

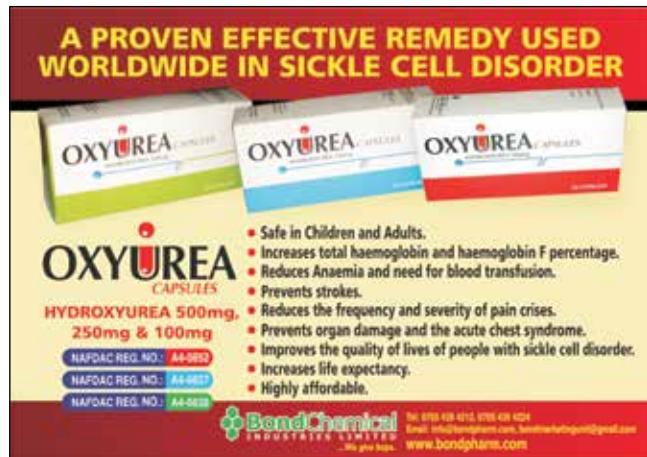
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Pharmacy practice in Nigeria battling image problem, says Ohuabunwa at 70

- Enumerates success principles for young pharmacists

By Patrick Iwelunmor and Oluwaranmilowo Ojalumo

Distinguished pharmacist and president of the Pharmaceutical Society of Nigeria (PSN), Mazi Sam Ohuabunwa, has called on young pharmacists to imbibe success principles that will make them exceptional in the profession. The former MD/CEO of Pfizer West Africa, made this call during

an exclusive interview with Pharmanews in Lagos. For the former chairman of the Nigeria Economic Summit Group, there is an urgent need for the National Assembly to pass the PCN Bill, which he believes will strengthen regulation and empower the council to prosecute offenders in the pharmacy industry. Ohuabunwa who turns 70 on 16

August, while reacting to sundry issues related to his eventful odyssey through the Pharmacy profession, bemoaned the identity crisis that has engulfed the industry in Nigeria. He also decried the menace of fake drugs in the Nigerian pharmaceutical

continued on page 25



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Pharm. Matthew Aisagbonriodion Urhoghide, a Nigerian politician, was born on 8, August 1955 in Edo State, Nigeria. He is the senator representing Edo South Senatorial District in the Nigerian Senate. He has been a member of both the 8th and 9th senate.

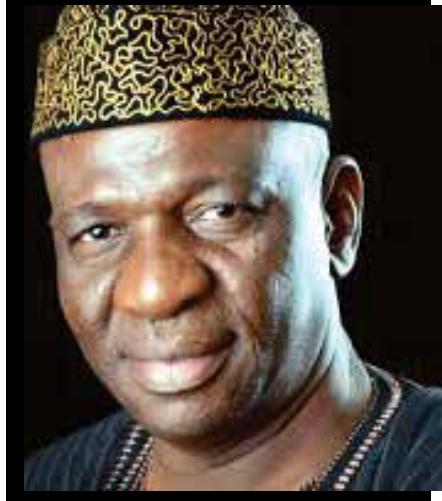
Born into the family of Daniel Ediagbonya Urhoghide and Rebecca Avanrennen Urhoghide, he grew up in Benin City and attended St. Matthews Primary School from where he obtained his First School Leaving Certificate. He thereafter attended Eghosa Grammar School in Benin and finished his West African Senior School Certificate Examination. Urhoghide then proceeded to the University of Benin where he studied Pharmacy and graduated with a B.Pharm degree.

Highlights of his public service career include being board chairman of the Obafemi Awolowo University Teaching Hospital, a position he held before venturing into partisan politics in 2014. He was also the Publicity Secretary of the People's Democratic Party (PDP) in Edo State. In 2015, he contested and won election into the Senate on the platform of the PDP. He was vice chairman, Senate Committee on Health and chairman Senate Committee on Culture and Tourism. In 2017, he was named chairman of the Senate Committee on Public Accounts, a position he currently occupies.

A Fellow of both the Pharmaceutical Society of Nigeria (PSN) and the Nigeria Academy of Pharmacy (NAPharm), Urhoghide has been a vibrant representative of his people in the Red Chamber. He has been vocal on issues pertaining to appropriation, public accounts and the fiscal policies of the federal government. On 22 November 2016, he sponsored a bill for the establishment of the National Institute for Hospitality and Tourism (NIHOTOUR). The bill passed its first, second and third reading and was enacted by the Senate.

A very generous and compassionate leader, Urhoghide in May, 2020, led other Edo State National Assembly members to show solidarity with Governor Godwin Obaseki's anti-COVID-19 efforts when they donated palliatives to the state government to help in mitigating the adverse economic effects of the pandemic.

The distinguished senator and pharmacist has received the following honours, amongst others: Excellence in Exemplary Leadership and Promotion of Nation Building Through Effective Advocacy in the National Assembly by USEN Social Elite Club; Merit Award for Contribution to Law-making, Legislative Oversight and the Legal Profession by the Nigerian Bar Association; and the Episcopal Award for Contribution to the Growth of the Church/Diocese and Humanity in general by St. Matthew's Cathedral Church, Anglican Communion.



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

Ever since the dreaded coronavirus disease (COVID-19) reared its ugly head in Nigeria, in February, 2020, there has been great trepidation around the country and much frenzy in the health sector, in particular. While the World Health Organisation (WHO) has consistently maintained that the disease is without a cure or vaccine for now, it has however encouraged researchers all over the world to rise to the occasion and use their initiatives to work towards finding a cure for the novel virus, even as the whole world remains expectant with uneasy calm.

However, judging by developments within the past few months, it appears that the continent of Africa has, by default, been excluded from this momentous quest to find a proven remedy for the deadly virus. Indeed, going by the prevalent attitude of governments, regulatory authorities and policy makers within and outside the continent, it would seem that the possibility of a cure for the disease coming from Africa has been foreclosed right from the outset. Expectedly, not only has this prejudicial predisposition prevented majority of governments on the continent from making any serious financial commitments towards research and development in this regard, but has also made any claim of a breakthrough from individual researchers to be greeted with intrinsic skepticism and, sometimes, disdain. This is very unfortunate for a continent overflowing with a massive collection of medicinal flora and fauna.

When the government of

COVID-19: Must the cure come from outside Africa?

Madagascar announced in April that its Malagasy Institute of Applied Research had found a cure for COVID-19 in the herbal syrup named Covid-Organics (CVO), the initial reaction from leading health authorities globally was to warn people to tread with caution. It was not until after Andry Rajoelina, president of Madagascar, had repeatedly stood by his claims, with practical demonstrations and purported proofs of the drug's potency, that health authorities and countries, even in Africa, began to take the claims a bit seriously. The WHO reluctantly agreed to design and conduct clinical trials for the product, while some African countries placed orders to have consignments of the acclaimed remedy sent to them.

Yet, even at that, the predominant attitude towards Covid-Organics was as one dealing with a contraband. For instance, the Economic Community of West African States (ECOWAS) was quick in dissociating itself and the West African Health Organisation (WAHO) from the claim that they ordered Covid-Organics. Similarly, the Nigerian government equally said that the consignment it received was never ordered.

When Nigeria eventually subjected the Malagasy medicine to weeks of testing, both the National Agency for Food and Drugs Administration and Control

(NAFDAC) as well as the National Institute for Pharmaceutical Research and Development (NIPRD) declared that the herbal syrup, aside from the proven fact that it was made of 72 per cent *Artemisia annua*, information on the remaining 28 per cent component of the formula was not available and thus, they could not establish its effectiveness in the treatment of COVID-19.

Back here, in Nigeria, a couple of academics and herbal medicine practitioners have said they have a cure for the virus. But each of the claims has either been dismissed or taken with a pinch of salt. Maurice Iwu, a professor of Pharmacognosy and president/chief executive officer of Bioresources Development Group (BDG), Abuja; International Centre for Ethnomedicine and Drug Development (InterCEDD), Enugu State; and Bioresources Institute of Nigeria, in Imo State, had, in an interview stated that, besides inhibiting COVID-19, a drug patented by his company also stopped the growth of Ebola Virus Disease (EVD) and dengue fever. Iwu also submitted that the trial of the drug had been registered with the Pan African Clinical Trials Registry. To date, however, nothing has been heard of the drug.

In a similar development, the Chief Executive Officer of Iris Medical Foundation, Dr Paul Ojeih, has come out to say that one of his

herbal products, Venedi Elixir, can cure COVID-19. He maintained that persons who had tested positive to the virus should be brought to him so he could treat them and prove the efficacy of his formula. Again, he and his claims seem to have been brushed aside.

Sadly, instead of creating an enabling environment for the likes of Iwu and Ojeih, among others, for their claims to be proven or disproven, the most that the government seems interested in doing is setting up of committees that operate in a very opaque manner. When such committees are not dancing to the tunes of foreign medical and pharmaceutical neocolonialists, they are caught in the retrogressive web of bureaucratic convolutions.

These discouraging dispositions are very disturbing, to say the least; and they raise so much concern about the possibility of ever finding a cure for the coronavirus – or any other disease outbreak for that matter – in Nigeria or Africa, as a whole. From the look of things, government's attitude towards indigenous pharmaceutical research and development poses a bigger challenge than the ravaging virus itself.

We therefore call on the Nigeria government to earnestly and proactively engage the relevant health institutes, agencies, researchers and other stakeholders in the country towards seeking ways to come up with a cure or vaccine for COVID-19. With the abundance of medicinal herbs that we are blessed with, nothing stops Africa and, indeed, Nigeria, from finding a cure for this disease.



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Watch out for time traps

By Sir Ifeanyi Atueyi

The Pareto principle posits that the top 20 per cent of your daily tasks will drive 80 per cent of your results. Therefore, you must decide which of your tasks comprise your top 20 per cent and focus your best attention on them during your day.

This principle of time management implies that 80 per cent of our success comes from 20 per cent of our activities. This means that 80 per cent of our activities only produces 20 per cent of our success. It clearly reveals that a lot of unproductive activities are robbing us of the time that should be spent on important priorities.

Our life can be likened to a garden with beautiful flowers on which we allow weeds and thistles to grow and choke. A good gardener must not allow the weeds to grow. Weeds must be uprooted to preserve the flowers.

From my little experience with farm work, when I was young, weeds are tough to deal with and they grow and multiply even faster than the crops. Therefore, you have to ruthlessly deal with them by uprooting them, for the flowers to survive and flourish.

Do you know that some gardens can be overgrown with weeds? Urgent, unproductive and useless activities can overwhelm our lives. Hence, insignificant activities that take up our time but contribute nothing to our success must be weeded and thrown away. We must focus on the significant activities and do away with the insignificant ones. We must know what contributes to our success and what does not contribute.

Proverbs 24:30 says, "I went by the field of the slothful, and by the vineyard of a man void of understanding; and lo, it was all grown over with thorns, and thistles had covered the face thereof, and the stone wall thereof was broken down."

Someone who is slothful, indolent or lazy cannot work on his life and identify the activities that are retarding his progress. He cannot make important decisions affecting his life. He does not monitor his progress. Such people become poor because of laziness.

Some people are too lazy to think and plan their future. Some abandon their lives in the hands of others. Some people erroneously think that their parents, teachers, counsellors or pastors know what God has planned for them. Instead of praying to God and asking for revelation and guidance, they

depend on other human beings. They put their trust on man and their hearts depart from the Lord.

A good plan for your life identifies your important activities and your priorities. You must identify those 20 per cent of your activities that contribute 80 per cent of your success. There is no one who can succeed in any endeavour without application of this principle. Failure to apply it results in unsuccessful living.

In order to think properly and make the best use of our time, we must get rid of negative thoughts that prevent us from moving forward. Thinking negatively is like looking at the rear mirror of your car while driving. You can't move forward while you are looking backward.

Certain thoughts clog our minds and retard our progress in life. Ephesians

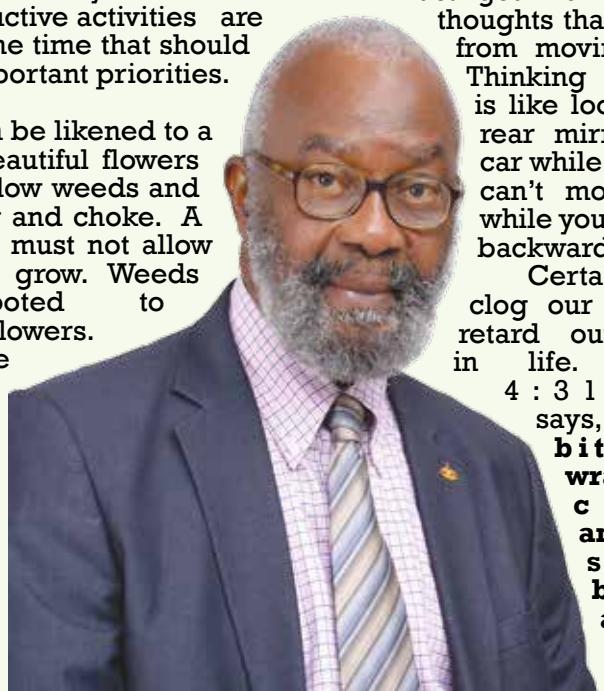
4 : 3 1 (N K J V) says, "Let all bitterness, wrath, anger, clamor and evil speaking be put away from you, with malice." These thoughts fill

some minds and constitute part of the 80 per cent of the unproductive activities that retard progress.

These thoughts constitute excess baggage which slows us down and prevents making progress. As long as you are planning evil for someone, you do not have peace of mind. If you harbour bitterness against someone, the burden is on you and not on the person you have bitterness against. Therefore, you are the person suffering.

These negative thoughts are like garbage. You cannot store garbage in your house and be comfortable. The garbage can bring you discomfort and may affect your health on the long run. Wisdom demands that you clear the garbage for your own good. If you accumulate garbage in your heart, you will surely manifest garbage outside. The mouth speaks out of the abundance of the heart. Proverbs 4:23 says, "Guard your heart with all diligence, for from it flow springs of life."

God wants us to accumulate His Word in our hearts in order to live successfully. Colossians 3:16 says, "Let the word of Christ dwell in you richly in all wisdom..." When you are properly guided by the Word of God in your thoughts, words and deeds, the result of whatever you do will be acceptable to Him.



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A Time to think

"Waiting hurts. Forgetting hurts. But not knowing which decision to take can sometimes be the most painful."

- Jose N. Harris.

By George O. Emetuche

As the world battles COVID-19, let's task our minds a little. Who does the most important job in any organisation? The answer is simple: The person who invents outstanding ideas. Ideas rule the world. This saying is as old as man.

In their books, *Good to Great*, and *Today Matters* by Jim Collins and John C. Maxwell, respectively, the two authors shared an interesting story about the A&P grocery company (earlier known as The Great American Tea Company) that is a good example of what can happen when people fail to invest time to think - in order to arrive at best decisions.

The company was founded in 1859, when George Hartford convinced his employer, George P. Gilman, the owner of a hide and leather company in New York City, to go into the tea business. The Great American Tea Company emerged by that idea.

In 1869, Gilman sold his shares to Hartford and retired. That same year, Hartford changed the name of the company. From then on, it was known as The Great Atlantic and Pacific Tea Company - A&P for short. Hartford also decided to create his own brand of coffee, which he called Eight O'Clock Breakfast Coffee. It was very popular and profits soared. Hartford's good thinking and innovative business sense took the company to greater heights. By 1880, the company had more than 95 stores.

Peak of progress

George Hartford was a good thinker, but his sons were even better! When his two sons George and John came in, they introduced a strategy to bring cost down and increase profit by manufacturing their own products. They also introduced models that would take care of the changing needs and wants of customers. They kept advancing their models and strategies to satisfy their customers.

In the course of the business, John convinced his father of the need to try something new by opening a cash-and-carry "economy" store. It opened in 1912. In two years, the company opened 1,600 new kinds of stores. In 1916, the elder Hartford handed the business over to his sons. By then their sales had doubled from \$31 million to \$76 million. Nine years later, the company owned 13,961 stores that produced annual sales of \$437 million. By 1929, A&P was the world's largest coffee retailer.

Timely adaptation

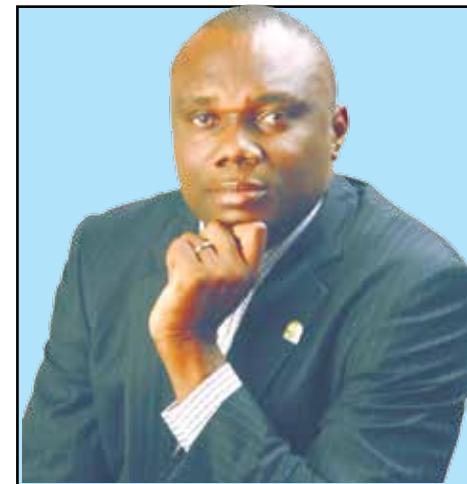
In the early 1930s, the grocery industry witnessed a major change. Competitors were introducing Supermarkets. The Hartford brothers changed their thinking and met the challenge. They began closing their economy stores and opening Supermarkets. Even though they closed six old stores for every new one they opened, they prospered. Sales volume was high - and so were profits. By 1950, A&P annual sales topped \$3.2 billion. It was the largest privately owned company and the largest retail organisation in the world.

of board in 1958.

According to Collins, Burger was not up to the challenge. Where the Hartsfords had used their thinking to create breakthroughs, Burger sought to preserve two things: cash dividends for the Hartford family foundation and the past glory of the Hartford brothers. Collins quotes an A&P director who said that Burger "tried to carry out, against all opposition, what he thought Mr John Hartford would have liked." Collins goes on to say, "Burger instilled a "what would Mr Hartford do?" approach to decisions, living the motto "you can't argue with a hundred years of success."

Yes, you may not be able to argue with a hundred years success, but you can run it down.

I often say that I don't believe in generic approach. In sales, I teach that sales professionals should discover the needs of every prospect or customer, and provide



solutions according to those needs.

Most likely, no need is the same; therefore, no solution will be the same. This is why Qualifying the Prospect is a very important process in selling. Our faces differ, same way, our challenges and solutions to our issues will likely vary. I don't believe in generic approach as a Sales Strategy. You need to identify the market and provide exact solutions for that

continued on page 23

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Inquest

with
Patrick Iwelunmor

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The beauty of orthodox medicine lies largely in its strict adherence to ethical rules and regulations which guide its application to the human condition. When a person is sick, the first thing a physician does is to examine the symptoms to identify the sickness. He does not depend on assumptions. Instead, he evaluates these symptoms and, where necessary, recommends some laboratory tests.

This ethical procedure means that the practitioner relies on the scientific examination of the patient's complaints to arrive at a decision on the mode of treatment to be prescribed, lest he violates the Hippocratic Oath he had sworn to. Unfortunately, except in few instances, herbal medicine practice in Nigeria does not depend on scientific methodology to arrive at its therapeutic decisions. As a result of this arbitrariness, it subjects the entire practice to many grave dangers in terms of dosage, drug interaction and reaction. It somewhat blinds

itself to the adverse effects, which its unstandardised procedures could have on vital organs of the body, like the liver, the heart and the kidney.

Whereas in countries like China and India, herbal medicine practice has been upgraded to that level where science and technology have been integrated into its practice, the same cannot be said of Africa with absolute assurance. These Asian countries, in spite of their pedigree in psychic, zodiac and occult practices, still find a way to detach herbal medicine practice from the speculative worldview of spiritualism which has become one of the biggest threats to human health in Africa and Nigeria, in particular, as charlatans continue to have a field day.

Of course, this does not mean that every herbal concoction from the Asian countries should be accepted and consumed with dispatch. Never! NAFDAC, SON and other relevant regulatory agencies must carry out strict quality

Pitfalls of herbal medicine practice in Nigeria

assurance measures before even allowing them into the Nigerian market.

Sadly, on Lagos streets and at motor parks, one is bombarded with all forms of herbal concoctions by vendors who claim they can cure every ailment on earth, from high blood pressure, diabetes and erectile dysfunction to typhoid, malaria, ulcer and haemorrhoids. The first and most telling characteristic that these quacks share is usually illiteracy and ignorance – which is sometimes amplified by an incurable illusion of grandeur emanating from the misguided belief that they inherited their medical know-how from unverifiable ancestries. As can be easily imagined, their case is like the proverbial blind leading the blind. They have sent many people to their early graves due to their opinionated claims to herbal ingenuity.

NAFDAC has been having sleepless nights over the activities of this group of people but the public seems to be aiding their atrocities by refusing to heed all the warnings from various health

institutions concerning the unwholesomeness of their products. Indeed, it has become very worrisome that people who have no knowledge of Medicine or Pharmacy are laying claims to medical expertise.

While there are some established herbal medicine practitioners in Nigeria whose products have received NAFDAC approval and have been in circulation for a while now, this reality does not guarantee an all-comers kind of liberty. In safeguarding the health of the nation, NAFDAC has to continue to maintain its strict food and drug administration and control policy.

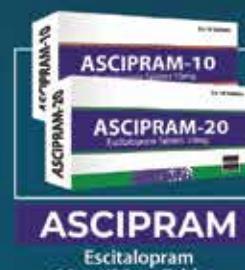
Additionally, the Nigerian government must ensure the enactment and enforcement of appropriate legal sanctions against those who violate NAFDAC rules and regulations regarding unregistered foods and drugs. Prosecutions must be swiftly, constantly and impartially carried out so that the dispensation of justice is neither handicapped by unnecessary bureaucratic strictures nor frustrated by lack of political will.

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Frontline healthcare workers – Real heroes of COVID-19 pandemic

By Solomon Ojigbo

The coronavirus pandemic has spread with alarming speed across 213 countries and territories around the world, infecting millions of people and bringing many health systems to the brink of collapse. Many health workers are also suffering physical and psychological exhaustion after months of working in extremely stressful environments.

Just recently, the World Health Organisation (WHO) announced that over 1.4 million infections of COVID-19 are accounted for by healthcare workers, which is about 10 per cent of all cases. In Africa, more than 10 thousand health workers in 40 countries have been infected with the virus so far, and sadly, many have lost their lives.

Dedication, despite deprivation

Millions of healthcare workers around the world — doctors, pharmacists, nurses, hospital support staff, and other health care professionals, as well as first responders, including emergency rescue personnel, have faced the challenge of providing care for patients with coronavirus, while often ill-equipped and poorly prepared, risking their own lives to save others.

They challenge us all with their tireless work, self-sacrifice, commitment, dedication, and professionalism. They have been the heart and soul of the war against the COVID-19 public health crisis. They have been our guiding light in one of the darkest times of humanity and are indeed the real heroes of our generation.

In many African countries infection prevention and control measures aimed at preventing COVID-19 infections in health facilities are still not fully implemented. Many health centres lack the infrastructure necessary to implement key infection prevention measures, or to prevent overcrowding.

Patriotism, despite vulnerability

Surging global demand for protective equipment as well as global restrictions on travel have triggered supply shortages.



Moreover, low-income countries especially those in Africa have even fewer resources, including the necessary protective equipment for their healthcare workers. These countries even before the pandemic have been battling with inadequate health infrastructures as a result of several decades of poor government funding.

Interestingly, in Nigeria where the government spends less than 4% of its annual budget on healthcare, the government recently proposed a 43% funding cut to primary healthcare services, in the context of an economy suffering from the coronavirus pandemic. Policies, such as this, put the lives of many healthcare workers at serious risk of COVID-19 infection in a stage where the virus now spreads at the community level.

It is evident that health professionals who work at the community/primary healthcare level are the ones who really need the resources and training in the fight against COVID-19 because they are the first point of contact to the public. These health workers are very often exposed to patients who do not show signs of the disease and are in the health facilities for a range of other services.

It is therefore expedient

that public and private funds should be mobilised to ensure that protective equipment and other medical supplies are universally available and accessible to health workers so that they can perform their duties well. They deserve our support and encouragement. They are putting their lives and those of their immediate family in danger to save the lives of others, to save the public. This is what it means to be a hero.

At a time when Nigeria is in dire need of true heroes and leaders — courageous, patriotic, self-sacrificing people — our healthcare professional are setting extraordinary examples for all of us to follow. Despite inadequate compensation from the government and poor working conditions, many of our health workers have remained steady, with some having to give up financial rewards and even their dreams of a better life overseas to serve their fatherland.

Many health workers are also suffering physical and psychological exhaustion after months of working in extremely risky and stressful environments. Surely, they have clearly demonstrated the patriotism, heroism, loyalty indicated in our national creed - "...To serve

our fatherland with love and strength and faith".

Call to due recognition

There are many occasions in which these men and women of honour have had to embark on strike actions to force the government to hear their voice and attend to their needs. Situation like these have been a common occurrence for many years in Nigeria. Sadly, many of the issues and concerns raised have persisted in the nation's health sector because the government at all levels have not been faithful to their responsibilities and promises of providing the right working conditions and encouragement to keep these gallant heroes motivated.

To all our healthcare professionals around the world who have been at the frontline of the coronavirus public health crisis, providing the much needed care to the most vulnerable of the population we say thank you for compassion, resilience and bravery.

To those who have lost their lives in this dark episode of human history, we appreciate you. Your sacrifice and heroism will forever remain unforgettable.

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TO STOP
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Understanding people the “write” way

By Dipo MacJob (DrWrite)

Le's assume that the handwriting samples below belong to three prospective district managers applying for the same role in a pharmaceutical company. Who, in your opinion, among the three candidates would be least suited for the job, if social or "people" skills are of major importance to the organisation?

"What makes people smart, curious, alert, decent, confident, benevolent, pleasant - in the broadest and best sense intelligent - is not having access to more and more learning places, resources, and specialists, but being able in these places to do a wide variety of interesting things that make things that challenge their ingenuity, skill & judgment, and that make an obvious difference in their life and the lives of people around them."

—John Holt
from Teach Your Own

Sunday Doh
12/28/01

show now & know about now

26. VIII. 1956.

Dear Mr Littlejohns.
You ask me for a page of "my fast handwriting" — so long ago now that it is bound to be fast.

The request that it should be confined to seven inches by five causes one to pause.

I don't like samples. Remember St. Augustine when asked to define Time. His answer was, "I know what it is if you don't ask me." That is how I feel now.

Yours sincerely
Irene Wellington.

As humans, we have myriads of experiences - emotional, physical, psychological, social, and so on. And on account of this, it is often rather difficult to get to the root cause of our challenges. It is worse when the individual having such a challenge is so unaware of what is confronting him or her, let alone knowing which direction to go in seeking for help. As powerful as

[Handwriting sample 1]

medications are, findings have revealed that no optimal dose of any medication can heal an emotional wound.

However, one of the benefits of non-verbal intelligence, to which graphology belongs (handwriting analysis), is that it can figure out within split seconds so much about the personality traits of person. Such traits include the social skills, fears and defences, coping mechanisms, intellectual abilities and emotional outlay. Indeed, I dare say that graphology is about the fastest and cheapest personality assessment tool globally.

At this time and age, individuals and organisations don't have the luxury of time in taking critical decisions targeted at various growth objectives, especially also because the pandemic is still very much around. Therefore, any tool or algorithm that would simplify what needs to be done better, faster and cheaper should definitely be

of interest.

Practical application

So which manager gets the job of the three earlier discussed? Who would you select? For a handwriting expert, it takes less than three minutes to figure out the desirable personality traits which are of priority to the pharmaceutical company, without necessarily having to see the prospective candidate or stay in close proximity with them. The only thing required is the soft or hard copy of the handwriting samples.

Starting from

this edition and for subsequent editions, we shall be examining the topic Understanding people the "Write Way".

If you have been following this column for some years now this concept would not be new. However, if you are just coming across this topic, welcome aboard. A simple definition of graphology is "the assessment of the personality of people from what they have written down on paper. Really? Yes.

There are hundreds of traits that we can find in the handwriting that speaks to the personality type of the owner of the handwriting but in this context, the candidate that should be considered least is the second candidate despite the fact that he got the highest scores in the aptitude test conducted a week before the final screening. But why? Well, that is part of the uniqueness of this personality assessment tool called graphology.



That a prospective employee scored the highest in an aptitude test doesn't necessarily qualify him to be the most suitable for the available position. If I go by the relatively large spaces between words in sample two above, compared with the other samples, it is clear that the writer of sample two clearly loves his or her personal space. Conversely, a handwriting that is rather choked or very much closely knitted in the word spacing suggests a person who enjoys having people around him or her.

In the next edition we shall be continuing this series but before I sign out, always remember that "if you must get it right, you must do it the "write" way.



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

Management of pain, arthritis and rheumatism

People feel pain when a signal travels through nerve fibers to the brain for interpretation. The experience of pain is different for every person, and there are various ways to feel and describe pain. This variation can, in some cases, make it challenging to define and treat pain.

Pain is also a general term that describes uncomfortable sensations in the body. It stems from activation of the nervous system. Pain can range from annoying to debilitating, and it can feel like a sharp stabbing or a dull ache. Pain can also be described as throbbing, stinging, sore, and pinching. Pain can be consistent, can start and stop frequently, or can appear only under some conditions.

People respond to pain differently. Some people have a high tolerance for pain, while others have a low tolerance. For this reason, pain is highly subjective. Moreover, pain can be acute or can occur over a longer period of time. It may be related to a specific injury or issue, or it may be chronic, with ongoing sensations lasting for longer than three months.

Pain can be localised, affecting a specific area of the body, or it can be general—for example, the overall body aches associated with the flu. With many chronic conditions, the cause of the pain is unknown.

Although inconvenient and uncomfortable, pain can be a good thing. It lets us know when something is wrong and gives us hints about causes. Some pain is easy to diagnose and can be managed at home. But some types of pain signal serious conditions.

Pain can be short or long-term and stay in one place or spread



around the body.

Causes of pain

People feel pain when specific nerves called nociceptors detect tissue damage and transmit information about the damage along the spinal cord to the brain. For example, touching a hot surface will send a message through a reflex arc in the spinal cord and cause an immediate contraction of the muscles. This contraction will pull the hand away from the hot surface, limiting further damage.

This reflex occurs so fast that the message has not even reached the brain. However, the pain message does continue to the brain. Once it arrives, it will cause an individual to feel an unpleasant sensation—pain. The brain's interpretation of

these signals and the efficiency of the communication channel between the nociceptors and the brain, dictate how an individual experiences pain. The brain may also release feel-good chemicals, such as dopamine, to try to counter the unpleasant effects of pain.

Types of pain Acute pain

This type of pain is generally intense and short-lived. It is how the body alerts a person to an injury or localised tissue damage. Treating the underlying injury usually

resolves acute pain.

Acute pain triggers the body's fight-or-flight mechanism, often resulting in faster heartbeats and breathing rates. There are different types of acute pain:

Somatic pain: A person feels this superficial pain on the skin or the soft tissues just below the skin.

Visceral pain: This pain originates in the internal organs and the linings of cavities in the body.

Referred pain: A person feels referred pain at a location other than the source of tissue damage. For example, people often experience shoulder pain during a heart attack.

Chronic pain

This type of pain lasts far

longer than acute pain, and there is often no cure. Chronic pain can be mild or severe. It can also be either continuous, such as in arthritis; or intermittent, as with migraines. Intermittent pain occurs on repeated occasions but stops in-between flares.

The fight-or-flight reactions eventually stop in people with chronic pain as the sympathetic nervous system that triggers these reactions adapts to the pain stimulus. If enough cases of acute pain occur, they can create a build-up of electrical signals in the central nervous system (CNS) that overstimulate the nerve fibres.

This effect is known as "windup," with this term comparing the build-up of electrical signals to a windup toy. Winding a toy with more intensity leads to the toy running faster for longer. Chronic pain works in the same way, which is why a person may feel pain long after the event that first caused it.

Further descriptions

There are other, more specialized ways of describing pain. These include:

Neuropathic pain: This pain occurs following injury to the peripheral nerves that connect the brain and spinal cord to the rest of the body. It can feel like electric shocks or cause tenderness, numbness, tingling, or discomfort.

Phantom pain: Phantom pain occurs after the amputation of a limb and refers to painful sensations that feel as though they are coming from the missing limb.

Central pain: This type of pain often occurs due to infarction, abscesses, tumours, degeneration,

continued on page 13

AMERICAN ACADEMY OF NEUROLOGY

Guidelines recommend pregabalin be used as the first-line agent for treating patients with DPNP - Clin J Pain. 2006 Oct;22(8):681-5

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Usage:

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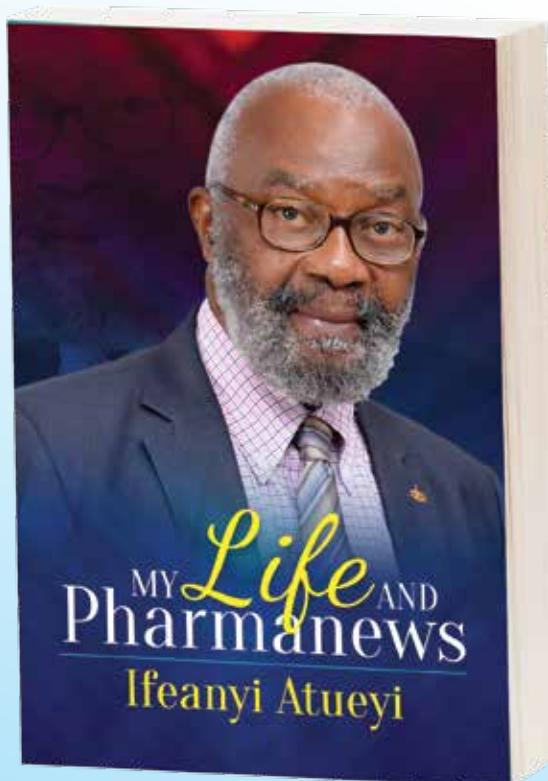
(Excerpts from **MY LIFE AND PHARMANEWS** by Sir Ifeanyi Atueyi)

Two of the most important questions I have often been asked over the years are: "What prompted you, as a pharmacist, to venture into the field of journalism?" and "What would you say is the secret behind the continued success of **Pharmanews**?"

I have realised, through each of my various attempts to answer these questions, a fundamental truth: I really cannot tell the story of **Pharmanews** without telling my story, nor can I tell my story without telling that of **Pharmanews**. Therefore, in recounting the chain of circumstances that led to the birth and rise of **Pharmanews**, I must inevitably begin with a sketch of the story of my life.

I was born on Sunday, 1st of October 1939, at Okija, in Anambra State. My kindred is Umuapani in Ubahu village of Okija town. I am the second child of our parents, Mr Job Nwakinyinya and Mrs Irene Odira Atueyi. The first child was born some years earlier but he died in infancy. Curiously, it took my parents a number of years to have another child after that.

In those days, women gave about two years' gap between their children. Whenever this was exceeded, it gave room for concern and rumours. In the case of my parents, rumours were rife regarding my mother's inability to have another child. However, as God would have it,



my mother eventually conceived again and bore another child, and that child was me. It was due to such circumstances that I was named "Ifeanyichukwu", which literally means "Nothing is impossible with God."

While I love this name, especially considering its significance, I actually used to prefer to be called by my baptismal name, which I am sure many people will be surprised to know now. That name was Christopher, which my father gave me in honour of his good friend, Christopher Obih from Uhuobo, Okija.

In many traditional communities, having namesakes was a way of establishing friendship; and this friendship between the Obihs and Atueyis that began in the thirties has continued with their children and grandchildren till today.

People who preferred to call me by Christopher, shortened it in different ways – Christo, Chris, Xto and so on – all of which I enjoyed. However, as I will be revealing shortly in this book, something drastic happened to me later in life that made me to officially drop that precious name.

Two years after my birth, God granted my parents another child – this time, a female. She was named Nneka and was fondly called "Ada Joe" by our family members.

Family Life

The recollections I have of my father, Job, are few because he died in 1947, when I was not yet up to eight years old. However, one striking trait of my father which made the most impression on me, as a young boy, was his imposing personality. My father was tall, huge, and handsome. In fact, one of my maternal cousins, Reuben Emelone, once referred to him in a document as "the most

handsome man in Umuapani".

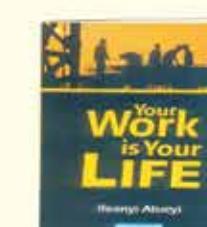
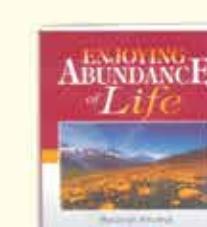
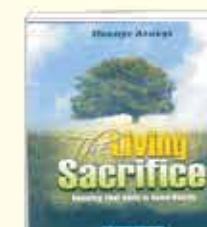
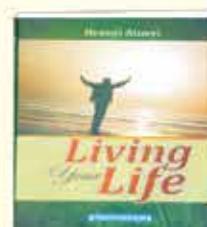
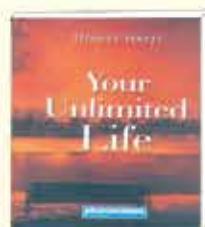
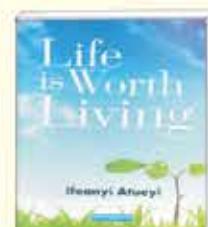
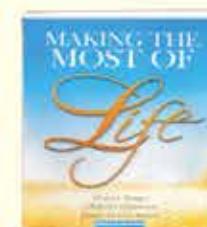
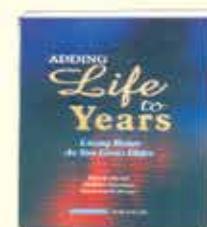
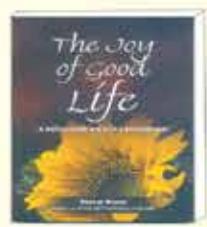
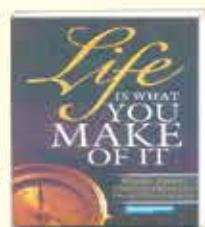
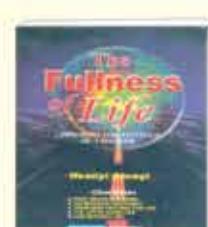
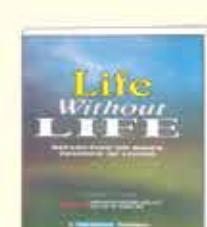
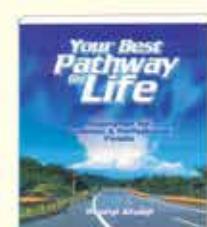
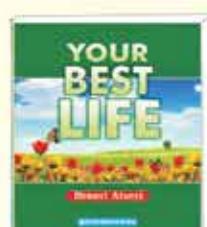
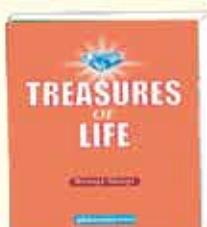
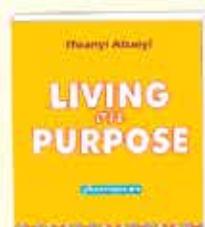
My father was a good Christian and quite civilised in his approach to life. He, together with my mother, was among the early set of people who embraced Christianity in my town. In those days, the people were mostly pagans. Consequently, while others in my father's family continued with paganism, my father practised Christianity devotedly and his impact was felt in the entire community. He was particularly known for his generosity, especially towards children. Whenever he returned from Onitsha during weekends, children around were guaranteed plenty of biscuits, bread, groundnuts, and popcorn, which was called "udo akpu enyi".

With regard to occupation, Joe - as my father was called by many - was an "articles trader". In those days, articles traders included anyone not dealing in heavy commodities. Such people sold smaller, everyday items in the market stalls.

My father initially lived alone in Onitsha, which was the nearest big city to Okija; but after a time, he moved his family to be with him. It was in Onitsha that he got sick and was brought home. He eventually died at home. Thereafter, my mother settled permanently at home with Nneka and me.

continues next edition

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

Management of pain, arthritis and rheumatism

continued from page 11

or bleeding in the brain and spinal cord. Central pain is ongoing, and it can range from mild to extremely painful. People with central pain report burning, aching, and pressing sensations.

Knowing how to describe pain can help a doctor provide a more specific diagnosis.

When to see a doctor

You should seek medical attention for your pain if:

it is the result of an injury or accident, especially when there is a risk of bleeding, infection, or broken bones, or when the injury is to the head.

if an internal pain is acute and sharp: this type of pain may signify a serious problem, such as a ruptured appendix.

if the pain is in the chest, as this could signal a heart attack

if the pain is disruptive to your life, making it difficult to work or sleep

Top of Form

Bottom of Form

Diagnosis

An individual's subjective description of the pain will help the doctor make a diagnosis. There is no objective scale for identifying the type of pain, so the doctor will take a pain history.

They will ask the individual to describe:

the character of all pains, such as burning, stinging, or stabbing

the site, quality, and radiation of pain, meaning where a person feels the pain, what it feels like, and how far it seems to have spread

which factors aggravate and relieve the pain

the times at which pain occurs throughout the day

its effect on the person's daily function and mood

the person's understanding of their pain

Several systems can identify and grade pain. However, the most important factor in getting an accurate diagnosis is for the individual and the doctor to communicate as clearly as possible.

Measuring pain

Some of the pain measures that doctors use are:

Numerical rating scales: These measures pain on a scale of 0–10, where 0 means no pain at all, and 10 represents the worst pain imaginable. It is useful for gauging how pain levels change in response to treatment or a deteriorating condition.

Verbal descriptor scale: This scale may help a doctor measure pain levels in children with cognitive impairments, older adults, autistic people, and those with dyslexia. Instead of using numbers, the doctor asks different descriptive questions to narrow down the type of pain.

Faces scale: The doctor shows the person in pain a range of expressive faces, ranging from distressed to happy. Doctors mainly use this scale with children. The method has also shown effective responses in autistic people.

Brief pain inventory: This more detailed written questionnaire can help doctors gauge the effect of a person's pain on their mood, activity, sleep patterns, and interpersonal relationships. It also charts the timeline of the pain to detect any patterns.

McGill Pain Questionnaire (MPQ): The MPQ encourages people to choose words from 20 word groups to get an in-depth understanding of how the pain feels. Group 6, for example, is "tugging, pulling, wrenching"; while group 9 is "dull, sore, hurting, aching, heavy".

Other indicators of pain



When people with cognitive impairments cannot accurately describe their pain, there can still be clear indicators. These include:

restlessness
crying
moaning and groaning
grimacing

treat different types of pain in different ways. A treatment that is effective against one type of pain may not relieve another.

Acute pain treatment

Treating acute pain often involves taking medication.

resistance to care
reduced social interactions
increased wandering
not eating
sleeping problems

The doctor will either treat the underlying problem, if it is treatable, or prescribe pain-relieving treatment to manage the pain.

Treatment and management

Doctors will

Nonsteroidal anti-inflammatory drugs (NSAIDs)

These are a type of analgesic, or pain reliever, that can reduce pain and help a person regain daily function. They are available over the counter (OTC) or on prescription at a range of strengths. They are suitable for minor acute pains, such as headaches, light sprains, and backaches.

NSAIDs can relieve localised inflammation and pain that is due to swelling. These drugs may have side-effects relating to the digestive system, including bleeding. Therefore, a doctor will monitor a person taking a high dosage.

It is always important to read the packaging to find out what is in an analgesic before using it and to check the maximum dosage. People should never exceed the recommended dosage.

Opioids

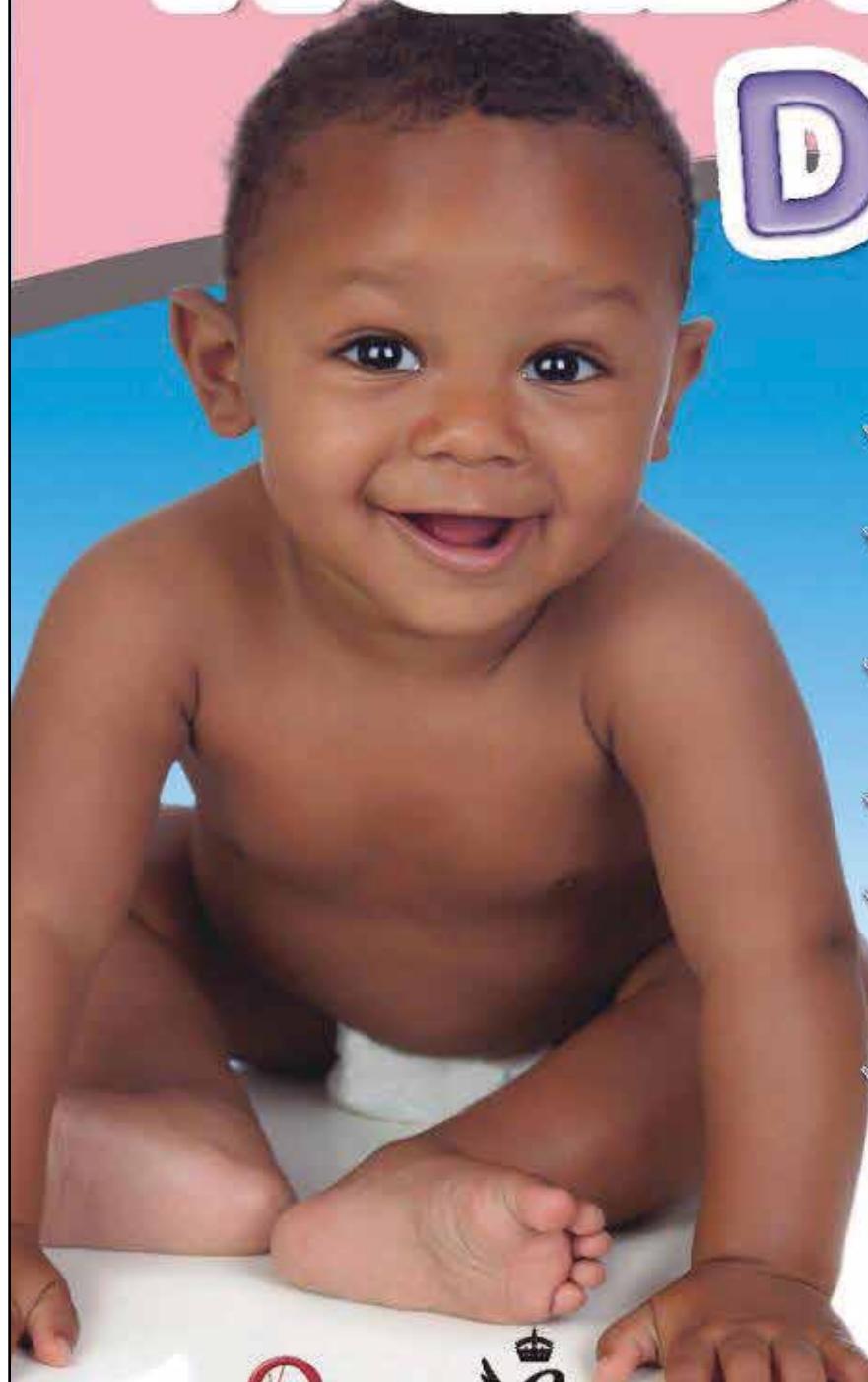
Doctors prescribe these drugs for the most extreme acute pains, such as those that result from surgery, burns, cancer, and bone fractures.

Opioids are highly addictive,

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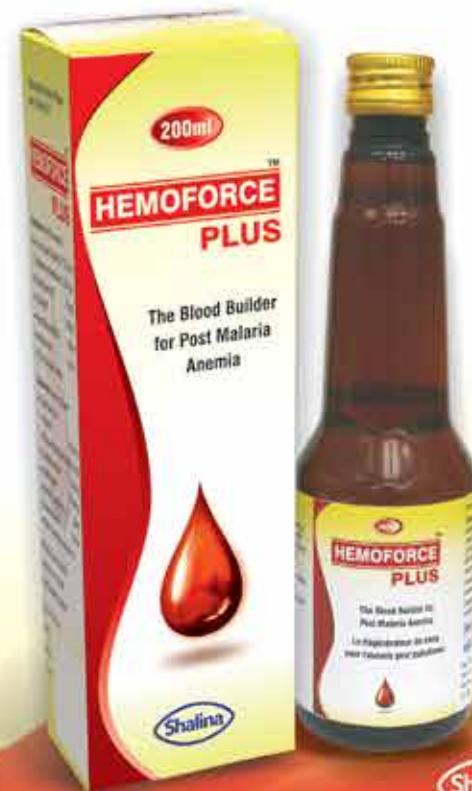


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Management of pain, arthritis and rheumatism

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cause withdrawal symptoms, and lose effectiveness over time. They require a prescription.

In situations involving severe trauma and pain, the doctor will carefully manage and administer the dosage, gradually reducing the amount to minimise withdrawal symptoms.

People should discuss all medication options carefully with a doctor and disclose any health conditions and current medications. Opioids may significantly affect the progression of several chronic diseases, including:

- chronic obstructive pulmonary disorder (COPD)
- kidney disease
- liver problems
- previous drug use disorder
- dementia

A doctor can often identify and treat an underlying disorder. For example, if an infection is causing a sore throat, antibiotics will remove the infection, and the pain will disappear.

Chronic pain treatment

A range of nondrug therapies can help relieve pain. These alternatives to medication may be more suitable for people experiencing chronic pain.

These therapies include:

Acupuncture: Inserting very fine needles at specific pressure points may reduce pain.

Nerve blocks: These injections can numb a group of nerves that act as a source of pain for a specific limb or body part.

Psychotherapy: This type of therapy can help with the emotional side of ongoing pain. Chronic pain can often affect a person's enjoyment of everyday activities



and reduce their ability to work. A psychotherapist can help a person enhance their understanding of pain and implement lifestyle changes to minimise the intensity of the pain and build coping skills.

Transcutaneous electrical nerve stimulation (TENS): TENS aims to stimulate the brain's opioid and pain gate systems and thus provide relief.

Surgery: Various surgeries on the nerves, brain, and spine are possible for treating chronic pain. These include rhizotomy, decompression, and electrical deep brain and spinal cord stimulation procedures.

Biofeedback: Through this mind-body technique, a person can learn to control their organs and automatic processes, such as their heart rate, with their thoughts more effectively. Virtual reality may now play a role in the use of biofeedback in pain management, according to 2019 research.

Relaxation therapies: These include a wide range of controlled relaxation techniques

and exercises, mostly in the realm of alternative and complementary medicine. A person can try hypnosis, yoga, meditation, massage therapy, distraction techniques, tai chi, or a combination of these practices.

Physical manipulation: A physiotherapist or chiropractor can sometimes help relieve pain by manipulating the tension from a person's back.

Heat and cold: Using hot and cold packs can help. People can alternate these or select them according to the type of injury or pain. Some topical medications have a warming effect when a person applies them to the affected area.

Rest: If pain occurs due to an injury or overworking a part of the body, rest may be the best option.

With adequate pain management, it is possible to maintain daily activities, social engagement, and an active quality of life.

What is arthritis?

Arthritis is an inflammation of

the joints. It can affect one joint or multiple joints. There are more than 100 different types of arthritis, with different causes and treatment methods. Two of the most common types are osteoarthritis (OA) and rheumatoid arthritis (RA).

The symptoms of arthritis usually develop over time, but they may also appear suddenly. Arthritis is most commonly seen in adults over the age of 65, but it can also develop in children, teens, and younger adults. Arthritis is more common in women than men and in people who are overweight.

What are the symptoms of arthritis?

Joint pain, stiffness, and swelling are the most common symptoms of arthritis. Your range of motion may also decrease, and you may experience redness of the skin around the joint. Many people with arthritis notice their symptoms are worse in the morning.

In the case of RA, you may feel tired or experience a loss of appetite due to the inflammation the immune system's activity causes. You may also become anaemic — meaning your red blood cell count decreases — or have a slight fever. Severe RA can cause joint deformity, if left untreated.

What causes arthritis?

Cartilage is a firm but flexible connective tissue in your joints. It protects the joints by absorbing the pressure and shock created when you move and put stress on them. A reduction in the normal amount of this cartilage tissue causes some forms of arthritis.

Normal wear and tear causes OA, one of the most common forms of arthritis. An infection or injury to the joints can exacerbate this natural breakdown of cartilage

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Feel Better... Do Better

Management of pain, arthritis and rheumatism

continued from page 15

tissue. Your risk of developing OA may be higher if you have a family history of the disease.

Another common form of arthritis, RA, is an autoimmune disorder. It occurs when your body's immune system attacks the tissues of the body. These attacks affect the synovium, a soft tissue in your joints that produces a fluid that nourishes the cartilage and lubricates the joints. RA is a disease of the synovium that will invade and destroy a joint. It can eventually lead to the destruction of both bone and cartilage inside the joint.

The exact cause of the immune system's attacks is unknown. But scientists have discovered genetic markers that increase your risk of developing RA fivefold.

How is arthritis diagnosed?

Seeing your primary care physician is a good first step if you're unsure who to see for an arthritis diagnosis. They will perform a physical exam to check for fluid around the joints, warm or red joints, and limited range of motion in the joints. Your doctor can refer you to a specialist if needed.

If you're experiencing severe symptoms, you may choose to schedule an appointment with a rheumatologist first. This may lead to a faster diagnosis and treatment. Extracting and analysing inflammation levels in your blood and joint fluids can help your doctor determine what kind of arthritis you have. Blood tests that check for specific types of antibodies like anti-CCP (anti-cyclic citrullinated peptide), RF (rheumatoid factor), and ANA (antinuclear antibody) are also common diagnostic tests.

Doctors commonly use imaging scans, such as X-ray, MRI, and CT scans to produce an image of your bones and cartilage. This is so they can rule out other causes of your symptoms, such as bone spurs.

How is arthritis treated?

The main goal of treatment is to reduce the amount of pain you're experiencing and prevent additional damage to the joints. You'll learn what works best for you in terms of controlling pain. Some people find heating pads and ice packs to be soothing. Others use mobility assistance devices, like canes or walkers, to help take pressure off sore joints.

Improving your joint function is also important. Your doctor may prescribe you a combination of treatment methods to achieve the best results.

Medication

A number of different types of medication treat arthritis:

Analgesics, such as hydrocodone (Vicodin) or acetaminophen (Tylenol), are effective for pain management, but don't help decrease inflammation.

Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) and salicylates, help control pain and inflammation. Salicylates can thin the blood, so they should be used very cautiously with additional blood thinning medications.

Mexitene 1 or capsaicin creams block the transmission of pain signals from your joints.

Immunosuppressants like prednisone or cortisone help reduce inflammation.

If you have RA, your doctor may put you on corticosteroids or disease-modifying antirheumatic drugs (DMARDs), which suppress your immune system.

Surgery

Surgery to replace your joint with an artificial one may be an option. This form of surgery is most



commonly performed to replace hips and knees.

If your arthritis is most severe in your fingers or wrists, your doctor may perform a joint fusion. In this procedure, the ends of your bones are locked together until they heal and become one.

Physical therapy

Physical therapy involving exercises that help strengthen the muscles around the affected joint is a core component of arthritis treatment.

What lifestyle changes can help people with arthritis?

Weight loss and maintaining a healthy weight reduce the risk of developing OA and can reduce symptoms if you already have it.

Eating a healthy diet is important for weight loss. Choosing a diet with lots of antioxidants, such as fresh fruits, vegetables, and herbs, can help reduce inflammation. Other inflammation-reducing foods include fish and nuts.

Foods to minimise or avoid if you have arthritis include fried foods, processed foods, dairy products, and high intakes of meat.

Some research also suggests that gluten antibodies may be present in people with RA. A gluten-free diet may improve symptoms and disease progression. A 2015 study also recommends a gluten-free diet for all people who receive a diagnosis of undifferentiated connective tissue disease.

Regular exercise will keep your joints flexible. Swimming is often a good form of exercise for people with arthritis because it doesn't put pressure on your joints the way running and walking do. Staying active is important, but you should also be sure to rest when you need to and avoid overexerting yourself.

At-home exercises you can try include:

the head tilt, neck rotation, and other exercises to relieve pain in your neck

finger bends and thumb bends to ease pain in your hands

leg raises, hamstring stretches, and other easy exercises for knee arthritis

What is the long-term outlook for people with arthritis?

While there's no cure for arthritis, the right treatment can greatly reduce your symptoms.

In addition to the treatments your doctor recommends, you can make a number of lifestyle changes that may help you manage your arthritis.

What is Rheumatism?

There are several diseases that are classified under rheumatic disorders. The term rheumatism is a loosely used layperson term to describe rheumatoid arthritis.

The rheumatoid disorders include those affecting muscles, joints and bones. They are common and have a huge impact on the health of a vast population worldwide. The more severe conditions lead

to inflammatory rheumatic diseases that cause joint and organ destruction. These are a leading cause of severe pain, disability and even death, affecting the quality of life and leading to several comorbidities or associated ailments.

Who diagnoses and treats rheumatic diseases?

People afflicted with rheumatic diseases are diagnosed and treated by rheumatologists who are trained in this field.

Rheumatologists treat over 100 forms of rheumatic diseases and arthritis that include major proportions of inflammatory rheumatic diseases such as rheumatoid arthritis, lupus and gout.

The term rheumatism was used in historical contexts when referring to any of the vast array of inflammatory joint disorders. It is no longer used in medical literature as such and the diseases that are listed under rheumatoid disorders may be enumerated under rheumatism.

Some countries use the word Rheumatism to describe fibromyalgia syndrome. Rheumatism thus has two forms:- articular or the one affecting joints that commonly include rheumatoid arthritis, lupus, gout, spondylitis etc.

non-articular or the ones that affect soft tissues, muscles and lead to regional pain syndromes

There was a time when the aches and pains termed rheumatism were a normal part of aging. Most of the population as they age develop joint stiffness and pain. Many of the cases that were termed rheumatism were actually cases of osteoarthritis and not rheumatoid arthritis or any of the inflammatory disorders at all.

What disorders are classed as rheumatoid disorders?

Rheumatoid disorders do not include osteoarthritis. Some of the disorders included are rheumatoid arthritis, lupus, gout, scleroderma, juvenile idiopathic arthritis, Sjögren's syndrome, spondylarthritides, polymyalgia rheumatica, systemic vasculitis like giant cell arteritis etc.

Symptoms of inflammatory joint disorders

Inflammatory joint disorders involve intense joint pain, swelling, stiffness and fatigue experienced when the person is middle aged.

This severely affects working capacity and functioning involving building and sustaining careers, child-rearing and essential daily activities.

How many people does rheumatism affect?

Estimates suggest that one child in every 1,000 will develop some form of rheumatic disease and 8.4 per cent of women and 5 per cent of men during their lifetime will develop some form of rheumatic disease.

Women are 2 to 3 times more likely to suffer from rheumatoid disorders like rheumatoid arthritis and 10 times more likely to develop lupus than men. Females in Europe account for 60 percent of diagnosed cases.

Common rheumatic conditions affecting one joint or area of the body

Tendinitis – When a tendon is inflamed.

Bursitis – When the fluid-filled cushion around a joint, known as a bursa, becomes inflamed.

Repetitive strain injury – Commonly affects the hands and wrists of office workers, but can be seen in other small joints of the body.

Frozen shoulder – This causes difficulty in raising the arm. Sometimes, it is related to tissue injury such as a muscle strain (or pulled muscle) and yet at other times, no obvious source cause can be identified.

Carpal tunnel syndrome – Arises because of pressure on a nerve in the wrist, giving rise to tingling in the hands.

Neck pain – Also described as shoulder pain, it often makes turning the head difficult.

Gout – Inflammation of joints resulting from uric acid crystal deposits in joint tissue.

Osteoarthritis – This is actually joint wear and tear and not strictly speaking a rheumatic condition. However, similar symptoms of pain and limitation of movement are experienced.

Back pain – Can have many causes. Some, such as a slipped disc, should be treated by an osteopath, chiropractor or orthopaedic specialist.

Rheumatic symptoms or pain can affect many parts of the body. These are usually what doctors call autoimmune diseases—when the immune system starts to attack our cells rather than the invading pathogens such as bacteria and viruses.

Common rheumatic conditions affecting more than one area or part of the body

Rheumatoid arthritis – Appears in a number of variants with the common feature of the immune system acting against the tissue in and around joints.

Fibromyalgia – Characterised by inflammation of the muscles and connective tissue in the body, with a variety of causes.

Polymyalgia rheumatica – Affects muscles of the shoulders and thighs.

Lupus, scleroderma, polymyositis, dermatomyositis – Autoimmune illnesses affecting muscles and connective tissue.

Rheumatism diet and lifestyles

A combination of different therapeutic strategies may help to relieve pain.

Diet

Certain foods are known to increase inflammation, while others reduce it. The choice is wide. So, there will be more than enough in a healthy pantry to satisfy the heartiest appetite—it's just a matter of making different choices. Healthy digestion and increased amounts of bowel-friendly flora can reduce acidity and, in so doing, help improve joint flexibility.

Dealing with emotions

(especially in the case of chronic conditions):

Feelings of helplessness and isolation

Mood swings, anxiety and sleep disorders

Passion flower and deep sleep will help in these cases.

Article compiled by Adebayo Oladejo, with additional contributions from medicinet.com, Arthritis Society, Wikipedia, Cleveland Clinic, Mayo Clinic, WHO, Western Washington Medical Group, National Rheumatoid Arthritis Society, Michigan Medicine, University of Michigan, NHS, News Medical LIFE SCIENCES.

Adelusi-Adeluyi at 80 speaks on improved pharmacy practice, flying, law, healthcare, politics and more

Continued from last edition

Nigeria does not seem to have prioritised pharmaceutical research. Even though there are so many universities now with faculties of pharmacy, there are hardly any drug discoveries emanating from these institutions. How can we get our country to prioritise pharmaceutical research, especially given the lessons of the COVID-19 pandemic and before it, the Ebola epidemic?

There is a combination of factors why we still do not prioritise research in our country. I think that the powers-that-be have not been able to fully understand and appreciate the connection between research and the everyday problems we face. They don't understand that the only way by which society gets better is through the efforts and diligence of scientists in whatever field.

So we have a situation where research is so badly under-funded that many scientists are frustrated. That's why you find many scientists migrating to developed countries. I know lots of pharmacists, pharmaceutical scientists, medical doctors and scientists who left our country in frustration but are now doing very well abroad.

Even when these scientists choose to stay behind and work, the environment is very challenging. Imagine how difficult it is to carry out research without regular power supply, for instance; or having to buy mineral water from your pocket every day because clean, running water is not available.

So, it's not surprising that breakthroughs are not happening here frequently. Our operating environment does not support productivity in research. But we are not resting on our oars as scientists. In fact, when we formed the Nigeria Academy of Pharmacy some years ago, one of our major objectives was to accelerate advocacy towards prioritising pharmaceutical research and scientific research in general. We have been on this for a number of years and continue to strategically engage our policy makers and other critical stakeholders on the need to prioritise research and development.

We are also striving to reorientate young pharmacists and scientists and get them to appreciate that scientific research is a major pillar of the pharmacy profession. Now this is a task that is very broad-based and for which different sectors need to play a role including pharmacy schools, in particular.

We must begin to look differently at our forests and lakes and rivers and soil. We must ask ourselves, what remedies lie in these natural resources with which God has so blessed us? And on the back of our training as scientists, we must commit to researching these potential remedies and identifying and isolating those elements that show promise. We must research new ways of administering medicines to our people.

So, we all have a lot of work to do. The government needs to encourage research better than it has done so far. It needs to fund research and encourage researchers. Researchers also need to be better focused and collaborate more.

What informed your decision to study Law and how have you been able to combine legal practice with Pharmacy, all these years?

Why did I study Law? Well, the law profession is a liberating profession. A lawyer is generally



Prince Julius Adelusi-Adeluyi

called "learned" and I had always wanted to know what these learned people were learning. After law school, I was fortunate to be invited by the late Chief Rotimi Williams when I qualified as a lawyer. Chief F.R.A. Williams at that time was the most respected legal practitioner in Nigeria. He had a formidable personality. He had a more formidable track record. I travelled around with him in his car and he treated me fondly like a son. We went to court at various levels, from High Court, Appeal Court to Supreme Court.

It became a dilemma to me at a point, as I wondered whether I should abandon Pharmacy to look for the fame that the legal profession brought with it at that time. But something kept whispering to me that my desire since I was in school had always been to make the pharmacy profession a better one.

So I left and remained in Pharmacy. But I do *pro bono* legal practice. It's called *pro bono publico* - that is, for the good of the public. It's something I do without making a noise. It involves getting people in the prisons freed, especially those who have been there for 10 years and longer and who have not had any opportunity of legal representation. They probably have not had court attendance for those ten years and I have learnt a lot. That gives me humility and makes me give gratitude to God to be able to help in such a small way.

If you see humanity suffer so needlessly at that level, then who are you to say, "God, I asked for this and you didn't give me that"? Those people suffering are also part of humanity.

We understand you learnt how to fly planes many years ago. In fact, we understand that you have a pilot's licence. What was your experience like, flying planes?

That is another thing I had tried to go into. At that time, I was secretary general of the World Student Movement. I was elected at Christchurch, New Zealand, in 1965, two days after I finished my

pharmacy examinations. I went to pick up a job at The Hague in Holland. I thought it was one of those *aluta* jobs, but it was a big job.

I had a young white man as my chauffeur and I was wondering "Who am I?" I was only in my 20s. I was flying around every week to many parts of the world - over 100 countries - building youths and students' movement all over the world. So, I got used to the planes. On coming back to Nigeria, I recall that some of my friends had one-engine planes and could fly from place to place. In those days, airplanes were not as expensive as today. So, I decided to have my flying lessons.

I got my private pilot licence. During the lessons, it was very scary but with determination, one pulled through. One of the scariest moments is when you have to fly solo around a given area. I do fly planes but not in this country because of the lack of insurance. But I remain interested in flying. There is an organisation called the Aviation Roundtable; they discovered I was a pilot and made me their patron.

Each time I'm on a flight, I always go to show my regards to the pilots because I am a lover of the cockpit. And when you have this turbulence and everyone is saying this and that, I don't mind because I know that with the instrumentation and the professionals there, and with all things being equal, I will be taken to safety.

In the 1990s you made history as Nigeria's minister of health, being the first pharmacist to occupy that position. Curiously, however, no other pharmacist has occupied that position ever since. What should pharmacists and pharmaceutical scientists be doing to help fast-track their ascendancy to positions of political power and relevance?

Ever before I was made minister of health, I had seen first-hand, the level of suffering by millions of people across our country. I had seen poor health worsened by poverty. Our health

indices, even at that time, were very poor. But I don't think statistics can sufficiently capture the gravity of our situation. You need to travel round the country to see and appreciate the health challenges we face. Maternal morbidity was unacceptably high and lots of infants and children were dying from childhood diseases at the time. I found it difficult to accept that Nigerians were still being afflicted with schistosomiasis, guinea worm and other such diseases that ought to have been long eradicated. The public hospitals had also continued to deteriorate on every benchmark. Then of course, there were the problems with drug distribution, with medicines including prescription medicines being freely sold by all manner of persons, even in marketplaces and bus stops.

Now, having been PSN president, I was aware that quite a lot of work had been done and was still ongoing in our universities, especially in our faculties of pharmacy and the research institutes with regard to proffering solutions to some of these conditions. These pharmaceutical and medical scientists needed proper direction, management and most importantly, encouragement. There was also a need to have them collaborate as they all appeared to be working in silos.

I thought to myself that the health sector needed a radical overhaul. It needed to be better managed. There was a need for more accountability in the system. The professionals in the sector needed to be guided, better motivated and better managed to deliver at their optimum. I felt the health professionals often tended to work at cross purposes and that there was a need to drum it into every one that was the health of our people. So fostering teamwork among the health professions was going to be key for me.

I knew that the health portfolio was going to be tough, but I opted for it all the same. I believed that we could aggressively but systematically begin to redress the problem in a holistic manner and by means of our results, encourage both the government and governed to better appreciate that health is wealth. We would enhance public information and education, re-organise public health institutions to become more efficient, encourage research, motivate our health professionals and all that. I had a master plan for the sector.

Even though I didn't disagree that I was well qualified for the external affairs role, I thought my training and experience as a pharmacist, lawyer and manager could be put to better use in fundamentally helping to redress the problems in our nation's health sector. Thankfully, the government listened and I got the role of health minister instead of external affairs minister.

I believe that studying a multidisciplinary course like pharmacy actually gives you a managerial edge over others, which perhaps, is one reason that you find pharmacists doing exceeding well when they venture into other sectors. Unfortunately, we haven't had any other pharmacist as health minister since that time. In a complex society like ours where there are so many competing interests, pharmacists must become more strategic and adept at seeking to occupy positions of influence, both in the public

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Nigeria needs new financial order to boost pharma manufacturing – Mopson MD

By Patrick Iwelunmor and Mathew Anani

Dr (Pharm.) Michael Oyebanjo Paul is the chief executive officer and managing director (MD/CEO) of Mopson Pharmaceuticals. He is reputed to be one of the earliest indigenous pharmaceutical manufacturers in Nigeria. With a pharmaceutical manufacturing pedigree spanning four decades, he has made his presence felt in the industry with many products of excellence. He has also been very active in the leadership of the pharmacy profession in Nigeria and beyond with influential roles in the PMG-MAN and the PSN. In this interview with Pharmanews, he discusses several issues surrounding pharmaceutical manufacturing in Nigeria - highlighting the prospects and challenges, as well as offering insights on how government, regulators and pharmacists themselves can improve the situation. EXCERPTS:

What would you describe as the key drawbacks of doing pharmaceutical manufacturing business in Nigeria?

In the past few years, the problem facing the industry has been the unsteady regulation of the exchange rate policy in Nigeria. As at the time I started 40 years ago, naira was two to a pound. Then, the dollar was between 50 kobo and one naira. Prices and lifestyles were regulated by the constancy of that time.

But when naira took its first bad turn during the regime of Babangida - one dollar to ten naira - many companies folded up because their capital could not cope. It was so traumatic that companies that used to be in the pharmaceutical industry, such as AJ Seward, West African Drugs and many distributive systems, had a really bad time.

The greatest evil has been done to this country by uncontrolled and unregulated foreign exchange policy. You can imagine that, about four months ago, the dollar was 360 naira and people managed to cope with it but today it has risen to 450 naira in the same market. When this happens, everyone is affected.

I have been going to India for the last 30 years. Their currency, the rupee, has remained consistent at between 40 and 41 to a dollar for over 25 years. It has not changed. The same cannot be said of the naira which has continued to be unstable. It is hard to imagine that the same naira was once two to a pound and remained so for about ten years.

I graduated from the university in 1973 and was serving in 1974 when the naira changed. We were the first set of the NYSC scheme and so, I remember vividly how things were then. People enjoyed their money then. Those who could not afford a car bought motorcycles and those who could not afford motorcycles bought bicycles.

When we graduated, the moment you completed your NYSC programme, you were given a car which you paid for gradually. There was also the car allowance which was as much as the cost of the car itself. The fall of the naira brought about so much trauma in the economy, forcing many companies to shut down. The trauma, the uncertainty and the lack of economic vision was untold.

Even in this COVID-19 era, instead of the Nigerian government to make things easier for its people, the opposite is the case. The CBN COVID-19 loan regime stipulates an interest rate of 10 per cent, whereas my colleagues in the US and the UK enjoy between one and two per cent.

You can't have a long-term plan in Nigeria because of the uncertainties pervading the business atmosphere. I think government should do something about stabilising and strengthening the naira in order to make the business environment friendly, not only in the pharmaceutical industry

of Lagos, Professor Olaniyi from the University of Ibadan and Professor Coker, alongside other people, sat down together in my office and said we wanted to formulate a product that would stand the test of time.

We started looking at parameters that favoured that

stability of vitamin C. We were studying and performing experiments. When we concluded our experiments, Professor Olaniyi gave Ascorbion C300 two-and-a-half years' lifespan, even in very adverse conditions.

We still have samples that are giving us 94 per cent stability ten years later and that is why we advertise it as a potent and stable Vitamin C. Many people have approached me for the formula. It is the most potent Vitamin C in the market. Our products are called products of excellence. We are very strict with our production procedures and formulas.

How often do you participate in PSN activities?

When we were younger, we were very active in the activities of PSN, though I never contested for any position. We followed every PSN activity closely. Then, I was among those who started PMG-MAN at Pfizer. We wanted to harmonise local manufacturing so that we could influence government's policy on pharmaceutical manufacturing. I became the vice president and that was it. I am still a member of the executive committee and a patron of PMG-MAN. I am actively involved with PMG-MAN.

Tell us briefly about your family life.

Family life starts from the day you marry and lasts for about 25 years. It is not age-related because there are people who still live with their parents up to the age of 25 years.

Family life is sweet when father and mother come together in love and produce fruits which are the children. Once the children become 18 years and above, the zest of family life reduces. Some parents are lucky that their children still visit them to show love, even after moving on to start their own families. It is usually a kind of law of reciprocity for the love they had shown to their children when they were growing up.

I am a happy family man; I have my children and grandchildren who always come to visit me when they are on holidays. They are a source of happiness. If you want to enjoy married life, then love your wife because, if you scatter your family, you will live to suffer the consequences.

Do you have other interests and hobbies?

I love football but I don't have the patience to watch football matches. I am only interested in the results. While visiting London years ago, I had gone to Wembley Stadium to watch a football match in the company of friends. In the course of the match, I slept off. My

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Dr (Pharm.) Michael Oyebanjo Paul

but in every area of our economy. They should reduce interest rate to five per cent maximum in order to encourage the spirit of industry amongst investors.

To what can we attribute the preponderance and seeming preference for foreign drugs in Nigeria?

It is colonialism. When you depend on some people, it means that, without them, you can't exist. Look at chloroquine. In January, we were buying it for 9,000 naira; today, we are buying it for 240,000 naira. India is restricting their product to their people. Everybody in that country is taking chloroquine.

In China, with their large population, they are taking chloroquine, not because of malaria. America too is taking chloroquine, not because of malaria. So, the world's demand for chloroquine is so high. It is so embarrassing and it is not in the best interest of Nigeria to keep relying on India and China for pharmaceutical raw materials.

Unfortunately, there is no other option. We either manufacture locally (which we don't do) or we keep importing at exorbitant rates. The only thing I don't import for my pharmaceutical manufacturing business is water. But I spend money to treat and refine the water. So, you can see how difficult it is to do business in Nigeria.

When you import anything into Nigeria, all the gains - like workmanship and labour - go to the exporting country and nothing comes to you. The Nigerian economic policy has to be restudied and revised, with a new financial order instituted, if we must catch up with India and China.

How can Nigeria overcome the menace of fake and substandard drugs?

NAFDAC should control the trend. NAFDAC tests and then goes ahead to regulate the industry but they should go into town and sample products from stores and not from manufacturers. That is the

only way they can identify fake and unregistered products.

Testing should be followed by market sampling. They can send someone to go and buy anonymously and collect receipts so that they can ascertain the true status of products in the market - and so that they can know who is doing what.

A fake drug is one that is purported by people who did not make it. If someone removes Mopson and puts Nopson, that is nomenclature faking. If my product's colour is copied, it is called colour faking, whereas if my graphics are copied, it is called graphics faking. It may interest you to know that some fake drugs pass while some genuine ones fail.

Another thing is product adulteration. Some people come up with products without declaring some of the contents. If people follow the original BPC (British Pharmaceutical Codex) for codeine, it would not intoxicate anyone. I have been producing codeine for over 35 years. We used to buy the raw material from NAFDAC; it was not controlled as such. Now, we buy it from the ministry and compound it to give to people.

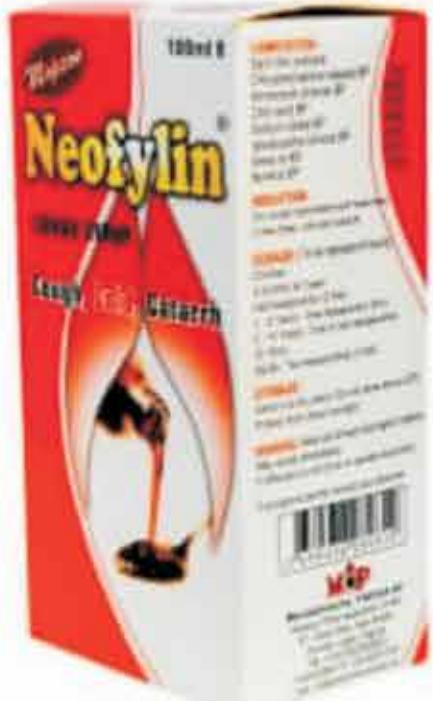
When I was very young, I knew my father was taking codeine but it never intoxicated him. In Nigeria, it is controlled or banned. In the UK and several other countries, it is still OTC. It is abused in Nigeria and some people among us manufacturers do it. I don't change my formula because I want to make some millions and I don't sell codeine except a doctor brings a prescription for it. When it comes to fake products, we pharmacists should search ourselves.

What is unique about Mopson's products?

Ascorbion C300 was developed by a group of scientists, including me. The reason we developed the product was because most of the vitamin C products in the market were not having a long shelf life. I, Professor Tayo from the University

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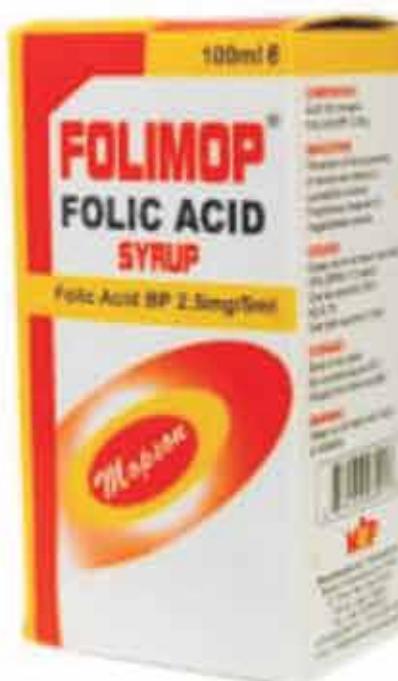
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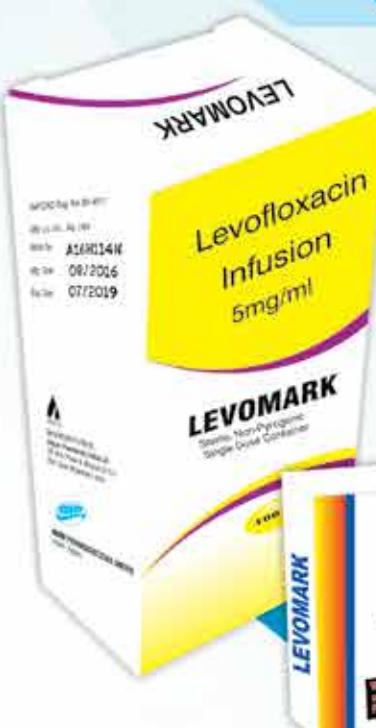
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A Time to think

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market.

You must also recognise the changing environments. People change. Choices change. Situations change. Things change. The element that will remain constant is innovation, and innovation is a function of great thinking. You must continue to discover new ways to delight your prospects, customers and your world. You can't go wrong in business, if you follow this path. The two basic functions of business remain Innovation and Marketing. Because the purpose of business is to create customers, these functions of business are relevant all the time.

In the story by Collins and Maxwell, Burger worked to repeat Hartford's past actions rather than exploring Hartford's innovative style of thinking. As A&P went down because of wrong acquisitions and other wrong business decisions, their rating went down from +3, the highest score, to -3, the lowest score. Today, A&P operates 667 stores in 12 states in the US. Financial analysts aren't enthusiastic about the company. It seems unlikely that the company will ever regain the status of profitability it once recorded.

Think right, act right

This true story is a great lesson in personal, business and professional lives of individuals. The power of good thinking cannot be overstated. The duty of any business leader is to be visionary. He or she must lead the way and show the way. The leader must have the ability to think and act in the now and in the future. Every choice, decision and action must meet up with current realities and be innovative enough to move with the changing business environments.

Thinking and putting your thoughts to action is a practical thing. Thinking alone without actions won't achieve desired results. Sometimes, we ask ourselves questions why we don't accomplish our goals. We feel unfulfilled because of our inability to achieve those things we wished for ourselves. Some of the things we desire do not come to reality because we fail to put the power of our thoughts to action.

Goache says "Thinking is easy, acting is difficult, and to put one's thoughts into action is the most difficult thing in the world. I agree with this thought. This is not the time to worry. It is a time to think and act. COVID-19 is a known challenge; the next thing to do is to sit down and think. When this thinking is done, then put the thoughts to action.

This is the way of successful people. Successful people look at solutions. They don't dwell in the problem. They spend more time in the solutions - by exploring and implementing the right thoughts. The right thoughts lead to the right actions. Thoughts beget actions. Guard your thoughts with all you have.

Claude M. Bristol, author of *The Magic of Believing* writes, "The more we contemplate and study thoughts, the more we realise what a terrific force it is and how unlimited is its power." Good thinking leads to good decisions. What we see around us are power

of thoughts. The products and services that add value in our lives are creations of thoughts.

The power of good thinking cannot be overemphasized. The more we think intelligently, the more we create great products and services. The more creative we think, the better we perform in any life's endeavour.

The Japanese expression made popular by Toyota, *Yoi shiko no yoi seihin* (Good thinking, good product) is apt! You can't go wrong with great thinking.

Practise positivity

Always stay positive, no matter the situation. Good thinking comes from a positive mind. A negative mind begets negative thoughts. Positive mind gives birth to great thoughts. This is a simple fact. It's time to take charge!

I recommend these actions to demystify challenges by exploring the power of thoughts:

1. Be in the right state of mind: Stay positive.
2. Discover the challenge at the moment.
3. Find out the cause of the challenge.
4. List possible solutions to the challenge.
5. Weigh your options and choose the path that has the best outcomes.
6. Give yourself target on when to fix the issue.
7. Believe in your planned solution.
8. Keep your eyes on the ball and go to work.

9. In a crisis situation, don't count your losses, count your lessons.
10. Take action immediately and believe you will conquer.
11. Periodically review your process.

Good thinking saves a lot of resources when executing. People who will triumph in post-COVID-19 marketplace are the ones that did great jobs in their thinking corners.

It's time to think!

It's time to act!

The battle is still on.

The match is still on.

We are in the second half.

We can still win this battle. We will fight on until the last whistle.

We may retreat, but not surrender.

We will win this match!

Stay positive.

Stay safe.

Read a book.

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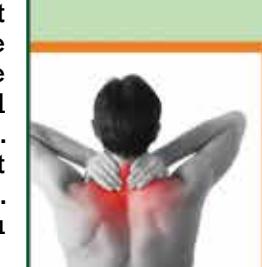
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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)

Pharmacy practice in Nigeria battling image problem, says Ohuabunwa at 70

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space, citing the pivotal role the PSN played in the promulgation of the NAFDAC decree.

An extraordinarily patriotic Nigerian, the ex-NECA boss described his life's journey as very successful. He also singled out the God-factor as the ultimate decider of his destiny even though hard work, focus, passion and self-discipline played their due parts.

Read the full interview below:

By 16, August, you will be 70. Interestingly, about 48 years of your life have been in the pharma profession, starting from your undergraduate days in 1972. How would you describe your journey in the pharma profession so far?

I would describe it as a very successful journey because, how do you measure success? Success is measured by the ability to attain predetermined objectives. So, I went to Ife to study Pharmacy, graduated as a pharmacist and came out with a very good second class upper degree. In fact, I narrowly missed a first class. Actually, I did not go there to make a first class. So, I did not miss my target as I graduated.

I joined the industry after my Youth Service. I wanted to spend five years to learn how pharmacists do business from a multinational background so that I could replicate it but, somewhere along the line, my vision changed and I determined that I had better run a career and end up as the CEO of a company.

God granted me that request and I became the CEO, Pfizer West Africa, in 1993, after what I would call a very successful rise (by due humility) from the first level of being a pharmaceutical representative for two years of a multinational company to becoming the chairman/CEO of Pfizer West Africa. It's a rare grace of God that it happened so smoothly.

I had planned to spend only ten years as CEO but I couldn't leave in 2003 because a new development came up. I was asked to lead a management buy-out, something I never had any experience about. God gave us the grace. We led the management buy-out of Pfizer in shares and then moved on to form a new company called Neimeth, which came with its own challenges. I determined I was going to transform Neimeth from a company dependent on Pfizer to a company totally independent. By 2010, I had accomplished that. I retired in 2011.

I had thought I was done but in 2018, God brought me back to Pharmacy as president of the Pharmaceutical Society of Nigeria (PSN). I had earlier been chairman of the Board of Fellows. So, it's been a wonderful opportunity to exert myself and fulfil my purpose in the industry.

Within this eventful sojourn in the profession, what would you describe as your most defining moment?

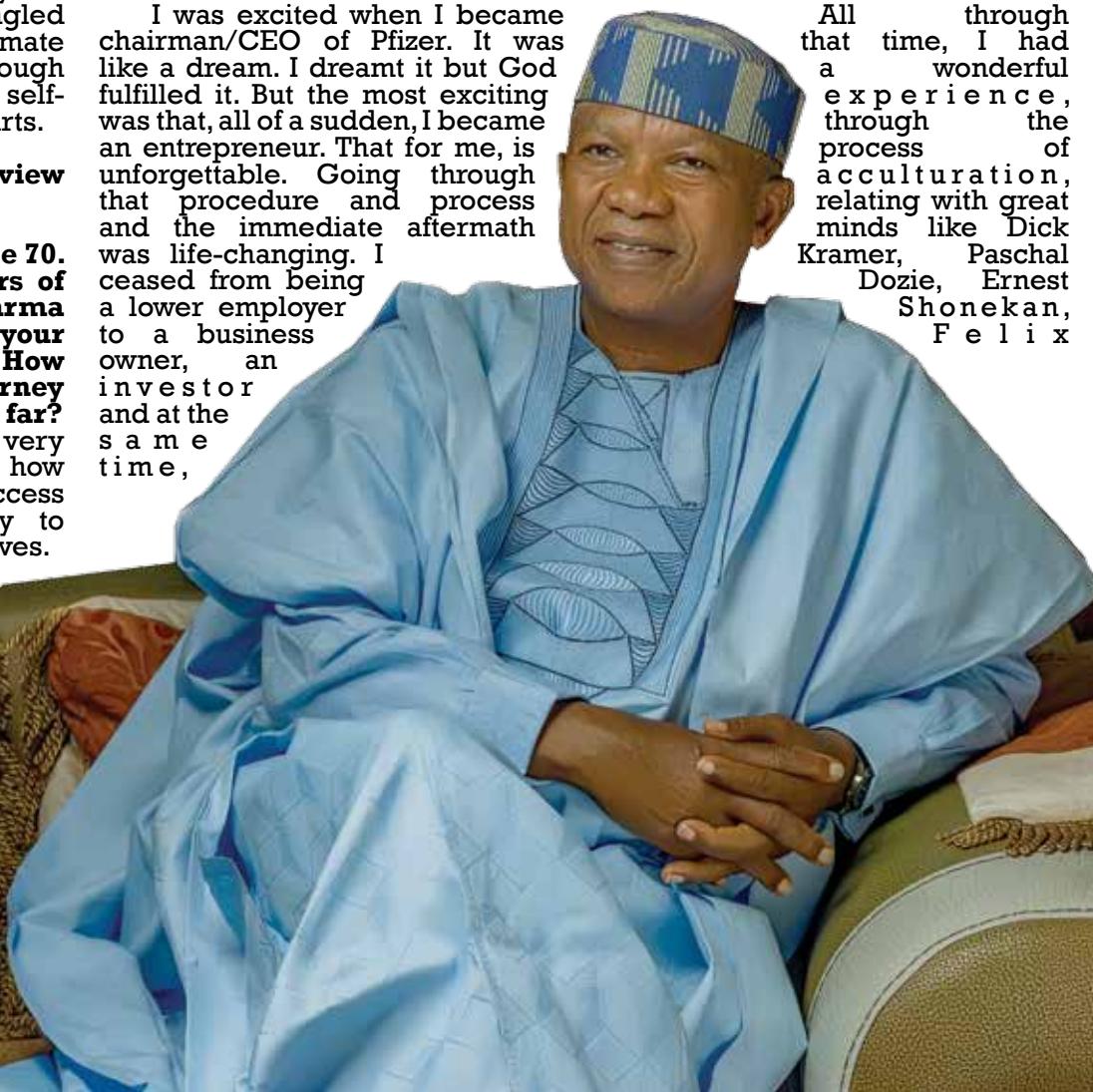
I think I had beautiful moments when I led the Pharmaceutical Manufacturers' Group at PMG-MAN (Pharmaceutical Manufacturers Group of the Manufacturing Association of Nigeria); and when I was the founding president of the West African Pharmaceutical Manufacturers' Association (WAPMA). Those were exciting

moments but I think the most defining moment was when I was asked to lead the management buy-out of Pfizer, a multi-million dollar business - an experience I had never had.

I was excited when I became chairman/CEO of Pfizer. It was like a dream. I dreamt it but God fulfilled it. But the most exciting was that, all of a sudden, I became an entrepreneur. That for me, is unforgettable. Going through that procedure and process and the immediate aftermath was life-changing. I ceased from being a lower employer to a business owner, an investor and at the same time,

places he had belonged, as part of the succession process. So, when I came in in 1992, I had gone through the ranks of the Nigeria Economic Summit Group before I eventually became the chairman.

All through that time, I had a wonderful experience, through the process of acculturation, relating with great minds like Dick Kramer, Paschal Dozie, Ernest Shonekan, Felix



Pharm. (Mazi) Sam Ohuabunwa

became an employer. It was a great transformation and I thank God for making it successful.

Sir, at a time, you were chairman, Nigeria Economic Summit Group. That position required someone with a sound and deep grasp of the economic realities of the nation. What did you bring to the table?

Well, I believe that I am a student of the world. I like to learn, and I am still learning today. I think that, somehow, I had a passion for Economics. My secondary school education was disrupted by 1967. I was in my penultimate year to complete secondary school when we went to war.

So, when the war ended in 1970, I came back to school to take an exam at the end of the year. I was looking for the necessary subjects to offer and then I went to visit some of my friends from Rivers State. I mean, my friends who had moved on.

During our discussion, someone mentioned that he studied Economics. Then, I went and read what Economics was all about and in my Form 5, I registered for Economics and made an A1. I had not done Economics from my year one until that time when I sat for the exam in Form 5. I became interested in Economics.

Even when I went to study Pharmacy, I was enamoured by issues relating to Economics because it talks about the pursuit of wealth, the creation of wealth, the operation of the market and how you can create sustainability in the world. I became interested and I began to learn.

So, when I got into the economic summit in 1992, then I was deputy managing director of Pfizer, my CEO began to send me to represent him at the different

Ohiwerei - so many leaders in the summit group - and my contemporaries, Mohammed Hayatudeen, Atedo Peterside, Folusho Phillips and so on.

In the process, I kept learning from other people and so, when I became chairman, it was easy. Beyond my contribution to the economic thought, I also brought my management and advocacy skills to enable us make the right impact in the major focus of our advocacy, which was the liberalisation of the economy and transparency in governance. This was to enable us grow Gross Domestic Product by inviting additional Public-Private Partnership in the evolution and development of infrastructure and running of the government and economy that was driven by knowledge and was also competitive. We were essentially looking at how to diversify the economy without depending on a mono-source.

The work we did was responsible for so much liberalisation, privatisation and all other things. The work is still ongoing because we have not arrived at the kind of economy we dreamt of.

It was the Economic Summit Group that motivated the Vision 2010. We sold the idea and Abacha bought it, even though he did not live to implement it. Later on Yar'Adua and Jonathan started Vision 2020.

What would you say is the biggest challenge facing the Pharmaceutical Society of Nigeria and how do you think the body can be better positioned to achieve its main objectives in Nigeria?

If I want to summarise the problem with the PSN and pharmacy practice in Nigeria, it is the problem of identity. Within the

concept of the healthcare team, from the public perspective, the pharmacist is not in his right place.

In the private or what you call non-governmental area, the pharmacist is being misunderstood or sometimes misrepresented or, as we say in medicine, misdiagnosed. There is still some difficulty in actually differentiating between a pharmacist and non-pharmacist in the drug business or pharmaceutical landscape.

Many Nigerians cannot differentiate between a patent medicine seller and a pharmacist. In government, sometimes they forget that we are part of the health team, maybe because they don't see us every day or maybe because we don't go on strike.

So, this is purely an identity issue. That is part of my focus as PSN president - to see how we can create the proper niche for Pharmacy that would become identifiable. First will be in the governmental or public space so that government and its agencies realise the role of Pharmacy as being central to healthcare and not secondary or dispensable. Without us, there is no medicine and medicines are fundamental to healthcare.

We are trying to ask our own colleagues to differentiate their practice in the way they operate and interact, so that the identity matter could be dealt with. It will also help the government in sanitizing the environment because the sanitisation of the environment will help deal with this identity issue.

What you can buy anywhere does not have value. If you can buy drugs in the bus, on the streets and in the train, then they don't have value because people would think all of us are hawkers; but if you are able to get your medicine from a hospital pharmacy or from a community pharmacy only, as it is done elsewhere in the world, then, you would be able to differentiate between a pharmacist and a non-pharmacist.

The menace of fake drugs - what is the PSN doing about it?

When fake drugs came into this country, nobody knew what it meant. Luckily for me, I was one of the first to confront fake medicine. I was national sales manager in the early eighties when fake drugs started becoming an issue.

At that time, there was no law. It was just like any other infringement. When we got people arrested by the police, the DPPs would tell us that there was no crime there and that it was mainly a civil matter, meaning that they could only be sued to court by the appropriate bodies and not to be arrested by the police.

It was because of such issues that the PSN became vocal and, through the instrumentality of the PSN, the NAFDAC decree was born. And the NAFDAC decree is the fundamental instrument for managing the pharmaceutical space, for arresting fake drugs and trying to bring it down.

When Dora Akunyili came at the height of fake drugs, the incidence was so high but since then, NAFDAC has been working. The Pharmacists Council of Nigeria (PCN), the regulatory agency, has also been working. All the regulation PCN does is done through PSN which is indirectly involved in regulation. So, PSN has been a major driver in the battle against fake drugs, as well as malfeasance and malpractices in the pharmaceutical industry.

continued on page 28



Backpain



Headache



Shoulder pain



THE PAIN!

AND MANY MORE
CHRONIC PAIN
CONDITIONS
INCLUDING CANCER
PAIN.



Menstrual Pain

Arthritis Pain of
the Joints & Spine

with



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Why pain is undertreated in Nigeria – MD, Superior Pharmaceuticals

By Ranmilowo Ojalumo

Pharm. Ike Okeke is the managing director and chief executive officer of Superior Pharmaceuticals Limited, a private indigenous pharmaceutical distribution company founded in 2011 and specialising in importation and distribution of pharmaceutical and personal hygiene products. In this exclusive interview with **Pharmanews** at his office in Lagos, Okeke, who is also president of Superior Medical Clinics, in Florida, USA, discusses the factors responsible for rising cases of pain, arthritis and rheumatism in the Nigeria, as well as ways to prevent and manage the conditions. EXCERPTS:

How would you describe pain caused by arthritis and rheumatism?

Pain is the number one reason people seek medical attention. Pain can be acute or chronic in nature. It can be a result of nerve damage, spine abnormalities, joint degeneration, organ damage or just pain due to the aging process.

Pain is undertreated in Nigeria. Stronger pain medications that can alleviate the agonising pain arising from cancer is hard to come by. We need access.

Arthritis is, by far, one of the chronic diseases of aging and affects men and women over the age of 50 years. Osteoarthritis is the commonest form of arthritis and the single most important risk factor for knee replacement in the elderly.

Arthritis is undertreated, with many sufferers being disabled and unable to walk in later years of life. Novel treatments, like viscosupplementation,

are unavailable and the cost of partial knee replacement is beyond the realm of most Nigerians.

What causes rheumatism and arthritis?

Rheumatoid arthritis is an auto immune disease whereby the body attacks itself. An example is lupus, whereby the body makes antibodies that attack the joints and organs in the body. It is thought to be hereditary.

Environmental factors and processed food are implicated in rheumatism. Osteoarthritis on the other hand is a result of wear and tear of the joints, overuse of the joints, lack of Vitamin D, insufficient dietary calcium or disease of the bone.

How can these conditions be avoided?

Rheumatoid arthritis is mostly genetic and thereby hereditary. It can be triggered by processed food and environmental factors, like food

and water contaminants in our environment.

The overuse and inhalation of anti-mosquito aerosols, like Sheltox can be a trigger for auto immune disorders, including rheumatoid arthritis. Avoiding such toxic products, polluted and contaminated water and processed food can prevent rheumatoid arthritis.

On the other hand, osteoarthritis is wear and tear. If you live long enough, you will get a degree of osteoarthritis. Your lifestyle will dictate the degree of osteoarthritis. Athletes are

more prone to osteoarthritis in later life due to the degree of stress that is put on their joints during their active years. For similar reasons, blue collar workers and artisans are more prone to joint degeneration in later years in life.

What is the remedy/cure to pain, rheumatism and arthritis?

While there is no cure for rheumatism and arthritis, arthritis can be managed and controlled. Among the remedies for arthritis are diet and exercise, physical therapy, Paracetamol Supergesic and a combination of anti-inflammatory (diclofenac), Paracetamol and muscle relaxant.

Injectables, like Panache (Ketorolac injection); steroid



Pharm. Ike Okeke

injections to the knee or joints, like Depo Medrol and Lidocaine, Viscosupplementation, using Hyaluronic acid derivatives; narcotics, like Hydromorphone, morphine or oxycodone; partial knee replacement surgery and total knee replacement surgery.

Do analgesics have side-effects on a patient?

Analgesics have side-effects, depending on the class of analgesics used. A common side-effect will range from nausea and vomiting to kidney damage and ulcers, with the non-steriodals; to constipation and addiction, with narcotics.

These side effects can however be managed. As with any medication, there are risks but the rule of thumb is that the benefits must outweigh the risks.

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Adelusi-Adeluyi at 80 speaks on improved pharmacy practice, flying, law, healthcare, politics and more

continued from page 18

and private sectors. I say this not out of self-interest, but because I know the value of training that pharmacy schools bequeath on pharmacy graduates and believe that Nigeria can actually get more from pharmacists than it is currently getting. And it is the people of Nigeria who will benefit in the long run from the improvements in healthcare.

So pharmacists need to get more interested in things that matter. Get more active and visible in the public space. In doing this, there are lots of pharmacists that we can look up to for inspiration. There's Pharmacist Hubert Humphrey, for instance, who was VP to President Lyndon Johnson in the US. In fact, Humphrey narrowly lost to Richard Nixon in the 1968 election, he could have emerged as US president. There's also Pharmacist Bob Kerrey, a former senator and American presidential aspirant. There's a handful of pharmacists in politics in Nigeria now, but the numbers can be more. I've been preaching this for 30 years, but I will continue to preach it. If we really want to make a change in society and improve the quality of lives of the Nigerian people, it is not enough to work as

diligent health professionals. We must also seek to influence the emergence and implementation of policies that will liberate our people from the shackles of ill-health and poverty. Policies that will fundamentally benefit the people. Going into politics is one great way to achieve this.

Can you tell us a little bit about your family and the role they have played in the course of your productive life?

The truth is that I am a very fortunate person and I can't explain it. I don't deserve it. Lucky is the man who finds a good wife. You see, this thing called marriage is like a lucky dip. Meeting my wife, Julia, is perhaps the best thing that has happened to my life.

My family have played and are still playing very vital roles in my life. No other role has been more important to me than the role they have played. They are individually and jointly a blessing to me. When you see a man going around looking calm, it is because there is a wife there for him that genuinely loves and cares for him and I have got all that. It's not me but by the grace of God. That is why I said in the beginning that I learnt prayerful humility.

God is using us to do certain things, in spite of ourselves. So I thank God who has given me the best possible family that I could have had in marriage. The kids therefore, being products of love, sharing and mutual support, have grown to be a pride to us. Everybody in the family is called Juli. My name is Julius, my wife's name is Juliana, my first daughter is Julita; our first son is Julian; our second daughter is Julianne and the last one is Julius. So everyone is Juli.

What are your pastimes? How do you relax?

I do a little bit of sports. I am a golfer. Again, by accident, I had a hole-in-one sometime in 2016. I say it's an accident. In golf, when you have a hole-in-one, it is celebrated all over the place, up to Scotland where golf started. Although in my own case, it was by accident not as a result of knowing how to play it very well. But I play golf to exercise myself, not to win any of those trophies that golfers always win or celebrate.

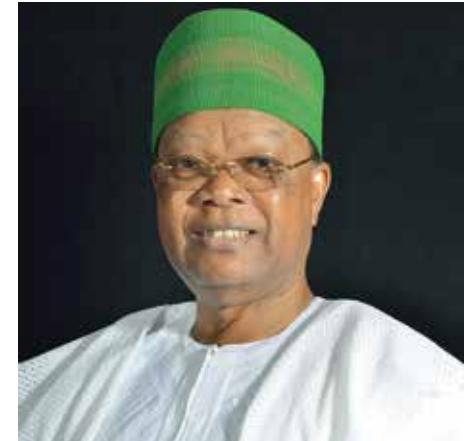
I know my friend, Ifeanyi, is deep into Full Gospel Business Men's Fellowship. I also have my own gospel, although it may not be as full as his (laughs). I also teach music.

I go to church at St. Leo's Catholic Church. I at the end of the day, what really mattered say my prayers. God has also used me to be a member of the parish from the first hour. In other words, I have grown with it. I have been the secretary of the Parish Pastoral Council (PPC). I have been chairman also. We've done a whole lot of things that needed to be done. And because I have been there, I have created a few things which are now useful. I wrote the church anthem. I was the first organist in the church and I like singing.

Again, I grew up in the Catholic Church. I like singing, especially in Latin. I am still very active in Rotary club. I am the chairman of the council of district governors.

What advice do you have for the younger generation of pharmacists and indeed young people who plan to become great pharmacists like you in future?

My message to the younger generation of pharmacists and young aspiring pharmacists is that there is plenty of hope for



Prince Julius Adelusi-Adeluyi

the future. They must keep hope alive and refuse to be daunted by today's challenges. Keep your dreams alive, do not let them die. Young pharmacists must challenge the orthodoxy, challenge old paradigms and seek new answers to today's challenges. Do not be content with "this is the way it has always been done." Who would ever have thought that Barack Obama, a black man could become president of the US in this century? But the young man did it. So when people tell you "it's impossible," prove them wrong by working hard, working smart and achieving your goal.

There are lots of challenges especially in our environment, but with challenges also come opportunities. Thankfully, technology is driving change across the world. Young pharmacists must continuously seek innovative ways to deploy technology towards solving the health problems of mankind and diseases of the black man such as sickle cell anaemia and malaria. You must commit to helping to redress Nigeria's pathetic health indices. Of course, this is going to require hard work, focus and dedication. Remember that if you must positively impact the health sector, being in a position to influence policy making and implementation is also critical.

Also remember there is a French expression that says *ensemble nous pouvons*, which means "together we can." The path to sustainable greatness for the profession of Pharmacy is for all of us to work together. There is no challenge so great that we pharmacists, working together, cannot resolve.

Nigeria needs new financial order to boost pharma manufacturing – Mopson MD

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friends did not find it funny that I could sleep in the stadium after buying a ticket for the match.

I love playing table tennis and I also do a lot of long distance trekking, up to five miles. Above all, I love reading the word of God. I am a devout Catholic and my wife is a very great fan of the Lumen Christi TV channel. She follows their mass and catechism religiously.

What's your advice to new and upcoming pharmaceutical manufacturers?

I started by compounding for chemists and for hospitals. My compounding was so popular in Lagos that when you talked about me, you talked about people like

Moko. Though Moko started five or ten years before me, I joined later and still made a mark amongst the compounders of those times.

That grassroots development - whereby you start from somewhere and graduate to the level of a mass manufacturer - is no longer there. If we don't take time, the big companies will start employing pharmacists, instead of pharmacists setting up their own companies. Such a trend will not augur well for the profession.

I will advise NAFDAC to start promoting dispensing pharmacy. That was where I started from. Young and upcoming pharmacists should be patient enough to follow the normal growth process.

Pharmacy practice in Nigeria battling image problem, says Ohuabunwa at 70

continued from page 25

What will be the core benefit of the passage of the PCN Bill which is currently before the National Assembly?

The core benefit is that it will strengthen regulation. It will give PCN additional power and resources to achieve what we are all crying about. We are crying that the space is not properly regulated. There are too many interlopers, infringers and pretenders in the industry.

Unfortunately, as at today, the PCN is limited. Some other institutions can prosecute you if you violate their rules but the PCN has neither the power nor the resources to do same.

The passage of the PCN Bill will also give the institution a broader scope to regulate the pharmaceutical space because it would then have the constitutional backing to regulate, for instance, the patent medicine dealers, who

claim they are not pharmacists and therefore are not within the PCN's purview.

What are those principles young pharmacists should imbibe to enable them carve a niche for themselves?

I will give them four things which I call the four Ps. The first is to have a Purpose. It can also be interpreted as to have a Vision. You must have a purpose and vision for your life.

When I joined Pfizer in 1978, I had an uncle who had money. He wanted me to join him to start a pharmaceutical business in Aba. Ninety per cent of young people would have jumped at the offer because of the money involved but I had a different vision.

My story wouldn't have been what it is today. Perhaps, I would have become one of those importers jumping from place to place without a sense of fulfillment in the real sense. I would have

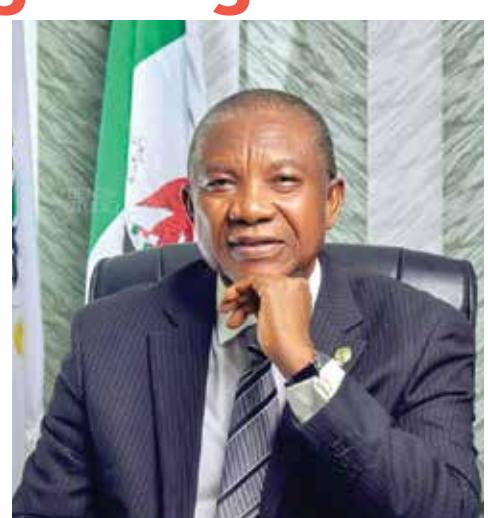
ended in buying and selling and you would not hear about me in NECA, NESG, PSN, PMG-MAN and so on.

The second P is Plan. Plan your life. If you have a vision and you are willing to plan how to achieve that vision, then you are most likely to succeed in achieving that vision.

The third is Passion. You must have passion for what you are doing. You cannot achieve your purpose if you don't have passion for what you are doing because passion drives your work and gives you the fortitude to go the long run.

The fourth is Providence, which means God's help. With providence, I was achieving wonderful results that were more than the efforts I put into my tasks. It can only be God.

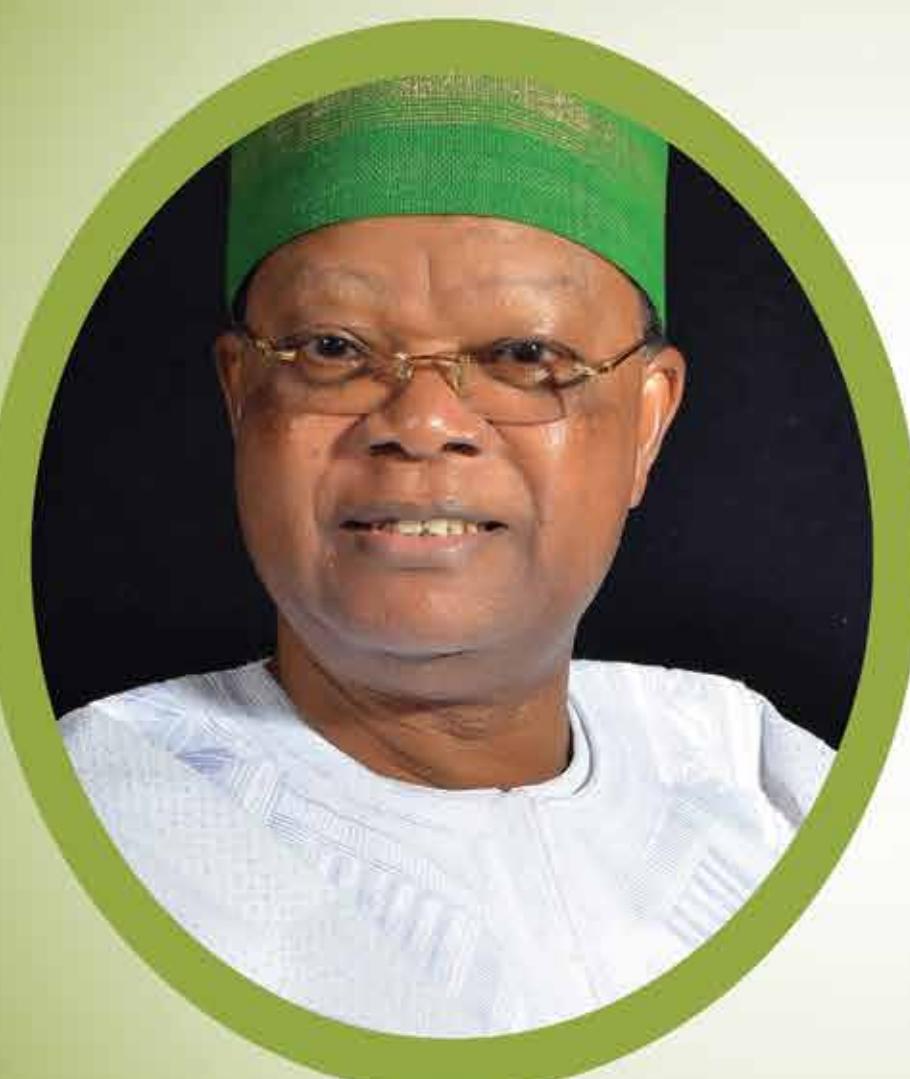
Remember the scripture, "Come onto me, all ye that labour and are heavy laden and



**Pharm. (Mazi) Sam Ohuabunwa
PSN President**

I will give you rest" (Matthew 11:28). Providence will take you to places and heights you have never imagined.

If young pharmacists can imbibe these four Ps into their lives, they will be amazed by the level of success that would come their way.



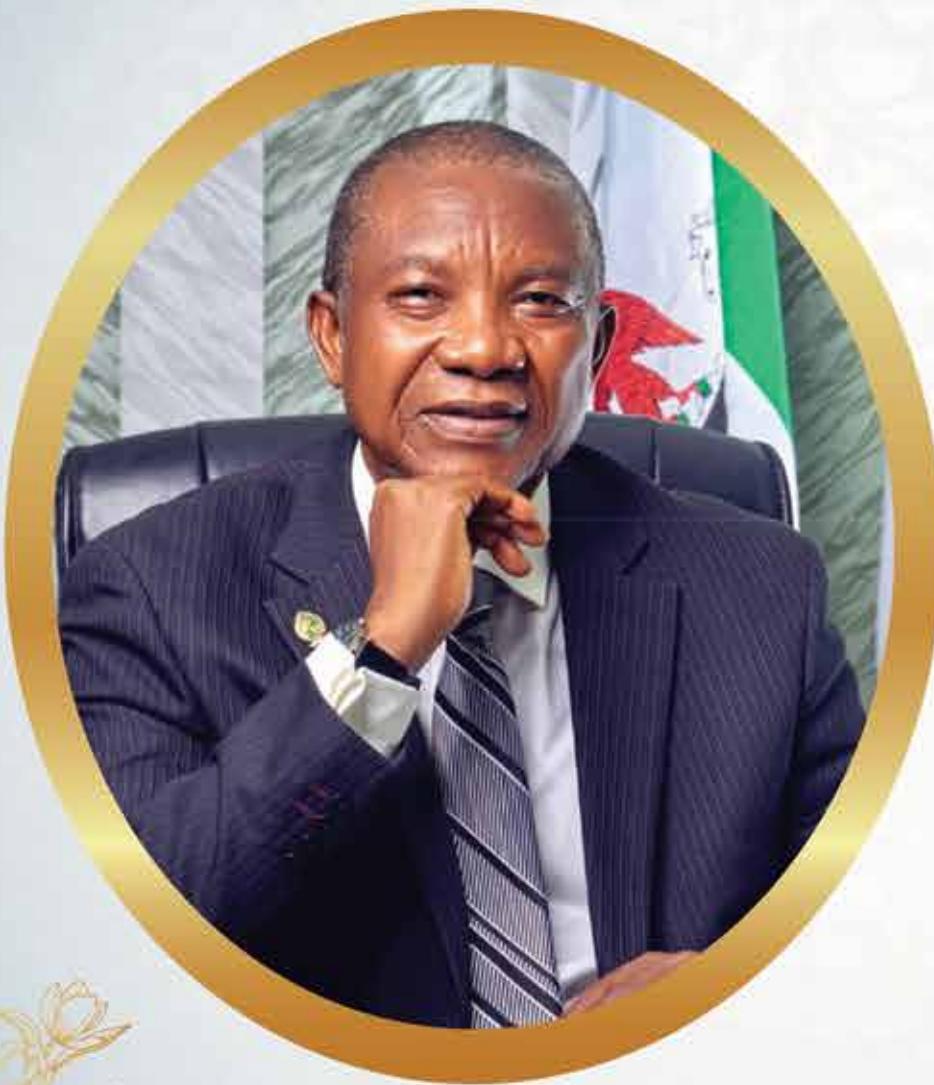
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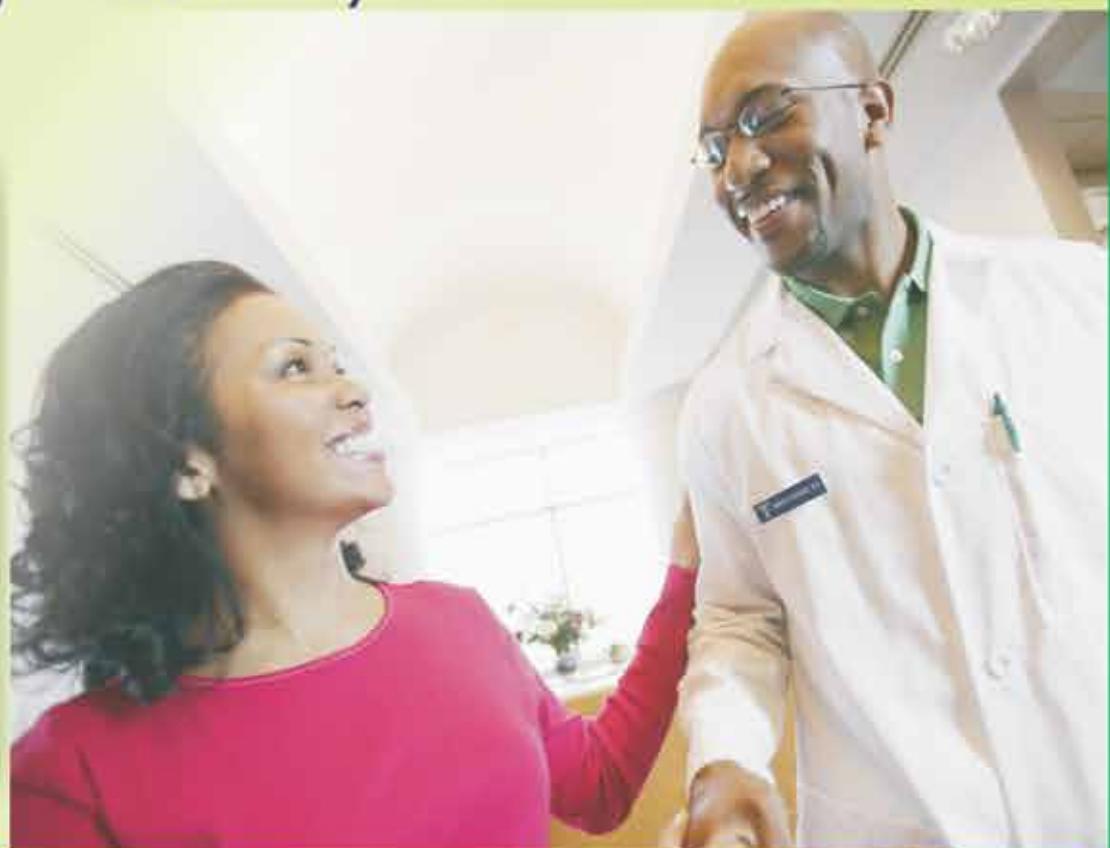
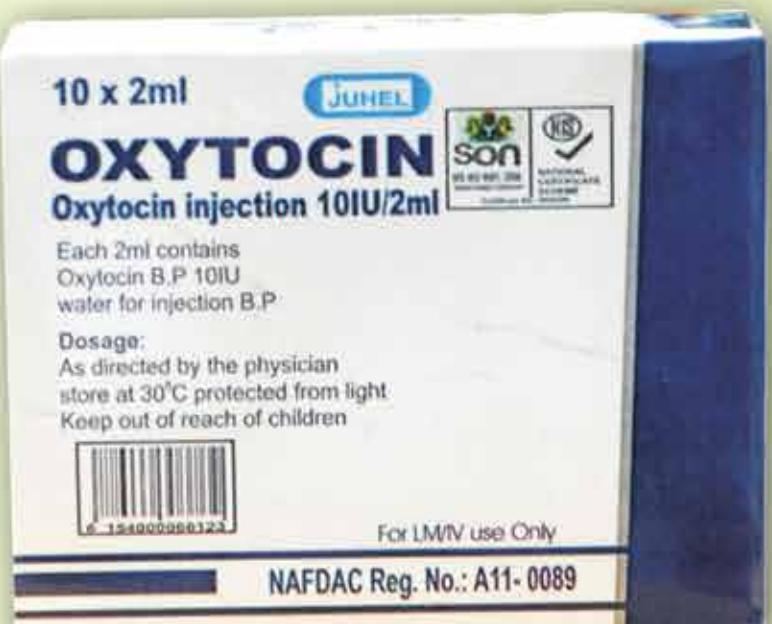
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We all have scars

By Pharm. Sesan Kareem

A scar can simply be defined as "a mark left where a wound has healed". Some scars are apparent; you can easily notice them because they are visible. Such scars may be on one's face, hand or leg.

Other forms of scars are not so easily detected; they are internal and often deep. It may be a fragile heart that was broken by a lover, a hope that has been dashed by a bad experience, a mind filled with pessimism due to the cruel acts of man, or a heart that injustice has been meted on again and again.

We all have scars. We have all witnessed setbacks, failures, disappointments, negligence, abusive words or unfair treatments in the past. In our life's journey so far, some people have looked down on us, maybe because of our age, gender, background, tribe, exposure or physique. Others have questioned the power of God in our lives by underestimating our abilities, talents or potentials. Indeed, we all have scars.

During this COVID-19 pandemic, we have all been affected in one way or the other - financially, socially, emotionally, physically or otherwise. However, we can turn any setback to a setup for a comeback. See, life is not fair. It always comes with one challenge or the other that often

leaves temporary or permanent scars in our lives.

In the rainy season of the year 2003, on a beautiful Monday morning, I was preparing for school, when my 15-year-old cousin rushed in, breathing heavily like someone who had just climbed Mount Everest and said, "My mum is dead."

Instantly, I recalled my visit to her mum the Sunday evening preceding that Monday morning. She had cooked Semovita and vegetable soup for me. She had been filled with zest and ecstasy because of my visit. She was absolutely healthy. However, at that time it was not news to anyone in the family that she was pregnant, and she was in fact close to her delivery date. So, I concluded that her mum had given birth; maybe she didn't listen to the information correctly. I took my bag and went to school.

In school, I could not concentrate in the class. My mind was travelling at the speed of light to what happened in the morning. I began to ask myself, "Can it be true? Is this how people die?" No, it is not possible, I concluded.

After school hours, I rushed back home. Then it became crystal clear to me that my aunt and her unborn baby were truly dead and had been buried. As I am writing this article, I can vividly recollect the tears in everyone's eyes, the sadness that

tragedy brought to my family and the fear of how to take care of her five children. But above all, what I often remember her for is her hilarious jokes, simple lifestyle, kind heart and her favourite Ebenezer Obey song "Ile aye, fun gba die ni o, omo araye e se're o," - meaning, this world is for a short while, human beings do good deeds.

Likewise, I lost my lovely aunt, an elder sister, a close friend and two of my younger brothers at early ages in the past. Some of us have lost a parent or both, a friend, a sibling, an uncle, a colleague, a husband, a wife or a partner. But life goes on and we have to move on. The scars are there but we cannot change them; we can only decide to move on.

However, some people yet wine and dine in the past. They have not raised their head up to see what lies before them. If you are one of these folks, this is the time to pick up the pieces of your life and move on. You are not the only one with scars, we all have scars. Khalil Gibran rightly said, "Out of sufferings have emerged the strongest souls, the most massive characters are seared with scars."

You have what it takes to turn your scars to stars, discomforts to comforts, failures to successes, and disadvantages to advantages. Yes, you have the courage to rise above pessimism and open your mind



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

to the optimistic view of life. In the middle of the storms, in the midst of devastating thunders and in the atmosphere of crippling darkness seldom lit by the ironic lightning, you can find your light, your voice, your identity, your strength and live a purposeful life.

I have never read or heard of any successful man who has never suffered setbacks, failures, trials, pains, disappointments or challenges. All these are part of the menu of success in life. Yet great people turned their scars to stars. You, too, can. Have faith and be dutiful.

ACTION PLAN: Accept what you cannot change with peace of mind. Believe in your inner power to overcome any challenge regardless of how tough or painful is it. Take life easy.

AFFIRMATION: I have the incredible power to turn my scars to stars. I am blessed and highly favoured.

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Affordable pharmaceuticals

Prohibitive costs of imported COVID-19 drugs call for national introspection - Ifudu

By Patrick Iwelunmor

Professor Ndu David Ifudu is the current Dean, Faculty of Pharmacy, Enugu State University of Science and Technology (ESUT), Agbani, Enugu. The distinguished academic, an alumnus of the University of Ife, now Obafemi Awolowo University (OAU), Ile-Ife, spoke to **Pharmanews** on sundry issues relating to his early days as a pharmacy student, his career, as well as the ongoing COVID-19 pandemic. At 75, the academic who graduated as the best overall student of his 1972 set, expressed a sense of fulfilment for being instrumental to the establishment of the Faculty of Pharmacy in ESUT. He also urged the authorities to explore the potentials of the country's local drugs as the fight against COVID-19 rages on. **Excerpts:**

Sir, you celebrated your 75th birthday last November. How can you describe your life as an academic in the pharmacy profession?

I graduated with B.Pharm. (Hons) degree from the University of Ife (UNIFE) now Obafemi Awolowo University (OAU), in 1972, as the best overall graduating student. Subsequently I was employed as a graduate assistant in the Faculty of Pharmacy, UNIFE, same year.

In 1973, I obtained an American scholarship for postgraduate studies at the University of Connecticut, USA. I successfully defended my PhD thesis on the 20th of May 1979, and by 30 June, of same year, I was back to UNIFE.

Teaching and research at UNIFE, though exciting, was not fulfilling. By 1984, as a senior lecturer, I was ready to make the desired move to a university based in the industrial city of Lagos, the University of Lagos (UNILAG).

Working in Lagos was very exciting as it was easy for me to relate town and gown. My academic pharmacy career took a turn for the better, with respect to interaction with the pharmaceutical manufacturing companies, NAFDAC (National Agency for Food and Drug Administration and Control) head office (which was then based in Lagos), entrepreneurs, the professional body (Pharmacists Council of Nigeria) and the importers of pharmaceutical products' raw materials and finished products alike.

This interaction with the private sector made it possible for me to obtain sponsorship to attend pharma conferences all over the globe. These conferences enhanced my outreach to colleagues outside Nigeria and enhanced my research output; hence I earned the chair of professor of Pharmaceutics and Pharmaceutical technology, UNILAG.

This brief resume is necessary for one to appreciate what I mean when I declare that I thoroughly enjoyed my career as an academic pharmacist. The icing on the cake is the fulfillment of my ambition to facilitate the establishment of a state-of-the-art faculty of Pharmaceutical Sciences in my state of origin, Enugu. The faculty building should have been commissioned by June 2020, but for the impact of COVID-19 on the building industry.

What were those values and principles that kept you going against all odds?

My professional oath as a pharmacist was constantly guiding my academic practice. My teaching and research got the better part of my time and were diligently executed. My spare time went into family life, exercising and pharmaceutical consultancy services. I related very well with the head of the university and exchanged regular pleasantries.

I had little or no time left for frivolities hence the odds were hardly noticed. Hard work, dedication, honesty and equity were the guiding principles but, more significantly, I rigidly followed the dictates of my sixth sense, which directed thus: "Love



Professor Ndu David Ifudu

and respect all colleagues while joining hands but trust none."

Comparatively, how do you see the educational standard of your days as a student and what obtains today in our tertiary institutions?

The quality of education in the 1970s and in the 20th century cannot be compared to what is obtainable today, in the 21st century. A good number of my teachers used or dictated same handwritten lecture materials year after year. Reference materials were extremely limited and often outdated. Today, with the advent of the internet, students have up-to-date reading materials on the move with their computers and phones. Several e-journals and e-books are readily available, leaving current information at the fingertips of students who are anxious or willing to learn.

Your foray into the field of pharmacy must have been a passion you had nurtured from childhood or was it an accidental development?

As a teenager I lived with my older brother, an engineer with the Nigerian railways at Enugu. He had two friends, Mr C.P.O Dike, a pharmacist and Dr D. Ikpeme. Older people in my area called each of them "Doctor". I simply observed that Dr Ikpeme played tennis with the others only on Saturday, whereas the other two played most evenings. Right away, I disliked Dr Ikpeme's type of "doctor". Later, while in secondary school, I got to know the difference between the two professions and swore to be a pharmacist, since I could not stand the sight of blood or a dead person.

How would you assess the current curriculum for pharmacy being taught in Nigerian universities? Do you think it meets the global standard?

Currently our schools of pharmacy offer two different degrees - B.Pharm. and Pharm.D - and as such, run two different curricula. The B.Pharm. curriculum is largely product-oriented, while

our Pharm.D programme has substantial patient orientation. The B.Pharm. programme will be phased out by 2022, courtesy of the Pharmacists Council of Nigeria (PCN)'s directive.

The B.Pharm. curriculum has served the nation well so far and the content of the Pharm.D programme will serve its desired purpose.

The main problem with the Pharm.D is not the content, which is in line with universal best practices, but in training the trainers. You can only give what you have in terms of knowledge. Most of the teachers in clinical pharmacy

departments obtained their training in part-time one-year crash programmes with very limited hospital exposure. Moreover, while a Pharm.D graduate in the US undergoes 30 hours of hospital posting per week for two years, some of our Pharm.D recipients - future or current teachers- hardly can boast of a total of 60 hours of clinical clerkship in a 50-bed hospital throughout their training period..

Of all the schools in which you have taught, which inspires more nostalgic memories in terms of intellectual labour and social life?

Of all the schools of pharmacy in which I have taught, University of Lagos conjures the most nostalgic memories in terms of academic work and social life. As dean or head of department, substantial financial provision was voted for effectively running the unit. Interestingly, too, there were enough pharmaceutical establishments in Lagos and its environs for adequate financial town and gown interactions!

As a pharmacist, what do you think can be done to decisively halt the spread of the coronavirus, especially in Africa where the healthcare delivery system is largely in shambles?

COVID-19 remains an enigma worldwide. The World Health Organization (WHO) and the Centre for Disease Control (CDC) of the US, as well as the entire world scientific communities, are understanding the biology of the virus more and more on a daily basis. Our best bet will be to follow the guidelines provided by WHO, with some modifications, as may be necessary.

According to WHO head, Dr Tedros A. Gebreyesus, the virus would infect many more people if governments do not start to implement the right policies. His message remains, "Test, trace, isolate and quarantine."

In addition, the following are highly recommended: Disciplined hand washing, use of face covers

or masks, social or physical distancing, staying at home if sick or isolating the sick, getting tested if in contact with a sick person, and of course, praying.

Recently, a group of 239 scientists from 32 countries around the world provided practical advice to WHO on how to avoid coronavirus transmission, because of its airborne nature. These include: Provision of sufficient and effective ventilation - that is, supplying of clean outdoor air and minimising recirculating air - particularly in public building, workplace environments, hospitals and age care homes; supplementing of general ventilation with airborne infection control such as local exhaust, high efficiency air filtration and germicidal UV lights placed up in ceiling to avoid damage to people's eyes and skin; avoiding overcrowding, particularly in public transport and public building; and when in a vehicle, opening windows and making sure the air conditioning or heat is not recirculated but set to include outside air.

Such measures are practical and often can be easily implemented; many are not costly", they wrote.

Some Nigerian scientists and researchers have come up with claims that they have developed drugs which can cure COVID-19. In your view, what should the federal government do about these people and their claims?

NAFDAC should have a guideline in place for evaluating antiviral therapies. Hopefully, NAFDAC or NIPRD has the facilities and expertise to handle antiviral screening projects. All these claimants should be received with open hands and have their products subjected to at least, preliminary antiviral screening.

An herbal medicine practitioner, Dr Paul Ojeih of Iris Medical Foundation, has recently claimed that he has a drug that can cure COVID-19. Don't you think the government should evaluate his claim by asking NAFDAC to carry out checks on the efficacy or otherwise of the drug called Venedi Elixir?

New antiviral therapies are urgently needed to fight the spread of this coronavirus infection, despite safety concerns. According to Dr Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases (NIAID), USA, there is "no guarantee for safe and effective vaccines against COVID-19 anytime soon".

The cost of buying some of the touted remedies, such as Remdesivir, the first drug shown to be effective against the coronavirus, is about \$2340 US dollars (about a million naira) for a patient requiring the shortest treatment course; and \$4290 US dollars (about 2 million naira) for a longer treatment course.

The prohibitive costs of such imported anti-COVID drugs should make any local drug like Dr Paul Ojeih's Venedi Elixir attractive and a great candidate for antiviral screening. My belief is that Nigeria has the expertise locally in antiviral studies. NAFDAC, NIPRD, as well as other research institutes and universities should take up the challenge of screening and verifying the antiviral claims. The new viral study centre in Ebonyi State should be checked out.

The need for a local antiviral remedy is so dire that, in the worst case scenario, antiviral screening services should be sought outside

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McCure Smart partners HelloDoc, gets over 10,000 doctors on board

By Adebayo Oladejo

As the impact of the COVID-19 pandemic on healthcare, businesses and the economy continues to mount, with healthcare institutions in Nigeria and around the world leveraging technology to best serve their clients, McCure Smart, a smartphone app that allows remote online consultations, has partnered with HelloDoc app, the largest online community of doctors in Nigeria, to bring over 10,000 doctors on its platform.

According to a press statement made available by Mr Ajinkya Shelar, product manager, McCure Smart, the McCure Smart and HelloDoc partnership works as a pure marketplace, in which customers can browse doctors by specialty and compare them by prior customer feedback, ratings and even pricing, adding that each doctor on the platform has a verified MDCN certificate and is vetted through a rigorous background check.

Shekar, who admitted that the ravaging pandemic has forced businesses to rethink their strategy and make favourable and long-term changes, revealed that consumers have also shown an overwhelming interest in placing the health and safety of their families first and are adopting innovative ways to interact.

He stated: "Access to quality and safe healthcare is quite simply the most important need, not just for Nigerians but citizens of every country in the world. But, if you have a cough or a fever, how safe would you feel

Prohibitive costs of imported COVID-19 drugs call for national introspection - Ifudu

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Nigeria. NAFDAC, on its part, should exert flexible administrative regulations while maintaining standards.

Pharmanews recently celebrated 41 years of uninterrupted monthly publication since 1979. What impression does this feat give you, especially about the publisher, his leadership orientation and potentials for the future?

Pharmanews continues to break new grounds in health reportage and has established an enviable reputation in the healthcare sector and in the pharmaceutical industry. The leadership of Pharmanews with Pharm. Sir Ifeanyi Atueyi at the helm of affairs has ensured that West Africa's biggest online health news portal attracts thousands of global visitors, especially healthcare professionals, on daily basis - hence a reflection of his doggedness, and unflinching commitment to pharmacy journalism.

This feat also speaks volume of the quality of staff and leadership at Pharmanews. Only a hardworking, strong, exceptional and truly committed team could maintain such an enviable record. It has been a great "family" affair.

The future, though very bright, will depend on how Sir Atueyi plans the line of succession. May God Almighty grant Sir Atueyi the wisdom to appoint a worthy successor.



visiting a doctor's clinic today? How do you diagnose and treat diseases while maintaining social distancing guidelines?

The answer is tele-medicine or online consultations.

"Against the background of rising demand for online

consultations or tele-medication services, which has picked up exponentially ever since the outbreak of the coronavirus pandemic, over 10,000 doctors will be providing online healthcare services. The scale and demand for telemedicine services is overwhelming today, hence, we decided to tie up with HelloDoc."

On the benefits of the partnership, Shelar said, "Through this initiative, anyone in Nigeria will immediately have access to quality and affordable healthcare that is also COVID-19 safe. As businesses continue to grapple in these unprecedented times, if there is one thing needed more than anything else to keep going, it's innovation, and McCure Smart seems to be innovating in the right direction."

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*Quality is our Concern***Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2020)**

How to rid the body of arthritis, rheumatism – Miraflash MD

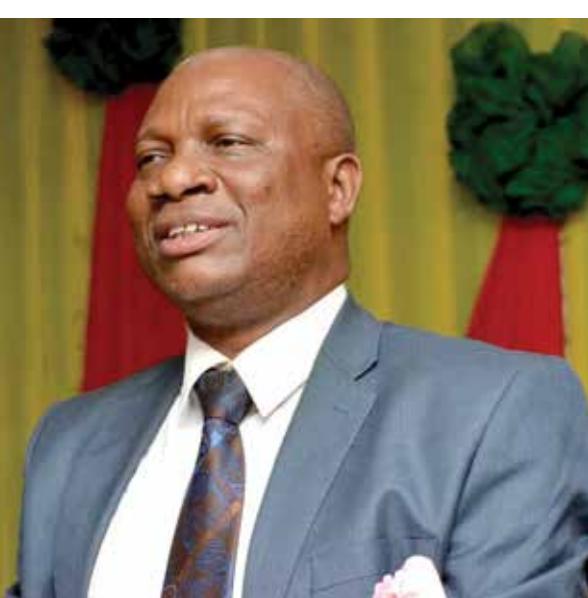
Pharmacist Moses Oluwalade is the managing director, Miraflash Nigeria Limited, one of the prominent indigenous pharmaceutical manufacturing companies in Nigeria. In this interview with **RANMILOWO OJALUMO**, Oluwalade who has a masters degree in Pharmaceutical Chemistry from the University of Lagos, highlighted some effective remedies for pain, rheumatism and arthritis. Excerpts.

As a pharmacist, what is your view about pain, rheumatism and arthritis?

Well, pain, rheumatism and arthritis are reactions. They could be reactions to environment, age or the food you eat. If you feel pain, it is a sign that something is wrong with your system. Pain is an unpleasant feeling. For an instance, if you sit down for a long time, you begin to feel pain at your lower back; that is a sign that something is wrong.

So the reaction that something is wrong can come in form of pain. If you are the type that walks long distance, as times goes on, and you grow old, your body will begin to react to it. If you have been walking one hour before, you will discover that you can't do more than 30 minutes again and if you try to do more than that, you will begin to feel pain.

Pain could be from any part of the body; it could from your leg, it could be from your head (headache) it could be from the back (backache) among others. These are reactions that all is not well in the system.



Pharm. Moses Oluwalade

What do you consider as the remote causes of rheumatism and arthritis?

Rheumatism and arthritis are as a result of inflammation in the affected part of the body. Rheumatism and arthritis are predominant among the elders. The way they use their body while they were still young could bring a reaction when they are old and the reaction could be rheumatism or arthritis, depending on the location. The location depends on the name. It could be inflammation at the joint, at the ankle or knee.

Are rheumatism and arthritis avoidable?

Well, they may not be 100 per cent avoidable, but they can be reduced. They also come with

age. The older you are, the likelihood that you will have rheumatism and arthritis. But they can be reduced based on your lifestyle.

What lifestyle choices can help?

Regular exercise, for instance, can help to reduce rheumatism and arthritis pain to a large extent. For an instance, an old person can decide to take a walk around, rather than sitting down in one place for too long.

What are the remedies for rheumatism and arthritis?

There are about two types of remedy. The first one is the non-pharmaceutical remedy and this may include slight regular exercise as well as dieting - that is, the kind of food to be eaten. The second remedy is the application of medication.

On medication, there are medications that can be applied internally and there are some that can be applied externally. The internal medication involves the use of some analgesic through the mouth. The external medication are the ones applied on the affected part of the body externally. This is where a product like Miragel comes to play.

Can arthritis and rheumatism be removed completely from the body?

Yes, though it may take time. With one's lifestyle and medication,

one can get rid of it from the body.

Do analgesics have negative effects on the body system?

Yes, just like every other drug. In fact, any medicine is a potential poison.

How do you mean?

Whenever you take any medicine, there is an effect. This is the reason you should take medicine only when it is necessary. You don't take medicine anyhow. For some people, once they have a headache, they take analgesic, which is wrong.

Instead, when you have pain, the first thing is to find out the cause of the pain. When you have a headache, find out the cause first before taking any medicine. Don't just take analgesic because it has effect on the body system, especially when you take it over and over again.

For instance, excessive paracetamol can damage the liver and that will be a big problem. Indiscriminate use of analgesic is not good. I use paracetamol as an example because it is the most commonly used analgesic. But, aside from paracetamol, there are other medicines that have analgesic property. There is a group of medicines, known as non-steroidal anti-inflammatory agent. These are analgesics that also have anti-inflammatory property. They act as analgesic, they cure pain but they also remove inflammation.

What is your message to people with rheumatism and arthritis?

They should go to the hospital for a test first and that is when the right medicine or remedy can be prescribed or recommended.

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

Why Nigeria must invest more in phytochemicals research - Kanu

By Temitope Obayendo

Dr (Mrs) Angela Ogo Kanu, a Nigerian pharmacist with over three decades of practice in the United States of America, has urged the federal government to fund more research in natural products as a means of tackling the global pandemic of coronavirus.

Speaking in an exclusive interview with Pharmanews, Kanu, who is the founder/managing director of Healthy Therapy Management LLC, based in the US, also critically examined issues bordering on regulation of community pharmacies and relevant training for pharmacists, especially in this COVID-19 era.

Below is the full text of the interview:

Tell us a little about your early life and educational background.

I was born in Arochukwu in Abia State, where my parents lived at the time, on 27 March, 1959. My late father was the vice principal of the only secondary school in the town, Aggrey Memorial College.

When I was about six years old, my family moved to Lagos. My father took a lecturing appointment at University of Lagos. I started school at Our Lady of Apostles Primary School, Yaba. Shortly after, because of the civil war, we relocated to Nsukka, where my father took a lecturing appointment at University of Nigeria and I continued my primary school.

Soon after, at the outset of the civil war in 1967, my family moved to Arochukwu and moved again back to Nsukka in 1970, when the war ended. I completed my primary education in 1972 at the University Primary School, as the Head Girl. I attended Cornelia Connally College (CCC), Uyo (now in Akwa-Ibom State) for my secondary education from 1972 to 1976.

I gained admission to study Pharmacy at the University of Nigeria, Nsukka in 1976. There, I earned my bachelor's degree in Pharmacy in 1981, master's degree in Pharmacy in 1984 and Ph.D in Pharmacognosy in 1987.

Why and when did you relocate to the USA?

Most of my childhood and adolescent years were spent at Nsukka, where my family lived.

As an adult, after my master's degree programme, I got a lecturing appointment in the department of Pharmacognosy, while studying for my Ph.D. I also had the privilege of working in a general hospital and a catholic hospital during my internship and National Youth Service Corps, respectively.

When a job opportunity became available in Canada in 1987, I was very willing to seize the opportunity to broaden my horizon. I felt that diversifying my knowledge-base would put me in a stronger position to impact any aspect of the profession I chose. I practised Pharmacy in Canada from 1988 to 1990, when I moved to the USA as a result of my marriage.

Healthcare delivery in Nigeria



Dr (Mrs) Angela Ogo Kanu

has always been of interest to me. Anytime I travelled out of Nigeria as a young adult and had the opportunity to witness a different style or standard of healthcare practice, I always desired to use any acquired knowledge to benefit patients in Nigeria. I came to the US with that mindset.

I have lived and practised Pharmacy in the US for 30 years, while married and raising three sons. I am still very committed to contributing to the wellbeing of patients in Nigeria. I am affiliated to professional groups devoted to ways that will benefit the Nigerian healthcare system.

Harvesting from greener pastures to benefit the less-privileged remains my desire. I have co-led two medical missions back to Nigeria and have contributed to many other similar medical missions.

How can Nigeria harness herbal remedies for therapeutic purposes, especially in this COVID-19 period?

I have always maintained that the continent of Africa (particularly Nigeria as a country) is endowed with many medicinal plants and natural products. I have no doubt in my mind that what nature embedded in that part of the world has not yet been fully harnessed.

To elucidate the active medicinal compounds surrounding us, significant attention needs to be paid to research and development. While I am not currently on any team researching the constituents of Garcinia kola or other medicinal products for activities against Coronavirus, I recommend that Nigeria, like most other countries, encourage an enabling work environment. This will be a step in the right direction both for the current pandemic and for the

future.

How would you compare pharmacy regulations in Nigeria with that of the US?

Laws and regulations that guide pharmacy practice in the US are usually well-defined and the consequences for non-compliance are clearly spelt out. The individuals charged with upholding these rules and regulations are never left in doubt of the expectations.

Accountability is usually key. Mechanisms are put in place at numerous points for checks and balances, to facilitate compliance. I have not practised in Nigeria in a long time. So without specifically discussing the issues in the Nigeria setting, I can share my knowledge on what I think works in the US.

All practitioners are held to the same standards. The boards of pharmacy are firm and consistent with oversight. Annual renewal of licences/registrations are denied or suspended, in cases of violations. Licences/registrations are revoked if the offence warrants revocation. Frequent inventory and records of controlled substances are taken and maintained. Legend drugs are dispensed by prescription only.

Is there provision for patent medicine dealers in the US?

I am not aware of a provision for patent medicine dealers in the US. As stated earlier, laws governing the dispensing and sale of medications are usually clearly defined. The roles of pharmacy cashiers, technicians, interns, staff pharmacists, pharmacy managers etc. are often explicit.

It is uncommon for healthcare providers at this level, to fight

each other. Groups know the scope of their practice and abide by the laws. Non-pharmacy outlets that sell medications may only sell non-prescription, over the counter (OTC) items, like common analgesics. Non-pharmacy facilities that dispense medications only do so upon approval and registration from the board of pharmacy. No pharmacy may be open or operate without a licensed/registered pharmacist on the premises.

How can community pharmacists improve their practice?

The community pharmacist is strategically placed in every corner of the society. They are the "go to" people for most patients' medication needs and drug information. Pharmacists will be better served to stay up-to-date on accurate drug information. All pharmacists should acquire training in medication therapy management, comprehensive medication review and reconciliation of patients' profiles.

Therapeutic intervention programmes by pharmacists should be offered to patients when indicated. These services will attract and retain patients/customers, while serving a most critical need. A satisfied customer is a return customer. Customer service therefore cannot be overemphasised in community practice.

A strong control of inventory is also a key item in growing gross margin. A good system of inventory ordering and replenishment will ease smooth operations. Frequent reconciliation of inventory will consistently maintain checks and balances and portray transparency.

In what specific ways can community pharmacists contribute in curbing COVID-19?

As healthcare providers, we have to lead by example. Luckily, safety standard recommendations are quite public and worldwide. They include: Wearing masks, social distancing, hand washing with soap and running water, as well as using hand sanitizers with the right concentration of alcohol.

Also, where possible, pharmacies/pharmacists should engage in testing and contact tracing.

Are there aspects of practice that Nigerian pharmacists can emulate from their American counterparts?

Year after year in the US, pharmacists are voted one of the most trusted professionals. There is a reason for that. I would like to see practice by Nigerian pharmacists modelled more towards service-based than product-based approach. Such compassionate care, if adopted, will go a long way.

The patient is the core factor binding the various groups of healthcare providers and interest groups. Optimum attention ought to be paid to patients' therapy management and outcomes.

Changes and consequences

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

"If you cannot change it, change your attitude" -

Maya Angelou

Our life is full of uncertainty. Whatever it is that you are doing or the stage of life that you are in, change is a constant. To navigate a previously unexplored or uncharted terrain could be difficult, energy-sapping and potentially scary. The best bet is to adopt the attitude that the only thing that will never change is the certainty of changes in our environment, economy, social norms and procedures. In reality, change is life.

In the pharmaceutical sector, until 1944, there were no antimicrobials available to treat infections that were killing people in their thousands. Today, about eight decades later, there has been an explosion in the classes of antibiotics available. We now have a plethora of antimicrobials which has created a dilemma of choice for the physicians.

Even the organisms themselves have changed. The medicines that had hitherto been effective have been rendered useless through mutation, resistance development or, in some extreme cases, the medicines have been turned into substrates for micro-organism. So many other changes have been recorded, particularly with the emergence of molecular biology and the recombinant DNA technology.

The Nigerian scenario

The healthcare delivery system in Nigeria has witnessed so many changes over the years. Unfortunately, Nigeria today ranks as the 187th nation in the world in terms of the health sector. We have one of the worst health indices in the world. According to the World Health Organisation (WHO) statistics, Nigeria's health dashboard presents a pathetic image, as follows:

Life expectancy (2016, M/F): 55/56;

Under 5 mortality (2018): 120 per 1000 live births.

15-60 years mortality (2018): 372/333 per 1000 population.

Total expenditure on health per capita (2014): \$217.

It had not always been like this, however. In the past, traditional medicine and healing was the mainstay of the healthcare delivery system and this is true for all the 250 linguistic or ethnic groups in Nigeria. The herbalist or medicine man was the physician, pharmacist and nurse combined in one person and, somehow, the system was maintained in equilibrium and peace. The traditional medicine practices still remain popular in some corners of the country till date.

We moved on to the modern healthcare delivery system through the explorers and missionaries. Some of their legacies are still standing till date. It was a glorious era, even if the promoters had a mixed purpose of indoctrination and dominance.

Post-independence, we moved on to a state-controlled healthcare system and things were working, until corruption and politics defiled the system. At that time, the University College Hospital (UCH) was a centre for healthcare delivery excellence and was getting patients from other nations in Africa and the Middle East. The state Hospitals and health outposts were functioning well. Different

development plans were churned out and healthcare educational institutions were set up.

Today, we have more than 30 medical schools (up from one in 1960), more than 20 pharmacy schools and numerous schools of nursing and others.

Further slide

Another change, however, occurred which made "things fall apart" for the healthcare delivery system. The healthcare sector is now known more for strife, strikes and unending inter-professional rivalry. Infrastructural decay is the order of the day and a visit to any of the health institutions is a harrowing experience that may not deliver on promise.

There is obvious deficiency in training of healthcare personnel across the professions and the nation is currently witnessing acute manpower shortages. The materials needed are in short supply and affordability has become a big problem for an average due to high cost of healthcare and the out of pocket expenditure profile.

The Health Insurance Scheme that is working in other climes has failed woefully in Nigeria and the citizens are helpless. Medical tourism is the order of the day for the rich who, incidentally, are mostly government officials or those who are very close to the government circles. Others are left to their fate, to rot away and ultimately succumb to death.

For these reasons, we lack the capacity to handle challenges and breakout of epidemics and it is almost a situation of everyone to himself and no one for the nation.

Fallouts, prospects and eventualities

It is in this situation that the COVID-19 pandemic sprang on us and changed everything that we used to know. Our healthcare system cannot handle the emergency, despite the pretence to the contrary. It is known now that:

About 80 per cent of infected persons will have mild symptoms

About one in six of people with symptoms will become severely ill.

Scientific modelling suggests that about one in 100 people who get COVID-19 will die.

The effect is debilitating and it is more dangerous in the elderly but anyone can get it. As at today, there is no known cure or established treatment or vaccine and management is conservative, depending on symptoms presented. The good news is that a lot of work is on-going to find a definitive therapy, vaccine and cure.

With this change, we should expect a new vista in the healthcare delivery system, with the following indicators:

Telemedicine: the focus and attention will shift rapidly to online consultation via the phone or live chat and e-prescribing

Online pharmacy with home delivery service incorporated.

Self-monitoring of vital signs, using watches, monitors, fitness trackers, etc.

Increased demand for private healthcare and home consultations to avoid crowds at public hospitals.

Increased private hospital patronage for special care.

Focus on preventive care, using immune-boosters, sanitizers and hand-washing, use of Personal Protective Equipment (PPE, masks, face shield), nutrition and exercise.

Overseas travel and medical tourism will be significantly curtailed.

During this period, we will also witness changes in social order:

Increase in rape and domestic violence, pregnancy and STDs.

Increased mental health cases, as those who cannot handle the difficulties may succumb to depression.

There will be less attention to other diseases with attendant consequences.

The health systems will become strained and organizations will be stretched to the limit.

There will be increased healthcare spending by government and agencies but, as



usual, we may not have much to gain as benefits.

There will longer queue time for essential services and the organisations involved will have shorter opening hours.

We may witness shortage of essential medicines because drug importation and manufacture will be curtailed, due to foreign exchange issues and lack of local inputs.

The COVID-19 pandemic has changed our our lives and nothing is going to be as it used to be again. The pandemic will not go away very soon and we have to learn how to live with it and adapt accordingly.

For individuals, we have to: i) Take charge of our business and personal live; ii) follow the rules of personal hygiene and protect ourselves with mask and social distancing; iii) Manage our income and expenditure profile.

The change is here and our best bet is to change our attitude to the change.

Written with inputs from Pharm. Olumide Obube, Pharm. Clement Hamidu and Pharm. Funmbi Okoya

Dana donates drugs to Lagos government to combat COVID-19

By Ola Aboderin

To augment the efforts of the Lagos State Government in the on-going fight against COVID-19, Dana Pharmaceuticals Limited has donated essential drugs for the treatment of people who contract the virus in the state.

The donated drugs include Paracetamol tablets, Xpel Cough Syrups, and Chloroquine Phosphate tablets, amongst others, for possible use in treating patients hospitalised with the disease.

According to Bharat Vaswani, country head for Dana, the gesture was in recognition of the unavoidable spike in medication demand as the state government continues to battle the ravages of the virus.

He added that, with Lagos being the epicentre of the virus spread in Nigeria, the donated drugs were meant to prevent the health crisis from overstressing or overwhelming the capacities of the health institutions and government of the state.

"Governor Babajide Sanwo-Olu is taking every possible step to protect the people from the

coronavirus and provide them with hope," Vaswani stated. "As a corporate citizen and Nigeria's foremost pharmaceutical company it is only natural for us to partner the government in the fight against COVID-19 and providing safety net from the adverse effects of the virus. The governor's bold leadership and the hard work of the Ministry of Health have continued to spur us on in contributing our quota to the fight against this pandemic.

We will continue working around the clock to provide drugs and partner with institutions to give access to patients to help them battle COVID-19 while continuing our commitment to manufacturing drugs to provide succour to the people in this new normal."

The Dana country head also revealed that the use of the donated medications is expected to help ease supply pressures for drugs, adding that Dana, being at the vanguard of partnering the state government, would also continue to work towards ensuring that the drugs remain available for patients dependent on them for the

treatment of other ailments.

His words: "Dana Pharmaceuticals, as one of the foremost drug manufacturing companies in Nigeria, is reputed for responding to health needs on the ground as they evolve while simultaneously manufacturing essential drugs.

"We have initiated life-saving interventions and supports to governments and communities across the country, particularly in this pandemic. Focusing on holistic sustainable solutions, Dana partners with the government and other organisations to build systems that better prepare communities for crisis and prevent the effects of the devastation on the most vulnerable populations."

One of the leading pharmaceutical companies in Nigeria, Dana's existing product range includes formulations, infusions and medical consumables produced by the company and its partners in overseas pharmaceutical companies.



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The complete guide to granulation

Tablets and capsules continue to be the most commonly manufactured oral solid dosage form in the pharmaceutical industry. Before tabletting, pharmaceutical compounds undergo granulation to improve flowability and processing.

Granulation is the process of collecting particles together by creating bonds between them. Bonds are formed by compaction or by using a binding agent. Thus, the science of granulation is one of the most critical operations in the oral solid dosage form manufacturing process.

Tablet or capsule quality is achieved by the granulation process and not just by compressing granules in a tablet press or filling into capsule shells. Agglomeration of particles with the granulation process improves flow and compression characteristics, reduces segregation, eliminates excess amounts of fine particles, and improves the uniformity of weight to achieve uniformity in drug content. This results in fewer tablet defects, improved yield, higher productivity and reduced downtime.

A tablet or capsule formulation is made up of several ingredients, and of these, the active ingredient

(API) is critical. Other ingredients offer variations in physiochemical properties, such as improved flow, high bulk density, compressibility, appearance, disintegration time and dissolution rate.

Flowability is critical to making a good tablet. Some active ingredients are very fine, small particles, lighter than other ingredients. Sometimes, even when the active ingredient is the correct size, it may not flow smoothly.

When the active ingredient is a small portion of the overall tablet, and it is incompatible with other ingredients because of particle size, density, flow characteristics, moisture content or compressibility, this can cause segregation during blending or transfer to the tablet press. On the other hand, when a tablet contains a high percentage of the active ingredient, it must be granulated individually before being blended with other ingredients and compressed on the tablet press.

One way to solve the segregation problem is to granulate the active ingredient by itself and then blend it with the rest. The best method to ensure each tablet contains the correct amount of active ingredient, especially if it constitutes a small portion of all

the tablet ingredients, is to mix the active ingredient thoroughly with the other ingredients and to granulate the blend then. This allows the bond between the particles in each granule to hold together and prevents them from breaking apart before they are compressed.

Powder flow property

Tablet presses today can manufacture hundreds of thousands of tablets per minute. The speed of the press demands that there is good product flowability as the high speed, mechanical action requires a volume of fill to meet the actual tablet weight. The formulation, therefore, must be designed to flow consistently and fill volumetrically to achieve consistent tablet weights.

Compressibility

All powders have very different characteristics. When a tablet has different powders, each with varying physical characteristics, it can be difficult to compress. One of the main reasons to granulate powders is to make them more compressible. Excipients in a

formulation enhance the ability of the powders to compact.

Density of granules

Granule strength and density can be controlled by controlling the quantities of the solution, binder, and mechanical action. Granulators – low shear, medium shear, or high shear – are used for this process. The main objective of a granulator is to produce the correct granule density, and one granulator will not work for all powders.

Excipients

All ingredients in tablets other than active ingredients are called excipients. They help powders become more fluid, which is critical when transferring them into the die cavity for compacting. In addition to enhancing the performance of the active ingredient, excipients also make them work better in the tablet press.

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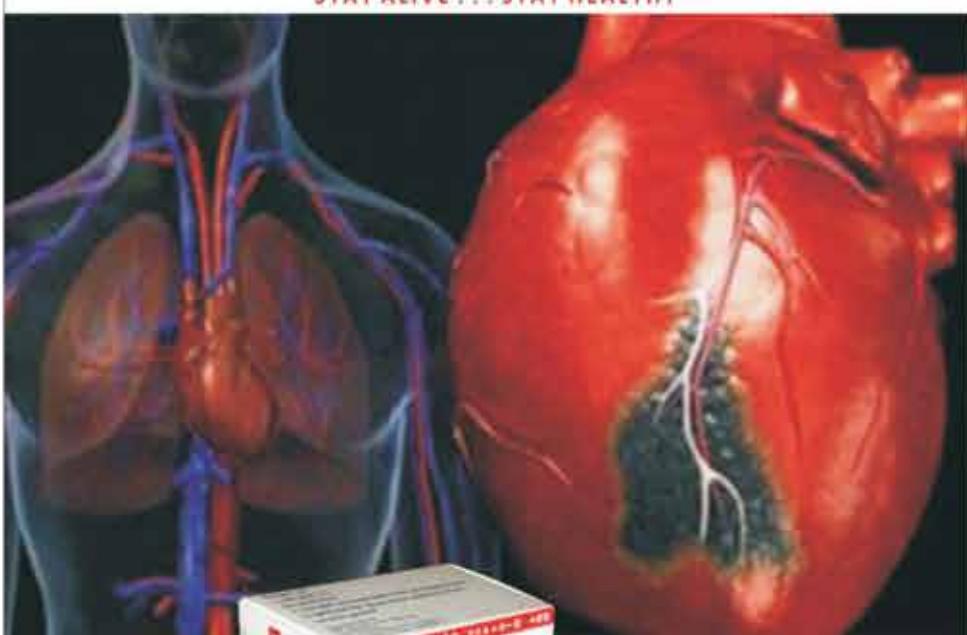


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Gynaecologists proffer solution to delayed lactation in new mums

By Temitope Obayendo

It is the joy of every new mother to initiate breastfeeding as soon as she is delivered of her new-born. The endorsement of this importance practice by the World Health Organisation (WHO) explains why it is widely advocated for both mother and baby immediately after birth.

However, this high expectation of many mothers is sometimes abruptly truncated, as they start struggling with milk let-down, making it difficult to give their babies colostrum - the first yellowish milk produced after delivery to fortify the neonate's antibody against infections. This sudden disappointment has led many a mom to doing the unimaginable just to get their mammary glands functioning effectively.

To prevent such occurrence, the WHO has always encouraged proper discussion of breastfeeding with pregnant women, as well as advocating that their healthcare givers should facilitate immediate and uninterrupted skin-to-skin contact between mother and baby to initiate breastfeeding as soon as possible after birth.

In spite of this, a good number of mothers still experience this unanticipated delayed onset of milk flowing from their breasts, a development experts have attributed to various factors surrounding labour and childbirth.

Causative factors

Experienced gynaecologists and obstetricians have listed likely factors responsible for this delay to include structural and anatomical issues with the nipple, positioning and placement of the baby's mouth, usage of drugs and psychological factors, such as stress, among others.

Findings, according to a study published in *Breastfeeding Medicine*, established similar causes of delayed onset of lactation in new mothers as asserted by gynaecologists. The researchers found perinatal stressors, including high pre-pregnancy body mass index, preterm birth, caesarean section and others as factors that increase the risk for short breastfeeding duration.

Professor Sule Odu, an obstetrician and gynaecologist at Olabisi Onabanjo University, however stated that delayed lactation is an uncommon development, adding that about 10 to 25 per cent of women who pass through this are those who do not attend antenatal care sessions in the hospitals.

He said: "So many factors may be responsible and that is why breast and lactation management are part of ANC. There may be structural and anatomical problem with the nipple. The ideal position and placement of the baby mouth must also be maintained. Some drugs could also cause it but these are only used to dry the milk in those who had stillbirths. It could also be psychological and it bothers on mental health."



Health implications

Odu further explained that there are scientifically proven the health implications of delayed lactation, which include proneness of babies to faulty developmental growth, diseases, diarrhoea, low IQ, etc.

Considering these potential health risks for babies, some mothers who have suffered this condition have described it as a traumatising one. Ifeoma Igwe, a mother of two, narrated her two-time harrowing experience from delayed lactation, saying it is never a pleasant experience for any mother.

Igwe, who wondered what could have predisposed her to the condition, narrated how she went through the painful moment during the birth of her first child, adding however that being in the village at that time made it a bit bearable as she got help from other women.

Her second experience was not so bearable, however.

She said: "I can't explain all I suffered both night and day, as the milk production from the breasts was not fast coming. In fact, this almost turned sour the flowing stream of joy brought by the birth of my new-born."

"Initially, I thought it was occasioned by the size of my breast, as I was not endowed like some other women, but I later discovered it was not. The cries of the baby for suck both day and night, without breast milk, was a difficult one to stand. And this was coupled with my own health condition, as I was yet to recover from labour induced stress at that time."

"I want to urge our health experts to use their technical knowhow to assist new mothers in this condition, because it is not a good development by any means."

For Adaku Obi, a teenager, who was impregnated by her boyfriend who denied the pregnancy at a very late stage, it was triple tragedy.

Adaku said she went through the pregnancy all alone without any support from the supposedly father of the baby. According to her, delayed lactation aggravated her pains

and she eventually lost the baby to lack of proper care.

Eyewitnesses recalled how Adaku became psychologically distressed and was almost becoming mentally deranged before good Samaritans took her for medical care, after which she came back to her senses.

She lamented: "I don't know what on earth will prevent a new mother from breastfeeding her newly born baby days after delivery."

Role of antenatal care

In response to the questions of these mothers, Prof. Odu says the condition can actually be prevented if pregnant women regularly go for antenatal care sessions, where they will be counselled on essentials of appropriate and best breastfeeding practices.

"And these include correction of any anatomical problems like asking the woman to take time to pull the nipples out daily with the aid of her hands, husband and some simple equipment like a five ml syringe."

"Infection around the areola and the nipple and cracked nipple can prevent the woman from breastfeeding. Even the cramps that comes along with good suckling by baby as a result of involution of the uterus could also prevent it," he explained.

Dr Modupe Adedeji, consultant obstetrician and gynaecologist, Lagos State University Teaching Hospital, LASUTH, also shed more light on the likely causes of delayed lactation.

She said: "It is not as common to have delayed onset of lactation if the proper mechanism is put in place in the first few hours of birth."

Adedeji however stated that delayed bonding between the new-born and the mother, could be a culprit in the condition. "If the bonding is delayed, it can be one of the reasons for delay in milk production."

"This is why we encourage the milk let-down reflex. This entails the baby latching on the breast which stimulates the nerves and encourages the production of the oxytocin hormone for milk production and also helps the womb to get back gradually to its pre-pregnancy size. This

definitely will let the milk production," she said.

Explaining further, Adedeji added: "It is worth mentioning as well that if the baby finds it difficult to latch on the breast - note that I said breast, not just the nipple - the baby should latch on the whole nipple; meaning that the entire nipple should be in the neonate's mouth, and almost the whole areola - the darkened part around the nipple and the breast. This positioning is confirmed as suitable."

The consultant obstetrician and gynaecologist also admitted that there

could be others issues with breast that could make breastfeeding challenging. For instance, she said the case of inverted nipple or flat nipple or even absent nipple should have been picked up during antenatal visit at the clinics.

She also noted that first-time mothers are usually encouraged to start stimulating the nipple even before delivery, while breast pump can be handy too just after delivery when this challenge is there.

"There could be prematurity too and it would need sometime before the baby can latch on the nipple", she submitted.

The story of Omolara Adejare, another first-time mother, was not different from that of her counterparts. Being a first-time mother, her case was pathetic as the COVID-19 interstate lockdown prevented her mother from coming down to Lagos from Ekiti State to render necessary assistance.

Hers was more of ignorance, as she didn't notice the delayed lactation for well over a week, as all she just noticed was the continuous cry of the baby, whenever she put him to suck. She added that she and her husband were eventually counselled by neighbours to buy infant formula for the neonate.

Adejare added that it was three weeks after delivery during the visit of her elder sister that she examined her breasts and discovered there was no lactation. Thereafter, she was advised to get foods that would aid easy flow of milk such as pap, beverages, etc.

She was also advised to eat hot meals to stimulate easy flow of milk. Her words: "I never knew that my baby wasn't getting milk from the breasts. He just cried whenever I put him at the breast to suck. Little wonder he hasn't gained any weight since three weeks after delivery."

To assist such new moms, Dr Adedeji said there are midwives who are designated to ensuring success of breastfeeding. She added also that there are breastfeeding consultants who can render assistance.



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Black pepper, king of spices

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

Black pepper, *Piper nigrum*, belonging to the family Piperaceae is a flowering plant indigenous to India that is grown for its fruit. It is called *masoro* in Hausa, *uziza* in Igbo and *iyere* in Yoruba. The fruit in the dried stage is known as peppercorn.

Constituents: The seed contains a generous quantity of vitamins A, C and K. Other vitamins and minerals in black pepper include: thiamin, pyridoxine, riboflavin, folic acid, choline, copper, iron, calcium, manganese, phosphorous and zinc. It also contains flavonoids, carotenes and other antioxidants. The alkaloid piperine is responsible for most of the actions of black pepper. Other components of black pepper



Piper nigrum

are alkamides, piperine, wisanine, dipiperamide D and dipiperamide E.

Preparations: Black pepper is consumed in the raw form, either fresh or dried. Freshly

crushed black pepper can be added in almost anything — salads, soups, pastas, sauces for steaks or curries, or used to coat meats such as duck or chicken before grilling. Freshly crushed

pepper may be taken with a teaspoon of honey, or added to hot water and eucalyptus oil and the steam inhaled.

Pharmacological actions and medicinal uses: Studies reveal that people take black pepper by mouth for arthritis, asthma, upset stomach, bronchitis, a bacterial infection, colic, depression, diarrhoea, tiredness, gas, headache, sex drive, menstrual pain, stuffy nose, sinus infection, dizziness, discoloured skin (vitiligo), exercise performance, weight loss and cancer.

The potency of piperine in black pepper is greatly enhanced when combined with turmeric. Several studies have shown that piperine actually increases the bioavailability—and consequent effectiveness—of certain other substances, including curcumin. Piperine can be credited with the ability of black pepper to prevent cancer, ease digestion, as well as alleviate cough, cold and chest congestion, often caused by pollution, flu, or a viral infection.

Black pepper—in combination with substances like castor oil or ghee—is also sometimes used to treat colic, anaemia, heart trouble and diabetes.

People apply black pepper to the skin for measles, nerve pain, itchy skin, caused by mites (scabies), and to treat pain. It is also used for insect bites.

People inhale black pepper oil to help quit smoking and reduce cravings, and for trouble swallowing.

Adverse effects: Studies show that black pepper may cause gastric mucosal injury, over absorption of certain medications to dangerously high levels and accumulation of harmful toxins in the body. A study revealed that black pepper decreased the mating performance and fertility of mice; it damages sperm. Moreover, the pungency of black pepper can cause a burning sensation to the body of the infant in a pregnant woman.

Economic potentials: Black pepper costs about ₦1,200 for 150gm or \$1 per ton for ground dry powder. With increasing application of black pepper in food, pharmaceuticals and cosmetics industries, manufacturers are focusing on continuous new product innovations such as essential oils, black pepper spray and fragrances.

The black pepper market's demand for both whole seed and ground segment is increasing as manufacturers are rapidly producing new varieties in seasonings and blends to increase their product portfolio. It is estimated that this increase in demand would create absolute opportunities in the near future.

The rising number of mergers and acquisitions among companies dealing on black pepper will increase sales of black pepper, ultimately creating a positive impact on the global market for black pepper.

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Low screening capacity hampering COVID-19 reporting - Odusote, ex NMA scribe

By Moses Dike

As the National Centre for Disease Control (NCDC) continues to reel out daily statistics of the COVID-19 pandemic in Nigeria, the immediate past Secretary General of the Nigerian Medical Association (NMA), Dr Olumuyiwa Odusote, has revealed that the actual prevalence rate of the pandemic in Nigeria is more than the figures being reported, adding that the under-reporting is caused by the poor turnaround time in the country's capacity to test samples and obtain results.

Speaking in an exclusive interview with **Pharmanews** in Lagos recently, Odusote countered the impression in some quarters that the prevalence and seriousness of the disease was being overhyped, stressing that such views were born out of ignorance.

He maintained that the spread of the disease in the country was more than people knew, noting that the figures being reported by the National Centre for Disease Control (NCDC) were just from the samples tested and did not represent the overall prevalence of the pandemic in the country.

"If testing becomes more



Dr Olumuyiwa Odusote

The former NMA scribe explained that because most people who have the novel coronavirus seem to exhibit mild symptoms at the onset, some people tend to downplay its seriousness.

While commending the efforts of the Nigerian frontline health workers in the fight against the pandemic, Odusote remarked that the country was not doing "too badly" in their efforts, especially when compared with the global trend.

He further commended the NCDC

easily accessible, then you will see more results coming out. Sometimes, it takes even a whole day to get tested and about three to four days to get results. Therefore, many people who have symptoms and who might want to do the test are frustrated by the difficulty in getting tested.

"Even for a health worker, you will need to put in a lot of strength before you get tested when you think you need to be tested having been exposed to a positive patient," he said.

and the healthcare authorities in Lagos for decentralising the testing of samples by allowing accredited private facilities render support. This, he noted, will improve access to testing facilities, enhance screening capacity, improve the turnaround time and ensure cases are diagnosed and managed on time.

He advised the government to take more seriously issues concerning the welfare of health workers in Nigeria and provide

the necessary infrastructure required to provide quality healthcare services to the populace.

Speaking further, he said, "What COVID-19 has brought to the fore is the inadequacy of our health infrastructure which is what we have been lamenting about long before now. What many of these governments are doing now is to provide temporary structures which may not stand the test of time. There is the need to improve the health infrastructure and government should increase the funding of the health sector."

Odusote, who is also a consultant orthopaedic surgeon, called for the revitalisation of the primary healthcare system and explained that this will not only improve the quality of healthcare at the grassroots but will also impact very positively on the health indices of the country.

"Most of the cases that contribute to our poor healthcare indices do so at the primary healthcare level. So, if we revitalise the primary healthcare system, the health indices are going to improve," he said.

COVID-19 doesn't recognise religion, CHAN warns

By Ranmilowo Ojalumo



**Mr Michael Idah
CHAN Secretary General**

The Christian Health Association of Nigeria (CHAN), a not-for-profit, faith-based organisation, has called on Nigerians, especially the religious ones, to be careful and protect themselves against the ravages of COVID-19, saying the pandemic does not respect any individual or religion.

CHAN made this call in reaction to the notion being expressed by some Nigerians that they can't contract the virus because they believe in God.

Secretary General of CHAN, Mr Michael Idah, in a chat with **Pharmanews**, described such attitude as erroneous, stressing that anybody can be infected with the disease when precautions are not taken.

Idah said: "The notion that you can't contract COVID-19 because you are a Christian is a big lie. COVID-19 does not recognise religion. If you expose yourself to the virus, you will get it. Christians can contact the virus. Christians are among the people that have been infected in the country.

"The big clergies in Nigeria, such as Pastor E.A. Adeboye of the Redeemed Christian Church of God (RCCG),

for instance, have advised their congregation to follow government and experts' counsel to avoid contracting the virus. These are respected voices in Christendom."

The Christian health body therefore enjoined all Nigerians to observe stipulated preventive measures.

"There is no end to the pandemic for now. However, it is a challenge that the world will surmount and we continue to live our lives. Wash your hands

regularly, wear your face mask when you step out of your home. Maintain social distance. No more handshakes and embrace. Observe basic hygiene. Ensure your environment is clean," Idah counselled.

CHAN further urged the Nigerian government to be more proactive in its approach to

disease outbreaks in the country, noting that prevention is better than cure.

"Government is trying but they can do more. They should stop the fire brigade approach. Don't wait until there is a fire before you start looking for the fire extinguishers equipment to put out the fire. Government should be proactive as prevention is cheaper than cure. Invest more and carry the FBOs along in the fight to combat COVID-19. Collectively we shall

win the battle", the CHAN scribe said.

The association equally lamented the adverse effects of the pandemic in Nigeria, saying the country will not be the same again for a long time.

In Idah's words: "The damage of COVID-19 to the Nigerian economy and social life is enormous! The quantum of destruction of the fabric of Nigeria's sub and superstructure is better imagined. Nigeria cannot be the same again for a long time. Indeed it has brought our services to nothing, with serious threats here and there.

"CHAN has been equipping its members with protective gears to combat the pandemic. Already we have spent millions of naira, through support we received from the African Comprehensive HIV/AIDS Partnerships (ACHAP), to equip hospitals in Lagos, Ogun, FCT, Plateau and Benue State.

"We are about to embark on a second and third phase, whereby we find support for 65 hospitals and scale up with additional 15 more facilities across Nigeria before the year runs out."

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Assessing nurses' roles in COVID-19 pandemic

By Olurotimi Julius Awojide

Globally there is already a change to the way the world is viewing nurses and healthcare professionals in general. The COVID-19 pandemic has brought nurses to the forefront of people's minds and the media attention, and public gratitude towards healthcare professionals is being captured on a daily basis.

As not everyone understands what happens in a healthcare facility, the COVID-19 pandemic has highlighted the importance of the contribution of the nurses to healthcare prevention and promotion.

As proven to the world and the country, nurses continue to be the ones to share the burden of healthcare and are happy that their contribution is being acknowledged more than ever before. The image of the nursing community and society and the overall morale of nursing is getting significant acknowledgement and recognition during these challenging times.

Nurses are very aware of the challenges of delivering high-quality care at a time of pandemic and have demonstrated how they can improve productivity with sustained high quality. We salute these healthcare warriors who work without any expectations and by sacrificing their personal life and family and for their contribution in saving lives and improving health outcomes.

I hope that nurses, as a

group, grow professionally and that enrolments into the nursing profession increase. This year, 2020, being the year of the Nurse and Midwife, there is no time like the present to celebrate and be proud of the rewarding profession.

Specific contributions of nurses in the pandemic

Kudos to nurses for their efforts in combatting COVID-19 at their various locations in the country. Some of the roles nurses play in the ongoing pandemic across the globe include:

triaging /early detection, clinical care; advocacy; contact tracing; educating the public on prevention; symptom management; disease progression monitoring; nutrition; exercise advice; psychological support; and coordinating the work of other healthcare professionals to meet patient care goals

According to the International Council of Nurses (ICN), strong health systems and strong nursing association go hand-in-hand. What we are seeing is NNAs across the world stepping up to lead management coordination of the COVID-19 response efforts. The Lagos State Chapter of the National Association of Nigeria Nurses and Midwives (NANNM) is not an exception in this regards. I would like to appreciate the Chairman, Lagos State NANNM, Nurse Israel Blessing and her team, for their

efforts in involvement in health policy, public and patient safety, and containment of the virus.

They have also been actively involved in critical advocacy roles on behalf of the nursing workforce by providing guidelines for the professional team; giving of advice to the public to combat COVID-19; investigating how many nurses and other healthcare workers have acquired COVID-19; requesting for incentive for nurses, being part of emergency committee set-up by the government; providing best practice guidelines; conducting research and rendering support to the frontline workers with PPE and others.

Beyond 2020 theme

Indeed, the nursing response to the coronavirus (COVID-19) crisis has gone way beyond the core purpose of 2020 as the International Year of the Nurses and Midwives. The work put in by nurses in the COVID-19 crisis is a powerful and practical demonstration of the potential that nurses possess, to address big healthcare challenges, which the theme of the nurses' day this year aims to achieve.

Nurses have proved to be the health warriors who have taken on the responsibility very willingly with their heart and soul. The profession is central to tackling the pandemic and, nurses in every country have "stepped up and stepped beyond" their calling.

They are working in the forefront and are managing patient screenings, placement, as well as the care of patients in the COVID zone. Nurses are working round the clock, pushing themselves to the limit and putting their lives on the line, very often with limited resources.

The nature of the coronavirus disease is such that it entails visiting restrictions to the admitted patient because of the fear of rapid spread of infection. At critical moments like this, it is the nurses who are holding the responsibility and accountability for providing reassurance to patients and networking between the patients' needs and all other departments in the hospital.

The entire nursing community is in the risk zone and we have all seen the unprecedented levels of overwork by nurses, particularly those in intensive care units, those in management or those most directly involved in the response to the COVID-19 pandemic, oftentimes without adequate rest and recuperation, without support and assistance, with limited considerations for their mental health and wellbeing. However, these responsibilities, accountability and challenges are so willingly and happily accepted by nurses.

Reasons for high morbidity/mortality of health workers

Following the development of the infection by several healthcare workers who reported contacting the virus from laboratory-confirmed patients in healthcare, household, or



community settings, the majority reported contact that occurred in healthcare settings.

However, there were also known exposures in households and in the community, highlighting the potential for exposure in multiple settings, especially as community transmission increases. Further, transmission might come from unrecognised sources, including presymptomatic or asymptomatic persons.

Investigation conducted on the causes of morbidity and mortality of healthcare workers during the pandemic shows the following factors as responsible for it: Long-time exposure; exposure to unsuspected cases at our OPD; casualty and emergency department; shortage of PPE; inadequate training; lack of professional supervision; work overload; direct contact with contaminated surfaces; exposure to airways and oral cavity and pre-existing conditions, among others.

NANNM's role in reduction of infection among nurses

Continuous involvement in health policy, public and patient policy and containment of the virus.

Provision of guidance on clinical practice, safety and quality of care.

Playing critical advocacy roles on behalf of the nursing workforce to ensure their support and protection.

Government's role in reduction of infection

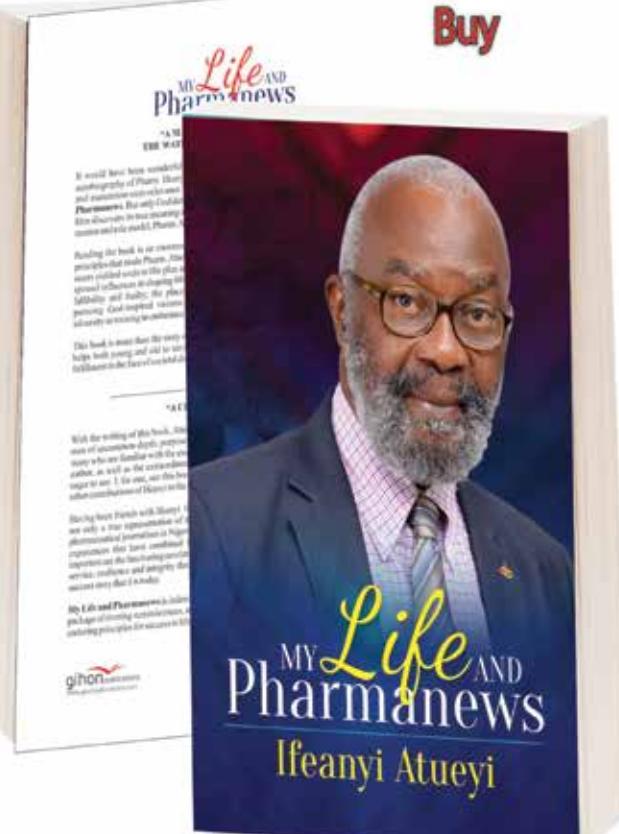
The pandemic is an eye opener to the state of our health sector. Who knew that a time like this would come when our moneybags and politicians would be compelled to use our local hospitals?

The COVID-19 era experience has shown that allocation of more resources to our healthcare services is required. It has also revealed the need for local manufacturing of PPE, more funding for the health system, purposely built infectious disease hospital, scaling up of laboratory capacity, as well as other surveillance capacities.

Governments, at all levels, are expected to improve communication and coordination strategy in their healthcare delivery system, improve welfare of healthcare workers, invest in state-of-the-art equipment, research and others.

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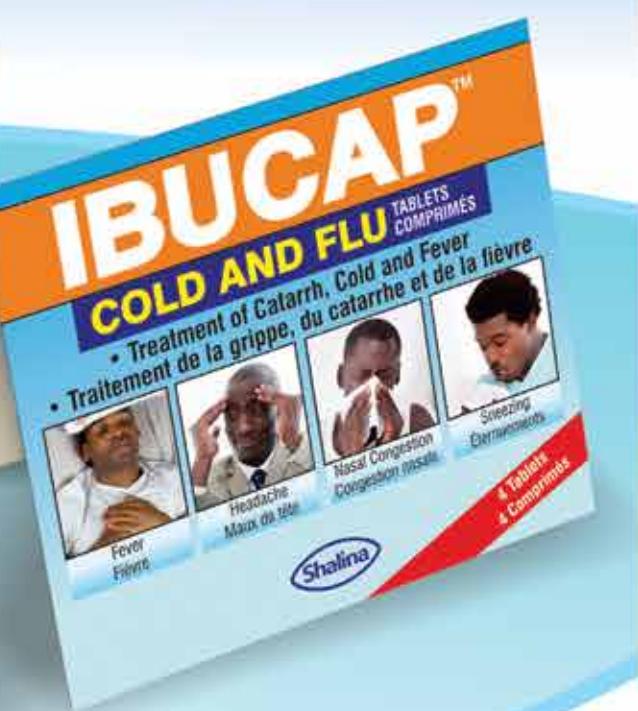
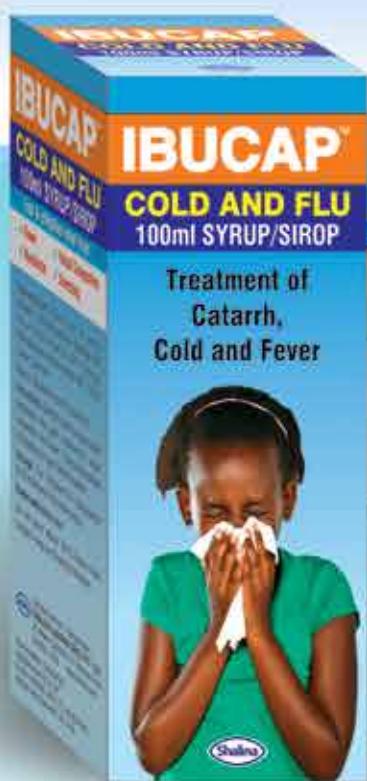


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Good leaders drive culture and change

By Prof. 'Lere Baale

"Strategy will only succeed if leaders support it with the appropriate culture."

Culture matters, enormously. Studies have shown again and again that there may be no more critical source of business success or failure than an organisation's culture – it trumps strategy and leadership. This isn't to say strategy doesn't matter, but rather that the particular strategy a company employs will succeed only if it is supported by the appropriate cultural attributes.

Suppose, for instance, that an organisation's strategy is to be the best in customer service. To achieve that strategy, the organisation may create a culture of happiness that emphasises training employees well, trusting them to do their jobs well, and respecting the decisions they make. At the end, leaders driving change must drive appropriate culture to support strategy, otherwise it could lead to poor strategy execution. Indeed, leaders who drive culture are much more successful with implementing and sustaining strategy.

Data shows that companies with unsupportive cultures and poor strategic alignment significantly underperform their competitors. In fact, companies with both highly aligned cultures and highly aligned innovation strategies have 30 per cent higher enterprise value growth and 17 per cent higher profit growth than companies with low degrees of alignment. Alignment is clearly critical, but an ever-greater struggle as priorities and strategies change more rapidly than ever before.

Strategic employee recognition plays a foundational role in helping employees understand changing strategy, so they can stay aligned with business needs in their everyday tasks. You can ensure employees stay aligned by adjusting the reasons for recognition in your strategic programme and encouraging all employees to frequently and in-the-moment praise their colleagues for delivering on those expectations. Leaders who align culture and strategy are more successful.

The way successful leaders achieve much higher degrees of cultural and strategic alignment lies in gaining a greater understanding of the cultural attributes that any given company needs to foster, given its particular innovation strategy. Defining those cultural attributes is unique to every organisation. Think of these attributes as your core values. What are the behaviours and actions you need and expect from every employee in order to achieve your strategic objectives? Those behaviours are your cultural attributes.

Consistency counts

Yet even the most successful leaders concede the difficulty in maintaining the cultures that led to their success. Cultures are built up a brick at a time, a point at a time, over decades. You need consistency; you need persistence; you need gentle, behind-the-scenes encouragement, in addition to top-down support. And you can lose it very quickly. Organisational culture is a bit like a bonsai tree. It can be steadfast and strong, but it requires deliberate nurturing to grow in a particular way. One bad chop can also kill the culture you've worked for years to create.

Change is the only constant in the world. A leader needs to manage change imposed by outside forces but must also constantly create a culture of leading change with the

objective of driving effectiveness, efficiency and adaptability. When leaders fail to lead change, the organisation and its stakeholders, such as customers, employees, shareholders and suppliers also suffer the consequences.

Limiting behaviours

If any of the following behaviours sounds like you or someone you work with, beware! The most common characteristics of leaders who are incapable of leading change are:

Arrogance

—you think that you're right, and everyone else is wrong.

Melodrama

—you need to be the centre of attention.

Volatility

—you're subject to mood swings.

Excessive caution

—you're afraid to make decisions.

Habitual distrust

—you focus on the negatives.

Aloofness

—you're disengaged and disconnected.

Mischiefousness

—you believe that rules are made to be broken.

Eccentricity

—you try to be different just for the sake of it.

Passive resistance

—what you say is not what you really believe.

Perfectionism

—you get the little things right and the big things wrong.

Eagerness to please

—you try to win the popularity contest.

It usually isn't lack of charisma or the "vision thing" that brings down smart, powerful leaders. For over 70 per cent of the time, it is simply bad execution. This issue is even more relevant today, because leadership failures are much more visible than they were over a decade ago — and in high definition.

In the last few years, at the global level, the leaders of BP, Hewlett-Packard, Burger King, Bank of New York Mellon, Pfizer and Yahoo have been unceremoniously shown the door for failures that — in addition to lacklustre execution — also included poor communication skills, an abrasive management style and a wholesale defection of unhappy executives. Hitherto popular African leaders in both public and private sectors were also unceremoniously thrown out by the stakeholders, such as the populace, shareholders, regulatory authorities, and government for intolerable performance levels.

Execution is as critical as ever, in and of itself, but today we also have transparency to deal with at every level of the organization. The leader is communicating with his every move and — because of the open window into our business that has been enabled by modern technology — stakeholders are learning about poor leadership execution faster. Thus, more is at stake than ever before; and the need to vet leader choices, during the interview process, is greater also.

The overall chief executive and the senior executives of the management team occupy the formal leadership positions in a company, but titular leadership responsibility doesn't always translate into leadership action. There are occasions when leaders are unwilling or unable to lead change.

Costs of hollow leadership

The consequences of a failure to lead change vary with the severity of the situation. If market conditions are fairly stable and the competitive environment is not particularly demanding, leadership failures may not be that damaging. If, however, the market is going through a dramatic

change, which demands an equally dramatic change in the organisation, failure to actively lead the company through those changes can be catastrophic.

Limiting behaviours

The biggest risk of failed leadership is that the market changes so much, and the company changes so little, such that the company's products and services no longer satisfy customers' needs to the degree required. Unfortunately, by the time it is absolutely clear that the survival of the firm is at stake, it is often too late to do anything about it. The company then goes out of business.

If the firm survives, it is still seriously damaged by a failure to lead. When the leadership failure is at the very top level, it is common for various senior executives to try to fill the vacuum. Without a clear decision on direction by the leader, this can lead to protracted power struggles and a further deterioration in competitive market position as the senior executives block or undermine each other's initiatives.

Key employees can get frustrated with this lack of proper, needed action and leave the company, degrading its strengths even more. And a failure to lead can become a habit, weakening the leadership "muscles" in the organisation and making it that much harder to lead in the future even by successive leaders.

Why leaders fail to lead change

With all of these dire consequences, why would executives ever fail to fulfil their leadership responsibilities? The answer is often quite simple. Either they think they have the option of not changing, or they know that change should take place but somehow cannot execute it.

The option to ignore the requirements of the marketplace is never available. Leaders who think inaction is a viable choice delude themselves. They unfortunately believe they can continue to do what they like and are comfortable with (not what market conditions demand), or that they can implement changes at a rate or time that is convenient. These are dangerous illusions, which often stem from the frequently intoxicating sense of power and control that comes with a leadership position. But the simple fact is that no company has the power to overcome market conditions. Market conditions (customer needs and desires, competitors' strengths and weaknesses, etc.) are, by definition, outside a firm's control.

If a leader recognises that he or she cannot control market conditions, but can only respond to them, yet still fails to lead the implementation of necessary changes, the missing ingredient is often mental toughness. A leader who lacks mental toughness does what comes naturally, not what is needed, and does what is easy and popular, instead of what is difficult and unpopular.

Poorly developed mental toughness skills can cause a leader to embrace the comfort of familiar, but flawed, actions rather than take the risk of doing something new that is actually required by the



situation. Lack of mental toughness produces intolerance for friction and differing opinions, for new facts or insights which challenge the accepted view, and contributes to the misunderstanding of market conditions.

Strategic planning and mental toughness

The illusion of personal power over market conditions can be cured with a rigorous strategic planning process that focuses on a methodical and systematic assessment of those conditions. An objective, measurement-based evaluation of customers' needs, the company's strengths and weaknesses, and those of the competitors, will clarify required changes. (Subjective opinion-based evaluations tend to reinforce management's preconceived notions.)

With a coherent, comprehensive strategic plan, the company has a tool to evaluate future changes in market conditions and can more easily decide how to respond to such. The leader also gains a tool to help overcome a frequent obstacle to change: not knowing quite what to do. Simply put, it is easier to adjust your course if you know where you are going in the first place.

The company will not benefit from its strategic plan if that plan is not actually implemented. Mental toughness is required for implementation. Specifically, implementation rests on leaders who:

Have a high degree of self-knowledge.

Are willing to hear unpleasant messages.

Are able to tolerate ambiguity.

Are able to tolerate uncertainty.

Maintain clear and logical thought under great pressure.

Know when to lead and when to recede.

Pride themselves on operating at high standards of performance.

Have, and can create in others, a healthy sense of urgency.

Seek solution-oriented feedback with which to adjust performance.

Do not have to be right all the time.

The preceding list does not contain attributes that some might infer from the term "mental toughness." Nowhere in the list is there any mention of intimidating people or treating them badly. It does not contain any reference to being aggressive, selfish, or insensitive with others. On the contrary, mental toughness focuses primarily on the individual leader, self-confidence, and task oriented self-discipline.

(Continues next edition)

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Community pharmacy now more appealing and encouraging – Ogunlade

By Adebayo Oladejo

Pharm. (Chief) Olaitan Sunday Ogunlade is the zonal coordinator, Association of Community Pharmacists of Nigeria (ACPN), King Zone, Lagos - comprising Ijue, Ishaga, Agege, Ogba and the environs. In this exclusive interview with **Pharmanews**, Ogunlade, who is the managing director of Damilola-Olu Pharmaceutical Company Limited in Ifako/Ijaiye, Lagos, takes a critical look at pharmacy practice in Nigeria, with particular emphasis on the community segment. The graduate of Obafemi Awolowo University, Ile-Ife, Osun State, and father of two undergraduate pharmacy students, also offers suggestions on tackling the challenges besetting pharmacy practice in the country.

EXCERPTS:

How has it been combining your duties as a community pharmacist with your responsibilities as the zonal coordinator?

As the wise saying goes, "Where there is will, there is a way." To say the least, I am combining three duties, a community pharmacist, a zonal coordinator and a high chief, because as a high chief, I have to attend Alara-in-Council's meeting, at least, once in a month - apart from other duties and exigencies of office.

To be a successful community practitioner, one has to be a man of vision and courage, bearing in mind the challenges of practising in Nigeria - challenges, such as self-provision of power supply for at least 14 hours a day, pilfering, high staff turnover and many more. So, if one's business is well structured, the load will not be too burdensome. We have superintendent pharmacists, intern pharmacists, administrative managers and supportive staff members - to mention a few - who make the wheel of the business to run smoothly.

It should be tough coordinating a fairly large zone like the King Zone of ACPN, Lagos State. Tell us about your successes and challenges.

Our zone comprises community pharmacists in Ogba, Iju, Agege, Obawole, part of Oko-Oba, Oke Ira and the environs. This can be reasonably said to be a very large zone. These areas were sub-divided into sub-zones and colleagues were appointed to oversee and mobilise members.

During my administration, King Zone has successfully hosted a "World Pharmacists Day" and a stakeholders meeting (which had in attendance, stakeholders in the profession, including Pharm. Samuel Adekola Samuel, national chairman, ACPN; Pharm. (Mrs) Bolanle Adeniran, immediate past chairman, PSN, Lagos State, among many others).

The zone has also carried out many enlightenment campaigns, such as drug abuse campaign, Hepatitis B screening and vaccination - in conjunction with the Rotary Club; as well as many other medical outreaches.

Some people, especially the charlatans, see community pharmacy as mere buying and selling. As a trained pharmacist, what can you say about this?

Community pharmacy practice is beyond buying and selling. It involves a lot, such as: drug advice, monitoring, compliance, counselling and so on. The function of a community pharmacist as a professional can be summarised as responsible provision of drug therapy for the purpose of achieving a definite therapeutic outcome that improves the patient's quality of life. These functions are carried



Pharm. (Chief) Olaitan Sunday Ogunlade

out in conjunction with the patient and other healthcare providers to promote health, prevent disease and to access, monitor, initiate, and modify medication use, to ensure good therapeutic outcome. The era of charlatans will soon be over as their days are numbered.

Tell us about your relationship with the people of this community and the commonest health conditions that bring them to your pharmacy.

Community pharmacists can be said to be the gateway to health in any community because they are the first port of call before a referral can be made to the laboratory and the hospital, as the case maybe.

This is based on the trust the community has placed in community pharmacists over the years. The prevalent chronic conditions here are hypertension, diabetes and rheumatoid arthritis, to name a few. Malaria, on the other hand, is the commonest neighbour of most Nigerians.

What is your assessment of community pharmacy practice in Lagos State?

Community pharmacy practice in Lagos State is now more encouraging than it was two decades ago when I started my practice. As at that time, most community pharmacists were facing stiff opposition from traders and charlatans who happened to be moneybags. Also, fake drugs were on the rampage because of poor regulation of drug distribution. Now, the issue of fake drugs has been drastically reduced and we have more established community

pharmacies and this has made community practice more attractive to the younger generations.

Recently, a pharmacist, in person of Pharm. Sunday Ike, the national publicity secretary of ACPN was gruesomely murdered at his premises. How would react to this?

The gruesome murder of Pharm. Sunday Ike, our national publicity secretary and former PSN chairman, Abuja, is a big blow to

We commiserate with the entire family of our noble colleague who has contributed in no small measure to the profession. I will use this occasion to remind our president, Major Gen. Mohammadu Buhari, about his promise during the campaign to put an end to insecurity in the nation, particularly in the north.

If you were to advise the stakeholders in Pharmacy on measures or policies that can help improve pharmacy practice in Nigeria, what would be your advice?

Drugs should be handled by professionals. The production, importation, storage, distribution, wholesaling, retailing and dispensing to the end users should be left alone to the professionals. This will put an end to fake drugs, misuse of drugs and drug abuse, which can send innocent people to untimely grave.

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

Community pharmacists should be at the front line in enlightening the masses about the reality of COVID-19 and how to prevent the communal spread. Social distancing, the use of facemask, hand sanitizer and washing of hands among others are ways to prevent the spread of the disease and keep people safe.

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PRAY FOR NIGERIA

Olpharm marks World Hepatitis Day

By Omolola Famodun

Olpharm Nigeria Limited, in conjunction with Biological E Limited, recently joined the rest of the world to commemorate World Hepatitis Day on Tuesday, 28 July, at the Glass House, Department of Clinical Studies, Lagos State University Teaching Hospital (LASUTH).

The event, themed "Hepatitis-free future," with a strong focus on preventing hepatitis B among mothers and newborns, was attended by medical practitioners from LASUTH, as well as staff of Olpharm.

Speaking at the occasion, which was also used to launch BEVAC hepatitis B vaccine, Pharm. Johnson Olusetire, managing director/CEO, Olpharm Nigeria Limited, said: "One of the reasons for the celebration is to rejoice with the world and also to announce the hepatitis B vaccine, called BEVAC, a product of Biological E. Limited, in partnership with Olpharm Nigeria Limited."

Olusetire noted that the vaccine was produced to provide immediate solution to the rising hepatitis B epidemic in Nigeria and other parts of Africa.

He added that the vaccine had been subsidised, with support from LASUTH and 21 non-governmental organisations (NGOs) belonging to the Hepatitis Alliance, so that people can easily afford it.

He also said: "An important thing to note is that there is a need for testing. We have some centres and hospitals that we do send patients to in order to get tested for free. After testing and we find out that they are negative, it means



L-R Charles Okunrinju- area sales manager; professor Charles Onyekwere, head of Gastroenterology and Hepatology unit, LASUTH; Pharm. Johnson Olusetire, managing director/CEO, Olpharm Nigeria Limited; Dr Adebo Adekoya, Associate Prof., Head of Department, Department of Medicine-LASUTH; Dr Cara Cookey, senior registrar, Gastroenterology and Hepatology Unit, LASUTH.

they have to take three courses of the vaccine and if they are positive they have to take haemoglobin.

"Hepatitis is a viral infection, just like COVID. About 11 percent of Nigerians are carriers of hepatitis B. We have a lot of symptoms like fatigue, nausea, abdominal pain, liver enlargement. One has to go for liver test and after discovering the heart has been enlarged or inflamed then treatment needs to start.

Giving assurance of the efficacy of BEVAC, Olusetire said: "After taking the courses of the vaccine you can be protected for life. It has been very effective. Everyone needs this vaccine, at

least for protective measures. This vaccine is highly essential for everyone, including infants, children, teenagers and adults. It helps fight against bacteria, cervical cancer, prostate cancer, and tetanus."

Also speaking at the event, Dr Cara Cookey, senior registrar, Gastroenterology and Hepatology Unit, LASUTH, said hepatitis is an inflammation of the liver which is most commonly caused by viruses.

According to her, there are five types of hepatitis, namely A, B, C, D and E, adding that they can be contracted through different means.

"Hepatitis A and E are mostly contracted through the fecal-oral route. Fecal-oral route describes a particular route of transmission of a disease wherein pathogens in fecal particles pass from one person to the mouth of another person.

"But hepatitis B, C, and D are spread through contact with blood or other body fluids, including semen and vaginal fluid of an infected person," Cookey said.

She added however that it is very unlikely that hepatitis can be contracted through kissing or sharing of cutlery.

According to Cookey, hepatitis is far deadlier than HIV/AIDS, saying this because while blood from a HIV patient usually cannot survive outside the body for more than 10 or 15 minutes, blood from an infected hepatitis B patient can still be infectious for months.

She added that hepatitis requires more attention from stakeholders in the health sector because it is unlike HIV/AIDS, whose patients can easily have access to free drugs. "Even the testing and stigmatisation can now be controlled, unlike hepatitis," she said.

Others in attendance were Charles Okunrinju, area sales manager, Olpharm; Professor Charles Onyekwere, head of Gastroenterology and Hepatology unit, LASUTH; Dr Adebo Adekoya, associate professor and head of department, Department of Medicine, LASUTH.

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Why pharmacy schools should run Pharm.D, B.Pharm concurrently – President, PANS-ABU

By Adebayo Oladejo

Huzaifa Ahmad Muhammad is the president of Pharmaceutical Association of Nigeria Students (PANS), Ahmadu Bello University (ABU) Chapter. In this exclusive interview with **Pharmanews**, the final year student of the Faculty of Pharmacy shares his views on the lingering debate over the Doctor of Pharmacy (Pharm.D) programme in schools of pharmacy, as well as other important issues surrounding pharmacy education in Nigeria. EXCERPTS:

Tell us about your journey as a pharmacy student in the last five years.

I was admitted into ABU, Zaria, in 2015, and after our classes began, some of my classmates nominated me for the post of class representative and I won. Since then, I have been the class rep for my class and even now as the PANS president and the responsibilities that come with it, I still carry out my class representative functions judiciously.

Besides all these, I have held and still hold many political posts in the school, including: chairman, Students' Representative Council, Faculty of Pharmaceutical Sciences (ABU-SRC); national vice president, Katagum Students Association (KSA); public relations officer, KSA-ABU; academic secretary, KSA-ABU; financial secretary, KSA-ABU and now serving as the secretary-general, KSA-ABU.

I also served the Bauchi State Pharmaceutical Students Association (BAPSA) in various capacities. I am the current financial secretary, ABU Faculty Presidential Forum; and of course the president, PANS-ABU. I am also serving on the board of many organisations and associations.

What prompted your decision to study Pharmacy?

To be honest with you, my love for business brought me to pharmacy school. Since when I was in JSS 3, I told myself that, as the firstborn in my family, I am expected to be the breadwinner. I then sat and thought of what to do to help my younger ones. Most of the kids around our neighborhood couldn't attend the kind of school I was privileged to attend, mostly because they couldn't afford the fees.

As a businessman, my dad did for me what most civil servants around us couldn't for their children. I began to see the advantages of business over civil service. Then I thought of a course that would make me self-employed. I asked one medical doctor in my area for guidance, and he said Pharmacy. He told me that the job opportunities for a pharmacist are wide and that pharmacists are professionally versatile. Since then, my love for Pharmacy has grown.

Why did you contest for PANS-ABU presidency?

PANS in any school



Huzaifa Ahmad Muhammad

of pharmacy is a vibrant association. So it is here in ABU, Zaria. The association has been blessed with a lot of highly competent, experienced and skillful presidents in the past. Indeed they were my first motivation. To be sincere, I never thought of vying for the post until five months to the election. Ideally one needs to start campaigning as early as possible, but I didn't do that and that helped my opponents to get more people on their sides.

I was encouraged by some people to also contest, so I placed a call to my dad and he also encouraged me to go ahead - and here we are today. So, those who encouraged me, too numerous to mention here, were my second motivation. I am working day in day out to keep the standard and make

PANS-ABU, Zaria, greater.

What aspects of your responsibilities as the president do you consider particularly challenging so far?

Funding the association is the aspect of my responsibility that I do consider particularly challenging as the president, if any. PANS as an association normally depends on dues from students and solicitations. It was part of my campaign promises that we shall look for an independent source of income, maybe a business centre, so that PANS will do all its activities without solicitations.

Within this long break, we have designed a garden which will serve as our capital project. The estimate of that project is almost 1.5 million. Throughout

Studying Pharmacy in the north is more challenging compared to the south because of the period it took us here before accepting modern education which was not the same in the south. This may be augmented by the fact that community and industrial pharmacies are widely available in the south which serve as both motivation and training grounds for pharmacy students there.

the break, all I have been thinking is how to source the money for this very important project.

Are there challenges associated with studying Pharmacy in the north compared to the south?

Studying Pharmacy in the north is more challenging compared to the south because of the period it took us here before accepting modern education which was not the same in the south. This may be augmented by the fact that community and industrial pharmacies are widely available in the south which serve as both motivation and training grounds for pharmacy students there. I think this is the only challenge, if there is any.

Some people are of the opinion that the much publicised Pharm.D. programme is both potentially advantageous and problematic. What is your opinion about this?

I think the best way to handle the many controversies around the transition to the unified Pharm.D degree is to allow both Pharm.D and B.Pharm run concurrently in any faculty that wishes to have them both and allow students to choose between the two. With this, more traditional training of herbalism and compounding will be preserved while the patient-centered approach is gradually introduced.

Fortunately, the newly inaugurated chairman of the PCN board, Prof. Ahmed Tijani Mora, has mentioned that "there is the issue of review of the topics in the B.Pharm programme and the emerging Doctor of Pharmacy (Pharm.D) degree programme in the Faculties of Pharmacy in our Universities" during his inaugural speech. So, I am certain that the PCN which is the body saddled with the responsibility of regulating pharmacy education in Nigeria will look into the issue and come up with a solution.

When you finish pharmacy school, which area of pharmacy practice would you consider, and why?

Community pharmacy, also known as a retail pharmacy, is the most common type of pharmacy practice. It allows the public access to their medications and offers advice about their health. And, you know, as somebody with a business background as I have stated earlier, it will give me ample opportunity to be self-reliant. So, I want to practise community pharmacy, so as to make an impact on the public health and at the same time be self-employed.

PSN, AHAPN, decry shortage of pharmacists at isolation centres

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Samuel Adekola and others condemned the situation, while calling on both the federal and the state governments to correct the anomaly for better patients output.

Speaking at the Nigerian Journal of Pharmacy webinar held recently, the pharmacy leaders also emphasised the need for the provision of adequate masks for frontline pharmacists by governments, saying that only very few institutions provided N95 face masks for pharmacists.

They further added that while some pharmacists were given medical/surgical masks, others only received fabric face masks, which cannot protect them against the highly contagious virus.

In his presentation titled, "Protecting pharmacists at the frontline", Amibor stressed the need to protect healthcare professionals at the frontline, as he reeled out the number of health workers that have been infected since the onset of the pandemic in Nigeria, saying a total of 1540 health workers

have been infected, including 11 hospital pharmacists, as at 10 July 2020.

He further highlighted fatalities recorded among health workers so far, noting that one pharmacist and 10 medical doctors have been lost to the deadly virus.

Amibor said: "Looking at the COVID-19 current statistics as at 10 July 2020, there are over 12 million confirmed cases in 196 countries, 555,036 deaths worldwide, while Nigeria has 31,987 confirmed cases, including 1540 infected healthcare workers, among whom were 11 hospital pharmacists with one dead pharmacist and 10 dead medical doctors".

He also listed the roles of pharmacists in a pandemic in order to enlighten the public on the responsibilities of pharmacists to citizens at such a critical time as this.

Some of the highlighted roles of pharmacists include: "Ensuring adequate supply of relevant medicines, collaborating with other

healthcare professionals in providing patient care and support, promoting hospital prevention and infection control, patient education and counselling, educating healthcare workers on how to wear their masks appropriately, pharmacovigilance, and monitoring treatment outcomes."

The number one hospital pharmacist in Nigeria also mentioned the need to restructure pharmacy departments to generate enough space for social

distancing in future, stating that the present structures of pharmacy departments in hospitals are not conducive for physical distancing, which is not good for pharmacists.

Amibor however berated some pharmacists for deliberately neglecting preventive protocols as provided by the Nigeria Centre for Disease Control (NCDC) and the World Health Organisation (WHO).

"Some pharmacists are not



**Pharm. (Mazi) Sam Ohuabunwa
PSN President**

making enough interventions to stay alive, by refusing to abide by NCDC/WHO laid down prevention guidelines. Continuous advocacy by PSN, AHAPN and other Pharmacy stakeholders is inevitable to sink home the need for compliance with prevention measures.

"For as is commonly said, injury to one is injury to all. The death of any pharmacist is synonymous with the passage of a close family member," he asserted.

Shalina rewards 22 Nigerian distributors

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company has continued to grow.

A visibly elated Malakar applauded the efforts of the distributors, stressing that their commitment over the years is the reason the company is still in business.

"As a company, the biggest assets that you can have are your partners, the ones who carry the products to the market and to the end consumers. So, it is very important that you treat them as equal partners and look after whatever commitment you have made to them in the past. Today, we have come to tell them that their immense contribution to Shalina is well appreciated," Malakar said.

He added that despite the current ravages of the COVID-19 pandemic, Shalina would not renege on its commitments and promises to its partners.

"I agree that it's been very tough business-wise in the last couple of months, due to the pandemic, which nobody in this world anticipated. Many companies chose to go back on certain things that they had promised, and we also had that kind of option in front of us, but what we felt was that, if we had made such commitments, we must stick to them. Our today might be at stake or at risk because of the situation, but our tomorrow will definitely be better if we can do this to our partners," he said.

Corroborating Malakar's view, Mr Folorunsho Alaran, regional marketing manager (West Africa), Shalina Healthcare, noted that a pharmaceutical distribution outfit like Shalina couldn't have made so much progress without the commitment and utmost loyalty of its trade partners across the country, adding that if the trade partners are not growing, the company too would not grow.



L-R, Mr. Somnath Malakar, managing director, Shalina Healthcare Nigeria, presenting a car key to one of the winners, Mr. Chinedu Anthony Nkemjika, managing director, Chin-Jika Pharmacy, Lagos, while a representative of Shalina Healthcare, looks in admiration.

Appraising the rapid success of the company in 2019, Alaran declared that Shalina had become a household name in Nigeria, in terms of product output, adding that 2019 was a very good and successful year for the company.

"We had an outstanding performance, irrespective of the challenges, because within the challenge, we saw a big opportunity and we went all out for it.

"We are glad to appreciate our trade partners and distributors who made it possible for us to be where we are today. At our first distributors' event last year, we promised them that we would appreciate them. Although the majority didn't believe we would keep to our words due to the pandemic, here we are today. The programme was planned to be a big event, but due to the pandemic, we had to do it this way," he said.

The three distributors residing

in Lagos who graced the event expressed delight at Shalina's gesture, taking turns to testify of the quality of Shalina's products, as well as their relationship with the company, while promising to do more business with Shalina in subsequent years.

Mr. Chris Ekene Okonkwo, managing director, Mykena Pharmacy, Ikeja, who was among those who won a brand new car, could not hide his joy at the surprise gift which he said he never expected.

In his words: "I feel greatly honoured and privileged to receive this kind of gift today. In fact, to be sincere with you, I was not expecting anything from Shalina considering the situation in the country, but I was surprised when I was informed about the gift. My expectation was that even if they were going to do anything, it would be a lesser gift,

but to my amazement, I got this surprise gift from them," he said.

Speaking in the same vein, Mr Okwuchukwu Osigwe of Obama Pharmacy Limited, Idumota, appreciated Shalina for keeping to its words.

"My heart is full of joy, and the reason is because the company really amazed us as customers by coming up with this big surprise without giving a hint about it. A right-thinking person wouldn't expect this much, but here it is. I want to sincerely appreciate Shalina for going this far, not minding the situation of the country and I pray that we shall all be alive to do more business together," he said.

Also, in his contribution, Mr. Chinedu Anthony Nkemjika, managing director, Chin-Jika Pharmacy, Lagos, said he was fulfilled to have been called among the best in the country, adding that he had worked tirelessly to achieve the feat.

Among the 22 awardees, the six who got the grand prize of a brand new car each were Atidam Pharmaceutical (Lagos), Ubanuel Pharmacy (Lagos), Mykena Pharma & Healthcare (Lagos), Godfather Pharmacy (Kano), Ifeanyi Health Pharma (Sokoto), and Chin-Jika Pharmacy, (Lagos), while the remaining 16 also got several categories of prizes.

Noted for its diverse range of therapeutic products, including analgesics, dermatology, anti-malarials, antibiotics, anti-inflammatory gastrointestinal, anti-infectives and nutraceuticals, Shalina Healthcare has been operating in Africa in the last 30 years. With an end-to-end supply chain, it is presently in nine countries on the continent, including Angola, Democratic Republic of Congo, Central African Republic, Nigeria, and Ghana.



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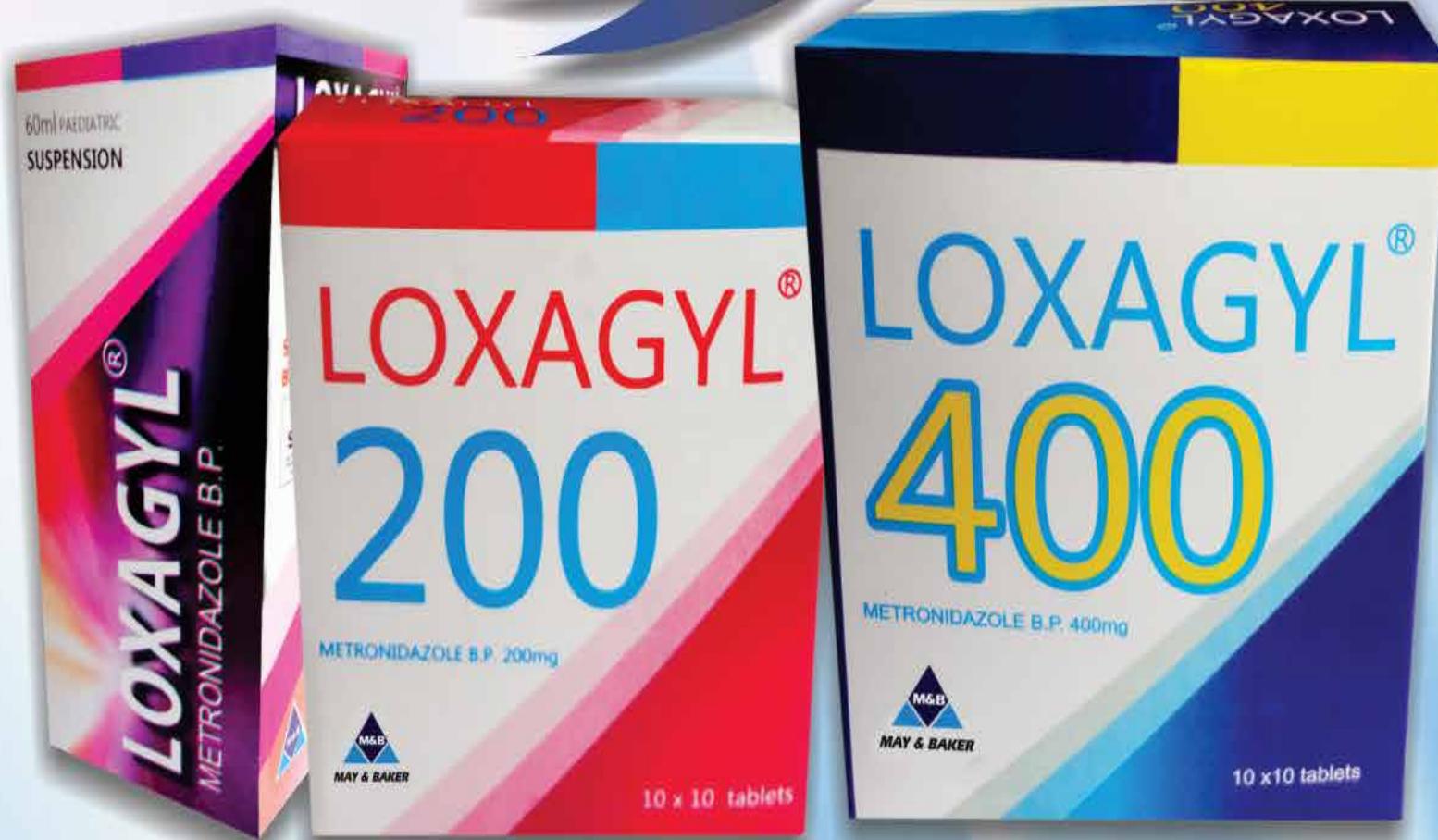
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PSN, AHAPN, decry shortage of pharmacists at isolation centres

By Temitope Obayendo

Pharmacists, under the umbrella of the Pharmaceutical Society of Nigeria (PSN) and Association of Hospital and Community Pharmacists of Nigeria (AHAPN) have bemoaned the current pattern in the management of COVID-19 patients in isolation centres across the country, in which only one or two pharmacists are assigned to be at each centre.

The pharmacists lamented that other health workers in isolation centres far outnumber frontline pharmacists, stressing that this does not reflect a balanced healthcare delivery approach.

The PSN President, Pharm. (Mazi) Sam Ohuabunwa; the National Chairman, AHAPN, Dr Kingsley Ambior; the National Chairman, Association of Community Pharmacists of Nigeria (ACPN) Pharm.



L-R: Assistant Vice President, Sales and marketing, Dana Pharmaceuticals Limited, Pharm. Gerald Oputa; Secretary to the State Government, Mrs Folashade Jaji; Country Head, Dana Pharmaceuticals Limited, Mr Bharat Vaswani; Permanent Secretary, Cabinet Office, Lagos State, Mrs Kemi Durosinsimi-Etti; and Director, Administration, and Human Resources, Mrs Iyabode Akinsanya, during the presentation of essential drugs to Lagos State Government by DANA Pharmaceuticals Limited in Lagos recently.

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Shalina rewards 22 Nigerian distributors

- Says trade partners biggest asset

By Adebayo Oladejo

Shalina Healthcare Limited, a leading pharma company in Nigeria and Africa, recently celebrated its 22 key distributors in Nigeria for their unwavering support over the years.

The awards, which came in two different categories, saw the first six key distributors winning a grand prize of a brand new car each, while the remaining sixteen also smiled home with different categories of prizes.

Speaking at the low-key event, held within the premises of the company, with three of the company's distributors, as well as a few top management staff, in attendance, Mr Somnath Malakar, managing director, Shalina Healthcare, asserted that the company's biggest asset are its trade partners, adding that despite the economic challenges in the country, especially in 2019, the

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