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

- Charges pharmacists to be more diligent and seek positions of influence

**By Moses Dike and Temitope Obayendo**

Eminent pharmacist and former Minister of Health, Prince Julius Adelusi-Adeluyi, has charged Nigerian pharmacists to imbibe "diligent professionalism" while creatively seeking positions of influence and authority in the society. This way, he says, pharmacists will be better placed to positively influence the formulation and implementation of policies that "will liberate our people from the shackles of ill-health and poverty. Policies that will benefit our people." Going into politics, he exhorted, is one great and practical way to achieve this.

Adelusi-Adeluyi made this call while speaking with **Pharmanews** in a special interview, as part of activities to mark his 80<sup>th</sup> birthday anniversary coming up in August.

He noted that the vast and multi-faceted training which pharmacists receive in school, ideally puts them in a position of managerial advantage, which unfortunately, Nigeria is yet to fully optimise.

The former health minister, who is the founder and promoter of Juli Plc, the first indigenous company to be quoted on the Nigerian Stock Exchange, particularly decried the poor attention given to pharmaceutical research in the country.

He emphasised that pharmaceutical research needs to be urgently prioritised by government and society, if we are

*continued on page 19*

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**P**rofessor Nkiruka Nnoniyelum Odunukwe is the deputy director general, Nigerian Institute of Medical Research, NIMR, Yaba Lagos. She also doubles as a professor of Haematology at the Department of Haematology and Immunology, Faculty of Basic Medical Sciences, Lead City University, Ibadan.

She obtained her BM.ChB in Medicine and Surgery from the University of Jos in 1984 and her FWACP and MD from University of Nigeria Nsukka, in 1995 and 2014, respectively.

The assiduous Odunukwe, who has played significant roles at NIMR for about 22 years, had risen through the ranks, holding several positions, before becoming the deputy director general of the institute. She also serves as the director of research/consultant haematologist and head of Research Innovation and Product Development (RIND) at the institute.

As the head of Genetics and Blood Disorders division (1998 – 2004) and head of Clinical Sciences division (2004-2011), she effectively coordinated research and supervised all clinical care delivery, staff in clinical diagnostic laboratory, as well as handling routine clinical responsibilities in the diagnosis, care and management of HIV/AIDS, haematological and oncology patients attending the NIMR outpatient clinic.

Odunukwe, a caring and concerned HIV consultant, has been involved in HIV research at both local and international collaboration levels, particularly in the HIV treatment programme of the Institute, which provides care, treatment and support for over 25,000 PLWHAs. She was also a research clinician for the Presidential Emergency Plan for AIDS Relief (PEPFAR).

The NIMR deputy DG has served on various technical committees for the government on HIV, NCD and national laboratories. She is an examiner for the Fellowship of the West African College of Physicians. She has also reviewed manuscripts for local and international journals, in addition to being an associate editor for the *Nigerian Journal of Clinical & Biomedical Research* and a member of the editorial board of the *Journal of AIDS and HIV Research (JAHR)*. She participates in accreditation of laboratories for West African College of Physicians.

As a testimony to her numerous contributions, she has received several awards, scholarships, travel grants for short trainings and research from both local and international funders, such as Bill and Melinda Gates, EDCTP, AMANET, EACS, ROCHE, APIN, Harvard PEPFAR, FIDSON Pharmaceuticals, SWIPHA, HIV Research Trust fund and FHI 360/UNAIDS.

Odunukwe has over 60 publications in both local and international peer-reviewed journals and books. She has over 30 published abstracts of papers presented at local and global scientific conferences. She is a member of several professional bodies, where she has served in leadership positions. She and her husband are life members of FGBMFI and have six children.



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determines how far you will go into achieving your goals.” — **Roy Bennett**

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2. PN has been published monthly without interruption since 1979.
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4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has about 6 million monthly website hits.
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The furore making the rounds in the pharmacy profession over the recent appointment and subsequent inauguration of Prof. (Pharm) Ahmed Tijjani Mora as the chairman of the newly reconstituted Governing Board of the Pharmacists Council of Nigeria (PCN) by the federal government is one that should give every practitioner and stakeholder in the profession some serious concern. It would be recalled that ever since Mora, a former registrar of the Council, was selected for the position in 2019, the Pharmaceutical Society of Nigeria (PSN) has vehemently opposed the decision, citing allegations of abuse of office, during his time as registrar, among other infractions.

Things got to a crescendo when, in an open letter sent to President Muhammadu Buhari on 14 June, the PSN further reiterated the reasons it considers Mora to be ethically unsuitable to head a body that is constitutionally empowered to regulate all aspects of pharmacy practice in the country. As should be expected, Mora, on his part, is equally aggrieved, insisting that his image is being maliciously and unjustly maligned.

It is important to establish that the issue between the PSN and Mora is not a recent development; it has been on as far back as 2009. We wish to emphasise, however, that, as things stand, the debacle has gone beyond the PSN and Mora; it is now affecting the relationship between the PSN and the PCN, the

## Resolving the PSN-Mora imbroglio

two bodies that have the power and responsibility of shaping the destiny of Pharmacy in Nigeria and dictate the conduct of its practitioners. Consequently, there is the impression that the Pharmacy family in Nigeria is in disarray, especially with the dimension the conflict has assumed.

Anyone who needs a further confirmation of the above assertion only needs to sample the opinions of pharmacists on the current leadership crisis. Going by what we have been able to gather from our vantage position, this crisis is becoming a seedbed for acrimony and balkanisation among pharmacists and is being watered by innuendos of tribalism and sectionalism. This is not good for a respectable and honourable profession.

Let it be noted again that this is strictly a pharmacy family issue, which can be resolved in-house and must be resolved speedily, considering the timing and the potential implications. Indeed, the timing of this dispute is inauspicious because the nation is currently in the throes of a health crisis. Moreover, it is coming up at a time when pharmacists are demanding recognition from the government for the gallant roles they have been playing since the COVID-19 pandemic began. This, definitely,

is bound to put a spanner in the works and make pharmacists' efforts to be further undermined.

But beyond the wrong timing are the potential consequences, if this crisis is allowed to fester further. First, it will terribly demean Pharmacy before other professionals and the public. It will, in fact, dent the robust spirit of camaraderie for which the illustrious profession has been known and portray pharmacists as a group of unorganised professionals fighting a battle of attrition when they should be working together to proffer solutions to the pharmaceutical needs of a nation at the crossroads of COVID-19. Second, it will severely debilitate the effectiveness of pharmacists in battling the many challenges besetting the profession in Nigeria. A house divided against itself will definitely not stand.

Moreover, with the practitioners and their regulator at loggerheads, the quality of pharmaceutical service delivery will be hampered and Nigerians will suffer needlessly. Again, such disharmony gives opportunity for charlatans and other enemies of the profession to wreak further havoc on it. Last but not least, it sets a bad example for the younger generation of pharmacists.

In view of these weighty implications, we call on Pharm.

Mora to, as a matter of urgency, reach out to the leadership of the PSN and, in the spirit of true brotherliness, seek reconciliatory options. The new PCN chairman must, in heeding the apt advice given by the Minister of Health at his inauguration, as well as the promise he himself made, always remember that the PSN is his primary constituency and should relate with them with every sense of humility and temperance. The leadership of an entire professional body cannot continue to be in disagreement with a single individual.

We also call on the PSN to, in the interest of Pharmacy, give Mora another chance, once he fulfils his promise of taking sincere steps towards reconciliation. Anyone can change for the better, and sometimes what triggers such a positive change is the burden of higher responsibility. Thus, Mora should not be written off as incorrigible.

Most importantly, we call on the elders of the pharmacy profession to quickly intervene and restore harmony between the leaderships of the PCN and the PSN. Their wealth of experience would be needed at such a trying time as this. This is not the time to take sides but to consider that the very soul of Pharmacy in Nigeria is currently at stake. As the popular adage says, the elders cannot sit idly in the marketplace while the head of a baby is harmfully positioned. The time to resolve this debacle is now.

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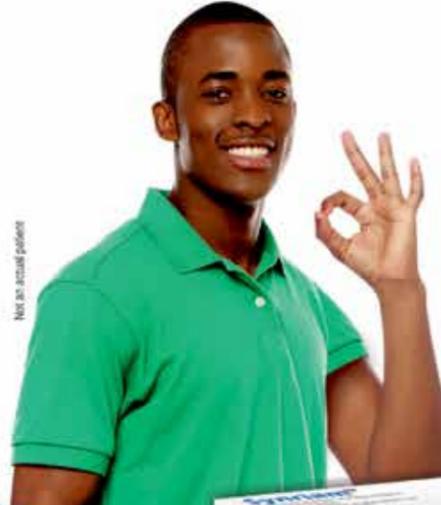


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## Your number one priority

By Sir Ifeanyi Atueyi

We always have important priorities but definitely some are more important than others. For example, what can we do without good health? It is so important that businessmen who want to succeed must first take care of their health. If not, the business will not receive the optimum attention and may be adversely affected. Proverbs 23:4 counsels, **“Don’t wear yourself out trying to get rich. Be wise enough to know when to quit.”**

Some people think that financial security is their number one priority because without money you can’t achieve any meaningful thing. Indeed, Ecclesiastes 10:19 says, **“... Money is the answer for everything... (NIV).** Some consider children, family and relations their number one priority. Of course, Psalm 127:3-5 says that **“children are a heritage from the Lord...like arrows in the hand of a warrior, so are the children of one’s youth. Happy is the man who has his quiver full of them.”**

Most, if not all of us in businesses, professions and politics are attracted to things like power, fame, prestige and control. Everyone desires to excel and to be known and become powerful and influential. Generally, we put a lot of emphasis on these things and work hard to achieve them.

Most people in the marketplace place their greatest priority on acquiring wealth. Our time and energy are devoted to how to make more money and acquire possessions like mansions, luxury cars, investments and heavy accounts in local and foreign banks and so on. The world classifies you as successful when you’ve acquired great wealth.

There is really nothing wrong with being successful. After all, God has promised certain kinds of success if we continually put Him first and obey His Word. Joshua 1:8 says, **“Do not let this Book of the Law depart from your mouth; meditate on it day and night, so that you may be careful to do everything written in it. Then you will be prosperous and successful.”** In other words, being committed to obeying God’s Word is the sure way to be successful.

Ecclesiastes 12:13 says, **“Let us hear the conclusion of the whole matter: Fear God, and keep his commandments; for this is the whole duty of man.”** Here, King Solomon, described as the wisest

human that ever lived, confirms the number one priority for man - fear God and obey His commandments. Knowing and obeying God’s Word are definitely the most important things in life. The Word of God is more valuable than gold (Psalm 19:10).

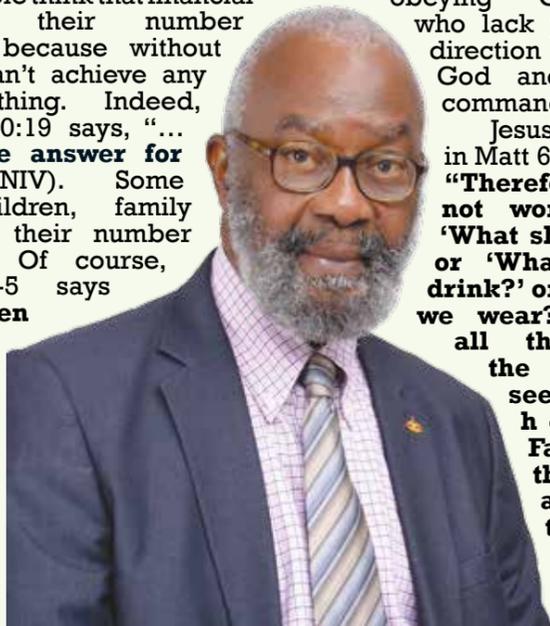
Our number one priority should be to know and obey God’s Word. This is the key to prosperity, success and joy. All the blessings enumerated in Deuteronomy 28:1-14 are anchored on fully obeying God. Those who lack purpose and direction should fear God and keep His commandments.

Jesus Himself says in Matt 6:31-33(NKJV), **“Therefore, do not worry, saying, ‘What shall we eat?’ or ‘What shall we drink?’ or ‘What shall we wear?’ For after all these things the Gentiles seek. For your heavenly Father knows that you need all these things. But seek first the kingdom of God and His**

**righteousness, and all these things shall be added to you.”** Seeking the kingdom of God and His righteousness means turning to God first for help, filling your thoughts with His desires, and taking His character for your pattern. It means serving and obeying Him in everything.

Don’t allow your needs, wants and desires to compete for this number one priority. Any of these can displace God out of the first place in your life if you don’t actively determine to give Him the first place in every area of your life. We must prioritise our activities and consider the ones with eternal values. For instance, daily prayers and Bible study are *sine qua non* for a seeker of God’s Kingdom. How can we grow spiritually if we neglect these basic habits? Unfortunately, many pursuits and demands of our businesses tend to squeeze prayer and Bible study times out of our schedules. No wonder we are just running the rat race which is an endless, self-defeating pursuit.

Leaving out God’s time in our daily routines is a sure cause for failure in our endeavours. Job 8:11-13 (NKJV) says, **“Can the papyrus grow up without a marsh? Can the reeds flourish without water? While it is yet green and not cut down, it withers before any other plant. So are the paths of all who forget God...”**



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## Pharmanews has advanced in all areas - Egbujiobi

We congratulate **Pharmanews** for 41 years of dependable service to the healthcare community.

The pharmacist learns about new drugs, updates on drug interactions, and pertinent regulatory actions; the physicians and the nurses obtain quick updates from a dependable resource; and the policy makers find another path to disseminate information to the healthcare community.

**Pharmanews** is well managed by an astute publisher and run by highly educated and skilled staff. The print has not missed an edition for 41 years and has kept pace with technological advancement, readers' demands, and evolutions in pharmacy education and practice.

To uncle Atueyi, the publisher, and the entire staff of **Pharmanews**...Happy 41st

## We are proud of Pharmanews - Elbe

We, at Elbe, felicitate with **Pharmanews** on your 41 years of impactful and uninterrupted monthly publication services to the pharmaceutical community in Nigeria. We are proud of your achievements, as you have established an exemplary quality of presentation with wide coverage of relevant content. We join hands with you on the shared vision of moving pharmaceutical practice in Nigeria to greater heights. Happy celebration.

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## Pharmanews provides excellent service to healthcare profession

Hurrah! Hurrah! **Pharmanews** is 41! On 1 October, 2019, we celebrated the 40th anniversary of the birth of **Pharmanews** with pomp and pageantry. That event also coincided with the 80th birthday of the publisher, Sir Ifeanyi Atueyi. In May 2020, **Pharmanews** became 41.

**Pharmanews**, like good wine, has matured with time. It is no surprise that the journal has continued to collect all the accolades in its class of journalism. It is my pleasure therefore to congratulate Sir Ifeanyi Atueyi and staff of **Pharmanews** for their achievement thus far and wish them many more years of excellent service to the healthcare profession.

Pharm. Eugene Chibuzo Okonkwo

anniversary and many happy returns.

**Leo C Egbujiobi MD, FACC, FSCAI**  
Consultant & Physician-In-Chief  
Hendricks Family Heart Hospital  
Beloit Health-system  
Beloit Wisconsin, USA.

## Long live Pharmanews - Ranbaxy

We, the entire management and staff of Ranbaxy Nigeria Limited-aSunPharmaCompany - congratulate **Pharmanews**, the foremost health journal in Nigeria, for achieving 41 years of uninterrupted monthly publication. Long Live **Pharmanews!**

## Pharmanews impacts health sector and larger society - Biomedical

On behalf of the management of Biomedical Ltd (pioneering manufacturers of intravenous fluids in Nigeria), I have the great pleasure in conveying our sincere congratulations and best wishes to the founder, Pharm. Ifeanyi Atueyi and family; staff and management of **Pharmanews Ltd**, on this auspicious 41st anniversary celebration of the **Pharmanews** journal. We salute your efforts, energy and resourcefulness towards impacting the healthcare sector and the larger society through your vision of being the

publisher of the world's leading health journal.

In the light of the above, we join your friends, business associates, clients and other well-wishers to recognise your stewardship and hereby salute you for this milestone. Please once again accept our congratulations, prayers and assurances of our continued patronage.

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## In the final analysis

**We must accept finite disappointment, but we must never lose infinite hope.- Martin Luther King Jr**

By George O. Emetuche, CES

In the final analysis, there will be a new phase and that new phase will be awesome! Always know and appreciate that life is a gift. The more we celebrate life, the more we get the best from it. The gift of life is the beginning of success. Life gives everyone the opportunity to begin again. It gives us the opportunity to succeed. Life is Beautiful.

### Keep the dream alive

In the final analysis, people who will achieve their goals are folks who took their intents to new heights. It is about the actions we took and not about the beautiful wishes we accumulated within. It is about fighting on, not about the beautiful excuses we allowed.

In the final analysis, the things that will matter are the dreams we accomplished, the lives we touched, the goals we achieved, and the mission we sustained. Nobody cares to know the beautiful excuses that affected the desired results. Nobody cares to celebrate the reasons that stopped the goals.

### Don't forget who you are

In all, always believe you are unique. You are created to be outstanding. Challenges shouldn't define who you are. The good thing is that God has given us life and we have what it takes to turn things around for good. Man is a co-creator. Man is a small god! Yes, we are. Yes, we can do a lot of things if we believe and act.

### Keep moving, don't stop

In the final analysis, the things that will matter are the things we made to work. The things that will count are the miles we are willing to travel to make our dreams come to reality. In the final analysis, what matters is that we have decided to take our lives and careers to new heights by investing all the efforts that will take us to our destinations. We will reach our destinations. We won't be stuck on the way.

The current situation may have made a lot of folks to experience the tough side of life. Yes I know, but keep moving forward and keep believing. Winston Churchill once said, "If you are going

through hell, keep going." Ours isn't hell; ours is a challenge that will come and go. I am very positive that we will overcome.

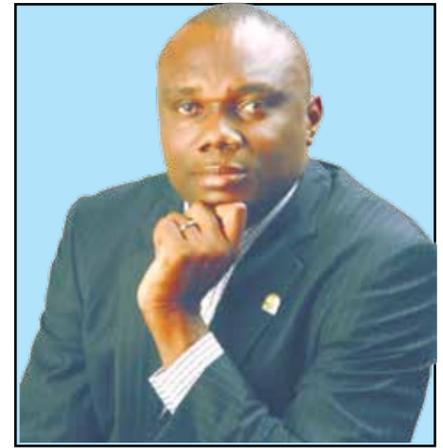
### No excuses

No matter the situation, don't allow excuses for failure! Excuses and success are two worlds apart. They belong to different families. Excuses and success belong to different masters! If you want to succeed in life and in your career, quit excuses now and take apt action! Situations, conditions or environmental factors aren't enough reasons to fail. People still discover water in Sahara Desert. Salesmen are still selling near Sambisa Forest!

### Hold on to the God factor

Please don't forget the God factor. If we do what we can do, God will do what we cannot do. I agree with Joyce Meyer in this thought.

I join my faith with yours to speak that, as we do our best to achieve the best for the remaining part of the year, God will keep us and give us extraordinary ideas, energy and strategies. We shall not die. We shall live and accomplish



our missions in life.

May God who blesses every good work remember us for His favours. May the works of our hands speak for us before kings and the mighty. May we succeed all the time. Amen.

Let's win together!

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

**Note:** Our Worldclass Masterclass in Enugu tagged: "Making of The Selling Champion" is postponed indefinitely because of Covid19. Registration is still on. Please reach us for further information, 08186083133, 07060559429, or visit [www.thesellingchampionconsulting.com](http://www.thesellingchampionconsulting.com).

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#### REFERENCES

1. Oubiere-Castrolin, P., et al. Efficacy and Safety of Ciprofloxacin treatment in LTI in adults: A systematic review with meta-analysis. GAC Med. Max 2015; 15(1): 210-228.
2. Phoebe Chi, Berkeley JA. Guideline for the treatment of dysentery (Shigellosis): A systematic review of the evidence; Paediatrics and International Child Health. May 2018

#### CONTRA-INDICATIONS:

- \* Hypersensitivity to fluoroquinolones.
- \* Concomitant administration of ciprofloxacin and tizanidine



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# THE LAUNCH OF PHARMANNEWS: WAVE OF RAVES...AND RAGE

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

Continued from last edition

In what may be considered another early demonstration of the hand of God upon **Pharmanews**, the 12-page maiden edition (printed in black and white, with the exception of the masthead) came out in May, 1979.

The lead story, captioned, "THE FEDERAL CHIEF PHARMACIST SPEAKS", featured the extensive interview I had with Dr Philip Emafo, who was then the federal chief pharmacist. The inner pages contained such news items as the election of Dr Emafo as the secretary general of West African Pharmaceutical Federation (WAPF); the appointment of Pharm. Moses Azuike as the registrar/secretary of the Pharmacists Board of Nigeria; the appointment of Dr Bona Obiorah as adviser to the World Health Organisation; the election of Chief Andrew Egboh as Fellow of the British Institute of Regulatory Affairs; as well as the election of PSN Lagos executive committee, with Ayo Adedipe as chairman and Bunmi Olaopa as secretary.

There were also columns and articles contributed by the likes of Bruno Nwankwo ("Planning the Sale"), Ibukun Ogundipe ("Contemplating Pharmacists") and Eugene Okonkwo ("Communication is the Link"). Adverts in the edition came from the following companies: E. Merck, CIBA Pharmaceuticals, Drug Houses Nigeria Ltd, The Boots Company Nigeria Ltd, Glaxo Nigeria Ltd and Wellcome Nigeria Ltd.

Knowing that there would be need for clarifications on the vision and mission of **Pharmanews**, I created a column for myself, which I called "From the Editor". For that maiden edition, I wrote as follows:

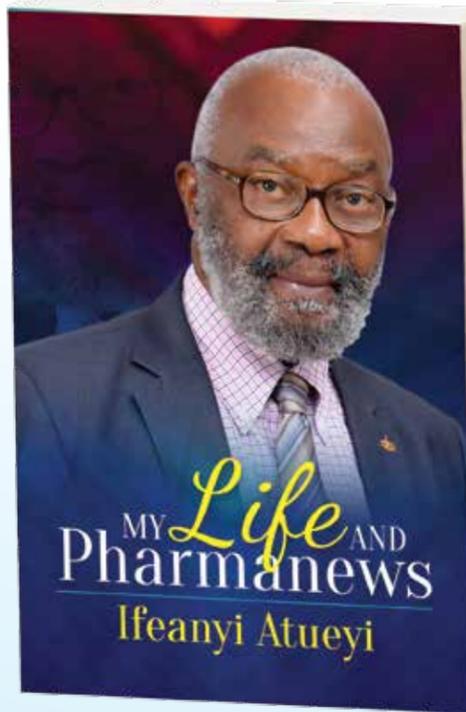
It is my greatest pleasure to see the dreams of the **Pharmanews** materialise. For quite some time, my mind has been preoccupied with what contribution I can make to the noble profession of pharmacy. I am pleased that the introduction of **Pharmanews** somehow gives me a sense of achievement.

**Pharmanews** seeks to enhance the position of the pharmacists by encouraging effective communication among the professionals, promoting pharmaceutical activities, the individuals and corporate bodies.

**Pharmanews** seeks to supplement the efforts of the existing publications relating to pharmacy and believes that by so doing, the generality of the pharmacists will benefit tremendously from our efforts to provide education, experience, pleasure and relaxation to colleagues.

As a contribution to the growth and development of Pharmacy in Nigeria, **Pharmanews** will meanwhile be distributed free of charge to all registered pharmacists. Therefore, please ensure that you receive your copy monthly.

The survival of **Pharmanews** depends on the support – moral, economic, technical, material or



otherwise of the pharmacists, pharmaceutical establishments, interested individuals and organisations. I therefore strongly appeal to all concerned to keep **Pharmanews** in mind always.

Finally, I must express my sincere gratitude to my colleagues, friends, and companies who rallied round to see to the birth of the **Pharmanews**. This page will not be enough to contain the long list of such names, therefore let me not go into such enumeration here. Your names are already written in gold for posterity.

### Delightful Thunderbolt

Since I had no paid staff, I enlisted the help of my family members and others around me for processing, packaging and distribution of the copies. Copies were distributed in bulk to the faculties of pharmacy of Obafemi Awolowo University, Ile-Ife; University of Nigeria, Nsukka; Ahmadu Bello University, Zaria; and University of Benin, Benin City. This was done through their liaison offices in Lagos. The other copies were distributed to pharmacists all over the country, whose postal addresses I had obtained through their registration details at the then Pharmacists Board.

The overall effect that **Pharmanews** had on pharmacists by the time copies got to their hands was, to say the least, phenomenal. In fact, as one of the readers described it, the publication hit the pharmacy world like a "delightful thunderbolt"!

Of course, indications that the idea of **Pharmanews** itself was a revolutionary one had begun to emerge even before that first edition was printed. Just by sharing my vision with a few trusted colleagues, they readily sent me their goodwill messages, which reflected the delight of the pharmacists and proved that the publication was a timely innovation that adequately crystallised their yearnings.

You can then imagine the reaction when the idea of **Pharmanews** eventually became a reality – a reality that pharmacists could hold, feel and take with them

anywhere. Judging by the congratulatory messages I received, the general feeling was an admixture of exhilaration, pride and gratitude.

The early editions of the publication were filled with congratulatory messages from pharmacists. Some of them were David Ibitoye, Chief Andrew Egboh, Lt. Col. S. K. Akinyemi, Julius Adeluyi, Ademola Odusote, Dr Bona Obiorah, John Obasi, Godfrey Obiaga, Tola Ayuba, Douglas Egbuonu, Dr Fred Adenika, Nduka Ekeghe, R.A.M. Ozuzu, Nath O. Oso. Others were Bola Salako, Sam Fajaiyeyo, Moses Ajape, Chukwudum Maduneme (a pharmacy student), Chief E. O. Igweze, and Emma Osuorji and so on.

I was overwhelmed

by the tremendous amount of encouragement, genuine interest and enthusiasm transparently demonstrated by all towards **Pharmanews**.

### Backlash and Triumph

As one would expect, however, not everyone was happy with the birth of **Pharmanews**. Some colleagues were displeased because they considered it a serious competitor or even a threat to the PSN journal. And of course, there were those whose displeasure was driven by sheer jealousy. Any successful person or project must attract the envy of some people.

I must say, though, that in the case of colleagues who considered **Pharmanews** a competitor to the PSN journal, I regarded their reaction as purely instinctive. It's what anyone could have done. This is especially so, considering the interval between when I stopped editing the PSN journal and the time I started **Pharmanews**. They might have assumed that I dropped the PSN journal in order to start my own. I did not blame them at all or have any bitter feelings against them because they were completely ignorant of God's plan for me and **Pharmanews**. They did not know the vision of **Pharmanews** which God gave me. What I did was to completely ignore them and focus on my business. I did not want to be distracted.

Things, however, got to a crescendo in November of that year, during the annual conference of the PSN, which was held in Kaduna. I carried hundreds of copies of **Pharmanews** to the Durbar Hotel venue of the conference for distribution. You might call this a daring move, considering the undercurrents of opposition to the publication. But it was such a strategic move which I necessarily had to make. The reason was the prospect of massive publicity for **Pharmanews** which the conference presented.

The annual PSN conference is the largest gathering of pharmacists in the country, and often provides a good opportunity to reach those who might have

been unreachable through any other means. I knew that not all pharmacists in the country would have known about **Pharmanews** as at then. Therefore, I decided that distributing free copies of the publication to every participant and making them familiar with it was worth any risk that might arise.

True to my calculations, **Pharmanews** got more exposure at the conference than I had imagined, with many colleagues seeing it for the first time and expressing their delight and support. Comments on the publication were going on everywhere at the venue. At the same time, however, this heightened publicity for **Pharmanews** became the final straw for those who had been restless about its debut. Their rage became so fierce that during the Annual General Meeting (AGM), **Pharmanews** was an item on the agenda. Not minding my presence at the meeting, voices of opposition were raised against the publication, with some saying that starting **Pharmanews** was a way of challenging the PSN – and thus something must be done about it.

Fortunately, however, God also raised some voices on my behalf who said it was unjustifiable to prevent an individual from operating whatever private business he wished to run – especially since he hadn't contravened any law. In the end, it was decided that nothing could be done to **Pharmanews**. Instead, a resolution was unanimously adopted that from that day onward no one who had served as editor-in-chief of the PSN journal could start his own publication until after five years of leaving office.

With that, **Pharmanews** was left off the hook and spared any sanction. However, it is noteworthy that since that 1979 (40 years now), generations of pharmacists have served as editors-in-chief of the PSN journal but none has started his own publication. This, I believe, is a further confirmation that the birth of **Pharmanews** was not of man's making. I was destined to give **Pharmanews** to the world and I followed the course of my destiny. Simply put, serving as editor-in-chief of the PSN journal or any other journal does not automatically provide anointing for one to become a pharmaceutical journalist.

Also worthy of note is that, as the years rolled by, opposition against **Pharmanews** began to die down, especially as many came to realise that the journal was actually projecting the image of Pharmacy – within and outside Nigeria – and consequently doing a great service to the profession. In fact, in those days, I regularly attended the FIP conferences held in different countries. And on each occasion, I carried many copies of **Pharmanews**, which I freely distributed to the participants. For instance, at the FIP Congress held in Brighton, UK, in September 1979, I distributed 400 copies of **Pharmanews**. In this way, pharmacists from other countries were informed about happenings in Nigeria.

# Dayo Olakulehin: The foresighted innovator and entrepreneur

By Solomon Ojigbo

About five to 15 per cent of patients with COVID-19 infection require intensive care surveillance and ventilator support. Ventilators, the machines used to pump oxygen into the lungs of critically ill patients experiencing breathing difficulties, are important because patients' blood oxygen saturation level has to be maintained to offer them the best chance of survival.

However, this essential device is in short supply. Indeed, in Nigeria with a population of over 200 million people, there are fewer than a thousand ventilators available. According to GlobalData, a data and analytics company that specialises in medical transaction and clinical information, about **880,000** ventilators are required globally amid the COVID-19 pandemic.

However, in 2016, long before the COVID-19 outbreak, a young medical doctor named Dayo Olakulehin had already developed a locally made ventilator (D-Box) to give patients with respiratory failure a better chance of survival.

Dayo Olakulehin is a medical doctor, entrepreneur, inventor, founder and creative director at LigandCorp. He has dedicated his life and career to innovating medical solutions, especially for use in health facilities in developing nations.

Olakulehin, founded LigandCorp in Lagos, Nigeria, as a medtech startup to produce the "D-Box"- an innovative, battery powered, portable alternative to conventional ventilators. According to him, the inspiration for this solution came about eight years ago while undergoing his medical housemanship at Lagos University Teaching Hospital (LUTH). He had observed that many patients with respiratory failure requiring ventilator support were unable to access it for reasons of cost, availability, or unstable power supply. As a result health workers attending to these patients had to manually ventilate them using a CPR bag for hours and there were instances in which patients were ventilated for days, with health workers taking turns to keep those patients alive by manually compressing the CPR bag.

Olakulehin also had a personal experience while on duty in an emergency ward at LUTH. He worked tirelessly to keep a fine-year-old boy alive by manual ventilator support. At about 2 am after over four hours of manually compressing a CPR bag, he fell asleep, only to be awakened by the



Dr Dayo Olakulehin



Ventilator

boy's father.

These experiences led Olakulehin to develop the portable ventilator called D-Box. The D-box is a device, about the size of a microwave oven, which automates the process of compressing a CPR (Cardio Pulmonary Resuscitation) bag. Essentially an automatic ventilator, it eliminates the need for manual work (human effort) in compressing the bag. It comes with a rechargeable battery, is portable and obviously designed with developing economies in mind.

The D-Box is different because it is less sophisticated and less complex than regular ventilators.

It is portable, cheaper, and easier to handle. While the big teaching hospitals have five to six units of ventilators that are electricity-dependent and sensitive, the D-box can work on battery power for 8-12 hours.

The D-Box, however, isn't meant to replace standard ventilators which exist for critical intensive care. It is being introduced to improve the quality of care that is available to the patient.

## Background and education

Dayo Olakulehin had his secondary education at the Command Day Secondary School Ikeja, Lagos, from 1997 to 2003. After graduating from secondary school, he proceeded to Chrisland College, Lagos from 2004 to 2005, where he received his University of Cambridge Local Examination Syndicate Advanced Level Certificate and was the best graduating student.

In, 2006 Olakulehin gained admission to study Medicine and Surgery at the College of Medicine, University of Lagos. He graduated with a Bachelor of Medicine and Surgery (MBBS) degree in 2011. After graduation, Olakulehin proceeded for his medical

housemanship at LUTH in 2012. He was mobilised for his national youth service in March 2013 and served as a resident medical officer at CMC, Randle Road. After his youth service, he moved to Lagoon Hospitals where he worked at the JCI (Joint Commission International) accredited health facility as a medical officer.

After about three years of nurturing his idea of the D-Box portable ventilator, he decided to make it a reality. Since he was trained as a general physician, he did not know much about business, patenting or developing innovations. This led him to enroll for his master's degree in Innovation and Entrepreneurship at the MacMaster University from 2016 to 2018.

It was within this period that he met with Mr. Kunle Soriyan and Thelma Ekiyor of Afrigrants. They were able to connect with Olakulehin's vision and decided to partner with him. This led to the founding of LigandCorp, a healthcare innovation and medical device company. Thus, Olakulehin's shifted his paradigm from focusing on one product idea to creating a company that drives medical innovation.

After the formation of LigandCorp, the search for a prototype developer began and while in Canada pursuing his master's degree, a collaboration was formed with Inertia, an engineering and design company, who committed to partnering with LigandCorp and worked hard to get the prototype ready.

Inertia Engineering has a proven track record of building specialised products, such as ergonomic seats, aeronautical landing gear, docking stations etc. The partnership saw the Canadian firm build Dayo's idea in what the firm regards as "record time". In three months, a proof of concept prototype was ready.

In a period where COVID-19 pandemic is ravaging the global health system, Dr Olakulehin's innovative medical device could potentially save millions of lives worldwide, particularly in resource-limited health facilities common in developing countries.

Olakulehin's ultimate goal is to put at least one D-Box on every emergency tray in the world, from sick bays, to company clinics, to public spaces, to health facilities, to military camps, and everywhere else. The fact that it's the cheapest ventilator available in the market (its introductory price is pegged at \$300) makes this vision all the more possible.

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## F-12 theory in crisis management (2)

**Dipo MacJob (DrWrite)**

In the last edition, we discussed five out of the 12 fundamental pillars of the F-12 theory in crisis management. We shall continue from the sixth point in this edition.

### Funds

Demand for funds is usually high during crisis, especially because there would be a depletion of it for obvious reasons. Part of what you have to occupy your mind with, especially as a business person, is how to position yourself or reinvent yourself at a vantage point favoring the demand push. It is a given that some employers will downsize or opt for salary slashes. If you find yourself in the middle of any of these, do not freak out - reposition. How would that be done? Start by asking questions from sources you know can assist.

### Freedom

The COVID-19 pandemic, for example, has informed the decision of global and national leaders to impose movement restrictions. Many countries have been on lockdown for either 24 hours or less, allowing only essential service providers the luxury of moving within states. Even when the lockdown was gradually relaxed in Nigeria, it was clear that the "new freedom" already had a caveat, considering the fact that, in some states, there are curfews.

Your responsibility is first to acknowledge that there is a "new

normal", at least, for now, and then maximize the time or freedom you have to do all you need to do. If it now seems so clear to you that you really do not have 24 hours to operate your business because of government policy, then just deal with it, manage your space and time.

### Faith

It is quite amazing how vulnerable humans can be, especially when life is threatened. It's just a reflex response. One aspect of humans that is a cynosure of focus is the belief system. People are open to believe almost anything out of desperation for what works - be it spiritual or secular succour. Again, it's your duty to ensure that your trust leans on what you have tested in the past and hasn't failed you to start with. Putting confidence on speculations is not advisable. Get knowledge from relevant and authentic authorities before putting all your eggs in one basket.

### Friendship/Fellowship

One very powerful tool that you can leverage during crisis is quality relationships you have built before crisis. The summation of life itself is about relationship. If you run out of funds, one of the options available to you is to reach out to others. I am talking about the relationships that you have invested in before the crisis started. That will keep you going until you can stabilise again.

### Fame

Take it or leave it, some are bound to become famous at a period like this, either because they are at the forefront of the fight against the crisis, warranting that their names and details be displayed on all various media; or because they have some kind of solution, worthy of attention. This may not be your priority at this period but if you desire such, then you must think of bringing forth a solution that will be relevant at this time to attend to the needs of humanity.

### Fees

It is common to find people trying to abdicate their financial responsibilities, blaming their predicament on the supposed ineptitude of the government or the impact of the crisis. True as this may appear, it does not change the fact that fees still need to be paid. You can apply for more time to settle your bills or ask for discounts; but a blatant dereliction of financial commitments is not the way to go.

### Fortune

No doubt, very many businesses have been hit financially during this crisis. At the same time, there are some people that are still smiling to the banks. At times, it's not so much about selling what you have but what the customer or client needs and is willing to pay for.



Whichever way, open your mind to opportunities that the crisis inadvertently brings.

What kind of services do you render? How best can you offer your services at this period amidst the challenges? What new ways can you get your customers serviced, while not compromising quality or quantity in any way? Those that will make a fortune during this period are those that will think out of the box, apart from the minority who are in industries that are considered essential e.g food, medicines, medicals etc.



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# Current trends in managing heartburn/GERD

**G**astroesophageal reflux disease, or GERD, is a digestive disorder that affects the lower oesophageal sphincter (LES), the ring of muscle between the oesophagus and stomach. Many people, including pregnant women, suffer from heartburn or acid indigestion caused by GERD. GERD can also be referred to as a common disorder globally, with prevalence and severity of symptoms as well as complications, varying according to ethnic and geographical locations.

Heartburn, also called acid indigestion, is the most common symptom of GERD and usually feels like a burning chest pain beginning behind the breastbone and moving upward to the neck and throat.

While the paucity of data has made it somewhat difficult to establish the degree of GERD prevalence in Nigeria, an hospital-based study conducted by members of the Association of Resident Doctors, University College Hospital, Ibadan, Nigeria, found that there is a moderate prevalence of the disorder among adults in Ogbomoso, southwest Nigeria, with a significant association between increasing age and GERD.

Experts have also associated the disease with a

condition called hiatal hernia. They opined that in most cases, GERD can be relieved through diet and lifestyle changes; however, some people may require medication or surgery, they revealed.

## What is gastroesophageal reflux?

Gastroesophageal reflux refers to the stomach and oesophagus. Reflux means to flow back or return. Therefore, gastroesophageal reflux is the return of the stomach's contents back up into the oesophagus.

In normal digestion, the lower oesophageal sphincter (LES) opens to allow food to pass into the stomach and closes to prevent food and acidic stomach juices from flowing back into the oesophagus. Gastroesophageal

reflux occurs when the LES is weak or relaxes inappropriately, allowing the stomach's contents to flow up into the oesophagus.

The severity of GERD depends on LES dysfunction as well as the type and amount of fluid brought up from the stomach and the neutralizing effect of saliva.

## Types of heartburn/GERD

Gastroesophageal reflux disease is broadly classified into two groups, on the basis of endoscopy findings: that which involves oesophageal mucosal damage (erosive esophagitis and Barrett's oesophagus) and the one in which there is no mucosal damage (endoscopy-negative reflux disease or nonerosive reflux disease, NERD).

Traditionally, GERD had been approached as a spectrum disease, with NERD at the mild end and complicated GERD (stricture, Barrett's oesophagus, or adenocarcinoma) at the other end of the spectrum.

However, emerging evidence indicates that the vast majority of NERD and erosive esophagitis (ER) patients remain within their respective GERD groups throughout their

lifetime.

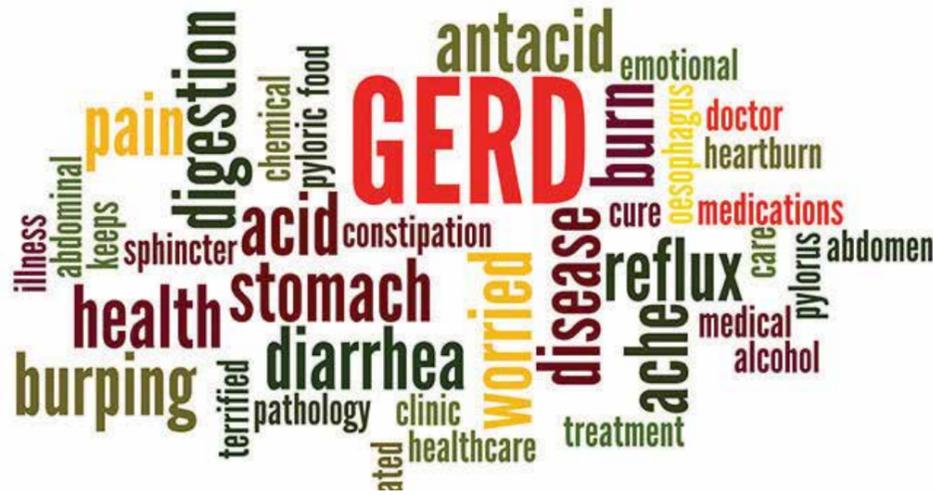
This new paradigm proposes that the genetic makeup of each individual subject exposed to similar environmental factors may ultimately determine the specific phenotypic presentation of GERD. In other words, GERD phenotypes once determined, remain true to form.

NERD patients have been sub-classified into three types on the basis of the results of 24-hour pH evaluation:

**Type 1:** Patients who demonstrate an abnormal acid exposure time in a manner similar to those with erosive esophagitis.

**Type 2:** Patients with a normal acid exposure time, but

*continued on page 13*



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## Abridged Prescribing Information

**Description:** Brand of enteric coated Rabeprazole Sodium Capsules, contains rabeprazole, which is substituted benzimidazole that inhibits gastric acid secretion. **Composition:** Each capsule contains Rabeprazole Sodium as enteric coated pellets. **Inactive Ingredients:** Hypromellose, Methacrylic acid, Copolymer, Macrogol, Purified Talc, Light Magnesium Carbonate, Sodium Hydroxide. **Clinical Pharmacology:** Rabeprazole belongs to a class of antisecretory compounds (substituted benzimidazole proton-pump inhibitors) that do not exhibit anticholinergic or anti-histamine h<sub>2</sub>-receptor antagonist properties, but suppress gastric acid secretion by inhibiting the gastric H<sup>+</sup> K<sup>+</sup> ATPase at the secretory surface of the gastric parietal cell. **Pharmacokinetics:** After oral administration of 20mg rabeprazole, peak plasma concentration (C<sub>max</sub>) occurs over a range of 2.0 to 5.0 hours (T<sub>max</sub>). The pharmacokinetic is not altered by multiple dosing. The plasma half-life ranges from 1 to 2 hours. Absolute bioavailability for a 20mg capsule of Rabeprazole is 52%. Plasma protein binding is 96.3%. Rabeprazole is extensively metabolized. The thioether and sulphone are the primary metabolites measured in human plasma. Antisecretory effect begins within one hour after oral administration of 20mg Rabeprazole. **Dosage:** The recommended adult oral dose is 20mg daily for four to eight weeks. Barole should be administered before meal. **Indication:** Healing of erosive or ulcerative Gastroesophageal Reflux Disease (GERD), Maintenance of healing of erosive or ulcerative Gastroesophageal Reflux Disease (GERD), Healing of Duodenal Ulcers, Treatment of Zollinger – Ellison Syndrome and Eradication of *H. pylori*. **Contraindication:** Contraindicated in patients with known hypersensitivity or rabeprazole, substituted benzimidazole or any of the ingredients in the preparation. **Adverse Reaction:** Adverse reactions with Barole are mild to moderate in intensity and include malaise, diarrhea, nausea, skin eruption, headache and dizziness.

References: 1. J Gastroenterol Hepatol. 2001 Dec;16(12):1392-8. 2. World J Gastroenterol. 2005 May 28;11(20):3051-8. 3. Aliment Pharmacol Ther. 2003 Jun 15;17(12):1627-14. 4. Am Fam Physician. 2002;66:273-80. 5. Therapeutics and Clinical Risk Management. 2007;3(5):303-319.

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## Current trends in managing heartburn/GERD

continued from page 11

with symptoms and reflux events that are significantly correlated, suggesting acid hypersensitivity. This is also referred to as "the hypersensitive oesophagus".

**Type 3:** Patients with typical reflux symptoms, but normal pH studies, and no correlation between symptoms and acid exposure. Within this group are 2 subgroups; namely: those who respond to proton pump inhibitor therapy and those who do not respond. The latter subgroup represents functional heartburn (according to Rome III guideline).

A combination of conventional oesophageal pH monitoring and intraluminal impedance monitoring now offers the opportunity to detect acid and non-acid reflux and their association with symptoms.

Using this technique, NERD patients with normal pH studies were found to have a positive symptom association for acid reflux in 15 per cent but also a positive association for non-acid reflux in 12 per cent of patients.

### Role of hiatal hernia in GERD

Some doctors believe a hiatal hernia may weaken the LES and increase the risk for gastroesophageal reflux. Hiatal hernia occurs when the upper part of the stomach moves up into the chest through a small opening in the diaphragm (diaphragmatic hiatus).

The diaphragm is the muscle separating the abdomen from the chest. Recent studies show that the opening in the diaphragm helps support the lower end of the oesophagus. Many people with a hiatal hernia will not have problems with heartburn or reflux. But having a hiatal hernia may allow stomach contents to reflux more easily into the oesophagus.

Coughing, vomiting, straining, or sudden physical exertion can cause increased pressure in the abdomen, resulting in hiatal hernia. Obesity and pregnancy also contribute to this condition. Many otherwise healthy people aged 50 and over have a small hiatal hernia. Although considered a condition of middle age, hiatal hernias affect people of all ages.

Hiatal hernias usually do not require treatment. However, treatment may be necessary, if the hernia is in danger of becoming strangulated (twisted in a way that cuts off blood supply) or is complicated by severe GERD or esophagitis (inflammation of the oesophagus). The doctor may perform surgery to reduce the size of the hernia or to prevent strangulation.

### Risk factors for heartburn/GERD

In Nigeria, increased consumption of cola and coffee by medical students in order to stay awake to read for examinations was associated with an increased prevalence of GERD. One study showed that an



initial diagnosis of either GERD or irritable bowel syndrome raised the risk of a subsequent diagnosis of the other three-fold.

Gastroesophageal reflux disease is frequently found in

patients with connective tissue disease, especially scleroderma, as well as patients with chronic obstructive airway disease.

In addition, a number of common drugs and

hormonal products have been associated with GERD. These include anticholinergics, benzodiazepines, calcium channel blockers, dopamine, nicotine, nitrates, theophylline, oestrogen, progesterone, glucagon, and some prostaglandins. Heartburn is a very common gastrointestinal manifestation of pregnancy.

### Symptoms of heartburn/GERD

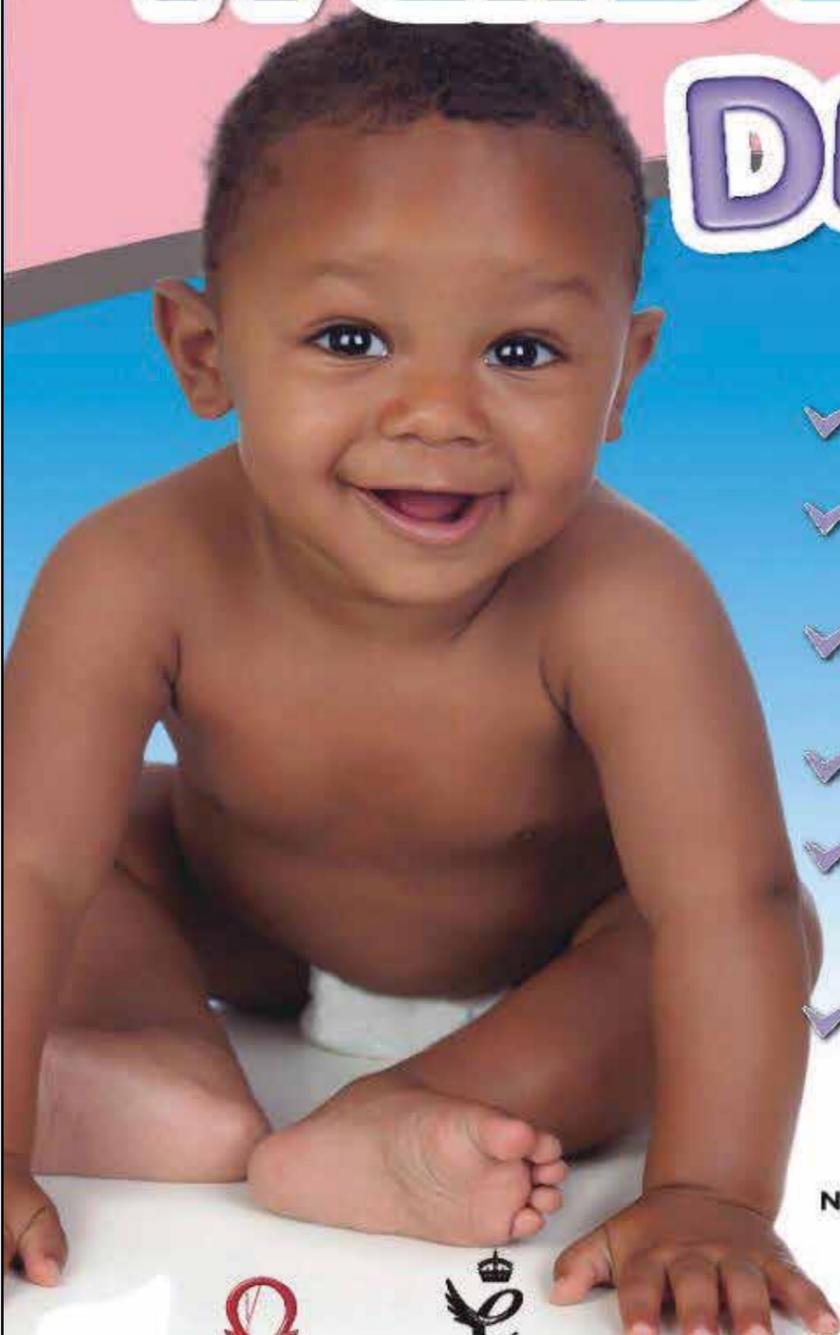
Heartburn, also called acid indigestion, is the most common symptom of GERD and usually feels like a burning chest pain, beginning behind the breastbone and moving upward to the neck and throat. Many people say it feels like food is coming back into the mouth leaving an acid or bitter taste.

The burning, pressure, or pain of heartburn can last as long as two hours and is often worse

continued on page 15

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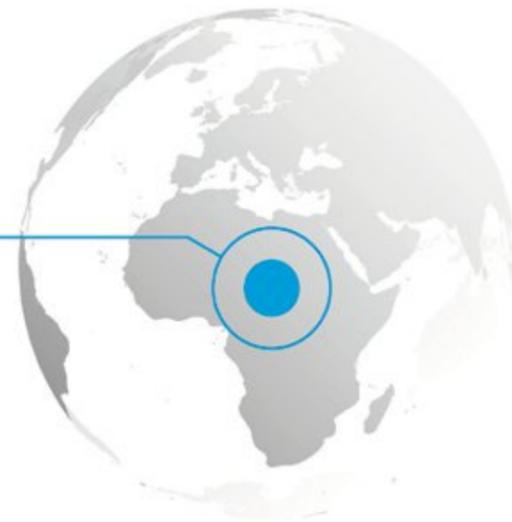
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## Current trends in managing heartburn/GERD

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after eating. Lying down or bending over can also result in heartburn. Many people obtain relief by standing upright or by taking an antacid that clears acid out of the oesophagus.

Heartburn pain is sometimes mistaken for the pain associated with heart disease or a heart attack, but there are differences.

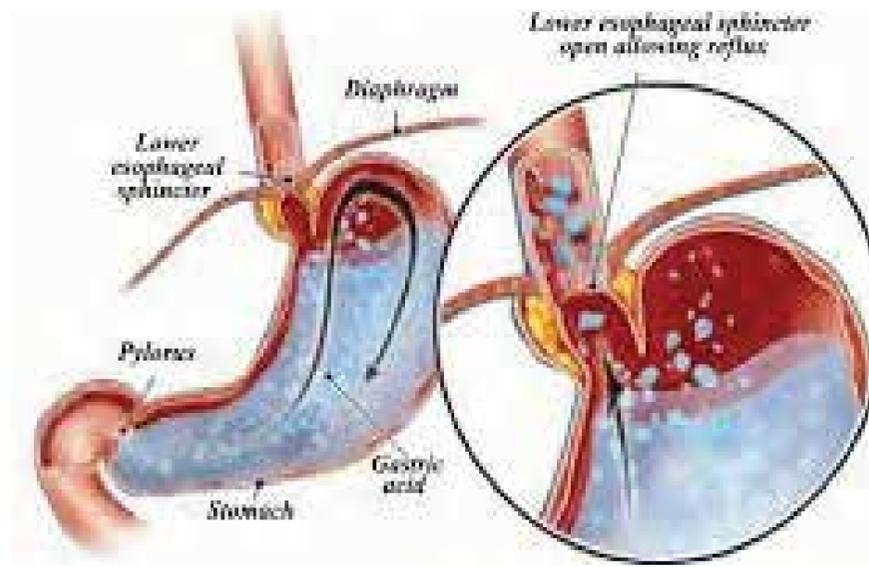
Exercise may aggravate pain resulting from heart disease, and rest may relieve the pain. Heartburn pain is less likely to be associated with physical activity. But you can't tell the difference, so seek immediate medical help if you have any chest pain.

### Other factors that contribute to GERD

Dietary and lifestyle choices may contribute to GERD. Certain foods and beverages, including chocolate, peppermint, fried or fatty foods, coffee, or alcoholic beverages, may trigger reflux and heartburn. Studies show that cigarette smoking relaxes the LES. Obesity and pregnancy can also play a role in GERD symptoms.

### Prevalence of heartburn/GERD in Nigeria

A limited number of studies have reported GERD and its complications to be rare in Africa. However, a recent study of Nigerian medical students



showed a prevalence of 26.3 per cent. Nonerosive reflux disease (NERD) accounts for over 60 per cent of cases of GERD in Nigeria.

Many pregnant women experience daily heartburn. Recent studies show that GERD in infants and children is more common than previously recognized and may produce recurrent vomiting, coughing, and other respiratory problems.

### Diagnosis of heartburn/GERD

To confirm a diagnosis of GERD, or to check for complications, your doctor might recommend:

**Upper endoscopy:** Your doctor inserts a thin, flexible tube equipped with a light and camera (endoscope) down your throat, to examine the inside of your oesophagus and stomach. Test results can often be normal when reflux is present, but an endoscopy may detect inflammation of the oesophagus (esophagitis) or other complications. An endoscopy can also be used to collect a sample of tissue (biopsy) to be tested for complications such as Barrett's oesophagus.

**Ambulatory acid (pH) probe test:** A monitor is placed in your oesophagus to identify when, and for how long, stomach acid regurgitates there. The

monitor connects to a small computer that you wear around your waist or with a strap over your shoulder. The monitor might be a thin, flexible tube (catheter) that's threaded through your nose into your oesophagus, or a clip that's placed in your oesophagus during an endoscopy and that gets passed into your stool after about two days.

**Oesophageal manometry:** This test measures the rhythmic muscle contractions in your oesophagus when you swallow. Oesophageal manometry also measures the coordination and force exerted by the muscles of your oesophagus.

**X-ray of your upper digestive system:** X-rays are taken after you drink a chalky liquid that coats and fills the inside lining of your digestive tract. The coating allows your doctor to see a silhouette of your oesophagus, stomach and upper intestine. You may also be asked to swallow a barium pill that can help diagnose a narrowing of the oesophagus that may interfere with swallowing.

### Treatment for heartburn/GERD

Doctors recommend lifestyle and dietary changes for most people needing treatment for GERD. Treatment aims at decreasing the amount of reflux or reducing damage to the lining of the oesophagus

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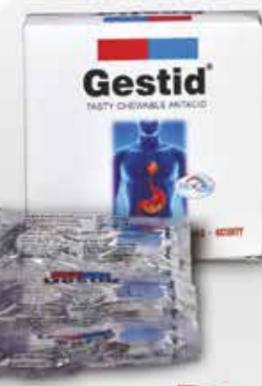
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## Current trends in managing heartburn/GERD

*continued from page 15*

from refluxed materials.

Avoiding foods and beverages that can relax the LES is often recommended. These foods include chocolate, peppermint, fatty foods, caffeine, and alcoholic beverages. Foods and beverages that can irritate a damaged oesophageal lining, such as citrus fruits and juices, tomato products, and pepper, should also be avoided, if they cause symptoms.

Decreasing the size of portions at mealtime may also help control symptoms. Eating meals at least two to three hours before bedtime may lessen reflux by allowing the acid in the stomach to decrease and the stomach to empty partially. In addition, being overweight often worsens symptoms. Many overweight people find relief when they lose weight.

Cigarette smoking weakens the LES. Stopping smoking is important to reduce GERD symptoms.

Elevating the head of the bed on 6-inch blocks or sleeping on a specially designed wedge reduces heartburn by allowing gravity to minimize reflux of stomach contents into the oesophagus. Do not use pillows to prop yourself up; that only increases pressure on the stomach.

Along with lifestyle and diet changes, your doctor may recommend over-the-counter or prescription treatments.

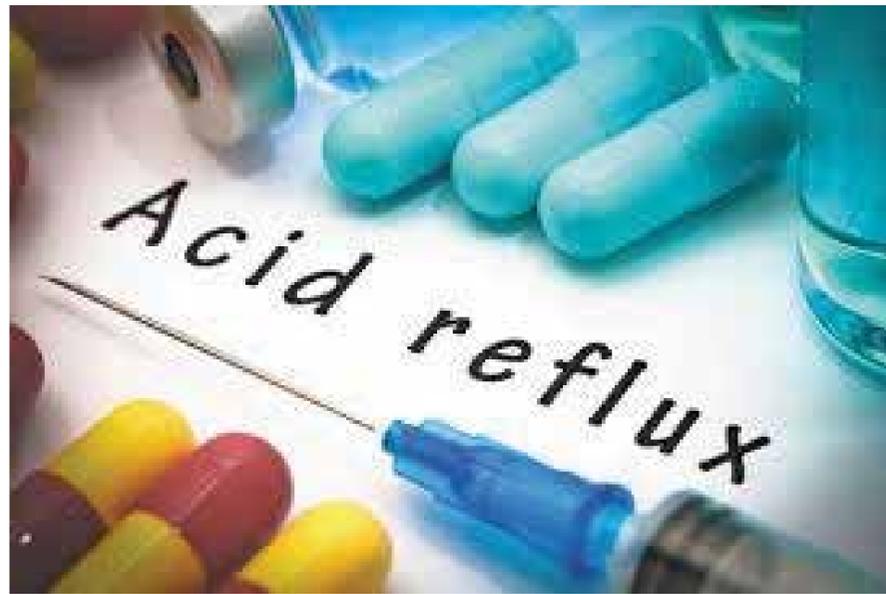
Antacids can help neutralise acid in the oesophagus and stomach and stop heartburn. Many people find that non-prescription antacids provide temporary or partial relief. An antacid, combined with a foaming agent helps some people. These compounds are believed to form a foam barrier on top of the stomach that prevents acid reflux from occurring.

Long-term use of antacids, however, can result in side effects, including diarrhoea, altered calcium metabolism (a change in the way the body breaks down and uses calcium), and build-up of magnesium in the body.

Too much magnesium can be serious for patients with kidney disease. If antacids are needed for more than two weeks, a doctor should be consulted.

For chronic reflux and heartburn, the doctor may recommend medications to reduce acid in the stomach. These medicines include H<sub>2</sub> blockers, which inhibit acid secretion in the stomach. H<sub>2</sub> blockers include: cimetidine (Tagamet), famotidine (Pepcid), and nizatidine.

Another type of drug, the proton pump inhibitor (or acid pump), inhibits an enzyme (a protein in the acid-producing cells of the stomach) necessary for acid secretion. Some proton pump inhibitors include dexlansoprazole (Dexilant), esomeprazole (Nexium), lansoprazole



(Prevacid), omeprazole (Prilosec), omeprazole/sodium bicarbonate (Zegerid), pantoprazole (Protonix), and rabeprazole (Aciphex).

### Treatment for persistent heartburn /GERD

People with severe, chronic oesophageal reflux or with symptoms not relieved by the treatments described above may need more complete diagnostic evaluation. Doctors use a variety of tests and procedures to examine a patient with chronic heartburn.

Endoscopy is an important procedure for individuals with chronic GERD. By placing a small lighted tube with a tiny video camera on the end (endoscope) into the oesophagus, the doctor may see inflammation or irritation of the tissue lining the oesophagus (esophagitis). If the findings of the endoscopy are abnormal or questionable, biopsy (removing a small sample of tissue) from the lining of the oesophagus may be helpful.

### Surgery for GERD

A small number of people with GERD may need surgery because of severe reflux and poor response to medical treatment. However, surgery should not be considered until all other measures have been tried. Fundoplication is a surgical procedure that increases pressure in the lower oesophagus. The doctor can perform it through a laparoscope (small holes through the belly) or through open surgery.

The Stretta procedure is minimally invasive. The doctor goes down the oesophagus with a small tube and uses radiofrequency to tighten the barrier between the oesophagus and stomach. With LINX surgery, your doctor wraps a band of titanium beads around the lower part of the oesophagus to prevent stomach acids from splashing back up into the oesophagus. Your doctor performs this procedure using a laparoscope.

### Complications of long-term GERD

Sometimes GERD results in serious complications. Esophagitis can occur as a result of too much stomach acid in the oesophagus. Esophagitis may cause oesophageal bleeding or ulcers. In addition, a narrowing or stricture of the oesophagus may occur from chronic scarring. Some people develop a condition known as Barrett's oesophagus. This condition can increase the risk of oesophageal cancer.

### Heartburn/GERD during pregnancy

Most pregnant women have symptoms of gastroesophageal reflux disease (GERD), especially heartburn, at some point. These symptoms may start at any time during pregnancy. And they often get worse throughout the pregnancy. Heartburn is common when you are pregnant. That's because hormones cause the digestive system to slow down. The muscles that push food down the oesophagus also move more slowly when

you are pregnant. And as the uterus grows, it pushes on the stomach. This can sometimes force stomach acid up into the oesophagus.

GERD symptoms are common during pregnancy. But they rarely cause complications, such as inflammation of the oesophagus (esophagitis). Most of the time, symptoms of heartburn improve after the baby is born.

Treatment for pregnant women with GERD is like treatment for other people who have GERD. It focuses first on lifestyle changes and non-prescription medicines. You can make changes to your lifestyle to help relieve your symptoms of GERD. Here are some things to try:

### Change your eating habits.

It's best to eat several small meals instead of two or three large meals.

After you eat, wait two to three hours before you lie down. Late-night snacks aren't a good idea.

Chocolate and mint can make GERD worse. They relax the valve between the oesophagus and the stomach.

Spicy foods, foods that have a lot of acid (like tomatoes and oranges), and coffee can make GERD symptoms worse in some people. If your symptoms are worse after you eat a certain food, you may want to stop eating that food to see if your symptoms get better.

Do not smoke or chew tobacco.

If you have GERD symptoms at night, raise the head of your bed 6 inches (15 cm) to 8 inches (20 cm) by putting the frame on blocks or placing a foam wedge under the head of your mattress. (Adding extra pillows does not work.)

### Try over-the-counter antacids for heartburn symptoms.

Be careful when you take over-the-counter antacid medicines. Many of these medicines have aspirin in them. While you are pregnant, do not take aspirin or medicines that contain aspirin, unless your doctor says it is okay.

During pregnancy, do not use antacids that have sodium bicarbonate (such as baking soda), because they can cause fluid build-up. Do not use antacids that have magnesium trisilicate, because they may not be safe for your baby. It is okay to use antacids that have calcium carbonate (such as Tums).

### The outlook for GERD

Although GERD can limit daily activities and productivity, it is rarely life-threatening. With an understanding of the causes and proper treatment, most people will find relief.

*Report compiled by Temitope Obayendo with additional information from: Annals of Ibadan Postgraduate Medicine; Webmd.com; and International Scholarly Research Notices*



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

*continued from front page*

to make real progress, especially in the battle against poverty and disease.

Adelusi-Adeluyi, who, during his tenure as minister of health, was instrumental to the establishment of the Nigerian Institute for Pharmaceutical Research and Development (NIPRD), canvassed better funding for research institutes and encouragement for scientific research in general.

He added that the Nigeria Academy of Pharmacy (NAPharm), which he currently presides over, is working towards a re-orientation of attitudes towards pharmaceutical research, starting from schools of pharmacy, with a view to improving pharmaceutical output in Nigeria.

Adelusi-Adeluyi also spoke extensively about his life experiences, including his life as a pilot, lawyer, his appointment as health minister, among many others. He expressed high hopes for the future of pharmacy, exhorting young and aspiring pharmacists, to keep their dreams alive and refuse to be discouraged by every day challenges.

Below is the full interview:

**Congratulations on your 80<sup>th</sup> birthday. It is a landmark achievement by any standard. Looking back on your sojourn on earth so far, what would you say are the biggest lessons you have learnt?**

I have learnt to be grateful to God in all circumstances. I have learnt to have a sense of contentment. I have learnt to be humble and prayerful in all circumstances. Gratitude to God, contentment, simplicity, prayerfulness and humility summarise the lessons I have learnt in life.

**The name, Prince Julius Adelusi-Adeluyi, is renowned in the healthcare industry and beyond. Kindly tell us briefly about your early childhood and education.**

I was born in Ado-Ekiti, Ekiti State on August 2nd 1940. I am the last of the children of my parents. In fact, I was not expected because my parents thought they had put an end to childbearing, but I came anyway.

I wasn't as strong as my other siblings. I came rather light-skinned and was called "oyibo". In fact, some people still call me "abayibo", any time I travel home. My mum had tough time giving birth to me. She started labour on the 31st of July but I wasn't born until August. After delivery, my mum passed out and could not see me for several months after.

I was never allowed to go to farm like my other siblings because I was rather delicate. As life would have it, while I was playing with other children, one man of God, Reverend Monsignor Anthony Oguntuyi, came visiting the house. One thing led to another and by the time I was five years, I was taken to the Catholic mission in Ado Ekiti to live with the missionaries along with a few other young people who had been brought into the mission.

It also happened that I was the only one that lasted long in the mission house. I lived in the mission house from age 5 till about the age of 25, when I finished university. In the mission, you had African priests and European priests. The Nigerian priest who brought me to the mission was the first person to become a Catholic priest in the then Ondo State. I was greatly influenced by him. By the time I was six years old, I was already typing well and I helped him to

type his weekly sermons and the many books on Ekiti history which he authored. I recall that my school mates and some visitors to the mission house were wondering how I was able to type at the age of six but you know what will be will be.

**Looking back, what are some of the factors or personalities that have influenced your life?**

The person that influenced me most was Reverend Monsignor Anthony Oguntuyi. He taught me orderliness, simplicity, cleanliness and discipline. He taught me not to be unduly influenced by the rush for material accumulation. He stressed that simplicity is also very important. I was taught to pay attention to details and to realise that whatsoever that is worth doing is worth

doing well. He also

taught me that **Prince Julius Adelusi-Adeluyi** memorable it is better to be because a person of character and service than to be a person of wealth.

**What moments would you consider as your most memorable, looking back at the last 80 years?**

When I was in standard five, in primary school, St. George's Catholic School, in Ado-Ekiti. Some of us were selected to write entrance examination into some colleges or secondary schools. By some accident, I was the only one that passed and I was offered a scholarship to Government College, Ibadan.

In those days, inter-religious interface was not as it is now. The priests could not imagine their son going to a non-Catholic school. It caused a lot of brouhaha and my headmaster was upset with me and visited me with transferred aggression. But, in any case, I couldn't go to Government College Ibadan. The priests had their way. They packaged me to Acquinas College in Akure on Scholarship.

At the university, I was vice president, International Affairs of the then National University of Nigeria Students (NUNS). It was significant to me because I was really able to travel around the

world on behalf of all the students of Nigeria. I was elected at the international student conference at Christchurch in 1964 in New Zealand to represent Africa at the world conference in Holland. I was elected secretary of the Pharmaceutical Society of Nigeria (PSN) at the age of 29. That gave me the opportunity to be able to contribute and shape the direction of Pharmacy in Nigeria.

I became the first district Governor of Rotary International District 911 in 1982. I had the responsibility of developing Rotary throughout Nigeria which is why I travelled around Nigeria six times seeking quality membership for the organisation.

Another memorable moment was when Juli Pharmacy was quoted on the Nigerian Stock Exchange as the first indigenous company to be quoted on the NSE. This is

are 80 and they have not shown any sign of slowing down. They still do their daily routines and analyses. They still dance in church as if they are 20. Everybody enjoys the dance in the church, but only the dancer bears the consequences. I have no doubt that my friend here, Ifeanyi Atueyi, can bear me out (laughs).

When you are 80 and God still gives you breath, you must celebrate and thank Him in your own way. People around me know that I don't get too excited about birthdays because, for me, every day is a birthday. Being 80 is good. But it is not whether you are 80 that matters; it is what you do. The value you bring on.

Once you are 65 and above, you are a senior citizen. So when you are 80, you must become more heavily spiritual. You must do self-audit. Life is like an examination room. You must revise your answers, at least, ten minutes to the end of time before submitting your scripts. You must consolidate and make sure the message of your life is clear so that when the owner of your life says "pens up", you can say, "Okay, I think I have done well in my answer sheet."

**Why did you study Pharmacy? Did you have any expectations of the profession? If so, what were these expectations and to what degree have they been met?**

When I finished at the secondary school, I was a bit too young, at 17, and I had wanted to go straight to the University of Ibadan; but they didn't allow people who were 17 to go into the university because of age restrictions.

So, I took the time off to teach at St. Michael's Catholic Secondary School in Ibadan where at least 80 per cent of the students were older than I was. Then I went to work at Western Nigeria Broadcasting Service (WNBS). I was a television newscaster and carried out many programmes including "Vox Pop" interviews. I was going out to interview individuals at events. I came across a gentleman who mentioned to me that if one chose to study science-based professions like Pharmacy instead of the arts subjects I was pursuing, he had better chances of having scholarships. So I went back to brush up my knowledge of the sciences. I was lucky to get double scholarship to study at the University of Ife.

However, I didn't feel I had the most tasking agenda and that was what led me to student politics. I became a student union leader. I was in the House of Representatives and I was writing songs, plays and teaching dances at my spare time. So, Pharmacy was challenging but not sufficiently so. It was a difficult course - almost over-preparing you for the future and in the process, keeping you along narrow channels of self-expression.

I think going to the University of Ife was good and that was where I got the challenge that Pharmacy must be better. It was a good experience at the university. It was challenging; so challenging that one was determined to make a difference.

Let me also add that I was an editor on campus. I had my own newspaper called *Spitfire* where I and my crew were actually spitting fire. It was a much feared newspaper. So, I was very fully occupied; but the expectations of what a pharmacist should be were not met and I said to God that if I qualified, I was going to make sure that the environment of practice for pharmacists was better.

**Continues next edition**

# Prevention best option to curtail COVID-19 spread, says Azoji

**- As Neimeth launches COVID-19 public enlightenment kiosks for FRSC**

By Adebayo Oladejo

In view of the increasing incidence of the COVID-19 pandemic in the country, Mr Mathew Azoji, managing director and chief executive officer, Neimeth International Pharmaceutical Plc., has stated that prevention remains the only viable option against the infection, adding that with regular antiseptic use, use of hand sanitizer, regular hand washing, use of face mask, social distancing and others, disease spread can be curtailed and prevented.

Azoji gave the remarks at the media launch and public presentation of the FRSC COVID-19 public enlightenment kiosks and flyers, aimed at creating awareness about its spread and prevention in Ogun and Lagos states to the Federal Road Safety Corps (FRSC) RS2HQ, Lagos.

Describing the event as historic, the Neimeth boss noted that the FRSC was the first federal government-established organisation the company was partnering with on COVID-19, adding that the donated COVID-19 enlightenment kiosks was a worthy campaign seeking to improve the quality of life of the citizens at this time of the COVID-19 pandemic in the country.

While commending the FRSC for the partnership, Azoji also urged Nigerians to strictly observe all COVID-19 prevention guidelines, as stipulated by the Nigeria Centre for Disease Control (NCDC), especially the use of antiseptic and disinfectant, saying considering the overcrowded nature of most residential areas, enlightenment,

personal hygiene, the use of face masks, antiseptic and regular hand washing would go a long way to prevent further spread of the virus.

Azoji who was represented by the firm's Executive Director, Sales and Marketing, Mrs Roseline Oputa, described the partnership with FRSC as a worthy humanitarian cause, saying that the firm was looking forward for many more partnerships that revolve around the healthcare of Nigerians.

While noting the importance of the partnership, Azoji noted that Neimeth has tremendous faith and trust in FRSC's competence and professionalism, while commending the agency for going beyond the standard role of prevention and reduction of accidents to improving the health of motorists and travellers through the project.

He further said: "Our use of NCP liquid and hand sanitizers for this partnership is very apt. NCP will help to promote NCDC's recommendation of maintenance of regular personal and environmental hygiene as an effective way to prevent contracting diseases and infections, including coronavirus. Based on this recommendation, NCP can be used to sanitise hands in the absence of water, used to clean and disinfect surfaces in the home or office, and above all, maintain personal and environmental hygiene," he said.

While responding, Mr Samuel Obayemi, the zonal commanding officer, FRSC, RS2HQ, in charge of both Lagos and Ogun states, who commended Neimeth for deeming

it fit to partner with FRSC to curb the spread of COVID-19 said that the gesture was timely and commendable.

Obayemi, who was represented by the Lagos State Sector Commander of FRSC, Mr Olusegun Ogungbemi, said that the global health crisis required partnership and participation of all, as government alone cannot tackle the pandemic.

According to him, the rising cases of the virus in the country necessitated the corps' partnership with Neimeth to bring the global health challenge under control through public transportation, adding that when it comes to health crisis, government needs the support and cooperation of institutions, non-governmental organisations and other critical stakeholders.

"FRSC does not joke with the pandemic as we see it as a battle to win. We are always available to project this enlightenment campaign targeted at curbing the spread of this deadly virus. We are excited to be with Neimeth to drive this project. The foot-soldiers are here. Our men will put their strength to drive this motive and Nigerian citizens will be better for it."

He added: "When the pandemic broke out, FRSC was one of the first paramilitary organisations to combine the mandate of road safety with public enlightenment against its spread, with the provision of flyers. Our collaborations with NGOs in Nigeria have been very robust and it is what is being



Mrs Roseline Oputa

exhibited today with the provision of several kiosks and flyers to combat the spread of COVID-19.

Also speaking, Pharm. Chovwe Emaniru, head of Marketing, Neimeth, noted that the company has been at the forefront of fighting the COVID-19 pandemic in line with the federal government's directive, adding that there is need for sustained sensitisation and public enlightenment through hygiene education.

Emaniru said the donated kiosks and flyers would provide another avenue to reach the motoring public on the danger of the pandemic and the need to adhere strictly to the prevention protocols.

She added that the 20-unit NCP-FRSC co-branded kiosks would be placed at strategic locations like motor parks and highly populated grassroots environments in Lagos and Ogun states for the COVID-19 public enlightenment, adding that the initiative was part of Neimeth's corporate social responsibility as a responsible Nigerian firm.

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

### International Treatment Guidelines

(According to the American College of Gastroenterology)

According to European<sup>13</sup> and North American<sup>21</sup> guidelines, there is a first-line therapy for treating H. pylori infection. It consists of a standard triple therapy including a proton pump inhibitor (PPI) with any two antibiotics among amoxicillin, clarithromycin given for 7-14 days to adults.

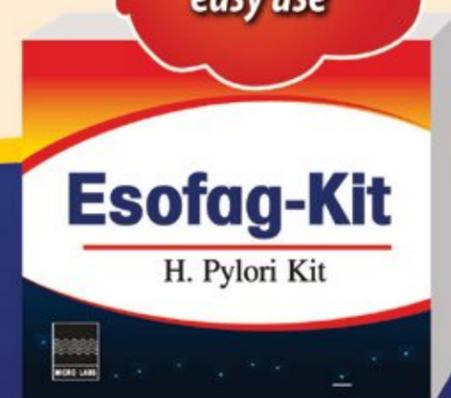
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# 80 cheers to Prince Julius Adelusi-Adeluyi

By Ifeanyi Atueyi

**M**y friend, Prince Julius Adelusi-Adeluyi, popularly called "Juli," was born on 2 August, 1940, while I was born on 1 October, 1939, therefore, I am ten months older. He chaired my 70th birthday celebration in 2009 and also my 80th birthday celebration last October.

Juli is like the proverbial elephant, which some blind men tried to describe, according to the part of the body each of them touched. In the same way, no one can know all about Juli. Even though I have known him since when we were both Pharmacy students at the then University of Ife (now Obafemi Awolowo University) in the '60s and we have continued to relate (for about 60 years now), there are some aspects of this Juli that I would still need to conduct a research on before commenting.

For example, I may not be able to say much about his sojourn in Amsterdam, Holland, immediately he graduated in 1965. But I know that, while there, he worked for some years as the secretary general of the World Student Movement, which gave him the opportunity of travelling to many countries of the world and speaking many languages.

## Catalogue of landmarks

Juli studied at the Faculty of Law of the University of Lagos and later emerged as the best student at the Nigerian Law School in 1987. If you talk of Rotary International, he was the first District Governor of District 9110. At the Nigerian Institute for Policy and Strategic Studies in Kuru, Juli excelled and was the president of the alumni association afterwards. The congregation of St. Leo's Catholic Church, Ikeja, will also testify of his commitment and contributions to the Church.

In business, his company, Juli PLC, was the first indigenous company to be quoted on the Nigerian Stock Exchange. In several organisations, such as the Nigerian Institute for International Affairs, the Nigerian Chamber of Commerce and Industry, the Nigerian Institute of Management, and the Institute of Directors, Juli left indelible marks. In his days in government, he served as the Minister of Health. He is indeed the first and only pharmacist in the country that has occupied the post.

As a professional colleague, I am not even competent to write about his life as a pharmacist. There are many facets of his pharmaceutical life. During important occasions of the Pharmaceutical Society of Nigeria, we sing the Pharmacy Anthem. This anthem was composed by Juli. He was instrumental to introducing the award of fellowship of the PSN in 1972. He served as the national secretary and later the president of PSN.

Juli is the pioneer president of the Nigeria Academy of Pharmacy (NAPharm). He came up with the idea of bringing together the national pharmaceutical associations in West Africa, which was launched as the West African Pharmaceutical Federation (WAPF) in Monrovia in October, 1976. It was also Juli who introduced Nigeria to the International Pharmaceutical Federation (FIP), which now attracts hundreds of pharmacists to its



Prince Julius Adelusi-Adeluyi

annual congresses in various parts of the world.

## Campus exploits

I first met Juli (known then simply as Julius Adeluyi) at the Ibadan branch of the University of Ife in 1961. He was a pre-Pharmacy student, while I had direct admission with HSC for Pharmacy. At that time, the Department of Pharmacy had only 60 students, with 20 in each year of the three-year course. The relatively small number of students enabled us to be close to one another and even with the lecturers.

Juli was a popular student - handsome, smart, fluent and very actively involved in several extracurricular activities. He was a noticeable figure on campus. Having been an ardent Catholic, he led the *Pax Romana*, a Catholic organisation on campus, as the president. He introduced the International Pharmaceutical Students Federation (IPSF) in Nigeria and participated in their international meetings. He was the vice president for International Affairs of the then National Union of Nigerian Students (NUNS). By

**In business, his company, Juli PLC, was the first indigenous company to be quoted on the Nigerian Stock Exchange. In several organisations, such as the Nigerian Institute for International Affairs, the Nigerian Chamber of Commerce and Industry, the Nigerian Institute of Management, and the Institute of Directors, Juli left indelible marks.**

virtue of this position, he travelled extensively and participated in international students conferences.

Apart from NUNS, Juli was involved in the All Nigeria United Nations Students Association (ANUNSA), an agency of the United Nations and served as the president. Again, this caused him to travel a lot.

It was only when we heard Juli broadcasting news at the Western Nigerian Broadcasting Service (now NTA, Ibadan), that we learnt that he was a news broadcaster before coming to study Pharmacy. As a student, he still found time to do some broadcasting.

People who got to know Juli in later years may not be aware that he was an accomplished dancer. In fact, he was an instructor for "twist" and "Madison" dance. In those days, "twist" was the hottest dance that involved very active twisting of the body. Twist music was meant for young people. The wordings of the music in Ibo language are, "*Twist bukwa egwu oku o. Welukwanu nwayo...*" ("Twist is a hot and dangerous dance. Take it easy so you don't break your waist"). At that time, the late Victor Olaiya was the leading highlife musician and was around for some functions.

Juli was also an active journalist. He was the founder and editor of the most dreaded campus weekly newspaper called "Spitfire". His dangerous cartoonist was Frank Effanga. You would be miserable if Spitfire cartooned you.

In games and sports, Juli was in lawn tennis and football. He was also in music and musical instruments. Pharmacists know full well that our Pharmacy Anthem was composed by him.

As a brilliant student, Juli successfully combined these extracurricular activities with his academic work. However, he missed some lectures and practical work whenever he travelled. But he made up by copying the lecture notes from other students like

Ajibola Ojo (now Prof. Olaniyi) and reading late into the night.

The life of Juli as a pharmacy student reminds me of this refrain from his PSN Pharmacy anthem, "*Pharmacy...we are there*". Juli was everywhere. In fact, he was a hyperactive student.

## Personal testimonies

Juli has been a mentor to many people - always advising, guiding and encouraging others. Let me mention only two instances of how he has touched my life. In 1974, he was the outgoing national secretary of the PSN. That same year, the editor-in-chief of the PSN journal, Pharm. Peter Ekwunife, was sick and could no longer carry out his duties. Then, at the PSN conference, held in Kano in November 1974, a replacement for Peter was badly needed.

It was then that Juli came to me at the bar of Lake Bagauda Hotel, the venue of the conference. As I stood at the counter with colleagues, sipping cold beer, Juli approached me, gently clasped his right hand on my shoulder and said, "Atus, there is something I want you to do for us." I turned to him and asked what it was. He said, "You know Ekwunife cannot continue as the editor-in-chief and I want you to take over from him."

It was a surprise to me and I instantly rejected the suggestion because I felt that I was not competent to do it. But he pleaded with me, assuring me that he would work with me but that I should first accept the nomination before the AGM. I lost appetite in my beer as I thought of how I could handle Ekwunife's heavy responsibility.

However, from that moment, it appeared I received anointing for journalism. From 1974 to 1978, I put in my best into the journal and it generated a lot of revenue for the Society. I changed the name from *Journal of Pharmacy to Nigerian Journal of Pharmacy* and also increased the frequency from four times to six times a year.

At that time, I never thought of running my own journal but I managed the journal as if it was my personal business. By divine guidance, I found myself establishing *Pharmanews* in 1979. When I received the vision for *Pharmanews*, the first person I shared the vision with was my wife and the second person was Juli. From that beginning to date, he has been my mentor. Through Juli, I discovered God's plans for me.

Secondly, the Nigeria Academy of Pharmacy (NAPharm) was inaugurated in 2014, with Juli as the pioneer president. Before the inauguration, Juli invited me to his office to help him identify a suitable colleague for the position of vice president. I spread my search to all the states and universities and mentioned several names for consideration. At the end, he asked me, "Atus, of all these names you have mentioned, who among them is better than you?" Then he dropped the bombshell, "You are the Vice President of the Academy."

Working closely with Juli in the Nigeria Academy of Pharmacy for the past six years has positively influenced my life. Juli is an institution of learning himself. There is no better person to work with than Juli.

# Top five COVID-19 skills for pharmacists

By Pharm Makuo Muobike

From my various local and international interactions and within this COVID-19 period, I have realised that pharmacists all over the world are going through more or less the same challenges. With the current pandemic, these challenges have become front and centre of daily practice. I'll quickly point out a few of these challenges, and while exploring them, we will better understand the skills that have become necessary for the pharmacist to survive as a professional even post-COVID.

**Top five challenges of pharmacists**

**Supply chain disruption:** The global pressure on the supply chain of pharmaceutical active ingredients and finished products has a direct impact on the pharmacist. This pressure goes way upstream to manufacturers in China and India,

the critical suppliers of APIs and finished pharmaceutical products for many countries in Africa. This has led to a shortage of pharmaceutical products, from Insulin to Vitamin C. The increased downstream demand for medicines that are associated with the pandemic and medicines for chronic conditions, has an exponential pull upstream that is difficult to meet due to disruptions in the supply chain.

**Relevance:** Despite the global health pandemic, pharmacists are still battling to remain relevant in the eyes of the government, security agencies, and even patients. Policymakers in many countries battling COVID-19 have seemingly excluded pharmacists from policies that ensure remuneration, security, insurance and benefits accrued to frontline healthcare providers in the COVID-19 response. This oversight is not a recent development,

unfortunately. It stems from an age-long battle by pharmacists to carve out a place in the global health care team. The recent oversight has prompted an unprecedented collaboration between pharmacists and other healthcare providers. It has also inspired the #PharmacistsOnTheFrontline campaign on social media, and numerous fightbacks by the international pharmacy unions and union leaders

**Livelihood:** Like most professions, pharmacists are currently facing countless limitations in practice. Contrary to public opinion, the global pandemic is not a "boom period" for pharmaceuticals. Pharmacists are faced with rapidly dwindling opportunities, furloughs, and health risks in practice due to lack of access to personal protective equipment. To compound these, community pharmacists are also

reporting low profits in practice due to poor patient turnout and a global depreciation in purchasing power. Survival mode has kicked in across the world, and pharmacists are seeking additional sources of income and diversification.

**Adoption of technology:** A previously hands-on profession has to quickly adapt to digital solutions or face rapid extinction. Massive tech disruptions are needed in pharmacy training, drug development, adverse effect reporting, herbal medicine standardisation, distribution, consultation, continuous education, sales and marketing, etc. The ability of the pharmacist to lead and adopt these innovations will ensure a place in the future that is already here.

**Lack of identity:** A lack of identity, cohesiveness, and self-confidence as a profession means that pharmacists are still struggling to find a place in the global healthcare team. A strong vision and common conversation about what pharmacists want different aspects of the profession to look like in the future is very necessary.

**Survival skills**  
With the above challenges in mind, here are the top five skills that pharmacists are learning and mastering during the quarantine.

**Communication:** Now, more than ever, a pharmacist has to master effective communication. These skills include verbal and non-verbal communication. For clinical pharmacists, effective communication helps to improve the use of medications by patients. However, during the global pandemic, effective communication is crucial in ensuring favourable outcomes for both the pharmacist and his clients. Pharmacists should strengthen competency in reading, writing and speaking.

**Digital media:** This comprises marketing in a digital world, content creation, social media optimisation, email marketing, teleconferencing, search engine marketing and optimisation, web analytics, digital learning management systems, online crisis management etc. These are skills that will feature more frequently in pharmacy practice. The ability to pivot seamlessly into the digital media will ensure that pharmacists remain relevant in a rapidly changing world.

**Multitasking, efficiency, time and people management:** The capacity to go back and forth between two or more activities, teams, or sources of information without being confused will be richly rewarded. Pharmacists often have to perform multiple tasks, fill multiple roles and therefore face multiple deadlines. Now, especially, is no time for a one-trick pharmacist.

**Negotiation:** Wherever you disagree with someone and you need to resolve the situation or make a decision, there is a need for negotiation skills. As a matter of fact, no offer is too good to be true. Negotiate everything. When buying, never pay top naira or dollar. There is always a discount. When selling, sell value first. Remember that packaging matters. Leverage relationships to get better deals.

**Collaboration and networking:** Finally, pharmacists around the world that I've interfaced with all agree that it's time to work together. Pharmacists need to work together with each other, with other HCPs, with regulators, gatekeepers, the government and policymakers. Pharmacists need to learn how to collaborate on tasks to solve increasingly bigger problems and present a united front on key issues. All pharmacists have a role to play, in shaping the future of the profession and the sooner we get together to start, the sooner we can make progress on our voice and vision.

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# We want to make pharma companies self-sufficient in blister packaging films – Jackpak boss

By Adebayo Oladejo

**Q**uateel Ahmad is the chief executive of Jackpak Industries Nigeria Limited, a company that produces and markets blister packing films for pharmaceutical packaging applications. In this interview with **Pharmanews**, he bares his mind on the challenges facing the pharmaceutical blister packaging film industry in Nigeria and how Jackpak has been helping local manufacturers to produce top quality pharmaceutical blister packaging films that can compete internationally. Excerpts:

Tell us about Jackpak. When was the company established, and what are your objectives in Nigeria?

Jackpak was established in 2018 and began commercial production towards the end of the year. The objective is straightforward: to reduce the dependency of local pharma producers on imported blister packing films by producing it here. This is certainly a first in Nigeria and West Africa. We intend to supply all major pharma producers in Nigeria and already have a strong base of committed buyers.

Since you started operations in Nigeria, what has been your experience about the Nigerian pharmaceutical industry and market?

Our experience has been positive, and the local industry has welcomed our locally manufactured products. Today, our products are distributed from here in Ota, Ogun State, to Kano, in the north; Enugu, in the east; Kwara, in the west; and of course Lagos. In all, the major manufacturing hubs are covered. Yet there is a tremendous scope for growth, as we have still not penetrated some segments and companies.

However, getting customers to accept and believe that locally produced goods are as good as the imported ones has been the biggest challenge. The belief is that no locally manufactured product can be as good as the imported ones. Fortunately, most of our clients are chief executives of companies and they appreciate the quality and the numerous benefits of buying locally made products.

The overall Nigerian business environment is more dynamic than many other developing and developed countries and as such has its own set of challenges, such as port, traffic, and higher costs of goods.

Pharmaceutical blister packaging films are very important for the integrity and quality of drugs. How do you ensure your blister packs are of a good quality, comparable to the imported ones from Europe and Asia?

Technology and technical expertise are the keys to making any product. Technology manifests itself in the machinery, equipment, materials, and protocols followed. We ensure that the machines are new,



Quateel Ahmad

precise, and modern. All other equipment are modern and the protocols are adapted from the best in class practices prevalent in the industry today.

It is a formulation-driven process and we have controls for consistently creating the same product. However, the correct deployment of technology needs technical expertise and we have on board, experts who are very experienced in the making of these films. We have a stringent quality assurance that oversees and ensures that quality control is maintained. Each product is tested and its certificate of analysis (COA) accompanies every delivery.

Raw materials are specially controlled and we purchase the best raw materials to ensure, consistent quality and performance up to the highest standards for the film.

Are there local regulatory protocols you adhere to in your operations and are you regulated by NAFDAC?

Prior to confirmation as a supplier, we were audited by the Customer's Quality Assurance and Packaging Materials team. Their supplier audit is a very stringent and mandatory part of the diligence before appointment as a supplier to them. We have been audited a few times and have met all requirements. These are an ongoing process and we make sure that we are updating our processes and protocols constantly.

manufacturers that decide to buy blister packs locally, rather than place order to ship it in from abroad?

They are quite numerous, but to start with, they won't exert their forex payouts, as the transactions are done in naira. Most of the bigger buyers who import their product directly from the sellers abroad have to pay in USD or other currencies which is not the ideal situation. There is no need to stock up on films because people tend to stock up here due to the uncertainty in forex and logistics. So we are in a way mitigating these for the customer.

Also, as a consequence of smaller quantities, the space required is much lesser, so that the customer is able to utilise the space better, faster order to fulfillment ratio, which mean instead of taking months, it takes just days from ordering to receipt of goods in customers warehouse, thus making inventory planning much better.

Another advantage is that, as a local manufacturer, we are making colours available, which is a huge advantage as it can not only be used for protecting the drug, it can also be used for brand differentiation, flexibility in order, as we can supply more specific widths and reduce wastage, among several other benefits.

Are there specific advantages for local pharmaceutical

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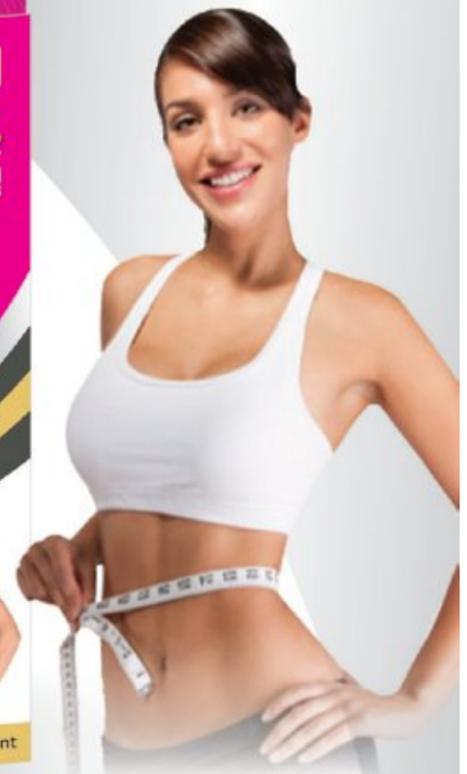
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# Are you ready to pay the price of success?

By Pharm. Sesan Kareem

Success is achievable, attainable and possible for anyone who desires it strongly. However, the important question is, are you ready to pay the price of success? It took me three years of writing, re-writing, learning, un-learning and re-learning to write and publish my first book, titled "Maximise Your Life" in 2010. Every month within this period, I spent more than half of my monthly allowance to buy books and tapes, attend seminars, research and travel.

I can vividly remember that in August 2009, I spent all my money on a seminar at the cost of celebrating my birthday. Most times, I had to travel once or twice a week to meet great, experienced and successful individuals to tap from their God-given knowledge and learn from their success stories. I sacrificed frivolities for a better life and an expensive lifestyle for a rich knowledge bank.

Here was the result. Three months after I had published and launched *Maximize Your Life*, my life was transformed. The press were anxious to know my success story. Television stations, radio stations and tabloids shared my story to inspire their audience.

### Treasured connections

Another valuable gain I enjoyed was the calibre of people from all walks of life that became my friends. From the Managing Director of a multi-million naira company to the security guard, a lot of people were touched by the message of my book. From revered pastors to well-respected imams, religious leaders agree with the gospel of *Maximize Your Life*. From emeritus professors to secondary school students, diverse people were challenged and inspired by the content of my book. They

became my friends, advisors, mentors or protégés.

I enjoy easy access to men and women of high calibre, captains of industry, business magnates, technocrats par excellence, religious leaders, and ambitious boys and girls who aspire to become super achievers. I once visited the Commissioner for Education, Science and Technology of a particular state in Nigeria in 2014. The secretary said the guests could not see him because he was very busy. I picked up my phone and called him. In the blink of an eye, he instructed the secretary to let me in and that was how I was able to see him. These are some of the numerous gains you will experience, if you are ready to pay the price of success.

### Inspiring model

The life struggle of the late President Nelson Rolihlahla Mandela lucidly illustrates that there is always a price to pay for success and that the higher the price, the greater the reward. Mandela was an African icon, an international hero, a vital force in the fight against injustice, and the struggle for human rights and racial equality. He was the most significant African leader and won the prestigious Nobel Peace Prize and many accolades in his lifetime.

But his success did not come on a platter of gold; it came at a solemn sacrifice and huge price. President Nelson Mandela spent 27 years within prison walls. He was transferred from one prison to the other in South Africa. During his days in prison, he was given various options for freedom which he rejected. He personified the struggle of his people and led the fight against apartheid with extraordinary resilience and

vigour. He sacrificed his private life and youth for his people.

The result of his unflinching sacrifice is a progressive South Africa, where the blacks are not inferior to the whites. And the whites are not superior to the blacks. There is always a price to pay for greatness.

President Mandela paid the price of success and persevered through tough times. In his book, *Long Walk to Freedom*, he said, "I have walked the long road to freedom. I have tried not to falter; I have made missteps along the way. But I have discovered the secret that after climbing a great hill, one only finds out that there are many more hills to come. I have taken a moment to rest, to steal a view of the glorious vista that surrounds me, to look back at the distance I have come. But I can only rest for a moment, for with freedom come responsibilities, and I dare not linger, for my long walk is not ended." If you are ready to always pay the price of success, the world will continuously pay your prize.

### Further Allusion

Let me share with you another story that depicts "nothing comes for free". Dr Martin Luther King Jr. won the 1964 Nobel Peace Prize. His speech, "I Have a Dream", is one of the most popular speeches in the history of mankind. He was a hero and was well-respected across the globe. But all these didn't come without a huge price. When he led the Montgomery Bus Boycott in 1955, his house was bombed; he was arrested and he suffered a lot of pains. In fact, he was assassinated due to his struggle for justice and equity.

Dr Martin Luther King Jr. is dead but his dream came to fruition when, in 2008, President Barack Obama became the first black



For questions or comments, mail or text [sesankareem2@gmail.com](mailto:sesankareem2@gmail.com) or 08072983163

person to emerge as President of the United States. In one of his numerous quotes, he said, "Human progress is neither automatic, nor inevitable... Every step towards the goal of justice requires sacrifice, suffering and struggle, the tireless exertions and passionate concern of dedicated individuals."

It is worthy of note to say at this juncture, that it is not every one of your achievements you have to struggle for. But it is a truism that the most rewarding victories of your life will come with a lot of sacrifice and pain. Merriment, fulfilment, greatness, joy, success and profound ecstasy are the final products for those who pay their dues and go through the pains stage of turning their dreams to realities and becoming high achievers.

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**CONTRAINDICATIONS:**

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**SPECIAL WARNING:**

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

**USE IN PREGNANCY/ LACTATION:**

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

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Affordable pharmaceuticals

# How I became black Africa's first Professor of Pharm. Tech. – Obiorah

By Moses Dike

**P**rofessor Bona Obiorah is a Fellow of the Pharmaceutical Society of Nigeria (PSN), Foundation Fellow of the West African Postgraduate College of Pharmacists (WAPCP) and black Africa's first professor of Pharmaceutical Technology. In this exciting interview, the erudite professor explains how his desire to study agriculture in 1959 at the University of Ibadan was changed by Providence, as evidenced by the dramatic events that led him to studying Pharmacy, even without applying for it as a course of study. He also reveals his typical routines, since retirement in 1999, while advising the current generation of pharmacists on how to make the best of their professional calling.

## Kindly tell us a little about your background

My early education was at the University of Ife (now Obafemi Awolowo University, Ile-Ife), where I got my diploma in pharmacy and, later, B.Pharm. In those days, if you made a first class or 2:1 (second class upper), you will have automatic scholarship to go for a higher degree. So, I went on to the University of London, where I did my PhD in Pharmaceutical Technology. After that, I returned to the University of Ife as lecturer.

In a period of seven years, I rose to become a professor of Pharmaceutical Technology and, by that appointment in 1981, I became the first professor of Pharmaceutical Technology in the whole of black Africa. I had remained in academia, until 1999, when I retired from the University of Benin.

Since 1999, I have been involved in extensive consultancy to World Health Organisation (WHO) and other agencies like the Global Alliance for HIV/AIDS. I have published extensively in notable journals in pharmacy and other areas. It has been a very pleasant experience being in academia. I have worked in the hospital for a few years. I was in the hospital service when the war broke out. It was after four years that I left hospital service.

## How would you describe your days in university service?

While I was in university service, I always advised my students that they must learn to crawl before they can walk. The problem with young people these days is that they are always in a hurry, and this has created some of the problems we have in Pharmacy.

For example, when I was at OAU and UNIBEN, students were always reluctant to go to the University College Hospital, Ibadan, because they were working seven days a week and they wouldn't want to miss weekends. I used to tell them that if a hospital could dispense with their services on Saturday and Sunday, it can dispense without their services altogether.

My research interest in the area of Pharmaceutical Technology has always been in formulation design. That is one of the areas in which I was working with WHO, using Nigerian additives, Nigerian starches, and Nigerian corns.

Some of my students, in their graduate work, researched into some of these additives, got their PhDs and I'm happy to say that, at least, four of them that went into academia and become professors in the area of Pharmaceutics and Pharmaceutical Technology.

The founder and publisher of *Pharmanews*, Sir Atueyi, was my classmate right from my year one at the university and we graduated the same year. He had a 2.1 and I had same, too. He is known all over the world for what he is doing in pharmaceutical journalism. So, there is dignity in labour and you have your self-respect.

As an elder in the profession, I will want to harp on the issue of respectability. I will continue to harp on the issue of dignified



Professor Bona Obiorah

labour.

## When would you describe as the most memorable point in your career?

During my university service, I became dean of the faculty of pharmacy, University of Benin in 1984 and I had a second term of two years in 1986. When I finished as dean, after the four-year stint, I continued mainly with research activities. But in 1993, I was appointed through election in senate as deputy vice-chancellor, Administration, at the University of Benin. This ran from 1993 to 1995 and I was re-elected for a second term in 1995 till 1997.

It was after serving as deputy vice-chancellor, that I said I had paid my dues in the university service, after more than 30 years as an academic. It was after that, that I started serving as consultant for different organisations.

Outside academia, I was active in the Catholic Church. I became a Knight of St John (KSJ) in 1988 and I was also involved in the running of tertiary institutions. I became the chairman of the governing council of Anambra State College of Education, which was in Awka then but now relocated to Nsugbe.

## What exactly informed your decision to study Pharmacy at a time when there were quite a few people one could imitate in the field?

I would say it was Providence. I applied to study Agriculture at the University of Ibadan and I was admitted in 1959. However, while preparing to go to Ibadan, someone told me he saw my name under the Eastern Nigerian Government scholarship for Pharmacy. I did not know what Pharmacy was and I did not apply to Eastern Nigerian government for scholarship to study Pharmacy.

So, I went to the Ministry of Education in Enugu and was told that they needed students that would study Pharmacy and since I had a very solid result in the sciences, I was one of those selected by the Eastern Nigerian

Government to study Pharmacy.

I went around asking what Pharmacy was from older people who had an idea of the course. In any case, I needed a scholarship to go further in my education; so I accepted the offer. That was how I found myself in Pharmacy and, in a way, I never regretted accepting that scholarship.

Even going into Pharmaceutical Technology was an act of pure

providence because my interest for postgraduate work was Pharmacology but again the vice-chancellor of the University of Ife invited me to his office and said, "I will not send you to London to study Pharmacology. We are in dire need of lecturers in Pharmaceutics. So if you want to go overseas to do postgraduate work, it has to be in Pharmaceutics."

Just coming out of the civil war at that time, it was very necessary for me to get out of Nigeria at that time for whatsoever reason. So I accepted to

go for a postgraduate study in Pharmaceutics, which, in fact, was an area that in which I thought was weakest. Pharmacology was my strongest area. So I went to London and worked very hard in Pharmaceutics. In fact, I was made to do the qualifying exams, I excelled and I did straight PhD and I didn't have to do Masters.

## When you look at the current state of pharmacy practice these days, what are the areas you will like to see improved? Or are you satisfied with the current state of practice in Nigeria?

Thank you for this question. Pharmacy is a very noble profession. For one to be a real pharmacist, you must have eyes for details. When a doctor makes a mistake, he kills the patient. When a pharmacist makes a mistake, he may kill thousands of people.

Some years back, a young pharmacist at the University of Nigeria Teaching Hospital made a mistake when he was formulating paracetamol syrup. What he did was, instead of picking propylene glycol as a solvent for the paracetamol which is very insoluble in water, he picked ethylene glycol.

The two are glycols. Propylene glycol and ethylene glycol. Propylene glycol is a very safe additive but an ethylene glycol is a deadly poison. He made up the bulk paracetamol syrup and, within days, children were dying like flies and it was on checking the ingredients he used, that it was discovered that he had mistakenly picked ethylene glycol, instead of propylene glycol. Before this error was discovered, several children had died.

If an architect makes a mistake in design, when people pass, they will say what kind of useless architect designed this building and that can be corrected. But if a pharmacist makes the type of serious mistake that was made in the preparation of that paracetamol, hundreds of children can die.

In my time at the hospital, pharmacists were very highly respected. It was during my

time that Pharmacy was moved from being a technical grade to professional grade and if you had your B.Pharm, you would be classified as a pharmaceutical officer.

What you find these days, however, is lack of dedication. The rush to make quick money. The young pharmacist is in the hospital but his mind is outside to make quick money. The same problem is what we have in retail or community pharmacy. Some of the young pharmacists who go into retail pharmacy do this register and go. And register and go is such a dangerous thing because even the trader who is employing the young pharmacist does not stay in the shop. He goes in the evening to collect the money for the day. So, the patients are exposed to danger.

But one thing about the current hospital pharmacy practice in Nigeria is the introduction of clinical pharmacy which has moved Pharmacy from product-orientation to patient-orientation. So, the young pharmacist with the PharmD now spends time with the patient, interacting and explaining everything about the pharmaceutical product being given to the patient – and not just pushing out the drugs through the window in a small cubicle.

So, hospital pharmacy is now very well advanced and will continue to advance.

## Very soon, you will be 80 years and that is a milestone in the life of an individual. What activities do you engage in to keep yourself busy? Also which of your achievements has given you the biggest sense of fulfilment?

Looking back in my life, I have no regrets whatsoever. I don't have any regrets studying pharmacy. One of the greatest gifts I have from God is the gift of good friends. I don't have too many friends but the few I have, we have been friends since childhood. I have mentioned your Managing Director, Sir Ifeanyi Atueyi.

One of the things that give me the greatest pleasure is the opportunity to have been in the factory for the production of manpower in Pharmacy. When I attend pharmaceutical conferences, I see some of these my children and grandchildren doing well in different aspects. That gives me great pleasure. During my travels abroad, maybe I'm getting onto a train or a bus, somebody grabs my bag and says, "Sir, please let me help you."

These are faces I can't remember. In fact, one a few occasion, they take my address and before you know it, they are bringing a lot of gifts for me, drop in my place and disappear. Sometimes, they don't even leave their names.

Talking about keeping busy, the only outdoor activity I do now is walking. I keep fit by walking.

So I do a lot of walking but within my compound. I go round my compound about 10 times in the morning. That gives me about that two kilometres. Then after walking, I do a workout. This keeps me going health-wise and I am looking forward to being 80 in a few months' time.

I really believe that since I still have good health, I will continue with my exercises. Of course, I still do a lot of reading. Reading gives me great joy. The last few months we have been in this coronavirus pandemic, I have increased my reading and I have also slightly increased my workout because the lockdown is not easy for anybody.



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# How young pharma entrepreneurs can succeed without cutting corners – Euromed MD

By Peter Ogbonna

**P**harm. Chibuiké Uchemmadu Agaruwa is the CEO/Superintendent Pharmacist of Euromed Limited, a highflying indigenous pharmaceutical company, specialising in importation, marketing and distribution of pharmaceutical products. In this exclusive interview with *Pharmanews*, the 1976 graduate of Pharmacy from the University of Ife (now Obafemi Awolowo University, Ile-Ife) recalls how he received and nurtured the Euromed vision to take the company to its current leading position. He also offers insights on the state of pharmaceutical manufacturing in Nigeria, while recommending success strategies for young and aspiring pharma entrepreneurs. Excerpts:

## What motivated you to start Euromed? How did you get the vision to set up the company?

After my compulsory National Youth Service programme at the General Hospital, Ogoja, in the old Cross River State, I joined Ciba-Geigy organisation as a medical representative for the old states of Anambra and Bendel. That was from 1977 to 1980. I grew up from medical representation to product management, and from there to marketing management and general sales management.

As a general sales manager, I was in charge of sales and training management, until I left Ciba-Geigy to join Link Pharmaceuticals Limited as the general manager in June 1992. While working over the years at Ciba-Geigy, I had received some inspiration from the history of the company. CIBA means Chemical Industry of Basel, in Switzerland. Dr Geigy was an individual researching on anti-rheumatics, and he developed Voltaren and Butazolidin brands. At a point, CIBA merged with Geigy to form Ciba-Geigy.

I drew inspiration from Dr Geigy, as an individual who developed a wide range of products in the anti-rheumatic market segment. Then I said to myself, "If an individual could do that, I too can do that but it will take some time." When I got the vision, I did not rush into it. I tried to gain experience by working with people and observing what was happening in big companies, and I kept on that vision by making sure I did my work very well at Ciba-Geigy and within a short period, they brought me to Lagos as a product manager over and above people who had joined the company earlier.

When I came in as a product manager, I was assigned to prepare the launch of an antirheumatic brand, Tandagesic, after a team of officers came from Switzerland to tutor us on how to launch products. They asked me to make a presentation on product launch. By the way, I had not done a product launch before. They gave me one week to do the presentation. What I did was to buy the marketing management book by Philip Kotler. It's the standard book in marketing management. I read through it and then prepared a launch plan, which I presented to the company's management and the team from Switzerland.

The team from Switzerland called me and asked: "You said you had not done product management before, how come you were able to do it?" I told them that I bought a book by Phillip Kotler, read it and, to the best of my knowledge, came up with the product launch plan. That year, they went through the plan after my presentation, made a few corrections and approved it.

We launched Tandagesic in 1982 and it was acclaimed the third best product launch for that year by Intercontinental Marketing Services (IMS), a British marketing audit company that was auditing the Nigerian market then. IMS recorded the leading product, the competing products, the companies behind them and how much the market shares were in that market segment. That feat earned me a



Pharm. Chibuiké Uchemmadu Agaruwa

third prize award at Ciba-Geigy Pharma International. Ciba-Geigy Pharma International then included Ciba-Geigy companies from Africa (apart from South Africa), Latin America, Middle East and Asia.

The success of Tandagesic in Nigeria encouraged the launch of Rengasil, another anti-rheumatic. Rengasil was recorded by IMS as the best product launch in 1984 and that earned me a recommendation to work in the market planning department of Ciba-Geigy, Horsham UK, for 10 months. On returning to Nigeria in 1985, I was made the product manager, Special Duties and later, marketing manager, Ethicals.

Following a reorganisation in the company, I was appointed general sales/training manager in 1990. In that position, I was going to Kenya to train the field forces of Kenya, Uganda and Zimbabwe, as well as our local staff, on a modern sales technique known as SSTC.

In search of a higher job challenge, I left Ciba-Geigy in 1992 for Link Pharmaceuticals Ltd as general manager. I worked there for seven years and left to establish Euromed Limited. But, first, I started with Dubin Plc. (a UK company, based in London) as a partnership programme. We commenced business in 1999.

I was surprised on 1 April 2004, they sent me an email, saying that, in view of the changed circumstances of the Nigerian environment and the fact that, having worked with me for about four years, they believed I could set my objectives and priorities, they were relinquishing the business to me and that there would be no claim from either party thereafter.

I read the mail several times and said: "Could this be true?" then I took up the challenge. That time, we had a residual amount in former Ecobank, which was N209,000. That was how we started Euromed

Limited. Initially, it was B&S Dubin. It was really God's favour.

So you can see how I kept and sustained the vision through discipline, dedication and determination to succeed.

## How has the journey been so far? Have there been challenges?

The road to success is characterised by challenges one has to overcome to make progress. The initial challenge we had was that of funds. We didn't have enough funds to start the business, except for the residual stock and the residual cash; but I quickly encouraged myself. I didn't borrow any money from any person.

I hired a medical representative and a secretary and we started up with Clomid, which we registered with NAFDAC. Later on, in 2006, we got an agency from a company called Orchid Pharmaceuticals to market their range of products, with the major one being Spizef 250mg and 500mg.

Finance was the major constraint that I had because I needed finance to broaden the scope of our operations. When I approached banks, they would ask for collateral and I didn't have any. Notwithstanding, finance did not constrain my efforts.

## What are the challenges currently facing local pharmaceutical manufacturers and how can they be surmounted?

There are challenges of the environment and personnel commitment. The pharmaceutical industry is also facing stiff competition from fake and counterfeit products offered at low prices. The general public succumbs easily to low prices because of the prevailing weak purchasing power.

Next is the lack of commitment of staff, especially the sales force, to duty. In most cases,

the staff are preoccupied by material acquisition over and above diligence, dedication and determination to make a career in the company.

Also, the custom duty on imported finished goods is presently too high. It should be reviewed from 20 per cent to 15 per cent, while raw materials/API should be pegged at 2.5 per cent to encourage local manufacturing. For both finished pharmaceuticals and raw materials, VAT should be scrapped.

Moreover, access to funds from banks is highly constrained by unfavourable lending rates.

Bank lending rates should be reviewed down to about 15 per cent to encourage local manufacturers.

Indigenous companies that will eventually go into manufacturing will need funds at a favourable interest rate to start up a manufacturing outfit.

## What about the regulatory environment and the state of infrastructure? Are you satisfied with them?

Concerning the regulatory environment, NAFDAC is doing its best but you know in this country many people erroneously see pharmaceutical business as the easy way of making money. If you are retired from your job, the next project you want to embark on is pharmacy business because people erroneously believe that it offers easy entry and returns on investment.

I would want to seek more support of the police force to assist NAFDAC to fight the menace of fake and counterfeit products in our market. Also, the pharmacovigilance unit of NAFDAC should be strengthened to be more effective in tracking and identifying fake or counterfeit products.

## Euromed has been around for some time now. What major achievements has the company recorded and where does it plan to be in the nearest future?

We have expanded our product portfolio to achieve a balance in key therapeutic segments. We have acquired an acre of land in Ogun State as a starting point to commence local manufacturing in the medium-term. Through sustained discipline and dedication, we have tried to do things in a moderate way because we want to build our organisation on our own internally generated resources. This is not to say that borrowing is wrong but through fiscal discipline, we have been able to build up our own funds to sustain the operation to the level we are now.

## What is your advice to young and aspiring pharmaceutical manufacturers?

I will advise them to develop and sustain a vision of enduring success. They should be patient to acquire the required skills and build the character of discipline, dedication and determination to succeed.

What I have seen in young people is that they are too much in a hurry to acquire wealth. They should realise that for life to be purposeful, glorious and joyful, they need the fear of God. They need His favour and grace, to go through hard work, trials and dangers. "No venture, no success" - there are no other ways.

I will advise young people to be more patient in the pursuit of their career through discipline, dedication and determination to succeed, without cutting corners.

# AHAPN restates call for pharmacists' trade union

## -Tasks FG on urgent salary review, provision of PPEs

By Temitope Obayendo

The Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) has drawn the attention of the federal government to the need for a pharmacists' trade union, noting that the continued absence of such a union has led to the marginalisation of pharmacists in the last ten years.

The association cited the absence of pharmacists in the recently organised meeting of healthcare professional groups with government, saying all groups in the health sector were represented, except pharmacists.

The association also asked the federal government for an immediate upward review of the salaries of pharmacists, as enshrined in the Consolidated Health Salary Structure (CONHESS) table for healthcare professionals.

AHAPN, in a press release jointly signed by its National Chairman, Dr Kingsley Amibor and the National Secretary, Dr Hafiz Ola Akande, also requested for the payment of their two months withheld salary arrears of April and May 2018.

The pharmacists explained that AHAPN had applied severally to government for registration as a trade union for over ten years without success.

"To buttress our point, about a week or two ago, government invited professional groups in the healthcare sector for dialogue on payment of hazard allowance and sundry issues. All the major professional groups in the healthcare sector were represented with the exception of pharmacists.

"Pharmacists were conspicuously missing in the negotiations. Neither our parent body, the Pharmaceutical Society of Nigeria (PSN), nor AHAPN was invited to that meeting. This is how pharmacists have been short-changed and marginalised in the past ten years or so and we are saying 'enough is enough!' We certainly cannot continue like this any longer. We demand the registration of a pharmacists' trade union that will adequately represent the interests of pharmacists in Nigeria with immediate effect", they insisted

The hospital pharmacists argued that they can no longer continue to be lumped with the amorphous Nigerian Union of Pharmacists, Medical Technologists and Professions aligned to Medicine (NUPMTPAM), which the government has confined the association to over the years.

They further expressed their grievances against the government for its failure to review the salary structure of other health professionals, having adjusted that of medical doctors twice over a period of six years.

The association noted that, contrary to the decision reached in 2008, which brought about the Consolidated Medical Salary Structure (CONMESS) table for medical doctors and the Consolidated Health Salary Structure (CONHESS) table for pharmacists and other healthcare professionals, the federal government has adopted the CONMESS table while neglecting

that of CONHESS.

The statement said: "The federal government in 2014, over six years ago, adjusted the Consolidated Medical Salary Structure (CONMESS) table for medical doctors and has since adjusted the CONMESS twice without any single adjustment to the Consolidated Health Salary Structure (CONHESS) table for pharmacists and other healthcare professionals.

"It is worthy of note that in 2008, there was a job evaluation in the healthcare sector in this country which gave rise to the CONHESS and CONMESS, taking into cognizance, relativity in salary and allowances; a recommendation that was intended to reduce the level of acrimony in the health care sector. Sadly, this recommendation was partially adopted with the adjustments to the CONMESS Table without relative adjustment of the CONHESS Table.

"We call on government to do the needful, which is, immediate adjustment of CONHESS as has been continuously canvassed by pharmacists and other healthcare workers, in order to avoid needless strike actions and disruptions in service delivery in the healthcare sector", the association pleaded.

On the payment of their two months withheld salary arrears of April and May 2018, the pharmacists stated: "We want

to use this medium to draw the attention of government to these protracted issues that have demotivated pharmacists in the discharge of their duties of care to millions of Nigerians. The federal government should look at a holistic way of solving the myriads of problems of the healthcare sector instead of the current piecemeal approach that is cosmetic, shallow and creates more problems at the end of the day."

The association also called the attention of government to the need for provision of adequate personal protective equipment (PPE) for frontline pharmacists and other healthcare professionals battling with the containment of the deadly COVID-19, saying the news of pharmacists coming down with the infection on a daily basis is not a welcomed development.

It further reminded the government to make good its decision on the upgraded hazard allowance for healthcare workers, noting that the pronouncement has not translated into a tangible result, as they were yet to be paid.

They said: "We appreciate the government on the efforts being made to contain the coronavirus pandemic in the country. However we must state that pharmacists and other healthcare workers are getting infected every day



Dr Kingsley Amibor, AHAPN president

because of lack of basic personal protective equipment (PPE). We call on government to provide adequate PPEs for pharmacists and other healthcare workers who are at the front line of the COVID-19 pandemic control efforts.

"Additionally, we wish to remind government to honour her decision of paying enhanced hazard allowance to healthcare workers since March, 2020. This pronouncement has not translated into a tangible result yet. For proper motivation of healthcare workers, we call on the federal government and other states in the federation who have made similar promises, to pay healthcare professionals the enhanced allowance."

## Pharmanewsonline emerges Nigeria's most visited pharma website

By Omolola Famodun

**Pharmanewsonline** website, has been rated higher than other pharma websites in Nigeria, by Alexa Internet, International, an American web traffic analysis company, based in San Francisco.

The new ranking came with the website's attainment of a global ranking order of 643,246, on 4 June, 2020, in global internet traffic and engagement over the past 90 days.

Speaking on this latest feat by **Pharmanewsonline**, Pharm. (Sir) Ifeanyi Atueyi, publisher of **Pharmanews**, expressed delight, saying the new global milestone will further give advertisers maximum value for their investment as they place adverts on the website and in the journal.

He added that with the new position, contents and advertisements on **Pharmanewsonline** will enjoy better exposure and reach than other pharma websites in the country.

"Our website metrics for the month ended May also affirmed this global ranking, with the current average daily visitors of 10,000, over 310,000 monthly visitors, about 6 million monthly hits, and 1.1 million monthly page views.

"We also target readers more effectively, as our visitors are mainly healthcare



services, as more readers access the online contents in the comfort of their homes.

According to **Pharmanewsonline** editor, Temitope Obayendo, other benefits of advertising on the website include the facts that ads can be updated any time with little or no cost; ads reach a large number of people all over the world, and are accessed 24 hours, 365 days a year.

She added: "It is cheaper than advertising on other media channels (television, newspaper, radio). Thus, advertising on **Pharmanewsonline.com** is a less expensive way of connecting with your customers and consequently producing greater and more lasting results.

"There is the opportunity of hyperlinking to your company's website. There is better opportunity to track, test and evaluate the effectiveness of your ad campaigns, compared to other channels of advertisement. Besides, ad campaigns are both easy to implement and easy to withdraw."

professionals", he stressed.

The **Pharmanews** boss further emphasised that this global recognition of **Pharmanewsonline** is a good opportunity for existing and prospective advertisers to leverage for global exposure and reach of their products and

# Marie Stopes donates Misoclear to Lagos health ministry

## - Reaffirms commitment to maternal health

By Temitope Obayendo

In its commitment to reducing maternal mortality rate in Nigeria, Marie Stopes International Organisation Nigeria (MSION), a leading not-for-profit organisation, specialised in quality sexual and reproductive health interventions, has donated 14,000 pills of Misoclear, a brand of misoprostol, to the Lagos State Ministry of Health (LSMoH).

Presenting the drugs to the Director of Family Health and Nutrition, LSMoH, Dr Folashade Oludara; and Reproductive Health Coordinator, LSMoH, Dr Victoria Omoera, the Regional Manager, South-West Operations, MSION, Abimbola Faloye, said the essence of the donation was to help more women stay alive after delivery.

He said Misoclear is the organisation's brand of socially marketed misoprostol, used in the management of postpartum haemorrhage in women after childbirth, noting that MSION works collaboratively with the government of Nigeria at all levels to promote quality sexual and reproductive healthcare.

Lamenting the high maternal mortality ratio of 451 deaths per 100,000 live births in the country, Faloye said the donation of Misoclear in Lagos and other states would complement the efforts of the federal government towards meeting the United Nations Sustainable Development Goals (SDG) to reduce global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

In his words: "Lagos State Ministry of Health is one of our partners in Family Planning and reproductive health and we are one of the strongest implementing partners in reproductive health in the state. Particularly in this era of COVID-19, we are aware that reproductive health is ongoing and whether we like it or not, people are giving birth. Thus Misoclear, as a drug of choice for postpartum haemorrhage management, will help prevent maternal mortality, most especially in Lagos.

"With this donation, we believe that we will help prevent needless deaths of women from bleeding after childbirth, one of the leading causes of maternal deaths in Nigeria. Most factors causing maternal deaths are preventable through combines' safe motherhood strategies of focused antenatal care, immediate post-partum period and access to family planning."

Faloye further mentioned the effect of the COVID-19 lockdown on couples, saying it has promoted intimacy among partners and will result in baby boom in few months to come.

He said: "Whether we like it or not, sexual activity is going on, and there will be conception. In some months to come, we are going to see the effects of the lockdown. Hence we advocate use of various family planning products to prevent unwanted pregnancies."

Receiving the medicines on behalf of the Lagos State Ministry of Health, Dr Folashade Oludara appreciated Marie Stopes for the good gesture, while giving



Mr Abimbola Faloye, regional manager, South-West Operations, MSION, presenting the packs of Misoclear to Dr Folashade Oludara, director of Family Health and Nutrition, LSMoH, in the presence of Dr Victoria Omoera, reproductive health coordinator, LSMoH (left), and Dr Odabor Ejumudo, regional sales manager, MSION, at the Lagos State Secretariat, Alausa, Ikeja.

assurance of judicious distribution of the donated Misoclear to the end-users.

She noted that maternal and child health are major areas of focus for the state government, saying this explains why the government is happy with the contributions and partnership of MSION in facilitating improved access to sexual reproductive health to all requiring it.

Speaking on the impact of COVID-19 on maternal health in the state, Oludara said attendance of clinics dropped drastically due to COVID-19 scare among women, adding however that with the engagement of community leaders who meet one-on-one with pregnant women at the grassroots to mobilise their attendance of regular clinics, there has been improvement, with adherence to social distancing guidelines.

Oludara seized the opportunity to urge all stakeholders to emulate the good example of MSION in supporting women to access needed reproductive healthcare, including family planning services.

She said: "The government is very pleased with this support at such critical time that the government is diverting all funds to the covering of COVID-19 and it seems our general routine clinics are suffering. It will go a long way in helping us in saving lives.

"We want to say thank you for the good gestures. We are going to distribute them judiciously to all our maternal centres.

"Obviously the lockdown has actually affected the psychic of everybody in the country, and not only that health workers have reduced due to some of them infected with the virus, even clients are scared of visiting the clinics for COVID-19 Phobia. If you look at all sources of predisposition to the infection, public hospital is one of them.

"Our Primary healthcare centres with the help of community leaders have been meeting them one on one to visit clinics,

while social distancing is being maintained.

"Essence of the donation is to ensure that it gets to the end-users where they will be needed". she stated

You know this lockdown period promoted more intimacy among couples and sexual activity is going on, and there will be conception, so

there is increase in sexual activity during the lockdown period. In some months to come, we are going to see the effects of the lockdown. Hence we advocate use of various family planning products to prevent unwanted pregnancies" She stated.

Faloye noted that Lagos State ministry of Health is one of their partners in Family Planning and reproductive health, and MSION is one of the strongest implementing partners they

have in reproductive health in the state.

"Especially in this era of COVID-19, we are aware that reproductive health is ongoing and whether we like it or not, people are giving birth. Misoclear is a drug of choice for postpartum haemorrhage, in order to prevent maternal mortality, most especially in Lagos" he stressed.

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# What punishment do rapists deserve?

**W**ith the recent upsurge in cases of rape and other forms of sexual violence in the country, our reporter, **OMOLOLA FAMODUN** went to town to find out the appropriate punishment that can serve to deter would-be perpetrators. Their views are presented below:

## Lengthy prison sentence - Temidayo Olalere

The punishment for any form of rape should be a lengthy prison sentence, the specific duration of which will be based on the circumstances of the rape case. In addition, a convicted defendant normally will have to be registered as a sex offender for life. Culprits should also be placed under a psychologist for proper review to help them straighten up, morally and mentally.



## They should be paraded, imprisoned, fined - Nurse Boluwatife Olowu

As much as nothing can undo the mental, emotional and physical damages already done to the victim, having a law in place can make the rapist think twice before engaging in such an evil act.

Once found guilty, a rapist should be paraded on national and local television stations and newspapers. They should also be given 14 years imprisonment with hard labour and a fine of N500,000. I can only hope that the thought of this punishment will make rapists think twice and perish the idea of raping.

The executive arm of government should see to it that the law is implemented too, and members of the public should try to support rape victims when they step out to speak to ensure that the law takes effect.



## Long sentence in solitary confinement - Jimmy Akintaju

As much as I don't want to sound judgmental because I have no right to judge, justice still has to take its full course. Rape is a scar in the life of the victim and I think the rapist should be put in long and total isolated imprisonment, left alone with his or her thoughts. Afterward, he or she can be rehabilitated. With that, rapists will learn lessons and have a renewed mind.

The victim on the other hand should be signed up for counselling, so he or she can heal faster and most importantly be shown love. No human takes an action without it being processed and thought through. So, instead of killing the human, kill the thought.



## Not even castration will be enough - Tobiloba Okenla

Rape is the highest dimension of wickedness and heartlessness; so, there is never a valid excuse for rape. How could a father rape his three-month old baby? It is just so demonic. What's the excuse this time? Could it be the fragrance of the baby powder that attracted him?

Castration is even a mild punishment for any rapist. In other words, if there's something worse than that, then they so deserve it.



## Castration is the solution - Tochi Nwanehiudo

Rape is a sinful act that is carried out by an insane and highly callous individual who in the moment, feels more powerful than his or her victim. This in itself, shows absolute cowardice. In recent times, we have experienced an increase in the crime of rape in Nigeria.

According to statistics, at least, four out of ten ladies have been assaulted before the age of 18 years. This calls for some urgent measures to be put in place in order to curtail the crime and prevent it from becoming a culture.

For me, the best consequence for this act should simply be castration (cutting of the genital organ of the perpetrator). This, I believe will instil great fear in the minds of those who have the tendency of carrying out this evil.



## Minimum of two-year jail term - Raimi Emmanuel

I think the issue of rape is a cankerworm that has eaten so deep into our society. It had always been happening but we turned a blind eye to it. I think that's why we still have it happening even more rampant these days and not until we begin to make scapegoats of these culprits, the situation is going to get worse. Lives of innocent young girls are being destroyed as a result of the selfish desires of some men, which is very cruel.

I think it high time the government and those in authority put in more punitive measures to serve as a deterrent. If this happens, more people would shy away from it. I think anyone caught and convicted of rape should be made to serve a jail term of not less than two years without bail.

The sooner we start doing this - the sooner we start taking these people off our streets - the safer Nigeria is going to be for our wives, our sisters, our daughters, our nieces, and all the females out there. It's no crime to be a female.



## Lengthy imprisonment with hard labour - Adebisi Daniel

The number of rape cases has skyrocketed and it's become so alarming recently. This has shown how degraded our society and values have become. A society where we have no respect and regard for ourselves; a society where we see each other as preys to be consumed to satisfy our lustful desires.

The issue of rape is a demeaning and an inhuman act which has left many of its victims in trauma. It's a deep wound which might not heal forever. Some victims recover while some develop hatred and phobia for the opposite sex. Either gender can be a victim but the



most common and trending are the females. Both the young and the old have been at the receiving, but especially the teens and the minors.

Rape is an abuse and a total violation of human right which I know and believe is punishable under the law. All rapists must be brought to justice. No rapist deserves to gallivant freely in the society. A jail term of seven to ten years with hard work will be appropriate.

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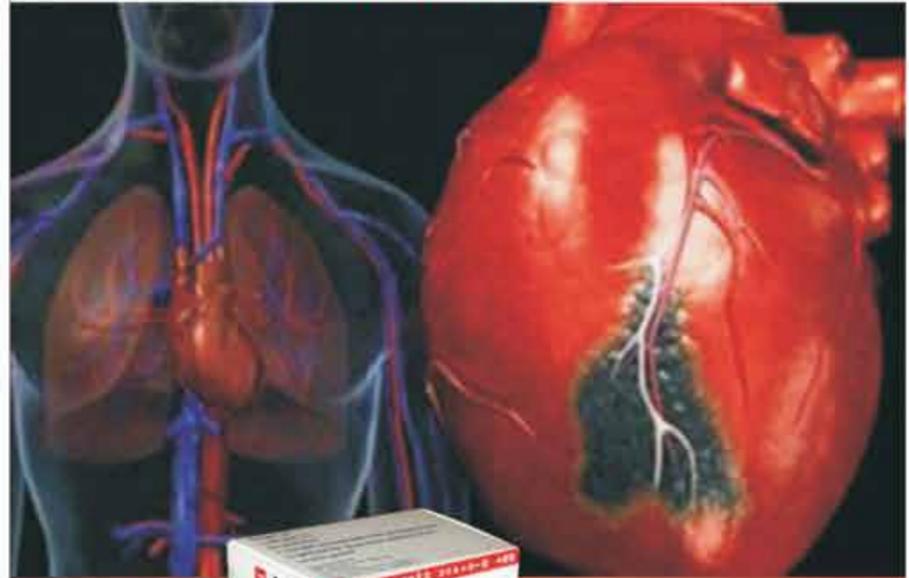


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## Bond advocates increased awareness to curb SCD spread - Says Oxyurea, a lifesaving medicine

By Adebayo Oladejo

To reduce the scourge of sickle cell disease (SCD) in Nigeria, Bond Chemical Industries Limited, a leading pharmaceutical company in the country, has tasked the federal government to, as a matter of urgency, improve the level of awareness among the populace, saying thousands of the country's citizens are still under the clutches of the deadly disease, due to lack of proper awareness, funds and ignorance.

In a press release issued by Bond to commemorate this year's World Sickle Cell Day, on 19 June, the Managing Director, Pharm. Aderemi Omotosho, stated that concerted efforts must be made towards reducing the prevalence of SCD, stressing that the government must place SCD in its priority list and people must be informed on how to avoid giving birth to sickle cell children through adequate awareness on genotype compatibility.

Omotosho also called for increased advocacy on the prevention, treatment, and management of SCD, adding that comprehensive and holistic management from birth will go a long way in cutting down on the SCD crisis.

He said disclosed that the implication of this is that a mother must know a child's genotype from birth, in order to ensure proper care from birth.



Pharm. Aderemi Omotosho

Speaking further, the Bond's boss noted that prevention would go a long way in saving the lives of children with the disease, saying parents should ensure that their children get regular check-ups with their doctors, follow treatment prescribed by doctors, prevent crises by taking simple steps and practising healthy habits, while urging them to monitor every treatment procedure administered on their child, as there could be misdiagnosis.

Omotosho also revealed having sickle is not a death sentence, especially if the condition is adequately managed, adding that the management of Bond, in its quest to reduce the burden SCD in the country had

further increased its commitment to research and development in the manufacturing of new, innovative and high-quality pharmaceuticals in addressing the condition.

Explaining further, he said: "Hydroxyurea is a medicine that can decrease severe complications of SCD. This treatment is very safe when given by medical specialists experienced in caring for patients with SCD. However, the side effects of taking Hydroxyurea during pregnancy or for a long time are not completely known.

"Another treatment, which can actually cure SCD, is a stem cell transplant (also called a bone marrow transplant). This procedure infuses healthy cells, called stem cells, into the body to replace damaged or diseased bone marrow.

"Although transplants of bone marrow or blood from healthy donors are increasingly being used to successfully cure SCD, they require a matched donor (a person with similar, compatible bone marrow), and transplants can sometimes cause severe side effects, including occasional life-threatening illness or death", he said

Omotosho also noted that Oxyurea, the company's brand of Hydroxyurea for the management of SCD is a lifesaving medicine, adding that aside from increasing the life expectancy of SCD patients, it also reduces the risk of anaemia and blood transfusion in patients.

He added, "Oxyurea also reduces the frequency and intensity

of bone crises, lowers the episode of acute chest syndrome, reduces the frequency of hospitalization, reduces the need for blood transfusion, reduces the risk of cerebral stroke, as well as improving the quality of life in SCD patients."

Stressing on the need for active steps to combat the disease, Omotosho called for increased care for sickle cell carriers, saying the lack of proper sensitisation on the importance of genotype testing has led to what could have been prevented by the increasing numbers of children born with Sickle Cell Disorder (SCD) in Nigeria.

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

People with sickle cell disease are also at risk of complications such as stroke, acute chest syndrome, blindness, bone damage, and priapism (a persistent, painful erection of the penis). Over time, such people can experience damage to organs such as the liver, kidney, lungs, heart, and it could also lead to death.

SCD is indeed a disease that worsens over time. Treatments are available that can prevent complications and lengthen the lives of those who have this condition. These treatment options can be different for each person depending on the symptoms and severity.

## Maintaining cleanliness in hygiene facilities with de-dusting tunnel

Dust causes lots of havoc in otherwise clean environments, leading to expensive maintenance. Thus, preventing the infiltration of dust at the point of entry of raw materials, with de-dusting tunnels, often results in substantial cost savings.

Specialised manufacturing in industries like pharma, biotech, food and beverages, as well as semiconductors, defense and aerospace requires having sterile/clean environments – considering that the presence of foreign particulate matters could harm product quality and yield. However, a significant challenge that needs to be addressed is contaminant entry from the outside through raw material containers, canisters, sacks and bags brought into the facility.

De-dusting tunnels are used to remove loose particles and dust that accumulate on raw material containers even before they are brought into the warehouse before sampling. This offers a significant reduction in dust levels, ensuring product quality and improved yield.

These tunnels are a single pass fully-automated system, with sliding doors at entrance and exit of the system. Containers are moved



through an endless conveyor and through combinations of a rotary moving brush in X and Y axis which scrub and detach non-viable particles from the container. These containers are subjected to high-velocity air, and loose particles are collected in a tray while airborne particles are retained in a series of filters.

De-dusting systems are

increasingly becoming a part of a standard project design layout. An ideal de-dusting system is a GMP-compliant, reliable, automated, mechanised system, which delivers consistent performance over human manual cleaning. It is easy to maintain and new features are added to address evolving requirements.

Moreover, a good de-dusting offers is predictable and saves costs. Add-on features

like synchronisation with continuous sampling system, make it an online integrated system with proper data storage and tracking.

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

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## Bitter kola – The African wonder nut

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

**B**itter kola, with the botanical name *Garcinia kola* (Heckel), also known as African wonder nut, is a species of flowering plants belonging to the family Guttiferae. It grows in coastal rainforests in the south-western and south-eastern parts of Nigeria, and can also be found in some other African countries, such as Cameroon, Côte de Ivoire, Ghana, Liberia and Gabon. Bitter kola is called “mijin-goro” in Hausa, “akiilu” in Igbo and “orogbo” in Yoruba.

### Constituents

The bitter plant is believed to contain carbohydrate, crude fibre, fat, crude protein, vitamins and minerals, such as Vitamins A, C, E, B1, B2, B3, fibre, calcium, potassium and iron, as well as other antioxidants. Phytochemical assay showed that tannin, saponin, phytic acid, phenol, Trypsin inhibitor, sterol, flavonoid, alkaloid, oxalate, caffeine, theobromine and Hydrogen cyanide were present in significant amounts. Kolavinol was found to be an active compound of bitter kola.

### Preparations

The fruits, seeds, nuts and bark are used for their pharmacological activities. The nuts may be eaten raw. Different parts of the plant may be taken as decoctions alone or in combination with other medicinal



*Garcinia kola*

plants. Extracts of the plant may also be used.

### Pharmacological actions and medicinal uses

The bitter kola tree has been widely used both in medicine and cosmetology due to its stimulating, astringent, draining, decongestant, antioxidant, anti-inflammatory, vaso-protective, lipolytic, bronchodilator, antihepatotoxic, antimicrobial and a number of other properties.

As a result of the saponin content, *Garcinia kola* helps to improve the function of the lungs by expanding the alveolar ducts and sacs, and as such, strengthens the fibre in the tissue of the lungs, thereby providing relief

for chest cold and prevents cold altogether. The antibacterial and antiviral properties of bitter kola make it useful in the treatment of sore throat and cough, bronchitis, typhoid, tuberculosis, diarrhoea, and other bacterial infections.

Studies have shown that the seeds of bitter kola possess the ability to treat acute fever and malaria, lower blood glucose, treat glaucoma, manage osteoarthritis, combat nausea and vomiting in pregnant women, detoxify the human body during food poisoning and repel snakes.

Bitter kola helps to promote weight loss by its hunger suppressing and thirst stimulating

properties. The caffeine and theobromine content in bitter kola makes it a good cognitive booster and natural diuretic.

Research has shown that *garcinia kola* has aphrodisiac effects in male folks, and as such is used in the treatment of erectile dysfunction. Nigerian women sometimes eat bitter kola to improve fertility. Bitter kola has anti-cancer properties.

### Adverse effects

The most common side effects associated with bitter kola include dry mouth, insomnia, rapid heartbeat, nausea, stomach cramps, diarrhea and hives.

### Economic potentials

Bitter kola costs between ₦200 and ₦500 per kg in the Nigerian market. A study in Ore, Ondo State, showed that trade of *garcinia kola* contributed ₦118,800.00 quarterly net income to each family. Economic analysis of bitter kola marketing in Osun State revealed a gross margin of ₦2,694,800, a net profit of ₦2,102,200, with a benefit cost ratio of ₦1.53K.

Nigeria produces about 150,000 tons of bitter kola annually, of which over 90 per cent are locally consumed. However, it is in great demand in Britain, America, China, India and other Asian countries. Bitter kola is used for food purposes and as raw material in the pharmaceutical and food industries. There is growing demand for bitter kola for traditional medical therapy.

Great opportunities abound in the cultivation and distribution of bitter kola both locally and internationally.



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# Getting your sales representatives back to winning ways

Sales is naturally a high-pressure job, which is the thrill for most sales people. The pressure comes from the fact that firms always need money (and more money) and only the sales function brings in cash into the company's coffers. To get this permanently in motion, reps are given targets (a.k.a. quotas). However, in any given month, sales managers' experience is that someone is doing less than the set sales objectives.

Even the best salespeople have bad months or quarters. But if and when you have a rep or your team underperforming and/or in a prolonged slump, here are eight things you can do to help get them (and yourself) back on track and above quota.

## Conduct a review to identify the important numbers

Start with a bottoms-up review of their daily activities - planning and its implementation, use of available resources, quality and quantity of calls, pipeline; and be as empirical as you can. You can start with customer historical performance, engagement with healthcare professionals, etc., Work back through pending opportunities, and continue to get more granular and tactical until you find a specific area for deep dive and improvement. At the end of the day, only one to three metrics will be important.

My list: Daily call rate/effectiveness, self-drive/passion and skills like detailing, relationship building, asking for money, focus.

## Focus on what is within your control

No doubt, a large number of factors and issues affect sales effectiveness. But at this point, it is unproductive to complain about government policies, depth and spread of product offering, frequency of NMA strike, market conditions, outdated detail-aid, inadequate corporate support or any of the very many factors outside of your and the rep's control. Instead, focus on what they can control, starting immediately, medium-term and every day. Activity volume, outbound calls, quantity and quality of presentation, building and developing relationships of inconsistent distributors, awakening old customers, following-up with healthcare professionals and the trade, improving coverage, prospecting etc. There are always things and issues firmly within the control of the rep and the manager that can significantly improve sales.

**Great salespeople go through slumps. But there's a difference between someone who's giving it everything they've got and those who are nailing it in. Look for signs that your reps might have a decline in motivation, initiative or passion for what they're doing. The source of this could be inside or outside the organisation; but either way it's affecting their performance. Help identify and resolve any issues as best you can.**

## Compare current and previous habits and performance measures

Perhaps, it has not always been like this for the rep. Maybe he or she was better than this. In circumstances like this, we can borrow from a practice by sportspeople: athletes in a slump review video of themselves when they were "in a fire zone" to identify what they were doing particularly well (and may have stopped doing or adjusted since then).

Salespeople should do the same thing with your help as the manager. Look at their performance habits, productivity and motivation when they were at the top of their game. Not just activity figures but attendance records, follow-up rates, presentation close rates, networking, relationships, coverage etc. Figure out the right mix of measures for your business and sales floor, and look for what's changed. Use this to develop a plan of action to return to the winning ways.

## Joint calls and peer shadowing

The first option is your first-hand evidence on how the rep works, his skills, his attitudes. This you achieve by making a joint-call with the rep concerned. This is not for judgement but to see how to help the rep. The second option is to have a trusted colleague/successful rep shadow the rep for a few hours, spread over three to four days and covering customer types that you suspect might be an issue - doctors, retailers, distributors, etc. Watch their activity, listen to their calls, and sit in on a new presentation. It's often difficult to personally pinpoint what we're doing wrong, but someone else (who isn't living it minute-to-minute) can often spot these things quickly - especially when they're filling a similar role next to you.

## Evaluate effort, attitude and drive

Even though we assess reps

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meetings, emails (copying your supervisor/company), digital certificate, a plaque, gift, etc. By the way, it is not out of place to use part of the manager's incentives for this purpose! It is your investment to get a higher level of incentive, promotion and recognition by your company. Trust me, it works!

## Check for personal issues.

It is a lie to say you can separate completely the world of work and the world of "non-work". How much do you know your reps? The poor performance and slump you see in performance often has its root outside the world of work: personal finance issues, personal and family health issues, marital issues, spiritual matters, personal demons/bad habits, etc. are issues that we all consider outside the world of work but often impact negatively on performance and effort. And until they are dealt with, all sales management and leadership strategies will fail! Get involved if you can.

## Put them on a PIP

When nothing else seem to work, the last resort is to put the rep on a Performance Improvement Plan (PIP). PIP is "shape up or ship out" or "wake up jolt" plan within a 60 to 90-day frame. It contains specific objectives, activities and outcomes the rep must achieve with clear milestones and consequences. Consequences may be demotion, loss of income/salary, transfer but usually termination, if things do not change significantly. There is a junior version of PIP, which is "performance query".

*The advent of COVID-19 has had huge impact on business in Nigeria and indeed the world. Ekini White Tulip Consulting has also been impacted such that we suspended our open training programs since March. Now that we are entering "Post COVID-19", White Tulip Consulting is back and you can view/download our 2H 2020 open programs here <https://web.facebook.com/EkiniWhiteTulipConsulting>*

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

on outcomes such as sales and collection, the fact is that these are consequences of effort, attitude and drive. For instance, 50 per cent of the rep's work is "showing up". Is he making the calls? Has he been talking with the relevant people? Has he been passing the right message?

Great salespeople go through slumps. But there's a difference between someone who's giving it everything they've got and those who are nailing it in. Look for signs that your reps might have a decline in motivation, initiative or passion for what they're doing. The source of this could be inside or outside the organisation; but either way it's affecting their performance. Help identify and resolve any issues as best you can.

## Check your leadership style

It is often said the rot starts from the head. To paraphrase Socrates, "A group of donkeys led by a lion will defeat a group of lions led by a donkey." When a significant number of reps under a manager are underperforming, the manager needs to look at himself: communications, level of even-handedness, leadership skills and style, supervision effectiveness, skills and knowledge, interpersonal skills and understanding of each member of the team, etc. are areas for introspective analysis. If you can't find a handle to it, you may engage a personal life sales coach (by the way, Ekini White Tulip Consulting offers such services).

## Institute rewards at your level

Your company most probably has an incentive and reward system. Most managers seem to be unaware about their power to create additional reward system within their own team - for examples, rep of the month/quarter, rep with highest sales, rep with highest collection, etc. This does not need to cost you much. It could be open recognition at your

# COVID-19 and the Nigerian pharmaceutical industry

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

This article was motivated by the webinar organised by the Association of Industrial Pharmacists of Nigeria (NAIP) on "The Impact Of COVID-19 Pandemic on the Nigerian Pharmaceutical Industry", held on Saturday, 7 June 2020 and for which I was privileged to be a panellist.

The webinar was well-attended, informative and educative. I was given five minutes to talk on "Collective Bargaining and Government Relations". I took time to prepare for my part and the five minutes was only enough to give a summary of my ideas on the subject. The webinar has been followed by many online publications and questions posed directly to me. I felt it is important to expand my ideas in this article and I will restrict myself to the part assigned to me.

## Beautiful paradox

I described Nigeria as a "beautiful" paradox because of many contradictions and ambiguities that are associated with the history and development of the nation. Nigeria presents a picture of a bevy of contradictory features and qualities. Here is a potentially rich nation with a substantial population of young but extremely poor and vulnerable people. We have everything that other nations would have wished to have but we have failed, over the years, to take the nation out of the woods and make her a destination of choice for all and sundry.

I asked three questions about Nigeria during the webinar and my answers to the questions were the same: No, No and No. The first question was: "Are the vital statistics relating to Nigeria, whether on the economy, health indices, or ease of doing business, favourable?" The answer, even now, is certainly a NO. The vulnerabilities have always been there, even before the COVID-19 pandemic. The 2019 GDP growth of 2.3 per cent was below the population growth rate of 2.6 per cent of the same period. The other economic and health indices, which we will not need to enumerate here, are far below par.

For the ease of doing business, Nigeria occupies a position of 131 out of 190 nations. We are battling with comparatively high maternal and infant mortality rates, low life expectancy, dwindling revenue, high government expenditure, high cost of doing business, policy inconsistencies and summersaults, etc.

The second question: "Are things going to get better with the COVID-19 pandemic or soon after? The answer, here again, is certainly NO. Already, a serious economic recession with about 5 to 10 per cent contraction has been predicted. We rely so much on oil exports for our foreign exchange and, today, the oil business has virtually collapsed. The attendant effect is easy to predict and evaluate: devaluation of the local currency, high prices of services and commodities, and spiralling inflation. It is, therefore, important for the business community and the general populace to brace up for a tougher time ahead.

The third question is: "Is the situation of the Nigerian economy and prosperity hopeless?" The answer here too is certainly NO. The population of Nigeria is

estimated to be about 200 million and it is growing. Nigeria has a huge potential demand base which cannot be ignored by companies, brand builders and sundry investors. There is so much to be done and Nigeria can become the beautiful bride of the world. We have a young, healthy, and resilient population estimated at about 45 per cent of the total. There is abundance of mineral resources, vast arable land, and intelligent human resources. All we need to do is to GET OUR PRIORITIES RIGHT and move on to fulfil our destiny in Africa and the world.

## Panoramic view

For us to accurately assess the impact of the COVID-19 pandemic on the pharmaceutical industry in Nigeria, it is apt to look at the global configuration of the industry. The pharmaceutical industry is an oligopoly, projected to reach a global volume of \$1.3 trillion in 2020, with a 2017-2020 CAGR of 9.1 per cent.

The industry is dominated by few players in Europe and America. In 2019, the major companies, whose turnover dominated the industry, include Pfizer (\$51.7 billion), Roche (\$50b), Novartis (\$47.4b), Merck (\$46.8b), GSK (\$43.54b) and Johnson & Johnson (\$42.1b). The turnover of some of these companies was more than the about N9 trillion (\$25b) Nigeria budget for 2020 before the revision at the current official exchange rate.

The pertinent question will be: Is Nigeria part of this sumptuous global business in pharmaceuticals? Yes, we are part of it but at an extremely insignificant level. We have known as far back as 2011 that Nigeria is not on the global pharmaceutical map. We are just a consuming nation with about 80 per cent of national consumption imported from other countries. Even the 20 per cent local manufacturing depends 100 per cent on imported inputs: active ingredients, excipients, and machineries. To stress the matter further, we also depend on imported human resources to manage the technical aspects like HVAC installation and maintenance.

Prior to the 2016 economic recession, the size of the pharmaceutical industry in Nigeria was estimated to be about \$2 billion and that was when one dollar was about N150. Today, one dollar is officially N360 and the size of the market, if we maintain the pre-2016 figure should be about \$840 million or about 0.064 per cent of the total global estimate.

In Nigeria, the pharmaceutical industry's contribution to the GDP in 2019 was just about 0.2 per cent and this is insignificant, compared to Nollywood's contribution of 2.3 per cent in 2016. The pharmaceutical industry faced a multidimensional challenge, even before the advent of the COVID-19 pandemic. These challenges include but not limited to huge receivable burden (federal and state governments and their agencies are the main culprits), low patronage of local manufacturers by federal and state governments, multiple taxation, regulatory difficulties (product registration, clearing of goods, etc), high cost of doing business, dearth of quality human resources, etc.

In terms of prognosis for

the industry, I can assert, with all emphasis at my command, that the land is green. We can handle the current situation and build a rosy future. We can turn the COVID-19 pandemic into a stream of opportunities that will develop the pharmaceutical industry in Nigeria. We can make the government to look at the pharmaceutical industry as a veritable source of growth and development for the economy in Nigeria.

Government has already started well with the stimulus package from the Central Bank: N1.1 trillion for the manufacturers and N100 billion for others in the value chain. It is important to state here that Nigeria cannot be ignored by the world of investors.

## Path to prosperity

The last question we will ask in this treatise is: What do we need to do or what must we do to grow the pharmaceutical industry in Nigeria? To succeed in this onerous task, we must:

Build a strong and compassionate National Agency for Food, Drug Administration and Control (NAFDAC). NAFDAC is the supra agency responsible for the regulation of pharmaceutical, food and chemical industries. It has a mandate to ensure the safety of the nation in making sure that the appropriate remedies, food, and chemical products are sold in Nigeria. In terms of being strong, I submit that NAFDAC must be appropriately resourced to fulfil its mandate. The budget must be right, and the release must be appropriate. NAFDAC is not an agency that will ask for N1000 and an appropriation of N10 will be made. NAFDAC should not be made a revenue collection agency. The agency should be well-funded by the federal government with modern tools, laboratories and methods to perform efficiently. The staff should be well trained with welfare packages comparable to the best in the world. We are lucky to have the right leadership currently in NAFDAC, but they need the appropriate resources to excel.

The flip side is that we need a NAFDAC with the right attitudes. A NAFDAC that will be an advocate for the industry. A NAFDAC that will realise that any delayed action, wrong action, or inaction has implications for the growth and development of the industry. A NAFDAC that will combine business regulation with business facilitation. For instance, we have multi-various issues in clearing goods from the port. Is it possible for NAFDAC to insert HS Codes in the product certificates, which Customs must accept as the basis of duty payment? In India, there is PHARMEXCIL, an agency devoted to promoting the Indian pharmaceutical industry. Who is going to play the role of PHARMEXCIL for us in Nigeria?

We need to expand our local manufacturing as a directed and focused action from government. We need our manufacturers to work with importers with open arms, just as the foreign manufacturers are doing, by offering incentives to importers to change their source from foreign to local manufacturers. We need to imbibe the local contract manufacturing culture urgently to bring drug manufacturing to Nigeria and create jobs. Government needs



to encourage investment in the sector by paying the outstanding debts and having improved patronage of local manufacturers.

We need a stable and consistent government policy and intervention, and this has been demonstrated by the current stimulus package, as announced by the Central Bank of Nigeria (CBN). In addition, we need a transparent and improved patronage, payment of outstanding bills and ensuring that there is a quick turnaround going forward.

For the industry, the current situation calls for cost optimisation. We cannot continue to work in silos or build local governments when we can come together to build a critical mass that can compete in the global space. We need to work together to build stronger companies by encouraging mergers, acquisitions, co-promotion, and other forms of collaboration that will make companies to be more effective and efficient.

We need to ask questions on why the National Health Insurance Scheme (NHIS) is still tottering in Nigeria. The out-of-pocket expenses, which is the norm in Nigeria today, will continue to limit growth and development of the industry.

The other issues bother on capacity building. We need to obtain, improve, and retain skills, knowledge, tools, equipment, and other resources needed for a vibrant pharmaceutical industry. In doing this, we need to support, energise and rework the NAIP BUSINESS ACADEMY as a special purpose vehicle.

By far, the most important requirement is the unity and honesty of purpose of all the groups in the pharmaceutical industry in Nigeria. We will be stronger when we work together. For this reason, I hereby call on NAIP, PMGMAN, NIROPHARM, APIN, IPMIN, pharmacists and entrepreneurs in the industry to abandon their differences and work together to build a dynamic and result-oriented pharmaceutical industry in Nigeria. With a strong pharmaceutical community, we can bargain, influence and redirect government attention and policies.



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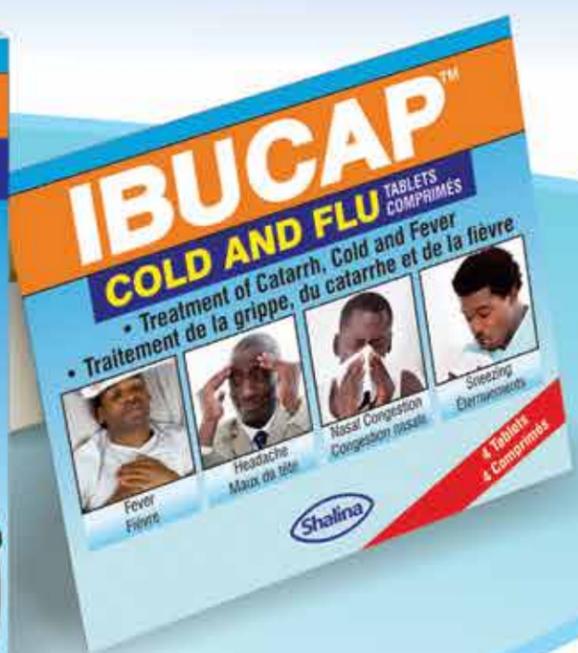


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# LEADERSHIP INITIATIVES FOR EXCELLENCE (LIFE) SERIES

## Character traits of successful leaders

By Prof. 'Lere Baale

*"Managers are people who do things right, while leaders are people who do the right thing." — Warren Bennis, Ph.D.*

In a debate about leadership in Africa few days ago, I realised that what Africa lacks is not leadership but leaders with the right kind of character and traits to solve the challenges of this time. As an incurable optimist, I also believe that we can start to learn the right set of characters, values and traits that will enhance leadership qualities in each one of us. Leaders determine the ultimate effectiveness of an organisation, as the character and skills that they bring determine the way problems are solved and tasks are accomplished.

Leaders do not command excellence, they build excellence. Excellence is "being all you can be" within the bounds of doing what is right for your organisation. To reach excellence, you must first be a leader of good character. You must do everything you are supposed to do. Organisations will not achieve excellence by figuring out where they want to go, then having leaders do whatever they have to in order to get the job done, and then hope their followers act with good character.

This type of thinking is backwards. Pursuing excellence should not be confused with accomplishing a job or task. When you do planning, you do it by backwards planning. But you do not achieve excellence by backwards planning. Excellence starts with leaders of good and strong character who engage in the entire process of leadership. And the first process is being a person of honourable character.

### Character development

Character develops over time. Many think that much of a person's character is formed early in life. However, we do not know exactly how much or how early character develops. But, it is safe to claim that character does not change quickly. A person's observable behaviour is an indication of his character. This behaviour can be strong or weak, good or bad.

A person with strong character shows drive, energy, determination, self-discipline, willpower, and nerve. He sees what he wants and goes after it. He attracts followers. On the other hand, a person with weak character shows none of these traits. He does not know what he wants. His traits are disorganised; he vacillates and is inconsistent. He will attract no followers.

A strong person can be good or bad. A gang leader is an example of a strong person with a bad character, while an

outstanding community leader is one with both strong and good characteristics. An organisation needs leaders with both strong and good characteristics, people who will guide them to the future and show that they can be trusted.

### Motivational traits

To be an effective leader, your followers must have trust in you and they need to be sold on your vision. Korn-Ferry International, an executive search company, performed a survey on what organisations want from their leaders. The respondents said they wanted people who were both ethical and who convey a strong vision of the future.

In any organisation, a leader's actions set the pace. This behaviour wins trust, loyalty, and ensures the organisation's continued vitality. One of the ways to build trust is to display a good sense of character, composed of beliefs, values, skills, and traits:

**Beliefs** are what we hold dear to us and are rooted deeply within us. They could be assumptions or convictions that you hold true regarding people, concepts, or things. They could be the beliefs about life, death, religion, what is good, what is bad, what is human nature, etc.

**Values** are attitudes about the worth of people, concepts, or things. For example, you might value a good car, home, friendship, personal comfort, or relatives. Values are important as they influence a person's behaviour to weigh the importance of alternatives. For example, you might value friends more than privacy, while others might be the opposite.

**Skills** are the knowledge and abilities that a person gains throughout life. The ability to learn a new skill varies with each individual. Some skills come almost naturally, while others come only by complete devotion to study and practice.

**Traits** are distinguishing qualities or characteristics of a person, while character is the sum total of these traits. There are hundreds of personality traits, far too many to be discussed here. Instead, we will focus on a few that are crucial for a leader. The more of these you display as a leader, the more your followers will believe and trust in you.

### Traits of a good leader

A good leader is:

**Leaders do not command excellence, they build excellence. Excellence is "being all you can be" within the bounds of doing what is right for your organisation. To reach excellence, you must first be a leader of good character. You must do everything you are supposed to do.**

**Honest** — Demonstrate sincerity, integrity, and candour in all your actions. Deceptive behaviour will not inspire trust.

**Competent** — Base your actions on reason and moral principles. Do not make decisions based on childlike emotional desires or feelings.

**Forward-looking** — Set goals and have a vision of the future. The vision must be owned throughout the organisation.

Effective leaders envision what they want and how to get it. They habitually pick priorities stemming from their basic values.

**Inspiring** — Display confidence in all that you do. By showing endurance in mental, physical, and spiritual stamina, you will inspire others to reach for new heights. Take charge when necessary.

**Intelligent** — Read, study, and seek challenging assignments.

**Fair-minded** — Show fair treatment to all people. Prejudice is the enemy of justice. Display empathy by being sensitive to the feelings, values, interests, and well-being of others.

**Broadminded** — Seek out diversity. They avoid the "danger of a single story".

**Courageous** — Have the perseverance to accomplish a goal, regardless of the seemingly insurmountable obstacles. Display a confident calmness when under stress.

**Straightforward** — Use sound judgement to make good decisions at the right time.

**Imaginative** — Make timely and appropriate changes in your thinking, plans, and methods. Show creativity by thinking of new and better goals, ideas, and solutions to problems. Be innovative!

### Attributes

Attributes establish what leaders are, and every leader needs at least three of them:

**Standard-bearers** establish the ethical framework within an organisation. This demands a commitment to live and defend the climate and



culture that you want to permeate your organisation. What you set as an example will soon become the rule, as, unlike knowledge, ethical behavior is learned more by observing than by listening. And in fast moving situations, examples become certainty. Being a standard bearer creates trust and openness in your employees, who in turn, fulfill your visions.

**Developers** help others learn through teaching, training, and coaching. This creates an exciting place to work and learn. Never miss an opportunity to teach or learn something new yourself. Coaching suggests someone who cares enough to get involved by encouraging and developing others who are less experienced. Employees who work for developers know that they can take risks, learn by making mistakes, and winning in the end.

**Integrators** orchestrate the many activities that take place throughout an organization by providing a view of the future and the ability to obtain it. Success can only be achieved when there is a unity of effort. Integrators have a sixth sense about where problems will occur and make their presence felt in a vision-based framework.

An organisation consists of three components:

The structure gives the organisation its form and dictates the way it will interact.

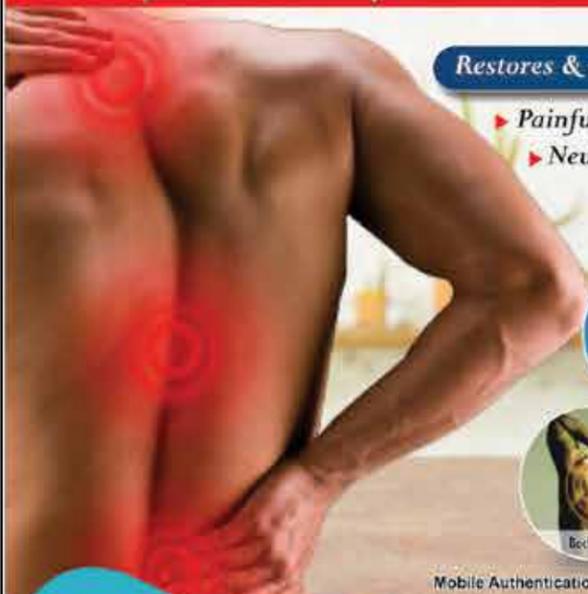
The followers respond to the structure and the leaders.

**The leaders determine the ultimate effectiveness of the organisation as the character and skills that they bring determine the way problems are solved and tasks are accomplished.**

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

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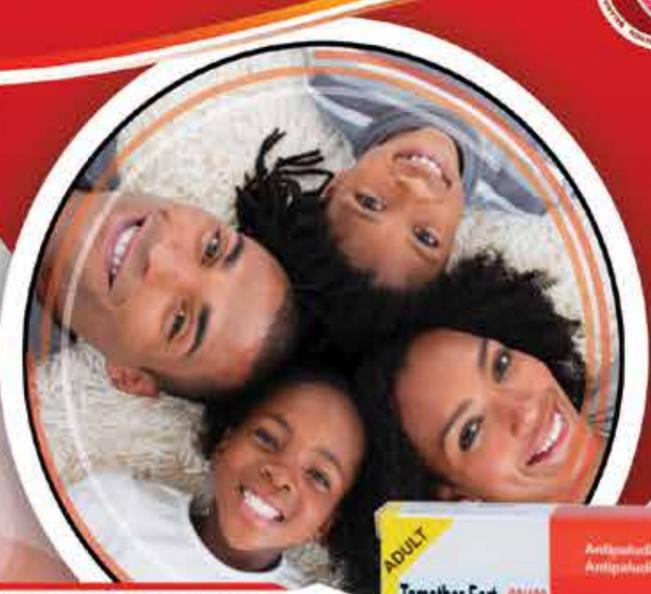


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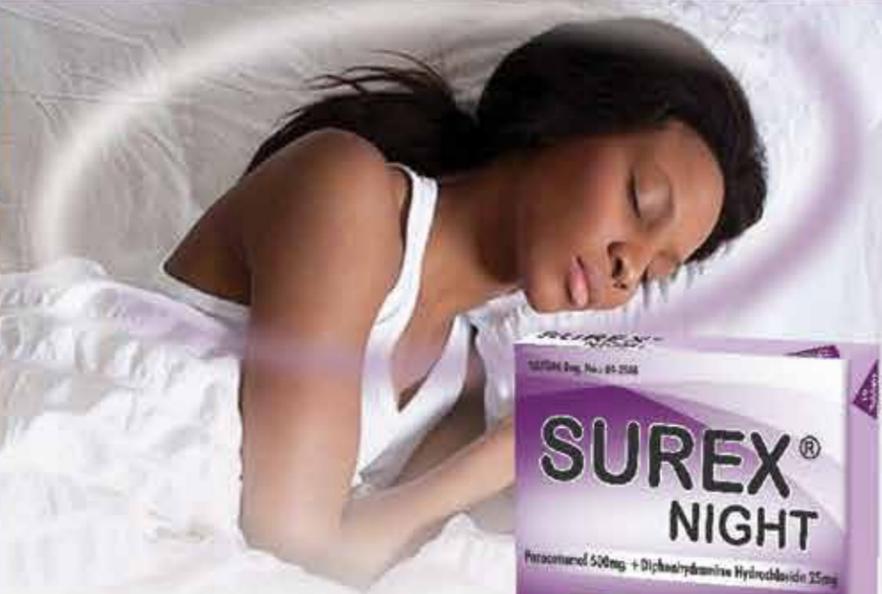


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## Chloroquine, hydroxychloroquine effective as COVID-19 prophylaxis, study finds

By Adebayo Oladejo

A preliminary trial on the use of chloroquine and hydroxychloroquine as prophylaxis for COVID-19 in Nigeria has recorded some level of success.

The study protocol, sponsored by LiveWell Initiative (LWI), in collaboration with frontline healthcare workers in the country, has undergone hypothesis testing among physicians, researchers and pharmacists with debates on several professional health platforms.

The results are based on preliminary data gathered from physician-patient compassionate use as prophylaxis and off-label use of chloroquine, hydroxychloroquine and quinine in treatment of moderate to advanced COVID-19. It also recognises some self-medicating individuals who took advantage of the non-prescription remedy.

According to a statement released by the Chief Executive Officer of LWI, Pharm. (Mrs) Bisi Bright, 123 volunteers were involved in the study, of which 110 were on prophylaxis and 13 on treatment.

"The preliminary data also included a few self-medicating members of the public who did so under guidance. Out of the 110 on prophylaxis, there were 76 men and 34 women to corroborate the fact.

"Our LWI Study Protocol recommends quinine for all COVID-19 inpatients (oral for regular inpatients and intravenous for ICU Patients)" she said.

According to her, quinine crosses the blood-brain barrier into the alveoli which gives it an added advantage over chloroquine and hydroxychloroquine in COVID-19, and picks up where both stop.

"That, of course, is in advanced COVID-19 treatment, especially during Cytokine Storm. The side effects are self-limiting. Reversible ototoxicity is the commonest but the benefit of administering it outweighs the risk of losing a life to COVID-19.

"The terminal disequilibrium caused by COVID-19 is lethal and is better not experienced. The study protocols are currently being used in Kaduna, Bauchi and some other states in Nigeria," she said.

Bright explained that the study protocol comprises six segments, namely pre-exposure prophylaxis, post-exposure prophylaxis, post-exposure prophylaxis, ambulatory care, inpatients care, intensive care unit, post-discharge intermittent and post-discharge intermittent prophylactic therapy.

As part of the empirical data garnered, the Assistant Secretary General of Healthcare Federation of Nigeria noted that the COVID-19 team deployed by LiveWell Initiative in Kaduna received positive feedback from the state government which has adopted the protocol for trial.

Bright said: "There are reports that Bauchi State also adopted the protocol after debates while a self-isolated traveler in Chevron, Lagos, recovered after she was placed on PEP following her physician's advice.

"In Canada, a patient on admission at an intensive care unit was discharged after fully recovering on injectable quinine, instituted by her physician while another patient, a self-quarantined nurse in the United Kingdom, fully recovered after PEP.

"In Oyo Isolation Centre, all 11 patients placed on the 4-Aminoquinolines were discharged after full recovery."

According to the statement, other designated facilities which have procured the protocols, with ongoing communication with LWI are Lilly Hospital, Warri; FMC, Keffi; FMC, Keffi; Faith Multiplex Hospital, Benin City; Babcock University,

Ilishan; Plateau State Government, Jos; Lagos University Teaching Hospital; AKTH Akwa Ibom State and AKTH Akwa Ibom State.

Speaking further, Bright observed that there was 100 per cent positive outcome and zero deaths with 4-Aminoquinolines in COVID-19 response, stressing that quinine works in an advanced stage of COVID-19 as the case of the single laboratory tested positive client has shown.

"Although it has been proven that CQ/HCQ is effective in early COVID-19, more studies will be needed due to the small sample size deployed while quinine is effective in advanced stage of COVID-19 including ICU.

"However, post-treatment intermittent prophylaxis is recommended in COVID-19. This explains why I mentioned earlier that more studies are needed," she said.

According to her, the LWI Study

Protocols for COVID-19 response are affordable, scalable, and replicable for all Africans and in the Diaspora.

"Recently it was discovered that some tertiary health institutions are using the LWI Study Protocols for COVID-19 prophylaxis and outpatient care. The reason is obvious.

"Chloroquine / hydroxychloroquine has multiple modes of action which prevents the virus from penetrating the host cell using its S protein and Protease. It breaks the polymerase chain and prevents viral replication.

"It is a zinc ionophore and ensures penetration of zinc into the viral cell, altering the Ph. The Zinc also potentiates chloroquine action leading to a good safety profile in therapeutic doses," she said.

The Chief Executive Officer of LiveWell Initiative reaffirmed that her COVID-19 team has co-hosted a webinar on 25 April 2020 with WHO Nigeria, International Pharmaceutical Federation,



Pharm. (Mrs) Bisi Bright

AFROPHARM, and EMROPHARM to further discuss on the innovations of the three phases of its study protocol.

"Our objective is to work alongside with governments of Africa and other healthcare stakeholders in the continent to join hands in reducing and eliminating the spread of the COVID-19 virus through hypothesis testing of our study protocol," she emphasised.



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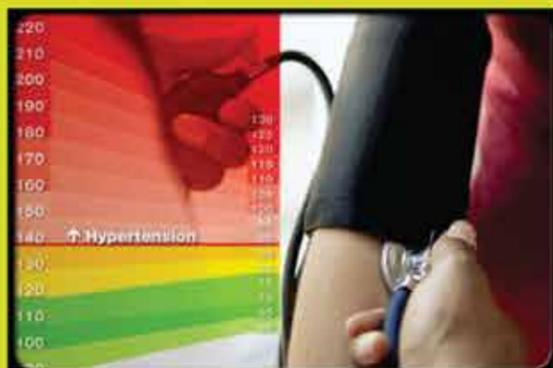
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# Sexual assault victims recount ordeals as experts list health implications of rape

## - Gynaecologist, psychiatrist call for holistic care for victims

By Temitope Obayendo

Sexual assault or gender-based violence has apparently assumed an alarming dimension in the country, as it appears to be the rave of the moment following an upsurge in the number of rape cases recorded by the police in recent times. From the popular cases of Vera Omozuwa and Barakat Bello to a host of voiceless others, the list seems endless.

Affirming the spike in sexual violence in the nation, the Inspector-General of Police, Mohammed Adamu, recently disclosed that the police had recorded about 717 rape incidents across the country between January and May 2020, which is an alarming situation in a sane clime. As a means of curbing the dastardly act, the Nigerian Governors Forum declared a state of emergency on rape and called on all states to set up a sex offenders' register and to sign on to two federal laws which punish rape and violence against women and children.

It is so pathetic that with all these efforts by government to arrest the situation, perpetrators are not relenting in their devilish acts of endangering the health and lives of innocent children and women through rape and other sexual violence, as more and more cases are reported daily on the pages of national dailies and social media.

### Health implications

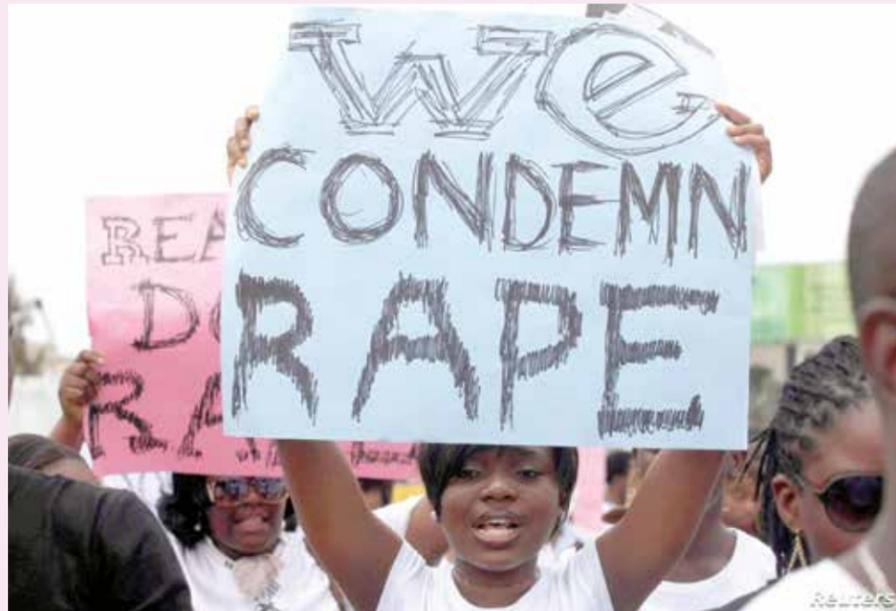
A gynaecologist, Dr Gregory Ohioin, in an exclusive interview with *Pharmanews* noted that the health implications of rape is far-reaching, saying that beyond the bodily or physical harm, the victim also suffers psychological hurt and post-traumatic stress disorder.

Ohioin, who is the deputy director, Maternal and Reproductive Health Research, at the Nigerian Institute of Medical Research, also asserted that rape can mean a lifetime scar for a victim, and could, in fact, lead to death.

"Physical gynaecological implications for those that suffer sexual assault or rape, as the case may be, is that, first, the victim is predisposed to genital tract injury, tears, laceration and bruises.

"The victim is also in predisposition to sexually transmitted infection of all sorts. Bacterial and viral infections, which also include HIV (Human Immunodeficiency Virus), are some of the possible effects that the victim might also suffer. Victims are also predisposed to unwanted and unplanned pregnancies and that can also be catastrophic because in an attempt to try to terminate the pregnancy, it can lead to other complications which may include death", he explained.

The story of a victim, Lindsie, corroborates the views of Ohioin on the health implications of sexual violence. Lindsie narrated her ordeal in the hands of a supposedly friend thus: "At about 2:30 p.m, Lawrence sent me and Ziyad into that back room to do some work. I was back there, minding my own business and doing my thing. Ziyad grabbed me by my arms and dragged me into the bathroom. I



screamed. He put this hand over my mouth and started to undo his pants. Knowing what was about to happen I froze. My whole body went numb. I couldn't move. After he was done, he got dressed and walked out of the bathroom like nothing happened. He left me there with my tears. When he walked out the door, he took with him my pride, my security and my virginity.

"I'm currently undergoing counselling two times a week, and I'm on pills for depression. I can't fall asleep at night without the TV on. And I've already given myself an ulcer from worrying so much. I know things will get better and eventually I will be able to live a normal life again, but right now it is hard. Very hard," Lindsie lamented.

Another victim of rape, Jennifer, also revealed how empty and humiliated she felt after being assaulted severally and later regretted her lack of confidence in pressing charges against her violators.

Sobbing while recalling the nasty experience, she said: "My self-esteem has never been very good. I fell into an abusive relationship when I was 16. That man abused and intimidated me in every way possible. I was very afraid of him, and especially afraid of what he might do to me if I upset him. He raped and assaulted me and had other men rape and assault me several times during our relationship. He humiliated and belittled me.

"The rapes were just an especially degrading item in his array of torture methods therapy. I never pressed charges. I thought about it, but decided that nothing could ever make up for what he had done to me, and that my life couldn't stand any more intrusion, no matter how well-intentioned. Now, later, I wish I had gone to the police. What I want more than anything is to know that he can never do this to anyone ever again. What he did to me is beyond comprehension. He scarred my body, he wounded my soul."

### Further effects

A reproductive health expert further elucidated on the effects of rape, saying it could lead to several infections of the genitals, chronic pelvic inflammatory disease and

can equally give rise to blocked tubes.

"These blocked tubes can also invariably lead to infertility in these victims. The injuries they suffer from, if it is severe enough, can leave behind scar tissues over a period of time. These scar tissues heal by fibrosis and when these tissues occur, it can block their pathway for child delivery and this is what we refer to as acquired gynaetresia," he said.

Speaking from a psychiatrist's point of view, Dr Dapo Adegbaaju, a consultant psychiatrist at the Federal Neuropsychiatric Hospital, Yaba, acknowledged the spike in rape cases and attributed the development to various factors including, past childhood sexual abuse, alcohol use, substance abuse, poverty, proliferation of pornographic materials and mental disorders, among others.

Adegbaaju noted that if nothing is done urgently to stem the tide of sexual violence by beefing up the security and safety of citizens in the country, especially to protect the vulnerable gender from predators, there may be a surge in cases of mental illness as many people may become emotionally unbalanced in the society.

He said: "A lot of victims need to be helped psychologically, emotionally and spiritually. Supportive psychotherapy is very essential. If rape is not properly handled, it can lead to several forms of mental illnesses, ranging from acute stress reaction to post traumatic stress disorder to mood disorders to substance use disorders or schizophrenia and personality disorders."

Submitting that sexual violence is not restricted to any gender, he proposed proper sexual training for children, psychological evaluation for perpetrators, with appropriate punishment, as well as formulation and enforcement of strict legislations on the use of pornographic materials, as means of ridding the nation of the heinous act.

"Why not trying to be chauvinistic, rape is not only attributed to males. Females also rape males. The essential thing is to teach and train children well about sexuality. Perpetrators should be evaluated psychologically

and appropriate punishment meted out to them. Strict laws on pornographic materials should be enforced, while males should be encouraged to join advocacy groups too", Adegbaaju advised.

### Care of victims

Still on the psychological effects of rape, Ohioin called for a holistic care approach to aid victims' healing process, as their levels of injury differ from one to another.

"This makes it important that in cases of sexual assault, the victims should receive holistic care, strong support structure, intervention of the psychiatrist and long term follow up.

"Those that may recover from physical harm can also find it difficult to recover from psychological harm, which is very difficult to heal because it manifests in different formats. There are cases where some of these victims become assailants and develop violent behaviours in the future and some may develop suicidal ideations," he said.

The gynaecologist, who ruled out the option of total recovery for victims as they are already vulnerable to the act, said they will do well with a lot of support from people around them

"The victim already is vulnerable and at such needs to be supported. They need medical and gynaecological care from psychiatrists and trauma doctors. A multidisciplinary approach should be taken and it also depends on their age. They need to bring in a paediatric psychiatrist and a psychologist, if it is a minor. The parents also have to be involved.

"Also, the first thing is to allow the victim realise that she is not at fault and remove the sense of guilt, blame and shame from her mind. That burden should not be borne by the victim and it is also the responsibility of the society to put structures in place and ensure that the victim is well taken care of holistically. The victim just needs support; so the society and caregivers need to give adequate support to the victim during the period," he stressed.

### Government intervention

Although most states of the federation are yet to sign up to the sex offenders' bill, President Muhammadu Buhari has assured Nigerians on the efforts of his government to fight gender-based violence.

Buhari, who made the statement recently during his Democracy Day Speech, expressed utter displeasure on the development, while he promised to bring perpetrators to book.

"I am particularly upset at recent incidents of rape, especially of very young girls.

"I wish to assure all our women of this administration's determination to fight gender-based violence through the instrumentality of the law and awareness creation," Buhari said.

"The Police are pursuing these cases with a view to bringing perpetrators of these heinous crimes to swift justice," he added

# Enforce social distancing rules or face COVID-19 spike, NMA warns FG

continued from back page

place like Nyanya, for instance, in Abuja. There is nothing like social distancing there. There is nothing like it also in the markets, banks, and parks.

"When you go to the market, it is just business as usual. So, we need to know why it is so. We talked about self-isolation, and I think that is one area that we didn't get right. The government must find means of enforcing this rule, else it would worsen our situation in the country," he said.

Ujah further urged the federal government to constitute a team of researchers to assess response to the disease in the country, noting that this will chart a path for practitioners to follow in the management of COVID-19 patients.

"We need a research team that will monitor regularly what we are doing; otherwise, we will be groping in the dark. The response must be evaluated by the research team.

"As a researcher, I think we should have a strong research team to be part of the PTF (Presidential Task Force on COVID-19). I am not aware that the PTF has a research team and we must evaluate and monitor what we do.

"If you say we should wear a face mask, what is the percentage of Nigerians wearing masks in Abuja?" he questioned.

The NMA president further lamented shortage of healthcare practitioners in the frontline of the battle against the virus, calling the attention of government to



**Prof. Innocent Ujah**

the need to recruit more medical practitioners to the healthcare sector.

He described as unacceptable the presentation ratio of 40,000 doctors to an estimated population of 200 million, as against the World Health Organisation (WHO)'s recommendation of doctor/patient ratio of one to 600.

Ujah said: "The COVID-19 pandemic has exposed how weak the Nigerian healthcare system

is. In Nigeria, we have 40,000 doctors taking care of 200 million people. That is unfortunate for us, as against the WHO standard of doctor/patient ratio of one to 600".

Concerning his agenda for his two-year tenure, Ujah said his administration will seek improvement in budgetary allocation to health, as the pandemic has revealed the frail structure of the healthcare system.

While promising to reposition the NMA in all areas, by bringing all members on board, the new president also hinted on his plan to welcome female doctors into the activities of the association, stressing that his administration

will make female doctors as well as senior colleagues more active and engaged in NMA's programmes.

"Our administration will take the issue of the welfare of our members as a top priority. We will lobby and advocate for improved remuneration, realistic hazard allowance, universal applicability and many others.

"We want to ensure that all doctors participate in NMA's

activities. First we will find out why senior colleagues have not been participating, and we will allow female doctors to take active parts in our programmes for gender balance", he stated.

"We face a crucial time with the COVID-19 pandemic. This pandemic is not just a health crisis but also a socioeconomic crisis. Hence, NMA must be innovative in its approach. We will look at how to reduce the cost of running the association by adopting technology for some of our meetings.

"We will manage our resources with integrity and ensure that international standards of financial management are adopted in NMA in order to enhance accountability and transparency in the day-to-day operations of our Association. In addition, we will seek innovative ways for sustainable funding for NMA. I want to appeal to our members with such ideas to please reach out to the NOC with their contributions.

When asked about how he will resolve the frequent strikes by doctors, he said: "For the record, NMA has not gone on strike for the past 20 years, except for resident doctors, whose issue the government is trying to resolve.

"I don't think any doctor likes to go on strike, as strike is seen as the last option when dialogue fails. Inasmuch as it is in our power, we will dialogue more with government, and embrace consultation, while we urge government to give us listening ears," he said.

# ACPN tasks FG on special security for members, other healthcare workers

continued from back page

O. Adekola, and the National Secretary, Pharm. (Mrs) Abosede Idowu.

According to the ACPN, the gruesome murder of one of its shining lights and its erstwhile National Publicity Secretary, Pharm. Sunday Ike, constitutes a huge loss to the pharmacy profession and to the country in general, especially at a time when the health sector is bedeviled by manpower shortage.

The association noted that the late Sunday Ike was already planning to close his pharmacy, after his regular staff had closed for the day, when he was gruesomely murdered by some unknown gun men in the late hours of Friday June 19, 2020 at his premises, Suncel Pharmacy, located at 3rd Avenue, Gwarinpa, Abuja.

The statement noted that the culprits, as it often happens, must have acted on the presumption that pharmacy facilities are money-spinners, adding that the various misrepresentations that pharmacy premises are equivalent of business premises rather than health facilities drives the resolve of thieves and assailants to target the imagined "fortunes" COVID-19 sales bring to community pharmacies this season.

While describing the deceased as a diligent



**Dr Samuel O. Adekola**  
National chairman ACPN

and passionate community pharmacist, who always professed and confessed hope of a better tomorrow for pharmacy, the association called on President Muhammadu Buhari and all the state governors to mandate the police and other security agencies at their disposal to set up special security and police squads to ensure more rigorous surveillance of pharmacies and other health facilities, in the ultimate public

interest.

It also added that the federal government should direct the Inspector General of Police, to identify and bring the killers of Pharm. Sunday Chukwujekwu Ike to book, adding that the minimum demand is to reassure the pharmacists and other health workers that government does not take their safety for granted.

While describing the murder of Ike as unfortunate, the ACPN noted that the incident brings to mind a number of

incidents in contemporary times in which pharmacists have been murdered in cold blood, as well as the scores of pharmacists who are daily harassed by men of the underworld and even security agents in the process of rendering essential duties.

The statement said: "About two years ago, a community pharmacist was killed in Port Harcourt, Rivers State; one in Uyo, Akwa-Ibom State; and another one in Benue State. All

were at their duty posts. Only recently within this year in the same Port Harcourt city, staffers of a community pharmacy and pharmacist were harassed and physically assaulted by men of the Nigeria Police who ended up detaining them for opening in the course of the ravaging COVID-19 pandemic, which still continues to claim many casualties in our country and other nations of the world.

"In what was one of the most painful incidents, a pharmacist who was the best graduating student in his class was murdered in the vicious cycle of deaths in Lagos State. For obvious reasons of its size and strategic location, Lagos State has witnessed dozens of other deaths and harassment which were not properly documented at different times."

The ACPN also implored the FG to consider the option of securing life insurance for community pharmacists and other healthcare providers, especially those who are professionally mandated to render essential duties at times of national emergency.

The association also called on all well-meaning Nigerians, traditional rulers and spiritual leaders to come to its aid in the bid to tackle the escalating menace of attacks on its members.



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# Enforce social distancing rules or face COVID-19 spike, NMA warns FG

- Tasks FG to constitute PTF research team

By Temitope Obayendo

As the Nigerian government struggles to contain the spread of the COVID-19 pandemic in the country, medical doctors under the aegis of the Nigeria Medical Association (NMA) have cautioned on the need to enforce social distancing rules, as directed by the Nigeria Centre for Disease Control (NCDC), saying failure to do so will cause a spike in cases.

The association said it observed with dismay that many Nigerians have jettisoned the advice of healthcare practitioners on social distancing, as people can be seen in public places doing their businesses without any precautions, saying this might lead to a very precarious situation, especially with the commencement of the rains.

Speaking with *Pharmanews* in an exclusive interview, the newly elected NMA President, Professor Innocent Ujah, said: "We don't have social distancing, as far as I am concerned. I have gone to a



LR, Mr. Isaac Igbanoi, director of admin, Neimeth; Commander Olusegun Ogungbemide, FRSC Lagos State Sector Commander; Pharm. (Mrs) Roseline Oputa, director, sales and marketing, Neimeth, and Deputy Corps Commander Anthony Daodu, zonal Head of operation, zone RS2, Lagos and Pharm. (Mrs) Chovwe Emaniru, Head of marketing, Neimeth, at the Neimeth FRSC Partnership Programme in Lagos recently.

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# ACPN tasks FG on special security for members, other healthcare workers

- Condemns gruesome murder of colleague

By Adebayo Oladejo

The Association of Community Pharmacists of Nigeria (ACPN) has urged the federal government to set up special security and police squads to ensure more rigorous surveillance of pharmacies and other health facilities in the country, saying the constant killing of pharmacists on duty

is a painful waste of valuable human resources, at a time the nation continues to search for its best hands to salvage it from the ravages of diseases and other challenges.

The association made the call in a statement signed by its National Chairman, Dr Samuel

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