lot of time because of the problem of access to the ports. The longer it takes, the more expensive it becomes to get the container out and this cost is eventually passed to the

end users of the products.

What about power? There is now way you can successfully run a pharmaceutical company without producing your own electricity. The cost of running your generator is sometimes twice the cost of every other thing. Then we talk about the high cost of foreign exchange. That one has a direct impact because it's like garbage in, garbage out. The high cost of foreign exchange affects even local manufacturers because they import raw materials, machineries and some other inputs also. Even water that some people claim is sourced locally, is treated with materials and machineries that are also imported. Again, all the active pharmaceutical inputs are also.

The local manufacturer who imports everything he needs to produce locally is affected as much as the pharmaceutical importer by the high cost of foreign exchange. This also affects costs of drugs to the patients and their access to the drugs. Therefore, I will advocate for a special window for pharmaceutical companies especially those who are bringing in essential medicines. Government should help create a special window, where they will be able to access foreign exchange at a concessionary rate. That, to me, will impact positively on the



Pharm. Kennedy Chukwuemeka Izunwa

lives of Nigerians

Do you have plans for local drugs production?

There is already a solid arrangement waiting to manifest. It is a given. I have always said that every pharmaceutical importer is a local manufacturer in disguise. When you start importing, you should be encouraged to bring in your foreign partners to set up local plants in Nigeria.

Pharmaceutical importation in Nigeria is not pure importation per se; it's contract manufacturing because what happens is that the brands belong to us but you outsource the manufacturing. The same way you would have outsourced to local plants but because of infrastructural deficits.

While you are importing, you will need to work towards collaborating with your foreign partners to try and set up even if it's a small plant to handle some productions locally. That is the way to go. Local drug production is good but it has to be done systematically and orderly. While you are importing, always have it in mind to make efforts towards producing locally because that is the way to go.

What's your advice to the younger generation of pharmacists on how to take the pharmacy profession to greater heights?

I will always advise the younger ones to learn from the older colleagues. Experience is never purchased in the market. I even wish there is a better organised scheme in which the older ones can mentor directly the younger ones in terms of education, practice, ethics and so on. Mentorship is good if it's done in such a way that somebody who has knowledge, experience, expertise and is of a very dependable character mentors a younger person.

Another thing I want pharmacists to remember is that the life of a patient is affected by our practice. Therefore, we have to be disciplined and careful without too much emphasis on money or monetary profits.



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- Peter Drucker

contd from last edition

Abuse or proper use of money, sex and power

One of the most compelling books I've ever read is Richard Foster's *Money, Sex & Power: The Challenge of the Disciplined Life*. Foster maintains that an undisciplined life is due to the abuse of money, sex and power. The abuse of money is greed. The abuse of sex is lust. And the abuse of power is pride. As I've reflected on Foster's wisdom over the years, it's amazing how these three abuses seem to be the motive behind every example of unworthy conduct:

Greed can cause people to inflate corporate profits; participate in “insider trading” on the stock market; defraud others through identity theft and get-rich schemes; become addicted to gambling; rob banks; embezzle or extort money; misrepresent products; and numerous other fraudulent activities.

Lust can lead to divorce, dysfunctional families, incest, sexual abuse, prostitution, drug addiction, AIDS and other sexually transmitted diseases, abortion, pornography, rape, and a variety of other lewd acts too graphic to mention. Pride can lead to insecurity; an unwillingness to accept blame; a refusal to share credit; a disdain for taking responsibility; a desire to control or micro-manage others; a penchant for boastfulness, excessive ego and drawing attention to self; and on and on.

In addition, greed, lust and pride can lead to financial disaster, lawsuits, imprisonment, disease, sickness, premature death, shame, stress, depression, disappointment, failure, and a loss of respect, dignity and self-esteem - just to name a few of the many consequences of a wayward conduct.

Thankfully, there's a good side to money, sex and power. Instead of being greedy, we can choose to be generous with our money. Instead of being lustful, we can choose to be respectful of the real reasons for sex—procreation and intimacy between a married man and woman. Instead of being prideful, we can choose to use power in a constructive manner. In fact, here's what Foster recommends:

When it comes to money, think *simplicity*.

When it comes to sex, think *fidelity*.

When it comes to power, think *service*.

Simplicity means living within our means, so we'll have more money to share with other people and for worthy causes. Fidelity means being faithful to our spouses if we're married, and respectful of the opposite sex if unmarried. Service means we're not leading for selfish reasons, but because we care about people and want to use our power to help others reach their potential.

Mentoring matters

One of the best ways to be accountable for our conduct is through the one-on-one leadership concept of mentoring. Rev. Sister Margaret, Rev. Fr Mc Comboy and Prince Julius Adelusi-

By Prof. 'Lere Baale

Adeluyi are just three of my many mentors, apart from my parents who modelled my character, commitment and competence. They are leaving a legacy that has encouraged me to also mentor others. I constantly remind my mentees to continuously invest to improve their competencies, take good care of their character and be passionately committed to whatever they choose to do.

One of the reasons why I am so passionate about mentoring is because I know what a difference it has made in my life. I have been privileged to have been mentored by many along the way but I have been significantly impacted by the guidance provided by the likes of F. O Odujobi, Paul Enebeli, Stella Otuyemi, Robert Tade, J. K. Adesina, George Thorpe and Sam Ohuabunwa. They all believed that I had some raw skills that could be developed and shaped. They all worked hard for over three decades to shape me and hone some aptitudes in marketing, strategy and leadership. Like all great mentors, they saw me for what I could become - a young man with great potential, if well managed; and not for who I was - an immature aggressive young graduate. I don't say this boastfully, but to give credit to my mentors.

I am forever grateful to my parents and these mentors. They modelled sound character; helped me make some wise choices; and inspired me to act honourably. The consequences have produced bountiful blessings for more than three decades.

Benchmarks of a master mentor

I know mentors can influence conduct because I've observed it in my several mentors. I distinguish a mentor from a master mentor because anyone with more experience than someone else can be a mentor, but only a master mentor will make the time to share his or her wisdom and experience with a protégé. My curriculum is based on these four lifetime benchmarks of a master mentor:

Master mentors *pursue* what is true.

Master mentors turn *creeds* into *deeds*.

Master mentors use *congruence* to influence.

Master mentors *collect* a deep respect.

The first two benchmarks reveal the *mind-set* of a master mentor. *Pursue what is true* is rooted in sound character and manifested in wise choices. *Turn creeds into deeds* is about meaningful conduct.

The last two benchmarks deal with the *multiplication* of master mentors. *Use congruence to influence* and *collect a deep respect* are the consequences

of spending time with protégés. When a mentor's creeds and deeds are congruent, there's a greater opportunity to influence a protégé in a positive manner. Then, out of respect for these master mentors, a protégé teaches what he or she has learnt to other protégés. Multiplication takes over and the consequences are amazing.

The legacy of the master mentor is passed on like a baton

in a relay race. In the process, protégés determine or fine-tune their destinies and eventually leave legitimate leadership legacies of their own.

The fourth standard for leaving a legitimate leadership legacy is **CONSEQUENCES** - having the harvest of what's sown. The Bible provides a superb definition of consequences in Galatians 6:7: “Don't be misled. Remember that you can't ignore God and get away with it. You will always reap what you sow.”

But isn't it true that some people don't seem to reap what they sow? For instance, a person may behave badly by robbing a bank and reap something good by getting away with the money. On the other hand, a person may behave well by stopping to help a stranded motorist and reap something bad such as getting attacked. It's a fact that life isn't always fair; so why does the Bible say we *always* reap what we sow?

Perhaps the greatest manifestation of this principle is the conscience. Whether we're brought to justice for our reprehensible conduct or we manage to elude accountability for a lifetime, none of us can escape that inner voice that knows the truth and the reasons why bad behaviour is never acceptable. Besides, people who continue to practice illegal or unethical conduct in spite of some good consequences are likely to get what they really deserve in due time. Conversely, people who continue to sow seeds of kindness in spite of some bad consequences are likely to get what they truly deserve in due time as well.

To change or not to change?

An ancient proverb defines insanity as “doing the same thing over and over again while expecting to get a different result.” If we want to increase our chances of reaping good consequences, we must change our conduct. Since much of exemplary conduct is tied to our habits, we must learn



discipline, which is the ability to change our bad habits into good ones.

A self-disciplined person is often faced with the headache of not changing. For example, when we try to change the bad habit of procrastination into the good habit of “doing it now,” it can be a big headache. On the other hand, isn't it also likely that we could suffer the greater pain of heartache by missing out on some golden opportunities because we're unreliable?

When it comes to changing our consequences, consider these thoughts:

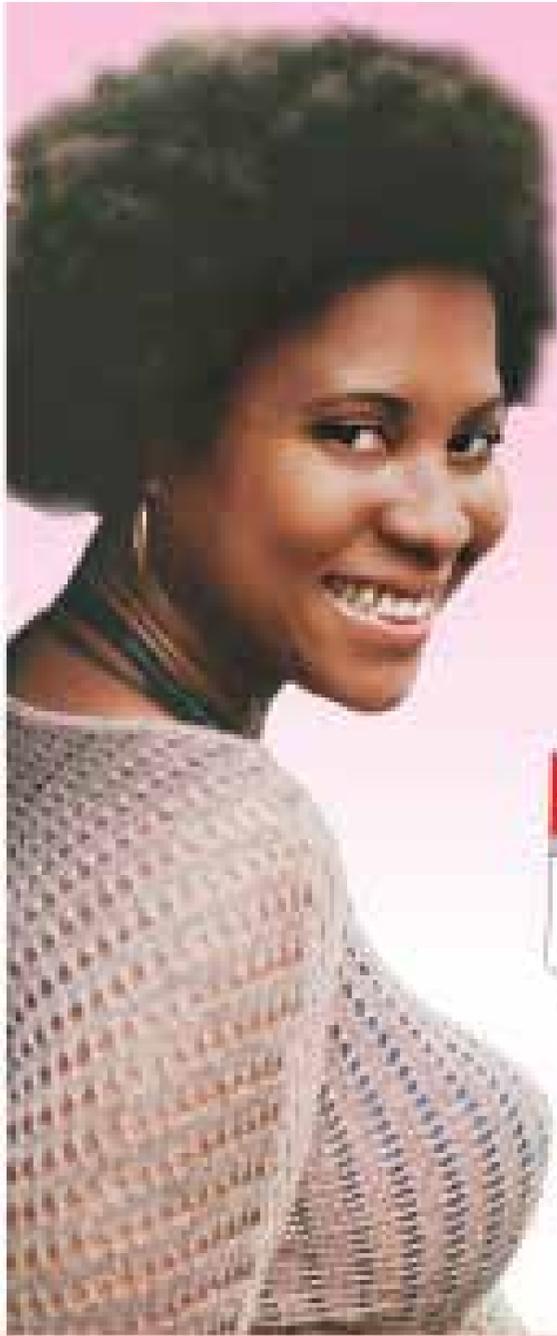
No change is impossible. Even if we retreated to a cave to escape the stress of life, we'd still experience change—aging, adjusting to loneliness, hunting for food, sleeping outdoors, etc.

Some change is impractical. The Ten Commandments have never been edited because these truths are timeless. The U. S. Constitution has only been amended 27 times in more than two centuries because it was written with such wisdom.

Most change is uncomfortable. This is especially true when we experience painful turning points such as divorce, financial setbacks, job losses, health challenges, and the death of loved ones, just to name a few of life's major transitions.

Every change has consequences. For those who have changed from a sedentary lifestyle to a regular exercise routine, there can be radical consequences ranging from the initial soreness and physical exhaustion, to more long-term results such as weight loss, higher energy, less stress, lower cholesterol, etc.

We don't always get the consequences we want because many things in life are out of our control. However, we are in charge of our habits and conduct. In the long run, we're more likely to experience favourable consequences when we develop good habits and conduct ourselves accordingly. If you're unhappy with the consequences you've been getting out of life, have the courage to quit doing what you've always been doing. Isn't a headache now a lot better than heartache later on?



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Most doctors don't feel the impact of NMA – Dr Iwelunmor

By Patrick Iwelunmor



Dr Isioma Iwelunmor

Dr Isioma Iwelunmor is a senior practitioner at Motayo Hospital, in Ikeja, Lagos. A 2008 graduate of Medicine from the Obafemi Awolowo University, Ile-Ife, Iwelunmor specialises in family medicine. Beyond medical practice, he is a consistent commentator on social issues, ranging from the economy of nations to politics and good governance. In this exclusive interview with *Pharmanews*, he shares his thoughts on medical practice in Nigeria, the COVID-19 pandemic and sundry issues relating to family medicine in Nigeria. *Excerpts:*

What would you consider the biggest challenge facing medical practice in Nigeria?

There is a myriad of challenges bedeviling medical practice in Nigeria. These include underfunding, decaying infrastructure and the unending brain drain which is at an alarming proportion in recent times. The common denominator or chief among these is the underfunding of the health sector, coupled with massive corruption and poor welfare for the health workers.

With poor funding, you have a poorly motivated workforce, fumbling with obsolete equipment. Poor funding has been the main reason the massive and perennial brain drain has continued.

There is a serious increase in the number of mentally challenged youths in the country. What can you say is responsible for this ugly trend?

For statistical purposes and without prejudice to other definitions by member states, the United Nations defines youths as persons between the ages of 15 and 24 years. The Nigeria National Youth Policy (2009) defines youths as persons between the ages of 18

and 35 years.

This background brings to the fore the great importance of the youths to any society or nation. The youths represent about 46 to 47 per cent of our national population and this is very significant in many ramifications.

The upsurge in the cases of mentally challenged youths is attributable to a multiplicity of factors, including collapsed or collapsing family and societal value systems, drug abuse, alcoholism, collapse of the educational system, abject poverty, pursuit of illicit wealth and materialism, poor health system with little or no support for mental health, erosion of cultural values, lewd music with empty content that promote illicit sex, drugs, gangsterism, crime and cultism.

Education is key in this regard because it can liberate the mind. You can imagine how sad it was that government allowed universities to go on strike for almost one year and created the enabling environment for students to engage in unwholesome practices. The long strike provided them with options to venture into crime, drug abuse and prostitution. When you have people like Hushpuppi, Naira Marley and a host of

others commanding cult followership in Nigeria, then the youths, if not cautious, are already endangered species.

The second wave of the coronavirus outbreak has been rubbished as a scam by many Nigerians. As a medical doctor, do you think there is a reason for us to be cautious?

The second wave is real and very much with us. It is not a scam and we have every reason to be cautious. Our people's sanity and trust have been serially raped in the most brutal form by the government and politicians, leading to lack of trust and rebellion. This is further fuelled by poverty and the irresponsibility of the elite.

How do you convince the illiterate and poor masses about COVID-19 safety protocols, when politicians and the elite organise massive political rallies, weddings and parties with thousands of people in attendance and with no regard to prescribed COVID-19 safety protocols? However this is not the time to lower our guards or to be unreasonable because COVID-19 is so real and the second wave is here with us and we must observe the prescribed protocols to protect ourselves and

others.

Do you think government has done enough for medical doctors, especially those at the forefront of fighting the coronavirus pandemic?

To me, the government has really not done enough for doctors and other health workers at the forefront of the fight against COVID-19. At the peak of the pandemic, the National Association of Resident Doctors went on strike to press home their demands on things as mundane as PPEs, hazard allowance, and so on. This is very shameful and nauseating. This is not to say government has not done anything at all but that more should be done or should have been done.

Many people parade themselves as medical doctors in Nigeria without certification by the Nigerian Medical and Dental Council (NMDC). What, in your perspective, is the implication of this ugly reality?

This has always been a problem with many professional bodies and not peculiar to medical profession. It is common knowledge that many people parade themselves as doctors, including hospital cleaners, security guards, school dropouts and several other shades of people. Even within the health sector, other cadres of medical personnel pose as doctors to the unsuspecting public.

The grave implication of this is that we have a poorly regulated space where charlatans and quacks continue to put people in danger while worsening the

already abysmal health indices in the country, which government, genuine medical doctors and other health workers are battling daily to improve. It is therefore incumbent on the NMDC to do more and initiate innovative ways to curb this wicked reality, largely driven by greed and status enhancement. Unfortunately, many people have already been sent to their early graves.

Do you think the Nigerian Medical Association, NMA, has been proactive in defending the rights of medical doctors or is it another toothless dog?

To be honest, most doctors don't feel the impact of the NMA. In comparison with other professional bodies like the NBA, you may say the NMA is not asserting its enormous authority and goodwill. The perception is that the NMA is not even popular among most medical doctors who feel it does not represent their interest. But that is just a matter of perception. The NMA must do more to make medical doctors have a sense of belonging because their strength lies in numbers.

How would you assess the PTF and the NCDC in their respective handling of the Nigerian COVID-19 situation?

The PTF and the NCDC have tried to some extent in handling the Nigerian COVID-19 situation. But there are glaring lapses and confusion in some of their activities. The NCDC is more worthy of praise between the two bodies. Nigerians have seriously called out the two bodies for many of their failings, including: non response to suspected cases, issuing of conflicting or confusing directives, lack of sincerity, poor support to state and private facilities, lack of accountability, etc.

The two bodies deserve commendation but it will be nice to see more robust and credible partnership with standard private facilities, especially in Lagos, being the epicenter of the pandemic in Nigeria.

What is your advice to families, in the face of the numerous challenges, especially the economic ones, created by COVID-19?

COVID-19 is no respecter of gender, religion, status or social class. However, the economic impacts are worse on poor individuals, families and societies. Families, especially the poor ones, must protect themselves by doing the needful because the health and economic impacts of COVID-19 are enormous and disabling.

Even when families are infected or directly affected, the general decline in the economy poses grave challenges. With our economy in recession and our country being infamously the world headquarters of extreme and multidimensional poverty, we cannot allow COVID-19 to drive the final nail into the coffin of our ailing economy. It is imperative at this point for families to be innovative and creative while not abandoning the prescribed safety protocols, in a bid to survive the harsh economic realities occasioned by the pandemic.



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Pharmaceutical marketing: Basic concepts and principles

Marketing is a general term used to describe all the various activities involved in transferring goods and services from producers to consumers. Though commonly associated with advertising and sales promotion activities, marketing also encompasses product development, packaging, distribution channels, pricing and many other functions.

Management guru, Peter F. Drucker, claimed that marketing "is so basic it cannot be considered a separate function. ... It is the whole business seen from the point of view of its final result, that is, from the customer's point of view." Marketing is the source of many important new ideas in management thought and practice – such as flexible manufacturing systems, flat organisational structures and an increased emphasis on service – all of which are designed to make businesses more responsive to customers' needs and preferences.

Marketing, mainly an American creation, is focused on Fast Moving Consumer Goods (FMCGs). However, the ideas and concepts can be, and have been applied and adapted for industrial and technical products like medicines, services, automobile, aviation, politics, etc. Pharmaceutical marketing, as a discipline increased strongly in the second decade following the Second World War, during which time thousands of new molecules entered the market, and thus "overwhelming" physicians with new scientific facts to learn in order to safely and appropriately prescribe these breakthroughs to their patients. There was a great dependence on the pharmaceutical companies' marketing departments and their professional sales representatives to give the full information necessary to support the prescribing decision.

The marketing of medicines continued to grow strongly throughout the 1970s and 1980s. The size of pharmaceutical sales forces increased dramatically during the 1990s, as major pharmaceutical companies, seeing as a competitive necessity, sales forces were increased to match or top the therapeutic competitor, increasing frequency of visits to physicians and widening coverage to all potential customers. Marketing techniques, perceived as "excessive" and "extravagant", resulted in regulation of pharma marketing activities and strategies in most develop countries.

Pharma marketing essentials

What are the basic concepts of marketing, especially as it applies to pharmaceutical marketing? Before we go into this, it will be necessary to compare and contrast drugs and FMCG

What exactly is marketing in itself? Marketing is a "societal process by which individuals and groups obtain what they need and want through creating, offering and freely exchanging products and services of value with others". This is a definition from the point of view of the society. Marketing professionals will define it as "the process of planning and executing the conception, pricing, promotion and distribution of ideas, goods and services to create exchanges that satisfy individual and organisational goals."

In essence, marketing is intended to focus all of a company's activities to discover and satisfy customers' needs. Pharmaceutical marketing can be thus defined as a management process that serves to identify and meet healthcare practitioners' and patients' needs in a profitable way. Pharmaceutical marketing may also be considered as activities focused on making physicians (and other HCPs) as well as the general public aware of new and existing pharmaceutical brands chose the specific offering against other or similar products.

Let's proceed to examine some marketing concepts, mostly as applied to FMCGs before we delve into its modification and adaptation for pharmaceutical marketing.

Need: This is considered a state of deprivation or lack or absence felt or observed by human beings. It may be physical (as in food, clothing, warmth, safety), or social (lack of sense of belonging and affection), or individual ideal or idea (knowledge and self-expression/self-actualisation). It must be stated here that marketers do not create basic needs. They are there naturally and serve as a necessity for our biological and social existence well-being.

Wants: These are the exact form that our needs take in the process of fulfilling them. They are driven by many factors including culture, individual personality, socio-economic status, education, family and aspirational groups. We need food, but may want *garri* (in water), Chinese rice, spaghetti, Ofada rice, or delicacies from an eatery. Our need may be mobility, but what we want to execute this need for mobility can take the form of a Raleigh bicycle, a Honda motor bike, or cars like Kia Picanto, Toyota Corolla, Nissan Jeep, or a Mercedes-Benz Bullet Proof 2020 G-Wagon! All these serve the basic function of moving around but come with different specifications, in terms of functionality, lifestyle, safety, status, emotional attachment, etc.

A marketer may exert enormous influence on our choice at this point using communication and marketing tools and strategies. They are even ascribed with even power to create a want from nothing!

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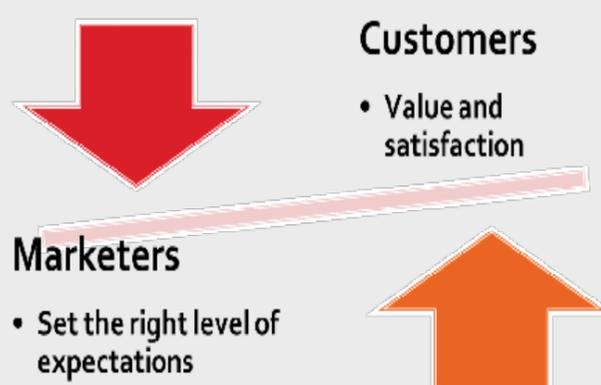
Demands: These are wants backed by buying power. This is the same elementary definition of effective demand as taught in secondary school economics class. No matter how a person wants your product, if he doesn't have the money to pay for it, he is not in your target audience!

Customer value and satisfaction expectations: Value is considered to be the most exact measure of satisfaction. How much are you willing to pay (in terms of money, effort, waiting, opportunity cost, etc.) for Product A as against a functionally similar product B?

This is the equivalent value of satisfaction you believe you will derive from that product, i.e., utility value to you. The table below explains the role of marketers in setting value and making commensurate expectation promises for their brand:

Exchange and transaction: **Exchange** is the act of obtaining a desired object from someone by offering something in return. It

implies at least two people must be involved, they must be willing to do business with each other and each with things of respective value. **Transaction** is trading between two parties that involves at least two things of value, agreed-upon conditions, a time of agreement, and a place of agreement. On one hand, such activity may be without significant involvement with each other or with a lot of involvement with each other on the other hand. The latter part is the basis for relationship marketing, with a view towards long-term and mutual benefits.



commensurate expectation promises for their brand:

Market: Markets are the actual and potential buyers of a product. At this point of our civilization, it really no more a physical space where everyone is present. More than ever, it is becoming more and more virtual! (To be continued)

	Pharmaceuticals	FMCG
Consumer is decision maker	Mostly not true	True
Consumer pays directly	Not true most times	True
Brand loyalty	Not true	True
Government regulations	Very high	Low
R&D	Complex	Less complex
Price sensitivity	Low	High

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PRAY FOR NIGERIA

We have improved ACPN Lagos, despite constraints - Obideyi

By Adebayo Oladejo

As the newly elected executives of the Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, prepare to take over the reins of service, the outgoing chairman of the association, Pharm. Olabanji Benedict Obideyi, has urged them to continue with the dreams and aspirations of the forefathers of the association. Speaking in an exclusive interview with **Pharmanews** recently, Obideyi reminisces on the last three years of his administration, highlighting the successes and challenges. Excerpts:



Pharm. Olabanji Benedict Obideyi

How has it been as the chairman of the largest ACPN chapter in Nigeria?

It's been interesting and quite challenging. For me, actually, it's been a rare opportunity to serve the association and to also learn, because leadership is not something one learns in school. In the course of working, I have been able to learn a lot and gather experiences. So, for me, it's been a worthwhile experience, especially knowing that I was contributing to the development of the association.

What were your motivations for taking up the exalted office in the first place?

Attending to the needs of the association, improving the standard of the association and attending to the yearning of our members, as well as contributing my quota to the progress of the association were part of my motivations for taking up the challenge to be the chairman. I think to a certain extent, I have been able to achieve some of these - maybe not up to the extent one would have wished due to some challenges, including the pandemic which crippled so many of our regular programmes and made our performance to be a bit low this year.

How many of your goals were you able to satisfactorily achieve?

I have been a cabinet member of the ACPN since 2012 when I became the secretary, after which I became the vice chairman. I later emerged the chairman about three years ago. So, I had witnessed about two administrations before mine. I had seen a lot - the challenges, the achievements and the lapses. Consequently, when I became the

chairman, it didn't take me much time before I get down to business.

At inception, we had a lot of goals and we were able to do a lot during the first and second years, except for this year when we had setbacks as a result of the pandemic. As I said earlier, my major goal was to protect the interest of the members and attend to their aspirations, which we were able to do. We instituted a policy that made it easy for members to acquire the pharmacy emblem and we enforced the monitoring, which to a certain extent addressed the issue of fake emblems.

We also, to a great extent, addressed the issue of harassment of our members by the law enforcement agents and regulators, especially during the codeine saga. Also, at the peak of COVID-19, as a responsible association, we contributed our quota to the containment of the pandemic by donating hand sanitizers and other items to all the local governments and local council development areas in the state.

Recently also, we conceptualised the idea of having a cooperative venture and government has given us the approval to go ahead.

Aside from COVID-19, were there other challenges that affected your administration?

None, really, as our members have been cooperating and have fulfilled all their membership obligations by paying necessary dues and other obligations. However, we could say that there were challenges in terms of funds because, as a result of the pandemic, so many of our programmes were unable to hold. Consequently, revenue generation dropped

selected, they always have certain goals that they want to achieve, but at the end of the day - either due to time factor or other factors - they may not be able to achieve everything.

I won't say we have fulfilled all our aspirations but, to a certain extent, without doing self-praising, we have not done badly. Within the short time, we were able to successfully amend our bye-laws; we visited all our zones; we set up a forum for timely information about regulatory and pricing for members; we worked together with donor agencies to build the capacity of members; we created an enabling environment for acquisition of emblems; we continually updated the database of members; we donated hand sanitizers to all the 57 local governments and local councils in the state; we facilitated the formation and take-off of ACPN Lagos cooperative society; and so many others.

Any regrets?

We have no regrets, really, but some of our plans that could not be achieved due to certain constraints include delivery of an e-secretariat to the association, and resolving the problem of exclusion of our members from the Lagos State Health Insurance Scheme. This second issue was occasioned by our not being able to see the Commissioner for Health, Prof. Akin Abayomi, due to COVID-19 pandemic. But it is our hope that the incoming administration would work on achieving these among other plans they may be having in minds to execute.

What is your advice to the incoming administration?

To the glory of God, we have done our bit, so I would want the incoming administration to continue from where we stopped, and take the association to the next level. I would want them to continue in unity and oneness and carry everybody along.

drastically this year. Our members of the executive have been working as a team and the general members too have been cooperating with us. So I would say it has been a peaceful house in the last three years.

There were lots of agitations and internal wrangling when you were coming on board. What is the situation now?

Yes, there were lots of agitations about our laws not being in tandem with today's practice. So, when we came in, we sat over it and the AGM in 2018 mandated us to review those laws and today we have bye-laws that have addressed all the issues that led to that pre-election agitations.

Looking back, would say you are fulfilled being the chairman, ACPN-Lagos, for the last three years?

No leader, whether in an association or government, can confidently say he or she has been able to fulfil all of his or her aspirations, but I am fulfilled because I have done my quota. When a leader is elected or

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Unlimited potentials of community pharmacy practice

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

The year 2020 was one like no other. It was a year that changed our lives completely and gave us something that is now commonly referred to as the "new normal". We will have cause to discuss the details of the new normal in due course in this new year, 2021.

Glory to God that we survived the year 2020 with all its baggage of COVID-19 pandemic, economic dislocation, and family distress. We can now focus our attention on the brighter future that 2021 offers. It is a time for us to examine our environment for latent opportunities that can be professionally and profitably exploited, starting with community pharmacy practice.

Untapped potentials

Pharmacists represent the third largest healthcare professional group in the world. They are also the most accessible, particularly in the community setting.

The traditional role of pharmacists is to manufacture, store, distribute, and dispense medicines. This role has been expanded to include pharmaceutical care of guiding, counselling the patients and other health workers on the use and administration of medicines. In a developing society like ours, this role can be said to be partially fulfilled because we rely substantially on imported drugs and drug distribution remains largely unsatisfactory.

The hospital system in Nigeria, as at today, has not given room for the concept of pharmaceutical care to be firmly entrenched. It is an undeniable fact that there still exists a huge gap between the training and practice of Pharmacy. This topic was first discussed with the Lagos State branch of ACPN in 2008 and nothing has changed significantly since then, 13 years after! The level of discontent has become so high that many pharmacists, particularly the young ones, look for solace in some other endeavours in IT and other business or entrepreneurial activities.

Changing the narrative

The "low hanging fruit" in changing the narrative for the pharmacy profession in Nigeria lies principally in tapping the potentials of community pharmacy practice. To do this, we must understand the current challenges and use our knowledge and experience to overcome them.

A community pharmacy is set up to perform the following functions, among others: drug procurement, storage and management; patient counselling and guidance; dispensing of prescriptions; patient follow-up; pharmacy administration; compounding; drug information service; documentation; and research.

However, the challenges are many and daunting, ranging from unhealthy and unprofessional competition (from traders and dispensing clinics/hospitals in the community), limited finance

and access to fund, to poor sales and return on investment, poor public perception, poor infrastructures, security issues (Nigeria is in trouble generally on this scale), drug procurement issues, continuity issues and lack of professional fulfilment.

The solution to our problems lies with us. We need to change our orientation towards the practice. Individual, corporate or group goals must be clearly defined, and success pathway outlined. The profession must unequivocally dedicate itself to a philosophy that clearly identifies the patient as its primary beneficiary practice.

Professionalism is the number one tool to be deployed in overcoming the challenges identified. The practice must be based, PRINCIPALLY, on the knowledge, skill, expertise, or competence expected of a professional. What truly is the difference between a pharmacist-owned premises and the others? We must put on our "thinking cap" and our "running shoes" and get our customers or clients to know and appreciate the difference.

Everything communicates: From the shop arrangement, dressing, manning, working hours, to dispensing, and counselling habits, record keeping, relationship, follow up and other extras offered (public health campaign in the community, health promotion, etc). Do we have a "standard operating procedure" (SOP) to guide activities or operations in our Pharmacies? Are we operating a professional premise (a health care centre) OR is it just another provision store next door?

Pharmaceutical care must be embraced as the philosophy of the community pharmacy practice. There is no future in the mere act of pill dispensing and pharmacists must move away from "behind the counter" and start to serve the public by providing care instead of pills. We must embrace the new concept and demonstrate the value of professional pharmacy services by improving patient outcomes and medication use in the community.

Inclusion of disease management in services rendered by community pharmacists could significantly improve the clinical outcomes. Chronic illnesses like hypertension, diabetes and arthritis do not require the patient to visit the clinics regularly. A community pharmacist could take up the responsibility for such patients in consultation with the physician.

Monitoring of therapeutic progress, consulting with prescribers, and collaborating with other healthcare practitioners on behalf of the patients are of utmost importance. HIV/AIDS management is a classical case which the pharmacists must be actively involved in, outside the hospital system.

It is the duty of the community pharmacist to provide drug information service to the community being served and this include the healthcare workers.

The community pharmacist must provide relevant information on drugs and diseases which are important to a given community. Regular publication of bulletins, newsletters, etc, will surely endear a pharmacy to the community. This is also true of research, documentation, and reporting. There is virtually no reliable and published data on drug distribution and utilisation in Nigeria. The community pharmacist can gather useful information from the public, do a proper analysis and publish for professional and or public consumption.

In addition to disease management, there is health prevention and promotion activities that can take place in Pharmacies as part of contribution to public health. A Community Pharmacy can be the centre for immunization, weight reduction, smoking cessation or any other public health related programmes. The community Pharmacists has a high level of contact with often hard to reach drug users. The potential for maximizing such contact must be explored.

Business and technology acumen

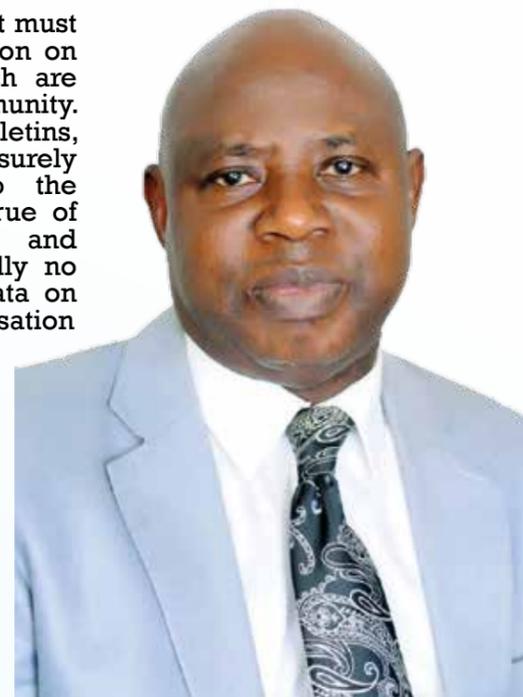
Business management skill is important to profitably tap the opportunities of community practice. The community pharmacist must understand the dynamics of a modern-day business and the advantages inherent in group procurement, where substantial discount and favourable terms can be negotiated with manufacturers and importers. This will reduce cost of doing business and improve profitability.

The business must be managed for growth and development through a finance management expertise of keeping a separate record for the business and its owner, as well as involvement of an auditor to check the books and advise on compliance issues.

The world has become a global village and virtually everything, including medicines, can be obtained at the click of a button. The world has gone digital and community Pharmacists must not be left behind as Information Technology (IT) has taken over. In today's world, access to and frequent use of the Internet must be adopted to solve a lot of problems.

The importance and impact of online pharmacy should not be taken lightly. Online business is the way of the world now and sooner or later, transactions involving medicines will be the norm rather than the exception. It is important for community Pharmacists to seize the moment and lead the way to a sanitised and regulated online pharmacy before it becomes crowded and too late to control.

Home service, therapy monitoring and follow-up of patients can foster a long-term relationship between families



and pharmacies. In networking, the community pharmacist needs to expand the horizon of influence to move up the ladder. They must seek networking opportunities to expand their business and professional interests. Now is the time to get out of the unhealthy and worthless rivalry or supremacy battle with the doctors. It is possible to reach out to the GPs in our communities for a professionally enhancing and potentially rewarding relationship. Some pharmacists are already doing it and we can take lessons to upscale.

Attitudinal change, a necessity

For the unlimited potentials of community practice to be fully optimised, there is need for attitudinal change. Pharmacy has always had to contend with attaining a good balance between its mercantile and professional nature. To make an impact in this environment, we must choose the professional path to achieve whatever goal we have set for ourselves.

The attitude towards the profession must change. It must not be seen primarily as a route to affluence anymore but first and foremost as a service to humanity. We must be patient and allow our professional efforts to grow and yield the desired effects, which include professional satisfaction and wealth.

The old ideas, skill and knowledge can no longer work. We must seek retraining opportunities to update knowledge and obtain the necessary skills and competencies. Above all, let us get excellent at the basics. Let us follow the Chinese in the assertion that "the journey of a thousand miles begin with the first step you take."

Tapping the untapped potentials will not be an easy task. Let us start with the ones that we know very well and move gradually to the ones considered difficult. Attaining professional excellence is a process. Success will be determined by the energy and commitment we put into it.

God bless community pharmacy practice in Nigeria.

Encomium as Jawa lays foundation for N2bn antibiotic syrup factory

- SGF, NAFDAC, PCN others laud initiative

By Ranmilowo Ojalumo



L-R: Representative of PCN, Mrs Ukamaka Okafor; a guest at the event; representative of NAFDAC, Mrs Ade Abolade; MD of Jawa Group and his wife, Chief and Mrs V. Verghese; project coordinator, Mr Jacob Kurian and another representative.

In its quest to fill the vacuum in the beta-lactam range of products in the country, Jawa International Limited, has started the construction of an antibiotic dry syrup manufacturing plant within its premises in Lagos State.

Speaking at the foundation laying ceremony, which took place on 10 December 2020, the managing director of the company, Chief Varkey Verghese (MFR) noted that the factory is being designed to meet the World Health Organisation (WHO)'s Good Manufacturing Practice (GMP) standard and will cost N2 billion to complete.

He added that the project is being funded with the Central Bank of Nigeria's intervention fund, adding that the expected gestation period is 18 months.

Verghese reiterated that Jawa is committed to providing world-class quality medicines at the most affordable cost for Nigerians and non-Nigerians.

The Jawa boss also commended the Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Adeyeye, for her support towards the pharmaceutical industry.

He said: "We are grateful to the Director General of NAFDAC, Professor Mojisola Christiana Adeyeye for putting it upon herself to ensure that the pharmaceutical sector gets assistance from the Federal Government in 2020 after several years. We are grateful".

He further revealed that Jawa will continue to work harder as an innovative pharmaceutical manufacturing company and healthcare solutions provider.

Giving details of the antibiotic dry syrup manufacturing factory, the project coordinator, who is also a director of the company, Jacob Kurian, disclosed that the facility, on completion, will be the first of its kind in Nigeria and the entire West Africa.

"The dry syrup container will be packed along with the required purified quantity of water that will be provided alongside the dry powder packing," Kurian said, adding that "this is customer friendly and readily acceptable by the consumers."

Meanwhile, the secretary general of the Federation, Boss Mustapha, has commended Jawa on the project, saying it is a manifestation of the commitment of the company towards the development of the pharmaceutical industry and the wellbeing of Nigerians.

In his congratulatory message, dated December 8, 2020 and sent to the company, Mustapha who

could not attend the foundation-laying ceremony, congratulated Jawa, saying the project is worthy of recognition.

Also speaking at the event, the DG of NAFDAC, Professor Adeyeye who was ably represented by an assistant director in the Evaluation Directorate, Mrs Kadijat Ade Abolade, commended Jawa for taking such a laudable step in building the factory.

She called on other manufacturing companies in the pharmaceutical industry to come up with manufacturing facilities, saying the agency is willing to provide the needed support.

Adeyeye said: "We appreciate the giant strides Jawa is taking in the pharmaceutical sector. The building of the factory is a laudable one. We are happy to be identified with Jawa and the project, especially at this critical time in the history of the nation's economy. We really commend the company"

In his goodwill message at the event, the Registrar, Pharmacists Council of Nigeria (PCN), Dr NAE Mohammed showered encomium on Jawa, saying the project is an extension of its vision to ensure that medicines are produced in compliance with the standard of NAFDAC's Good Manufacturing Practice, as well as that of the PCN and WHO.

"Jawa International Limited, under the able leadership of Chief Verghese (MFR) has greatly contributed to the progress made within the pharmaceutical manufacturing sector in Nigeria and it is highly commendable that you are breaking ground and laying a foundation for a new NAFDAC-GMP compliant antibiotic dry syrup manufacturing factory. PCN felicitates with the management and staff of Jawa International Limited on this giant stride and wishes you a smooth and speedy completion of the project", the PCN registrar said.

While commending Jawa on the project, the leadership of the Pharmaceutical Society of Nigeria (PSN), represented by Pharm. Victor Ogbonna, described Jawa as an advocate of local manufacturing. They also urged the company to keep the flag flying in continuing to provide employment for Nigerians.

Similarly, the President, Lagos Chamber of Commerce and Industry (LCCI), Toki Mabogunje applauded the Jawa project, saying it is a move by the company to make Nigeria self-reliant in drug production.

The LCCI president, who was represented by Mr Gbenga Ismail, also urged the Nigerian government to arrest the challenges causing low capacity among the country's manufacturing companies.

Innovate or fizzle out, Oyawole, Adeniran, others task community pharmacists

- As Lagos ACPN holds 2020 Continuing Education Conference

By Adebayo Oladejo

Notable personalities in pharmacy practice, including Pharm. Anthony Bola Oyawole, a former presidential aspirant of the Pharmaceutical Society of Nigeria (PSN); Pharm. (Mrs) Bolanle Adeniran, immediate past chairman, PSN, Lagos State; and Pharm. Iyiola Gbolagade, chairman, PSN, Lagos State, have called on community pharmacists to reinvent themselves and upgrade their practice, noting that it is either they innovate or become history.

The dignitaries gave the charge at the Continuing Education Conference of the Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, held recently at the chapter's secretariat in Ogudu, Lagos.

According to Pharm. Oyawole who spoke with our correspondent, the conference was timely and apposite, as knowledge gained would help participating pharmacists to keep their businesses afloat during the current pandemic.

He said: "For any professional, it is about continuous development because the world we are living in today is a changing world and as pharmacists, we must move with the change. The world was greeted with the COVID-19 pandemic, and since then, the whole world has not been the same. So, the only thing we can do to be ahead of our practice is to seek knowledge."

Oyawole also seized the opportunity to call on government to give community pharmacists the recognition they deserve, saying pharmacists are being made use of judiciously in advanced countries as they are the closest healthcare providers to the people.

Also speaking in an interview with *Pharmanews*, Pharm. (Mrs) Adeniran disclosed that the continuing education conference was a good avenue to update the knowledge of community pharmacists so that

they can remain leaders in the pharmaceutical business.

She added that lack of updated knowledge makes even a professional become archaic. "Drugs are evolving; diseases are evolving. So, if we stay on what we learnt or acquired in school alone, we would not be able to move with the tide," she said.

Speaking in the same vein, Pharm. Gbolagade commended the leadership of the ACPN for sustaining the programme which has spanned over ten years, as well as continually enriching its content.

While lamenting the unconducive environment of community pharmacy practice in the state as a result of unfriendly policies and regulations as well as quackery, Gbolagade advised pharmacists to take advantage of the many opportunities offered by the programme to enhance their businesses.

Speaking earlier, Chairman of ACPN Lagos State, Pharm. Olabanji Obideyi, who was represented by Pharm. Lawrence Ekhaton, the vice chairman, disclosed that the Continuing Education Conference with the theme, "Innovate or Fizzle Out", was designed to promote professional skills, business strategy skills, and practice skills of community pharmacists, saying it would help community pharmacists to better understand current economic realities and the options available for small and medium enterprises.

According to him, the programme was initiated to constantly educate members on current changes in the profession and keep them up to date.

"Talking about the theme, 'Innovate or Fizzle Out', we are now in a new normal and things are no longer the way they used to be. So, for us to remain relevant, there is a need for innovation and rededication", he said.



A cross-section of personalities at the event.



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Illegal reopening of closed pharma facilities might lead to blacklisting, NAFDAC warns

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de-registration, blacklisting and prosecution," it stated.

Speaking in an exclusive interview, the Director General, NAFDAC, Prof. Moji Adeyeye, explained how the defaulting companies had been served notice of upgrading of their facilities for almost two years without their acknowledgement of the notice nor submission of an action plan for the correction of defects.

Adeyeye further disclosed that the nonchalant disposition of the concerned companies compounded their cases, as they allegedly never made any attempt to address the issues raised nor communicated with the agency.

She said the initial audit conducted by the agency early 2019 had identified 15 companies producing drugs in substandard facilities, adding that after an enlightenment workshop for their management teams, nine of the companies braced up and commenced action plans to improve, while the conditions of the remaining six deteriorated beyond measures.

"The defaulters were notified in the early 2019 to submit a plan of action within 30 days targeted at addressing non-conformance observed during the nationwide audit of all manufacturers in 2018/2019. There was no response



Prof. Moji Adeyeye
Director General, NAFDAC

from the companies. Fifteen companies fell into the category.

"In order to understand how to address the non-conformance, NAFDAC conducted a training in mid-2019. The plan of action was to demonstrate their commitment to Good Manufacturing Practice (GMP) corrective and preventive actions (CAPA) on both capital intensive and non-capital-intensive deficiencies.

"The main issue was that the defaulting companies did not acknowledge nor respond to the official notification issued to them, despite the fact that all manufacturers were trained on how to address the non-conformances. Recently, in September 2020, the 15 companies were re-inspected to assess their effort at addressing the previously observed deficiencies only to discover further decline into non-compliance in the six companies, hence the agency was left with no option than to close down the facilities until they are ready to meet extant requirements", she narrated.

Speaking on why the concerned companies were not exonerated, based on financial inadequacies, the NAFDAC DG averred that several companies

had financial incapability and over 100 manufacturers had inspectional non-conformances for which most of them raised a plan of action and NAFDAC is working along with them to ensure they meet minimum requirements.

"However, these six manufacturers were comfortable in their old ways of doing things hoping that the drive for GMP compliance by NAFDAC will be

relaxed after a while.

"This nonchalant attitude and negligence resulted in unwholesome practices, leading to their closure. All manufacturers were sensitised on the availability of Federal Government intervention funds from CBN to assist the health sector, especially for local pharma manufacturers to upgrade their facilities and meet GMP requirements. Their participation to access the funds is through their umbrella body, PMGMAN. For the companies that remained recalcitrant, measures were taken to enforce compliance hence the shutdown", she stated.

In a related development, the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMGMAN) has distanced itself from the defaulting manufacturing companies, saying the health of the nation is more important than sentiments.

PMGMAN Chairman, Pharm. Fidelis Ayebae in a telephone interview with *Pharmanews*, said he has no sympathy for affected companies because pharmaceutical business is a serious business with lots of implications.

"NAFDAC has the right to close down any company that fails to comply with GMP guidelines. That is why I may not be sympathetic with pharma companies which fail to go by GMP rules", he stressed.

NAPA soon to launch cough mixture, other products – National Chairman

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adding that the association is planning to use its limited resources in 2021 to encourage members in their bid to find solutions to the numerous health challenges facing the country.

He said: "For the year 2021, NAPA will continue in her inalienable efforts to churn out veritable and highly qualified pharmaceutical manpower to the various segments of pharmacy practice. NAPA intends to fully introduce to the pharmaceutical market, her new product NANIP Cough Mixture, resulting from her collaborative effort with NAIP. We also intend to introduce more products that are currently at various stages of development. Individual NAPA members and teams are also working assiduously to come up with suitable remedies for the ravaging COVID-19.

"We have also applied, collectively and individually, for grants from the Central Bank of Nigeria (CBN), the Tertiary Education Trust Fund (TETFUND) and other funding agencies to enable us execute our researches on drugs for infectious and other diseases, as well as pharmaceutical excipients. NAPA is, on her own, planning to use her meagre resources to encourage her members in their bid to find solutions to the numerous health challenges facing the country," Ibezim said.

The NAPA chairman however called on the Pharmacists Council of Nigeria (PCN) to intensify effort in the fight against illegal drug manufacturers in the country, while also strengthening its relationship with other key arms of the profession

to enhance the advancement of the pharmaceutical industry in 2021.

"Year 2020 had somehow been a very turbulent one for the Pharmacists Council of Nigeria, just as it had been, for many other government institutions nationwide. The Council however, did achieve much, as some key statutory functions were satisfactorily performed.

"As we march gradually into 2021, my message for the Council, first, is to strengthen her relationship with other key arms of the profession in the country. This is very important, because a united front would always achieve more, while a closely knit broom sweeps better and faster. The Council must take seriously, the job of monitoring and evaluation of activities of drug manufacturing firms, to ensure that they are in line with world best practices.

"The Council should come hard on illegal pharmaceutical manufacturers that are gradually flourishing in the country. She should also work hand in hand with other relevant government agencies, to ensure that importation of drugs and drug related products as well as drug excipients, is seriously checked, so as to stop or substantially reduce the circulation of fake, unwholesome and adulterated drugs."

He continued: "PCN should adequately beef up her Inspection arm and take seriously, the issue of quality inspections, handing down, without compromise, adequate sanctions to offenders. The Council should equally work towards final approval of all Pharmacy related bills with the National Assembly and should take drastic steps to

stem further encroachments into the practice of pharmacy in Nigeria, by charlatans and unqualified persons."

While commending the Pharmaceutical Society of Nigeria (PSN) for impressive performance in the year 2020, despite the pandemic and other distractions, Ibezim urged the Society not to relent in its efforts to carry all segments of the profession along in its innovative strides. He also advised the PSN to diversify its investments to ensure a sustained robust income for the Society.

According to him: "The Pharmacy Tower Project should be taken to a very advanced logical level in the year 2021. I also advise that the Society should sustain the effort to avail herself of the benefits of ICT by digitising her numerous practices and activities. The Society should ensure that all her technical arms are operating optimally. PSN should also not relent in her efforts to assert the undeniable leading role of the profession in the health team by ensuring that the voice of Pharmacy is heard loud and clear on all relevant national issues."

The NAPA helmsman also called on the Federal Government to do all within its power to encourage the pharmaceutical sector in the year 2021.

Ibezim specifically urged the government to motivate local drug manufacturers with some import duty concessions that will enable them bring in drugs and raw materials with minimal efforts and costs. He also charged the government to mandate relevant government agencies and parastatals to patronise locally manufactured drugs.



Professor Emmanuel C. Ibezim
National Chairman, NAPA

He said: "Relevant government funding agencies should mount adequate grant schemes that will encourage pharmaceutical researchers in their bid to come up with remedies for current burning national health issues. The proposed CBN health grants should be facilitated to enhance timely utilisation by researchers and drug firms.

"Drug law enforcement agencies, like NAFDAC and NDLEA should be more pragmatic in their drug regulatory functions, avoiding all forms of compromise and sharp practices that undermine quality drug distribution. The government should adequately fund the National Institute for Pharmaceutical Research and Development (NIPRD) so as to properly equip and situate her for the expected drug research and discovery functions."

Illegal reopening of closed pharma facilities might lead to blacklisting, NAFDAC warns

- As PMG-MAN supports agency's action

By Temitope Obayendo

Following the recent closure of six pharmaceutical companies by the National Agency for Food and Drug Administration and Control (NAFDAC) over alleged failure to comply with Good Manufacturing Practice (GMP) regulations, the agency has issued a strict warning to the affected companies not to attempt reopening their facilities without approval, stressing that such may aggravate their penalties.

The agency further disclosed that its officials are keeping constant surveillance on the six companies based on the written agreement signed with them, warning that any attempt to violate the closure order might lead to worse sanctions.

"The companies are placed under strict written commitment not to violate closure order as they are fully aware that the consequences of re-opening without approval far outweigh the temporary closure, as they run the risk of permanent closure,



Executive Governor of Osun State, Gov. Gboyega Oyetola (Middle), and the Deputy Governor, Mr. Benedict Olugboyega Alabi, exchanging pleasantries with the Akire of Ikire Land, HRM, Oba (Pharm) Olatunde Falabi, at the opening ceremony of the 93rd Annual National Conference of the Pharmaceutical Society of Nigeria (PSN), tagged "Omoluabi 2020, held in Osogbo, Osun State.

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NAPA soon to launch cough mixture, other products – National chairman

- Charges PCN to intensify fight against drug counterfeiters

Ranmilowo Ojalumo

National Chairman of the Nigeria Association of Pharmacists in Academia (NAPA), Professor Emmanuel Chinedum Ibezim, has disclosed that the association will introduce a cough mixture and many other pharmaceutical products manufactured through

scrupulous research works into the Nigerian market in 2021.

In a statement made available to *Pharmanews* recently, Ibezim also noted that members of NAPA are currently working hard to come up with a remedy for COVID-19,

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