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## Pharmacists' participation in COVID-19 vaccine distribution fundamental – PSN

- Says Nigeria can't produce vaccine without passing PCN Bill

By Temitope Obayendo

To ensure effectiveness of vaccination and generation of data for much needed local vaccine research, the inclusion of pharmacists in COVID-19 vaccine distribution across the country is key, President, Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Oluwabunwa, has said.

Oluwabunwa also raised

concerns about the production of local vaccines in the country, saying this may not come to fruition until the Pharmacists Council of Nigeria (PCN) Bill is passed into law at the National Assembly. The PCN Bill contains regulations for medicines production and distribution, as well as the general practice of pharmacy in the country.

Nigeria received its first batch of AstraZeneca COVID-19 vaccines from the COVAX facility on 2 March 2021, as earlier announced by the Minister of Health, Dr Osagie Ehanire, that 3.92 million doses of Oxford/AstraZeneca vaccines would arrive the shores of the country on the same day.

Speaking at a press briefing on the roll out of the vaccines in Nigeria, Oluwabunwa, ably represented by PSN's National Publicity Secretary, Pharm. (Mrs) Ijeoma Okey-Ewurum, stressed the roles of pharmacists in vaccination, saying community pharmacies must be considered vaccination centres reaching a larger number of Nigerians within the shortest time possible. He cited the United States of America as one country that has achieved success with the same approach.

The PSN helmsman further noted the need to close funding gap



L-R: Pharm. Folorunso Alaran, head of corporate marketing, Shalina Healthcare Limited; Mr Lanre Fasasi, popularly called Sound Sultan, and Mr Sandeep Sahu, head of brand marketing, Shalina Healthcare, at the unveiling of Sound Sultan as one of the company's brand ambassadors, at their corporate head office in Lagos, recently.

continued on page 23

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### PHARM. ADEWALE ADEREMI OLADIGBOLU

Pharm. Adewale Aderemi Oladigbolu was born into the family of Prince Sanda Okobiya Oladigbolu and Mrs Christiana Modupe Oladigbolu on 2 August, 1969, in the then Oyo Local Government Area of Oyo State. He was born into a large family, where tolerance and peace were the pillars of communal life, the virtues that have stayed with him to date.

Oladigbolu had his primary education at St Andrew's Nursery and Primary School, Esiele, in Oyo Town, and his secondary education at the prestigious public school named after the progenitor of his family, Ladigbolu Grammar School, Oyo.

He was inducted as a pharmacist in 1990, after undergoing the rigorous and exciting training for the B.Pharm programme at the Obafemi Awolowo University, Ile-Ife, Osun State. He obtained a Postgraduate Diploma in Business Administration from Rivers State University of Science and Technology in 1997. Oladigbolu is an avid learner, who has had several professional trainings in healthcare, procurement science, and information technology.

Oladigbolu has served the Pharmaceutical Society of Nigeria (PSN) and the Association of Community Pharmacists of Nigeria (ACPN) in numerous capacities. He was the financial secretary of ACPN between 2003 and 2007. He served as the general secretary of the same association from 2007 to 2010. He also served as the vice chairman of ACPN, as well as the general secretary of PSN-Rivers State, from 2010 to 2013. He was the chairman of ACPN-Rivers State from 2013-2016. He is also the immediate past chairman of PSN-Rivers State.

Oladigbolu is a Fellow of the Pharmaceutical Society of Nigeria (PSN), and a recipient of PSN-Rivers State merit award. He also received an award of meritorious service from the Director of Pharmaceutical Services, Rivers State Ministry of Health on 17 September, 2019. Others include PharmAlliance Leadership Award, 2017; award of honour from PSN-Osun State, 2016; award of special recognition from YPG, Rivers State, December 2020; and an award of excellence for his outstanding contribution to the development of ARV refill in community pharmacy in Nigeria from USAID. He is also a recipient of ACPN's national award of outstanding service.

As a lifelong learner, Oladigbolu has attended and led many workshops on care and support for people living with HIV/AIDS. He is currently engaged in United Nations certified Universal Treatment Course for addiction professionals.

Oladigbolu is a celebrated public speaker, with many appearances in professional conferences, churches, and the mass media. He has a passion for making society better and pursues this by building linkages, stimulating positive changes, and offering health information.

He is happily married to Mrs Funmi Oladigbolu and they have two beautiful daughters, Pharm. Aderonke Oladigbolu and Miss Adejoju Oladigbolu.



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“Be self-responsible. Avoid dependency on other people. Aim at being the most successful person you can be. Read about great, successful people. Learn to think great thoughts and work to become an excellent person.” — Mark F. LaMoure

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sales, you will succeed in life.” – Mary Kay Ash

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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

Against all odds and contrary to expectations, Nigeria recently joined a few other African countries to take delivery of its much expected AstraZeneca-Oxford COVID-19 vaccine, manufactured by the Serum Institute of India (SII). On 2 March, the country received 3.94 million doses of the vaccine, shipped by the Vaccines Global Access facility, COVAX, a partnership involving the Coalition for Epidemic Preparedness Innovations (CEPI), the Vaccine Alliance (GAVI), the United Nations International Children's Emergency Fund (UNICEF) and the World Health Organisation (WHO).

According to a joint statement by National Primary Health Care Development Agency (NPHCDA), WHO and UNICEF, the delivery of the vaccine is part of an overall 16 million doses planned to be delivered to Nigeria in batches over the next months by COVAX. Altogether, the country plans to vaccinate at least 70 per cent of eligible citizens, aged 18 years and above, in four phases within two years.

This, indeed, is a timely and momentous development in the fight against the coronavirus disease in the country, especially as evidence has shown that new variants of the virus are spreading across countries on the continent, including Nigeria. The country has so far recorded over 160,000 infections of the virus and about 2000 deaths. We commend the Nigerian government for its "excellent level of preparedness" – as described by GAVI's managing director for country programmes – which made it possible for the country to be among the first few to receive the doses from COVAX.

It must be noted, however, that getting the much-needed vaccine into the country is only a part of the battle in curbing the continued spread of the pandemic among Nigerians; the greater battle now lies in ensuring equitable distribution

## COVID-19 vaccine: Surmounting prejudices and other roadblocks

of the vaccine across the country, as well as convincing the populace to submit themselves to the jabs. It is laudable that the NPHCDA has mapped out a strategy for the vaccination programme, beginning with priority groups, the first on the line being frontline healthcare workers.

The agency has also published a set of guidelines for registering for the vaccination exercise. Curiously, however, the emphasis seems to be more on online registration. This raises a major concern, considering the huge number of people, especially those in the rural areas, who do not have a phone or Internet access. Necessary steps must be taken to ensure that the eligible and vulnerable groups among this segment of the population are not automatically cut off from the lifesaving jabs.

Moreover, while the NPHCDA says it has made provisions for those who do not have access to a phone or the Internet to walk into any of the vaccination sites within their electoral ward for onsite registration, there are still two concerns that must be urgently addressed. One, how many of these sites have been created and can be easily accessed by those who are in dire need of the vaccine across the country? Two, how will the vaccine, which requires special handling, be transported to states that have no airports; or towns and villages that either do not have good road network or whose roads have, for years, been in a state of disrepair?

Indeed, many observers are already worried that the vaccine distribution may suffer the same fate as that of the COVID-19 palliatives that were meant for many but ended up being hoarded by a few in high places. This must not be allowed to happen, as it will ultimately jeopardise the essence of the vaccination.

But equitable distribution aside, there is the greater challenge of prejudices against the vaccine that the government must intensify efforts in expunging so that the purpose of the vaccine – with all the expenses involved – will be achieved. To begin with, it will take concerted efforts by the government at all levels, as well as all other relevant agencies, to convince a segment of the population that has never believed in the existence of COVID-19 to be vaccinated against it. However, even for those who believe in the existence and virulence of the virus, there are several "Jericho walls" of conspiracy theories that must be demolished by concerned stakeholders to make the vaccination exercise a success.

While it is very reassuring that the National Agency for Food and Drug Administration and Control (NAFDAC) has declared the vaccine to be safe for use; and while it is equally instructive that President Muhammadu Buhari and Vice President Yemi Osinbajo allowed themselves to be vaccinated on live TV, the fact still remains that it will take much more effort to remove the cynicism with which many Nigerians are regarding the vaccine. This is especially so as some prominent

personalities and opinion leaders are the very ones spearheading such dampening theories.

For instance, one of the state governors has vowed never to allow the vaccine into his state, stating that the jabs are meant to kill and not to save lives. Not only that, a popular politician and former senator recently stated on TV that, of all the COVID-19 vaccines approved by the WHO, the AstraZeneca-Oxford version has the lowest percentage of effectiveness and the worst side effects.

With such spurious claims and many more circulating all over the nation, the Nigerian government must deploy all necessary mechanisms to dismantle the roadblocks of misinformation that are already creating the problem of vaccine hesitancy among the populace. Government must go about this decisively, as WHO has already cautioned that vaccination hesitancy could be a major barrier to herd immunity. This is imperative because for herd immunity to be achieved in any nation, 70 per cent of the population must be vaccinated, and in a situation whereby a substantial percentage of the population is not in agreement with the government on the vaccination exercise, then there is need for more to be done by those at the helm of affairs.

We hereby call on all well-meaning Nigerians, captains of industry, religious leaders, traditional rulers, opinion leaders, social influencers, parents and guardians, teachers and the media to spread the gospel of the benefits inherent in receiving the COVID-19 vaccine. Nigerians must know that the only way out of the present pandemic and its attendant devastations is to ensure that vaccination is available to all, accessible to all and embraced by all.

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## Godliness in business

By Sir Ifeanyi Atueyi

A believer should have one great aim in life - to advance the Kingdom of God. When this is the main purpose, God's work becomes very important. Every other thing takes a secondary position. If our chief aim is to serve the Kingdom of God, then the critical activity is service. It is indeed this service that will determine our success in life.

Majority of Christians are in the business world. Consequently, in your business, you are expected to serve the interests of the Kingdom of God. Many are in various professions and careers. Some are accountants, lawyers, doctors, pharmacists, nurses, engineers, secretaries, journalists and so on. Wherever you find yourself must be your platform for serving the Kingdom of God.

There must be a clear understanding that whatever business you are engaged in is a means to an end and not an end in itself. Do not confuse God's purpose for your life with your profession, career, occupation, hobbies or whatever you find yourself doing. Instead, they are just the means for serving God. Colossians 3:23 (NKJV) says, "And whatever you do, do it heartily, as to the LORD, and not to men."

Your work must be a form of worship unto the Lord, if it should have an eternal value. It must give pleasure to God. Whatever your hand finds to do, ask yourself whether it will give pleasure to God. If you know your action will not please God, why do you do it? Does your product or service give glory to God? Does what you write or say give glory to God? You will enjoy your work if it becomes worship to God. Revelation 4:11(KJV) says, "Thou art worthy, O Lord, to receive glory and honour and power: for thou hast created all things, for thy pleasure, they are and were created."

Considering what angels do in heaven, I am convinced that the highest form of service to God is worship. As revealed to Apostle John, the 24 elders seated and clothed in white raiment with crowns of gold on their heads worshipped God.

The idea of being a Christian in your business was planted in me in 1961. After my Higher School Certificate exams, I had to choose a course of study in the university.

It was a difficult decision for me. My uncle and guardian, Dan Erinne, had groomed me for Medicine but I did not have the flair for it. Although most of my classmates chose Medicine, after serious meditation, I chose Pharmacy and communicated my decision to my uncle. He was expectedly disappointed but, as a godly person, he wrote me a letter which I have preserved to date.

The letter, dated 3 March, 1961, stated, inter alia... "What I would have advised is Medicine as first choice. But that will not mean forcing you to do

Medicine if you definitely dislike it... Many young people, in choosing a profession, look for that which brings most wealth or the highest social status and they usually imagine that Medicine gives both.

I hope you are aware that that is not my aim in recommending Medicine. As a matter of fact, I would strongly advise you not to place material wealth and social pomp in the forefront.

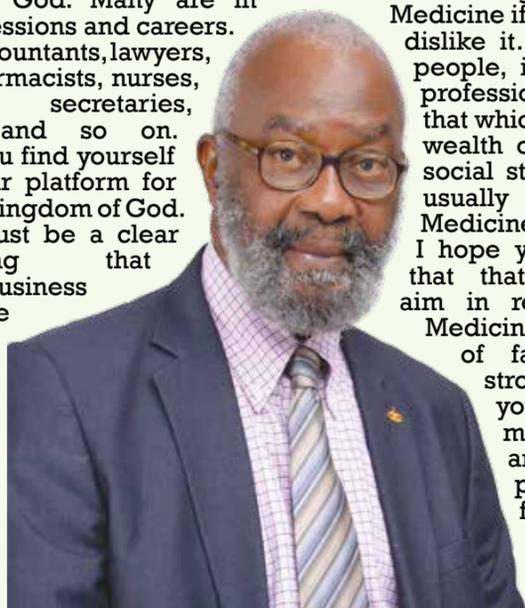
Rather, you should pray to God to find you a profession in

which you will be a good Christian and, if possible, one that you will enjoy, not for the money or position it brings, but simply for its own sake..."

Today, God has granted the desire of my uncle and his prayers have been answered. I am enjoying my work as a pharmaceutical journalist and believe I am serving God through my publications.

God blesses the work of your hand so that you can make some money. Deuteronomy 8:18 (NKJV) says, "And you shall remember the LORD your God, for it is He who gives you power to get wealth, that He may establish His covenant which He swore unto your fathers, as it is this day." God expects you to support His work with the finances derived from your business. Bear in mind that you cannot prosper without Him.

It is wrong to measure your success by the amount of wealth you have acquired to enjoy luxuries. We must remember the story of the rich fool, as narrated in Luke 12:15(NKJV). Jesus Himself declares, "Take heed and beware of covetousness, for one's life does not consist in the abundance of the things he possesses."



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## In sales, credibility is a product

By George O. Emetuche

All my life I preach integrity. I have peace when I don't breach integrity. – Dr Cosmas Maduka

A sales manager once argued in a training session I conducted for their company that honest people don't meet their sales target. He took that position to counter my opinion that salesmen must always ensure a high level of integrity in their selling. I think his point of view is absurd!

I don't believe in joining the majority who are wrong, even when I am the lone voice. So, I took time to explain to the manager and other participants that, for every reason the salesman has to be deceitful, there are several other reasons available to be sincere.

Credibility is a product. You must sell it to the buyer before he buys what you are selling. It is better to tell the truth and explain your reasons, than to be deceitful and lose out entirely. Lies cannot be hidden forever. The truth will surely be revealed; it will only take time.

### Credibility always wins

A man of integrity can be pardoned in his mistakes because he conceals nothing. He tells the truth the way it is. People will naturally understand his shortcomings because they believe he is genuine. But a dishonest fellow may never get a second chance! Folks run away from insincere people. This is my experience in life.

Credibility is a character trait you don't pick up on the street. It is also a quality you shouldn't expect from everyone. It is one of the greatest personal attributes. People who have discovered this secret of success are often outstanding individuals. Be credible in what you do. Be a man or woman of great character. In the final analysis, people will flock around individuals they can trust.

### Be credible, even in tough situations

Credibility is one of the great attributes that sustain patronage in business. Dr Robert Cialdini, author of *Influence: The Psychology of Persuasion*, says, "In order to gain someone's trust you must be both credible and knowledgeable. This often involves presenting your information in an unbiased way. Let your prospect know first what you can't do. Before the most compelling portion of your argument, mention the weakness and drawbacks of your product or service."

It takes great character traits to let your customer know about your weakness. It does not depict weakness when you express the true situation of things; rather, it shows courage.

It is never advisable to conceal the fact in your dealings with your customer. The real position of things should be brought to the table if the salesman desires a long-lasting business relationship. Let your customer or prospect know the truth. Don't allow him discover the hidden truth himself.

Truth is a consistent phenomenon. The truth of yesterday will remain same till tomorrow; it doesn't change. A salesman who has succeeded in selling himself as a credible fellow in the minds of his customers will go a long way with them. Half-truth is inconsistent; but truth stands out. Salespeople should always tell their customers or prospects the truth; this boosts credibility.

No matter how tough it might seem to you, make sure you don't compromise your integrity in your dealings with people. Simply put, in the words of the legendary Chinua Achebe, "One of the truest tests of integrity is its blunt refusal to be compromised." Do not fall to the temptation of compromising your personality - even when you think it is the way out. Temptation will naturally come but don't give in.

One of the best ways to handle tough situations is to tell the other party the challenges you have in the

issue. This is being sincere. People follow honest people.

### Credibility sustains relationship

Customers will always stick with you when they notice that you don't take advantage of them. Top Salesmen often get good referrals from their customers because the customers see the salesmen as credible individuals.

Salespeople sometimes make the mistake of misrepresenting issues just to impress the customer or prospect. The risk here is that when the person you want to impress by giving him false information eventually finds out the truth, the consequences are usually enormous. The company might not only lose the customer but stand a risk of the customer spreading bad news about the organisation. Some companies have negative corporate image because their salespeople are not getting it right out there. Some organisations have lost people's confidence because salesmen are selling the wrong way.

### Don't oversell

Salespeople must resist the temptation of claiming things their products do not represent, just because they want to make sales. Don't over-promise your customer or prospect.

Every customer is looking out for a particular benefit before going for any product. The customer expects your product to provide solutions to his needs, which is why he bought the product in the first place. The person buying your product will be disappointed if what you promised about your product is not what he gets.

One unsatisfied customer is equal to several lost sales. When a customer is not happy with a product or service, he tells his friends about his experience and the bad news goes on. It has a chain reaction.

Tell the truth always. Say only the things your products can do. It is better you under-promise and over-perform, than to over-promise and under-perform.

The marketplace has changed a lot. Competition is at its highest level and competing brands are looking for opportunities to edge out other brands in the market. Don't play the

game the wrong way. Try to win your customer or prospect to your side. It is only when both parties are genuinely happy that the patronage will continue. Experience teaches that a happy customer will make a repeat purchase.

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

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# Inquest

with  
**Patrick Iwelunmor**

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## The pains of halitosis

generate bad odour. It is therefore pertinent to note here that healthy eating habits are some of the factors that can help check the development of mouth odour or bad breath.

There are many things a person can do to eliminate mouth odour or reduce its pungency. Bacteria, food, and dead cells commonly build up on the tongue, especially in smokers or those with a particularly dry mouth. A tongue scraper can sometimes be useful.

Regular brushing of the mouth (teeth and tongue) can also help keep the mouth free from bad odour. Keeping the mouth hydrated by drinking plenty of water can also help. In Africa, there are certain fruits, vegetables and nuts that have shown the capacity to help with oral hygiene. These include bitter kola, scent leaf, cherries and parsley. Although more research is ongoing regarding the efficacy of these plants in the management of mouth odour, the fact that they have shown considerable promise cannot be overemphasised.

On the social pedestal, the harm halitosis does to a person is immense and almost irreparable. You can imagine talking to a congregation of people and then, they begin to cover their nostrils. It is traumatic to have such an

experience, as it reduces one's sense of self-worth.

Anything that is unpleasant to the nose will surely attract different forms of repulsion in terms of social interaction. No one would like to sit next to a person whose mouth smells like faeces and no client would want to associate with such a person in business.

Moreover, oral hygiene tells a lot about a person's sense of responsibility and seriousness or otherwise. It is commonsensical that anyone who is careless with his or her oral hygiene would definitely be careless with many others issues of life.

It is therefore very important that we strictly take care of our oral health. This is especially important for people whose work involves person-to-person interaction. Salespeople, marketers, motivational speakers, pastors, imams, teachers, and the likes belong here.

There would be absolutely nothing motivating in the speech of a motivational speaker whose mouth odour is as offensive as the smell of faeces. There is equally no sense of leadership in a leader whose mouth odour is next to a calamity.

The state of our oral health speaks volumes about our real personalities. We must keep it optimally sound at all times.

**M**outh odour or bad breath is a very embarrassing condition that leaves the person concerned often dejected because he or she feels they have failed somehow and have allowed themselves to be the point of bad attraction. Unfortunately, many people have failed to realise the fact that their actions and lifestyle choices also determine the state of their oral health, which is the bedrock of the development of mouth odour (halitosis) or otherwise.

The specific odour or breath can vary, depending on the cause of the problem. It is always good to seek the counsel of close associates or relations when confronted with this unpleasant reality. One can quietly gauge his or her mouth odour by licking one's wrist and then smelling it dry. A bad smell from that part of the wrist is likely to suggest that you have halitosis.

On the other hand, there are people who pay extreme attention to their breath; they are usually concerned about their breath, even though they may have little or no mouth odour. This condition is called halitophobia and can lead to

an uncontrolled obsession with mouth-cleansing.

Habits like smoking, eating too much carbohydrate, fasting and medication can actually cause the mouth to emit an offensive odour. The breakdown of food particles stuck in the teeth can also cause odours. Some foods and vegetables, such as onions and garlic, can also cause bad breath. After they are digested, their breakdown products are carried in the blood to the lungs where they can affect the breath. Notwithstanding, bad breath, caused by things like garlic and ginger, is not as offensive as that caused by factors such as an underlying illness or bowel obstruction.

For instance, people who form the habit of swallowing large chunks of meat, which the teeth cannot grind, are prone to having very offensive mouth odour. This is because the meat ends up causing digestive difficulties and eventually putrefies gradually in the stomach. That process of putrefaction leads to bad breath emanating from decaying matter in the stomach. The scenario is akin to a decomposing carcass in an environment; it will naturally

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# Shalina unveils Sound Sultan as Shaltoux ambassador

## ...Kicks off online vocal contest

Shalina Healthcare Limited has unveiled famous Nigerian multi-talented rapper, actor, comedian, and singer, Lanre Fasasi, otherwise known as Sound Sultan, as the brand ambassador for its Shaltoux Lozenges, a natural cough preparation, suitable for the relief of sore throat and cough.

Speaking at the media unveiling event held recently at its corporate head office in Lagos, Pharm. Folorunso Alaran, head of corporate marketing, said the company was delighted to have Sound Sultan, popularly called Naija Ninja, as a brand ambassador, describing him as a very talented music icon with a cheerful, loving personality.

Speaking further, Alaran said Shalina, which has been in the country for about 20 years, is a trusted name in quality medicines in Nigeria and many other African countries where it operates.

According to Alaran, the multi-talented musician, who will also be the host and one of the judges of an online music contest, "My Voice, My Identity", holding from February till April 2021, is an inspiration to many and thus will be able to drive the unique digital contest through his online platforms to better connect millions of music-loving Nigerians and budding artists to the amazing benefits of Shaltoux Lozenges.

Alaran revealed that joining the contest is easy as it only requires the interested participant to follow Shalina's social media handles and invite friends to follow.

He added further that the contest will use the hashtags #MyVoiceMyIdentity, #ShaltouxLozenges, #ShalinaHealthcare, while creating a freestyle 30 to 60 seconds video sound, using #MyVoiceMyIdentity theme; after which a completed video will be uploaded from the contestant's Facebook, Instagram, Tiktok or YouTube platform tagging Shaltoux Lozenges handle on any of the social media platforms.

He continued: "Videos with the most creativity and tractions, including voice quality, creative rendition, and high number of engagements will be selected for the final. Meanwhile, weekly winners will emerge with people standing the chance to win fantastic cash prizes and consolation prizes, with lots of branded items until the final where eight finalists will be judged. with the top three - first, second and third position - winning cash prizes of 500,000; 300,000; and 200,000 respectively."

Similarly, the Head of Brand Marketing, Shalina Healthcare, Mr Sandeep Sahu, speaking on the therapeutic advantage of the product, said Shaltoux lozenges provide effective relief from sore throats, all types of allergic cough, whether infective or of asthmatic origin, saying it also helps in relieving cough due to irritants.

He added further that Shaltoux is a unique combination of five natural ingredients - liquorice, belleric, ginger, turmeric, peppermint and menthol, saying it relieves people of sore throat and cough, enabling the consumer to speak comfortably and conveniently and showcasing the power in their unique voices.

Also speaking, Manasi Shah, the brand manager, Dubai Global Headquarters, explained the essence of the project: "Our voice is extremely important to us and it is a unique identity of each person. Losing this voice is almost equal to losing one's identity. Shaltoux Lozenges is the brand that will help people to regain that lost voice and the lost identity back. Shaltoux Lozenges will give the consumer his lost confidence back" she said.

Speaking in the same vein, Ms Oluwabusayo John, country brand manager for Shaltoux, noted that the contest, #MyVoiceMyIdentity, was conceptualised to connect more with

By Adebayo Oladejo

Nigerian consumers and elevate the hidden talents prevalent among them.

In his remarks, Sound Sultan promised to enhance the Shaltoux brand positively, saying his target henceforth is to take Shaltoux to the next level, adding that the reputation of the company, the known efficacy of the product as well as his own image will help push the brand closer to the consumer.

Sound Sultan, one of the trailblazers in the Nigeria music industry, said he was delighted with the deal with Shalina, adding that henceforth, his priority is to ensure that the message about what Shaltoux does is clearly passed to the consumers.

While stressing that he would do everything within his capacity to project the good image of the company as well as the product, he promised to be on top of his game in ensuring that the online contest is well-coordinated.

He said: "The product, Shaltoux is not new to me, as it has come to the rescue several times when we are on stage and one begins to have



L-R: Pharm. Folorunso Alaran, head of corporate marketing, Shalina Healthcare Limited; Mr. Lanre Fasasi, popularly called Sound Sultan, and Ms Oluwabusayo John, country brand manager for Shaltoux, at the unveiling event.

challenges with cracked voice, sore throat, and cough; so it won't be difficult to sell the brand," he said.

With an end-to-end supply chain, Shalina Healthcare Limited is present

in 12 African countries, including Angola, Democratic Republic of Congo, Central African Republic, Nigeria, and Ghana.



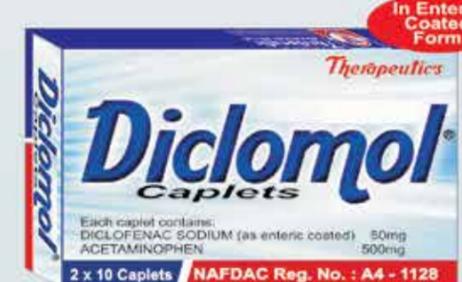
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# Stella Chinyelu Okoli – Extraordinary titan of pharma manufacturing

By Solomon Ojigbo



Dr Stella Chinyelu Okoli, MON, OON

The story of Pharmacy and indeed the healthcare industry in Nigeria will never be complete without mentioning Dr Stella Chinyelu Okoli (MON, OON) founder and CEO of one of Nigeria's leading pharmaceutical giants, Emzor Pharmaceutical Industries Ltd. Her contributions to the healthcare industry in West Africa, spanning several decades of her career, are beyond measure. Evidently, from the 140 high-quality pharmaceuticals produced by her company, it would be almost impossible to find a household in Nigeria that has not used any of her products or does not know her brand, Emzor.

Interestingly, like most other great businesses, Emzor had a humble beginning. Okoli started the business with the initial name, "Emzor Chemists Limited", as a small pharmacy retail shop in Somolu, Lagos, in January 1977. She eventually incorporated the company in 1984, and with her prodigious vision and astute business acumen, she has grown it to become a multibillion naira manufacturing pharmaceutical conglomerate, with several subsidiaries. She currently has over 1000 professional employees, three ultra-modern factories, as well as several warehouses and distributors across 25 African countries.

In an industry dominated by male business gladiators, Okoli stands tall as a colossus and,

commanding profound respect and influence in the industry. It was in recognition of her achievements and contributions to the health sector in Nigeria, that she was bestowed with the Member of the Order of the Niger (MON) and the Officer of the Order of the Niger (OON) awards by the Federal Government of Nigeria.

#### Background and education

Dr Okoli was born on 30 July, 1944 in Kano State, northern Nigeria, though her parents are from Nnewi, in Anambra State. She had her elementary education at All Saints Primary School, Onitsha, from 1954 to 1959, before proceeding for her secondary education at Ogidi Girls Secondary School, Ogidi, Anambra state, from 1959 to 1964. She had her A Levels/Higher School Certificate at Federal Science School, Lagos from 1964 to 1966. Thereafter, she relocated to the United Kingdom for tertiary education. She obtained her Bachelor of Pharmacy degree from Bradford University, UK, in 1969.

In 1971, Okoli bagged a master's degree in Biopharmaceutics from the University of London, Chelsea College. She also attended several courses across the world, to broaden her knowledge and sharpen her leadership skills. Some of these include executive management programmes for business owners at Harvard Business School, Boston

(1997- 1999); Implementing Strategic and Organisational Change at I.E.S.E. Business School, Barcelona, Spain (1996); and the Chief Executive Programme of the Lagos Business School.

After completing her education in Britain, Okoli started her professional career as a ward/clinical pharmacist at Middlesex Hospital in London. She later worked briefly as a pharmacist at Boots Chemist, UK. After working for some years in the UK, she returned to Nigeria to work at Massey Children Hospital, Lagos, as a hospital pharmacist.

After that, she joined Park Davies Nigeria Limited (now Pharma-Deko Plc) as a medical sales executive; she later rose to become a sales manager for the firm.

#### Path to entrepreneurial success

After working for about six years, Okoli ventured into retail pharmacy business with the establishment of Emzor Chemist Limited, Somolu, Lagos, in 1977. In 1981, she expanded the business to include importation and wholesale of ethical and OTC pharmaceutical products. Her goal was to provide drugs to meet the health needs of Nigerians, having noticed that some of the medicines needed by her customers were not available in the country.

In 1984, Okoli incorporated Emzor Chemist Ltd into Emzor Pharmaceuticals Limited, a full-fledged indigenous company. A year later, she decided to go into pharma manufacturing, after realising that some of the drugs being imported could be manufactured in the country with the readily available raw materials. The company commenced pilot production in 1985, with the introduction of its flagship brand, Emzor Paracetamol, which quickly became very popular in Nigeria and beyond.

Since then, Emzor has continuously expanded its product range to exceed 140 time-tested products today. Its product range

includes vitamins, anti-malaria, antibiotics, antacid, analgesics, anti-histamine and many more.

For over 35 years since Okoli ventured into the manufacturing business, she has shown extraordinary determination and brilliance to make a success of it. Even in the harsh manufacturing business climate in Nigeria – considering the challenges of unfavourable policies, infrastructural deficits, drug counterfeiting and competition from substandard imported drugs - Okoli has continued to demonstrate uncommon resilience to continue her work, even when many pharma manufacturers have either closed down or left the country.

#### Philanthropy and community service

In 2006, Okoli established the Chike Okoli Foundation (COF) in memory of her late son Chike Edward Okoli, who died five days to his 25th birthday from undetected coronary heart disease. COF was set up to promote the passion of Chike Okoli - entrepreneurship - and to create awareness on cardiovascular disease among Nigerians. The organisation has reached out to millions of Nigerians on the importance of a healthy lifestyle in the prevention of heart disease and stroke.

COF also provides free healthcare services and has trained thousands of business owners and entrepreneurs. In 2011, COF built the Chike Okoli Centre for Entrepreneurial Studies at Nnamdi Azikiwe University, Awka. The centre provides entrepreneurial research, training and education for youths.

#### Awards and recognitions

Dr Okoli's excellent leadership skills and sterling business ethics, as well as her immense contributions to the Nigerian health industry have earned her local and international recognitions. She is a recipient of many awards, from both government and private institutions.

Some of her awards include: Honorary Doctor of Business Administration by Nnamdi Azikiwe University, Awka (2011); International Women's Entrepreneurial Challenge Award (2012); Women of Distinction and Lifetime Achievers (ThisDay Annual Awards, 2012); Nigeria Royalty Awards (2013); Businessperson of the Year (the Sun Newspaper Awards, 2016); Africa Women Innovation and Entrepreneurship Forum (2017); Silverbird Lifetime Achievement Award (2018); and the ECOWAS International Gold Award (2015).

Dr Okoli was married to Late Barrister Christopher Okoli. They had three children, Uzoma Okoli, Emeka Okoli and Chike Okoli (late).

Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

# Detailing a doctor the "write" way

By Dipo MacJob (Dr Write)

As a medical representative many years back in one of the top multinational pharma companies in the country, one major skill set that was drilled into us was customer profiling, under segmentation and targeting. Yes, how to profile your customers. It determined the number of times you visited a particular doctor (customer). We called it call "frequency" then (not sure if that still holds today).

So, if as a med rep, you spent all your time visiting and detailing a tier 2 or tier 3 customer, then you could almost predict that you were not likely to meet up with the numbers for that month. No matter how much a general practitioner loves your brand, if he doesn't attend to the kind of patients that can benefit from your brand, it is more of a fruitless effort, unless he or she is moved from that department or unit to where there is a need for your brand.

Now, there is one unique area which a lot aren't aware of but, if adopted, could assist med reps in profiling their customers because of the insight it gives into their personality. The beauty of this is that even if the customer cannot be engaged verbally with adequate proximity - no thanks to challenges, such as the COVID-19 pandemic, this method still finds relevance. It is the Handwriting.

While I was a medrep, one key performance indicator was in the number of clinical meetings you had within a month. If you were expected to do five meetings altogether and you did only three meetings, there was no way you

could be vindicated in case you did not meet up with your budget numbers for that month. The first area your line manager put a searchlight on is the number of meetings budgeted and the actuals.

However, the reason I brought this up is because I later discovered from my research into graphology that the attendance register sheets which contained details of the customers and potential customers we desired was a very powerful profiling tool in our custody but we simply didn't realise the extent at the time. Even though many times it contained only the names, phone numbers and the signatures of these potential customers, much more than that, it revealed the personality traits of each customer or potential customer. This profiling method is unique and exclusive to graphology. Therefore, you can understand a potential customer the "write way" just by knowing what exactly to look out for in their handwriting.

In an era when there is increasing advocacy for physical or social distancing, a nonverbal intelligence tool like graphology will always come handy. The question now is, how many med reps are trained to read the personality traits of medical doctors or pharmacists in record time just by browsing through their handwriting on an attendance sheet or on a prescription paper? The world is evolving but are you flowing with it? Do not forget, we are in a new normal; or as someone prefers to say, "a new abnormal".

The two signatures below belong to two different medical doctors at the GOPD clinic of one

of the government hospitals in the country (hypothetical). As labelled, the first sample belongs to Doctor John (right slanted handwriting), while the second belongs to Doctor Ken (upward slope writing). Assuming you were privileged to have access to the prescription of these doctors whom you have not been opportune to detail for some months now, which of them do you think would appreciate less talk about your brand and which one would not mind you visiting frequently and having chats for some time during clinic before you move to another unit?



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Stay tuned for the next edition to find out the right answer. For now, just take your best guess.

Till I come your way next time, always remember that if you must get it right, you need to do it the "write way".

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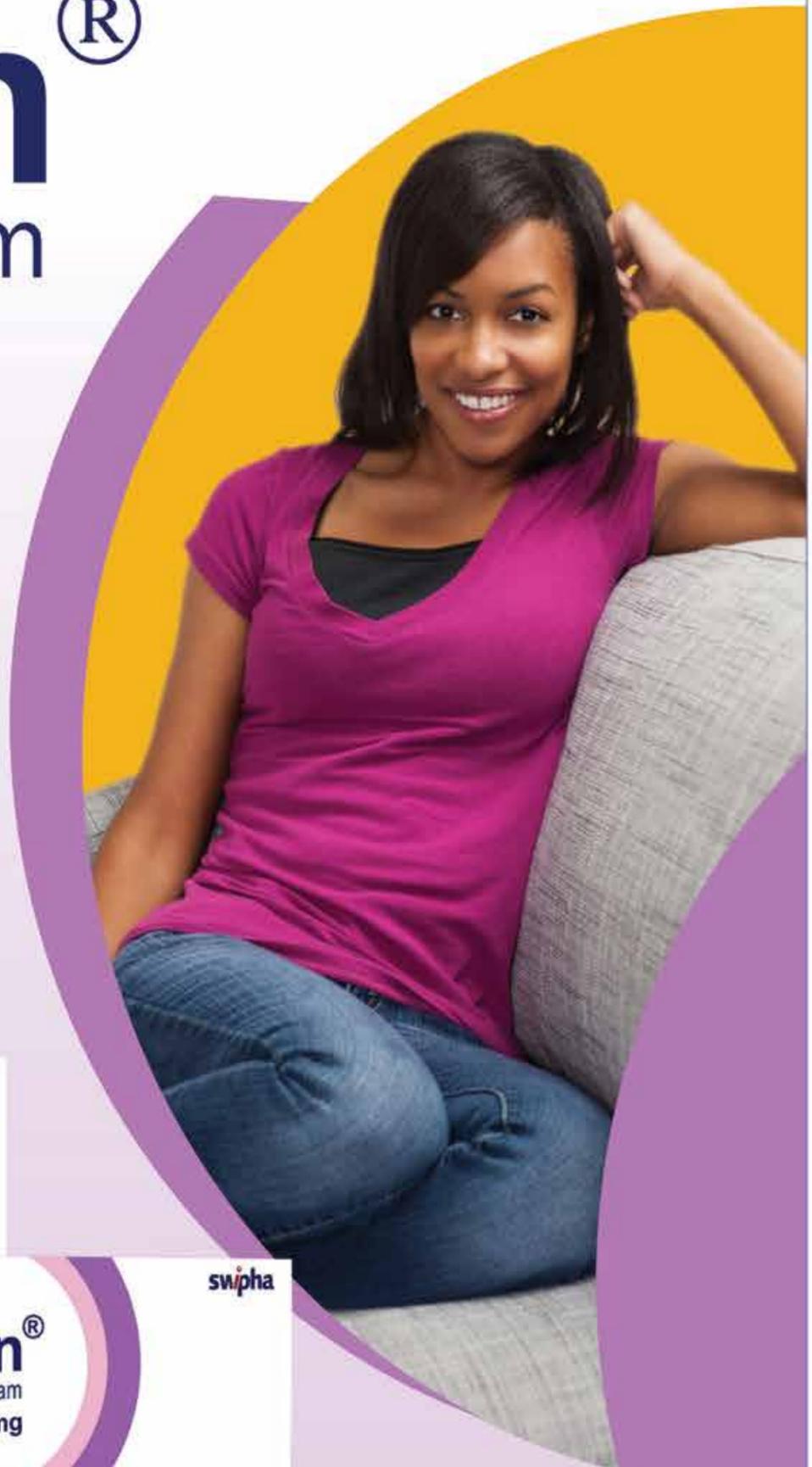
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## Techniques in management of pain, rheumatism and arthritis

with actual or potential tissue damage. According to IASP, pain is not just a physical sensation; it is influenced by attitudes, beliefs, personality and social factors, and can affect emotional and mental wellbeing.

Similarly, the renowned Johns Hopkins Medicine, a governing structure for the prestigious Johns Hopkins

University's School of Medicine and the health system, defines pain as an uncomfortable feeling that tells you something may be wrong. The institution said pain can be steady, throbbing, stabbing, aching, pinching, or described in many other ways. Sometimes, it's just a nuisance, like a mild headache; and at other times, it can be debilitating.

Joseph Asuquo et al in the study titled "Coping mechanisms as predictor of stress in patients with chronic low back pain: A Nigerian Study", published in 2019, described pain as an unfavourable experience, which if severe or chronic, could have a lasting emotional and disabling effect.

### Causes of pain

Pain can be chronic or acute, and it takes a variety of forms. People feel pain when specific nerves, called nociceptors, detect tissue damage and transmit information about the damage along the spinal cord to the brain. For example, touching a hot surface will send a message through a reflex arc in the spinal cord and cause an immediate contraction of

the muscles. This contraction will pull the hand away from the hot surface, limiting further damage.

This reflex occurs so fast that the message has not even reached the brain. However, the pain message does continue to the brain. Once it arrives, it will cause an individual to feel an unpleasant sensation, which is pain.

The brain's interpretation of these signals and the efficiency of the communication channel between the nociceptors and the brain dictate how an individual experiences pain. The brain may also release feel-good chemicals, such as dopamine, to try to counter the unpleasant effects of pain. In 2011 for an instance, researchers estimated that pain costs the United States between \$560 billion and \$635 billion each year in treatment costs, lost wages, and missed days of work.

### Types of pain

**Acute pain:** This type of pain is generally intense and short-lived. It is how the body alerts a person to an injury or localised tissue damage. Treating the underlying injury usually resolves acute pain. Acute pain triggers the body's fight-or-flight mechanism, often resulting in faster heartbeats and breathing rates.

There are different types of acute pain. They include somatic pain, which is a superficial pain on the skin or the soft tissues just below the skin. Visceral pain originates in the internal organs

and the linings of cavities in the body. Referred pain is pain at a location other than the source of tissue damage. For example, people often experience shoulder pain during a heart attack.

**Chronic pain:** This type of pain lasts far longer than acute pain, and there is often no cure. Chronic pain can be mild or severe. It can also be either continuous, such as in arthritis; or intermittent, as with migraines.

Intermittent pain occurs on repeated occasions but stops in-between flares. The fight-or-flight reactions eventually stop in people with chronic pain as the sympathetic nervous system that triggers these reactions adapts to the pain stimulus. If enough cases of acute pain occur, they can create a buildup of electrical signals in the central nervous system (CNS) that overstimulate the nerve fibres. This effect is known as "windup," with this term comparing the buildup of electrical signals to a windup toy. Winding a toy with more intensity leads to the toy running faster for longer. Chronic pain works in the same way, which is why a person may feel pain long after the event that first caused it.

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

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

**Central pain:** This type of pain often occurs due to infarction,

*continued on page 13*

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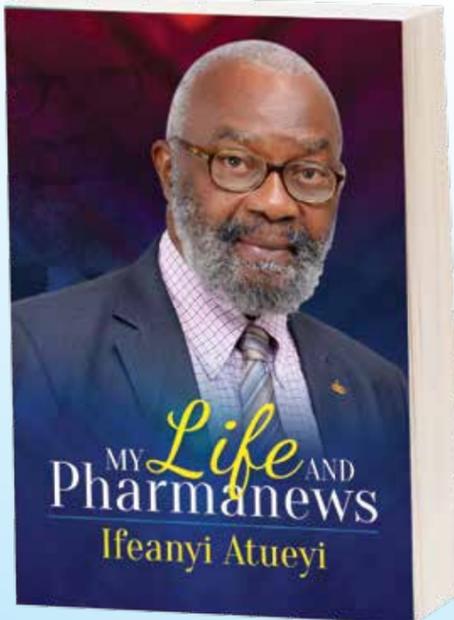
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## MY EDUCATION AND THE ERINNE'S HOUSEHOLD (4)

However, the teacher who made the most remarkable impression on me was our Religious Knowledge teacher, Mr Philips, a Briton, who gave me a gift that seemed quite small but which really touched my heart. What happened was that, while in my third year, I had a bout of acute malaria. This led to my admission into the General Hospital, Onitsha. My first night in the ward was a horrible experience. A patient next to my bed died. Before dying, he struggled as the nurses tried to calm him down. Even though the nurses had screened him off while trying to save his life, I perceived all that happened and was terribly afraid. It was a horrible experience for me.

The following day, some classmates visited me and spent some time with me. After they left, Mr Philips came along just before visiting time was over. I was surprised and excited to see him enter the ward, looking right and left to locate me. When I saw him coming, I sat up on my bed to enable him see me. He was like an angel of God bringing healing to me. His presence seemed to have destroyed all the malaria parasites in my system. I regained my strength and vitality. He comforted me and assured me that I would soon be discharged. As he was about to leave, he put his hand in the pocket of his trousers, brought out two small bananas and handed them over to me. The bananas were so small that they easily fitted into his pocket without attracting attention. That gift lifted my spirit. I gently peeled one of them and ate it slowly. It was as if I was taking the Holy Communion. The incident has remained fresh on my mind.

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



### Unforgettable students

Just as I had teachers at DMGS whose memories linger in my mind, so also do I still remember certain students for various reasons. Let me quickly mention two of these. As I stated earlier, I was Stanley House prefect in 1958, and it was my duty to take care of any incident or problem in the dormitory and give appropriate feedback to the house master. One of such cases involved a classmate, who was so unruly that we nicknamed him "CC" - "Complete Criminal." Both teachers and students knew him to be stubborn. He disobeyed school rules and disrespected everybody. Ironically, he was very intelligent. He often absented himself from

school and returned as he pleased. The time all lights must be put off in the night and every student had to sleep was always his time to read with his "cockroach" lamp. Cockroach lamp had most of the surface of the globe covered with dark paper or cloth, leaving a very small area to provide light.

On the positive side, I remember a classmate with the initials G.E. He was brilliant and ambitious. We nicknamed him, "Ambition" because he had the habit of talking about what he wanted to achieve in life, especially in academics. At the time most of us were thinking of passing the Cambridge School Certificate Examinations, he was thinking of having a PhD. Interestingly, God honoured his desires.

### Apathy to sports

Inasmuch as I enjoyed life at DMGS, with a good report on my testimonial to show for it, one area I particularly did not show interest in was sports. Incidentally, this disinterest in sports and games that has followed me to the present time became entrenched, not just because of my personality but also because of some unpalatable experiences that put me off altogether.

At DMGS, I played football and hockey and also ran occasionally but there was none that I was particularly keen on doing. What I did was to engage in games and sporting activities that were compulsory, while avoiding those that were optional. My interest in football drastically dwindled when, one day, I fell on the football field and my left wrist was badly

sprained. I was on Plaster of Paris (POP) for about three months. That experience was a severely painful one for me as I had to carry out my routine activities despite the POP. That ordeal made me resolve to avoid football altogether.

As for racing, I continued with the compulsory aspect in a rather amusing way. Back then, we had this cross country race, where we were taken through bushy tracks. We had to run across muddy waters and swampy areas having small foot bridges. Since it was compulsory for students to run, I also joined; but before I returned, almost everyone would have left the field.

Whatever interest I had left in football finally died many years ago, when I travelled to Ghana for factory operations in 1973. My colleague, who hosted me, thought of entertaining me by taking me along to watch a football match at the Accra stadium. Little did he know that I would have preferred resting and reading in the house. Unfortunately, while engrossed in watching the match, a pickpocket stole my dollars from my pocket. That encounter did it for me. My interest in football was over and I vowed never to watch it again.

My principal at DMGS was perceptive enough to detect this apathy to sports. Consequently, alongside the commendation on my general conduct, he wrote in my school leaving testimonial in December 1958: "He was not, however, outstanding at games - 'he also played'". As for my academic performance, I was among the students who made Grade One, thereby qualifying me to proceed to take the Higher School Certificate Examination that would facilitate my admission into university.

**continues next edition**

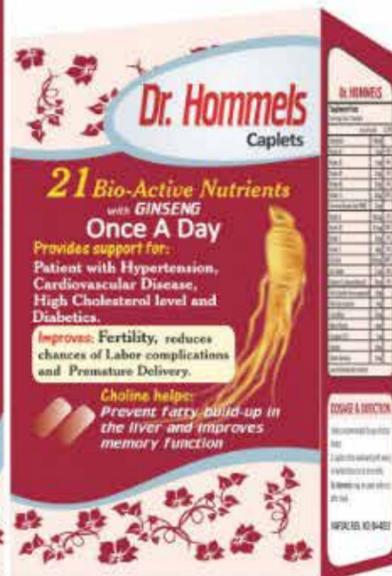
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# Techniques in management of pain, rheumatism and arthritis

continued from page 11

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

Moreover, based on the location of pain, doctors at the Johns Hopkins Blaustein Pain Treatment Centre have identified some forms of pain, such as low back pain, head pain/occipital neuralgia (scalp/head pain), hip pain, Intercostal neuralgia (Rib pain), neck pain, shoulder and knee arthritic pain (osteoarthritis), myofascial (muscular) pain, anginal pain (chest pains), nerve entrapment syndromes, spasticity related syndromes/ pain, spinal cord injury (central pain), pelvic pain and thoracic outlet syndrome.

The World Health Organisation (WHO), in a report on "estimate and prevalence of pain and rheumatic diseases" in 2018, established that "80%–85% of back pain have no known cause. Low back pain affects 80% of persons at some point in their life and that back pain is the most common cause of disability among young adults".

## Diagnosis of pain

An individual's subjective description of pain will help the doctor to make a diagnosis. There is no objective scale for identifying the type of pain, so the doctor will take a pain history. The doctor will ask the individual to describe the characteristics of the pain, such as burning, stinging, or stabbing at the site; quality and radiation of pain, meaning where a person feels the pain, what it feels like, how far it seems to have spread, which factors aggravate and relieve the pain, the times at which pain occurs throughout the day, its effect on the person's daily function and mood and the person's understanding of their pain.

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

## Measuring pain

Some of the pain measures that doctors use are:

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

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

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

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

**McGill Pain Questionnaire (MPQ):** The MPQ encourages people to choose words from 20



word groups to get an in-depth understanding of how the pain feels. Group 6, for example, is "tugging, pulling, wrenching," while group 9 is "dull, sore, hurting, aching, heavy."

There are other indicators of pain. When people with cognitive impairments cannot accurately describe their pain, there can still be clear indicators and these may include restlessness, crying,

moaning and groaning, grimacing, resistance to care, reduced social interactions, increased wandering, not eating and sleeping problems. In this case, the doctor will either treat the underlying problem, if it is treatable, or prescribe pain-relieving treatment to manage the pain.

## Management and treatment

Key pain management strategies include: pain-relieving medicines, physical therapies (such as heat or cold packs, massage, hydrotherapy and exercise), psychological therapies (such as cognitive behavioural therapy, relaxation techniques and meditation). Doctors will treat different types of pain in different ways. A treatment that is effective against one type of pain may however not relieve another.

Treating acute pain often involves taking medication. Often, this type of pain results from an underlying health issue, and treating it may relieve the pain without the need for pain management. For example, if a bacterial infection is causing a sore throat, antibiotics can treat the infection, easing the soreness as a result.

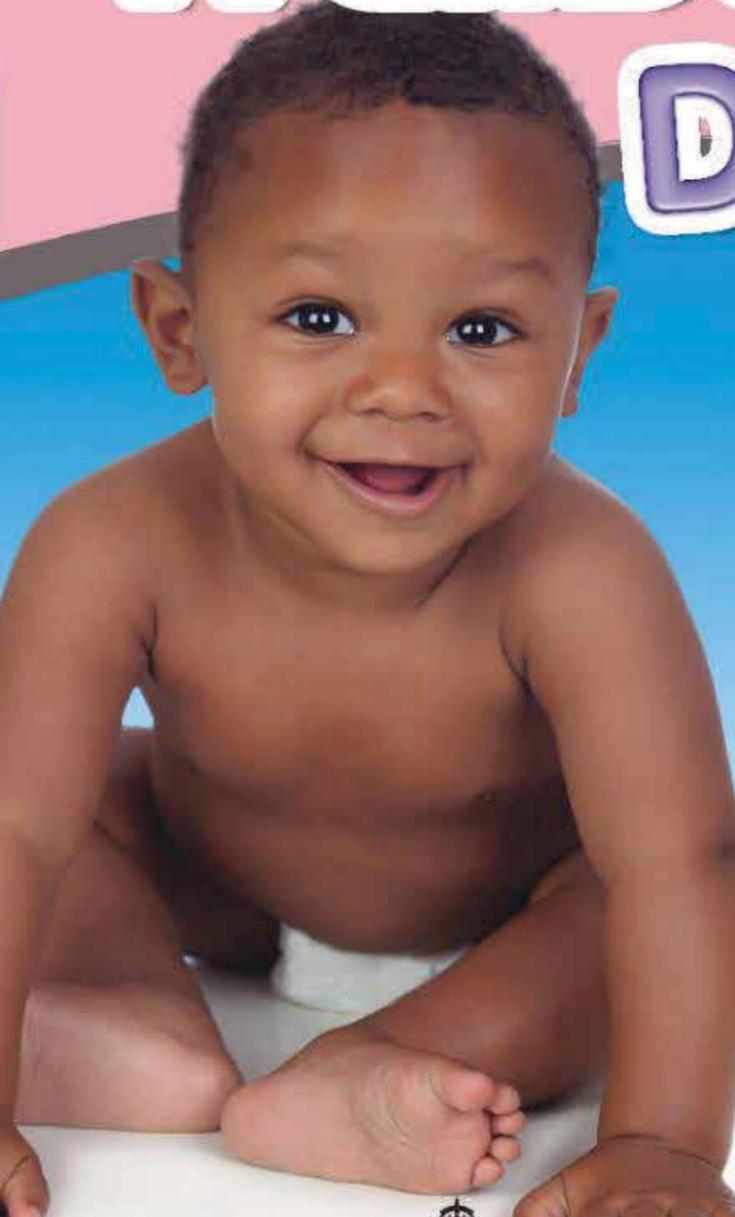
**Use of acetaminophen:** Acetaminophen is a type of analgesic, or pain reliever. It is an active ingredient in hundreds of medications, including over-the-counter and prescription drugs. Often known by the brand name Tylenol, acetaminophen can relieve pain and a fever. Combined with other ingredients, it can help treat allergy symptoms, coughs, flu symptoms, and colds. Doctors often prescribe drugs that contain acetaminophen and other ingredients to treat moderate to severe pain. When taken in higher doses, however, acetaminophen can cause serious liver damage. People should never exceed the recommended dosage.

Treatment for acute pain

continued on page 15

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# How I emerged winner of Pharmanews Young Pharmacist award – Eze

By Omolola Famodun

**P**harm. Daniel Eze is the winner, Young Pharmacist of the Year (2020), an annual, nomination-based award, organised by Pharmanews Limited for young pharmacists in Nigeria. In this exclusive interview, Eze recounts his life's journey, his foray into Pharmacy, his numerous contributions to the society as a young pharmacist, and the factors that led to his nomination as winner of the Young Pharmacist award. Excerpts:

## Tell us about your early life.

My driving force since childhood consists of excellence and impact, and this is reflected in my life's journey, so far. I attended Orodu Primary School, Lagos State Nigeria, where I was made the Head Boy. I graduated with distinction and was awarded the best student of the year. This was accompanied by a scholarship from the Lagos State Government in 2000/2001. However, I couldn't meet the deadline for the scholarship, having relocated from Lagos to Enugu.

I attended junior secondary school at Government Technical College (GTC), Enugu, where I was appointed the class captain from JS 1 to JS 3. I got several academic awards in school. I was awarded the best student at the completion of my junior class, with the best JSCE result at GTC, Enugu, in 2003. I proceeded to Special Science School, Ukehe, Enugu, where I represented the school in so many competitions and won several academic awards.

I was among the best ten students in Enugu State, according to the National Mathematics Centre, Abuja, in 2004. I was appointed by the school to be the principal's representative, to oversee the activities in the school dormitory. I was also appointed chaplain for the Catholic students. I graduated from the school with many awards, both from the students and the school in 2006.

I was admitted to study Pharmacy at the Nnamdi Azikiwe University (UNIZIK), Awka, in 2012. I was a public figure and very influential in the faculty. I represented my class, as well as the Faculty of Pharmaceutical Sciences and the university in many activities. In 2014, I won the faculty's best debater and the most industrious 200 level student. In 2015, I was the best seminar presenter in the faculty, the winner of the Student Union Government (SUG) public speech, and was the 1st runner-up in the impromptu speech presentation during the national convention of the Pharmaceutical Association of Nigeria Students (PANS). I was awarded the most industrious 300 Level student in the faculty.

I was appointed the editor-in-chief of PANS in 2015. In 2016, I contested for the faculty president, but it eluded me. I was later appointed national chairman, Academic/Scientific Research Committee, in 2016. In 2017, I was awarded the Best PANSite.

## How did you feel when you realised you had been nominated for the online poll?

It was a shock to me. I never anticipated it because I never considered myself worthy of such encomium. When I chatted with the person that nominated me to know his reason, he didn't hesitate to tell me that I should have known that I had been impacting people's lives



Pharm. Daniel Eze

positively.

## When you were eventually shortlisted for the poll, what happened?

I shared the voting link to all on my contact list – over 1000 people. I also shared to all my social media handles and the various WhatsApp groups to which I belonged, ranging from UMTH Pharmacy, Borno State; to PSN-YPG groups, seminary schools, as well as pharmacy schools like UNIZIK, UNIMAID, COOU, and UNN. I also shared to the NYSC group chat. In fact, friends and well-wishers told me they would shock Pharmanews with their votes; that I should go and sleep.

## What do you have to say to all your friends who facilitated your victory?

I can't stop thanking them for giving me such a privilege. I am short of words to describe how I feel. However, I pledge to do more exploits and do greater things than what they saw in me to give me victory.

I would also like to thank every young pharmacist out there that voted for me. As to what they saw in me that prompted them to vote for me, I promise that I won't let them down. This award also means that Pharmanews is really concerned and has it at heart that the pharmacy profession in Nigeria is greatly improved.

Also, being the recipient of this award means that I am now an ambassador of Pharmanews. This means that that wherever I go and in whatever I do, I must always ensure that I am found on the positive side and not in negativity because

I wouldn't want to do anything to the detriment of Pharmanews. This means that I am going to live up to expectation.

## Tell us about your NYSC exploits and achievements

When I told my family and friends that my NYSC call up letter showed that I was posted to Borno State, some cried on my behalf. Some thought it was a death sentence. Some asked where I would be sleeping because Boko Haram had burnt down all the buildings, going by frequent media reports. Some of them said there was no need going with my phone because they might have burnt down all the network masts.

Actually, for me, I had zeroed in my mind to serve in the IDP camp, because I didn't believe there was any hospital in the area to work as a pharmacist. I made up my mind that I was going to be of great help to the IDPs since every corps member was deployed from Borno.

Due to the insurgency and insecurity in Borno, the corps member were camped in Katsina State during my time (2019, Batch C1). In the camp, I found myself in Platoon One. I participated virtually in all camp activities, starting from my role in the camp clinic, where we took care of sick corps members and the NYSC staff. I participated in the platoon parade and Man O' war drilling. I was the Platoon One Sanitation Team coordinator and Igbo Cultural Dance coordinator. I represented my platoon in the inter-platoon debate competition and was the 1<sup>st</sup> runner-up, receiving a cash prize in the process. I was also nominated to represent ICT Skill

Acquisition and Entrepreneurship Development during the general exhibition.

In the course of my service year, I attracted a university scholarship for one of the bright IDP students to be sponsored by a pharmacist colleague residing in Canada, I ensured part payment of WAEC/NECO enrolment fee for a bright but poor IDP student. I presented books to Kuchelli Ishaya, the IDP student that made best score in JAMB among IDP students that wrote JAMB in 2020.

I also conducted career orientation exercises, guidance and counselling, as well as sensitising the students to scholarship opportunities for higher studies. These include NNPC, Chevron, Agbami, and Federal Government scholarships. I taught extra-mural classes (Monday to Sunday) for WAEC, NECO and JAMB candidates of IDP schools in Jere L.G.A and their host schools. I donated educational learning materials to IDP senior secondary schools in Gwoza, Bama, Gamboru Ngala, Dikwa and their two host schools. These include 120 exercise books, 70 pieces of scientific calculators, 100 pieces of Mathematics sets, 300 graph books, 400 pens, 220 rulers, 288 pencils, and 60 textbooks for WAEC. I also established Pharmacy Innovative Forum (PIF) to raise young researchers in the Pharmacy profession. These are few of the several activities I carried out in my service year.

## Do you intend having a non-governmental organisation (NGO) at any time?

No! I have never thought about that. I think it is just in my nature to give back to the society what God has given me, any time I can, with no intention of making it known in the form of an NGO. I prefer reciprocating kind gestures in my own little ways, as I have been doing.

## Now that you have emerged Young Pharmacist of the Year 2020, what will you be doing next?

As the latest Pharmanews ambassador, I pledge to truly represent the company on a good note, with integrity, wherever I go and at any time. As part of the plan, I will take this award to my hometown, Ebonyi State, so that they can also rejoice with their son who has made them proud. With this move, Pharmanews will be celebrated, too.

As part of my advancement in the course of innovation and public health impacts, which were the major criteria for making it to the final poll, I pledge to take the pharmacy profession to the zenith. This will be achieved through an academic group I founded - Pharmacy Innovative Forum (PIF) - which core activities have already been test-run in the Faculties of Pharmacy of three Universities: University of Maiduguri, Nnamdi Azikiwe University, and Chukwuemeka Odumegwu Ojukwu University.

I am also looking forward to taking this initiative to all the Ebonyi Pharmacy students, to catch them young.

# Techniques in management of pain, rheumatism and arthritis

continued from page 13

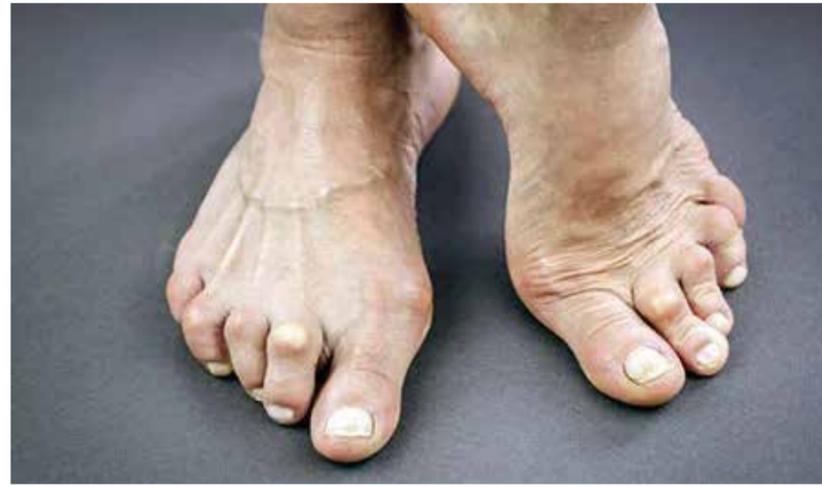
**Use of non-steroidal anti-inflammatory drugs (NSAIDs):** NSAIDs are another type of analgesic. They can reduce pain and help a person regain daily function. They are available over the counter or on prescription at a range of strengths.

NSAIDs are suitable for minor acute pains, such as headaches, light sprains, and backaches. NSAIDs can relieve localised inflammation and pain that is due to swelling.

However, these drugs may have side effects relating to the digestive system, including bleeding. Therefore, a doctor will monitor a person taking a high dosage. It is always important to read the packaging to find out what is in an analgesic before using it and to check the maximum dosage. People should never exceed the recommended dosage.

**Use of opioids:** Doctors prescribe these drugs for the most extreme acute pains, such as those that result from surgery, burns, cancer, and bone fractures. Opioids are highly addictive, cause withdrawal symptoms, and lose effectiveness over time. They require a prescription. In situations involving severe trauma and pain, the doctor will carefully manage and administer the dosage, gradually reducing the amount to minimise withdrawal symptoms.

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



pulmonary disease (COPD, kidney disease, liver problems, previous drug use disorder and dementia. Whereas, Opioids can cause dangerous side effects in people with certain chronic diseases. For instance, they can cause respiratory depression, which can exacerbate the symptoms of COPD.

### Treatment of chronic pain

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

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

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

**Psychotherapy:** This can help with the emotional side of ongoing pain. Chronic pain often reduces the enjoyment of everyday activities

and makes working difficult. Also, studies have found that chronic pain can lead to depression and that depression intensifies chronic pain. A psychotherapist can help a person implement changes to minimize the intensity of pain and build coping skills.

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

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

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

according to 2019 research.

**Relaxation therapies:** These include a wide range of controlled relaxation techniques and exercises, mostly in the realm of alternative and complementary medicine. A person can try hypnosis, yoga, meditation, massage therapy, distraction techniques, tai chi, or a combination of these practices.

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

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

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

### Overview of rheumatism

Rheumatism refers to various painful medical conditions which affect joints, bones, cartilage, tendons, ligaments and muscles. Rheumatic diseases, also called musculoskeletal diseases, are characterised by pain. The term rheumatism was used in historical contexts when referring to any of the vast array of inflammatory joint disorders.

Presenting an overview of rheumatic diseases and methods of diagnosing it, Dr Boluwaji A. Akinnuwesia, in the study titled "Decision support system for diagnosing rheumatic-musculoskeletal disease, using fuzzy cognitive map technique" posited that rheumatic diseases can be found everywhere in the world and are more prevalent in

continued on page 17

## EXPRESSIONS of PAIN

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# Techniques in management of pain, rheumatism and arthritis

continued from page 15

women, noting that Rheumatic diseases are non-communicable but can be hereditary.

According to the doctor, rheumatic diseases can also be referred to as a confusable disease because there are some ailments with similar symptoms, including malaria, HIV/AIDS, typhoid, skin conditions, mouth sores, and infections. The doctor disclosed that patients are sometimes misdiagnosed with any of these ailments because of the similar symptoms.

The World Health Organization (WHO) report in 2018 on estimate and prevalence of rheumatic diseases established that rheumatoid arthritis affects mostly persons of ages 20-40 years, with prevalence between 0.3 and 1% in women of developed countries. Within 10 years, at least 50% of patients are unable to continue full-time work. WHO also revealed in the report that Osteoarthritis (one of the types of rheumatic disease) is one of the ten most disabling diseases in the developed countries.

"Farming for 1-9 years increases the risk of osteoarthritis 4.5 times while farming for 10 or more years increase the risk 9.3 times. It was estimated that 9.6% of men and 18.0% of women over 60 years have symptomatic osteoarthritis. 80% of those with it will have limitations in movement and it affects the daily activities of 25%", WHO said in the report.

Rheumatism has two forms: Articular or the one affecting the joints. It commonly includes rheumatoid arthritis, lupus, gout, spondylitis etc. and Non-articular or the ones that affect soft tissues, muscles and lead to regional pain syndromes. People afflicted with rheumatic diseases are diagnosed and treated by rheumatologists who are trained in this field.

## Common rheumatic disorders

Today, there are more than 200 distinct rheumatic diseases. Among the most common ones are: Osteoarthritis, rheumatoid arthritis (ra), lupus, spondyloarthropathies -- ankylosing spondylitis (as) and psoriatic arthritis (psa), sjogren's syndrome, gout, scleroderma, infectious arthritis, juvenile idiopathic arthritis, polymyalgia rheumatic.

## Causes and types of rheumatic disease

**Osteoarthritis (OA):** Unlike most rheumatic diseases, osteoarthritis is not linked to problems with the immune system. It results from damage to cartilage, the cushiony material on the end of your bones. As it wears down, your joints hurt and become harder to move. It usually affects the knees, hips, lower back, neck, fingers, and feet.

**Symptoms:** the symptom of osteoarthritis include pain, swelling, warmth and stiffness. muscle weakness can make joints unstable. Depending on what parts of the body it affects, OA can make it hard to walk, grip objects, dress, comb your hair, or sit.

**Diagnosis and treatment:** Your doctor will ask about your medical history and symptoms. You will also get a physical exam. You may also need to get blood tests or let your doctor take a sample of fluid from an affected joint. Usually by the time someone with OA seeks treatment, there are changes visible on an X-ray of the joint. The X-ray may show narrowing of the



joint space or the presence of bone spurs. In some cases, your doctor might request an MRI (magnetic resonance imaging) to provide a picture of the inside of your joint. Your doctor will recommend suitable treatment.

**Rheumatoid arthritis (RA):** RA happens when the immune system attacks your own tissues and causes joint pain, swelling, and stiffness. It's not part of normal aging.

**Symptoms:** Pain and swelling in multiple joints (usually the same joints on both sides of your body, like both wrists and both ankles). Problems in other organs such as the eyes and lungs, joint stiffness, especially in the morning, Fatigue, Lumps called rheumatoid nodules.

**Diagnosis and treatment:** You'll get a checkup and tell your doctor about your health history. The doctor may take X-rays and samples of your joint fluid. They'll do blood tests that look for different signs of inflammation. These include: Antinuclear antibody (ANA), Anti-cyclic citrullinated peptides (anti-CCP), Complete blood count, C-reactive protein (CRP), Erythrocyte sedimentation rate (ESR), Rheumatoid factor (RF). Your doctor will recommend suitable treatment.

**Lupus:** Lupus (also called SLE or systemic lupus erythematosus) is an autoimmune disease. It can affect many organs in your body.

**Symptoms and treatment:** the symptom of lupus include joint pain, fatigue, joint stiffness, rashes, including a "butterfly" rash across the cheeks, sun sensitivity, hair loss, blue or white fingers or toes when exposed to cold (called raynaud's phenomenon), problems in other organs such as the kidneys, blood disorders, such as anemia and low levels of white blood cells or platelets, chest pain from inflammation of the lining of the heart or lungs, seizures or strokes. Your doctor will recommend suitable treatment.

**Diagnosis and treatment:** Your doctor will ask about your medical history, do a physical examination, and order lab tests of blood and urine samples. Blood tests for lupus include Antinuclear antibody test (ANA), Anti-double stranded DNA antibody (Anti-dsDNA), Anti-



Smith antibody (Anti-Sm). Most people with lupus have a positive ANA blood test. Your doctor will recommend suitable treatment.

**Ankylosing spondylitis:** Ankylosing spondylitis usually starts gradually as lower back pain. It usually involves the joints where the spine attaches to the pelvis, known as the sacroiliac joints.

Ankylosing spondylitis is more common in young men, especially from the teenage years to age 30.

**Symptoms:** the symptom of Ankylosing spondylitis include gradual pain in the lower back and buttocks, lower back pain that worsens and works its way up the spine, pain felt between the shoulder blades and in the neck; pain and stiffness in the back, especially at rest and when getting up; pain and stiffness that get better after activity; pain in the middle back and then upper back and neck (after 5-10 years). And if the condition worsens, your spine may become stiffer. It may become hard to bend for everyday activities.

**Diagnosis and treatment:** Your doctor will give you a physical exam and ask you about your medical history. You may get X-rays of your back, looking at the sacroiliac joints. A blood test for a protein called HLA-B27 may help confirm a diagnosis. Your doctor will recommend suitable treatment.

**Sjogren's Syndrome:** Sjogren's syndrome causes parts of your body to dry out, like the eyes or mouth. Some people also have RA and lupus. Others just have Sjogren's. The cause is unknown, but it happens when your immune system attacks those body parts. It's more common in women than men.

**Symptoms:** Symptoms for Sjogren's syndrome include dry eyes (the glands in your eyes don't make enough tears), eye irritation and burning, dry mouth (the glands in your mouth don't make enough saliva), tooth decay, gum disease, or thrush, swollen glands on the sides of your face, joint pain and stiffness (rarely) and internal organ diseases (rarely).

**Diagnosis and treatment:** Your doctor will do a physical exam and ask about your medical history. You may also get other tests. To confirm the diagnosis, the doctor may do a biopsy, taking tissue from your inner lip to check in a lab. Your doctor will recommend suitable treatment.

**Psoriaticarthritis:** This is a form of autoimmune arthritis sometimes linked with skin symptoms of psoriasis. There are five types, namely: Symmetric - affects joints on both sides of your body. It's the most common, and it's similar to RA. Two, asymmetric - doesn't affect the same joints on either side. It may be

milder than other forms. Three, distal affects - the ends of your fingers and toes, along with you Spondylitis affects your spine and neck. And mutilans attacks the small joints at the ends of your fingers and toes. It may be the most severe kind.

**Symptoms:** They mimic other forms or arthritis with symptom such as painful swollen

joints, stiffness, loss or range of motion, swollen fingers and toes. They're often called sausage fingers or toes, tendon or ligament pain, rash, changes to fingernails and toenails, fatigue, inflamed eyes, flares -- periods of high disease activity and symptoms. Most people may have skin symptoms before they get joint symptoms. Sometimes it affects the joints first. Some people never have skin symptoms.

**Diagnosis and treatment:** It's a hard disease to pin down. It can resemble RA, gout, and even osteoarthritis. Genes play a role in this disease, so your doctor will ask about your medical history and that of your relatives. They'll look at your joints to see if they're swollen and inflamed, and might draw fluid from one to make sure gout or infectious arthritis isn't the cause of your problems. They'll also check your skin for signs of psoriasis. Imaging tests can show if you have joint damage. Blood tests for psoriatic arthritis that look for signs of inflammation include C-reactive protein, Erythrocyte sedimentation rate, Rheumatoid factor -- people with psoriatic arthritis almost always test negative. Your doctor will recommend suitable treatment.

**Gout:** This is a buildup of uric acid crystals in a joint. Most of the time, it's your big toe or another part of your foot.

**Symptoms:** They almost always come on quickly and you will notice intense joint pain which will probably be in your big toe, but it could also be in your ankles, knees, elbows, wrists, or fingers. Discomfort: Even after the sharp pain goes away, your joint will still hurt. Inflammation and redness: The joint will be red, swollen, and tender. Trouble moving: Your joint will be stiff.

**Diagnosis and treatment:** Gout can look like a lot of other diseases. Your doctor will ask if you have sudden joint pain, often at night, one or two joints affected, Pain-free times between attacks. Lab tests for gout include Synovial fluid analysis -- to check for uric acid crystals in your joint, Uric acid -- looks for high levels in your blood, Basic metabolic panel -- checks how well your kidneys work, Complete blood count (CBC) -- looks for white blood cells to rule out other conditions, Tests for inflammation like rheumatoid factor and anti-nuclear antibodies. Your doctor will recommend suitable treatment.

**Scleroderma:** This means hard skin and there are two conditions: the first one is the Localized scleroderma which is the most common type affecting children. About 90% of children are diagnosed between the ages of 2 - 14. About the same number of adults also get this type of scleroderma. They are typically diagnosed in their forties. This type can harden skin and everything beneath it, including fat, connective tissue, muscle, and bone. The second one is Systemic sclerosis and it can affect many body parts, from skin and blood vessels to organs, muscles, and joints.

**Symptoms:** symptom depends on the type you have. They can include Calcium lumps under your skin, digestive trouble, dry mouth, eyes, skin, or vagina, heart, kidney, or lung problems, stiff, swollen, warm, or tender joints, weak muscles, thickened skin on your fingers, Raynaud's phenomenon -- low blood flow to fingers and toes that may make them turn blue, Telangiectasia, small dilated blood vessels you can see through your skin.

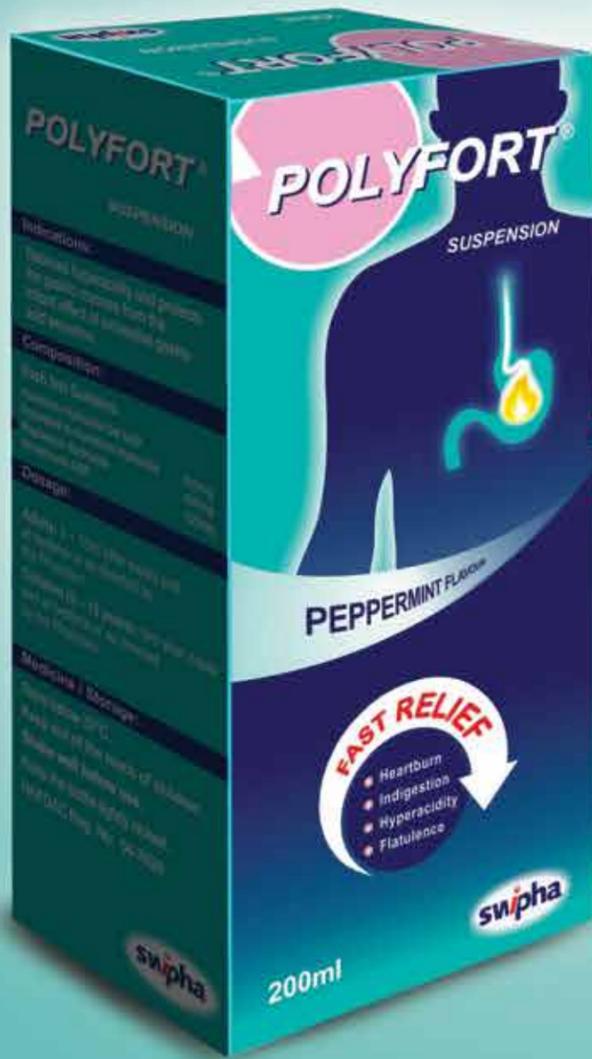
**Diagnosis and treatment:** The doctor will ask about your medical history and your current symptoms. They'll probably do blood tests

continued on page 19

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## Techniques in management of pain, rheumatism and arthritis

continued from page 17

to look for antibodies (proteins) linked to scleroderma and these may include antinuclear antibody (ANA), Centromere antibody (ACA)/centromere pattern, Scl-70 antibody. After diagnosis and probable test, your doctor will recommend most suitable treatment.

**Polymyalgia rheumatica:** This is an inflammatory condition that mostly affects older adults.

**Symptoms:** the symptom can come on slowly or suddenly in form of stiffness that's worse in the morning and after sitting or lying still, fever, poor appetite, weight loss, pain and stiffness in at least two of the following body parts: Buttocks, Hips, Neck, Thighs and Upper arms and shoulders.

**Diagnosis and treatment:** It is not easy to diagnose Polymyalgia Rheumatica. The doctor will ask about medical history and do a physical examination. Then they'll do blood tests to look for different signs of inflammation. The goal is to rule out other autoimmune conditions like lupus and rheumatoid arthritis. The expected test may include: Anticyclic citrullinated peptides (anti-CCP), Antinuclear antibody (ANA), Complete blood count, C-reactive protein, Erythrocyte sedimentation rate (ESR) and Rheumatoid factor (RF). The result of the test and what the doctors find out will determine the treatment.

### Arthritis

Arthritis is a joint inflammation and it is the term used to describe over 100 rheumatic diseases and conditions that affect joints, the tissues that surround the joints, and other connective tissues.

According to Dr Olu Donald, who is also a columnist with The Punch newspaper, arthritis is a term often used to mean any disorder that affects joints. "The types of arthritis range from those related to wear and tear of cartilage (such as osteoarthritis) to those associated with inflammation resulting from an overactive immune system (such as rheumatoid arthritis). Together, the many types of arthritis make up the most common chronic illness", Donald said.

According to Arthritis Foundation in Atlanta, arthritis is more than just wear and tear or an old person's disease. The Foundation posited that arthritis is very common but not well understood.

"Arthritis is not a single disease; it is an informal way of referring to joint pain or joint disease. There are more than 100 types of arthritis and related conditions. People of all ages, sexes and races can and do have arthritis, and it is the leading cause of disability in America. More than 50 million adults and 300,000 children have some type of arthritis. It is most common among women and occurs more frequently as people get older", the foundation has said in one of its publications.

### Causes

Potential causes of arthritis may include injury leading to degenerative arthritis; abnormal metabolism leading to gout and pseudogout; hereditary factors – such as in osteoarthritis; infections – such as in the arthritis of Lyme disease; immune system dysfunction – such as in rheumatic arthritis and systemic lupus erythematosus.

### Signs and symptoms

Pain, which can vary in severity, is a common symptom



in virtually all types of arthritis. Other symptoms include swelling, joint stiffness and aching around the joint(s). Arthritic disorders like lupus and rheumatoid arthritis can affect other organs in the body, leading to a variety of symptoms. Symptoms of arthritis may include inability to use the hand or walk,

can have a huge impact on quality of life.

### Diagnosis

Your doctor will discuss your medical history and current symptoms. They'll look for signs of joint inflammation and test your range of motion. They'll look at

stiffness which may be worse in the morning, or after use; malaise and fatigue; weight loss; poor sleep; muscle aches and pains; tenderness and difficulty moving the joint

It is common in advanced arthritis for significant secondary changes to occur. For example, arthritic symptoms might make it difficult for a person to move around and/or exercise, which can lead to secondary effects, such as muscle weakness; loss of flexibility; decreased aerobic fitness. These changes, in addition to the primary symptoms,

your eyes, skin, and pelvic/genital area. They'll take X-rays of your joints, pelvis, and spine to check for swelling, joint damage, and other signs of reactive arthritis. They'll also take a swab from your urethra (if you're a man) or your cervix (if you're a woman) to help spot signs of the disease. A sample of fluid from your joint as well as lab tests on your pee and poop can help rule out other conditions. Blood tests can also show signs of inflammation, including Erythrocyte sedimentation rate, C-reactive protein, Complete blood count and HLA-B27.

### Types of arthritis

Although various doctors and resource persons have mentioned different type of Arthritis, the Arthritis Foundation in Atlanta, USA has categorised all Arthritis related disease under four types which are:

### Degenerative arthritis:

Osteoarthritis, according to the foundation, is the most common type of arthritis. When the cartilage – the slick, cushioning surface on the ends of bones – wears away,

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## Techniques in management of pain, rheumatism and arthritis

*continued from page 19*

bone rubs against bone, causing pain, swelling and stiffness. Over time, joints can lose strength and pain may become chronic. Risk factors include excess weight, family history, age and previous injury (i.e., an anterior cruciate ligament, or ACL tear).

**Treatment and management:** Regular physical activity, hot and cold therapies, over-the-counter pain relievers and assistive devices are commonly used to help manage mild to moderate osteoarthritis symptoms. If joint symptoms are severe, causing limited mobility and affecting quality of life, joint replacement may be necessary. Osteoarthritis may be prevented by staying active, maintaining a healthy weight and avoiding injury and repetitive movements.

**Inflammatory arthritis:** A healthy immune system is protective. It generates internal inflammation to get rid of infection and prevent disease. But with inflammatory types of arthritis, the immune system doesn't work properly and mistakenly attacks the joints with uncontrolled inflammation, potentially causing joint erosion. Inflammation can also damage to internal organs, eyes and other parts of the body. Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and gout are examples of inflammatory arthritis. Researchers believe that a combination of genetics and environmental factors can trigger autoimmunity. Smoking is an example of an environmental risk factor that can trigger rheumatoid arthritis in people with certain genes.

**Treatment and management:** With autoimmune and inflammatory types of arthritis, early diagnosis and aggressive treatment is critical. Slowing disease activity can help minimize or even prevent permanent joint damage. Remission (little to no disease activity) is the goal and may be achieved by using one or more medications known as disease-modifying antirheumatic drugs (DMARDs). Other treatment goals include reducing pain, improving function and preventing further joint damage.

**Infectious arthritis:** A bacterium, virus or fungus can enter the joint and trigger inflammation. Examples of organisms that can infect joints are salmonella and shigella (food poisoning or contamination), chlamydia and gonorrhea (sexually transmitted diseases) and hepatitis C (a blood-to-blood infection, often through shared needles or transfusions).

**Treatment and management:** In many cases, timely treatment with antibiotics may clear the joint infection, but sometimes the arthritis becomes chronic.

**Metabolic arthritis:** Uric acid is formed as the body breaks down purines, a substance found in human cells and in many foods. Some people have high levels of uric acid because they naturally produce more than is needed or the body can't get rid of it quickly enough. In some people, uric acid builds up and forms needle-like crystals in the joint, resulting in sudden spikes of extreme joint pain, or a gout attack. Gout can come and go in episodes or, if uric acid levels aren't reduced, can **between arthritis and rheumatism**

It is pertinent to state that there appears to be confusion between arthritis and rheumatism, which is understandable. Although the word "rheumatism" is no longer in the medical dictionary, it is still used informally to describe symptoms



similar to those experienced in osteoarthritis.

Rheumatism and arthritis both tend to be used as descriptions for a variety of symptoms, such as joint pain and inflammation. However, two modern-day terms describe two different conditions: Osteoarthritis and rheumatoid

arthritis.

Medical professionals no longer use the word "rheumatism," but it remains in general language. There is no real difference between rheumatism and arthritis. Rheumatoid arthritis is a type of autoimmune disease (where the body attacks its own cells).

Symptoms of rheumatoid arthritis and osteoarthritis often overlap. In most cases, when non-doctors use the word "arthritis," they are sometimes referring to osteoarthritis; when they use the word "rheumatism," they often mean rheumatoid arthritis.

In view of the overlapping nature of the symptoms of rheumatism and arthritis, doctors have advised patients not to conclude on their own that they are having rheumatism or arthritis but to see doctor.

"If you're having joint symptoms that cause concern, it could be arthritis; it could be rheumatoid arthritis. An appointment with a primary healthcare practitioner is a good place to start", the Arthritis Foundation advises.

**Report compiled by Ranmilowo Ojalumo with additional report from WHO, Nigerian Journal of Orthopaedics and Trauma, The punch, Arthritis Foundation of Atlanta, Webmed, Cleveland Clinic, Medical News Today, Healthline, Everyday Health, Creakyjoint.org**

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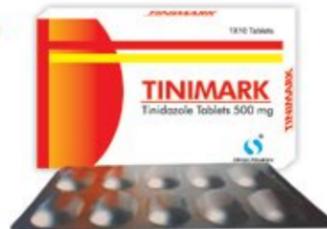
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# Pharmacists' participation in COVID-19 vaccine distribution fundamental – PSN

continued from front page



**Pharm. (Mazi) Sam Oluabunwa  
PSN, President**

in vaccine capacity building in Nigeria, saying this should be done immediately through the release of funds to relevant pharmacists be it community or research or hospital pharmacists must be secured, to ensure effectiveness of the vaccinations

universities and research institutions.

He said: "Vaccination should be seen as a public health good, to be delivered to all nooks and crannies of Nigeria. Collaboration among stakeholders, including the public and private sector, and faith-based organisations must be implemented.

"The place of pharmacists, the custodians of drugs and drug information is fundamental. The participation of

and generation of data for much needed local vaccine research."

Concerning local vaccine production, Oluabunwa emphasised that this may not be possible until the Pharmacy Bill comes into effect.

"PCN Bill and vaccine production are like twins that cannot exist without the other. Situations have arisen in the past when NAFDAC approached the WHO for approval on similar issue, but when the former PCN Bill was presented as a requirement, it was turned down on the basis of weakness. Hence, the need for the passage of the new bill arises.

"We have the science and technological know-how; in fact if the Bill is passed into law today, I can tell you that in less than 18 months, we can give the government a detailed proposal for the production of COVID-19 vaccine", Oluabunwa asserted.

Explaining further on the bill, the number one pharmacist in the country said it is impossible to enforce a law that is not in existence.

It would be recalled that the PCN Registrar, Pharm. (Dr) N.A.E. Mohammed, had in 2020, highlighted the merits of the new Pharmacy Bill over the previous one.

According to him, the new document will help arrest the current trend in which drugs are made available through illegal and unregistered outlets.

"It is all-encompassing and addresses the gaps inherent in the extant Act and will help guarantee public health, since it provides adequate sanctions in the event of a breach of any of its provisions," Muhammed said.

He added that the offences covered by the proposed new law include unprofessional conduct; failure to register premises; refusal to dispense drugs and poisons; control of sale of patent and proprietary medicines; provision or supply of dangerous and restricted drugs; improved access to quality, effective and affordable medicines through introduction of satellite pharmacy and introduction of the concept of chain pharmacy.

## University News

### Ebeshi becomes new dean, NDU Faculty of Pharmacy

Promises to take faculty to greater heights in research, innovation

By Ranmilowo Ojalumo

The Faculty of Pharmacy, Niger Delta University (NDU), Wilberforce Island, Bayelsa State, has elected Prof. Benjamin U. Ebeshi as dean. Ebeshi, whose election took place on 15 February, succeeded Prof. Joshua F. Eniojukan. He joined NDU in 2008 as Lecturer 1, and rose through the ranks to become Professor of Pharmaceutical Chemistry in 2018.

Ebeshi obtained B.Pharm at the Ahmadu Bello University Zaria, Nigeria in 1993. Thereafter, he bagged MSc and PhD (Pharmaceutical Chemistry) in 2004 and 2010, respectively, at the Obafemi Awolowo University Ile-Ife, Nigeria. In between, he had privileges of enjoying some fellowships to conduct some of his research activities outside the country.

His research interests are in the areas of Drug Metabolism and Pharmacokinetics, Pharmacogenetics and Pharmaceutical Analysis.

In recognition of his contributions to scientific research and development over the years, he was appointed by the Director General, Food and Agriculture Organisation (FAO) of the United Nations into a joint FAO/WHO committee of experts (JECFA) for a five-year period, (2017-2021).

In that capacity, he joined other experts in November, 2019 at FAO headquarters, Rome, Italy, to review and draft technical reports and monographs of some veterinary drugs residues in some tissues of edible animals with a view to enhancing food safety and promote international trade.

While speaking with *Pharmanews* in an interview shortly after his emergence as dean, Ebeshi disclosed his readiness to work with all available

resource persons to reposition the faculty.

The new dean stressed that his aspiration is to take the faculty to unprecedented heights, specifically in the area of research and innovations, adding that he intends to expand the scope and goals of the faculty in several areas.

His words: "I intend to expand the scope and the goals of the faculty in many areas among which are to establish and maintain effective formal and informal links with sister faculties, relevant international organisations, civil society groups, government departments and agencies, local authorities, decision makers, and other stakeholders to exchange information and views to ensure that the faculty achieves its set objectives."

Ebeshi added that he intends to "encourage all academic staff to imbibe the culture of writing good research proposals to enable them attract funding from both local and international funding organisations; commercialise research and teaching outcomes, intellectual property of the faculty in consultation with the management and also attract some philanthropic support, grants and investment from companies, foundations, alumni and other stakeholders in order to promote the development of the faculty."

The dean further revealed that some researches are currently ongoing in the faculty, saying he would work with the research groups to pursue their studies to a productive end. The researches, according to the dean include: an exploration of the unique forest resources of the Niger Delta to

identify natural plants that have medicinal values to be used in the treatment of diseases; a population-based study on the impact of genetic variation in patients' response to drug therapy, especially for drugs that are metabolized by the polymorphic enzymes; and an environmental field toxicokinetic study that evaluates analytically the different patterns of sprayed endosulfan in samples of *Theobroma cacao L.*"

Ebeshi noted that some commercial products by the university, such as bottled water, liquid soap, detergent, and herbal soap had their roots in the operational research works of the faculty. He also affirmed the readiness of the faculty to intensify the quest towards production of drugs that will help in treating COVID-19.

He said: "the Registrar, Pharmacists Council of Nigeria (PCN) recently sent a letter to the vice-chancellor of the Niger Delta University - and I believe other universities with approved Faculties of Pharmacy were sent similar letter as well - to intimate him of the need to encourage the Faculty of Pharmacy in his domain to produce simple drugs that can boost the immunity of the population against COVID-19.

"I am therefore willing to champion the cause of any drug production for the treatment of COVID-19 and by so doing, we would also require that our facilities are upscale to meet the standard requirements."

Ebeshi also seized the opportunity of the occasion to urge the Nigerian government to pay more attention to Faculties of Pharmacy in all the universities in the country and support them on drug production so as to reduce drug importation.

He stated: "The Nigerian government should upscale teaching and research facilities in the various Faculties of Pharmacy in Nigeria university system; thereafter, the faculties should be commissioned and mandated to embark on local drugs production to reduce the nation's



**Prof. Benjamin U. Ebeshi**

overdependence on imported drug products.

"The faculties should also be encouraged to embark on mass routine quality assurance testing of imported pharmaceuticals to minimise the danger posed to the society by the proliferation of fake and adulterated drug products in our markets"

The dean also emphasised the need for schools of pharmacy in Nigeria to update their curricular to capture the new realities of modern life.

According to him, "Considering the changing lifestyle of our population, the disease demography is also changing. More metabolic diseases like cancers, hypertension, congestive heart failure and diabetes are now frequently reported in our healthcare centers. Hitherto, the pharmacy curriculum is centered around small drug molecules.

"With advances in Molecular Sciences sequel to the completion of the Human Genome project in 2003, emphasis is shifting from small molecules to large genetically engineered molecules, known as biopharmaceuticals. It is therefore imperative that the schools of pharmacy in Nigeria tailor their curricular to capture these new realities."

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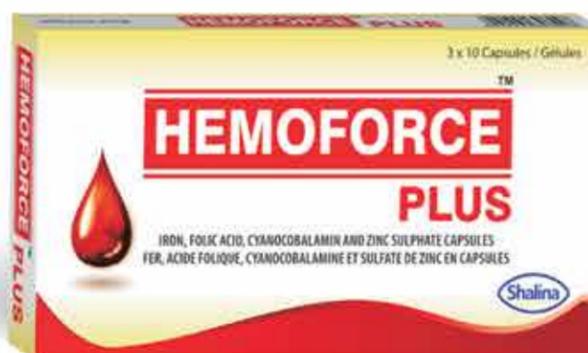
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# COVID-19: Drugfield launches Cofepront to combat cough Introduces Mycoten Plus for vaginal infections

By Ranmilowo Ojalumo

As part of its corporate mission of continually providing quality medicines, Drugfield Pharmaceuticals Limited, has launched Cofepront syrup, indicated for treatment of cough in children and adults, especially the ones associated with COVID-19 infection.

While unveiling Cofepront at the organisation's head office in Sango-Otta, Ogun State, recently, the Group Managing Director, Pharm. Olakunle Ekundayo, explained that the introduction of the cough medicine was in line with the primary objective of the company to improve the health of Nigerians and others outside the country.

Ekundayo noted that while COVID-19 may not have a single cure yet, Cofepront will effectively treat cough associated with the disease and any other type of cough.



Group Managing Director, Drugfield Pharmaceuticals Limited, Pharm. Olakunle Ekundayo (6th left) and other top executives of the company during the launch of Cofepront Cough Syrup and Mycoten Plus Vaginal Cream at the company's head office in Otta, Ogun State, recently.

Ekundayo said: "Drugfield is not just a strong force in the country, we are making great impact and we will continue to make impact. If you look at the formulation of the new cough syrup, Cofepront, you will

know that it is very good for people displaying cough symptom for COVID-19.

"We will work hard to make sure the product is available to all and sundry, first in Nigeria, which is our home and then to other people all over the world."

In his address at the launch, the company's Executive Director, (Marketing), Pharm. Sola Akande, said Drugfield has, again, shown itself to be a thoughtful and forward-thinking company by introducing such an important product at this critical period in the country.

According to him: "One of the signs and symptoms of COVID-19

is cough. For Drugfield to have come up with a cough product like Cofepront syrup that will treat one of the symptoms of COVID-19 is a laudable move that will help to improve the wellbeing of people."

While explaining the formulation of the product and its efficacy, the Product Marketing Manager, Yemi Adelaja, noted that Cofepront is indicated for the treatment of productive cough associated with acute and chronic bronchitis, bronchi asthma, emphysema, and other bronchio pulmonary disorders.

He specifically explained that the product has Salbutamol, a selective beta 2 adrenoceptor agonist, which at therapeutic doses, acts on beta 2 receptors of the bronchial muscle to cause its relaxation, adding that Cofepront also contains Bromhexine, a mucolytic drug used in the treatment of respiratory disorders associated with viscid or excessive mucus.

Cofepront, according to Adelaja, also contains Guaifenesin, which makes the viscous mucus of the respiratory tract more fluid, thereby enabling expectoration and reducing cough. He added that Guaifenesin acts as an expectorant by increasing the volume and reducing the viscosity of secretions in the trachea and bronchi.

Adelaja added that Cofepront also has menthol, a mild local anaesthetic, with nasal decongestant properties that exerts soothing and counter-irritation of upper respiratory mucosa. He however noted that the product is contraindicated in patients with hypersensitivity to any of the mentioned components.

Meanwhile, Drugfield has also launched Mycoten Plus, a vaginal cream, aimed at treating mixed vaginal infections.

According to the product manager, study has shown that many women in Nigeria are battling vaginal infections, noting that an infected vagina is dangerous for pregnancy and also during childbirth.

He stated that the high risks associated with vaginal infections necessitates the need for every woman, whether pregnant or not, to treat any infection as early as possible before it causes irreparable damage, pointing that Mycoten Plus is the right product to achieve such.

Although Mycoten Plus is a vaginal cream, Drugfield's MD, Ekundayo, said the cream can also be used to treat the male organ to avoid re-infection during intercourse.

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## The asthma weed

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

**E***uphorbia hirta* Linn. (family Euphorbiaceae) is a small annual herb, characterised by the production of milky white latex. The plant has simple leaves that are displayed in opposite arrangement. It is erect, grows to a maximum height of 40cm and may be seen lying down. It is found growing wild in waste places along the roadsides and on lawns in Nigeria. It is popularly known as asthma weed in English, *nonan kurchiya* in Hausa, *udani* or *ba ala* in Igbo and *akun esan*, *ewe egele* or *ege-ile* in Yoruba

### Constituents:

Studies show that the leaves of *E. hirta* contain phytochemicals, like flavonols (quercetin and myricetin derivatives, and kaempferol), hydroxybenzoic acids (gallic and protocatechuic acids), tannins (gallotannins and euphorbins), flavones (luteolin) and lignans (pinocembrin, pinoresinol derivatives and syringaresinol derivatives).

Also present are triterpenes, phytosterols, polyphenols, essential oil, alkaloids, saponins, amino acids and minerals.

### Preparations

The plant can be eaten as vegetables. The fresh leaf may be pounded, boiled or dried. The dried leaves may be ground to powder. The plant may be prepared and taken as



*Euphorbia hirta*

decoction, tea or tincture.

### Pharmacological actions and medicinal uses:

All parts of the plant (leaves, flowers, roots and sap) are effective in their own ways and are used for specific ailments, in different ways and in different forms, depending on the specific ailment. Studies show that extracts of *E. hirta* exhibit anxiolytic, analgesic, antipyretic, hypotensive, antifungal, antimalarial, antioxidant, free radical scavenging and anti-inflammatory activities. Hence researchers across the world, including the University of Ibadan, Nigeria, have reported extensively on the use of

*Euphorbia hirta* for the treatment of gastrointestinal disorders (diarrhoea, dysentery, intestinal parasitosis, etc.); and bronchial and respiratory diseases (asthma, bronchitis, hay fever and flu).

It has been reported that the root decoction of the plant acts as a galactagogue (induces milk flow for nursing mothers deficient in milk), is used to lower blood pressure, treat athletes foot and dengue fever and can also be used to relieve anxiety and stress. It is said to be effective in the treatment of boils, sore, wounds and ulcers.

*Euphorbia hirta* relieves symptoms experienced by someone suffering from chronic flu, by softening dry cough

to release mucus as phlegm, thereby clearing the airways and nasal chambers. Some scientists at the University of Ibadan advised that there is no evidence yet that *Euphorbia hirta* can cure coronavirus, but it can be useful in mitigating some of the symptoms like fever, cough and respiratory challenges.

Reports also have it that *Euphorbia hirta* is used in the treatment of gonorrhoea, cancer, fever, eyelid styes, bowel complaints, helminthic infestations and kidney stones, among others. Decoctions of dry and fresh herbs are, respectively, used for treatment of skin diseases and as gargle for the treatment of thrush. Root decoction is used for the treatment of snake bites.

### Adverse effects

When taken by mouth, *Euphorbia hirta* can cause some side-effects, such as nausea and vomiting, irritation of the stomach and intestine. There is some evidence that it might cause the uterus to contract, and this could cause a miscarriage. The fresh herb can cause skin irritation or allergic reactions.

### Economic uses and potentials

Halal *Euphorbia hirta* dry leaf powder may cost about \$8 per kg; the extract powders cost more i.e. \$1-\$100, depending on the quality. This humble plant, *Euphorbia hirta*, the asthma weed, offers opportunities for use in the pharmaceutical industry, as well as in cultivation, processing and distribution.

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# Neimeth pays N123.45 million dividends to shareholders

## - Set to build WHO-standard manufacturing plant in Anambra

By Adebayo Oladejo

Despite the devastating effects of the COVID-19 pandemic on many economies and companies around the world, shareholders of Neimeth International Pharmaceuticals Plc recently received a dividend of 6.5 kobo on every 50 kobo shares held in the company, amounting to a total payout of N123.45 million.

Making the announcement at the company's 62<sup>nd</sup> Annual General Meeting (AGM), Chairman of Neimeth Board of Directors, Dr Ambrosie B.C. Orjiako, said the dividend which covers the 2020 business year, spanning October 2019 to September 2020, was coming after a decade of non-payment of dividend by the healthcare company.

Orjiako also revealed that the company plans to build a new World Health Organisation (WHO) current Good Manufacturing Practice (cGMP) compliant multi-products manufacturing facility in Amawbia, Anambra State, using a low-interest loan obtained from the Central Bank of Nigeria (CBN).

He added that despite the very challenging operating environment in the business year under review, he was glad that the company recorded a growth of 20 per cent in revenue from 2.37 billion in the 2018/2019 business year to 2.84 billion in the 2019/2020 business year. He revealed, however, that profit before tax slid by 2.30 per cent at N297 million, compared to N304 million in 2019.

Orjiako further explained that as a result of the good performance, the company has returned to dividend payment after almost a decade, adding that this was made possible by the successful restructuring of the company's balance sheet, which, according to him, was approved by shareholders at the 61<sup>st</sup> AGM held in 2020. He thanked the management of the company for ending the era of losses, which enabled the declaration of dividends.

Regarding the company's plan for the immediate future, Orjiako said: "While we shall maintain the growth trajectory with targeted research and innovation, in the short and medium terms, through the 5-Year Strategic Plan, our objective in the longer term is to make Neimeth a leading healthcare conglomerate in Africa in line with the new corporate vision".

Also speaking, Neimeth's Managing Director/CEO, Pharm. Matthew Azoji, said 2019/2020 was one of the most challenging years in the global economy, adding that the four issues that characterised the country's business environment in 2020 were declining oil revenues, shortage of foreign exchange to service business obligations, the protracted land border closure that affected trade within the West Coast of Africa, as well as the debilitating COVID-19 pandemic which upset global and national economies.

Speaking further on the company's strategic direction during the COVID-19, Azoji said



**A cross-section of Neimeth's Team and some shareholders in group photograph with the Chairman, Board of Directors, Neimeth International Pharmaceuticals Plc, Dr Ambrosie B.C. Orjiako (Fourth from left), and Managing Director/CEO, Pharm. Matthew Azoji (Third from left), at the AGM.**

the company's growth strategies showed commendable resilience and continued to gain traction, saying these were pointers to its general operating efficiency and an indication that its medium-term strategies were in the right direction.

"We shall continue on this growth trajectory and, with our planned facility improvement, we hope to accomplish more audacious goals in the current business year", he said.

Speaking on Neimeth's rise in share price, Azoji said investors showed a significant interest in the company's shares in the 2019/2020 financial year, adding that the share price rose from 40 Kobo at the beginning of the financial year to a height of 2.57 Naira on 11 June, 2020.

He said: "The share price closed at 1.85 Naira as of Wednesday, 30 September, 2020, being the end of the financial year - a gain of about 362.5 per cent in 12 months. The company's share continues to do well in the market, as it has since risen above 1.85 naira."

Azoji also said that the attention of Neimeth is not so much on its current achievements but on the opportunities ahead.

"As a management, we shall continue to drive the company's goals through corporate vision and strategic plans, as our passion is to move Neimeth from a good to a great company," he said.

Neimeth's shareholders have also commended the improvements in the company's operations. One of them, Sir Sunny Nwosu, applauded the Board and the Management of the pharmaceutical company for its performance in recent times, noting that the balance sheet restructuring was done in the interest of shareholders.

Another shareholder, Mr Matthew Akinlade, expressed confidence in the new

management, citing recent growths in performance indicators.

He added that the company took the right decision by

restructuring its balance sheet, stressing that the shareholders were hopeful that the move would soon translate into higher returns in terms of dividend payment.

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# Pharmanews celebrates Daniel Eze, Young Pharmacist Award winner

By Omolola Famodun

It was a thrilling moment for Pharm. Daniel Uchechukwu Eze, winner, Pharmanews Young Pharmacist of the Year 2020, as the management of Pharmanews Limited recently hosted him at the company's office in Maryland, Lagos, and presented him a plaque and a cheque of N100,000.

The Young Pharmacist online contest was established in 2018, with Pharm. Isah Muhammad, emerging winner of the maiden edition. Frank Eze won the 2019 edition, while Daniel Eze won the 2020 edition, recently concluded in December 2020.

Eze polled 1398 votes to emerge winner of the award. Other contestants were: Ikwaibom Umoiyoho (728 votes); Kenneth Bitrus David (119 votes); Chuka Amukamara (114 votes); and Timothy Olusanya (66 votes).

Appreciating Eze for honouring the presentation ceremony, despite the restrictions occasioned by the raging pandemic, Managing Director, Pharmanews Ltd., Pharm. (Sir) Ifeanyi Atueyi, said he was delighted to meet with him and celebrate his accomplishment.



L-R: Mrs Temitope Obayendo, online editor; Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews Ltd., Pharm. Daniel Uchechukwu Eze, winner, Pharmanews Young Pharmacist of the Year; Lady Joan Atueyi; Mr Patrick Iwelunmor, editor; Mrs Elizabeth Amuneke, admin manager and Mr Moses Dike, business development manager.

"I want to thank God for making this day possible," Atueyi said. "We all know how last year went and how it was not easy for everyone. "We started with the Young Pharmacist of the Year, then

PANSite of the Year, and now we have Outstanding Pharmacist of the Year.

"There is this usual saying about catching them young. We have been friends with the young pharmacists and we want to appreciate them for all the support they are giving to **Pharmanews**."

The Pharmanews boss also remarked that Nnamdi Azikwe University (Unizik) students are currently dominating the Young Pharmacist award, as both winners of the last two editions are from the institution, adding that this is very commendable.

He charged Eze, as the latest ambassador of Pharmanews, to further intensify the qualities that earned him the award, while positively representing Pharmanews and flying the flag of integrity always.

"If you say you are the winner of Pharmanews award, people should respect you; they should not find you with a questionable behaviour. When people see you, they see Pharmanews. Especially because your name will be published in **Pharmanews** as one of our ambassadors", he stated.

Presenting the award plaque to the winner, Lady Joan Atueyi, wife of the **Pharmanews** publisher, remarked that people voted for him because of the sterling traits they saw in him.

While advising him to continue making impacts in people's lives and the pharmacy profession in general, Lady Atueyi assured Eze that Pharmanews will

continue to be identified with him.

Receiving his award plaque and cheque, an excited Eze promised not to betray the confidence reposed in him by his voters and Pharmanews.

He promised to continually project the image of Pharmanews to all and sundry, noting that the recognition will motivate him to contribute more to the pharmacy profession.

Eze, who revealed that he was shocked when he discovered that he had been nominated for the award, advised other young pharmacists to commit themselves to diligence and integrity, even if no one seems to be observing them.

"Whatever you are doing, keep doing it, even as a follower. People are watching. As an individual, I am not a frontliner, I prefer doing my things silently and today it has finally paid off," he said.

While congratulating Eze at the event, **Pharmanews** editor, Mr Patrick Iwelunmor, also urged him to do more for the industry, saying he hoped to see him breaking more grounds in the pharmaceutical sector.

Pharmanews Online Editor, Mrs Temitope Obayendo, while felicitating with the winner, tasked him as the new ambassador of Pharmanews to create better awareness of the brand in all nooks and crannies of Ebonyi State, where he resides, especially in the Ministry of Health, pharmacy associations, and among other healthcare team members.

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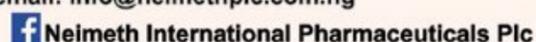
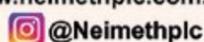
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## Conquering COVID-19 with VUCA

By Pharm. Sesan Kareem

When COVID-19 became a global pandemic in the first quarter of 2020, it resulted in volatility, uncertainty, complexity and ambiguity (VUCA) in our world. While things are now getting better, the impacts of COVID-19 on people's lives and corporate entities are still all around us to see. To turn around the current VUCA environment we find ourselves, we also need a VUCA strategy. This VUCA strategy encompasses vision, understanding, clarity and agility in planning and execution.

### Meet volatility with vision

The coronavirus outbreak was highly unexpected when it happened and how long the battle against it will last is still unclear. Although we now know the causes, prevention strategies and treatment for the virus, there is still so much to learn.

This pandemic has created unpredictability in various industries, markets and, indeed the global economy. It has caused fluctuations in foreign exchange, which has affected the realities of business and livelihood. It has changed how we live, how we work, the skills we need to perform our roles, the job opportunities in the marketplace, as well as creating fresh threats to job security.

Both business leaders and the working class have experienced emotional and mental reawakening on the new normal due to COVID-19. We must counter volatility with vision, if we want to survive these tough times and thrive thereafter.

Create a compelling vision for your life and business. A vision that will inspire you to take action on your goals and dreams. A vision that will motivate you to become

your best version and be resilient.

Stay true to your values for your people; model those values at all times. Doing this will give you the focus to adapt quickly to the new realities of our world and also help your team members to do the same. Your compelling vision and values will help you to adjust your strategy, leadership and culture to do things differently and succeed in a VUCA environment.

### Counter uncertainty with understanding

Uncertainty is characterised by the inability to predict the future with confidence. COVID-19 has resulted in uncertainty in many people's lives and organisations. Nowadays, people are not certain about the security of their jobs and what the future holds for them. Many businesses are struggling to pay salaries; they are on the verge of downsizing or closure.

Most governments in the developing world are finding it difficult to pay workers' salaries as and when due. The global economy has declined, creating the worst recession since the Great Depression. According to the International Monetary Fund (IMF), the world economy shrank by 7% in 2020 and may shrink by 4.4% by 2021.

Indeed, we are in uncertain times. Meet uncertainty with understanding. Identify gaps in the marketplace and take advantage of new opportunities. Take action with understanding and faith.

### Respond to complexity with clarity

It is a fact that we are now in a more complex world due to COVID-19. We need to put a

lot of factors into consideration when making our business or life decisions. Whether we are travelling on a business trip, planning a training session, doing a weekly meeting or launching a new product, there are many factors, guidelines and COVID-19 protocols we must take into account.

Under high complexity, it is quite difficult to fully analyse the environment and come to rational conclusions. The more complex the environment is, the harder it is to analyse. The volume and nature of planning for productive activities can be overwhelming during this period. However, we must respond to complexity with clarity. We must be crystal clear about what is required to get results. You must be very clear when you communicate; promote teamwork, unity, resilience and collaboration. This will give people a clear direction and also help them to solve complex problems together.

### Face ambiguity with agility

Today, our world is an ambiguous place to live in because of the COVID-19 pandemic. Despite all the information in the public domain, we still have a lot to know about the genesis of COVID-19, coronavirus and covid-19 vaccines. We have contradicting information in the media on the pandemic; different data on its impact on businesses and the global economy, and when living a normal life in our beautiful world will come back to how it used to be. Therefore, it is difficult to make informed decisions and plan effectively for the future.

Honestly, we are in a state of vagueness and fuzziness in ideas and truths in the world. We must fight ambiguity with agility. We must take action with the current information



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

we have, stay adaptable, be open, learn new skills, and embrace creativity.

In conclusion, we must use vision, understanding, clarity and agility to face the volatile, uncertain, complex and ambiguous environment we find ourselves in because of COVID-19. At Mareek, we help achievers and their organisations create a compelling vision for the future, learn new skills and develop the clarity of purpose to take action with understanding and agility.

**ACTION PLAN:** Create a compelling vision for your future. Learn new skills to excel in your profession. And take action on your goals and vision.

**AFFIRMATION:** I am a visionary. I am resilient. I am blessed and highly favoured.

*Sesan Kareem helps business leaders and organisations and instills in them, not just the belief system to succeed and the motivation to excel, but also the actionable strategies to grow and thrive in our ever-changing world. He is the Founder and Principal Consultant of Mareek Image Concepts.*



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# Pharmaceutical manufacturing in Nigeria: Prospects and challenges

By Patrick Iwelunmor

In spite of its reputation as the hub of pharmaceutical manufacturing in the West African sub-region, the Nigerian pharmaceutical industry has continued to wallow under the heavy weight of certain retrogressive factors that have not allowed it to maximise its productive potentials. Ranging from government policies and infrastructural deficits to unforeseen socio-economic realities, these factors have continued to cast a dark shadow over the ease of doing business in the industry.

To begin with, it is worrisome that Nigeria, as a country, does not have a unified exchange rate. This arbitrariness in our exchange policy means that government does not have the minutest control over incessant and unstable hike in prices of commodities, especially raw materials needed by pharmaceutical manufacturers to produce quality medicines. One of the sordid implications of this development is that the end consumer would have to constantly grapple with the rise in prices of drugs. And bearing in mind the harsh economic realities in the country, the consumer may lose his or her purchasing power and become an easy target to manufacturers and marketers of fake and substandard medicines.

## Stark realities

During the recent unveiling of the Pharmacy Project in Ebonyi State by the leadership of the Association of Industrial Pharmacists of Nigeria (NAIP) in conjunction with Bloom Public Health, there were high hopes that the production and distribution of quality medicines in Nigeria and beyond would be greatly boosted. However, it must be observed that while the aspirations of NAIP and

Bloom Public Health are laudable and timely, the realities on ground, in terms of government policies and other macro-economic indices, do not suggest that we should expect much.

It is sad that Nigeria cannot boast of a single pharmaceutical raw material other than unclean water which has to be treated before use. All our indigenous manufacturers source their raw materials, including APIs, from India and China at very outrageous costs. And when they eventually arrive the country, the cost of moving them from the port to the warehouse is another tale of pain and frustration.

In a recent interview with *Pharmanews*, Managing Director/CEO, Embassy Pharmaceuticals and National Chairman of the Association of Pharmaceutical Importers of Nigeria, APIN, Pharm. (Sir) Nnamdi Obi, bemoaned what he called the infrastructural deficit that has made local manufacturing and importation very difficult in the country. He lamented that despite Nigeria's endowment with immense human and material resources, the country continues to be beleaguered by challenges such as bad roads, unstable and inadequate power supply, unstable exchange rates and bureaucratic bottlenecks.

"It has not been easy for any business in Nigeria before and during the COVID-19 period. We do know for a fact that we are battling with infrastructural deficit, in terms of infrastructure in this clime and it becomes difficult or impossible for any Nigerian business, no matter what facet of business, to compete effectively. So, not only those who are into pharma that are adversely affected; it cuts across different segments of businesses", he said.



**Prof Chimezie Anyakora**  
CEO, Bloom Public Health



**Pharm. (Sir) Nnamdi Obi**  
National Chairman, APIN

According to the Executive Director, Mopson Pharmaceutical, Mr Dele Badejo, most pharmaceutical manufacturing companies usually wait for a period of up to four months to have their containers cleared from the port due to bureaucratic bottlenecks and unexplained delays by the management of the Nigerian Ports Authority. He lamented the fact that the development is a serious threat to the availability of quality medicines in the country, adding that, if the scenario remains unchecked, the Nigerian pharmaceutical market would be hijacked by manufacturers of fake and substandard products.

He said: "If care is not taken, many of the pharmaceutical manufacturers would run out of stock because containers are queuing at the ports waiting to be cleared. The delay is unhealthy. And even though the Vice President had given an executive order that offloading should be done both in the daytime and at night, nothing has changed. The situation is too harsh. Many of us may not be able to cope."

## Way forward

In fashioning out practical solutions to some of these challenges, Professor Chimezie Anyakora, CEO, Bloom Public Health, believes that government must take the challenges facing the pharmaceutical manufacturing sector as a national security issue that must also be given a long-term approach in order to make the industry competitive.

Anyakora noted that in some countries, concessions are given to local manufacturers to enhance their production. According to him, most countries of the world are now thinking differently to

enhance the activities of their local manufacturers. He cited the issue of the COVID-19 vaccine which some countries have taken as a national priority. For instance, America is passionate about Pfizer, just as India is about AstraZeneca. For him, until Nigeria identifies and becomes passionate about its local manufacturers, the attainment of enviable heights in pharmaceutical manufacturing may take a longer time.

"Pfizer is a private company but America has taken its vaccine as a national issue. There is a study being carried out by the PCN, NIPRD and the Lagos Business School to map out the pharmaceutical value chain so that we can have some of these things in the country. It is unfair to the Nigerian pharmaceutical manufacturing industry that it has to rely on India for its APIs. It is like relying on one's competitor for assistance", he said.

For Nigeria to achieve its desired expectations in terms of self-sufficiency in drug manufacturing and distribution, the Federal Government has to, as a matter of national urgency, animate all policies and frameworks that would ensure that things are done with regards to global best practice.

The leadership of the Pharmaceutical Society of Nigeria and all its affiliate bodies, must also rise up to the occasion by insisting that the right things are done by government. Health and drug manufacturing matters should not be politicised; they should be handed over to the experts to handle. That is the only way we can begin to expect to see the needed transformation in the pharmaceutical sector and, indeed, all aspects of our national life.

# International Women's Day: Adeyeye highlights mothers' roles in fight against drug abuse

By Temitope Obayendo



Some influential Nigerian women

The Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, has emphasised the vital roles of mothers in winning the war against the use of narcotics and other dangerous drugs among youths in the country, saying it calls for more vigilance towards their children's wellbeing and the kind of friends they keep both in and out of school.

The World Health Organisation (WHO) has identified cannabis as the most widely used illicit substance in the African Region, with the highest prevalence and increase in use being reported in West and Central Africa, at a rating between 5.2 per cent and 13.5 per cent.

It also noted that Amphetamine-type stimulants (ATS), such as "ecstasy" and methamphetamine, now rank as Africa's second most widely abused drug type.

Adeyeye made these assertions in commemoration of the 2021 International Women's Day, urging mothers to lay less emphasis on the pursuit of mundane preoccupations, and focus more on the future of their children.

She revealed that many mothers would leave home for work as early as 5 am and would not return until 9pm, thereby exposing their children to the whims and caprices of youths of different shades and colours in the

neighbourhood.

She emphasised that many Nigerian youths from good homes become addicted to narcotics and other dangerous drugs due to the carefree attitude of their parents, particularly, the mothers.

The International Women's Day is a global day set aside to commemorate the social, economic, cultural and political achievements of women. Celebrated on 8 March of every year, the day also marks a call to action towards accelerating women's roles in nation-building, as well as gender parity.

Adeyeye, in a statement signed by NAFDAC's Media Consultant, Sayo Akintola, noted that the role of mothers in the home cannot be overemphasised.

She said the Nigerian mother has always been the closest to the children, since the father is more often than not out there working to provide for the needs of the family.

The NAFDAC boss further noted that the Narcotics and Controlled Substances Directorate of the agency has been strengthened and empowered to enforce extant laws against the use of narcotics and other dangerous drugs by the youths of the country.

She also noted, with dismay, the preponderance of secret cults in the nation's tertiary institutions, stressing that many of the undergraduates are introduced to dangerous drugs and bad behaviours as members of the cult groups.

Adeyeye blamed the uncontrolled influx of narcotics and other dangerous drugs on

the country was traced to uncontrolled influx and use of psychotropic medicines such as tramadol and chemicals that could be diverted for terrorist activities."

Adeyeye revealed that NAFDAC's return to the ports in 2018 was part of efforts aimed at strengthening regulation and control at the ports, shortly after she resumed office as DG NAFDAC.

She also commended the Nigerian women for being resilient, industrious, and caring, stressing that Nigerian women have contributed immensely to the development and growth of the nation's economy.



Prof. Mojisola Adeyeye NAFDAC, DG

the absence of NAFDAC at the nation's ports from 2011 based on the order of the then Minister of Finance.

She said: "The challenge of internal security within

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## Having my first child at 40 was my toughest challenge in life, says new mum

By Temitope Obayendo

**L**ike most young Nigerian ladies, 28-year-old Nneka (not her real name) got married to her husband with the lofty expectation of having all her children before age 35. This is unsurprising as experts have often asserted that women have better chances of conceiving in their early 20s than in their late 30s and 40s. However, things didn't pan out as planned for Nneka, as she couldn't conceive until she was 40 years of age.

It was also a great surprise to Nneka's husband, Chris (not his real name) that they could have such a delay in having their own children. Being ardent Christians, the young couple never imagined that they could wait for twelve long years before the arrival of their bundle of joy.

What Nneka and her husband might not have realised is that scientists have established the prevalence of infertility globally, with about 5 to 8 per cent of couples affected. However, sub-Saharan Africa has a higher prevalence, with Nigeria alone having as many as 10 to 30 per cent of couples battling infertility. It is indeed one of the commonest reasons why women seek gynaecologic consultation, according to studies.

### Search for solution

For Nneka and Chris, their journey began with trying for month after month, then year after year down the line, without a solution in sight. Concerned relatives and friends started offering different suggestions, all to no avail.

Nneka recalled: "I have actually lost count of places I visited in search of a solution to this challenge. As my husband sometimes declined in following me, I went all alone.

"Aside from being to different denominations, I have visited several herbal homes, where different concoctions are specially prepared for waiting mothers. I had all these, yet no way.

"Thereafter, discouragement set in and I began to wonder if that was how we would continue being childless till old age. I had countless sleepless nights, sobbing and crying to God for mercy, as it was becoming unbearable for me.

"One of such nights, I woke my husband, who wasn't much bothered like me about the condition. I sought for his cooperation in getting to the root of the challenge, as both of us hadn't gone for thorough medical examination, to know where exactly the problem lay.

"As usual, he initially turned down the plea, saying nothing was wrong with him, as we had been declared as being free from any sexually transmitted disease by one medical doctor close to us. However, after much persuasion and explanation, we booked an appointment with a fertility expert in town.

"On getting to the clinic, the fertility practitioner requested our medical history, examined us physically and collected samples from us for further investigations, assuring us that there is always a solution to every challenge.

"I was amazed by the many tests listed on the form to be conducted on us. Samples taken from me were used for hormone test, urine test, Pap smear; and

there was this one called HSG. I also went through another examination called transvaginal ultrasound. The one that got me most perturbed was the test called **hysteroscopy**. The procedure was so irritating to me but I had no choice. They had to pass a thin, flexible tube, with a tiny camera attached at the end, through my cervix and into my uterus.

"My husband also had his own fair share of the investigations, as he was examined for different things, beginning with semen analysis, to confirm the quality of his sperm and other issues relating to sperm count. He told me that his hormone levels were checked; then ultrasound was done to evaluate his seminal vesicles and scrotum. Also, urinalysis, testicular biopsy and vasography were all conducted on him. After some time, we were asked to come back for the results.

"Meanwhile, while awaiting the results, a lot of things had been going through my mind. What if they said the issue was from me? Then my husband would be justified in claiming that nothing was wrong with him all this while? And if it was from him, would he submit himself for treatment? But if it was from both of us, could we shoulder the financial burden? All these ran through my mind for days until we received the results. Lo and behold, it was my husband that had a low sperm count.

"Expectedly, he initially contested the results, but he eventually surrendered himself for treatment. Thereafter, we were given two treatment options, hormonal treatment and in vitro fertilization (IVF). He commenced the hormonal treatment immediately - that was in early 2018; it lasted for a period of six months. After the treatment, we expected conception to take place immediately, but we were advised to still be patient and I wondered how much patience we needed again after eleven years of waiting."

Nneka continued: "That year ended again for us in a childless state - until 2019, when the long-awaited miracle happened. I couldn't believe that I was pregnant because I was still menstruating until the third month when I didn't see my period. Initially, I was scared that another infection had crept into my system, preventing the flow from coming normally, but the sickly symptoms I was having made it urgent for me to see the doctor.

"On getting to the hospital, pregnancy test was conducted and I was informed that I was three months pregnant. What! It was incredible for me that pregnancy could just occur like that after several ordeals in search of a baby.

"That good news alone healed a lot of differences between my husband and me, as we became



united than ever before. However, as the pregnancy progressed, there were different issues threatening the survival of the embryo in the uterus. Thanks to my doctor and his team who were monitoring us all regularly to ensure our safety.

"Eventually, my bundle of joy arrived at 12 midnight of 20 December 2019 and our excitement knew no bounds."

### Instructive eye-opener

The story of Nneka and her husband might just be an eye-opener for several couples having a similar challenge without any hope of getting the necessary solution, or after several attempts made on a recommended assisted fertility procedure without any successful outcome. Survey shows that some couples have even given up trying and have accepted their fate to go childless for the rest of their lives for reasons such as mentioned above or due to the lack of finance to embark on an assisted reproduction process.

In a bid to further help other couples in overcoming the predicament of childlessness, we inquired from a Fertility Consultant, Dr Abayomi Ajayi, CEO, Nordica Fertility Centre, Lagos, about the symptoms of infertility. Surprisingly, he said there may be no symptoms, unless couples take it upon themselves to make inquiries in the appropriate places.

The experienced obstetrician/gynaecologist advised couples to check for their fertility potential after trying to conceive for a year and six months, especially for women aged 35 and above. He listed the things to check to include seminal fluid analysis (SFA), hormonal assay, pelvic scan, tubal patency test and cavity check in the first instance.

"Abnormality discovered can prompt further test or surgery", he

advised.

Ajayi went on to highlight common causes of infertility in males and females respectively. He said: "Male related-causes can include: lifestyle factors like alcohol, smoking, substance abuse, obesity, environmental exposure to hazards agents, poorly treated infection and STI, chronic medical conditions and other co-morbidity. Genetic factors, anatomical/congenital iatrogenic, as well as unexplained factors are not excluded from the list.

"Female-related infertility could be due to age, anovulation, lifestyle (underweight/overweight), poorly treated infection/STI, drug abuse, anatomical-congenital or acquired chronic medical condition and unexplained factors," he noted.

Regarding treatment options, Ajayi's explanation aligned with that of Nneka who revealed that they were given different treatment options, and fortunately for them, the option they opted for worked for them.

"Treatment options differ, but advice is given based on outcome of fertility evaluation test in a particular couple. There may be need for corrective surgery (Laparoscopy/Hysteroscopy/HIFU). Treatment options may include ovulation induction, IUI, IVF, PGD, Surrogacy, TESA, own or donor gamete", he explained.

Still, for couples who may have been trying any of the options without a solution and are considering giving up, the expert urged them not to throw in the towel, as the next attempt may result in their needed miracle.

Ajayi enthused: "Couples are advised not to give up, despite the seeming difficulties. We know that fertility is not 100 per cent guaranteed. However it's possible to achieve the goal. Proper communication, along with pre-treatment and emotional support, is crucial.

"For those who have attempted IVF for some time without a good outcome, there may be need to re-evaluate and reconsider the subsequent treatment options, based on available evidence from the failed cycle. Most times, these are strictly due to implantation failure and the chance of implantation improves appreciably with subsequent treatment. It's also a fact that some will benefit from a failed cycle rather, than a fresh transfer."

**"For those who have attempted IVF for some time without a good outcome, there may be need to re-evaluate and reconsider the subsequent treatment options, based on available evidence from the failed cycle. Most times, these are strictly due to implantation failure and the chance of implantation improves appreciably with subsequent treatment. It's also a fact that some will benefit from a failed cycle rather, than a fresh transfer."**

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# Osinoiki at 80 urges PCN to heighten war against charlatans

By Moses Dike

**O**ctogenarian and former National Secretary of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Sir) Alfred Oladeji Osinoiki, has urged the Pharmacists Council of Nigeria (PCN) to, as a matter of urgency, step up the fight against quacks in pharmacy practice, in order to save the image of the profession from further damage by such unscrupulous elements.

Osinoiki, who spoke to *Pharmanews* during an exclusive interview in his office to mark his 80th birthday, revealed that there was a massive incursion of quacks into the pharmacy profession, during the years when the Council was dissolved, as there was no one to instill discipline.

He added that with the reconstitution of the PCN, sanity has been considerably restored, noting however, that the Council must intensify its efforts to ensure total restoration of order to the profession.

Osinoiki also spoke about his background, education, exploits in the pharmacy profession, as well as his love for sports, especially his passion for Chelsea Football Club in England, and many more. Below is the full text of the interview:

**It is a great pleasure to have you as our "senior citizen" of the month. Kindly tell us about yourself, especially your childhood experiences and educational background.**

Thank you very much. It's also a great pleasure to be featured in *Pharmanews*. I was born in 1941, at Ogere Remo in Ogun State. I attended primary school at Wesley School, Ogere Remo, from 1949 to 1956. I graduated with grade A, which was the highest grade at that time.

I proceeded to Anglican Modern School at Molete, in Ibadan. I started my secondary school in 1959, at Anglican Grammar School, Aiyegbaju, now in Osun State. I did two years in that school, but unfortunately being a new school, they were not doing sciences. So I left the school for Ibadan Boys High School to complete my secondary education. I came out from the school with credit and with Grade 2.

I then proceeded to Ijebu Ode Grammar School for my Higher School Certificate (HSC). After that, I got admission to the then University of Ife (now Obafemi Awolowo University), then in Ibadan, to study Pharmacy. I got my B.Pharm degree in 1971.

I did my internship at University Teaching Hospital, Ibadan. After that, I went straight to the industry and started working with Pharbeck Pharmaceuticals, in Lagos. From there I moved to Glaxoallenbury. From Glaxo, I moved to Beecham Research International.

After working at Beecham Research International, I moved to Ciba-Geigy. At Ciba-Geigy, I rose to the post of area manager, before I left in 1980 to start my own business, which is Deyo Pharmacy Company Ltd, where I have been till today. I thank God Almighty for prospering me in that business.

**Can you relay some of your early childhood experiences to us? How was growing up and what circumstances around your childhood helped to shape your adult life?**

When I went to study for my Higher School Certificate, I was encouraged by my cousin,



Pharm. (Sir) Alfred Oladeji Osinoiki

Dr Muiyiwa, who had wanted to study Pharmacy but, for one reason or the other, ended up as an agriculturist. He was in the United States at that time and he encouraged me to study Pharmacy because I actually applied for Medicine at the University of Ibadan and was given admission. But I preferred to study Pharmacy. I thank God that I am a pharmacist today and I love what am doing and the modest progress that I have made.

**By the grace of God, you will be attaining 80 years on 6 March, marking your entry into the league of octogenarians. What does attaining 80 years mean to you?**

I thank God Almighty that I will be 80 years on 6 March, 2021. I have had a lot of experience in the past. When I was young, I lived with my uncle in Ibadan and from there, I struggled to gain admission into Ibadan Grammar School because my uncle wanted me to continue in modern school. On my own volition, I saved money to enter Ibadan Grammar School and this I did successfully.

Apart from that, there were many obstacles on the way. I struggled to get scholarship in the university but I couldn't. I was financed throughout my

study in the university by the efforts of my mother, who was a garri trader at that time. She would load garri from Ibadan to sell at Ebute-Ero in Lagos. With her effort and the help of my brother, who was in the United Kingdom, studying Accounting, I was financed through the university.

**Tell us about your engagements in PSN, especially your active years in PSN leadership. Which of the issues plaguing pharmacy practice currently would you like the PSN or the PCN leadership to tackle more seriously?**

I became active in the Pharmaceutical Society of Nigeria (PSN) in 1981 when I became the assistant national secretary. Soon after, I rose to national secretary. I was in the council of PSN from that time till 1991.

In 1989, I became the national chairman of the Association of Community Pharmacists of Nigeria (ACPN), where I served very well and helped to bring that arm of pharmacy practice to national limelight. As a result of my activities from 1981 to 1991, I was awarded fellowship of the Pharmaceutical Society of Nigeria. In 1998, I was also awarded fellowship of the West

African Postgraduate College of Pharmacists (WAPCP).

In 2015, I was awarded fellowship of Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) and that is how it has been so far.

On the second aspect or your question, most of the current issues affecting pharmacy practice started from the time the Pharmacists Council (PCN) was dissolved. It was dissolved

for a long time and there was no room to instill discipline because it was the PCN that enforces discipline. So things went haywire.

Now that the PCN has been reinstated, I would like the Council to concentrate on setting the practice of the profession aright. There is no profession that will develop, if there is no discipline; so the disciplinary committee of the PCN should be at alert to their duties.

This will help us to strengthen the practice and reduce the level of quackery in the profession because, as of today, the number of quacks in pharmacy practice nearly doubles the number of registered pharmacists and this is bringing a bad name to the profession of pharmacy. I would like that to be tackled squarely so that we can bring more orderliness to the profession.

**When you look back over the years, what are some of your most memorable moments in life?**

When I started practising pharmacy, I was at Beecham Laboratory International. We went for a workshop in Britain and in attendance were representatives of the company in all the countries in the Commonwealth.

After the workshop, we were asked to do presentations and examinations. I came first among all the attendees and I was given a plaque and applauded. I was very happy that I made my country proud.

Another memorable moment was when I was practising on my own, here at Deyo Pharmacy. I worked so hard that I became the best distributor for Roche Nigeria Limited. The big refrigerator they gave to me is still with me till today. I also

*continued on page 38*

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# Why health workers must lead campaign against vaccine hesitancy - Tometi

By Temitope Obayendo

**I**n this exclusive interview with *Pharmanews*, Pharm. 'Kunle Tometi, CEO and pharmacist-in-charge of Total Pharmacy, Dallas, Texas, USA, highlights the need for pharmacists and other healthcare workers to be at the forefront of vaccine advocacy to enlighten the general public on the importance of vaccination. Tometi, a Fellow of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA), also shares his experience after having recently received the second dose of the COVID-19 vaccine. Excerpts:

**Briefly tell us about yourself, especially your background and practice experience.**

I was born in Lagos but grew up in northern Nigeria (Kaduna), where I attended primary and secondary schools. I attended Army Children School, 44 Comilla Barracks (from 1974 to 1979) and Government College, Kaduna (from 1979 to 1984), respectively. I received my B.Pharm. from University of Ife (now Obafemi Awolowo University), Ile-Ife, Nigeria, in 1988 and graduated with PharmD. at Howard University College of Pharmacy (HUCOP), Washington, D.C., USA, in 2020.

I had my NYSC at Holy Rosary Hospital, Emekuku, Owerri, in 1989, where I met and married Ms Angela Ngozi Opara in 1993, and we are blessed with three sons and a daughter. I speak Hausa, Yoruba and Igbo, having lived in all parts of the country.

I practised Pharmacy as a salesman for Glaxo Nigeria Limited in eastern Nigeria, from 1990 to 1994, under the tutelage of Dr U.N.O. Uwaga. I later ran my consulting and business company, Remington Nigeria Limited, where we worked as drug vendors to some oil service firms, including Schlumberger (onshore and offshore), NNPC (chemicals and laboratory reagents and tools vendor), and many other consumer products in the Niger Delta Area.

My family emigrated to the United States of America in May 1998 and have been domiciled in Dallas, Texas, since then. My work experience here has been in retail pharmacy, leadership and operations at a Fortune 10 company (CVS Caremark), and also an independent pharmacy business owner and operator. I enjoy helping to bring satisfaction to my customers - patients, caregivers, family, staff, prescribers, payors and regulators.

I joined Eckerd Drugs as a cashier in 1998 and obtained, by examination, my Texas pharmacy licence in May 2000. Thereafter, I was promoted to staff pharmacist, a role I handled, until I was promoted to leadership and mid-management in August 2002 as assistant district pharmacy manager/peer review consultant. I later assumed the district pharmacy manager position in August 2003. During this time, I led my team through the acquisition and transition into CVS Pharmacies in June 2004.

I resigned from CVS at the end of 2007 and started our



Pharm. 'Kunle Tometi

family business, Total Pharmacy, on 1 January, 2008, exactly 10 years from when I joined my previous company, to fulfil a challenge and desire of mine of going independent on my 10-year mark.

I am very committed to pharmacists' empowerment. I also participate in advocacy wherever and whenever necessary to advance the practice of Pharmacy. To this end, I sit on two councils (Public Policy Council and Financial Affairs Council). I am also one of the three members of the Audit Committee at the Texas Pharmacy Association (TPA) since 2018.

I am very proud of the membership and leadership roles I've been privileged to play at NAPPSA where I previously served two terms on its Board of Trustees. I currently serve on the programme committee and the mentorship committee. I am also a member of the B2B (Business to Business) group of the association.

I was invited to the National Executive Council of the Pharmaceutical Society of Nigeria (PSN), in 2019 where I sit in Council, representing Nigerian pharmacists in the diaspora. I work collaboratively

with all PSN interest groups to help facilitate knowledge and skills transfer and exchange of ideas on best practices on both sides of the pond.

**You recently received the first and second doses of the COVID-19 vaccine. Please, share with us your feelings on this.**

Vaccines have brought many benefits to the human race, chief amongst them being their ability to prevent diseases and save lives. And with the current management of the pandemic with very little or few therapeutic options available, it is only proper that vaccines are the best way to control and beat this COVID-19 pandemic.

Most people will experience very little, if any, side-effects upon receiving the vaccine. These may include injection site pain, fatigue, headache, chills, and fever (usually mild to moderate in intensity and will subside in a few days).

Fortunately, I was unremarkable after my first and second doses of the vaccine. Some people may experience more serious side effects with the second dose of the vaccine. This is not unusual as they are exhibiting a secondary immune response to the recognised antigen.

I am thankful to science and I feel very great and encouraged that, very soon, everyone who needs the vaccine will be able to get it and be protected from this pandemic of COVID-19.

**Several conspiracy theories were postulated especially by some doctors in the USA, Australia and other countries against the effectiveness of the vaccine; why did you go ahead to take it.**

Firstly, I am a scientist and also a pharmacist and we are one of the most educated scientists in the new curricular leading to the award of the Pharm.D degree. We are taught the core sciences, as well as therapeutics, pathophysiology, immunology, epidemiology and many other courses appertaining to a rounded pharmacy education.

I educated myself and understand the science of the vaccines and remain convinced

of their safety and efficacy. As of today (25 February 2021) over 65,032,083 doses of the vaccine have been given to patients in the USA and the percentages of people experiencing side or adverse effects are quite minimal.

Also, as leaders in our communities, it is important that we step up and lead - showing the way forward to our people, dispelling untruths and rumours about the vaccines and also help curb vaccine hesitancy by showing and letting our people know one has taken the vaccine. At NAPPSA, we encourage each member who has taken any vaccine to post a picture on our chat group to help encourage everyone to take their shots.

Of all the vaccines given in the USA, 60 per cent of people who have taken the vaccines are white; 11.5 per cent are Hispanic or Latino; 6 per cent are Asian; and just 5.4 per cent are black. So, we have a lot of education to do in our communities - churches, village meetings, professional associations, and so on. Stepping out and encouraging people to take their vaccines when it's their turn is a great service to our people.

**Which of the vaccines did you opt for and why?**

I didn't have a choice in which vaccine to take, I was assigned to take the Pfizer-Biotech. However, both the Pfizer-Biotech and the Moderna vaccines are in the 95 per cent efficacy range. The Johnson and Johnson (soon to have its EUA Emergency Use Authorization) comes in at 65 per cent efficacy for mild to moderate case of COVID-19, and at 85 per cent effective overall in preventing hospitalisation and death.

At this time, I would advise anyone to take any of the vaccine complements that is made available. They are all very effective vaccines for COVID-19.

**What has been the general disposition of citizens to the vaccine?**

Vaccine hesitancy is still a big opportunity even here in the US. But, generally, most people are taking their vaccines when their time comes up in the queue. Pharmacists and physicians are readily available to help counsel and answer all questions people have about the vaccine.

**Have there been cases of patients who got infected after being vaccinated?**

Though I have not encountered a patient contracting the disease after vaccination, it is not unusual that one may, even though one has taken a vaccine.

What the vaccine does is to expose the human body to a challenge of the antigen (herein COVID-19), which

continued on page 42

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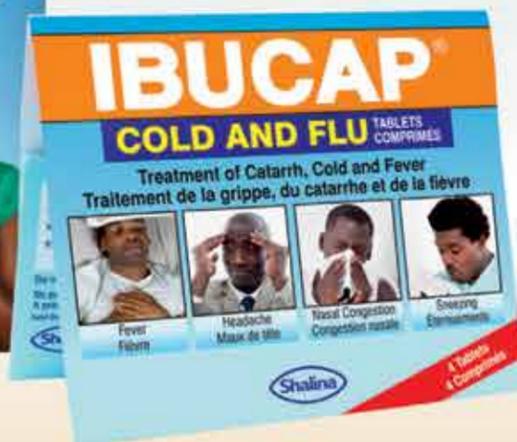
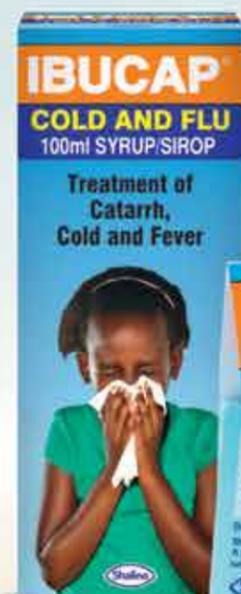
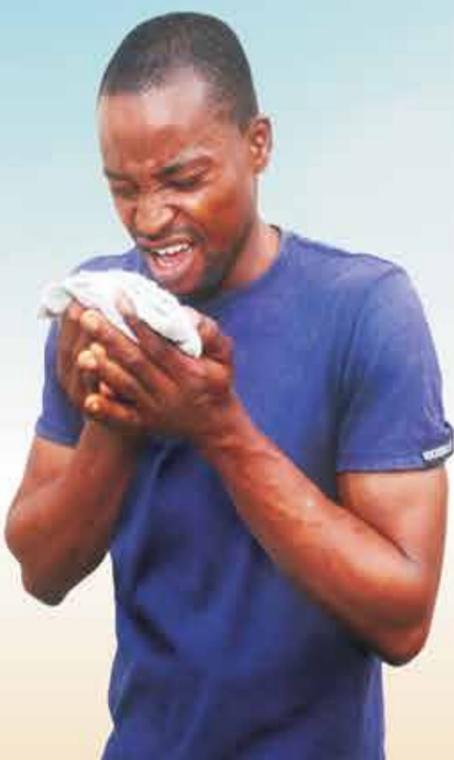
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## Why health workers must lead campaign against vaccine hesitancy - Tometi

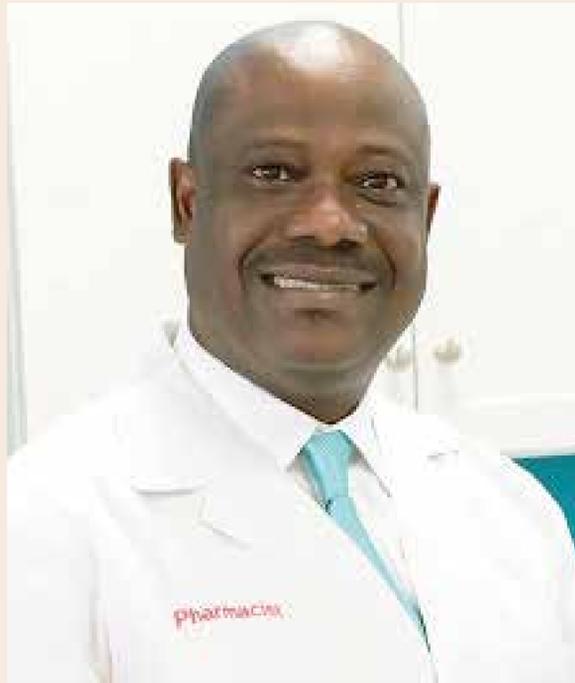
continued from page 40

will orchestrate an immune response and also help the body to recognise the antigen, due to immunological memory, the next time it shows up. It can help to prevent disease, but more importantly, should one contract the disease or get infected after being vaccinated, it will help the body to fight the infection; and, as such, one does not fall very ill at all, or one may be asymptomatic (but one can still transmit the disease), or experience very mild symptoms, certainly reducing the chances of severe disease and hospitalisation.

Also, it is very important to understand the science of the vaccine and the timelines of activities. Although one gets vaccinated, appreciable quantities of antibodies do not begin to form until 14 days later; and a second dose (in a two-dose vaccine) four weeks later only then confers immunity in the 95<sup>th</sup> percentile.

So patients are advised to continue to follow all recommended public policy advice.

**Following certain negative speculations about the vaccines, some Nigerian healthcare workers have determined not to accept it. How would you advise this set of people?**



Pharm. 'Kunle Tometi

Public health enlightenment and education will be the best way to advise any persons not willing to take the vaccine. Some people have expressed concerns about the science of the first two vaccines, Pfizer-Biotech and Moderna - both being mRNA vaccines - that they may alter people's DNA. This is not true and the mRNA only challenges the human cell and instructs it to produce spike

human cells, tricking them into making pieces of coronavirus spike protein, to which the immune system then reacts. So, people who remain concerned and unconvinced about the science of mRNA can opt to take this one.

It is also noteworthy to mention that drug companies practise market integrity and price protection to safeguard their markets. Therefore, it may

proteins to which antibodies are then formed.

All this process takes place between the cell wall and cytoplasm of the cell. It does not penetrate the nucleus where our DNA is kept.

For people concerned about this science, thankfully, the Johnson and Johnson vaccine is here and the science is based on a viral vector pathway - where a viral vector, Adenovirus 26, which is a common cold virus, is used to carry genetic material into

be possible to see vaccines designated for delivery in Africa bearing signs or labels reading "to be sold in Nigeria, or in Africa or in India only". This does not mean the vaccine is inferior and really does not speak to the integrity of the vaccine but rather market integrity protection by the manufacturers.

Infection rates in the US, as well as death rates, have decreased by 67 per cent since we started vaccinating people a month ago.

**Are there any guidelines health workers and patients need to keep before and after receiving the jab?**

Yes. Protection from vaccine is not immediate. Vaccine is a two-dose series (for Pfizer-Biotech and Moderna) and it will take, at least, from 14 days after the shot to start getting any protection and one to two weeks following the second dose to achieve 94 to 95 per cent efficacy and be considered as fully vaccinated. For a one-dose Johnson and Johnson vaccine, protection starts about 14 days after vaccination (72 per cent in the USA) leading into full protection at 28 days.

Therefore, we need to continue to adhere to public health advice: Wear a mask, stay at least 6 feet away from others, avoid crowds, wash hands often, follow all travel guidelines, and follow quarantine guidance after exposure.

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

#### International Treatment Guidelines

(According to the American College of Gastroenterology)

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

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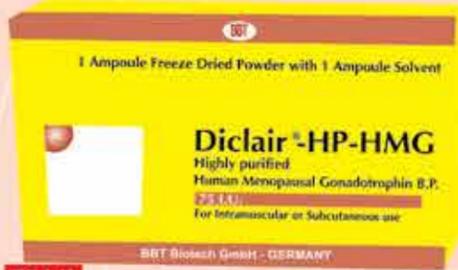
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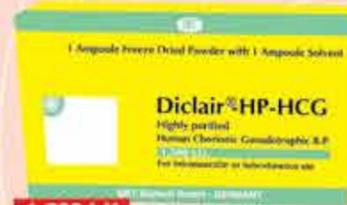
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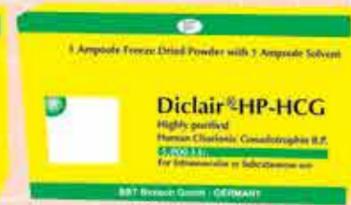
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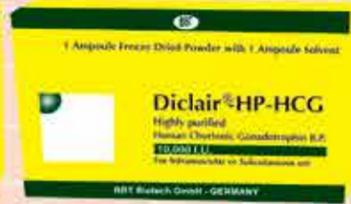
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# Community pharmacy critical to boosting primary healthcare – Olufunminiyi

By Adebayo Oladejo

**P**harm. Isaac Dayo Olufunminiyi is the managing director of De Omega Health Care Pharmacy Limited, a chain pharmacy company, with four outlets in Lagos. He is also the newly elected zonal coordinator of the IDEA Zone of the Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter. In this interview with **Pharmanews**, Olufunminiyi, who has served as assistant secretary, Pharmaceutical Society of Nigeria (PSN), Lagos State, as well as deputy zonal coordinator, ACPN, IDEA Zone, bares his mind on the peculiar challenges facing community pharmacy in his zone, as well the challenges facing the health sector generally in the state. Excerpts:

## Tell us briefly about yourself

I am Isaac Dayo Olufunminiyi. My surname used to be Ogunfunminiyi, but that has now changed. I attended the University of Nigeria, Nsukka, where I studied Veterinary Medicine. I also studied Computer Science at the Polytechnic Ibadan. But I wasn't fulfilled. I later studied Pharmacy at the Obafemi Awolowo University, Ile-Ife, Osun State. I got inducted over 20 years ago as a pharmacist.

## Tell us about your outfit, what is the philosophy behind this enterprise, and where do you hope to take it in the next 10 years?

I started my own pharmacy, De Omega Health Care Pharmacy Limited, popularly called De Omega Pharmacy in 2007. We started with a branch on rented apartments; but, today, to the glory of God, we now have four outlets on our permanent sites. We hope to have six more branches in a few years to come, with a wholesale outlet to serve internally and later for an external business.

## It must be tough coordinating a zone like IDEA. What was your motivation for opting to be the zonal coordinator?

You are right; but having been the deputy zonal coordinator and secretary for the zone, I was used to service to the profession. Over time, I have derived joy serving my profession and colleagues. So, it won't be difficult for me and with God on our side, we will excel.

## Aside from pharmacy practice, what is your general view of the current state of the healthcare sector in Lagos State?

The healthcare sector is not well funded in Lagos, so the government needs to pump more money into the sector, as health is wealth. In addition, government alone cannot do it; so private individuals who are capable should endeavor to assist the government in this regard.

However, community pharmacists should be carried along, as community pharmacy practice remains a vital tool for primary healthcare provision. Community pharmacy should also be used as a tool for immunization in Nigeria.

## What should pharmacists be doing to contribute more towards healthcare delivery, especially at this period of the COVID-19 pandemic?

As community pharmacists, we are the closest to the people;



Pharm. Isaac Dayo Olufunminiyi

**The healthcare sector is not well funded in Lagos, so the government needs to pump more money into the sector, as health is wealth. In addition, government alone cannot do it; so private individuals who are capable should endeavor to assist the government in this regard.**

so we should keep on educating the public about the pandemic. Awareness creation is a key to reducing the prevalence of the disease.

## What would you say are the peculiar challenges facing community pharmacy practice in IDEA Zone?

Harassment from Nigeria police and other security agencies has been our major challenge. The state executive has written to the commissioner of police on this, so we hope this will change soon.

How best do you think the issue of fake drugs and counterfeit medicines can be

## curbed?

Drugs are not commodities that everybody should be handling. The charlatans and quacks are the ones behind fake drugs in Nigeria. So

until the government starts making scapegoats of these bad elements, the challenge will remain. Regulatory bodies know that drugs are not like market commodities.

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

Malaria is the most common ailment in this community and it's usually the most common health condition that brings them to the pharmacy. Laboratory diagnostics have also helped to prove this for us.

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2017	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, OAU, Ile-Ife.
2018	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2018	Young Pharmacist Award	- <b>Pharm. Isa Muhammad</b>
2019	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2019	PANSITE Award	- <b>Yusuf Wada</b> (Faculty of Pharmaceutical Sciences, Usman Danfodio University, Sokoto)
2019	Young Pharmacist Award	- <b>Pharm. Frank Eze</b>
2020	PANSITE Award	- <b>Izukanne Emembolu</b> (Faculty of Pharmacy, UNIZIK, Awka)
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## LEADERSHIP INITIATIVES FOR EXCELLENCE (LIFE) SERIES

## Characteristics of great leaders who leave genuine legacy

By Prof. 'Lere Baale

"There is no success without a successor."  
- Peter Drucker

*contd from last edition*

There are essentially five characteristics of great leaders interested in leaving a genuine legacy. The first of these is being **flexible**. Not everything goes as planned. Competitors change tactics, governments force new regulations on business, strikes stop the flow of products, and, occasionally, natural disasters occur. And, at times like these, leaders have to be able to change course; that is, first make sure their businesses will survive, and then find a new way to reach their goals.

The second characteristic is being able to **communicate**. Some leaders are great orators, but speaking well isn't all that's required of a leader. As we all know, there are many people who talk a great game but deliver nothing. Leaders who communicate well are those who not only share their thoughts with employees, but also let their strength and personal character show through in their communication. They empower those who work for them by defining the company's goal and showing how to get there.

A third characteristic of great leaders--or, perhaps, group of characteristics--is having **courage, tenacity, and patience**. Having the **courage** to stand alone, the **tenacity** to not succumb to pressure, and the **patience** to keep fighting until you win the day; and sometimes being able to do all three at the same time is something you will have to develop, if you want to be a true and successful leader.

The fourth necessary characteristic is the combination of **humility** and **presence**. Acting aloof, or above your employees, does not make a leader. Leaders have to be able to talk and listen to their employees at all levels of the company. At the same time, they must have the respect of their employees; the kind of respect that's earned by being honest, having integrity, and being tough but fair.

The fifth and final characteristic of a successful leader is being **responsible**. A business owner has to realise that, as the saying goes, "A skunk stinks from the head down," and a business does too. This means when there is blame to be accepted, the owner must be the first one to accept it. But it also means that when accolades are appropriate, they should be spread out among the employees. And when this happens, a leader is born.

#### Benefits of leadership that

**Being a leader helps you teach leadership skills to your employees, who will then help do the "heavy lifting" of moving the organisation from where it is today to where it needs to be in the future.**

#### leaves genuine legacy

Being a leader enables you to be effective and efficient in determining your organisation's destination and creating a team that focuses on getting it there.

Being a leader means defining and exhibiting moral and ethical courage and setting an example for everyone in the organisation.

Being a leader helps you teach leadership skills to your employees, who will then help do the "heavy lifting" of moving the organisation from where it is today to where it needs to be in the future.

Being a leader enables you to recruit, hire, and promote employees who demonstrate leadership abilities.

Being a leader forces you to analyse your own strengths and weaknesses, as well as those of the company, and enables you to develop a good sense of reality.

Being a leader helps you dictate appropriate employee conduct while, at the same time, preventing employees from being too tough, ruthless, or mean to other members of the staff.

Being a leader helps you emphasise the value of the company's customers, how they are treated, and the importance of their returning.

#### Realities of leadership that leaves a genuine legacy

Your organisation can meet the goals you establish, only if you lead the way by motivating and encouraging your employees to become a coordinated team focused on the destination.

When you are leading your organisation into a "new frontier," because neither you nor your employees have been there before, mistakes, miscues, and inexperience add to the challenge, and your leadership is key to meeting that challenge.

You have to understand and be good enough at leadership to teach it to your employees, both by example and by coaching. The more leaders you can develop, the stronger the business will be, and the less you will have to worry about how the business is operating.

In exhibiting leadership, there are essentially three things you must accomplish, if you hope to make the organisation a success. These three things don't represent every facet of leadership, but they do form the foundation on which leadership is built and are an integral part of leadership at every level.

The first of these is **achieving the objective**. This is not something you, or anyone,

can do alone, which means you will have to work with others to accomplish it.

The second is **building and maintaining the team**. Saying you need a team to accomplish something is one thing, but developing one, and consistently encouraging and motivating it, is something else, and something you must do.

The third and final thing you have to do is **develop individuals** within the company.

In order to accomplish this, you must lead by example. Teach employees what leadership means so they can teach their direct subordinates. Establish an environment for success by eliminating excuses. Recognise when jobs are well done. Have the courage to make the tough calls, and encourage empowerment within certain parameters, among others.

Leadership may mean different things to different people, but in a business, leadership must always start with the owner, who has to define exactly what leadership means to him or her, and then decide what success means to the business. However, being a leader also means articulating that vision to everyone else in the company, convincing them of its importance, and encouraging and motivating them to work together to achieve it. And while doing so may come more naturally to some than to others, it's never easy. In fact, as Vince Lombardi, the legendary Green Bay Packers coach, once said, "Contrary to the opinion of many people, leaders are not born. Leaders are made, and they are



made by effort and hard work."

If you want to give your business organisation or nation a good start towards success, it has to start with leadership, and leadership has to start with you.

Ask yourself same question: When you've passed away, what will they say? Concerning character, will they say that you understood why integrity is more important than image? Concerning choices, will they say that you weighed every short-term pleasure against any long-term pain? Concerning conduct, will they say that you didn't allow aloofness to get in the way of accountability to yourself, others and God? And concerning consequences, will they say that your life was more about significance than success? If so, then you can be assured that you'll be leaving behind a legitimate leadership legacy.

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

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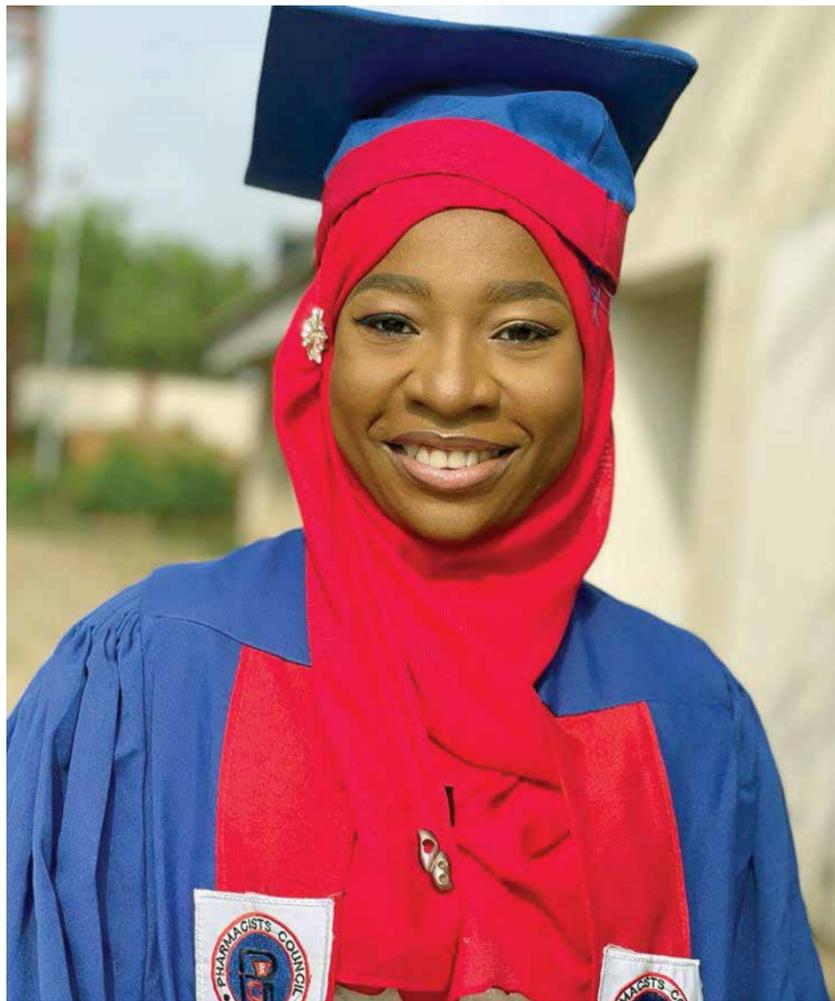
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**Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)**

# I was determined to succeed, despite challenging curriculum – UI's best graduating student

By Adebayo Oladejo

**I**n this exclusive interview, Basirat Oluwadamilola Rufai, an Indigene of Abeokuta, Ogun State, reveals how she conquered challenges and fears to emerge best graduating student (2018/2019 session) of the Faculty of Pharmacy, University of Ibadan. She also bares her mind on issues relating to pharmacy education and how pharmacy students can balance their academics with extracurricular activities. Excerpts:



**Basirat Rufai**

**Congratulations on your recent achievement as UI's best graduating pharmacy student. What factors would you say made this feat possible?**

I always have this mindset of being outstanding in everything I do, and also being one of the best. So, from my first year, I was determined to have good grades and perform excellently in my academics. But, I didn't really have that mindset to be the best graduating student.

Later on, however, I realised I was doing well and was still focused and determined. So, it occurred to me that I could actually become the best graduating student. As a result, in my 300, 400, and 500 Levels, I put in so much effort, and thank God, it finally happened. My consistency, determination, and perseverance assisted me to win this feat. I just never gave up.

**How do you feel about this accomplishment?**

I must say I feel very happy about it, and I am glad all the efforts put in was worth it. I feel so excited. I must give all thanks to the Almighty God for making the dream come true. The feeling is not really expressible, to be honest. But I am also very delighted I was able to bag distinctions in all courses, especially Clinical Pharmacy.

Right from 400 Level, when we started the course, I had always heard that it was very rare to have distinction in Clinical Pharmacy. But I decided not to listen to that part of the story and I made sure I put in so much effort to break that record of bagging distinction in Clinical Pharmacy after a very long while. To be honest, I am super proud of myself to have finished with a CGPA of 6.9 out of 7 and also as the overall best graduating student.

**What would you say you did differently, that contributed to your success?**

I wouldn't say I really did something different. I just made sure I did the right thing at the right time. I was determined and also consistent. During tests and exams, I went into hibernation mode. When it was time to read, I read. When it was time to rest or play, I did.

I made sure I was always very prepared for any test or exam. I am not much of a night reader, so I make use of my day judiciously. I am also a fast writer, so I always note what every lecturer says in class. I try as much as possible not to miss out on anything.

I also tried to filter any information I heard. At almost every level, as a pharmacy student, you would always hear

something about a particular course, but I always filtered such information. Prayer cannot also be left out. I prayed to Almighty God to always bless my efforts, and I am glad my prayers were answered.

**The pharmacy curriculum has been said to be particularly challenging. What can you say about this and in what ways were you affected?**

The pharmacy curriculum is very cumbersome, no doubt. We had a hell of materials to read and series of tests to prepare for. As a pharmacy student, there is every tendency not to go out of one's shell to do so many other things while in school. But I think it all boils down to how good of a time manager one is.

In my early years in school, I did not really join organisations or participate in extracurricular activities, except for religious activities which I tried to make out time for. But as time went on, I realised that I really didn't want to be a triangular student because of Pharmacy; so, I started joining organisations, started attending outings, trainings and all. But the most important was that I did not overdo things and I made sure I was able to balance it well with my academics.

**What is your view about the current state of pharmacy education at the University of Ibadan? If you had the**

**privilege of changing some things about it, what would they be?**

The pharmacy education received at the University of Ibadan is of a high standard. Our lecturers were always available to guide us through. They not only taught but made sure we knew what was being taught. They were so approachable.

But there are still so many other things that can be improved in our education system. With appropriate funding, the learning process would be properly facilitated and the stress involved would not be much too. Practicals would be made easy, more understandable, and reliable too.

If I had the power to change things, that would be cancelling strikes. Being a federal university, it is usually not avoidable, but the strikes really have a way of delaying so many things and increasing one's number of years in the university.

**Which area of practice in pharmacy would you consider now that you have finished, and why?**

I would prefer clinical pharmacy and research basically. I developed an interest in research not too long ago and I feel it is also a good way of providing solutions to healthcare problems, especially during this time of COVID-19. I find drug research interesting and I hope to explore that path.

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# Why Nigerian pharmacy students must be more focused

By Bashir Salisu Bawa

Obviously, pharmacy profession is one of the best professions and professional programmes across the world. Moreover, pharmacy is one of the most respected healthcare professions, with many tremendous job opportunities. There is no doubt that it is the most dynamic and most versatile healthcare profession in terms of practice. This is so because it provides for trained individuals in the field to be fit for or to specialise in one of the core areas of pharmacy practice, such as the hospital as a clinical pharmacist; or in community setting, as a community pharmacist; or in the industry as an industrial pharmacist. The can also be in research institutes, academia, armed forces and regulatory agencies, among others. Furthermore, a pharmacist can venture into other areas outside of Pharmacy, such as business administration, marketing, and so forth.

Specifically in Nigeria, the pharmacy profession is now gaining more recognition from both the government (e.g. the recent approval of consultant pharmacist cadre by the Federal Government of Nigeria) as well as the Nigerian citizens, despite the challenges that pharmacists are currently encountering from different angles in discharging their obligations. I suggest we should take all these as a driving force for us to put in more dedication and attention throughout our training period.

## Broader understanding

May I also suggest that we, as students of pharmacy in Nigeria and future pharmacists, need to widen our focus and expand our understanding of the nature of Pharmacy as a profession? There is no tree without roots; and, of course, there can be no solid building without a solid foundation. This simply means that having a good background is of paramount importance for our journey of becoming the outstanding pharmacists of the future. I am sure that the category of pharmacists we are dreaming to belong are those who are competent and capable of protecting the rights and image of the pharmacy profession wherever they are found.

It is time for us to see the need for self-determination to improve our competencies, knowing and taking responsibilities, not slumbering on the shoulder of pharmacists, and demystifying our primary responsibilities. These responsibilities encompass the following areas:

### 1. Pharmaceutical industry:

This is an area where pharmacists are responsible for consistent search of pharmaceutical raw materials, ensuring local production of active pharmaceutical ingredients, production of pharmaceutical excipients, and ensuring good manufacturing practice of local pharmaceutical products.

### 2. Community pharmacy:

This is where pharmacists practise

as community pharmacists. They have the licence to open their pharmacy premises, and they are closer in contact with people in the respective communities where they practise their acquired skills in solving drug-related problems for their clients or patients.

3. **Hospital pharmacy:** This is another practice setting for pharmacists, where they practice as clinical pharmacists. Their roles in patients care, drug information, therapeutic drug monitoring, individualising drugs regimen, solving drug-related problems and patients counselling can never be overemphasised.

4. **Academia:** Another responsibility is ensuring consistent training of future pharmacists. There is no doubt that only pharmacists can train the future pharmacists. Presently, there are some students among us who have the passion to become lecturers; and to be fit for that, there is need for us as students to double our efforts and prepare our minds well.

## Acclimatisation and right orientation

As long as we truly need a brighter future for the pharmacy profession and cosy practice environments for pharmacists in Nigeria, there is a compelling need for pharmacy students in Nigeria to acclimatize, especially considering the way politics is currently mounting pressure on pharmacists; and to also comply with whatever standard that is necessary in favour of the future of pharmacy in Nigeria.

To achieve that, we must be excellent in terms of learning and character - not just running after grades or success but seeking to be well-knowledgeable and highly-skilled in whatever we learn in school. Most of our courses have their practical aspects; therefore, we must be able to relate the theories and the practicals.

We should have it at the back of our minds that whatever we learn in school, surely there are days coming that we must put them into practice as pharmacists. We may not have anyone to correct us that day and we must not make mistakes. I believe we all know what it means for a pharmacist to make a mistake; subnormal mistakes could harm a patient. The success of our ability to save lives with our knowledge and skills in the future depends on how well we are currently appreciating the training given to us, and the extent to which we are deepening our learning behaviours in school.

## Proactive initiatives

Even though we are students, I believe every faculty of

pharmacy has the most formal association known to be the **Pharmaceutical Association of Nigeria Students (PANS)**, which of course has a national body and chapters in all accredited faculties of pharmacy in Nigerian universities. Through the association, we can actually be consistent in initiating programmes that will constantly be alerting the public about the existence of pharmacy students and how ready we are in applying the knowledge we have acquired from our respective schools. By extension, collaborative

agreement can be reached between two or more faculties of pharmacy in executing annual mega rallies/campaigns, especially on drug abuse and misuse, and the issue of drug resistance, which, of course, without question, actually calls for concern.

Programmes on drugs misuse, drug abuse, drug resistance and control, health education regarding diseases and control measures, ways to improve personal hygiene among the people, sensitisation visit to local communities and participation in medical outreaches can be put in place to effect positive changes in the society by pharmacy students. We need to be bold enough to reveal our readiness to offer our contributions to the public, with regard to public health, with little or no supervision.

This is a call to take responsibilities while we are under training. We must have come across, in one way or the other, the enormous side-effects associated with the current abuse of drugs - how those drugs influence individuals to be prone to committing crimes such as insurgency and banditry among others); and the rapid development of drug resistance (particularly antibiotics) among people due to non-adherence of patients to their medications.

Even though studying Pharmacy is hard, as we all know, it should not in any way prevent us from engaging in programmes that will help boost our image in the society.

## Best conduct, knowledge acquisition and political participation

It is obvious that pharmacy students in any university are among the most highly respected, as well as the most disciplined. We actually need to maintain that standard or even improve. We must avoid engaging in anything that will eventually lead to the deterioration of our integrity.

**Programmes on drugs misuse, drug abuse, drug resistance and control, health education regarding diseases and control measures, ways to improve personal hygiene among the people, sensitisation visit to local communities and participation in medical outreaches can be put in place to effect positive changes in the society by pharmacy students.**



Having said that, the credit for our good moral behaviour in school goes to our parents and lecturers. We sincerely thank them all for moulding and shaping us with high moral standard.

When it comes to academic and professional standard, we need to think of international standard. This is so because the B.Pharm in Nigeria is the same B.Pharm in the United Kingdom (UK) or the United States (US); so also is the PharmD, as the case may be. It is expected that, once a pharmacist, always a pharmacist in normal circumstances. In relation to that, we need to be complying with the international standard, so as to maintain competency, capability and all other roles expected of pharmacy students across Nigeria.

We also need to embrace the transition of professional educational programmes, particularly the ongoing transition from B.Pharm of five years to the latest programme available, which is already approved by the NUC and the PCN, the PharmD (Doctor of Pharmacy degree) of six years. Although we currently have few facilities accredited to offer PharmD, we still must adapt to the transition. With B.Pharm, one can actually convert to PharmD through enrolment for postgraduate programmes.

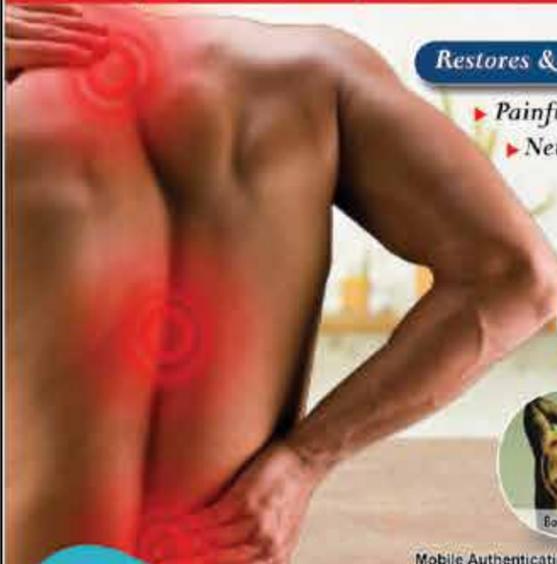
One of the major reasons why the pharmacy profession is facing challenges in Nigeria is pharmacists' lack of involvement in politics. It has indeed become necessary, especially for our colleagues in various schools, to involve themselves in relevant unionism such as PANS, SUG etc. Gradually, as time goes on, we will begin to have pharmacists who will become active politicians. This, at any point, can become an added advantage, especially in the fight for the rights and progress of our noble profession.

Finally, I would like to urge all pharmacy students across Nigeria to ensure consistency, dedication, determination and hard work in both academic commitments and maintenance of good behaviour. Similarly, we should, at all times, perceive one another as colleagues, irrespective of the schools we come from. Cooperation should be our priority because it is only through cooperation among ourselves that we can deliver effectively.

*Bashir Salisu Bawa is a 400 level student of Faculty of Pharmaceutical Sciences, Kaduna State University.*

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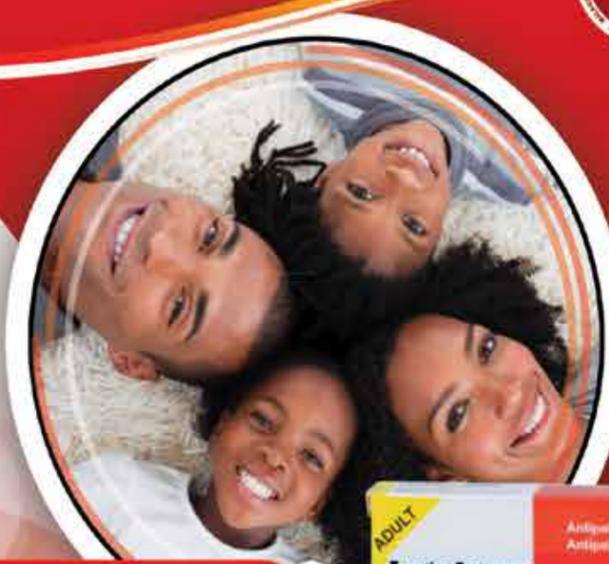


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**Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)**

# Nourish yourself with aloe vera, the miracle plant (2)

By Chima Ejimofor



We recommend you start taking aloe with a low dose, that is, one or two tablespoons a day, and see how your body responds. You can then increase this quantity, if necessary.

### Skin rehydration

Aloe penetrates deeply and restores lost liquids. It also repairs damaged tissue from the inside out, burns and sunburns.

### Good source of nutrition

Aloe contains 18 of the 23 amino acids (building blocks of proteins) that the body needs to form cells and tissues. It also contains enzymes necessary for breaking down carbohydrates, fats and proteins in the stomach and intestine.

Aloe contains a large variety of vitamins like B1, B5, B6, B12, A and C. And as already mentioned, it contains minerals like calcium, phosphorus, copper, iron, magnesium, manganese, potassium and sodium.

### Natural cleanser (contains saponins)

Aloe is a natural cleanser

due to the oils it contains. On the other hand, due to the presence of proteolytic enzymes, it destroys dead tissues, thus cleaning wounds.

### Fighting irritation

Aloe eliminates burning and itching (useful for bites, rashes, etc).

### Dilates vessels

Aloe dilates the capillaries, thus increasing blood flow.

### To be continued.....

### About the Author

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

In continuation of our discussion on the natural properties of aloe vera from the last edition, other benefits of the plant include:

### Keratolic action

Aloe vera removes damaged skin, replacing it with new skin cells.

It also allows the free flow of blood through the veins and arteries, clearing them of small blood clots.

### Antibiotic action

#### Antimicrobial activity

Aloe vera has been proven to stop the destructive action of many bacteria, such as Salmonella and Staphylococcus that produce pus. It also combats *Escherichia coli*, *Streptococcus Faecalis*, as well as being very effective against the fungus *Candida albicans*, etc.

Aloe is excellent in eliminating bacteria, as well as preventing infection when a greater than 75 per cent concentration is directly applied to the affected area.

#### b) Antiviral activity

Aloe fights viruses when used in a greater than 75 per cent concentration and applied directly to the virus. Aloe is very effective against the *Trichomonas vaginalis* strain of virus. Acemman (acetylmannose), a substance found in aloe vera has been very effective in combating certain viruses. It is presently being injected to combat a certain type of Leukaemia and Fibrosarcomas in animals and being studied as an aid to AZT in fighting the HIV virus (AIDS).

#### c) Antifungal activity

Aloe acts as a fungicide when applied directly to the fungus.

### Cell regeneration

Aloe possesses a hormone that accelerates the growth of new cells, while also eliminating the old ones. Due to the presence of calcium in aloe, which regulates the amount of liquid in the cells, internal and external equilibrium is maintained. This creates healthy cells in all body tissues.

### Skin cancer

Aloe will be the weapon against skin cancer in the future, says Dr Faith Strickland of MD Anderson Cancer Centre at the University of Texas. She also asserts that aloe helps to protect the skin's immune system from harm.

An important fact is that aloe contains 17 amino acids which the human body needs for the formation of proteins and tissues (proteins are networks formed by the combination of various amino acids). In addition, it contains minerals like calcium, phosphorus, copper, iron, manganese, magnesium, potassium, and sodium; essential elements for metabolism and cellular operation.

### Energy production

Aloe helps to promote good metabolism; that is, the production of energy, which the body needs. Also, because it contains **Vitamin C**, it acts to stimulate and improve circulation and the proper function of the cardiovascular system.

Vitamin C is not produced by the body and therefore we must provide it externally. This vitamin is very important in the strengthening of the immune system, as well as the circulatory and digestive systems, and also plays a role in the prevention of a vast amount of illnesses.

### Digestion

Aloe contains a great number of enzymes. Some enzymes are produced by the body (pancreas) but others are not, and these need to be supplied to the body externally. In the digestive process, the enzymes transform proteins by breaking them down into their amino acids components, carbohydrates into sugars (glucose), and fats into fatty acids. The transformed elements are then absorbed by the intestine and passed on to the circulatory system.

One component of aloe, aloin, is used as a laxative. Aloin is extracted from the outer rind of the leaf. In gastrointestinal problems, aloe appears to slow down the emptying of the stomach and to inhibit the release of excess hydrochloric acid and the enzyme pepsin.

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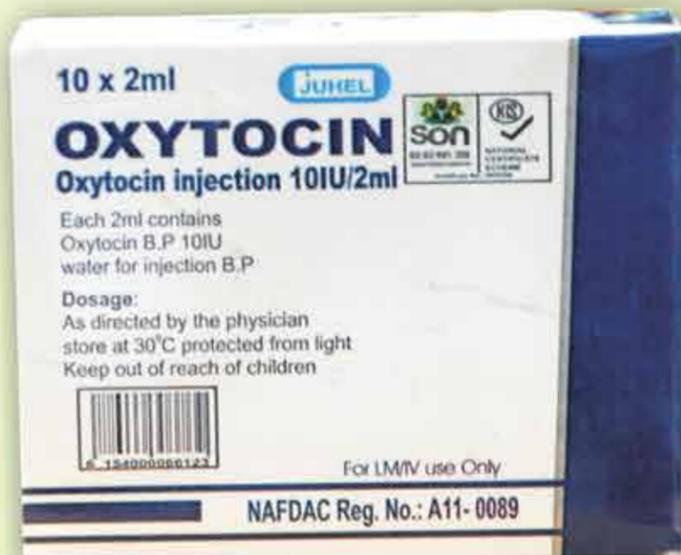
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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)

# Mora, Elijah, Atueyi extol hard work, as PCN immortalises past leaders

By Patrick Iwelunmor

The virtues of hard work and dedication to service were recently celebrated, as the Pharmacists Council of Nigeria (PCN) immortalised its past leaders by naming the PCN auditorium and committee rooms after them.

The event, which took place at the PCN zonal office in Lagos on 8 March, was attended by family members of the past leaders, including those who were celebrated posthumously.

Chairman of the Governing Council of the PCN, Professor Ahmed Tijjani Mora, lauded the contributions of the past leaders to the pharmacy profession, adding that their dedication to duty helped to bring the profession to the pride of place it presently occupies in Nigeria.

Mora said: "We are here today to celebrate excellence in the pharmacy profession, essentially through the instrumentality of the immortalisation of those pharmacists, deceased or alive, who have given their all to bring the profession to occupy its pride of place, by the naming of the auditorium and/or committee rooms within this newly completed facility, which is one of the seven physical structures constructed or remodelled and owned by the PCN as fixed assets across the nation, after these distinguished."

Speaking also, Registrar of the PCN, Pharm. (Dr) N.A.E



L-R: Registrar, PCN, Pharm. (Dr) N.A.E Mohammed; Chairman, Governing Council, PCN, Prof. Ahmed Tijjani Mora, and Pharmanews Publisher, Pharm. (Sir) Ifeanyi Atueyi, at the event.

Mohammed, thanked the leadership of the Council, the Federal Ministry of Health and the Pharmaceutical Society of Nigeria (PSN) for their support to the PCN since inception.

Publisher of *Pharmanews*, Pharm. Ifeanyi Atueyi, who was a special guest, used the occasion to encourage pharmacists who hold both private and public offices to do their best in making indelible contributions to the pharmacy profession in Nigeria and beyond.

Atueyi also eulogised some of the past PCN leaders whom he had worked with closely, saying that the great contributions they made are today speaking for them.

The past chairmen of the PCN, formerly PBN (Pharmacy Board of Nigeria) immortalised were: Pharm. Dame Patience Oviasu, Professor Etienne E. Essien, Professor Gabriel E. Osuide and Professor Festus Adio Ogunbona. Others are Professor Elijah Ndajiya Sokomba, Pharm.

Bruno Nwankwo and Late Chief Sir Andrew Adu Egboh.

The list of past registrars/secretaries of the PCN immortalized included: Late Pharm. A.O. Sonubi, Late Pharm S.O. Coker, Pharm. Moses Azuike, Late Pharm. Mrs. Jolasun Okusanya and Pharm. Ademola Albert Brown. Others are Pharm. Hanatu D. Kayit, Late Pharm. Abdulazeez S. Rafindadi and Professor Ahmed Tijjani Mora.

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## Conspiracy theories on COVID-19 vaccines highly injurious – Mamora

continued from page 60

incidence in the history of mankind.

“The NGS machine will not only serve in the molecular surveillance of SARS-CoV-2, but also prepare us in the fight against other infectious agents such as Lassa fever virus, Ebola, and any other infectious agents characterised by the genetic code.

“Other areas of life science NGS research such as transcriptomics, genetic polymorphisms and epigenetics can be achieved using this newly installed equipment.”

Stressing the necessity

of vaccination to healthcare practitioners, Mamora noted that while vaccination is voluntary in the country, it might become a travelling requirement later.

“As we progress, it may get to a point of requesting for your vaccination certificate as a requirement to travel into a foreign country, because every nation has the right to decide who comes into its territory,” Mamora stated.

NIMR DG, Prof. Babatunde Salako, had earlier disclosed that the new NGS machine was fully funded by the Federal Ministry of Health through the Federal Government's COVID-19 intervention fund.

Salako, who recalled that it was exactly a year ago when the minister last visited the institute, revealed further that the full genome sequencing laboratory “is capable of supporting the NCDC in their genomic surveillance and more importantly, our genomic research in all ramifications.”

The Professor of Nephrology also hinted on the collaboration between the institute and Usmanu Danfodiyo University and the National Veterinary Institute, Jos, on the development of a local COVID-19 candidate.

He said: “Although COVID-19 vaccines are now available around the world, the continuous mutation of the

virus, forming new strains and variants of concern, has made development of new vaccines inevitable. Our institute in collaboration with the Usmanu Danfodiyo University, National Veterinary Institute, Jos, have formed an alliance to begin robust research on vaccine development in Nigeria.

“We have approached TETFund through the Usmanu Danfodiyo University for support in this regards. The platform will create a template for vaccine development generally in the country.”

## Why Nigeria lags behind in drug development - Prof. Ibezim

continued from back page

facilities, stressing that, as a nation, Nigeria must be sincerely committed to research, if it must advance in drug production.

The NAPA chairman disclosed that most of the published works that academic pharmacists in Nigeria embarked on were carried out in foreign laboratories, noting that the nation cannot achieve meaningful development under such circumstances.

He added that Nigerian pharmacists in academia are not inferior to their counterparts in advanced countries, saying what is incapacitating them includes poor incentives and ill-equipped facilities.

In his words: “Nigerian academic Pharmacists are not inferior and can never be subservient to their counterparts in other countries. We have what it takes to do what they are doing out there, and even more, but what we lack are facilities and proper incentives. It is shameful that most of the publishable works we undertake as academic pharmacists are carried out in foreign laboratories, when we travel for short visits or when we are able to get someone travelling out.

“Our local laboratories are so ill-equipped to handle any meaningful research activity. How many universities in Nigeria can boast of standard research equipment like Nuclear Magnetic Resonance (NMR) machine, standard HPLC set up, X – ray diffractometer, Differential Scanning Calorimeter, GS-MS spectrometers, Mass Spectrophotometer, or Goniometer? Take time to visit any of our university laboratories and you would be ashamed at the archaic, out-modelled, malfunctioning items of equipment that litter the place, without any plans of repair or replacement.

“A point came, when some of us went, cap in hands, unsuccessfully begging some of these foreign universities to ship to us their used but still functional research equipment which they had abandoned as scraps, having long replaced them with newer models. Yet, these pieces of equipment are paramount in any serious drug

development research.”

Ibezim added: “Let me once again stress that Nigerian academic pharmacists have the leads to new drugs development, but need proper motivation to deliver. Each year, TETFund will call for proposals from Nigerian researchers, who will always bombard them with myriads of submissions; but regrettably, they end up selecting just a miserly few, not because the rest are inferior, but because of “limited funds”, as they claim.

“Do our leaders ever take trips outside and ask those nations that seem to be delivering, what their magic is? As a nation, we cannot advance much in technological breakthroughs, including drug development, when we treat research, our researchers and research facilities with levity, neglect and abandonment.”

Reacting to the reality of Nigerian pharmacists' inability to come up with a vaccine against COVID-19, the NAPA chairman explained that some pharmacists in the academia have presented findings that can give the nation a breakthrough on the pandemic, if given the needed attention. He however queried what happened to some of the proposals submitted to government agencies by researchers.

He stated: “It may not be exactly correct for anybody to say that pharmacists in academia have not come up with any remedy for COVID-19. Quite a number of us have come up with findings and leads that, if properly attended to and funded, would give us a breakthrough. NAFDAC called for researchers with such findings to come up with them, and I am aware that some of our members responded.

“The Central Bank of Nigeria equally made a similar call, late last year, and many, including myself, submitted proposals. As you may be aware, the process of development of a single new drug takes an average of ten years - with clinical trials taking six to seven years - and an average cost of \$2.6 billion. This is not something any single lecturer can accomplish, left alone, or within such a short time.

Ibezim further queried: “Come to think of it - has anybody, world over, really developed any new drug against COVID-19? We

are all falling back to already existing drugs – hydroxychloroquine, zinc, vitamin C, ivermectin, remdesivir, azithromycin and the likes. New drugs are not developed that easily. Similarly, vaccine production is a cost-intensive and facility-tasking venture that cannot obviously be carried out in our currently underdeveloped and dilapidated university laboratories. Check out the three WHO-approved vaccines. They were produced by highly established pharmaceutical firms – Pfizer, Moderna and Johnson & Johnson.

“The harsh treatment being meted to academics by the powers that be cannot also be ruled out as responsible for any seeming apathy on the part of pharmacists in academia. These, notwithstanding, few of us still made efforts and are still making, without adequate encouragement. But what had happened to the proposals submitted by our colleagues to both NAFDAC and CBN?”

The NAPA leader however expressed optimism that Nigeria will still discover a local remedy against the pandemic, irrespective of prevailing challenges.

He noted that works are already in progress and many researchers are working hard, to come up with something meaningful.

According to the professor, the Pharmaceutical Centre of Excellence at the University of Jos recently came up with a COVID management remedy that should scale through some teething administrative bottlenecks and resurface in the Nigerian market.

He said: “Few months ago, NAPA, collaborating with the Nigeria Association of Industrial Pharmacists (NAIP), called for proposals from colleagues working on COVID-19 remedies, and we got a handful of submissions but currently waiting for funding, in order to forge ahead. We had earlier come up with a cough syrup (NANIP Cough Syrup) and a topical formulation that will soon hit the Nigerian drug market, having gone far in their production and



Prof. Emmanuel C. Ibezim, FPSN

commercialisation bids.

“I am certain, that given the necessary support, there will be light at the end of the tunnel in the area of COVID-19 remedy. However, we must bear in mind that, by its special nature, new drug development is not a ‘hit and run’ or ‘fire brigade affair. It takes time.”

The NAPA chairman called government at all levels to be more serious with their attention and commitment to drug research by ensuring that adequate funding is made available at every point in time.

He said: “We are beating our chests now for spending billions of naira to import vaccines, from a more focused and purposeful nation. How much have we invested in vaccine research in Nigeria? Was it not after several arguments, pressure and insidencies by researchers, mainly NAPA and her members, that the CBN finally, but reluctantly, offered to include grants for research, among their outlined COVID interventions?”

“Yet, several months after the submission of proposals, no one has heard anything again. We can't go anywhere under these circumstances. The government and well established pharmaceutical firms have a major role to play in financing new drug development in Nigeria and should rise up to this responsibility.”

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# ACPN flays NAFDAC over payment for expired drugs disposal

continued from back page

Obideyi, who disclosed that in countries like the United States, United Kingdom, South Africa and Ghana, pharmacists who submit expired products are compensated and encouraged to continue doing so for the safety of society, wondered why the Nigerian situation has to be different.

Also speaking on the issue, the Chairman, Pharmaceutical Society of Nigeria (PSN), Lagos State Chapter, Pharm. Gbolagade Iyiola, described the situation as worrisome, saying pharmacists constantly incur loss of funds invested in their businesses, despite being charged for registration of same products by the regulators, adding that paying again for their destruction is unfortunate.

“What we are saying is that it is not ideal for individual pharmacists to be destroying expired products on their own. The disposal of expired products should be done by the regulator. This is simply because these drugs are chemicals and they will have an impact on the environment. This is why it is ideal for the regulator to be in charge of it; but unfortunately, you will have to be at their mercy to get that done,” Iyiola said.

In another development, Obideyi further disclosed



A cross-section of the outgoing executive members at the AGM

during the AGM, which also served as his handover ceremony, that the association had written the Lagos State Commissioner of Police, Hakeem Odumosu, over allegations of incessant harassment, intimidation, extortion, blackmail and illegal arrest of its members by police officers.

The former ACPN boss noted that the constant harassment of community pharmacists in the state was becoming unbearable, stressing that the police are not

constitutionally empowered to exercise regulatory powers, such as verifying drugs expiration date and ascertaining NAFDAC approval.

He fumed: “When a drug expires, do they know how to go about it? It is not because they really care about the people or that they know anything about healthcare; it is simply because of the money they want to collect.”

Obideyi revealed that the association had submitted a

letter to the Commissioner of Police with the belief that the police are for the peace of the society and that they would urgently reply to the letter.

“We want to meet the commissioner, CP Hakeem Odumosu himself, one-on-one, and explain to him that, as a responsible group of professionals, we have never condoned any illegality. All we are doing as pharmacists is to provide wellbeing to the community and take care of people,” he said.

## Conspiracy theories on COVID-19 vaccines highly injurious – Mamora

By Temitope Obayendo

The Minister of State for Health, Dr Adeleke Olorunimbe Mamora, has condemned those circulating conspiracy theories about COVID-19 vaccines, saying they are not only doing a great disservice to frontline healthcare workers, but also desecrating memories of loved ones lost to the disease.

Mamora made the disclosure at the recent commissioning of a Next Generation Sequencing (NGS) machine, newly acquired by the Nigeria Institute of Medical Research (NIMR) for surveillance of SARS-CoV-2 and other infectious agents, such as the Lassa fever virus and Ebola.

While disclosing his readiness to take the job, the health minister stated that it was the commissioning assignment that prevented him from being available for the PTF vaccination same day as earlier scheduled.

“I’m not afraid to take the vaccination, because I’m not one of the peddlers of conspiracy theories”, he declared.

He further stated that those peddling conspiracy theories are apparently ignorant of the great harm they are doing to



Director General, NIMR, Prof. Babatunde Salako (middle) introducing some management team members to the Minister of State for Health, Dr Adeleke Olorunimbe Mamora, (right) on his arrival at the institution recently.

the memory of those who have died of the coronavirus disease, as well as the discouragement they are causing for frontline

healthcare workers who are risking their lives to provide care and combat the disease.

“Father forgive them, for they

know not what they are doing,” he said, alluding to the prayer of Jesus Christ on the cross.

Commending the management of NIMR on their efforts in curbing the spread of the virus, he said the institute had not only taken the nation to the next level, in line with the slogan of the ruling APC, but had also the next generation of sequencing.

He said: “The importance of the NGS machine in this era of COVID-19 pandemic cannot be over-emphasised. The world has grappled with one of the highest mortalities and morbidity

continued on page 58

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# ACPN flays NAFDAC over payment for expired drugs disposal

- Writes police boss over members' harassment, extortion

By Adebayo Oladejo

The Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, has berated the National Agency for Food and Drug Administration and Control (NAFDAC) for demanding money before destroying expired drugs, stressing that the "absurd" rule violates global best practice.

Speaking in an interview with journalists during the association's recently held Annual General Meeting (AGM), the immediate past chairman, Pharm. Olabanji Obideyi, described the development as "double jeopardy", as pharmacists in Nigeria are compelled to pay before destroying their expired products, not considering the losses they have already incurred.

continued on page 60



L-R: Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews Ltd., Pharm. Daniel Uchekchukwu Eze, winner, Pharmanews Young Pharmacist of the Year; and Lady Joan Atueyi, during the award presentation ceremony, held recently at Pharmanews Corporate Head Office, Mende, Maryland, Lagos.

# Why Nigeria lags behind in drug development - Prof. Ibezim

Ranmilowo Ojalumo

The Nigeria Association of Pharmacists in Academia (NAPA) has bemoaned what it described as Nigerian government's lackadaisical attitude towards scientific research and development (R&D), saying the nation cannot advance, especially in drug development, unless this attitude changes.

Speaking with *Pharmanews* recently, the National Chairman of the association, Prof. Emmanuel C. Ibezim (FPSN) lamented that most Nigerian universities lack good laboratories to conduct meaningful research works.

Ibezim revealed that drug research and development is cost-intensive and requires standard

continued on page 58