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PCN, NAFDAC championing availability of quality medicines in Africa – Prof. Anyakora

By Patrick Iwelunmor

As Nigerian pharmacists, scientists and other relevant stakeholders continue to work towards the attainment of excellence in drug production and distribution, eminent Professor of Pharmaceutical Chemistry and Chief Executive Officer of Bloom

Public Health, Chimezie Anyakora, has said that the Pharmacists Council of Nigeria (PCN) and the National Agency for Food and Drug Administration and Control (NAFDAC) are working harmoniously to ensure that quality medicines are provided for Nigerians and other

Africans.

Speaking to *Pharmanews*, in an exclusive interview, the internationally-recognised academic and former country lead (Nigeria) for the United States Pharmacopoeia, stated that NAFDAC is highly respected in the West African sub-region and indeed the African continent as

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Pharm. Sola Solarin

Sola Solarin is the founder and managing partner, Savante Consulting Limited, a consultancy business servicing the pharmaceutical industry and other sectors, in providing commercial strategy consultancy, pharmaceutical products regulation, clinical research management and pharmacovigilance.

He was recently appointed president of the Industrial Pharmacy Section (IPS) of the International Pharmaceutical Federation (FIP), to coordinate the affairs of the Federation for the next four years.

Born on 8 February 1965, Solarin had his elementary and secondary education in the western part of Nigeria, after which he got admission into the Obafemi Awolowo University (OAU) to study Pharmacy in 1983. He bagged his Bachelor of Pharmacy degree in 1986. He also has an MBA from the IESE Institute of Graduate Management Education, in Barcelona, Spain.

His career in the pharmaceutical industry started in 1989 with the then Glaxo Nigeria Ltd, as a medical representative. He retired ten years later in 1999 after stints in product development, logistics and site services.

In 2001, he led a four-man team of investors to acquire the assets of a pharmaceutical company in liquidation to form Food and Pharma Nigeria Ltd. He was the chief executive officer of the company for four years.

As a dynamic professional, he managed a pharmaceutical product development and marketing company, named Coriander Resources Limited, between 2004 and 2012. The company developed and successfully introduced into the Nigerian market four prescription medicinal products in the anti-infective, cardiovascular and musculoskeletal categories. Under his watch, the company had competencies in market research, manufacturing processes, product regulation and sales.

Solarin, as a student, was the public relations officer (PRO) of the OAU local chapter of the Pharmaceutical Association of Nigeria Students (PANS). He was also national chairman of Nigerian Association of Industrial Pharmacists (NAIP) between 2003 and 2005. He was named an eminent person of the association in 2006.

Solarin has been an active member of FIP for over ten years. He served for seven years as vice-president of the Industrial Pharmacy Section within the period, which explains his recent appointment as the president of the IPS. He rolled out the quarterly webinars of the section, which other sections have also adopted.

Solarin, is the author of the book, "The Start-Up Entrepreneur: An Emerging Market Experience." An avid lover of water sport, he is a keen sailor as a member of the Lagos Yacht Club. He is married with children.



Inspiration

"All things are possible to those who believe in themselves. Live a life without limits. Believe in yourself. Break through the ceiling of limitation. Develop high confidence and connect yourself to total success." — **Mark F. LaMoure**

"Be happy with who you are and what you do, and you can do anything you want." — **Steve Maraboli**

"Faithfulness to one's calling is ultimately the only true measure of success. By your faithfulness you will change people and creation according to God's plan." — **Charlie Peacock**

"Success in any area of life does not come easily, nor does it come overnight. It is an ongoing process that requires persistence, humility, and determination." — **Tirzah Libert**

"Fear tells us to stay down so we won't get knocked down again. God says to get up because while we might get knocked down again, at least it'll be up the road from the last place where that happened." — **Craig D. Lounsbrough**

"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful." — **Herman Cain**

"Learn to master your thoughts and watch closely what you deposit into your spirit. Speak over your life. Living in peace has transformative power." — **Germany Kent**

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During a recent interview which was monitored by **Pharmanews**, Registrar of the Pharmacists Council of Nigeria, Pharm. (Dr) NAE Mohammed made a poignant observation that echoed the concerns of every other stakeholder in the Nigerian pharmaceutical landscape. According to him, “The Nigerian pharmaceutical sector today is still very much import-dependent, which is a threat to the security and health of Nigerians. Because of that we need a revolution to make us look inward and be able to have total control over the pharmaceutical landscape of this country.”

This much anticipated “revolution” seems to be rapidly coming to manifestation with the recent unveiling of West Africa’s premier pharmaceutical park in Ebonyi State. This landmark initiative, modelled along Alfred Weber’s celebrated theory of industrial location, is a brainchild of the Association of Industrial Pharmacists of Nigeria (NAIP), led by Pharm. Ignatius Anukwu and Bloom Public Health, led by Professor Chimezie Anyakora. According to a statement released by the initiators, the Pharmacy project was conceived to tackle the existing challenges of infrastructure, high cost of manufacturing and revolutionise indigenous drug manufacturing. They added that the park is categorized into five zones – namely, the industrial zone, the shared services zone, the supply services zone, the games and recreation zone and the residential zone.

Altogether, the park is projected to provide, among other features, state-of-the-art facilities, including factories with access controls for secure production; warehouse facilities

Pharmacy project: Dawn of an anticipated revolution

for raw materials and finished products; an administrative block that will provide office spaces for regulatory agencies; a research and development centre that will serve as a converging point for researchers from across the globe; as well as a training centre that will provide continuous capacity building for staff of companies within the park.

We commend the initiators of this project, as well as the laudable objectives behind their revolutionary vision. Indeed, if all the plans of the initiators are fully implemented as projected, there will be such phenomenal transformations in the Nigerian pharmaceutical space that will bring maximum benefits to not just the pharmaceutical manufacturers but all other stakeholders and the Nigerian nation as a whole. There is no doubt that the equipment and other facilities within the shared zone will not only guarantee efficiency but will also drastically cut the cost of manufacturing for companies at the park, by providing economies of scale.

Moreover, as Dr Obi Adigwe, director general of the National Institute for Pharmaceutical Research and Development (NIPRD) has aptly observed, “When you have a value chain of different stakeholders all aggregated in the same place, then it is easier to identify the needs of the entire value chain and then develop contextual research and

development solutions that can help to address those needs.” Indeed, this collaboration of NAIP and Bloom Public Health in the Pharmacy Project will undoubtedly add value to the Nigerian pharmaceutical space and positively impact on pharmaceutical manufacturing in the entire West African sub-region.

It must be added, very importantly, that this initiative will not only ensure that local pharmaceutical manufacturers are empowered to produce high quality medicines that will comply with GMP guidelines, but will also reduce cost of medicines since the raw materials and other production factors will be sourced locally. With this, Nigerians and citizens of neighbouring West African countries can easily access quality medicines at affordable prices.

Also worthy of note is that the unveiling of the project in Ebonyi State is just the beginning as many other states will definitely key into the project and establish similar parks in their domains. The Governor of the state, Engineer David Umahi, indeed deserves commendation as he ensured that the unveiling was bolstered with the donation of one hundred hectares of land for the project. He also went further to perform the groundbreaking ceremony in company of the President of the Pharmaceutical Society of Nigeria, Mazi Sam Oluabunwa. The implication of this is that sooner than later, the Nigerian

pharmaceutical landscape and the health sector, in general, would have been positioned to compete with their counterparts in any part of the world.

Additionally, the Pharmacy Project will also help to tackle the challenge of unemployment to a large extent. One can imagine the multiplier effect of establishing pharmaceutical parks in all the 36 states of the federation. The effect on job creation and increased revenues for the states cannot be overemphasised. Moreover, the establishment of these parks will also come with special power supply plans which, in effect, would improve electricity in these areas.

In terms of infrastructural development, the pharmacy project would definitely catalyze Nigeria’s industrialisation reputation. It is a project that all stakeholders in the health sector should support. Soon other African countries will adopt the model and continue to look onto Nigeria as a nation of innovators who would never cease to be relevant in the entire world’s quest for a vibrant health care system. We hereby call on all state governments and all stakeholders in the health sector to support this laudable project by allotting land and funds for its takeoff in their respective states.

We call on the leadership of NAIP and Bloom Public Health to, as a matter of urgency, sustain the tempo of their collective advocacy towards the full actualisation of this project. It is a treasure that is capable of obliterating the not-too-palatable impression the world has had about the Nigerian health sector.





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What are your gods?

By Sir Ifeanyi Atueyi

In my younger years in the village, I used to think there were two categories of religious people. In the first category were the majority, mainly parents and older ones, who were heathen or pagans or idol worshippers. In their homes were some idols made of wood and iron that had been around for many years. In the other category were Christians. They were fewer in number and had basic education to enable them read and write.

In the primary school, more of the children were from Christian families. In a large family, some were Christians while others were idol worshippers. With serious evangelistic work of the missionaries, people were being converted to Christianity, which had the Church Missionary Society (CMS) and the Roman Catholic Mission (RCM) as denominations.

Ironically, these two denominations were somehow

antagonistic to each other, with each claiming superiority over the other in spiritual matters. As children, we used to taunt one

another and even quarrel because of denominational differences. However, the main division was between Christians and idol worshippers. Christians gradually adopted superior colonial cultures and education, making our traditional cultures appear inferior.

Today, the church still contends with the problem of harbouring idol worshippers, but not in the form of those our parents and grandparents. Such people believe that there is only one God and bear the label of Christians. But they will not give God exclusive right of way in their lives. They are not ready to offer full or undivided allegiance to Him. Of course, on Sundays they worship God in their churches but on weekdays God has little or no place in their lives. They have other gods or idols they worship.

My concept of idol worshipping has long changed. I do no longer have to go to the heathen to find other gods. Christians now have idols in many forms. Whatever you love more than God is your idol. Consequently, man's heart is full of idols. Men, women, rich and poor, educated and uneducated, are all guilty of idolatry.

Do you know that someone can make himself a god? You can make another person your god. You can make your child, parent, spouse, boss, or even spiritual leader your god. Some take fashion as their god

because their time and thoughts are mostly devoted to looking good and trendy. Food can be your god. Philippians 3:19 says, "...whose end is destruction, whose god is their belly..."

With many, their god is money but God will not accept a divided heart. Fame, work and pleasure can become gods when we concentrate too much on them for personal identity, meaning and security. No one sets out with the intention of worshipping these things. But considering the amount of time we devote to them, they can grow into

gods that ultimately control our thoughts and energies. However, letting God hold the central place in our lives keeps these things from turning into gods.

It took me many years to realise that I was also an idol worshipper even though I was a Christian, baptised as a child. All along, I was just going through life as a nominal Christian.

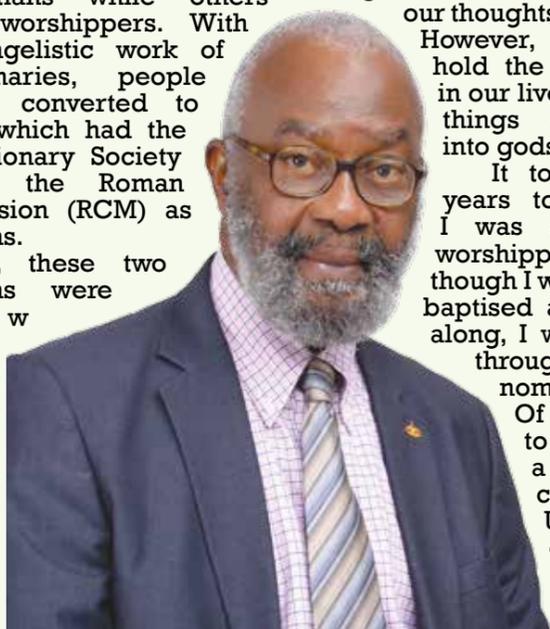
Of course, going to church was a habit from childhood. Undoubtedly, church is a wonderful gathering of friends and relations

for social and spiritual activities. When I started the business of Pharmanews in 1979, it became obvious that one of the gods I worshipped was my work. I got so engrossed in the work that it practically took over my life.

I literally gave my life to the god of work. My thoughts were completely dominated by work. It was such that I had to start skipping church services. My god advised me that I could achieve more reading and writing on Sunday mornings when my wife and little kids might have gone to church. Occasionally, I would be in church to meet some friends. You can imagine my prayer life at that time.

I thank God that I was delivered from that my god at a breakfast meeting of the Full Gospel Business Men's Fellowship International (FGBMFI) held on Saturday, 11 February, 1989. That day was a turning point in my life. At the end of the message given by Dr Wale Oke (now a Bishop), I was one of those that responded to the altar call and gave my life to our Lord Jesus Christ.

At that meeting, I also registered as a member of the Fellowship. After that, I realised that, until that memorable day that I gave my life to Christ, I had been an idol worshipper, not better than those old people in my village with wooden idols in their homes.



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Never give up, keep selling!

By George O. Emetuche

If you give up, you lose! – Darren Chidindu Emetuche

This year 2021 will be productive but we need to do the work aspect of the success. The global space has been experiencing severe challenges in recent times, but we just need to find the right way and move on. We need to move on in our families, businesses, careers and professions. Epictetus once said, "Circumstances don't make the man, they only reveal him to himself". Keep moving; keep selling!

Be undiscouraged

A story was told by Marc Chernoff, self-help author, coach and speaker, about a shark and a bait. It goes thus:

During a research experiment, a marine biologist placed a shark into a large holding tank and then released several small bait fish into the tank. As you would expect, the shark quickly swam around the tank, attacked and ate the smaller fish.

The marine biologist then inserted a strong piece of clear fiberglass into the tank, creating two separate partitions. She then put the shark on one side of the fiberglass and a new set of bait fish on the other.

Again, the shark quickly attacked. This time, however, the shark slammed into the fiberglass divider and bounced off. Undeterred, the shark kept repeating this behavior every few minutes to no avail. Meanwhile, the bait fish swam around unharmed in the second partition. Eventually, about an hour into the experiment, the shark gave up.

This experiment was repeated several dozen times over the next few weeks. Each time, the shark got less aggressive and made fewer attempts to attack the bait fish, until eventually the shark got tired of hitting the fiberglass divider and simply stopped attacking altogether.

The marine biologist then removed the fiberglass divider, but the shark didn't attack. The shark had been conditioned to believe a barrier existed between it and the bait fish, so the bait fish swam wherever they wished, free from harm.

This reminds me of what my young son, Chidindu, often says: "If you give up, you lose." The shark gave up and lost! Many of us, after experiencing setbacks and failures, emotionally give up and stop making efforts. Like the shark in the story, we believe that because we were unsuccessful in the past, we will always be unsuccessful. In other words, we continue to see barriers in our heads and within us, even when no real barriers exist between where we are and where we want to be. The only barrier is the one you created. Be positive!

Prepare for toughest situations

Train your mind to be exceptionally positive. Smile at tough situations. Always be prepared to attack your fears.

As a sales professional, expect that your sales target may increase this year. Yes, your sales manager may increase your sales target, even in this tough business environment! This is no news. I am talking from experience. Expect it and prepare for it.

Don't see percentage increase in sales quota or change in procedures as an unfavourable situation. Rather, develop the right mindset and find a solution to the issue. Design the right strategy and go fix the challenge! You must keep being positive. You must believe in yourself and in your company, products and services. Giving up is never a smart solution.

What is causing a barrier for you? Have you given up on that prospect? Have you made up your

mind that your sales target is a "horror movie" that scares you all the time? What are you afraid of? The shark in the story gave up because of the previous experiences. The shark failed to try, even when the obstacle was removed.

This is the case of many salespeople today. They give up when they have tried a little. They give up on their companies, on their prospects, on their customers and even on themselves. They just give up and stop trying! This shouldn't be the case.

Great things are made to happen

Great things don't just happen. They don't come easily, either. Outstanding performance requires concerted efforts. If you give up, you lose the previous efforts you invested in the project. You don't live to waste efforts. You just have to hang in there and keep doing your best.

Dr Napoleon Hill once said "Patience, persistence and

perspiration make an unbeatable combination for success." There's a place for patience, persistence and perspiration on the ladder of success. There's dignity in labour. Patience is always a virtue. You must wait on the right lane.

Your first duty is to ensure you are on the right path. The second duty is to ensure you are doing the right things within the right path. Your third duty is to never give up.

There's always light at the end of the tunnel but the tunnel must be connected to a source that supplies electricity. Light usually comes from a source. Things don't just happen. Things happen for a purpose and most times, they are propelled to happen. Your duty is to keep on with the best attitudes. Keep doing your best and keep believing in you. Develop the can-do attitude that will take you to the top faster and easier.

I wish you a productive 2021!

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



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Nutrition, lifestyle and intellectual development

our bodies of the right combination of food and mineral nutrients may lead to disease conditions that would in turn prevent us from learning and engaging in other intellectual activities.

Lifestyle factors, such as alcoholism, substance abuse and smoking are food to some people who cannot do without them. While the whole world is grappling with the challenges brought about by the sophistications of technology and human civilisation, mankind is also faced with socialisation-related challenges, which have thrown up so many aberrations that have come to be accepted as the norm.

For instance, the level of ingenuity that youths continue to demonstrate in abusing drugs will leave even some scientists and behavioural experts shocked. Clinical drugs like tramadol, codeine and Rohypnol have been converted to supplements by our youths. Alcoholic beverages are mixed with any or all of these drugs and taken. Some even use the mixture to bake cake.

The fundamental question is: how can people who consume such cocktails concentrate and have time for intellectual pursuits? They can only end up as dropouts or manage to pass through school without acquiring any meaningful knowledge. An education-related website (Study.com) highlights the damage substance abuse can do to a youth's quest for academic

excellence thus: *"Substance abuse is the harmful, excessive use of drugs such as alcohol, prescriptions, over-the-counter medicine or some other type of chemical substance. Such use brings a multitude of health risks like mood swings, high blood pressure, organ damage, and lack of focus and concentration. All of these can affect your general health as well as your performance at work or school. Unfortunately, these risks are even greater for young people because their brains and bodies are still developing during the adolescent years"*.

A couple of years back, a popular academic in one of the federal universities cut short his life in a ghastly motor accident caused by overconsumption of alcohol. Even before then, his life as an academic had been a huge struggle because his overdependence on liquor limited his chances of attaining higher pedestals in his career. Many of his associates on campus believe that he was even lucky to have reached the stage he was before he died. Their belief was based on the recklessness with which he consumed alcohol.

For all who aspire towards intellectual glory, good food, enough rest, less worry, abstinence from drugs and alcohol and above all devotion to God are the basic ingredients they need. Healthy nutritional habits and a healthy lifestyle, complemented with healthy spiritual food (the Word of God), will lead to the attainment of uncommon intellectual heights.

The role of nutrition in the intellectual development of humans is very crucial, right from pregnancy. This is the reason pregnant women are advised to strictly ensure that they are well-fed during this period, as whatever they eat has a strong effect on the life of the child in their womb. Undernutrition for a pregnant woman is therefore an aberration that must not be allowed to happen.

Many experts have said that adequate nutrition is vital to normal brain development. Nutrition is especially important during pregnancy and infancy, which are crucial periods for the formation of the brain, laying the foundation for the development of cognitive, motor, and socio-emotional skills throughout childhood and adulthood.

The development of a child's brain is greatly determined by the kind of food he or she eats. During childhood, undernutrition has been reported to lead to the loss of energy and interest in learning in children. This development also affects their cognitive faculties and academic performance. It also negatively affects physical growth, maturation and the child's general wellbeing. It is therefore essential that children receive the best

nutrition possible to enable them develop into healthy adults.

Anything that hampers the provision of adequate nutrition to a child distorts his or her mental, emotional and cerebral development. Children raised in war-torn areas, where hunger and starvation reign supreme have always shown the propensity to become disoriented and psychologically fragmented adults due to the deprivations caused by the state of their environment. They even lack good self-esteem and are always withdrawn, feeling inferior and timid. Such characteristics do not encourage the acquisition of knowledge.

Even in adulthood, the role nutrition plays is very significant. Adults who don't have adequate nutrition, due to economic or lifestyle factors may not be able to pursue noble intellectual heights. Eating balanced diet and taking nutritional supplements have been proven to support general wellbeing and increase a person's chances of having a strong immune system, which automatically helps him or her to ward off infections.

A healthy body is tantamount to a healthy mind. Without a healthy mind, the assimilation of knowledge is greatly threatened. Depriving

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NAPharm partners NGE, inaugurates special committee on COVID-19

- Adelusi-Adeluyi harps on concerted efforts against infection

For the first time since its establishment in 2014, the Nigeria Academy of Pharmacy (NAPharm) has entered into partnership with a non-health sector group, the Nigerian Guild of Editors (NGE), in order to create awareness about COVID-19 and dispel wrong notions surrounding it.

The coalition, in a virtual event held on 9 February, inaugurated the Special COVID-19 Committee, with Pharm. (Sir) Ifeanyi Atueyi, Pharmanews Publisher, as chairman; Mr Azubuike Ishiekwene, MD/Editor-In-Chief of The Interview magazine, as co-chairman and Mary Atolagbe, publicity secretary. Others are Chioma Ogbu, secretary; Busayo Abolarin, assistant secretary and Dr Lolu Ojo, director of organisation.

In his keynote address, NAPharm. President, Prince Julius Adelusi-Adeluyi, stressed the need for collaboration in the fight against the pandemic as a particular group may not have all it takes to create the necessary impact in the war against COVID-19.

While emphasising the crucial roles played by pharmacists in the pandemic, Adelusi-Adeluyi explained that these roles could be further enhanced through a partnership for proper penetration of society and breaking of new grounds.

He said: "This is the first time that a non-health sector group has been chosen as partners to underscore the need to create awareness around the COVID-19 pandemic."

"We strongly believe that much more can be achieved together if we pool resources together in such a way that we amplify the good and debunk the bad."

"Pharmacists have a role to play and have to be seen as playing that role, and one way to penetrate the public is to bring in the media."

"COVID-19 is a crisis and we have been exposed to it, but we must not let the opportunity waste away because this is our chance to break new grounds."

"We need to tackle the issues - that COVID-19 is real and that it is propelling the fear factor among a section of the population."

Sir Atueyi, vice president of NAPharm, had earlier welcomed participants to the inauguration, which was attended by pharmaceutical professional associations, researchers, the academia and members of the Nigerian Guild of Editors.

He explained that the academy's COVID-19 Special Committee was established to assist the Federal Government's efforts at curtailing the spread of the pandemic.

Atueyi chronicled the activities of the academy from inception on 26 June 2014, stressing that it has

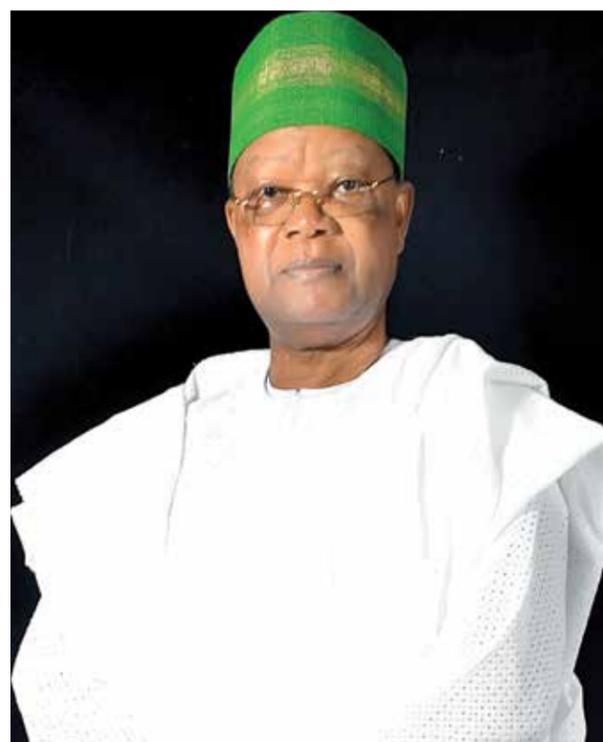
facilitated various reforms in tertiary institutions, hosted a pharmacy education summit, provided mentoring and guidance to young pharmacists through various programmes, recognised notable Nigerian leaders who have made meaningful contributions to the country, fostering inter-professional collaboration among Nigeria's healthcare professionals, among others.

In his words: "Since it was founded on June 26, 2014, NAPharm has contributed to efforts leading to some milestones in the overall health delivery value chain in Nigeria."

"We started with 47 members and now we have 82 members of the academy. In

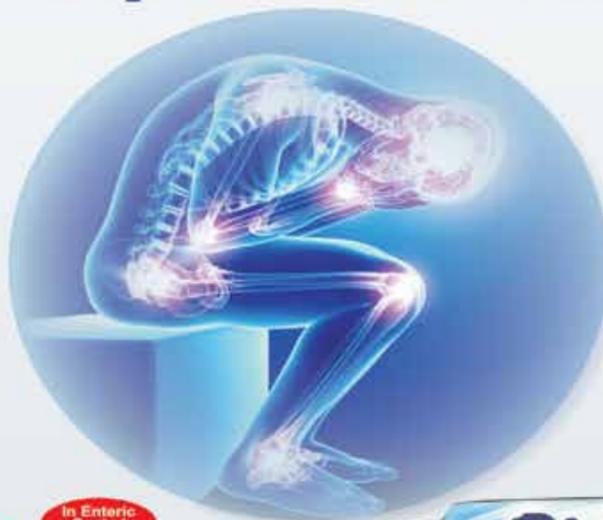
those years, we have facilitated reforms in the tertiary institutions, hosted a pharmacy education summit and provided mentoring and guidance to young pharmacists through various programmes."

In his own contribution, the President, Nigerian Guild of Editors, Isah Mustapha, commended NAPharm for taking a collaborative approach to its COVID-19 response mechanism.



Prince Julius Adelusi-Adeluyi
NAPharm President

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Deception detection (3)

By Dipo MacJob (Dr Write)

Anonymous writing

In the last edition, I did mention that we shall be looking at the types of documents commonly forged. They include: Cheques, wills, codicils, contracts agreements, school records, receipts, tax returns etc. The good news is that you can unravel the mystery behind these forgeries and mitigate losses in your life.

In this edition, we shall be looking at anonymous writing and what we are required to know, even if we are not forensic document experts, to assist us in unveiling the faces perpetrating some of these mischievous acts. I bring some excerpts from Reed Hayes' (CDE) book on Questioned Handwriting and Document Examination.

As a form of definition, anonymous writing is defined as any form of written communication in which the writer chooses not to acknowledge authorship. It might involve handwriting, printing, drawings, typewriting, or a combination of any of these. It might be a note, a letter, a message on a public building or even words scrawled on a body.

Generally, anonymous writers are motivated by a number of reasons but usually have a negative intent. Anonymous writings come from various people with sundry backgrounds and for different purposes. An ex-girlfriend or ex-wife may seek revenge on a former boyfriend or husband as the case may be. A disgruntled employee may attack a superior or co-worker. A criminal may seek ransom money or attempt to blackmail the letter's recipient.

Although some anonymous writing serves beneficial purposes, most of such materials is designed to hurt or cause ill will. When the intent is negative, the anonymous letter is often referred to as a "poison pen letter". The anonymous writing may be as innocent as a practical joke or as serious as a letter bomb as it was in the case of the late Dele Giwa.

From research, it is commonly believed that majority of anonymous writers are women. Typically, silly, non-threatening notes are written primarily by women. Women seem to write more vicious and vulgar letters than men, using obscene language

and profanity as a disguise. On the other hand, men tend to write anonymously regarding business-related matters. However, it should be said that occasionally, anonymous writers are well intentioned. For example, a benefactor to a charitable organisation might want to remain unnamed.

Investigating anonymous writing

There are a number of tips that can help to get closure on an anonymous writer.

Since many communications are sent to the victim, it would be of relevance to obtain comparison documents from persons suspected to have written the letter

It would be helpful for the victim to recall in detail all circumstances surrounding the receipt of the anonymous writing

Note that if the anonymous writer's first communication does not give the desired effect, it will often be followed by additional notes. Unless the first letter is especially threatening, the victim may as well wait for the next correspondence which is apt to result in additional clues



helpful in identifying the writer.

Frequently the anonymous writer is careless in inadvertently leaving clues to his or her identity

Clues to the writer's age or educational background will show up in grammatical expression, the words chosen and the manner in which sentences are constructed. The general rule is that a person cannot rise above his or her natural skill level.

In our next edition, we shall move to another topic. Until then, always remember that **"if you must get it right, you must do it the Write way."**



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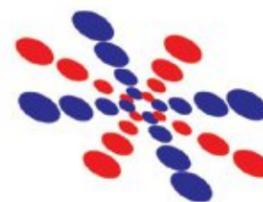
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Management options for cancer

Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and/or spread to other organs. The latter process is called metastasizing and is a major cause of death from cancer. A neoplasm and malignant tumour are other common names for cancer.

Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the

latter process is referred to as metastasizing. Metastases are a major cause of death from cancer.

Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018. Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women.

Speaking at the flagging off ceremony to mark the World Cancer Day 2020, in Abuja, the Minister of Health, Dr. Osagie Ehanire, stated that some cancers have definite causative organism such as Human Papilloma Virus (HPV) in cervical cancers while others have connection to risk factors such as tobacco smoking or chewing, poor diet, exposure to sun

or irradiations, adding that many others occur during exposure to hydrocarbon while heavy metals are also suspected of being factors in the increased incidence of cancer in the Niger-Delta.

The minister further stated that globally, most cancers are breast, cervical, prostate, colon and rectal (colorectal) cancer which are very common in Nigeria, noting that although general signs and symptoms are not very specific in some patients, different symptoms like fatigue, weight loss, pain skin changes, change in the bowel and many others can be obvious, saying according to the Nigeria National Cancer Prevention and Control Plan 2018-2022, cancer is responsible for 72,000 deaths in Nigeria every year with an estimated 102,000 new cases of cancer annually.

He explained that the top five 5 cancer burdens in Nigeria are prostate, liver, non-Hodgkin's lymphoma, colorectal and pancreatic for the male and breast, cervical, liver, colorectal and non-Hodgkin's lymphoma for female, saying breast and cervical cancers are responsible for approximately 50.3 percent of all cancers in Nigeria.

Dr Ehanire however disclosed that to address the rising scourge of the disease, the National Cancer Control Programme (NCCP) was established in the Federal Ministry of Health in 2008 which gave way to the Nigeria Cancer Plan 2008-2013 as developed. This, according to him has been reviewed in the Nigeria National Cancer Control Plan 2018-2022 which was launched in 2018.

Speaking in the same vein, the Minister of State for Health, Dr Olorunnimbe Adeleke Mamora,

stated that cancer kills more than malaria, HIV and tuberculosis combined adding that low and medium income countries (LMICs) are more affected with 57 percent of new cases and 65 percent of deaths in Nigeria with about 72,000 deaths occurring yearly from cancer.

The Minister pointed out that government is committed to using available resources to provide adequate intervention that will lead to effective treatment and prevention of cancers in Nigeria, while noting that government has been in the fore front partnering international, governmental, and non-governmental agencies in the areas of prevention and treatment of cancers especially those that affect the citizens.

He emphasised that the Federal Ministry of Health is leaving no stone unturned to ensure that the common man on the street have access to affordable cancer diagnosis and treatment facility across the country thus reducing the incidence and prevalence of cancer and improving the quality of life of people affected by the scourge in Nigeria is achieved.

As of now, the cancer burden continues to grow globally, exerting tremendous physical, emotional and financial strain on individuals, families, communities and health systems. Many health systems in low- and middle-income countries are least prepared to manage this burden, and large numbers of cancer patients globally do not have access to timely quality diagnosis and treatment. In countries where health systems are strong, survival rates of many types

continued on page 13



AMERICAN ACADEMY OF NEUROLOGY

Guidelines recommend pregabalin be used as the first-line agent for treating patients with DPNP - Clin J Pain. 2006 Oct;22(8):661-5



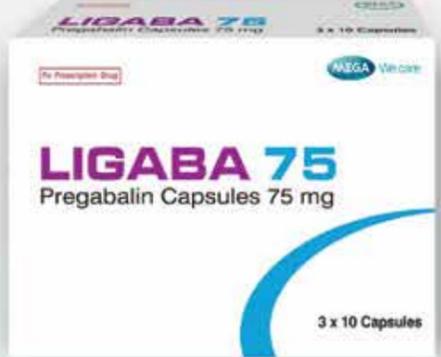
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MECHANISM OF ACTION
Pregabalin binds with high affinity to the alpha-2-delta site (an auxiliary subunit of voltage-gated calcium channels) in central nervous system tissues. Although the mechanism of action of pregabalin has not been fully elucidated, results with generally modified mice and with compounds structurally related to pregabalin (such as gabapentin) suggest that binding to the alpha-2-delta subunit may be involved in pregabalin's anti-nociceptive and anticonvulsant effects in animals. In animal models of nerve damage, pregabalin has been shown to reduce calcium-dependent release of pro-inflammatory neurotransmitters in the spinal cord, possibly by disrupting alpha-2-delta containing-calcium channel trafficking and/or reducing calcium currents. Evidence from other animal models of nerve damage and persistent pain suggest the anti-nociceptive action of pregabalin may also be mediated through interactions with descending serotonergic and serotonergic pathways originating from the brainstem that modulate pain transmission in the spinal cord.

PHARMACOLOGY
Pregabalin is a structural derivative of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA). It does not bind directly to GABA_A, GABA_B, or benzodiazepine receptors, does not suppress GABA_A receptors or induced currents, does not alter or block GABA concentration or have acute effects on GABA uptake or degradation. However, in cultured neurons prolonged application of pregabalin increases the density of GABA transporter protein and increases the rate of functional GABA transport. Pregabalin does not block sodium channels, is not active at opiate receptors, and does not alter corticotropin-releasing factor activity.

Indications
• Management of neuropathic pain associated with diabetic peripheral neuropathy
• Management of postherpetic neuralgia
• Adjunctive therapy for adult patients with partial-onset seizures
• Management of fibromyalgia

CONTRAINDICATIONS
Pregabalin is contraindicated in patients with known hypersensitivity to pregabalin or any of its components. Angioedema and hypersensitivity reactions have occurred in patients receiving pregabalin therapy.

USAGE AND ADMINISTRATION
Pregabalin is given orally with or without food. When discontinuing Pregabalin, taper gradually over a period of 1 week.

Neuropathic pain associated with diabetic peripheral neuropathy
The maximum recommended dose of pregabalin is 150 mg three times a day (150 mg/150 mg) in patients with moderate to severe pain. Begin dosing at 150 mg three times a day (150 mg/150 mg). The dose may be increased to 300 mg/day within 1 week based on efficacy and tolerability. Because pregabalin is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function.

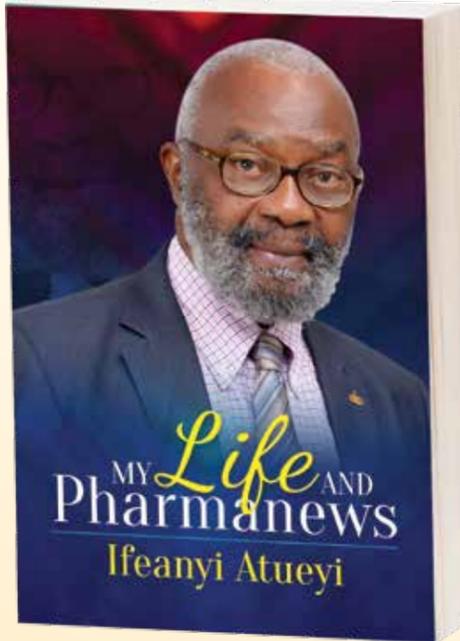
MY EDUCATION AND THE ERINNE'S HOUSEHOLD (3)

One subject we took very seriously at DGMS was English Language. We knew that without passing the subject, we would not obtain the leaving certificate. We also studied English phonetics and phonology and the Principal, Mr S. J. Cookey, was particularly good at it. Apart from academics, we had opportunities to develop ourselves in other areas. One compulsory area was agriculture. There were school farms and every student was made to learn how to farm. There were also varieties of hobbies, which were actually great opportunities for vocational training. Available hobbies included shoemaking, bookbinding, tailoring, carpentry, photography and barbing, depending on areas of interest.

I did photography and developed such keen interest in it. This proved to be of tremendous value when I started *Pharmanews* in 1979. Interestingly, photography at DMGS was complete training. We had professional photographers whose studios we used. One of such was Ughas Photos, where we learnt skills such as loading films, focusing, developing and printing processes.

I also did some tailoring – which involved professional tailors coming to teach us how to cut and sew clothes, and manage the sewing machines. I equally did a little bookbinding. In short, DMGS made adequate provisions for students to discover and develop their potentials. What many of us learnt there eventually helped us to be established in life.

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



Nevertheless, one opportunity which DMGS provided for us back then but which I never took seriously was learning to play the organ. I have to admit, however, that I would later regret this decision because I found myself increasingly fascinated by people who are good at playing the keyboard.

Piety and Personal Life at DGMS

Being a mission school, students attended church services regularly then at All Saints Cathedral, which was across the road, and close to the General Hospital. On Sunday mornings, we would march to the Cathedral in twos, dressed in

white shirts and shorts. The well-organised pattern of life at DMGS, in addition to the solid foundation I had obtained from my home, the rigorous training in my primary school and the constant advice of my uncle, made me a student of good character in my secondary school. Indeed, as my principal noted in my school leaving testimonial, I was “consistently well-behaved.” He added, “Although, somewhat reserved, he was liked by his fellow students and always tried to set a good example of behaviour to junior boys.” All these combined to influence the school to make me a house prefect in my final year (1958).

I can easily understand why the principal described me as “reserved”. The truth is that even though I enjoyed some of the hobbies and social activities in the school, what caught my interest the most in school was reading. I found myself always wanting to read any book that I came across. Luckily for me, DMGS had a very good library, with lots of books. So, on many occasions, while others were playing, I preferred to sit back and read. In my school, people like me were referred to as “swots” or “bookworm”

Notable Teachers

I cannot give a full picture of life at DMGS without making reference to some of the teachers impacted me greatly. Students

gave some of them nicknames because of their behaviour or mannerism. The Principal, Mr S. J. Cookey, was nicknamed “Esinja.” He was always smartly dressed with white short-sleeved shirt on shorts and white hose. Another teacher was tall Mr J.N.C. Ezeife, our Geography and Latin teacher. While teaching, he often said “That’s why”, which he repeatedly pronounced as “Da wai”. So, we nicknamed him “Da wai”.

There was also another teacher, Mr Eze, who was our food master for many years and also taught Mathematics. He was methodical in teaching the subject. When a student completely failed an exercise, he would write “ZERO” on the script. According to him, if he just wrote the figure “0”, the student could mischievously add other figures in front of the “0” to make it look like he or she got a high score.

Mr Eze was heavy at the buttocks and some students nicknamed him “Ike” meaning “bottom”. His house was near Aggrey House and students often overheard him calling his wife “Nne Lily”. Lily was their daughter. And so he was also nicknamed “Nne Lily”. I believe the oldest teacher was Mr H.O.D. Chiwuzie, the Vice Principal, who taught English Literature. He was nicknamed “Caesar”. He later became a priest. Another teacher of note was one Mr Ifezulike, who taught us Physics and Mathematics. He, like many of his contemporaries, was brilliant. He was nicknamed “Akaragwom”.

continues next edition

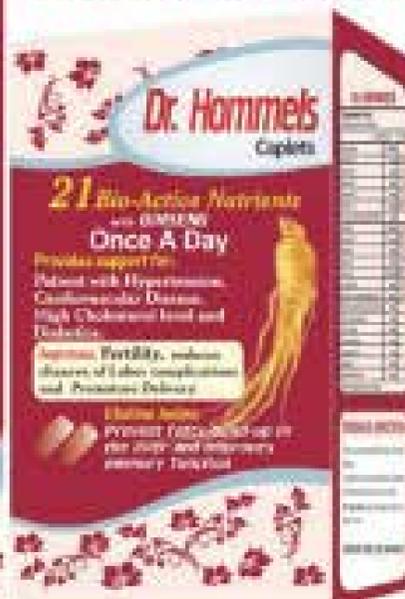
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Management options for cancer

continued from page 11

of cancers are improving thanks to accessible early detection, quality treatment and survivorship care.

Key facts to know about cancer

Cancer is the second leading cause of death globally, and is responsible for an estimated 9.6 million deaths in 2018. Globally, about 1 in 6 deaths is due to cancer.

Approximately 70 percent of deaths from cancer occur in low- and middle-income countries.

Around one third of deaths from cancer are due to the 5 leading behavioral and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use.

Tobacco use is the most important risk factor for cancer and is responsible for approximately 22 percent of cancer deaths.

Cancer causing infections, such as hepatitis and human papilloma virus (HPV), are responsible for up to 25 percent of cancer cases in low- and middle-income countries.

Late-stage presentation and inaccessible diagnosis and treatment are common. In 2017, only 26 percent of low-income countries reported having pathology services generally available in the public sector. More than 90 percent of high-income countries reported treatment services are available compared to less than 30 percent of low-income countries.

The economic impact of cancer is significant and is increasing. The total annual economic cost of cancer in 2010 was estimated at approximately US\$ 1.16 trillion.

Only 1 in 5 low- and middle-income countries have the necessary data to drive cancer policy.

The problem

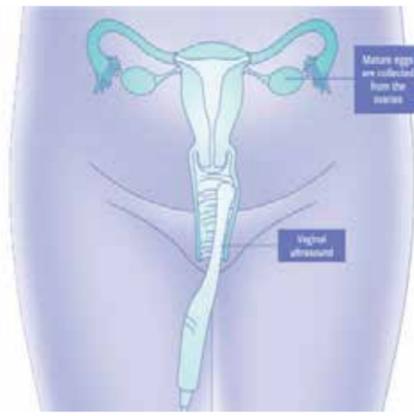
Cancer is a leading cause of death worldwide, accounting for an estimated 9.6 million deaths in 2018. The most common cancers according to the WHO are:

Lung (2.09 million cases); breast (2.09 million cases); colorectal (1.80 million cases); prostate (1.28 million cases); skin cancer (non-melanoma) (1.04 million cases); stomach (1.03 million cases). Meanwhile, the most common causes of cancer death are cancers of: lung (1.76 million deaths); colorectal (862 000 deaths); stomach (783 000 deaths); liver (782 000 deaths); breast (627 000 deaths).

What causes cancer?

Cancer arises from the transformation of normal cells into tumour cells in a multistage process that generally progresses from a pre-cancerous lesion to a malignant tumour. These changes are the result of the interaction between a person's genetic factors and three categories of external agents, including, physical carcinogens, such as ultraviolet and ionising radiation; chemical carcinogens, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant), and arsenic (a drinking water contaminant); and biological carcinogens, such as infections from certain viruses, bacteria, or parasites.

According to the WHO, ageing is another fundamental factor for the development of cancer. The incidence of cancer rises dramatically with age, most likely due to a build-up of risks for



specific cancers that increase with age. The overall risk accumulation is combined with the tendency for cellular repair mechanisms to be less effective as a person grows older.

Risk factors for cancers

Tobacco use, alcohol use, unhealthy diet, and physical inactivity are major cancer risk factors worldwide and are also the four shared risk factors for

other non-communicable diseases.

Some chronic infections are risk factors for cancer and have major relevance in low- and middle-income countries. Approximately 15 percent of cancers diagnosed in 2012 were attributed to carcinogenic infections, including *Helicobacter pylori*, Human

papillomavirus (HPV), Hepatitis B virus, Hepatitis C virus, and Epstein-Barr virus.

Hepatitis B and C virus and some types of HPV increase the risk for liver and cervical cancer, respectively. Infection with HIV substantially increases the risk of cancers such as cervical cancer.

Between 30–50 percent of cancers can currently be prevented by avoiding risk factors and implementing existing evidence-based prevention strategies. The cancer burden can also be reduced through early detection of cancer and management of patients who develop cancer. Many cancers have a high chance of cure if diagnosed early and treated adequately.

Modify and avoid risk factors

Modifying or avoiding key risk factors can significantly reduce the burden of cancer. These risk factors include: tobacco use, including cigarettes and smokeless tobacco; being overweight or obese; unhealthy diet with low fruit and vegetable intake; lack of physical activity; alcohol use; sexually transmitted HPV-infection; infection by hepatitis or other carcinogenic infections; ionising and ultraviolet radiation; urban air pollution; indoor smoke from household use of solid fuels.

Tobacco use is the single most

Reducing the cancer burden

continued on page 15

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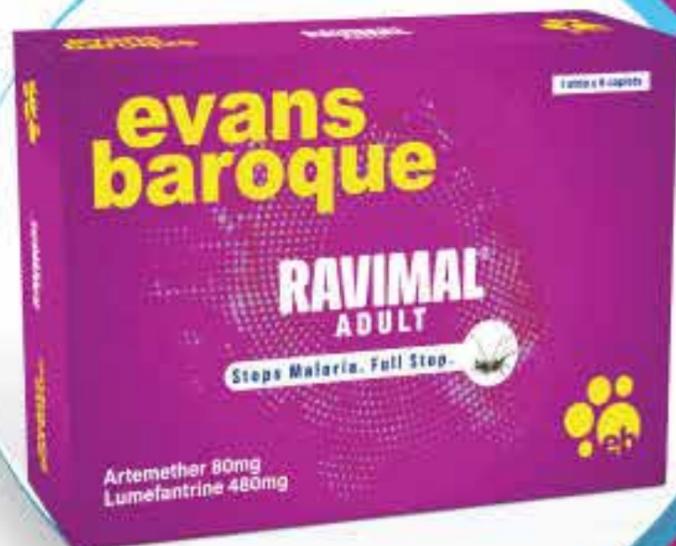
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Management options for cancer

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important risk factor for cancer and is responsible for approximately 22 percent of cancer-related deaths globally

Types of cancer

There are more than 100 types of cancer. Types of cancer are usually named for the organs or tissues where the cancers form. For example, lung cancer starts in cells of the lung, and brain cancer starts in cells of the brain. Cancers also may be described by the type of cell that formed them, such as an epithelial cell or a squamous cell.

Here are some categories of cancers that begin in specific types of cells:

Carcinoma

Carcinomas are the most common type of cancer. They are formed by epithelial cells, which are the cells that cover the inside and outside surfaces of the body. There are many types of epithelial cells, which often have a column-like shape when viewed under a microscope.

Carcinomas that begin in different epithelial cell types have specific names:

Adenocarcinoma is a cancer that forms in epithelial cells that produce fluids or mucus. Tissues with this type of epithelial cell are sometimes called glandular tissues. Most cancers of the breast, colon, and prostate are adenocarcinomas.

Basal cell carcinoma is a cancer that begins in the lower or basal (base) layer of the epidermis, which is a person's outer layer of skin.

Squamous cell carcinoma is a cancer that forms in squamous

cells, which are epithelial cells that lie just beneath the outer surface of the skin. Squamous cells also line many other organs, including the stomach, intestines, lungs, bladder, and kidneys. Squamous cells look flat, like fish scales, when viewed under a microscope. Squamous cell carcinomas are sometimes called epidermoid carcinomas.

Transitional cell carcinoma is a cancer that forms in a type of epithelial tissue called transitional epithelium, or urothelium. This tissue, which is made up of many layers of epithelial cells that can get bigger and smaller, is found in the linings of the bladder, ureters, and part of the kidneys (renal pelvis), and a few other organs. Some cancers of the bladder, ureters, and kidneys are transitional cell carcinomas.

Sarcoma

Sarcomas are cancers that form in bone and soft tissues, including muscle, fat, blood vessels, lymph vessels, and fibrous tissue (such as

tendons and ligaments).

Osteosarcoma is the most common cancer of bone. The most common types of soft tissue sarcoma are leiomyosarcoma, Kaposi sarcoma, malignant fibrous histiocytoma, liposarcoma, and dermatofibrosarcoma protuberans.

Leukaemia

Cancers that begin in the blood-forming tissue of the bone marrow are called leukaemias. These cancers do not form solid tumors. Instead, large numbers of abnormal white blood cells (leukemia cells and leukemic blast cells) build up in the blood and bone marrow, crowding out normal blood cells. The low level of normal blood cells can make it harder for the body to get oxygen to its tissues, control bleeding, or fight infections.

There are four common types of leukemia, which are grouped based on how quickly the disease

gets worse (acute or chronic) and on the type of blood cell the cancer starts in (lymphoblastic or myeloid).

Lymphoma

Lymphoma is cancer that begins in lymphocytes (T cells or B cells). These are disease-fighting white blood cells that are part of the immune system. In lymphoma, abnormal lymphocytes build up in lymph nodes and lymph vessels, as well as in other organs of the body.

There are two main types of lymphoma:

Hodgkin lymphoma – People with this disease have abnormal lymphocytes that are called Reed-Sternberg cells. These cells usually form from B cells.

Non-Hodgkin lymphoma – This is a large group of cancers that start in lymphocytes. The cancers can grow quickly or slowly and can form from B cells or T cells.

Multiple myeloma

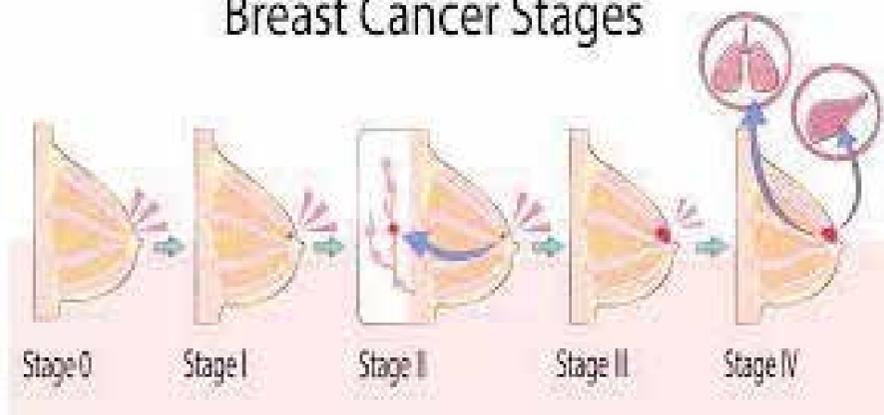
Multiple myeloma is cancer that begins in plasma cells, another type of immune cell. The abnormal plasma cells, called myeloma cells, build up in the bone marrow and form tumours in bones all through the body. Multiple myeloma is also called plasma cell myeloma and Kahler disease.

Melanoma

Melanoma is cancer that begins in cells that become melanocytes, which are specialised cells that make melanin (the pigment that gives skin its colour). Most melanomas form on the skin, but melanomas can also form in other pigmented tissues, such as the eye.

continued on page 17

Breast Cancer Stages



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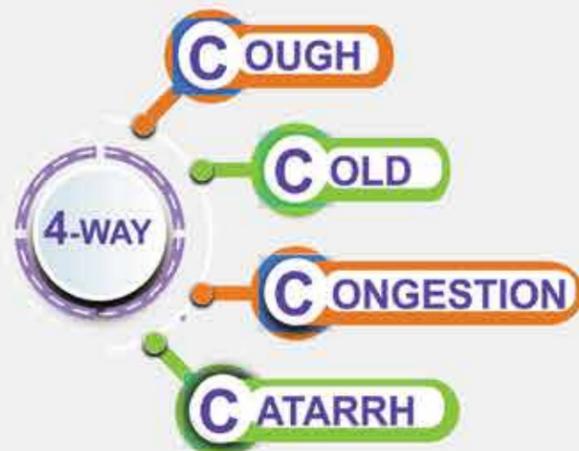
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Management options for cancer

continued from page 15

Brain and spinal cord tumours

There are different types of brain and spinal cord tumors. These tumours are named based on the type of cell in which they formed and where the tumour first formed in the central nervous system. For example, an astrocytic tumour begins in star-shaped brain cells called astrocytes, which help keep nerve cells healthy. Brain tumours can be benign (not cancerous) or malignant (cancerous).

Other types of tumours

Germ cell tumours

Germ cell tumors are a type of tumour that begins in the cells that give rise to sperm or eggs. These tumours can occur almost anywhere in the body and can be either benign or malignant.

Neuroendocrine tumours

Neuroendocrine tumours form from cells that release hormones into the blood in response to a signal from the nervous system. These tumours, which may make higher-than-normal amounts of hormones, can cause many different symptoms. Neuroendocrine tumors may be benign or malignant.

Carcinoid tumours

Carcinoid tumors are a type of neuroendocrine tumor. They are slow-growing tumors that are usually found in the gastrointestinal system (most often in the rectum and small intestine). Carcinoid tumors may spread to the liver or other sites in the body, and they may secrete substances such as serotonin or prostaglandins, causing carcinoid syndrome.

Most common types of cancer

Breast cancer

A cancer that forms in the cells of the breasts

Breast cancer can occur in women and rarely in men.

Symptoms of breast cancer include a lump in the breast, bloody discharge from the nipple and changes in the shape or texture of the nipple or breast.

Treatment depends on the stage of cancer. It may consist of chemotherapy, radiation and surgery.

Prostate cancer

A cancer in a man's prostate, a small walnut-sized gland that produces seminal fluid

A man's prostate produces the seminal fluid that nourishes and transports sperm.

Symptoms include difficulty with urination, but sometimes there are no symptoms at all.

Some types of prostate cancer grow slowly. In some of these cases, monitoring is recommended. Other types are aggressive and require radiation, surgery, hormone therapy, chemotherapy or other treatments.

Basal cell cancer

A type of skin cancer that begins in the basal cells

Basal cells produce new skin cells as old ones die. Limiting sun exposure can help prevent these cells from becoming cancerous.

This cancer typically appears as a white, waxy lump or a brown,



scaly patch on sun-exposed areas, such as the face and neck.

Treatments include prescription creams or surgery to remove the cancer.

Skin cancer (melanoma)

The most serious type of skin cancer

Melanoma occurs when the pigment-producing cells that give colour to the skin become cancerous.

Symptoms might include a new, unusual growth or a change in an existing mole. Melanomas can occur anywhere on the body.

Treatment may involve surgery, radiation, medication or in some cases, chemotherapy.

Colon cancer

A cancer of the colon or rectum, located at the digestive tract's lower end.

Early cases can begin as non-cancerous polyps. These often have no symptoms but can be detected by screening. For this reason, doctors recommend screenings for those at high risk or over the age of 50.

Colorectal cancer symptoms depend on the size and location of the cancer. Some commonly experienced symptoms include changes in bowel habits, changes in stool consistency, blood in the stool and abdominal discomfort.

Colorectal cancer treatment depends on the size, location and how far the cancer has spread. Common treatments include surgery to remove the cancer, chemotherapy and radiation therapy.

Lung cancer

A cancer that begins in the lungs and most often occurs in people who smoke.

Two major types of lung cancer are non-small cell lung cancer and small cell lung cancer. Causes of lung cancer include smoking, second-hand smoke, exposure to certain toxins and family history.

Symptoms include a cough (often with blood), chest pain, wheezing and weight loss. These symptoms often don't appear until the cancer is advanced.

Treatments vary but may include surgery, chemotherapy, radiation therapy, targeted drug

therapy and immunotherapy.

Leukaemia

A cancer of blood-forming tissues, hindering the body's ability to fight infection

Leukaemia is cancer of blood-forming tissues, including bone

marrow. Many types exist such as acute lymphoblastic leukaemia, acute myeloid leukaemia and chronic lymphocytic leukaemia.

Many patients with slow-growing types of leukaemia don't have symptoms. Rapidly growing types of leukaemia may cause symptoms that include fatigue, weight loss, frequent infections and easy bleeding or bruising.

Treatment is highly variable. For slow-growing leukaemias, treatment may include monitoring. For aggressive leukaemias, treatment includes chemotherapy that's sometimes followed by radiation and stem-cell transplant.

Lymphoma

A cancer of the lymphatic system

The lymphatic system is the body's disease-fighting network. It includes the lymph nodes, spleen, thymus gland and bone marrow. The main types of lymphoma are Hodgkin's lymphoma and non-Hodgkin's lymphoma.

Symptoms include enlarged lymph nodes, fatigue and weight loss.

Treatment may involve chemotherapy, medication, radiation therapy and rarely stem-cell transplant.

Prevention strategies

To prevent cancer, people may increase avoidance of the risk factors listed earlier; vaccinate against HPV and hepatitis B virus; control occupational hazards; reduce exposure to ultraviolet radiation; reduce exposure to ionizing radiation, occupational or medical diagnostic imaging. Vaccination against these HPV and hepatitis B viruses could prevent 1 million cancer cases each year.

Early detection

Cancer mortality can be reduced if cases are detected and treated early. There are two components of early detection:

Early diagnosis

When identified early, cancer is more likely to respond to effective treatment and can result in a greater probability of surviving, less morbidity, and less expensive treatment. Significant improvements can be made in the lives of cancer patients by detecting cancer early and avoiding delays in care.



Early diagnosis consists of 3 steps that must be integrated and provided in a timely manner: awareness and accessing care, clinical evaluation, diagnosis and staging and access to treatment.

Early diagnosis is relevant in all settings and the majority of cancers. In absence of early diagnosis, patients are diagnosed at late stages when curative treatment may no longer be an option. Programmes can be designed to reduce delays in, and barriers to, care, allowing patients to access treatment in a timely manner.

Screening

Screening aims to identify individuals with abnormalities suggestive of a specific cancer or pre-cancer who have not developed any symptoms and refer them promptly for diagnosis and treatment.

Screening programmes can be effective for select cancer types when appropriate tests are used, implemented effectively, linked to other steps in the screening process and when quality is assured. In general, a screening programme is a far more complex public health intervention compared to early diagnosis.

Examples of screening methods are, visual inspection with acetic acid (VIA) for cervical cancer in low-income settings; HPV testing for cervical cancer; PAP cytology test for cervical cancer in middle- and high-income settings; and mammography screening for breast cancer in settings with strong or relatively strong health systems.

Treatment

A correct cancer diagnosis is essential for adequate and effective treatment because every cancer type requires a specific treatment regimen that encompasses one or more modalities such as surgery, radiotherapy, and chemotherapy. Determining the goals of treatment and palliative care is an important first step, and health services should be integrated and people-centred. The primary goal is generally to cure cancer or to considerably prolong life. Improving the patient's quality of life is also an important goal. This can be achieved by supportive or palliative care and psychosocial support.

Potential for cure among early detectable cancers

Some of the most common cancer types, such as breast cancer, cervical cancer, oral cancer, and colorectal cancer have high cure rates when detected early and treated according to best practices.

Potential for cure of some other cancers

Some cancer types, even when cancerous cells have traveled to other areas of the body, such as testicular seminoma and leukaemias and lymphomas in children, can have high cure rates if appropriate treatment is provided.

Palliative care

Palliative care is treatment to relieve, rather than cure, symptoms caused by cancer and improve the quality of life of patients and their families. Palliative care can help people live more comfortably. It is an urgent humanitarian need for people worldwide with cancer and other chronic fatal diseases and particularly needed in places with a high proportion of patients in

continued on page 19



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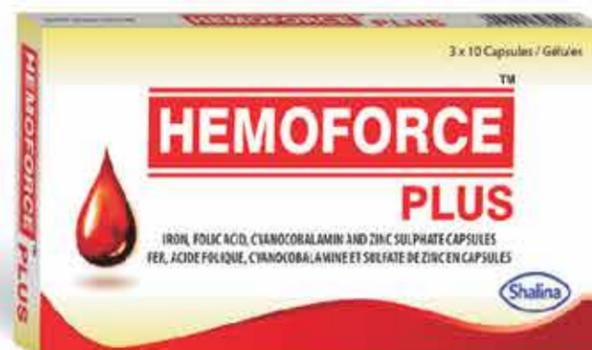
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Management options for cancer

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advanced stages of cancer where there is little chance of cure.

Relief from physical, psychosocial, and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care.

Palliative care strategies

Effective public health strategies, comprising of community- and home-based care are essential to provide pain relief and palliative care for patients and their families in low-resource settings.

Improved access to oral morphine is mandatory for the treatment of moderate to severe cancer pain, suffered by over 80 per cent of cancer patients in terminal phase.

Treatment techniques

Common treatments for cancer involve using surgery, medicines (drugs), and radiation. Sometimes more than one type of treatment is used, depending on the type and stage of cancer.

Surgery can be used to remove the cancer. The doctor might also take out some or all of the body part the cancer affects. For breast cancer, part (or all) of the breast might be removed. For prostate cancer, the prostate gland might be taken out. Surgery is not used for all types of cancer. For example, blood cancers like leukemia are best treated with drugs because they don't have a tumor that can be removed.

Many times, drugs are used to kill cancer cells or slow their growth. Some of these drugs are given by IV (into a vein through a needle), and others are a pill you swallow. Each drug works differently and sometimes one or more drugs are used together to treat a cancer. The different kinds of drugs used to treat cancer are: Chemotherapy; Targeted therapy; Immunotherapy; Hormone therapy. Radiation is also used to kill or slow the growth of cancer cells. It can be used alone or with surgery or chemo. Radiation treatment is like getting an x-ray. Sometimes it's given by putting a "seed" inside the cancer to give off the radiation.

What is the best treatment for it?

Some cancers respond better to surgery; others respond better to chemo or radiation. Knowing the type of cancer you have is the first step toward knowing which treatments will work best for you.

The stage of your cancer will also help the doctor decide on the best treatment for you. A stage 3 or 4 cancer is likely to respond better to treatments that treat the whole body, like chemo.

Your health and the treatment you prefer will also play a part in deciding about cancer treatment. Not all types of treatment will work for your cancer, so ask what options you have. And treatments do have side effects, so ask about what to expect with each treatment.

Don't be afraid to ask questions. It's your right to know what treatments are most likely to help and what their side effects may be.

Challenges of cancer care in Nigeria

According to Dr Chinedu Simeon Aruah, a lecturer at the College of Medicine, University



of Abuja, and a Senior Research Fellow and Consultant Radiation and Clinical Oncologist, National Hospital, Abuja, the challenges of Cancer care in Nigeria include inadequate oncological facilities, lack of funding of cancer treatment by government and donor agencies, affordability and access to cancer drugs, legislation on cancer treatment, as well as unavailability of manpower.

In a lecture titled "Accelerating

the Future: Designing a Robust and Affordable Radiation Therapy System for Challenging Environment", delivered in Gaborone, Botswana in 2019, He added that Nigeria has limited oncology facilities and radiotherapy treatment centres when compared to her population size, adding that there are only seven radiation oncology centres owned by government and one private centre, while 90

per cent of these centres are not functional and operate without treatment planning system (TPS).

He said: "In Nigeria, no priority is given to cancer care services by healthcare planners at all levels, hence cancer care is not seen as an emergency. Similarly, the rural population in the country lacks a sense of cancer awareness or recognition that treatment is available due to limited access to health care in Nigeria. Where there

is knowledge of treatment, the long distance from such centers and people in poverty become major obstacles as our transport system is still at rudimentary level.

"Travel expenses, accommodations and other factors prevent or delay many of those who are aware of their diseases from seeking medical attention as most patients pay out of pocket, not having health insurance. This contributes to relatively advanced stages of disease at presentation with attendant morbidity and mortality, while only one centre, the National Hospital Abuja, can boast of a treatment planning system and a CT simulator."

Article compiled by Adebayo Oladejo, with additional contributions from medicinenet.com, American Cancer Society, Cleveland Clinic, Cancer.Net, Mayo Clinic, www.cancer.org, Premium Times, Daily Watch, WHO, Medical News.com, www.webmd.com, www.cancercentre.com, and www.medicalnewstoday.com

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PCN, NAFDAC championing availability of quality medicines in Africa – Prof. Anyakora

continued from front page

a whole. According to him, the Nigerian food and drugs regulator is the backbone of the regional harmonisation happening in ECOWAS.

Anyakora added that in order to sustain the availability of quality medicines in Nigeria and beyond, the Good Manufacturing Practice (GMP) roadmap which he conceived and shared with NAFDAC must be implemented to the letter. He noted that the aim of the initiative is to improve the overall quality of local manufacturing and put Nigeria in a leading role in pharmaceutical manufacturing across Africa.

Below is the full interview:

Sir, you have been involved in public health and quality medicine research. Can you tell us how your works have impacted the Nigerian health sector?

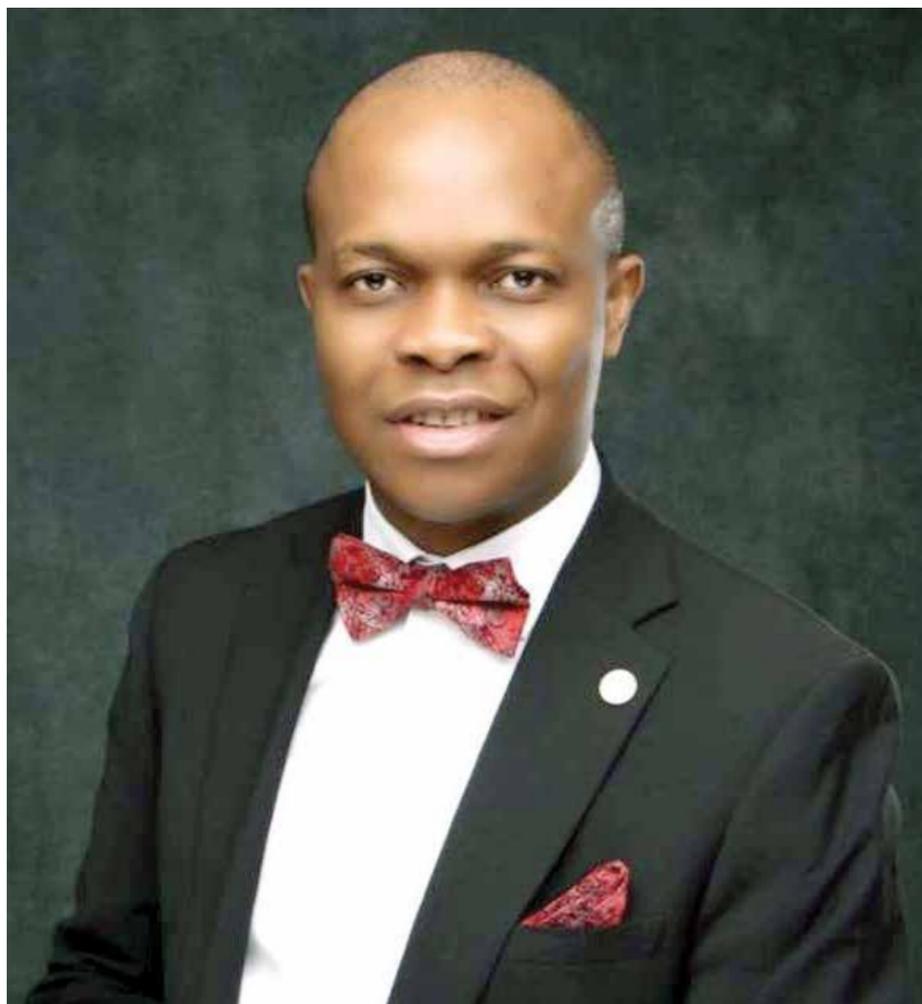
I have dedicated a large chunk of my professional life to this field and it is most rewarding to see what we have been able to achieve in a few years, in partnership with other well-meaning Nigerians. As a key player in this sector, I think we have not fully captured all the improvements that have been made in the medicine quality space in Nigeria. Several new factories have come up in the last ten years. NAFDAC is much more respected on the continent. As a matter of fact, all the NAFDAC labs are ISO 17025 accredited.

NAFDAC technical staff are the backbone of the regional harmonisation happening in ECOWAS. NIPRD has come out much stronger than they used to be and they currently play great roles in the pharmaceutical space. Their drug lab is also ISO 17025 accredited. PCN is working harmoniously with NAFDAC to ensure the availability of quality medicines throughout the medicine supply chain.

Many pharmacy schools in Nigeria now actively prepare their students to be ready to contribute to the quality assurance system of the country. There is a much more sustained effort to have local companies play in the public health programmes. Some companies in Nigeria are supplying products to the world for public health programmes.

Nigerian manufacturers have stepped up to be counted in the public health space. A Nigerian company was the first on the continent to produce chlorhexidine gel for umbilical cord care. A Nigeria company was the first on the continent to produce oxytocin injection for postpartum haemorrhage. A Nigerian company was the first on the continent to produce amoxicillin dispersible tablet. A Nigerian company was a major supplier for Zn dispersible tablets used in many African countries for public health programmes. We can go on and on. All these happened in the last five years and we are not shouting enough.

As someone immersed in all these improvements in the country I always look back with so much joy on what has happened in this country in such a short space of time and I look at the future with



Professor Chimezie Anyakora

much more excitement because I know we are going to achieve much more. Nigeria will be among the top five countries in the world in pharmaceutical manufacturing in the foreseeable future and certainly the first in Africa. When I see all this I feel we are not shouting enough.

Can you take us on an excursion into the Bloom Public Health vision and mission and how you plan to better the lot of the Nigerian health sector?

Bloom Public Health has come to further advance all these gains over these years. Bloom Public Health exists to bridge the gap in public health in Africa and create a continent where access and quality of care are affordable to all in a sustainable way. Over these years of playing in the public health space on the continent, one thing that became clear was the immense talent available on the continent, yet so uncoordinated.

We do not lack the necessary talents but we just need to marshal them towards the solutions for public health. This is the essence of Bloom Public Health - to mobilise local talents on the continent for a sustainable public health impact. We cannot continue to rely on the West to solve our problems.

The GMP roadmap for the Nigerian pharmaceutical industry has been widely applauded for its objectives and you have been credited to be the brain behind it. How well do

you think this roadmap has been embraced so far?

I think the GMP roadmap is one biggest achievement of my career. The impact will last for years to come. That is the beginning of a great renaissance in the pharmaceutical sector in Nigeria. By the time we look back, five to ten years from now, we will realise how important this activity is.

I really want to applaud NAFDAC for that bold step and the PMGMAN for a great buy-in. Of course, I also appreciate my former employer, the United States Pharmacopeia, through the PQM programme funded by USAID, for being an instrument to make this project happen in Nigeria.

The story is just beginning. Everyone has to embrace it eventually. It took a lot of advocacy for it to happen. Everyone resisted it but I saw the impact and never stopped pushing for it. It took several years to achieve the necessary buy-in for it to happen. I think at this stage, it will necessarily take its course. As a matter of fact, the Pharmacy concept that Bloom Public Health is also pushing - thanks to our partnership with the National Association of Industrial Pharmacists (NAIP) - is part of the fruits of the roadmap.

As a necessity, many company will have to upgrade. The Pharmacy gives them the alternative to do that in an environment with the best of support system anyone can think of and the cheapest possible

NAFDAC technical staff are the backbone of the regional harmonisation happening in ECOWAS. NIPRD has come out much stronger than they used to be and they currently play great roles in the pharmaceutical space. Their drug lab is also ISO 17025 accredited. PCN is working harmoniously with NAFDAC to ensure the availability of quality medicines throughout the medicine supply chain.

cost of manufacturing anywhere in Nigeria because of the incentives and the benefit of economy of scale.

We are on the verge of a great renaissance in the pharmaceutical sector in Nigeria. Another fruit of the roadmap is a very important project being championed by Bloom Public Health, in partnership with the PCN, NIPRD and the Lagos Business School. We are trying to map out the pharmaceutical value chain, the size of the market and the growth potential.

The aim is to attract investors to the pharmaceutical ecosystem. One of the biggest problems of pharmaceutical manufacturing in Nigeria is that there is no lively ecosystem to support quality manufacturing. Every service is practically procured from outside the country. This our project will populate the ecosystem and thereby set up the sector for growth.

The pharmaceutical manufacturing landscape in Nigeria is saturated with all shades of players. How do you think NAFDAC and all other stakeholders can ensure that the health of Nigerian citizens is safeguarded to the letter, bearing in mind the threats posed by manufacturers of fake and substandard products?

As I always like to say, it is good to categorise substandard medicines into two. One is poor quality, due to lack of expertise in pharmaceutical manufacturing and storage. The second is poor quality due to criminality because of falsification of products. The two are solved differently. The GMP roadmap is solving the former. With the roadmap, every company knows where they stand and what they need to do to be where they should be.

The latter requires a combined effort to combat. Not only NAFDAC - everybody should keep an eye. If you see something, say something. Even though NAFDAC is among the most populated medicine regulatory authorities on the continent, they also have an enormous task to regulate such a wild environment and we should all support with the necessary information. And gradually the bad actors will not find it conducive to operate.

What should Nigerians expect from your collaboration with the National Association of Industrial Pharmacists?

So far, this has been amazing. The first fruit of our collaboration is the Pharmacy, which is about to go live. This is what it means to be aligned to a common goal. I want to use this opportunity to appreciate the leadership of NAIP. They have made this collaboration wonderful and we are achieving a lot together.

The second wave of the coronavirus has shown that the pandemic is very much with us. What is Bloom Public Health doing to help in the fight against the virus?

Bloom is playing big in this pandemic too. Firstly, we have been advocating for local manufacture of medicines in the country, taking advantage of what the pandemic has thrown up, which is an unsustainable structure of reliance on foreign countries for our medicines needs.

continued from page 25

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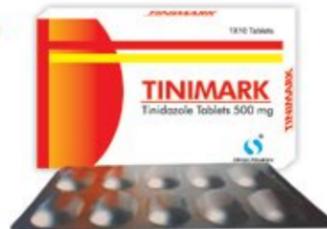
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Getz Pharma Nigeria Limited has disclosed its readiness to revolutionise treatment of asthma and other respiratory diseases, by enhancing patient education through partnership with stakeholders.

Speaking with *Pharmanews* in a recent interview, the Country Manager, Getz Pharma, Mr Shujaat Ali Khan, said the company has started implementing the objective by setting up Asthma Club, an initiative to enhance asthma knowledge, practice and control among patients and Nigerians at large.

Accordingly, the company, on 3 February, 2021, presented a wall-mounted educational audio-visual unit to the Respiratory Unit of the Lagos State University Teaching Hospital (LUTH).

In his remarks shortly after the presentation, Khan noted that Getz Pharma is a socially responsible company that is very much interested in executing projects that will positively affect the Nigerian society.

He also highlighted that Getz Pharma is one of the fastest growing pharma companies in Nigeria because of the quality of its products, manufactured in its World Health Organisation pre-qualified facility.

He said: "We are interested in how to help the society. We are not just interested in our frontline customers like doctors and pharmacists but also the society at large, by embarking on some projects that will have positive impacts on the society."

"As a socially responsible company, we have a lot of plans. We are also launching other plans, which include general symposia for antimalarials. We have a plan to go to schools to educate the children. There are several plans in the pipeline; although COVID-19 has really affected many things, we

Getz Pharma to revolutionise respiratory diseases treatment – Business Manager

- Donates educational audio-visual unit to LUTH

By Ranmilowo Ojalumo



L-R: Kehinde Bankole, product manager, Getz Pharma; Professor Njideka Okubadejo, HOD Internal Medicine department, LUTH; Dr Michelle Dania, consultant pulmonologist; Mr Shujaat Ali Khan, country head, Getz Pharma; Dr Obianuju Ozor, consultant pulmonologist & head of respiratory unit, LUTH; Dr Funsho Oloruntoba, business manager, Getz Pharma; Back left to right: Omolade Bolaji, territory manager, Getz Pharma; Harrison Opone, area sales manager; Abigail Ojo, ass. product manager, Getz Pharma; Chinedu Anokwulu, product manager, Getz Pharma; Dr Ogundare Adewale, senior registrar, int. medicine LUTH; Dr Ekeke Ogo, senior registrar, int. medicine LUTH; Dr Tekobo Abiodun, senior registrar, internal medicine LUTH.

are hopeful that by middle of this year, things will get better. We have good plans for patients' education, as well as society education."

Also speaking at the event, the Business Manager of Getz, Dr Funsho Oloruntoba, explained that the presentation of the audio-visual unit is a sign of better things to come in the pharmaceutical and

healthcare industry in Nigeria.

"We are going to revolutionise respiratory products and treatment in Nigeria and this will impact every patient in the country that will need our products at every point in time. We have got good reactions as far as respiratory illness is concerned in Nigeria."

"The same thing that we have

done today will be extended to other parts of the country. Getz Pharma is ready to collaborate as much as possible with teaching hospitals that we can reach out to," Oloruntoba said.

Reacting to the gesture by

continued on page 25

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

International Treatment Guidelines

(According to the American College of Gastroenterology)

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

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Getz Pharma to revolutionise respiratory-related diseases treatment – Business Manager

continued from page 23

Getz, the Head, Department of Medicine, LUTH, Professor Njideka Ogunbadejo, commended the company, saying that the donated device will go a long way in the treatment of asthma and other respiratory diseases in the Hospital.

"I am grateful to Getz Pharma for their kind gesture towards the Respiratory Unit. Patients' education is very important. It is more important for asthmatic patients to understand the disease and the role they need to play in managing it.

"Having an asthma club that is being facilitated by Getz Pharma is a huge one for us because it will enable a more relaxed interaction between the patients and the pulmonologists that give them care. The patients will be able to learn about the disease in the best language they understand. I am

really proud to be associated with Getz Pharma," Ogunbadejo said.

The Head of Respiratory Unit, LUTH, Dr Obianuju Ozor, in her remarks commended Getz for the donation, while soliciting greater partnership with the organisation.

She said: "On behalf of the Respiratory Unit, I want to express appreciation to Getz Pharma for the presentation. The wall screen audio-visual unit will go a long way in improving the care we render to our patients. Lack of asthma education is an important reason many patients don't have control over their asthmatic condition but the device that Getz Pharma has presented, where patients will learn and get educated will improve the care we render to our patients.

"Getz Pharma has been supporting the Respiratory Unit with their products and quality, affordable medications. We are happy to partner with them and we

are looking forward to a greater partnership in the years ahead."

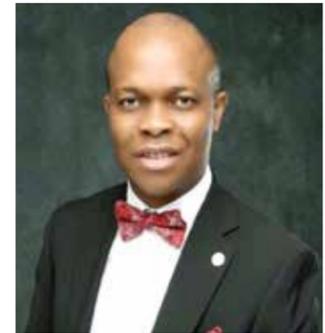
Similarly, the pulmonologist in the unit, Dr Michelle Dania, showered encomium on Getz, saying the device presented by the company will enhance the wellbeing of asthma patients in the hospital.

"Patients' education is an important part of asthma management. You need to partner with asthma patients and counsel them on how to take their medications properly, or else, they will not get better. But having something that will give them audio-visual aid is a fantastic one that will go a long way in their wellbeing.

"So we really commend Getz Pharma for this kind gesture. We can't wait to get the Asthma Club start running on the audio-visual unit that Getz Pharma has presented to us", Dania said.

PCN, NAFDAC championing availability of quality medicines in Africa – Prof. Anyakora

continued from page 21



Prof. Chimezie Anyakora

Bloom is also playing big in the vaccine policy that the government of Nigeria is developing. We are a key partner to the Ministry of Health in this project, with other organisations like WHO, UNICEF and CHAI. Bloom is also part of the COVID-19 vaccine introduction Technical Working Group. We also partnered with the Medical Lab Science Council of Nigeria and the Nigerian National Accreditation System to build capacity of labs towards accreditation on serologic and biologic molecular test methods.

Apart from Bloom Public Health, which other project are you involved in?

Firstly, I am an academic and will always be. I have a great advantage of viewing things with a certain depth, typical of an academic; and having a strong hands-on knowledge and understanding of things, typical of a practitioner. I know this is a unique combination that is somehow rare.

I have also been deeply involved in international development programmes, as well as a deep involvement in the pharmaceutical sector. This is unique and I bring that with my passion for excellence and great patriotism to push the country forward to the best of my ability.

Apart from Bloom Public Health, I am the founder of CAROSS, the Centre for Applied Research on Separation Science. Here, we mentor young academics to excel in research by providing them with the necessary contacts, tools and motivation to do so. We also give out an annual prize to young chromatography scholars each year. I am also a cofounder and vice chairman, board of trustees, of Safe Medicine Foundation, a non-governmental organisation doing a lot in promoting medicine quality in Nigeria. I sit on a few other boards in different organisations, both in Nigeria and outside Nigeria.

What is your advice to Nigerian healthcare practitioners in the face of the ravaging coronavirus pandemic that has led to adverse social and economic restrictions?

We should all focus on the lessons we can learn from this pandemic. We cannot afford not to learn from this. Also, it is good to see the great work done by the Nigerian healthcare practitioners and we should make it a norm and maintain the tempo, even when the pandemic goes away.



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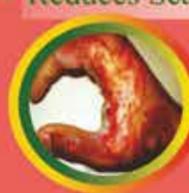
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Health potentials of cashew

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

Called *kanju* in Hausa, *sas-hu* in Igbo and *kaju* in Yoruba, cashews come from a tropical tree known as *Anacardium occidentale*. (Fam. Anacardiaceae). The kidney-shaped seeds or nuts are found at the bottom of the fruit known as a cashew apple.

Constituents

Calories, protein, unsaturated fat, carbohydrates, fibre, copper, magnesium, manganese, zinc, phosphorus, iron, selenium, thiamine, pyridoxine, Vitamin K, polyphenols, carotenoids, tryptophan, valine, isoleucine, leucine, threonine and histidine.

Preparations

Cashews can be eaten raw or roasted, and make for an easy portable snack. Whole or ground cashews can also be incorporated into a variety of dishes such as soup, salads and stews. Cashew can be processed into cashew butter alone or together with oats. Cashews can also be soaked and blended together with apple cider vinegar or lemon juice to make dairy-free sour cream or cream cheese.

Pharmacological actions and medicinal uses

Traditionally, different parts of the cashew tree are used for the management of various diseases in different parts of the world. The leaves, roots and bark are used to treat arthritis and inflammatory conditions in



Anacardium occidentale

Western Nigeria. The tea made from cashew leaf is used as gargle and mouthwash to treat tonsillitis, mouth ulcers, throat ailments, wounds and diarrhoea. Cashew apple is used as an astringent, anti-scorbutic and diuretic for treating kidney problems and cholera. In Java, the juice of cashew apple is used as a gargle for catarrh and mouth wash for thrush; also treats bronchitis, syphilis and sore throat. Cashew syrup is used as an aid for colds and coughs. The seeds are applied as anti-venom for snake bites. The buds are applied on infants' skin for pemphigus neonatorum.

The oil is used in India to treat cracks on feet soles, corns, warts and sores. Research has

also shown that cashew leaves and bark have antifungal, antiparasitic, antibacterial, antiseptic, and anti-inflammatory properties; thus the usefulness of the bark in the treatment of psoriasis, eczema, scrofula, genital problems, dyspepsia and venereal diseases.

Cashews appear to offer some benefits to lower blood pressure, triglycerides and cholesterol; hence its link to a healthier heart. People with type 2 diabetes may benefit from adding cashews to their diet. However, there is need for more research before making strong conclusions.

Cashew nuts are also rich in protein and fibre, which are known to reduce hunger and promote feelings of fullness,

both of which can further promote weight loss. Cashew nuts have positive effect on libido.

Adverse effects

Cashew nuts may cause bloating, constipation, weight gain, and joint swelling in some people. When unroasted cashew is used, it might cause skin irritation, redness, and blisters.

When eaten in large quantities, cashew may cause kidney stones (because of a relatively high oxalate content) leading to kidney damage, allergic reactions, anaphylaxis, contact dermatitis and gastrointestinal discomfort

Economic uses and potentials

In the manufacturing industry, cashew is useful in making brake linings, insecticides, varnish, rubber and plastic.

The president, Association of Cashew Farmers, Aggregators and Processors of Nigeria (ACFAP) reported that, with an average FOB price of \$900/Mt for raw cashew nut and \$7.200/Mt for processed cashew kernel in year 2019, the association projected that Nigeria would have earned about \$198.000.000 from sales of raw nut and about \$34,848,000 from sales of kernel. This would have translated to a total of \$232.848.000 for Nigeria export earnings for the year in review.

So, cashew has roles to play in medicine, manufacturing, commerce and the economy as a whole.

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Afrab-Chem rewards distributors, promises Nigerians more premium medicines

Afrab-Chem Limited, one of the leading local pharmaceutical manufacturers, has reiterated its commitment to provision of quality and affordable medicines to the Nigerian, thereby improving the wellbeing of the populace.

Speaking at the company's 2021 distributors' forum held in Lagos recently, the General Manager, Sales, Mr Patrick Okwuobi, said Afrab-Chem is committed to the Nigerian pharmaceutical sector and the Nigerian nation as a whole.

Okwuobi added that, in its over five decades of existence in Nigeria, the company has been producing high quality drugs, adding that it will soon be introducing products to help Nigerians build up their immune system against the raging COVID-19.

He said: "We currently have multivitamins, Vitamin C, iron and antibiotics, among other range of drugs. All these drugs will help Nigerians to live well and overcome the challenges posed by COVID-19.

"Afrab-Chem is very committed, having been around for all these years. Many Nigerians depend on the company, making their living, and the company is not planning to leave Nigeria anytime soon. Instead, we are building a new factory and working hard to get the World Health Organisation's certification."

Okwuobi also revealed that Afrab-Chem has upgraded its current factory, while finding ways to further benefit the community in which it is operating.

"Nigerians should be hopeful that things are going to get better," adding that "Nigerians should however note that COVID-19 is real; hence they should observe the required protocols and also keep believing in Afrab-Chem. we will not let them down."

Also speaking at the event, the company's Product Manager, Pharm. Kola Olatunji said: "We are looking forward to expanding our product portfolio to ensure that every Nigerian, irrespective of their condition, is able to get a premium brand at an affordable price. We are coming up with a range of products that is able to meet the medical needs of Nigerians, without creating a hole in their pocket."

In his own remarks, Pharm. Olushola Omodara, also a product manager at Afrab-Chem, urged Nigerians to keep faith with the company, noting that it is leaving no stone unturned to provide safe and quality products to meet the needs of every citizen, even in the face of the COVID-19 challenges.

The highlight of the occasion was the recognition and presentation of awards to the company's distributors, in appreciation of their efforts towards making its product readily available to Nigerians across the country. T

The awards which were in categories included National Best Distributor, Regional Best Distributor (Lagos), Regional Best Distributor (West), Regional Best

Distributor (East), Regional Best Distributor (North).

The National Best Distributor and the Regional Best Distributor (North) awards went to Alhaji Lawal Sayid Atana, managing director of Lathas Pharm. Limited, Kano. The Managing Director, Sylver Brothers Pharma. Limited, Lagos, also won in the National Best Distributor category.

Mr Anthony Ogiebho won Regional Best Distributor (Lagos); while Mrs Sandra Igwe of Vivisky Pharm. Limited, Benin, won Best Distributor (West).

Other categories of awards won by various distributors of the organisation included Longest Serving Distributor, Best in Product Spread, as well as Best in Sales of Ethical Products.

Ranmilowo Ojalumo



L-R: Mr Ahmed Aburizeq, operation manager, Afrab-Chem Ltd; Mr Idowu Solomon, deputy managing director/general manager, finance, Afrab-Chem Ltd and Pharm. Patrick Okwuobi, head/general manager, sale, Afrab-Chem Ltd at the 2021 Afrab-Chem distributors' forum in Lagos recently.

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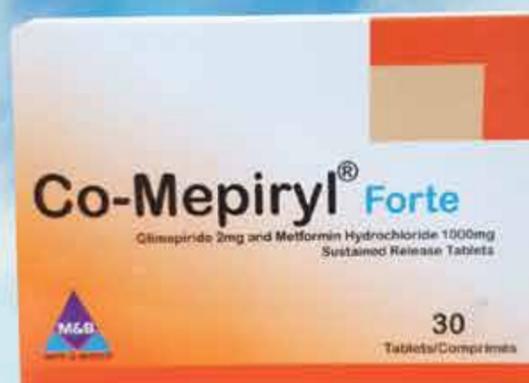
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Developing abundance mindset for optimum performance

By Pharm. Sesan Kareem

The beginning of a new year often comes with a renewed determination and commitment to be, to do, to have and to create. A new year brings fresh pages filled with new opportunities and possibilities to do things better or differently.

Achievers often set goals toward a brighter future and a better life at the start of a new journey. How can we maximise the possibilities and opportunities inherent in each day of this year? Studies have shown that success is 80 per cent mindset and 20 percent strategy. If you are keen to advance in all areas of life despite the challenges of COVID-19, you must transform your mindset for abundance, growth, and high performance.

Firstly, you must develop "abundance" mindset. More often than not, when people who are smart struggle in any area of life, it is because of their mindset rather than know-how. Perhaps you also know someone who is smart, kind and hardworking but yet still far behind in his or her dreams, despite great effort for years. It is because they haven't developed abundance mindset.

Scarcity mindset is a pattern of thinking that sees opportunities, things and money as scarce resources. This mindset often manifests itself in fierce competition with others, an attitude of ingratitude and a low self-worth. On the other hand, abundance mindset is characterised by healthy competition for opportunities,

open mind for new ways of doing things, an attitude of gratitude and a good self-image.

When you look carefully around you, what you will notice is abundance: people, places, things, and opportunities. Nature is a storehouse of abundance. It is always expanding and will always be. The creator of man will always make things abundantly available for him. It is now left for each individual to conquer his self-imposed limitations and develop the consciousness to participate in His abundance.

Remove any thought of scarcity from your marvellous mind. Stop allowing your physical reality shape your dominant thought. Open your subconscious mind to abundance, prosperity and success.

Secondly, you must develop a growth mindset. Having a growth mindset helps you to keep learning, improving and becoming better as a person and in the value you create for others. A growth mindset believes in the power of information, wisdom and action. The opposite of a growth mindset is a fixed mindset - a type of thinking that sticks with old ways of doing things and fights new and better way of doing things. A person with a fixed mindset is not open to learning, relearning and unlearning.

To accelerate your progress this new year, you must be open to learning new skills and developing better habits that will serve you better. Most

importantly, you must be open to unlearn old habits that not supporting your growth and progress.

A research conducted by Stanford University Psychologist, Carol Dweck, examined the mindset of young students. She found out that children who have the fixed mindset that intelligence is predetermined are unable to overcome academic challenges, compared to those who have a growth mindset, which believes that intelligence can be developed.

Researchers from the Universities of Miami and Yale also found that middle-aged adults with more positive beliefs about aging lived 7.5 years longer than their counterparts with a less positive self-perception. Simply put, your mindset can prolong your life.

Thirdly, you must develop a high-performance mindset. To record optimum achievement, this year, you must up your game, raise your standard and expect more from yourself than anyone can demand from you. Every act you do, you must do it well. You must develop a reputation for great work, excellent service and extraordinary contribution.

Whatever your hands find, do it with all your strength, heart and mind. To make this year highly profitable and productive, you must make each day highly profitable and productive. To make each day successful and rewarding, you must make each act successful and rewarding. Always remember, that it is not what you do, it is all about how



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

you do it. It is more about how well you do your duties and less about how many tasks you have accomplished. Developing a high-performance mindset will fast track your journey towards success and greatness.

In conclusion, you have all what it takes within you to make year 2021 productive, profitable, rewarding and memorable for you and your loved ones if you become intentional in developing your subconscious mind for abundance, prosperity, growth and optimum performance. If you want to do great things, have new things and create new realities this New Year, you must first become a new you with an abundance mindset.

ACTION PLAN: Develop daily habits that will help you grow, perform better and develop abundance mindset. Be conscious about of you think and how you think always.

AFFIRMATION: I have abundance mindset. I am blessed and highly favoured.

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COVID-19 has revealed true value of Pharma industry – MID, May & Baker

By Patrick Iwelunnor

A consummate pharmacist who had worked with some of the biggest names in the global pharmaceutical firmament before mounting the saddle of leadership as CEO of May & Baker, Pharm. Patrick Ajah dissipates an air of enthusiasm in his approach to duty. He is very passionate about innovation and growth. In this exclusive interview with Pharmanews, the University of Ibadan graduate of Pharmacy reveals how he is building on the solid foundations laid by his predecessors. He also calls on the Nigerian government to partner with the private sector in creating an enabling environment for research and development in the pharmaceutical industry. Excerpts:

“If NAFDAC is not doing what they are doing, things would have gone worse.”

course, our business depends on reaching out to people and providing what people need. If people are not working or moving, it would affect us. So, globally,

think the pharmaceutical industry was impacted like every other industry. No, in the sense that, I actually think that this has revealed the value of the pharmaceutical industry. The tendency, sometimes, before we had situations like this, is to think that innovation doesn't matter and that research and development is a waste of money and all of that; but COVID has shown us that these are the core principles of the pharmaceutical industry – which are, finding new molecules and addressing new challenges. For some years, it looked as if this area had been downplayed because people keep bringing all manner of things from all over the place but the COVID-19 pandemic has shown the value in companies, especially pharmaceutical companies and alliances investing in R&D (Research and Development).

the outcomes for May & Baker brand? I must say, at this point, that my predecessors have done a fantastic job. Like I said, since this company fell into the management of Nigerians, being quoted in the Stock Exchange, I must say that they did a good job in laying a solid foundation. My intention is to build on that solid foundation means maintaining the same standards that allowed us to be WHO-prequalified. And my predecessors also crafted

the vision. There was a change of vision to reflect exactly where we are going and that vision is to be a leading healthcare brand in sub-Saharan Africa. So when I look at that, I see that there are challenges ahead which obviously are tasks to be accomplished. One of those challenges is, beyond just being a strong player like we have been

Nigeria. And my commitment in this business - apart from improving our shares in the country and improving returns on investment for our stakeholders - is to make sure that we extend our footprints to other parts of Africa. Yes of course, it is a huge task; it is something we are poised to achieve.

Do you think the COVID era has had a negative effect on the pharmaceutical industry, bearing in mind the fact that the industry should be involved in so many researches aimed at finding a cure or vaccine for the virus?

Well, I would say “yes” and “no”. Yes, in the sense that we will be fooling ourselves if we pretend that the COVID-19 pandemic has not impacted on the industry, even when you factor in the lockdown. No matter how good your products are; no matter how good your business is, if you are shut down, you are shut down. And of

I must say, at this point, that my predecessors have done a fantastic job. Like I said, since this company fell into the management of Nigerians, being quoted in the Stock Exchange, I must say that they did a good job in laying a solid foundation. My intention is to build on that solid foundation. And building on that solid foundation means maintaining the same standards of quality. I allowed us to be WHO-prequalified. And my predecessors also crafted a new vision.

The government part. The government needs to partner with the private sector in encouraging research. The government needs to invest in research institutes. Pfizer spends 8 billion dollars on research and development and this got me wondering some years ago during a meeting in New York. But today, I have come to see the impact Pfizer was the first to rise to the challenge with the development of a vaccine for COVID-19 using Moderna.

Your advice to the Nigerian government on how to harness the local potentials for the production of a cure or vaccine for COVID-19, bearing in mind the fact that we are blessed with excellent flora and fauna?

Twenty to thirty years ago, if you wanted to do any research in agriculture, IITA Ibadan was the one place that people from all over the country came to. Why can't government replicate that kind of a thing? Although government has some institutions scattered all over the country but they are not funded. I really think that government needs to sit back now and begin to look at all those research centres and invest in them. Ebola entered into Nigeria. That was the first time Nigerians began to see the need to practice social distancing, wash our hands and use sanitizers. May & Baker was one of the first companies locally to rise to the challenge. Our sanitizer was developed in that era of Ebola and the country benefited from it. But again, most of these companies, like us, are private companies who want returns on investment and, so, sometimes it becomes a challenge to invest long-term on things like research which do not generate profit immediately. I think the government needs to play a

You are barely three months on the saddle of leadership here. What do we expect you to do better and differently towards sustaining that culture of excellence that May & Baker is known for? Technically, I am in my third month on the job but in my second month as the CEO. I did mention earlier that my predecessors did a good job by laying a solid foundation. I would not forget how important that is because, if they had not laid that solid foundation, I might not be able to do some of those things that I plan to do. And some of the things I plan to do are: to trigger both vertical and horizontal kinds of growth. As the first pharmaceutical company, you deserve to be the best, if you know what you are doing. And I think that where we are is very good but we could be better. I also intend to grow the current products we have. As I grow these products vertically, I also want to expand our business horizontally.

How do you think the pharmaceutical landscape in Nigeria can be better galvanized for phenomenal advancements in research, drug manufacturing and marketing?

I remember a few years ago when Ebola entered into Nigeria. That was the first time Nigerians began to see the need to practice social distancing, wash our hands and use sanitizers. May & Baker was one of the first companies locally to rise to the challenge. Our sanitizer was developed in that era of Ebola and the country benefited from it. But again, most of these companies, like us, are private companies who want returns on investment and, so, sometimes it becomes a challenge to invest long-term on things like research which do not generate profit immediately. I think the government needs to play a

Sir, what would you say is the most important factor that has kept May & Baker going all these years? Commitment to quality has been very significant in whatever May & Baker has been able to achieve till now. We all know that May & Baker is essentially the first pharmaceutical company with a very long heritage. Of course, among many of these companies, you will find that May & Baker has never changed in quality and presence in the market. And I think that all this has been due to our sticking for the same quality that May & Baker has always been known for, through the years; and I am glad to say that even after 75 years, we can still beat our chest that our commitment to quality has remained consistent and the same with what obtained even when it was being managed by expatriates or had affiliations with the UK and all that. Our hallmark has been quality and adhering to the GMP standard.

How well do you think the original vision of the founders of May & Baker has been nurtured so far? I think very well, to a large extent. Usually, people have this fear when management moves from expatriates to Nigerians, or when a multinational is being managed by locals. People may think that quality could be compromised. As justifiable as this fear may appear, I can assure you that May & Baker has continued to sustain that culture of excellence which guided the activities of its founders and we hope to break new grounds and ensure that the depreciation of quality never happens. I must say that the founders will not be disappointed with where we are. Through there are improvements that need to be made but in rating ourselves, I think we have done very well.

What are your plans to positively create better



Pharm. Patrick Ajah
CEO of May & Baker

PSN 2020 conference: Pharmacists react

The recently concluded annual conference of the Pharmaceutical Society of Nigeria was, against all odds, held physically (in Osogbo, Osun State) and virtually from 9 to 14 November, 2020. In this special edition of **Viewpoint**, our reporter, ADEBAYO OLADEJO, who was at the physical venue spoke with some participants on their assessment of the first hybrid event in the history of the PSN. Here's how they reacted:

I am quite impressed

The conference is impressive and well-attended, despite the pandemic which created fears in our minds that the conference would no longer hold or that the attendance would be very low. I am quite impressed with the quality of the conference that the Conference Planning Committee (CPC) and the Local Organising Committee (LOC) were able to put up. I give kudos to them for that. With this effort, I give the conference a pass mark of 80 per cent, and I hope the next conference will be better.

Pharm. Obiageri Ikwu



Organisers deserve kudos

Actually, this is my first experience at PSN level, as I have only attended the ACPN conference. With what I have seen so far, I give kudos to the organisers and I commend them for a job well done. The registration was easy and every other thing since we arrived has been stress-free. With this experience, I would love to attend more conferences. While I hope for a more improved conference next year, I would rate this conference 90 per cent.



Pharm. Adeyemo James

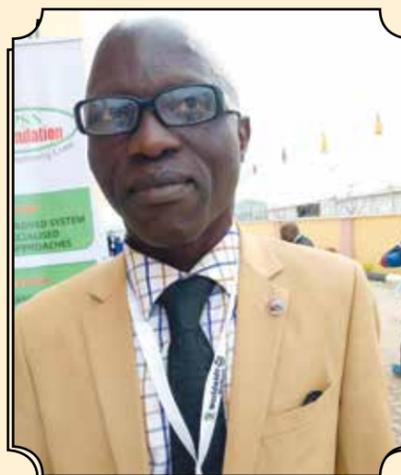
Nobody expected it would hold again



With the 2020 situation, and with what has happened so far this year, I would give the conference a pass mark because nobody knew it would even hold again. The expectation of everybody was cut short this year and, at a point, we already gave up on it, but here we are. So, I would say I am not really disappointed as such; but I am hopeful it would be better than this in subsequent years. I am giving 70 per cent.

Pharm. Paul Owolabi

It was a record-breaking conference



Pharm. Engr. Olatunji Koolchap AAA

This year is a peculiar year because of the COVID-19 pandemic - and its twin brother, the END-SARS protest, that latter led us to another round of curfew. Many people had already given up on this year's conference, but due to the tenacity of the leadership of the Society, we are able to witness the Omoluabi 2020 PSN conference.

Honestly, I would give the conference a pass mark of 75 per cent, for having to break the record by organising a virtual national conference for the first time in the history of the PSN.

Time management was poor

Looking at the organisation of this year's conference, it wasn't bad at all, as there was ease of registration and ease of getting registration materials and others. But beyond that, looking at the aspect of time management, it was very poor. Most of the programmes did not start on time, and eventually when they started, they didn't end as scheduled.

Also, the idea of sitting from morning till evening in the name of sessions is archaic. The programmes should have been arranged in such a way that they won't overshoot the allocated time. I hope the subsequent ones will improve on the lapses in this one. I give the conference 60 per cent.



Pharm. Kola Sunmonu

It was a superb conference



Pharm. Adebola Lawal

Despite the pandemic and other challenges in the country, the conference has been able to live up to expectations. I commend the organisers, both the CPC and the LOC, for working round the clock to present a superb conference like this and for giving us such a conducive environment, where the sessions would not affect the exhibitors. Looking at the exhibitors' stands, one would notice a touch of professionalism. I rate the conference 65 per cent, and hope it improves in 2021.

It's a new experience really, being a hybrid conference. So I think it's overall an excellent and a successful conference. The physical attendance, despite the opportunity for virtual attendance, was quite impressive, and there were several innovations and improvements.

The exhibition arena was quite impressive and there are many new products and companies, despite the economic downturn. So I commend the CPC as well as the LOC. This was a conference where we had two *obas* and also had the governor and his deputy in attendance.

I would like to generously rate the conference 75 per cent, which is an excellent grade for being outstanding.



Pharm. (Dr) Modupe Ologunagba

Breast cancer survivors seek better advocacy, support from government

By Temitope Obayendo

“We should stop wallowing in self-pity. If we don't tell the government what to do, it's a waste of time. We should target the right audience.” So says Ms Della Ogunleye, a breast cancer survivor, who knows where it hurts and the right intervention needed.

The World Health Organisation, (WHO) in its latest report on global cancer burden says breast cancer has overtaken lung cancer as the leading cancer in the world with an estimated 2.3 million new cases out of 19.3 million global cancer cases diagnosed in the year 2020.

Nigeria's breast cancer profile, as presented by the WHO aligns with the global incidence as recent statistics shows a mortality rate of 16.4 per cent out of the 22.7 per cent prevalence in 2018. It is also projected that more cancer cases will be diagnosed in the nearest future to the tune of 50 per cent increase in 2040 than in 2020.

Hence, the decision of survivors is very apt to prevent a very bleak future filled with groaning and misery of helpless patients at the hands of the deadly disease.

Global consciousness

Usually commemorated on 4 February of every year, for the singular purpose of awareness creation and advocacy, the World Cancer Day was established in 2008 by the Union for International Cancer Control (UICC) to enlighten people on cancer and to conduct screening for citizens to know their status regarding the condition.

The World Cancer Day also particularly affords breast cancer survivors the golden opportunity of telling their stories to encourage those going through or about to undergo mastectomy.

Cases

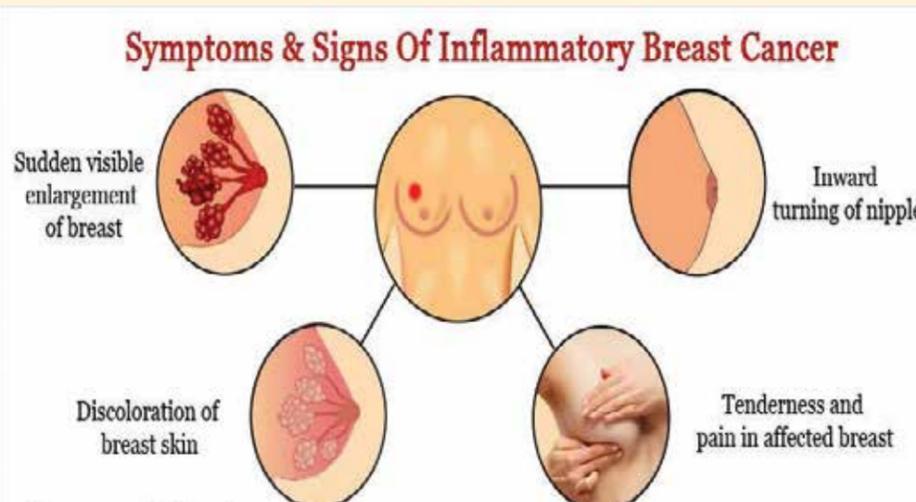
Ms Della Ogunleye, CEO, DDS African Cancer Support Group based in the UK, is one of the gallant amazons who beat breast cancer. Since she had no deep knowledge of the disease when she was diagnosed in the UK, she felt it was one of those things she could ignore and continue with her busy schedule as usual, but alas, she was slowed down by the draining disease.

She never exhibited any sort of fear when diagnosed, as she assured herself of living her life to the fullest. She informed her confidants about the development and she was advised to go for medical attention, and fortunately, it was removed successfully because it was diagnosed early.

“If they had told me what the side effects of the treatment would be, that would have scared me. In the course of the treatment, I lost appetite. I lost my hair, I lost friends because the journey was terrible with the treatment. It was the support group that helped me cope with the psychological effect of losing a breast,” she narrated.

It was a different ball game for Solumkolia Obi-Anazodo, who shivered at the disclosure of her diagnostic result in 2018. “I was having a shower when I felt a lump in my breast”, she revealed. Initially, she paid less attention to it, thinking it would disappear with time, but it didn't. The lump continued to grow and when it was examined, it turned out to be a cancerous lump; in fact, a stage 3 cancer of the breast.

“At first, I wasn't scared. My mind didn't even go to cancer. But when I got the report of my breast cancer, fear crept in,” Obi-Anazodo said.



Thereafter, she became an advocate like Ogunleye and others who would leave no stone unturned in seeking help for patients.

For optimal healthcare outcome to be obtained in cancer cases, Ogunleye urged patients to seek help as soon as they notice any strange development on their body - “whether on your breast, skin, or in your urine, it is important you get it checked, because it's all about early detection”.

Ogunleye also emphasized the need for care and support from government and family members, even as she condemned the idea of self-pity which, she said will only worsen the situation.

“When you are diagnosed with cancer, you need support. Somebody has to hear your voice. We should stop wallowing in self-pity. If we don't tell the government what to do, it's a waste of time. We should target the right audience”.

The story of the co-founder of the Bricon Foundation, Abigail Simon-Hart, resonates with Ogunleye's call for support and care for cancer patients. Although she was fortunate to have early discovery of the tumour, as she had double mastectomy, she stressed the importance of calmness at the onset of the journey, noting that the ripple effects of fear can be overwhelming for patients.

An advocate of breast cancer, she motivates her counterparts to do away with shame about the condition, stressing that that wouldn't help in any way, recommending instead that they speak to the right audience about the condition for a change to take place.

Her determination paid off as her case seemed almost impossible with the cancer spread across her two breasts, when diagnosed, but she was able to break out of the condition because of her doggedness to get rid of it.

She said: “I was diagnosed of breast cancer in 2014, fortunately it was discovered early. So I had a double mastectomy, which means I removed both breasts and I'm currently cancer-free, due to the fact that we got it early.”

“So I'm a great advocate of cancer awareness creation. I make bold to tell anyone I'm a cancer survivor and I'm not ashamed about it. As long as people are afraid, it brings stigma, and as long as there is stigma, people will be unwilling to come out for screening.”

Experts have also lent their voices to the need for sufficient information on the disease, adding that this will go a long way in alleviating patients' worries. There are several challenges which make the treatment of cancer unbearable for a huge number of patients in the

country.

“They are so many, but the first and largest constraint is finance, the second is lack of infrastructure and personnel and the others include stigma, shame, and fear brought about by cultural, religious, and traditional beliefs,” said Simon-Hart.

“Cancer is a very expensive disease and many Nigerians cannot afford the treatment. A CT Scan costs about 86,000 naira, a shot of chemotherapy is between 120-180 thousand Naira and a person can take up to ten shots depending on the stage of cancer. How can an average Nigerian afford that? There is no way a person will be healed if he or she is being treated while thinking of all the debt.”

Thus, getting adequate information from a care provider and support from government are significant ways to help patients.

Cancer causes

Science is yet to unravel the actual cause of cancer, but scientists have some valuable insights. According to the WHO, changes in lifestyle, unhealthy diets, insufficient physical activity, use of tobacco and harmful use of alcohol have all contributed to the increasing cancer burden. A significant proportion can also be attributed to increasing longevity, as the risk of developing cancer increases with age. This reinforces the need to invest in both cancer prevention and cancer control, focusing on actionable cancers like breast, cervical and childhood cancers.

An oncology and radiotherapy resident at Lagos University Teaching Hospital, Dr Agbakwuru Chidi, has also identified lack of breastfeeding and being pregnant as established risk factors for breast cancer.

Other causes, as noted by experts, are genetic composition, hormone treatment, radiation exposure, body weight, dense breast tissue, estrogen exposure and history of breast cancer.

COVID-19 and breast cancer

LASUTH recently disclosed the effect of the coronavirus pandemic on breast cancer patients, saying it has exacerbated the problems of late-stage diagnosis and lack of access to treatment. These occur everywhere but particularly in low- and middle-income countries. In addition to having to cope with the disruption of services, people living with cancer are also at a higher risk of severe COVID-19 illness and death.

Agbakwuru corroborated the WHO's view saying COVID is harder on cancer patients who already have low immunity and

makes them more susceptible

A WHO survey conducted in 2020 indicated that treatment for cancer had been disrupted in more than 40 per cent of countries surveyed during the pandemic. The findings of the survey have been backed up by published studies indicating that delays in diagnosis are common, while interruptions to and abandonment of therapy have increased significantly. Meanwhile, enrolment in clinical trials and research output have declined.

This shows that more commitment is expected of the Nigerian government towards cancer care than what is stated in the National Cancer Control Plan 2018 -2022. Indeed, as of now, many of its objectives are yet to be realised barely a year to the end of the deadline.

The programme aims at achieving greater than 50 per cent screening of eligible population by 2022; and increase by at least 50 per cent the functionality of the comprehensive cancer care centres by the year 2022, among others. But hardly has any of these goals been accomplished.

Cure and coping strategies

Studies and survivors' stories have validated that breast cancer can be cured if detected early and treated accordingly. The WHO's statement on the eve of World Cancer Day 2021 underscored this as it stressed the possibility of cure for breast, cervical and childhood cancers, if diagnosed early and treated appropriately.

“Breast, cervical and childhood cancers all have a high chance of cure if diagnosed early and treated appropriately. This World Cancer Day, WHO is moving ahead with our partners around the world in efforts both to prevent and control cancer and also to provide support to all people living with cancer, wherever they live and whatever their circumstances,” it disclosed.

The battle continues

Having being cured of their conditions, survivors have expressed another major challenge confronting them, which is coping with psychosocial trauma of living with one or no breast. Although the option of breast implant exists, the scare of complications often makes them jettison it.

In a study titled, “Life without a breast: Exploring the experiences of young Nigerian women after mastectomy for breast cancer”, published in the *Journal of Global Oncology*, participants bared their minds on psychosocial issues related to having one or both breast off.

Survivors who participated in the study revealed how they have successfully coped with this trauma years after their surgery. They explained how they intentionally developed certain strategies to help them cope psychologically. Some of the strategies employed include: Self-acceptance, distraction, lightheartedness, and religion.

With respect to self-acceptance, a 35-year-old participant said: “Just accept yourself the way you are”. Whenever some women felt downcast, they engaged in activities that would distract them. For instance, one participant said: “At times, I would stroll out or pick up my phone”. Being lighthearted about having had the breast removed also helped some participants.

At 80, my life is dedicated to mentorship and charity works – Prof. Obiorah

By Moses Dike

In this exciting interview, eminent scholar and black Africa's first professor of Pharmaceutical Technology, Professor Bona Anayochukwu Obiorah, who just clocked 80 years, says he is renewing his commitment to mentoring younger people and doing works of charity, adding that he would like to be remembered for his contributions to pharmacy education and research. The erudite professor, who worked as a consultant to the World Health Organisation (WHO) for many years, also reveals the dramatic events that led him to studying Pharmacy at the University of Ife (now Obafemi Awolowo University), even without applying for it as a course of study. He further shares his routines, since retirement in 1999, while advising the current generation of pharmacists to make the best of their professional calling. Excerpts:

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 would 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.

By the grace of God, you will clock 80 on 21 February, heralding your entry into the league of octogenarians. How do you feel attaining 80 years of age? Are there things you would like to start, discontinue or reinforce at this time?

Thank you very much for your congratulatory message. I do appreciate it most sincerely. It is not a small thing to clock 80 years in Nigeria now. This is a country where if young people clock 40 years, they are celebrated. At 80, I am most grateful to God Almighty for this privilege and I do not have any new plans to start any new projects other than help in charity works, help in mentoring younger ones and contribute generally to the progress of Pharmacy in terms of writing and making contributions to the development of knowledge.

As an octogenarian, what are the lessons you have learnt in life which you would like the younger ones to pay attention to and learn from?

There are many lessons one has learnt over the years but the most important thing is that there is no competition in life. No two people are the same. You go at your own speed and one must avoid greed. Many of the things that you think that you need are really wants. God will always provide our needs but not our wants. To the younger ones, I will always advise that they work out their trajectory early enough in life, but not try to copy other people. Copying other



Professor Bona Obiorah

people will not help anybody.

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 the hospital was working seven days a week and the students 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 could dispense with 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 became professors in the area of Pharmaceuticals 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 would want to harp on the issue of respectability. I will continue to harp on the issue of dignified 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 to 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 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 I 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; I didn't have to do masters.

When you look at the current state of pharmacy practice these days, what are the areas you would 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 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

continued on page 44



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Why there are no open drug markets in Osun State – Adebayo

By Adebayo Oladejo



Pharm. (Alh.) Olufemi Ismail Adebayo

Pharm. (Alh.) Olufemi Ismail Adebayo is a Fellow of the Pharmaceutical Society of Nigeria and former national chairman of the Association of Community Pharmacists of Nigeria (ACPN) from 2012 to 2015. In this exclusive interview with *Pharmanews*, Adebayo, who is the current coordinator, Board Of Fellows (BOF), PSN, Osun State, speaks on the state of pharmacy practice in Osun and beyond, his tenure as ACPN leader, his views on his successors and the impacts of COVID-19. Excerpts:

As a stakeholder in the pharmacy practice in the country, how do you see pharmacy practice today, compared to when you started?

Pharmacy profession is advancing to the glory of God. During our own days, when we were much younger, it used to be analogue, but everything has now turned digital. Especially with the emergence of COVID-19, we now have online meetings, online marketing, online purchasing and others.

I think the pharmacy profession is also falling in line. In fact, it was the advent of technology that made it possible for us to hold the just concluded hybrid PSN national conference in Osogbo, Osun State. So, you will agree with me that the profession is moving with time, and gone are the days when everything used to be analogue.

Today, with technology, buyers may not necessarily have to travel several miles before accessing our products, which is an improvement on how it was before.

As somebody who is based in Osun State, what is your assessment of community pharmacy practice there?

We are happy that we don't have open drug markets here in Osun, and thanks to the government for that. I also want to appreciate the Pharmacists Council of Nigeria (PCN), and the Pharmaceutical Inspectorate Committee (PIC), for the wonderful job they are doing in

the state.

The PIC has been working as a group to rid the state of illegal premises, and by virtue of that, there is a level of sanity as far as pharmacy practice is concerned in the state, as against what is obtainable in some states. It is not that the state is hundred per cent free of illegal premises and charlatans, but to a great extent, pharmacy practice is having it good here.

Are there challenges peculiar to practising in Osun State?

We cannot rule out challenges completely, as there is bound to be one. Some of the challenges, just like we have it everywhere else, include; medical practitioners doing the job of prescriber and dispenser at the same time, the health insurance schemes at both state and national level not carrying the pharmacists along, as well as charlatans competing with the professionals.

You were the ACPN national chairman six years ago, would you say you are satisfied with the ACPN you left in 2015?

I am highly impressed with the state of ACPN today, compared to how I left it six years ago, and I must commend my immediate successor, Dr Albert Kelong Alkali, for building on the structure that we had on ground. I must also appreciate the person that took over from him too, Dr Samuel Adekola, for not letting the guards

down.

One of my dreams for the ACPN was to have a building of our own, but because of the financial status of the association then, we couldn't realise it. Still, we were able to save some amount of money for that purpose, with the intention that the incoming administration would continue from there. And truly to our expectation, the tenure of Dr Alkali realised that dream by purchasing, renovating and commissioning a building in a prime area of Opebi, in Ikeja.

I also want to commend his own successor too, in the person of Pharm. Samuel Adekola for sustaining the tempo and for bringing the association to limelight. You would recall that when I was the chairman, we did

a lot in the aspect of publicity and projecting the image of the association. The media partnership we had with *Pharmanews* especially was strategic and it yielded positive results.

Likewise, the current administration has been doing a lot, and it gives me joy that the structure we had then has been built on and sustained. In fact, the current leadership has been able to acquire an official car for the association, which is an additional improvement.

Moving forward, if you are to advise the current crop of leadership of the ACPN, what would you say?

Dissemination of information is very key, and if people don't have adequate information as and when due, it gives rooms for rumour-mongering among members and when this happens, it may cause misunderstandings, and even good ideas may be misrepresented.

I want to also advise them to consult wide before taking any decision, so that everybody would be on the same page. If they consult wide, irrespective of the distance - Rivers, Kano, Jigawa and others - there would be one voice. Even though some may still have objections, the majority would have been carried along, which is better for the growth of the profession and the association. It is necessary that we have good dissemination of information and it should be done at the appropriate time.

What is your advice to the young ones who want to go into community practice?

My advice is, whatever one is doing, do it well. Also, consistency is what wins the race; so they should be consistent, make themselves known, and they should know what they are doing. They should not go beyond their boundary; they should make referrals, if there is need for it.

Pharmanews Facts

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3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile app and PDF.
6. PN has over 6 million monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018 & 2019 Nigerian Healthcare Media Excellence Award.

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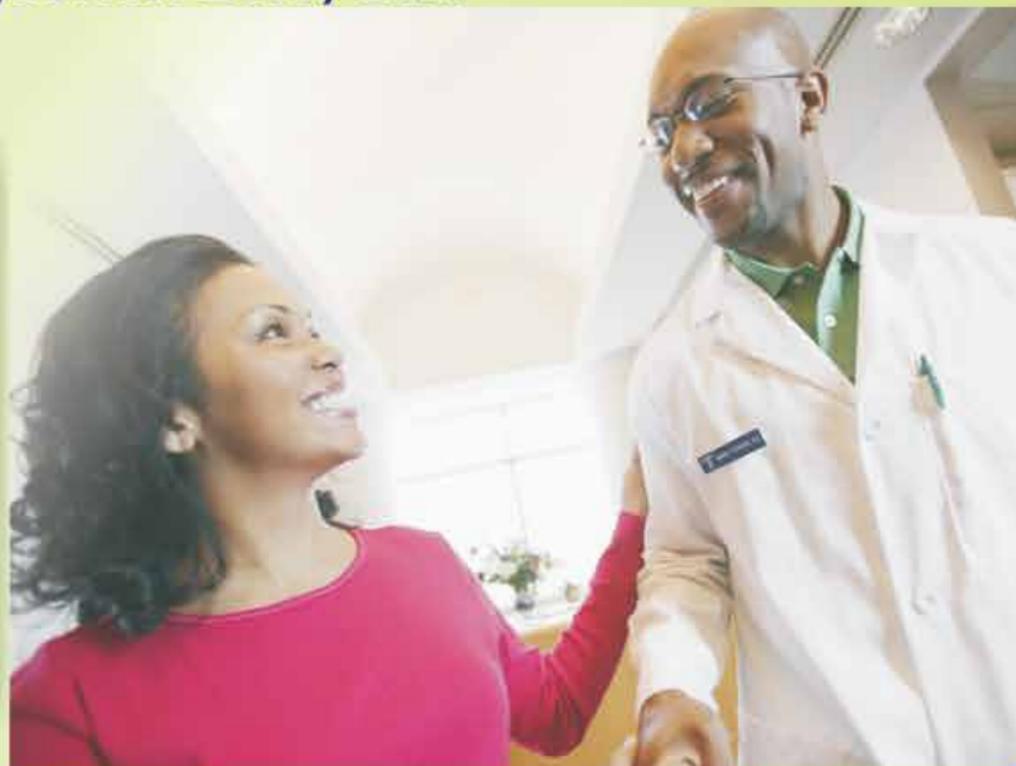
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Osinoiki, Adekola urge dedication, as ACPN IDEA Zone gets new executives

By Adebayo Oladejo

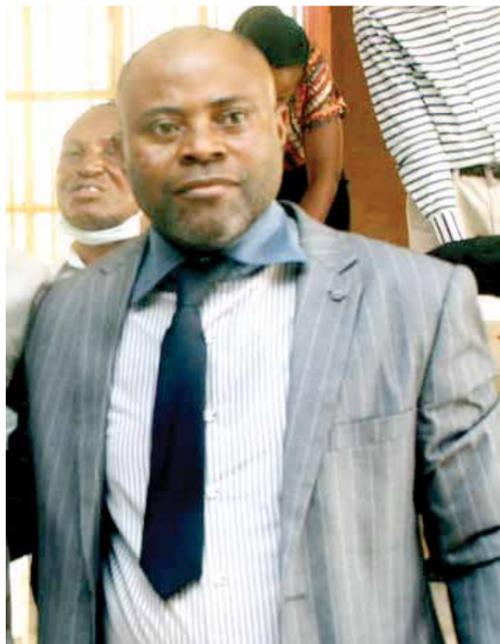
Following the recent election of new executives by the Association of Community Pharmacists of Nigeria (ACPN), IDEA Zone, to pilot the affairs of the association for the next three years, the new leaders have been charged to demonstrate unusual commitment and dedication to duty.

The election, which was conducted during the association's Annual General Meeting, held at the Hob & Hog Event Centre, Shasha, Lagos, on 10 February, had, in attendance, notable pharmacists such as the National Chairman, ACPN, Dr Samuel Adekola; former National Chairman, ACPN, Pharm. Deji Osinoiki; and immediate past Zonal Coordinator, ACPN-IDEA, Pharm. Kola Sunmonu.

Addressing the new executives, Adekola, who conducted the oath of office on them, urged them to hit the ground running, adding that, with the election over, now is the time to settle down to work.

The number one community pharmacist in the country noted that ACPN-IDEA Zone holds a pivotal position in the practice of community pharmacy in Lagos state and the country in general, adding that the commitment of the members of the zone at state and national events has made the zone a force to reckon with in the pharmaceutical political space.

Speaking in the same vein, Osinoiki, said the opportunity to work has presented itself to the new executives, stressing that they must commit themselves to moving the zone forward, while keeping



Pharm. Isaac Olufunmiyi
new ACPN-IDEA Zonal Coordinator

to the vision and aspirations of the founding fathers.

He said: "Leadership position is a test of one's ability; so I want you to keep the pace. Don't let the guard down. Ensure that IDEA Zone remains the best in terms of good pharmaceutical practice and participation in the activities of our umbrella body, both at the state and national levels."

Speaking in an interview with *Pharmanews*, the new Zonal Coordinator, Pharm. Isaac Olufunmiyi, who is a Merit Award winner of PSN-Lagos, assured that the new executives would deliver

their duties with vigour and carry every member along in running the affairs of the association, adding that they would keep the good name of the association while conquering new grounds.

Olufunmiyi further promised to bring his wealth of experience to bear in discharging his duties, having once been a former assistant secretary, PSN-Lagos; an inspector of the Pharmacists Council of Nigeria (PCN); and a deputy zonal coordinator of IDEA Zone.

"As the new zonal coordinator, I am aware that it's a huge responsibility on me and I am prepared for it. We will appoint a lot of young pharmacists into different committees, and we will mentor them as they are the future of the profession.

"We will encourage more group businesses to create trans-generational policies. We will make coming to meetings very interesting, and we will create a good atmosphere of love and more empathy among the members", he assured.

While delivering a report of his stewardship to the AGM, Pharm. Sunmonu, the immediate past zonal coordinator, said was is full of gratitude for the love and support he enjoyed during his tenure, saying while the proverbial much water had passed under the bridge of the zone, it had emerged better than it was.

Speaking on the successes of his administration, Sunmonu said his team built on the laudable

foundation of the previous leadership of the zone, adding that, despite the many challenges posed by the outbreak of the COVID-19 pandemic, the zone was able to generate a list of illegal medicine sales outlets spanning across Mangoro, Cement, Onilekere, Isheri, Idimu, Dopemu, Oniwaya, Alfa-Nla, Iyana-Ipaja, Orile-Agege, Egbeda, Akowonjo, Shasha, Gowon Estate, Shagari Estate, Baruwa, Command, Ipaja and Ayobo areas of the zone.

He continued: "For a zone like ours that can boast of having some past national and state chairmen of ACPN, past national presidents of the PSN and several officers, both past and present across the pharmaceutical space, robust participation in all affairs relating to Pharmacy is highly important. This executive committee has exemplified this in every way; from the state ACPN zonal dynamics, which we have won back-to-back in the last three years.

"The past year has witnessed record-breaking supports and welfare packages to our members to the tune of 505,000 naira. This is excluding more than a quarter of a million donated on the floor of our monthly meetings as support for a member after a fire accident, and the over two million naira insurance and welfare packages facilitated by the zonal executive committee from the state and national leadership of both the ACPN and the PSN."

The highpoint of the event was the presentation of the new zonal executives, namely: Pharm. Isaac Olufunmiyi, coordinator; Pharm. (Mrs) Emenike C. C, vice coordinator; Pharm. (Mrs) Rebecca Akawa, secretary; Pharm. Kola Adeoluwa, assistant secretary; Pharm. (Mrs) Nkiruka Ibekwe, treasurer; Pharm. Nwankwo Chizoba, financial secretary; and Pharm. (Mrs) Foluke Bamgbose, internal auditor.



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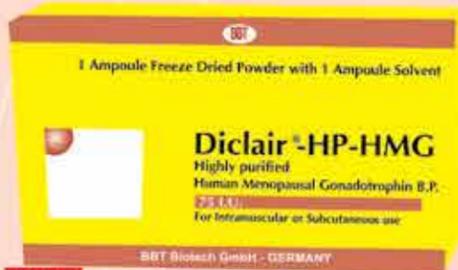
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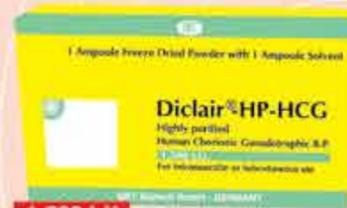
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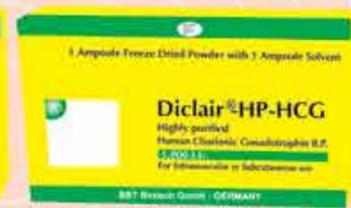
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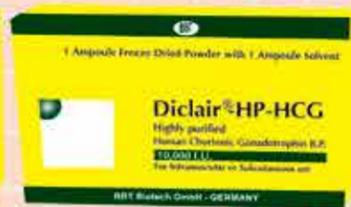
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NARD laments rates of COVID-19 infection, fatality among health workers

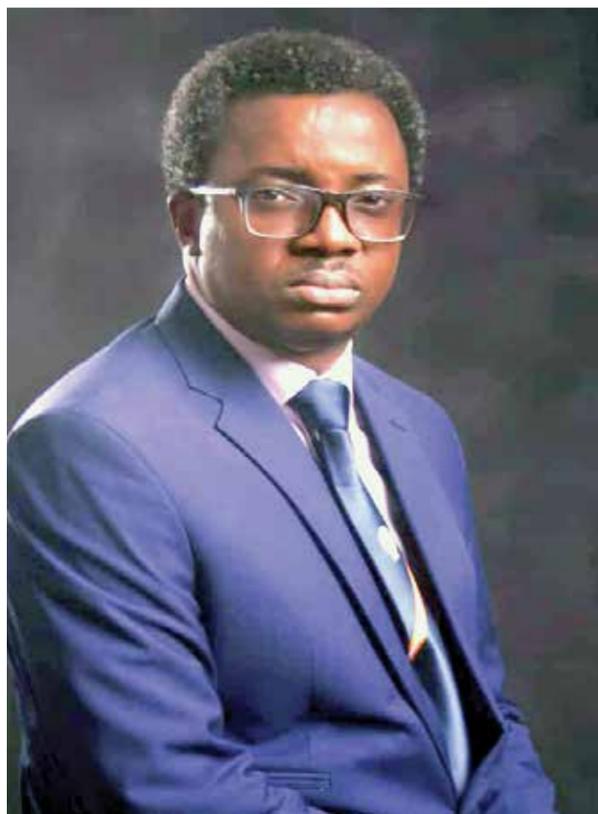
...Urges Nigerians to take precautions

By Ranmilowo Ojalumo

As the second wave of COVID-19 continues its ravages, the National President of National Association of Resident Doctors of Nigeria (NARD), Dr Uyilawa Okhuaihesuyi, has lamented the rates of infection and fatality among health workers, including members of his association, describing the new wave as frightening.

Okhuaihesuyi told *Pharmanews* in a recent interview that as of February 9, 2021, about 1500 members of his association had been infected, adding that the association had lost about 17 members to the pandemic, including a 32-year-old doctor, who died on 8 February.

He said: "We are not really happy about the spread of the virus. We have been educating our people on what the second wave of COVID-19 is and ways of preventing getting exposed to the infection. We have been advocating for more personal protective equipment (PPE). We have also been insisting that thorough screening should



**Dr Uyilawa Okhuaihesuyi
National President, NARD**

be carried out on individuals coming to the hospitals and those coming to our headquarters."

He therefore call on all health workers, especially members of NARD across the country, to take utmost caution by using PPE and avoiding unnecessary contact with infected people.

The NARD president further called for the setting up of more isolation centres across the country to so as to accommodate more patients.

"Government should set up more centres at various locations across the country. The number of infected people is increasing; so there is need for more centres because nobody knows when the number will go down. More PPE should also be made

available to health workers. There should also be more sensitization," he pleaded.

Dr Okhuaihesuyi also expressed concern that some Nigerians are still skeptical about the reality of COVID-19 in the country, despite the increasing infection and fatality.

He said: "I feel for many Nigerians that still believe in the fallacy that COVID-19 is not real. I hope such people can walk to the isolation centre at Yaba, or the National Hospital, Abuja, to see things for themselves. I am sure their doubt will fly away if they can visit the isolation centres."

To contain the spread of the virus, the NARD president urged Nigerians to avoid crowded places and social gathering as much as possible, and also make use of PPE.

"Nigerians must take precautions," he said. "As you go out, wear your mask, wash your hands with water and soap in a running water; and in the absence of water and soap, use hand sanitiser.

"Keeping social distance is ultimately very important. If we can all take responsibility, we can contain the spread," Dr Okhuaihesuyi said.

COVID-19: New Heights donates medical equipment, palliatives to Onigbongbo community

By Peter Ogbonna

To ameliorate the effects of the raging COVID-19 pandemic on its host community, New Heights Pharmaceutical Limited, a Lagos-based pharmaceutical company, has donated medicines, medical equipment and other palliatives to Onigbongbo community in Maryland, Lagos.

The donation was made to the Onigbongbo Primary Health Centre by the Executive Director of the company, Pharm. Olunmi Omaruaye, at an event attended by the Oba of Onigbongbo, His Royal Highness (HRH) Olusegun Adeyemi, some members of his cabinet, officials of Onigbongbo Local Government and other prominent members of the community.

Speaking at the event, Omaruaye said New Heights, as a responsible corporate entity, is delighted to identify with the community in their time of need, adding that the company's expectation is that the materials donated would not only help to put smiles on the faces of the members of the community but also improve healthcare delivery in the state.

Omaruaye also revealed that the company was complementing the donations with a three-day health screening programme for traders, which would involve blood pressure checks, blood sugar checks, free malaria and pregnancy tests and a host of



L-R: Hon. Monsuru Bolaji, the representative of the Onigbongbo Local Govt Chairman; His Royal Highness, Oba Olusegun Adeyemi Ajasa Olashide; Pharm (Mrs) Olunmi Omaruaye, executive director of New Heights Pharmaceuticals; and Dr (Mrs) Folashade Tawak, medical officer at Onigbongbo Primary Health Centre.

other medical tests.

Receiving the items, the Onigbongbo Local Government medical officer, Dr (Mrs) Folashade Tawak, expressed her gratitude to New Heights Pharma for the gesture, noting that the donation would go a

long way in improving the health of the people

Also speaking, Oba Olusegun Adeyemi praised the company for its magnanimity and urged other corporate bodies in the community to emulate the good example set

by New Heights.

Items donated at the event included: 3.4 KVA generator, Omron blood pressure monitors, oxygen cylinder, infrared thermometers, hand gloves, face masks, methylated spirit, among others.

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UNIBEN pharmacy faculty soon to become model for others – Dean

- Says faculty can produce COVID-19 medication

By Ranmilowo Ojalumo



Prof. Michael Uwumagbe Uhumwangho

The Dean, Faculty of Pharmacy, University of Benin (UNIBEN), Prof. Michael Uwumagbe Uhumwangho, was on 22 January, 2021 re-elected into office to lead the faculty for another two years.

Following his re-election, the dean who is a professor of Pharmaceutics and Pharmaceutical Technology, said in an interview with *Pharmanews* that his desire is to make the faculty a reference point for other faculties of pharmacy in Nigeria and beyond.

Uhumwangho, who said the faculty has what it takes to produce medication for the treatment of COVID-19, promised to use his second tenure to consolidate on some of his achievements in the first term.

He added that he wants to leave a legacy behind, while ensuring that his contributions significantly enhance the development of the pharmacy profession in the country and beyond.

He said: "My aspiration is to take the Faculty of Pharmacy, UNIBEN, to a level of academic excellence that becomes the reference point and standard for other faculties of pharmacy in Nigeria and beyond.

"I want to leave a legacy, whereby my contributions which place a high premium

on human capital and infrastructural development, along with a formidable alumni forum and networking, grow in leaps and bounds, snowballing into massive expansion of the frontiers of the pharmacy profession, education and practice."

Giving an account of his leadership in the past two years, Uhumwangho disclosed that the faculty has manufactured a compound for the treatment of lung cancer, noting that researchers in the faculty are competent enough to come up with more potent compounds.

In his words: "My first tenure of two years as dean witnessed a lot of unprecedented milestone developments in the Faculty of Pharmacy. These developments were actualised despite the unfortunate circumstances that befell our nation, leading to the protracted closure of the

university for almost one year during my first tenure.

"A new diterpenoid was isolated from the root bark of *Jatropha gossypifolia* – which is a medicinal plant commonly known as "bellyache bush". The compound showed potent antiproliferative activity against A-549 (human lung cancer) cell line.

"The compound, called Falodone, was named after the lead researcher, Prof. Abiodun Falodun of the Department of Pharmaceutical Chemistry, Faculty of Pharmacy, University of Benin. Other co-researchers in this discovery are Q. Sheng-Xiang, G. Parkinson and S. Gibbons."

Speaking further on some of the developments during his first tenure, the dean said: "Other developments during my first tenure include commencement and inauguration of Faculty of Pharmacy, UNIBEN Alumni Association with active members, Executives, Board of Trustees and Board of Patrons.

"The alumni association is also registered with Corporate Affairs Commission. There was also a donation of simulation equipment, mannequins and desktop computers worth twenty-three thousand dollars (USD23,000) to the Faculty of Pharmacy, UNIBEN, by the Faculty of Pharmacy alumni in the diaspora.

"Adding to the new developments during my first tenure is the establishment and development of Faculty of Pharmacy Medicinal/Herbal Garden; commencement of Faculty of Pharmacy welfare scheme; acquisition of a new building as an annex to the Faculty of Pharmacy; establishment and furnishing of an e-library in the Faculty of Pharmacy new building annex; outstanding success in the National Universities Commission resource verification exercise for the Pharm.D programme, as well as the establishment and furnishing of the 600 level lecture hall in the Faculty of Pharmacy new building annex, among many

other achievements."

The dean said he intends to consolidate on infrastructure and human capital development in the faculty in his second tenure, adding that the faculty will also place priority on research.

He pointed out that the faculty has competent researchers that can produce molecules that will actively arrest COVID-19, adding however that the faculty lacks the fund to pursue such a project.

According to him, "The Faculty of Pharmacy, University of Benin, has all it takes to produce a vaccine against coronavirus or medications for the treatment of COVID-19. We have committed and competent professionals with proven records of successful researches and production of drugs.

"The Faculty of Pharmacy has a drug manufacturing laboratory domiciled in the Department of Pharmaceutics and Pharmaceutical Technology, where coincidentally I am majored. However, one of the major challenges is funding because the production of coronavirus vaccines is no doubt capital intensive.

"With the cooperation of government, other corporate bodies and pharmaceutical industries, the faculty will be well positioned to embark on this."

Uhumwangho also called on the Nigerian government to avoid discrimination against pharmacists during appointments at the national, state and local government levels. He further urged the government to be committed to funding the education and health sector, saying a healthy and enlightened populace is a formidable human resource reservoir that builds the wealth of a nation.

The dean appealed to pharmacists in the country to be worthy ambassadors of the profession and always be conscious of the fact that one mistake made in the profession could wreak havoc on many lives.

"Wherever you find yourself, be it in academia, the corporate world, regulatory arm, industries, hospitals, community practice and other sectors, always abide by the ethics and high moral standards of the pharmacy profession. Don't be arm-twisted or compromised through financial inducement, or otherwise to bend the rules or lower the standard of the profession", Uhumwangho appealed.

"Wherever you find yourself, be it in academia, the corporate world, regulatory arm, industries, hospitals, community practice and other sectors, always abide by the ethics and high moral standards of the pharmacy profession. Don't be arm-twisted or compromised through financial inducement, or otherwise to bend the rules or lower the standard of the profession"

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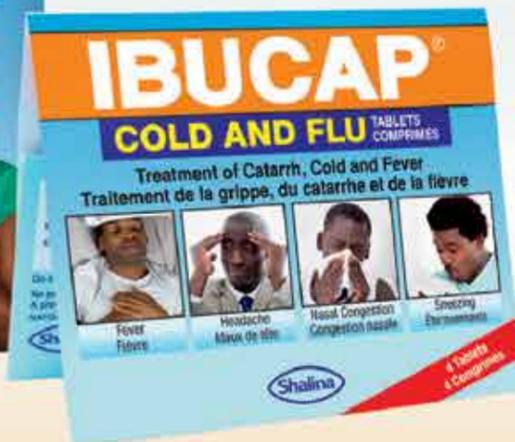
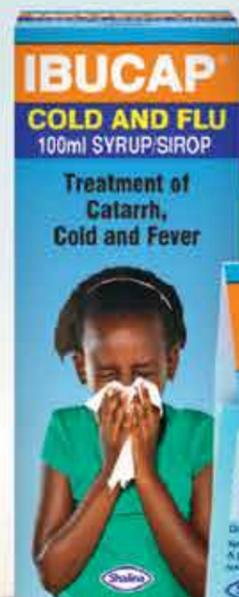
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The world is evolving, pharmacy education cannot be stagnant – PANS-OAU VP

By Adebayo Oladejo

In this exclusive interview with *Pharmanews*, Ganiyat Folashade Sanusi, vice president, Pharmaceutical Association of Nigeria Students (PANS), Obafemi Awolowo University, Ile-Ife, Osun State, lends her voice to the persistent call for a review of pharmacy education in the country. The 400-Level students' leader also speaks on her foray into Pharmacy, the effects of the COVID-19 pandemic on their administration, and other issues. Excerpts:



Ganiyat Folashade Sanusi

Tell us about your experience as a pharmacy student in the last four years and what prompted your decision to study Pharmacy?

For me pharmacy school has been an emotional rollercoaster. I decided to study Pharmacy because of the diverse nature

of the profession, and it gives chance to explore some other skills. Those are some of the reasons I opted for it.

What aspects of your responsibilities as the vice president, PANS-OAU, do you consider particularly

challenging, and how have you been coping?

The role of the vice president is not new to me as I had served as vice president and president of some associations on campus, including the Drug Free Club and others. From experience, I would say the fundraising aspect, which is one of the major roles of the vice president, has to be the most challenging. Due to the pandemic and economic downswing, it has been a little more intense than usual, but we are still trying to make the best out of the situation.

The year 2020 was riddled with lots of challenges, ranging from COVID-19 pandemic and civil unrest nationwide, how many of your administrative goals for the year were achieved?

Very few of our goals have been achieved yet. The pandemic set in just two weeks after the school resumption, just when we were about to have our freshers' week. The only thing we were able to execute before the pandemic was tutorials for the new students on campus and those in the faculty.

Also, during the pandemic, quite a number of webinars were organised to keep pharmacy students engaged, regardless of the situation.

There have been various complaints concerning the pharmacy curriculum. What are your thoughts on this?

I would just like to say that the curriculum can be way better than it is now, if most of the irrelevancies are scrapped. The world is evolving, let's be updated too - not just doing the same thing the way it's been done years before some of us were born.

How would you react to the emergence of Pharm. Yimika Oguns as the new PSN-YPG national chairman? And what are your suggestions to the group?

I have worked personally with Pharm. Yimika Oguns before and I am most certain she is the best candidate for the position. She is going to deliver the best of her abilities, as her previous records can prove that she is a very good team leader.

I would suggest that they keep all the promises made in their manifesto and set a good pace for us incoming young pharmacists.

How did you see last year's PSN conference in Osogbo, Osun State?

I must admit that I was amazed that the conference could be so well-organised and well-attended, despite the pandemic and the economic downswing.

What is your view on student unionism?

Violence most times yields no result but causes more damage. I would choose protest over violence to air my views about a situation that isn't well attended to.

▶ Senior Citizen ▶

At 80, my life is dedicated to mentorship and charity works – Prof. Obiorah

continued from page 34

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 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 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.

When look back at your struggles and contributions over the years, what would like to be remembered for?

The main thing I want to be remembered for are my

contributions in the areas of pharmacy education and research. I have spent a greater part of the last 40 years teaching and researching in different pharmacy schools. I would like also to be remembered for my contributions to the World Health Organisation (WHO) where I served for many years as a consultant on the establishment of small and medium pharmaceutical plants in developing countries. I am happy that many of the developing countries are applying some of the findings and recommendations in those researches and it is paying off for them.

Also, 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, on 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.

How do you keep busy these days?

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 days' 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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Great leaders leave a genuine leadership legacy (4)

By Prof. 'Lere Baale

"There is no success without a successor."

- Peter Drucker

contd from last edition

Manage stress by making time for serenity

Perhaps one of life's most frustrating consequences is the struggle to balance the work we need, with the lives we lead. We are talking about a reasonable balance between the stress of the workforce and the serenity in our personal lives.

Stress is the body's reaction to change, challenge, coercion, or lack of control. The consequences are often anxiety, burnout, depression, exhaustion, illness, or even death. The Latin derivation of stress means to be "drawn tight." In modern terms, it means to be "uptight." By contrast, serenity is a state of peacefulness, designed to relieve our tension. The consequences may include improved health, peace of mind, more energy, and so forth.

Oneway to manage stress is to make time for serenity. Nowhere is stress more pronounced than in our professional lives. It can be nerve-racking to meet a certain deadline, reach a particular quota, get ready for a big meeting, drive in rush hour traffic, fly from city to city, and sleep in hotels. Yet, the consequences of a fast-paced life can be intoxicating—job security, promotions, recognition, bonuses, pay raises, healthcare benefits, generous retirement plans, opportunities to see the world, and a host of other creative enticements.

Most of us understand the reality of work, but has it become so encompassing that we have little or no time for anything else in our busy lives? If so, it's time to offset the tension of the workplace with some stress-relief in our personal lives. In short, we should *make time* for tranquillity in the spiritual, mental, physical and emotional sides of life. The consequences are well worth the time away from the workplace. Here's what works for me:

Spiritually – Make time for a daily devotional—Bible reading, prayer, and quiet time with God. I'm active in my church. I read Christian books. For you, spiritual stress relief might be walking and meditating in the woods, participating in a community project, serving under-privileged people in a remand home, or belonging to a group of evangelists.

Mentally – I love playing Scrabble. I'm an avid reader, whose goal is to read 52 inspiring books every year. I take a half-day every month just to think. If none of these ideas appeal to you, find other ways to stimulate your mind away from the office and the daily grind.

Emotionally – Always plan some of your tranquil times for the upcoming year during the last two weeks around Christmas and New Year. This can include long getaways,

retreats, vacations, and special outings with family and friends. It doesn't mean you should not have spontaneous moments of tranquillity - but if you don't plan some of these times, the year has a way of getting away from you and you can get too stressed out.

Physically – Try to walk not less than 30 kilometres every month. When I travel, I look for tranquil spots to exercise. A change of scenery keeps exercise fun and exciting. If you dislike running or walking, try biking, swimming, rowing, or gardening; play volleyball, basketball, golf, tennis, or anything else that will give you an aerobic workout.

One final note on offsetting stress with serenity: For most working folks, there's no such thing as a perfectly balance life every day. Sure, there will be occasional days when we manage to spend time in all of the important areas of our lives, but this is probably the exception for most of us. The reality is that there will be days when balance means working longer hours. There will be days when balance means tending to a family emergency. And there will be days when balance means taking care of our health or growing spiritually. Therefore, strive for weekly, monthly, quarterly or even yearly balance—and remember that it's okay to spend more time in some areas than others.

Success vs. significance

I was a workaholic for 25 years as a salesman, manager and ED. I worked 70-80 hours a week, Monday to Sunday. My life was linked exclusively to the success of my work. I was reaping the consequences of a career devoted to me, money, materialism and mega-hours at work. Something was missing in my life, but I felt trapped on a relentless treadmill.

Finally, in July 2006, I decided to quit my job and didn't work for eight months. I did a lot of thinking over that period and realised there was no significance in my life. I was selfish. I wasn't making a difference in the lives of others. I didn't have much time for family or friends. I had abandoned a lot of valuable roots of my upbringing. I was experiencing the biggest turning point of my life.

In March 2007, I started to work in a consultancy outfit - an

Most of us understand the reality of work, but has it become so encompassing that we have little or no time for anything else in our busy lives? If so, it's time to offset the tension of the workplace with some stress-relief in our personal lives. In short, we should make time for tranquillity in the spiritual, mental, physical and emotional sides of life. The consequences are well worth the time away from the workplace.

area that I had always been passionate about. If I couldn't control my schedule working for someone else, I could certainly take charge of my hours as a part-owner of a small business.

Entrepreneurship has helped me to realise that there's more to career satisfaction than making money and working all the time. Ife, my wife, has helped me return to my spiritual foundation.

The consequences have produced a 180-degree turn in my life. From the ashes of burnout has come a life that's burning brightly despite some occasional flickering. I now have a successful career and a personal life. I now feel a sense of significance, which began in 2006 when I answered the five greatest questions in life:

Who am I?

Why am I here?

Where am I going?

How will I get there?

When I get there, what will I have?

If you feel successful but not too significant, I urge you to spend time thinking about these tough questions. As a rule, high achievers and leaders do a great job answering the third and fourth questions, which relate to preparation and performance. These people know what they want, and they go after it.

Questions one, two and five are more complex, for they deal with principles, purpose, and perspective. To answer these questions, we must place a higher priority on being true to self and our Creator, rather than trying to impress others. When we can answer all five questions honestly and promptly, we're serious about a better quality of life—one that balances professional success with personal significance that can help you leave a leadership legacy. Now that's a consequence worth reaping, don't you agree?

When I've passed away, what will they say?

Rev. Fr Comboy, a good mentor, had a unique grasp on eternal consequences. Even though he was one of the best teachers I've ever known, I remember him mostly for the



spiritual difference he made in my life. He believed in giving. He told me that the hands of the giver will always be higher than that of the receiver. He felt blessed to earn such a good living as a Revered Father. He was happy to share his limited financial resources with others. He was fond of saying, "You can't outgive the Ultimate Giver - God!"

Rev. Mc Comboy has passed away but left no doubt that he had left behind a legitimate leadership legacy:

He was true to himself.

He was an encourager of others.

He was a humble servant of God.

He lives on after death.

Live with integrity. Be a source of *inspiration* to others. Let your *influence* be a reflection of your Creator. Have *immortality* that goes beyond your reputation on earth.

Dick Briggs wrote this poem which encapsulates everything that a genuine leadership legacy is all about.

When I've Passed Away, What Will They Say?

*Did you lend a hand to someone today?
Did you touch a heart in a special way?
Did you give your best on this blessed earth?
Did you model the truth of your human worth?*

*Life's so fleeting it would be such a shame
If you failed to honour your given name.
Set your standards high for others to follow
Lead by example, lest your words ring hollow.*

*You're living your legacy, what will it be?
Is your life a beacon for all to see?
Did you seize each moment with full emotion?
Did you make a difference with firm devotion?*

*Don't squander time, there's much you can do
In the precious days God has given you.
May these words be your motto, this I pray
When I've passed away, what will they say?*

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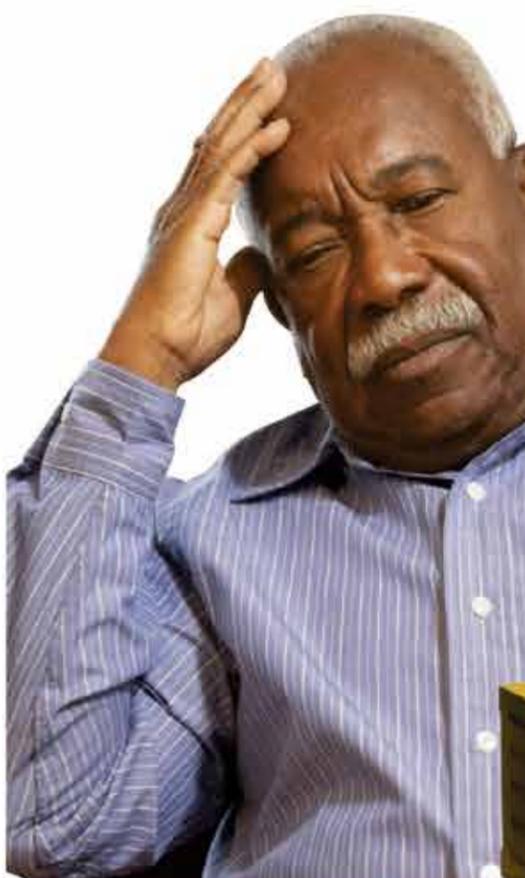
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...Excelling in Healthcare

Pharmaceutical marketing: Basic concepts and principles (2)

In the last edition, we touched on the fact that marketing is at the heart of any business success, as well as being an ever-present management function. A business basically is in existence because it has customers, and this further underscores the point that marketing is at the heart of business, as it involves the acquisition, maintenance and management of a firm's relationship with customers.

Management gurus say that marketing is too important to be left for marketing. Great and successful companies have very often had CEOs who take on the role of Chief Marketing Officers

Moreover, the marketing function is driven by some concepts and principles, irrespective of the product (services, places, ideas, persons, etc.) involved, and this includes pharmaceuticals. We have examined and explained the following concepts:

NEED: It is considered as a state of deprivation or lack, or an absence felt or observed by human beings.

WANT: This is the exact form that our needs take in the process of fulfilling it, and is shaped by culture and individual personality.

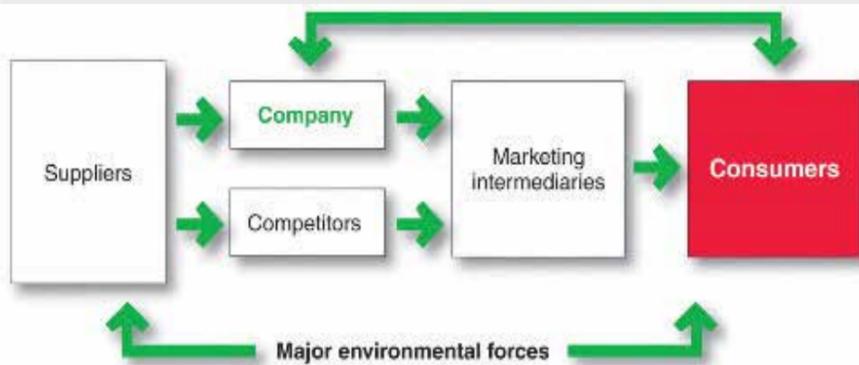
DEMAND: This refers to want backed by buying power.

CUSTOMER VALUE AND SATISFACTION EXPECTATIONS: Value is considered to be the most exact measure of satisfaction.

EXCHANGE AND TRANSACTION: Exchange is the act of obtaining a desired item from someone by offering something in return, while transaction is trading between two parties that involves at least two things of value, agreed-upon conditions, a time of agreement, and a place of agreement.

MARKET: This comprises the actual and potential buyers of a product.

We will now proceed to look at other concepts, principles and issues that are necessary for understanding of marketing, branding and marketing management. Before we go on, let's illuminate the concept of market with the figure below:



Value chain and delivery network: Value chain is a series of departments, associated firms and service providers that carry out value-creating activities to design, produce, market, deliver, and support a firm's products while value delivery network is made up of the company, suppliers, distributors, and, ultimately, customers who partner with one another to improve the performance of the entire system. Thus, while marketing influences

its ecosystem, it is inexorably being influence in turn by its ecological system

Product. The product is anything that can be offered in a market for attention, acquisition, use, or consumption that might satisfy a need or want. It takes many forms. For instance, it may take the form of service (activities, benefits, or satisfaction offered for sale and are essentially intangible and don't result in the ownership of anything), or **experiences** (what buying the product or service will do for the customer or what it makes the consumer feel). All in all, a product to a customer is seen as the complex bundles of benefits that satisfy their needs.

Price. Price covers the actual amount the end user is expected to pay for a product. More accurately, it is the cost the customer bears to enjoy the bundle of benefit offered by the product; that is, price offered, and the collateral costs of acquisition like, energy, opportunity cost, time used in the process of acquisition, etc. This is linked to what the perceived value of the product is to the customer, rather than an objective costing of the product on offer.

Place or placement has to do with where and how the product will be provided or made available to the customer. It is simply a matter of access and distribution is a key element of placement. How a product is accessed by the end user also needs to complement the rest of the product strategy.

Promotion. This is the communication and awareness creation for and about the product, price and placement and other things that the customer and potential customers need to know about the product. Promotion is just the communication aspect of the entire marketing function. This is about the best known of marketing activities and strategies. These may include advertising, sales promotions, special offers and public relations. Whatever the channel used, it is necessary for it to be suitable for the product, the price and the end user it is being marketed to.

Marketing mix. Marketing is sometimes defined as "putting the right product in the right place, at the right price, at the right time." The use of a marketing mix is an excellent way to help ensure that "putting the right product in the right place," will happen. The marketing mix is most commonly executed through the 4 Ps of marketing: Price, Product, Promotion, and Place. The relative and absolute "quantity" (read emphasis, amount of effort, level of

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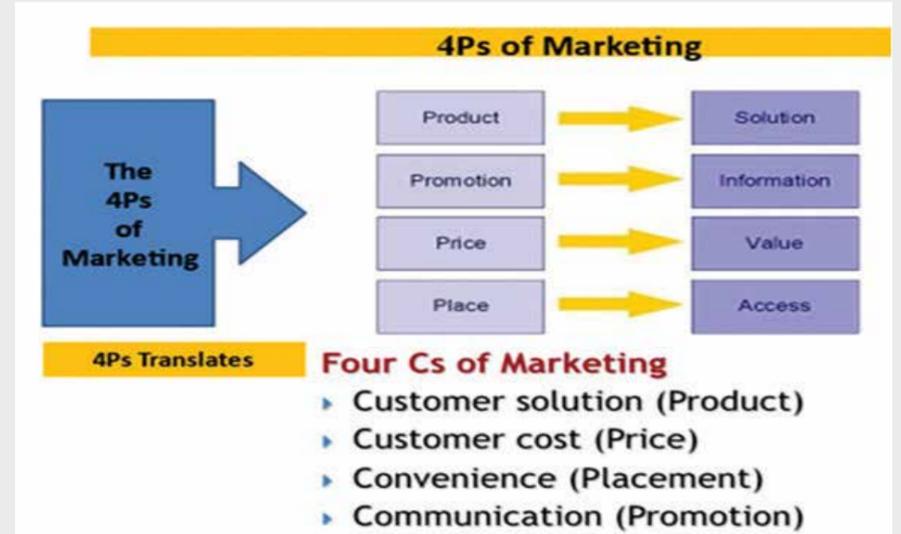
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importance) of each of the four Ps, depends on the product attributes, environment, price, target market, access strategy, cost, profitability, value, available resources, etc., and can be "mixed" in virtually infinitesimal ways and proportions. It is this idea that gave birth to

"marketing mix". Professionals see marketing mix as the specific/ relative emphasis or proportion of the set of controllable tactical marketing tools—product, price, place, and promotion—that the firm "blends" to produce the response it wants in the target market.



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Medical practice in Nigeria still technologically backward - Efunnuga

Dr Kunle Efunnuga is a Ukraine-trained surgeon who returned to Nigeria in 2001 to set up Hope Home Hospital. He graduated from the National Medical Institute of Ukraine and obtained a PhD in Surgery from the Ukrainian Institute of Postgraduate Studies in Kharkov. In this exclusive interview with **Pharmanews**, he outlines factors that can transform the Nigerian healthcare delivery system. Passionate about the welfare of the average Nigerian citizen, Efunnuga believes that the provision of job opportunities and basic necessities can help put an end to the many societal aberrations bedeviling the country, including those in the medical profession. Excerpts:



Dr Kunle Efunnuga

How would you compare medical practice in Europe with that of Nigeria? What do you think we are doing better or otherwise?

First, you cannot compare the two because we are here in the tropics and our kind of Medicine is different from their own. The bulk of our Medicine is different from theirs. What I can categorically tell you is that we are a bit backward in terms of technology because we have not really invested in it.

Surgeons over there are far ahead of those here because while they have been talking about robotic surgery, we are still tearing and cutting here. You just can't compare. They are two different worlds apart.

The second wave of the coronavirus pandemic seems to be taking more lives than the first, yet, many people

still believe it is a scam used by the government to garner foreign monetary aid. What advice do you have for such people?

The problem is everywhere. It is not peculiar to Nigeria. In the United Kingdom, there are people who are against the use of face masks. They believe that the social restrictions brought about by COVID-19 are forms of enslavement; and so, they want to be free by protesting against the safety protocols.

Government is trying to force people to comply. It is a universal problem. Another factor is that those who have not experienced the virus may not actually believe it exists. It is unlike people who have experienced it directly or indirectly.

Above all, I would say that people's refusal to accept that the coronavirus is real should be seen as a world problem that

is not peculiar to any particular nation. My children who school in Ukraine tell me that you cannot visit any public place without a face mask. At all entry points, you will find people who sell them and you must comply or risk arrest.

The only advice I have for those who are still doubting the existence of the virus is that, it has come to stay and it is very real. Even though our government may not be trusted when it comes to managing money, I believe we should have it in our minds that COVID-19 is real.

The Federal Government says it has invested so much in the country's primary healthcare system but you still find people dying of common ailments like malaria. What really is the problem?

You cannot claim to have

invested so much in the primary health care when there are no drugs available, even in the teaching hospitals. You remember that there was a time the First Lady was complaining about the sorry state of Aso Rock clinic, in spite of the billions of naira that successive government have spent on it.

Our people are corrupt. They see every opportunity as a window to embezzle money. They don't care what happens to other people; all they want is to steal and acquire illicit wealth. Until our mentality changes and until we begin to see ourselves as brothers and sisters, things will not change.

The prevalence of quacks and fake drugs seems higher in low-brow areas. People who are not even qualified as patent medicine dealers perform abortions and surgeries. What is the NMA doing about this?

The NMA cannot be running after such people because they have other pressing issues to talk about. The government and the pharmaceutical regulatory agencies should be proactive.

In a normal country, you can't just go to the counter and buy a drug. Again, factors like unemployment have made things worse here. People will always find a way to survive, no matter how you try to stop them. Trying to stop them is like chasing the wind and trying to catch it. You can't catch the wind. Government must provide jobs for the people to keep them out of such unwholesome practices.

If you were consultant to the Federal Government on health, what advice would you give for the betterment of the Nigerian health sector?

The sector is very defective. The Bible says, "If the foundation be destroyed, what can the righteous do?" When many aspects of our national life is faulty, others will automatically be affected.

What is working in Nigeria? Is it electricity? Is it security? See the way Fulani herdsmen are killing people and the government is not saying anything about it. The president is not talking and culprits are not being arrested.

So many things have to be changed in this country without looking at anybody's face. Most importantly, when job opportunities are created, people will think less of going into illegal ventures. Before anything can work in Nigeria, good laws that would favour all agencies must be made. We need to sit down and re-organise the country.

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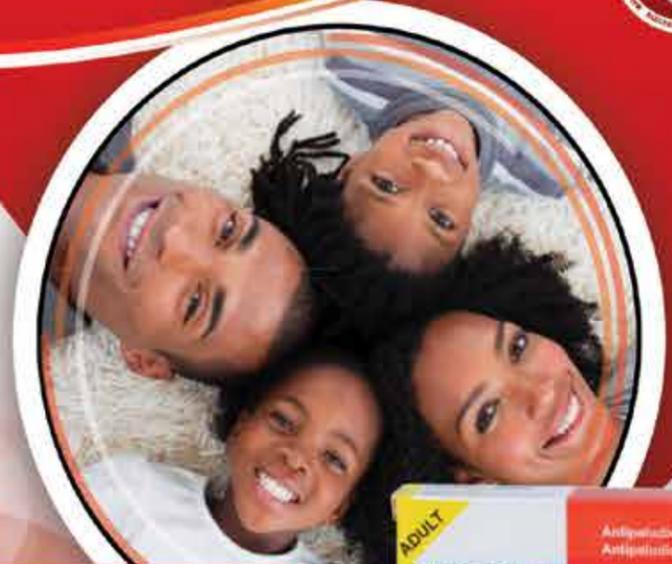


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Ignorance, major factor in COVID-19 spread – Nursing Director

By Temitope Obayendo

Ignorance has been identified as a key factor in the spread of the deadly COVID-19 pandemic, as many people are yet to believe in the existence of the infection, causing them to move about without adherence to safety protocols.

Mrs Christianah Olusola Ayeni, director of nursing services (DNS), Lagos State Primary Healthcare Board (LSPHCB), made this disclosure in a recent interview with *Pharmanews*, noting that in spite of various community sensitisation programmes embarked upon by the Board and even the Lagos State Government, most community members have shunned routine visits to the primary healthcare centres for the treatment of their ailments.

She added that many people now resort to self-medication, which usually leads to late presentation when they visit the hospital.

While acknowledging the efforts of government in training nurses and health workers on infection prevention, she asked that this be intensified, as well as the provision of more personal protective equipment. Below are the excerpts:



Mrs Christianah Olusola Ayeni

With nurses at the frontline of the battle against COVID-19, how has it been for nurses at the Primary Healthcare Centres (PHCs)?

Professionally speaking, anyone with the knowledge of healthcare service delivery can explain the intricacies involved, and the hazards of the profession. There's the need for health service providers to be passionate about their jobs, whether it is on the high or low side and no matter

the intensity involved. This is why, during any challenge, pandemic or epidemic, nurses are always prepared.

Nurses at the primary healthcare level have been rising to the occasion. For instance, we have been doing all our best to face the challenges as they arise, starting from training of nurses and all health workers on COVID-19 and to strict adherence to infection prevention protocols in all our facilities.

Furthermore, the Lagos

State Primary Healthcare Board (LSPHCB) has put in place, mobilisation, sensitisation and health education in the communities for awareness creation about the infection.

We also give daily health talks in all our PHCs on COVID-19 symptoms, most importantly the prevention and strict adherence to its safety protocols.

Hand washing sites in all our PHCs were created towards ensuring clients and patients perform hand washing procedure before entering the PHC. We also ensure that all patients put on face mask.

In what ways has the pandemic affected nursing care at the health centres?

Despite the fact that all nursing services were put in place during the pandemic, we experience low turnout of patients, resulting in drastic reduction in earlier recorded statistics.

Ignorance on the part of some community members also contributed to the low effects of nursing care. This is because despite all the noise and sensitisation by the agencies of government (including Primary Healthcare Board mobilisation) and even by our governor, the incident commander, many people do not still believe that COVID-19 exists. So, instead

of coming to the health facility for treatment, they take to traditional therapies at home, thereby reporting at the health facility when the case becomes worse.

Doctors and pharmacists have been updating the public about infected members but much has not been heard about infected nurses. Does it mean that nurses are not infected?

No, that assertion can be wrong. This is because we have had cases of nurses being infected with COVID-19 during the course

of discharging their duties. For instance, some cases of infected nurses were reported during the first wave of the pandemic by the National Association of Nigeria Nurses and Midwives, Lagos State Branch, at the level of primary, secondary and tertiary healthcare facilities.

Has the PHCB recorded any fatality among nurses?

No, there hasn't been any record of such at the PHC level. Those affected are always going to the isolation unit and come back recovered.

With 9,856 active cases of COVID-19 currently in the community as stated by the Lagos State Government, how does the Board ensure that majority of them receive nursing care?

In collaboration with the state government, PHCB has trained health workers, including nurses in preparation for home-based care of COVID-19 mild/asymptomatic cases.

So, let me assure you that the Lagos State government with the PHCB has put in place a robust plan with high efficacy and efficiency that will take care of asymptomatic/mild cases that have been screened for either isolation unit or home-based-community care.

On the part of the Board, what are the strategies put in place to mitigate spread of infection among nurses?

All nurses and health workers have been adequately trained on COVID-19 signs and symptoms and the various aspects of prevention.

In addition, the use of PPEs, hand washing procedures, social distancing at the PHC, avoiding crowds by giving staggered appointment procedure to clients have all been put in place.

Triaging protocols are also in place at the general outpatient department as patients are coming in. Strict adherence to infection prevention protocols by nurses and all health workers is also enforced.

Going forward, how can nurses be strengthened to overcome the pandemic?

In addition to all that has been mentioned above, there's need for continuous training and retraining of nurses on infection prevention protocols. Also, supervision and monitoring by the PHCB to ensure strict compliance to COVID-19 prevention protocols at the facility level is required.

Moreover, governments need to provide adequate PPEs in all our Primary Health Care facilities for proper protection of nurses and health workers.

Nurses should be adequately informed by encouraging them to be aware of what is going around them through news update and government directives on COVID-19.

They can also be strengthened through motivation and empowerment by the government and partner agencies.

Nourish yourself with aloe vera, the miracle plant

By Chima Ejimofor

This is a continuation of our last discussion on boosting our immune systems, in order to be fortified against attacks to our health. We are aware about the second phase of COVID-19 and every day, we hear updates on the number of new cases being reported.

Our strategy remains prevention rather than cure. We will begin by talking about certain natural products that nature has already provided around us.

Our spotlight today is on **aloe vera**.

Aloe vera is a plant that evolved from the lilac family, of which garlic is also a member. It contains great curative and nutritive properties. Aloe vera has regenerative properties and is even mentioned in the Holy Bible as planted by God (see Numbers 24:6, Psalm 45:8, Proverbs 7:17, Songs of Solomon 4:14). It is also said, in ancient Egyptian hieroglyphics, to have been carried by Alexander the Great on his conquests, as the only palliative for bruises and injuries.

There are over 400 species of aloe in existence. However, the one that has the greatest nutritional and therapeutic properties is the **aloe vera barbadensis**. Aloe is uniquely called a miracle plant or miracle healer, and is found in every part of the world.

The Aloe vera plant contains its greatest nutritional properties at two to three years of age. The succulent aloe vera is obtained from within the leaves, which is obtained by removing the peel or skin, leaving a slimy, sticky, gelatin-like tissue, containing tremendous medicinal properties.

The aloe gel cannot be exposed to the elements for more than two hours, since it tends to oxidise easily, thus losing some of its therapeutic properties. It must undergo a stabilisation process to keep it maximally effective.

For consumer protection globally, there is an international independent body known as



Aloe vera plant

International Aloe Science Council that was established in 1981 to set standards in order to control the quality of the products and regulate the practice of the aloe industry. The council is to ensure purity of aloe products and the integrity of the manufacturing companies, as well as helping consumers make wise choices. It has its seal on every aloe vera product it approves.

However caution must be taken before ingesting any aloe plant around. It may be safe for topical

application but poisonous if ingested.

Some properties of aloe (**barbadensis**) vera are highlighted below:

It is a complete food that meets all body nutritional requirements.

It is a pain inhibitor. Upon application to the affected area, it reduces pain. It has ability to penetrate deep layers of skin; blocks pain, penetrates and eases inflammation.



Aloe Gel

Anti-inflammatory, anti-allergenic. Aloe vera works in a way similar to steroids, like cortisone, but without the harmful side effects. It contains glycoproteins, anthraquinones and salicylates. Aloe is very helpful in healing skin abrasions and burns because it contains magnesium lactate. It is very effective against arthritis and insect bites. Aloe does not contain cortisone, but has enzymes and other elements which work extremely well in relieving soreness in affected areas.

Healing action: Aloe Vera has very high levels of calcium, potassium, zinc, as well as Vitamin C and E. These minerals promote the formation of a net of fibres that trap the red blood corpuscles, thus speeding up the healing process. Calcium is a very important element in the proper function of the nervous system.

Detoxification: Aloe detoxification is a combination of elimination, regeneration and assimilation. Due to the potassium which it contains, aloe vera improves and stimulates the liver and the kidneys, the principal organs of detoxification. Aloe vera contains uronic acid which eliminates toxic materials within the cells. The first time aloe vera is ingested, it tends to cause a slight case of diarrhoea because it causes an initial cleansing of the intestines from bacteria as well as from food stuck in the folds or in the diverticulum.

To be continued.

Mrs Chima Ejimofor is the lead partner at Infinite Health Consult. She is available for health and wellness products, seminars and talks. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email infinitehealthconsult@gmail.com

Young pharmacists to enjoy maximum value, says Oguns

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adding that the wave of change was already blowing across every aspect of the pharmacy profession.

"History was made in this election, as young pharmacists did not hold back in showing that they wanted a leadership that is proactive and all-inclusive. With this victory, we will provide immense value to young pharmacists by creating programmes targeted at addressing our needs, while we also look forward to strengthening our existing structures and ensuring that PSN-YPG gains relevance as a youth organisation in the country," Oguns enthused.

Also speaking in an emotion laden voice, Muhammed, the outgoing chairman, charged the new leadership to remain focused, adding that commitment, perseverance, dedication and goal-setting were known qualities of good leaders.

Similarly, the newly



A cross section of the executives of the Young Pharmacists Group after the election.

elected secretary of the group, Pharm. Tijesu Folorunsho, while acknowledging that the outgoing administration did excellently well, assured that the new administration would do everything possible to deliver on

its mandate and ensure all YPG members were appropriately carried along in all its activities and projects.

The election of new crop of YPG executives into office which took place during the group's

Annual General Meeting on 11 November 2020, at the 93rd PSN Conference, had in attendance, eminent Pharm. Tanko Ibrahim, who was the keynote speaker

As announced by Pharm. Muiyiwa Olagunju, the electoral committee chairman, other members were of the new executive team included Vice Chairman, Pharm. Oluwabukunmi Ajibade; General Secretary, Pharm. Tijesu Folorunsho; Assistant General Secretary, Pharm. Ugwu Christian Chukwuma; Financial Secretary, Pharm. Iyameni Ekawu Shontelle; Treasurer, Pharm. Abdulsalam Oyerinde; and Public Relations Officer, Pharm. Roseline Akande.

Others were North-Central Coordinator, Pharm. Samuel Odegbo; North-East Coordinator, Pharm. Murma Hassan; North-West Coordinator, Pharm. Nura Abdullahi Ahmed; South-East Coordinator, Pharm. Muna Francis; South-South Coordinator, Pharm. Sylvanus Edo; South-West Coordinator, Pharm. Adeyemi Yusuff, and Ex-Officio, Pharm. Isa Muhammed.

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Local COVID-19 vaccine not feasible in two years - NNMDA DG

continued from back page

noting that they were products of years of research ahead of the pandemic, an approach he said the Nigerian government needs to emulate.

Below is the full text of the interview:

COVID-19 has introduced a new normal order of running organisations across the globe. In what ways has your agency been affected?

Basically, we are a development agency. Our focus is on ethno-medicinal surveys, but due to restrictions in movement and issues of insecurity, our activities have been slowed down but we continue with our in-house product development.

One of our major jobs here is to train the practitioners to scale up product development and practice skills. We also train them on how to do documentation of their knowledge and raw materials. We normally go from zone to zone to conduct this training but the new normal prevented us and we did the training in-house last year.

We did two in-house trainings for herbs sellers. The essence was to encourage people to cultivate medicinal plants in order to have local raw materials readily available. Since medicinal plants have different species, there is need for a portal for identification of those species. At least, we were able to reach about 120 practitioners during our trainings last year.

As an institution for the development of natural medicines, how have you fared in developing local medicines for COVID-19?

As early as February last year, we produced our own natural sanitizer, which is 100 per cent natural. At a point, it was difficult getting the raw material for the sanitizer; so we looked inward to source local materials that have been proven to have certain bactericidal properties for the sanitizer and we got it done. We exhibited it at the Science and Technology Expo last year, and it received a lot of support from many participants. At this level, it is ready for commercialization. And we are reaching out to possible institutions or business owners who will be interested in marketing it effectively.

We were also able to research into a medicinal plant to develop our own local syrup called Kloviron. We have done all the necessary tests that have confirmed that it has real potentials to prevent COVID-19. We even presented it to the committee that was set up by the Minister of Science and Technology and we provided all the information required by them. They also confirmed that it has potentials and promised to support the product but we are still waiting for their support.

What are the differences between your natural sanitizer and the imported ones?

The difference is clear, as we concentrated on using our indigenous medicinal plants. Most of the raw materials used



Pharm. Sam Etatuvie

for hand sanitizers are imported, such as Isopoponel, cadomal, pharmaceutical grade alcohol, etc. With the spike in dollar exchange rate, they became more expensive. So we resorted to using our indigenous alcohol that you can test to know its equivalent standard to the pharmaceutical grade alcohol and once that quality is derived, it is comparable to imported alcohol, and good for our use.

That way, we promote made-in-Nigeria products and the colour green is obtained from the aloe vera gel that we have in abundance here. It is 100 per cent local sanitizer. Instead of depending solely on imported materials, we can use our indigenous plants. This is a clear alternative to the imported ones.

In terms of pricing, at the laboratory level, it's a bit higher in price, but when it gets to commercialisation level, it will be cheaper because there is no importation of materials involved. From the comparative analysis done, it shows that it competes favourably with others manufactured by pharmaceutical companies here.

Has any staff of the agency tested positive to COVID-19?

It is categorically no, because aside from government's safety protocols, we encourage our staff to take our syrup as a prophylaxis, as it helps to build immunity. It has higher antioxidant properties. We have not taken it for commercialisation because we are still with NAFDAC for listing.

Is there any possibility of developing a vaccine from our indigenous medicinal plants?

I don't think we have the capacity to produce a vaccine now; anybody can prove me wrong. We might have some human capacity but there is no structure for that in the country. It was just recently that the Federal Government mentioned that N10 billion will be released for vaccine purpose.

We have a vaccine facility in

Yaba over these years; why hasn't it been overhauled for this purpose? And since February 2020 when the index case came into Nigeria, why was not this N10 billion released since then? Now, this N10 billion will be first of all used in improving the facility on ground. In the next one to two years, there can't be a Nigerian-made vaccine.

It is a question of priority, as far as I'm concerned. I think we were more interested in building isolation centres at the initial stage than getting vaccines. We needed to have done those things *pari passu*. Besides, many of us that came up with products and seeking for assistance were not listened to.

These efforts from our agency haven't got any support from government; we did them from our own pockets. Even when the Madagascar syrup came, we were one of the agencies that were given the syrup to analyse and after the whole exercise, nothing was given to us.

For me, there is absolute need for us in this country to change our orientation in things that concern Nigeria. It may interest you that this Moderna and Pfizer vaccines were work-in-progress for the past six year before the pandemic erupted. So when the outbreak occurred, they went back to their archives to see what they had at hand. That is how researches are done.

Even if institutions are deficient of facilities, how well have we identified local manufacturers in the country that may have the capacity to come up with something substantial? A lot of professors here have come up with formulas but nobody listens to them.

I know that one of our agencies, LASEMI, came up with the invention of a ventilator. After the announcement, nothing has been done to the equipment till date. I recall that Innoson Motors' CEO also mentioned a formula he had got but nothing is heard of it again. We didn't even give

them an opportunity to try their invention; we just have this attitude of not believing in ourselves, until someone comes from abroad to provide a solution for us.

Unless government changes its approach to research and development, we may not get anywhere.

Federal institutions like NIMR, NAFDAC and others have been collaborating with the NCDC in the fight against the spread of the virus, but your institution has been somewhat silent. Why is this so?

Yes, for NCDC, we haven't collaborated with them, as we believe in letting our works speak for us. By the time these works are completed, we can collaborate more with the NCDC. Our own approach is different because we report directly to the Ministry of Science and Technology, as we are not existing in isolation. NIMR has been existing for a long while but it's more of our approach.

We also did public enlightenment programmes for people on how to build their immune system. We did something on aroma therapy which is one of the indigenous ways of building up your immunity. If you also care, you would have heard that if you can inhale steam, it kills the virus. We did the first one which we circulated on TV and social media.

Ginger, garlic, garcinia kola and lemon tea has been recommended as preventive syrup for the coronavirus, but some have countered the effectiveness of the preparation. What is your take on this?

There is copious scientific information published in highly rated peer review journals that these plants have basic properties constituents that can take care of the infection. They have antiviral properties, anti-infective properties, anti-toxic properties, and are immune boosting. All of them have been proven to be effective.

Any true scientist in this sector cannot come and disprove that they are working. We know that these things are working but what is critical is to convince others that they are working. The first step is to finish all your formulation, do all your safety analysis, and meet all your NAFDAC requirement. Once NAFDAC gives you listing, it means at least people can use the product.

Let me ask you one question, with all these stay-at-home rules, what should people be doing? Self-isolate to do what? We don't have formulations used in the isolation centres but they need prophylaxis to use. If we are sincere to ourselves, some enlightened people who had tested positive to the virus came out to say, "I used A...B...C."

The only thing I can do if you come to me as a pharmacist is that I will give you an extemporaneous formulation but if we want to put it in public domain, then I will put it out for clinical trials, and that is not done in a day or two time; it takes time. Even the vaccine didn't go through complete clinical trials and they were given emergency approval due to the pandemic and they say it is 95 per cent safe. There is no drug that is completely safe, even your paracetamol.



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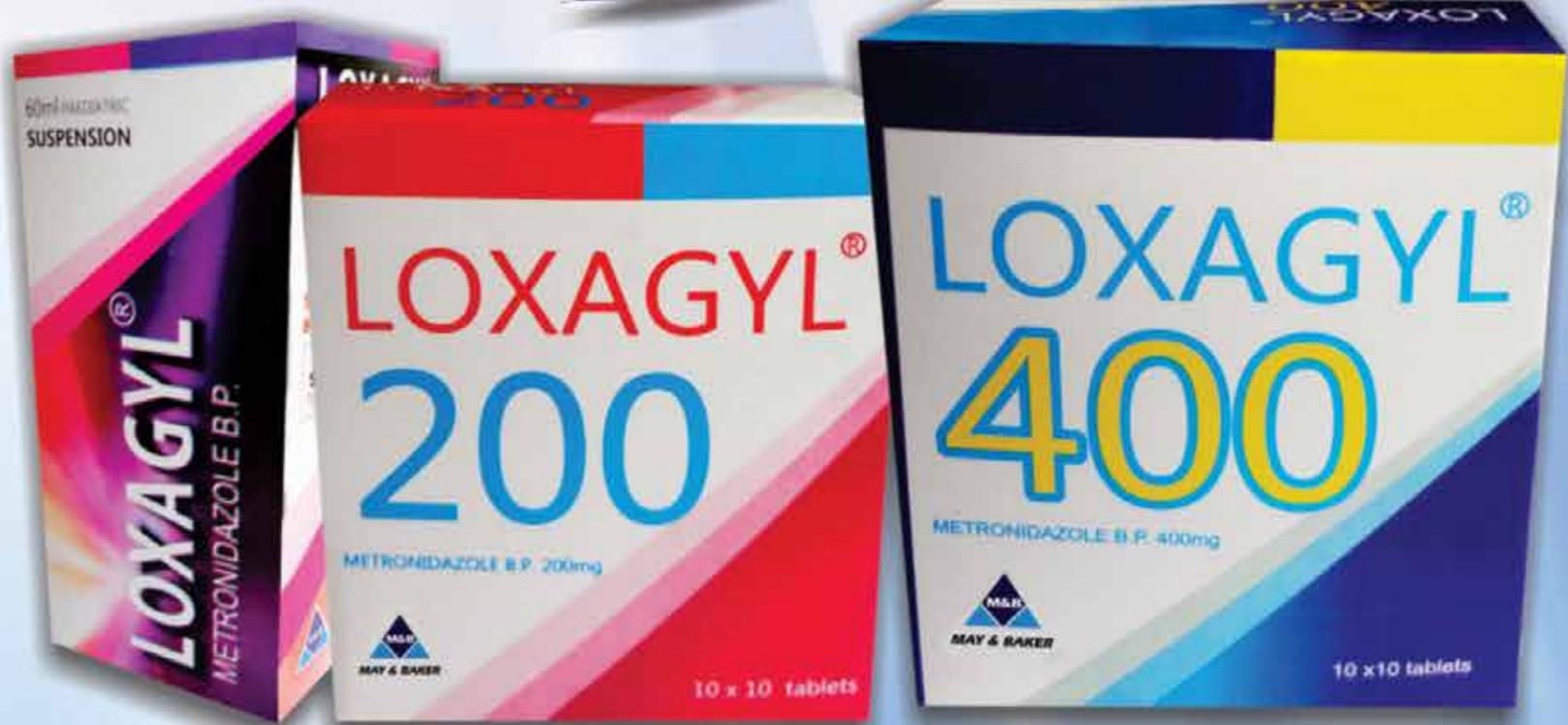
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Local COVID-19 vaccine not feasible in two years - NNMDA DG

... Says FG needs reorientation on R&D

By Temitope Obayendo

In what would come as a disappointment to many Nigerians eagerly awaiting the production of an indigenous COVID-19 vaccine, following the approval of N10 billion by the Federal Government for same purpose, the Director General, Nigeria Natural Medicine Development Agency (NNMDA), Pharm. Sam Etatuvi, has said that the goal cannot be actualised in two years' time.

According to him, despite the availability of human capacity, Nigeria has no structures in place to facilitate the production of a vaccine at the moment.

Etatuvi, who spoke with *Pharmanews* in an exclusive interview, also frowned at what he described as government's discouraging attitude towards local inventions, saying such disposition would only keep the nation underdeveloped.

He cited the Pfizer and Moderna vaccines examples,



R-L: Mazi Sam Ohuabunwa, PSN president; Engr David Umahi, executive governor of Ebonyi State; Pharm. Ignatius Anukwu, chairman of NAIP and Prof. Chimezie Anyakora, CEO, Bloom Public Health, at the unveiling of the Pharmacy project in Ebonyi State.

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Young pharmacists to enjoy maximum value, says Oguns

- As PSN-YPG gets new executives

By Adebayo Oladejo

The entire hall of the De Distinguished Event Centre, Osogbo, venue of the last PSN national conference tagged "Omoluabi 2020" was agog with jubilation, as Pharm. Yimika Oguns was elected new national chairperson of the Pharmaceutical Society of Nigeria's Young Pharmacists Group (PSN-YPG).

The vibrant Oguns took over

the mantle of leadership from the illustrious, Pharm. Isa Muhammad, recipient of *Pharmanews* Young Pharmacist of the Year Award.

While reacting to her victory, the outspoken Oguns said the outcome of the election showed that the group was ready to give people who had proven their mettle a chance to do more,

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